

— 2021 - 2023 —

COMMUNITY HEALTH IMPROVEMENT PLAN

St. Joseph Hospital, Eureka

Eureka, California



To provide feedback on this CHIP or obtain a printed copy free of charge, please email Martha Shanahan at Martha.Shanahan@stjoe.org



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EXECUTIVE SUMMARY

Providence continues its Mission of service in Humboldt County through Redwood Memorial Hospital and St. Joseph Hospital, Eureka. St. Joseph Hospital, Eureka is an acute-care hospital with 138 licensed beds, founded in 1920 and located in Eureka, California. St. Joseph Hospital's service area is the entirety of Humboldt County, including 134,707 people.

Redwood Memorial Hospital and St. Joseph Hospital, Eureka dedicate resources to improve the health and quality of life for the communities in Humboldt County, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, the hospitals provided \$23,849,299 in Community Benefit in response to unmet needs.

The Community Health Needs Assessment (CHNA) is an opportunity for St. Joseph Hospital, Eureka to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders and listening sessions with service providers, and hospital utilization data.

Collaborating Organizations

Redwood Memorial Hospital and St. Joseph Hospital, Eureka collaborated to complete the 2021-2023 Community Health Improvement Plan for their shared service area.

Community Health Improvement Plan Priorities

As a result of the findings of our [2020 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, St. Joseph Hospital, Eureka will focus on the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1: MENTAL HEALTH AND SUBSTANCE USE SERVICES

Mental health and substance use are interconnected with many other community needs, including the following: child abuse/neglect, economic insecurity, a lack of opportunities, racism, and discrimination. Residents of Humboldt County experience barriers to accessing needed behavioral health services due to a lack of inpatient care, insufficient psychiatrists and counselors, cost of care, stigma, and transportation.

PRIORITY 2: HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

The lack of affordable, safe housing stock in Humboldt County contributes to individuals with low incomes living unhoused or in overcrowded and unhealthy living conditions. In Humboldt County, there is a lack of available housing along the entire spectrum, particularly permanent-supportive housing. Housing discrimination, a lack of services for people experiencing homelessness, and a lack of support services for people once they are housed also contribute to the housing challenges.

PRIORITY 3: RACISM AND DISCRIMINATION

Racism and historical trauma prevent Black, Brown, Indigenous, and People of Color (BBIPOC) from receiving high-quality, respectful, and responsive health care services and negatively effects mental health. Racism and discrimination contribute to economic insecurity, housing instability, and inequitable educational opportunities.

PRIORITY 4: ACCESS TO HEALTH CARE

There is an overall lack of primary care providers and specialists within Humboldt County. Transportation especially, but also cost of care and hours of appointments, are barriers to care. There is a lack of culturally responsive and linguistically appropriate care for Latino/a and Native American communities, as well as a lack of respectful and competent services for transgender youth.

INTRODUCTION

Who We Are

Our Mission As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

St. Joseph Hospital is an acute-care hospital founded in 1920 and located in Eureka, California. The hospital 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 1,150 and professional relationships with more than 300 local physicians. Major programs and services offered to the community include Level III trauma center and emergency services, maternity and infant care – including the region’s only Level II NICU – cancer program, cardiac care, neurosciences and orthopedics.

St. Joseph Hospital offer a variety of community-based programs that meet the needs of vulnerable populations and focus on health equity, primary prevention, health promotion, and community building.

Our Commitment to Community

St. Joseph Hospital dedicates resources to improve the health and quality of life for the communities we serve. During the most recent fiscal year, our Humboldt County hospitals, Redwood Memorial and St. Joseph, provided \$23,849,299 in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in Humboldt County.

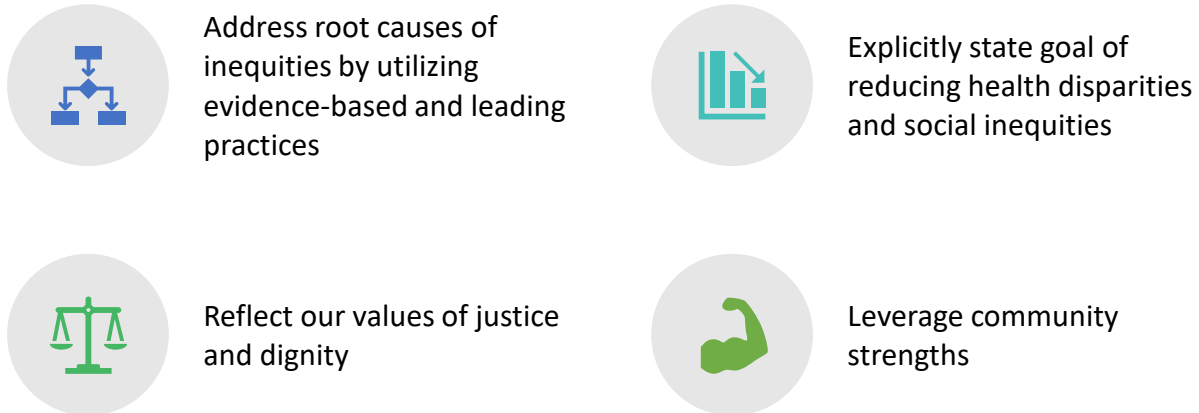
Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

¹ Per federal reporting and guidelines from the Catholic Health Association.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Community Benefit Governance

St. Joseph Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local Humboldt County Director of Community Health Investment are responsible for coordinating implementation of State and Federal 501r requirements.

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Health Investment department at St. Joseph Hospital. The CBC is composed of Providence St. Joseph Hospital community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, and Public Health). The Community Benefit Committee reviewed the data collected in the 2020 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Humboldt County for this 2021-2023 CHIP. The committee also oversees and governs budget, investments, program continuation or discontinuation, populations of focus and community-wide engagement.

Planning for the Uninsured and Underinsured

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 St. Joseph Hospital has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

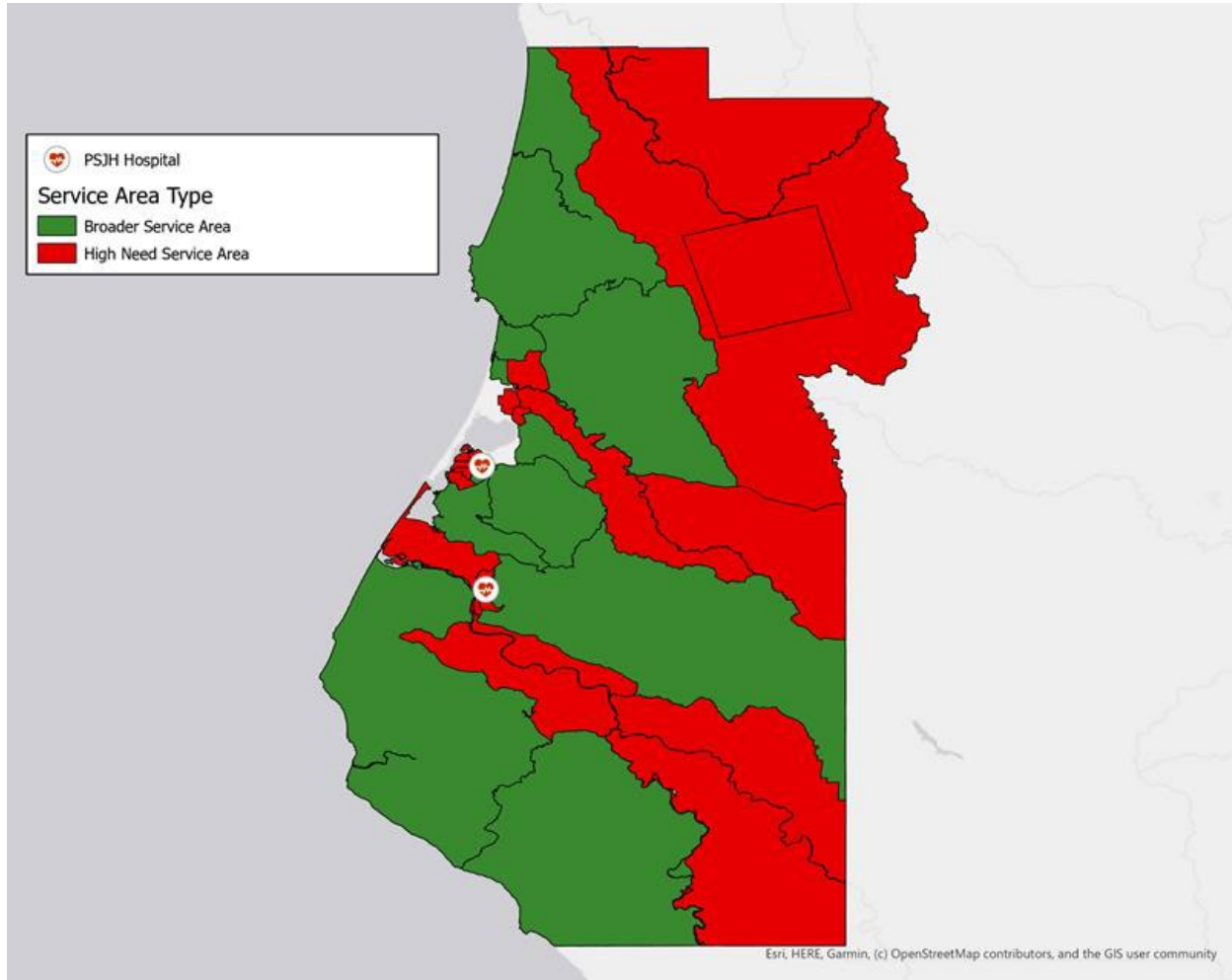
One way St. Joseph Hospital informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information 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. For information on our Financial Assistance Program go to: <https://www.stjosephhealth.org/patients-visitors/billing-payment/>.

OUR COMMUNITY

Description of Community Served

St. Joseph Hospital’s service area is Humboldt County and includes a population of approximately 135,000 people.

Figure 1. Humboldt Service Area



Of the over 134,000 permanent residents of Humboldt County, roughly 59% live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

For the most part, the age distribution is roughly proportional across Humboldt County geographies, with those aged between 18 and 34 slightly more likely to live in a high need area, likely young families and those in and around college towns. Those aged 65-84 are less likely to live in a high need area, perhaps due in part to secondary and/or vacation homes.

The male-to-female ratio is approximately equal across geographies.

Approximately 9% of residents of Humboldt County are veterans, nearly double the state level of 5%.

POPULATION BY RACE AND ETHNICITY

Those who self-identify as Hispanic are slightly more likely to live in a high need area compared to their non-Hispanic peers. The American Indian population is much more likely to live in a high need area, as are those who identify as “other race.”

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Humboldt County Service Area

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Median Income Data Source: American Community Survey Year: 2019	\$53,762	\$37,484	\$44,119
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	28.6%	31.3%	30.5%

The median income in the high need service area is about \$6,600 lower than Humboldt County. There is about a \$16,000 difference in median income between the broader service area and the high need service area.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average, approximately 30% of households in Humboldt County are severely housing cost burdened. In the high need service area, 31% of renter households are severely housing cost burdened. Within the total service area, there are census tracts in which 40% to 56% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the [2020 CHNA for St. Joseph Hospital, Eureka.](#)

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. 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, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the 2020 Community Health Needs Assessment process:

PRIORITY 1: MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental health and substance use are recognized as being interconnected with several other community needs, with a history of trauma, child abuse/neglect, poverty, and a lack of opportunities as contributors to both mental health challenges and substance use disorders. Experiences with racism and discrimination also contribute to behavioral health needs. There is a lack of mental health and substance use services in the community; specifically, local inpatient care for adults and youth with a serious mental illness as well as follow-up care for patients once discharged, and general support for families (new parents, infants, and early development). There are insufficient psychiatrists and counselors to meet the community need, especially providers for youth, people who are uninsured, and/or Spanish-speaking residents, as well as insufficient harm reduction services (safe and legal injection sites and syringe exchange programs). Barriers to addressing these behavioral health needs include stigma, cost of care, transportation to services within and outside of the community, and a lack of continuity of care due to provider turnover.

PRIORITY 2: HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

The lack of affordable, safe housing stock in Humboldt County contributes to individuals with low incomes living unhoused or in overcrowded and unhealthy living conditions. Housing is recognized as being foundational to one's health; people who are stably housed are better able to care for their physical and mental health and remain employed. There is a lack of available housing along the entire spectrum: shelters, supportive housing, family-friendly transitional housing, permanent-supportive housing, and low- and very low-income housing. There is also a lack of services for people experiencing homelessness, such as showers and adult day centers, as well as support services for people once they are housed. Housing stability and affordability for young people and mixed status families is of particular concern. Housing discrimination contributes to Black, Brown, Indigenous, and People of Color (BBIPOC) having more difficulty accessing good-quality, affordable housing.

PRIORITY 3: RACISM AND DISCRIMINATION

Racism and historical trauma prevent BBIPOC from receiving high-quality, respectful, and responsive health care services. The recent history of forced sterilization of Native American people and experimentation on Black people has contributed to distrust of health care. Stakeholders noted a "corrosive effect" of racism on the mental health of BBIPOC, particularly Native American communities in Humboldt County. The unjust treatment of Latino/a workers by employers and discriminatory housing practices prevent BBIPOC from accessing good-quality, affordable housing. Racism is evident in education, with BBIPOC students, particularly Native students, not receiving appropriate special education services and being disproportionately and unfairly disciplined. Stakeholders also shared experiences of racism in legal systems.

PRIORITY 4: ACCESS TO HEALTH CARE

There is an overall lack of primary care providers and specialists within Humboldt County. Transportation to care is a consistent barrier for many, but especially older adults, people with disabilities, and those living in rural areas. Reliable public transportation within the county is a challenge, as well as travel to services outside the county, specifically traveling from the hills of Humboldt into Eureka where most services are located. Cost of care is a major barrier for people who are uninsured or underinsured, especially mixed status households. Appointments during work hours and difficulty navigating the health care system are also barriers. There is a lack of culturally responsive and linguistically appropriate care for Latino/a and Native American communities, as well as a lack of respectful and competent services for transgender youth.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continuing our Mission through partnership grants with the North Coast Grantmaking Partnership, in-kind participation in community collaboratives and community health improvement efforts.

While St. Joseph Hospital will employ strategies to address each of the four significant health needs that were prioritized during the CHNA process, partnerships with community organizations and government agencies are critical for achieving the established goals.

St. Joseph Hospital will collaborate with Open Door Community Health Centers, the Public Health Department, LatinoNet, Centro del Pueblo, Local Tribes, Humboldt State University, the Humboldt Network of Family Resource Centers, local philanthropy, and others to address the community needs and coordinate care and referrals to address unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2021-2023 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2020 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

St. Joseph Hospital's CHIP involves a comprehensive approach lead by the Community Health Investment Program Director and Senior Program Coordinator. This process includes both internal and external stakeholders and subject matter experts. Coordinating within the organization and in our community is critical in leveraging the will and the resources required to improve community health. As part of the comprehensive approach, existing initiatives of St. Joseph Hospital's community benefit investments are reviewed to ensure alignment with 2020 CHNA priorities. The board appointed Community Benefit Committee is engaged throughout the process beginning with the development and approval of the CHNA, followed by CHIP development, review, feedback then final CHIP review and approval.

St. Joseph Hospital anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by St. Joseph Hospital in the enclosed CHIP.

Addressing the Needs of the Community: 2021- 2023 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH & SUBSTANCE USE SERVICES

Long-Term Goal(s)

To reduce substance use disorders (SUD) and mental health conditions through evidence-based and community-led prevention, treatment, and recovery support services that are equitable, high-quality, culturally responsive, and linguistically appropriate, especially for populations with low incomes.

Table 2. Strategies and Strategy Measures for Addressing Behavioral Health Services

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Increase local capacity to provide culturally appropriate mental health and SUD treatment services when needed	All of Humboldt County especially youth, Indigenous and Spanish-speaking individuals	# of new or enhanced programs in the local community	2020 = 1) Waterfront Recovery Services 2) Humboldt RISE project (perinatal)	3
2. Paso a Paso: Culturally and linguistically appropriate primary prevention classes and events as well as psychotherapy for mild to moderate behavioral health needs	Latino and Migrant Populations	# of individuals served by Paso a Paso	2020 = 966 served with 9,356 encounters	TBD
3. CARE Network: Increase access to Medication Assisted Treatment (MAT) for Emergency Room patients via the Substance Use Navigator (SUN) as part of the CA Bridge program	People who receive care in the SJE Emergency Room and want treatment for a substance use disorder	ED Bridge metrics	2020 = 289 patients seen by SUN 2020 = 259 MAT starts	TBD
4. Maintain support for place-based Community Resource Centers (CRC) in rural pockets of Humboldt County in order to prevent social isolation and promote family and community strengthening	Under-resourced and low-income rural and isolated micro-communities, families and individuals experiencing homelessness	CRC Encounters	2020 = 90,078 encounters	TBD
5. Enhance the capacity of our community to prevent, educate and intervene early with teen	Middle and High school age youth	Work 2 Be Well Metrics	N/A	TBD

mental health, wellness and resilience				
6. Support a culturally diverse BH pipeline in the local community	Representative of the community served	Participation and advocacy	N/A	TBD

Evidence Based Sources and Community Wisdom

St. Joseph Hospital believes in working upstream to prevent behavioral health concerns as well as responding to immediate needs for crisis interventions. This CHIP includes both primary prevention and crisis intervention strategies and pulls from the following sources:

- [SAMHSA - Substance Abuse and Mental Health Services Administration](#)
- [Mental Health & Resilience Support for Teens and Adults \(work2bewell.org\)](#)
- [Home | Prevention Institute](#)
- [Community Health Workers \(Promotores\) | Minority Health | CDC](#)
- [Board of Behavioral Sciences \(BBS\) \(ca.gov\)](#)
- [Home | NAMI: National Alliance on Mental Illness](#)
- [Our Team — Warrior Institute \(thewarriorinstitute.org\)](#)
- [Social Cohesion | Healthy People 2020](#)

Resource Commitment

St. Joseph Hospital will commit staff time across the Community Health Investment programs including Paso a Paso, CARE Network and Community Resource Centers, provide grants to local partners and facilitate funding from various health system sources. In partnership with the Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

St. Joseph Hospital values cross-sector collaboration and believes that non-profit organizations, schools, private business and government must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- Waterfront Recovery Services
- Open Door Community Health Centers
- United Indian Health Services
- County of Humboldt, Department of Health and Human Services
- North Coast Health Improvement and Information Network
- First 5 Humboldt
- Humboldt State University
- College of the Redwoods
- Humboldt Network of Family Resource Centers

- Work 2 Be Well
- Local school districts

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

Long-Term Goal(s)

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

Table 3. Strategies and Strategy Measures for Addressing Homelessness / Lack of Safe, Affordable Housing

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Support the development of affordable housing stock, including innovative models of permanent supportive housing (PSH)	Chronically homeless and very-low-income individuals and families; seniors and individuals on a fixed-income	Units of PSH Financial contributions	2020 = 10 units at Onyx House 2020 = \$300k contributed	100 units Alignment with Care for the Poor spend down plan
2. Leverage resources through partnerships and CHI programs to expand supportive services for those unstably housed and experiencing homelessness	Individuals experiencing or at risk of experiencing homelessness, including older adults, Latino families and migrant populations	# of encounters related to housing stability and homeless services by CHI programs	N/A	TBD
3. Invest in the maintenance and expansion of homeless respite and recuperative care beds coupled with complex care management services	People who are experiencing homelessness	# of respite or recuperative care beds # of patients enrolled	2020 = 15 respite beds 2020 = 63 patients enrolled	TBD

Evidence Based Sources and Community Wisdom

- [Housing is Health | Providence](#)
- [National Institute for Medical Respite Care \(nimrc.org\)](#)

- [National Health Care for the Homeless Council | Quality. Access. Justice. Community \(nhchc.org\)](#)
- [Reduce poverty by improving housing stability | Urban Institute](#)
- [Housing Instability | Healthy People 2020](#)

Resource Commitment

St. Joseph Hospital will commit staff time from its Community Health Investment department as well as grants and restricted funding. Approximately \$3,500,000 in Care for the Poor reserve funds are earmarked for reducing housing instability and homelessness in Humboldt County between 2021 and 2025.

Providence Supportive Housing Division will lead the Providence Mother Bernard House project to convert a motel, the Humboldt Inn, into permanent supportive housing for chronically homeless individuals; and the Real Estate and Strategic Operations Division is available to assist with decisions around investments in housing units. Additionally, and in partnership with the Providence Government and Public Affairs division, local CHI leaders will support policies that prevent homelessness and increase access to affordable housing.

Key Community Partners

St. Joseph Hospital values cross-sector collaboration and believes that non-profit organizations, private business, education and government must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- County of Humboldt, Department of Health and Human Services
- Humboldt Housing and Homeless Coalition
- St. Vincent de Paul
- Eureka Rescue Mission
- The Betty Kwan Chinn Homeless Foundation
- Arcata House Partnership
- Redwood Community Action Agency
- Centro del Pueblo
- LatinoNet
- Open Door Community Health Centers
- Humboldt Area Foundation
- Redwood Region Economic Development Commission
- Westside Community Improvement Association
- Humboldt State University
- College of the Redwoods

COMMUNITY NEED ADDRESSED #3: RACISM, DISCRIMINATION AND HEALTH EQUITY

Long-Term Goal(s)

To actively work to eliminate social inequities and forms of oppression in our communities, ensuring all people have the opportunities and access to living their fullest, healthiest lives. We will be a community partner in undoing institutional racism that prevents our community members from feeling safe, respected, and heard when accessing health services.

Table 4. Strategies and Strategy Measures for Addressing Racism, Discrimination and Health Equity

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. In partnership with tribal communities, improve health equity for pregnant people	Tribal Communities; Pregnant People	Human Centered Design process	N/A	3 end user interventions implemented
2. Advocate for and improve Language Equity in healthcare, social services and disaster response	Non-English speakers	# of language access projects/efforts	N/A	10 unique language access projects/efforts
3. Explore innovative strategies to improve Digital Equity for rural communities on the North Coast	BBIPOC	# of innovative strategies identified	N/A	2 digital equity projects implemented
4. Increase awareness of bias in data and promote transparency of those biases in order to promote Data Equity	BBIPOC	TBD	N/A	TBD
5. Continue to support Food Sovereignty efforts	Indigenous Communities; Migrant populations	Funding provided	N/A	TBD

Evidence Based Sources and Community Wisdom

- [Institute for Human Centered Design](#)
- [Home - NBEC \(birthequity.org\)](#)
- [Conceptualising cultural safety at an Indigenous-focused midwifery practice in Toronto, Canada: qualitative interviews with Indigenous and non-Indigenous clients | BMJ Open](#)

- [Dr. Cutcha Risling Baldy – Indigenous Voices for Decolonized Futures - YouTube](#)
- [Center for Social Innovation | Stanford Graduate School of Business](#)
- [Home | Prevention Institute](#)
- [Food Sovereignty Lab & Cultural Workshop Space | Native American Studies \(humboldt.edu\)](#)

Resource Commitment

St. Joseph Hospital will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Health Equity Initiative. In partnership with the Providence Government and Public Affairs division, local CHI leaders will advocate for policies that address social and economic disparities.

Key Community Partners

St. Joseph Hospital values cross-sector collaboration and believes that non-profit organizations, private business and government must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- Centro del Pueblo
- LatinoNet
- True North
- United Indian Health Services
- K'ima:w Medical Center
- Local Tribal Communities
- Two Feathers Native American Family Services
- With/In Collaborative
- St. Vincent de Paul
- Eureka Rescue Mission
- The Betty Kwan Chinn Homeless Foundation
- Arcata House Partnership
- Food for People
- Open Door Community Health Centers
- Public Health Department
- Humboldt Area Foundation

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH CARE

Long-Term Goal(s)

To improve access to culturally responsive health care and preventive resource for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system. This will ease the way for people to access the appropriate level of care at the right time.

Table 5. Strategies and Strategy Measures for Addressing Access to Health Care

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Continue to support CHI Programs that provide enrollment, navigation, and care coordination services	Latino/a, people experiencing homelessness, families, older adults	# served by Healthy Kids and Families # served by CARE Network	2020 = 815 served by Healthy Kids 2020 = 344 served by CARE Network	TBD
2. Increase access to Cancer Care at St. Joseph hospital by providing temporary lodging and supportive services	Cancer Patients traveling greater than 50 miles for treatment, especially low-income patients	# of patients served # of nights stayed at Evergreen Lodge	2020 = 267 patients served 2020 = 2,522 nights	TBD TBD
3. Increase access to specialty care and procedures for uninsured	Uninsured community members	# of individuals served through Operation Access	No Operation Access program in place	TBD
4. Support efforts to launch a Community Information Exchange in Humboldt County	Community members with low incomes and experiencing vulnerabilities	Funding and in-kind staff time provided	2020 = \$20,000 grant	TBD
5. Support efforts to launch a culturally inclusive and linguistically appropriate Community Organizations Active in Disaster (COAD) in Humboldt County	Community members with low incomes and experiencing vulnerabilities	Funding and in-kind staff time provided	2020 = \$25,000 grant	Fully functioning COAD

Evidence Based Sources and Community Wisdom

- [Listening to the Voices of Californians - California Health Care Foundation \(chcf.org\)](#)
- [Health Equity | IHI - Institute for Healthcare Improvement](#)
- [Health Equity | CDC](#)

Resource Commitment

St. Joseph Hospital will commit staff time from its Community Health Investment department as well as grants and restricted funding to help fill gaps in the community. We will also utilize Providence Government and Public Affairs to advocate for improvements in access to care when appropriate and partner with Providence Medical Group on initiatives that support vulnerable patient populations.

Key Community Partners

St. Joseph Hospital values cross-sector collaboration and believes that non-profit organizations, private business and government must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- Open Door Community Health Centers
- United Indian Health Services
- K’ima:w Medical Center
- North Coast Health Improvement and Information Network
- Humboldt State University
- College of the Redwoods
- Humboldt County Office of Education
- Humboldt Area Foundation
- Operation Access

Other Community Benefit Programs and Evaluation Plan

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Access to Care	Family Practice Residency Program	Three-year Graduate Medical Education program accepting six residents per year; a partnership between St. Joseph Hospital and FQHC Open Door	Broader Community
2. Access to Care	Health Professions Education	Various hospital departments dedicate staff time and resources to train interns;	Broader Community

		includes Pharmacy, PT, OT, Social Work and Nursing	
3. Access to Care	Health-Careers Exploration Summer Institute (HESI Program)	Summer program for high school students that allows them to explore various health careers	Broader Community
4. Access to Care	Level III Trauma Program	St. Joseph Hospital maintains the skilled surgeons, nurses, and support staff to provide comprehensive trauma services 24/7	Broader Community
5. Access to Care	Level II NICU	St. Joseph Hospital maintains the skilled physicians, nurses, and facilities to provide a neonatal intensive care unit for the North Coast of CA	Broader Community
6. Access to Care	RN to BSN program	St. Joseph Hospital is a key partner working with HSU and CR in advancing nursing education on the North Coast	Broader Community

2021- 2023 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Community Benefit Committee of the hospital on May 18, 2021. The final report was made widely available by July 15, 2021.



6/22/2021

Victor Jordan
Interim Region Chief Executive, Northern California

Date



5/19/2021

Becky Giacomini
Chair, St. Joseph and Redwood Memorial Hospital Community Benefit Committee

Date



7/2/2021

Justin Crowe
Senior Vice President, Community Partnerships
Providence

Date

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