

St. Elizabeth Community Hospital

Community Benefit 2024 Report and 2025 Plan



Adopted November 2024



Dignity Health®
St. Elizabeth Community Hospital

A message from

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

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

St. Elizabeth Community Hospital shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2024 Report and 2025 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2024 (FY24), St. Elizabeth Community Hospital provided \$3,850,439 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$11,106,394 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital’s Community Board reviewed, approved and adopted the Community Benefit 2024 Report and 2025 Plan at its November 14, 2024 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Alexis Ross, Market Director Community Health at (530) 225-6114 or by email at alexis.ross@commonspirit.org.

Rodger Page
President

Nikita Gill
Chairperson, Board of Directors

Table of Contents

At-a-Glance Summary	4
Our Hospital and the Community Served	5
About the Hospital	5
Our Mission	5
Financial Assistance for Medically Necessary Care	5
Description of the Community Served	6
Community Assessment and Significant Needs	7
Community Health Needs Assessment	7
Significant Health Needs	8
2024 Report and 2025 Plan	9
Creating the Community Benefit Plan	9
Community Health Core Strategies	9
Report and Plan by Health Need	10
Community Health Improvement Grants Program	13
Program Highlights	14
Other Programs and Non-Quantifiable Benefits	16
Economic Value of Community Benefit	17
Hospital Board and Committee Rosters	18

At-a-Glance Summary





Hospital HCAI ID: 106521041

Report Period Start Date: July 1, 2023

Report Period End Date: June 30, 2024

This document is publicly available online at:

<https://www.dignityhealth.org/north-state/locations/stelizabethhospital/about-us/community-benefit>

<p>Community Served</p> 	<p>St. Elizabeth Community Hospital is located in Red Bluff, California, and serves over 69,000 Tehama County residents. The community served by the hospital is traversed by U.S. Interstate 5 (I-5) with the majority of the population residing along the I-5 corridor. The community served is nearly entirely within Tehama County except for a very small section of Shasta County along the Northern Tehama County border. The community served by St. Elizabeth Community Hospital resides in one of the following zip codes: 96021, 96022, 96035, 96055, 96080, and 96090.</p>		
<p>Economic Value of Community Benefit</p> 	<p>\$3,850,439 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits.</p> <p>\$11,106,394 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.</p> <p>The hospital's net community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.</p>		
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment. Needs being addressed by strategies and programs are:</p> <table border="1" data-bbox="414 1262 1411 1465"> <tr> <td data-bbox="414 1262 844 1465"> <ul style="list-style-type: none"> • Access to Quality Primary Care Health Services • Access to Specialty and Extended Care </td> <td data-bbox="847 1262 1411 1465"> <ul style="list-style-type: none"> • Access to Mental/Behavioral Health and Substance-Use Services </td> </tr> </table>	<ul style="list-style-type: none"> • Access to Quality Primary Care Health Services • Access to Specialty and Extended Care 	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health and Substance-Use Services
<ul style="list-style-type: none"> • Access to Quality Primary Care Health Services • Access to Specialty and Extended Care 	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health and Substance-Use Services 		
<p>FY24 Programs and Services</p> 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none"> • Medication for Indigent Patients • Charity Transportation • PATH Transitional Care Program 		
<p>FY25 Planned Programs and Services</p>	<p>Existing FY24 programs for St. Elizabeth Community Hospital will continue into FY25 and the hospital will continue to seek opportunities with collaborative partners to further the health of the community.</p>		



Written comments on this report can be submitted to the St. Elizabeth Community Hospital Community Health Office, 2550 Sister Mary Columba Dr., Red Bluff, CA 96080, Attn: Alexis Ross or by e-mail to alexis.ross@commonspirit.org.

Our Hospital and the Community Served

About St. Elizabeth Community Hospital

St. Elizabeth Community Hospital (“the hospital”) is a member of Dignity Health, which is a part of CommonSpirit Health. St. Elizabeth Community Hospital is located at 2550 Sister Mary Columba Drive in Red Bluff, Tehama County, California. The hospital was opened in 1906 by the Sisters of Mercy serving the community of Red Bluff and Tehama County. The hospital has been serving Tehama County for more than 100 years and is dedicated to providing quality and compassionate patient care in a healing environment. The hospital currently has 76 acute care beds, including intensive, perinatal and emergency care services. The hospital has been operating at their current location since 1978 and provides the following specialized care, including:

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

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

Our Mission

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

Our Vision

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

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient’s

financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

St. Elizabeth Community Hospital, located in Red Bluff, California, serves over 69,000 residents of Tehama County and a small portion of southern Shasta County. Tehama County is a rural county situated in the northern portion of the Sacramento Valley. The U.S. Interstate 5 corridor transects the community served by the hospital and includes the communities of Cottonwood, Lake California, Bend, Rancho Tehama Reserve, Corning, Tehama, and the largest city, Red Bluff. Red Bluff serves as the County Seat of Tehama County and has a population of just over 14,000 residents. The community served by St. Elizabeth Community Hospital reside in one of the following zip codes: 96021, 96022, 96035, 96055, 96080, and 96090.

Although the community served by the hospital geographically is only a portion of Tehama County, it includes the majority of the population. The 2022 CHNA provided the following details for Tehama County. Additional details can be found in the CHNA report online.

- Total Population: 63,912
- Race/Ethnicity: % Non-White or Hispanic/Latinx: 31.7
- Median Age (yrs.): 41
- Median Income: \$44,514
- Percent Below Poverty: 22.1%
- Unemployment Rate: 8.6%
- Percent Uninsured: 6.3%
- Percent Without High School Graduation: 15.5%
- Percent Living With Disability: 18.9%



Community Assessment and Significant Needs

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

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in April 2022. The hospital makes the CHNA report widely available to the public online at <https://www.dignityhealth.org/north-state/locations/stelizabethhospital/about-us/community-benefit> and upon request from the hospital's Community Health office.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Community Groups that Attended or Engaged in the CHNA:

- Red Bluff Tehama County Chamber
- Family Counseling Center
- Empower Tehama
- Latina Community Members
- Passages (Area Agency on Aging)
- Elder Services Coordinating Council
- First 5 Tehama County

Vulnerable Populations Represented by These Groups:

- Spanish Speaking/Latinx
- People with disabilities
- The residents of 96021, 96022, 96035, 96055, 96080, and 96090 (<50% of CA Healthy Places Index score).

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Mental/Behavioral Health and Substance-Use Services	Access to mental, behavioral, and substance-use services is essential for mental and emotional health.	●
Access to Quality Primary Care Health Services	Access to primary care resources includes community clinics, pediatricians, family practice physicians, internists, nurse practitioners and physician assistants, pharmacists, telephone advice nurses, and other similar resources.	●
Access to Basic Needs Such as Housing, Jobs, and Food	Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival.	
Access to Specialty and Extended Care	Specialty and extended care services are a particular branch of medicine focused on the treatment of a particular disease. In addition to specialty care, extended care goes beyond primary care services to include skilled-nursing facilities, hospice care, and in-home healthcare.	●
Access to Functional Needs (Transportation)	Functional needs include indicators related to transportation and disability. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life.	●
Increased Community Connections	As humans are social beings, community connection is a crucial part of living a healthy life.	

Significant Needs the Hospital Does Not Intend to Address

St. Elizabeth Community Hospital, as a rural community hospital, does not have the capacity or resources to independently address all six priority health needs identified in the 2022 CHNA with unique programs. The hospital continuously strives to improve and broaden existing programs, and to identify collaborative opportunities to better serve the community. The hospital will continue to lean into the organizations who are addressing the needs and continue to build capacity by strengthening partnerships among local community-based organizations. Due to the magnitude of the need, the hospital will not address Access to Basic Needs Such as Housing, Jobs, and Food and Increased Community Connections.

2024 Report and 2025 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY24 and planned activities for FY25, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.



Hospital and health system participants included a core internal team of clinical staff, social workers, members of the hospital leadership team, and Dignity Health leaders at the regional level from Mission Integration and Community Health. The core team helped shape ongoing initiatives and define appropriate processes, procedures, and methodologies for measuring outcomes.

The programs and initiatives described here were selected based on their past successful interventions. Each initiative involves research on best practice and is written to align with local resources, state or national health priorities and initiatives.

Community Health Core Strategies

Driven by a commitment to equity and social justice, we envision a future where health and well-being are attainable by all regardless of background or circumstance.

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.



- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Strengthen community capacity to achieve equitable health and well-being.
- Implement and sustain evidence-based health improvement program initiatives.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.



Health Need: Access to Mental/Behavioral Health and Substance-Use Services

Strategy or Program	Summary Description	Active FY24	Planned FY25
Substance Use Navigation	Funded through grants, the CA Bridge program provides 24/7 high-quality care for individuals with substance use disorder. The program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Program is currently funded through Medication for Addiction Treatment (MAT) program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education and Awareness	Provide education and awareness and reduce stigma in the community.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PATH Transitional Care Program	Provides short-term transitional housing and coordinated care for homeless adults who are being discharged from the hospital and are recovering from a non-acute illness or injury condition that would be exacerbated by living unsheltered or in a place not suitable for recovery.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Charity Transportation	Enhances low-income patient and family access to care for those who have no form of transportation. This includes transportation to subacute nursing facility/rehab, home, mental health, a transitional living site, or outpatient appointments as part of a patient’s discharge plan.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Health Worker (CHW)/Promotora Navigator	Visión y Compromiso (VyC) will build the skills of 20 community leaders using the Promotoras Transforming Families and Communities core skills training.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Live Inspired for Tomorrow (LIFT) Tehama	The hospital participates in this community event that brings together community organizations such as Department of Motor Vehicles, Social Security office, behavioral and substance use services, housing, jobs, medical and dental care, animal services, vision services, and other community organizations to meet the needs of the community.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Goal and Impact:

These programs will provide patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community.

Collaborators:

The hospital will partner with Partnership HealthPlan, Tehama County Health Services Agency Behavioral Health, Solano Street Medical Clinic, Disability Action Center (DAC), and local community based organizations.



Health Need: Access to Quality Primary Care Health Services and Specialty and Extended Care

Strategy or Program	Summary Description	Active FY24	Planned FY25
Financial Assistance	St. Elizabeth Community Hospital provides financial Assistance for uninsured/underinsured and low-income residents. Rural health clinics offer sliding fee scale for patients who do not qualify for insurance.	☒	☒
Community Outreach Events	The hospital regularly attends community outreach events, such as, LIFT (Poor and the Homeless Health Fair); Latino Multicultural Health Fair; Greenville Rancheria Wellness Fair; Senior Health Fair; Corning Olive Festival; Bi National Health Fairs offering nutrition services consultation, and blood pressure screenings. High school sports physicals for all area high schools are offered supported by the clinics and hospital staff when appropriate.	☒	☒
Charity Transportation	Enhances low-income patient and family access to care for those who have no form of transportation. This includes transportation to subacute nursing facility/rehab, home, mental health, a transitional living site, or outpatient appointments as part of a patient’s discharge plan.	☒	☒
PATH Transitional Care Program	Provides short-term transitional housing and coordinated care for homeless adults who are being discharged from the hospital and are recovering from a non-acute illness or injury condition that would be exacerbated by living unsheltered or in a place not suitable for recovery.	☒	☒
Community Health Worker (CHW)/Promotora Navigator	Visión y Compromiso (VyC) will build the skills of 20 community leaders using the Promotoras Transforming Families and Communities core skills training.	☒	☒
Workforce Development	Identify and partner with community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity.	☒	☒

Goal and Impact:

These programs will increase timely access to care by improving health literacy, addressing social determinants of health, and taking healthcare into the community.

Collaborators:

The hospital will partner with Tehama County Public Health, Visión y Compromiso, Poor and the Homeless Tehama County Coalition, Lassen Medical Clinic, Solano Street Medical Clinic, Women’s Health Services and other local community based organizations.



Health Need: Access to Functional Needs (Transportation)

Strategy or Program	Summary Description	Active FY24	Planned FY25
Charity Transportation	Enhances low-income patient and family access to care for those who have no form of transportation. This includes transportation to subacute nursing facility/rehab, home, mental health, a transitional living site, or outpatient appointments as part of a patient's discharge plan.	☑	☑

Goal and Impact:

These programs will provide critical transportation for patients to increase their ability to access healthcare and return to their home after treatment ultimately improving health outcomes for patients.

Collaborators:

The hospital will partner with Partnership HealthPlan and local community based organizations.

Community Health Improvement Grants Program


One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY24, the hospital awarded the grants below totaling \$97,751. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Family Service Agency of Tehama County	Increasing accessibility to Mental Health Services	Access to Mental/Behavioral Health and Substance-Use Services	\$23,000
Poor and the Homeless Tehama County Coalition (PATH)	PATH Transitional Care Program (TCP)	Housing/ Homelessness and Access to Specialty Care Health Services	\$39,751
Vision y Compromiso	Increasing Access to Care by Building the Leadership Skills of Trusted Leaders as Promotoras	Access to Primary Care Health Services	\$35,000

Program Highlights

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

 PATH Transitional Care Program	
Significant Health Needs Addressed	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health and Substance-Use Services • Access to Quality Primary Care Health Services • Access to Specialty and Extended Care
Program Description	The PATH Transitional Care Program (TCP) provides short-term transitional housing and coordinated care for homeless adults who are recovering from a non-acute illness or injury and whose condition would be exacerbated by living unsheltered or in a place not suitable for recovery.
Population Served	Homeless male adults recovering from minor illness/injury who have no suitable place for recovery.
Program Goal / Anticipated Impact	Through effective and meaningful case management, TCP will provide knowledge and resources to clients via community partner referrals to foster wellbeing and promote self-sufficiency. The program will graduate clients to stable housing or connect them to family stability. The program can serve two men concurrently for up to six weeks.
FY 2024 Report	
Activities Summary	The TCP performed patient assessments and intakes of referred homeless individuals and immediately began delivering case management services with a six-week emphasis on recovery and rehabilitation. The program enrolled one hundred percent of referred patients into Coordinated Entry through 2-1-1 and began a housing search and assessment. Transportation was provided to and from medical appointments as well as weekly one-on-one case management meetings.
Performance / Impact	7 persons served through June, 2024
Hospital's Contribution / Program Expense	\$39,751 Dignity Health Community Grant 2024 awardee
FY 2025 Plan	
Program Goal / Anticipated Impact	The PATH Transitional Care (PTC) program will provide short-term transitional housing and coordinated care to homeless adults. The program will graduate clients to stable housing or connect them to family stability with the assistance of an assigned PATH case manager. The program can serve two men concurrently for up to six weeks.
Planned Activities	The planned activities will remain the same as in previous years with emphasis on increasing quality of service.



Charity Transportation

Significant Health Needs Addressed	<ul style="list-style-type: none">• Access to Mental/Behavioral Health and Substance-Use Services• Access to Quality Primary Care Health Services• Access to Specialty and Extended Care
Program Description	Address transportation barriers to accessing healthcare services.
Population Served	Low-income and vulnerable populations
Program Goal / Anticipated Impact	Improve and eliminate barriers to transportation in the most vulnerable communities in Tehama County, especially the low-income and underserved to decrease barriers to access health care.
FY 2024 Report	
Activities Summary	The charity transportation program enhances patient access to care for low-income patients and families who have no form of transportation. It includes transporting to SNF/Rehab, home, mental health, and a transitional living site.
Performance / Impact	45 persons served.
Hospital's Contribution / Program Expense	\$17,659
FY 2025 Plan	
Program Goal / Anticipated Impact	Increase access to care by providing much critical transportation to medical appointments.
Planned Activities	Continue to explore ways to increase transportation and coordinate efforts through community partnerships.

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being. Including the following partnerships:

- Community benefit investment to support senior and disable needs through the Disability Action Center
- Helen and Joe Chew Foundation – Increase cultural awareness to Chinese culture in Tehama County
- Stroke and trauma prevention and education at various community events, such as the Tehama County Farmers Market
- Participation at the "Happy Healthy" event to bring awareness and education around water/pool safety in English and Spanish

St. Elizabeth Community Hospital Administration and members of the hospital's leadership and management teams provide significant in-kind support and expertise to nonprofit health care organizations, civic, and service agencies such as:

- Tehama County Domestic Violence, CSEC
- Tehama County Public Health Advisory Board Meeting
- American Association of Diabetes Educators
- Tehama County Health Care Coalition
- Tehama County Economic Development
- First 5 Tehama Board
- Expect More Tehama
- Active 20-30 Club of Red Bluff
- Tehama County Cattlewomen
- Red Bluff Chamber of Commerce
- Red Bluff Rotary
- Soroptimist International of Red Bluff

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of financial assistance, Medicaid, other means-tested programs and Medicare is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

St. Elizabeth Community Hospital					
Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)					
For period from 07/01/2023 through 06/30/2024					
	<u>Persons</u>	<u>Expense</u>	<u>Offsetting Revenue</u>	<u>Net Benefit</u>	<u>% of Expenses</u>
Benefits for Poor					
Financial Assistance	1,215	\$3,092,327	\$0	\$3,092,327	1.9%
Medicaid	29,379	\$41,645,588	\$48,397,893	\$0	0.0%
Other Means Tested Programs	6	\$1,665	\$1,032	\$633	0.0%
Community Services					
A - Community Health Improvement Services	72	\$18,871	\$0	\$18,871	0.0%
E - Cash and In-Kind Contributions	6	\$600,051	\$0	\$600,051	0.4%
G - Community Benefit Operations		\$38,480	\$0	\$38,480	0.0%
Totals for Community Services	78	\$657,402	\$0	\$657,402	0.4%
Totals for Benefits for Poor	30,678	\$45,396,982	\$48,398,925	\$3,750,362	2.4%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	874	\$9,032	\$0	\$9,032	0.0%
E - Cash and In-Kind Contributions	22	\$91,045	\$0	\$91,045	0.1%
Totals for Community Services	896	\$100,077	0	\$100,077	0.1%
Totals for Broader Community	896	\$100,077	\$0	\$100,077	0.1%
Totals - Community Benefit	31,574	\$45,497,059	\$48,398,925	\$3,850,439	2.4%
Medicare	23,770	\$44,008,177	\$32,901,783	\$11,106,394	7.0%
Totals Including Medicare	55,344	\$89,505,236	\$81,300,708	\$14,956,833	9.4%

*For the Medicaid provider fee program effective for the two-year period of January 1, 2023 - December 31, 2024, the State of California received Centers for Medicare & Medicaid Services approval in December 2023. As such, during the fiscal year July 1, 2023 - June 30, 2024, the hospital recognized provider fee net income of \$25,004,036 covering 18 months dating back to January 2023. Subtracting the six months of net provider fee attributable to the prior fiscal year, FY24 Medicaid net benefit would be \$1,703,089 and total community benefit including Medicare would be \$16,659,922.

Hospital Board and Committee Rosters

FY2025
Dignity Health North State Service Area
Community Board Members

Nikita Gill, M.D., Chairperson, Physician
Mike Davis, Secretary, Philanthropy
Amanda Hutchings, Community Representative
Irene DeLao, Community Representative
Keith Cool, Community Representative
Mary Rushka, Community Representative
Michael Staszal, M.D., Physician
Riico Dotson, M.D., Physician
Russ Porterfield, Community Representative
Sister Bridget McCarthy, Woman Religious
Sister Sheila Browne, Woman Religious

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

Michelle Burke, Executive Assistant
Mercy Medical Center Redding
P. O. Box 496009 Redding, CA 96049-6009
(530) 225-6103 phone
(530) 225-6125 fax