



ST. JOSEPH HEALTH, ST. JOSEPH HOSPITAL EUREKA  
FY 12 - FY 14 COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY

St. Joseph Health   
St. Joseph Hospital

**St. Joseph Health, St. Joseph Hospital Eureka  
FY 12 – FY 14 Community Benefit Plan/ Implementation Strategy**

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## **EXECUTIVE SUMMARY**

St. Joseph Health, St. Joseph Hospital Eureka partnered with St. Joseph Health, Redwood Memorial to complete a Needs Assessment in 2011. The needs assessment followed the same process used in 6 prior assessments, organizing and summarizing existing secondary documents and primary data collected from a broad spectrum of community resources and citizens. The four priority focus areas for the Community Benefit Plan were selected from the data collected and evaluated by the full Community Benefit Committee. The assessment showed the community members continue to be concerned about food insecurity, access to care both medical and mental health resources, and the difficulty accessing health education and resources in the outlying areas of this large county. Other areas of need were evaluated by the Committee but were not selected for projects led by SJH, SJE for reasons that included other organizations were better suited to address the issue, another organization had taken the lead for the issue, lack of resources to adequately address all needs of such a low income county and the issue is outside the scope of the ministry's mission.

St. Joseph Health, St. Joseph Hospital Eureka anticipates the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2012 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospital in the CB Plan/Implementation Strategy.

Humboldt County has an estimated 134,761 citizens living in an area covering 3,568 miles. There are 37.7 persons per square mile compared to a 239 persons per square mile average for all of California. The county is the size of Rhode Island and the population is not consistently spread over the region. Eureka, the county seat and the home of SJH-E, has almost 20% of the total population, and over 44% live on the 101 coastal corridor of Eureka, Arcata and Fortuna.

When selecting the priorities and how they will be addressed it is important to understand the community itself. The data provided by the 2011 assessment provides one picture but the understanding of the isolation, the weather, the road conditions, the poverty rates of the area is needed to complete it. In July of 2012, the county unemployment rate was 10.8 %, again not consistently divided in the community. The highest unemployment rate is in the community of Rio Dell (17.4%) and the lowest rate in Ferndale (2.2%). Fuel prices continue to be the highest in the State with prices in August fluctuating from \$4.29 to \$4.79 per gallon. This cost places even more difficulties on people living in regions such as Rio Dell and Willow Creek (unemployment rate of 7.6%) who often need to travel to the coastal regions to work. The US Census Bureau reports that 17.7% of all of Humboldt County citizens are living below the poverty level with the median household income at \$40,089 compared to the State average of \$60,883. With unemployment and high fuel prices, transportation is a constant financial drain on citizens.

For children living below the poverty level, the statistics are even more telling. In Humboldt County, 52.6% of all school aged children were eligible for free and reduced lunch in 2010, compared to 47.2 % in 2007, an 11% increase. Statistics also showed that 60.4% of all students attending school in Eureka were eligible, as well as 47.9% in Arcata. The numbers fluctuate from community to community as do the resources needed to address them.

The secondary service areas of Del Norte, Mendocino and Trinity counties have even higher rates of poverty and unemployment, continuing to put a strain on SJE as the full service acute care hospital for the area. The US Census Bureau reports the poverty rate for Del Norte County is 22%, for Mendocino 17.1% and for Trinity County 15.1%. The data for free and reduced lunches reports that 69.7% of students in the Del Norte Unified School District are eligible, 61% of the students in the Trinity County district and 69.4% in the Mendocino County school district.

## ***FY 12-FY 14 CB PLAN/IMPLEMENTATION STRATEGY***

The assets of these communities are also very important in setting the priorities for the community benefit plan as SJE realizes that no one entity can address such far reaching needs without the assistance of partnerships. Partnerships are one of the primary strengths of the entire SJE region with partnerships crossing into all the counties that serve as the primary and secondary delivery areas for the hospital. These partnerships include the California Endowment, Robert Wood Johnson, the Independent Physician Association, California Center for Rural Policy, the Food Policy Council, Open Door Community Health Centers, county school districts as well as small, local school districts, St. Joseph Health, Redwood Memorial, American Cancer Society, the Humboldt Area Foundation and the Del Norte Wild Rivers Foundation – the list is only a small portion of the organizations that come together to collectively address the health care needs of the residents of the counties we all serve.

## MISSION, VISION AND VALUES

### **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.*

## INTRODUCTION – WHO WE ARE AND WHY WE EXIST

St. Joseph Health began with the vision of nine teaching Sisters who responded to the 1918 flu epidemic by going out into the homes to minister to the Humboldt County citizens stricken with the disease. The Sisters had arrived in Humboldt County in June of 1912, responding to the request of the Bishop to assist him in ministering to the citizens in the county. They arrived from Illinois with a few coins and a desire to begin a school to educate the children in the community. The Sisters opened their first school in Eureka in August 1912, as Eureka was the largest town in the rural isolation of Humboldt County, a county where the only access to the larger cities to the south was by steam ship. The Sisters taught at the school until the flu epidemic when they responded to the request of the city founders to go into the homes and care for the sick. The flu epidemic brought attention to the lack of health care in this rural region of California and the Sisters responded accordingly. In 1920, they opened the first St. Joseph Hospital to begin what would become St. Joseph Health. The hospital had sat empty during World War I and the Sisters spent months preparing it to once more serve the needs of the community for quality health care. The Sisters commitment to the health care needs of Humboldt County continues today in their ongoing mission to bring people together to provide compassionate care, promote health improvement and create healthy communities.

St. Joseph Health, St. Joseph Hospital Eureka (SJE) continues to meet the needs of the most vulnerable in the community with a full service acute care hospital. The hospital is one of the most advanced in Northern California and is the leader in providing health care on the North Coast. SJE's services include open heart surgery, interventional cardiology, total joint replacements, complex eye surgery, pediatric care, a full range of women's and children's services and urgent care. SJE offers comprehensive oncology care through an accredited cancer program, as well as Emergency Medicine Board certified physicians for the hospital's full service emergency room. The hospital provides the community with both an outpatient surgery and an outpatient imaging center. All services will be greatly enhanced on 11/11/12 when the new patient tower will be open to patient care.

The General Hospital campus is located a few blocks from the St. Joseph Hospital and offers the community a medical rehabilitation center, occupational medicine, outpatient laboratory services, a sleep disorder clinic and outpatient rehabilitation services. The campus also houses many of the support services needed by the main campus including patient revenue cycle services, clinical education, information technology, the SJE Foundation, Paso a Paso, and Healthy Kids Humboldt.

SJE provides care to all residents of Humboldt County and is a county with high rates of patients with disproportionate unmet health care needs. The SJE community benefit activities and priorities address the needs of the most isolated, underserved areas of the county and of the populations living in the county. The activities include addressing the unmet mental health needs of the growing numbers of Latino families,

addressing the continuing health care needs of the homeless and most vulnerable, providing food assistance to families facing food insecurity and providing outreach and education on the value of health screening and early prevention.

## **ORGANIZATIONAL COMMITMENT**

### **Community Benefit Governance and Management Structure**

St. Joseph Health, St. Joseph Hospital Eureka has a Board of Trustees that designates a Community Benefit Committee (CBC) to guide in the planning, development, implementation and evaluation of community benefit activities. The committee is chaired by a Trustee and contains members of the SJE executive management team, community benefit staff, a representative from the hospital's finance department and community partners. The committee has Board approved by-laws, charter and policies defining their work. The BOT receives a monthly written report on Community Benefit activities and programs and verbal reports from the Trustee committee chair, who carries forward to the full board the recommendations for programs, initiatives and funding that have been approved by the CBC.

The Vice President of Mission Integration is a member of the Community Benefit Committee and is the representative between the Committee and the Executive Management Team. The Vice – President provides the committee with support from management and assures the Community Benefit plan is in alignment with the strategic goals of St. Joseph Health. The Community Benefit lead is a member of the committee and is an active participant on the Area Management Team, a team that reviews and supports the strategic plan.

SJH, SJE is committed to the assessment of community needs and to planning, implementing, evaluating and reporting community benefit activities that are responsive to community interests and needs. The commitment is an effort to ensure the core principles that guide community benefit efforts are evaluated in relation to decisions on program content, program budget, program targets, the evaluation of programs to determine continuation or termination of content and continual monitoring of outcomes. The principles to guide decision making are (1) an emphasis on disproportionate unmet health related needs (DUHN), (2) emphasis on prevention (primary, secondary, or tertiary), (3) build a seamless continuum of care, (4) build community capacity and (5) emphasis on collaborative government.

SJH, SJE commits 10% of net income (Care for the Poor (CFP)) for services for the most vulnerable to contributions to the SJHS Foundation. The funds are dedicated so that 75% of the 10% is returned to SJH, RMH for local projects and 25% remains with the SJH Foundation to be dedicated to providing funds for Wellness and Prevention grants, disaster relief and grants for community building.

SJH, SJE commits all local SJH Foundation grants to our community partners and does not apply for funds for internal SJH programs. SJH, SJE Care for the Poor funds are committed 75% for internal programs for the poor and 25% to community partners through a grant process monitored and approved by the Community Benefit Committee and the Board of Trustees. The Community Benefit Committee sets the criteria each year for the CFP local grants to assure that the funds are used for initiatives and programs that meet the principles outlined above.

## **PLANNING FOR THE UNINSURED AND UNINSURED**

St. Joseph Health, St. Joseph Hospital Eureka serves all persons in need and, as values based SJH hospital, strives to provide healthcare services within an environment of dignity, respect and compassion. Providing patients in need with financial assistance to pay their SJH, SJE hospital bills to ensure access to needed healthcare is an essential element of fulfilling the mission. The policy has been clarified in the Financial Assistance Program.

The Financial Assistance Policy/Program exceeds current legal obligations and provides full charity care of charity care discounts to patients who financially qualify under the terms and conditions of the policy. Charity care for the policy is defined as any medically necessary inpatient/outpatient hospital service provided to a patient whose responsible party has an income below 200% of the current federal poverty level and who meets the requirements of the policy. The discount payment through the policy is defined as partial charity care which results from any medically necessary inpatient/outpatient hospital service provided to a patient who is uninsured or underinsured and whose responsible party (1) desires assistance with paying their hospital bill, (2) has an income at or below 500% of the federal poverty level and (3) meets the requirements of the SJHS Financial Assistance Policy.

All SJH, SJE registration staff is educated on the importance of providing patients with the Financial Assistance Policy information. The policy is reviewed and updated in accordance to guidelines in place for all SJH policies and all changes and updated information for the Financial Assistance Policy is provided to all appropriate staff at staff meetings and in-services.

The public is informed of the Financial Assistance Policy through posted notices at SJH, SJE. The notices are posted in high volume inpatient and outpatient service areas of the hospital including but not limited to the emergency department, billing office, inpatient admission and outpatient registration areas or other common patient waiting areas of the hospitals. Notices are posted at any location where patients pay bills and the notices include information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance. These notices are posted in English and Spanish SJH, SJE.

A patient information brochure is made available to patients and members of the general public, explaining the features of the Financial Assistance Program. In services for physician front office staff are held and in service training on how to access the Financial Assistance Program for eligible patients is given.

## **COMMUNITY**

### **DEFINITION OF THE COMMUNITY BENEFIT SERVICE AREA**

The 2011 population of Humboldt County is estimated to be 131,393 citizens. The county covers 3,572 square miles, with 80% of the land designated to state and national parks and privately owned timber land. The county has an overall population density of 35.2 persons per square mile, compared to the rural definition of 52 people per square mile and the State average of 217.2. The area is rich in natural resources, recreational activities, and unique architecture but poor in a stable economic base. The county was founded on fishing, farming and logging but each year becomes more dependent on tourism as the most important economic driver.

The population density is not consistent over the geological regions of the county, with a few communities showing a density of over 50 citizens per square mile, while others have less than 10. The differences in the population density, as well as the physical isolation of the most rural citizens, provide a picture of the diversity of the needs of the area. The 18-44 age group is the largest at almost 40% and the over 65 age group is the fastest growing with an expected 16.5% growth over the next five years.

The population center, Eureka, the county seat, is located 272 miles north of San Francisco, 309 miles east of Sacramento and 466 miles south of Portland. Eureka is the commercial, cultural, social and health care access hub of California's North Coast. The city is bordered on the west by Humboldt Bay, the largest deep water port on California's North Coast. The port remains undeveloped and attempts to expand services are met with opposition from the area's large environmentalist/no growth population.

The rugged mountains, forests, and adverse weather conditions between Humboldt County and major cities, geographically isolate the county from other coastal communities and services. Eureka provides the goods and services to neighboring areas and hosts more amenities and services than would normally be expected in a city of its size.

The major highway transportation access is Highway 101, which runs through the county, connecting it from the northern border of Mendocino County, to the southern border of Del Norte County. The three most populous communities of the region are located along this 101 corridor, including the communities of Eureka (26,247), Arcata (17,547) and Fortuna (11,355). The three communities comprise over 43% of the County's total population and are within 20 miles of each other. The county also has a very large percentage of unincorporated bedroom communities, with McKinleyville (13,831), the largest. Eureka itself is bordered by the unincorporated areas of Cutten and Humboldt Hill that do not contribute to the tax base, but contribute to the police, fire and service needs of the City.

The remainder of the population lives in small, unincorporated communities with populations of 3,200 or less or in true isolation in rugged mountainous regions. Almost 55% of the County's total population resides in these communities. Inconsistent transportation is a major issue with no bus transportation between communities making access to the medical, dental and community services extremely difficult for the more isolated regions. Weather plays a factor in access as well, with some areas of the county having in excess of 100 inches of rain a year, and others isolated from support services due to road closures from snow, ice and forest fires. Fuel prices for the region have been consistently above the national average, hovering nearly \$5.00 a gallon at the high point in 2008, before decreasing to today's range of \$3.90 to \$4.30 per gallon. Humboldt County is consistently ranked near the top of all California for fuel costs by surveys done by the American Automobile Association.

Humboldt County is ranked 47<sup>th</sup> of the 58 counties in the state for residential real estate growth. The median home price in June 2010 was nearly \$241,250 and the average rent was \$1,234 per month. Unemployment rates for the month were historically high at 11.3%, with new claims for unemployment insurance growing monthly. A high percentage of the population is employed by three major economic players – Humboldt County itself, Humboldt State University, and St. Joseph Health. The fourth large employer, Pacific Lumber Company declared bankruptcy in early 2008 and in July of 2008, assets of the company – including the company owned community of Scotia – were sold to the newly formed Humboldt Redwood Company. The new company is establishing an economic presence in the county how they will provide jobs for the many employees or the fate of the last 'company town' in the county.

Humboldt County has a relatively high all-cause, age adjusted death rate as compared to other counties within the state. The county expects 645 new cancer cases a year, with breast, prostate, lung, colon and rectum cancers accounting for 38% of all projected new cases. Although there are these high rates of illness, there has been a decline in the percent of eligible persons covered by health insurance with a cumulative loss of 9% of covered persons since 2000. The greatest percentage of decline is in commercial insurance and this loss is largely driven by unemployment trends. The economic growth industry, tourism, is noted to have seasonal, low income, jobs with little or no benefits. The majority of the four county regions of Del Norte, Mendocino, Trinity and Humboldt is designated as health professional shortage areas for primary care and dental care. Del Norte, Humboldt and Trinity counties are also designated as mental health professional shortage areas.



The Humboldt County school systems are one of the major sources of meals for the area's children. The county ranks 56<sup>th</sup> out of California's 58 counties in the percentage of eligible children who participate in the free and reduced national school lunch program – only 5,566 children receive the meals, with 3,854 or 41% of those eligible not participating. Of the children accepting lunch, only 51% or 2,678 also eat the offered breakfast, leaving 52% not eating a meal until lunch. The percentages of eligible children for the free and reduced meals differs from community to community – Loleta schools have 85.3% qualified students, Rio Dell 74.2% and Garfield school has the least at 10.3%. There is also the differences in the numbers of children that actually use the program by school district – Loleta has a 86.9% of qualifying students using the service, Rio Dell has 82.6% and Garfield only 33.3%. (CCRP study 2010)

The statistics are even worse in the summer when 85% of the children eligible for the programs at school do not receive any assistance from the summer lunch programs. Due to the rural nature of the county, the schools are often the primary community gathering place but unfortunately, they are not readily accessible to the children when the school buses are not available for transportation. In the most isolated regions of the county, the students spend one to three hours on the school bus to travel to and from home. This does not allow them the ability to participate in after school activities or receive assistance during the summer when summer lunch activities are offered.

St Joseph Health considers all of Humboldt County to be the primary service area for the ministries. The secondary service areas reach into Del Norte, Mendocino and Trinity counties. All three of these counties are low income, isolated, rural counties with poverty rates higher than Humboldt. The primary and secondary service areas have a predominately white, non-Hispanic population comprising 79.5% of the total population. The Hispanic population is growing slowly with the impact on the health care delivery system greater than the impact of this growth on the general community. The Hispanic population lives in the smaller communities of the county, impacting the smaller, less equipped schools and town's services. With little public transportation, the smaller towns have decreased access to services available only in the larger communities of Eureka, Fortuna and Arcata, placing a burden on the lower income Hispanics to provide adequately for their families basic needs.

SJH, St. Joseph Hospital Eureka's Community Benefit Service Area (CBSA) focuses on the most vulnerable members of our community and it is comprised of key communities and zip codes where health disparities and socioeconomic indicators demonstrate the highest need and significant barriers to health care access.

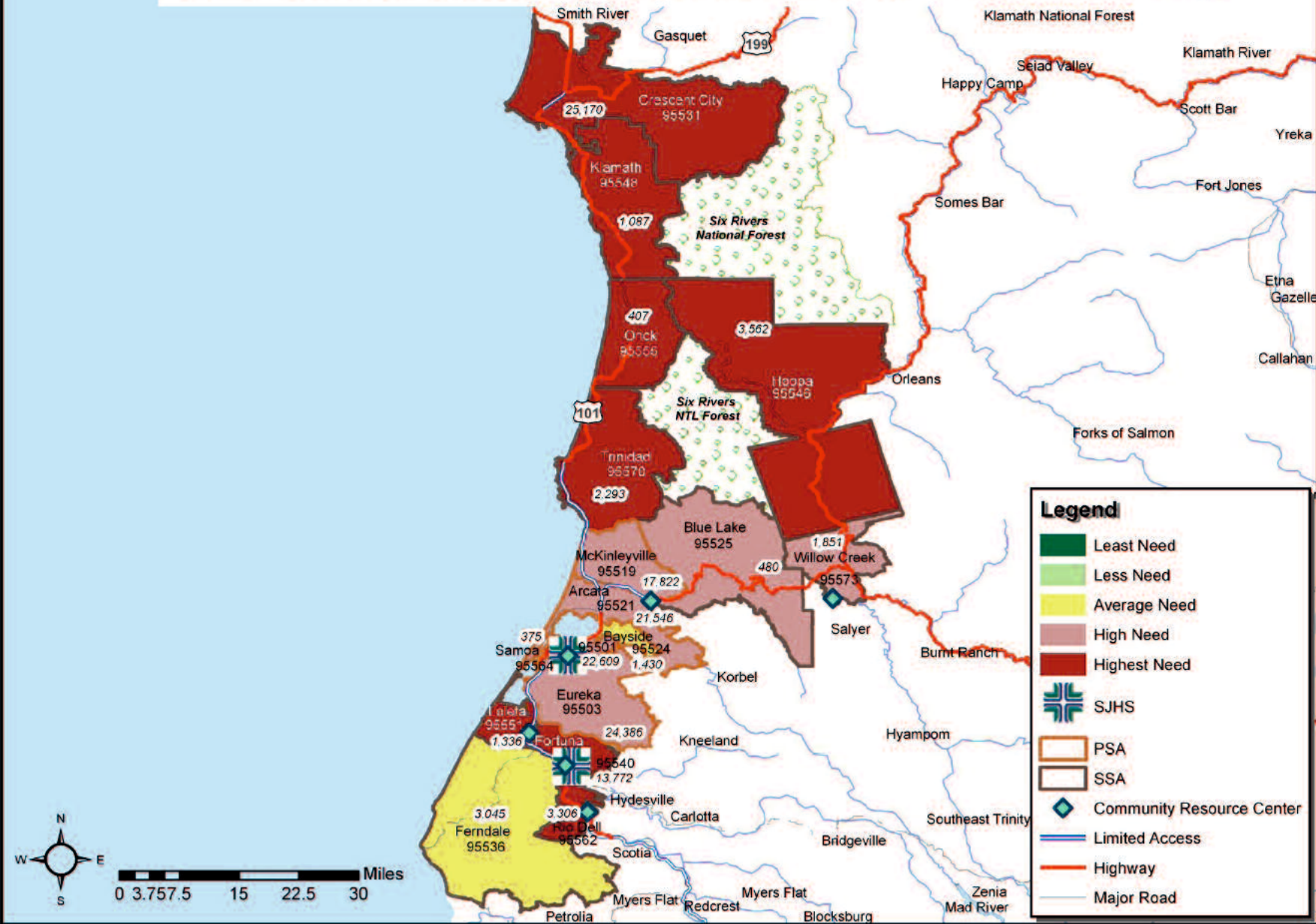
Community Benefit is characterized as programs or activities that promote health and healing in response to identified community needs. In order to accurately define community need, we are using two tools provided by St. Joseph Health. The Community Need Index (CNI) was developed by Dignity Health and Solucient (an information products company). CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers). Barriers include: Income; elder poverty, child poverty and single parent poverty; Culture, non-Caucasian limited English; Education, % population without HS diploma; Insurance, unemployed and uninsured; and Housing, renting percentage.

CNI demonstrates need at the zip-code level where each zip is assigned a score from 1 (low need) to 5 (high need) for each barrier. For barriers with more than one measure, the average of the measures is used as the barrier score. Once each zip code is assigned a score from 1 to 5 for each of the five barriers, the average score is calculated to yield the CNI.

#### Color-Coded Maps

- **Red- Highest Need (CNI scores: 4.2-5)**
- **Pink- High Need (CNI scores: 3.4-4.1)**
- **Yellow- Average Need (CNI scores: 2.6-3.3)**
- **Light Green- Less Need (CNI Scores: 1.8-2.5)**
- **Dark Green- Least Need (CNI Scores: 1-1.7)**

# SJE/RMH Community Benefit Service Area Need



Source: Community Need Index, Catholic Healthcare West, 2011

Prepared by the St. Joseph Health System Community Health Department

## COMMUNITY NEEDS & ASSETS ASSESSMENT PROCESS AND RESULTS

### Summary of Community Needs and Assets Assessment Process and Results

This Community Needs Assessment was developed to organize and summarize existing secondary documents and primary data collected from a broad spectrum of community resources and citizens of Humboldt County. This is the sixth needs assessment document compiled in this manner by St. Joseph Health, St. Joseph Hospital Eureka using local, State and Federal information to compare key trends.

The ultimate goal is to provide a tool for the community that shows the priority areas of concern across the continuum of delivery systems. How do the non-profits determine their priorities? What are the priorities? What do the citizens of Humboldt County say are the most compelling needs they have each day?

The Community Needs Assessment is a tool to assist grant writers, economic developers, community organizations and the non-profit community in identifying areas that citizens across the county identify as important to them. The assessment does not draw conclusions but is a resource tool for the reader to provide insight into the needs of our community.

#### Process:

A call was put out to community partners requesting a sharing of documents completed since the last assessment in 2008, both in written reports and reports of citizen input through surveys and one on one conversation.

A review of data from the California Center for Rural Policy was also an integral part of this assessment as their work includes studies and reports on many issues that face Humboldt County. Their data has strengthened the data reported in this assessment.

The thirteen areas and the definitions used for each are:

1. **Community Support:** an end to prejudice and discrimination; cultural sensitivity; a sense of community; a place to share experiences; freedom from harassment
2. **Jobs & Training:** training of the unemployed to assist with the transition from jobs of the past to jobs of the future
3. **Affordable/Accessible Housing:** safe and accessible housing that the majority of the people in the county can afford to rent or purchase and for which appropriate utilities are available and affordable
4. **Transportation:** solutions to the real and perceived shortage of public transportation into, out of and throughout Humboldt County
5. **Recreational/Social Opportunities:** affordable activities for all ages of the community – youth, young adults, families and senior citizens
6. **Substance abuse treatment programs:** the availability of treatment programs for all locations and for all people in need in the county

7. **Mental Health Services:** access to mental health services for all ages of the county and all socio-economic populations
8. **Life Skills:** ability for all to provide or to learn skills ranging from appropriate personal grooming to financial management, from personal self-esteem to responsible parenting, from routine household maintenance to meal preparation/access to food
9. **Medical Care:** the provision of affordable, accessible medical care for all citizens that will bring the county health statistics closer to appropriate goals and outcomes
10. **Dental Care:** access to dental care and oral hygiene education
11. **Coordinated information and referral:** coordination between services providers for seniors, parents and youth to use when information and referrals are needed
12. **Care Giving:** trained individuals who can provide relief for the primary care givers for child care, care of the physically or mentally ill and/or care of the elderly
13. **Personal Safety:** the ability to feel safe at home and in the community

## **Cross Walk**

From each of the 49 documents, studies and reports collected, priorities identified as important were compiled and placed on a cross walk. The cross walk provides a visual view of areas of importance as identified within the reviewed documents. The cross walk compared the thirteen areas of community needs called out in prior needs assessments as areas of focus.

The review showed that the primary areas of concern for the information gathered were for medical care, life skills, affordable housing, job training and mental health services. This information was shared with our community partners, including the Public Health Department, California Center for Rural Policy, the Serenity Inn, Food for People and the North Coast Funders Network. All of these partners rely on SJH, RMH Needs Assessment as a document to assist them in addressing the unmet community needs through partnerships and collaboration. Completed copies of the assessment are shared with the community and it is published in its entirety on the Redwood Memorial Hospital web site.

**CROSS WALK**

General Population	Medical Care	Life Skills	Affordable, Accessible Housing	Coordinated Info. & Referral	Jobs & Training	Mental Health Services	Personal Safety	Recreational/Social Opportunities	Community Support	Dental Care	Transportation	Caregiving	Substance Abuse Education/Program
<b>TOTAL</b>	<b>32</b>	<b>28</b>	<b>15</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>9</b>
Summary #1	X		X	X								X	
Summary #2	X	X											
Summary #3	X	X	X	X	X	X	X						X
Summary #4	X	X	X	X	X	X							
Summary #5			X			X							
Summary #6	X		X	X	X	X		X	X				
Summary #7					X							X	
Summary #8		X					X						X
Summary #9			X		X								
Summary #10	X	X	X	X	X	X	X	X	X	X	X	X	X
Summary #11		X	X				X						X
Summary #12	X	X		X	X					X		X	
Summary #13		X							X			X	
Summary #14	X			X			X						
Summary #15		X		X									
Summary #16	X					X				X			
Summary #17	X	X	X	X			X	X	X		X	X	
Summary #18		X											
Summary #19		X	X										
Summary #20	X	X		X				X	X		X		
Summary #21	X	X						X	X		X		
Summary #22	X	X	X	X	X	X	X	X	X		X		
Summary #23	X	X						X			X		
Summary #24	X	X								X			
Summary #25	X	X											
Summary #26	X		X	X		X				X			X
Summary #27			X			X	X						X
Summary #28	X	X						X	X				
Summary #29	X												
Summary #30	X					X							
Summary #31	X	X	X				X	X					
Summary #32	X												
Summary #33	X	X				X	X			X			X
Summary #34	X									X			
Summary #35					X								
Summary #36										X			
Summary #37								X	X				
Summary #38	X				X	X			X		X		
Summary #39		X											X
Summary #40	X	X						X					
Summary #41	X	X			X		X	X	X	X			X
Summary #42	X	X			X	X					X		
Summary #43	X	X										X	
Summary #44				X			X						
Summary #45												X	
Summary #46	X		X		X					X	X		
Summary #47	X	X										X	
Summary #48											X		
Summary #49	X	X											
<b>TOTAL</b>	<b>32</b>	<b>28</b>	<b>15</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>9</b>

## Identification and Selection of Disproportionate Unmet Health Need (DUHN) Communities

### DUHN Group and Key Community Needs and Assets Summary Table

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Low income individuals who do not have access to appropriate housing and community based health care	Access to community based health care	Strong coordination between organizations and systems working to address needs
Hispanic population of Humboldt County	Access to culturally appropriate mental and behavioral health resources	Strong connection to church, school and hospitals
Households with incomes below the federal poverty level with children living in the home	Access to affordable, nutritious food	County –wide community and program support through Food for People, local food pantries and the Food Policy Council
Low income geographically isolated individuals without coverage for prevention and treatment services	Access to information and education on prevention and treatment	Effective prevention and treatment community partnerships

### Priority Community Health Needs

The following Figure describes the Health Needs identified through the SJH, St. Joseph Hospital Eureka CHNA. Those needs that the hospital does not plan to address are noted<sup>1</sup>.

**Figure 1.**

Health Needs Identified through CHNA	Plan to Address
Community Support (address discrimination, cultural sensitivity)	Yes
Jobs and Training	Yes
Affordable and Accessible Housing	No
Transportation	Yes
Recreational/Social Opportunities	Yes
Substance Abuse Treatment Programs	No
Mental Health Services	Yes
Life Skills	Yes
Medical Care	Yes
Dental Care	No
Coordinated Information and Referral	Yes
Caregiving	No
Personal Safety	No

<sup>1</sup> A number of community health needs are already addressed by other organizations and will not be addressed in the implementation plan report.

The following health needs will not be addressed directly through a St. Joseph Health, St. Joseph Hospital Eureka initiative or program because they are already addressed by local non-profit organizations that have the resources and expertise: Affordable accessible housing, Substance Abuse treatment, Dental Care, Caregiving, and Personal Safety.

St. Joseph Health, St. Joseph Hospital Eureka will collaborate with local organizations that address aforementioned community needs, to coordinate care and referral and address these unmet needs.

## **COMMUNITY BENEFIT PLANNING PROCESS**

### **Summary of Community Benefit Planning Process**

The Community Benefit Committee of St. Joseph Health, St. Joseph Hospital Eureka reviewed the Needs Assessment. The document provided the committee an overview of the perceptions of the community members and non-profit organizations on the highest areas of concern. The committee evaluated these perceptions on multiple criteria including the importance of the need to the community members, the scope and extent of the problem, the available community and SJH, SJE resources to address the problem, how addressing the problem aligns with SJH, SJE mission and strategic plan, and how addressing the problem decreases the charity costs by improving health status for the population served. The committee discussed the areas of concern and reviewed how they could be addressed, with discussions on more specific concerns that made the particular problem appear to be one of the most important. For example, the only Spanish speaking counselor recently resigned, bringing the need to develop mental and behavioral health resources for this population to a community crisis level. The committee also reviewed how community partners were addressing issues, selecting initiatives that would be lead by SJH, SJE as those issues with no defined leadership from other entities. For example, the low income individuals without appropriate housing have their housing issues addressed by the Homeless Housing Coalition and other community-wide collaborations.

Using the above process, the Community Benefit Committee selected the four major initiatives to be addressed for the FY 12- FY 14 ministry Community Benefit Plan. Each initiative was then evaluated to assure the presence of a clearly defined target population and a process that would effectively result in improved health care status for this population. The tools and resources available from SJH, SJE to complete the initiatives, including the staff and financial resources, were evaluated, as well as the expertise of staff to meet the initiatives objectives. Community partners were contacted to determine their willingness/ability to assist in addressing the objectives and their commitment to partnering with SJH, SJE to do so was obtained. Community partners and SJH, SJE programs agreed to continually evaluate the processes selected and to make improvements as needed to be successful.

**Addressing the Needs of the Community:  
FY 12 – FY 14 Key Community Benefit Initiatives**

**Initiative Name: Access to Education and Health Screenings**

**Description:** Humboldt County is divided into separate communities due to geography, poverty and language barriers. Health screenings and educational activities are primarily available in the larger communities. This education/health screenings will be targeted to the low income families, the Latino population and the elderly living in the isolated areas who have a high rate of poverty and low access to services – taking education and screening to the areas of isolation.

**Goal:** Increase access to cancer preventative awareness and treatment services

**Community Partners:** American Cancer Society, Physicians, Cancer Program, Paso a Paso, SJH, RMH Community Resource Centers, Evergreen Lodge, Public Health, Latino Net, Breast Health Project, SJH, Redwood Memorial Hospital

**Outcome Measure:** Number of prevention education activities and free screenings offered to low income

**Scope:** Low income geographically isolated individuals without coverage for prevention and treatment services

**Strategy 1:** Develop partnerships

**Strategy Measure 1:** Number of partnerships developed

**Strategy 2:** Provide education to the community on importance of cancer screenings and early detection

**Strategy Measure 2:** Number of individuals receiving education

**Strategy 3:** Provide resources to patients/families on cancer prevention/screenings

**Strategy Measure 3:** Percent of individual's completing smoking cessation classes/percent who quit smoking

**Strategy 3:** Referrals to doctors for abnormal results

**Strategy Measures 3:** Number of people referred to treatment



**Addressing the Needs of the Community:  
FY 12 – FY 14 Key Community Benefit Initiatives**

**Initiative Name: Mental health resources for the Latino community**

**Description:** The growing Latino population in Humboldt County does not have access to the most basic of mental health care in their own language. There are no Spanish speaking counselors and the primary source of support for the population is the staff of RMH who provides outreach to this population. The staff reports the lack of mental health services directly impact the ability of the Latino families to provide care for their families. The mental/behavioral health service infrastructure will provide support for a population that is totally underserved and isolated from resources not only by the geography of the County but also by language through increased Spanish speaking counselors, access through tele-health to out of area resources and provision of funding to local programs who can increase provide additional mental health services.

**Goal:** Build a mental/behavioral health service infrastructure for the low income Latino populations of Humboldt County

**Community Partners:** Latino Net, North Coast Clinics Network, Paso a Paso, Public Health, SJH,RMH Loleta Community Resource Center, Mobile Medical Office, Healthy Kids Humboldt, SJH Redwood Memorial Hospital

**Outcome Measure:** Increase the number of culturally and linguistically appropriate mental and behavioral health resources available for the low income Humboldt County Latino populations

**Scope:** The low income Latino population of Humboldt County

**Strategy 1:** Partner with Mobile Medical Office for increased training of promotoras on mental and behavioral health interventions

**Strategy Measure 1:** Number of trained Promotoras

**Strategy 2:** Place tele-health equipment at 4 SJE sites

**Strategy Measure 2:** Tele-health connectivity to Spanish speaking mental and behavioral health counselors in place by spring 2012.

**Strategy 3:** Provide education on the use of the equipment

**Strategy Measure 3:** Participants will show increased awareness of mental and behavioral health services on post test

**Addressing the Needs of the Community:  
FY 12 – FY 14 Key Community Benefit Initiatives**

**Initiative Name: Food Security in Humboldt County**

**Description:** Humboldt County has over 42% of the population reporting that they are food insecure and yet there are food pantries, food stamp programs, free and reduced lunch programs – all being under used. A survey will be given to families and single mothers to determine why they are not using the resources and what can be done to improve their access to affordable, nutritious food for their families, a plan written to improve the problems and tracking done to monitor progress.

**Goal:** Improve the food security of low income single women with children under the age of 18

**Community Partners:** California Center for Rural Policy, Food for People/Pantries, WIC, SJH, RMH Community Resource Centers, Humboldt Food Policy Council, Humboldt Communities for Activity and Nutrition, Paso a Paso, Healthy Kids Humboldt

**Outcome Measure:** Percent of low income single mothers with children under the age of 18 reporting food insecurity out of total mothers reporting

**Scope:** Single woman with children under the age of 18

**Strategy 1:** Survey low income food insecure families

**Strategy Measure 1:** Survey tool developed

**Strategy 2:** Coordination among organizations working with target population

**Strategy Measure 2:** Number of surveys, one on one interviews completed.

**Strategy 3:** Tabulate/disseminate recommendations from survey to key organizations, agencies and policy makers

**Strategy Measure 3:** White paper of results written and disseminated to key partners

**Strategy 4:** Develop plan for improved use of services to decrease food insecurity

**Strategy Measure 4:** Plan written

**Strategy 5:** Implement plan

**Strategy Measure 5:** Implementation/delivery of plan steps

**Addressing the Needs of the Community:  
FY 12 – FY 14 Key Community Benefit Initiatives**

**Initiative Name: Access to Care**

**Description:** Access to Care will address the continuing high use of the Emergency Room by the homeless population of Humboldt County through provision of care by a team of social works and nurses. In 2009, there were 213 CSMP hospital inpatient days for 176 patients and 1,954 emergency room visits by 915 patients. One CSMP patient spent 56 days as an inpatient and for 40 others; the average length of stay was 14.8 days. By providing additional outpatient services case management, the CSMP population will receive the care they require without over utilizing more costly hospital services.

**Goal:** Reduce inappropriate readmits to SJH, St. Joseph Hospital Eureka ER and Urgent Care for patients of Care Transition Team and Eureka Community Resource Center

**Community Partners:** SJH, RMH Community Resource Centers, Serenity Inn, Healing Ring, North Coast Clinics Network, Homeless Court, St. Vincent de Paul, Care Transition Team, Mobile Medical Office

**Outcome Measure:** Increase avoidable bed days for patients of Care Transition Team and Eureka Community Resource Center

**Scope:** Homeless persons of the SJH, RMH Eureka Community Resource Center

**Strategy 1:** Number of pre-acute care options available in Humboldt County

**Strategy Measure 1:** Number of pre-acute options available in Humboldt County

**Strategy 2:** Increase use of Care Transition Team support services for high users

**Strategy Measure 2:** Number of patients who receive services from the Care Transitions Team

**Strategy 3:** Increase capacity for safe residential options for high users

**Strategy Measure 3:** Number of residential beds available to high users

## **Other Community Benefit Initiatives**

### **Initiative: Nursing Intern Programs for health careers**

**Key Community Partners:** Humboldt State University, College of the Redwoods, Eureka High School, California Center for Rural Policy, Robert Woods Johnson Foundation, Independent Physician Association, Community Health Alliance, Department of Health and Human Services, Humboldt County Office of Education

**Target Population:** Health education intern programs for rural isolated Humboldt County

**Goal:** Access to health education and screenings

**How will we measure success?:** Internships will be available at St. Joseph Hospital Eureka to provide nurses and allied professional access to mentoring and on the job training

**Three Year Target:** Maintain partnerships with local education centers for training for health professionals at SJE during the decrease of health education options in the educational communities.

## Other Community Benefit Initiatives

### Initiative: Physician Trauma Services

**Key Community Partners:** Emergency Medical Providers, primary physician offices, emergency medical transporters, North Coast Community Clinics Network, Open Door Community Health Centers, Healing Ring, Independent Physician Association, Serenity Inn, St. Vincent de Paul, Department of Health and Human Services, St. Joseph Health, Redwood Memorial

**Target Population:** Uninsured/underinsured patients of the emergency room and urgent care departments

**Goal:** Increase access to care

**How will we measure success?:** Avoidable bed days for uninsured/underinsured patients

**Three Year Target:** Reduce inappropriate readmits to SJE ER and Urgent Care for patients

## Other Community Benefit Initiatives

### Initiative: Physician Services

**Key Community Partners:** SJE Hospitalists, primary physician offices, emergency medical transporters, North Coast Community Clinics Network, Open Door Community Health Centers, Healing Ring, Independent Physician Association, Serenity Inn, St. Vincent de Paul, Department of Health and Human Services, St. Joseph Health, Redwood Memorial Hospital

**Target Population:** Uninsured/underinsured patients

**Goal:** Increase access to care

**How will we measure success?:** Avoidable bed days for uninsured/underinsured patients

**Three Year Target:** Reduce inappropriate readmits to SJH, St. Joseph Eureka ER and Urgent Care for patients

## **Other Community Benefit Initiatives**

### **Initiative: Donations of equipment, supplies, food, medications and travel**

**Key Community Partners:** Healing Ring, Serenity Inn, Cloney's Pharmacy, Open Door Community Health Center, Mobile Medical Office, St. Vincent de Paul, Eureka Rescue Mission, North Coast Clinic Network, Betty's Blue Angels, American Cancer Society, Evergreen Lodge, St. Joseph Health, Redwood Memorial

**Target Population:** Rural isolated low income individuals in SJH, SJE target areas

**Goal: How will we measure success?:** Decrease readmissions to outpatient areas of acute care facility

**Three Year Target:** Increase the availability of pre-acute care options in the community

# St. Joseph Health

<http://www.stjhs.org/>

St. Joseph Health (SJH) is an integrated healthcare delivery system providing a broad range of medical services. The system is organized into three regions--Northern California, Southern California, and West Texas/Eastern New Mexico - and consists of 14 acute care hospitals, as well as home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician organizations. The ministries that comprise SJH offer a wide variety of services within each of the three regions. From well-established acute care hospitals to clinics in non-traditional settings like school rooms, SJH is establishing a "continuum of care," that is, a system that links and coordinates an entire spectrum of health services.