St Joseph's Medical Center

Hospital HCAI ID: 106391042

Community Benefit 2025 Report and 2026 Plan

Adopted October 2025

Dignity Health.
A member of CommonSpirit

A message from

David Ziolkowski, President and CEO of Port City Operating Company, LLC dba St. Joseph's Medical Center and Debra Cunningham, Chair of St. Joseph's 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. 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 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. Joseph's Medical Center provided $95,278,934 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits.

The hospital's board reviewed, approved and adopted the Community Benefit 2025 Report and 2026 Plan at its October 30, 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.

David Ziolkowski	Debra Cunningham
President	Chairperson, Board of Directors

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At-a-Glance Summary

Hospital HCAI ID: 106391042

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

Community Served	St. Joseph's Medical Center is located in one of California's fastest-growing counties, a diverse area with rural and urban communities separated by agriculture. While celebrated for its diverse Latino, African American, and Asian immigrant populations, the county faces significant health outcome disparities between ethnic groups, economic insecurity, and health challenges despite growth opportunities and resources.
Economic Value of Community Benefit	$95,278,934 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits. The hospital did not incur 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 Care • Mental/Behavioral Health including Substance Use • Chronic Disease/ Healthy Eating Active Living (HEAL) • Housing • Economics • Social Support • Community Safety • Education • Food Security • Transportation
FY25 Programs and Services	The hospital delivered several programs and services to help address identified significant community health needs. These included: • **Access to Care:** Test & Connect, Homecoming Program, Workforce Development Initiatives, ,as well as supporting community based organizations (CBOs) through the Community Health Improvement Grants Program and donations to St. Mary's Community Services Free Dental Clinic..

- **Mental/Behavioral Health inc Substance Use:** Mental Health First Aid Training, Canine Kindness: A Pawsitive Classroom Project, Trauma Informed Systems Training, Mental Health Workshops, Community Health Advocate (CHA) Program, as well as supporting mental health services through the Community Health Improvement Grants Program.
- **Chronic Disease/HEAL:** Chronic Disease Navigator services and Community Health Education Classes, as well as supporting CBO services through the Community Benefit Grants Program.
- **Housing**: Investments and collaboration with partners through Homeless Health Initiative (HHI) activities, CHA Program, Community Health Improvement Grants Program, as well as continued collaboration with shelter and housing partners to respond to this community need.
- **Economics:** CHA Program and through the Community Health Improvement Grants Program.
- **Social Support:** Support and utilization of the Connected Community Network (CCN), CHA Program and the Community Health Improvement Grants Program.
- **Community Safety:** The PEACE Project and programming around trauma informed care systems change training to reduce violence and promote safety.
- **Education**: CHA Program, Workforce Development Initiatives as well as supporting programs through the Community Health Improvement Grants Program.
- **Food Security:** Replate Program, CHA Program as well as supporting CBOs through the Community Health Improvement Grants Program.
- **Transportation:** The CHA and Homecoming Programs, and funding through the Community Health Improvement Grants Program support this need.

FY26 Planned Programs and Services

The hospital intends to continue many of the FY25 programs and plans to further develop interventions in an effort to respond to priority needs found in the 2025 CHNA. The following is a brief summary of the strategies and program level detail can be found in the Program Digest section of this report.

- **Community Health Department** programs and initiatives address health disparities and improve outcomes directly and indirectly. This is achieved through various approaches, including direct service delivery, multi-sector collaboration, strategic outreach and in-kind support.
- **The Community Health Improvement Grants Program** annually funds non-profit organizations through a competitive process. Grants are awarded to those best demonstrating collaborative impact on community health needs, as identified in the latest assessment, in an effort to address all identified needs.
- **Community Benefit Operations** support essential safety net services for vulnerable populations, addressing needs such as access to care, mental/behavioral health including substance use, education, food security, and transportation. Additional operations to support mandated community health improvement activities.

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

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 sjmccommunityhealth@commonspirit.org.

Our Hospital and the Community Served

About St Joseph's Medical Center

St Joseph's Medical Center is a Dignity Health hospital. Dignity Health is a member of CommonSpirit Health.

Founded in 1899 by Father William B. O'Connor and the Dominican Sisters of San Rafael, St. Joseph's Medical Center upholds a legacy of providing care to the poor and disenfranchised. This 355-bed, not-for-profit, fully accredited regional hospital boasts a physician staff of nearly 900 and over 2,300 employees. St. Joseph's specializes in cardiovascular care, comprehensive cancer services, and women and children's services, including neonatal intensive care.

Consistently recognized as the "most preferred hospital" by local consumers, St. Joseph's is a nationally acclaimed leader in quality. Additional notable accolades are listed below.

- America’s 250 Best Hospitals by Healthgrades (2023-2025)
- America’s 100 Best Hospitals for Critical Care by Healthgrades (2025)
- Healthgrades Coronary Intervention Excellence Award™ (2025)
- Healthgrades Critical Care Excellence Award (2022-2025)
- Leapfrog “A” Safety Grade (Spring 2025)
- LGBTQ+ Healthcare Equality High Performer by Healthcare Equality Index (2024)
- U.S. News & World Report Best Regional Hospitals (2024-2025)
- Awarded the Gold Seal of Approval by the Joint Commission
- 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 Certification of
- Designated as Blue Distinction Center® for Cardiac Care and Maternity Care by Blue Shield of California
- Designated STEMI Heart Attack and Stroke Receiving Center by San Joaquin County
- Designated STEMI Heart Attack and Stroke Receiving Center by San Joaquin County

- The Joint Commission's Gold Seal of Approval® for Joint Replacement for Hip and Knee Certification

Our Mission

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

Our Vision

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

Financial Assistance for Medically Necessary Care

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

Description of the Community Served

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

St. Joseph's Medical Center lies in one of the fastest growing counties in California, containing both rural and urban areas, with individual cities separated by agriculture and open space lands. The county is celebrated for its diverse communities of Latinos and African Americans as well as Asian immigrants; but there is also a big gap in health outcomes between ethnic groups. It is a county of contrasts, holding in one

hand growth opportunities and a variety of assets and resources to support health, and on the other hand significant challenges in terms of economic security, health and health disparities.

Race/Ethnicity*	
Total Population	**779,445**
Hispanic/Latino	**43%**
Non-Hispanic/Latino	**57%**
White	29%
Asian	17%
Black/African American	7%
Multiple races	4%
Pacific Islander/Native Hawaiian	1%
American Indian/Alaska Native	0.2%
Source: US Census, 2022 *Percentages may not equal 100% due to rounding	
Median household income	**$82,837**
Living in poverty (<100% Federal poverty level)	13%
Children in poverty	17%
Older adults (ages 65+) in poverty	11%
Employed (ages 16+)	57%
Medicaid/public insurance enrollment	43%
Insured (ages 19-64 years)	91%
Adults with no high school diploma	20%
Bachelor's Education or higher	20%
Source: US Census, 2022	

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. In addition to the CHNA process, SJMC actively collaborates in the development of the San Joaquin County's Community Health Improvement Plan (CHIP), which helps to drive key priority interventions collectively among community stakeholders.

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 2025. The hospital makes the CHNA report widely available to the public online and a written copy is available upon request. The report is also shared on https://healthiersanjoaquin.org/ which is the shared website for the Core Team. Core Team members include all of our local non-profit hospitals, both Medi-Cal Managed Care Plans, Public Health Services, our local Federally Qualified Health Centers, the County Office of Education, and as well as several key community-based organizations.

CHNA web address:
https://www.dignityhealth.org/central-california/locations/stjosephs-stockton/about-us/community-programs/community-health-needs-assesment

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:

211 San Joaquin	Dignity Health, St. Joseph's Medical Center and Behavioral Health Center*	San Joaquin County Children's Alliance
Adventist Health Lodi Memorial*	El Concilio	San Joaquin County Council of Governments

Amilia Adams Whole LIfe Center	Emergency Food Bank	San Joaquin County Office of Education ● Early Childhood Education ● Comprehensive Health Programs
Asian Pacific Self-Development and Residential Association (APSARA)	Health Net*	San Joaquin County Health Care Service Agency
Boys and Girls Club	Health Plan of San Joaquin*	San Joaquin County Human Service Agency: Aging and Community Services*
Catholic Charities Diocese of Stockton	Hispanic Chamber of Commerce	San Joaquin County Public Health Services*
Child Abuse Prevention Council	Kaiser Permanente*	San Joaquin Health*
City of Stockton ● Office of the Mayor ● Office of Violence Prevention	Little Manila Rising	St. Mary's Community Services
Community Medical Centers*	LOVE Inc. Manteca	Stocktonians Taking Action to Neutralize Drugs (STAND)
Dameron Hospital*	Mary Magdalene Community Services Public Health Advocates	Stockton NAACP
Data Co-op	Reinvent South Stockton Coalition*	Sutter Health*
Department of Health and Human Services, Region 9	San Joaquin Community Foundation	Third City Coalition Trust for Public Land
Faith in the Valley	San Joaquin PRIDE Center	University of the Pacific School of Health Sciences*
First 5 San Joaquin*	Sierra Vista Homes, Residents Council	Visionary Home Builders
Health Force Partners	San Joaquin County Behavioral Health Services*	PREVAIL
*= Denotes Core Team Members		

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
- Samoan
- 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

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 Care	Comprehensive, quality healthcare access, including insurance, providers, timeliness, and	☑

Significant Health Need	Description	Intend to Address?
	cultural alignment, is vital for health and quality of life.	
Mental/Behavioral Health inc Substance Use	Mental health impacts all life areas. Rising "deaths of despair" highlight a critical shortage of mental health and substance use treatment services.	☑
Chronic Disease/Healthy Eating and Living (HEAL)	Chronic diseases are major causes of illness, death, and high healthcare costs. Healthy eating and physical activity are key to prevention and management.	☑
Housing	Affordable, safe housing is crucial for health and socioeconomic success. Unaffordable housing leads to hardship; homelessness worsens health and increases premature death risk.	☑
Economics	Steady employment and strong economic environments foster community health. Childhood poverty has lasting negative health effects; economic policies can improve well-being.	☑
Social Support	Strong social networks improve physical and mental well-being, providing coping mechanisms. Loneliness negatively impacts health; community resources foster vital connections.	☑
Community Safety	Safe communities promote social and economic well-being. Crime and violence harm health. Exposure to violence, especially for youth, has severe long-term consequences.	☑
Education	Higher education correlates with better health, longer lives, and greater socioeconomic success. Preschool and high school completion provide significant long-term benefits.	☑
Food Security	Inconsistent access to healthy food leads to poor diet and increased chronic disease risk, burdening individuals and healthcare systems.	☑
Transportation	Reliable, safe transportation is essential for basic needs. Auto reliance causes injuries and pollution. Other modes provide vital access, exercise, and social cohesion.	☑

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 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 in 2025 was inclusive and comprehensive, guided by a Core Team planning group, which included SJMC, and a broadly representative Steering Committee, with input from County residents. The 2025 CHNA included interviews with 12 key informants, 40 focus group discussions with 350 community residents, and data analyses for over 100 indicators, creating a robust picture of the issues affecting residents' health.

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, and ultimately the development of the hospital's implementation plan.

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, and/or hospital system strategies

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 Care

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Chronic Disease Navigator: 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. • Test and Connect: 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 Health Advocate (CHA) Program	☒	☒
Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing Access to Care: • St. Mary's Community Services	☒	☒

	• Asian Pacific Self Development And Residential Association (APSARA) • San Joaquin Community Foundation Inc Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026		

Community Benefit Operations	• Workforce Development Initiatives
	  ○ Graduate Medical Education (GME)
	  ○ Nursing Students
	  ○ Pharmacy Students
	  ○ Paramedic Students
	  ○ Respiratory Students
	• 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.
	• Connected Community Network (CCN)
	• Cal AIM Enhanced Care Management Program
	• Other programs as described in the Other Community Health and Community Building Programs 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. Workforce development initiatives help to address the culturally diverse healthcare provider shortage in San Joaquin County.

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, University of the Pacific, San Joaquin County Delta College, San Joaquin County Public Health Services, and a multitude of healthcare providers and community based organizations involved in the CCN.

Health Need: Mental/Behavioral Health including Substance Use

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Community Health Advocate (CHA) Program screening and referrals for mental/behavioral health and substance use issues. • 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. • Mental Health Workshops: Classes to bring awareness and coping skills to address feelings of anxiety and depression, as well as highlight community resources for ongoing support. • Trauma Informed Systems Training (TIS): TIS training is available to any organization seeking to be a healer by training staff to be more trauma-informed and responsive. • Canine Kindness: A Pawsitive Classroom Project Program: Delivered in classrooms where students have struggles with their behavior due to mental health or developmental issues.	☒	☒
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: • Trust for Public Land • St. Mary's Community Services • Asian Pacific Self Development And Residential Association (APSARA) • San Joaquin Community Foundation Inc Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒
Community Benefit Operations	• Wellness Navigators (formerly titled Substance Use Navigators): Provide medication assisted treatment with Buprenorphine to those struggling with opioid use disorder, along with education and resources. • Workforce Development Initiatives ○ GME Psychology and Psychiatry Residency program expands access to this level of specialty care	☒	☒

	• San Joaquin Mental Health Consortium • SJC Trauma Initiative • Connected Community Network (CCN) • Cal AIM Enhanced Care Management Program		
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: Program partners are noted in the respective program summaries above.			

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

Strategy or Program	Summary Description	Active FY25	Planned FY26
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. (not planned in FY26) • Community Health Advocate (CHA) Program screening and referrals to health education and healthy food resources. • Chronic Disease 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 Meals: A new workshop offering chronic disease management education and healthy food demonstrations.	☒	☒
Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing Chronic Disease/HEAL: • Second Harvest of the Greater Valley	☒	☒

	Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.		
Community Benefit Operations	• San Joaquin Mental Health Consortium • SJC Trauma Initiative • Connected Community Network (CCN) • Cal AIM Enhanced Care Management Program • 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	☒	☒
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 Food Bank, the Trust for Public Land and other healthcare systems and community partners.			

Health Need: Housing

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Community Health Advocate (CHA) Program screening and referrals for housing insecurity. • Community Health Social Worker focused on supporting various homeless health initiative strategies, and actively participates in the Hospital Council Stanislaus and San Joaquin Counties Hospital & Shelter Partners monthly meetings.	☒	☒

Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing Housing: • St. Mary's Community Services • San Joaquin Community Foundation Inc Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒
Community Benefit Operations	• Connected Community Network (CCN) • San Joaquin Continuum of Care (SJCoC) • Cal AIM Enhanced Care Management Program • Other investments as noted in the non quantifiable section.	☒	☒
Goal and Impact:. Outcomes will include referrals and connections to various community-based programs, such as shelter/housing assistance, residential substance abuse treatment, life skills, and work readiness.			
Collaborators: Too many to list. Please contact sjmccommunityhealth@commonspirit.org for details.			

Health Need: Economics

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Community Health Advocate (CHA) Program screening and referrals for financial insecurity.	☒	☒
Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing Economics: • St. Mary's Community Services • San Joaquin Community Foundation Inc Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒

Community Benefit Operations	• Connected Community Network (CCN) • San Joaquin Continuum of Care (SJCoC) • Cal AIM Enhanced Care Management Program • Other investments as noted in the non quantifiable section.	☒	☒

Goal and Impact: Outcomes will include referrals and connections to a multitude of community based programs such as life skills, utility assistance 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: Too many to list. Please contact sjmccommunityhealth@commonspirit.org for details.

Health Need: Social Support

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Community Health Advocate (CHA) Program screening and referrals for those experiencing feelings of isolation and loneliness and who are lacking social support. • Mental health programming to support individuals and families.	☒	☒
Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing Social Support: • St. Mary's Community Services • San Joaquin Community Foundation Inc Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒
Community Benefit Operations	• Connected Community Network (CCN) • San Joaquin Continuum of Care (SJCoC) • Cal AIM Enhanced Care Management Program • Community Health Improvement Plan (CHIP) • San Joaquin Trauma Initiative • Other investments as noted in the non quantifiable	☒	☒

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: Too many to list. Please contact sjmccommunityhealth@commonspirit.org for details.

Health Need: Community Safety

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Community Health Advocate (CHA) Program screening and referrals for those with domestic violence issues. • Mental Health First Aid training provides awareness, early identification, and support of mental health issues. Ultimately improving community safety. • PEACE Project focuses on violence/safety issues for unhoused populations.	☒	☒
Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing Community Safety: • St. Mary's Community Services • Asian Pacific Self Development And Residential Association (APSARA) • Trust for Public Land • San Joaquin Community Foundation Inc Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒
Community Benefit Operations	• Connected Community Network (CCN) • Community Health Improvement Plan (CHIP) • San Joaquin Trauma Initiative • Cal AIM Enhanced Care Management Program • Other investments as noted in the non quantifiable	☒	☒

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: Too many to list. Please contact sjmccommunityhealth@commonspirit.org for details.

Health Need: Education

Strategy or Program	Summary Description	Active FY25	Planned FY26
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 Education: • St. Mary's Community Services • Asian Pacific Self Development And Residential Association (APSARA) Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒
Community Benefit Operations	• Cal AIM Enhanced Care Management Program • Workforce Development Initiatives o Graduate Medical Education (GME) o Nursing Students o Pharmacy Students o Paramedic Students o Respiratory Students o Health Career Expo: an annual hospital hosted event where approximately 200 high school students engage with medical professionals, medical tools and equipment	☒	☒

	to encourage their interest in entering into healthcare careers in the future.		

Goal and Impact: The above strategies are a multipronged approach to supporting higher education and educational opportunities, and the anticipated impact for each are included in the respective summary description.

Collaborators: Too many to list. Please contact sjmccommunityhealth@commonspirit.org for details.

Health Need: Food Security

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Community Health Advocate (CHA) Program screening and referrals for food insecurity. • Homecoming Program, in partnership with Catholic Charities, provides meal assistance to those in need.	☒	☒
Community Health Improvement Grants Program	The following programs awarded funding in 2024 from January 1, 2024 through December 31, 2024 and are addressing Food Security: • Second Harvest of the Greater Valley Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒
Community Benefit Operations	• Connected Community Network (CCN) • Community Health Improvement Plan (CHIP) • Cal AIM Enhanced Care Management Program • Other investments as noted in the non quantifiable	☒	☒

Goal and Impact: The above strategies are a multipronged approach to increasing food security to those in need and the anticipated impact for each are included in the respective summary description.

Collaborators: Too many to list. Please contact sjmccommunityhealth@commonspirit.org for details.

Health Need: Transportation

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Programs	• Community Health Advocate (CHA) Program screening and referrals for those with transportation issues that inhibit their access to adequate health care. • Homecoming Program, in partnership with Catholic Charities, provides transportation assistance for those needing access to care and basic needs.	☒	☒
Community Health Improvement Grants Program	Please reference the table in the Community Health Improvement Grants Program section below for programs awarded funding from March 1, 2025 through February 28, 2026.	☒	☒
Community Benefit Operations	• Transportation assistance for those in need. • Cal AIM Enhanced Care Management Program • Connected Community Network (CCN)	☒	☒

Goal and Impact: The above strategies are a multipronged approach to increasing access to transportation for those needing access to care and basic needs and the anticipated impact for each are included in the respective summary description.

Collaborators: Too many to list. Please contact sjmccommunityhealth@commonspirit.org for details.

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 contributed $343,500 toward the grants below totaling $355,500. The figures 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
Ambulatory Surgery Access Coalition dba Operation Access	San Joaquin County Donated Care Program	• Access to care • Mental/Behavioral Health inc Substance Use • Chronic Disease/HEAL • Transportation	$40,000
Children's Home of Stockton	Children's Home of Stockton - Catalyst TAY Program	• Access to care • Mental/Behavioral Health inc Substance Use • Chronic Disease/HEAL • Housing • Economics • Social Support • Community Safety • Education • Food Security • Transportation	$45,500
Emergency Food Bank of Stockton/San Joaquin County	Food As Medicine	• Chronic Disease/HEAL • Education • Food Security	$40,000
Gospel Center Rescue Mission Inc	New Life Program	• Access to care • Mental/Behavioral Health inc Substance Use • Housing • Economics • Social Support • Community Safety • Education • Food Security	$40,000

Little Manila Foundation	Stockton Thrives Neighborhood Initiative	• Access to care • Mental/Behavioral Health inc Substance Use • Chronic Disease/HEAL • Economics • Social Support • Community Safety • Education • Food Security	$70,000
San Joaquin County Office of Education	Greater Valley Conservation Corps Wellness Program	• Access to care • Mental/Behavioral Health inc Substance Use • Economics • Social Support • Education	$60,000
Second Harvest of the Greater Valley	Second Harvest of the Greater Valley, Fresh Food 4 Kids	• Chronic Disease/HEAL • Education • Food Security	$40,000
University of the Pacific Thomas J. Long School of Pharmacy	University of the Pacific - Community Health Clinics	• Access to care • Mental/Behavioral Health inc Substance Use • Chronic Disease/HEAL • Education	$20,000

Program Highlights

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

Community Health Advocate (CHA) Program

Significant Health Needs Addressed	• Access to care • Mental/Behavioral Health inc Substance Use • Chronic Disease/HEAL • Housing • Economics • Social Support • Community Safety • Education • Food Security • Transportation
Program Description	Advocates follow up with qualifying patients who need Social Determinants of Health assistance. They interview and assess patients to understand their needs, document findings in charts, and send referrals to appropriate agencies.
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 2025 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, 2024 - June 30, 2025**

Total Patient Engagements/Screening Attempts	2,676	
Individuals Screened	2,530	95%
Individuals Declined Screening	146	6%
Positive Screens (% of Total Screened)	1,353	53%

Considered Urgent (% of Positive Screens)	27	2%
Would LIke Assistance (% of Positive Screens)	446	33%
Referrals Sent (% of Positive Screens)	463	34%

<u>Top 3 Needs:</u> Food Insecurity, Financial Instability, Social Isolation

Positive Screen Responses	#	%
Do problems getting child care make it difficult for you to work or study?	122	9%
How often do you feel alone?	298	22%
How often does this describe you? I don't have enough money to pay my bills:	446	33%
In the last 12 months, the food that you bought just didn't last, and you didn't have money to get more.	514	38%
In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?	162	12%
In the past 12 months, how often did you go without health care because you didn't have a way to get there?	162	12%
In the past 12 months, how often did you skip medications to save money?	95	7%
Would you like to receive assistance with any of the above?	446	33%

Hospital's Contribution / Program Expense	Total expense for the program was $118,624 which was supported by a grant from St. Joseph's Foundation of San Joaquin.
FY 2026 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2025 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	• Access to care • Mental/Behavioral Health inc Substance Use • Community Safety • Education
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 2025 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	**Adult Mental Health First Aid:** Over 21 Newly Certified Individuals through 4 training sessions. Local agencies that whose had staff trained in MHFA include: • EMAC - Empowering Marginalized Asian Communities: Trained staff work with hundreds of low-income residents throughout San Joaquin County • 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 • University of the Pacific: Trained staff work with hundreds of community members from throughout San Joaquin County **Trauma Transformed 360:** Over the course of FY25 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 8 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. **Canine Kindness: A Pawsitive Classroom Project**: Program launched in early 2024 and through FY25 has reached 24

	students over 4 sessions. Students report feeling happier, less stressed and learned how to properly handle dogs. Educators have observed improved student behaviors in the classroom.
Hospital's Contribution / Program Expense	Total expense for all programs was $298,040 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2026 Plan	
Program Goal / Anticipated Impact	Expand Canine Kindness: A Pawsitive Classroom Project, MHFA and TIS training among healthcare and social service providers and to offer monthly workshops to improve mental health support for community members.
Planned Activities	Same as noted in the FY 2025 Report section of this digest

Test and Connect

Significant Health Needs Addressed	• Access to care • Chronic Disease/HEAL • Social Support • Community Safety • Education • Transportation
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 who meet testing criteria and have bloodwork ordered during their visit.
Program Goal / Anticipated Impact	Improve in the early detection and treatment intervention of HIV, HCV and Syphilis to improve health and quality of life of patients and mitigate community spread..
FY 2025 Report	
Activities Summary	Strong collaboration with the emergency room leadership, laboratory, Clinical Informatics, as well as San Joaquin County Public Health, California Department of Public Health and other community partners to ensure automated and seamless workflows from patient testing, to linkage to care in the community.

Performance / Impact	**July 1, 2024 through June 30, 2025**

Measurement Description	Total/Actual		
	HIV	HCV	Syphilis
# Tests Performed	24,088	18,279	29,132
# Positive Results (Identified Through Testing)	197	781	1,538
# Positive Results (Amount less dup and false positive)	116	737	911
Linked to Care	18	28	120
Already in Care	23	5	2
Unable to Reach for Follow up	0	6	54
Declined	0	2	6
Deceased/Terminally Ill	5	11	9
Moved	0	2	8
Incarcerated	1	1	2
In Progress	4	6	386

Hospital's Contribution / Program Expense	Total expense for the program was $663,078 of which $300,527 was covered by grant funds, and $362,551 is supported by St. Joseph's Medical Center's Operational Budget.
FY 2026 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2025 Report section of this digest.
Planned Activities	Same as noted in the FY 2025 Report section of this digest.

Graduate Medical Education

Significant Health Needs Addressed	• Access to care • Mental/Behavioral Health inc Substance Use • Chronic Disease/HEAL • Education

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 01/2023. • **Emergency Medicine:** 9 new residents each year x3 years (started 07/2018). Increased to 12 residents per year as of 01/2022. • **Internal Medicine:** 10 new residents each year x3 years (started 07/2020). Increased to 20 residents per year as of 01/2025. • **Transitional Year:** 10 new residents each year 1 year (started 07/2020). Increased to 16 residents per year as of 12/2021. Decreased to 12 residents per year as of 01/2024. • **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 07/2026) • **Gastroenterologist:** 2 new fellows each year x3 years (to start 07/2027) • **Addiction Medicine**: 2 new fellows each year x2 years (to start 07/2028) • **Interventional Cardiology:** 1 new fellow each year x1 year (to start 07/2028) • **Palliative Care:** 2 new fellows each year x1 year (to start 07/2028) • **Infectious Disease**: 2 new fellows each year x2 years (to start 07/2028)
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 2025 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 forth class of Emergency Medicine Residents and Family Medicine Residents. Graduated third class of Transitional Year Residents and Internal Medicine Residents. Graduated the first classes of Anesthesia and Psychiatry Residents. Continuing support of all programs.
Hospital's Contribution / Program Expense	Net expense after restricted offsetting revenue was $32,064,178 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2026 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2025 Report section of this digest.
Planned Activities	Same as noted in the FY 2025 Report section of this digest.

Chronic Disease Navigation and Education

Significant Health Needs Addressed	• Access to care • Chronic Disease/HEAL • Mental/Behavioral Health • Social Support • Education • Food Security
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. • **Chronic Disease 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.

	• **Doctor Up Your Meal (DUYM):** Workshop offering chronic disease management education and healthy food demonstrations, with food samples.
Population Served	San Joaquin residents who are needing support with chronic disease prevention, management, or have diabetes or 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. • **Chronic Disease Navigator –** Provide resource/referral services to individuals with diabetes regarding health education/support in order to better manage conditions. • **Power Hour –** Increase knowledge of important health topics. • **Sugar Fix Support Group –** Increase knowledge of important health topics along with mental health and social support from peers. • **Doctor Up Your Meal (DUYM) –** Increase knowledge of chronic disease management through healthy eating
FY 2025 Report	
Activities Summary	• Education - Increase knowledge of medication, nutrition, A1C levels, importance of physical activity • Provide referrals to disease self-management education and support • Provide referrals to address health related social needs • Outreach to both clinical and community audiences to promote program participation
Performance / Impact	In FY25 SJMC had the following participation: **Power Hour:** 55 sessions; 560 participants; 198 unique participants; 477 surveys collected; averaged 10 participants per session; 52 years old was the average age of participants. **Survey Responses - Based on a 1 (none) to 5 (significant) rating scale** • I gained new knowledge from the presentation: 4.8 out of 5 • I gained a new skill to better manage my diabetes, or pre-diabetes: 4.8 out of 5 • I feel confident in my abilities to manage diabetes, or pre-diabetes: 4.6 out of 5 **Chronic Disease Navigator:** 277 Total referrals, 263 unduplicated persons. 80 (23%) of those persons interested or scheduled for 1:1 Certified Diabetes Care and Education Specialist (CDCES) consults and 80 (100%) of those completed consultations with the CDCES. Mailed or Emailed information packets to 79 persons. 68

persons received health library resources. 34 (13% of unique persons) interested in attending the Doctor Up Your Meals class. Average known AIC % at time of referral was 10.8.

Certified Diabetes Care and Education Specialist Consultations: 43 participants; 42 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?	4.3 / 5.5	8.0	8.7
Sufficient supplies to monitor blood sugar?	34 (79%) Yes	100% Yes	50% Yes
Using a daily log sheet?	13 (30%) 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)	10.8%	7.8%	6.0%

Doctor Up Your Meals: 12 Classes; 119 Total participants; 35 Unique persons; 10 Average attendees per class
Survey Responses - Based on a 1 (none) to 5 (significant) rating scale

- I gained new knowledge on how to cook healthy.: 4.6 out of 5
- I gained new knowledge on how to better care for my health: 4.8 out of 5
- This workshop was effective in motivating me to improve the way I cook and eat: 4.7 out of 5

Hospital's Contribution / Program Expense	Total expense for all programs was $396,186 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2026 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2025 Report section of this digest, and including the following impact of the Power Hour workshop: • increased knowledge of health topics • increased confidence in self-managing disease • increased disease self-management skills
Planned Activities	Same as noted in the FY 2025 Report section of this digest, in addition to expanding social media outreach.

Homecoming

Significant Health Needs Addressed	• Access to care • Mental/Behavioral Health inc Substance Use • Chronic Disease/HEAL • Social Support • Education • Food Security • Transportation
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 outside support and resources to support a successful recovery upon discharge.
Program Goal / Anticipated Impact	Improve individual health outcomes by providing 4-6 weeks of comprehensive care management post hospital discharge to address medical and social service barriers, and reduce hospital readmissions.

FY 2025 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:

528 referrals; 471 unduplicated persons; 245 (46%) referred to Catholic Charities; 222 (42%) not enrolled in the program; and 60 (12%) individuals were pending or on hold as of June 30, 2025.

Reasons St Joseph's Medical Center is unable to Refer Patients to Catholic Charities	**Total Persons** (of the 222 Not Referred)	**% of Persons**
Deceased	15	3%
Declined	23	5%
Discharged to SNF/Hospice/Other Medical Facility	59	11%
Has Resources/Support per	79	36%

Patient/Family		
Unable to Reach	104	47%

Community health referrals to Catholic Charities:
246 referred to Catholic Charities; 10 (4%) refused services; 20 (4%) unable to reach. Of the 214 persons enrolled, 51 (21%) were readmitted within 30 days. The goal of maintaining a readmission rate under 15% was not met for FY25. Cases were open for an average of 3.7 weeks.

Service Type for 214 Enrolled Clients	**Total Services Utilized**	**% of Services**
House-Making	140	65%
Mental Health	5	2%
Transportation	121	57%
Prescription Delivery	64	30%
DME	108	50%
CC Food Pantry	59	28%
Advance Directive/Palliative Care/POLST	208	97%
COVID Preventative Measures	120	56%
Given Additional Health Education	213	100%

Hospital's Contribution / Program Expense	Total expense for all programs was $382,206 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2026 Plan	
Program Goal / Anticipated Impact	Continue to enhance patient education and provide wrap-around services post discharge to support the reduction of 7 and 30 day hospital readmissions for this cohort of patients.
Planned Activities	Enhancements to the program will include added focus on reinforcing the patient's hospital discharges instructions and bedside visits 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 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.

- **San Joaquin Valley Impact Investing Fund:** The San Joaquin Valley Impact Investing Fund (SJVIIF or the Fund) is a $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.

- **Delta Community Developers Corporation (DCDC):** Founded in 2000, 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 loan in 2020 to DCDC for $3,850,000. Proceeds were 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. The loan in the amount of $3,637,243 was extended in February 2023 with a maturity date of May 2033.

- **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.

- **Stocktonians Taking Action to Neutralize Drugs (STAND):** In February 2023, CommonSpirit approved a 15-year secured revolving loan for $3.0 million to STAND, a Community Housing Development Organization founded to create positive change in southeast Stockton communities that had been devastated by gang and drug activity. Funds will be used for multiple affordable housing projects with the immediate need to fund the development of five tax-default lots into permanent supportive housing for up to a combination of 30 homeless individuals and/or eleven homeless families. Subsequent revolving loan proceeds will be used to purchase tax-default lots and homes for

rehabilitation and to provide permanent housing for low-income families and individuals experiencing homelessness. The immediate need is for STAND to build one four bedroom home, three accessory dwelling units, one duplex, and a fourplex on the vacant lots. Once complete, the homes will be designated as permanent supportive housing for the homeless.

- **Nonprofit Finance Fund - AIM Healthy Fund:** In 2017, CommonSpirit provided funding to Nonprofit Finance Fund as they launched AIM Healthy, an investment vehicle providing tailored loans to health centers and human services providers to enable them to expand services and provide integrated and comprehensive care to low-income clients as they navigate healthcare delivery and payment reforms.

- **Rural Community Assistance Corporation (RCAC):** In June 2017 and March 2021 Dignity Health approved two 7-year loans for a total of $1,500,000, 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.

- **Connected Community Network (CCN):** The network includes 974 partners, 711 programs open to referrals, and 369 organizations located in the county. In Q2, 489 clients were served, with 406 referred cases and 936 managed cases. Over 88% of referrals were acted on within four days, with a median response time of less than one day. Seniors and older adults made up 71% of clients served, and the top challenge for unresolved cases remained the inability to contact clients, also known as loss to follow-up.

- **Replate:** The hospital retrieves and donates surplus food in compliance with California Senate Bill 1383, addressing hunger and promoting environmental sustainability. The hospital works with Replate to pick up and donate food to local non-profit organizations meeting the food needs of underserved and vulnerable populations. The hospital donated 9,185 pounds of food in FY25.

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. Medicare reported here is fee-for-service only and is adjusted to exclude Medicare reported as a part of Graduate Medical Education. A net of $0 is reported because revenue exceeded expenses by this calculation.

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	$9,128,258		$9,128,258
Medi-Cal	$49,139,041		$49,139,041
Other Means-Tested Government (Indigent Care)	$0		$0
Sum Financial Assistance and Means-Tested Government Programs	**$58,267,299**		**$58,267,299**
Other Benefits			
Community Health Improvement Services	$673,934	$1,769,945	$2,443,879
Community Benefit Operations	$551,327	$125,661	$676,988
Health Professions Education	$0	$32,528,110	$32,528,110
Subsidized Health Services	$0	$0	$0
Research	$0	$69,208	$69,208
Cash and In-Kind Contributions for Community Benefit	$1,209,130	$84,320	$1,293,450
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$2,434,391**	**$34,577,244**	**$37,011,635**
Community Benefits Spending			
Total Community Benefits	**$60,701,690**	**$34,577,244**	**$95,278,934**
Medicare	$0		$0
Total Community Benefits with Medicare	**$60,701,690**	**$34,577,244**	**$95,278,934**

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 Finance, Performance Improvement, CommonSpirit Health
Sue Pietrafeso	Region Chief Strategy Officer, CommonSpirit Health
Benjamin (BJ) Predum	Market President, Central Valley CommonSpirit Health
Peter Valenzuela, MD	President Physician Enterprise, Central Valley 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