



Healthy For Life: A Childhood Obesity Prevention & Intervention Program

ST. JOSEPH HOSPITAL OF ORANGE
FY 12 - FY 14 COMMUNITY BENEFIT PLAN



**St. Joseph Hospital of Orange
FY 12 – FY 14 Community Benefit Plan**

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EXECUTIVE SUMMARY

St. Joseph Hospital (SJH) is a values-based Catholic healthcare provider with a tradition of and commitment to excellence, based on the vision of the Sisters of St. Joseph of Orange. The hospital's strong belief in the intrinsic dignity of each person commits it to be a just employer to its 3,800 employees; to provide healthcare for the whole person, body, mind and spirit; and to collaborate with the 1,000-member medical staff and other healthcare providers to increase access to quality health care. As a nonprofit community hospital, SJH is committed to offering care to those in need without regard to their financial status or level of insurance. This is especially important since Orange County does not have a county hospital to provide services to low-income families. Our hospital provides comprehensive care to some of the poorest communities in Southern California - including some in Santa Ana – a city determined by the Nelson A. Rockefeller Institute of Government in their most recent Update on Urban Hardship as being the most difficult urban area in the United States in which to live¹.

SJH provides a comprehensive range of services, centers and programs: Anesthesia Services, Bariatric Care Center, In-patient Behavioral Health/Psychological Services, Blood Donor Center, Comprehensive Breast Center, Cancer Genetics, Cardiology Services, Colorectal Services, Dialysis Center, Head and Neck Cancer, Kidney Transplant, Melanoma Services, Minimally Invasive Surgery, Nasal Sinus Services, Neurosurgical Services, Obstetrics, Orthopedics, Prostate Cancer, Radiology and Imaging Services, Rehab Services, Sleep Disorder Center, Thoracic Oncology Center and Vascular Institute. The Center for Cancer Prevention and Treatment at SJH opened in August 2008. It is the first center of its kind in Orange County and one of a few such centers in the nation offering convenient access to the latest in diagnosis, treatment and clinical trials.

SJH has a solid reputation for top-notch care. This outstanding reputation is substantiated by these and other recent honors:

- The California Hospital Assessment and Reporting Taskforce (CHART) presented St. Joseph Hospital with a third consecutive "Certificate of Excellence" based on quality data through August 2010. Only three Orange County hospitals earned the accolade.
- In the October 2010 issue of *Consumer Reports*, thoracic and cardiovascular surgeons based at St. Joseph Hospital were listed as one of the nation's top 50 groups, one of the three top groups in California, and were the only group in Orange County named.
- *U.S. News & World Report* has recognized St. Joseph Hospital as one of the top 10 hospitals in Los Angeles/ Orange County for 2011, providing clinical excellence in eight specialties.
- Achieved Magnet designation for nursing excellence, the highest recognition in the nursing profession
- Selected by the National Cancer Institute (NCI) to participate in its Community Cancer Centers Pilot Program (NCCCP). St. Joseph Hospital is the only hospital on the West Coast named to participate in this prestigious program.
- St. Joseph Hospital has been named one of Orange County's most trusted brands in 2010 and 2011, based on an independent survey of consumer attitudes and opinions conducted by The Values Institute at Santa Ana-based DGWB Advertising and Communications and OC METRO.

¹ Montiel LM, Nathan RP, Wright DJ. "An Update on Urban Hardship", Nelson A. Rockefeller Institute of Government, 2007.

SJH's Primary Service Area (PSA) encompasses a large geographic region in central Orange County and it is intended to gain market share and further business development. However, the hospital's Community Benefit Service Area (CBSA) strictly focuses on the most vulnerable members of our community and it is comprised of key communities and zip codes where health disparities and socioeconomic indicators demonstrate the highest need and significant barriers to health care access.

These communities and zip codes include: Santa Ana (92701, 92703, 92704, 92706, and 92707); Anaheim (92801, 92802, 92804, 92805, 92806, and 92807); Garden Grove (92840, 92841, 92843, and 92844); Orange (92865, 92866, 92867, 92868, and 92869); Tustin (92780, 92782); Westminster (92683) Costa Mesa (92626, 92627); Huntington Beach (92647); Stanton (90680)

Secondary CBSA include: Fullerton (92831, 92832, 92833, 92835); Placentia (92870); La Habra (90631); Brea (92821); Buena Park (90620, 90621).

In FY 11, our community benefit programs provided direct medical services, offered preventative care, education and intervention, and joined with various collaborative partners to deliver a greater impact to the communities we serve. The following are the hospital's Community Benefit Priorities/Initiatives established in collaboration with community partners:

Initiative #1: Increase our capacity to provide preventive and curative healthcare services.

Initiative #2: Increase the availability of prevention and treatment of chronic disease with a focus on diabetes, obesity and dental services.

Initiative #3: Oversee the effective transition of MediKids to the Children's Health Initiative of Orange.

Initiative #4: Enhance community mental health services with a focus on collaboration in the areas of prevention, early identification, education and particular focus on depression, spousal abuse and addiction.

MISSION, VISION AND VALUES

Our Mission

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

Our Vision

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

Our Values

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

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

The compassionate spirit of our founding Sisters of St. Joseph of Orange lives on. For over 80 years SJH has been serving the healthcare needs of the Orange County community. From the very beginning, our talented and caring clinicians have worked hard to achieve many milestones in the hospital's rich history. SJH has enjoyed being the first in many medical achievements in Orange County. In addition to being on the cutting edge of medical technology and innovation, SJH has a history of proactive community engagement and collaboration. In 1986, the hospital opened its first community clinic, La Amistad Family Health Center, in the Buena Clinton neighborhood of Garden Grove. A few years later, La Amistad relocated to the City of Orange and opened a dental clinic along side the medical clinic. La Amistad's primary goal is to serve the most vulnerable and underserved population in our community. In 1996, SJH took the lead on a collaborative project that today is known as Puente a la Salud Mobile Community Clinics. Fifteen years later, Puente has three mobile clinics in operation; a medical, a dental and a vision mobile clinic. These mobile clinics travel throughout Orange County to partnering community sites and provide services in neighborhoods and communities that would otherwise have no access to care.

SJH has the reputation in the community for being a partner as well as taking a lead role in collaborative partnerships. Since 1996, SJH has engaged in multiple, multi-year collaborative partnerships in an effort to respond to identified community needs, i.e., specialty care to the underserved diabetic population in Orange County; dental health services to underserved children 0-18 years of age; cardiac screening, referral and treatment for the at risk underserved population in central Orange County; and assistance with outreach, enrollment and care coordination for uninsured and underserved children in Orange County. In each and every one of these collaborative partnerships, SJH provides above and beyond what a grant agreement holds us to. The In-kind support and resources dedicated to each community partnership is essential to accomplish goals and outcome measures but, it is also the right thing to do if we are to truly respond to the needs of those living in poverty and to community health improvement.

ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit in accordance with a Board-approved Charter. The Community Benefit Committee meets six times a year. Two of the hospital's senior Executive Management Team (EMT) members serve on the Community Benefit Committee: the Chief Executive Officer/ President and the Vice President of Mission Integration.

The Community Benefit Committee consists of at least eight (8) members. The Committee includes at least three (3) members of the Board of Trustees. At least a majority of the Committee consists of members from the community who have knowledge and experience with populations who have Disproportionate Unmet Health Needs. The Board of Trustees and EMT receive regular updates on Community Benefit Programs' progress and outcomes. Per the Community Benefit Committee Charter, the Committee's involvement with Community Benefit programs includes overseeing and providing general direction to the Hospital's Community Benefit activities including:

- a. Budgeting decisions- Review, approve, and recommend the Care for the Poor budget and all community benefit expenditures annually.
- b. Program content- Review, approve, and recommend new community benefit program content.
- c. Program design- Review, approve, and recommend overall program design that will best meet the need of the community(ies) served.
- d. Geographic/population targeting- Insure that community benefit programs target communities with disproportionate unmet health needs in the service area of the Corporation.
- e. Program continuation/termination- Review and recommend programs for continuation/discontinuation annually.
- f. Fund Development support- Identify funding sources and partnerships for community benefit programs. Provide letters of support or introduction as appropriate.
- g. Community wide Engagement- Assure effective communication and engagement of diverse stakeholders in community benefit planning and implementation.

This year, the Community Benefit Committee was involved in the planning process and prioritization of initiatives. In March 2011, The Committee participated in a "planning session" facilitated by the hospital's Executive Director of Strategic Planning. The purpose for the planning session was to engage the Committee in identifying, prioritizing and ranking key initiatives to set fourth the focus for the three-year Community Benefit Plan. The planning session was structured to cover four major areas- 1) Community Benefit FY 2010 Report on Progress; 2) SJHS Geographic Mapping and Community Profile; 3) Orange County Health Needs Assessment Trend Report: St. Joseph Hospital 2010 Needs Assessment; and 4) FY 12-14 Strategic Plan Prioritization and Ranking Process. Two guest speakers were invited to present on the data. Pamela Austin, CEO of Orange County Health Needs Assessment and Marie Prosper, Project Manager in Community Health Department at St. Joseph Health System. At the end of the planning session, the Committee reached consensus around the top 3 key initiatives that will guide our community benefit efforts and focus our finite resources to respond to community needs and provide meaningful outcomes.

Lastly, the Community Benefit Plan is directly linked to the hospital's Strategic Plan FY 11-13. One of the four major outcome goals and areas of focus in the strategic plan is Healthiest Communities. The goal of Healthiest Communities is to improve the health status of all identified residents in the areas we serve ---- directly through clinical care, education, screening, prevention and wellness; indirectly, through advocacy.

SJH Strategic Initiatives in FY 12: Employee Wellness and Health Improvement-

- Childhood Obesity: provide and continuously enhance effective childhood obesity programs
- Access to Care: Utilize innovation to enable increased access to quality healthcare

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 **Patient Financial Assistance Program (FAP)** that provides free or discounted services to eligible patients.

One way SJH 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.

The Patient Financial Services Dept. includes wording related to the FAP in our Patient Friendly Billing statement as well as in each letter that is sent to patients. We also insure that our auto dialer gives patients an option to request financial assistance at the time of the call. Detailed information is also available through our website. The FAP has been reviewed and signed by staff. Job aides pertaining to specific Patient Financial Services process and affected by the policy have been created, reviewed, signed and are continuously reviewed by our Quality Assurance Analyst.

Personnel who have been trained to review financial assistance applications for completeness and accuracy review completed applications as quickly as possible and provide a timely response. A financial assistance determination is made only by approved hospital personnel according to the following levels of authority:

- a) Financial Assistance Coordinator: Accounts less than \$2,500
- b) Director of Patient Financial Services: Accounts less than \$25,000
- c) Chief Financial Officer: Accounts less than \$100,000
- d) Chief Executive Officer: Accounts greater than \$100,000

COMMUNITY DEFINITION OF THE COMMUNITY BENEFIT SERVICE AREA

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

These communities and zip codes include: Santa Ana (92701, 92703, 92704, 92706, 92707); Anaheim (92801, 92802, 92804, 92805, 92806, 92807); Garden Grove (92840, 92841, 92843, 92844); Orange (92865, 92866, 92867, 92868, 92869); Tustin (92780, 92782); Westminster (92683) Costa Mesa (92626, 92627); Huntington Beach (92647); Stanton (90680)

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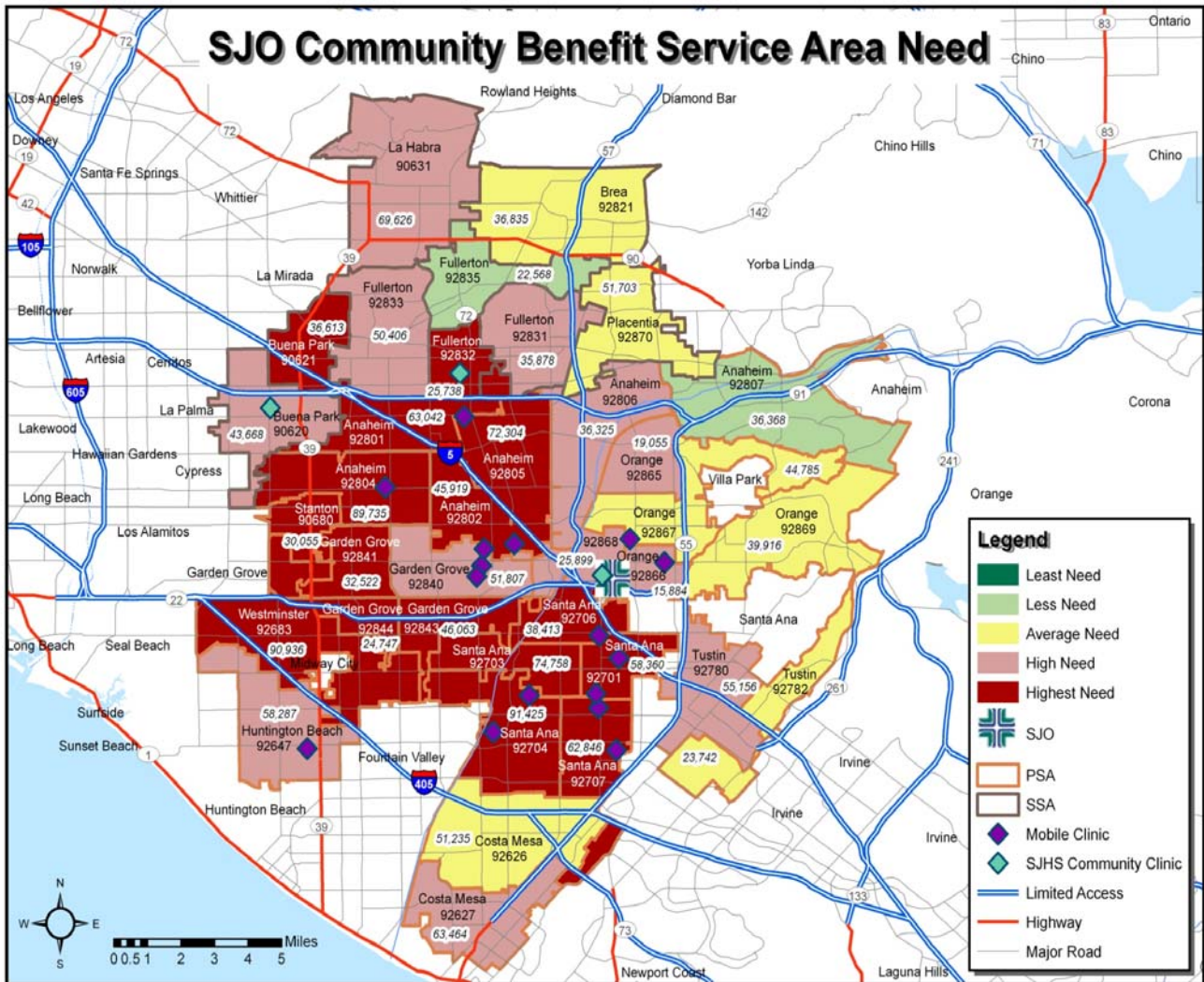
Community Benefit is characterized as programs or activities that promote health and healing in response to identified community needs. In order to accurately define community need, we are using two tools provided by St. Joseph Health System. The first tool, The Community Need Index (CNI) was developed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

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

Color-Coded Maps

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

The second tool, Intercity Hardship Index (IHI) was developed by the Urban & Metropolitan Studies Program at the Nelson A. Rockefeller Institute of Government. IHI aggregates six socioeconomic indicators that contribute to health disparity (at the block group level). Indicators include: Income level, per capita Income; Crowded Housing, % of households with 7+ people; Unemployment, % of those 16 and over without employment; Education, % of those 25 and over without a HS diploma; Poverty, % of people living below FPL; and Dependency, % of the population under 18 years and over 64 years.



Source: Community Need Index, Catholic Healthcare West, 2011

Prepared by the St. Joseph Health System Community Health Department

COMMUNITY NEEDS & ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs and Assets Assessment Process and Results

The Orange County Health Needs Assessment (OCHNA) is a community-based, not-for-profit collaborative that was created and designed to meet the requirements of SB697 for all not-for-profit hospitals in Orange County; the collaborative is jointly funded by the Health Care Agency of Orange County, the Children and Families Commission, CalOptima, and the nine Orange County not-for-profit HASC member hospitals.

Due to the economic downturn, county hospitals and governmental partners were unable to provide sufficient funding to conduct the random digit dial telephone survey of 5,000 households for the Orange County 2010 health needs assessment. An alternative needs assessment plan was developed that incorporated a mix mode approach to data collection that included a trend analysis of four previous OCHNA health needs surveys (1998, 2001, 2004, and 2007), as well as additional primary data from the Census Bureau's American Community Survey and the California Health Information Survey. Population estimates for OCHNA 1998 and 2001 were updated with the latest estimates from the State of California Department of Finance, so the estimates provided for the county will differ from county estimates provided in previous reports released by OCHNA. In addition, OCHNA incorporated objective/secondary data sources, demographics/census data, and a key informant survey that OCHNA administered online, to be used as the source of qualitative data.

Objective/secondary data came from numerous sources (all cited within the report), including Dept. of Finance, 2009 Census estimates by Nielsen Claritas, Orange County Health Care Agency, and Healthy People 2010 (used as benchmarks). Qualitative data was obtained through a key informant survey of community based organizations, foundations, health advocates, community clinics, local political/policy leaders, public health organizations, and other hospitals.

In addition, OCHNA conducted a web-based survey for key informants (local health care leaders) in the community. Key informants provided their opinions about the health needs of the county, barriers faced by patients accessing care, challenges in the county health care system, as well as the forms and quality of collaborative relationships among their organizations, service area hospitals and other groups.

Results of the SJH: 2010 Needs Assessment Report

St. Joseph Hospital Service Area Population, 2010						
	St. Joseph Hospital Service Area		Primary Community Benefits Service Area		Secondary Community Benefits Service Area	
	Population Estimate	% of OC Population	Population Estimate	% of OC Population	Population Estimate	% of OC Population
Population Size	2,309,034	74.7%	1,345,048	43.5%	373,035	12.1%
Household Size	703,502	70.3%	371,870	37.2%	120,288	12.0%
Age Distribution of Service Area						
Age Groups	Population Estimate	% of Service Area	Population Estimate	% of Service Area	Population Estimate	% of Service Area
0-4 Years	171,033	7.4%	111,739	8.3%	26,457	7.1%
5-9 Years	163,662	7.1%	103,507	7.7%	25,474	6.8%
10-14 Years	163,756	7.1%	102,463	7.6%	25,671	6.9%
15-17 Years	100,838	4.4%	59,265	4.4%	15,986	4.3%

St. Joseph Hospital Service Area Population, 2010						
	St. Joseph Hospital Service Area		Primary Community Benefits Service Area		Secondary Community Benefits Service Area	
	Population Estimate	% of OC Population	Population Estimate	% of OC Population	Population Estimate	% of OC Population
18-24 Years	236,727	10.3%	137,295	10.2%	38,126	10.2%
25-44 Years	670,375	29.0%	408,382	30.3%	104,662	28.0%
45-64 Years	561,438	24.3%	295,088	21.9%	91,673	24.6%
65+ Years	241,205	10.4%	127,309	9.6%	44,986	12.1%
Race/Ethnicity Distribution						
Race/Ethnicity	Population Estimate	% of Service Area	Population Estimate	% of Service Area	Population Estimate	% of Service Area
White	853,311	37.0%	356,740	26.5%	144,000	38.6%
Hispanic/Latino	903,399	39.1%	706,987	52.6%	143,569	38.5%
Vietnamese	157,523	6.8%	122,069	9.1%	5,433	1.5%
Other Asian or Pacific	287,573	12.5%	128,870	9.6%	60,173	16.1%
Black or African	37,072	1.6%	20,313	1.5%	9,021	2.4%
Other	70,156	3.0%	10,069	0.7%	10,839	2.9%

Source: 2010 US Census Estimates by Nielsen Claritas

- **43.5%** (1,345,048) of the Orange County population resided in the primary community benefits service area.
- **Over half (52.6%)** of the population in the primary community benefits service area were Hispanic/Latino, compared to **39.1%** in the hospital service area.
- Close to **one in five (18.7%)** in the primary community benefits service area was with either Vietnamese (**9.1%**) or Other Asian or Pacific Islander (**9.6%**).
- Close to **one in three (30.3%)** adults in the primary community benefits service area was in the age group 25 to 45 years of age.
- Over **one in four (28%)** residents in the primary community benefits service area was under 18 years of age.
- **12.1%** (373,035) of the Orange County population resided in the secondary community benefits service area.
- There is an equal population distribution amongst whites (**38.6%**) and Hispanic/Latinos (**38.5%**) in the secondary community benefits service area.
- Other Asian or Pacific Islanders account for **16.1%** of the population in the secondary community benefits service area, compared to only **1.5%** of Vietnamese.
- Over **one in four (28%)** of adults in the secondary community benefits service area was between the ages of 25-44. **One in four (25%)** of residents in the secondary community benefits service area was under 18 years of age.

Top 5 Cities where Latinos Reside in Orange County, 2009		
City of Residence	Percent of O.C. Hispanics	Population Estimate
Santa Ana	26.2%	270,736
Anaheim	17.5%	180,666
Garden Grove	6.8%	70,687
Orange	5.3%	54,320
Fullerton	4.4%	45,393

Source: U.S. Census Bureau, 2009 American Community Survey

Table 4: Language Spoken at Home (5+ Years): St. Joseph Hospital Service Area, 2010		
Language	St. Joseph Hospital Service Area	Primary Community Benefits Area
English Only	49.7% 1,063,259	39.3% 484,120
Asian or PI Language	14.6% 313,075	14.3% 175,786
Indo-European Language	3.6% 76,795	2.5% 30,178
Spanish	31.2% 666,100	43.4% 534,418
Other Language	0.9% 18,772	0.7% 8,807
Population 5+ Years	2,138,001	1,233,309

Source: 2010 US Census Estimates by Nielsen Claritas

- 1 in 8 households (13% or 93,518) in the SJH service area had an annual income of less than \$25,000.
- The median household income in both community benefits service areas is lower than the Hospital service area's median of **\$71,563**.
- The cities of Anaheim, Garden Grove, Santa Ana and Stanton all had median household incomes below **\$60,000**.
- There were no cities with a median household income above \$100,000 in the community benefits service area, the city with the highest median household income was Placentia, in the secondary community benefits service area, with a median household income of **\$81,463**.
- From **1998** through **2007** Orange County the number of adults and children **without** health coverage decreased significantly; for adults it dropped from a high of under **15%** to a low of **9%**; for children it dropped from about **11%** to less than **4%**.
- Overall the uncovered rate in Orange County has **more than doubled from 2007 to 2009** for both adults (increasing from **9%** to **20%**) and children (increasing from under **4%** to just over **10%**). For adults, the 2009 rate is higher than the 1998 rate estimated by the OCHNA survey.
- Ethnic/minority populations throughout Orange County have experienced the largest losses of health care coverage, with almost **1 in 3 Hispanic/Latino (32%)** individuals having **no health care coverage**.
- Latino children are over **4 times (16%)** more likely than white children (**3%**) to be without health care coverage, and just over **43%** of Latino adults and **15%** of all Asians are **without** coverage health care coverage.

- Uninsured rates are even worse in cities that have higher proportion of low income, and minority populations, with double digit unemployment rates.
- **Santa Ana:** 47% of Adults (18-64) and 20% of children (0-17) were without health coverage; rate of unemployment rose from 6% in 2007 to 14% as of October 2010.
- **Garden Grove:** 35% of Adults (18-64) and 13% of children (0-17) were uncovered; rate of unemployment rose from 5% in 2007 to 11% as of October 2010.
- **Orange:** 28% of Adults (18-64) and 12% of children (0-17) were uncovered; rate of unemployment rose from 4% in 2007 to 8% as of October 2010.
- **Anaheim:** 31% of Adults (18-64) and 12% of children (0-17) were uncovered; rate of unemployment rose from 5% in 2007 to 12% as of October 2010.

With the dramatic loss of health coverage among Orange County residents, it follows that there has been an accompanying loss of dental coverage in the population; almost 13% of Orange County children and 24.0% of Orange County adults lacked health coverage in 2009. It is probable that an even greater percentage of children and adults lacked dental coverage for that year.

Denti-Cal Policy Changes and Impact- Most preventative dental services to adults ages 21 years and older were eliminated as of July 1, 2009 due to the state budget crisis, except for limited dental services for the "relief of pain and infection," such as a tooth removal.

- **Almost 25% (87,142)** of children 6 to 17 years of age spent **3 or more hours** watching TV or playing video games, and **10.8% (38,149)** spent **3 or more hours** using the computer or surfing the Internet.
- **California Physical Fitness (PFT)** – Rates on 6 standards: Aerobic Capacity, Body Composition, Flexibility, Abdominal, Trunk and Upper Body Strength Results for SJH service area:
 - In the **2008-09** school year only **34% (9,609)** students) of 5th graders, **42% (12,685)** students) of 7th graders, and **43% (14,106)** students) of 9th graders met all of the six fitness standards.
 - In the **2007-08** school year, **32% (9,347)** students) of 5th graders, **41% (12,250)** students) of 7th graders, and **42% (13,341)** students) of 9th graders met all of the six fitness standards.
 - In the **2000-01** school year, **26% (7,946)** students) of 5th graders, **31% (9,052)** students) of 7th graders, and **31% (7,545)** students) of 9th graders met all of the six fitness standards.
- The St. Joseph service area falls short of the Healthy People 2020 Objective of **14.6%** of children and adolescents who are overweight; **19.9%** (72,008) were overweight in 2007, **5.3** percentage points *more* than the HP 2020 Objective.
- **6.9% (111,256)** of adults reported that they were diagnosed with emotional, mental, and behavioral health disorders by a doctor or other health care provider; **25.8% (27,870)** of those have never received treatment for their condition.
- In the SJH service area, **28.3% (53,927)** of adults who were told by a doctor that they had a disorder or that they should seek professional mental health care did not receive treatment or counseling.
- **30.2% (13,644)** of adults who needed treatment could not receive it either because they could not afford treatment and/or they had no coverage for mental health treatment.

As mentioned previously, objective/secondary data from The Orange County Health Care Agency Research and Planning - OC Geographic Health Profile 2011, provided key health indicators to convey geographic distribution and to identify areas of need. This data source provides a different scope and a broader picture of the impact of identified needs on the current infrastructure. The following are summary findings relevant to Central OC.

- Over half a million people in the county do not have health insurance (535,173 or 17.7% of the population). One in ten children does not have insurance (10.4%).

- The cities with the highest percentage of uninsured children included Santa Ana (20%) and Fullerton (17.5%). Other cities with high rates of children who do not have health insurance include Garden Grove (13%), Anaheim (11.8%), and Orange (11.6%).
- 15.2% of all OC children were below the poverty level.
- OC's unemployment rate (not seasonally adjusted) was 9.6% in September 2010.
- Fourteen zip codes from Westminster, Santa Ana, Anaheim, Garden Grove, Costa Mesa and Fountain Valley accounted for more than 50% of the MSI population.
- Fifteen zip codes from Santa Ana, Anaheim, Garden Grove, La Habra, Tustin, Costa Mesa, and Westminster accounted for over half (57%) of the county Medi-Cal eligible population.
- SJH had the second highest percentage of hospital discharges at 8.3% or 3-year average 26,863.
- SJH was among the five hospitals with the highest percentage of hospital discharges for Latinos (10%).
- SJH had the second most birth-related discharges (3-year average 10,532).
- Latinos had the highest natality rate (crude birth rate) at 20.3 per 1,000 population. The second highest group was Asian/Pacific Islander with a rate of 13.1 per 1,000. Countywide average is 13.8 per 1,000.
- Latinas had the second highest percentage at 13.3% of all births with late or no prenatal care.
- The average charge per day in 2006-2008 for all diagnosis was \$13,039.
- Tuberculosis (TB) rates ranged from 8.4 to 34.4 per 100,000 population. The cities of Garden Grove and Westminster had the highest rate of TB cases in OC.
- Racial and ethnic minorities disproportionately represent the majority of TB cases in OC. Asian Pacific Islanders (61%) and Latinos (29%).
- The top ten leading causes of death in OC were Heart Disease (1), Cancer (2), Stroke (3), Lung Disease (4), Alzheimer's (5), Unintentional Injury (6), Influenza & Pneumonia (7), Diabetes (8), Cirrhosis (9), and Suicide (10).
- Diabetes was among the top five leading causes of death for Latinos and sixth for Asian & Pacific Islanders in OC.
- 44.6% of the nearly 700,000 annual visits to EDs by OC residents could have been avoided or otherwise treated in a primary care setting.
- The highest percentage (48.2% to 51.7%) of avoidable ED visits were made by patients residing in generally less affluent central and northern parts of the county, specifically Santa Ana, west Anaheim, and parts of Buena Park and Stanton.
- The second highest range (44.7% to 48.1%) included much of the areas surrounding Santa Ana such as Orange and parts of Tustin, Placentia, Fullerton, Garden Grove, Westminster and La Habra.

Identification and Selection of DUHN Communities

DUHN Group and Key Community Needs and Assets Summary Table

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Low income underserved and uninsured population living in CBSA.	Culturally appropriate and affordable medical, dental and vision services.	Strong local Coalition of OC Community Clinics provides a safety net for underserved medically vulnerable population.
Low income underserved and uninsured school-age children.	Appropriate and accessible oral health education, screening and treatment.	Engaged community partners with a strong interest to collaborate and address identified dental health crisis.
Clinic diabetic patients referred by providers from La Amistad or Puente clinics.	Culturally appropriate health education, wellness and prevention services with a focus on diabetes.	The population has an understanding of their chronic disease and is relatively motivated to manage their disease.
Low income underserved and uninsured children (0 to 18 years of age).	Assistance with enrollment and retention of available public health insurance programs.	Community partnerships in OC have dramatically strengthened around the area of enrollment and care coordination. Multiple enrollment sites throughout OC.
Underinsured mothers with newborns suffering from postpartum depression.	Affordable screening and treatment for postpartum depression.	SJH program is unique in that we provide screening, treatment and education with a Licensed Behavioral Health Clinician.
Low income overweight children in selected OC schools.	School-based childhood obesity prevention and intervention programs.	Local school districts are supportive and willing collaborative partners.
Low income underserved women 35 years or older and men age 55 or older at risk for cardio vascular disease.	Screening, referral and treatment for cardio vascular disease.	Accessible community locations to provide services. Strong support for service delivery by community partners.

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

Criteria and process used for selecting priority initiatives and programs by and large follows the results of the needs and assets process. To begin the process, in March 2011, the hospital held a Community Benefit planning session attended by Board members as well as Community Stakeholders. The majority of Community Benefit Committee members are key local community leaders. They represent the voice of the residents who are direct recipients of the programs and services we provide.

The data presented at the study session depicted a community profile that severely lacks access to basic care and health services. The data provided information about higher than state average unemployment

rates, increased poverty rates, fewer services and higher premiums, more reduction in available services, and aggregate socioeconomic indicators that contribute to health disparity.

Upon identifying the glaring unmet needs and gaps in care, the Community Benefit Committee determined by consensus the direction in which to focus our efforts and resources. Ranking and prioritization was accomplished by each participant identifying priority areas and “posting” them on large poster boards. Once everyone had an opportunity to speak in support of their priority areas, the facilitator and community benefit staff organized each “posted” priority area in groups. The grouping of priority areas allowed participants to further determine major themes until it was clearly visible that three groups emerged and encompassed the areas of focus. Consequently, the three priority initiatives were identified.

As a result, this process allows us to discern which community benefit programs will be maintained, enhanced, redesigned and /or phased out. Subsequently, the Community Benefit Committee’s task is to determine and ensure that the over-arching initiatives are linked to programs that operationalize the intent of each initiative. The Community Benefit Committee has an opportunity to see how each initiative is addressed on a tactical level, provide feedback, and recommend modifications where needed.

As soon as the priority areas have been identified and endorsed by the Committee, the Community Benefit Plan is developed by the Director of Community Benefit. The Committee reviews drafts of the Plan, provides feedback, and recommends the final draft of the Plan for approval by the hospital’s Board of Trustees.

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

Each initiative will incorporate the following commitment- Proactively pursue opportunities to facilitate collaborative partnerships in order to improve conditions and outcomes related to the health and well being of the (vulnerable) communities we serve.

Initiative #1 & 2 - Access to Primary Care and Dental Services

- Increase clinic capacity in the areas of Medical, Dental and Vision Services
- Focus on DUHN population with emphasis in Santa Ana and Anaheim
- Continue efforts in children’s access to appropriate health insurance programs.

Initiative #3 - Wellness, Prevention & Intervention

- Provide health education to promote a healthier lifestyle:
 - Exercise, healthy eating
 - Increase awareness of available Farmer’s market and/or community gardens
- Provide health education on chronic disease management and prevention to include:
 - Diabetes, cholesterol, obesity

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

Access to Primary Care Initiative

Goal: Expand access to primary care to residents at or below 200% FPL in the SJO Community Benefit Service Area.

Community Partners: Cobin FRC, Santa Ana; Friendly Center, Orange; St. Ann's Catholic Church, Santa Ana; Delhi FRC, Santa Ana; Lestonnac Free Clinic, Orange; American Diabetes Association; Braille Institute; OC Health Care Agency, Santa Ana; St. Jude Neighborhood Health Center, Fullerton; Latino Health Access, Santa Ana; and Children's Health Initiative of OC providing enrollment sites and care coordination.

Outcome Measure: The total number of unduplicated patients served (medical and vision).

Scope: Disproportionate Unmet Health Needs population (low-income adults and children) living in the hospital's Community Benefit Service Area.

Strategies:

1. Partner with community sites in Santa Ana and Anaheim where mobile medical and vision services can be provided.
2. Provide Medical Services for adults.
3. Provide Vision screening, treatment for eye disease and injury, and optical supplies including corrective lenses and frames.
4. Provide individualized education about treatment plan for vision and eye care at patient visits.
5. Provide enrollment assistance and care coordination for low-income children in appropriate health insurance programs.

Strategy Measures:

1. Number of site partnerships as established by Memorandum of Understanding.
2. Number of patient encounters in Medical.
3. Number of optometry visits for eye disease, injury and refractive error.
4. Number of participants who adhere to treatment plans.
5. Number of low-income children enrolled in appropriate health insurance programs.

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

Access to Dental Care Initiative

Goal: Reduce dental decay prevalence among low -income residents in SJO Community Benefit Service Area.

Community Partners: Community sites where Puente Dental Mobile Clinic provides care- Crittenton Family Services, Fullerton; Northgate Gonzalez Supermarket, Anaheim; Santa Ana Unified School District, Valley High School, Santa Ana; Parkview Elementary School, Garden Grove; Oakview Preschool, Huntington Beach; Ponderosa FRC and School, Anaheim and Garden Grove city line; Garfield Elementary School, Santa Ana; Santa Ana Police Officers Association, Santa Ana; and Corbin FRC, Santa Ana. In total, 53 schools are served through these sites. Healthy Smiles for Kids of Orange County.

Outcome Measure: Percent of children and adults with dental caries (cavities).

Scope: Disproportionate Unmet Health Needs population living in the hospital's Community Benefit Service Area.

Strategies:

1. Provide preventive dental treatment to children.
2. Provide restorative dental treatment to children.
3. Ensure complete dental treatment for children.
4. Provide restorative dental treatment for adults.
5. Collaborate with new community partners focused on children's oral health.

Strategy Measures:

1. Number of preventive dental treatment provided to children.
2. Number of restorative dental treatment provided to children.
3. Percentage of dental treatments completed for children.
4. Percentage of restorative dental treatment provided for adults.
5. Number of new collaborations.

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

Wellness, Prevention and Intervention Initiative

Goal: Improve health of residents living in the SJO Community Benefit Service Area by reducing their risk of negative health outcomes.

Community Partners: Local Unified School Districts in OC; Family Resource Centers in OC; SJO Heart and Vascular Center and Puente a la Salud Mobile Clinics. The Cambodian Family, Jamboree Housing, and Alta Med to provide technical and advisory support for Office of Minority Health Partnerships Active in Communities (PAC) to Achieve Health Equity Grant.

Outcome Measure: Percent of persons defined as at risk of negative health outcomes.

Scope: Disproportionate Unmet Health Needs population (adults and children) living in the hospital's Community Benefit Service Area.

Strategies:

1. Reduce childhood obesity by promoting a healthier lifestyle.
2. Use clinical measures to determine health improvement associated with behavioral change for diabetic population.
3. Educate population diagnosed with diabetes on the value of encouraging family members to eat better and exercise more.
4. Provide access to cardiovascular education, screening and treatment.
5. Collaborate with new community partners focused on chronic disease risk reduction

Strategy Measures:

1. Number of children who maintain or decrease their Body Mass Index (BMI).
2. Number of patients diagnosed with diabetes that decrease their Hemoglobin A1C level by at least one percent point from baseline.
3. Number of patients diagnosed with diabetes who report that information received in program resulted in a positive health behavior change within their family.
4. Number of cardiovascular screenings and treatment referrals to appropriate clinic partner.
5. Number of new collaborations with key community partners.

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

ADDITIONAL PRIORITY: Postpartum Depression Program

Goal: To reduce postpartum maternal depression.

Community Partners: MOMS of OC, local physicians, and SJH Mother Baby Assessment Center.

Outcome Measure: The percentage of clients who have recovered.

Scope: Mothers who deliver at SJH who are a) screened by Bridges using a psycho-social screening tool, and b) are at 10 or above on the Edinburgh scale prior to discharge; or any mothers referred by physicians; and any mothers referred by Bridges or other professionals.

Strategies:

1. Increase number of sessions per client in treatment.
2. Determine appropriate intervention for women in the program.
3. Reduce the financial burden to clients.

Strategy Measures:

1. Average number of sessions for women who complete/ close treatment.
2. Percent of improvement/recovery score for women who are taking medication and those who are not taking medication.
3. Average financial cost to the patient for treatment. *Excludes FAP qualifying patients.*



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