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EXECUTIVE SUMMARY

St. Joseph Health, Mission Hospital is an acute care hospital founded in 1971 and located Mission Viejo, CA. It became a member of St. Joseph Health in 1994. The facility has 522 licensed beds, 232 of which are currently available. Mission Hospital has two campuses in South Orange County. Mission Hospital has been serving the greater needs of the community for more than 40 years, improving the quality of life in the communities it serves. Mission Hospital in Mission Viejo, the region’s only designated trauma center, offers 24-hour emergency care and specialized services for imaging, heart, stroke, maternity, and women’s wellness needs. Mission Hospital Laguna Beach offers 24-hour emergency, intensive and medical-surgical care as well as the South County’s only behavioral health services including hospital-based chemical and pain medication dependency treatment. CHOC Children’s at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. Mission is the only hospital to twice earn the Ernest A. Codman Award for Excellence in quality healthcare presented by The Joint Commission for its Traumatic Brain Injury protocol and Rapid Response Nursing Team, and recently earned Magnet® recognition from the American Nurses Credentialing Center. A member of the St. Joseph Health System, Mission Hospital is one of 14 not-for-profit hospitals sponsored by the St. Joseph Health Ministry. For more information, visit mission4health.com.

Community Benefit is the cornerstone of who we are as a ministry of the Sisters of St. Joseph of Orange. We serve the dear neighbor and provide much needed services to our most vulnerable communities through our programs such as financial assistance and initiatives that are specifically designed for our low-income residents. We also provide programs for the broader community to improve health and quality of life.

In response to identified unmet health-related needs in the community needs assessment, during FY15-17 Mission Hospital will focus on three initiatives for the broader and underserved disadvantaged members of the surrounding community.

**Access to Health Care** We will work to improve access to health care services by helping residents to enroll in health insurance, improve systems of integration, and build upon our networks of care.

**Mental Health** We will work to improve the mental health of our most vulnerable residents through prevention and ensuring access to appropriate, affordable services.

**Substance Use Prevention** We will look to bolster our current programs as well as partner with local agencies to help prevent substance use and increase our ability to connect community members who are currently suffering from addiction to services.

Due to the fast pace at which the community and health care industry change, Mission Hospital anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the Mission Hospital Community Health Needs Assessment (CHNA). On an annual basis Mission Hospital evaluates its Community Benefit (CB) Plan, specifically its strategies and resources, and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.
Organizational Commitment

In 1986, St. Joseph Health created a plan and began an effort to further its commitment to neighbors in need. With a vision of reaching beyond the walls of health care facilities and transcending traditional efforts of providing financial assistance for those in need of acute care services, St. Joseph Health created the St. Joseph Health Community Partnership Fund (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities.

Each year Mission Hospital allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, Mission Hospital will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership Fund. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals’ service areas.
INTRODUCTION – WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, Mission Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out “the Dear Neighbors” and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28-bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

Mission, Vision and Values and Strategic Direction

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

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

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

St. Joseph Health, Mission Hospital has been meeting the health and quality of life needs of the local community for over 42 years. Serving the communities of south Orange County, California, the region’s only designated trauma center offers 24-hour emergency care and specialized services for imaging, heart, stroke, maternity, and women’s wellness needs. Mission Hospital Laguna Beach offers 24-hour emergency, intensive and medical-surgical care, as well as the South County’s only behavioral health services, including hospital-based chemical and pain medication dependency treatment. CHOC Children’s at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. With over 2,500 employees committed to realizing the mission, Mission Hospital is one of the largest employers in the region.

Strategic Direction
As we move into the future, Mission Hospital is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health and Mission Hospital are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.
ORGANIZATIONAL COMMITMENT

Mission Hospital 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 underserved.

In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year Mission Hospital allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1). 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, Mission Hospital will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership Fund. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals’ service areas.

Community Benefit Governance and Management Structure

Mission Hospital further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and the Director of Community Benefit are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements, as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Vice President of Mission Integration provides orientation for all new Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

Mission Hospital has utilized a Community Benefit Committee for many years to provide governance of charitable activities at Mission Hospital. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a
Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and providing direction of Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes three members of the Board of Trustees and 12 community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets bi-monthly.

Roles and Responsibilities

Senior Leadership
- CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)
- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with the ministry’s values as well as regulatory standards. It includes diverse community stakeholders. Trustee members on CBC serve as ‘board level champions’.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department
- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Plans & implements the Health Needs Assessment process every three years.
- Collaborates with local agencies, residents and identified community partners to develop high functioning relationships to benefit the community.
- Engages of local government officials in strategic planning and advocacy on health-related issues on a city, county, or regional level.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.
COMMUNITY

Community Served

Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. (The Laguna Beach campus was purchased in July 2009). The hospital's service area extends from the junction of the 405 and 5 freeways in the north to Camp Pendleton in the south. Geographically, South County is bordered by the Pacific Ocean to the west, the Santa Ana Mountains to the north and east, and the marine base Camp Pendleton to the south. Our Primary Service Area includes the communities of Mission Viejo, Laguna Beach, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point Ladera Ranch Trabuco Canyon, Capistrano Beach and Aliso Viejo. This includes a population of approximately 623,000 people, an increase of 4% from the prior assessment. Mission Hospital’s Secondary Service area includes Laguna Woods, Irvine, Foothill Ranch and Silverado.

South Orange County is a relatively affluent community with a median household income of $92,124 compared to the Orange County median household income of $58,605 (US Census Quick Facts). The average household size is 2.70 compared to the Orange County-wide household size of 3.00. Demographically, the area is primarily Caucasian (78%), with the Hispanic population growing to 19.2%.

However, there are isolated areas of need throughout the service area. South Orange County encompasses 69,512 people living below 200% of the federal poverty level (FPL) across 11 zip codes. Part of our service area is considered a Medically Underserved Population (MUP) area (#00319). The MUP covers portions of Dana Point, San Clemente and San Juan Capistrano and has the highest concentration of medically underserved residents below 200% FPL in south Orange County. These areas are vastly different than the wealthy coastal enclaves portrayed on television shows about Orange County. (SOURCE: Camino Health Center Health Needs Assessment Report 2013)

Many of the low-income residents in the area are largely Latino immigrants who are employed in low-wage/no benefit jobs at local resorts, as construction workers, janitors, landscapers, domestic workers, and in other service jobs that support south Orange County’s economy. Almost one in three Latino residents live in a household in an income under 200% FPL. Unemployment or underemployment remains high for many of these residents. In addition, educational attainment remains a barrier for this population. Among Latinos in the area, 25.3% had less than a high school diploma. In San Juan Capistrano, south Orange County’s entry-point for Latino immigrants, close to 50% of adults over age 25 have less than a high school diploma. (SOURCE: Camino Health Center Health Needs Assessment Report 2013)

For a complete copy of Mission Hospital’s FY14 CHNA click here: [www.mission4health.com](http://www.mission4health.com)
**Hospital Total Service Area**

The community served by the Hospital is defined based on the geographic origins of the Hospital’s inpatients. The Hospital Total Service Area is comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)
- SSA: 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

The Primary Service Area (“PSA”) is the geographic area from which the majority of the Hospital’s patients originate. The Secondary Service Area (“SSA”) is where an additional population of the Hospital’s inpatients resides. The PSA is comprised of Laguna Niguel, Mission Viejo, San Juan Capistrano, Dana Point, Rancho Santa Margarita, San Clemente, Lake Forest, Laguna Beach, Ladera Ranch, Capistrano Beach, and Trabuco Canyon. The SSA is comprised of another Aliso Viejo, Laguna Hills, Laguna Woods and Foothill Ranch.

**Table 1. Cities and ZIP codes**

<table>
<thead>
<tr>
<th>Cities</th>
<th>ZIP codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Service Area</strong></td>
<td></td>
</tr>
<tr>
<td>Laguna Niguel</td>
<td>92677</td>
</tr>
<tr>
<td>Mission Viejo</td>
<td>92691</td>
</tr>
<tr>
<td>Mission Viejo</td>
<td>92692</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>92675</td>
</tr>
<tr>
<td>Dana Point</td>
<td>92629</td>
</tr>
<tr>
<td>Rancho Santa Margarita</td>
<td>92688</td>
</tr>
<tr>
<td>San Clemente</td>
<td>92672</td>
</tr>
<tr>
<td>San Clemente</td>
<td>92673</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>92630</td>
</tr>
<tr>
<td>Laguna Beach</td>
<td>92651</td>
</tr>
<tr>
<td>Ladera Ranch</td>
<td>92694</td>
</tr>
<tr>
<td>Capistrano Beach</td>
<td>92624</td>
</tr>
<tr>
<td>Trabuco Canyon</td>
<td>92679</td>
</tr>
<tr>
<td><strong>Secondary Service Area</strong></td>
<td></td>
</tr>
<tr>
<td>Aliso Viejo</td>
<td>92656</td>
</tr>
<tr>
<td>Laguna Hills</td>
<td>92653</td>
</tr>
<tr>
<td>Laguna Woods</td>
<td>92637</td>
</tr>
<tr>
<td>Foothill Ranch</td>
<td>92610</td>
</tr>
</tbody>
</table>
Figure 1 (below) depicts the Hospital’s PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 1. Mission Hospital Total Service Area

Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).
This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.) The CNI is used to draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, the ZIP code 92672 on the CNI map is scored 3.0, making it an Average Need community.

Figure 2 (below) depicts the Community Need Index for the hospital's geographic service area based on national need. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

**Figure 2. Mission Hospital Community Need Index (Zip Code Level)**
Intercity Hardship Index (Block group level) Based Geographic Need

The Intercity Hardship Index (IHI) was developed in 1976 by the Urban and Metropolitan Studies Program of the Nelson A. Rockefeller Institute of Government to reflect the economic condition of cities and allow comparison across cities and across time. The IHI ranges from 0-100, with a higher number indicating greater hardship. The IHI was used by St. Joseph Health to identify block groups with the greatest need.

The IHI combines six key social determinants that are often associated with health outcomes:
1) Unemployment (the percent of the population over age 16 that is unemployed)
2) Dependency (the percent of the population under the age of 18 or over the age of 64)
3) Education (the percent of the population over age 25 who have less than a high school education)
4) Income level (per capita income)
5) Crowded housing (percent of households with seven or more people)
6) Poverty (the percent of people living below the federal poverty level)

Based on the IHI, each block group was assigned a score from 1 (lowest IHI, lowest level of hardship/need) to 5 (highest IHI, highest level of hardship/need). The IHI is based on relative need within a geographic area, allowing for comparison across areas. Similar to what is seen with the Community Need Index; the highest need areas exist in the cities of San Juan Capistrano, San Clemente, Lake Forest, and Mission Viejo.

Figure 3 (below) depicts the Intercity Hardship Index for the hospital’s geographic service area and demonstrates relative need.

Figure 3. Mission Hospital Intercity Hardship Index (Block group Level)
COMMUNITY NEEDS AND ASSESSMENT PROCESS

Summary of Community Needs Assessment Process

Mission Hospital’s FY14 Community Health Needs Assessment was conducted in the high need areas of San Clemente, San Juan Capistrano, Mission Viejo, Lake Forest, and throughout Laguna Beach from August 2013 to February 2014. It had the collaboration of a broad network of agencies (16-40) from a variety of sectors such as healthcare and social service providers, advocates, nonprofits, community-based organizations, local government, and education institutions. They provided support to community and data gathering events, shared their expertise on the needs and assets of the community, and facilitated the identification of priority areas.

The FY14 Community Health Needs Assessment employed a variety of methods to gather data to fully understand the significant health and quality of life needs facing the most vulnerable and ensure the priorities selected were aligned with the greatest needs: a Telephone Survey (Aug–Dec 2013), Key Stakeholder Panels (Fall 2013), and Resident Focus Groups (Jan 2014).

The Telephone Survey was conducted by Professional Research Consultants, Inc. (PRC) using questions from the national Behavioral Risk Factor Surveillance System to determine the health status and needs of residents. The telephone survey gathered a representative sample of 763 interviews across all five cities.

Stakeholder Panels were conducted by The Olin Group who used a semi-structured, six-question interview guide to facilitate discussion with 46 key informants representing 37 different organizations. There were a total of four panel discussions with the goal of identifying current and emerging community health and quality of life issues. In addition, feedback was gathered from Mission Hospital’s Laguna Beach Advisory Council, a council established by the Attorney General in 2009. This group is comprised of local residents and leaders who provided their perspectives on the greatest needs of the Laguna Beach community.

Resident Focus Groups included the participation of 209 residents across nine groups. Residents provided input on the top health and quality of life needs identified through the telephone survey and stakeholder panels. They validated early findings, identified any missing health and quality of life issues, prioritized and provided feedback on the top concerns. English forums had a total of 32 participants. Spanish forums included 177 participants.

Mission Hospital also reviewed secondary sources to identify trends and synergies across identified significant health needs. Among the main data sources were:

- Camino Health Center, a Federally Qualified Health Center located in San Juan Capistrano. Camino provided information regarding their leading diagnoses for medical office visits, as well as their own Health Needs Assessment report conducted in Fall 2013.
- Healthy People 2020, a national initiative sponsored by the U.S. Department of Health & Human Services. This source provided 10-year national objectives for improving the health of all Americans.
- Mission Hospital Emergency Room visit data helped demonstrate the highest needs based on emergency room visits for residents who were uninsured or underinsured during 2013.
- **Orange County Health Care Agency**, *Healthy Places, Healthy People 2012* and *Orange County’s Healthier Together 2013 Reports* provided a variety of social, economic, and environmental conditions known to influence the health of communities and trends and disparities in key health indicators.

**Identification and Selection of DUHN Communities**

Communities with Disproportionate Unmet Health-Related Needs (DUHN) are communities defined by ZIP codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry Service Area.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or *or* there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified community needs and assets.
### DUHN Group and Community Needs and Assets Summary Table

<table>
<thead>
<tr>
<th>DUHN Population Group or Community ZIP code or block group</th>
<th>Community Needs</th>
<th>Community Assets</th>
</tr>
</thead>
</table>
| **Lake Forest High and Higher Need Area**                 | - Health disparities: Mental health (depression and anxiety)  
  - Limited access to Dental Care  
  - Limited access to Health Care (due to cost, lack of health insurance, transportation)  
  - Limited care services for the elderly  
  - Substance abuse (Alcohol, Prescription drugs, Illegal drugs, Tobacco)  
  - Access to Affordable housing (families living in crowded homes)  
  - Limited local programs for the poor  
  - Limited public transportation services  
  - Limited access to affordable healthy produce  
  - Educational achievement gap for non-English learners  
  - Lack of Spanish-speaking community based organization or community groups  | - Family Resource Center and other social service organizations  
  - 2 major hospitals in close proximity  
  - Strong network of faith based organizations  
  - Well-ranked School District  
  - Parks and open space  |
| **San Clemente High and Higher Need Area**                | - Health disparities:  
  - Heart disease  
  - Mental health (anxiety, depression in youth and younger adults)  
  - High prevalence of skin cancer in senior residents  
  - Limited access to Dental Care  
  - Limited access to Health Care (due to cost, lack of health insurance, transportation, lack of ongoing source of care)  
  - Higher ER usage  
  - Lack of community clinic with culturally competent staff  
  - Limited care services for the elderly  
  - Substance abuse (Alcohol, Prescription drugs, Illegal drugs, Tobacco, high percentage of current drinkers compared to national)  
  - Higher rates of Childhood Obesity  
  - Access to Affordable housing (overcrowded Housing)  
  - Financial distress due to low paying jobs and high cost of living  
  - Limited culturally-appropriate social services, nonprofit and community based organizations for non-English speakers  
  - Limited public transportation services  
  - Safety concerns  
  - Language barriers  
  - Low literacy in adult Immigrants  | - Community Resource Center  
  - Local Hospital  
  - Strong network of faith based organizations  
  - Well-ranked School District  
  - Beach access with many walking trails  
  - Downtown, retail and business district  
  - Bicycle lanes network  
  - Community group: San Clemente Collaborative |
<table>
<thead>
<tr>
<th>DUHN Population Group or Community ZIP code or block group</th>
<th>Community Needs</th>
<th>Community Assets</th>
</tr>
</thead>
</table>
| San Juan Capistrano High and Higher need Area residents  | • Health disparities  
  o Asthma in adults  
  o High blood pressure  
  o High cholesterol  
  o Mental Health, depression and stress  
  o Skin Cancer  
  • Limited access to Dental Care  
  • Limited access to Health Care (due to cost, lack of health insurance, transportation, source of ongoing care)  
  • Higher ER usage  
  • Low flu/pneumonia vaccination rates  
  • Overweight/Obesity higher among minority groups  
  • Substance abuse (Alcohol, Prescription drugs, Illegal drugs, Tobacco use among youth/teens, high percentage of current drinkers compared to national rates)  
  • Access to Affordable Housing  
  • Limited public transportation services  
  • Safety concerns: Lack of accessible and illuminated recreational spaces  
  • Low literacy adult Immigrants  
  • Lack of culturally-appropriate and accessible community center for non-English speakers | • Family Resource Center  
 • Federally Qualified Health Center  
 • Relative close proximity to hospital  
 • Strong network of faith based organizations  
 • Well-ranked School District  
 • Parks and open space  
 • Walking and biking trails  
 • Downtown, retail district, historic sites  
 • Some non-profit and community based organizations |
| Mission Viejo High and Higher need Area residents         | • Health disparities:  
  o Mental health (depression and anxiety)  
  • Limited access to Dental Care  
  • Limited access to Health Care (due to cost, lack of health insurance, transportation, source of ongoing care)  
  • Higher ER usage  
  • Limited care services for the elderly  
  • Substance abuse (Alcohol, Prescription drugs, Illegal drugs, Tobacco)  
  • Access to Affordable housing (families living in crowded houses)  
  • Limited social services and programs for the poor  
  • Limited public transportation services  
  • Limited access to affordable healthy produce  
  • Educational achievement gap for non-English learners  
  • Lack of culturally-appropriate community based organization or community groups for non-English speakers | • Family Resource Center  
 • Social Service Organizations  
 • Trauma hospitals in close proximity  
 • Strong network of faith based organizations  
 • Well-ranked School District  
 • Parks and open space  
 • Community Center  
 • City-sponsored senior transportation program |
PRIORITIZED COMMUNITY HEALTH NEEDS

For this community health needs assessment, Mission Hospital defined a significant health need if it met two criteria in the primary and secondary data collection methods. **FIRST:** The issue must have been identified by the community as a need during the primary data collection process (e.g. disparities found during the telephone survey, stakeholder panels or focus groups) OR the prevalence of the issue is higher than county or state average. **SECOND:** The need had been identified across three or more resident focus groups (consolidated by city) during this needs assessment process.

The list below summarizes the prioritized significant community health needs identified through the FY14 Community Health Needs Assessment Process:

<table>
<thead>
<tr>
<th>Health Concerns</th>
<th>Quality of Life Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>Services &amp; Activities for Teens</td>
</tr>
<tr>
<td>Dental Care</td>
<td>Affordable Housing</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Education</td>
</tr>
<tr>
<td>Access to Health Care</td>
<td>Access to Social Services</td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td>Economic Burden</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Safety</td>
</tr>
<tr>
<td>Senior/Aging-Related Issues</td>
<td></td>
</tr>
</tbody>
</table>
**COMMUNITY BENEFIT PLAN**

**Summary of Community Benefit Planning Process**

The FY15-17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment and is guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs**: Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention**: Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- **Build Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

**Priority Ranking Process**

In 2013, Mission Hospital formulated a HNA Advisory Committee to engage leaders beyond the community benefit staff and allow for a collective analysis of the many sources of data available for review as well as to narrow the list of priorities for the FY15-17 Community Benefit Plan. The committee consisted of community benefit committee members, representatives from local community clinics, public health personnel and hospital staff from a variety of units.

The collected data, including PRC telephone survey results, stakeholder feedback, and resident focus groups was presented to the HNA Advisory Committee. The Committee also reviewed pertinent secondary data from Mission Hospital, the Orange County Health Care Agency and local non-profit organizations to observe common trends in health needs.

In addition to the primary and secondary data provided to the committee, the following list was taken into consideration during the prioritization process:

- **Community Buy-In**: Other service providers agree that there is additional need for services and providers. Available local resources to address the problem are not adequate.
- **Impact on the Vulnerable**: The health need has a stronger impact on the vulnerable residents of South Orange County than the broad population as a whole. (Vulnerable residents are considered people with low financial or social resources, or have a limitation based on age, gender or ethnicity.)
- **Preventive Focus**: The health need has the ability to be addressed in a preventive manner; works upstream: focus on primary/secondary prevention approaches to the problem (versus tertiary prevention).
- **Population Health**: Focusing on this issue would assist the hospital in decreasing hospital utilization rates that negatively impact emergency rooms or utilize a high proportion of state/government public benefit programs. Will help address needs at appropriate intensity of care and thus reduce charity care costs.
• **Urgency:** The value of immediate intervention versus delay, especially for long-term or complex threats.
• **Severity:** The seriousness of the issue, including the risk of morbidity and mortality associated with the problem.
• **Magnitude:** Data has identified this problem as affecting a substantial number of persons (specifically most vulnerable) in the service area; Data and National Evidence have identified this problem as important; Scope of problem is extensive; Relationship of the problem to other community issues is high.

The identified significant health needs were presented to the committee and after rich discussion, members voted on the issues they believed were most pressing. The five issues with the most votes moved forward to Mission Hospital’s Community Benefit Committee for final discernment and identification of two or three priorities.

**Final Selection of Priority Areas**

On March 11, 2014, the Mission Hospital Community Benefit Committee convened for final review of information and identification of priority areas for the FY15-17 Community Benefit Plan. Bruce Lockwood from PRC, Inc. presented essential data from the telephone survey which highlighted the gaps in the community. Christy Cornwall, Director of Community Benefit at Mission Hospital, then provided an overview of the key findings from the stakeholder panels, resident focus groups and the HNA Advisory Committee. The abbreviated list of health needs (identified through the HNA Advisory Committee voting process) was shared, followed by discussion about the selection process and data that was used to assist in their decision.

After discussing and advocating the issues, the committee was given the opportunity to vote on their top two health needs, with the understanding that the needs with the highest number of votes would be the focus for the coming Community Benefit Plan.

Based on this priority setting process, the identified areas of priority for Mission Hospital’s FY15-17 CB Plan are as follows:

• *Access to Health Care*

• *Mental Health*

• *Substance Use*
Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan

Evaluation
Mission Hospital will monitor and evaluate strategies listed below for the purpose of tracking progress on the implementation of those strategies and document anticipated impact. Evaluation efforts to monitor each strategy will include the collection and documentation of strategy measures, number of partnerships made, percent improvement in health-related metrics, including behavioral and health outcomes as appropriate.

Initiative (community need being addressed): Access to Health Care

Goal (anticipated impact): Through an integrated network of care, increase access to health care services for the most vulnerable members of the South Orange County community

Outcome Measures:
1. Increase the percentage of people in the identified high need areas of South Orange County who are 18-64 years of age that have a specific source on ongoing care.
2. Increase the number of unduplicated persons served through Camino Health Center.

Strategies:
3. Covered: Continue health insurance enrollment efforts
4. Community Outreach: Educate residents on appropriately accessing health care services
5. Care Management: improve systems of care to reduce ER visits
6. Constraints Remove client barriers to accessing primary care services

Key Community Partners: Camino Health Center, South Orange County & CHEC Family Resource Centers, PEACE Center at Saddleback Church/SOS Clinic, Mission Hospital Care Management & Emergency Room Departments

Initiative (community need being addressed): Mental Health

Goal (anticipated impact): Through an integrated network of care, improve mental health services of the vulnerable population in South Orange County through prevention and by ensuring access to appropriate, quality mental health services

Outcome Measures:
1. Decrease the percent of adults reporting three (3) or more days of poor mental health in the past month.
2. Decrease the percent of adults reporting fair or poor mental health status

Strategies:
1. Increase understanding & acceptance of depression and anxiety among residents in the target population
2. Increase early identification of mental health conditions by service providers in order to provide and/or link clients to appropriate services.
3. Increase access to mental health care for clients through creation, coordination, and integration of services.

**Key Community Partners:** Camino Health Center, South Orange County & CHEC Family Resource Centers, PEACE Center at Saddleback Church/SOS Clinic, Mission Hospital Behavioral Health Services, Western Youth Services

**Initiative (community need being addressed): Substance Use**

Mission Hospital will be focusing on establishing goals and outcome measures for Substance Use in FY15 to allow for community input and discussion.

**Goal (anticipated impact):** to be determined

**Key Community Partners:** to be determined
Planning for the Uninsured and Underinsured

Patient Financial Assistance Program

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 we have a Patient Financial Assistance Program that provides free or discounted services to eligible patients.

One way Mission Hospital informs the public of the Patient Financial Assistance Program 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.

Medicaid and Other Local Means-Tested Government Programs

Mission Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California, and other local means-tested government programs.

1 Information about Mission Hospital’s Financial Assistance Program is available www.mission4health.com
Other Community Benefit

In addition to the preceding priority areas, the Mission Hospital plans to provide other community benefit programs responsive to the health needs identified in the 2014 CHNA. Community Benefit programs listed below only includes additional Community Services for the Low-income and Broader Community that have not been previously covered in this CB Plan/Implementation Strategy Report.

<table>
<thead>
<tr>
<th>Initiative (community need being addressed):</th>
<th>Program</th>
<th>Description</th>
<th>Target Population (Low Income or Broader community)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Health</td>
<td>Senior Transportation Services</td>
<td>Provides free Non-Emergency medical transportation for seniors receiving services at either Mission Hospital campus.</td>
<td>Broader Community</td>
</tr>
<tr>
<td>Family Support, Social Support Services</td>
<td>Family Resource Centers</td>
<td>Two family resource centers are managed in the community to provide access to social services for community members with limited resources. These centers are lifelines for many people in the community and serve a much-needed linkage to community programs. The following services are provided: mental health services, Life Skills program, health insurance access, parenting support &amp; education, parent/child classes, family advocacy, information &amp; resource services, Personal Empowerment Programs, financial counseling, education assistance and limited emergency assistance.</td>
<td>Low Income</td>
</tr>
<tr>
<td>Access to Health Care</td>
<td>Free nurse visits at church sites</td>
<td>The nurse navigator provides education and health-related services such as classes, health screenings, health advocacy, health access support groups, case management and outreach to identified underserved populations.</td>
<td>Low Income</td>
</tr>
<tr>
<td>Immunization Rates</td>
<td>Community Flu Clinics</td>
<td>Mission Hospital provides vaccinations to south Orange County residents during the fall/winter months, with a specific</td>
<td>Low Income</td>
</tr>
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<td>Initiative (community need being addressed):</td>
<td>Program</td>
<td>Description</td>
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<tr>
<td>---------------------------------------------</td>
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<tr>
<td>Support Services</td>
<td>Community Support Groups</td>
<td>focus on reaching those without health insurance or access to medical care. In FY13, we provided vaccinations to over 2,677 individuals.</td>
<td>Broader Community</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>Nursing Adventure Camp</td>
<td>At our Laguna Beach Campus, we provide in-kind meeting space to over 20 community-led support groups such as Alcoholics Anonymous, Al-Anon Family Groups, National Alliance for the Mentally Ill and the Depression &amp; Bipolar Support Alliance. There are group meetings seven days a week at Mission Hospital Laguna Beach with groups ranging from 10 to 150 people each week. This in-kind contribution represents close to $200,000 to support the community.</td>
<td>Low Income</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>Meals on Wheels</td>
<td>Mission Hospital donates space to Age Well Senior Services to provide a local Meals on Wheels program in the Laguna Beach Community. This program provides three meals each day for fragile, isolated seniors who</td>
<td>Broader Community</td>
</tr>
<tr>
<td>Initiative (community need being addressed)</td>
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<tr>
<td>Homeless</td>
<td>Orange County Recuperative Project (OCRP)</td>
<td>The OCRP is a regional project supported by Orange County hospitals to provide interim housing arrangements after a hospitalization. Homeless receive rehabilitative care before returning to their normal living environment.</td>
<td>Low Income</td>
</tr>
<tr>
<td>Substance Use</td>
<td>South County Safe Rides</td>
<td>A peer-run program overseen by adult supervisors. Students from numerous local high schools staff a toll-free hotline for teens to call when in need of a ride home due to alcohol, drugs or unsafe date situation.</td>
<td>Broader Community</td>
</tr>
<tr>
<td>Job Training</td>
<td>Project Mission</td>
<td>In a continued collaboration with Capistrano Unified School District Adult Transition Program since 2006, Mission Hospital hosts interns each Fall to provide work experience in a hospital setting. These student interns are placed in areas such as nutritional care services, environmental services and central supply to learn job skills that will help them attain long-term employment either at the hospital or a local organization.</td>
<td>Broader Community</td>
</tr>
</tbody>
</table>
Needs Beyond the Hospital's Service Program

Although no health care facility can address all of the health needs present in its community, we are committed to continue our Mission through community benefit efforts and by funding other non-profits through the St. Joseph Community Partnership Fund.

The following significant community health needs identified during the FY14 HNA process will not be directly addressed through programming or funding and an explanation is provided below:

**Access to Social Services:** Access to social services was identified as a need in the resident focus groups. Efforts will continue to create awareness about local social services to the community and Mission Hospital staff will share this issue with local partners to help their efforts to expand awareness of services.

**Activities for Teens:** Several agencies dedicated to youth and teens exist in the community, such as the Boys & Girls Club, YMCA, etc. In addition, many local schools offer after-school enrichment programs and maintain a skill-set that exceeds our own.

**Affordable Housing:** We have concentrated on Affordable Homes for many years in South Orange County. Residents share that housing costs remain unaffordable. With the recent changes in Redevelopment Funds and the lack of local resources and collaborative efforts needed to focus on this issue, the committee felt our ministry resources could be better utilized in another area.

**Dental Care:** While dental care was identified as a priority need, our priority process identified Access to primary health care services as a greater need in the community. We will work collaboratively with other agencies to bring dental services to south Orange County whenever possible.

**Diabetes:** Camino Health Center has identified this condition as one of their 16 areas of clinical focus. We will continue to work collaboratively with Camino to connect residents in need of medical services with their Center.

**Economic Burden:** The lack of affordable jobs, ability to pay for child care and other basic needs was so broad a topic that we decided to focus our efforts on issues more specific. We will bring this issue to our St. Joseph Health System Advocacy branch and continue to advocate for the needs of the poor to improve their quality of life.

**Education:** Mission Hospital worked with dozens of agencies to develop CPATHE: (Capistrano Promoting Access To Higher Education) from 2008-2011. This collaborative still exists, primarily through partnership between University of California, Irvine and Capistrano Unified School District. The School District has created a specific plan to address the education graduation gap and has made significant efforts within the teaching model.

**Overweight /obesity:** We have focused on overweight/obesity for over 10 years, and recent results have demonstrated the rates of obesity, particularly childhood obesity are declining in our low-income areas. We will remain involved on a consultative basis with the many agencies that are directly focused on this issue and will continue to support them in their broad community efforts.
**Safety:** Safety was identified primarily through the resident focus groups in particular areas, and related primarily to lighting in neighborhood parks. The committee felt there were more pressing community needs that required our resources.

**Senior / Aging – Related Issues:** South Orange County has five senior centers in the area in addition to Age Well Senior Services, an agency wholly dedicated to the needs of seniors. We will continue to partner with Age Well and community centers around our identified priority areas.

In addition, Mission Hospital will collaborate with many local organizations that address aforementioned community needs, to coordinate care and referral and address these unmet needs.
Governance Approval

This Community Benefit Plan/Implementation Strategy Report was approved at the May 13, 2014 meeting of the Mission Hospital’s Community Benefit Committee of the Board of Trustees.

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Chair’s Signature confirming approval of the FY15-17 Community Benefit Plan

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Date