ST. JOSEPH HEALTH, MISSION HOSPITAL
2017 Community Health Assessment Report

**To provide feedback about this Community Health Needs Assessment, email
christy.cornwall@stjoe.org**

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[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:
    a. Improves access to health services;
    b. Enhances public health;
    c. Advances increased general knowledge; and/or
    d. Relieves government burden to improve health.
Community benefit includes both services to the poor and broader community.

[2] To be reported as a community benefit initiative or program, **community need must be demonstrated**. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

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ACKNOWLEDGEMENTS
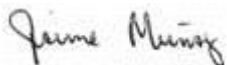
Dear Neighbors,

What we do defines us …

Mission Hospital, as part of St. Joseph Health since 1994, brings a legacy of caring that extends back to 1650 when the congregation of the Sisters of St. Joseph began its mission of social justice. As then - when the sisters divided up the neighborhoods to find out their dear neighbors' needs and did their best to meet them finding like-minded partners who wanted to do good works with them, today Mission Hospital continues the same through life-saving and life-changing service.

We are grateful to present this report, which reflects our steadfast commitment to community wellbeing beyond our excellent acute hospitals, rehabilitation programs, and primary care clinics – and in the communities side-by-side our dear neighbors. Through a rigorous and participatory approach three impact points – Economic Security, Mental Health/Substance Use, and Immigration – were revealed that offer opportunity to further strengthen community wellbeing and happiness. This report affirms our commitment to do our best to meet them.

With Thanks,

Jaime Munoz

EXECUTIVE SUMMARY

St. Joseph Health, Mission Hospital is an acute-care hospital founded in 1971, is located at Mission Viejo and Laguna Beach, California. As a ministry of the Sisters of St. Joseph of Orange, Mission Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. It became a member of St. Joseph Health in 1994. The facility has 552 licensed beds and a staff of more than 2,600 committed caregivers. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine and obstetrics.

In response to identified unmet health-related needs in the community needs assessment, during FY18-FY20 Mission Hospital will focus on Mental Health & Substance Use, Immigration, and Economic Insecurity for the residents of the surrounding community.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) process was designed to help Mission Hospital to develop an informed understanding of the health gaps or needs that exist within communities served. The CHNA framework looks beyond the health conditions of the population such as socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care, to learn more about opportunities for intervention that will help people become and stay healthy.

Our Assessment was conducted in the high need areas of San Clemente, San Juan Capistrano, Mission Viejo, Lake Forest, and throughout Laguna Beach. It had the collaboration of a broad network of agencies from a variety of sectors such as healthcare, social service providers, advocates, community-based organizations, local government, and educational 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.

This 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.

COLLABORATING ORGANIZATIONS

Our partners to complete the needs assessment process included:
- *The Olin Group*
- *Professional Research Consultants*
- *Community Partners:*

- *South Orange County Family Resource Center, Lake Forest.*
- *Marco Forster Middle School, San Juan Capistrano.*

COMMUNITY INPUT

A significant part of our needs assessment includes obtaining community input. We gathered direct feedback from residents using four major avenues: telephone surveys, stakeholder panel, resident focus groups and priority setting forums.

Telephone Survey: a telephone survey was conducted by Professional Research Consultants, Inc. (PRC) using a systematic, data driven approach to determining the health status and needs in designated high need areas. The information from this survey was used to inform decisions and guide efforts to improve community health and wellness. The telephone survey gathered a total of 1,703 interviews, a sample that is representative of the actual population demographics.

Stakeholder Panel Interview: The Olin Group facilitated a discussion with key informants representing a wide-variety of service providers and leaders across our service area. A total of 14 community stakeholders brought their first-hand knowledge about residents' needs, services available, and current and emerging community health and quality of life issues.

Resident Focus Groups: 55 residents participated in focus groups in south Orange County. At each group, areas of needs gathered from primary and secondary resources were shared with participants to get their feedback and validate early findings. Residents identified any missing health and quality of life issues and discussed these issues according to their concerns.

Community Forums: Two forums were held during the needs assessment to allow community residents to share their perspectives on the initial health needs identified through other methods and discuss their importance from their perspective. These forums were facilitated by The Olin Group. After the significant health needs were presented and discussed, participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this design, the forums served as something of a "capstone" to the community input.

SIGNIFICANT HEALTH NEEDS

Based on all of the input received during the assessment process, the following is the rank ordered list of significant health needs

- Access to Resources
- Dental Care

- Diabetes
- Economic Insecurity
- Food and Nutrition
- Homelessness
- Housing Concerns
- Immigration Status
- Insurance and Cost of Care
- Lack of Education
- Lack of Exercise
- Language and Cultural Barriers
- Mental Health
- Obesity
- Substance Abuse

PRIORITY HEALTH NEEDS

Based on the methods described above, the following needs were identified as significant needs. The criteria used to identify these needs are described in the full report.

- Mental Health & Substance Use
- Immigration Status
- Economic Security

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.

FY 2016 (FY16) Mission Hospital invested $45,109,004 in community benefit in FY 2016 (FY16). For FY16, Mission Hospital had an unpaid cost of Medicare of $31,434,233.

MISSION, VISION, 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 46 years since it was founded in 1971. A member of St. Joseph Health since 1994, the facility has 552 licensed beds. It serves 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. St. Joseph Health, 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. CHOC Children's at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. 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. 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 (FY2018-FY2022) 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.

OUR COMMITMENT TO COMMUNITY

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.

Figure 1. Fund distribution

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 unrealized 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
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.

A charter approved in 2007 establishes the formulation of the Mission Hospital Community Benefit Committee. 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 governing 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 oversight to Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes 3 members of the Board of Trustees and 8 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 six (6) times per year.

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 Catholic Health Association's Five Core Principles for Community Benefit. 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.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community
- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

OUR COMMUNITY

Community
Description of Community Served
Mission Hospital provides South Orange County communities with access to advanced care and advanced caring. The hospital's service area extends from the junction of the 405 and 5 freeways in the north, to Camp Pendleton in the south, Santa Ana Mountains in the east and the Pacific Ocean in the west. Our Hospital Total Service Area includes the cities of Aliso Viejo Capistrano Beach, Dana Point, Foothill Ranch Ladera Ranch, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Mission Viejo, Rancho Santa Margarita, San Clemente and San Juan Capistrano, and Trabuco Canyon.

Community Profile
The table and graph below provide basic demographic and socioeconomic information about the Mission Hospital Service Area and how it compares to Orange County and the state of California. The Total Service Area (TSA) of Mission Hospital has just over 600,000 people, with a median household income of nearly $100,000. There are more older adults and more non-Latino Whites in the service area than in Orange County and California. Compared to the county and state, the service area, on average, is relatively prosperous, but the overall data hides pockets of poverty, which can be seen in the report section on Selected Health Indicators: Secondary Data.

Service Area Demographic Overview

Indicator	PSA	SSA	TSA	Orange County	California
Total Population	463,855	145,411	609,266	3,172,848	38,986,171
Under Age 18	22.3%	21.4%	22.1%	22.9%	23.6%
Age 65+	15.1%	18.2%	15.9%	13.5%	13.2%
Speak only English at home	75.6%	74.3%	75.3%	54.4%	56.2%
Do not speak English "very well"	8.8%	8.0%	8.6%	19.1%	16.9%
Median Household Income	$100,234	$94,271	$98,814	$78,612	$62,554
Households below 100% of FPL	4.7%	3.7%	4.5%	9.2%	12.3%
Households below 200% FPL	13.0%	10.4%	12.4%	23.5%	29.8%
Children living below 100% FPL	8.5%	5.2%	7.7%	17.6%	22.7%
Older adults living below 100% FPL	6.6%	8.4%	7.1%	8.7%	10.2%

PSA = Primary Service Area – representing 70% of discharges from Mission Hospital
SSA = Secondary Service Area – representing 71% to 85% of all discharges
TSA = Total Service Area – PSA and SSA combined

Race/Ethnicity (%)
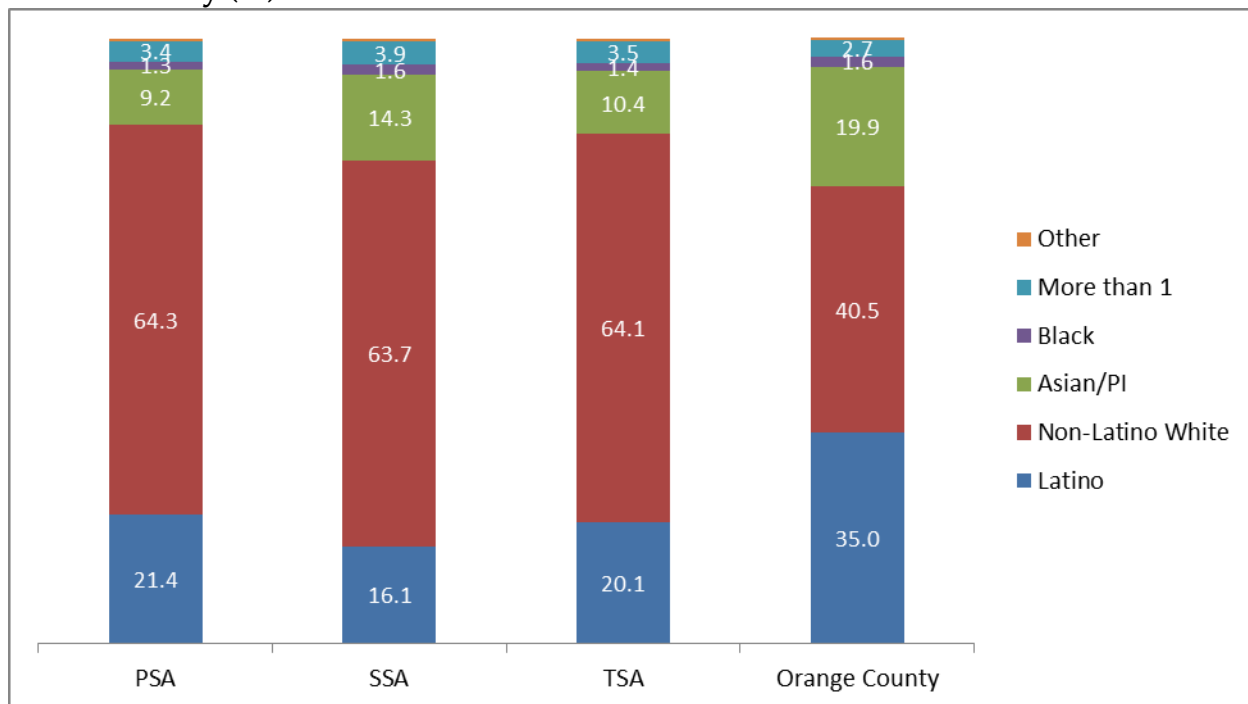
Hospital Total Service Area

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

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- 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 reside. The PSA is comprised of Capistrano Beach, Dana Point, Ladera Ranch, Laguna Beach, Laguna Niguel, Lake Forest, Mission Viejo, Rancho Santa Margarita, San Clemente and San Juan Capistrano. The SSA is comprised of Aliso Viejo, Foothill Ranch, Laguna Hills, Laguna Woods, and Trabuco Canyon.

Table 1. Cities and ZIP codes

Cities/ Communities	ZIP Codes	PSA or SSA
Capistrano Beach	92624	PSA
Dana Point	92629	PSA
Ladera Ranch	92694	PSA
Laguna Beach	92651	PSA
Laguna Niguel	92677	PSA
Lake Forest	92630	PSA
Mission Viejo	92691	PSA
Mission Viejo	92692	PSA
Rancho Santa Margarita	92688	PSA
San Clemente	92672	PSA
San Clemente	92673	PSA
San Juan Capistrano	92675	PSA
Aliso Viejo	92656	SSA
Foothill Ranch	92610	SSA
Laguna Hills	92653	SSA
Laguna Woods	92637	SSA
Trabuco Canyon	92679	SSA

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

Mission Hospital (MH) Hospital Total Service Area
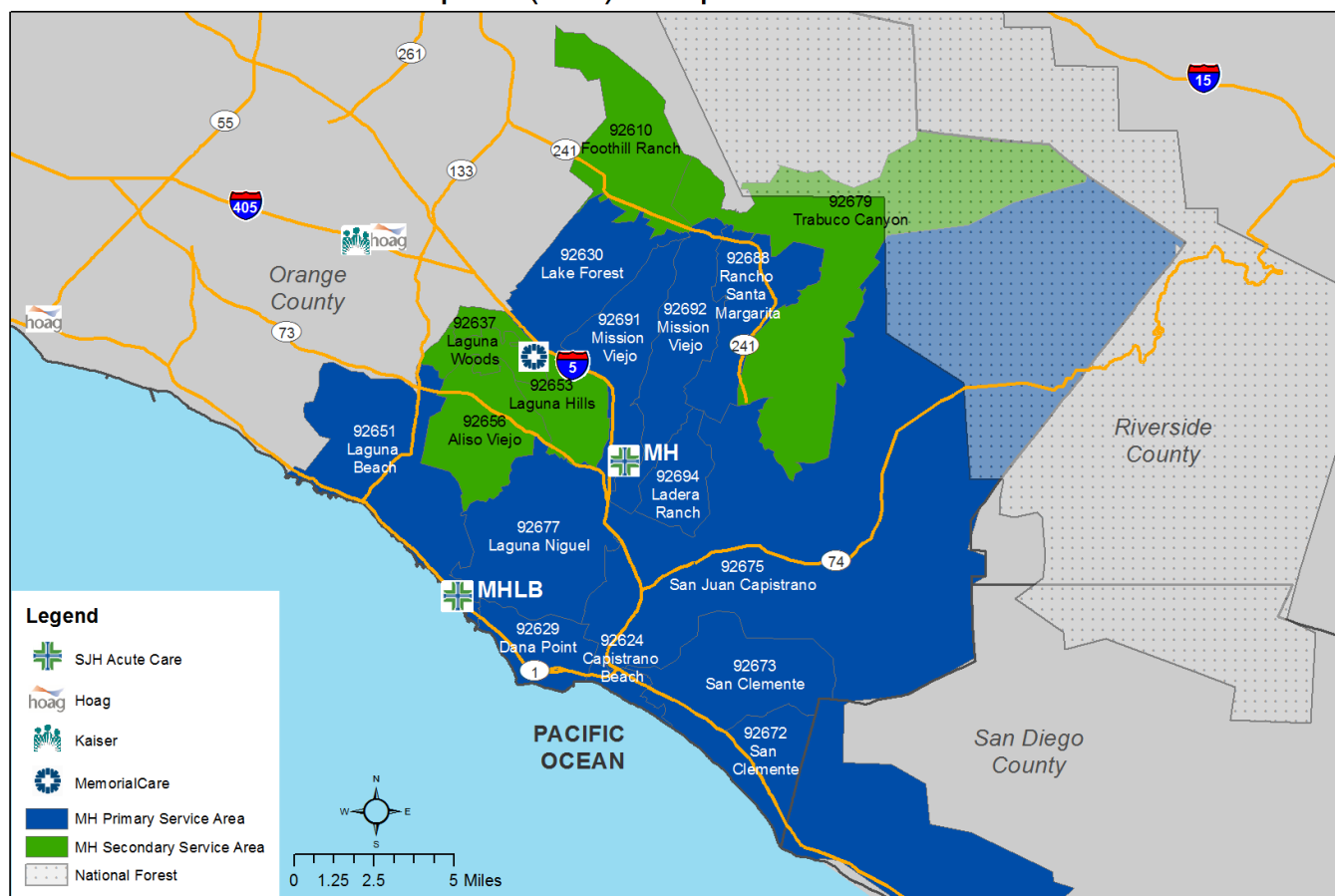
Map represents Hospital Total Service Area (HTSA). The Primary Service Area (PSA) comprises 70% of total discharges (excluding normal newborns). The Secondary Service Area (SSA) comprises 71% - 85% of total discharges (excluding normal newborns). The HTSA combines the PSA and the SSA. Includes zip codes for continuity. Cities are placed in either PSA or SSA, but not both. MHLB = Mission Hospital Laguna Beach.
Prepared by the St. Joseph Health Strategic Services Department, April 2016.

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).

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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 a 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 92675 (San Juan Capistrano) on the CNI map scored 3.6, making it a High 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)
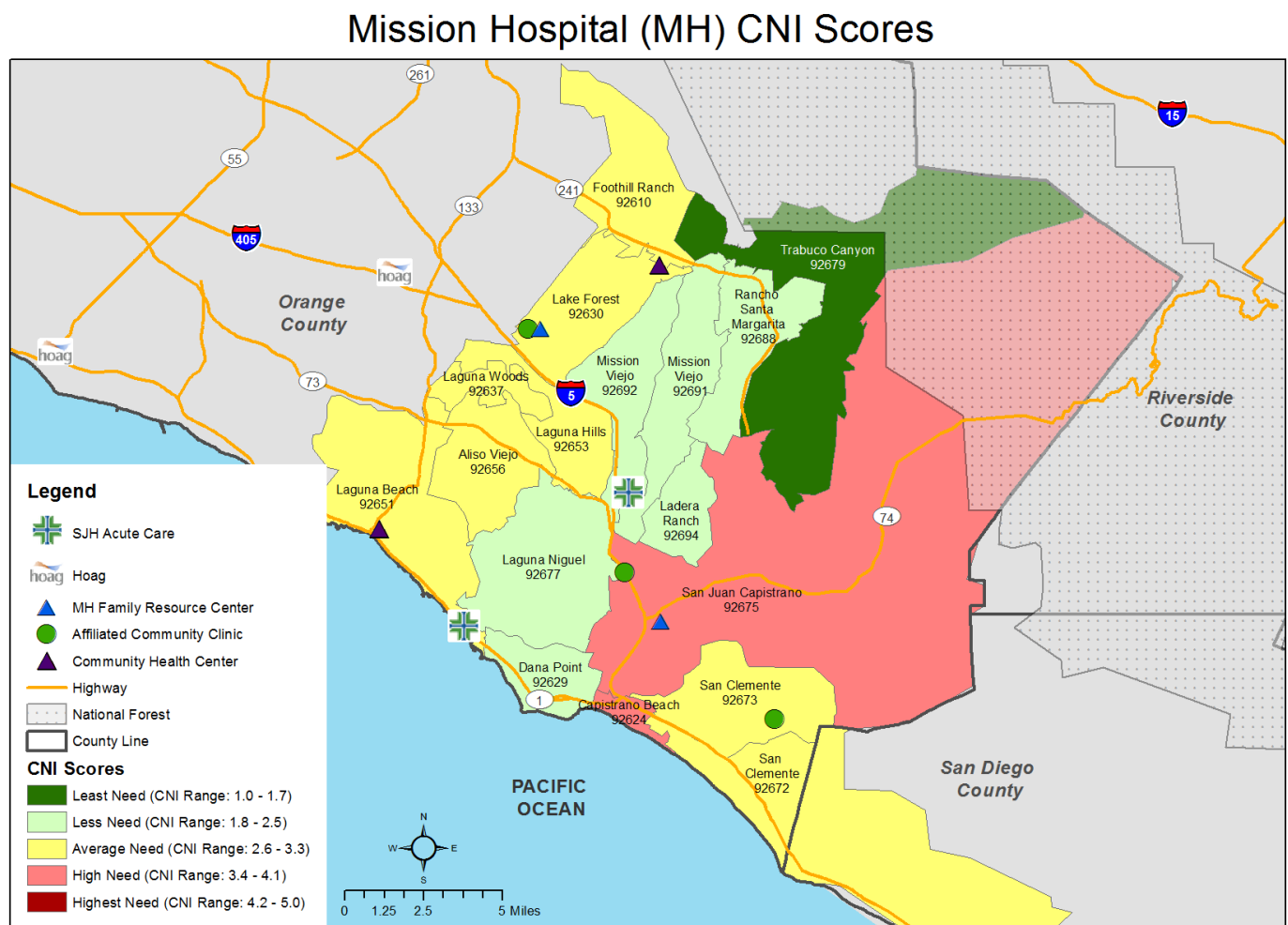
Mission Hospital (MH) CNI Scores

See Appendix 1: Community Needs Index data

Health Professions Shortage Area – Primary Medical Care, Mental, and Dental
The Federal Health Resources and Services Administration designate Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although Mission Hospital Mission Viejo and Mission Hospital Laguna Beach are not located in a shortage area, the map below depicts shortage areas located in Santa Ana and parts of Fountain Valley.

Source: Mission Hospital Regional Medical Center's Health Care Impact Statement, pdf

Medical Underserved Area/Medical Professional Shortage Area
Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or population groups that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating community health center grant funds to the areas of greatest need. Medically Underserved Areas are identified by calculating a composite index of need indicators compiled and compared with national averages to determine an area's level of medical "under service."

Medically Underserved Populations are identified based on documentation of unusual local conditions that result in access barriers to medical services. Medically Underserved Areas and Medically Underserved Populations are permanently set, and no renewal process is necessary.

Mission Hospital Mission Viejo and Mission Hospital Laguna Beach are not located in Medically Underserved Area/Medically Underserved Populations areas. However, coastal communities within their service area, stretching between Dana Point and San Clemente, are designated as Medically Underserved Area/Medically Underserved Population areas.
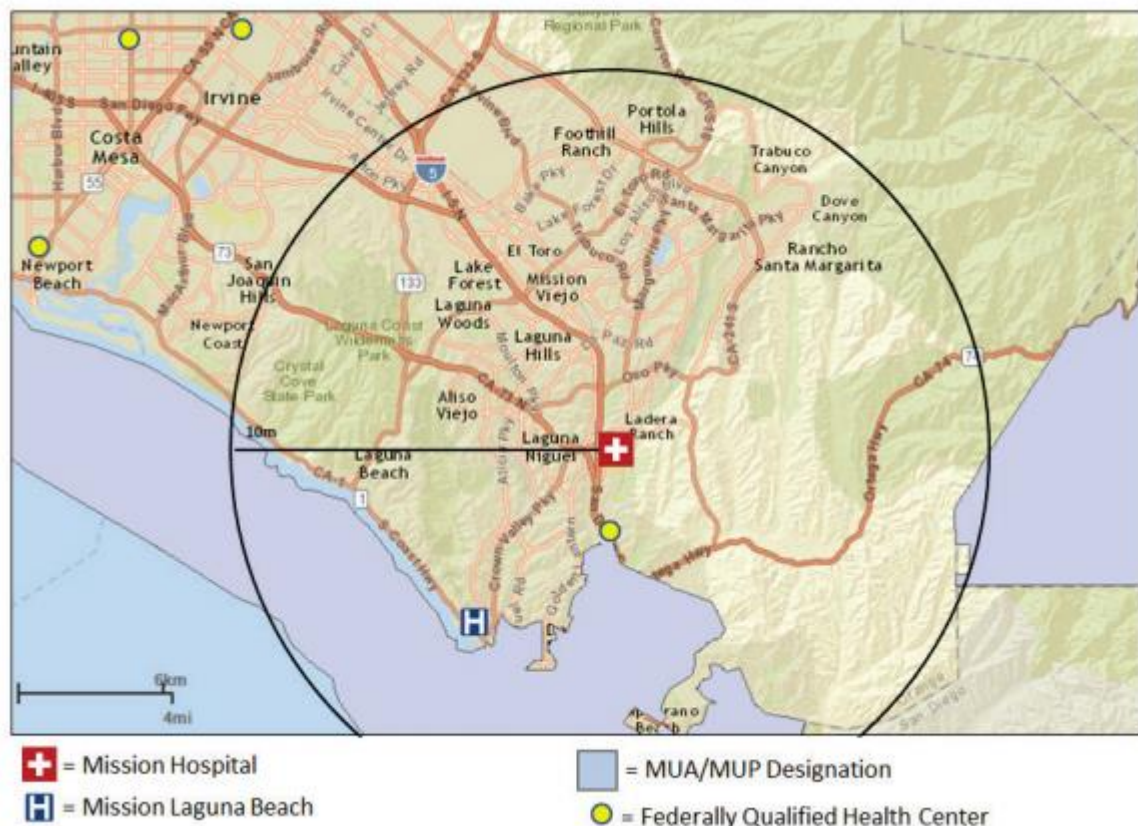
Source: Mission Hospital Regional Medical Center's Health Care Impact Statement, pdf

OVERVIEW OF THE CHNA PROCESS

Overview and Summary of the Health Framework Guiding the CHNA

The CHNA process was guided by the fundamental understanding that much of a person's health is determined by the conditions in which they live. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn

more about opportunities for intervention that will help people become and stay healthy within their community.

In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. To the extent possible, we gathered secondary and primary data at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.
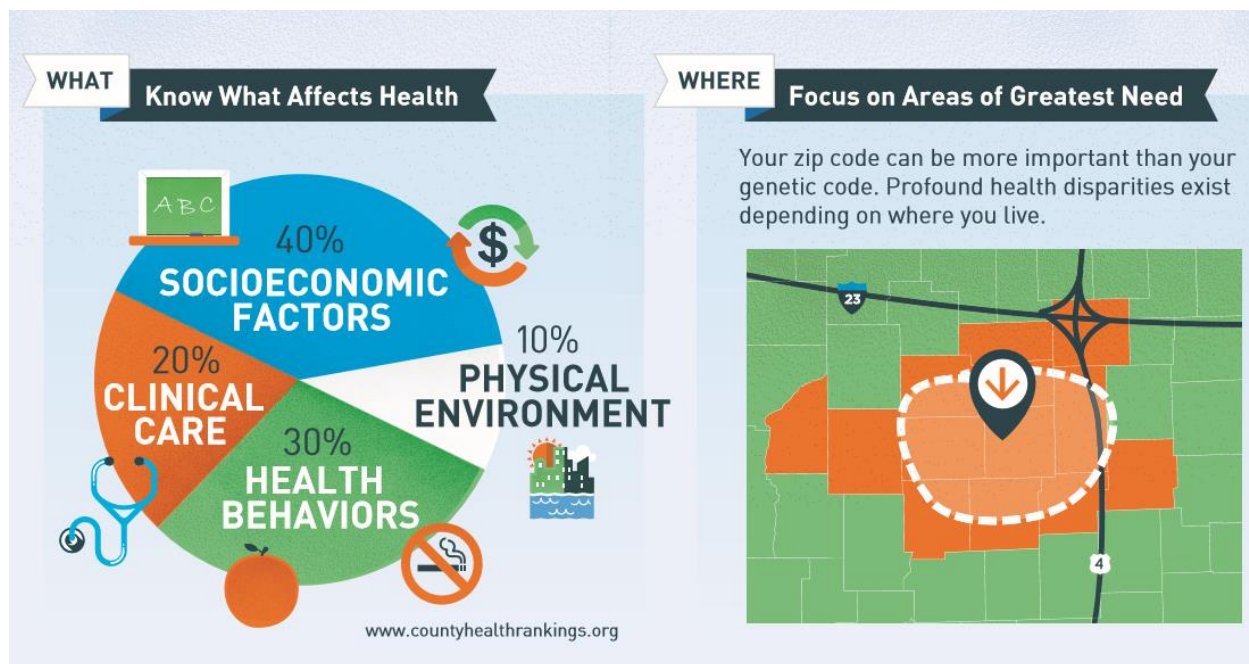
Examples of the types of information that was gathered, by health factor, are:
Socioeconomic Factors – income, poverty, education, and food insecurity
Physical Environment – crowded living situations, cost of rent relative to incomes, long commutes, and pollution burden
Health Behaviors – obesity, sugary drink consumption, physical exercise, smoking, and substance abuse
Clinical Care – uninsured, prenatal care, and the number of people per physician or mental health worker

In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. The health conditions that were examined included:
Health Outcomes – overall health condition, asthma, diabetes, heart disease, cancer, and mental health

METHODOLOGY

Collaborative Partners

The Olin Group is a socially conscious consulting firm working across nonprofit, public, private, and philanthropic sectors to bring about community transformation. Based in Santa Ana, California, The Olin Group has 15 years of experience working on evaluation, planning, assessment, fundraising, communication, and other services for nonprofit organizations, and had previously supported the CHNA process of multiple hospitals in the St. Joseph Health system. The Olin Group served as the lead consultant in the CHNA process, coordinating the quantitative and qualitative data collection processes and assisting in the prioritization and selection of health needs.

Professional Research Consultants brings excellence to healthcare through custom market research. It remains the largest privately held market research firm dedicated solely to the healthcare industry. In addition to being a certified vendor for government-mandated Consumer Assessment of Healthcare Providers & Systems (CAHPS) surveys, PRC also provides custom research services that measure community perceptions, patient experience, physician alignment and employee engagement. PRC also conducts community health needs assessments in accordance with IRS guidelines. PRC was founded in 1980 and is headquartered in Omaha, Nebraska.

Community Partners:

Mission Hospital partnered with the following community groups to host the Community Resident Focus Groups and Forums.

South Orange County Family Resource Center, Lake Forest. The South Orange County Family Resource Center (FRC) provides education, support and resources to enhance the process of family growth through the development of skills that promote health, self-sufficiency, increase quality of life and foster a sense of community. The FRC hosted two resident focus groups, the stakeholder focus group, and a community forum.

Marco Forster Middle School, San Juan Capistrano. Part of the Capistrano Unified School District, Marco Forster Middle School serves approximately 1,350 6th through 8th grade students in the city of San Juan Capistrano. The Middle School hosted two resident focus groups and a community forum.

Secondary Data/Publicly available data

Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities and people within the Mission Hospital service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were

widely accepted as valid and appropriate measures and would readily communicate the health needs of the service area. Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The data sources used are highly regarded as reliable sources of data (e.g., ESRI Business Analyst Online, US Census Bureau American FactFinder, and California Health Interview Survey). In total, 81 indicators were selected to describe the health needs in the hospital's service area. Appendix 2 includes a complete list of the indicators chosen, their sources, the year the data was collected, and details about how the information was gathered.

If an indicator had zip code level data available, data was pooled to develop indicator values for the Total Service Area (TSA), Primary Service Area (PSA), and Secondary Service Area (SSA) of the hospital. This enabled comparisons of zip code level data to the hospital service area and comparisons of the hospital service area to county and state measures.

After the data was gathered, the zip code level data was compared to the Total Service Area values and color coded light pink to dark red depending on how much worse a zip code area was compared to the TSA value. This made it easier to visualize the geographic areas with greater health needs. The criteria for color-coding the zip code level data is explained in the spreadsheets in Appendix 2.

Primary Data

Professional Research Consultants (PRC) conducted a Community Health Survey based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.

The geographical focus of the survey effort was defined as each of the residential ZIP Codes in south Orange County, California comprising the communities of Mission Viejo, Laguna Beach, Lake Forest, San Clemente, and San Juan Capistrano/Capistrano Beach. These cities are located in Mission Hospital's primary service areas and have large pockets of economically poor and medically underserved populations.

Within these five communities, PRC employed two parallel survey administrations including:

- • Random Sample: A total of 1,000 individuals age 18 and older were sampled in the defined geography (stratified roughly equally among the five communities identified above). These surveys were designed to be representative of all adults living in the defined communities.
- • Oversample: An oversample of 704 adults among households identified as more likely to be low income. This oversample was designed to increase representation among high-need households (specifically those living below 200% of the federal poverty level, referred to as the "Low-Income Population" for the purposes of this report).

The combined sample yields the data for the "Community at Large" presented in the report. Of the total 1,704 surveys completed, 215 were in Laguna Beach, 351 were in Lake Forest, 404 were in Mission Viejo, 326 were in San Clemente, and 408 were in San Juan Capistrano/ Capistrano Beach.

For each of these samples, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. For the Community at Large sample, online surveys were also implemented to increase participation. Once the interviews were completed, the samples were combined and weighted in proportion to the actual population distribution so as to appropriately represent the combined area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with the Low-Income Population sample of 443 respondents is ±4.9% at the 95 percent level of confidence. [The total Community at Large sample of 1,704 respondents yields a maximum rate of error of ±2.4% at the 95 percent level of confidence.]

See Appendix 3: Primary Data. PRC 2016 Community Health Survey

Community Input

The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and Community Forums. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by Mission Hospital. We developed a protocol (noted in Appendix 4b) for each group to ensure consistency across individual focus groups, although the facilitators had some discretion on asking follow-up questions or probes as they saw fit. Invitation and recruitment procedures varied for each type of group. Appendix 4 includes a full report of the community input process and findings along with descriptions of the participants.

    Resident Focus Groups

For Community Resident Groups, Community Benefit staff, in collaboration with their committees and the system office, identified geographic areas where data suggested there were significant health, physical environment, and socioeconomic concerns. This process also identified the language needs of the community, which determined the language in which each focus group was conducted. Community Benefit staff then partnered with community-based organizations that serve those areas to recruit for and host the focus groups. Participants were promised a small incentive for their time. Two consultants staffed each focus group, serving as facilitators and note takers. These consultants were not directly affiliated with the ministry to ensure candor from the participants.

Nonprofit and Government Stakeholder Focus Group

For the Nonprofit and Government Stakeholder Focus Group, Community Benefit staff developed a list of leaders from organizations that serve diverse constituencies within the hospital's service area. Ministry staff sought to invite organizations with which they had existing relationships, but also used the focus group as an opportunity to build new relationships with stakeholders. Participants were not given a monetary incentive for attendance. As with the resident focus groups, this group was facilitated by outside consultants without a direct link to St. Joseph Health.

Resident Community Forums

Recruitment for the Community Resident Forums was much broader to encourage as many people as possible to attend the session. Community Benefit staff publicized the event through flyers and emails using their existing outreach networks, and also asked their partner organizations to invite and recruit participants. No formal invitation list was used for the forums and anyone who wished to attend was welcomed. The forums were conducted by an outside consultant in English, with simultaneous Spanish language translation for anyone who requested it.

While the focus groups followed a similar protocol to each other in which five to six questions were asked of the group, the forums followed a different process. The lead facilitator shared the health needs that had emerged from the CHNA process so far and asked the participants to comment on them and add any other concerns. Once the discussion was complete, the participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this design, the forums served as something of a "capstone" to the community input process.

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

- Not all desired data was readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance abuse.
- Data that is gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as rates of uninsured) and the most recent data available is not a good reflection of the current state.
- Zip code areas are the smallest geographic regions for which many indicators have data, but even within zip codes, there can be populations that are disproportionately worse off than neighboring communities and these do not show up in the data.
- Information gathered during focus groups and community forums is dependent on who was invited and who showed up for the event. Efforts were made to include people who could represent the broad interests of the community and/or were members of communities of greatest need.
- Fears about deportation kept many undocumented immigrants from participating in focus groups and community forums and made it more difficult for their voice to be heard.

Process for gathering comments on previous CHNA

Mission Hospital posted the following message on its website to encourage the public to submit their written feedback on the previous Community Health Needs Assessment "Your feedback is important to us. Please comment on our **FY14 CHNA and FY15-FY17 Implementation Strategy Reports** by emailing Christy.Cornwall@stjoe.org."

Summary of any comments received

No written comments were received.

SELECTED HEALTH INDICATORS: SECONDARY DATA

Selected Health Indicators: Secondary Data

For each set of indicators shown below, there are two types of tables. The first table shows the values for the Primary Service Area (PSA), the Secondary Service Area (SSA), the Total Service Area (TSA), the counties that have communities in the service area, and California. The second table(s) shows the areas of greatest need by zip code. For the second table type, the cells are colored red, orange, yellow, or white based on how much worse the indicator value is for that zip code compared to the TSA. The specific definitions for the color coding are shown in the table below.

Indicator	Much Worse	Moderately Worse	Slightly Worse	Not Worse
Household Income	80% or more below the TSA median household income	80.1% - 90% below the TSA median household income	90.1%-95% below the TSA median household income	No color means the value is about the same as, or better
Any indicator	4.0 or more	2-3.9 percentage	1-1.9 percentage	

shown as a percent	percentage points worse than the TSA value	points worse than the TSA value	points worse than the TSA value	than, the TSA
Pollution Burden	4 or more higher than the TSA value	2-3.999 higher than the TSA value	1-1.999 higher than the TSA value	
Violent Crime	40% or more above the value for the county in which the city is located	20%-39% above the value for the county in which the city is located	10%-19% above the value for the county in which the city is located	

Socioeconomic Indicators

While the TSA appears to be better off than Orange County or California on all socioeconomic indicators, there are pockets of concern. This is especially true for San Juan Capistrano, which is moderately or much worse than the TSA on all of these indicators.

Indicator	PSA	SSA	TSA	Orange County	California
Socioeconomic Indicators					
Median Household Income	$100,234	$94,271	$98,814	$78,612	$62,554
Households below 100% of FPL	4.7%	3.7%	4.5%	9.2%	12.3%
Households below 200% FPL	13.0%	10.4%	12.4%	23.5%	29.8%
Children living below 100% FPL	8.5%	5.2%	7.7%	17.6%	22.7%
Older adults living below 100% FPL	6.6%	8.4%	7.1%	8.7%	10.2%
Age 25+ and no HS diploma	6.2%	4.9%	5.9%	16.0%	18.5%
Enrolled in Medi-Cal	8.2%	6.2%	7.7%	15.5%	20.3%
Low-income food insecurity	3.2%	1.8%	2.8%	6.8%	8.1%

Areas of Greatest Concern – Cities/communities that are much worse than the Total Service

Area average on at least one of the eight socioeconomic indicators shown above.

Indicator	Capistrano Beach	Lake Forest	San Clemente	San Juan Capistrano	Rancho Santa Margarita	Laguna Woods
	92624	92630	92672	92675	92688	92637
Median Household Income	🟥	🟧	🟥	🟥	⬜	🟥
Households below 100% of FPL	🟧	⬜	🟧	🟥	⬜	⬜
Households below 200% FPL	🟥	🟧	🟥	🟥	⬜	🟥
Children living below 100% FPL	🟥	🟧	🟥	🟥	⬜	⬜
Older adults living below	🟧	⬜	⬜	🟧	🟧	🟧

Indicator						
100% FPL						
Age 25+ and no HS diploma						
Enrolled in Medi-Cal						
Low-income food insecurity						

Physical Environment

The high percentage of renters who pay more than 30% of their household income for rent is similar for the TSA, Orange County and California. Four zip codes show substantially higher rates than the TSA on this indicator, and San Juan Capistrano also has a higher rate of crowded housing than the TSA.

Indicator	PSA	SSA	TSA	Orange County	California
Physical Environment Indicators					
More than 1 occupant per room	3.6%	2.5%	3.3%	9.2%	8.2%
Renters pay more than 30% of household income for rent	57.9%	52.7%	56.7%	58.1%	57.2%
Pollution Burden	13.996	8.912	12.501	22.233	25.312
Violent crimes (rate per 100,000 inhabitants)	NA	NA	NA	202.7	397.8

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the physical environment indicators shown.

Indicator	Capistrano Beach	Lake Forest	San Clemente	San Juan Capistrano	Mission Viejo	Laguna Woods	Laguna Hills
	92624	92630	92673	92675	92692	92637	92653
More than 1 occupant per room							
Renters pay more than 30% of household income for rent							
Pollution Burden							
Violent Crime	NA						

Health Outcomes

The TSA has slightly higher rates of asthma and heart disease in adults than Orange County and California. The cities with the most health concerns are San Juan Capistrano, which was also much worse on most socioeconomic indicators; and Laguna Woods, where 75% of the population is age 65 or older.

Indicator	PSA	SSA	TSA	Orange County	California
Health Outcome Indicators					
Fair or poor health (ages 0-17)	4.9%	4.8%	4.9%	7.0%	5.2%
Fair or poor health (ages 18-64)	15.0%	15.0%	15.0%	20.3%	19.2%
Fair or poor health (ages 65+)	22.7%	22.6%	22.7%	29.4%	27.8%
Disabled population (all ages)	7.3%	7.9%	7.4%	8.1%	10.3%
Asthma in children (ages 1-17)	10.2%	10.8%	10.4%	10.6%	14.6%
Asthma in adults (ages 18+)	15.2%	14.0%	14.8%	14.3%	13.9%
Diabetes in adults (ages 18+)	6.2%	5.6%	6.0%	7.4%	8.8%
Heart disease (Ages 18+)	6.6%	5.6%	6.3%	5.6%	5.9%
Serious psychological distress (ages 18+)	6.9%	7.3%	7.0%	7.1%	8.1%

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the health outcome indicators shown.

Indicator	San Juan Capistrano	Laguna Woods
	92675	92637
Fair or poor health (ages 0-17)		NA
Fair or poor health (ages 18-64)		
Fair or poor health (ages 65+)		
Disabled population (all ages)		
Asthma in children (ages 1-17)		NA
Asthma in adults (ages 18+)		
Diabetes in adults (ages 18+)		
Heart disease (Ages 18+)		
Serious psychological distress (ages 18+)		

Health Behaviors

The TSA is doing better than Orange County on health behaviors related to weight, sugary drink consumption, and exercise. However, Lake Forest and San Juan Capistrano are areas of concern. Orange County's rate of youth alcohol/drug use in the past month is about the same as the California rate. However, a review of data from south Orange County school districts showed higher rates of recent use of alcohol or drugs, marijuana, recreational prescription drugs, and cigarettes than Orange County rates, especially among 11th graders.

Indicator	PSA	SSA	TSA	Orange County	California
Health Behavior Indicators					
Overweight (ages 2-11)	9.3%	7.6%	8.7%	12.3%	13.3%
Overweight or obese (ages 12-17)	17.2%	15.4%	16.5%	20.9%	33.1%
Obese (ages 18+)	16.2%	14.8%	15.7%	18.4%	25.8%
Sugary drink consumption (ages 18+)	10.7%	10.6%	10.6%	13.1%	17.4%
Regular physical activity (ages 5-17)	19.5%	18.7%	19.2%	16.9%	20.7%
Youth alcohol/ drug use in the past month (grades 7, 9, and 11)	NA	NA	NA	26.9%	27.8%
Births per 100,000 teens (ages 15-19)	NA	NA	NA	16.7	23.2

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the health behavior indicators shown.

Indicator	Lake Forest	San Juan Capistrano
	92630	92675
Overweight (ages 2-11)		
Overweight or obese (ages 12-17)		
Obese (ages 18+)		
Sugary drink consumption (ages 18+)		
Regular physical activity (ages 5-17)		

Clinical Care

On the clinical care measures shown below, the TSA is better than Orange County or California. San Juan Capistrano and Lake Forest have moderately or much worse rates of uninsured adults. While their rates of early prenatal care are between 85% and 90%, Lake Forest, San Clemente, and San Juan Capistrano, these are still moderately or much worse than the TSA.

Indicator	PSA	SSA	TSA	Orange County	California
Clinical Care Indicators					
Uninsured (ages 0-17)	4.5%	3.9%	4.2%	5.3%	3.2%
Uninsured (ages 18-64)	14.6%	11.9%	13.7%	19.4%	19.3%
First trimester prenatal care	92.1%	94.9%	92.7%	89.9%	83.8%
# of people per primary care physician	NA	NA	NA	1048:1	1274:1
# of people per non-physician primary care provider	NA	NA	NA	2,392:1	2,192:1
# of people per dentist	NA	NA	NA	963:1	1,264:1
# of people per mental health provider	NA	NA	NA	480:1	356:1

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the clinical care indicators shown.

Indicator	San Juan Capistrano
	92675
Uninsured (ages 0-17)	NA
Uninsured (ages 18-64)	
First trimester prenatal care	

See Appendix 2: Secondary Data /Publicly Available Data

SELECTED HEALTH INDICATORS: PRIMARY DATA

Significant Health Needs of the Low-Income Population
The following "areas of opportunity" represent the significant health needs of low-income residents ("Low-Income Population") in the community, based on the information gathered through the PRC Community Health Survey. From these data, opportunities for health improvement exist in the area with regard to the following health issues.

The Areas of Opportunity were determined after consideration of various criteria, including: disparity between low-income respondents and those with higher incomes; standing in comparison with national low-income data; identified trends among the Low-Income Population; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue.

Areas of Opportunity Identified for the Low-Income Population	

Access to Healthcare Services	• Barriers to Access
	More than one in three low-income adults in our area (35.7%) have experienced difficulties or delays of some kind in receiving healthcare that they needed in the past year; this compares to 16.5% of higher-income residents.
	  ○ Cost of Prescriptions: The prevalence of low-income area residents with difficulty affording prescription medication in the past year (27.3%) is much higher than the national benchmark (15.2%). The local prevalence is considerably lower (9.9%) in the higher-income population.
	  ○ Lack of Transportation: The prevalence of low-income area residents for whom a lack of transportation was a barrier to medical care in the past year (18.6%) is much higher than the US percentage among low-income adults (10.8%). The local prevalence is considerably lower (3.1%) in the higher-income pop.
	• Insurance Instability
	Among insured adults, 21.4% of low-income residents were without healthcare coverage at some point in the past year. This compares to a much-lower 4.9% among insured adults with higher incomes.
	• Routine Medical Care [Adults]
	The local prevalence of low-income residents with routine medical checkups in the past year (58.9%) is much lower than the national prevalence among low-income adults (67.5%).
	• Emergency Room Utilization
	In our area's low-income population, 22.8% of respondents used a local emergency room more than once in the past year for their medical care, much higher than the national figure among low-income adults (15.5%) and marking a statistically significant increase since 2013.
	• Advance Care Planning
	A total of 21.5% of low-income area residents have completed advance directive documents, well below the 47.3% reported in upper-income households.

Cancer	• Cancer (Non-Skin) Prevalence The percentage of low-income residents who report having ever had cancer (other than skin cancer) has increased significantly (from 1.8% in 2013 to 7.3% in 2016). • Breast Cancer Screening Among women age 50-74 in our communities, there is wide disparity in breast cancer screening based on income — among those with higher incomes, 84.1% report appropriate mammography screening; among those with low incomes, this percentage is only 68.1%.

Diabetes	• Diabetes Prevalence Among low-income residents, the prevalence of diabetes has increased considerably, from 3.5% in 2013 to 13.0% in 2016. • Prevalence of Borderline/Pre-Diabetes The percentage of local low-income adults who are pre-diabetic or have been told they have borderline diabetes is significantly higher than found among low-income adults nationwide (10.6% vs. 5.9%).
Education	• Attainment of Educational Goals Only 50.3% of low-income adults feel that have been able to achieve the educational goals they have set for themselves. Disparity in educational attainment is demonstrated by the fact that this is significantly below what is found among those with higher incomes (82.6% of whom have attained their educational goals).
Heart Disease & Stroke	• Heart Disease Prevalence The prevalence of heart disease (those ever diagnosed with heart attack, angina, or coronary disease) has increased significantly in the local low-income population from 2.1% in 2013 to 8.0% in 2016. • High Blood Pressure Prevalence The prevalence of high blood pressure has increased as well in low-income adults from 18.3% in 2013 to 27.2% in 2016.
Housing	• Recent Homelessness 7.0% of low-income respondents (currently housed) have lived on the street or in a car at some point in the past 2 years. This is a ten-fold increase from that found in 2013 (0.7%). • Home Ownership Home ownership is an important measure of inequity in the community, with only 16.9% of low-income residents reporting that they own their own home (vs. 71.9% among those earning incomes at 200% of the federal poverty level or above). Home ownership in the low-income population has decreased over time (from 26.8% in 2013). • Worry/Stress Over Housing Costs Low-income residents (59.4%) are also much more likely than those with higher incomes (22.6%) to report having ("always," usually" or "sometimes") worried or stressed about having enough money to pay their rent or mortgage in the past year. • Multi-Family Households Low-income residents (29.0%) are much more likely than those with higher incomes (4.4%) to live in households that include multiple families living together.
Injury & Violence	• Violent Crime Experience Since 2013, the proportion of low-income adults who report having

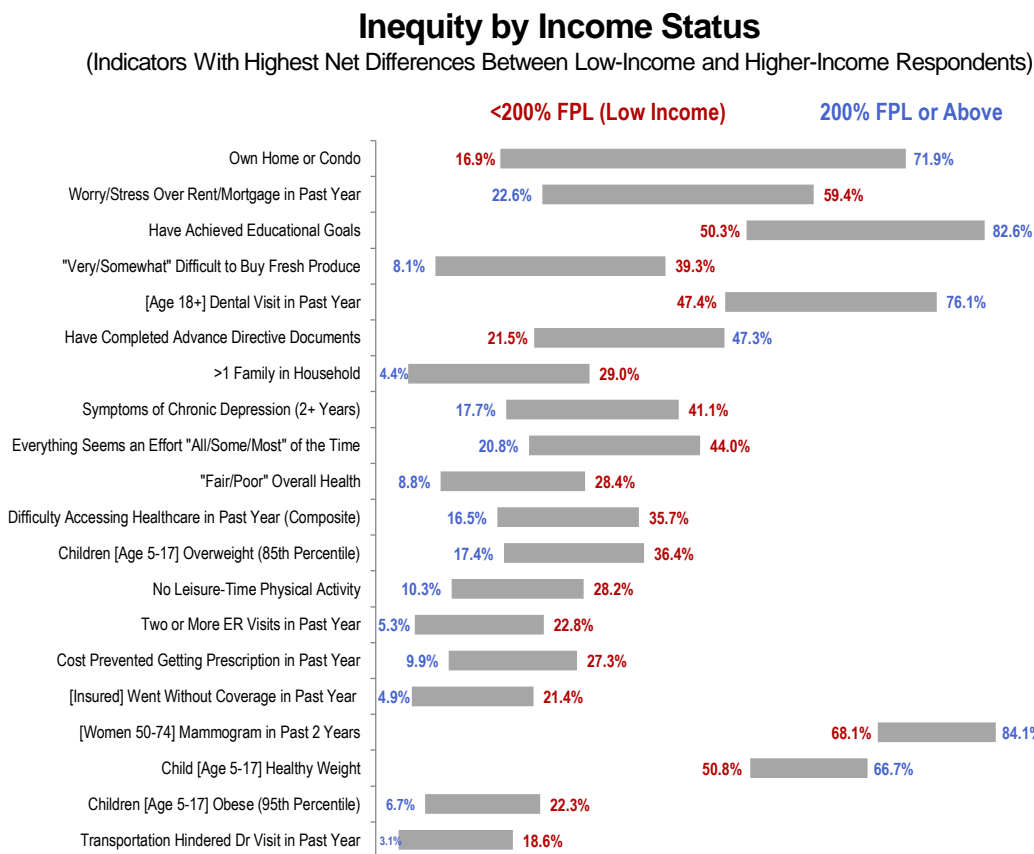|	
	been the victim of a violent crime in the area in the preceding five years has increased (from 0.8% in 2013 to 4.9% in 2016). • Domestic Violence Experience
Mental Health	• Symptoms of Chronic Depression There is tremendous disparity in the prevalence of chronic depression between low-income and higher-income residents. For those with higher incomes, 17.7% of residents report having had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression); this increases to 41.1% among those living below the 200% poverty threshold. • Everything Seems to Be an Effort Low-income residents are also much more likely to feel that everything seemed to be an effort ("all," "some" or "most" of the time) in the past month, with 44.0% responding in this way. Among those with higher incomes, the prevalence is 20.8%. • Activity Restrictions Due to Poor Mental Health The prevalence of activity restrictions due to mental health has increased significantly in the low-income population, with 16.4% of low-income respondents currently reporting 3+ days of such restrictions in the past month (up from 8.3% in 2013).
Nutrition, Physical Activity & Weight	• Difficulty Accessing Fresh Produce Low-income residents are finding it increasingly difficult to buy fresh fruits and vegetables at a price they can afford — in 2013, 25.2% described this as "very" or "somewhat difficult"; in 2016, this percentage increased to 39.3%. There is also great disparity when comparing this to those with higher incomes (only 8.1% of those with higher incomes responded "very/somewhat difficult" in 2016). • Overweight & Obesity [Adults & Children] Nearly two-thirds of low-income adults in our communities are either overweight or obese, and specifically, the percentage of adults who are obese has increased considerably from 19.5% in 2013 to 28.9% in 2016. The survey also found that, in low-income households, 36.4% of school-aged children are overweight or obese. This is more than twice that found in higher-income households (17.4%). • Leisure-Time Physical Activity More than one in four low-income adults (28.2%) gets no leisure-time physical activity. Among those with higher incomes, this finding is only 10.3%.
Oral Health	• Recent Dental Care [Adults] Less than half of our local low-income population (47.4%) reported a recent dental visit, much lower than the 76.1% among higher-income residents in the area

Inequity Measures

Throughout this assessment, the findings reveal strong disparity by income when comparing the Low-Income Population with residents with higher incomes. Almost universally, these point to poorer health status and greater health needs for the Low-Income Population. As a way to highlight these inequities, the following chart outlines those measures in this assessment exhibiting the widest gaps (greater than 15 net percentage points) between respondents in these two income groups.

This level of disparity by income is <u>one</u> criterion for establishing the Areas of Opportunity identified previously.

Inequity by Income Status
(Indicators With Highest Net Differences Between Low-Income and Higher-Income Respondents)

	<200% FPL (Low Income)	200% FPL or Above
Own Home or Condo	16.9%	71.9%
Worry/Stress Over Rent/Mortgage in Past Year	22.6%	59.4%
Have Achieved Educational Goals	50.3%	82.6%
"Very/Somewhat" Difficult to Buy Fresh Produce	8.1%	39.3%
[Age 18+] Dental Visit in Past Year	47.4%	76.1%
Have Completed Advance Directive Documents	21.5%	47.3%
>1 Family in Household	4.4%	29.0%
Symptoms of Chronic Depression (2+ Years)	17.7%	41.1%
Everything Seems an Effort "All/Some/Most" of the Time	20.8%	44.0%
"Fair/Poor" Overall Health	8.8%	28.4%
Difficulty Accessing Healthcare in Past Year (Composite)	16.5%	35.7%
Children [Age 5-17] Overweight (85th Percentile)	17.4%	36.4%
No Leisure-Time Physical Activity	10.3%	28.2%
Two or More ER Visits in Past Year	5.3%	22.8%
Cost Prevented Getting Prescription in Past Year	9.9%	27.3%
[Insured] Went Without Coverage in Past Year	4.9%	21.4%
[Women 50-74] Mammogram in Past 2 Years	68.1%	84.1%
Child [Age 5-17] Healthy Weight	50.8%	66.7%
Children [Age 5-17] Obese (95th Percentile)	6.7%	22.3%
Transportation Hindered Dr Visit in Past Year	3.1%	18.6%

See Appendix 3: Primary Data. PRC 2016 Community Health Survey

SUMMARY OF COMMUNITY INPUT

To better understand the community's perspective, opinions, experiences, and knowledge, Mission Hospital held seven sessions in which community members and nonprofit and government stakeholders discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. Below is a high-level summary of the findings of these sessions.

Full details on the protocols, findings, and attendees are available in Appendix 4. The community input sessions were scheduled as follows:

Session	City	Date	Language
Community Resident Focus Group	San Juan Capistrano	2/15/17	Spanish *
Community Resident Focus Group	San Juan Capistrano	2/15/17	Spanish
Community Resident Focus Group	Lake Forest	2/16/17	English
Community Resident Focus Group	Lake Forest	2/16/17	Spanish
Nonprofit/Government Stakeholder Focus Group	Lake Forest	2/17/17	English
Community Resident Forum	San Juan Capistrano	2/22/17	English with simultaneous interpretation in Spanish
Community Resident Forum	Lake Forest	2/23/17	English with simultaneous interpretation in Spanish

* This session was originally scheduled to be in English, but all attendees were fluent in Spanish and some were not comfortable in English, so the session was conducted in Spanish instead.

Review of Findings
The following concerns were identified as important by both the community resident and nonprofit and government stakeholder focus groups:

Access to Resources: Discussions about access to resources included both health care, educational, and other support services. Transportation was often cited as an issue: many services are not close to public transportation, so it can take hours to get there. Because many people work long hours, clinics and doctor's offices are often closed at times when individuals are able to visit. Alternatively, there is such demand for services that wait times to get an appointment, and at appointments, are prohibitively long.

Housing Concerns: High rents combined with low salaries lead to situations where many low-income individuals are forced to live in crowded, low-quality housing. In addition, availability of affordable housing can be limited. Absentee landlords who take advantage of their tenants, particularly undocumented individuals, were also raised as an issue.

Homelessness: Homelessness was a major issue raised by the stakeholders, who focused on the growing rate of homelessness as well as its connection to many other health issues. Residents also saw the problem growing and spoke of its negative impact on their communities.

Mental Health: Mental health was discussed frequently, particularly in the form of stress or depression. It was linked to many other issues such as economic challenges, housing, and immigration issues.

Food and Nutrition: Challenges around eating healthy was a major discussion point in the resident focus groups. Because healthy food is more expensive and time-consuming to prepare, when faced with a lack of time and money, families often opt to purchase cheaper, quicker, and less healthy options.

Economic Insecurity: Residents shared their challenges on finding jobs that pay a living wage, particularly in view of the cost of living of the county, and the stress of living in or near poverty.

Language and Cultural Barriers: While there was a recognition that Mission Hospital worked to provide access to Spanish speakers, not all providers followed suit, and participants reported encountering barriers to service if they did not speak English very well.

Obesity: Discussions around obesity centered on its root causes, such as difficulty in eating healthily and finding time to exercise.

Insurance and Cost of Care: While the Affordable Care Act has reduced the number of uninsured individuals, it has not eliminated all problems around cost of care. Some people do not fully understand how to use their insurance, and even if they do, co-pays can often be high enough to constitute a significant barrier for lower-income individuals. Some members of the undocumented community do not have insurance.

Immigration Status: Fear of arrest and deportation has grown considerably in the past six months. As a result, many undocumented immigrants are afraid to access resources, including health services. In addition, there was concern about the stress that this community faced, and its effect on health.

Programming and Places for Youth: Residents spoke about the need for places for children to play and develop their skills, as well as the need for planned programming for youth.

The following concerns were identified as concerns for the community by the community resident focus groups but were not discussed at the nonprofit/government stakeholder focus group:

Lack of Community Education: Many residents said there was a lack of knowledge in their communities about several issues, such as nutrition, healthy cooking, disease prevention, and how to navigate the complicated health care system. They expressed a desire for more educational programs to address these concerns.

Substance Abuse: Residents were concerned about the effects of substance abuse, both on those using the drugs and the broader community.

Dental Care: Several residents raised concerns about there being too few dental providers who take their insurance; others raised the cost of service as an issue.

There were no issues discussed at the nonprofit/government stakeholder focus that were not also discussed in at least one focus group.

The following concerns received the most support from the Community Forums, in alphabetical order:

Dental Health
Economic Insecurity
Homelessness
Housing Concerns
Immigration Status
Insurance and Cost of Care
Lack of Community Education
Mental Health
Programming for Youth
Substance Abuse

See Appendix 3: Primary Data. PRC 2016 Community Health Survey

COMMUNITY ASSETS AND RESOURCES

Significant Health Need and Assets Summary

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes where there is a higher prevalence or severity for a particular health concern than the general population within Mission Hospital's 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 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 significant health needs and community resources/assets.

Significant Health Need	Target Population	Geographic Area (City, Zip Code, County)	Community Resources (Name of Organization(s)
Access to Resources	*low-income adults*	*Capistrano Beach, 92624* *Dana Point, 92629* *Laguna Beach, 92651* *Lake Forest,92630*	• *Camino Health Center* • *Community and Senior Centers* • *CHEC Family Resource Center* • *Families Forward*

		Mission Viejo, 92692 San Clemente, 92672 San Juan Capistrano, 92675	• Family Assistance Ministry • Helping Hands Worldwide • Laguna Resource Center • Mission Basilica • Our Fathers Table • PEACE Center at Saddleback Church • South County Outreach • South Orange County Family Resource Center • Women, Infant & Children's Clinic (WIC)
Dental Care	low-income adult and children	Capistrano Beach, 92624 Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675	• Camino Health Center • Laguna Beach Community Clinic
Diabetes	low-income adult	Capistrano Beach, 92624 Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675	• Camino Health Center • Laguna Beach Community Clinic
Economic Insecurity	low-income adult and children	Capistrano Beach, 92624 Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675	• CHEC Family Resource Center • Families Forward • Family Assistance Ministry • PEACE Center at Saddleback Church • South County Outreach • South Orange County Family Resource Center
Food and Nutrition	low-income adult and children	Capistrano Beach, 92624 Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675	• CHEC Family Resource Center • Ecology Center • Families Forward • Family Assistance Ministry • Father Serra's Food Pantry, Mission Basilica • Helping Hands Worldwide • Second Harvest Food Bank • South County Outreach • Women, Infant & Children's Clinic (WIC)
Homelessness	Low-income adults, predominately single mothers and single men that are veterans	Capistrano Beach, 92624 Dana Point, 92629 Laguna Beach, 92651 Lake Forest,92630	• Alternative Sleeping Location (ASL Homeless Shelter) • Camino Health Center • Families Forward

		Mission Viejo, 92692 San Clemente, 92672 San Juan Capistrano, 92675	• Family Assistance Ministry • Friendship Shelter • Helping Hands Worldwide • Henderson House • Laguna Beach Community Clinic • Laguna Resource Center • Our Fathers Table • South County Outreach • South Orange County Taskforce on Homelessness
Housing Concerns	low-income adult	Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675 Mission Viejo, 92692	• CHEC Family Resource Center • Families Forward • Habitat for Humanity • NeighborWorks • South County Outreach • South Orange County Family Resource Center
Immigration Status	low-income Hispanic adults	Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675	• Catholic Charities • CHEC Family Resource Center • Diocese of Orange County • Legal Aid Society of OC • Public Law Center • South Orange County Family Resource Center
Insurance and Cost of Care	low-income adult	Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675	• Camino Health Center • Coalition of Community Health Centers • CHEC Family Resource Center • Community Health Initiative of Orange County • Family Assistance Ministry • Families Forward • PEACE Center, Saddleback Church • South County Outreach • South Orange County Family Resource Center
Lack of Education	low-income Hispanic adults and children	Capistrano Beach, 92624 Lake Forest,92630 San Clemente, 92672 San Juan Capistrano, 92675	• Boys & Girls Club Chapters • CREER, San Juan Capistrano • Capistrano Unified School District • CHEC Family Resource Center • Families Forward • Saddleback College Adult Education

			• *Saddleback Valley Unified School District* • *South County Outreach* • *South Orange County Family Resource Center*
Lack of Exercise	*low-income Hispanic adults*	*Capistrano Beach, 92624* *Lake Forest,92630* *San Clemente, 92672* *San Juan Capistrano, 92675*	• *Boys & Girls Club Chapters* • *Local Parks & Recreation Programs* • *YMCA Chapters*
Language and Cultural Barriers	*low-income Hispanic adults*	*Capistrano Beach, 92624* *Lake Forest,92630* *San Clemente, 92672* *San Juan Capistrano, 92675*	• *CHEC Family Resource Center* • *Catholic Charities* • *Diocese of Orange County* • *South Orange County Family*
Mental Health	*low-income Hispanic adults*	*Capistrano Beach, 92624* *Lake Forest,92630* *San Clemente, 92672* *San Juan Capistrano, 92675*	• *Camino Health Center* • *CHEC Family Resource Center* • *Omid Multicultural Institute for Development* • *South Orange County Family Resource Center* • *Western Youth Services*
Obesity	*low-income adults and children*	*Capistrano Beach, 92624* *Lake Forest,92630* *San Clemente, 92672* *San Juan Capistrano, 92675*	• *Boys & Girls Club Chapters* • *Local Parks & Recreation Programs* • *YMCA Chapters*
Substance Abuse	*Adults and young adults*	*Capistrano Beach, 92624* *Lake Forest,92630* *San Clemente, 92672* *San Juan Capistrano, 92675*	• *AA Meetings* • *Friendship Shelter* • *Mission Hospital* • *Western Youth Services*

Please see resource below:
Search engines for community assets by county:
Orange County: http://orange.networkofcare.org/mh/

Existing Health care Facilities in the Community
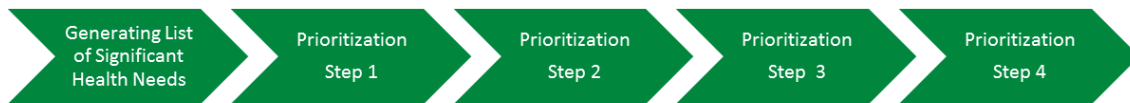
See Appendix 6: Existing Health Care Facilities within Service Area

SIGNIFICANT HEALTH NEEDS

Selection and Prioritization Overview

The graphic below depicts both how the compiled data and community input were analyzed to generate the list of significant health needs, as well as the prioritization process that allowed the selection of 3 significant health needs around which we will build our implementation plan. Details of the selection and prioritization process are provided in the sections that follow and in Appendix 5.

	Generating List of Significant Health Needs	Prioritization Step 1	Prioritization Step 2	Prioritization Step 3	Prioritization Step 4
Who	2 external raters	2 external raters	Community Benefit Lead and internal Work group	Community Benefit Lead	Community Benefit Committee
What	A comprehensive review of data & community input	Apply the following criteria per significant health need	Apply the following criteria per significant health need	Review through two filters	Review List of issues and narrow to 1-3 priority areas for FY18-FY20 CB Plan/ Implementation Strategy investment
Criteria	All sources were analyzed for severity of the problem and level of community concern.	1. Seriousness of the problem 2. Scope of the problem – # of people affected 3. Scope of the problem – compared to other areas 4. Health disparities among population groups 5. Importance to the community 6. Potential to affect multiple health issues (root cause) 7. Implications for not proceeding	1. Sustainability of impact 2. Opportunities for coordination/ partnership 3. Focus on prevention 4. Existing efforts on the problem 5. Organizational competencies	1. Is it aligned with the Mission of St. Joseph Health? 2. Does it adhere to the Catholic Ethical and Religious Directives?	1. Is the health need relevant to the ministry? 2. Is there potential to make meaningful progress on the issue? 3. Is there a meaningful role for the ministry on this issue? 4. Where do we want to invest our time and resources over the next three years?
Scale	Multiple	1-5 scale	1-5 scale	Yes or No	CB Committee Dialogue

Selection Criteria and Process Evaluators from The Olin Group performed a rigorous review of the publicly-available data and community input to identify 15 significant health needs for Mission Hospital.

The selection process began with the development of a general list of potential health needs, derived from a broad review of the indicator data, focus group findings, and literature around health concerns and social determinants of health. The goal of the selection process was to analyze the wide variety and large quantity of information obtained through the quantitative and qualitative processes in a consistent manner. Each source of input was considered as follows:

- Quantitative Data: Weighting was based on how the service area compared to California and county averages and how individual cities and zip codes compared to the service area averages. Note that for some health needs, data was not readily available.
- The Professional Research Consultant (PRC) survey was given equal consideration to each of the other components of the process. Needs that were identified by PRC as "Areas of Opportunity Identified for the Low-Income Population" were given the strongest weighting.
- Resident Focus Groups: Focus Group transcripts and notes were reviewed and considered both at the individual focus group level and collectively across focus groups. Weighting was related to how often and how extensively an issue was discussed by the participants.
- Stakeholder Focus Group: Weighting for the stakeholder group was based on how strongly the problem was discussed by the participants and the extent of agreement among the participants about the problem.
- Community Resident Forums: The Community Forums were designed to measure the importance of an issue to attendees. Each forum ended with "dot voting" on significant health issues allowing all participants to have a voice in indicating which issues were most important to them. Issues that received more votes were considered to be more important to the community.

To compile the list of significant health needs, we identified high-ranking concerns from each input source. Concerns were selected if they were highly rated in one input source and were also supported as a need by another input source. Note that in almost every case, the identified needs were identified as priorities by three or more input sources.

Before the final selection of significant health needs, two reviews took place. First, The Olin Group reviewed the list to determine if there were needs that were identified as priorities through the community process but not highlighted by the data, or for which no data was available. In some cases, a significant health need may have been added to the list due to this review. In the second review, the Community Benefit Staff examined the list, using their ministry-specific knowledge to determine if the significant health needs should be consolidated or others should be added. Once the review was completed, the list was finalized and prioritized.

PRIORITY HEALTH NEEDS

Prioritization Process and Criteria

To prioritize the list of significant health needs and ultimately select the 3 health need(s) to be addressed by Mission Hospital, a four-step process was followed, incorporating the experience, expertise, and perspective of both internal and external stakeholders of Mission Hospital. The criteria and rating scales can be found in Appendix 5.

Step 1: Using criteria that were developed in collaboration with the St. Joseph Health System Office and the Community Benefit Staff, The Olin Group Evaluation Team scored each health need on seven criteria.

- **Seriousness of the Problem:** The degree to which the problem leads to death, disability, and impairs one's quality of life
- **Scope of the Problem 1:** The number of people affected, as a percentage of the service area population
- **Scope of the Problem 2:** The difference between the percentage of people affected in the service area compared to regional and statewide percentages
- **Health Disparities:** The degree to which specific socioeconomic or demographic groups are affected by the problem, compared to the general population
- **Importance to the Community:** The extent to which participants in the community engagement process recognized and identified this as a problem
- **Potential to Affect Multiple Health Issues:** Whether or not this issue is a root cause, and the extent to which addressing it would affect multiple health issues
- **Implications for Not Proceeding:** The risks associated with exacerbation of the problem if it is not addressed at the earliest opportunity

Step 2: The Community Benefit Lead for Mission Hospital convened a working group of internal stakeholders to complete the second stage of prioritization. This working group applied 4 criteria to each need.

- **Sustainability of Impact:** The degree to which the ministry's involvement over the next 3 years would add significant momentum or impact, which would remain even if funding or ministry emphasis on the issue were to cease.
- **Opportunities for Coordination and Partnership:** The likelihood that the ministry could be part of collaborative efforts to address the problem.
- **Focus on Prevention:** The existence of effective and feasible prevention strategies to address the issue.
- **Existing Efforts on the Problem:** The ability of the ministry to enhance existing efforts in the community.

Community Benefit Staff participating in the working group also considered a fifth criterion:

- **Organizational Competencies:** The extent to which the ministry has or could develop the functional, technical, behavioral, and leadership competency skills to address the need.

Step 3: Two final criteria were considered by the Community Benefit Lead for each health need.
- **Relevance to the Mission of St. Joseph Health**: Is this area relevant to or aligned with the Mission of St. Joseph Health?
- **Adherence to Ethical and Religious Directives:** Does this area adhere to the Catholic Ethical and Religious Directives?

If the answer was "No" to either question, the health need was dropped from further consideration. None of the needs were dropped at this step.

Step 4: The final step of prioritization and selection was conducted by Mission Hospital Community Benefit Committee, which reviewed the list of identified health needs rank-ordered by the results of the first three steps of the prioritization process. The Committee discussed each need and its relevance to the hospital, the potential for progress on the issue, and the potential role of the ministry in addressing the need. After extensive discussion, the Committee selected 3 priorities for inclusion in the plan.

List of Priority Health Needs
The matrix below shows the 15 health needs identified through the selection process, and their prioritized scores as of Step 3. The check marks indicate each source of input and if the listed issue was identified as a need by that input process.

Significant Health Need	Health Category	Total Rank Score	PRC Study	Community Data	Resident Focus Group (FG)	Non-profit/ Govt. Stakeholder FG	Community Forum
Mental Health	Health Outcome	47.7	✓	✓	✓	✓	✓
Housing Concerns	Physical Environment	42.2	✓	✓	✓	✓	✓
Substance Abuse	Health Behavior	41.9		✓	✓		✓
Access to Resources	Clinical Care	40.5	✓	✓	✓	✓	✓
Obesity	Health Behavior	40.0	✓	✓	✓	✓	✓
Insurance and Cost of Care	Clinical Care	39.7	✓	✓	✓	✓	✓
Food and Nutrition	Socioeconomic	39.5	✓	✓	✓	✓	✓
Diabetes	Health Outcome	39.1	✓	✓			✓
Lack of Education	Socioeconomic	39.0	✓	✓	✓		✓
Lack of Exercise	Health Behavior	38.1	✓	✓			✓
Homelessness	Socioeconomic	37.8	✓	✓	✓	✓	✓
Dental Care	Clinical Care	36.7	✓		✓		✓
Immigration Status	Socioeconomic	35.9			✓		✓
Economic Insecurity	Socioeconomic	35.9		✓	✓	✓	✓
Language + Cultural Barriers	Socioeconomic	34.1		✓	✓	✓	

Definitions:

Mental Health: Covers all areas of emotional, behavioral, and social well-being for all ages. Includes issues of stress, depression, coping skills, as well as more serious health conditions such as mental illness and Post-Traumatic Stress Disorder.

Housing Concerns: Includes affordability, availability, overcrowding, and quality of housing.

Substance Abuse: Pertains to the misuse of all drugs, including alcohol, marijuana, opiates, prescription medication, and other legal or illegal substances. It does not encompass cigarette smoking, which was considered separately and not identified as a significant health need.

Access to Resources: Includes most barriers to accessing health care services and other necessary resources, such as transportation, a shortage of providers, or incompatibility between available hours and work schedules. This does not include cost or insurance barriers or issues around language, which are separate health needs on this list.

Obesity: Primarily defined as the health condition in which individuals are sufficiently overweight as to have detrimental effects on their overall health. This does not include issues of exercise or food choices, which are listed separately on this list.

Insurance and Cost of Care: Encompasses both those who do not have health insurance, but also those for whom the cost of services is a barrier even though they have insurance.

Food and Nutrition: Concerns about healthy eating habits, nutrition knowledge, and challenges of cost and availability of healthy options.

Diabetes: Specifically focused on the health condition of diabetes, and awareness and prevention of it.

Lack of Education: Includes both formal education goals and attainment, and community-based education around issues such as exercise, nutrition, health access, and finances.

Lack of Exercise: In addition to the behavior itself, it also includes issues around access to places to exercise and time preventing people from exercising.

Homelessness: Primarily focused on the condition of homelessness, including helping homeless individuals, prevention of homelessness, and mitigating its impact on communities.

Dental Care: Knowledge of dental health and the availability of providers and dental insurance.

Immigration Status: Individuals who are or are connected to undocumented immigrants feel afraid and stressed, which affects their health.

Economic Insecurity: Identified as a root cause of other health issues, this issue covers the effects of poverty and economic concerns as well as difficulties around finding jobs that pay livable salaries.

Language and Cultural Barriers: The challenges with accessing services and feeling welcomed that are faced by non-English speakers or those from different cultures.

Mission Hospital will address the following priority areas as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- *Mental Health & Substance Use* – issues of stress, depression, anxiety, as well as more serious health conditions such as mental illness and Post-Traumatic Stress Disorder are included here, as well as substance use issues around prescription medications, alcohol, marijuana and illegal substances.
- *Immigration Status* – supporting the most vulnerable south county residents who are connected to undocumented immigrants to reduce fear and anxiety, which affects health status.
- *Economic Insecurity* – because this is a root cause for several socioeconomic indicators, identifying methods to improve issues of poverty, employment or other economic concerns.

Mental Health and Substance Abuse were combined by the Community Benefit Committee in recognition of the research-supported connection between the two issues, echoing the Providence St. Joseph Institute for Mental Health's definitions and practices. At the conclusion of Step 3 of the prioritization process, they were the first and third highest ranked concerns, respectively. Both were supported by the community process: Mental Health was discussed in each focus group, particularly regarding issues of stress, depression, reducing stigma, and anxiety in young people. Stress and depression received votes in both community forums. Substance Abuse was seen as a growing concern, particularly among younger people. Community members reported drug use in public spaces, causing concerns around crime and preventing enjoyment of open space such as parks. The topic "Drugs" received a large number of votes in both forums. Both issues were also linked to homelessness, particularly by the government/non-profit stakeholders. Comparative, zip-code level data on mental health and substance abuse are difficult to obtain. However, the PRC study found that low-income respondents were far more likely to report symptoms of chronic depression, activity restrictions due to poor mental health, or that "everything seems to be an effort," compared to the general population. The PRC study did not show disparities in substance abuse related to income, which can be interpreted as indicating that substance abuse is a problem that affects individuals regardless of socioeconomic situation. The Community Benefit Committee selected this issue

due to its prioritization as a top need, the clear importance the community placed on it, and its substantial impact on the health of many people in the service area.

Immigration Status was a major concern throughout the community process, as participants in most of the focus groups raised concerns about the current political environment, its effects on mental health, and worries that fear of law enforcement or discrimination may keep people away from seeking health care or other resources. In the community forums, particularly Lake Forest, people spoke passionately about their worries and stresses around immigration status; the issue received the most votes in Lake Forest and the second most in San Juan Capistrano. While the service area as a whole has relatively fewer non-citizens than California as a whole, there are far more non-citizens in lower income areas such as San Juan Capistrano and Lake Forest. The PRC study did not explore this issue. While this was not a top priority after the first three steps of prioritization, the Community Benefit Committee, in its deliberations, gave special weight to the clear importance of this issue to the community. The committee wished to uphold the ministry's emphasis on the poor and vulnerable, and felt a responsibility to compassionately support and advocate for this population, as they often cannot do so themselves.

Economic Insecurity was also a major issue coming out of the community process. Community residents and stakeholders both spoke about the challenges around finding jobs and living in poverty, and there was extensive discussion about this issue in the Forums. It received the most votes in San Juan Capistrano and a substantial number in Lake Forest. In much of the discussion, economic insecurity was seen as a root cause of many other health concerns, including housing, homelessness, food and nutrition, lack of exercise, obesity, mental health, and access to care. The PRC study supports this relationship, as it found more than 20 places where low-income individuals had worse health outcomes than the general population. The Committee made this a priority to honor the opinions of many of the residents who attended the focus groups and forums and identified this as a key concern. In addition, the Committee agreed with the community and stakeholders that by working on this root cause, the ministry could affect many other issues, while continuing to focus on the poor and vulnerable.

See Appendix 5: Prioritization protocol and criteria/worksheets

EVALUATION OF IMPACT ON FY15-FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT: FY16 ACCOMPLISHMENTS

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**[3] 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. In FY16, Mission Hospital ministry, provided $6,936,558 free (charity care) and discounted care and 5,450 encounters.

For information on our Financial Assistance Program click here

Medicaid (Medi-Cal) and Other Local Means-Tested Government Programs

Mission Hospital provided access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California, and other local means-tested government programs. In FY16, Mission Hospital ministry, provided $30,578,605 in Medicaid (Medi-Cal) shortfall.

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[3] *Information about Mission Hospital's Financial Assistance Program is available http://www.mission4health.com/Patients-Visitors/For-Patients/Patient-Financial-Assistance.aspx*

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan
FY16 Accomplishments

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 Measure	Baseline	FY16 Target	FY16 Result
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.	FY14 baseline = 73.3% for insured or uninsured in high need areas	No FY16 Target Established (3-yr. goal to be reported in FY17)	No FY16 Result (3-yr. result to be reported in FY17)
2. Increase the number of unduplicated persons served through Camino Health Center.	FY14 Baseline: 9,052 (does not include dental or newly established locations)	No FY16 Target Established (3-yr. goal to be reported in FY17)	No FY16 Result (3-yr. result to be reported in FY17)

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Covered: Continue health insurance enrollment efforts	Increase number of <u>new</u> people enrolled in Medi-Cal or Covered CA	2,629	3,000	2,962

Community Outreach: Educate residents on appropriately accessing health care services	Decrease level 1 or 2 avoidable ER visits (no admits) by 15% for uninsured/underinsured (MSI, Medi-Cal, self-pays)	200.9 per 1,000 visits	Decrease by 15% from baseline (170.9 per 1,000 visits)	Decreased by 52% from baseline (95.9 per 1,000 visits)
Care Management: Improve systems of care to reduce ER visits	Decrease frequent ER visits & admits (5 visits/rolling 3) by 15% for uninsured/underinsured (MSI, Medi-Cal, self-pays)	60.7 per 1,000 visits	Decrease by 15% from baseline (51.6 per 1000 visits)	Decreased by 36% From baseline (38.6 per 1000 visits)
Constraints: Remove client barriers to accessing primary care services	Decrease barriers to accessing care	34.1% reported difficulty obtaining healthcare services	No FY16 Target Established (3-yr. goal to be reported in FY17)	Camino Health Center grew their patient base from 12,488 in FY15 to 14,167 in FY16, which represents a 13% increase in new patients served
Capacity: Build a network of care providers that can meet the health care needs of residents	Increase number of specialty providers in SOC for vulnerable residents	8 physicians	20 physicians	25 physicians

Key Community Partners: *Camino Health Center, South Orange County & CHEC Family Resource Centers, Children's Bureau*

The Coalition Community Clinics of OC, Second Harvest, Grupo Comunitario de Salud Integral, the Raise Foundation, Local faith-based parishes, Mission Hospital Care Management & Emergency Room Departments, Friendship Shelter, Mission Hospital Laguna Beach Behavioral Health Department, Access OC and the Illumination Foundation

FY16 Accomplishments:

Increasing Access to Health Care: In FY16, our efforts increasing access to affordable Health Insurance efforts lead to 10,278 outreach and education encounters, 2,962 new enrollments and 1,063 renewals in Affordable Health Coverage (Covered California, Medi-Cal, Kaiser Kids and others). We hosted 2 free Surgery Days in partnership Access OC and the Illumination Foundation to provide 15 free surgeries and 9 colonoscopies. Our nurse navigator had a total of 1,690 encounters by providing services to 982 underserved individuals at church visits, and to 708 individuals at health screenings, flu clinics and health fairs. We had a participation of 592 attendees at our diabetes education series. We developed a Community Health Worker Program in partnership with Latino Health Access to reach out to families at home visits to advance our health literacy goals raising awareness about health prevention, learning about the importance of signing for health insurance and how to use it, and planning for an annual doctor visit.

For our efforts to reduce Emergency Room (ER) visits, in February 2016, we initiated a program to provide care management and social work support in the ER in our Mission Viejo campus six days per week. This has helped decrease avoidable visits in the ER from our initial 2014 baseline of 200.1 visits per 1,000 patients to 95.9 visits per 1,000 patients. In April 2016, we initiated a Community Care Navigator in our ERs as well. The Navigator's role is to provide support to our most vulnerable clients outside of the hospital walls to help them gain regular access to health care, social service support and other identified needs to help them increase their health and quality of life. Prior to the initiation of the Navigator program, frequent clients to the ER made an average of 6.39 visits/3 months. Patients who have engaged with the Care Navigator since April 2016 have averaged only 2.14 visits to the Emergency Department since initiating services. The overall rate of repeat visits has declined from 46.0/1000 visits earlier this year to 38.6/1000 visits.

Client Story:

Mr. J was a patient who is very well known in the Emergency Department. He had 9 visits in the previous 3 months and 23 visits within the first half of 2016. Mr. J would come into the ED for alcohol-related problems and he was homeless. His medical needs would be met by staff and he went on his way. Mr. J met with the new Community Care Navigator who conducted a psychosocial assessment. Mr. J expressed that he wanted to no longer be homeless and wanted to become clean and sober. With the help of the Emergency Department's Care Managers, he was provided with a bus pass get him to the detox facility. After completing detox,

Mr. J was connected to the Friendship Shelter where he was given a bed, meals, and case management --- all at no cost to him. Mr. J has demonstrated some symptoms of paranoia and significant mental illness, and Mr. J was self-medicating with alcohol. He was encouraged to follow through with services through OC Mental Health. Mr. J disclosed that he was embarrassed to have the diagnosis of Paranoid Schizophrenia. The Community Care Navigator worked with him to accept his diagnosis and reduce the stigma of mental illness, so that he felt comfortable accessing counseling and medication. Mr. J continues to access services for his mental health, is taking psychotropic medication, and is attending meetings to maintain his sobriety. He is now 63 days sober, continues to live at the Friendship Shelter and is working towards more permanent housing. He is motivated to continue with his personal growth.

St. Joseph Health, Mission Hospital
FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Initiative (community need being addressed): Mental Health Initiative

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

Outcome Measure	Baseline	FY16 Target	FY16 Result
1. Decrease the percent of adults reporting three (3) or more days of poor mental health in the past month	FY14 Baselines: High Need Areas = 18.7% Laguna Beach = 20.7%	No FY16 Target Established (3-yr. goal to be reported in FY17)	No FY16 Result (3-yr. result to be reported in FY17)
2. Decrease the percent of adults reporting fair or poor mental health status	FY14 baseline: High Need Areas = 10.3% Laguna = 13%	No Target Established (3-yr. goal to be reported in FY17)	No Result (3-yr. result to be reported in FY17)

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Reduce the stigma around mental health (& substance abuse)	Number of unique individuals reached	0	1,000 promises (Unique individual encounters)	Social Marketing Campaign: 1,320 promises 7,715 Encounters 40,985,240 impressions
Reduce barriers to	Increase number of	FRCs: 280	FRCs: 10% increase from baseline	FRCs: 15% increase

accessing behavioral health services	new unique clients receiving behavioral health services by 10% annually	Camino: 78	(308 clients) Camino: 10% increase from baseline (86 clients)	from baseline (322 clients) Camino: 1,229% increase from baseline (1,037 clients)
Coordinate and integrate providers along the continuum of care for behavioral health services to increase access to quality services	Increase number of referrals by 20% annually to the FRC from MH, Camino, MHMG	0	20% increase from baseline (2 referrals)	4% increase from baseline (4 referrals)
Increase the availability of mental health providers	Increase number of mental health provider hours serving vulnerable clients by 10% annually	4,160 intern hrs.	10% increase from baseline (4,576 intern hrs)	-17% decrease from baseline (3,423 hours were provided by interns)

Key Community Partners: *Camino Health Center, South Orange County & CHEC Family Resource Centers, Mission Hospital Behavioral Health Services, Western Youth Services, and Mental Health Coalition member organizations*

FY16 Accomplishments:

In addition to the strategies cited in the above table, we hosted Faith Leader Breakfast events over the year to reduce the stigma around mental health and give clergy tools to address mental health needs when needed. Over 200 faith leaders participated in the program over the year. We developed a local social marketing campaign with an effort to reduce the stigma around mental health. The campaign's website, Twitter and Facebook profiles were activated in May 2015 (PromiseToTalk.org, @PromiseToTalk, #promisetotalk). The campaign offers direct encounters with local residents at community events, neighborhood discussions, social media, and education and awareness through bus advertisements.   Combined, these efforts resulted in over 40 million impressions in the community, helping to raise awareness about the importance of mental health and reducing the stigma associated with reaching out for assistance.

5,888 Community residents received awareness and stigma reduction education through our extensive outreach. Efforts increased awareness of FRC services and brought in additional new clients for individual, family and group mental health services. In addition, we initiated a psychiatric program through our Family Resource Centers in November 2015. This service provided 11 individuals with direct access and support from a psychiatrist, a health professional most individuals without health insurance coverage would not receive. We also joined efforts with Western Youth Services, Jewish Family Federation Support Services and Orange County Indian and Pacific Islander to provide mental health outreach and education services to south county residents. Over the year, this provided nearly 6,000 people with information about mental health.

Our mental health internship program saw a decrease in FY16 due to fewer interns available at the FRCs. In FY15 when our baseline was created, the Family Resource Centers had up to 11 interns at a time, and 1.5 FTE Bilingual Mental Health Counselors. In FY16, the new Intern Coordinator was part time and was able to supervise 7 interns over the year. Because we hosted up to 4 fewer interns, the intern hours provided in FY16 were reduced to 3,423 hours. However, with interns, the Intern Supervisor, and hiring an additional staff counselor during the year, a total of 8,450 provider hours were available for mental health counseling within the FRCs. We anticipate FY17 hours increasing, as the FRCs are anticipating 9 interns, a small caseload from the Intern Coordinator, and 3 full-time Mental Health Counselors. In addition, the FRCs have partner agencies who provide counseling services to our community, increasing our available team members by 2 additional full-time staff.

Within those 8,450 provider hours, staff and interns offered 1,521 encounters for individual, child or family counseling, 541 encounters for group counseling, and 1,037 brief face-to-face encounters to offer referrals and other supportive services.

St. Joseph Health, Mission Hospital
FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Initiative (community need being addressed): Youth Substance Use Prevention

Goal (anticipated impact): Reduce use of alcohol and other drugs (including e-cigarettes) among 9th graders in the last 30 days

Outcome Measure	Baseline	FY16 Target	FY16 Result
Decrease the percentage of 9th graders who report using alcohol or other drugs in the past 30 days by 10%	Baselines (2014): Laguna Beach High School= 22% Capistrano Valley High School= 26% San Clemente High School SCHS= 34%	LBHS = 20% CVHS = 23% SCHS = 31%	LBHS = 21% CVHS – not available SCHS – not available

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Increase awareness and identification of risks and protective factors associated with mental health and substance abuse	Educate 1000 community members on risks annually	0	*1000*	25,320 (See details below)
Strengthen children/youth empowerment resiliency, self-confidence, and sense of	Decrease % of 9th graders reporting having sad or hopeless feelings	CVHS = 28% SCHS = 30% LBHS = 21%	No FY16 target; measure will be conducted	CVHS – not available until FY17 SCHS – not available until FY17 LBHS = 24%

			during 2016 CHKS Survey	
Increase positive school environment of 7th graders	Increase % of 7th graders who rate high in school connectedness (caring relationships in school)	CUSD = 57% (2014) LBUSD = 67%	No FY16 target; measure will be conducted during 2016 CHKS Survey	CUSD – not available until FY17 LBUSD = 77%
Increase family engagement in child development	Increase % of 9th graders who rate high on having a caring relationship with adults (at home)	Baselines unavailable		Not available (See details below)

Key Community Partners: *Laguna Beach Unified School District (LBUSD), Boys & Girls Club Laguna Beach, California Youth Services, Capistrano-Laguna Beach ROP, Center for Drug Free Communities, City of Laguna Beach Police Department, Community Alliance Network, CSP, Inc., Laguna Beach City Council, MADD, Mission Pacific Coast Recovery, Western Youth Services, Friendship Shelter, Laguna Beach Presbyterian Church, Laguna Beach Coffee Break, Laguna Beach Community Foundation, Laguna Beach Interfaith, Little Church by the Sea, Stu News, Laguna Beach Independent, Shorecliffs Middle School, Bernice Ayer Middle School, Vista Middle School, Marco Forster Middle School, and San Clemente High School*

FY16 Accomplishments:

We learned that local school districts were no longer collecting data originally identified to measure family engagement in child development. The team continues to seek meaningful measurement data to increase family engagement strategy. In the meantime, we provided presentations to 3,059 community members through student assemblies, classroom presentations, PTA meetings, etc. We provided outreach to over 21,000 residents through electronic newsletters, collaborations with local school districts and community partnerships. 605 students and teachers participated in developmental asset and mental health awareness events over the year. We also conducted family relationship-building activities to nearly 750 attendees. 72 teens participated in youth advisory groups and 25 parents participated in a parent advisory committee.

Much of this work was conducted due to a strong partnership of community providers and dedicated residents in our beach communities of Laguna and San Clemente. We hosted regular coalition meetings to forward our combined efforts and work strategically, with an average of 20-35 stakeholders at each meeting.

Other highlights include:
- Red Ribbon Week substance abuse prevention emails to elementary, middle and high school parents in San Clemente and Laguna Beach (9,000 readers).
- Mental Health presentation by medical professional to 130 students during health classes on substance abuse and mental health at Laguna Beach High School
- National Drug Fact Week substance abuse emails to middle and high school parents in San Clemente (4,000 readers)
- Supported Navigating Teen Challenges conference with over 200 teen and adult attendees
- Teen workshop with Psychologist Jerry Weichman for 12 high risk Laguna Beach High School students and their parents
- Marijuana presentation by Ben Cort to 2,200 San Clemente High School students, and 40 community members.
- Developmental asset program recognizing caring adults at Bernice Ayre Middle School, asking students to recognize teachers and staff who "care about them". 800 students and 47 adults participated.

FY16 Other Community Benefit Program Accomplishments

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
Access to Care Mental Health Family Support Social Support	Family Resource Centers (FRCs)	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, Skills for Life programs, health insurance access, parenting support & education, parent/child classes, family advocacy, information & resource services, Personal Empowerment Programs, financial counseling, education assistance and limited emergency assistance.	16,547 encounters occurred at Mission Hospital's two Family Resource Centers. Both FRCs applied and were awarded Families and Communities Together (FaCT) contracts through the County of Orange, Children and Families Commission effective July 1, 2015. These 5-year contracts will provide additional resources to our South County communities. In FY16, Mission Hospital purchased a new 20,000 sq ft. building which will house the FRC and a 3rd satellite for Camino Health Center in 2017.
		Emergency Assistance Program	37 Families received financial assistance to help maintain stable housing following a medical crisis, job loss,

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
			or other family emergency.
Senior/Aging-Related Issues	Senior Transportation	Non-emergency transportation service for seniors over 60 years of age residing in South Orange County who are receiving services at Mission Hospital Campuses in Mission Viejo and Laguna Beach. Transportation service is intended for medical appointments including outpatient therapy, testing and x-rays, pharmacy, health classes, rehabilitation and support groups.	Program provided transportation to 162 unduplicated individuals, accounting for more than 3,302 encounters.
Access to Health Care	Camino Health Center	Camino is a fully licensed, community-based Federally Qualified Health Center (FQHC) providing affordable, quality primary medical, behavioral health, dental care and WIC nutrition services. The center accommodates over 102,000 visits annually at its three fixed clinic site locations in Lake Forest, San Clemente, and San Juan Capistrano. Mission Hospital is the sole	Grew staffing base from 68 to 80 staff/contractors, an increase of 17%, to better meet the community need for access to affordable, quality, health care services. Grew patient base from 12,488 in FY15 to 14,167 in FY16, an increase of 13%. This represents a

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
		corporate sponsor of Camino Health Center.	penetration rate of 17% into the low income community.

Expanded services into the cities of San Clemente and Lake Forest. Both communities are now served by fixed site clinics 30 hours per week.

Received a New Access Point grant from the federal government to further expand services into Lake Forest. The health center broke ground in early 2016 on a 10,000 square foot clinic site to be co-located next to Mission Hospital's Family Resource Center.

Established a Team-Based model of care. Each team is comprised of a MD, mid-level provider, Behavioral Health Specialist, Dentist, Care Coordinator, Medical Assistant, and |
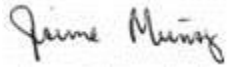
Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
			Patient Services Representative. Each team huddles daily to review patient care plans and clinical measure opportunities.

Added Adult Dentistry to scope of services.

Integrated Behavioral Health and Dental Services with primary medicine. Providers round on the medical floor and are available for same day consultations.

Facilitated the establishment of WIC services and prenatal dental care for perinatal patients.

Highest infant breastfeeding rates of any WIC agency in the county (50% vs 38.2%) and exceeded the State WIC average breastfeeding rate (40.5%).
Received multiple awards from the |

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
			Health Resources Service Administration recognizing Camino's patient centered care model and high level of clinical quality.
Support Services	Community Support Groups	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 & 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.
Homeless	Orange County Recuperative Project (OCRP)	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.
Education Economic Development Job Training	Project Mission	Project Mission is a nine-month internship program that prepares young adults with special needs to pursue independent lives and to develop professional skills.	4 interns completed the program in FY16. Strengthened interns' professional and interpersonal skills Increased interns self-esteem and confidence Aided students in gaining and retaining a position in the

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
			workforce
Substance Abuse	South County Safe Rides	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.	200 rides were provided to youth through our Mission Viejo and Laguna Beach campuses.
Educational Attainment	Nursing Adventure Camp	Mission Hospital Medical Career Summer Camp focuses on students who would be the first generation in their family to go to college and who are interested in the Science/Medical field. The main goal of the program is to expose students from underrepresented areas to professional jobs in healthcare and encourage them to pursue medical careers. They are mentored by a group of nurses that are known nationally for the protocols they have created related to patient care.	11 middle school students completed the program.
Access to Health Care	Flu Clinic	Complimentary flu and pneumonia vaccines are offered by our nurses in the local communities to assist persons with limited access to health care.	982 flu and pneumonia vaccines were provided through 13 community clinics during the 2015-16 flu season.

GOVERNANCE APPROVAL

This FY17 Community Health Needs Assessment Report was approved at the May 9, 2017 meeting of the Mission Hospital Community Benefit Committee a sub-Committee of the Board of Trustees.

Jaime Munoz

_____
Community Benefit Committee Chair's Signature confirming approval of Mission Hospital FY17 Community Health Needs Assessment Report

05-21-2017

_____
Date

See Appendix 7: Ministry Community Benefit Committee Roster

Appendix 1: Community Needs Index data

Community Need Index (CNI) Scores
Mission Hospital Hospital Total Service Area (HTSA)

ZIP Code[1]	Service Area[2]	CNI Score[3]	Population	City	County	State
92675	PSA	3.6	38,156	San Juan Capistrano	Orange	California
92624	PSA	3.4	7,111	Capistrano Beach	Orange	California
92672	PSA	2.8	41,828	San Clemente	Orange	California
92637	SSA	2.8	17,072	Laguna Woods	Orange	California
92673	PSA	2.6	33,581	San Clemente	Orange	California
92630	PSA	2.6	62,267	Lake Forest	Orange	California
92651	PSA	2.6	24,950	Laguna Beach	Orange	California
92656	SSA	2.6	52,232	Aliso Viejo	Orange	California
92653	SSA	2.6	29,452	Laguna Hills	Orange	California
92610	SSA	2.6	10,921	Foothill Ranch	Orange	California
92677	PSA	2.4	65,536	Laguna Niguel	Orange	California
92691	PSA	2.4	48,409	Mission Viejo	Orange	California
92629	PSA	2.4	26,738	Dana Point	Orange	California
92688	PSA	2.2	45,519	Rancho Santa Margarita	Orange	California
92694	PSA	2.2	29,249	Ladera Ranch	Orange	California
92692	PSA	2.0	47,475	Mission Viejo	Orange	California
92679	SSA	1.6	33,438	Trabuco Canyon	Orange	California
92607	PSA	PO Box	N/A	Laguna Niguel	Orange	California
92693	PSA	PO Box	N/A	San Juan Capistrano	Orange	California
92674	PSA	PO Box	N/A	San Clemente	Orange	California
92652	PSA	PO Box	N/A	Laguna Beach	Orange	California
92678	SSA	PO Box	N/A	Trabuco Canyon	Orange	California
92654	SSA	PO Box	N/A	Laguna Hills	Orange	California
92690	PSA	PO Box	N/A	Mission Viejo	Orange	California

1. CNI scores are not calculated for non-populated ZIP codes, including such areas as PO boxes, national parks, public spaces, state prisons, and large unoccupied buildings.
2. PSA = primary service area; SSA = secondary service area.
3. CNI scores are sorted from highest to lowest. A CNI score of 1 represents the lowest need nationally, while a score of 5 indicates the highest need nationally.
Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.

Appendix 2: Secondary Data /Publicly Available Data

Appendix 2A: Secondary Data /Publicly Available Data
See document: **FY17 CHNA Secondary Data Publicly Available Data**

Appendix 2B: Secondary Data/Publicly Available Appendix
See document: **FY17 CHNA Secondary Data Publicly Available Appendix**

Appendix 3: Primary Data. PRC 2016 Community Health Survey
See document: **PRC 2016 Community Health Needs Survey**

Appendix 4: Community Input

Appendix 4a: Focus Group and Community Forum Participants

Residents who participated in focus groups and community forums completed an anonymous survey to allow reporting on demographics of the participants. In the table below, the number and percentages are shown for the focus groups, community forums, and then for all participants in both the focus groups and community forums. Percentages were calculated using the number of respondents for each question, which may be less than the total number of respondents because people could choose to leave a question unanswered.

Mission Hospital	Resident Focus Groups	Community Forum Participants	ALL Community Members	Resident Focus Groups	Community Forum Participants	ALL Community Members
Number of Respondents	55	52	107	55	52	107
Gender						
Female	43	39	82	80%	85%	82%
Male	11	7	18	20%	15%	18%
Race/Ethnicity*						
Hispanic/Latino	55	45	100	100%	90%	95%
Non-Latino White	0	3	3	0%	6%	3%
Japanese	0	2	2	0%	4%	2%
Chinese	0	1	1	0%	2%	1%
Other – not specified	0	1	1	0%	2%	1%
Chronic Conditions						
Person with chronic conditions or a leader or representative of individuals with chronic conditions	7	12	19	13%	32%	22%
Age						
0-17 years	2	1	3	4%	2%	3%
18-44 years	30	29	59	58%	62%	60%
45-64 years	18	14	32	35%	30%	32%
65-74 years	1	3	4	2%	6%	4%
75 years or older	1	0	1	2%	0%	1%
Total Household Income before Taxes						
Less than $20,000	12	13	25	28%	32%	30%
$20,000 to $34,999	15	11	26	36%	28%	32%
$35,000 to $49,999	8	9	17	19%	22%	21%
$50,000 to $74,999	5	5	10	12%	12%	12%
$75,000 to $99,999	1	0	1	2%	0%	1%
$100,000 or more	1	2	3	2%	5%	4%
Decline to answer	9	3	12	Decline to Answer responses were not included in the calculation of percentages		
Number of People in Household						
Average	5.1	4.5	4.8	NA	NA	NA
Median	5	4	5	NA	NA	NA
Range	1-10	1-15	1-15	NA	NA	NA

*The percentages for race/ethnicity may add up to more than 100% because people could select more than one race/ethnicity.

Appendix 4b. List of Stakeholder Focus Group Participants and Organizations

The Non-profit/Government Stakeholder Focus Group was held on February 17, 2017 in Lake Forest. The list of participants is presented in the table below, along with information about the population served by the non-profit or government organization.

Name	Title	Organization	Public Health Department	The organization serves people who:			
				Have Chronic Conditions	Are from Minority Communities	Are Medically Underserved	Have Low Incomes
Marilyn Ditty	Chief Executive Director	Age Well Senior Services, INC.		X	X	X	X
Pam Estes	Executive Director	Boys and Girls Club-Laguna Beach			X	X	X
Leslie Rea-McDonald	Community Services Supervisor	City of Mission Viejo		X	X	X	X
Georgina Maldonado	Executive Director	Community Health Initiative of Orange County		X	X	X	X
Mary Perdue	Executive Director	Family Assistance Ministries		X	X	X	X
Dawn Price	Executive Director	Friendship Shelter		X	X	X	X
John Kim		Illumination Foundation		X	X	X	X
Jorge Rubal	Chief Executive Officer	Laguna Beach Community Clinic		X	X	X	X
Nadia Babayi	Program Specialist	Laguna Beach Seniors, Susi Q Senior Center		X	X	X	X
Carmen Alvarez	Parent Liaison	Las Palma Elementary School		X	X	X	X
Soledad Gomez	Program Coordinator	Latino Health Access		X	X	X	X
Maryann Sayyedi	Executive Director	Omid Multicultural Institute for Development		X	X	X	X
Ana Fernandez	Health Care Coordinator	Raise Foundation		X	X	X	X
Rene Stevenson	Operations Director	South County Outreach		X	X	X	X

Public Health Representatives

Name	Title	Organization
Amy Buch, MA	Health Promotion Division Manager	County of Orange Health Care Agency
Nahid Razaghi, RN, MBA	Supervising Public Health Nurse	Orange County Health Care Agency

Appendix 4c. Focus Group and Community Forum Report

Community Focus Groups
Mission Hospital held 4 Community Resident Focus Groups in 2 locations: San Juan Capistrano and Lake Forest. 2 sessions were scheduled at each location on the same day. To ensure that language barriers would not prevent anyone from participating, each site was scheduled to have an English language session first, followed by a Spanish language session. However, in San Juan Capistrano, everyone who attended the first session was fluent in Spanish, and some were not fluent in English, leading to the facilitators and organizers deciding to conduct that session in Spanish as well.

In both sites, the planned Spanish-language session had far more attendees than the planned English-language sessions.

Location	Date and Time	Language	Attendees
San Juan Capistrano	2/15/17, 5 PM	Spanish (originally English)	11
San Juan Capistrano	2/15/17, 6:30 PM	Spanish	22
Lake Forest	2/16/17, 5 PM	English	6
Lake Forest	2/16/17, 6:30 PM	Spanish	18

The attendees were 78% Female and 22% Male. Every attendee identified as Latino. 67% said they earned less than $35,000/annually. More detailed demographic information is listed in Appendix 4a.

The conversations were insightful and passionate, but very respectful.   In most of the focus groups, the attendees seemed to understand the purpose of the session. They were engaged and interested in discussing both their immediate health concerns but also the social determinants of health. The only exception may have been the first Lake Forest group. Because it was held at a Family Resource Center and many participants were connected to the center, they seemed to be under the misconception that the focus group was about the Center specifically. As a result much of the earlier conversation was about the FRC. Once the facilitators recognized the issue, they were able to re-center the group and continue as planned with the session.

Identified Health Challenges
The most consistently discussed issue across the focus groups was **Access to Resources.** Every group touched on this topic to some extent, although there was more extensive discussion in San Juan Capistrano. Discussions covered such topics as health care resources, but also educational and other support services. Transportation was often

cited as an issue: many services are not close to public transportation, so it can take hours to get to them. Many people work long hours, and clinics and doctor's offices are often closed at times when individuals are able to visit. In addition, there is such demand for services that wait times to get an appointment, and at appointments, are prohibitively long.

Another major issue discussed in all focus groups was **Economic Insecurity.** Many attendees deal with poverty, especially in view of the high cost of living in Orange County. It can be difficult to find jobs, and those that are available often have low salaries. Many community members need to work multiple jobs as a result. This can lead to stress and complicates other issues, such as Access to Resources. Economic Insecurity also is a major complicating factor in Housing Concerns, Food and Nutrition, and other issues noted below. This issue was stronger in San Juan Capistrano but was discussed in all focus groups.

Food and Nutrition was also discussed in all focus groups. While many participants understood the benefits of healthy eating, they shared their challenges in doing so. Healthy food is more expensive, and often more time-consuming to prepare. When faced with a lack of time and money, families often opted to purchase cheaper, quicker options which were less healthy. Quality supermarket availability can also be an issue for some residents. Also discussed was the lack of healthy and quality food options in school lunches. This topic was most widely discussed in the first San Juan Capistrano session. In the second Lake Forest session, participants went into more detail about the ramifications of the traditional diet of some Latino cultures and their feeling they may need to move beyond some of those practices.

The need for more **Community Education Programs** was another frequent topic in focus groups. There was interest in programming around healthy eating, healthy behaviors, relaxation, and accessing the health care system and using insurance. This was a particularly strong theme in the two early sessions; in Lake Forest, people referred to programs at the FRC but thought that many did not know about them.

The challenges faced by the undocumented community around **Immigration Status** were also discussed extensively. Stress and fear of arrest and deportation have grown considerably since the 2016 election. Frequently, this discussion took the form that undocumented immigrants were afraid to access resources, including health services. There was also a sense that landlords and employers were taking advantage of the undocumented, knowing that they would be afraid to complain about exploitation. This issue affects citizens and permanent residents as well, as they fear for others they know, or worry that they may be threatened by changes in the law or discrimination.

This discussion was strongest in the second San Juan Capistrano group, although present to some degree in every group.

A related issue was **Language and Cultural Barriers.** While most participants felt that Mission Hospital did well to provide multi-lingual materials, there was a sense that more Spanish-language interpreters at the Hospital would be helpful. Other resource and care providers may not be as effective at reaching out to Spanish-speaking residents. Not surprisingly, this issue was more of an issue in the two later focus groups, which were geared towards Spanish-speaking participants. In Lake Forest, this discussion also involved the need for Latino members of the community to try to adapt their own practices to fit into the non-Latino culture of the area, although this discussion was somewhat controversial. Also in several groups, cultural mores around doctors were discussed. In particular, it was expressed that doctors were highly respected and had great ability to positively influence behaviors. Conversely, there was a sense that many Latinos wait until symptoms are very bad to go to the doctor.

Mental Health was a major issue in the focus groups, although discussion usually took the form of stress or depression. In San Juan Capistrano, the discussion also turned to anxiety among adolescents. The perceived lack of resources for mental health was also discussed. As noted above, the special stress felt by the undocumented community was a major issue, and the ties between economic challenges and stress were also frequent topics.

Housing Concerns was a major issue, particularly in San Juan Capistrano's groups. High rents combined with low salaries lead to situations where many low-income individuals live in crowded, low-quality housing. Even finding lower-quality housing can be an issue due to limited availability. Absentee landlords who take advantage of their tenants also were discussed, as were the aforementioned special challenges of undocumented individuals.

Obesity was discussed in several focus groups, particularly the second San Juan Capistrano group. It was linked to food choices and availability and a lack of exercise, as people found they do not have time to exercise. Participants felt that obesity was a growing problem, particularly among youth, but understood its root causes.

Substance Abuse was a stronger concern in the first San Juan Capistrano focus group, particularly the increased use of alcohol, tobacco, and illegal drugs among young people. They see drugs being used in their community, particularly in parks and streets. There was concern both for the impact of drugs on users, but also the threat to their community that it represents.

Cancer was discussed in a few of the focus groups, particularly the second San Juan Capistrano group. In some cases, people connected cancer to food choices and nutrition; in other cases, people discussed personal stories of their loved one's experiences with cancer.

Insurance and Cost of Care was a common discussion point, particularly in the Lake Forest sessions. While many more people have insurance after the implementation of the Affordable Care Act, co-pays and prescription costs still serve as a barrier to low-income individuals. Others talked about being just over the cap for subsidies and facing premiums that they could not afford. Also, as noted earlier, many who have newly received insurance may not understand how to use it or access health services.

Homelessness was discussed as an issue in the first San Juan Capistrano focus group, where there was a perception that it was a growing problem. Participants also linked homelessness to mental health and substance abuse.

Difficulty in accessing **Dental Care** was discussed in the first San Juan Capistrano focus group. There was a sense that the area had fewer dental providers which exacerbated other access issues. Also, cost could be an issue, leading some to deprioritize dental care below other health concerns. That is, with limited time and money, people would go to the doctor but not the dentist.

Community Assets and Advantages
In addition to asking about issues facing the community, the facilitators explored what helps people stay healthy in the community. In general, participants were less enthusiastic in offering the positives, often turning their responses into further discussion of an identified issue. However, in the focus groups some of the following things that help people stay healthy were named and discussed.
The importance of community was a major theme. In general, people felt supported by their immediate family and neighbors, and that they had people they could turn to for help. Some spoke of the need to "find someone who cares" to ensure that people remain healthy physically and mentally.

The idea of "someone who cares" also extended to the many resources available in the community. Participants identified the South Orange County Family Resource Center, Camino Health Clinic, and health and dental fairs as examples where the staff were caring and capable.
In both locations, participants expressed that they felt safe in their community, in contrast to other, less expensive cities. They also expressed positive feelings about local

law enforcement (although concerns about Immigration and Customs Enforcement were rampant, as noted above).

The physical beauty, clean air, climate, parks, and walking trails of the area were also cited as positive aspects of living in South Orange County. In San Juan Capistrano, participants also noted proximity to the beach, and the advantages of living in a tourist town, particularly around cleanliness.

Stakeholder Focus Group

The Stakeholder Focus Group was held in Lake Forest at the South County Family Resource Center. 14 people attended the group (A complete list of participants is available in Appendix 4b). Many of them did not know each other or their organizations, so there was value in convening the group beyond gathering data. Participants were highly engaged and very vocal in the session; many participants remained in the room for more than a half hour after the formal ending of the focus group.

Identified Health Challenges

The dominant theme of the focus group was **Homelessness.** At least five of the organizations represented were primarily involved in homelessness, and they tended to be among the most vocal people in the room, so the conversation often turned back to that issue. The facilitator frequently had to "nudge" the group away from this topic to ensure that other issues were discussed, but to some extent, this discussion crowded out some other issues. The discussion around homelessness touched on several issues. It is closely linked to **Housing Concerns**, particularly affordability. The effect of homelessness on children's attendance at school and mental health was mentioned. Naturally, homeless individuals have concerns around **Access to Resources** and **Insurance and Cost of Care.**

Access to Resources and **Insurance and Cost of Care** were discussed in broader terms as well. Some shared their challenges from the provider side, such as the government not paying enough for services provided through the ACA. The lack of specialists who accept insurance was also discussed, and the need for some patients to go to Santa Ana for service was raised as well.

A discussion around **Food and Nutrition** issues confirmed the challenges that community residents had raised. They also detailed some of the efforts in getting healthy food out to communities. The link between eating unhealthy food and **Obesity** was also discussed.

Mental Health was also discussed, particularly in conjunction with the stress that individuals face (including homeless people, and to some extent, the undocumented), as well as discussion of some of the programs that are geared towards mental health and the reduction of stigmas.

Language Barriers were discussed as an obstacle to accessing services and resources, particularly around health care.

Economic Insecurity and its impact on many areas were also discussed. It was seen as a source of stress, a contributor to poor nutrition, a complicating factor to housing (and a cause of homelessness), and a prominent issue in and of itself.

Community Assets and Advantages
Much like in the resident focus groups, the facilitator asked participants what helped community members stay healthy, and similarly, participants often pivoted to discuss challenges. However, some items were identified as beneficial to the community. Most of the discussion centered on concrete resources, such as Family Resource Centers, health fairs, free clinics such as Camino, and partnership work from hospitals such as Mission and Hoag. Other participants named specific nonprofits, some of which were not present in the room. Others, in keeping with the theme of the session, named specific programs that help homeless individuals.

Community Forums
Two community forums were held, one in San Juan Capistrano and one in Lake Forest. Both were conducted in English with Spanish simultaneous interpretation. Roughly one third of the attendees opted for simultaneous translation. Approximately 30 people attended each forum, although in San Juan Capistrano, several people left before the group voting began.

Approximately one-third of the attendees identified themselves as a staff person for either a community-based or health care organization. There were a few Mission Hospital staff in each forum, but they were acting as individuals and not representatives of the Hospital. 86% of attendees were female, and 90% identified as Latino. There were a few individuals in each forum who had also attended a focus group.

At the beginning of the forum, the participants viewed a short PowerPoint presentation with an overview of the CHNA framework, the hospital service area, and the health needs that had emerged from the data and preceding focus groups. The health needs also were written on poster paper taped to the walls of the room. After the presentation,

participants were invited to share their perspectives on the health needs in the community – to confirm, clarify, or add to items on the list. New items and clarifications were written on the poster paper. After the discussion, each person was given four adhesive dots and asked to place their dots on the health needs of greatest concern to them, applying only one dot per health need.

The three most commonly discussed issues in the Community Forums were Immigration, Housing, and Economic Insecurity (specifically challenges around finding good paying jobs). These and other socioeconomic concerns were also highly supported by the voting. Substance Abuse, Concerns around Cost of Care, Programming for youth and adults, Dental Health, Mental Health, and Homelessness also were consistently discussed and received a high number of votes in each forum.

Below are the ideas which received the most votes in each forum. The labels provided are the English language headings that were listed on the poster paper, with the number of votes received following. Spanish language translations were provided next to the English language labels, enabling Spanish speakers to vote easily.

Lake Forest		San Juan Capistrano	
Health Need	# of Votes	Health Need	# of Votes
Immigration	19	Jobs and Salaries	13
Housing (Cost, quality, availability, crowded)	16	Immigration	8
Cost of Care and Insurance	12	Dental Health	8
Drugs	11	Housing (affordable, crowded)	7
Education (community)	10	Food (cost and Safety)	6
Jobs and Salaries	9	Drugs	5
Programs for Kids and teens	8	Exercise (including organized groups)	5
Stress and Anxiety	8	Places and Programs for Kids	5
Homelessness	6	Homelessness	5
Dental Care	6		

The two groups had the same agenda and facilitator, and both groups viewed the same PowerPoint presentation and used the same initial list of concerns for the voting. However, the groups had different numbers of voters and their attendees were

somewhat different demographically and in experiences. The discussions during and after the presentations were very different, as were the final lists used for the voting (after the group added and consolidated items). Therefore, it is not methodologically sound to add the votes from the two forums together.

Appendix 4d: Focus Group and Community Forum Protocols and Demographic Survey

Community Resident Focus Group Protocol
Introduction:
Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your time and willingness to participate.

We are doing this focus group as part of Mission Hospital Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as Mission explore community needs with input from the local community to better respond to the unmet needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This focus group is one of many that Mission Hospital is holding to hear directly from its communities' residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and take the discussion where it needs to go.
We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous.   While we will be reporting in broad terms what is said during this focus group, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:
1. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion as that leads to dialogue and a better understanding of everyone's position and thoughts. Every opinion counts, and it is perfectly fine to have a different opinion than others in the group, and you are encouraged to share your opinion even if it is different.

2. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet.

3. We would like to record our conversation. Our note taker will be taking notes so that we remember what people have to say, but we'd also like to record the

conversation to ensure we have the most accurate information possible. Is that okay?

This session should take 90 minutes. If you need to get up to use the restroom or grab refreshments, feel free to do so.

Any questions before we begin?

OK, then a couple other things before we get into the questions. First of all, can we please go around the room and introduce ourselves and say where we live and say something you like about your community.

Focus Group Questions
1. What are the biggest health issues affecting you, your family and friends in the community?
    a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use

Now, I'd like to ask you to look at the graphic that we're handing out right now. This was made by the United States Center for Disease Control and Prevention, a federal agency whose mission it is to help our country be healthy. The visual shows the many things that contribute to community health. Note that this graphic, and your own introductions, show that there is a lot more to "health" than just medical concerns. Let's keep that in mind as we go to our next questions.
2. What are the things in your community that help you stay healthy?
    a. Prompt – if you were to tell a friend about some of the good things in this community that help people live a good life here, what would you tell them?
    b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.
3. What are some of the challenges to staying healthy in this community?
    a. Prompt – if you were to tell a friend about some of the things that make it difficult to live a good life here, what would you tell them?
    b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take your insurance, poor air quality, gangs, etc.

4. Thinking about all the concerns discussed today, which do you think are the biggest concerns needing the most immediate attention?
5. What would you like to see in the communities to address these top concerns? How can some of the positive aspects of your community help?

Closing:

I wanted to thank you on behalf of the Hospital for spending your time with us and sharing your wisdom and experiences. I wanted to stress that this meeting has been one very important part of the Needs Assessment process for Mission Hospital. I also wanted to be clear that everything that was said today will be recorded, reported, and considered. But some of what was said may not find its way into the final plan, because the Hospital has to pull together everything they've learned in the process and make decisions about priorities. What I can say is that the final plan will be publicly available, and if you read it, you should see the key themes from today's meeting in there. Thank you again, and have a good evening.

Government/Non-Profit Stakeholders Focus Group

Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your willingness to participate.

We are doing this focus group as part of Mission Hospital Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as Mission study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This focus group is one of other focus groups that are being conducted with community residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and inform the discussion to where it needs to go.
We need your input and want you to share your honest and open thoughts with us.
Your responses will be anonymous.   While we will be reporting in broad terms what is said here today, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:
1. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet. But answering any question is optional.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion. In fact, we encourage it because it leads to dialogue and a better understanding of everyone's position and thoughts.
3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous.

Facilitator shows presentation focusing on high level findings from quantitative data. During the presentation, use the BARHII visual as an icebreaker to get people to talk about what factors influence a community's health, while answering the question "Please tell us your name, organization, and referring to the visual (provided in the

PowerPoint), which area does your organization focus on or address in the upstream or downstream factors that influence community health?

After concluding the presentation, ask the following questions:

1. What are the biggest health issues facing our community?
    a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use
2. What helps our community stay healthy?
    a. Prompt – if you were to tell a friend or colleague about some of the good things in this community that help people live a good life here, what would you tell them?
    b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.

3. What are the challenges to staying healthy in our community?
    a. Prompt – if you were to tell a friend or colleague about some of the things that make it difficult for people to live a good life here, what would you tell them?
    b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take residents' insurance, poor air quality, gangs, etc.
4. What are the opportunities in our community to improve and maintain health?
5. What are the biggest health concerns needing immediate attention?

Closing: Thank the participants and talk about next steps.

Community Resident Forum Process/Protocol:
Hello everyone and thank you for agreeing to be part of this forum. We appreciate your willingness to participate.

We are doing this forum as part of Mission Hospital Community Health Needs Assessment. This is an every three years process in which hospitals such as Mission study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This forum is one of many that Mission Hospital is holding to hear directly from its community residents.

The purpose of this forum is to get a sense of what you think are the needs, issues, and opportunities in your communities. We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said to the Hospital, we will not be attributing comments made to any person or organization.

Ground Rules:
1. We have a process in mind today, but it will only be as successful as you all make it; this session is for you. So please, feel free to be candid. Answering any question is optional; we won't be calling on anyone.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion.
3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous

Provide context: Facilitator: Be sure to provide context and how the information will be used up front
1. There will be two 5-10 minute presentations of findings from the community-based data and focus groups with questions in between. One presentation will focus on socioeconomic factors and physical environment; the other on health outcomes, health behaviors, and clinical care.
2. Point out the poster paper headings around the room, on which we list the areas of concern we have already seen on socioeconomic and physical environment and health needs that were identified through the quantitative data and qualitative process
3. After the first presentation on context and socioeconomic factors and physical environment, ask the following questions:

    a. Do you have any questions about the information you just saw or the poster paper headings?

    b. What did you see that matches with what you know about your community?

    c. What surprised you?

    d. What's missing? What's happening in your community that was not mentioned in the presentations?

4. After the second presentation on health outcomes, health behaviors and clinical care:

    a. Do you have any questions about the information you just saw or the poster paper headings?

    b. What did you see that matches with what you know about your community?

    c. What surprised you?

    d. What's missing? What's happening in your community that was not mentioned in the presentations?

5. Write down issues that are new or not already represented on the poster paper

6. Add explanation to the poster paper issues as provided from participants

7. Keep a parking lot for issues that are important but not necessarily related to the task at hand

8. Explain the process that participants will use to identify the most pressing areas of concern. Each participant will receive 4 dots to specify what they view as the most significant health issues; no more than one dot may be assigned to a health issue. Allow 10-15 minutes to complete this process

9. Review the results and facilitate discussion about the results – ask for more input on why some issues received more dots than others

10. Explain what will happen next with this information

11. Thank everyone for their time

Demographic Survey

Thank you for taking time to participate in our focus group today. Please take a few moments to complete the demographic survey below. Your identity will be kept confidential and anonymous. We'd like to gather some demographic data to reflect the individuals who participated in the focus groups or community forums. Please complete the survey and submit to the facilitator. Thank you for your time.

1. **Please check the box next to the description that best describes you:**
   ☐ Community Member who does not work for a local health or social services provider (skip to question 3)
   ☐ Community Member employed by:
      ☐ Community-based Org/Nonprofit   ☐ Health Care/Hospital/Clinic   ☐ Other (please provide):
      ☐ County/Government Agency   ☐ University   _____
      ☐ Foundation/Funder

2. **If applicable, please check the box next to the role that most closely matches your position/role within the organization:**
   ☐ Administrative Staff   ☐ Medical Professional   ☐ Volunteer
   ☐ Board Member   ☐ Program Manager/Staff   ☐ Other (please provide):
   ☐ Executive Director   ☐ University/Faculty/Researcher   _____

3. **Please check the box next to your current gender identity:**
   ☐ Female   ☐ Other (please provide):   ☐ Decline to answer
   ☐ Male   _____

4. **What race/ethnicity do you identify as (Please select all that apply)**
   ☐ Black/African American   ☐ Hispanic/Latino
   ☐ Non-Latino White   ☐ Native American
   ☐ Asian or Pacific Islander:
      ☐ Vietnamese   ☐ Japanese   ☐ Native Hawaiian or Pacific Islander
      ☐ Filipino   ☐ Korean   ☐ Other: _____
      ☐ Chinese   ☐ Indian

5. **Do you identify as a person with chronic conditions, or a leader or representative of individuals with chronic conditions (such as diabetes, arthritis, or cancer)?**
   ☐ Yes   ☐ No   ☐ Decline to answer

6. **What is your age group?**
   ☐ 0 - 17 years   ☐ 45 – 64 years   ☐ 75 years or older
   ☐ 18 - 44 years   ☐ 65 - 74 years

7. **How much total combined money did all members of your HOUSEHOLD earn last year before taxes?**
   ☐ Less than $20,000   ☐ $50,000 to $74,999   ☐ Decline to answer
   ☐ $20,000 to $34,999   ☐ $75,000 to $99,999
   ☐ $35,000 to $49,999   ☐ $100,000 or more

8. **How many people live in your household, including you?**

   Please enter a number _____

Appendix 5: Prioritization protocol and criteria / worksheets

Step 1 Criteria and Score Definitions

#	Criteria	Criteria Definition	Score Definitions				
Step 1			**1**	**2**	**3**	**4**	**5**
1	**Seriousness of the problem**	Degree to which the problem leads to death, disability, and impairs one's quality of life.	For most people with the problem, the consequences are mild and not life threatening		Most people with the problem have some impairment of their quality of life; only some people die from the problem		For most people with the problem, the consequences are lethal or extremely debilitating
2	**Scope of the problem - Part 1**	Number of persons affected	Affects very few people		Affects about half the population		Affects much of the population
3	**Scope of the problem - Part 2**	Take into account the variance between regional benchmark data and targets and/or statewide averages. (for example, the prevalence of the problem in the primary service area compared to Target 2020 goals and/or prevalence in the county or state.)	The region is doing much better than targets or county/statewide averages		The region is on par with targets or county/statewide averages		The region is doing much worse than targets or county/statewide averages
4	**Health disparities**	Degree to which specific groups are affected by the problem	There are no differences in prevalence or severity of the problem across demographic or socioeconomic groups		One or more demographic or socioeconomic groups are doing moderately worse than the average in the service area		One or more demographic or socioeconomic groups are doing much worse on the health problem than the average in the service area
5	**Importance to the community**	Community members recognize this as a problem; it is important to diverse community stakeholders	Community input did not identify this area as a problem		Community input showed a moderate amount of concern about this problem		Community input showed a high level of concern about this problem
6	**Potential to affect multiple health issues**	Affects residents' overall health status; addressing this issue would impact multiple health issues.	Addressing this issue would not affect any other health issue		Addressing this issue would affect a few other health issues		Addressing this issue would impact many health issues - it is a root problem
7	**Implications for not proceeding**	Risks associated with exacerbation of problem if not addressed at the earliest opportunity	There is no risk that this problem will get worse if we don't address it now		There is a moderate risk that the problem will get worse if we don't address it now		This problem will definitely get worse if we don't address it now

These criteria were applied by raters from The Olin Group Evaluation Team to all identified health needs.

Step 2 Criteria and Score Definitions

	Criteria	Criteria Definition	Score Definitions				
Step 2			1	2	3	4	5
8	**Sustainability of impact**	The ministry's involvement over next 3 years would add significant momentum or impact that would remain even if funding or ministry emphasis were to cease	Ministry involvement would likely yield little to no momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield moderate momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield significant momentum or impact that would remain after 3 years of funding
9	**Opportunities for coordination/ partnership**	Ability to be part of collaborative efforts	There is not much opportunity for the ministry to be part of collaborative efforts		There is some opportunity for the ministry to be part of collaborative efforts		There are many opportunities for the ministry to be part of collaborative efforts
10	**Focus on prevention**	Effective and feasible primary and/or secondary prevention is possible	There are no or few effective and feasible prevention strategies with which the ministry could be involved		There are a moderate number of effective and feasible prevention strategies with which the ministry could be involved		There are many effective and feasible prevention strategies with which the ministry could be involved
11	**Existing efforts on the problem**	Ability to enhance existing efforts in the community	There is so much work being done on this problem that our contribution would be meaningless		The problem is already being addressed by others and our contribution would be only moderately meaningful		We could make a very meaningful contribution to enhance the work of others in addressing this problem
12	**Organizational competencies (only CB Staff complete)**	Ministry has or could develop the functional/technical, behavioral (relationship building) and leadership competency skills to address significant health need	The ministry does not have and could not develop the competencies to address the issue		The ministry has some of the competencies or could develop them to address the issue		The ministry has or could easily develop strong organizational competencies to address the issue

These criteria were applied by raters from the Mission Hospital Health Needs Assessment Prioritization Working Group to all identified health needs.

Step 3 Criteria

Criteria	Criteria Definition	Responses		
Step 3		**Yes**		**No**
Relevance to Mission of St. Joseph Health	Is this area relevant or aligned with the Mission of St. Joseph Health?	Proceed to the next set of criteria		No further consideration of this health problem is necessary
Adheres to ERD's	Does this area adhere to the Catholic Ethical and Religious Directives?	Proceed to the next set of criteria		No further consideration of this health problem is necessary

These criteria were applied by the Community Benefit Staff of Mission Hospital to all identified health needs.

Appendix 6: Existing Health Care Facilities within Service Area

Health care Facility	Address	Description of Services Provided
AV Family Medicine & Urgent Care	24801 Alicia Pkwy., Suite C Laguna Hills, CA 92653	Non-emergency medical care services
Camino Health Center	30300 Camino Capistrano, San Juan Capistrano, CA 92675	Primary medical care services
Camino Health Center	2241 Aspan St., Suite A Lake Forest, CA 92630	Primary medical care services
Camino Health Center	1031 Avenida Pico, Suite 104 San Clemente, CA 92630	Primary medical care Services
Dyer's Urgent Care	23521 Paseo de Valencia, #101 Laguna Hills	Non-emergency medical care services
CHOC Children's at Mission Hospital	27700 Medical Center Rd. – 5th Floor Mission Viejo, CA 92691	Full service hospital, including emergency medical care
Kids Doc Urgent Care	27800 Medical Center Rd, #204 Mission Viejo	Non-emergency medical care services for pediatric patients after hours of regular pediatrician and on weekends
Laguna Beach Community Clinic	362 3rd St, Laguna Beach, CA 92651	Primary medical care services
Laguna Dana Urgent Care	24060 Camino Del Avion Dana Point	Non-life-threatening illnesses and injuries and medical care services
Lake Forest Urgent Care & Pain Center	21701 Lake Forest Drive #2 Lake Forest	Non-emergency medical care services
Marque Urgent Care	22461 Antonio Pkwy #135 Rancho Santa Margarita	Walk-in treatment and non-life-threatening emergencies and primary medical care for the surrounding community

Marque Urgent Care	26831 Aliso Creek Rd # 200 Aliso Viejo	Walk-in treatment and non-life-threatening emergencies and primary medical care for the surrounding community
Memorial Care Medical Group- Urgent Care	31001 Rancho Viejo Road San Juan Capistrano, CA 92675	Non-life-threatening medical care services
Mission Hospital- Laguna Beach	31871 Coast Highway Laguna Beach	Full service hospital, including emergency medical care, behavioral health and chemical dependency treatment
Mission Hospital- Mission Viejo	27700 Medical Center Rd Mission Viejo	Full service hospital, including emergency medical care
Mission Viejo Urgent Care	26800 Crown Valley Pkwy, #150 Mission Viejo	Walk-in treatment and non-life-threatening emergencies and primary medical care
OC Urgent Care	26781 Portola Parkway Foothill Ranch	Non-emergency medical care services
Saddleback Family and Urgent Care	2285 Lake Forest Dr Lake Forest	Non-life-threatening medical care services
Saddleback Family and Urgent Care Medical Group	23962 Alicia Pwky Mission Viejo	Non-life-threatening medical care services
Saddleback Memorial Medical Center	24451 Health Center Dr	Full service hospital, including emergency medical care
San Clemente Medi-Center	910 South El Camino Real, Suite A	Non-life-threatening medical care services
San Juan Family Health Urgent Care Medical Center	32112 Camino Capistrano San Juan Capistrano	Non-life-threatening medical care services
SOS and Peace Center Health Clinic	1 Purpose Drive Lake Forest	Non-life-threatening medical care services
South County Urgent Care	1300 Avenida Vista Hermosa #100	Non-life-threatening medical care services

	San Celemente	
Southland Family & Urgent Care	27660 Santa Margarita Pkwy Mission Viejo	Non-life-threatening medical care services

Appendix 7: Ministry Community Benefit Committee Roster

Name	Title	Affiliation or Organization
Eric Benner, M.D.	Physician	Mission Heritage Medical Group
Amy Buch, MA	Health Promotion Division Manager	County of Orange Health Care Agency
Sr. Linda Buck, CSJ	Board of Trustee Member	Sisters of St. Joseph of Orange
Denise Churchill	Community Member	County of Orange Social Service Agency
Sr. Mary Anne Huepper	Board of Trustee Member	Sisters of St. Joseph of Orange
Chris Leo	Regional Advocacy Director	St. Joseph Health
Kevin Mahany	Director of Advocacy and Healthy Communities	St. Joseph Health, St. Mary
Christine Montonna	Community Member	South County resident
Jaime Munoz – Chair	Board of Trustee Member	County of Orange Social Services Agency
Nahid Razaghi, RN, MBA	Supervising Public Health Nurse	Orange County Health Care Agency