



**MISSION HOSPITAL**  
**2014 Community Health Needs Assessment Report**

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## EXECUTIVE SUMMARY

### OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

Mission Hospital uses the community health needs assessment (HNA) as a time to more fully understand the rising significant health and quality of life needs facing its most vulnerable community members. We employ a variety of methods to gather data to ensure the priorities selected are aligned with the greatest needs. During this assessment, we collected data from residents using both a telephone survey and engaged residents in focus groups across five (5) cities in south Orange County. We also obtained feedback from community service providers to understand broader issues facing residents. Separately, we reviewed local secondary sources such as hospital data, information from local non-profit agencies and the Orange County Health Care Agency to identify trends and synergies across identified significant health needs.

To engage a wide variety of perspectives in determining priority areas, we created a HNA Advisory Committee. This committee met throughout our process to review both primary and secondary data and narrow our list of potential priorities for our FY15-17 Community Benefit Plan. The Mission Hospital Community Benefit Committee also reviewed information and acted as the final filter to identify and decide on the priority areas for Mission Hospital's FY15-17 Community Benefit Plan.

### COLLABORATING ORGANIZATIONS

Mission Hospital relied on a host of organizations to support its Health Needs Assessment. Many organizations provided logistic support to its community and data gathering events. Other shared their expertise on the communities in the service area. Mission Hospital received input from organizations from a variety of sectors such as healthcare and social service providers, advocates, nonprofits, community based organizations, local government, and education institutions. Additionally, Mission Hospital called on two professional consultancy groups to lead the primary data collection process.

### COMMUNITY INPUT

Mission Hospital gathered community input through three major avenues: Telephone Survey, Stakeholder Panels, and Resident Focus Groups.

**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 763 interviews, a sample that is representative of the actual population demographics.

**Stakeholder Panels:** Four (4) panel discussions were held with key informants representing a wide-variety of service providers and leaders across our service area. A total of 43 community stakeholders brought their first-hand knowledge about residents' needs, services available, and current and emerging community health and quality of life issues. In addition, we gained feedback through the Mission

Hospital Laguna Beach Advisory Council, a council established by the Attorney General in 2009 and comprised of residents and leaders in Laguna Beach. Council members provided input through an online survey and focus group.

**Resident Focus Groups:** A total of 209 residents participated in nine forums across south Orange County. At each forum, areas of opportunity identified through the telephone survey and stakeholder panels were shared with participants to get their feedback and validate early findings. Residents identified any missing health and quality of life issues and prioritized the top issues according to their concerns.

## COMMUNITY NEED

### Community Needs Prioritized

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.

Health Concerns	Quality of Life Concerns
Substance Abuse	Services & Activities for Teens
Dental Care	Affordable Housing
Mental Health	Education
Access to Health Care	Access to Social Services
Overweight/Obesity	Economic Burden
Diabetes	Safety
Senior/Aging-Related Issues	

## MISSION, VISION, AND VALUES

### ***Our Mission***

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

### ***Our Vision***

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

### ***Our Values***

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

## INTRODUCTION – WHO WE ARE AND WHY WE EXIST

Mission Hospital has a lengthy history of community service to the residents of south Orange County. As a member of the Saint Joseph Health System, Mission Hospital is committed to improving the health and quality of life of the people it serves. The values of Dignity, Excellence, Service, and Justice are the guiding principles which help to direct the mission of the hospital, and have compelled the Sisters of St. Joseph of Orange and all of their sponsored ministries to dedicate resources to the care of the medically underserved and advocate for the alleviation of conditions which limit access to basic health services. A specific percentage of net income is allocated to outreach programs to address specific unmet health needs, separate from the ordinary vehicle of acute health care delivery.

Mission Hospital provides south Orange County communities with access to advanced care through several locations. We have been serving the greater needs of the community for more than 40 years, improving the quality of life in the communities it serves. Our medical staff comprises nearly 800 physicians representing 50 specialties and sub-specialties. Currently there are more than 2,600 employees and over 800 volunteers. As the largest medical center in south Orange County, licensed for 552 beds, we are fully accredited by The Joint Commission. Since 1980, we have housed the region's designated trauma center that served 1,078 patients in fiscal year 2013.

Mission Hospital in Mission Viejo, the region's only designated trauma center, offers 24-hour emergency care and specialized services for imaging, heart, stroke, maternity, and women's wellness needs. Mission Hospital Laguna Beach offers 24-hour emergency, intensive and medical-surgical care as well as the South County's only behavioral health services including hospital-based chemical and pain medication dependency treatment. CHOC Children's at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. Mission is the only hospital to twice earn the Ernest A. Codman Award for Excellence in quality healthcare presented by The Joint Commission for its Traumatic Brain Injury protocol and Rapid Response Nursing Team, and recently earned Magnet® recognition from the American Nurses Credentialing Center. A member of the St. Joseph Health System, we are one of 14

not-for-profit hospitals sponsored by the St. Joseph Health Ministry. For more information, visit [www.mission4health.com](http://www.mission4health.com).

## ORGANIZATIONAL COMMITMENT

### Community Benefit Governance and Management Structure

Mission Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff, financial resources, participation and collaboration. For the FY15-17 planning cycle, we identified members from the Community Benefit Committee, Mission Hospital's Executive Team, Directors, clinical staff, and the Business Intelligence office to work on a Health Needs Assessment Advisory (HNA) Committee. This group reviewed both primary and secondary data for uninsured and underinsured community members and worked together over a period of 6 months to gain understanding of the needs in South Orange County.

Full engagement of the Hospital's Community Benefit Committee occurred in the review of the 2013 health needs assessment data. Committee members actively participated in the prioritization of the initiatives based upon feedback from survey data, local focus groups and partners. Together, we identified needs to impact the health and quality of life for residents having the greatest disproportionate unmet needs in south Orange County.

## COMMUNITY

### Description of Community Served

Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. (The Laguna Beach campus was purchased in July 2009). The hospital's service area extends from the junction of the 405 and 5 freeways in the north to Camp Pendleton in the south.

Geographically, South County is bordered by the Pacific Ocean to the west, the Santa Ana Mountains to the north and east, and the marine base Camp Pendleton to the south. Our Primary Service





Area includes the communities of Mission Viejo, Laguna Beach, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point Ladera Ranch Trabuco Canyon, Capistrano Beach and Aliso Viejo. This includes a population of approximately 623,000 people, an increase of 4% from the prior assessment. Mission Hospital’s Secondary Service area includes Laguna Woods, Irvine, Foothill Ranch and Silverado.

## Community Profile

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

Primary Service Area		Secondary Service Area	
ZIP	City	ZIP	City
92677	Laguna Niguel	92656	Aliso Viejo
92691	Mission Viejo	92653	Laguna Hills
92692	Mission Viejo	92637	Laguna Woods
92675	San Juan Capistrano	92610	Foothill Ranch
92629	Dana Point		
92688	Rancho Santa Margarita		
92672	San Clemente		
92673	San Clemente		
92630	Lake Forest		
92651	Laguna Beach		
92694	Ladera Ranch		
92624	Capistrano Beach		
92679	Trabuco Canyon		

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

“Our target population includes the low-income and working poor, largely Latino immigrant population that is employed in low-wage/no benefits jobs at resorts, as construction laborers, janitors, landscapers, domestic workers, and in other service jobs that support south Orange County’s economy. Almost one in three Latino Residents (23,147 out of 77,554) in the service area is in a household with an income under 200% FPL.



The effects of the recession combined with low educational attainment continue to exacerbate economic hardship for this population. Although overall unemployment rates ranged from 4.3% to 5.8% in the communities that comprise Camino's service area in August 2013 (Source: Employment Development Department, September 2013), unemployment or underemployment among the 6,565 Latinos who comprised 65.4% or almost two-thirds of Camino's patients (n=9,879) in 2012 remains high.

The average unemployment rate for the Latino population aged 16 or older was 6.7% with higher rates in Dana Point (8.7%), San Clemente (7.3%) and San Juan Capistrano (7.5%), the three cities comprising the Dana Point MUP (Source: American Community Survey, 2007-2011). An even more telling statistic is that 15.6% of the Latino males aged 16 to 64 years were not in the official labor force (Source: American Community Survey, Employment Status for the Population 16 Years and Over, Latino, 2007-2011). This is often an indicator of workers employed in the cash economy, or in the case of Latino males, the local day labor economy.

Latinos' educational attainment is also lower than the general population. Among Latinos, 25.3% had less than a high school diploma. In San Juan Capistrano, south Orange County's entry-point for Latino immigrants, 49.2% of Latinos aged 25 and older had less than a high school diploma (Source: American Community Survey, Educational Attainment for the Population 25 Years and Over, Latino, 2007-2011). In 2010-11, Latino students had the highest drop-out rate in Orange County at 14.7% (Source: Orange County Indicators, 2013). "

Community Benefit is characterized as programs or activities that promote health and healing in response to identified community needs. In order to accurately define where the community need is greatest, we use two tools provided by St. Joseph Health System: The Community Need Index (CNI) and the InterCity Hardship Index.

## Community Need Index

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

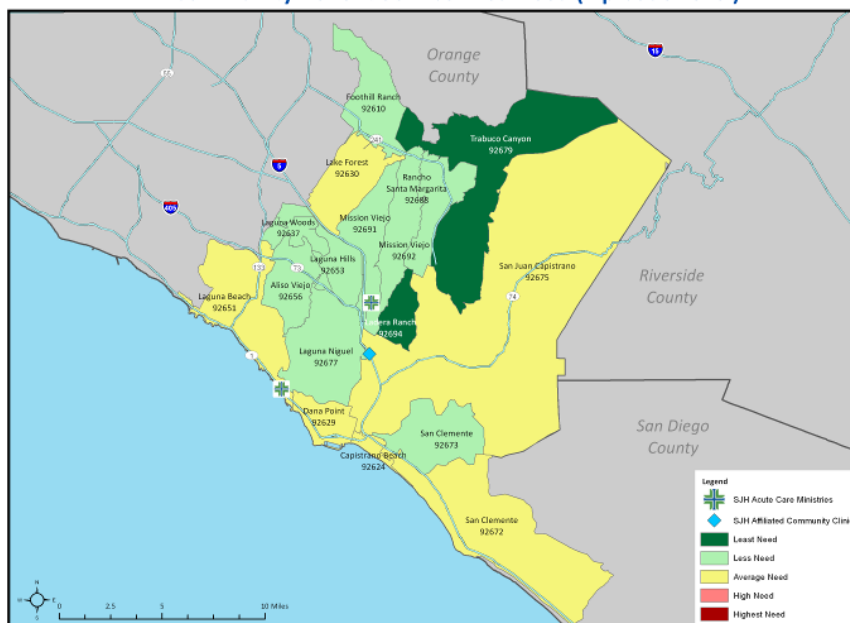
- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

CNI demonstrates national need, comparing zip codes within the Mission Hospital Total Service Area (MHTSA) to all U.S. zip codes. Each MHTSA zip code is assigned a score from 1 (low need) to 5 (high need) for each barrier. For barriers with more than one measure, the average of the measures is used as the barrier score. Once each zip code is assigned a score from 1 to 5 for each of the five barriers, the average score is calculated to yield the CNI.

### Color-Coded Maps

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

MH Community Benefit Service Area Need (Zip Code Level)



Map prepared by MHTSA, University of California, San Diego, September 2013.  
Revised by MHTSA, University of California, San Diego, September 2013.  
Source: Map by Health.

## InterCity Hardship Index

The InterCity Hardship Index (IHI) was developed by the Urban & Metropolitan Studies Program at the Nelson A. Rockefeller Institute of Government. IHI aggregates six socioeconomic indicators that contribute to health disparities:

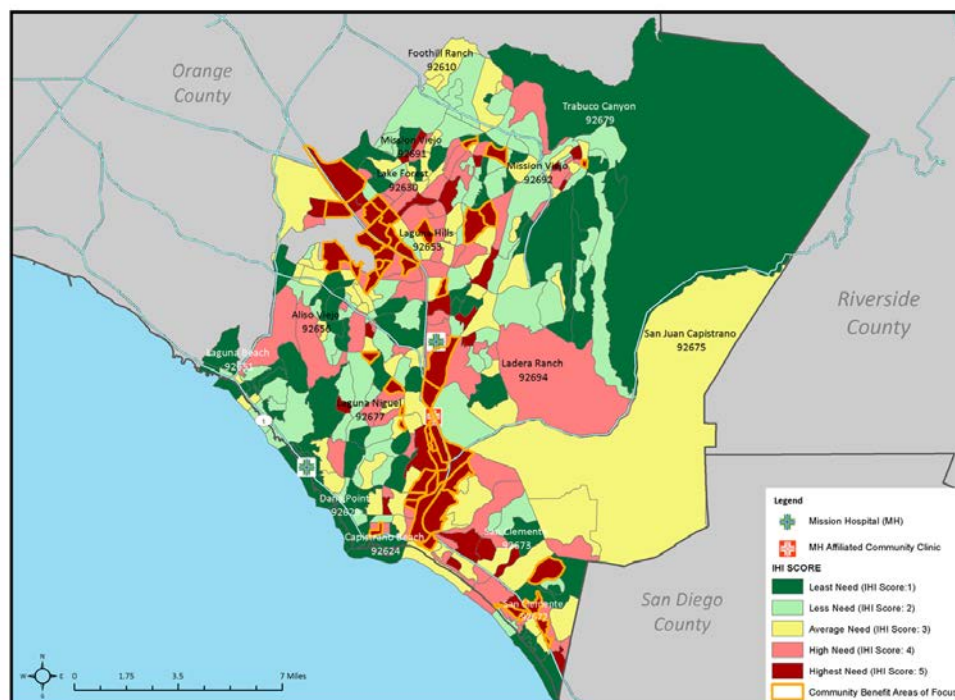
- Income level: Per capita Income
- Crowded Housing: % of Households with 7+ people
- Unemployment: % of those 16 and over without employment
- Education: % of those 25 and over without a High School diploma
- Poverty: % of people living below the Federal Poverty Level
- Dependency: % of the population under 18 years and over 64 years

The Intercity Hardship Index is based on relative need within a geographic area. IHI demonstrates need at the block group level where each block group is assigned a score from 1 (least need) to 5 (highest need) for all indicators

- The indicators were standardized then averaged to create a composite score
- Using zoom maps, key block group areas of need were identified

### Color-Coded Maps

- **Red- Highest Need (IHI Score: 5)**
- **Pink- High Need (IHI Score: 4)**
- **Yellow- Average Need (IHI Score: 3)**
- **Light Green- Less Need (IHI Score: 2)**
- **Dark Green- Least Need (IHI Score: 1)**



Map Represents TSA (Hospital Total Service Area), including Laguna Woods.  
Prepared by the St. Joseph Health Strategic Services Department, September 2013

## METHODOLOGY

### ANALYTIC METHODS

Mission Hospital conducted its 2013 Community Health Needs Assessment using several collection methods. Because of the ministry’s preferential option toward the poor, the Health Need Assessment was conducted in Mission Hospital’s high need areas of South Orange County; San Clemente, San Juan Capistrano, Mission Viejo, Lake Forest, and residents throughout Laguna Beach because of its small population. In August 2013, the Health Need Assessment began with a telephone survey. Stakeholder panels were conducted in October, followed by Resident Focus Groups.

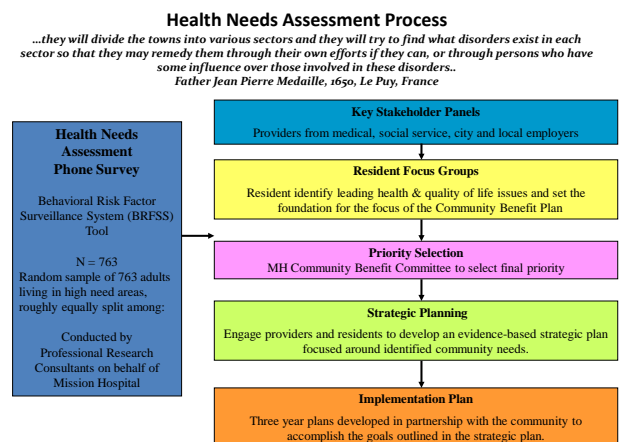
#### Telephone Survey

Professional Research Consultants (PRC) conducted a telephone survey of 129 questions focused on issues such as general health, chronic disease, injury and violence, health risks, preventive care, access to healthcare services and broad community issues between September and November 2013.

The survey was modeled after the Centers for Disease Control’s (CDC) Behavioral Risk Factor Surveillance System, which enabled Mission Hospital to benchmark local results to statewide and national data. PRC completed 763 random phone interviews with adults from San Clemente (n: 104), San Juan Capistrano (n: 200), Mission Viejo (n=150) and Lake Forest (n: 109). These cities had the largest concentration of residents with high need and the telephone survey focused specifically on the high/highest need areas. Because Laguna Beach has such a small high need area, the entire community was included in the survey selection (n=200). Sample size for all surveys was demographically representative of each of the communities. Validity of results is at a 95% confidence level (and 95% when looking at city-specific data).

#### Stakeholder Panels

93 key stakeholders were invited to participate in one of four focus groups that were facilitated by The Olin Group in San Clemente, San Juan Capistrano, Laguna Beach, and the Lake Forest/Mission Viejo area. Stakeholders included service providers, faith leaders, medical professionals, civic leaders and leaders identified within each community. Participants were chosen because of their first-hand knowledge of the community, including the needs of local residents and services available. The Olin Group used a semi-structured, six question interview guide developed in consultation with the Mission Hospital Community Benefit team. The facilitators asked about current and emerging community health and



quality of life challenges, and possible actions Mission Hospital could take to improve health and quality of life.

A total of 46 individuals representing 37 different organizations participated throughout the four stakeholder panel discussions. Mission Hospital staff did not participate in or observe these focus groups to ensure participants felt comfortable having an open discussion. Each focus group was approximately two hours and was audio recorded. Responses were not attributed to individual participants to maintain their anonymity.

### **Laguna Beach Advisory Council**

In October 2013, Mission Hospital also sought perspectives of the Mission Hospital Laguna Beach Advisory Council. This Council was established during the purchase of the Laguna Beach campus in 2010 at the request of the Attorney General and is comprised of local Laguna Beach residents, stakeholders and service providers for the Laguna Beach community. The Advisory Council provided input on the issues they believed were most relevant to the Laguna residents through an online survey. There were a total of 10 participants. After this survey was concluded, the results were presented to the group of participants in a focus group setting and discussed.

### **Resident Focus Groups**

Nine Resident Focus Groups were held in January and February 2014 and were facilitated by The Olin Group (with exception of one focus group, which was facilitated by Mission Hospital Community Benefit staff). A total of 209 residents provided input on the top health and quality of life needs identified in the Mission Hospital service area. Two or more focus groups (offered in English and well as Spanish) were held in each of the targeted cities: Laguna Beach, San Clemente, San Juan Capistrano, and Mission Viejo/Lake Forest. English forums had a total of 32 participants. Spanish forums included 177 participants.

Resident focus groups were conducted in a series of steps. First, the facilitator presented the participants with a summary of the aggregate findings from the phone survey conducted by Professional Research Consultants (PRC) and the key stakeholder panels. Participants were then encouraged to discuss and identify additional health and quality of life issues that they felt were important in the particular city that had not already been identified.

To prioritize the list of concerns, each participant received four dots to vote on the issues most important to them in each category: Health and Quality of Life. Once the votes were tallied, participants reviewed the results and were encouraged to vocalize any concerns with the voting outcomes. Participants collectively ratified the results via consensus. The facilitator then led a discussion using semi-structured interview questions to further understand each issue from the perspective of the residents.

## PRIORITIZATION PROCESS AND CRITERIA

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

Based on these criteria, the following 13 significant health needs were identified as follows:

Health Concerns	Quality of Life Concerns
Substance Abuse	Services & Activities for Teens
Dental Care	Affordable Housing
Mental Health	Education
Access to Health Care	Access to Social Services
Overweight/Obesity	Economic Burden
Diabetes	Safety
Senior/Aging-Related Issues	

### Health Needs Assessment Advisory Committee

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

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

The community benefit leadership team developed a prioritization tool and rated each health need against specific criteria on a low-medium-high scale. Assignment of ratings was conducted and was based on their work in the field, expertise, and perspective as leaders who work with the vulnerable communities of South Orange County. The list of criteria is as follows:

1. **Community Buy-In:** Other service providers agree that there is additional need for services and providers; available local resources to address the problem are not adequate

2. **Impacts the Vulnerable:** The health need has a stronger impact on the vulnerable residents of South Orange County than the broad population as a whole. Vulnerable residents are considered people with low financial or social resources, or have a limitation based on age, gender or ethnicity
3. **Preventive Focus:** The health need has the ability to be addressed in a preventive manner; works upstream: focus on primary/secondary prevention approaches to the problem (versus tertiary prevention)
4. **Population Health:** Focusing on this issue would assist the hospital in decreasing hospital utilization rates that negatively impact emergency rooms or utilize a high proportion of state/government public benefit programs; will help address needs at appropriate intensity of care and thus reduce charity care costs.
5. **Urgency:** The value of immediate intervention versus delay, especially for long-term or complex threats
6. **Severity:** The seriousness of the issue, including the risk of morbidity and mortality associated with the problem
7. **Magnitude:** Data has identified this problem as affecting a substantial number of persons (specifically most vulnerable) in the service area; Data and National Evidence have identified this problem as important; Scope of problem is extensive; Relationship of the problem to other community issues is high

The 13 significant health needs were presented to the HNA Advisory Committee and after discussion among committee members, members were able to vote on their top priorities out of the original list. The top five health needs with the most votes then moved forward to Mission Hospital's Community Benefit Committee for final discernment and identification of two or three priorities.

#### **Final Selection of Priority Areas**

On March 11, 2014, the Mission Hospital Community Benefit Committee convened for final review of information and identification of priority areas for the FY15-17 Community Benefit Plan. Bruce Lockwood from PRC, Inc. presented essential data from the telephone survey which highlighted the gaps in the community. Christy Cornwall, Director of Community Benefit at Mission Hospital then provided an overview of the key findings from the Stakeholder Panels, the Resident Focus Groups and the HNA Advisory Committee. The top five health needs identified by the HNA Advisory Committee were shared, along with discussion concerning their selection process and data that was used to assist in their decision. After advocating and discussing the top five issues, the committee was given the opportunity to vote on their top two health needs, with the understanding that the leading two or three needs would be the focus for the coming Community Benefit Plan.

1. Behavioral Health
2. Access to Health Care
3. Substance Use

Mission Hospital staff will begin their Strategic Implementation planning phase between March – May 2014.



## **COLLABORATING ORGANIZATIONS**

Mission Hospital has a broad network of agencies with whom we collaborate on a regular basis. Because of these relationships, we were able to engage partners on many roles that range from promoting the CHNA process, encouraging community participation, providing logistic support to sharing primary and secondary data. The following list represents the 2014 CNHA Collaborating organizations:

- **Boys & Girls Clubs of Capistrano Valley**
- **Boys and Girls Club of Laguna Beach**
- **CHEC Family Resource Center**
- **City of Lake Forest**
- **City of San Clemente**
- **CREER, Comunidad y Familia**
- **Laguna Beach Senior: Susie Q Center**
- **Las Palmas Elementary School**
- **Los Alisos Middle School**
- **Marco Forster Middle School**
- **Mission Basilica**
- **Orange County Human Relation (OCHR)**
- **Orange County Health Care Agency (OCHCA)**
- **Our Lady of Fatima Church**
- **Ralph A. Gates Elementary School**
- **San Clemente Community Center**

## COMMUNITY NEED

### Community Needs Prioritized

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

Based on these criteria, the following 13 significant health needs were identified as follows in priority order organized by health and quality of life concerns:

Health Concerns	Quality of Life Concerns
Substance Abuse	Services & Activities for Teens
Dental Care	Affordable Housing
Mental Health	Education
Access to Health Care	Access to Social Services
Overweight/Obesity	Economic Burden
Diabetes	Safety
Senior/Aging-Related Issues	

## Disproportionate Unmet Health Need Group (DUHN), Key Community Needs, and Assets Summary

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

DUHN Population Group or Community	Key Community Needs	Key Community Assets
<i>San Juan Capistrano high-need neighborhoods</i>	<ul style="list-style-type: none"> <li>• <i>Daily activity limitations</i></li> <li>• <i>Lack of health insurance</i></li> <li>• <i>transportation</i></li> <li>• <i>Access to ongoing medical care</i></li> <li>• <i>Frequent ER visits</i></li> <li>• <i>Adult asthma rates</i></li> <li>• <i>Mental health</i></li> <li>• <i>Rates of major depression</i></li> <li>• <i>Overweight/obesity rates</i></li> <li>• <i>Substance use</i></li> <li>• <i>Lack of affordable housing</i></li> <li>• <i>Lack of Safety</i></li> <li>• <i>Immigration Issues</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Camino Health Center</i></li> <li>• <i>Mission Basilica</i></li> <li>• <i>CHEC Family Resource Center</i></li> <li>• <i>Boys &amp; Girls Club</i></li> <li>• <i>San Juan Capistrano Senior &amp; Community Center</i></li> <li>• <i>CUSD Adult School</i></li> <li>• <i>Kinoshita Farms</i></li> <li>• <i>Ecology Center</i></li> </ul>
<i>San Clemente high-need neighborhoods</i>	<ul style="list-style-type: none"> <li>• <i>Lack of health insurance</i></li> <li>• <i>Frequent ER visits</i></li> <li>• <i>Skin cancer rates</i></li> <li>• <i>Heart disease</i></li> <li>• <i>Low pneumonia vaccinations</i></li> <li>• <i>Difficulty buying affordable fresh produce</i></li> <li>• <i>Low consumption of fruits/vegetables</i></li> <li>• <i>Low usage of parks &amp; rec facilities</i></li> <li>• <i>Drinking rates</i></li> <li>• <i>Lack of Affordable housing</i></li> <li>• <i>Lack of Safety</i></li> <li>• <i>Immigration Issues</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Saddleback Hospital</i></li> <li>• <i>San Clemente Senior Center</i></li> <li>• <i>Boys &amp; Girls Club</i></li> <li>• <i>San Clemente Community Center</i></li> <li>• <i>Mary Erickson Housing</i></li> <li>• <i>San Clemente Community Resource Center</i></li> <li>• <i>Family Assistance Ministry</i></li> <li>• <i>Henderson House</i></li> <li>• <i>iHope</i></li> </ul>
<i>Laguna Beach</i>	<ul style="list-style-type: none"> <li>• <i>Higher rates of fair/poor health</i></li> <li>• <i>Access to health care:</i> <ul style="list-style-type: none"> <li>○ <i>specific source of ongoing care</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <i>Laguna Beach Community Clinic</i></li> <li>• <i>Laguna Beach Senior &amp; Community Center</i></li> </ul>

DUHN Population Group or Community	Key Community Needs	Key Community Assets
	<ul style="list-style-type: none"> <li>• Alcohol Usage</li> <li>• Mental Health</li> <li>• Suicide rates</li> </ul>	<ul style="list-style-type: none"> <li>• Boys &amp; Girls Club of Laguna Beach</li> <li>• Laguna Beach Community Coalition</li> <li>• Laguna Resource Center</li> <li>• Mission Hospital Laguna Beach</li> <li>• Alternative Sleeping Location (ASL Homeless Shelter)</li> <li>• Friendship Shelter</li> <li>• Helping Hands Worldwide</li> </ul>
<p>Lake Forest high-need neighborhoods</p>	<ul style="list-style-type: none"> <li>• Lack of health insurance</li> <li>• Prescription costs a barrier to health care</li> <li>• Transportation</li> <li>• Mental health</li> <li>• Purchasing fresh produce difficult due to cost</li> <li>• Higher percentage of multigenerational households</li> </ul>	<ul style="list-style-type: none"> <li>• Lake Forest Community Center</li> <li>• South Orange County Family Resource Center</li> <li>• PEACE Center at Saddleback Church</li> <li>• Women, Infant &amp; Children's Clinic (WIC)</li> </ul>
<p>Mission Viejo high-need neighborhoods</p>	<ul style="list-style-type: none"> <li>• Lack of health insurance</li> <li>• specific source of ongoing care</li> <li>• mental health</li> <li>• Purchasing fresh produce</li> </ul>	<ul style="list-style-type: none"> <li>• Mission Hospital</li> <li>• Saddleback College</li> <li>• Western Youth Services</li> <li>• Mission Viejo Community &amp; Senior Center</li> <li>• YMCA</li> <li>• PEACE Centers at Saddleback Church</li> </ul>

## PRIMARY DATA

### Summary of Community Input

Mission Hospital gathered community input through three major avenues: Telephone Survey, Stakeholder Panels, and Resident Focus Groups. Independent Contractors were utilized for the majority of these gatherings to ensure objective, impartial data was collected and to provide a forum where participants could freely discuss strengths and opportunities within the community and the works conducted by Mission Hospital.

#### Telephone Survey

Professional Research Consultants (PRC) community health survey gathered data through telephone interviews within five designated communities. The survey consisted of 129 questions focused on issues such as general health, chronic disease, injury and violence, health risks, preventive care, access to healthcare services and broad community issues between September and November 2013.

To minimize bias within the population studied, PRC used a telephone methodology technique that focuses in random selection. The result of this method is to produce a sample representative of the geographic distribution and demographic characteristics of the population being surveyed.

The survey was modeled after the Centers for Disease Control's (CDC) Behavioral Risk Factor Surveillance System, which enabled Mission Hospital to benchmark local results to statewide and national data. PRC completed 763 random phone interviews with adults from San Clemente (n: 104), San Juan Capistrano (n: 200), Mission Viejo (n=150) and Lake Forest (n: 109). These cities had the largest concentration of residents with high need and the telephone survey focused specifically on the high/highest need areas. Because Laguna Beach has such a small high need area, the entire community was included in the survey selection (n=200). Sample size for all surveys was demographically representative of each of the communities. Validity of results is at a 95% confidence level (and 95% when looking at city-specific data). Refer to Appendix 7 for complete telephone survey report.

#### Stakeholder Panels

Key stakeholders were invited to participate in one of four focus groups that were facilitated by The Olin Group in San Clemente, San Juan Capistrano, Laguna Beach, and the Lake Forest/Mission Viejo area. Stakeholders included service providers, faith leaders, medical professionals, civic leaders and leaders identified within each community. Participants were chosen because of their first-hand knowledge of the community, including the needs of local residents and services available. The Olin Group used a semi-structured, six question interview guide developed in consultation with the Mission Hospital Community Benefit team. The facilitators asked about current and emerging community health and quality of life challenges, and possible actions Mission Hospital could take to improve health and quality of life.

A total of 46 individuals representing 37 different organizations participated throughout the four stakeholder panel discussions. Mission Hospital staff did not participate in or observe these focus groups to ensure participants felt comfortable having an open discussion. Each focus group was approximately

two hours and was audio recorded. Responses were not attributed to individual participants to maintain their anonymity.

Several health and quality of life issues arose across the four stakeholder panels, listed below by category.

**Health Challenges:**

- Access to Healthcare: Access to comprehensive, quality health care services was a key concern for most stakeholders. The lack of health insurance, transportation to and from medical facilities, and permanent low-/no-cost clinics make it difficult for low-income residents to receive regular, preventative care.
- Dental Care: Most focus groups were in agreement that there is a lack of affordable dental care. Uninsured residents struggle to afford basic dental care and often delayed receiving treatment because of cost. It was also noted that many health insurance plans lack dental coverage, creating a lack of affordability for insured residents as well.
- Mental Health: The focus groups agreed that 1) mental health care was one of the single most important community needs; 2) there is a lack of access to affordable mental health services and medications; 3) mental health feeds into many other health issues; 4) the connection between mental health and substance abuse compounds issues relating to homelessness, violence, and unemployment.
- Substance Abuse: All focus groups agreed that substance abuse, including alcohol, tobacco, prescription medication misuse, and illicit drugs, remains a health challenge for all socioeconomic groups.

**Stakeholder Panels**

Date	Time	Location	Participants
09/24/2013	4:00 pm	San Clemente	11
09/26/2013	4:00 pm	San Juan Capistrano	12
10/02/2013	4:00 pm	Laguna Beach	12
10/04/2013	4:00 pm	Mission Viejo & Lake Forest	11

**Quality of Life Challenges:**

- Affordable Housing: Participants felt that the lack of affordable housing remained an ongoing need, affecting every aspect of residents' lives.
- Transportation: All groups regarded transportation as a barrier to healthy living. Participants noted that without transportation, access to healthy foods, support services, after-school programs, and recreational activities were limited. Transportation is particularly a barrier for low-income and senior residents.

In addition, the stakeholder panels discussed challenges to Specific Groups. Stakeholder felt there were two population groups facing unique challenges.

- Seniors: Many participants felt that seniors are offered services to ensure they have health insurance and medications, but other elder-related support services are unavailable. The

isolation, lack of mental health care, lack of low-cost assisted living facilities, lack of transportation assistance, and the increasing number of senior residents all impact their health and quality of life.

- Undocumented Immigrants: Participants agreed that the immigration status of these residents was consistently a barrier to obtaining necessary services. They also noted that fear of deportation limits the number of struggling undocumented workers who seek assistance from shelters, food pantries, rent assistance and other basic needs services.

## Resident Focus Groups

Nine Resident Focus Groups were held in January and February 2014 and were facilitated by The Olin Group (with exception of one focus group, which was facilitated by Mission Hospital Community Benefit staff). A total of 209 residents provided input on the top health and quality of life needs identified in the Mission Hospital service area. Two or more focus groups (offered in English and well as Spanish) were held in each of the targeted cities: Laguna Beach, San Clemente, San Juan Capistrano, and Mission Viejo/Lake Forest. English forums had a total of 32 participants. Spanish forums included 177 participants.

Resident focus groups were conducted in a series of steps. First, the facilitator presented the participants with a summary of the aggregate findings from the phone survey conducted by Professional Research Consultants (PRC) and the key stakeholder panels. Participants were then encouraged to discuss and identify additional health and quality of life issues that they felt were important in the particular city that had not already been identified.

To prioritize the list of concerns, each participant received four dots to vote on the issues most important to them in each category: Health and Quality of Life. Once the votes were tallied, participants reviewed the results and were encouraged to vocalize any concerns with the voting outcomes. Participants collectively ratified the results via consensus. The facilitator then led a discussion using semi-structured interview questions to further understand each issue from the perspective of the residents.

Based on the composite results of all focus groups, the following health and quality of life needs were identified as having the greatest priority in the eyes of residents:

Prioritized Needs through Resident Focus Groups	
Health Concerns	Quality of Life Concerns
Substance Use	Activities for Teens
Lack of Dental Care	Affordable Housing
Mental Health	Education
Access to Health Care	Lack of Social Services
Obesity	Safety
Diabetes	Economic Burden



**Resident Focus Groups**

Date	Time	Location	Address	Participants
01/10/2014	3:30 pm	Laguna Beach (English)	Susi Q Community Center 380 3 <sup>rd</sup> Street, Laguna Beach	10
	6:00 pm	Laguna Beach (Spanish)	Boys & Girls Club 1085 Laguna Canyon Road, Laguna Beach	2
01/21/2014	4:00 pm	San Clemente (English)	Community Center 100 N. Calle Seville, San Clemente	3
	6:00 pm	San Clemente (Spanish)	Las Palmas Elementary School 1101 Calle Puente, San Clemente	24
01/23/2014	3:30 pm	San Juan Capistrano (English)	Boys & Girls Club 1 Via Positiva, San Juan Capistrano	6
	6:30 pm	San Juan Capistrano (Spanish)	Boys & Girls Club 1 Via Positiva, San Juan Capistrano	25
01/27/2014	4:00 pm	Mission Viejo & Lake Forest (English)	Los Alisos Middle School 25171 Moor Ave, Mission Viejo	7
	6:30 pm	Mission Viejo & Lake Forest (Spanish)	Los Alisos Middle School 25171 Moor Ave, Mission Viejo	26
02/18/2014	7:00 pm	San Clemente (Spanish)	Our Lady of Fatima 105 N. La Esperanza, San Clemente	100

**Mission Hospital Laguna Beach (MHLB) Advisory Council**

In October 2013, Mission Hospital also sought perspectives of the Mission Hospital Laguna Beach Advisory Council. This Council was established during the purchase of the Laguna Beach campus in 2010 at the request of the Attorney General and is comprised of local Laguna Beach residents, stakeholders and service providers for the Laguna Beach community. The Advisory Council provided input on the issues they believed were most relevant to the Laguna residents through an online survey. There were a total of 10 participants. After this survey was concluded, the results were presented to the group of participants in a focus group setting and discussed.

## SECONDARY DATA

### Summary of Secondary Data Analysis

Mission Hospital used a variety of secondary data sources to help broaden the understanding of local issues and how south county communities compare to larger data sets.

#### **Camino Health Center**

Camino Health Center is South Orange County's only Federally Qualified Health Center located in San Juan Capistrano. Camino provided Mission Hospital with information regarding their leading diagnoses for medical office visits as well as their own Health Needs Assessment report conducted in Fall 2013.

#### **Healthy People 2020**

Healthy People (HP) 2020 is an initiative sponsored by the U.S. Department of Health & Human Services and provides science-based, 10-year national objectives for improving the health of all Americans. HP 2020 targets are provided when available. [www.healthypeople.gov/2020](http://www.healthypeople.gov/2020)

#### **Mission Hospital Data**

Hospital data can be a rich source of information on trends and conditions affecting the community's health and quality of life. To this end, Mission Hospital reviewed Emergency Department data for people who were uninsured and underinsured. Emergency room visits, both discharge data as well as visits resulting in an inpatient stay were reviewed over a nine month timeframe from 2013.

In addition, Mission Hospital Community Benefit staff (n=10) provided input on priority issues they see in the community regularly. These staff members are regularly engaged with low-income residents and understand the issues they face on a daily basis. The staff voted anonymously for the issues they believed was most critical. This input was included with other data sources given to the HNA Advisory Committee to create a broad understanding of community needs.

#### **Orange County Health Care Agency**

*Healthy Places, Healthy People Report 2012*. This report uses existing available data to provide a localized level of information to communities about a variety of social, economic, and environmental conditions known to influence the health of communities. The report focuses on select indicators that are actionable and reliable measures of health or the social, economic, and environmental conditions that are known to predict or pattern it. In addition, Mission Hospital also reviewed *Orange County's Healthier Together 2013 Report*, a continuation from the 2012 report reviewing the trends and disparities in key health indicators for Orange County.

#### **United Way's Challenge to America: Goals for the Common Good**

In 2011, United Way drew on research and sought input from a broad range of partners to gauge where progress has – and has not – been made over the last 10 years. This information acts as the foundation for their goals to be reached by 2018. Access [www.unitedway.org](http://www.unitedway.org) for more information.

## Appendix 1: Community Health Need Assessment Steering Committee

Name	Title	Organization
Shannon Brown, RN	Director, Care Management	Mission Hospital
Doreen Chesebro, RN	Director, Mission Services	Mission Heritage Health
Christy Cornwall, MPH, CHES	Director, Community Benefit	Mission Hospital
Debra Drew	Executive Director	Camino Health Center
Jose Manuel Garcia	Business Office Manager	Camino Health Clinic
Ginny Linting	Resident, Laguna Beach	Community Benefit Committee, Mission Hospital
Susan Markey	Resident, Lake Forest	Community Benefit Committee, Mission Hospital
Cindy Mueller, MSN, RN	Vice President, Mission Integration	Mission Hospital
Jaime Munoz	Administrative Manager	OC Social Services Agency
Robert Winokur, M.D.	Physician, Emergency Department	Mission Hospital
Michael Ritter, M.D.	Physician, Emergency Department	Mission Hospital
Kathryn Cariello	Community Benefit Intern	California State University Long Beach
Jerry Van Den Honert	Data Systems Manage, Business Intelligence	Mission Hospital
Karen Cronk	Nurse Manager	Mission Hospital
Eduardo Moreno Cerezo	Healthy Communities Coordinator	Mission Hospital
Carla DiCandia	Manager, Health & Ministry Services	Mission Hospital
Bill Tornquist	Manager, South Orange County & CHEC Family Resource Centers	Mission Hospital
Fred Richmond	Executive Director, Behavioral Health	Mission Hospital

## Appendix 2: Community Input

### *Public Health or Other Departments or Agencies*

<b>Name and Title</b>	<b>Organization</b>	<b>Nature of Expertise</b>	<b>Date and Type of input</b>
Deborah Townes, Public Health Nurse	OC Health Care Agency	General Health	Oct 4, 2013; Stakeholder Panel
Christina Weckerly Ramirez, Service Chief Prevention and Intervention	OC Health Care Agency	Disease Prevention	Oct 4, 2013; Stakeholder Panel
Amy Buch, Health Promotion Division Manager	OC Health Care Agency	Health Promotion	Oct 4, 2013; Stakeholder Panel
	OC Health Care Agency	Health Promotion	February 26, 2014; HNA Advisory Committee
Jane Chai, Public Health Projects Manager	OC Health Care Agency	General Health	Oct 4, 2013; Stakeholder Panel
Jan Gameroz, RN and Community Manager	Saddleback Memorial Medical Center	Vulnerable communities in service area	Oct 4, 2013; Stakeholder Panel
Stacy Head, Specialty RN II	Emergency Services, Mission Hospital	Hospital Emergency room visits.	Oct 2, 2013; Stakeholder Panel

*Community Leaders and Representatives*

<b>Name and Title</b>	<b>Organization</b>	<b>Group(s) Represented</b>	<b>Date and Type of input</b>
Rosario Rowell	CREER	<i>Hispanic and Spanish-speaking communities.</i>	<i>Sept 26, 2013; Stakeholder Panel</i>
Colin Henderson, Board Member	Friendship Shelter	<i>Homeless</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Dawn Price, Executive Director	Friendship Shelter	<i>Homeless</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Rick Scott, Director of Programs	Friendship Shelter	<i>Homeless</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Karla Lopez del Rio, Vice President	NeighborWorks OC	<i>Low-income clients</i>	<i>Sept 26, 2013; Stakeholder Panel</i>
Sharon Ellis, Executive Director	Habitat for Humanity of OC	<i>Low-income and veterans clients seeking housing.</i>	<i>Sept 26, 2013; Stakeholder Panel</i>
Mary Gray Perdue, Executive Director	Family Assistance Ministries	<i>Homeless, vulnerable and low-income individuals and Families .</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Marilyn Ditty, D.P.A. Chief Executive Officer	Age Well Senior Services	<i>Seniors.</i>	<i>Oct 4, 2013; Stakeholder Panel</i>
Christina Puga, Outreach Services Coordinator	Mission Basilica	<i>Low income individuals and families.</i>	<i>Sept 26, 2013; Stakeholder Panel</i>
Andy Siegenfeld, Board Chairperson	Laguna Resource Center and Food Pantry	<i>Homeless, vulnerable and low income individuals and families</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Chris Quilter, Acting Secretary/President Emeritus	SusiQ Senior Center	<i>Seniors</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Tina Haines, Acting Secretary/President Emeritus	SusiQ Senior Center	<i>Seniors</i>	<i>Oct 2, 2013; Stakeholder Panel</i>

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Stephanie Reyes-Tuccio, Director	UCI Center for Educational Partnerships	<i>Family, youth, and children.</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Brenda Rodriguez, Executive Director	Affordable Housing Clearing House	<i>Homeless, vulnerable and low-income individuals and families</i>	<i>Oct 4, 2013; Stakeholder Panel</i>
Lara Fisher, Executive Director	South County Outreach	<i>Vulnerable and low-income individuals and families</i>	<i>Oct 4, 2013; Stakeholder Panel</i>
Suzanne Ansari, CRCSC Coordinator	Community Resource Center of San Clemente	<i>Vulnerable and low-income individuals and families</i>	<i>Sept 24, 2013; Stakeholder Panel</i>
Sita Helms, Executive Director	Helping Hands Worldwide	<i>Homeless, vulnerable and low income individuals and families</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Ladeshia Goubert, Director of Social Services	iHOPE	<i>Homeless, vulnerable and low-income individuals and families</i>	<i>Sept 24, 2013; Stakeholder Panel</i>
Marion Jacobs, MD	Resident	<i>general community needs</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
<i>Luz Elena Pinzon,MSW Bilingual Mental Health Counselor</i>	<i>CHEC Family Resource Center</i>	<i>Low income individuals and families.</i>	<i>Sept 26, 2013; Stakeholder Panel</i>

*Others which Represent the Broad Interests of the Community*

<b>Name and Title</b>	<b>Organization</b>	<b>Group(s) Represented</b>	<b>Date and Type of input</b>
Leslie Davis, Chair and Susan Parmalee, Chair	San Clemente Collaborative	<i>San Clemente community</i>	<i>Sept 24, 2013; Stakeholder Panel</i>
Joseph Farley, Superintendent	Capistrano Unified School District	<i>Adults and children.</i>	<i>Sept 26, 2013; Stakeholder Panel</i>
Irene White, Director of Special Education Services	Laguna Beach Unified School District	<i>Serves adults and children.</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Linda Snell, Local PEACE	Saddleback Church	<i>Serves a faith based community.</i>	<i>Sept 26, 2013; Stakeholder Panel</i>
Elaine Nagano, Housing Manager, Redevelopment Agency	City of Lake Forest	<i>Lake Forest population</i>	<i>Oct 4, 2013; Stakeholder Panel</i>
Darrcy Loveland, President & CEO	Laguna Beach Community Foundation	<i>Manages grants and serves the Laguna Beach population</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Jason Kravetz, Lieutenant	Laguna Beach Police Department	<i>Safety and security issues in the Laguna Beach population</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Denise Obrero, Housing Specialist	City of San Clemente	<i>San Clemente population</i>	<i>Sept 24, 2013; Stakeholder Panel</i>
Janet Dunford, Crime Prevention Specialist	SC/OCSD Sheriff's	<i>Safety and security issues in the San Clemente population</i>	<i>Sept 24, 2013; Stakeholder Panel</i>
Pam Estes, Executive Director	Boys and Girls Club Laguna Beach	<i>Children and families of Laguna Beach.</i>	<i>Oct 2, 2013; Stakeholder Panel</i>
Veronica Vega, Recreational Coordinator	Boys and Girls Club San Clemente	<i>Children and families of San Clemente.</i>	<i>Sept 24, 2013; Stakeholder Panel</i>
Melinda Konofke, Director of Childcare and Developmental Services	Children's Home Society	<i>Serves Orange County families and children.</i>	<i>Oct 4, 2013; Stakeholder Panel</i>
Carmen Alvarez, Parent Liaison	Las Palma Elementary School	<i>Serves adults and children.</i>	<i>Sept 24, 2013; Stakeholder Panel</i>



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<i>Edgar Medina, Community Capacity Building Coordinator</i>	Orange County Human Relation	<i>Orange County population.</i>	<i>Sept 24, 2013; Stakeholder Panel</i>
<i>Cesar Reategui, Community Liaison</i>	Kinoshita Elementary School	<i>Serves adults and children.</i>	<i>Sept 26, 2013; Stakeholder Panel</i>
<i>Pamela Lawrence, MD, Chair</i>	<i>Healthy Laguna</i>	<i>Laguna Beach population</i>	<i>Oct 2, 2013; Stakeholder Panel</i>

## **Contracted Third Party**

### **Professional Research Consultants, Inc.**

Bruce Lockwood  
Director, Community Health Division  
*23 years with PRC*

Mr. Lockwood was instrumental in the development of PRC's community health assessment research product offering from its inception, including refining PRC's approach, core survey instruments and reporting tools. Mr. Lockwood has overseen each of the hundreds of community health projects that prc has undertaken.

Keith Schneider  
Senior Project Management  
*11 Years with PRC*

Mr. Schneider specializes in sample plan development, mapping and project management. His responsibilities include managing projects through the sample design stages, overseeing script-writing functions and sample generation for the CATI interviewing system.

### **Olin Group**

Carole Mintzer, M.P.A.  
Consultant, Strategic Evaluation

Ms. Mintzer has provided evaluation services to Children and Families Commission of Orange County, CHOC, UCI Medical Center, Rancho Santiago Community College District, Orange County Health Care Agency

Ellen Dellis, Ph.D.  
Consultant, Strategic Evaluation

Ms. Dellis has provided evaluation services to multi-site university research studies, Orange County Probation Department, Probation Evidence - based Practices Work Group, Orange County Health Care Agency.

Marcos Ramirez, M.B.A.  
Consultant, Strategic Evaluation

Mr. Ramirez is an Independent Organizational and Leadership Development Consultant for nonprofits and faith-based organizations. He is a former community organizer experienced in conducting and facilitating leadership and community development trainings at local, regional and national conferences and workshops.

Jacqueline Tran, Dr. P.H.  
Consultant, Strategic Evaluation

Dr. Tran specializes in community-based participatory research, fund development, non-profit health care/community clinics, health policy, nonprofit management, program evaluation, capacity building and strategic planning.

### Appendix 3: Healthcare Facilities within Service Area

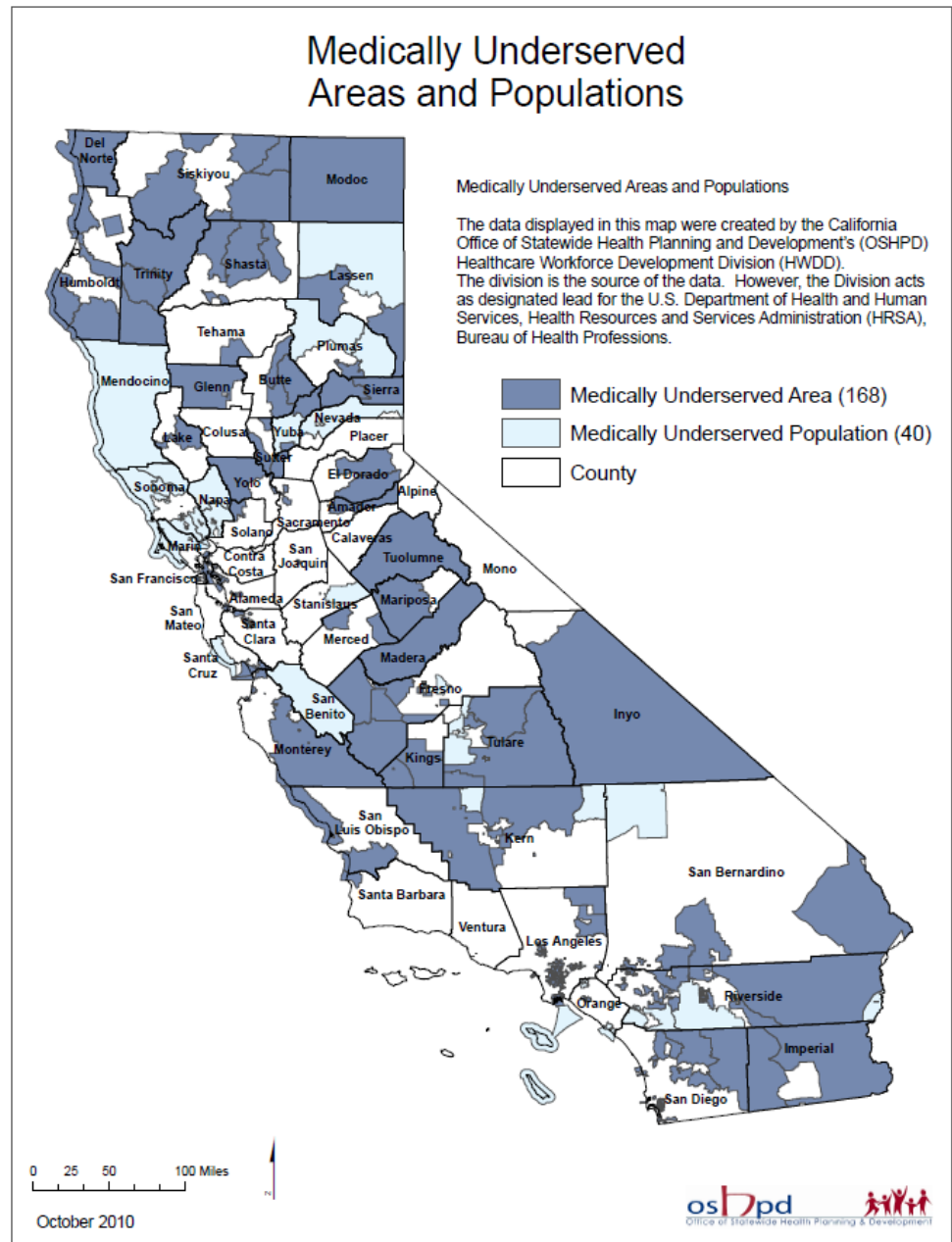
<b>Name</b>	<b>Address</b>	<b>Description of Services Provided</b>
<i>Aliso Viejo Family Medicine and Urgent Care</i>	<i>26671 Aliso Creek Rd #101 Aliso Viejo</i>	<i>Non-emergency medical care services</i>
<i>Camino Health Center</i>	<i>30300 Camino Capistrano San Juan Capistrano</i>	<i>Primary medical care services</i>
<i>Dyer's Urgent Care</i>	<i>23961 Calle De La Magdln #115 Laguna Hills</i>	<i>Non-emergency medical care services</i>
<i>Kid's Doc Urgent Care</i>	<i>27800 Medical Center Rd Mission Viejo</i>	<i>Non-emergency medical care services for pediatric patients after hours of regular pediatrician and on weekends</i>
<i>Laguna Beach Community Clinic</i>	<i>362 Third St Laguna Beach</i>	<i>medical, dental and health education services for low-income and uninsured</i>
<i>Laguna Dana Urgent Care</i>	<i>24060 Camino Del Avion Dana Point</i>	<i>Non-life-threatening illnesses and injuries and medical care services</i>
<i>Lake Forest Urgent Care &amp; Pain Center</i>	<i>21701 Lake Forest Drive #2 Lake Forest</i>	<i>Non-emergency medical care services</i>
<i>Marque Urgent Care</i>	<i>22461 Antonio Pkwy #135 Rancho Santa Margarita</i>	<i>Walk-in treatment and non-life-threatening emergencies and primary medical care for the surrounding community</i>
<i>Marque Urgent Care</i>	<i>26831 Aliso Creek Rd # 200 Aliso Viejo</i>	<i>Walk-in treatment and non-life-threatening emergencies and primary medical care for the surrounding community</i>
<i>Memorial Care Medical Group- Urgent Care</i>	<i>26991 Crown Valley Pkwy Mission Viejo</i>	<i>Non-life-threatening medical care services</i>
<i>Mission Hospital- Laguna Beach</i>	<i>31871 Coast Highway Laguna Beach</i>	<i>Full service hospital, including emergency medical care, behavioral health and chemical dependency treatment</i>
<i>Mission Hospital- Mission Viejo</i>	<i>27700 Medical Center Rd Mission Viejo</i>	<i>Full service hospital, including emergency medical care</i>
<i>OC Urgent Care</i>	<i>26781 Portola Parkway Foothill Ranch</i>	<i>Non-emergency medical care services</i>

Name	Address	Description of Services Provided
<i>Saddleback Family and Urgent Care</i>	<i>2285 Lake Forest Dr Lake Forest</i>	<i>Non-emergency medical care services</i>
<i>Saddleback Family and Urgent Care Medical Group</i>	<i>23962 Alicia Pwky Mission Viejo</i>	<i>Non-emergency medical care services</i>
<i>Saddleback Memorial San Clemente</i>	<i>654 Camino de los Mares San Clemente</i>	<i>24-hour emergency service including emergency care</i>
<i>Saddleback Memorial Medical Center</i>	<i>24451 Health Center Dr Laguna Hills</i>	<i>24-hour emergency service including emergency care</i>
<i>San Clemente Medi-Center</i>	<i>910 South El Camino Real, Suite A San Clemente</i>	<i>Walk-in, non- life threatening medical service</i>
<i>San Juan Family Health Urgent Care Medical Center</i>	<i>32112 Camino Capistrano San Juan Capistrano</i>	<i>Non-emergency medical care services</i>
<i>SOS and Peace Center Health Clinic</i>	<i>1 Purpose Drive Lake Forest</i>	<i>Non-emergency medical care services</i>
<i>South County Urgent Care</i>	<i>1300 Avenida Vista Hermosa #100 San Celemente</i>	<i>Non-emergency medical care services</i>
<i>Southland Family &amp; Urgent Care</i>	<i>27660 Santa Margarita Pwky Mission Viejo</i>	<i>Non-emergency medical care services</i>

## Appendix 4: Medically Underserved Area

HRSA has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100 where 100 represents the least underserved and zero represents the most underserved.

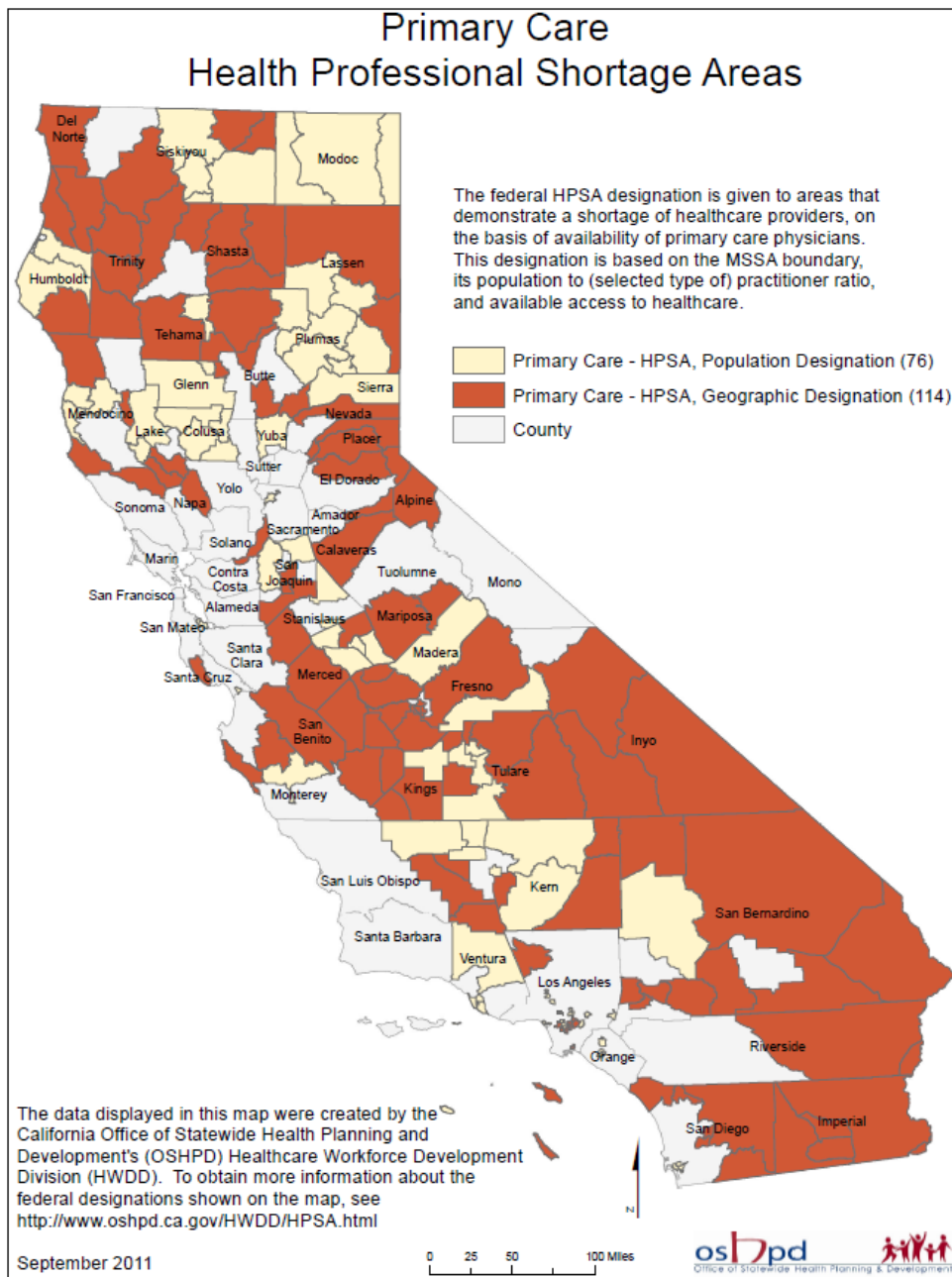
Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation.





## Appendix 5: Health Professions Shortage Area

Health Professions Shortage Areas (HPSAs) can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”





## **Appendix 6: PRC Telephone Survey Report**