St Joseph's Medical Center

Community Benefit 2024 Report and 2025 Plan

Adopted October 2024

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 drivers of health.

St. Joseph's Medical Center shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2024 Report and 2025 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. 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 2024 (FY24), St. Joseph's Medical Center provided $64,617,394 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 2024 Report and 2025 Plan at its October 31, 2024 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

Table of Contents

At-a-Glance Summary

Hospital HCAI ID:106391042

Report Period Start Date: July 1, 2023

Report Period End Date: June 30, 2024

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

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	$64,617,394 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 The hospital's net community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.
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
FY24 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 Collaborative, Pet Therapy in Schools, Trauma Informed Systems Training, and health related social needs (HRSN) screening in the Emergency Department (ED) through a Community Health Advocate (CHA), as well as supporting mental health programming through the Community Health Improvement Grants Program.

- **Access to Care:** St Mary's Free Dental Clinic, Graduate Medical Education (GME) program, as well as supporting community based organizations (CBOs) through the Community Health Improvement Grants program.
- **Income and Employment:** HRSN screening in the ED and through the Community Health Improvement Grants program.
- **Housing:** Investments and collaboration with partners through Homeless Health Initiative (HHI) activities, HRSN screening in the ED, Community Health Improvement Grants program, as well as continued collaboration with shelter and housing partners to respond to this community need.
- **Chronic Disease/Healthy Eating Active Living (HEAL):** Diabetes Navigator services and Diabetes Education programs, as well as supporting CBOs through the Community Health Improvement Grants program.
- **Community Safety:** The PEACE project and programming around trauma informed care support interventions to reduce violence and promote safety.
- **Family and Social Support:** Support and utilization of the Connected Community Network (CNN), Pathways Community HUB, the ED Community Health Advocate (CHA) program as well as supporting CBOs through the Community Health Improvement Grants program.
- **Education:** Resource and referrals through the CNN, internships and mentoring of high school and college students in various departments, as well as supporting programs through the Community Health Improvement Grants program.
- **Transportation:** The CHA and Homecoming Program provide transportation assistance, and CBO programs through the Community Health Improvement Grants program also support this need.

FY25 Planned Programs and Services

The hospital intends to continue many of the FY24 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 Highlights 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 Health Improvement Grants program annually evaluates 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 promote health and wellness such as, the Community Health Improvement Plan (CHIP) work around park activation and beautification, Community Health Advocate (CHA), Pathways Community HUB, and Homeless Health Initiatives (HHI).

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

- 2024 America's 100 Best Hospitals by Healthgrades
- 2024 "A" Hospital Safety Grade from The Leapfrog Group

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, 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 of residence for the top 75% of patient visits)

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

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 hospital makes the CHNA report widely available to the public online at https://www.dignityhealth.org/central-california/locations/stjosephs-stockton/about-us/community-programs/community-health-needs-assesment and upon request from the hospital's Community Health office.

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.

Community Groups that Attended or Engaged in the CHNA:

- El Concilio Council for the Spanish Speaking
- Community Medical Centers, Inc
- San Joaquin County Continuum of Care
- First 5 of San Joaquin
- San Joaquin Pride Center
- Sow A Seed Community Foundation
- Family Resource and Referral Center
- San Joaquin County Department of Aging and Community Services
- San Joaquin County Behavioral Health Services
- San Joaquin County Public Health Services
- Tracy Boys and Girls Club
- San Joaquin Child Abuse Prevention Council
- Child Abuse Prevention Council and Women's Center-Youth & Family Services
- The Echo Chamber
- Health Plan of San Joaquin (HPSJ)
- Little Manila Rising
- Mary Magdalene Community Services
- San Joaquin County PHS Black Infant Health Program
- Tracy Family Resource Center

Vulnerable Populations Represented by These Groups:

- Black/African American
- American Indian
- Alaska Native
- Asian Indian

- Cambodian
- Chinese
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Hispanic/Latino origin, including Mexicans, Mexican Americans, Chicanos, Salvadorans, Guatemalans, Cubans, and Puerto Ricans
- Socially disadvantaged groups, including the following:
    - The unhoused
    - Communities with inadequate access to clean air and safe drinking water, as defined by an environmental California Healthy Places Index score of 50% or lower
    - People with disabilities
    - People identifying as lesbian, gay, bisexual, transgender, or queer
    - Individuals with limited English proficiency

Twenty-nine community resident focus groups were conducted in geographic areas within San Joaquin County, including Stockton, Linden, Lodi, Tracy and Manteca. Twenty groups were conducted in English and nine were conducted in Spanish. Participants were primarily young adults, adults, and older adults who represented underserved, low-income, and varied ethnic communities. 46% Hispanic, 28% Black, 5% Asian, 3% Indigenous, 11% White, 7% Other Race/Ethnicity.

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 premature 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

2024 Report and 2025 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 FY24 and planned activities for FY25, 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 Core Strategies

Driven by a commitment to equity and social justice, we envision a future where health and well-being are attainable by all regardless of background or circumstance.

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 three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Strengthen community capacity to achieve equitable health and well-being.
- Implement and sustain evidence-based health improvement program initiatives.

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 FY24	Planned FY25
Community Health Improvement 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 The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health: ● Trust for Public Land ● St. Mary's Community Services ● Asian Pacific Self Development And Residential Association (APSARA) ● San Joaquin Community Foundation Inc	☒	☒
Community Mental Health Programming	● Community Health Advocate (CHA), HRSN screening and referrals. ● 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. ● 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. ● Pet Therapy in Schools Program: Delivered in classrooms where students have struggles with their behavior due to mental health or developmental issues.	☒	☒

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 program expands access to this level of specialty care.	☒	☒
Initiatives	Collaboration with various community partners and active engagement with the following; • San Joaquin Mental Health Consortium • SJC Trauma Initiative • Connected Community Network	☒	☒

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 FY24	Planned FY25
Community Health Improvement 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 The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health: • St. Mary's Community Services • Asian Pacific Self Development And Residential Association (APSARA) • San Joaquin Community Foundation Inc.	☒	☒
Community Health Programs	Diabetes Navigation: Accepts referrals from multiple community providers, SJMC Care Coordination, and medical staff and provides assistance with primary care provider follow up, resource and referral services to	☒	☒

	address HRSN and education, 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: Through a strong collaboration with San Joaquin County Public Health Services, the Federally Qualified Health Center, Planned Parenthood and other providers, patient navigation and linkage to care services is provided to 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.	☒	☒
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 FY24	Planned FY25
Community Health Programs	The CHA 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).	☒	☒
Community Health Improvement 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 The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health: ● St. Mary's Community Services ● San Joaquin Community Foundation Inc	☒	☒

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 FY24	Planned FY25
Community Health Programs	CHA screening and referrals for housing insecurity. Community Health Social Worker focused on supporting various homeless health initiative strategies.	☒	☒
Initiatives	CCN, PCH, SJCoC, and other investments as noted in the non-quantifiable section.	☒	☒
Community Health Improvement 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 The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health:	☒	☒

	• St. Mary's Community Services • San Joaquin Community Foundation Inc		

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 FY24	Planned FY25
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. Doctor Up Your Meal: A new workshop offering chronic disease management education and healthy food demonstrations.	☒	☒
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 Health Improvement Grants Program	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 The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health: • Second Harvest of the Greater Valley	☒	☒

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 FY24	Planned FY25
Community Health Programs	Mental Health First Aid training provides awareness, early identification, and support of mental health issues. Ultimately improving community safety.	☒	☒
Community Health Improvement 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 The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health: • St. Mary's Community Services	☒	☒

	• Asian Pacific Self Development And Residential Association (APSARA) • Trust for Public Land • San Joaquin Community Foundation Inc		
Initiatives	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: 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 FY24	Planned FY25
Initiatives	SJCoC, CCN, PCH, CHIP and the SJ Trauma Initiative.	☒	☒
Community Health Programs	CHA, and other mental health programming to support individuals and families.	☒	☒
Community Health Improvement 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 The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health: • St. Mary's Community Services • Asian Pacific Self Development And Residential Association (APSARA) • San Joaquin Community Foundation Inc.	☒	☒

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 FY24	Planned FY25
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.	☒	☒
Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing mental health: • St. Mary's Community Services • Asian Pacific Self Development And Residential Association (APSARA)	☒	☒
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 FY24	Planned FY25
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 FY24, the hospital awarded the grants below totaling $334,922. The figures below represent grant awards that the hospital made in conjunction with St. Joseph's Behavioral Health Center. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Asian Pacific Self Development And Residential Association (APSARA)	Mental Health CHW	• Mental Health • Access to Care • Community Safety • Family & Social Support • Education	$65,000
San Joaquin Community Foundation	San Joaquin Pathways Community HUB	• Mental Health • Access to Care • Income & Employment • Housing • Community Safety • Family & Social Support	$25,000
Second Harvest of the Greater Valley	Fresh Food 4 Kids	• Chronic Disease/Healthy Eating and Living (HEAL)	$100,000
St. Mary's Community Services	Health Ambassadors Pilot - Year 2	• Mental Health • Access to Care • Income & Employment • Housing • Community Safety • Family & Social Support	$50,000
Trust for Public Land	Increasing Park Equity in Stockton	• Mental Health • Community Safety	$94,922

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 2024 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, 2023 - June 30, 2024** **Total Patient Engagements (screens/attempts to screen) - 2,496**

Screening Attempts	446	18%
Individuals Screened	2,050	82%
Positive Screens	1184	58%

Referrals Sent	815	69%

Top 3 Needs: Food Insecurity, Financial Instability, Social Isolation

Positive Screen Responses	#	%
Do problems getting childcare make it difficult for you to work or study?	142	12%
How often do you feel alone?	343	29%
How often does this describe you? I don't have enough money to pay my bills:	509	43%
In the last 12 months, the food that you bought just didn't last, and you didn't have money to get more.	687	58%
In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?	118	10%
In the past 12 months, how often did you go without health care because you didn't have a way to get there?	166	14%
In the past 12 months, how often did you skip medications to save money?	95	8%
Would you like to receive assistance with any of the above?	403	34%

Hospital's Contribution / Program Expense	Total expense for the program was $73,489, which was supported by a grant from St. Joseph's Foundation of San Joaquin.

FY 2025 Plan

Program Goal / Anticipated Impact	Same as noted in the FY 2024 Report section of this digest.
Planned Activities	Identify additional funding sources and opportunities for billing to sustain programming.

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 2024 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 FY24 SJMC had the following participation:
	
	Adult Mental Health First Aid: Over 25 Newly Certified Individuals through 3 training sessions. Local agencies that who's had staff trained in MHFA include:
	• Little Manila
	  ○ Trained staff work with hundreds of low-income residents throughout San Joaquin County
	• Welbe Health
	  ○ Trained staff work with hundreds of low-income seniors throughout San Joaquin County
	
	Trauma-Informed Learning Teams: 20 participants from five local CBOs completed TILT. TILT consists of 10 monthly sessions that teach strategies to assess their current work environment, internal policies, and SWOT analyses of their respective CBOs.
	
	Executive Leadership Trauma Informed Immersion Training: Training opportunity for executive leaders throughout San Joaquin County hosted at San Joaquin County Office of Education. Ten executive leaders participated in this opportunity that covered barriers and strategies for implementing trauma-informed practices within agencies and for the benefit of staff and the community at large.
	
	Trauma Transcended 360 Trainer Immersion: Certified four new trainers for the Justice League of San Joaquin. Participants included individuals from four different local CBOs The Justice League of San Joaquin is the umbrella for the group of organizations that is committed to improving the quality of training available to the community and local organizations by providing an affordable and relevant program that is tailored to our community and taught by local experts.

	Trauma Transcended 360: Over the course of FY 24, significant efforts were focused on revamping the curriculum to better suit the needs of our community with feedback from previous training. The focus was also on working directly with CBOs to help build their internal capacity as well as bringing in new trainers to build our capacity. Data was gathered from 13 Black female participants that gave great feedback on the new material. Participants demonstrated their learning through an evaluation after their training that showed they understood the material presented. **Pet Therapy in Schools:** Program launched in early 2024 and has reached 40 students over 5 sessions. Students report feeling happier, less stressed and learned how to properly handle dogs.
Hospital's Contribution / Program Expense	Total expense for all programs was $45,844 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2025 Plan	
Program Goal / Anticipated Impact	Expand Pet Therapy in Schools programming, and MHFA and TIS training among healthcare and social service providers to improve mental health support for community members.
Planned Activities	Same as noted in the FY 2024 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 2024 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, 2023 through June 30, 2024**

Measurement Description	Total/Actual		
	HIV	HVC	Syphilis
# Tests Performed	22,072	19,681	28,778
# Positive Results (Identified Through Testing)	165	929	1,444
# Positive Results (Amount less dup and false positive)	80	891	903
Linked to Care	8	76	193
Already in Care	46	3	79
Unable to Reach for Follow up	0	66	10
Declined	0	2	0
Deceased/Terminally Ill	1	3	17
Moved	1	3	5
Incarcerated	0	0	4
In Progress	14	51	140

Hospital's Contribution / Program Expense	Total expense for the program was $622,825 of which $322,418 was covered by grant funds, and St. Joseph's Medical Center's Operational Budget supports $300,407.

FY 2025 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2024 Report section of this digest.
Planned Activities	Same as noted in the FY 2024 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 07/2018). Increased to 10 residents per year as of 01/2024. • Emergency Medicine: 9 new residents each year x3 years (started 07/2018). Increased to 12 residents per year as of 06/2022. • Internal Medicine: 10 new residents each year x3 years (started 07/2020). Increased to 20 residents per year as of 06/2024. • Transitional Year: 10 new residents each year 1 year (started 07/2020). Increased to 16 residents per year as of 12/2021. • Anesthesia: 6 new residents each year x4 years (started 07/2021) • Psychiatry: 7 new residents each year x4 years (started 07/2021). Increased to 10 residents per year as of 02/2024. • Urology: 2 new residents each year x5 years (started 07/2022) • Neurology: 4 new residents each year x4 years (started 07/2022) • Orthopedic Surgery: 3 new residents each year x5 years (started 07/2023) • Cardiology: 3 new fellows each year x3 years (started 07/2024) • Critical Care: 3 new fellows each year x2 year (started 07/2024) • Child & Adolescent Psychiatry: 3 new fellows each year x2 years (to start 06/2025) • Addiction Medicine: 2 new fellows each year x2 years (to start 07/2025) • Gastroenterologist: 2 new fellows each year x3 years (to start 07/2025)
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 2024 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 third class of Emergency Medicine Residents and Family Medicine Residents. Graduated second class of Transitional Year Residents and Internal Medicine Residents. Continuing support of Anesthesia program, Psychiatry program, Urology program, Neurology program, and Orthopedic Surgery program. Successful launch of Cardiology and Critical Care Fellows.
Hospital's Contribution / Program Expense	Net expense after restricted offsetting revenue was $22,397,866 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2025 Plan	
Program Goal /	Same as noted in the FY 2024 Report section of this digest.

Anticipated Impact	
Planned Activities	Same as noted in the FY 2024 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 need 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 2024 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 FY24 SJMC had the following participation:

Power Hour: 11 sessions; 145 participants; 135 surveys collected; averaged 12 participants per sessions; 66 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: 4.7 out of 5
- I feel confident in my abilities to manage diabetes, or pre-diabetes: 4.4 out of 5

Diabetes Navigator: 364 Total referrals, 345 unduplicated persons. 80 (23%) of those persons interested or scheduled for 1:1 Certified Diabetes Care and Education Specialist (CDCES) consults and 65 (81%) of those completed consultations with the CDCES. Mailed out information packets to 133 persons. 72 persons received health library resources. 37 (11%) persons interested in Doctor Up Your Meal. Average known AIC % at time of referral was 10.3.

DEEP: 87 Total Participants with 61 (70%) completing 4 of 6 sessions. 52 (60%) turned in surveys. Of those:

- 6% Male; 94% Female
- 79% Spanish speaking; 21% English speaking
- 10% 30 years old and under; 35% 31-40 years old; 29% 41-50 years old; 17% 51-60 years old; 10% 60+ years old
- 87% reside in Stockton; 4% reside in Manteca; 4% reside in Modesto; 6% Declined to answer

DEEP Survey Questions:	**Pre (52 Surveys)**	**Post (38 Surveys)**
On average, my blood pressure is:		
I do not know	25 (48%)	5 (13%)
Lower than 140/90 mm Hg	21 (40%	29 (76%)
Higher than 140/90 mm Hg	6 (12%)	4 (13%)
Currently, my cholesterol levels are:		
Within normal ranges	11 (21%)	22 (58%)
Higher than recommended	3 (6%)	4 (11%)
I don't know my cholesterol	27 (52%)	10 (26%)
I don't know recommended cholesterol levels	11 (21%)	2 (5%)
I exercise, or am physically active:		
At least 150 per week or more	17 (33%)	13 (34%)
Less than 150 minutes per week	16 (31%)	17 (45%)
I do not exercise	18 (35%)	8 (21%)
I am physically unable to exercise	1 (2%)	0 (0%)
On average, how many days per week do you eat five or more servings of fruits or	3.9	**4.1**

vegetables?		
I am completely comfortable with talking to my doctor about my health conditions/needs (1 - 10 rating scale)	6.3	**8.8**
I regularly handle stress in healthy ways (1 -10 rating scale)	4.9	**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)	5.8	**8.1**
I know how to find community resources that can support my health, nutritional, and social needs. (1 - 10 rating scale)	5.3	**8.6**

Certified Diabetes Care and Education Specialist Consultations: 68 participants; 65 unduplicated participants

Certified Diabetes Care and Education Specialist Consult Survey Questions (1 -10 rating scale)	**Pre/Post 1st Consult**	**3 Month Consult**	**6 Month Consult**
Level of confidence with managing diabetes?	4.4 / 5.5	8.0	8.7
Sufficient supplies to monitor blood sugar?	46 (71%) Yes	100% Yes	50% Yes
Using a daily log sheet?	14 (22%) Yes	100% Yes	0% Yes
Understanding how to take medications?	4.0 / 5.2	7.0	7.5
Last known HbA1c (no post consult information)	10.2% / 10.4%	6.0%	5.7%

Doctor Up Your Meals: 6 Classes; 66 Total participants; 38 Unique persons; 16 Average attendees per class

Hospital's Contribution / Program Expense	Total expense for all programs was $345,278, which is 100% supported by St. Joseph's Medical Center's Operational Budget.

FY 2025 Plan

Program Goal / Anticipated Impact	Same as noted in the FY 2024 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 2024 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 2024 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: 535 referrals; 492 unduplicated persons; 273 (51%) referred to Catholic Charities; 249 (47%) not enrolled in the program; and 65 (12%) individuals were pending or on hold as of June 30, 2024.

Reasons St Joseph's Medical Center Not Referred to Catholic Charities	**Total Persons** (of the 154 Not Referred)	**% of Persons**
Deceased	7	3%
Declined	7	3%

Discharged to SNF/Hospice/Other Medical Facility	65	26%
Has Support per Patient/Family	64	26%
Unable to Reach	32	13%
Readmitted	0	0%

Community health referrals to Catholic Charities:
273 referred to Catholic Charities; 42 (15%) refused services; 26 (10%) unable to reach. Of the 231 persons enrolled, 18 (7%) were readmitted within 30 days. Met the goal of maintaining a readmission rate under 15%. FY 2023-2024 readmissions were at 10.5%.

Service Type for 140 Enrolled Clients	Total Services Utilized	% of Services
House-Making	162	70%
Mental Health	16	7%
Transportation	119	52%
Prescription Delivery	62	27%
DME	42	18%
CC Food Pantry	57	25%
Advance Directive/Palliative Care/POLST	116	50%
COVID Preventative Measures	125	54%

Hospital's Contribution / Program Expense	Total expense for all programs was $573,201 which is 100% supported by St. Joseph's Medical Center's Operational Budget.

FY 2025 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 countywide.

- **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 affecting 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.

- **The San Joaquin Valley Impact Investing Fund (SJVIIF or the Fund)**: $25 million mission-driven fund slated for 2018 launch. Led by Sierra Health Foundation (SHF), the Fund is designed to sustain and scale grant efforts already underway by the San Joaquin Valley Health Fund to make the San Joaquin Valley (SJV) a healthier place to live, work, and prosper. CommonSpirit provided a $1,000,000 loan to SJVIIF in 2018.

- **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 11 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 benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of financial assistance, Medicaid, other means-tested programs and Medicare 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.

192 St. Joseph's Medical Center (Stockton)
Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)
For period from 07/01/2023 through 06/30/2024

	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits for Poor					
Financial Assistance	**6,810**	**$9,292,289**	**$0**	**$9,292,289**	**1.2%**
Medicaid	**62,773**	**$263,985,938**	**$237,130,850**	**$26,855,088**	**3.5%**
Community Services					
A - Community Health Improvement Services	9,077	$1,389,510	$115,128	$1,274,382	**0.2%**
E - Cash and In-Kind Contributions	4	$1,689,883	$0	$1,689,883	**0.2%**
F - Community Building Activities		$3,069	$0	$3,069	**0.0%**
G - Community Benefit Operations	13	$817,771	$0	$817,771	**0.1%**
Totals for Community Services	**9,094**	**$3,900,233**	**$115,128**	**$3,785,105**	**0.5%**
Totals for Benefits for Poor	**78,677**	**$277,178,460**	**$237,245,978**	**$39,932,482**	**5.2%**
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	70,645	$2,044,078	$455,123	$1,588,955	**0.2%**
B - Health Professions Education	950	$32,775,740	$9,908,203	$22,867,537	**3.0%**
D - Research		$142,083	$5,613	$136,470	**0.0%**
E - Cash and In-Kind Contributions		$91,950	$0	$91,950	**0.0%**
Totals for Community Services	**71,595**	**$35,053,851**	**$10,368,939**	**$24,684,912**	**3.2%**
Totals for Broader Community	**71,595**	**$35,053,851**	**$10,368,939**	**$24,684,912**	**3.2%**
Totals - Community Benefit	**150,272**	**$312,232,311**	**$247,614,917**	**$64,617,394**	**8.5%**
Medicare	**21,277**	**$117,067,092**	**$160,477,828**	**$0**	**0.0%**
Totals Including Medicare	**171,549**	**$429,299,403**	**$408,092,745**	**$64,617,394**	**8.5%**

*For the Medicaid provider fee program effective for the two-year period of January 1, 2023 - December 31, 2024, the State of California received Centers for Medicare & Medicaid Services approval in December 2023. As such, during the fiscal year July 1, 2023 - June 30, 2024, the hospital recognized provider fee net income of $60,718,986 covering 18 months dating back to January 2023. Subtracting the six months of net provider fee attributable to the prior fiscal year, FY24 Medicaid net benefit would be $47,224,013 and total community benefit including Medicare would be $84,986,319.

**Consistent with IRS instructions and Catholic Health Association guidance, Medicare is reported at $0 net benefit because offsetting revenue was greater than expense in FY24.

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	Senior Vice President/Area Manager, Central Valley Kaiser Permanente
John Petersdorf	Vice Chair System Senior Vice President, Operational Effectiveness Performance Improvement, CommonSpirit Health
Sue Pietrafeso	Region Chief Strategy Officer, CommonSpirit Health
Robert Quinn, MD	President & CEO. Medical Foundation, Senior Vice President Physician Enterprise, CommonSpirit Health

Community Grants Committee

Barbara Alberson	Senior Deputy Director, San Joaquin County Public Health Services
Jamie Lynne Brown	Community Benefit Specialist, Dignity Health
Crystal Cadena	Interim Director of Social Services, St. Joseph's Behavioral Health Center, Dignity Health
Steve Morales	Community Member / Owner of MAYACO Marketing & Internet
George Lorente	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