

# 2025

## COMMUNITY BENEFIT REPORT/

### PROGRESS ON 2023-2025 COMMUNITY HEALTH IMPROVEMENT PLAN

# Providence Saint Joseph Medical Center

Burbank, California

Reporting Period: January 1, 2025 - December 31, 2025

HCAI ID: 106190758



To provide feedback on this CB report or obtain a printed copy free of charge, please email Anthony Ortiz Luis at [anthony.ortizluis@providence.org](mailto:anthony.ortizluis@providence.org).



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# EXECUTIVE SUMMARY

Providence Saint Joseph Medical Center is a faith-based, non-profit, acute-care hospital in Burbank, California. Established by the Sisters of Providence in the 1940s, Providence Saint Joseph provides exceptional care and is one of the San Fernando Valley's most respected and technologically advanced hospitals. Our five core values of Compassion, Dignity, Excellence, Justice and Integrity are the guiding principles for everything we do.

Providence Saint Joseph Medical Center dedicate resources to improve the health and quality of life for the communities in Los Angeles County – San Fernando Valley, with special emphasis on the needs of the economically poor and vulnerable. In FY25, the hospital collectively provided **\$47,186,196** in Community Benefit in response to unmet needs. FY25 CB Report can be located online at: [FY2025 Community Benefit Reports](#). The most recent CHNA and CHIP can be located online at: [CHNA and CHIPs | Providence](#) under Southern California then Burbank.

## 2023-2025 Providence Saint Joseph Medical Center Community Health Improvement Plan Priorities

As a result of the findings of our [2022 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Saint Joseph Medical Center along with Providence Holy Cross Medical Center and Providence Cedars Sinai Tarzana Medical center will focus on the following areas for its 2023-2025 Community Benefit efforts.

### ACCESS TO HEALTH CARE

Access to health care refers to the availability of primary care, specialty care, vision care and dental care services. Health insurance coverage is considered a key component to ensure access to health care. Barriers to care can include lack of transportation and a lack of linguistically appropriate and culturally responsive care.

#### 2025 Accomplishments

In 2025 we continued our work to assist community members to enroll in insurance coverage and public benefit programs. Accomplishments include:

- Expanded the reach of our Community Health Insurance Program enrollers to local youth development nonprofits, faith-based organizations, and schools
- Continued our partnership with LA Care by placing enrollers at their local Family Resource Center in Panorama City
- Partnered with the local YMCA's to have available CHW enrollers during their food distributions
- Through the Mother Joseph Fund Program, the hospital provided grants to organizations working to address access to care

## HOMELESSNESS AND HOUSING INSTABILITY

Homelessness is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing. Housing instability encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing.

### 2025 Accomplishments

In 2025, housing navigators and social determinants of health Community Health Workers in the hospital continued to provide housing resources to unhoused patients:

- Housing navigators continue to refer unhoused patients to local shelters, recuperative care centers, transitional housing programs, and behavioral health programs
- Unhoused patients were referred to a local foundation program that provided financial assistance for rental deposits, utility bills, and other expenses to keep individuals housed
- Partnerships continued with Ascencia, Harbor Care Foundation, Hope the Mission, Home Again Los Angeles, and Healthcare in Action in helping unhoused patients to short term housing and wraparound services
- Through the Mother Joseph Fund Program, the hospital provided grants to organizations working to address housing and homelessness

## MENTAL HEALTH INCLUDING SUBSTANCE USE/MISUSE

Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. Substance use is the use of tobacco products, illegal drugs or prescription or over-the-counter drugs or alcohol. Excessive use of these substances or use for purposes other than those for which they are meant to be used can lead to physical, social or emotional harm.

### 2025 Accomplishments

In 2025 we continued to work with partners to expand access to mental health services, programs, and resources to help lessen the stigma associated with mental illness and link community members/patients to mental health, behavioral health, and substance use providers:

- Mental Health First Aid continues to be our primary effort to educate, empower, and create awareness around mental health. In 2025, more than 600 individuals completed the 8-hour training program.
- Mental health navigators continued their work in linking patients with mental health needs to agencies and organizations in the community.
- Through the Mother Joseph Fund Program, the hospital provided grants to organizations working to address mental health, substance use, and behavioral health issues

## About Providence

For nearly 170 years, Providence has been dedicated to supporting communities across the seven states we serve. We have always believed in the power of collaboration, recognizing that strong partnerships are essential to our vision of health for a better world.

As we focus on our core operations of delivering high-quality, compassionate care, we rely on partners in local communities to help us get upstream so we can address the social factors that affect health, especially in communities experiencing high levels of health disparities.

At the heart of this collaboration is our community benefit programs. Every year, our family of organizations identifies unmet community needs and responds with strategic contributions and partnerships. Through this work, we aim to meet basic health needs, remove barriers to health, build resilient communities and find innovative ways to serve those who are most vulnerable.

Together, our 125,000 caregivers (all employees) serve in 51 hospitals, 1,014 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

For more information go to: <https://www.providence.org/about/annual-report>

# 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

Providence Saint Joseph Medical Center is a faith-based, non-profit, acute-care hospital in Burbank, California. Established by the Sisters of Providence in the 1940s, Providence Saint Joseph provides exceptional care and is one of the San Fernando Valley’s most respected and technologically advanced hospitals. Our five core values of Compassion, Dignity, Excellence, Justice and Integrity are the guiding principles for everything we do.

## Our Commitment to Community

Providence health system dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY25, Providence Saint Joseph Medical Center provided \$47,186,196 in Community Benefit in response to unmet needs. For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities:

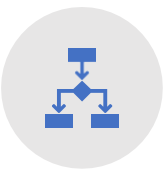
<https://www.providence.org/about/annual-report>.

## 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.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospitals 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**



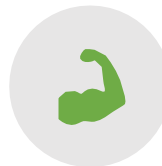
Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

## Community Benefit Governance

Providence Saint Joseph Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Director of Community Health is responsible for coordinating implementation of State and Federal 501r requirements.

The Mission Community Health Committee (Mission Committee) is the advisory body designated by the Valley Service Area Community Ministry Board to advise the Community Health Department. The Mission Committee is composed of Providence Holy Cross Medical Center, Providence Saint Joseph Medical Center and Providence Cedars Sinai Tarzana Medical Center 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 Mission Committee reviewed the data collected in the 2022 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Los Angeles County – San Fernando Valley.

## Planning for the Uninsured and Underinsured

Providence is a Catholic not-for-profit healthcare organization that is dedicated to its Mission of serving everyone, especially those who are poor and vulnerable. Providence believes that getting medical care is a right every person should have. Providence makes sure that emergent and medically necessary healthcare services are available to anyone in the community, even if they can't afford to pay.

We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence Saint Joseph Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. Financial assistance is available to both uninsured and insured patients.

For information on our Financial Assistance Program click [here](#). In FY25, Providence Saint Joseph Medical Center provided \$5,471,893 in charity care.

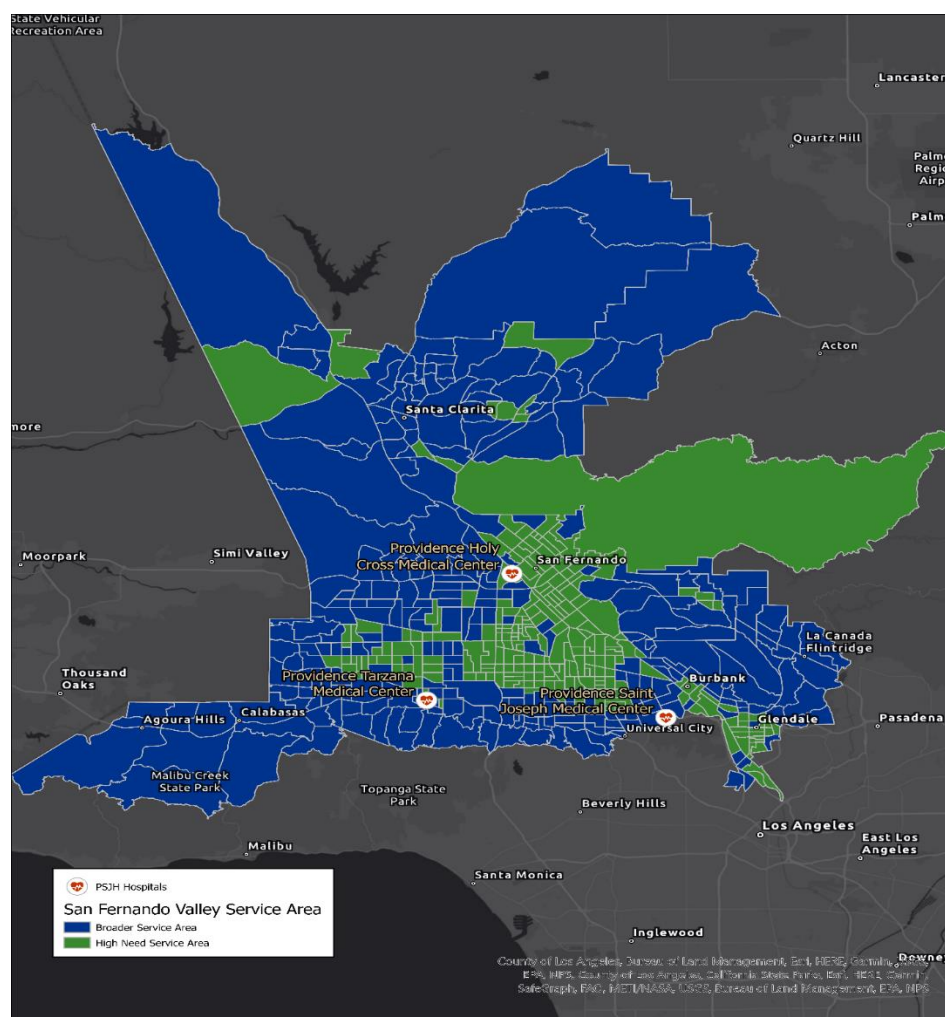
## Medi-Cal (Medicaid)

Providence Saint Joseph Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY25, Providence Saint Joseph Medical Center provided \$38,700,558 in unreimbursed care to patients with Medicaid.

# OUR COMMUNITY

## Description of Community Served

Providence Saint Joseph Medical Center service area is Los Angeles County - San Fernando Valley which overlaps with Los Angeles County's Service Planning Area 2. Of the over 2.2 million permanent residents of Los Angeles County's San Fernando Valley, roughly 45.2% 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.



To facilitate identifying health disparities and social inequities by place, we designated a “high need” service area and a “broader” service area, which together make up the Los Angeles County – San Fernando Valley. Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index \(HPI\)](#) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.<sup>1</sup>

## Community Demographics

### POPULATION AND AGE DEMOGRAPHICS

The San Fernando Valley has about a quarter (23.6%) of its population between the ages of 0-19 compared to over half (56.7%) of its population between the ages of 20-59. While in the High Need areas of the region, over a quarter (25.2%) of its population are between the ages 0-19 and almost three-fifths (58.4%) of its population is between the ages of 20-59. Females represent over half (50.7%) of the population while males represent less than half (49.7%). People under the age of 40 are disproportionately represented in the high-need service area, while people aged 40 and older are more likely to live in the broader service area.

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<sup>1</sup> The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in [Limited English Households](#) (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

## POPULATION BY RACE AND ETHNICITY

A majority of the population in the High Need areas of the San Fernando Valley identify as Hispanic at 60.2% while Asian Americans, Black or African Americans, and American Indians account for 8.9%, 3.8%, and 0.6% respectively.

The Hispanic population is over-represented in the high need service area, with 60.2% of the high need service area identifying as Hispanic compared to 22.8% in the broader service area and 39.9% in the San Fernando Valley overall. People identifying as “other race” are disproportionately represented in the high need service area, with Asian and white people more likely to live in the broader service area.

**Full demographic and socioeconomic information for the service area can be found in the 2022 CHNA for Providence Saint Joseph Medical Center. Found [here](#).**

# COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

## Summary of Community Needs Assessment Process and Results

The 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 hospitals, 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.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code or census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the American Community Survey, Behavioral Risk Factor Surveillance System, and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from a number of existing data sources. To actively engage the community, we conducted listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted stakeholder interviews with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities.

Some key findings include the following:

- Access to quality, affordable care continues to be an issue for many families
- Housing instability remains a problem for many of our communities, especially those that are already vulnerable like seniors on fixed income, households spending more than half of their income on housing, and at-risk youth
- The pandemic caused many individuals and families to delay care due to the fear of contracting the COVID virus which resulted in compounding chronic conditions as well as mental health illness for youth and adults
- Substance use/misuse is an escalating concern for our communities particularly related to marijuana use, tobacco and alcohol abuse, and overdoses

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

## Significant Community Health Needs Prioritized

Through a collaborative process engaging Providence Saint Joseph Medical Center Mission Community Health Committee, the CHNA identified the following priority areas:

### ACCESS TO HEALTH CARE

The majority of key informants cited barriers to accessing care include language, a complicated health care system, transportation, a lack of awareness of resources, siloed programs, and a lack of integration and collaboration among hospitals, community clinics, and urgent care. The community would like to see more assistance navigating these services and telehealth would make health care more accessible.

### HOMELESSNESS AND HOUSING INSTABILITY

Key informants also shared there is little money left over at the end of the month after housing, food, gas, and utility costs. Wages are not keeping pace with increased living costs. Some people in the community are just an episode away from being unhoused. Community members were particularly concerned about low-income and senior housing, as well as shelters for youth identifying as LGBTQIA+. It was also shared that more wraparound services and interim housing that address mental health, substance use, job issues, and ADLs are needed.

### MENTAL HEALTH INCLUDING SUBSTANCE USE/MISUSE

Key informants shared that there is a lack of access for higher acuity care and services at maximum capacity were the main barriers to mental health and substance use care. There is a need for more certified chemical dependency counselors and bilingual services. There has been an increase in the availability of fentanyl. Youth mental health is our biggest societal issue. Kids are exposed to school shootings, suicide rates and ideation are on the rise, and the pandemic has resulted in kids who have lost their social skills.

## Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through grants to the community and in-kind participation in community events and collaboratives aimed at improving health and wellbeing.

The following community health needs identified in the ministry CHNA will not be addressed and an explanation is provided below:

None listed.

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Summary of Community Health Improvement Planning Process

The Community Health Improvement Plan (CHIP) was developed by the Providence San Fernando Valley Medical Centers Community Health Investment Leadership Team.

The criteria for developing the Community Health Improvement Plan included considerations for current/existing evidenced based hospital and community-based programs and resources, new opportunities and potential for growth, and partnerships with local organizations.

The CHIP was reviewed and approved by the Mission Community Health Committee on April 4, 2023. The Providence Valley Service Area Board approved the CHIP on April 20, 2023.

## Addressing the Needs of the Community: 2023- 2025 Key Community Benefit Initiatives and Evaluation Plan

### *2025 Accomplishments*

#### COMMUNITY NEED ADDRESSED #1: ACCESS TO HEALTH CARE

##### *Long-Term Goal(s)/ Vision*

This priority focuses on improving access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system while easing the way for people to access the appropriate level of care at the right time.

**Table 1. Strategies and Strategy Measures for Access to Health Care**

Strategy	Population Served	Strategy Measure	FY25 result	2026 Target
Community Health Insurance Project Bilingual community health workers provided outreach, education, and health insurance application assistance for Medi-Cal and Covered CA	Persons with limited access to health care services and preventive resources including those that face socioeconomic, linguistic, and cultural barriers.	# of people assisted with health insurance applications	1034 individuals	Maintain
CalFresh Enrollment Bilingual community health workers assisted families to enroll in CalFresh	Persons with limited access to health care services and preventive resources including those that face socioeconomic, linguistic, and cultural barriers.	# of people assisted with CalFresh applications	483 individuals assisted	Maintain
FEAST Education and support group that supports health eating and active living	Persons with limited access to health care services and preventive resources including those that face socioeconomic, linguistic, and cultural barriers.	# of people completed program	49 individuals completed program	Increase by 10%

*Evidence Based Sources*

- [Health Insurance](#)
- [Health Insurance Enrollment Outreach and Support](#)

### *Resource Commitment*

Providence Saint Joseph Medical Center will commit staff, in-kind services, and grant funding to address the issue listed above.

Providence will make grants via the Mother Joseph Fund in supporting the area of access to health care services.

We will also utilize Providence Government Affairs to advocate for improvements in accessing health care services when appropriate and partner with Facey Medical Group.

### *Key Community Partners*

Providence Saint Joseph Medical Center believes in collaboration and partnership towards a common goal and shared values. We plan to collaborate with the following organizations to address this need:

- All-Inclusive Community Health Center
- ALZ of Greater Los Angeles
- Catholic Charities – Guadalupe Center
- Charles Drew University
- City of Burbank Joslyn Center
- Comprehensive Community Health Centers
- Convalescent Aid Society
- El Proyecto del Barrio
- Kids Community Dental Clinic
- LA Care
- MEND
- Northeast Valley Health Care Corporation
- ONEGeneration
- San Fernando Community Health Center

## COMMUNITY NEED ADDRESSED #2: HOMELESSNESS AND HOUSING INSTABILITY

### *Long-Term Goal(s)/ Vision*

***This priority focuses on a seamless connection between health care and homeless services, ensuring that people experiencing homelessness receive timely and appropriate linkage to community-based homeless services.***

**Table 2. Strategies and Strategy Measures for Addressing Homelessness and Housing Instability**

Strategy	Population Served	Strategy Measure	FY25 result	2026 Target
CHW Homeless Navigators Hospital emergency department based community health workers assist patients experiencing homelessness with discharge to shelter and or homeless services providers	Patients experiencing homelessness and housing instability	# of unsheltered patients assisted	104	Increase by 50%
Implement screening for homelessness or housing instability	Patients experiencing homelessness and housing instability	% of patients screened	95% of patients screened in the in-patient setting	Maintain
Improve the infrastructure of available recuperative care/interim shelter for patients experiencing homelessness	Patients experiencing homelessness and housing instability	# of partnerships with recuperative care centers	1 partnership maintained with Harbor Care Foundation	Maintain

*Evidence Based Sources*

- [Housing First Programs](#)
- [Low Income Home Energy Assistance Program](#)
- [Rapid Rehousing Programs](#)

*Resource Commitment*

Providence Saint Joseph Medical Center will commit staff, in-kind services, and grant funding to address the issue listed above.

Providence will make grants via the Mother Joseph Fund in supporting the area of homelessness and housing instability.

We will also utilize Providence Government Affairs to advocate for improvements in homelessness and housing instability when appropriate and partner with housing services organizations.

*Key Community Partners*

Providence Saint Joseph Medical Center believes in collaboration and partnership towards a common goal and shared values. We plan to collaborate with the following organizations to address this need:

- Ascencia
- Burbank Housing Corporation
- City of Burbank

- City of Los Angeles
- City of San Fernando
- Harbor Care Foundation
- Home Again Los Angeles
- Hope the Mission
- Housing Agency of the County of Los Angeles
- Los Angeles Housing Services Authority
- National Health Foundation

### COMMUNITY NEED ADDRESSED #3: MENTAL HEALTH INCLUDING SUBSTANCE USE/MISUSE

#### Long-Term Goal(s)/ Vision

***This priority focuses on ensuring equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.***

**Table 3. Strategies and Strategy Measures for Addressing Mental Health including Substance Use/Misuse**

Strategy	Population Served	Strategy Measure	FY25 result	2026 Target
<p><b>Mental Health First Aid</b></p> <p>Mental Health First Aid is a skills-based training that teaches people how to identify, understand and respond to signs and symptoms of a mental health or substance use challenge in adults ages 18 and over.</p>	<p>People and patients experiencing mental, behavioral health, and substance use problems</p>	<p># of people completed training</p>	<p>625 individuals completed program</p>	<p>Maintain</p>
<p><b>Mental Health Navigators</b></p> <p>Mental Health Navigators assist patients with low-acuity mental health needs like anxiety, depression, and stress to be connected to services and resources</p>	<p>People and patients experiencing mental, behavioral health, and substance use problems</p>	<p># of patients approached</p> <p># of patients linked to services</p>	<p>150 patients approached</p> <p>patients linked</p>	<p>Increase by 50%</p>

### *Evidence Based Sources*

- [Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States](#)
- [Meeting the Challenge of Caring for Persons Living with Dementia and their Care Partners and Caregivers](#)
- [Mental Health First Aid](#)

### *Resource Commitment*

Providence Saint Joseph Medical Center will commit staff, in-kind services, and grant funding to address the issue listed above.

Providence will make grants via the Mother Joseph Fund in supporting the area of mental health including substance use/misuse.

We will also utilize Providence Government Affairs to advocate for improvements in mental health services when appropriate and partner with Facey Medical Group on initiatives that support more equitable access to healthcare for priority patient populations.

### *Key Community Partners*

Providence Saint Joseph Medical Center believes in collaboration and partnership towards a common goal and shared values. We plan to collaborate with the following organizations to address this need:

- ALZ of Greater Los Angeles
- Child Development Institute
- City of Burbank
- Didi Hirsch Mental Health Center
- Leeza’s Care Connection
- Mental Health
- National Council for Mental Wellbeing
- Providence High School
- Tarzana Treatment Centers
- The Village Family Services
- Valley Family Center
- West Coast University

## Other Community Benefit Programs

**Table 4. Other Community Benefit Programs in Response to Community Needs**

<b>Initiative (Community Need Addressed)</b>	<b>Program Name</b>	<b>Description</b>	<b>Population Served (Low Income, Vulnerable or Broader Community)</b>
Workforce Development	Community Health Worker Academy	The Community Health Worker Academy identifies, trains, and places CHWs within multiple healthcare systems to reach and serve children and adults in underserved, priority communities throughout the Los Angeles area.	Broader Community
Chronic Disease	Diabetes Prevention Program	The National Diabetes Prevention Program (National DPP) makes it easier for people at risk for type 2 diabetes to participate in evidence-based lifestyle change programs to reduce their risk of type 2 diabetes.	Broader Community
Senior support and social isolation	Senior Health	A social support program for seniors and older adults living Activity programs for older adults   County 21   Page alone to better connect with others in a safe, supportive environment.	Broader Community
Chronic Disease	Zumba	Zumba is a dance class features high- and lowintensity intervals that help improve cardiovascular fitness while also enhancing balance coordination and agility.	Broader Community

# 2025 COMMUNITY BENEFIT FINANCIALS

## 2025 Providence Saint Joseph Medical Center

(January 1, 2025-December 31, 2025)

Community Benefit Financials, referred to in legislation as the economic value of Community Benefit, are reported at cost at align with the 990 Schedule H instructions and Catholic Health Association-USA's most recent guide for Community Benefit Reporting.

Patient financial assistance (traditional charity care) is reported at cost. The unpaid cost of Medicaid, other means-tested programs and Medicare are calculated using a cost-to-charge ratio to determine costs, minus revenue Received for providing that care. The unpaid cost of Medicare reported here excludes Medicare reported as a part of subsidized health services and Health Professions Education (if applicable).

Financial Assistance and Means-Tested Government Program	Vulnerable Population	Broader Community	Total
Traditional Charity Care	\$5,471,893	\$0	\$5,471,893
Medi-Cal	\$38,700,558	\$0	\$38,700,558
Other Means-Tested Government (Indigent Care)	\$0	\$0	\$0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	<b>\$44,172,451</b>	<b>\$0</b>	<b>\$44,172,451</b>

Other Benefits			
Community Health Improvement Services	\$2,015,207	\$0	\$2,015,207
Community Benefit Operations	\$457,900	\$0	\$457,900
Health Professions Education	\$0	\$540,638	\$540,638
Subsidized Health Services	\$0	\$0	\$0
Research	\$0	\$0	\$0
Cash and in-kind Contributions for Community Benefits	\$0	\$0	\$0
Other Community Benefits	\$0	\$0	\$0
<b>Total Other Benefits</b>	<b>\$2,473,107</b>	<b>\$540,638</b>	<b>\$3,013,745</b>

Community Benefits Spending			
Total Community Benefits	\$46,645,558	\$540,638	\$47,186,196
Medicare (non-IRS)	\$23,206,679	\$0	\$23,206,679
<b>Total Community Benefits with Medicare</b>	<b>\$69,852,237</b>	<b>\$540,638</b>	<b>\$70,392,875</b>

## Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

The employees, volunteers, providers and physicians of Providence Saint Joseph Medical Center are the greatest non-financial asset the organization provides for the community. Our team of caregivers provides the best patient-centered health care available in Los Angeles County's San Fernando Valley and volunteer in the community on a regular basis.

Providence Saint Joseph Medical Center was recognized by *U.S. News & World Report* for 2025–2026 as High Performing in neurology, neurosurgery, heart failure, COPD, heart attack, hip fracture, kidney failure, leukemia, lymphoma, myeloma, pneumonia, stroke, and heart arrhythmia.

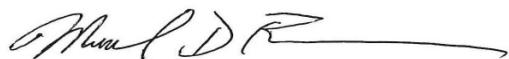
These achievements would not be possible if not for our caring and committed caregivers and providers who deliver excellent patient care and bring their skills and expertise to our hospital and the San Fernando Valley every day. Caring for the caregiver and providing excellent experience for every patient that needs our care are a central focus for Providence Saint Joseph Medical Center.

Our caregivers spend hours volunteering in our community. The partnerships that the hospital has cultivated with community-based non-profit organizations, community clinics, schools, faith-based organizations, business and civic groups have deepened the connections we have with the community. These partnerships contribute to a stronger safety net and community connections.

Community partnership is something we believe in and another non-financial benefit we provide the community. The Community Health department works alongside local funders, foundations, and public health departments to address community needs. Addressing these needs require collaboration with organizations that share the same vision of improving the health of all families and neighborhoods.

## 2025 CB REPORT GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Valley Service Area Community Ministry Board of the hospital on April 16, 2026. The final report was made widely available by May 15, 2026.



5/26/2026

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Michael Robinson  
Chief Community Health Officer  
Providence, South Division

Date

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