ST. JOSEPH HOSPITAL

2017 Community Health Needs Assessment Report

To provide feedback about this Community Health Needs Assessment, email Martha.Shanahan@stjoe.org

St. Joseph Health SM

St. Joseph Hospital

TABLE OF CONTENTS

ACKNOWLEDGEMENTS…..page 5

EXECUTIVE SUMMARY…..page 6

INTRODUCTION…..page 9
- Who We Are and Why We Exist
- Mission, Vision and Values, and Strategic Plan

OUR COMMITMENT TO COMMUNITY…..page 10
- Purpose of the Community Benefit Committee
- Membership Summary

OUR COMMUNITY…..page 12
- Definition of Hospital Service Area
- Community Profile
- Community Need Index
- Health Professions Shortage Area – Primary, Mental, Other
- Medical Underserved Area/Medical Professional Shortage Area

OVERVIEW OF CHNA PROCESS…..page 20
- Overview and Summary of the health framework guiding the CHNA

METHODOLOGY…..page 22
- Collaborative Partners
- Secondary Data
- Community Input
- Data Limitations and Information Gaps
- Process for gathering comments on previous CHNA
- Summary of any comments received

SELECTED HEALTH INDICATORS: SECONDARY DATA…..page 26
- Socioeconomic Indicators
- Physical Environment
- Health Outcomes
- Health Behaviors
- Clinical Care

SUMMARY OF COMMUNITY INPUT…..page 32
- Resident Focus Groups
- Non-profit and Government Stakeholder Focus Group
- Community Resident Forum

COMMUNITY ASSETS AND RESOURCES…..page 34
Significant Health Need and Assets Summary
Existing Health care Facilities in the Community

SIGNIFICANT HEALTH NEEDS…..page 38
Selection criteria and process
Rank ordered significant health needs

PRIORITY HEALTH NEEDS…..page 43
Prioritization Process and Criteria
List of Priority Health Needs

EVALUATION OF IMPACT ON FY15-FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT: FY16 ACCOMPLISHMENTS…..page 45
Planning for the Uninsured and Underinsured
Patient Financial Assistance Program
Medicaid and Other Local Means-Tested Government Programs
FY16 Key Community Benefit[1] Initiatives[2] and Impact Report
FY16 Other Community Benefit Program Accomplishments

GOVERNANCE APPROVAL…..page 56
Signature Page

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

a. Improves access to health services;
b. Enhances public health;
c. Advances increased general knowledge; and/or
d. Relieves government burden to improve health.

Community benefit includes both services to the poor and broader community.

[2] To be reported as a community benefit initiative or program, **community need must be demonstrated**. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

ATTACHMENTS:

Appendix 1: Community Need Index Data…..page 57
Appendix 2: Secondary Data/Publicly Available Data…..page 58
Appendix 3: Community Input…..page 58

a) **Focus Group and Community Forum Participant…..page 61**
b) **List of Stakeholder Focus Group Participants and Organizations…..page 62**
c) **Focus Group and Community Forum Report…..page 63**
d) **Protocols and Demographic Questionnaire…..page 68**

Appendix 4: Health Facilities within Service Area…..page 74
Appendix 5: Prioritization Protocol and Criteria/Worksheets…..page 76
Appendix 6: Ministry Community Benefit Committee Roster…..page 79

ACKNOWLEDGEMENTS

It is with great joy and pride that we present St. Joseph Hospital's Community Health Needs Assessment to our community – both our collaborative partners as well as the communities we serve.

For the past several months we have worked diligently to gather the appropriate and most complete data on the health related needs of our service area. This will enable us to make informed and thoughtful decisions about how best to serve and provide resources to areas with highest needs and to the most vulnerable populations.

To that end, we set out to speak with key stakeholders, community residents, and health system leaders about what they felt were the biggest needs in our community. We've also analyzed and examined data that demonstrates how social determinants and health disparities affect communities and neighborhoods. The data overwhelmingly validates the gaps and inspire us to continue our work towards addressing the social determinants of health and their influence on the health and wellbeing of our communities without distinction.

We could not have done this work alone and would like to thank our partners who brought diverse skills and expertise to this process. The St. Joseph Health Community Partnerships Department provided leadership and guidance throughout this process. The Humboldt County Public Health Department has been our partner in community health assessment and improvement for several years and has been generous with sharing data and planning collaboratively. California Center for Rural Policy is our local rural research expert and we were grateful to have their skilled staff facilitate our focus groups and community forum. And finally the Orange County-based Olin Group synthesized large amounts of secondary data for this report and provided the protocols and structure necessary for an effective Community Health Needs Assessment.

I invite you to study the findings and most importantly to join us in our efforts to restore health and improve quality of life to our *Dear Neighbors* and the communities in which they live.

With deep gratitude,

Becky Giacomini
Chair, St. Joseph Hospital, Community Benefit Committee

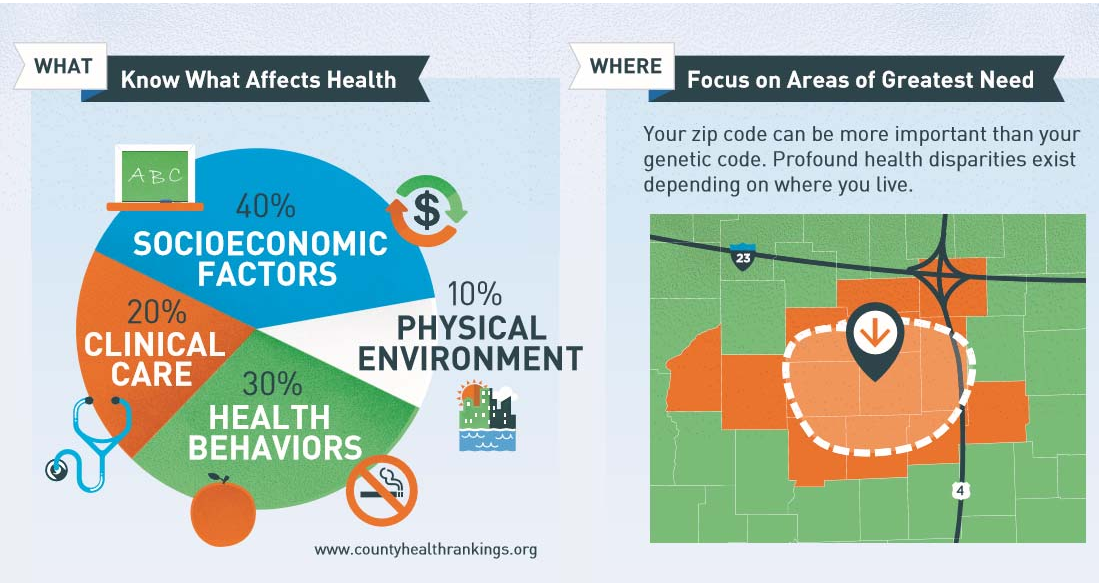
EXECUTIVE SUMMARY

St. Joseph Health, St. Joseph Hospital is an acute-care hospital founded in 1920, is located at 2700 Dolbeer Street in Eureka, California. It was the first hospital in the St. Joseph Health ministry. The facility has 138 licensed beds, 130 of which are currently available, and a campus that is approximately 11.5 acres in size. St. Joseph Hospital has a staff of more than 1150 and professional relationships with more than 140 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine including a Level III Trauma designated hospital, which is the highest level emergency department in the area, cancer program and obstetrics including a Level II neonatal intensive care unit, as well as community-based programs focused on prevention, health promotion and community building.

In response to identified unmet health-related needs in the community needs assessment, during FY18-FY20 St. Joseph Hospital will focus on Housing Concerns, Mental Health & Substance Abuse, and Food and Nutrition (as influenced by Economic Insecurity) for the broader and underserved members of the surrounding community.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) process was guided by the fundamental understanding that much of a person and community's health is determined by the conditions in which they live, work, play, and pray. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community.



COLLABORATING ORGANIZATIONS

St. Joseph Hospital worked in partnership with several organizations throughout the duration of the needs assessment process. The input provided by these organizations enhanced our efforts and added depth and perspective to this process. Collaborating organizations include:

- The Olin Group
- California Center for Rural Policy
- Humboldt County Department of Health and Human Services, Public Health Branch
- Live Well Humboldt, Community Strategies Team
- Multigenerational Center and the Fortuna Senior Center
- Betty Kwan Chinn Homeless Foundation and Day Center
- English Express
- Humboldt County Office of Education
- Humboldt Senior Resource Center
- Fortuna Senior Center
- Westside Community Improvement Association and the Jefferson Community Center
- Humboldt Del-Norte Medical Society
- LatinoNet and Humboldt *Promotores de Salud*
- Redwood Community Action Agency
- Alcohol and Drug Care Services
- Eureka Rescue Mission

COMMUNITY INPUT

Collecting community input is an integral part of the needs assessment process. Quantitative data only tells part of the story, but hearing directly from residents and stakeholders working in health-related fields provides context and first-hand experience of the needs occurring where people live, work and play.

Over a two week period in February 2017 we held three resident focus groups in different geographic locations of our service area and with populations who have known health disparities. In total, more than 30 people participated. The focus groups were held in Fortuna and Eureka and included seniors living in the Eel River Valley as well as elders from the Table Bluff Rancheria, low-income families and Spanish-speaking community members.

A fourth focus group with government and non-profit stakeholders was also held in Eureka. Eleven representatives from nine entities attended.

At each focus group participants were provided with summary secondary and publically available data highlighting areas of need and asked to provide feedback. For consistency purposes, the same questions were asked at each of the focus groups but participants were

encouraged to share their personal experiences about the various factors influencing their health and the health of their community. They were also asked to identify any gaps or missing information.

After gathering input from focus groups, a Resident Community Forum was held at the Sequoia Conference Center in Eureka. The forum was open to all community members. California Center for Rural Policy facilitated the forum and shared the health needs that had emerged from the CHNA process so far. After robust discussion, participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this design, the forum served as something of a "capstone" to the community input.

See Appendix 3: Community Input

SIGNIFICANT HEALTH NEEDS

Based on all of the input received through this assessment process, the following is the rank ordered list of significant health needs.

- Housing Concerns
- Mental Health
- Substance Abuse
- Food and Nutrition
- Access to Resources
- Economic Insecurity
- Insurance and Cost of Care
- Smoking
- Crime and Safety
- Asthma
- Heart Disease
- Dental Care
- Homelessness

PRIORITY HEALTH NEEDS

Following the criteria set forth in this document, the Community Benefit Committee selected three priority health needs for the St. Joseph Hospital service area. These will be the focus of the Community Benefit Implementation plan for the next three fiscal years. They are:

1. Housing Concerns
2. Mental Health & Substance Abuse
3. Food and Nutrition (as influenced by Economic Insecurity)

INTRODUCTION

WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out "the Dear Neighbors" and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

St. Joseph Health, St. Joseph Hospital is an acute-care hospital founded in 1920, is located at 2700 Dolbeer Street in Eureka, California. It was the first hospital in the St. Joseph Health ministry. The facility has 138 licensed beds, 130 of which are currently available, and a campus that is approximately 11.5 acres in size. St. Joseph Hospital has a staff of more than 1150 and professional relationships with more than 140 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine, including a Level III Trauma designated hospital, which is the highest level emergency department in the area, cancer program and obstetrics including a Level II neonatal intensive care unit, as well as community-based programs focused on prevention, health promotion and community building.

St. Joseph Hospital invested $11,271,329 in community benefit activities in FY 2016 (FY16); however, total community benefit was ($502,190) after accounting for Medicaid reimbursement from the California hospital quality assurance fee. St. Joseph Hospital Eureka provided an additional $17,663,040 for the unpaid cost to Medicare in FY16.

MISSION, VISION, VALUES AND STRATEGIC DIRECTION

Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

We bring people together to provide compassionate care,
promote health improvement and create healthy communities.

Our Values

The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice --
are the guiding principles for all we do, shaping our interactions
with those whom we are privileged to serve.

St. Joseph Health, St. Joseph Hospital has been meeting the health and quality of life needs of the local community for over 97 years. Serving the communities of the North Coast, St. Joseph Hospital is an acute care hospital that provides quality care in the areas of cardiac care, critical care, diagnostic imaging, emergency medicine including a Level III Trauma Center, cancer program and obstetrics including a Level II neonatal intensive care unit, as well as community-based programs focused on prevention, health promotion and community building. With over 1150 employees committed to realizing the mission, St. Joseph Hospital is one of the largest employers in the region.

Strategic Direction

As we move into the future, St. Joseph Hospital is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY18 to FY22) St. Joseph Health and St. Joseph Hospital are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

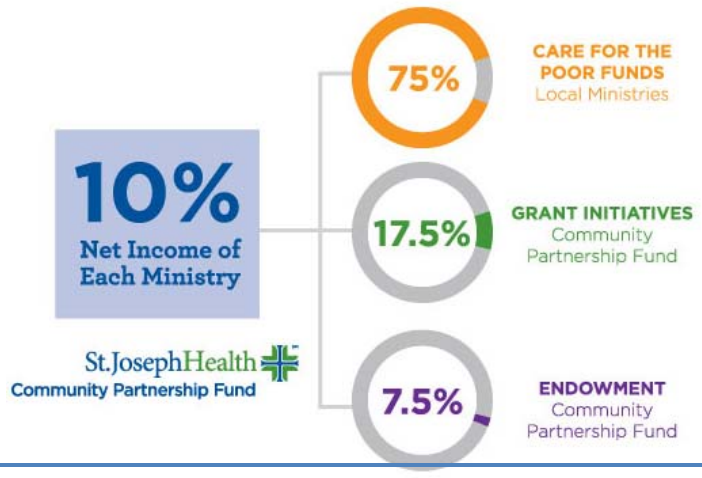
OUR COMMITMENT TO COMMUNITY

Organizational Commitment

St. Joseph Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.

In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Figure 1. Fund distribution



Each year St. Joseph Hospital allocates 10% of its net income (net unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1). 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, St. Joseph Hospital will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership Fund. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas. Some of the local non-profits that have received funding include Food for People, Humboldt Senior Resource Center, Redwood Community Action Agency and California Center for Rural Policy.

Community Benefit Governance

St. Joseph Hospital further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Director of Community Benefit are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management Team provides orientation for all new Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the St. Joseph Hospital Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes three members of the Board of Trustees and nine community members/ hospital leaders. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets every other month.

Roles and Responsibilities

Senior Leadership

- CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with Advancing the State of the Art of Community Benefit (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as 'board level champions'.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

OUR COMMUNITY

Community

Description of Community Served

St. Joseph Hospital provides North Coast communities with access to advanced care and advanced caring. The hospital's service area extends from Crescent City in the north, Rio Dell in the south, Willow Creek/ Hoopa in the east and is bordered by the Pacific Ocean in the west. Our Hospital Total Service Area includes the cities and of Eureka, Arcata, Fortuna, Trinidad, Blue Lake, Ferndale, Rio Dell, Crescent City and the unincorporated communities of McKinleyville, Fields Landing, Bayside, Samoa, Hoopa, Willow Creek, Loleta, Klamath, Orick and Kneeland; as well as nine federally recognized tribes: Resighini Rancheria, Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe, Table Bluff Rancheria, Trinidad Rancheria and the Yurok Tribe. This includes a population of approximately 148,828 people.

Hospital Total Service Area

The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is the comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)
- SSA: 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside. The PSA is comprised of Eureka, Arcata, McKinleyville, Bayside, Samoa, Fields Landing, and Fortuna. The SSA is comprised of Crescent City, Klamath, Orick, Hoopa, Willow Creek, Trinidad, Blue Lake, Kneeland, Loleta, Ferndale and Rio Dell.

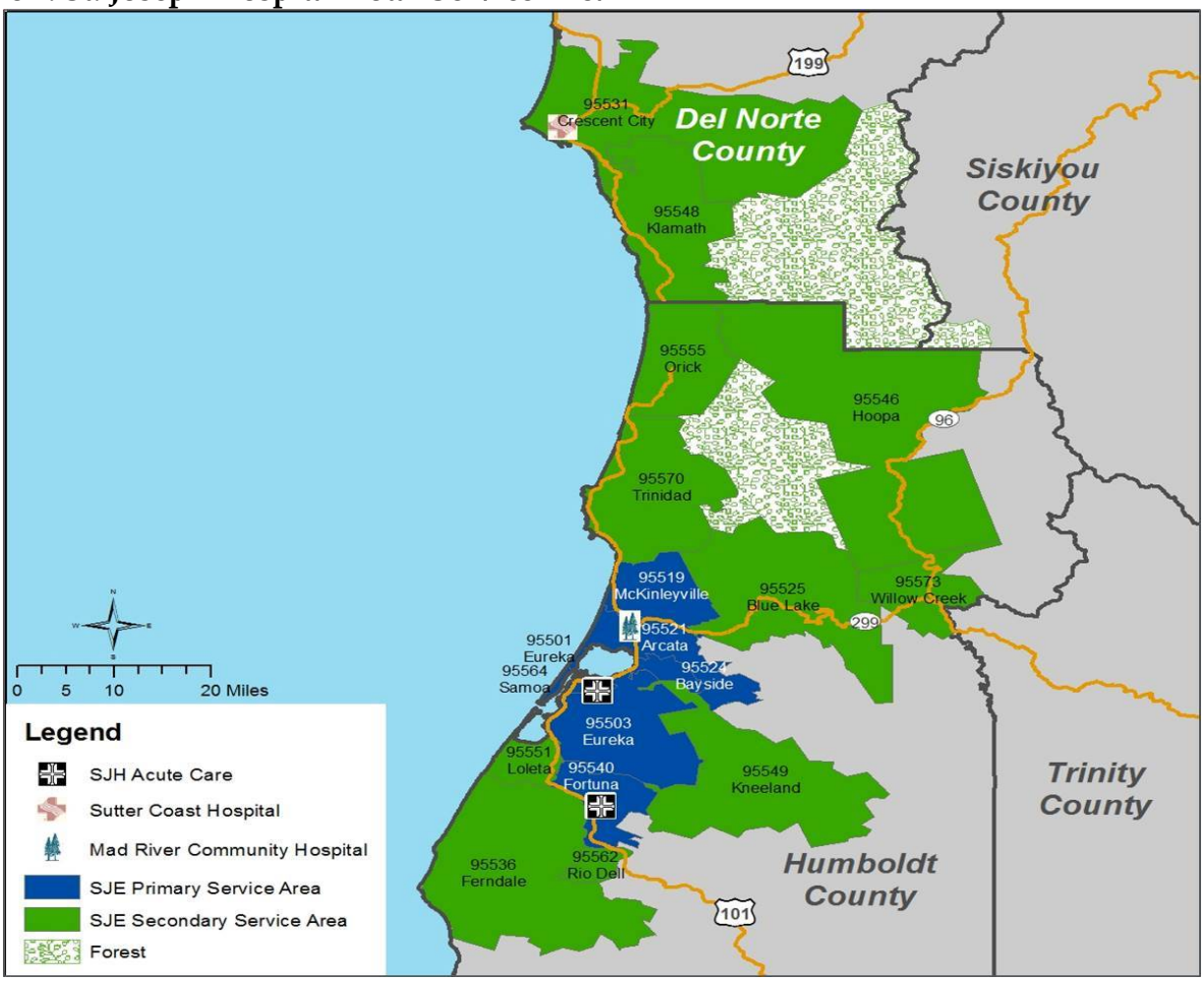
Table 1. Cities/ Communities and ZIP codes

Cities/ Communities	ZIP Codes	PSA or SSA
Eureka	95501, 95502, 95503	PSA
Arcata	95518, 95521	PSA
McKinleyville	95519	PSA
Bayside	95524	PSA
Samoa	95564	PSA
Fields Landing	95537	PSA
Fortuna	95540	PSA
Crescent City	95531, 95532	SSA
Klamath	95548	SSA
Orick	95555	SSA

Hoopa	95546	SSA
Willow Creek	95573	SSA
Trinidad	95570	SSA
Blue Lake	95525	SSA
Kneeland	95549	SSA
Loleta	95551	SSA
Ferndale	95536	SSA
Rio Dell	95562	SSA

Figure 1 (below) depicts the Hospital's PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 1. St. Joseph Hospital Total Service Area



St. Joseph Hospital Eureka

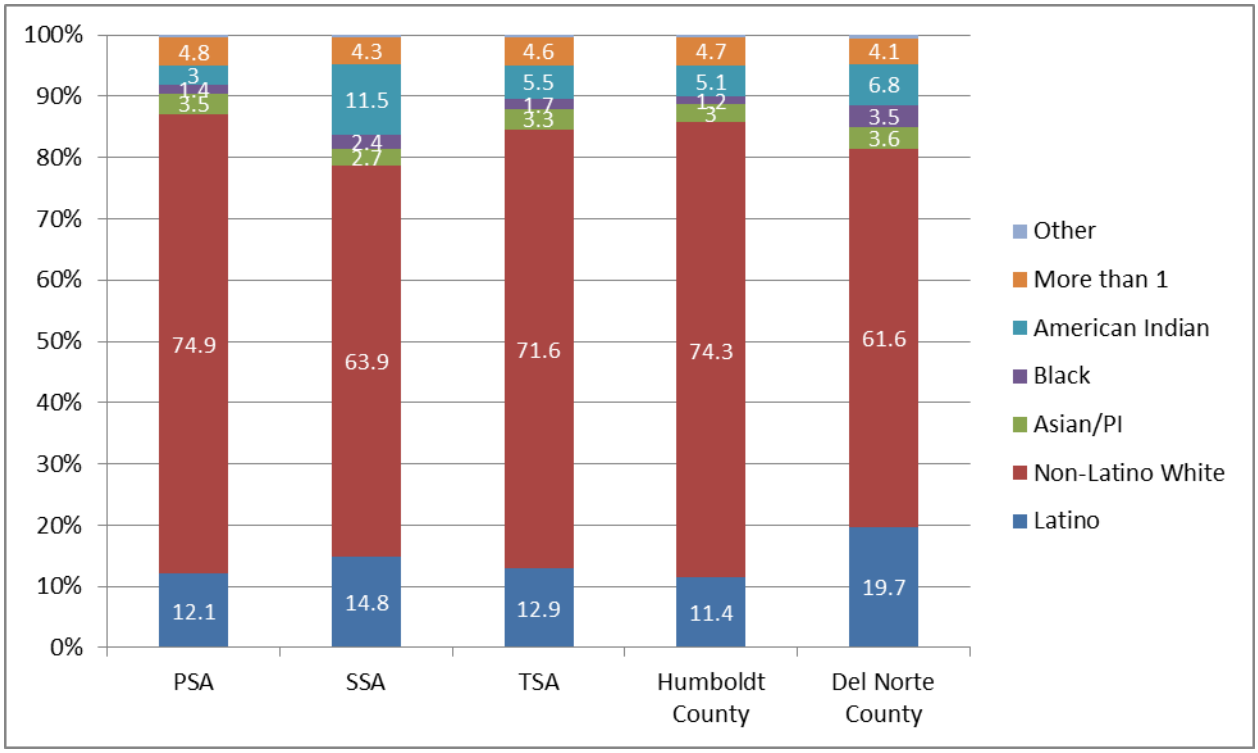
Community Profile

The table and graph below provide basic demographic and socioeconomic information about the St. Joseph Hospital Eureka Service Area and how it compares to Humboldt and Del Norte Counties and the state of California. The Total Service Area (TSA) of St. Joseph Hospital Eureka includes approximately 150,000 people, with about 124,000 (84%) in Humboldt County. 90% of the population of both Humboldt and Del Norte Counties live in the TSA, so comparisons to county data are only of limited utility. In the TSA, median household income is much lower than California averages and percentages of those living in poverty are higher than California averages. There are more older adults and fewer children, and far more non-Latino Whites in the service area than in California.

Service Area Demographic Overview

Indicator	PSA	SSA	TSA	Humboldt County	Del Norte County	California
Total Population	104,955	43,873	148,828	138,332	27,153	38,986,171
Under Age 18	18.7%	20.9%	19.4%	19.1%	20.3%	23.6%
Age 65+	15.5%	16.6%	15.8%	16.0%	16.1%	13.2%
Speak only English at home	88.8%	87.8%	88.5%	89.9%	85.3%	56.2%
Do not speak English "very well"	3.8%	3.5%	3.7%	3.3%	4.6%	19.1%
Median Household Income	$40,256	$39,500	$40,053	$40,424	$37,618	$62,554
Households below 100% of FPL	12.1%	15.3%	13.0%	12.4%	17.2%	12.3%
Households below 200% FPL	30.2%	33.8%	31.3%	31.2%	36.4%	29.8%
Children living below 100% FPL	24.4%	26.4%	25.0%	23.4%	29.6%	22.7%
Older adults living below 100% FPL	6.4%	9.5%	7.4%	7.3%	11.6%	10.2%

Race/Ethnicity



Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

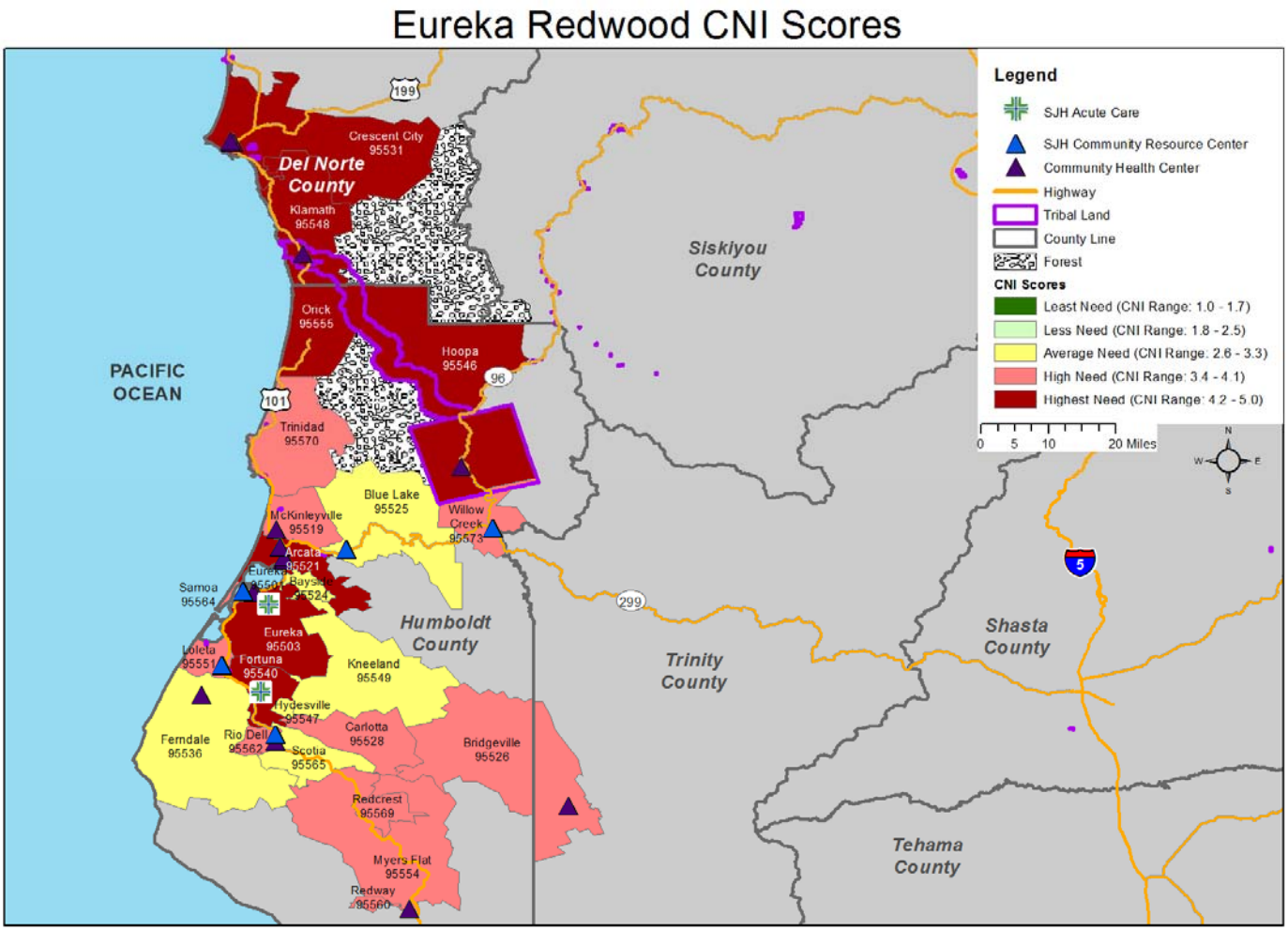
This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (*Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.)* The CNI is used to a draw attention

to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, the ZIP code 95501 on the CNI map is scored 4.2, making it a High Need area.

Figure 2 (below) depicts the Community Need Index for the ***hospital's geographic service area based on national need***. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 2. St. Joseph Hospital Community Need Index (Zip Code Level)



Sources: Dignity Health Community Need Index (cni.chw-interactive.org), 2015 (accessed March 2016); Open Door Community Health Centers (opendoorhealth.com), North Coast Clinics Network (northcoastclinics.org); United Indian Health Services (unitedindianhealthservices.org) (accessed Oct. 2016). Prepared by the St. Joseph Health Strategic Services Department, April 2016.

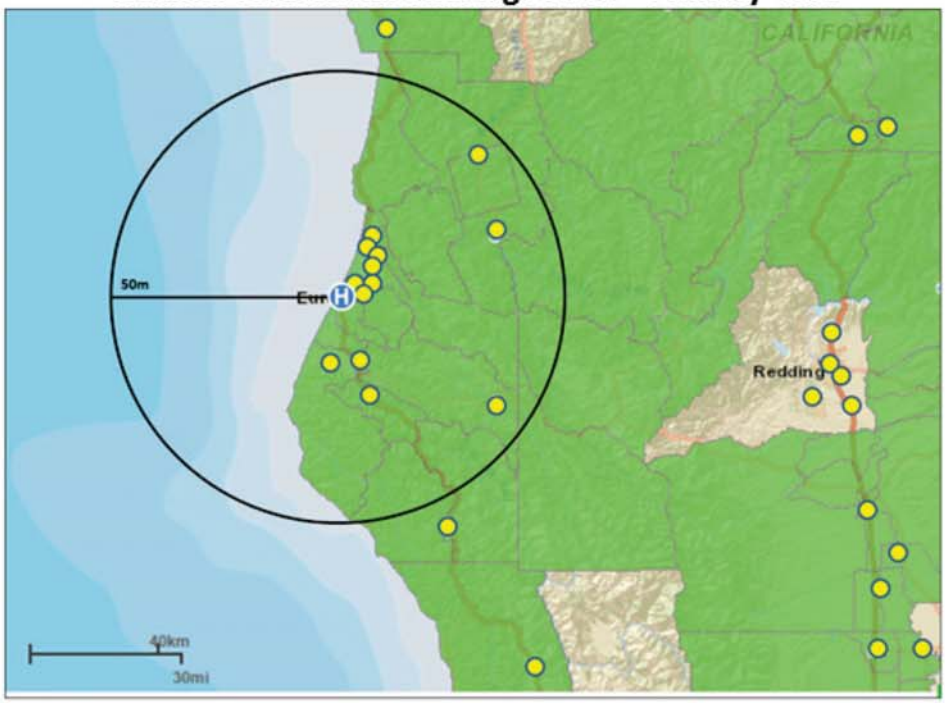
See Appendix 1: Community Needs Index data

Health Professions Shortage Area – Primary, Mental, Other

The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health

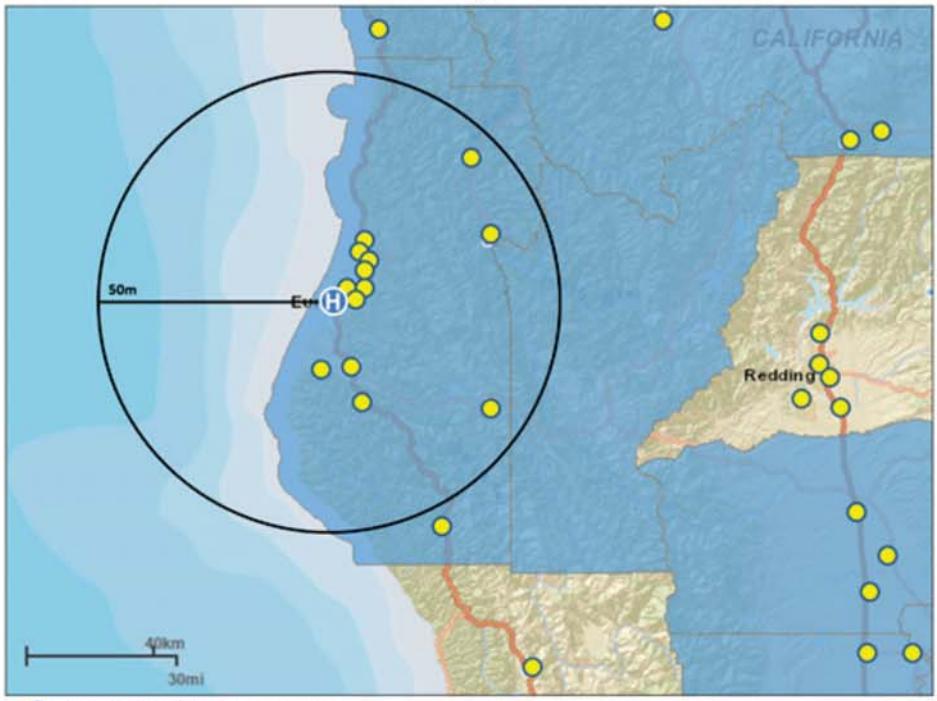
providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The maps below depict these shortage areas relative to St. Joseph Hospital's location.

Health Professional Shortage Area – Primary Care



= St. Joseph Hospital - Eureka
= Federally Qualified Health Center
= HPSA: Primary Care

Health Professional Shortage Area – Mental Health



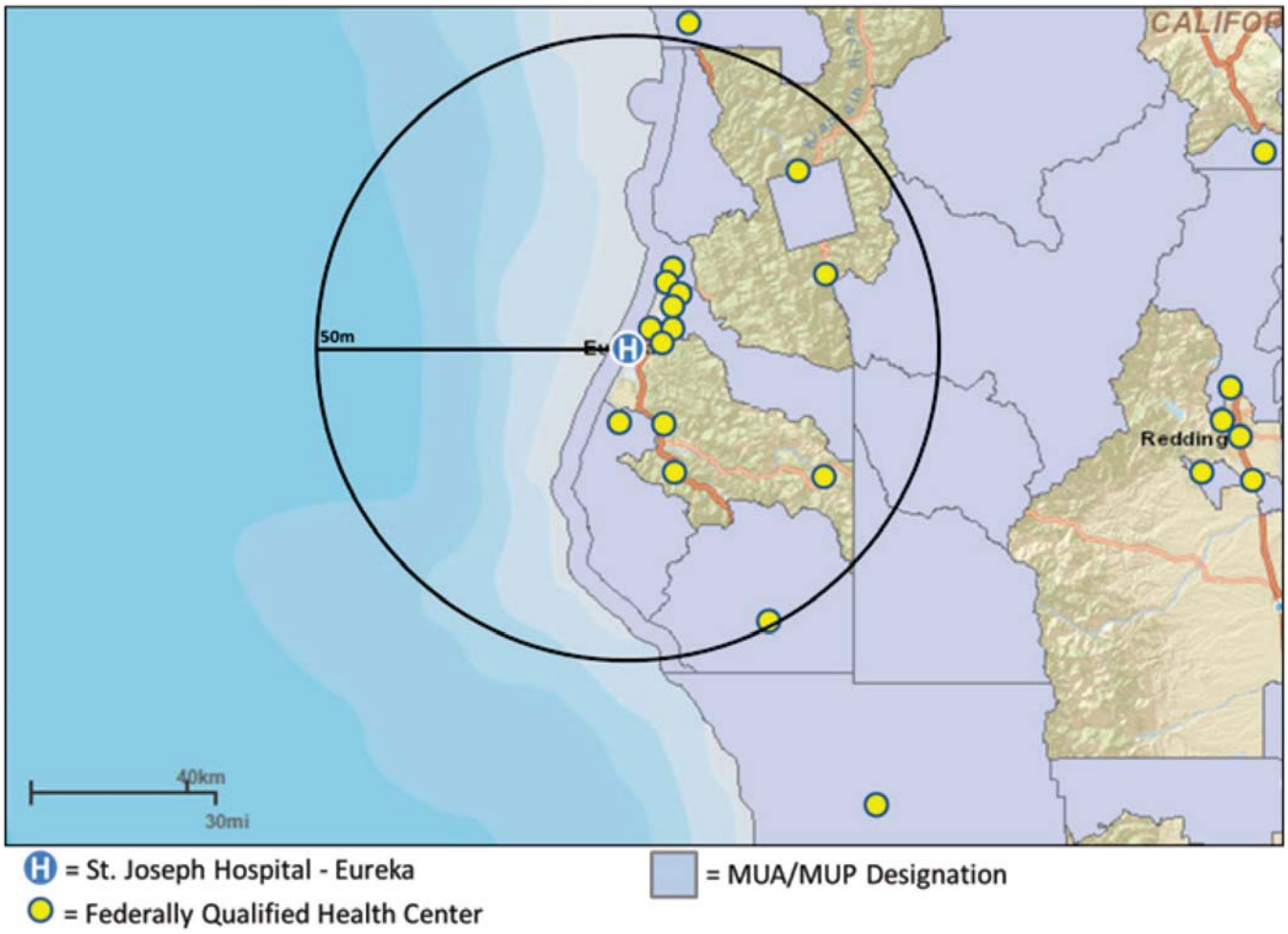
= St. Joseph Hospital - Eureka
= Federally Qualified Health Center
= HPSA: Mental Care

St. Joseph Hospital and its service area are both located in a primary and mental healthcare shortage area.

Medical Underserved Area/Medical Professional Shortage Area

Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or population groups that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating community health center grant funds to the areas of greatest need. Medically Underserved Areas are identified by calculating a composite index of need indicators compiled and compared with national averages to determine an area's level of medical "under service." Medically Underserved Populations are identified based on documentation of unusual local conditions that result in access barriers to medical services. Medically Underserved Areas and Medically Underserved Populations are permanently set, and no renewal process is necessary. The map below depicts the Medically Underserved Areas/Medically Underserved within a 50 mile radius from St. Joseph Hospital.

Medically Underserved Area/Medically Underserved Population



Although St. Joseph Hospital is not located in a Medically Underserved Area/ Medically Underserved Populations area, large portions of the service area to the north, south and west of St. Joseph Hospital are designated as shortage areas; and there are also 14 Federally Qualified Health Centers within a 50 mile radius of St. Joseph Hospital Eureka.

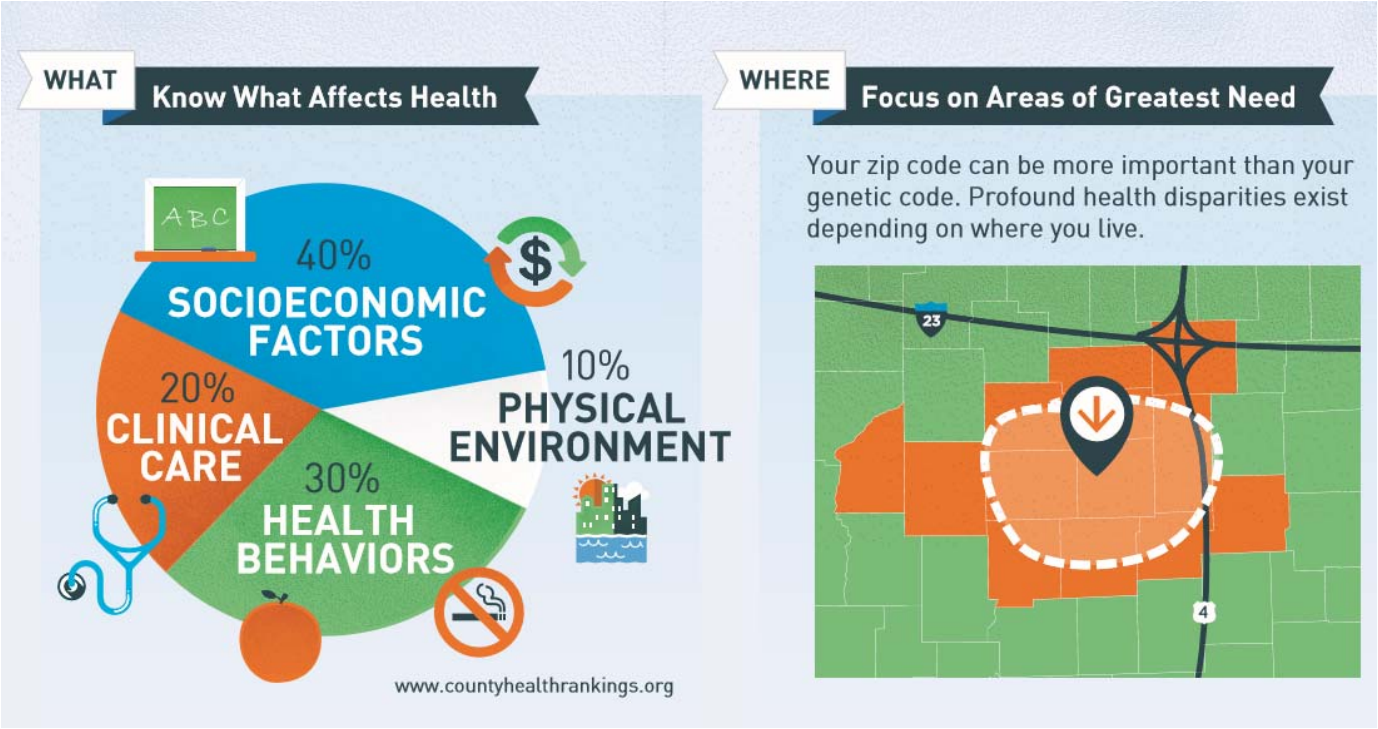
Federally Qualified Health Centers are health clinics that qualify for enhanced reimbursement from Medicare and Medicaid. They must provide primary care services to an underserved area or population, offer a sliding fee scale, have an ongoing quality assurance program, and have a governing board of directors. The ACA included provisions that increased federal funding to Federally Qualified Heath Centers to help meet the anticipated demand for healthcare services by those individuals who gained healthcare coverage through the various health exchanges. A large percentage of area residents depend on the Federally Qualified Health Centers to receive their healthcare services. Additionally, many of the Federally Qualified Health Centers' patients utilize the services of St. Joseph Hospital-Eureka.

OVERVIEW OF THE CHNA PROCESS

Overview and Summary of the Health Framework Guiding the CHNA

The Community Health Needs Assessment (CHNA) process was guided by the fundamental understanding that much of a person and community's health is determined by the conditions in which they live, work, play, and pray. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community.

In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. When data was publicly available, it was collected at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.



Examples of the types of information that was gathered, by health factor, are:

Socioeconomic Factors – income, poverty, education, and food insecurity

Physical Environment – crowded living situations, cost of rent relative to incomes, long commutes, and pollution burden

Health Behaviors – obesity[3], sugary drink consumption, physical exercise, smoking, and substance abuse

Clinical Care – uninsured, prenatal care, and the number of people per physician or mental health worker

In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. The health conditions that were examined included:

Health Outcomes – overall health condition, asthma, diabetes, heart disease, cancer, and mental health

[3] Per County Health Rankings obesity is listed under the health behavior category of diet and exercise. http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise

METHODOLOGY

Collaborative Partners

The Olin Group is a socially conscious consulting firm working across nonprofit, public, private, and philanthropic sectors to bring about community transformation. Based in Santa Ana, California, The Olin Group has 15 years of experience working on evaluation, planning, assessment, fundraising, communication, and other services for nonprofit organizations, and had previously supported the CHNA process of multiple hospitals in the St. Joseph Health system. The Olin Group served as the lead consultant in the CHNA process, coordinating the quantitative and qualitative data collection processes and assisting in the prioritization and selection of health needs.

The California Center for Rural Policy (CCRP) fosters "Rural Research, for and by Rural Communities" to improve the health and well-being of rural people and environments. CCRP values a research approach partnering with rural people to address their priorities and to build upon community strengths. The center is a leader in innovative methods of rural research. Our exploration of the relationships between people and their environments is grounded in an ecological approach investigating the determinants of health and well-being. CCRP examines the intersections between the health of individuals, the health of the economy and the health of the environment. CCRP assisted in the planning of the community input sessions, facilitated all focus groups and the forum, and aided in the reporting on their findings.

The Humboldt County Department of Health and Human Services – Public Health Branch has been working collaboratively with St. Joseph Hospital to align needs assessment process and implementation plans for the past four year. Non-profit hospitals and accredited public health agencies have similar requirements to periodically survey the health needs of their communities and craft comprehensive plans to address the prioritized significant health needs. Using a collective impact approach, St. Joseph Hospital and Public Health are working to deepen their partnership by sharing data and setting goals together. The resulting community-wide health improvement efforts are being branded *Live Well Humboldt*.

Community Partners:

St. Joseph Hospital Eureka partnered with the following community groups to recruit for and host the Focus Groups and Forum as well as provide local-level data specific to rural communities:

Multigenerational Center and the Fortuna Senior Center
Westside Community Improvement Association and the Jefferson Community Center
Humboldt Senior Resource Center

Table Bluff Rancheria
Betty Kwan Chinn Homeless Foundation and Day Center
Eureka Rescue Mission
Alcohol and Drug Care Services
Redwood Community Action Agency
Live Well Humboldt, Community Strategies Team
English Express
Humboldt Del-Norte Medical Society
Humboldt County Office of Education
LatinoNet and Humboldt *Promotores de Salud*

St. Joseph Hospital would like to express our gratitude to these partners for their assistance in reaching vulnerable populations and assisting with focus groups and the forum on short notice. As well as providing data that improved understanding of community need. Your partnership is deeply valued and appreciated.

Secondary Data/Publicly Available Data

Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities (at the city and zip code level when available) and people within our service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures[4] and would readily communicate the health needs of the service area. Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The data sources used are highly regarded as reliable sources of data (e.g., ESRI Business Analyst Online, US Census Bureau American FactFinder, and California Health Interview Survey Neighborhood Edition). In total, 81 indicators were selected to describe the health needs in the hospital's service area. Appendix 2 includes a complete list of the indicators chosen, their sources, the year the data was collected, and details about how the information was gathered.

If an indicator had zip code level data available, data was pooled to develop indicator values for the Total Service Area (TSA), Primary Service Area (PSA), and Secondary Service Area (SSA) of the hospital. This enabled comparisons of zip code level data to the hospital service area and comparisons of the hospital service area to county and state measures.

After the data was gathered, the zip code level data was compared to the Total Service area values and color coded light pink to dark red depending on how much worse a zip code area

[4] https://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf

was compared to the TSA value. This made it easier to visualize the geographic areas with greater health needs. The criteria for color-coding the zip code level data is explained in the spreadsheets in Appendix 2.

Community Input

The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by St. Joseph Hospital Eureka. We developed a protocol (noted in Appendix 3b) for each group to ensure consistency across individual focus groups, although the facilitators had some discretion on asking follow-up questions or probes as they saw fit. Invitation and recruitment procedures varied for each type of group. Appendix 3 includes a full report of the community input process and findings along with descriptions of the participants.

Resident Focus Groups

For Community Resident Focus Groups, Hospital Community Benefit staff, in collaboration with their Community Benefit Committees and the St. Joseph Health Community Partnerships Department, identified geographic areas where data suggested there were significant health, physical environment, and socioeconomic concerns. This process also identified the language needs of the community, which determined the language in which each focus group was conducted. Community Benefit staff then partnered with community-based organizations that serve those areas to recruit for and host the focus groups. Community Benefit staff developed an invitation list using their contacts - as well as contacts of the community-based organizations - and knowledge of the area. Transportation assistance was offered and participants were promised a small incentive for their time. A nourishing meal (lunch or dinner depending on the time of day) was provided and childcare was offered at the focus groups that included families. Two focus groups were conducted in English and one in Spanish. Two consultants staffed each focus group, serving as facilitators and note takers. These consultants were not directly affiliated with the ministry to ensure candor from the participants.

Nonprofit and Government Stakeholder Focus Group

For the Nonprofit and Government Stakeholder Focus Group, Community Benefit staff developed a list of leaders from organizations that serve diverse constituencies within the hospital's service area. Ministry staff sought to invite organizations with which they had existing relationships, but also used the focus group as an opportunity to build new relationships with stakeholders. Specific effort was made to reach out to stakeholders in non-health sectors, such as education and law enforcement. Participants were not given a monetary incentive for attendance, but a catered lunch was provided. As with the resident focus groups, this group was facilitated by outside consultants without a direct link to St. Joseph Health.

Resident Community Forum

Recruitment for the Resident Community Forum was much broader to encourage as many people as possible to attend the session. Community Benefit staff publicized the event through flyers and emails using their existing outreach networks, and also asked their partner organizations to invite and recruit participants. Everyone who attended a focus group was invited to the Community Forum. No formal invitation list was used for the forum and anyone who wished to attend was welcomed. The forum was conducted by an outside consultant in English, with simultaneous Spanish language translation for anyone who requested it. Light hors d'oeuvres were provided.

While the focus groups followed a similar protocol to each other in which five to six questions were asked of the group, the forum followed a different process. The lead facilitator shared the health needs that had emerged from the CHNA process so far and asked the participants to comment on them and add any other concerns. Once the discussion was complete, the participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this process, the forum served as something of a "capstone" to the community input process.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

- Not all desired health-related data was available. As a result proxy measures were used when available. For example, there is limited community or zip code level data on the incidence of mental health, or many health behaviors such as substance use.
- Data that is gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as rates of uninsured) and the most recent data available is not a good reflection of the current state.
- Zip code areas are the smallest geographic regions for which many health outcomes and health behavior indicators are publicly available. It is recognized that even within zip codes, there can be populations that are disproportionately worse off. For example, within smaller geographic areas, such as census tracts, socio-economic data provides a

more granular understanding of disparity at the neighborhood level. As previously mentioned, census tract health outcome and health behavior data was not publicly available to paint a complete picture of community level need.

- Data for zip codes with small populations (below 2000) is often unreliable, especially when the data is estimated from a small sample of the population. In the total service area, Bayside, Blue Lake, Fields Landing, Klamath, Kneeland, Loleta, Orick, Samoa, and Willow Creek each had fewer than 2,000 people.
- Information gathered during focus groups and community forums is dependent on who was invited and who showed up for the event. Efforts were made to include people who could represent the broad interests of the community and/or were members of communities of greatest need.
- Fears about deportation kept many undocumented immigrants from participating in the focus groups and community forum and made it more difficult for their voice to be heard.

Process for gathering comments on previous CHNA

The previous Community Health Needs Assessment, completed in FY14, was made publically available on the St. Joseph Hospital website indicating that comments should be sent to the Director of Community Benefit. No comments were received.

SELECTED HEALTH INDICATORS: SECONDARY DATA

Selected Health Indicators

For each set of indicators shown below, there are two types of tables. The first table shows the values for the Primary Service Area (PSA), the Secondary Service Area (SSA), the Total Service Area (TSA), the counties that have communities in the service area, and California. The second table(s) shows the areas of greatest need by zip code. For the second table type, the cells are colored red, orange, yellow, or white based on how much worse the indicator value is for that zip code compared to the TSA. The specific definitions for the color coding are shown in the table below.

Indicator	Much Worse	Moderately Worse	Slightly Worse	Not Worse
Household Income	80% or more below the TSA median household income	80.1% - 90% below the TSA median household income	90.1%-95% below the TSA median household income	No color means the value is about the same as, or better than, the TSA
Any indicator shown as a percent	4.0 or more percentage points worse than the TSA	2-3.9 percentage points worse than the TSA value	1-1.9 percentage points worse than the TSA value	

	value			
Pollution Burden	4 or more higher than the TSA value	2-3.999 higher than the TSA value	1-1.999 higher than the TSA value	
Violent Crime	40% or more above the value for the county in which the city is located	20%-39% above the value for the county in which the city is located	10%-19% above the value for the county in which the city is located	

Socioeconomic Indicators

The TSA is worse than California on many socioeconomic indicators. However, a greater percentage of the adult population in Humboldt County has a high school diploma. Some communities, particularly Hoopa, have more socioeconomic challenges than the service area as a whole. Arcata's numbers may be affected by the high proportion of college students living there.

Indicator	PSA	SSA	TSA	Humboldt County	Del Norte County	California
Socioeconomic Indicators						
Median Household Income	$40,256	$39,500	$40,053	$40,424	$37,618	$62,554
Households below 100% of FPL	12.1%	15.3%	13.0%	12.4%	17.2%	12.3%
Households below 200% FPL	30.2%	33.8%	31.3%	31.2%	36.4%	29.8%
Children living below 100% FPL	24.4%	26.4%	25.0%	23.4%	29.6%	22.7%
Older adults living below 100% FPL	6.4%	9.5%	7.4%	7.3%	11.6%	10.2%
Age 25+ and no HS diploma	10.0%	14.1%	11.3%	9.7%	18.0%	18.5%
Enrolled in Medi-Cal	23.3%	30.0%	25.2%	23.2%	33.9%	20.3%
Low-income food insecurity	6.4%	8.0%	6.9%	6.5%	8.5%	8.1%

Areas of Greatest Concern – Cities/communities with a population greater than 2000 that are much worse than the Total Service Area average on at least one of these eight socioeconomic indicators.

Indicator	Arcata	Crescent City	Hoopa	Rio Dell
	95521	95531	95546	95548
Median Household Income				
Households below 100% of FPL				
Households below 200% FPL				
Children living below 100% FPL				
Older adults living below 100% FPL				
Age 25+ and no HS diploma				
Enrolled in Medi-Cal				
Low-income food insecurity				

Physical Environment

Housing tends to be less crowded but relatively more expensive than California, particularly in the PSA. Arcata's relative housing cost is influenced by its student population. Crime is generally low in Humboldt but higher in Eureka; crime rates are very high in Crescent City (and all of Del Norte County, which among counties has the fifth highest violent crime rate in the state).

Indicator	PSA	SSA	TSA	Humboldt County	Del Norte County	California
Physical Environment Indicators						
More than 1 occupant per room	3.4%	3.6%	3.4%	3.7%	4.0%	8.2%
Renters pay more than 30% of household income for rent	61.2%	52.3%	59.1%	60.2%	54.9%	57.2%
Pollution Burden	13.225	15.054	14.284	13.395	12.252	25.312
Violent crimes (rate per 100,000 inhabitants)	NA	NA	NA	359.6	587.9	397.8

Areas of Greatest Concern - Cities/communities with a population greater than 2000 that are much worse than the Total Service Area average on at least one of the physical environment indicators shown.

Indicator	Eureka	Fortuna	Arcata	Crescent City	Hoopa	Rio Dell
	City	95540	95521	95531	95546	95562
More than 1 occupant per room						
Renters pay more than 30% of household income for rent						
Pollution Burden						
Violent Crime					NA	

Health Outcomes

The TSA has higher rates of asthma, heart disease, disabled population, and psychological distress than California. Cities and towns with multiple areas of moderately or much worse health outcomes than the TSA include Fortuna, Crescent City, Hoopa, and Rio Dell.

Indicator	PSA	SSA	TSA	Humboldt County	Del Norte County	California
Health Outcome Indicators						
Fair or poor health (ages 0-17)	6.0%	3.4%	5.1%	5.9%	0.8%	5.2%
Fair or poor health (ages 18-64)	16.2%	21.6%	17.7%	16.7%	25.5%	19.2%
Fair or poor health (ages 65+)	24.3%	24.4%	24.3%	23.7%	25.1%	27.8%
Disabled population (all ages)	16.2%	20.9%	17.5%	16.3%	21.9%	10.3%
Asthma in children (ages 1-17)	17.4%	17.2%	17.3%	16.8%	17.8%	14.6%
Asthma in adults (ages 18+)	20.0%	18.2%	19.5%	19.9%	15.5%	13.9%
Diabetes in adults (ages 18+)	6.5%	7.8%	6.9%	6.6%	9.2%	8.8%
Heart disease (Ages 18+)	10.3%	10.2%	10.3%	10.8%	8.4%	5.9%
Serious psychological distress (ages 18+)	10.6%	11.3%	10.8%	10.6%	11.2%	8.1%

Areas of Greatest Concern - Cities/communities with a population greater than 2000 that are moderately worse than the Total Service Area average on at least one of the health outcome indicators shown.

Indicator	Eureka	Fortuna	Arcata	Crescent City	Hoopa	Rio Dell	Ferndale	Trinidad
	95501	95540	95521	95531	95546	95562	95536	95570
Fair or poor health (ages 0-17)					NA	NA	NA	NA
Fair or poor health (ages 18-64)								
Fair or poor health (ages 65+)	NA	NA			NA	NA	NA	NA
Disabled population (all ages)								
Asthma in children (ages 1-17)						NA	NA	NA
Asthma in adults (ages 18+)								
Diabetes in adults (ages 18+)								
Heart disease (Ages 18+)								
Serious psychological distress (ages 18+)								

Health Behaviors

The most substantial difference in health behaviors between the TSA and state noted below is smoking, which is much higher in the service area than California. County level data show that youth alcohol and drug use is much higher in Humboldt and Del Norte than in the state. County-level data (not reflected below) also indicates that alcohol and drug use by adults is a serious problem in Humboldt County.

Indicator	PSA	SSA	TSA	Humboldt County	Del Norte County	California
Health Behavior Indicators						
Overweight (ages 2-11)	6.6%	6.4%	6.5%	6.5%	6.4%	13.3%
Overweight or obese (ages 12-17)	20.0%	36.8%	25.6%	NA	NA	33.1%
Obese (ages 18+)	27.0%	26.4%	26.8%	27.0%	25.3%	25.8%
Sugary drink consumption (ages 18+)	15.1%	19.3%	16.3%	15.5%	21.5%	17.4%
Regular physical activity (ages 5-17)	17.5%	24.7%	19.9%	17.9%	31.0%	20.7%
Youth alcohol/ drug use in the past month (grades 7, 9, and 11)	NA	NA	NA	41.8%	37.5%	27.8%
Births per 100,000 teens (ages 15-19)	NA	NA	NA	24.4	44.4	23.2
Current smoker (ages 18+)	18.6%	20.3%	19.1%	18.8%	20.3%	12.6%

Areas of Greatest Concern - Cities/communities with a population greater than 2000 that are moderately worse than the Total Service Area average on at least one of the health outcome indicators shown.

Indicator	Eureka	Fortuna	Arcata	Crescent City	Hoopa	Rio Dell
	95503	95540	95521	95531	95546	95562
Overweight (ages 2-11)			NA		NA	NA
Overweight or obese (ages 12-17)			NA		NA	NA
Obese (ages 18+)						
Sugary drink consumption (ages 18+)						
Regular physical activity (ages 5-17)					NA	NA
Current smoker (ages 18+)						

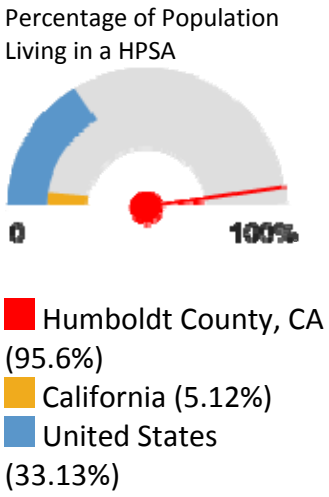
Clinical Care

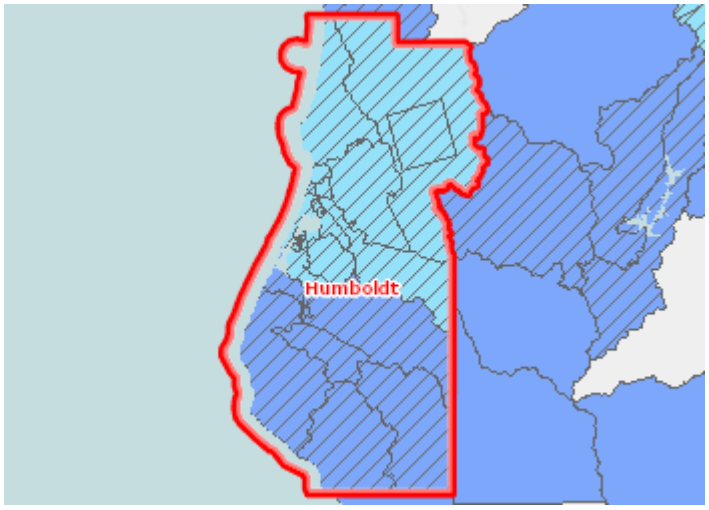
On the clinical care measures shown below, the TSA is not very different from California in rates of uninsured adults, but worse for prenatal care. The number of people per provider is similar to the California rates but data shows that almost all Humboldt County residents are living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Additionally, given the large geographic area of the TSA and the concentration of clinical care in the cities of Eureka/Arcata, many residents have to travel long distances to obtain care.

Indicator	PSA	SSA	TSA	Humboldt County	Del Norte County	California
Clinical Care Indicators						
Uninsured (ages 0-17)	2.5%	4.3%	3.1%	2.6%	6.0%	3.2%
Uninsured (ages 18-64)	20.3%	20.3%	20.3%	20.1%	20.9%	19.3%
First trimester prenatal care	80.0%	75.9%	78.7%	78.6%	79.9%	83.8%
# of people per primary care physician	NA	NA	NA	1,401:1	1,327:1	1,274:1
# of people per non-physician primary care provider	NA	NA	NA	1,204:1	1,237:1	2,192:1
# of people per dentist	NA	NA	NA	1,260:1	1,296:1	1,264:1
# of people per mental health provider	NA	NA	NA	281:1	269:1	356:1

Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Humboldt County, CA	134,623	128,698	95.6%
California	37,253,956	1,908,695	5.12%
United States	308,745,538	102,289,607	33.13%

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016. Source geography: HPSA





Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database April 2016

Population Group; Over 20.0 FTE Needed
Population Group; 1.1 - 20.0 FTE Needed
Population Group; Under 1.1 FTE Needed
Geographic Area; Over 20.0 FTE Needed
Geographic Area; 1.1 - 20.0 FTE Needed
Geographic Area; Under 1.1 FTE Needed
Report Area

Areas of Greatest Concern - Cities/communities with a population greater than 2000 that are moderately worse than the Total Service Area average on at least one of the health outcome indicators shown.

Indicator	Arcata	Crescent City	Hoopa	Trinidad
	95521	95531	95546	95570
Uninsured (ages 0-17)	NA			NA
Uninsured (ages 18-64)				
First trimester prenatal care				

See Appendix 2: Secondary Data /Publicly available data

SUMMARY OF COMMUNITY INPUT

Summary of Community Input

To better understand the community's perspective, opinions, experiences, and knowledge, St. Joseph Hospital Eureka, in partnership with Redwood Memorial Hospital, held five sessions in which community members and nonprofit and government stakeholders discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, and attendees are available in Appendix 3. These sessions were scheduled as follows:

Session	City	Date	Language
Community Resident Focus Group	Fortuna	2/13/17	English
Community Resident Focus Group	Eureka	2/13/17	English
Community Resident Focus Group	Eureka	2/16/17	Spanish
Nonprofit/Government Stakeholder Focus Group	Eureka	2/17/17	English
Community Resident Forum	Eureka	2/22/17	English with simultaneous interpretation in Spanish

Review of Findings

The following concerns were identified as important by participants in BOTH the community resident and nonprofit/government stakeholder focus groups:

Economic Insecurity: Residents shared their challenges on finding jobs that pay a living wage, particularly in view of the decline in the timber industry, and the stress of living in or near poverty. Stakeholders also addressed these issues. In all of the focus groups, economic challenges were seen as a root cause of other issues, such as housing concerns and homelessness, mental health, and nutrition and food security.

Access to Resources: This issue was a major concern of both residents and stakeholders. There is a perception that the area is short of medical providers, particularly specialists, nurses, and dentists, and that people need to travel to bigger cities for some treatments. Long wait times for appointments are routine, and efforts to extend hours for services to nights and weekends have not been able to satisfy the demand. For Spanish-speaking individuals, language can sometimes be a barrier. Transportation services also could be expanded to improve access to all resources, including health care.

Housing Concerns: High rents combined with low salaries lead to situations where many low-income individuals are forced to live in low quality housing. Students and workers moving to the area often are unable to find appropriate housing in a timely fashion. In addition, availability of affordable housing is limited and wait lists are very long.

Homelessness: Seen as a growing problem in their community, homelessness is closely linked to housing, substance abuse, mental health, and economic insecurity. Participants were concerned about homeless individuals but also wary about the impact on the area and their quality of life.

Mental Health: Mental health, particularly stress and depression, was a concern across all the focus groups. It was linked to many other issues such as economic challenges, housing, substance abuse, and immigration issues. Children dealing with Adverse Childhood Experiences and needing treatment was discussed, as was the lack of services for those with mental illness.

Substance Abuse: The general perception of the groups is that substance abuse is a widespread and growing problem that is both affected by and affects many other health issues, including mental health, crime, homelessness, heart disease, suicide, accidental deaths, and economic insecurity. The issue affects people of all ages from teens to seniors. Despite its scope, there was a sense that there are not enough treatment facilities in the area.

The following concerns were identified as concerns for the community by the community resident focus groups but were not discussed at the nonprofit/government stakeholder focus group.

Food and Nutrition: Challenges around eating a healthy diet was a major discussion point in the resident focus groups. Healthy food is more expensive and time-consuming to prepare, and when faced with a lack of time and money, families often opt to purchase cheaper, quicker, and less healthy options.

Crime and Safety: Many participants had been victims of crimes and saw this issue as a result of economic insecurity and substance abuse.

Insurance and Cost of Care: While the Affordable Care Act has reduced the number of uninsured individuals, co-pays and prescription costs still serve as a barrier to low income individuals. People who are just over the cap for subsidies face premiums they cannot afford. Many who have newly received insurance do not fully understand how to use their insurance.

Dental Care: While the general lack of specialists was a widely discussed topic, many residents focused specifically on the lack of dental providers and the high cost of services.

The following concerns were identified by the nonprofit/government stakeholder focus group but were not discussed at the community resident focus groups.

Smoking: Stakeholders noted the prevalence of tobacco use in their communities, particularly in some segments of the lower-income population.

Underground Marijuana Industry: Marijuana growth has an impact on several other areas such as housing and economic insecurity. There was a perception that growers now have less involvement in their local community, although that may change due to legalization legislation.

The following concerns received the most support at the Community Forum:

Housing, particularly concerns around quality and affordability
Mental Health
Jobs and Ending Poverty
Food
Crime and Safety
Access to Health Care

See Appendix 3: Community Input

COMMUNITY ASSETS AND RESOURCES

Significant Health Need and Assets Summary

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes where there is a higher prevalence or severity for a particular health concern than the general population within the St. Joseph Hospital Service Area.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified significant health needs and community resources/assets.

Significant Health Need	Target Population	Geographic Area (City, Zip Code, County)	Community Resources (Name of Organization(s)
Housing Concerns	*Low-income unemployed, or minority individuals/families, seniors, persons with physical or mental disability, veterans, renters paying more than 30% of income towards housing needs*	*TSA*	*DHHS* *Betty Kwan Chinn Homeless Foundation* *Arcata House Partnership* *Redwood Community Action Agency* *City/County Housing First Initiative* *Low Income Housing Developers* *Westside Community Building Initiative*

			St. Joseph Health Humboldt *Family Housing Initiative* *North Coast Veterans Resource Center* *Humboldt Housing Authority* *Arcata Bay Crossing*
Mental Health	*Low-income adults and children, individuals with dual diagnosis, seniors, Tribal communities, veterans, undocumented individuals*	*TSA*	*DHHS – Mental Health Branch* *Open Door Community Health Centers* *Changing Tides* *Remi Vista Community Counseling Services* *United Indian Health Services* *Hoopa Valley Tribe Behavioral Health Services* *Humboldt Family Service Center* *Beacon Health Strategies* *North Coast Veterans Resource Center* *Crestwood*
Substance Abuse	*Adults and young adults*	*TSA*	*Alcohol and Drug Care Services* *Crossroads* *DHHS Alcohol and Other Drug Programs* *Redwood Teen Challenge* *Clean and Sober Housing* *Singing Trees* *Humboldt Recovery Center* *Rescue Mission* *Humboldt Area Center for Harm Reduction* *Faith Center Recovery Ministries* *Open Door Community Health Centers Medication Assisted Treatment* *Mountain of Mercy* *United Indian Health Services Substance Abuse Treatment Services for Youth*
Access to Resources	*Low-income, non-English speaking,*	*PSA, SSA and other outlying areas*	*Humboldt Senior Resource Center*

(shortage of primary and specialty care providers, transportation barriers)	*geographically isolated, aged and disabled*		*Humboldt Network of Family Resource Centers* *Promotores de Humboldt* *Partnership HealthPlan of CA* *Area 1 Agency on Aging* *Healthy Kids Humboldt* *Paso a Paso* *Open Door Community Health Centers* *Family Practice Residency Program (SJH and Open Door)* *SJH-HC and Open Door physician recruitment efforts*
Economic Insecurity	*Low-income, unemployed, undocumented immigrants, young adults*	*TSA*	*California Center for Rural Policy* *County Economic Development Division* *Headwaters Fund* *Decade of Difference* *Humboldt Area Foundation* *McLean Foundation* *Smullin Foundation* *College of the Redwoods* *Humboldt State University* *Humboldt County Office of Education* *DHHS – Social Services Branch* *CA Tribal TANF* *Northern CA Indian Development Council*
Insurance and Cost of Care	*Seniors, Latino*	*TSA*	*Healthy Kids Humboldt* *Open Door Community Health Centers* *PACE program*
Smoking	*Adults and young adults*	*TSA*	*Open Door Community Health Centers* *DHHS – Public Health*
Crime and Safety	*Broader Community*	*TSA*	*Local Law Enforcement* *District Attorney* *Probation* *Westside Community Building*

			Initiative *Neighborhood Watch groups* *MEND/WEND program* *Victim Witness services*
Homelessness	*Veterans, adults with mental illness and/or dual diagnosis, single mothers, transitional age youth*	*TSA*	*DHHS* *Humboldt Housing and Homeless Coalition* *Betty Kwan Chinn Homeless Foundation* *Care Transitions Medical Respite* *Arcata House Partnership* *Redwood Community Action Agency* *City/County Housing First Initiative* *North Coast Veterans Resource Center* *Rescue Mission* *St. Vincent de Paul* *Eureka Community Resource Center* *Humboldt Network of Family Resource Centers* *Fortuna Community Services* *Faith Community* *Launch Pad* *Raven Project* *Serenity Inn*
Food and Nutrition	*Low income individuals and families*	*TSA*	*Food for People* *Humboldt Senior Resource Center* *Community Gardens* *Humboldt Network of Family Resource Centers* *CalFresh* *WIC* *Food Policy Council*
Asthma	*Low-income children and adults, under-insured, geographically*	*TSA*	*Redwood Community Action Agency* *Open Door Community Health Centers*

	isolated, those living in sub-standard housing		*Code Enforcement*
Dental Care	*Low-income children, adults and seniors, uninsured*	*TSA*	*Open Door Community Health Centers* *Redwood Community Action Agency Tooth Program* *DHHS – Public Health Branch Dental Transformation Grant* *College of the Redwoods Dental Program*
Heart Disease	*Adults age 65 and older, individuals with methamphetamine addiction*	*TSA*	*Open Door Community Health Centers* *St. Joseph Hospital Cardiac Cath Lab and STEMI receiving program* *Care Transitions Core Services* *Pathways to health: Chronic Disease Self-management classes*

Existing Health care Facilities in the Community

See Appendix 4: Existing Health care Facilities in the Community

SIGNIFICANT HEALTH NEEDS

The graphic below depicts both how the compiled quantitative community level data and community input (focus group and community forum data) were analyzed to generate the list of significant health needs, as well as the prioritization process that allowed the selection of three significant health needs around which St. Joseph Hospital Eureka will build its FY18-FY20 Community Benefit/Implementation Report plan. Details of the selection and prioritization process are provided in the sections that follow and in Appendix 5.

Who	**2 external raters**	**2 external raters**	**Community Benefit Lead and internal Work group**	**Community Benefit Lead**	**Community Benefit Committee**
What	A comprehensive review of data & community input	Apply the following criteria per significant health need	Apply the following criteria per significant health need	Review through two filters	Review List of issues and narrow to 1-3 priority areas for FY18-FY20 CB Plan/ Implementation Strategy Report
Criteria	All sources were analyzed for severity of the problem and level of community concern.	1. Seriousness of the problem 2. Scope of the problem – # of people affected 3. Scope of the problem –compared to other areas 4. Health disparities among population groups 5. Importance to the community 6. Potential to affect multiple health issues (root cause) 7. Implications for not proceeding	1. Sustainability of impact 2. Opportunities for coordination/ partnership 3. Focus on prevention 4. Existing efforts on the problem 5. Organizational competencies	1. Is it aligned with the Mission of St. Joseph Health? 2. Does it adhere to the Catholic Ethical and Religious Directives?	1. Is the health need relevant to the ministry? 2. Is there potential to make meaningful progress on the issue? 3. Is there a meaningful role for the ministry on this issue? 4. Where do we want to invest our time and resources over the next three years?
Scale	**Multiple**	**1-5 scale**	**1-5 scale**	**Yes or No**	**CB Committee Dialogue**

Selection Criteria and Process

Evaluators from The Olin Group performed a rigorous review of the publicly-available data and community input to identify 12 significant health needs for St. Joseph Hospital Eureka.

The selection process began with the development of a general list of potential health needs, derived from a broad review of the indicator data, focus group findings, and literature around health concerns and social determinants of health. The goal of the selection process was to analyze the wide variety and large quantity of information obtained through the quantitative and qualitative processes in a consistent manner. Each source of input was considered as follows:

- Quantitative Data: Weighting was based on how the service area compared to California and county averages and how individual cities and zip codes compared to the service area averages. Note that for some health needs, data was not readily available.
- Resident Focus Groups: Focus Group transcripts and notes were reviewed and considered both at the individual focus group level and collectively across focus groups. Weighting was related to how often and how extensively an issue was discussed by the participants.

- Stakeholder Focus Group: Weighting for the stakeholder group was based on how strongly the problem was discussed by the participants, and the extent of agreement among the participants about the problem.
- Community Resident Forum: The Community Forum was designed to measure the importance of an issue to attendees. The forum ended with "dot voting" on significant health issues allowing all participants to have a voice in indicating which issues were most important to them. Issues that received more votes were considered to be more important to the community.

In developing the list of significant health needs, the quantitative data was given equal weight to the community input. After reviewing and rating all the available information, the list of potential health needs was ranked from greatest to lowest need for the ministry and the top 12 were recommended by The Olin Group for further consideration.

Before the final selection of significant health needs, two reviews took place. First, The Olin Group reviewed the list to determine if there were needs that were identified as priorities through the community process but not highlighted by the data, or for which no data was available. In some cases, a significant health need may have been added to the list due to this review. In the second review, the Community Benefit Lead examined the list, using her ministry-specific knowledge to determine if the significant health needs should be consolidated or added. Once the review was completed, the list was finalized for prioritization.

Prioritization Process and Criteria

To rank order the list of significant health needs and ultimately select the three health needs to be addressed by St. Joseph Hospital Eureka, a four-step process was followed that incorporated the experience, expertise, and perspective of both internal and external stakeholders of the ministry. The criteria and rating scales can be found in Appendix 5.

Step 1: Using criteria that were developed in collaboration with the St. Joseph Health Community Partnerships Department and the Community Benefit Lead, The Olin Group Evaluation Team scored each health need on seven criteria.

- Seriousness of the Problem: The degree to which the problem leads to death, disability, and impairs one's quality of life
- Scope of the Problem 1: The number of people affected, as a percentage of the service area population
- Scope of the Problem 2: The difference between the percentage of people affected in the service area compared to regional and statewide percentages
- Health Disparities: The degree to which specific socioeconomic or demographic groups are affected by the problem, compared to the general population

- Importance to the Community: The extent to which participants in the community engagement process recognized and identified this as a problem
- Potential to Affect Multiple Health Issues: Whether or not this issue is a root cause, and the extent to which addressing it would affect multiple health issues
- Implications for Not Proceeding: The risks associated with exacerbation of the problem if it is not addressed at the earliest opportunity

Step 2: The Community Benefit Lead for St. Joseph Hospital Eureka and Redwood Memorial Hospital convened a working group of internal stakeholders to complete the second stage of prioritization. Before the process of prioritization began, the working group chose to combine "Housing Concerns" with "Homelessness" and rank them as a single combined item. This working group applied five criteria to each need.

- Sustainability of Impact: The degree to which the ministry's involvement over the next three years would add significant momentum or impact, which would remain even if funding or ministry emphasis on the issue were to cease.
- Opportunities for Coordination and Partnership: The likelihood that the ministry could be part of collaborative efforts to address the problem.
- Focus on Prevention: The existence of effective and feasible prevention strategies to address the issue.
- Existing Efforts on the Problem: The ability of the ministry to enhance existing efforts in the community.
- Organizational Competencies: The extent to which the ministry has or could develop the functional, technical, behavioral, and leadership competency skills to address the need.

Step 3: Two final criteria were considered by the Community Benefit Lead for each health need.

- Relevance to the Mission of St. Joseph Health: Is this area relevant to or aligned with the Mission of St. Joseph Health?
- Adherence to Ethical and Religious Directives: Does this area adhere to the Catholic Ethical and Religious Directives?

If the answer was "No" to either question, the health need was dropped from further consideration. None of the needs were dropped at this step.

Step 4: The final step of prioritization and selection was conducted by the St. Joseph Hospital Eureka and Redwood Memorial Hospital Community Benefit Committee, which reviewed the list of identified health needs rank-ordered by the results of the first three steps of the prioritization process. The Committee discussed each need and its relevance to the ministry, the potential for progress on the issue, and the potential role of the ministry in addressing the need. After extensive discussion, the Committee selected three priorities for inclusion in the plan.

Rank-ordered significant health needs

The matrix below shows the 13 health needs identified through the selection process, and their final prioritized scores. The check marks indicate each source of input and whether this issue was identified as a need by that input process.

Significant Health Need	Health Category	Total Rank Score	Community Data	Resident Focus Groups (FG)	Non-profit/ Govt. Stakeholder FG	Community Forum
Housing Concerns	Physical Environment	50.3	✓	✓	✓	✓
Mental Health	Health Outcome	50.0	✓	✓	✓	✓
Substance Abuse	Health Behavior	48.5	✓	✓	✓	✓
Food and Nutrition	Health Behavior	46.5	✓	✓		✓
Access to Resources	Clinical Care	44.0	✓	✓	✓	✓
Economic Insecurity	Socioeconomic	39.5	✓	✓	✓	✓
Insurance and Cost of Care	Clinical Care	39.0	✓	✓		✓
Smoking	Health Behavior	39.0	✓		✓	
Crime and Safety	Physical Environment	36.8	✓	✓		✓
Asthma	Health Outcome	35.0	✓			
Heart Disease	Health Outcome	34.5	✓			
Dental Care	Clinical Care	33.8		✓		✓
Homelessness	Socioeconomic	22.0*	✓	✓	✓	✓

Definitions:

Housing Concerns: Includes affordability, availability, overcrowding, and quality of housing as well as the condition of homelessness, its prevention, and its impact on individuals and communities. Indicator data shows this can be a problem across most of the service area. Housing was frequently discussed as a challenge in the community focus groups, was a major theme in the stakeholder group and received the highest number of votes in the community forum.

Mental Health: Covers all areas of emotional, behavioral, and social well-being for all ages. It includes issues of stress, depression, coping skills, as well as more serious health conditions such as mental illness and Adverse Childhood Experiences.

Substance Abuse: Pertains to the misuse of all drugs, including alcohol, marijuana, methamphetamines, opiates, prescription medication, and other legal or illegal substances. It does not encompass cigarette smoking, which was considered as a separate significant health need.

Food and Nutrition: Concerns about healthy eating habits, nutrition knowledge, and challenges of cost and availability of healthy options. It also includes concerns around food insecurity and hunger.

Access to Resources: Includes most barriers to accessing health care services and other necessary resources, such as transportation, a shortage of providers, particularly specialists, language barriers, and resources being unavailable outside of working hours.

Economic Insecurity: Identified as a root cause of other health issues, this issue covers the effects of poverty and economic challenges as well as difficulties around finding jobs that pay livable salaries.

Insurance and Cost of Care: Includes access to health care for those without insurance and those who have insurance, but for whom costs of premiums, co-pays, prescriptions, and other needs are excessively burdensome. It also encompasses issues around the complexities of the system and its navigation.

Smoking: The health behavior and effects of smoking cigarettes and other forms of tobacco use. It does not include marijuana use, which is included in substance abuse.

Crime and Safety: Encompasses the incidence of crime and violence as well as the fear of it, which prevents people from using open space or enjoying their community.

Asthma: Includes the treatment of and management of asthma.

Heart Disease: Encompasses the prevention of heart disease as well as its incidence and treatment.

Dental Care: Includes knowledge of dental health and the availability of providers and dental insurance, as well as the cost of services.

Homelessness: Homelessness was discussed both for its impact on the homeless but also on the community. *The internal work group opted not to score "Homelessness" as it was closely tied to Mental Health, Substance Abuse, and Housing, and not necessary a separate issue.

PRIORITY HEALTH NEEDS

St. Joseph Hospital Eureka will address the following priority areas as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- Housing Concerns
- Mental Health/Substance Abuse
- Food and Nutrition (as influenced by Economic Insecurity)

Housing Concerns was the highest ranked concern after Step 2 of the Prioritization process, and a major concern of the community and stakeholders. It was widely discussed in every focus group and housing received the most votes in the forum. Community members focused on the lack of availability and poor quality of housing, the growing scope of the homelessness problem, and the interrelatedness of these issues to each other. The data shows that a majority

of renters pay more than 30% of their income on rent, and this figure is much worse for some communities. The Community Benefit Committee discussed how affordable housing is an issue that affects all communities in our service area, but is a significant hardship for the more vulnerable members of our community such as seniors, persons with disabilities, single mothers with children and low-income families. Furthermore, the aging and sub-standard housing conditions create or exacerbate health problems. The Community Benefit Committee has a desire to address community-level, root causes of poor health and discussed how housing is one of the key social determinants of health.

Mental Health and Substance Abuse were combined by the Community Benefit Committee as the two areas are closely connected and often individuals have co-occurring or dual-diagnosis for mental illness and substance abuse. At the conclusion of the prioritization process, they were the second highest ranked concern. Both were strongly supported by the community process: Substance Abuse was the most widely discussed topic in focus groups, and Mental Health was discussed in each focus group and received the second highest number of votes in the community forum. Both issues were linked to many other concerns such as economic challenges, housing, homelessness, crime, and immigration. While data on mental health is difficult to obtain, 11% of adults in the Counties self-reported "serious psychological distress" compared to 8% for California. The suicidal ideation rate for adults in Humboldt County is 17% compared to 8% for the state as a whole, and per-capita youth suicide rates are much higher than the state. Substance abuse data shows the age-adjusted mortality rate due to unintentional overdoses in Humboldt County is more than double the state average, as is the per-capita number of all drug-related deaths. The rate of alcohol and drug use for teens is 42% for Humboldt County, 14 percentage points higher than California. Data on mental health and substance abuse in Del Norte County has limitations due to sample size but overall is similar to that of Humboldt.

Food and Nutrition, as influenced by Economic Insecurity, was a major issue in the community focus groups and the forum, as residents raised concerns about the cost, availability, and ease of preparing healthy food as well as a lack of supermarket availability and quality. Data about this issue is somewhat inconsistent. Obesity levels for the service area are only a percentage point higher than California averages (27% vs. 26%) and some measures of food insecurity for the service area are comparable to the state. However, Feeding America estimates have food insecurity in Del Norte and Humboldt Counties at 18% compared to a state rate of 14%. After the second step of prioritization, Food and Nutrition was the fourth ranked issue. The Community Benefit Committee had robust discussion around the root cause of food insecurity and how food insecurity can be seen as a function of economic insecurity. These two areas had equal number of votes and tied for the third highest ranked concern.

See Appendix 5: Prioritization protocol and criteria / worksheets

EVALUATION OF IMPACT ON FY15-FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT: FY16 ACCOMPLISHMENTS

Planning for the Uninsured and Underinsured
Patient Financial Assistance Program

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why we have a **Patient Financial Assistance Program**[5] that provides free or discounted services to eligible patients.

One way, St. Joseph Hospital informs the public of the Patient Financial Assistance Program is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. In FY16, St. Joseph Hospital provided $1,350,131 free (charity care) and discounted care and 5,724 encounters.

For information on our Financial Assistance Program click here.

Medicaid (Medi-Cal) and Other Local Means-Tested Government Programs

St. Joseph Hospital provided access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California, and other local means-tested government programs. In FY16, St. Joseph Hospital provided $5,628,404 in Medicaid (Medi-Cal) shortfall, with 38,331 Medicaid participants served; however, total Medicaid shortfall was ($6,145,115) after accounting for Medicaid reimbursement from the California hospital quality assurance fee.

[5] *Information about* St. Joseph Hospital's *Financial Assistance Program is available at* *http://www.stjoehumboldt.org/Patients-Visitors/For-Patients/Patient-Financial-Assistance.aspx*

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan
FY16 Accomplishments
Nutrition, Healthy Food and Food Security

Initiative (community need being addressed): FY14 CHNA shows a large number households and individuals unable to afford nutritious foods, especially fruits and vegetables, or lack access to fresh produce due to geographic isolation.

Goal (anticipated impact): Increase access to affordable and nutritious foods – with emphasis on fresh produce – throughout the county for low income families.

Outcome Measure	Baseline	FY16 Target	FY16 Result
Households reporting access to fresh produce using number of CalFresh beneficiaries as a proxy	August 2010 14,280 CalFresh beneficiaries	5% increase from FY15 total beneficiaries (20,655)	21,559 CalFresh beneficiaries 4.4% increase from FY15

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Community dinners/events featuring fresh produce and nutritious foods hosted by CB programs	*Number of dinners/events that feature fresh produce and nutritious foods*	*21*	*25*	*29*
Collaborate with the Humboldt Food Policy Council to host a local Food Summit	*Occurrence of Food Summit in 2016*	*N/A*	*Food Summit in 2016*	*SJH was a sponsor of the February 27, 2016 Food Summit*
Support efforts related to sourcing of local foods	*Number of local food sourcing programs or projects supported*	*5*	*7*	*12*

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, Food for People, Community Alliance with Family Farmers, Humboldt Food Policy Council, Humboldt County Office of Education, North Coast Growers Association, Humboldt Network of Family Resource Centers, Locally Delicious, Shakefork Community Farm, Humboldt Senior Resource Center, St. Vincent de Paul, Betty Kwan Chinn Foundation, Eureka Rescue Mission, Redwood Community Action Agency, California Center for Rural Policy, North Coast Community Garden Collaborative, North Coast Co-op, Humboldt State University*

FY16 Accomplishments: One of our strategies changed in FY16. We prioritized planning and hosting a Food Summit in partnership with Humboldt Food Policy Council members over work to identify and address produce deserts (in FY17 we plan to re-engage with the produce desert work). In FY16, all the St. Joseph Hospital Community Benefit programs continued to actively outreach, screen and enroll individuals and families eligible for CalFresh in order to increase access to fresh produce and nutritious foods for low income families and individuals. Several of our programs also worked to increase communication with clients receiving CalFresh benefits to assist with retention. Our efforts were part of the county-wide increase in CalFresh beneficiaries, an initiative led by the Department of Health and Human Services.

The programs of the Community Benefit department hosted 29 events that featured free, nutritious foods and included fresh, local produce when available. From *Paso a Paso* field trips to a blueberry farm and local farmer's markets to community BBQ's in Blue Lake and Rio Dell to the *Cinco de Mayo* celebration in Loleta, our programs brought community together around nourishing food, while celebrating culture and place.

We also increased our partnerships with like-minded organizations supporting food security and local sourcing of foods. We granted $121,000 to 13 food security organizations through our annual Care for the Poor Community Grants, one of whom was the North Coast Growers Association (NCGA), who used our grant of $10,000 to launch a Farmer's Market Voucher program for Supplemental Security Income (SSI) recipients who are disabled and have little or no income. This voucher program allows SSI recipients to purchase local, organic, and nutritious foods thus helping vulnerable individuals maintain good health. For the sixth consecutive year, St. Joseph Hospital supported the Locally Delicious Farmer's Fund with a $5,000 grant. This fund paid 13 local farmers up front – at the time when expenses are highest – to grow organic produce for the local food bank, Food for People (10,927 pounds in 2016). Two other efforts St. Joseph Hospital funded in FY16, were the Humboldt County Office of Education's Farm to School work which aims to increase the amount of locally grown foods school children each; and the Klamath Trinity Resource Conservation District's *Kin-Ta-Te* Community Garden which uses sustainable gardening practices as a mechanism to connect at-risk youth with culture and healthy behaviors.

Mental and Behavioral Health Services

Initiative (community need being addressed): FY14 CHNA shows a high need for appropriate mental and behavioral health services throughout Humboldt County.

Goal (anticipated impact): Increase activities that improve access to affordable mental and/or behavioral health (MH/BH) services, or enhance prevention efforts, especially in outlying areas and for diverse populations.

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of MH/BH activities that improve access or enhance prevention of mental illness	10	12	20

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Reduce Stigma associated with mental illness	*Number of events or activities targeted at increasing awareness or reducing stigma*	*7*	*9*	*12*
Support community based counseling for Spanish speakers	*Number of community based counseling options for Spanish speakers*	*2*	*2*	*2*
Provide grant funding to organizations offering MH/BH services or resources	*Care for the Poor dollars granted for mental health and behavioral health projects*	*$45,000*	*$60,000*	*$82,600*

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, Open Door Community Health Centers, Eureka Rescue Mission, Redwood Teen Challenge, Arcata House Partnership, CASA of Humboldt, Redwood Community Action Agency, LatinoNet, CASA of Humboldt, Humboldt Area Center for Harm Reduction, Boys & Girls Club, North Coast Grant Making Partnership*

FY16 Accomplishments: Our stated goal and outcome measure changed to include prevention activities versus focus solely on access; and we dropped our strategy of participating in the BH Integration planning grant due to this work being discontinued by the host agency. We added a strategy to dedicate Care for the Poor funding to MH/BH services and resources. Both St. Joseph and Redwood Memorial hospitals

had a significant role in May is Mental Health Awareness month in FY16. We hosted outreach tables at both hospitals; handed out 2,000 green ribbons - the symbol of California's *Each Mind Matters* campaign - participated in the mental health walk and hosted stigma reduction events at our Community Resource Centers. We also supported the Out of the Darkness Suicide Prevention walk and wrote an article for the St. Joseph Health Matters magazine in order to raise awareness and reduce the stigma associated with mental illness. In FY16 we continued to see a lack of linguistically and culturally appropriate mental health services for Spanish-speaking community members. To help remedy this shortage, we contracted with a bi-lingual Licensed Marriage and Family Therapist to provide free counseling to the Spanish speaking community. We also supported a capacity building grant to a local psychotherapy practice that provides court-ordered domestic violence and child abuse prevention therapy. Because of the St. Joseph Hospital funding (in partnership with McLean Foundation and Union Labor Health Foundation) a Spanish-speaking therapist will become certified to provide court-ordered batterers' intervention therapy.

A new strategy for St. Joseph Hospital in FY16 was to provide increased grant funding to organizations offering mental/behavioral health services or resources to vulnerable populations in our community. We supported six non-profit organizations with a total of $82,600 in Care for the Poor grant dollars. Our funding allowed the following:

- Arcata House Partnership to hire a part-time case manager to work with chronically homeless
- The Rescue Mission to continue to offer spiritual and mental health services to guests via a chaplain
- Redwood Teen Challenge for their new women's facility and expanded addiction treatment services
- CASA of Humboldt to help train new advocates to support foster children
- Humboldt Area Center for Harm Reduction to prevent overdose by distributing Naloxone and improve health among those battling drug addiction
- Boys & Girls Club for ACE's (Adverse Childhood Experiences) training for youth mentors and staff

St. Joseph hospital is proud of our FY16 efforts to improve services offered that promote mental health and wellness as well as reduce stigma and increase access to appropriate mental/behavioral health care.

Care Coordination and Referral

Initiative (community need being addressed): FY14 CHNA shows a large need for increased coordination of services across the continuum of care in order to achieve the triple aim of improving the patient experience, improving the health of populations, and reducing the overall costs of care.

Goal (anticipated impact): Increase the number of community-based partnerships or services that expand or enhance the continuum of care to meet the changing needs of the community.

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of new or enhanced partnerships or services	6 FY14 4 FY15	3	6 FY16 16 to date

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Improve communication between the Emergency Department (ED) and Primary Care	*New communication tool or strategy*	ED Care Plans for High Utilizers	Add 1 new tool/strategy	ED phone calls to Primary Care to notify of patient overdose
Behavioral health outreach to skilled nursing facilities (BARTO)	*30-day readmission rates for enrolled patients*	6.7% (N=30)	<10%	3.3% (N=30)
Expand SJH-HC Medical Respite services by partnering with The Betty Kwan Chinn Homeless Foundation and Catholic Charities to bring **Project Nightingale** in Humboldt	*Building renovations complete, formal partnership in place, and operations fully functioning*	No Nightingale in Humboldt County	Building renovations complete	As of June 30, 2016 75% of building renovations are complete; on track for September 2016 opening

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, Open Door Community Health Centers, Humboldt Independent Practice Association, Local Skilled Nursing Facilities, California Center for Rural Policy, Resolution Care, Partnership Health Plan of California, Redwood Community Action Agency, Betty Kwan Chinn Homeless Foundation, Alcohol and Drug Care Services, North Coast Health Improvement and Information Network*

FY16 Accomplishments: Significant progress was made in FY16 around our priority area of Care Coordination and Referral. We broadened our ED hot-spotting strategy to encompass overall communication from the ED to Primary Care, specifically around ED utilization and discharge instructions. In past years we implemented ED care plans, and in FY16, found there was a gap in communication between the ED and primary care around notification of overdoses. Our ED now makes a phone call to the primary care physician when their patient was treated for overdose.

We also added a strategy to expand our Medical Respite program by partnering with the Betty Kwan Chinn Homeless Foundation and Catholic Charities to open a Project Nightingale in Humboldt. Building renovations are progressing and we are on track to open in late September 2016. In FY16 our current Medical Respite program (Healing Ring & Serenity Inn) totaled 945 avoidable bed days in respite care. The St. Joseph Health Care Transitions program provides short-term, intensive case management for all homeless patients discharged to our respite program. This multi-disciplinary care team of RN, MSW and health coach provides wrap-around and patient-centered care and services to assure follow up with primary or specialty care and that social supports are in place. Care Transitions also established a new partnership with the MAC (Multiple Assistance Center) in FY16 to provide housing support services with longer-term case management for appropriate patients.

In FY16 St. Joseph Hospital continued to partner closely with the Independent Practice Association and Open Door Community Health Centers on the NCHIIN (North Coast Health Improvement and Information Network) project. Through NCHIIN, information about hospital admissions, discharges and transfers – as well as notification of ED encounters – is communicated electronically to primary care in a way that safeguards patients' privacy and confidentiality. Another key care coordination activity conducted by Care Transitions in FY16 was chart review to assure accuracy and completion of the primary care physician field upon admission. This field must be completed correctly in order for critical information to flow between electronic health records in multiple settings.

In FY16 we continued to participate in Community Huddles, Care Improvement meetings and the Chronic Pain workgroup (now called Rx Safe Humboldt) and also joined the Advanced Care Planning Coalition. We supported the purchase of medication disposal bins at pharmacies across the County with a grant of $7,932 to the IPA and worked to establish Suboxone protocols for in-patient settings that are in line with out-patient protocols. And finally, our Eureka Community Resource Center partnered with DHHS Social Services to create an extensive, county-wise resource list/database.

Our Behavioral Assessment Response Team Outreach (BARTO) nurse position increased to full time and we added a full time Behavioral Health Specialist that covers the ED. These positions work closely with our Psychiatrist and Psych RN within the hospital and continue to support high acuity BH discharges to local skilled nursing facilities. In FY16 Care Transitions partnered closely with our BARTO team to refine work flows across the continuum of care, improve documentation at SNF, and assure appropriate confidentiality measures are in place. In FY16 the readmission rate for BARTO patients was 3.3%.

FY16 Other Community Benefit Program Accomplishments

In addition to the preceding priority areas, St. Joseph Hospital (in partnership with Redwood Memorial Hospital) provided other community benefit programs responsive to the health needs identified in the 2014 CHNA. Community Benefit programs listed below only includes additional Community Services for the Low-income and Broader Community that have not been previously covered in this report.

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
1. Access to Care	Transportation support	Free bus or taxi vouchers; gas cards	1,518 transportation assistance provided to/from medical or health related appointments
2. Access to Care	Health professionals education	Mentor and train health professionals	6,588 hours spent training student nurses, social work interns, physical therapy and occupational therapy interns, and pharmacy interns
3. Social cohesion	Support groups	Facilitate support groups on various topics	70 support groups offered to the public, free of charge (includes Stroke, Cancer, Breastfeeding, *Madre y Madre*, Latino Fathers)
4. Nutrition/Food Security, Mental/Behavioral Health Services and Care Coordination	Care for the Poor Community Grants	Funds awarded to local non-profits in the SJE CB Priorities areas of nutrition/food security, mental/behavioral health services and care coordination and referral	$200,000 awarded to community partners in Care for the Poor Community Grants, in partnership with Redwood Memorial Hospital

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
5. Access to Care	Healthy Kids Humboldt	Insurance enrollment and outreach, system navigation and tax preparation	712 enrollments 3,409 outreach 64 families received free tax preparation with refunds totaling $131,290. Average annual gross income per family $25,023
6. Culturally appropriate Access to Care	Paso a Paso	Services for the Latino population *(provided entirely in Spanish)*	101 free classes for Latino families 2 Fatherhood picnics 1 field trip to the Blueberry farm 2 field trips to farmer's markets 102 *Baile Terapia* (Dance Therapy) classes
7. Care Coordination	Evergreen Lodge	Lodging and social work services for cancer patients	431 cancer patients and their family stayed 3,065 nights at the lodge
8. Care Coordination	Care Transitions	Medical Respite support for homeless patients post-discharge	945 days in medical respite care at Healing Ring and Serenity Inn
9. Safety and Prevention	Bicycle Safety Events	Host four bicycle safety events at Community Resource Centers in partnership with Kohl's Cares	Bicycle Safety events in Blue Lake, Loleta and Rio Dell 169 helmets handed out 70 bike inspections 257 participants
10. Housing	Community Benefit	Support homeless and low-income	$8,053 to 24 people

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
	Housing Support	community members obtain or retain housing; includes paying for housing deposits, limited rent assistance, or housing related costs	
11. Preventative Care	Free Screenings & Flu Shots	Free community-based health screenings with appropriate referral and free flu shot clinics at the St. Joseph Health Community Resource Centers	2,451 free screenings/flu shots
12. Access to Acute Care	Hospital Operations	Improvements to or expansions of key acute care service lines at St. Joseph and Redwood Memorial Hospitals	STEMI designation (SJE) Cancer Program with new 3D Mammography machine
13. Access to Care	Physician Recruitment	Recruitment of primary care and specialty physicians to medically underserved area and area with health professions shortage	7 new physicians successfully recruited

GOVERNANCE APPROVAL

This FY17 Community Health Needs Assessment Report was approved at the June 13, 2017 meeting of the St. Joseph Hospital Community Benefit Committee a sub-Committee of the Board of Trustees.

Becky Giacomin

Community Benefit Committee Chair's Signature confirming approval of St. Joseph Hospital FY17 Community Health Needs Assessment Report

6-13-17

Date

See Appendix 6: Ministry Community Benefit Committee

Appendix 1: Community Needs Index data

Community Need Index (CNI) Scores
Eureka Redwood Hospital Total Service Area (HTSA)

St.JosephHealth

ZIP Code[1]	Service Area	CNI Score[2]	Population	City	County	State
95546	HTSA	4.6	3,642	Hoopa	Humboldt	California
95531	HTSA	4.4	23,565	Crescent City	Del Norte	California
95540	HTSA	4.2	13,893	Fortuna	Humboldt	California
95501	HTSA	4.2	23,837	Eureka	Humboldt	California
95503	HTSA	4.2	24,662	Eureka	Humboldt	California
95521	HTSA	4.2	20,596	Arcata	Humboldt	California
95548	HTSA	4.2	1,404	Klamath	Del Norte	California
95555	HTSA	4.2	333	Orick	Humboldt	California
95562	HTSA	4.0	3,338	Rio Dell	Humboldt	California
95560	HTSA	4.0	541	Redway	Humboldt	California
95554	HTSA	4.0	3,238	Myers Flat	Humboldt	California
95519	HTSA	4.0	17,780	Mckinleyville	Humboldt	California
95564	HTSA	4.0	386	Samoa	Humboldt	California
95573	HTSA	4.0	1,708	Willow Creek	Humboldt	California
95551	HTSA	3.8	1,661	Loleta	Humboldt	California
95528	HTSA	3.8	985	Carlotta	Humboldt	California
95526	HTSA	3.8	721	Bridgeville	Humboldt	California
95569	HTSA	3.6	698	Redcrest	Humboldt	California
95570	HTSA	3.4	2,669	Trinidad	Humboldt	California
95536	HTSA	3.2	2,922	Ferndale	Humboldt	California
95565	HTSA	3.2	984	Scotia	Humboldt	California
95524	HTSA	3.2	1,405	Bayside	Humboldt	California
95525	HTSA	3.2	1,212	Blue Lake	Humboldt	California
95547	HTSA	3.0	1,208	Hydesville	Humboldt	California
95549	HTSA	2.8	946	Kneeland	Humboldt	California
95502	HTSA	PO Box	N/A	Eureka	Humboldt	California
95518	HTSA	PO Box	N/A	Arcata	Humboldt	California
95537	HTSA	Data Not Available	N/A	Fields Landing	Humboldt	California
95532	HTSA	Data Not Available	N/A	Crescent City	Del Norte	California
95553	HTSA	Data Not Available	N/A	Miranda	Humboldt	California

1. CNI scores are not calculated for non-populated ZIP codes, including such areas as PO boxes, national parks, public spaces, state prisons, and large unoccupied buildings.
2. CNI scores are sorted from highest to lowest. A CNI score of 1 represents the lowest need nationally, while a score of 5 indicates the highest need nationally.
Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.

Appendix 2A: Secondary Data /Publicly available data

See document: http://www.stjoehumboldt.org/For-Community/Community-Benefit.aspx

Appendix 2B: Secondary Data/Publicly Available Appendix

See document: http://www.stjoehumboldt.org/For-Community/Community-Benefit.aspx

Appendix 3: Community Input

Name	Title	Organization	Role
Dawn Watkins	Executive Director	Multigenerational Center	Host of focus group
Naomi Johnson	Administrator	Fortuna Sr. Center	Recruited seniors for focus group
Heidi Benzonelli	Executive Director	Westside Community Improvement Assoc.	Host of focus groups, helped recruit residents
Barbara Walser	Director of Nutrition & Activities	Humboldt Senior Resource Center	Recruited seniors for focus group
Michelle Vassel	Tribal Administrator	Table Bluff Rancheria	Recruited elders for focus group
Betty Chinn	Founder	Betty Kwan Chinn Homeless Foundation and Day Center	Recruited families for focus group
Bryan Hall	Executive Director	Eureka Rescue Mission	Recruited families for focus group
John McManus	Executive Director	Alcohol and Drug Care Services	Recruited families for focus group
Rachael Wild	Operations Manager	Redwood Community Action Agency	Recruited families for focus group

Collaborative Partners: Amy Jester Connie Beck Brea Olmstead Sarah Ross Connie Stewart Emily Sinkhorn Kerry Venegas	Organization: ULHF DHHS Open Door Open Door CCRP RCAA Changing Tides	Live Well Humboldt, Community Strategies Team	Collaborator, thinking partner, provided guidance and strategic direction especially around community input
Mary Ann Hytken	Educator	English Express	Brought students to forum, helped recruit Spanish-speaking residents
Penny Figas	Executive Director	Humboldt-Del Norte Medical Society	Contributed information on HPSA and MUA and current provider status
Linda Prescott		Humboldt County Office of Education	Provided Free and Reduced Price Lunch statistics for Humboldt County Schools
Soledad Torres Jessica Eusebio-Larios Haydee Hopkins Marcelina Mejia de Castillo Jorge Matias Lucy Silveira Marina Cortez-Hash	*Promotores de Salud*	LatinoNet and Humboldt *Promotores de Salud*	Recruited Spanish-speaking participants for focus groups

Public Health Representatives

Name	Title	Organization

Susan Buckley	Director (retired January 2017)	DHHS - Public Health
Lara Weiss	Deputy Director	DHHS - Public Health
Georgianna Wood	Accreditation and QI Coordinator	DHHS - Public Health
Ron Largusa	Epidemiologist	DHHS - Public Health
Dana Murguia	Sr. Program Manager	DHHS - Public Health

Appendix 3a: Focus Group and Community Forum Participants

Residents who participated in focus groups and community forum completed an anonymous survey to allow reporting on demographics of the participants. In the table below, the number and percentages are shown for the focus groups, community forums, and then for all participants in both the focus groups and community forums. Percentages were calculated using the number of respondents for each question, which may be less than the total number of respondents because people could choose to leave a question unanswered. Approximately half of the attendees at the forum opted to not complete a survey.

St. Joseph Eureka and Redwood Memorial Hospitals	Resident Focus Groups	Community Forum Participants	ALL Community Members	Resident Focus Groups	Community Forum Participants	ALL Community Members
Number of Respondents	36	14	50	36	14	50
Gender						
Female	25	11	36	74%	85%	77%
Male	9	2	11	26%	15%	23%
Race/Ethnicity*						
Non-Latino White	20	8	28	56%	62%	57%
Hispanic/Latino	12	5	17	33%	38%	35%
Native American	6	0	6	17%	0%	12%
Chronic Conditions						
Person with chronic conditions or a leader or representative of individuals with chronic conditions	9	4	13	28%	40%	31%
Age						
0-17 years	0	0	0	0%	0%	0%
18-44 years	11	4	15	31%	33%	31%
45-64 years	13	5	18	36%	42%	38%
65-74 years	6	3	9	17%	25%	19%
75 years or older	6	0	6	17%	0%	13%
Total Household Income before Taxes						
Less than $20,000	14	1	15	45%	8%	35%
$20,000 to $34,999	8	4	12	26%	33%	28%
$35,000 to $49,999	5	3	8	16%	25%	19%
$50,000 to $74,999	3	1	4	10%	8%	9%
$75,000 to $99,999	1	1	2	3%	8%	5%
$100,000 or more	0	2	2	0%	17%	5%
Decline to answer	2	0	2	Decline to Answer responses were not included in the calculation of percentages		
Number of People in Household						
Average	2.8	2.3	2.6	NA	NA	NA
Median	2	2	2	NA	NA	NA
Range	1-8	1-5	1-8	NA	NA	NA

*The percentages for race/ethnicity may add up to more than 100% because people could select more than one race/ethnicity.

Appendix 3b. List of Stakeholder Focus Group Participants and Organizations

The Non-profit/Government Stakeholder Focus Group was held on **February 17, 2017 in Eureka**. The list of participants is presented in the table below, along with information about their organizations and the population they serve.

Name	Title	Organization	The population served by the organization includes people who have or represent:			
			Chronic Condition	Diverse Community	Medically Underserved	Low Income
Darlene Spoor	Executive Director	Arcata House Partnership	X	X	X	X
Andy Mills	Chief of Police	City of Eureka		X		X
Rob Holmlund	Development Services Director	City of Eureka		X		X
Sue Grenfell	Senior Program Manager	DHHS-Mental Health			X	X
Ann Holcomb	Executive Director	Food for People	X	X	X	X
Barbara Walser	Director Nutrition & Activities	Humboldt Senior Resource Center	X		X	X
Tim Rine	Executive Director	North Coast Clinic Network	X		X	X
Barbara LaHaie	Director	Redwood Coast PACE / Humboldt Senior Resource Center	X		X	X
Chad Zeck	Deputy Coroner	Sheriff / Coroner		X		
Ernie Stewart	Chief Coroner	Sheriff / Coroner		X		
Laura Olson	Executive Director	Smullin Foundation		X	X	X
Russ Shaddix	Board Vice President	St. Vincent de Paul	X		X	X

Appendix 3c. Focus Group and Community Forum Report

Community Focus Groups

St. Joseph Hospital Eureka, in partnership with Redwood Memorial Hospital, held 3 Community Resident Focus Groups in Eureka and Fortuna. To ensure that language barriers would not prevent anyone from participating, one of the Eureka focus groups was conducted in Spanish. Recruitment for the Fortuna group focused on seniors. Due to confusion about the start time, 5 people, most of who were members of the Wiyot Tribe, arrived at the end of the Fortuna session. To ensure their perspective was included in the process, the facilitators went through the protocol with those participants after the conclusion of the original group. The results of this "extra" focus group were combined with the Fortuna group, but places where this group differed are noted.

Location	Date and Time	Language	Attendees
Fortuna	2/13/17, 12:00 PM	English	17
Eureka	2/13/17, 6:00 PM	English	10
Eureka	2/16/17, 6:00 PM	Spanish	10

The Community Resident Focus Group attendees were 74% female and 26% male. Of those who responded, 71% said they earned less than $35,000 annually. More detailed demographic information is listed in Appendix 3a.

Most resident participants were engaged and appreciated the opportunity to share their thoughts, as well as learn from others in the room. Attendees seemed to understand the purpose of the sessions, with most open to sharing their experiences and networking with one another to learn about available programs and services. Most seemed more interested in talking about broad contributors to health than specific health conditions, with the exception of the "extra" Fortuna group, where participants talked more about such conditions as asthma, migraines, and diabetes.

Identified Health Challenges

Substance Abuse was the most widely and frequently discussed issue across all three groups. The perception was that the community drug problem was growing and is a major contributor to homelessness, welfare dependency, crime, and mental health issues. There are also concerns that the area did not have adequate substance abuse treatment and support infrastructure. Some participants were recovering addicts and complained about the quality of sober houses. In Fortuna, there was some discussion about the negative effects of the underground marijuana industry.

Access to Resources was a major discussion point in Fortuna and the English-language session in Eureka; it was discussed less in the Spanish session. Participants related stories about having difficulty in finding consistent, competent doctors, particularly specialists such as dentists. Some had to travel to Sacramento, Redding, or Santa Rosa to receive special treatment. Long waits for appointments seem to be the norm. A lack of transportation infrastructure was also cited, particularly in the "extra" Fortuna group because transportation is limited from the Wiyot Reservation in Table Bluff. In the Spanish-

language Eureka group, participants discussed **Language Barriers** which sometimes prevent them from accessing resources.

Food and Nutrition was discussed in all focus groups. While many participants understood the benefits of healthy eating, they shared their challenges in doing so. Healthy food is more expensive, and often more time-consuming to prepare. When faced with a lack of time and money, families often opt to purchase cheaper, quicker options that are less healthy. Those participants who received food stamps felt this problem particularly strongly because the allotment is not adequate for their needs. The lack of quality supermarkets was also discussed.

Housing Concerns were also widely discussed at all three focus groups. Finding affordable and quality housing is challenging, leading to long waiting lists. Those who find housing often settle for poor condition and overcrowded options. For many, the need to have substantial cash for a deposit is often a large obstacle, as are credit problems. Fortuna participants' perception was that the problem is worse in Eureka, and they pointed to the new housing being built (while also saying there is little currently available in Fortuna).

Homelessness was seen as a growing problem by all groups, and linked to mental health and substance abuse. Some in Fortuna cited the increases in young homeless people due to drug addiction. Arcata was also mentioned as a city with a growing problem. Others spoke of feeling unsafe in parks, streets, and buses due to the prevalence of homeless individuals.

The Fortuna and Spanish-language Eureka groups discussed **Insurance and Cost of Care.** While many more people have insurance after the implementation of the Affordable Care Act, co-pays and prescription costs still serve as a barrier to low income individuals and seniors. Others talked about being just over the cap for subsidies and facing premiums that they could not afford. Also, many who have newly received insurance may not understand how to use it or access health services.

Crime and Safety was discussed in both Eureka groups, with several participants sharing personal stories of being victimized by violence or break-ins. Many tied a perceived increase in crime to drug problems. In the Spanish-language group, some felt that the police did not respond quickly to Latinos, especially if they speak in Spanish when they call.

Another issue that surfaced in all of the focus groups was **Economic Insecurity,** particularly around difficulty in finding jobs that pay well. With the loss of the timber industry, most of the jobs are now in the service industry. Some said that the only jobs that were not minimum wage are those in higher education and the hospitals. Many community members need to work multiple jobs or long hours as a result. This can lead to stress and complicates other issues, such as Housing, Access to Resources and Nutrition, while preventing families from spending time together.

Mental Health was brought up in all of the focus groups, primarily in terms of stress. As noted, economic and housing challenges can create significant stress, which can have negative health impacts. Members of the Latino group highlighted concerns around immigration status and fear of deportation as a major stressor. Others talked about the high number of mentally ill people in the community, and said

there are few services for those with severe illness (one person called jail the “de facto mental hospital”).

Community Assets and Advantages

In addition to asking about issues facing the community, the facilitators explored what helps people stay healthy in the community. In general, participants had positive things to say about their community but they often redirected their comments to also raise concerns.

At Fortuna, participants mentioned the importance of being connected to their neighbors and building a sense of community. They cited the friendly nature of the town and thought it was a major positive of the area.

Several participants appreciated the community resources available to them, including Family Resource Centers, Boys and Girls Clubs, food banks, and senior programming. Others cited the walkable towns, proximity to the ocean, tranquility, and the natural beauty of the area.

Stakeholder Focus Group

The Stakeholder Focus Group was held in Eureka at the Humboldt Bay Aquatic Center. There were 12 participants representing various community organizations (a complete list of participants is available in Appendix 3b). The participants knew each other and the facilitator, and most were very eager to participate.

Housing Concerns were discussed extensively in the stakeholder focus group. There was a sense that there is a general housing shortage in the area. This included affordable housing, which is inadequate and low quality, but also middle-income and student housing. Students and new employees moving to the area often struggle to find a place to live. **Homelessness** is closely linked to housing issues, as providers discussed challenges in finding housing even when homeless individuals have some resources. Those without housing face extra health challenges and also have a negative impact on the community.

Access to Resources was a major community concern that was also shared by the stakeholders. There is a perception that the area is short of medical providers, particularly specialists, nurses, and dentists. Efforts have been made to extend hours for services to nights and weekends but even those have not been able to satisfy the demand. Transportation services also could be expanded to improve access to all resources, including health care.

Substance Abuse was a very common discussion point in the stakeholder group. Many saw drug and alcohol abuse as far too frequent, growing in scope, and extending to teens and seniors. Drugs such as methamphetamine, opiates, marijuana, alcohol, and prescription drugs were all identified as problematic. Drug and alcohol use was identified as a major contributor to accidental deaths and suicides. The relationship between substance abuse and mental health was also seen as very strong. **Smoking** was also identified as a very prevalent major issue. Participants pointed out the contradiction of low-income individuals smoking when cigarettes are so expensive.

As noted, **Mental Health** was often linked to substance abuse, but was also discussed extensively on its own. The lack of mental health services was raised as a community-wide problem. There was additional discussion about the increase in children who need mental and behavioral health services, and a sense that there is an increase in the number of Adverse Childhood Experiences. There was some discussion about whether this is just a result of society recognizing these problems sooner, or perhaps a drive towards over-medication.

The **Underground Marijuana Industry** was a frequent discussion point because it affects several different areas. For example, it brings people into the area but does not provide them with housing, health care, or transportation. Some of the "trimmigrants" arrive having spent all of their money to get to the area, and then are easily exploited and reliant on social services. The sense of the group was that there has been a change in how connected the growers and their workers are to the local community as compared to the time when most of the growers were local "mom and pop operations." They also questioned what more changes may occur due to legalization.

Economic Insecurity was often cited as a root cause of other issues, such as mental health, housing, homelessness, and food insecurity. There was also some questioning of the data on poverty; some felt it underestimated seniors, while others felt it could not capture the black market marijuana revenue, citing stories of wealthy growers using food stamps.

Community Assets and Advantages

Much like in the resident focus groups, the facilitator asked participants what helped community members stay healthy, and similarly, participants often discussed challenges around a lack of providers or housing. However, some existing items were identified as beneficial to the community, particularly the small town character of Eureka and the natural beauty of the area. Some felt that the community itself was very healthy, and that the people with the most extreme health issues were outliers.

Community Forum

One community forum was held in Eureka at the Sequoia Conference Center. Approximately 30 people attended, but many opted not to fill out the demographic survey, so reliable data about the participants is not readily available, although it appeared that the group was majority Latino. The forum was conducted in English with interpretation services were available for participants in Spanish.

At the beginning of the forum, the participants viewed a short PowerPoint presentation with an overview of the CHNA framework, the hospital service area, and the health needs that had emerged from the data and preceding focus groups. The health needs also were written on poster paper taped to the walls of the room. The PowerPoint was in English only and verbally translated, but the health needs were in English and Spanish. After the presentation, participants were invited to share their perspectives on the health needs in the community – to confirm, clarify, or add to items on the list. New items and clarifications were written on the poster paper. After the discussion, each person was given four adhesive dots and asked to place their dots on the health needs of greatest concern to them, applying only one dot per health need.

The discussion at the forum raised many of the same issues as had been described at the focus groups. Access to Care, Housing, and Crime were widely discussed. New issues included safety in schools and for children, smoking and exposure to second hand smoke, domestic violence, landlord issues, suicide, and a lack of services for Spanish speakers and immigrants.

Below are the top vote-getters from the forum. The labels provided are the English language headings that were listed on the top of the flip chart paper. Bullets within each category reflect sub-categories that received multiple votes. Separate pages with Spanish language labels were provided next to the English language labels, enabling Spanish speakers to vote easily.

Health Need	# of Votes
Housing • Quality of housing • Affordability • Seniors unable to take care of homes	15
Mental Health • More Spanish speaking providers • Help when families have a crisis • Access to providers	14
Jobs and Ending Poverty • More living wage jobs • More options for seniors and students	12
Food • High cost • More healthy options • Options that reduce diabetes and heart disease	11
Crime and Safety • Friendly places to gather • Fear of crime • Safety at night • Relationship with Law Enforcement	10
Access to Health Care • Long wait for a visit • Getting to a specialist	9
Drugs and Alcohol • More treatment options • Cannabis legislation	7
Homelessness • Housing and service together	7
Transportation • More/smarter public transportation	6
Dentist • Finding a dentist for adults • Having to travel out of the area for care	5

Appendix 3d: Focus Group and Community Forum Protocols and Demographic Survey

Community Resident Focus Group Protocol

Introduction:

Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your time and willingness to participate.

We are doing this focus group as part of St. Joseph Hospital Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as St. Joseph explore community needs with input from the local community to better respond to the unmet needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This focus group is one of many that St. Joseph Hospital is holding to hear directly from its communities' residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and take the discussion where it needs to go.

We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said during this focus group, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:

1. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion as that leads to dialogue and a better understanding of everyone's position and thoughts. Every opinion counts, and it is perfectly fine to have a different opinion than others in the group, and you are encouraged to share your opinion even if it is different.

2. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet.
3. We would like to record our conversation. Our note taker will be taking notes so that we remember what people have to say, but we'd also like to record the conversation to ensure we have the most accurate information possible. Is that okay?

This session should take 90 minutes. If you need to get up to use the restroom or grab refreshments, feel free to do so.

Any questions before we begin?

OK, then a couple other things before we get into the questions. First of all, can we please go around the room and introduce ourselves and say where we live and say something you like about your community.

Focus Group Questions

1. What are the biggest health issues affecting you, your family and friends in the community?
    a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use

Now, I'd like to ask you to look at the graphic that we're handing out right now. This was made by the United States Center for Disease Control and Prevention, a federal agency whose mission it is to help our country be healthy. The visual shows the many things that contribute to community health. Note that this graphic, and your own introductions, show that there is a lot more to "health" than just medical concerns. Let's keep that in mind as we go to our next questions.

2. What are the things in your community that help you stay healthy?
    a. Prompt – if you were to tell a friend about some of the good things in this community that help people live a good life here, what would you tell them?
    b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.
3. What are some of the challenges to staying healthy in this community?
    a. Prompt – if you were to tell a friend about some of the things that make it difficult to live a good life here, what would you tell them?
    b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take your insurance, poor air quality, gangs, etc.
4. Thinking about all the concerns discussed today, which do you think are the biggest concerns needing the most immediate attention?
5. What would you like to see in the communities to address these top concerns? How can some of the positive aspects of your community help?

Closing:

I wanted to thank you on behalf of the St. Joseph Hospital for spending your time with us and sharing your wisdom and experiences. I wanted to stress that this meeting has been one very important part of the Needs Assessment process for St. Joseph. I also wanted to be clear that everything that was said today will be recorded, reported, and considered. But some of what was said may not find its way into the final plan, because the Hospital has to pull together everything they've learned in the process and make decisions about priorities. What I can say is that the final plan will be publicly available, and if you read it, you should see the key themes from today's meeting in there. Thank you again, and have a good evening.

Government/Non-Profit Stakeholders Focus Group

Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your willingness to participate.

We are doing this focus group as part of St. Joseph Hospital Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as St. Joseph study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This focus group is one of other focus groups that are being conducted with community residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and inform the discussion to where it needs to go.

We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said here today, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:

1. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet. But answering any question is optional.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion. In fact, we encourage it because it leads to dialogue and a better understanding of everyone's position and thoughts.
3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous.

Facilitator shows presentation focusing on high level findings from quantitative data. During the presentation, use the BARHII visual as an icebreaker to get people to talk about what factors influence a community's health, while answering the question "Please tell us your name, organization, and referring to the visual (provided in the PowerPoint), which area does your organization focus on or address in the upstream or downstream factors that influence community health?

After concluding the presentation, ask the following questions:

1. What are the biggest health issues facing our community?

a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use

2. What helps our community stay healthy?
    a. Prompt – if you were to tell a friend or colleague about some of the good things in this community that help people live a good life here, what would you tell them?
    b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.

3. What are the challenges to staying healthy in our community?
    a. Prompt – if you were to tell a friend or colleague about some of the things that make it difficult for people to live a good life here, what would you tell them?
    b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take residents' insurance, poor air quality, gangs, etc.

4. What are the opportunities in our community to improve and maintain health?

5. What are the biggest health concerns needing immediate attention?

Closing: Thank the participants and talk about next steps.

Community Resident Forum Process/Protocol:

Hello everyone and thank you for agreeing to be part of this forum. We appreciate your willingness to participate.

We are doing this forum as part of St. Joseph Hospital Community Health Needs Assessment. This is an every three years process in which hospitals such as St. Joseph study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This forum is one of many that St. Joseph Hospital is holding to hear directly from its community residents.

The purpose of this forum is to get a sense of what you think are the needs, issues, and opportunities in your communities. We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said to the Hospital, we will not be attributing comments made to any person or organization.

Ground Rules:

1. We have a process in mind today, but it will only be as successful as you all make it; this session is for you. So please, feel free to be candid. Answering any question is optional; we won't be calling on anyone.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion.

3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous

Provide context: Facilitator: Be sure to provide context and how the information will be used up front

1. There will be two 5-10 minute presentations of findings from the community-based data and focus groups with questions in between. One presentation will focus on socioeconomic factors and physical environment; the other on health outcomes, health behaviors, and clinical care.
2. Point out the poster paper headings around the room, on which we list the areas of concern we have already seen on socioeconomic and physical environment and health needs that were identified through the quantitative data and qualitative process
3. After the first presentation on context and socioeconomic factors and physical environment, ask the following questions:
    a. Do you have any questions about the information you just saw or the poster paper headings?
    b. What did you see that matches with what you know about your community?
    c. What surprised you?
    d. What's missing? What's happening in your community that was not mentioned in the presentations?

4. After the second presentation on health outcomes, health behaviors and clinical care:

    a. Do you have any questions about the information you just saw or the poster paper headings?
    b. What did you see that matches with what you know about your community?
    c. What surprised you?
    d. What's missing? What's happening in your community that was not mentioned in the presentations?
5. Write down issues that are new or not already represented on the poster paper
6. Add explanation to the poster paper issues as provided from participants
7. Keep a parking lot for issues that are important but not necessarily related to the task at hand
8. Explain the process that participants will use to identify the most pressing areas of concern. Each participant will receive 4 dots to specify what they view as the most significant health issues; no more than one dot may be assigned to a health issue. Allow 10-15 minutes to complete this process
9. Review the results and facilitate discussion about the results – ask for more input on why some issues received more dots than others
10. Explain what will happen next with this information
11. Thank everyone for their time.

Demographic Survey

Thank you for taking time to participate in our focus group today. Please take a few moments to complete the demographic survey below. Your identity will be kept confidential and anonymous. We'd like to gather some demographic data to reflect the individuals who participated in the focus groups or community forums. Please complete the survey and submit to the facilitator. Thank you for your time.

1. Please check the box next to the description that best describes you:

☐ Community Member who does not work for a local health or social services provider (skip to question 3)
☐ Community Member employed by:
☐ Community-based Org/Nonprofit
☐ County/Government Agency
☐ Foundation/Funder
☐ Health Care/Hospital/Clinic
☐ University
☐ Other (please provide): _____

2. If applicable, please check the box next to the role that most closely matches your position/role within the organization:

☐ Administrative Staff
☐ Board Member
☐ Executive Director
☐ Medical Professional
☐ Program Manager/Staff
☐ University/Faculty/Researcher
☐ Volunteer
☐ Other (please provide): _____

3. Please check the box next to your current gender identity:

☐ Female
☐ Male
☐ Other (please provide): _____
☐ Decline to answer

4. What race/ethnicity do you identify as (Please select all that apply)

☐ Black/African American
☐ Non-Latino White
☐ Asian or Pacific Islander:
☐ Vietnamese
☐ Filipino
☐ Chinese
☐ Hispanic/Latino
☐ Native American
☐ Japanese
☐ Korean
☐ Indian
☐ Native Hawaiian or Pacific Islander
☐ Other: _____

5. Do you identify as a person with chronic conditions, or a leader or representative of individuals with chronic conditions (such as diabetes, arthritis, or cancer)?

☐ Yes
☐ No
☐ Decline to answer

6. What is your age group?

☐ 0 - 17 years
☐ 18 - 44 years
☐ 45 – 64 years
☐ 65 - 74 years
☐ 75 years or older

7. How much total combined money did all members of your HOUSEHOLD earn last year before taxes?

☐ Less than $20,000
☐ $20,000 to $34,999
☐ $35,000 to $49,999
☐ $50,000 to $74,999
☐ $75,000 to $99,999
☐ $100,000 or more
☐ Decline to answer

8. How many people live in your household, including you? Please enter a number _____

Appendix 4: Existing Health care Facilities in the Community for Eureka/Redwood HTSA

Name	Address	City	Description of Services Provided
Redwoods Rural Health Center	101 West Coast Road	Redway	Primary medical care services
Southern Trinity Health Services	321 Van Duzen Rd	Mad River	Primary medical care services
Humboldt Open Door Clinic	770 Tenth Street	Arcata	Primary medical care services
Del Norte Community Health Centers	550 E Washington Blvd, Suite 100	Crescent City	Primary medical care services
Kids Express	2200 Tydd Street	Eureka	Pediatric Urgent Care and primary medical care
Eureka Community Health & Wellness Center	2200 Tydd Street	Eureka	Primary medical care services
Burre Dental Center	959 Myrtle Ave	Eureka	Dental Care
Ferndale Community Health Center	638 Main Street	Ferndale	Primary medical care services
Fortuna Community Health Center	3304 Renner Drive	Fortuna	Primary medical care services
McKinleyville Community Health Center	1644 Central Avenue	McKinleyville	Primary medical care services
NorthCountry Clinic	785 18th Street	Arcata	Primary medical care services
NorthCountry Prenatal	3800 Janes Road, Suite 101	Arcata	Peri-natal medical care services
Crescent City Medical Clinic: GHO' MUN' DUN DENTAL CLINIC	785 E. Washington Boulevard, Suite 8	Crescent City	Primary medical care services
Crescent City Medical Clinic: TAA-'AT-DVN MEDICAL CLINIC	1675 Northcrest Drive	Crescent City	Primary medical care services
Klamath Health Clinic: HOP'EW PUE	241 Salmon Avenue	Klamath	Primary medical care services

HEALTH CLINIC			
Weitchpec Health Clinic: Libby Nix Community Center	CA-96, Hoopa, CA 95546	Weitchpec	Primary medical care services
Potawot Health Village, Arcata	1600 Weeot Way	Arcata	Primary medical care services
Fortuna Health Center	3302 Renner Drive, Suite C	Fortuna	Primary medical care services
Scotia Bluffs Clinic (part of Southern Trinity Health Services)	500 B Street	Scotia	Primary medical care services
Mad River Community Hospital	3800 Janes Road	Arcata	78 bed acute care medical facility
Sutter Coast Hospital	800 E. Washington Blvd.	Crescent City	49 bed acute care hospital facility
Sempervirens P.H.F.	720 Wood Street	Eureka	16 bed psychiatric health facility
Eureka VA Outpatient Clinic	930 West Harris Street	Eureka	Primary medical care services
Hospice of Humboldt	3327 Timber Falls Court	Eureka	Comprehensive care for end of life
PACE program (Humboldt Senior Resource Center)	1910 California Street	Eureka	Program of All Inclusive Care for the Elderly

Note: List contains non-SJH/SJH affiliated community health centers and hospitals

Appendix 5: Prioritization Protocol Worksheets

Step 1 Criteria and Score Definitions

#	Criteria	Criteria Definition	Score Definitions				
Step 1			1	2	3	4	5
1	**Seriousness of the problem**	Degree to which the problem leads to death, disability, and impairs one's quality of life.	For most people with the problem, the consequences are mild and not life threatening		Most people with the problem have some impairment of their quality of life; only some people die from the problem		For most people with the problem, the consequences are lethal or extremely debilitating
2	**Scope of the problem - Part 1**	Number of persons affected	Affects very few people		Affects about half the population		Affects much of the population
3	**Scope of the problem - Part 2**	Take into account the variance between regional benchmark data and targets and/or statewide averages. (for example, the prevalence of the problem in the primary service area compared to Target 2020 goals and/or prevalence in the county or state.)	The region is doing much better than targets or county/statewide averages		The region is on par with targets or county/statewide averages		The region is doing much worse than targets or county/statewide averages
4	**Health disparities**	Degree to which specific groups are affected by the problem	There are no differences in prevalence or severity of the problem across demographic or socioeconomic groups		One or more demographic or socioeconomic groups are doing moderately worse than the average in the service area		One or more demographic or socioeconomic groups are doing much worse on the health problem than the average in the service area
5	**Importance to the community**	Community members recognize this as a problem; it is important to diverse community stakeholders	Community input did not identify this area as a problem		Community input showed a moderate amount of concern about this problem		Community input showed a high level of concern about this problem
6	**Potential to affect multiple health issues**	Affects residents' overall health status; addressing this issue would impact multiple health issues.	Addressing this issue would not affect any other health issue		Addressing this issue would affect a few other health issues		Addressing this issue would impact many health issues - it is a root problem
7	**Implications for not proceeding**	Risks associated with exacerbation of problem if not addressed at the earliest opportunity	There is no risk that this problem will get worse if we don't address it now		There is a moderate risk that the problem will get worse if we don't address it now		This problem will definitely get worse if we don't address it now

These criteria were applied by raters from The Olin Group Evaluation Team to all identified health needs.

Step 2 Criteria and Score Definitions

#	Criteria	Criteria Definition	Score Definitions				
Step 2			1	2	3	4	5
8	**Sustainability of impact**	The ministry's involvement over next 3 years would add significant momentum or impact that would remain even if funding or ministry emphasis were to cease	Ministry involvement would likely yield little to no momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield moderate momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield significant momentum or impact that would remain after 3 years of funding
9	**Opportunities for coordination/ partnership**	Ability to be part of collaborative efforts	There is not much opportunity for the ministry to be part of collaborative efforts		There is some opportunity for the ministry to be part of collaborative efforts		There are many opportunities for the ministry to be part of collaborative efforts
10	**Focus on prevention**	Effective and feasible primary and/or secondary prevention is possible	There are no or few effective and feasible prevention strategies with which the ministry could be involved		There are a moderate number of effective and feasible prevention strategies with which the ministry could be involved		There are many effective and feasible prevention strategies with which the ministry could be involved
11	**Existing efforts on the problem**	Ability to enhance existing efforts in the community	There is so much work being done on this problem that our contribution would be meaningless		The problem is already being addressed by others and our contribution would be only moderately meaningful		We could make a very meaningful contribution to enhance the work of others in addressing this problem
12	**Organizational competencies (only CB Staff complete)**	Ministry has or could develop the functional/technical, behavioral (relationship building) and leadership competency skills to address significant health need	The ministry does not have and could not develop the competencies to address the issue		The ministry has some of the competencies or could develop them to address the issue		The ministry has or could easily develop strong organizational competencies to address the issue

These criteria were applied by raters from the St. Joseph Hospital Eureka and Redwood Memorial Hospital Health Needs Assessment Prioritization Working Group to all identified health needs.

Step 3 Criteria

Criteria	Criteria Definition	Responses		
Step 3		**Yes**		**No**
Relevance to Mission of St. Joseph Health	Is this area relevant or aligned with the Mission of St. Joseph Health?	Proceed to the next set of criteria		No further consideration of this health problem is necessary
Adheres to ERD's	Does this area adhere to the Catholic Ethical and Religious Directives?	Proceed to the next set of criteria		No further consideration of this health problem is necessary

These criteria were applied by the St. Joseph Hospital Eureka and Redwood Memorial Hospital Community Benefit Lead to all identified health needs.

Appendix 6: Ministry Community Benefit Committee

Name	Title	Affiliation or Organization
Becky Giacomini	CB Committee Chair & Trustee	St. Joseph Hospital, Community Member
Dennis Leonardi	Chair, Board of Trustees	St. Joseph Hospital, Community Member
Sr. Lisa Turay	Trustee, CSJ, LPCC	St. Joseph Hospital, Sister of St. Joseph of Orange
Sara Dronkers	Community Member	Humboldt Area Foundation
Mike Newman	Community Member	Shaw & Peterson Insurance
Laurie Watson-Stone	VP Ancillary and Support Services	St. Joseph Hospital
Chris Martinek	Community Member	Humboldt State University, Sociology Department
Martha Shanahan	Area Director, Community Benefit	St. Joseph Hospital
Heather Kelly	Supervisor, Community Benefit	St. Joseph Hospital
Joy Victorine	Manager, Care Transitions	St. Joseph Hospital
Lara Weiss	Community Member	Deputy Director, Public Health
Julie Mulvey	VP Mission Integration	St. Joseph Hospital