St. Elizabeth Community Hospital

Hospital HCAI ID: 106521041

Community Benefit 2025 Report and 2026 Plan

Adopted November 2025

Dignity Health®
St. Elizabeth Community Hospital

A member of CommonSpirit

A message from

Rodger Page, President, and Amanda Hutchings, Chair of the Dignity Health St. Elizabeth Community Hospital Community Board.

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

St. Elizabeth Community Hospital 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 2025 Report and 2026 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 2025 (FY25), St. Elizabeth Community Hospital provided $14,078,584 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $19,623,083 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's board reviewed, approved and adopted the Community Benefit 2025 Report and 2026 Plan at its November 13, 2025 meeting.

Thank you for taking the time to review this report and plan. We welcome any questions or comments, which can be submitted using the contact information in the At-a-Glance section of this report.

Rodger Page
President

Amanda Hutchings
Chairperson, Board of Directors

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At-a-Glance Summary

Hospital HCAI ID: 106521041

Report Period Start Date: July 1, 2024 **Report Period End Date**: June 30, 2025

Community Served	St. Elizabeth Community Hospital is located in Red Bluff, California, and serves over 70,000 community members. The community served by the hospital is traversed by U.S. Interstate 5 (I-5) with the majority of the population residing along the I-5 corridor. The community served is nearly entirely within Tehama County except for a very small section of Shasta County along the Northern Tehama County border. The community served by St. Elizabeth Community Hospital resides in one of the following zip codes: 96021, 96022, 96035, 96055, 96078, 96080, and 96090.
Economic Value of Community Benefit	$14,078,584 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits $19,623,083 in unreimbursed costs of caring for patients covered by Medicare fee-for-service. 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: • Access to primary care, specialists, and dental care • Access to behavioral health, including substance use disorder treatment • Basic needs – education, housing, transportation, and food insecurity • Navigation of care • Community belonging and freedom from violence
FY25 Programs and Services	The hospital delivered several programs and services to help address identified significant community health needs. These included: • Community Health Improvement Grants • Community Health Education Outreach • Human Trafficking/Violence Prevention • Medication for Indigent Patients • Transportation Services

FY26 Planned Programs and Services

Existing FY25 programs for St. Elizabeth Community Hospital will continue into FY26 and the hospital will continue to seek opportunities with collaborative partners to further the health of the community.

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's Community Health Office, 2550 Sister Mary Columba Dr., Red Bluff, CA 96080 or by e-mail to alexis.ross@commonspirit.org.

Our Hospital and the Community Served

About St. Elizabeth Community Hospital

St. Elizabeth Community Hospital is a Dignity Health hospital. Dignity Health is a member of CommonSpirit Health.

St. Elizabeth Community Hospital is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America. The hospital was opened in 1906 by the Sisters of Mercy serving the community of Red Bluff and Tehama County. The hospital has been serving Tehama County for more than 100 years and is dedicated to providing quality and compassionate patient care in a healing environment. The hospital currently has 76 acute care beds, including intensive, perinatal and emergency care services. The hospital has been operating at their current location since 1978 and provides the following specialized care, including:

- Certified Primary Stroke Center,
- Orthopedic, General Medicine and Minimally Invasive Surgical Services,
- Pediatric Care,
- Oncology Clinic,
- Cardiology Care, and
- Family Birth Center.

St. Elizabeth Community Hospital was also recognized as an LGBTQ+ Healthcare Equality High Performer in the Human Rights Campaign Foundation's 2024 Healthcare Equality Index (HEI).

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

The hospital serves approximately 70,000 community members who primarily reside in the cities of Red Bluff and Corning along the interstate highway I-5 corridor in the Sacramento Valley and the surrounding rural foothills, agricultural and range land. The interstate highway I-5 corridor transects the community from south to north and connects the urban areas of the community. A summary description of the community is below, and additional details can be found in the CHNA report online.

The City of Red Bluff serves as the county seat of Tehama County and is home to 14,592 residents, making it the largest city (by population) in Tehama County. The hospital also serves the communities of Cottonwood, Lake California, Bend, Proberta, Tehama, Rancho Tehama Reserve, Richfield, and Corning. The community served by the Hospital includes the following zip codes, as geographically depicted in Figure 1:

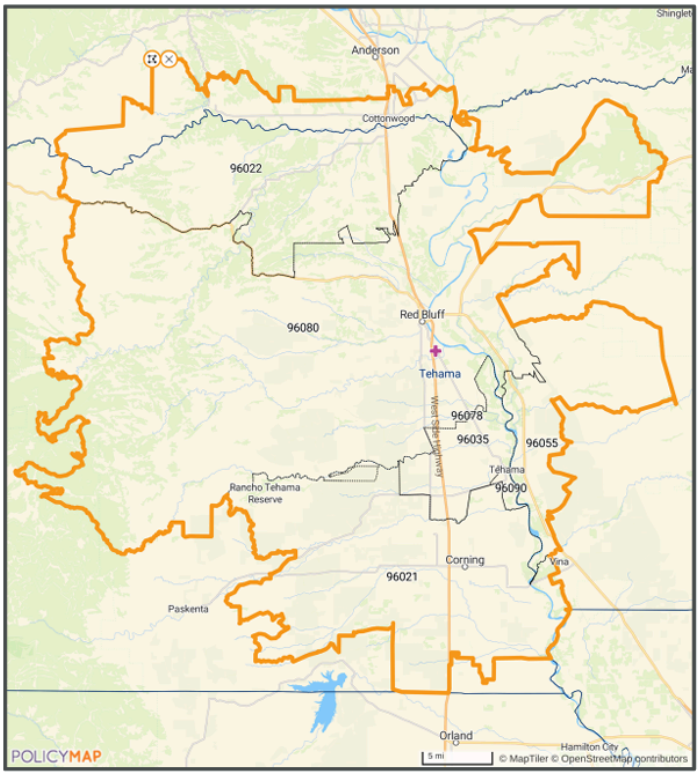
- 96021 (Corning)
- 96022 (Cottonwood)
- 96035 (Gerber)
- 96055 (Los Molinos)
- 96078 (Proberta)
- 96080 (Red Bluff)
- 96090 (Red Bluff)

The Hospital does not exclude any low-income or underserved populations and includes all members of the community. The communities served by the Hospital align with the residence location (contiguous zip codes) for more than 75% of all inpatient discharges. SECH is the only acute care hospital in Tehama County, however, Red Bluff and Cottonwood are also served by Dignity Health Mercy Medical Center Redding. The entire county is supported by Tehama County Public Health.

Demographics within St. Elizabeth Community Hospital's service area as derived from the U.S. Census include:

- Total population: 70,584
- Median age (years): 39.9
- Percent Hispanic or Latino(a): 26.4%
- Percent White alone, not Hispanic or Latino(a): 64.7%
- Median household income range: $34,813
- Percent of families living in poverty (below 100% federal poverty level): 14.2%
- Percent with less than a high school diploma, 25 years and over: 13.6%
- Percent, age 5 and older who speak English less than "very well": 7.0%
- Percent without health insurance: 6.0%
- No. of Partnership HealthPlan of California Members (Medi-Cal administrator): 31,250

Figure 1 - St. Elizabeth Community Hospital Communities Served



Community Assessment and Significant Needs

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

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in June, 2025. The hospital makes the CHNA report widely available to the public online and a written copy is available upon request. Additionally, the Market Director of Community Health has presented the CHNA to community-based organizations and coalitions upon request.

CHNA web address:
https://www.dignityhealth.org/north-state/locations/stelizabethhospital/about-us/community-benefit

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 with the CHNA:

- Poor and the Homeless
- Empower Tehama
- Family Counseling Center
- Tehama County Public Health
- United Way NorCal
- Tehama Schools
- Corning Healthcare District

Vulnerable Populations Represented by These Groups:

- LGBTQ+
- Hispanic or Latino(a)
- Unhoused adults
- People with disabilities
- Socially disadvantaged

- Youth
- Senior Communities

This community benefit report also includes programs delivered during fiscal year 2025 that were responsive to needs prioritized in the hospital's previous CHNA report.

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?
Access to primary care, specialists, and dental care	The community faces severe healthcare access issues, with a long-standing MUA designation and numerous provider shortages leading to residents traveling outside the county for basic and specialized care. This underservice is reflected in critical health disparities, including a dramatically higher physician-to-resident ratio compared to the state, and alarmingly high mortality rates for all causes and cancers. The lack of after-hours clinics and urgent care facilities exacerbates the problem, forcing residents to rely on the hospital's Emergency Department for non-emergent needs.	☑
Access to behavioral health, including substance use disorder treatment	Behavioral health is a critical, consistently identified need in Tehama County, which is designated as a mental health HPSA and exhibits high rates of anxiety, depression, and opioid overdoses. The county's severe behavioral health challenges are further compounded by a high prevalence of adverse childhood experiences (ACEs) among Medi-Cal members, indicating significant underlying trauma. These complex issues necessitate increased efforts to address mental health, substance abuse, and trauma-informed care for all residents.	☑
Basic needs – education, housing, transportation, and food insecurity	Limited access to affordable housing, education, and employment has created an economic crisis within the community. This scarcity directly impacts residents' ability to secure essential resources like transportation, safe housing, healthy food, education, and healthcare, contributing to generational cycles of poverty.	☑

Significant Health Need	Description	Intend to Address?
Navigation of Care	The vulnerable members of the community have suffered an upheaval in their healthcare delivery and many were assigned primary care physicians outside of the county. While there is a system of requesting reassignment the process is not automatic and requires the ability to skillfully navigate the healthcare system. Individuals with lower educational attainment, those lacking stable transportation, or not speaking English fluently struggle with traversing the healthcare system.	☑
Community belonging and freedom from violence	Civic engagement capacity and local, self-driven solutions are critical to addressing local needs. Community belonging and civic muscle refers to a community where an individual feels valued. A strong sense of belonging, where individuals feel valued and empowered to work together, fosters a thriving future and can play a crucial role in reducing community violence.	☑

2025 Report and 2026 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 FY25 and planned activities for FY26, 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 benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners. Hospital and health system participants include the Community Board which is composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

Additionally, the Community Health and Outreach staff engage a core internal team that may include clinical staff, care coordinators and social workers, members of the hospital leadership team, and Dignity Health leaders at the regional and local levels

from Mission Integration, IT, Legal, Administration, and Finance. These core teams help shape initiatives, provide internal perspective on issues and help define appropriate processes, procedures and methodologies for measuring outcomes.

The programs and initiatives described in this report were selected on the basis of a comprehensive set of criteria, aiming for strategic and impactful community health improvement.

These criteria include:

- Alignment with Mission: Ensuring the initiatives support the hospital's core purpose.
- Best Practices Research: Incorporating evidence-based approaches.
- Community Readiness: Considering the community's capacity and willingness to act on the issue.
- Equity Focus: Prioritizing needs that disproportionately affect vulnerable populations and contribute to health disparities.
- Leveraging Existing Strengths: Identifying issues where existing infrastructure (programs, systems, staff) and established relationships with community partners are already in place.
- Measurability: Selecting issues where there is a clear ability to have a measurable impact.
- Problem Assessment: Evaluating the magnitude and severity of the health issues.
- Resource Availability: Assessing the availability of both hospital and external community resources.
- Sustainability: Ensuring there is ongoing investment and commitment of resources (staff time and financial) for the chosen initiatives.

Furthermore, selection involves research on best practices, alignment with local, state, or national health priorities, and a strong emphasis on collaboration with community stakeholders. Where possible, initiatives are designed to employ upstream prevention models to address the social determinants of health, with a critical focus on building and strengthening relationships with community-based providers to ensure long-term success and sustainability.

Community Health Core Strategies

The hospital intends that program activities to help address significant community health needs reflect a strategic use of resources. CommonSpirit Health has established three community health improvement core strategies to help 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.
- Implement and sustain evidence-based health improvement program initiatives.
- Strengthen community capacity to achieve equitable health and well-being.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment. They are organized by health need and include statements of goals and anticipated impact, and any collaboration with other organizations in their delivery.

Health Need: Access to primary care, specialists, and dental care &
Access to behavioral health, including substance use disorder treatment

Strategy or Program	Summary Description	Active FY25	Planned FY26
Financial Assistance	The hospital provides financial assistance for uninsured/underinsured and low-income residents. Rural health clinics offer sliding fee scale for patients who do not qualify for insurance.	x	x
Community Outreach Events	The hospital regularly attends community outreach events, such as, 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 offering nutrition services consultation, and blood pressure screenings. High school sports physicals for all area high schools are offered supported by the clinics and hospital staff when appropriate	x	x
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	x	x
Dental Care	Explore opportunities to partner with Tehama County Health and Human Services - Public Health Branch and other community partners to improve access to dental services.	☐	x
Education and Awareness	Provide education and awareness and reduce stigma in the community.	x	x

Goal and Impact: These programs will increase timely access to care by improving health literacy, addressing social determinants of health, and taking healthcare into the community.
Collaborators: The hospital will partner with local medical clinics and local community based organizations to improve access to quality primary care health services.

Health Need: Basic Needs – education, housing, transportation, and food insecurity and Navigation of Care

Strategy or Program	Summary Description	Active FY25	Planned FY26
Charity Transportation	Enhances low-income patient and family access to care for those who have no form of transportation. This includes transportation to subacute nursing facility/rehab, home, mental health, a transitional living site, or outpatient appointments as part of a patient's discharge plan.	x	x
PATH Transitional Care Program	Provides short-term transitional housing and coordinated care for homeless adults who are being discharged from the hospital and are recovering from a non-acute illness or injury condition that would be exacerbated by living unsheltered or in a place not suitable for recovery.	x	☐
Community Health Worker Program	A collaboration with Dignity Health Connected Living to assist patients that rely on the emergency department for non-urgent needs by connecting them to local resources and help navigation of care.	☐	x

Goal and Impact: Improve social determinants of health for the most vulnerable members of the community.
Collaborators: The hospital 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 for the hospital and will continue to drive community benefit efforts.

Health Need: Community belonging and freedom from violence

Strategy or Program	Summary Description	Active FY25	Planned FY26
Cultural Competency and Humility Training	Provide training opportunities for staff and community organizations that address the specific health needs of the community. This collaboration can improve care coordination and strengthen social connections.	☐	x
Community Outreach	Foster an inclusive environment by participating in culturally responsive activities that celebrate diverse populations (e.g., youth summits, pride events, health fairs).	☐	x
Community Engagement	Strengthen trust and relationships with key populations through targeted outreach, activities, and communication.	☐	x
Human Trafficking	A Human Trafficking Taskforce made up of multidisciplinary leaders with a victim- centered approach on strategies, interventions and policies.	x	x
Mission and Ministry Fund, United Against Violence Grant	Facilitate strategy sessions and the development of a violence prevention/human trafficking coalition in Tehama County. This plan will build upon and align existing work identified during planned activities.	☐	x

Goal and Impact: These programs prevent future traumatization once violence has occurred by increasing healthcare workforce capacity to provide trauma informed care for victims of violence. They also support community capacity to reduce future violence.

Collaborators: Community Based Organizations

Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding restricted financial grants to non-profit organizations working 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 FY25, the hospital awarded the grants below totaling $77,500. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Family Service Agency DBA Family Counseling Center	Group and individual mental health support for uninsured	Access to Behavioral Health	$30,000
United Way of Northern California	Connected Tehama: Community Centered 211 Outreach	Access to Care; Access to Behavioral Health	$47,500

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.

PATH Transitional Care Program

Significant Health Needs Addressed	• Access to primary care, specialists, and dental care • Access to behavioral health, including substance use disorder treatment • Basic needs – education, housing, transportation, and food insecurity
Program Description	Funded through a Dignity Health Community Health Improvement Grant, the PATH Transitional Care Program (TCP) provides short-term transitional housing and coordinated care for homeless adults who are recovering from a non-acute illness or injury and whose condition would be exacerbated by living unsheltered or in a place not suitable for recovery.

Population Served	Unhoused male adults recovering from minor illness/injury who have no suitable place for recovery.
Program Goal / Anticipated Impact	Through effective and meaningful case management, TCP will provide knowledge and resources to clients via community partner referrals to foster wellbeing and promote self-sufficiency. The program will graduate clients to stable housing or connect them to family stability. The program can serve two men concurrently for up to six weeks.
FY 2025 Report	
Activities Summary	The TCP will perform patient assessments and intakes of referred unhoused individuals and immediately begin delivering case management services with a six-week emphasis on recovery and rehabilitation.
Performance / Impact	23 persons served
Hospital's Contribution / Program Expense	$39,751 Dignity Health Community Grant CY2024 awardee
FY 2026 Plan	
The hospital will continue to support and promote this community-based program; however, TCP did not receive a Community Health Improvement Grant in FY2025 so the program will no longer be reported on in future community benefit reports.	

Transportation System

Significant Health Needs Addressed	• Access to primary care, specialists, and dental care • Access to behavioral health, including substance use disorder treatment • Basic needs – education, housing, transportation, and food insecurity
Program Description	Address transportation barriers to accessing health care services.
Population Served	Low-income and vulnerable populations
Program Goal / Anticipated Impact	Improve and eliminate barriers to transportation in the most vulnerable communities in Tehama County, especially the low-income and underserved to decrease barriers to access health care
FY 2025 Report	
Activities Summary	Provide van service, taxi vouchers or bus tokens to patients who need assistance with access to facilities.

Transportation System	
Significant Health Needs Addressed	• Access to primary care, specialists, and dental care • Access to behavioral health, including substance use disorder treatment • Basic needs – education, housing, transportation, and food insecurity
Performance / Impact	9 people served
Hospital's Contribution / Program Expense	$2,161
FY 2026 Plan	
Program Goal / Anticipated Impact	Increase access to care by providing much critical transportation to medical appointments.
Planned Activities	There is no planned change from the FY2025 Activities Summary. The hospital will maintain its transportation options for those in need in FY2026.

Community Health Worker	
Significant Health Needs Addressed	• Basic needs – education, housing, transportation, and food insecurity • Navigation of care
Program Description	A collaboration with Dignity Health Connected Living to assist patients that rely on the emergency department for non-urgent needs by connecting them to local resources and help with navigation of care.
Population Served	Tehama County community, including low-income and vulnerable populations
Program Goal / Anticipated Impact	Enhance coordination and access to basic needs, improve health outcomes for vulnerable populations, and provide essential education and support.
FY 2025 Report	
Activities Summary No activities are reportable for FY2025. Community health education activities have been added in response to the updated significant health needs identified in the 2025 Community Health Needs Assessment.	

FY 2026 Plan	
Program Goal / Anticipated Impact	Enhance the health and well-being of un- and underinsured individuals by effectively navigating them to appropriate medical homes and community resources, thereby reducing non-emergent ED visits and improving access to comprehensive care.
Planned Activities	The Community Health Worker will provide case management support for families, support groups, caregiver education, community education and outreach, and linkages to other community health care services for families in need.

Community Health Education

Significant Health Needs Addressed	• Access to behavioral health, including substance use disorder treatment and navigation of services • Access to Health Care including specialty care and dental care
Program Description	Provide needed community education and outreach programs to improve the communities' health literacy and improve access to care.
Population Served	Tehama County community, including low-income and vulnerable populations
Program Goal / Anticipated Impact	Increased access to care, through improved health literacy, addressed social determinants of health, and expanded community-based healthcare. This will also lead to improved health and quality of life for individuals with chronic diseases, empowered by supportive environments for learning critical self-management skills and enhancing their knowledge

FY 2025 Report
Activities Summary No activities are reportable for FY2025. Community health education activities have been added in response to the updated significant health needs identified in the 2025 Community Health Needs Assessment.

FY 2026 Plan	
Program Goal / Anticipated Impact	Improve community health and well-being by expanding access to care, fostering health literacy, mitigating social determinants of health, delivering community-based healthcare, and empowering individuals with chronic diseases through enhanced self-management skills and knowledge.

Planned Activities	• Conduct education sessions and workshops in collaboration with a variety of community organizations that are held in locations accessible to the residents. • Launch at least one Diabetes Empowerment Education Program workshop.

Community Belonging and freedom from violence

Significant Health Needs Addressed	• Community belonging and freedom from violence
Program Description	Strengthen trust and relationships with key populations through trainings, targeted outreach activities, and communication.
Population Served	Vulnerable populations who are at a higher risk of social exclusion, isolation, and loneliness (e.g. older adults, youth, LGBTQ+, racial and ethnic minorities, people with disabilities, people with low socioeconomic status, immigrants and refugees)
Program Goal / Anticipated Impact	Reduced disparities and enhanced community relations

FY 2025 Report

Activities Summary
No activities are reportable for FY2025. Community belonging and freedom from violence activities have been added in response to the updated significant health needs identified in the 2025 Community Health Needs Assessment.

FY 2026 Plan

Program Goal / Anticipated Impact	Activities reducing disparities and enhancing community relations are expected to increase feelings of acceptance and connection among residents, fostering an environment where everyone feels valued. This cultivates stronger social networks, boosts local participation, and deepens collective identity, ultimately strengthening community belonging.
Planned Activities	• Provide training opportunities for staff and community organizations that address the specific health needs of the community. This collaboration can improve care coordination, strengthen social connections, and reduce violence. • Foster an inclusive environment by supporting and/or participating in culturally responsive activities that

	celebrate diverse populations (e.g., youth summits, pride events, health fairs). • Strengthen trust and relationships with key populations through targeted outreach, activities, and communication.

Other Community Health and Community Building Programs

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.

- Community benefit investment to support senior and people with disability needs through the Disability Action Center
- Stroke and trauma prevention and education at various community events, such as the Tehama County Farmers Market
- Participation at the "Happy Healthy" event to bring awareness and education around water/pool safety in English and Spanish

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
- Tehama County Public Health Advisory Board Meeting
- 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
- Red Bluff Rotary
- Soroptimist International of Red Bluff

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 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.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$3,397,645		$3,397,645
Medi-Cal	$10,153,542		$10,153,542
Other Means-Tested Government (Indigent Care)	$0		$0
Sum Financial Assistance and Means-Tested Government Programs	**$13,551,187**		**$13,551,187**
Other Benefits			
Community Health Improvement Services	$11,451	$9,566	$21,017
Community Benefit Operations	$25,128	$11,970	$37,098
Health Professions Education	$0	$0	$0
Subsidized Health Services	$0	$0	$0
Research	$0	$0	$0
Cash and In-Kind Contributions for Community Benefit	$400,938	$68,344	$469,282
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$437,517**	**$89,880**	**$527,397**
Community Benefits Spending			
Total Community Benefits	**$13,988,704**	**$89,880**	**$14,078,584**
Medicare (non-IRS)	$19,623,083		$19,623,083
Total Community Benefits with Medicare	**$33,611,787**	**$89,880**	**$33,701,667**

Hospital Board and Committee Rosters

FY 2026
MT. SHASTA – RED BLUFF - REDDING
BOARD OF COMMUNITY ADVISORS
Effective: October 1, 2025

Rodger Page, North State Market President

Amanda Hutchings, Board Chair

Keith Cool, Vice-Chair

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Meghan Leininger, D.O., Chief of Staff, St. Elizabeth Community Hospital

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

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