The La Amistad Family Health Center Team caring for the most vulnerable and underserved in our community.

ST. JOSEPH HOSPITAL

2017 Community Health Assessment Report

To provide feedback about this Community Health Needs Assessment, email Cecilia.Bustamante-Pixa@stjoe.org

St.JosephHealth
St. Joseph Hospital
A member of the St.Joseph Hoag Health alliance

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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.

ATTACHMENTS:

Appendix 1: Community Need Index Data

Appendix 2a: Secondary Data/Publicly Available Data

Appendix 2b: Secondary Data/Publicly Available data - Appendix

Appendix 3: Community Input

a) **Focus Group and Community Forum Participant**
b) **List of Stakeholder Focus Group Participants and Organizations**
c) **Focus Group and Community Forum Report**
d) **Protocols and Demographic Questionnaire**

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Appendix 5: Prioritization Protocol and Criteria/Worksheets

Appendix 6: Ministry Community Benefit Committee Roster

ACKNOWLEDGEMENTS

It is with great joy and pride that we present St. Joseph Hospital's Community Health Needs Assessment to our community and collaborative partners. For the past several months we have worked diligently to gather the appropriate and most complete data on the health and needs of our service area. This data will enable us to make informed and thoughtful decisions about how best to serve and provide resources to areas with the highest needs and to the most vulnerable populations.

In gathering our data, we spoke with key stakeholders, community residents, and health care leaders about what they felt were critical needs in their communities. We also analyzed and examined data that demonstrates how health disparities affect certain zip codes/neighborhoods more so than others. The data overwhelmingly validates the gaps and inspires us to continue our work in addressing social determinants of health and their influence on the health and wellbeing of our communities without distinction. I invite you to study the findings and most importantly to join us in our efforts to restore the health and improve quality of life of our *Dear Neighbors.*

Many Blessings,

Sister Martha Ann Fitzpatrick, CSJ
Chair, Community Benefit Committee

EXECUTIVE SUMMARY

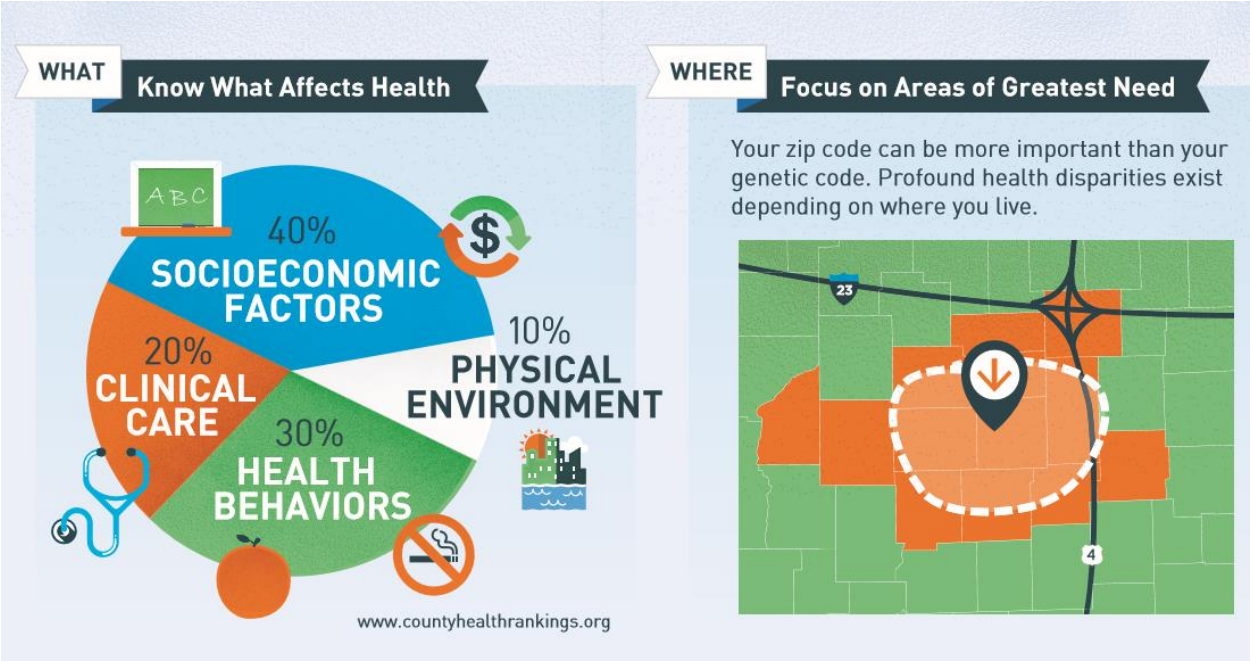
St. Joseph Health, St. Joseph Hospital is an acute-care hospital founded in 1929, is located at Orange, California. It became a member of St. Joseph Health in 1982. The facility has 465 licensed beds, 379 of which are currently available, and a campus that is approximately 38 acres in size. St. Joseph Hospital has a staff of more than 3,100 and professional relationships with more than 1,000 local physicians. 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 St. Joseph Hospital will focus on Access for to Care, Mental Health, and Diabetes/Obesity for the broader and underserved members of the surrounding community.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) process was guided by the fundamental understanding that much of a person's and community's health is determined by the conditions in which they live, work, play, and pray. 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. When data was publicly available, it was collected 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[3], 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

COLLABORATING ORGANIZATIONS

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

[3] Per County Health Rankings obesity is listed under the health behavior category of diet and exercise. http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise

quantitative and qualitative data collection processes and assisting in the prioritization and selection of health needs.

St. Joseph Hospital Orange partnered with the following community groups to recruit for and host the Focus Groups and Forums.
My Safe Harbor, Anaheim. My Safe Harbor provides mothers an experience of personal and family transformation so they can change their future and the future of their community. They hosted and recruited for a Community Focus Group.

Orange County Congregation Community Organization (OCCCO), Anaheim. OCCCO is a faith-based community organization working to strengthen families and improve neighborhoods, by engaging communities to shape public policy and build a legacy of leadership throughout Orange County. OCCCO hosted and recruited for two community focus groups.

The Orange County Asian and Pacific Islander Community Alliance (OCAPICA), Garden Grove. OCAPICA is dedicated to enhancing the health, and social and economic well-being of Asians and Pacific Islanders in Orange County, California. Established in 1997, OCAPICA works to improve and expand the community's opportunities through service, education, advocacy, organizing and research, and to empower Asians and Pacific Islanders to define and control their lives and the future of their community. OCAPICA played a key role in planning the Community Forum and recruiting its participants.

Southland Integrated Services, Westminster. Southland Integrated Services (formerly Vietnamese Community of Orange County) provides comprehensive health, human, and economic development services to Vietnamese Americans in order to enable them to become actively participating citizens in the mainstream society through empowerment and capacity enhancement of each citizen. They hosted, recruited for, and facilitated a focus group in the Westminster/Garden Grove area.

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 a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by St. Joseph Hospital Orange. We developed a protocol (noted in Appendix 3b) 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 3 includes a full report of the community input process and findings along with descriptions of the participants.

SIGNIFICANT HEALTH NEEDS

The list below shows the 13 health needs identified through the selection process.

1. Access to Care for the Uninsured and Underinsured
2. Mental Health
3. Diabetes
4. Housing Concerns
5. Obesity
6. Education
7. Food and Nutrition
8. Language and Cultural Barriers
9. Economic Insecurity
10. Immigration Status
11. Access to Resources
12. Public Safety
13. Parks

PRIORITY HEALTH NEEDS

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

- Access to Care for the Uninsured and Underinsured
- Mental Health
- Diabetes / Obesity / Food and Nutrition

INTRODUCTION

WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph 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.

St. Joseph Health, St. Joseph Hospital is an acute-care hospital founded in 1929, is located at Orange, California. It became a member of St. Joseph Health in 1982. The facility has 465 licensed beds, 379 of which are currently available, and a campus that is approximately 38 acres in size. St. Joseph Hospital has a staff of more than 3,100 and professional relationships with more than 1,000 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine and obstetrics.

In FY16, St. Joseph Hospital invested **$78,624,494** in community benefit. This included services to the poor, vulnerable and at risk populations as well as for the broader community. For FY16, St. Joseph Hospital had an unpaid cost of Medicare that totaled **$33,258,457**.

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 St. Joseph Hospital has been meeting the health and quality of life needs of the local community for over 80 years. Serving the communities of Orange, Santa Ana, Tustin, Anaheim, Garden Grove, Villa Park, and Westminster. St. Joseph Hospital is an acute care hospital that provides quality care in the areas of bariatric surgery, behavioral health, cardiac care, cancer treatment, nasal and sinus center, kidney dialysis center, orthopedic services snd our cutting edge maternity center. With over 3,100 employees committed to realizing the mission, St. Joseph Hospital is one of the largest employers in the region.

Strategic Direction

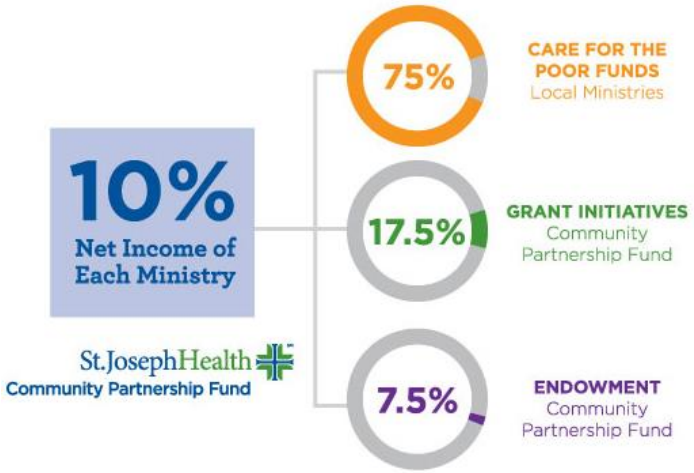
As we move into the future, St. Joseph Hospital is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY18-23) St. Joseph Health and St. Joseph 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

St. Joseph 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 St. Joseph 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, St. Joseph 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

St. Joseph 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 Director of Community Benefit are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management Team provides orientation for all new Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the St. Joseph 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 developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes 6 members of the Board of Trustees and 7 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 every other month.

Roles and Responsibilities

Senior Leadership

- CE 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 Advancing the State of the Art of Community Benefit (ASACB) Five Core Principles. 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

St. Joseph Hospital provides Orange County communities with access to advanced care and advanced caring. The hospital's total service area extends from Yorba Linda in the north, Lake Forest in the south, Corona in the east and Huntington Beach in the west. Our Hospital Total Service Area includes the cities of Orange, Santa Ana, Tustin, Anaheim, Garden Grove, Villa Park, Westminster, Yorba Linda, Placentia, Irvine, Corona, Fullerton, Fountain Valley, Costa Mesa, Buena Park, Stanton, Silverado, Lake Forest, Cypress and Foothill Ranch. This includes a population of approximately 2,380,838 people, an increase of approximately 5% from the prior assessment.

Community Profile

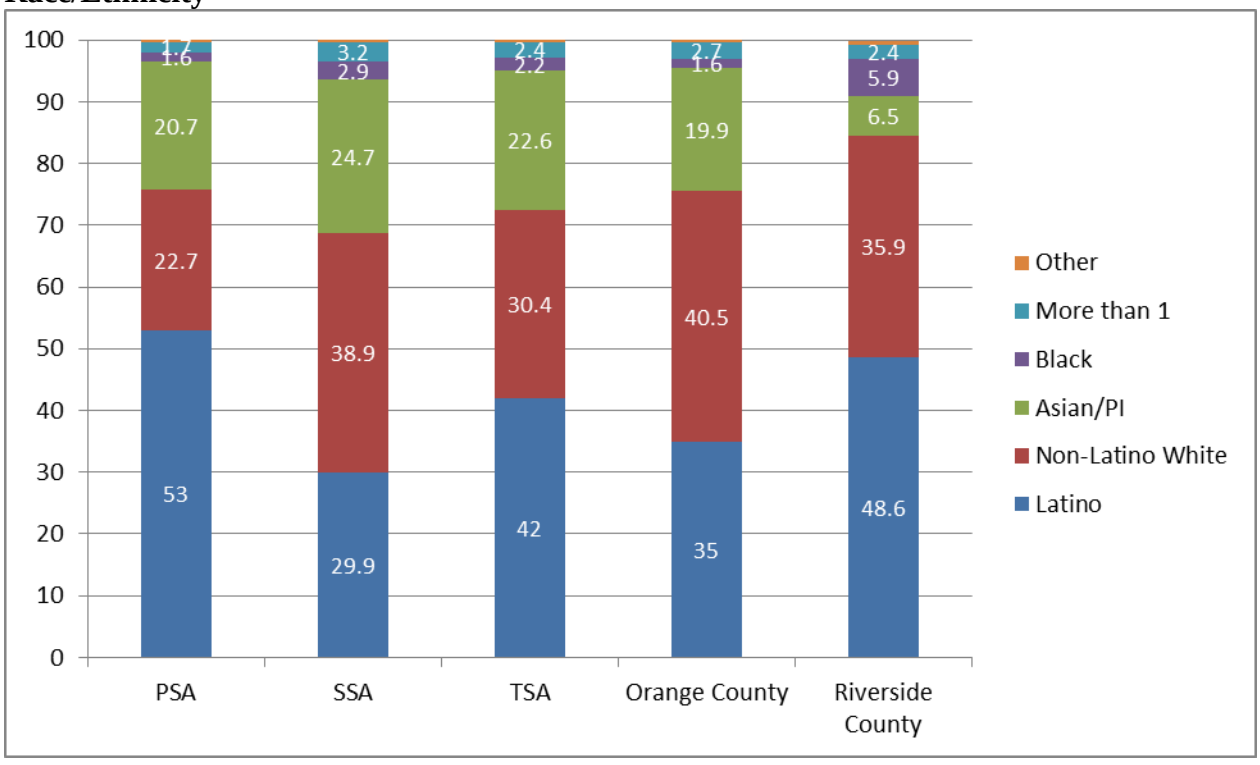
The table and graph below provide basic demographic and socioeconomic information about the St. Joseph Hospital Orange Service Area and how it compares to Orange County, Riverside County, and the state of California. Riverside County data is included because nearly a quarter of the Secondary Service Area (SSA) population is in Riverside County. However, throughout this report, comparisons of the Total Service Area (TSA) are made to Orange County.

The TSA of St. Joseph Hospital Orange has nearly 2.4 million people, with a median household income of just under $74,000. There are more children and fewer older adults in the TSA relative to Orange County and California. Compared to Orange County, the Primary Service Area has a much lower median household income and much higher rates of poverty while the SSA is better off on those same measures. The PSA has a higher percentage of Latinos and smaller percentage of non-Latino Whites than Orange County.

Service Area Demographic Overview

Indicator	PSA	SSA	TSA	Orange County	Riverside County	California
Total Population	1,253,825	1,127,013	2,380,838	3,172,848	2,341,521	38,986,171
Under Age 18	25.8%	23.1%	24.5%	22.9%	26.2%	23.6%
Age 65+	11.0%	11.7%	11.3%	13.5%	13.4%	13.2%
Speak only English at home	35.7%	57.2%	45.9%	54.4%	60.1%	56.2%
Do not speak English "very well"	31.9%	16.9%	24.8%	20.6%	15.3%	19.1%
Median Household Income	$62,480	$82,163	$73,636	$78,612	$58,155	$62,554
Households below 100% FPL	13.9%	7.9%	10.9%	9.2%	13.1%	12.3%
Households below 200% FPL	35.5%	20.0%	27.8%	23.5%	32.7%	29.8%
Children living below 100% FPL	25.2%	14.2%	20.2%	17.6%	23.4%	22.7%
Older adults living below 100% FPL	11.6%	7.5%	9.6%	8.7%	9.4%	10.2%

Race/Ethnicity



Race/Ethnicity data is based on self-reported responses in accordance with US Census categories.

Hospital Total Service Area

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

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

The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside. The PSA is comprised of Orange, Santa Ana, Tustin, Anaheim, Garden Grove, Villa Park, and Westminster. The SSA is comprised of another area, Yorba Linda, Placentia, Irvine, Corona, Fullerton, Fountain Valley, Costa Mesa, Buena Park, Stanton, Silverado, Lake Forest, Cypress and Foothill Ranch.

Table 1. Cities and ZIP codes

Cities/ Communities	ZIP Codes	PSA or SSA
Orange	92856, 92857, 92859, 92862, 92863, 92865, 92866, 92867, 92868	PSA
Santa Ana	92701, 92702, 92703, 92704, 92705, 92706, 92707, 92711, 92735, 92799	PSA
Tustin	92780, 92781, 92782,	PSA
Anaheim	92801, 92802, 92803, 92804, 92805, 92806, 92807, 92808, 92809, 92814, 92815, 92816, 92817, 92825	PSA
Garden Grove	92840, 92841, 92842, 92843, 92844, 92845, 92846	PSA

Villa Park	92861	PSA
Westminster	92683, 92864, 92685	PSA
Yorba Linda	92885, 92886, 92887	SSA
Placentia	92870, 92871	SSA
Irvine	92602, 92603, 92604, 92606, 92612, 92614, 92616, 92617, 92618, 92619, 92620, 92623, 92697	SSA
Corona	92877, 92878, 92879, 92880, 92881, 92882, 92883	SSA
Fullerton	92831, 92833, 92834, 92838	SSA
Fountain Valley	92708, 92728	SSA
Costa Mesa	92626, 92627, 92628	SSA
Buena Park	90620, 90621, 90622	SSA
Stanton	90680	SSA
Silverado	92676	SSA
Lake Forest	92630	SSA
Cypress	90630	SSA
Foothill Ranch	92610	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. St. Joseph Hospital Hospital Total Service Area

St. Joseph Hospital of Orange (SJO) 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. SJMC = St. Jude Medical Center; MH = Mission Hospital.
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).

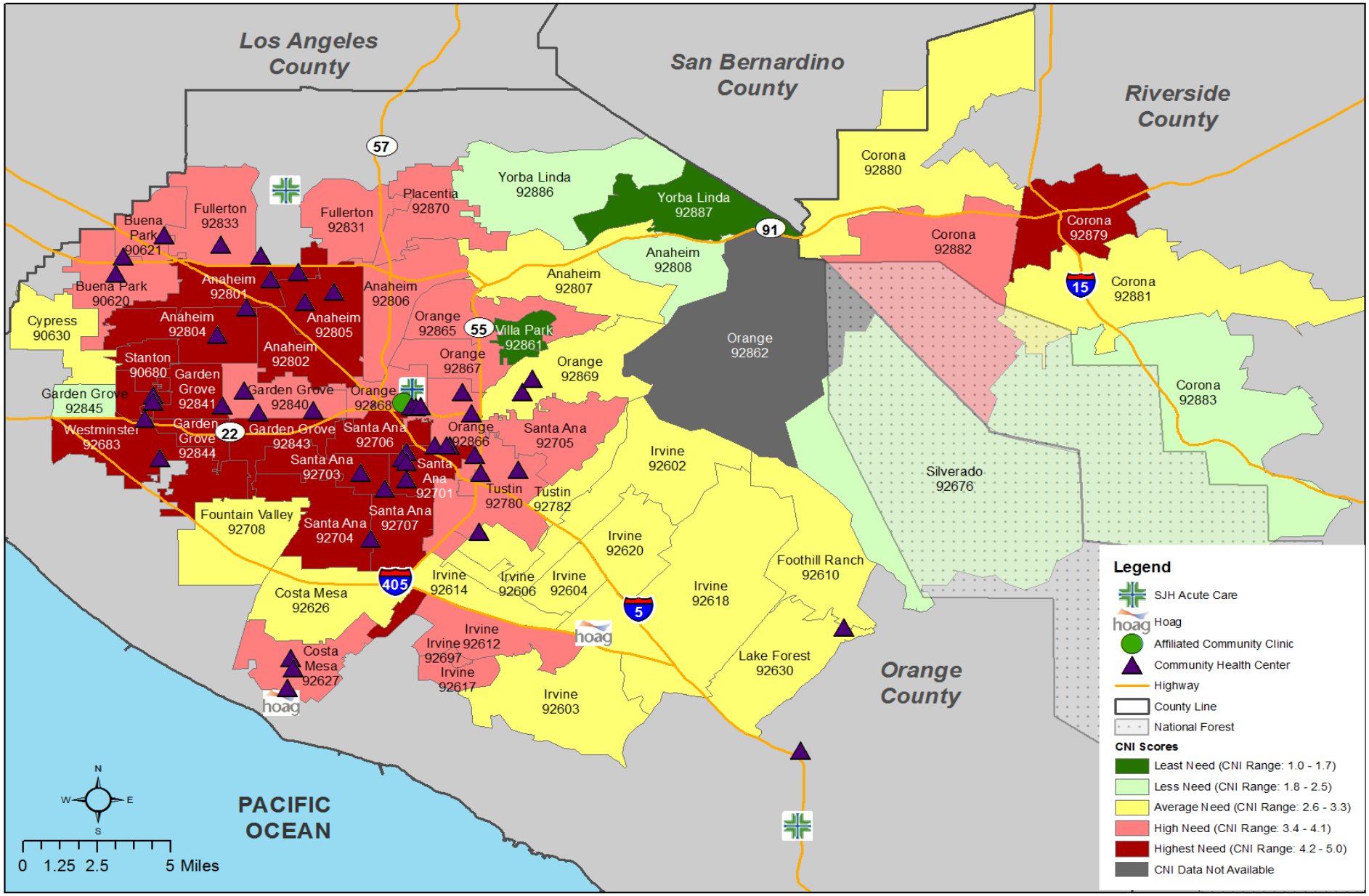
This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities 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 92703 on the CNI map is scored (in red) 4.2 - 5.0, 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. St. Joseph Hospital Community Need Index (Zip Code Level)

St. Joseph Hospital of Orange (SJO) CNI Scores

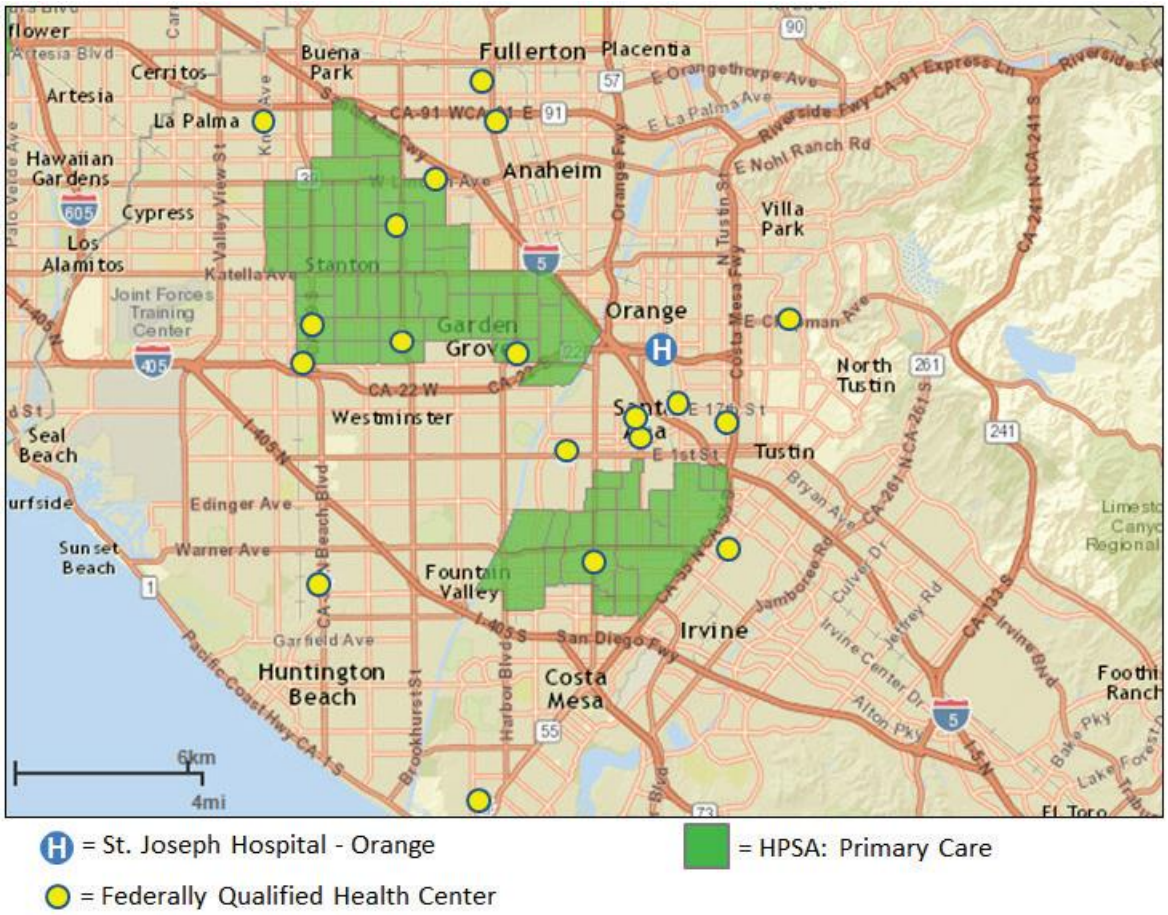


Sources: Dignity Health Community Need Index (cni.chw-interactive.org), 2015 (accessed March 2016); The Coalition of Orange County Community Health Centers (coccc.org) (accessed Sept. 2016). Prepared by the St. Joseph Health Strategic Services Department, April 2016.

See Appendix 1: Community Needs Index data

Health Professions Shortage Area – Mental, Dental, Other

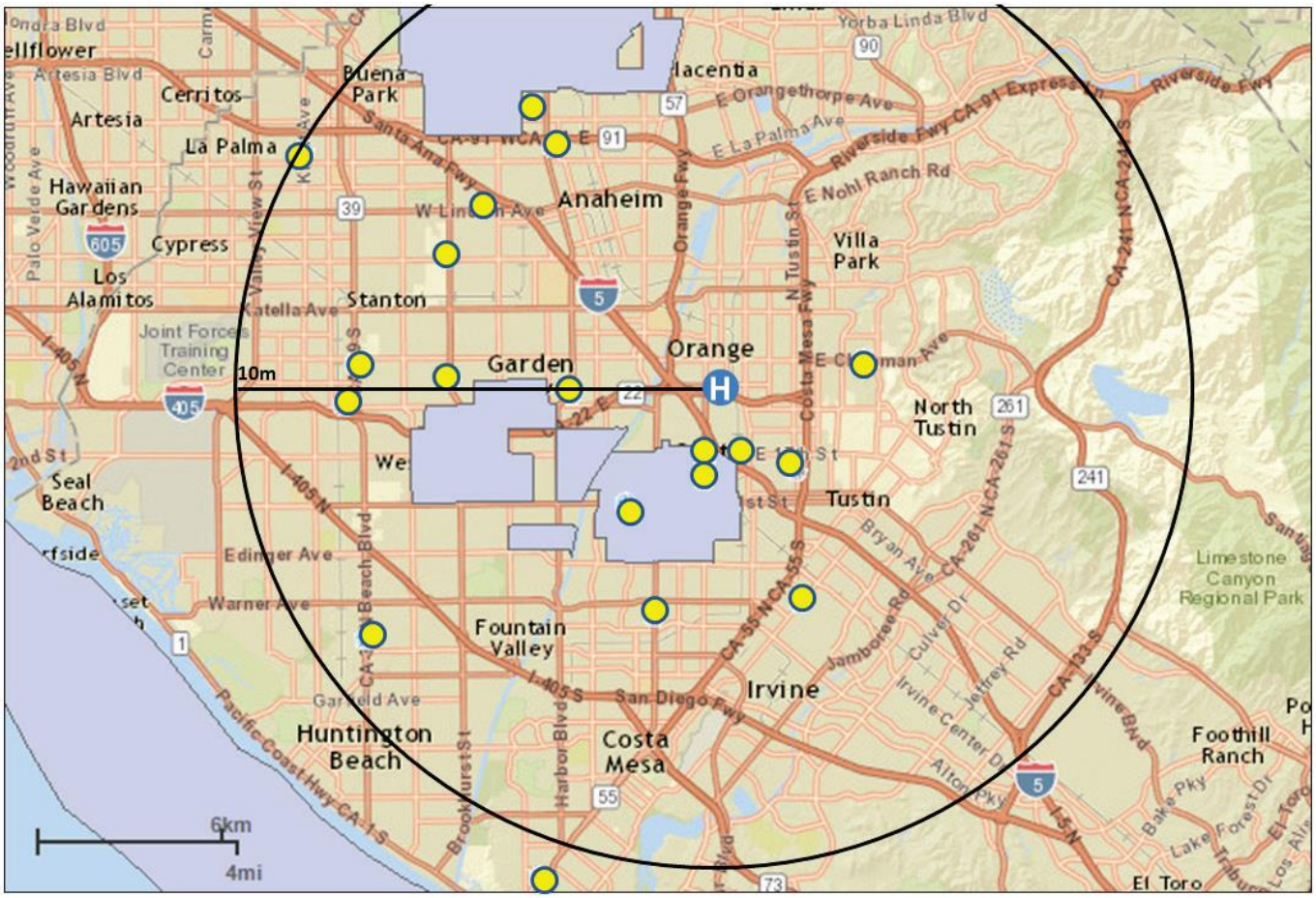
The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although St. Joseph Hospital is not located in a shortage area, large portions of the service area to the west and south of St. Joseph Hospital are designated as shortage areas. The map below depicts these shortage areas relative to St. Joseph Hospital location.



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. The map below depicts the Medically Underserved Areas/Medically Underserved. Although St. Joseph Hospital is not located in a Medically Underserved Area/Medically Underserved Populations area, areas to the south and west of St. Joseph Hospital are designated as Medically Underserved Ara/Medically Underserved Population areas. There are also 18 Federally Qualified Health Centers within a ten-mile radius of St. Joseph Hospital.



OVERVIEW OF THE CHNA PROCESS

Overview and Summary of the Health Framework Guiding the CHNA

The Community Health Needs Assessment (CHNA) process was guided by the fundamental understanding that much of a person's and community's health is determined by the conditions in which they live, work, play, and pray. 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.

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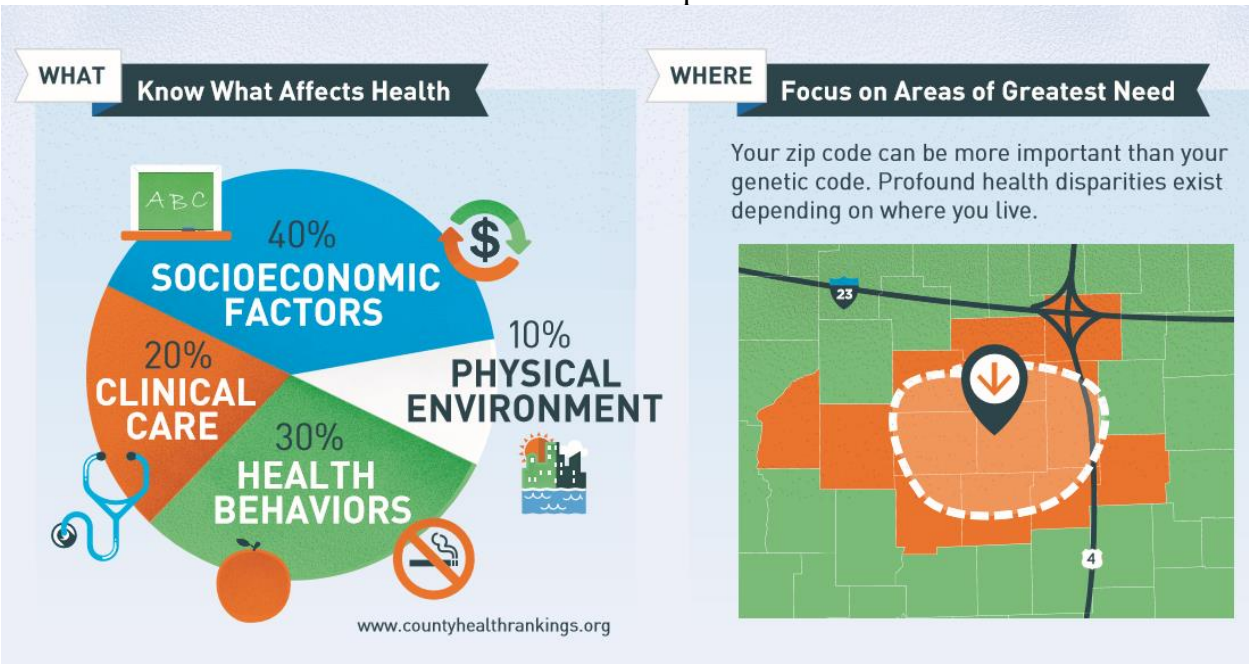

Examples of the types of information that was gathered, by health factor, are:

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[4], 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

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Orange County Congregation Community Organization (OCCCO), Anaheim. OCCCO is a faith-based community organization working to strengthen families and improve neighborhoods, by

[4] Per County Health Rankings obesity is listed under the health behavior category of diet and exercise. http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise

engaging communities to shape public policy and build a legacy of leadership throughout Orange County. OCCCO hosted and recruited for two community focus groups.

The Orange County Asian and Pacific Islander Community Alliance (OCAPICA), Garden Grove. OCAPICA is dedicated to enhancing the health, and social and economic well-being of Asians and Pacific Islanders in Orange County, California. Established in 1997, OCAPICA works to improve and expand the community's opportunities through service, education, advocacy, organizing and research, and to empower Asians and Pacific Islanders to define and control their lives and the future of their community. OCAPICA played a key role in planning the Community Forum and recruiting its participants.

Southland Integrated Services, Westminster. Southland Integrated Services (formerly Vietnamese Community of Orange County) provides comprehensive health, human, and economic development services to Vietnamese Americans in order to enable them to become actively participating citizens in the mainstream society through empowerment and capacity enhancement of each citizen. They hosted, recruited for, and facilitated a focus group in the Westminster/Garden Grove area.

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 (at the city and zip code level when available) and people within our 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[5] 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 Neighborhood Edition). 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.

[5] https://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf

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.

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 a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by St. Joseph Hospital Orange. We developed a protocol (noted in Appendix 3b) 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 3 includes a full report of the community input process and findings along with descriptions of the participants.

Resident Focus Groups

For Community Resident Groups, Hospital Community Benefit staff, in collaboration with their Community Benefit Committees and the St. Joseph Health Community Partnerships Department, identified geographic areas where data suggested there were significant health needs, 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. The community-based organization developed an invitation list using their contacts and knowledge of the area, and participants were provided 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.

Community Resident Forum

Recruitment for the Community Resident Forum 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 forum was 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 forum 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 process, the forum 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 health-related data was available. As a result, proxy measures were used when available. For example, there is limited community or zip code level data on the incidence of mental health, or many health behaviors such as 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 health outcomes and health behavior indicators are publicly available. It is recognized that even within zip codes, there can be populations that are disproportionately worse off. For example, within smaller geographic areas, such as census tracts, socioeconomic data provides a more granular understanding of disparity at the neighborhood level. As previously mentioned census tract health outcome and health behavior data was not readily available to paint a complete picture of community-level need.

- 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

The Community Health Needs Assessment was made available to the public via a link on the Hospital website indicating that feedback and comments should be sent to the Director of Community Benefit. No comments were received.

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 than, the TSA
Any indicator shown as a percent	4.0 or more percentage points worse than the TSA value	2-3.9 percentage points worse than the TSA value	1-1.9 percentage points worse than the TSA value	
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

The PSA is worse off than the TSA and Orange County on all of the socioeconomic indicators shown. Half of the 27 zip codes that make up the PSA measure much worse than the TSA on multiple indicators of socioeconomic status. These zip codes are in four cities – Santa Ana,

Anaheim, Garden Grove, and Westminster. Only four of the 29 zip codes in the SSA are much worse than the TSA on these socioeconomic indicators – Stanton and parts of Buena Park, Costa Mesa, and Fullerton.

Indicator	PSA	SSA	TSA	Orange County	Riverside County	California
Socioeconomic Indicators						
Median Household Income	$62,480	$82,163	$73,636	$78,612	$58,155	$62,554
Households below 100% of FPL	13.9%	7.9%	10.9%	9.2%	13.1%	12.3%
Households below 200% FPL	35.5%	20.0%	27.8%	23.5%	32.7%	29.8%
Children living below 100% FPL	25.2%	14.2%	20.2%	17.6%	23.4%	22.7%
Older adults living below 100% FPL	11.6%	7.5%	9.6%	8.7%	9.4%	10.2%
Age 25+ and no HS diploma	28.3%	11.6%	20.2%	16.0%	20.2%	18.5%
Enrolled in Medi-Cal	23.3%	12.6%	18.2%	15.5%	21.3%	20.3%
Low-income food insecurity	11.3%	5.2%	8.4%	6.8%	7.6%	8.1%

Areas of Greatest Concern – Cities/communities that are much worse than the Total Service Area average on at least two of the eight socioeconomic indicators shown.

Indicator	Westminster	Santa Ana				
	92683	92701	92703	92704	92706	92707
Median Household Income						
Households below 100% of FPL						
Households below 200% FPL						
Children living below 100% FPL						
Older adults living below 100% FPL						
Age 25+ and no HS diploma						
Enrolled in Medi-Cal						
Low-income food insecurity						

Indicator	Anaheim				Garden Grove			
	92801	92802	92804	92805	92840	92841	92843	92844
Median Household Income								
Households below 100% of FPL								
Households below 200% FPL								
Children living below 100% FPL								
Older adults living below 100% FPL								
Age 25+ and no HS diploma								
Enrolled in Medi-Cal								
Low-income food insecurity								

Indicator	Buena Park	Stanton	Costa Mesa	Fullerton
	90621	90680	92627	92831
Median Household Income				
Households below 100% of FPL				
Households below 200% FPL				
Children living below 100% FPL				
Older adults living below 100% FPL				

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

Physical Environment

People in the PSA are much more likely to live in crowded housing conditions with the rate of households with more than 1 occupant per room over 42% in one Santa Ana zip code. The data on rent is an indicator of both the high cost of housing and low incomes, and is most extreme in the PSA, where nearly two thirds of renters pay more than 30% of their income for rent. Violent crime is relatively low in Orange County, compared to California, but the rates in Anaheim, Santa Ana, and Stanton are above 300 violent crimes per 100,000 inhabitants.

Indicator	PSA	SSA	TSA	Orange County	Riverside County	California
Physical Environment Indicators						
More than 1 occupant per room	17.9%	6.3%	11.9%	9.2%	7.4%	8.2%
Renters pay more than 30% of household income for rent	63.0%	55.9%	59.7%	58.1%	61.2%	57.2%
Pollution Burden	30.545	21.26	25.737	22.233	27.663	25.312
Violent crimes (rate per 100,000 inhabitants)	NA	NA	NA	202.7	276.1	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	Westminster	Santa Ana				
	92683	92701	92703	92704	92706	92707
More than 1 occupant per room						
Renters pay more than 30% of household income for rent						
Pollution Burden						
Violent Crime (city level data)						

Indicator	Anaheim				
	92801	92802	92804	92805	92806
More than 1 occupant per room					
Renters pay more than 30% of household income for rent					
Pollution Burden					
Violent Crime (city level data)					

Indicator	Garden Grove				Villa Park	Orange		
	92840	92841	92843	92844	92861	92865	92866	92868
More than 1 occupant per room								
Renters pay more than 30% of household income for rent								

Pollution Burden								
Violent Crime (city level data)								

Indicator	Costa Mesa	Buena Park	Stanton	Irvine	Fullerton		Corona	Yorba Linda
	City	90621	90680	92617	92831	92833	92879	92877
More than 1 occupant per room								
Renters pay more than 30% of household income for rent								
Pollution Burden								
Violent Crime (city level data)								

Health Outcomes

The rates at which people describe their health as fair or poor are much higher in the PSA than the TSA, Orange County, or California for all age groups. The rates of fair or poor health are even higher in Westminster, and parts of Santa Ana, Anaheim, Garden Grove, Orange, Buena Park and Stanton. The PSA also has higher rates of diabetes in adults, with the highest rates in Westminster and parts of Garden Grove.

Indicator	PSA	SSA	TSA	Orange County	Riverside County	California
Health Outcome Indicators						
Fair or poor health (ages 0-17)	8.8%	5.8%	7.5%	7.0%	4.8%	5.2%
Fair or poor health (ages 18-64)	26.6%	18.6%	22.8%	20.3%	20.8%	19.2%
Fair or poor health (ages 65+)	37.3%	29.3%	33.4%	29.4%	24.7%	27.8%
Disabled population (all ages)	8.5%	7.4%	8.0%	8.1%	10.8%	10.3%
Asthma in children (ages 1-17)	10.5%	12.0%	11.2%	10.6%	14.5%	14.6%
Asthma in adults (ages 18+)	13.7%	14.0%	13.9%	14.3%	12.7%	13.9%
Diabetes in adults (ages 18+)	8.7%	6.9%	7.8%	7.4%	7.1%	8.8%
Heart disease (Ages 18+)	5.0%	5.2%	5.1%	5.6%	5.8%	5.9%
Serious psychological distress (ages 18+)	7.1%	7.4%	7.3%	7.1%	8.2%	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	Westminster	Santa Ana				
	92683	92701	92703	92704	92706	92707
Fair or poor health (ages 0-17)						
Fair or poor health (ages 18-64)						
Fair or poor health (ages						

65+)						
Disabled population (all ages)						
Asthma in children (ages 1-17)						
Asthma in adults (ages 18+)						
Diabetes in adults (ages 18+)						
Heart disease (Ages 18+)						
Serious psychological distress (ages 18+)						

Indicator	Anaheim			
	92801	92802	92804	92805
Fair or poor health (ages 0-17)				
Fair or poor health (ages 18-64)				
Fair or poor health (ages 65+)				
Disabled population (all ages)				
Asthma in children (ages 1-17)				
Asthma in adults (ages 18+)				
Diabetes in adults (ages 18+)				
Heart disease (Ages 18+)				
Serious psychological distress (ages 18+)				

Indicator	Garden Grove				Orange
	92840	92841	92843	92844	92868
Fair or poor health (ages 0-17)					
Fair or poor health (ages 18-64)					
Fair or poor health (ages 65+)					
Disabled population (all ages)					
Asthma in children (ages 1-17)					
Asthma in adults (ages 18+)					
Diabetes in adults (ages 18+)					
Heart disease (Ages 18+)					
Serious psychological distress (ages 18+)					

Indicator	Buena Park	Stanton	Silverado	Corona	
	90621	90680	92676	92881	92882
Fair or poor health (ages 0-17)			NA		
Fair or poor health (ages 18-64)					
Fair or poor health (ages 65+)			NA		
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 PSA has higher rates of overweight, obesity, and sugary drink consumption and lower rates of regular physical exercise than the TSA and Orange County. The TSA has a slightly higher rate of smoking than Orange County, but both are below the California rate. Parts of Santa Ana, Anaheim, and Corona have especially high rates of overweight and obesity. Smoking rates in Corona range from 12.9% to 14.6%, all above the California rate.

Indicator	PSA	SSA	TSA	Orange County	Riverside County	California
Health Behavior Indicators						
Overweight (ages 2-11)	15.2%	10.7%	13.2%	12.3%	11.1%	13.3%
Overweight or obese (ages 12-17)	24.8%	23.6%	24.2%	20.9%	38.3%	33.1%
Obese (ages 18+)	22.1%	18.3%	20.3%	18.4%	26.1%	25.8%
Sugary drink consumption (ages 18+)	16.4%	13.2%	14.9%	13.1%	19.9%	17.4%
Regular physical activity (ages 5-17)	14.9%	17.7%	16.2%	16.9%	17.6%	20.7%
Youth alcohol/ drug use in the past month (grades 7, 9, and 11)	NA	NA	NA	26.9%	26.0%	27.8%
Births per 1,000 teens (ages 15-19)	NA	NA	NA	16.7	23.9	23.2
Smoking (ages 18+)	11.5%	11.6%	11.5%	10.9%	13.1%	12.6%

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	Santa Ana					Anaheim		
	92701	92703	92704	92706	92707	92801	92802	92805
Overweight (ages 2-11)								
Overweight or obese (ages 12-17)								
Obese (ages 18+)								
Sugary drink consumption (ages 18+)								
Regular physical activity (ages 5-17)								
Smoking (ages 18+)								

Indicator	Corona				
	92879	92880	92881	92882	92883
Overweight (ages 2-11)					
Overweight or obese (ages 12-17)					

Obese (ages 18+)					
Sugary drink consumption (ages 18+)					
Regular physical activity (ages 5-17)					
Smoking (ages 18+)					

Clinical Care

A greater percentage of Orange County children are uninsured than at the state level. However, the data on uninsured has not caught up with changes in enrollment due to the Affordable Care Act and should be viewed in that context. A higher percentage of adults are uninsured in the PSA than the TSA, Orange County, or California, with the highest rates in parts of Santa Ana, Anaheim, Orange, Buena Park, and Stanton. Orange County has better ratios of people to physicians and dentists than the state, but is worse off with regards to non-physician primary care providers and mental health providers.

Indicator	PSA	SSA	TSA	Orange County	Riverside County	California
Clinical Care Indicators						
Uninsured (ages 0-17)	5.9%	5.2%	5.6%	5.3%	4.6%	3.2%
Uninsured (ages 18-64)	24.2%	18.8%	21.6%	19.4%	22.7%	19.3%
First trimester prenatal care	86.5%	88.9%	87.5%	89.9%	84.8%	83.8%
# of people per primary care physician	NA	NA	NA	1,048:1	2,423:1	1,274:1
# of people per non-physician primary care provider	NA	NA	NA	2,392:1	2,800:1	2,192:1
# of people per dentist	NA	NA	NA	963:1	2,067:1	1,264:1
# of people per mental health provider	NA	NA	NA	480:1	674:1	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	Santa Ana				
	92701	92703	92704	92706	92707
Uninsured (ages 0-17)	NA				
Uninsured (ages 18-64)					
First trimester prenatal care					

Indicator	Anaheim			Garden Grove	Orange
	92801	92802	92805	92841	92868
Uninsured (ages 0-17)					

Uninsured (ages 18-64)					
First trimester prenatal care					

Indicator	Buena Park	Stanton
	90621	90680
Uninsured (ages 0-17)	NA	
Uninsured (ages 18-64)		
First trimester prenatal care		

See Appendix 2: Secondary Data /Publicly available data

SUMMARY OF COMMUNITY INPUT

To better understand the community's perspective, opinions, experiences, and knowledge, St. Joseph Hospital Orange held six 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 3. These sessions were scheduled as follows:

Session	City	Date	Language
Nonprofit/Government Stakeholder Focus Group	Orange	2/13/17	English
Community Resident Focus Group	Santa Ana	3/7/17	Spanish
Community Resident Focus Group	Anaheim	3/9/17	Spanish
Community Resident Focus Group	Anaheim	3/20/17	English
Community Resident Focus Group	Westminster	3/21/17	Vietnamese
Community Resident Forum	Orange	3/30/17	English with simultaneous interpretation in Spanish and Khmer

Review of Findings

The following concerns were identified as important by participants in BOTH the community resident and nonprofit/government stakeholder focus groups:

Insurance and Cost of Care: While the Affordable Care Act has reduced the number of uninsured individuals, co-pays and prescription costs still serve as a barrier to low income individuals. People who are just over the cap for subsidies face premiums they cannot afford. Many who have newly received insurance do not fully understand how to use their insurance.

Access to Resources: There is a need for linguistically concordant providers, which is sorely lacking in some communities, especially for mental health services. 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.

Dental and Vision Care: Some areas have too few dental providers and the cost of dental care is a major concern. With limited time and money, people will go to the doctor before they go to the dentist. Vision care is often overlooked, but there is limited access to vision coverage and for those with certain insurance plans, the coverage is very limited. Vision health is affected by other disorders, such as diabetes, yet many people are unaware of these connections.

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 is limited and new construction seems to be focused on lofts and 1-bedroom units that are not family-friendly. Absentee landlords who take advantage of their tenants, particularly undocumented individuals, were also raised as an issue.

Community Education: Many residents expressed a desire for educational programming around healthy eating, healthy behaviors, stress management, counseling support, navigating the health care system, using insurance, financial management, and legal rights.

Language and Cultural Barriers: It is important for people to be able to access health care services and health education in their native languages. The Vietnamese community noted the importance of using ethnic media to provide health information and resources. Participants in Spanish-speaking focus groups talked about how they do not feel part of the community and that it is important to be understood and to understand different cultures and communities. They believe a greater connection to the community would have positive impacts on health, well-being and safety.

Public Safety: Participants shared that they did not feel safe going outside or walking in their neighborhoods. Some feared gangs and others described illicit drug use and sales creating unsafe spaces in their communities.

Mental Health: Mental health, particularly stress and depression, was a concern across all the focus groups. It was linked to many other issues such as economic challenges, housing, and immigration issues. Specific examples of mental health concerns were stress and depression related to undocumented status and among women and especially Latinas; trauma from domestic violence; and PTSD from violence in their home country before immigrating to the US. There also is continued stigma associated with mental illness and the difficulties they face navigating the mental health system and finding culturally appropriate mental health services.

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

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.

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. Many people work multiple jobs, which leads to stress and makes it difficult to find time for routine health care.

Immigration Status: Fear of arrest and deportation has grown considerably since November 2016. 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.

Homelessness: The locations and behaviors of homeless individuals and the impact on public safety were concerns for residents. There also was a sentiment, from a few individuals, that perhaps other cities in Orange County are sending their homeless to Anaheim and Santa Ana.

Obesity: Discussions around obesity centered on its root causes, such as difficulty in eating healthily and finding time and safe places to exercise. People often choose less healthy food because it is cheaper and quicker to prepare.

Parks: Some local parks are not safe places for children to play or for adults to exercise because of drug use and sales, gangs, and homeless people in the parks.

One concern was identified by the nonprofit/government stakeholder focus group but was not discussed at the community resident focus groups.

Diabetes: Although mentioned at all the resident focus groups, only the stakeholder focus group had a discussion about diabetes and its root causes and effects on health. Their discussion included the need for education on healthy eating and exercise to prevent diabetes, cultural beliefs that impede treatment, and the high costs of prescription medications.

The following concerns received the most support at the Community Forum:
Mental Health
Language and Cultural Barriers
Housing Concerns
Immigration Status

Insurance and Cost of Care
Need for Community Education
Access to Legal Services
Homelessness
Access to Resources

See Appendix 3: Community Input

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 St. Joseph Hospital 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 Care for the Uninsured and Underinsured	*Low income adults*	*PSA- Anaheim, Buena Park, Orange, Santa Ana and Stanton*	*Lestonnac Free Clinic* *Corbin Community Center* *FACT-Families and Communities Together* *CHIOC* *NHAN HOA Clinic* *La Amistad Clinic* *Puente a La Salud*
Mental Health	*Low income persons, Latina women, Adults and children*	*PSA- Anaheim and Santa Ana*	*OCHCA Mental Health;* *Providence St. Joseph,* *OCHCA- PACT* *OCAPICA- Project Focus* *Norooz Clinic Foundation*
Diabetes	*Low income adults*	*PSA- Anaheim, Garden*	*Latino Health Access*

		Grove, Santa Ana, Westminster	*La Amistad Clinic* *American Diabetes Association* *OC Health Improvement Partnership*
Housing Concerns	*Low income families, Undocumented immigrants*	*PSA- Anaheim and Santa Ana*	*Kennedy Commission* *Mercy House Shelter*
Obesity	*Low income families*	*PSA- Anaheim and Santa Ana*	*Community Action Partnership of OC,* *OC NuPAC*
Education	*Broader Community*	*PSA*	*Children and Families Commission of OC*
Food and Nutrition	*Low income families*	*PSA- Anaheim and Santa Ana*	*Orange County Rescue Mission* *Mary's Kitchen* *Community Action Partnership of OC*
Language and Cultural Barriers	*Immigrants and their families*	*PSA*	*OCHCA Multicultural Development Program*
Economic Insecurity	*Low income families*	*PSA*	*Santa Ana W-O-R-K Center* *The Cambodian Family*
Immigration Status	*Undocumented immigrants and their families*	*PSA and SSA*	*Legal Aid Society of OC* *Public Law Center*
Access to Resources	*Broader Community*	*PSA and SSA*	*Horizon Cross Cultural Center*
Public Safety	*Low income families*	*PSA*	*Project Get Safe* *OCHCA P&I* *Project PATH* *OCTA*
Parks	*Broader Community*	*PSA and SSA*	*City Parks and Recreation Dept.*

Existing Health care Facilities in the Community

See Appendix 4: Existing Health care Facilities in the Community

SIGNIFICANT HEALTH NEEDS

The graphic below depicts both how the compiled quantitative community level data and community input (focus group and community forum data) were analyzed to generate the list of significant health needs, as well as the prioritization process that allowed the selection of three significant health needs around which St. Joseph Hospital Orange will build its FY18-FY20 Community Benefit/Implementation Report 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 Report
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 three significant health needs for St. Joseph Hospital Orange.

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.
- 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 Forum: The Community Forum was designed to measure the importance of an issue to attendees. The 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.

In developing the list of significant health needs, the quantitative data was given equal weight to the community input. After reviewing and rating all the available information, the list of potential health needs was ranked from greatest to lowest need for the ministry and the top 13 were recommended by The Olin Group for further consideration.

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 Lead examined the list, using her ministry-specific knowledge to determine if the significant health needs should be consolidated or added. Once the review was completed, the list was finalized for prioritization.

PRIORITY HEALTH NEEDS

Prioritization Process and Criteria

To rank order the list of significant health needs and ultimately select the three health needs to be addressed by St. Joseph Hospital Orange, a four-step process was followed that incorporated the experience, expertise, and perspective of both internal and external stakeholders of the ministry. 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 Lead, 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 St. Joseph Hospital Orange convened a working group of internal and external 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.

The 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.

Information about Ethical and Religious Directives is available http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf

Step 4: The final step of prioritization and selection was conducted by the St. Joseph Hospital Orange 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 ministry, the potential for progress on the issue, and the potential role of the ministry in addressing the need. After extensive discussion, the Committee selected three priorities for inclusion in the plan.

Rank-ordered significant health needs

The matrix below shows the 13 health needs identified through the selection process, and their final prioritized scores. The check marks indicate each source of input and whether this issue was identified as a need by that input process.

Significant Health Need	Health Category	Total Rank Score	Community Data	Resident Focus Groups (FG)	N.P./ Govt. Stakeholder FG	Community Forum
Access to Care for the Uninsured and Underinsured	Clinical Care	47.6	✓	✓	✓	✓
Mental Health	Health Outcome	47.6	✓	✓	✓	✓
Diabetes	Health Outcome	43.2	✓		✓	
Housing Concerns	Physical Environment	41.7	✓	✓	✓	
Obesity	Health Behavior	41.5	✓	✓		
Education	Socioeconomic	40.9	✓	✓	✓	✓
Food and Nutrition	Health Behavior	40.3	✓	✓	✓	
Language and Cultural Barriers	Socioeconomic	40.1	✓	✓	✓	✓
Economic Insecurity	Socioeconomic	39.2	✓	✓		
Immigration Status	Socioeconomic	37.7	✓	✓		✓
Access to Resources	Clinical Care	36.9		✓	✓	
Public Safety	Physical Environment	32.9	✓	✓	✓	
Parks	Physical Environment	28.9	✓	✓		✓

Definitions:

Access to Care for the Uninsured and Underinsured: Includes access to health care for those without insurance and those who have insurance, but for whom costs of co-pays, prescriptions, and other needs are excessively burdensome. It also encompasses issues around the complexities of the system and its navigation.

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 Adverse Childhood Experiences.

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

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

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 as separate issues.

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

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

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

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.

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

Access to Resources: Includes most barriers to accessing health care services and other necessary resources, such as transportation, a shortage of providers, particularly specialists such as pediatricians, dentists, and orthopedists, language barriers, and resources being unavailable outside of working hours.

Public Safety: Encompasses the incidence of crime and violence as well as the fear of it, which prevents people from using open space or enjoying their community.

Parks: Issues around a shortage of parks, or existing parks being poorly maintained, inaccessible, or unsafe.

PRIORITY HEALTH NEEDS

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

- Access to Care for the Uninsured and Underinsured
- Mental Health
- Diabetes / Obesity / Food and Nutrition

Access to Care for the Uninsured and Underinsured is a concern that emerged in both the data and through community input. Although the data used for the CHNA do not reflect the most recent enrollments due to the Affordable Care Act, they show that rates of uninsured children and adults were slightly higher in the TSA than for Orange County. Rates in parts of Santa Ana and Anaheim were especially high. Community input focused on the challenges people face with using insurance, talking about the cost of premiums and co-pays, the difficulty navigating an unfamiliar health care system, and the need for linguistically and culturally sensitive care. Access to Care tied with Mental Health as the top priority after the first 3 steps of the prioritization process.

Mental Health received the most votes by far at the community forum and was tied with Access to Care as the top priority after the first 3 steps of the prioritization process. Mental health, and specifically stress and depression, was linked to many other issues such as economic challenges, housing, and immigration. Community members also noted the continued stigma associated with mental illness and the difficulties they face navigating the mental health system and finding culturally appropriate mental health services. Emergency Room usage rates for mental health reasons are extremely high in lower-income areas of Santa Ana and Anaheim.

Diabetes / Obesity / Food and Nutrition were originally considered as separate issues but combined by the Community Benefit Committee. The Committee agreed that these three significant health needs had enough correlation and a "cause and effect" implication among them that by addressing one or two, we could essentially address all three. While the overall rate of diabetes in the TSA is similar to Orange County's rate (7.8% in the TSA compared to 7.4% in the County), the rate in the PSA is higher (8.7%). Certain communities have much higher rates of diabetes, ranging from 10.2% to 11.9% in Westminster and Garden Grove. Rates in Santa Ana and Anaheim hover between 9 and 10 percent.

The data on overweight and obesity shows the TSA has slightly higher rates than Orange County (24.2% of teenagers in the TSA are overweight or obese compared to 20.9% across the county), but those rates are below the California rate of 33.1%. The highest rates of overweight and obesity in teenagers in the PSA were found in Santa Ana and Anaheim, where the highest rate was 29.0%. Data on obesity in adults showed a similar pattern, with more than 25% of the

adult population considered obese in some zip codes of Santa Ana and Anaheim, compared to 20.3% in the TSA and 18.4% in Orange County.

Concerns about Food and Nutrition, a root cause of diabetes and obesity, were raised both in the data and through community input. The data shows high rates of food insecurity, especially in the PSA (11.3% compared to 6.8% in Orange County) and the PSA communities of Santa Ana and Anaheim (as high as 22.6% in one zip code area of Santa Ana). Concerns about the cost, availability, and ease of preparing healthy food compared to abundant, cheap, and quick unhealthy options were raised at all of the focus groups and the community forum.

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**[6] that provides free or discounted services to eligible patients.

One way, St. Joseph 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, St. Joseph Hospital ministry, provided **$4,096,529** free (charity care) and discounted care and 12,588 encounters.

For information on our Financial Assistance Program click below.

http://www.sjo.org/For-Patients/Billing-Insurance-and-Payment/Patient-Financial-Assistance.aspx

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

St. Joseph 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, St. Joseph Hospital ministry, provided $66,839,941 in Medicaid (Medi-Cal) shortfall.

[6] *Information about* St. Joseph Hospital's *Financial Assistance Program is available* *http://www.sjo.org/For-Patients/Billing-Insurance-and-Payment/Patient-Financial-Assistance.aspx*

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

Initiative (community need being addressed): According to the Inner City Hardship Index, 364 of approximately 400 highest needs block groups are in the St. Joseph Hospital primary service area.

Goal (anticipated impact): Increase Access to Care for number of persons at 200% of Federal Poverty Level in central OC who lack appropriate health services.

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of new patients who select SJO Community Clinics as their medical home.	1,900 new (additional) patients in FY14	2,280 new patients A 20% increase from baseline	2,337 new patients A 23% increase from baseline

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Increase # of patients served by 20%	Number of unique patients served at SJO Community Clinics	6,186 patients in FY14	7,423 patients A 20% increase from baseline	6,543 patients; A 6% increase in patients served
Increase availability of Specialty Care providers	Number of specialists who accept patient referrals	Specialists accepting patients in FY14: 2-5	9-11 specialty groups	19 specialty groups
Implement performance improvement plan throughout clinic departments.	Percentage of process improvement initiatives/events implemented	5 Process Improvement events executed	Process Improvement event outcomes result in effective, efficient, productive and sustained systemic changes	Completed FY15

Key Community Partners: Coalition of Orange County Health Centers, Family Resource Centers, CalOptima and St. Joseph Heritage Medical Group

FY16 Accomplishments: The measure to increase the number of new patients who selected SJO Community Clinics as their medical home was exceeded by 3% (57 patients). However, the strategy to increase the number of patients served was increased by 6%, but fell short from the target by 14% (880 patients) due to a number of unforeseen challenges. FY15 was a year of transition. The clinic became a Federally Qualified Health Center (FQHC) under an affiliation with St. Jude Neighborhood Health Center. Many of our medical patients who had MSI transitioned over to CalOptima and were auto assigned to different medical homes as a result the clinic lost approximately 370 patients in FY16 (FY15 6,913 pts served).The strategy to increase the availability of Specialty Care providers was successfully met. In FY16 SJO Community Clinics acquired 19 specialty groups with access to 125 specialty care providers. This was accomplished through a collaborative partnership with St. Joseph Heritage Medical Group as well as private physicians willing to see our patients at a discounted rate or for free.

Initiative (community need being addressed): Orange County Health Profile 2013 shows the following percentage of people reporting chronic disease diagnosis: 7.4% of adults with diabetes, 25.4% of adults with hypertension, 23.8% of adults are obese; 17% of deaths in the county were caused by heart disease, 6% of deaths in the county were caused by stroke.

Goal (anticipated impact): Improve Chronic Disease Management to optimize health outcomes for patients at La Amistad Family Health Center.

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of chronic disease patients with improved clinical values	536 uncontrolled diabetics (47%) 604 controlled diabetics (53%) Established in FY14	44% uncontrolled diabetics 56% controlled diabetics	536 uncontrolled diabetics (47%) 396 controlled diabetics (44%)

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Decrease A1C by one percentage point	Number of diagnosed diabetic patients that decrease their A1C by one percentage point from baseline	536 patients with uncontrolled diabetes in FY14	500patients with uncontrolled diabetes	497 patients with uncontrolled diabetes
Increase number of patients who receive diabetic eye exam by 10%	Number of patients who receive diabetic eye exam	657 of 961 (68%) of patients received diabetic eye exam	753 of 961 (78%) of patients receive diabetic eye exam	679 of 907 (75%) patients received diabetic eye exam
Implement best practice standards of care for community clinic chronic disease management	System/platform in place in enhanced EHR to track and monitor implementation of best practice standards	Started the building of grant funded enhanced EHR	System/platform developed and implemented	EHR system was completed and received Meaningful Use Certification. EHR contains best practice clinical standards of care for chronic disease management.

Key Community Partners: Local American Diabetes Association (ADA) Chapter, Sister Ministry Clinics (St. Jude Family Health Center, Camino, SOS)

FY16 Accomplishments: Although the target was not met, data provided by new EHR system indicates there are fewer diabetic patients being treated. In addition to the loss of patients due to the CalOptima transition in FY15, an enhanced EHR system was implemented. Consequently, data tracking criteria differed from that of the previous system in Axeium. Touchworks, the new EHR system provides more sophisticated and accurate data. The variance is reflected in the result of the measure to improve clinical values of patients with chronic disease. At baseline there were 1,140 diabetic patients and in FY16 the number of diabetic patients was calculated at 893. We don't believe that we lost 247 patients in one year as our patient schedules continue to be full. However, we believe that we weren't able to completely filter out all unique patients

with the previous EHR which could have resulted in counting some patients who received health screens twice. The strategy to decrease A1C by one percentage point in patients with uncontrolled diabetes was achieved. While the clinic diabetic population has improved in their overall management of the disease, it is important to point out that we need to establish a new baseline in order to accurately compare the data going forward. In FY15 during the transition of clinic patients from MSI to CalOptima, the Vision Mobile Clinic lost approximately 86 patients. Thus, patients obtained vision coverage through Vision Services Plan (VSP) and, we could no longer see those patients. However, in FY16 the Vision Mobile Clinic increased the number of patients seen by 46. Totaling the number of diabetic patients to 907, of those 679 (75%) received a diabetic eye exam. A 9% increase from FY15 but a 3% shortfall from the target.

Initiative (community need being addressed): FY14 CHNA qualitative and quantitative data show that mental/behavioral health is a significant health concern among communities in central Orange County.

Goal (anticipated impact): Increase the proportion of underserved population who receive Mental Health screening and resources in clinic setting.

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of persons who are screened for depression	313 (Established baseline in FY15)	Establish "at risk" for depression baseline	Baseline established in FY15. Data was utilized to secure funding for the Regional Psychiatry Collaborative

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Integrate behavioral health screening into primary care services	Number of targeted (diabetic population) behavioral health screening consistently being used at La Amistad Family	Baseline determined that 47% of diabetic patients screened were Moderate, Moderate Severe,	Establish "at risk" for depression baseline	Baseline determined; comprehensive behavioral health screening tool has been integrated to screen clinic patient

	Health Center	and Severe risk for depression		population. LCSW, bilingual and bicultural at clinic 3x week. Initial therapy is a thorough evaluation.
Coordinate referral sources with partners	Number of established creditable community resources for referrals	A list of 9 different local mental health counseling resources. The list is provided to patients upon request. It is also provided to patients who take depression assessment and score "Moderate" or above.	A list of local resources for behavioral health services	Completed in FY15; Comprehensive referrals are done in house. Number of persons served 44.
Participate in County collaborative efforts	Develop regional behavioral health initiative to address identified goals	Established; So. California Regional Ministries secured funding to provide Psychiatry Services for underserved clinic patient population.	Implement at least 1 of 3 regional goals to provide access to behavioral health services onsite	St. Jude Neighborhood Health Clinic: 32 patients seen So. County FRC's: 30 patients seen Hoag Mental Health Center: 68 patients seen

				La Amistad: 64 patients seen

Key Community Partners: Healthcare Agency of OC, Sister Ministry Clinics (St. Jude Neighborhood Health Center, Camino, SOS), Community based organizations

FY16 Accomplishments: Determined need for intervention to provide comprehensive mental health services to clinic patient population. St. Jude Medical Center, Mission Hospital, Hoag Hospital and St. Joseph Hospital have entered into a collaborative partnership to address the unmet need for behavioral health services for the most underserved population in Orange County. The regional psychiatry collaborative project is a pilot program that provides low income patients served by the ministries with medication management through a Psychiatrist as well as care coordination to ensure continuum of care through the community clinics. Assessment and counseling is provided at La Amistad, St. Jude, FRC Mission Viejo and Center for Healthy Living Costa Mesa or referred out to the new OC Health Care Agency Behavioral Health Services. The Psychiatrist and Care Coordinator travel to each site to provide medication management, evaluations in coordination with primary care sites. The Licensed Clinical Social Worker (LCSW) provides cognitive behavioral therapy to patients referred by clinic providers. Patients are also self-referred. Therapy/counseling is free and onsite 3 days a week.

FY16 Other Community Benefit Program Accomplishments

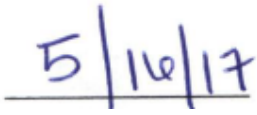
Initiative (community need being addressed):	Community Benefit Category	Program	Description	FY16 Accomplishments
Access to Dental	Cash Donations	La Amistad and Puente a la Salud Dental Services	Provide mobile and fixed comprehensive dental services for adults and children.	3,518 encounters
Access to Vision	Cash Donations	Puente a la Salud Vision Services	Provide mobile vision services for adults and children.	2,229 encounters
Access to Health Screening	Community Based Clinical Services	Taller San Jose Hope Builders Pre-employment Screening Program	Provide pre-employment drug screening and vaccines to teens and young adults.	177 encounters
	Hospital Outpatient Services	Laboratory Services	Provide various lab tests to Lestonnac Free Clinic patients.	27,652 labs provided
	Community Based Clinical Services	Heart Wellness Center	Provide cardiovascular screenings to high risk patients.	853 Encounters
Postpartum Depression	Community Based Clinical Services	Postpartum Depression Comprehensive Services	Provide screening and treatment to women referred.	2,916 encounters and 220 unduplicated patients
Food Insecurity	In-Kind Assistance	Meals On Wheels Program	Provide meals to seniors and disabled persons.	10,080 encounters and 5,040 unduplicated persons
	In-Kind Assistance	Waste Not OC Program	Provides food donations from the hospital cafeteria	5,588 meals and 6,706 pounds of

			to food bank for the homeless	food
Access to Rx	Hospital Outpatient Services	Pharmacy Meds Program	Provide needed Rx upon discharge.	142 prescriptions provided
Postpartum follow up	Community Based Clinical Services	Mother Baby Assessment Center	Provide physical and psycho-social assessment of mother and baby.	5,115 encounters and 3,306 unduplicated patients

GOVERNANCE APPROVAL

This FY17 Community Health Needs Assessment Report was approved at the May 16, 2017 meeting of the St. Joseph Hospital Community Benefit Committee a sub-Committee of the Board of Trustees.

Community Benefit Committee Chair's Signature confirming approval of St. Joseph Hospital FY17 Community Health Needs Assessment Report



Date

See Appendix 6: Ministry Community Benefit Committee

Appendix 1: Community Needs Index data

Community Need Index (CNI) Scores

St. Joseph Hospital Orange Hospital Total Service Area (HTSA)

ZIP Code[1]	Service Area[2]	CNI Score[3]	Population	City	County	State
92701	PSA	4.8	55,289	Santa Ana	Orange	California
92805	PSA	4.6	73,628	Anaheim	Orange	California
92801	PSA	4.6	63,624	Anaheim	Orange	California
92844	PSA	4.6	25,427	Garden Grove	Orange	California
92703	PSA	4.4	69,178	Santa Ana	Orange	California
92804	PSA	4.4	92,024	Anaheim	Orange	California
92802	PSA	4.4	44,235	Anaheim	Orange	California
92843	PSA	4.4	48,375	Garden Grove	Orange	California
92841	PSA	4.4	34,001	Garden Grove	Orange	California
92683	PSA	4.4	93,576	Westminster	Orange	California
92879	SSA	4.4	46,933	Corona	Riverside	California
92706	PSA	4.2	37,583	Santa Ana	Orange	California
92704	PSA	4.2	89,936	Santa Ana	Orange	California
92707	PSA	4.2	61,783	Santa Ana	Orange	California
90680	SSA	4.2	31,244	Stanton	Orange	California
92866	PSA	4.0	15,592	Orange	Orange	California
92806	PSA	4.0	41,159	Anaheim	Orange	California
92840	PSA	4.0	55,560	Garden Grove	Orange	California
92882	SSA	4.0	68,911	Corona	Riverside	California
92833	SSA	4.0	54,974	Fullerton	Orange	California
92627	SSA	4.0	64,417	Costa Mesa	Orange	California
90621	SSA	4.0	36,329	Buena Park	Orange	California
92867	PSA	3.8	46,531	Orange	Orange	California
92868	PSA	3.8	26,664	Orange	Orange	California
92780	PSA	3.8	57,610	Tustin	Orange	California
92831	SSA	3.8	35,780	Fullerton	Orange	California
90620	SSA	3.8	46,342	Buena Park	Orange	California
92705	PSA	3.6	46,788	Santa Ana	Orange	California
92870	SSA	3.6	53,671	Placentia	Orange	California
92617	SSA	3.6	15,568	Irvine	Orange	California
92865	PSA	3.4	20,773	Orange	Orange	California
92612	SSA	3.4	31,186	Irvine	Orange	California
92697	SSA	3.4	37	Irvine	Orange	California
92604	SSA	3.2	27,846	Irvine	Orange	California
92708	SSA	3.2	57,495	Fountain Valley	Orange	California
92626	SSA	3.2	51,449	Costa Mesa	Orange	California
92869	PSA	3.0	38,676	Orange	Orange	California
92606	SSA	3.0	22,931	Irvine	Orange	California
92614	SSA	3.0	25,633	Irvine	Orange	California
92880	SSA	3.0	69,686	Corona	Riverside	California
92620	SSA	2.8	43,458	Irvine	Orange	California

92618	SSA	2.8	21,358	Irvine	Orange	California
92603	SSA	2.8	23,491	Irvine	Orange	California
90630	SSA	2.8	49,487	Cypress	Orange	California
92782	PSA	2.6	27,420	Tustin	Orange	California
92807	PSA	2.6	37,399	Anaheim	Orange	California
92602	SSA	2.6	28,172	Irvine	Orange	California
92881	SSA	2.6	32,525	Corona	Riverside	California
92630	SSA	2.6	62,267	Lake Forest	Orange	California
92610	SSA	2.6	10,921	Foothill Ranch	Orange	California
92883	SSA	2.4	32,171	Corona	Riverside	California
92808	PSA	2.2	21,567	Anaheim	Orange	California
92845	PSA	2.0	16,838	Garden Grove	Orange	California
92676	SSA	2.0	2,036	Silverado	Orange	California
92886	SSA	1.8	49,702	Yorba Linda	Orange	California
92861	PSA	1.6	5,958	Villa Park	Orange	California
92887	SSA	1.6	21,003	Yorba Linda	Orange	California
92856	PSA	PO Box	N/A	Orange	Orange	California
92863	PSA	PO Box	N/A	Orange	Orange	California
92857	PSA	PO Box	N/A	Orange	Orange	California
92859	PSA	PO Box	N/A	Orange	Orange	California
92711	PSA	PO Box	N/A	Santa Ana	Orange	California
92702	PSA	PO Box	N/A	Santa Ana	Orange	California
92735	PSA	PO Box	N/A	Santa Ana	Orange	California
92781	PSA	PO Box	N/A	Tustin	Orange	California
92803	PSA	PO Box	N/A	Anaheim	Orange	California
92814	PSA	PO Box	N/A	Anaheim	Orange	California
92816	PSA	PO Box	N/A	Anaheim	Orange	California
92817	PSA	PO Box	N/A	Anaheim	Orange	California
92815	PSA	PO Box	N/A	Anaheim	Orange	California
92825	PSA	PO Box	N/A	Anaheim	Orange	California
92842	PSA	PO Box	N/A	Garden Grove	Orange	California
92846	PSA	PO Box	N/A	Garden Grove	Orange	California
92685	PSA	PO Box	N/A	Westminster	Orange	California
92684	PSA	PO Box	N/A	Westminster	Orange	California
92885	SSA	PO Box	N/A	Yorba Linda	Orange	California
92871	SSA	PO Box	N/A	Placentia	Orange	California
92616	SSA	PO Box	N/A	Irvine	Orange	California
92619	SSA	PO Box	N/A	Irvine	Orange	California
92623	SSA	PO Box	N/A	Irvine	Orange	California
92878	SSA	PO Box	N/A	Corona	Riverside	California
92877	SSA	PO Box	N/A	Corona	Riverside	California
92838	SSA	PO Box	N/A	Fullerton	Orange	California
92834	SSA	PO Box	N/A	Fullerton	Orange	California
92728	SSA	PO Box	N/A	Fountain Valley	Orange	California
92628	SSA	PO Box	N/A	Costa Mesa	Orange	California
90622	SSA	PO Box	N/A	Buena Park	Orange	California
92809	PSA	PO Box	N/A	Anaheim	Orange	California
92799	PSA	PO Box	N/A	Santa Ana	Orange	California
92862	PSA	Data Not Available	N/A	Orange	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

For information about CHNA FY17 Secondary Data click below

Appendix 2a:
https://www.sjo.org/for-community

Appendix 2b:
https://www.sjo.org/for-community

Appendix 3: Community Input

Public Health Representative
St. Joseph Hospital invited representatives from public health to attend the Stakeholder Focus Group. Unfortunately due to a County holiday on the day of the focus group, they were unable to attend.

Public Health officials reviewed the final draft of the 2017 CHNA Report. Their feedback stated that many of the priorities identified were consistent with those in the 2017 OC Health Improvement Plan.

Name	Title	Organization
Jane Chai, MPH	Public Health Projects Manager	Orange County Health Care Agency
Donna Fleming	Chief, Public Health Operations	Orange County Health Care Agency

Appendix 3a: 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. Not all attendees completed a survey or answered every question.

St. Joseph Hospital of Orange	Resident Focus Groups	Community Forum Participants	ALL Community Members	Resident Focus Groups	Community Forum Participants	ALL Community Members
Number of Respondents	45	27	72	45	27	72
Gender						
Female	33	20	53	80%	77%	79%
Male	8	6	14	20%	23%	21%
Race/Ethnicity*						
Hispanic/Latino	25	12	37	57%	46%	53%
Vietnamese	15	2	17	34%	8%	24%
Non-Latino White	4	3	7	9%	12%	10%
Cambodian	0	4	4	0%	15%	6%
Japanese	0	1	1	0%	4%	1%
Filipino	0	1	1	0%	4%	1%
Chinese	0	1	1	0%	4%	1%
Native Hawaiian or Pacific Islander	0	1	1	0%	4%	1%
Asian or Pacific Islander-unspecified	0	1	1	0%	4%	1%
Native American	0	1	1	0%	4%	1%
Chronic Conditions						
Person with chronic conditions or a leader or representative of individuals with chronic conditions	13	16	29	35%	62%	46%
Age						
0-17 years	0	1	1	0%	4%	1%
18-44 years	18	12	30	45%	44%	45%
45-64 years	12	10	22	30%	37%	33%
65-74 years	9	3	12	23%	11%	18%
75 years or older	1	1	2	3%	4%	3%
Total Household Income before Taxes						
Less than $20,000	14	4	18	45%	18%	34%
$20,000 to $34,999	9	5	14	29%	23%	26%
$35,000 to $49,999	5	4	9	16%	18%	17%
$50,000 to $74,999	2	1	3	6%	5%	6%
$75,000 to $99,999	0	2	12	0%	9%	4%
$100,000 or more	1	6	7	3%	27%	13%
Decline to answer	8	3	11	Decline to Answer responses were not included in the calculation of percentages		
Number of People in Household						
Average	3.9	3.5	3.7	NA	NA	NA
Median	4	3	4	NA	NA	NA
Range	1-8	1-7	1-8	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 3b. List of Stakeholder Focus Group Participants and Organizations

The Non-profit/Government Stakeholder Focus Group was held on **February 13, 2017 in Orange**. 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	The organization serves people who:			
			Have Chronic Conditions	Are from Minority Communities	Are Medically Underserved	Have Low Incomes
Nahla Kayali	Executive Director	Access California Services		X	X	X
Laureen Hom	Researcher	Asian Americans Advancing Justice / UC Irvine		X	X	X
Georgina Maldonado	Executive Director	CHIOC		X	X	X
Lisa Jenkins	Chief Executive Officer	Council on Aging		X	X	X
Ed Gerber	Executive Director	Lestonnac Free Clinic	X	X	X	X
Karla Estudillo	CBI Lead	OC Human Relations		X	X	X
Ka'ala Pang	COO	Pacific Islander Health Partnership		X	X	X
Vattana Peong	Executive Director	The Cambodian Family	X	X	X	X

Appendix 3c. Focus Group and Community Forum Report

Community Focus Groups

St. Joseph Hospital Orange held 4 Community Resident Focus Groups in 3 cities: Anaheim (2), Santa Ana, and Westminster. To ensure that language barriers would not prevent anyone from participating, two focus groups were conducted in Spanish (Anaheim and Santa Ana) and one was conducted in Vietnamese (Westminster). In total, 45 individuals participated in Community Resident Focus Groups.

Location	Date and Time	Language	Attendees
Santa Ana	3/7/17, 6:00 PM	Spanish	14
Anaheim	3/9/17, 7:00 PM	Spanish	4
Anaheim	3/20/17, 9:00 AM	English	12
Westminster	3/21/17, 3:00 PM	Vietnamese	15

The Community Resident Focus Group attendees were 80% female and 20% male. 57% of attendees identified as Hispanic/Latino and 34% identified as Vietnamese. Of those who responded, 74% said they earned less than $35,000 annually. More detailed demographic information is listed in Appendix 3a.

Resident participants were engaged and appreciated the opportunity to share their thoughts, as well as learn from others in the room. Attendees seemed to understand the purpose of the sessions, with most open to sharing their experiences and networking with one another to learn about available programs and services.

Identified Health Challenges

All of the focus groups talked about **Insurance and Cost of Care.** 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. As a result, some opt to go to free clinics. Others talked about being just over the cap for subsidies and facing premiums that they could not afford. Also, many who have newly received insurance may not understand how to use it or access health services. All groups expressed concern with the changing health care landscape and fears of loss of coverage, making it continually challenging to access health care services.

Access to Resources was discussed in three of the four focus groups (Westminster, Anaheim – English, and Santa Ana). Participants described it as important for accessing health care and allowing health care to be affordable. However, participants said timely access could be challenging, and many experienced long wait times in scheduling appointments.

In discussing **Housing**, participants at three focus groups (Anaheim and Santa Ana) spoke about the high cost of living in Orange County and how finding affordable and quality housing was challenging and often led to overcrowded and poor housing conditions. Participants also shared that the rent burden reduced their ability to make healthy food choices and impacted their ability to pay for insurance co-pays, premiums and share of costs. Because it is a basic need, they prioritize paying for housing above these other expenses. Some participants also shared that the only affordable housing is often in unsafe

neighborhoods. Participants also had observed that most of the new housing developments are lofts and one-bedroom units with no outside play areas for children. One participant called them "singles developments." There was shared sentiment that new developments – both in cost and size – are intended to push out families in cities like Anaheim and Santa Ana.

Another issue that surfaced in all of the focus groups was **Economic Insecurity.** Attendees spoke about poverty and low-wage jobs, especially in light 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. A few participants also discussed the increase in minimum wage, stating that the increase is actually not a good thing, because the wage increase leads to an increase in all other costs. Economic Insecurity also is a major complicating factor in Housing Concerns and Food and Nutrition.

In regards to **Homelessness**, participants shared their concern about the presence and behaviors of homeless individuals and the impact on public safety. There was sentiment, from a few individuals, that perhaps other cities in Orange County were sending their homeless to Anaheim and Santa Ana.

Community Safety was discussed in three of the four groups (Anaheim and Santa Ana), with participants sharing that they did not feel safe going outside or walking in their neighborhoods. Some feared gangs and others described illicit drug use and sales creating unsafe spaces in their communities.

The challenges around **Immigration Status** that are faced by the undocumented community were discussed extensively. Stress and fear of arrest and deportation has grown considerably since November 2016. 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 take advantage of the undocumented, knowing they would be afraid to complain about exploitation. The discussion about immigration status and the fear of the current political climate was present in three of the four focus groups (Anaheim and Santa Ana).

A related issue was **Language and Cultural Barriers.** Participants felt that it was important to be able to access health care services in their native languages, including health education and information. The Vietnamese community also noted the importance of using ethnic media to provide health information and resources. Participants in another focus group (Anaheim, Spanish language) did not speak specifically about language, but they did discuss how they did not feel part of the community and that it is important to be understood and to understand different cultures and communities. They noted how this impacts health, well-being and safety.

Mental Health was brought up in all four of the focus groups, primarily in terms of stress or depression. Most participants shared that being able to manage stress would help contribute to good health. They discussed the pressures and stressors of daily life, and that having to provide financially for their family contributed to a lack of well-being. Daily stressors also limited time with family. In the Vietnamese focus group, a participant shared how it was so helpful for them to have someone to talk to, to just share their concerns and simply express themselves – not merely counseling support – but peer support.

Participants in this focus group spent a great deal of time speaking about the stresses of daily life and how this impacts health and well-being.

Food and Nutrition was 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.

Obesity was a primary discussion topic in one focus group. This group talked about the effects of food choices and availability, and a lack of exercise, because people do not have time and safe places to exercise. Participants felt that obesity was a growing problem, as a result of poor nutrition, and also was worsening among youth. Other groups also mentioned obesity, but not as a focal discussion point. They recognized it as an issue, but identified available community resources and a need to lead healthy lifestyles – pointing out good nutrition, exercise and healthy habits.

Some local **Parks** are not safe places for children to play or for adults to exercise. Community residents noted that drug use and sales, gangs, and homeless people make the parks unusable.

Diabetes was mentioned as a condition experienced by community members, with a need for education and access to medication (cost) for disease management.

The need for more **Community Education Programs** was discussed in a few focus groups (Santa Ana and Westminster). There was interest in programming around healthy eating, healthy behaviors, stress management, counseling support, and accessing the health care system and using insurance. In some cases, participants had health coverage, but did not understand how to navigate the health system. Others felt that they were not provided a lot of support and information about financial assistance opportunities for health care costs – one participant shared how she was in debt for an emergency surgery, and has not been able to access any information or support to address the financial burden. In addition to health education and information, residents were also interested in understanding immigrant, legal, and tenant rights.

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 had only a few positive things to say about their community before the conversation turned into further discussion of identified health issues.

At several focus groups, participants mentioned the importance of being connected to their neighbors and building a sense of community. This was easier for those who had lived a long time in a house and more difficult for those who live in apartments. One participant appreciated the diverse cultures in the community.

A couple of participants commented on how the environment and weather make it desirable to get outdoors for exercise, while noting that some outdoor places are not safe.

Several participants appreciated the community resources available to them, particularly sports and other programs for children and youth and the Anaheim library. One person commented on how good it is that community organizations work together with public agencies to better serve the people of the community.

Stakeholder Focus Group

The Stakeholder Focus Group was held in Orange at St. Joseph Hospital. There were 8 participants representing various community organizations (a complete list of participants is available in Appendix 3b). About half of the participants knew one another prior to participation in the focus group. There was valuable networking that took place among participants.

Identified Health Challenges

The stakeholders were savvy about the various **health conditions** in the community. They were not just concerned with the individual health issues, but also the compounding effect of one or more of these diseases for individuals. This included understanding how to manage the disease (e.g. chronic diseases and medication management). Participants also spoke about different risk factors for different racial/ethnic groups and the importance of disaggregating data to better understand the risk factors and needs of diverse populations.

In particular to **Diabetes**, participants spoke about the importance of nutrition education and not just focusing on a European diet, but helping others to discuss their dietary practices – such as tortillas and noodles and rice, in having a balanced diet. A few participants also spoke about the need to address cultural beliefs in diabetes management – one participant shared their experience with the Hispanic community where some individuals will not use insulin to help manage their diabetes because they fear losing a limb. Others shared that medication costs are expensive, so people opt not to use insulin for diabetes.

Mental Health was identified as an important and pressing issue in the community. Participants discussed how there is still much stigma around mental health – not just in racially/ethnically diverse communities, but also in the aging community. Often people do not want to acknowledge that there is an issue. Cognitive decline is occurring among the aging population with a lack of adequate resources to address the issue. Another participant shared that there are individuals from the Cambodian community that are living with post-traumatic stress disorder from torture experienced in Cambodia and are internalizing their stress rather than discussing their experiences. Another participant shared how in the Mexican community, people still do not talk about mental health, rather they go to church and believe things will be fine. There was also discussion about the need for more culturally and linguistically diverse and appropriate providers, particularly for mental health. The lack of providers who can speak the language and understand the culture of the diverse communities in Orange County impacts health and well-being. Lastly, the lack of adequate mental health data was discussed.

Generally speaking, participants shared that **health coverage**, including **oral care** and **vision care coverage, is important.** Participants expressed that coverage for oral health and vision health are severely lacking, especially in connection to diabetes care. Participants spoke of long wait times for

appointments and in some cases, people going to a specialist directly because it is quicker. Participants said the ACA has helped increase coverage, however it still takes a lot of time for people to learn to navigate the health system.

There were concerns with the health needs of the **aging population**, especially cognitive deficits. There needs to be adequate community resources to help with legal matters, transportation, food access, and isolation among the elderly. The participants also spoke about caregiver burden and elder abuse (such as financial scams).

Affordable housing and the high cost of living in Orange County was discussed. Participants felt that the amount of affordable housing was inadequate, both for families and the elderly. In particular, participants shared how the elderly are on long wait lists for housing, leading them to live with their children where they do not have their own space. In addition, they often become caregivers to younger children in the family.

Safety was discussed as an issue that impacts health and wellness. Some communities face violence and gangs , which adds stress for families. Some felt that there were not enough afterschool programs for youth. Other participants discussed overall violence in the community impacting health. Homelessness was also brought up as a safety issue. Participants spoke of the importance of safe neighborhoods to help people be healthy. There was also the idea of promoting community gardens (creating safe spaces and physical activity – allowing for cultural vegetables and herbs). A participant said "vegetables aren't too appealing to gangs."

Among focus group participants **culturally relevant care, programs, and services** was very important. Participants discussed the diversity of Orange County as an asset, and that there is a need for the health care system to be responsive to the diverse community members. Cultural and language concordant providers are needed, as are culturally and linguistically appropriate practices and health education. Participants discussed the importance of understanding and respecting different cultural health practices and beliefs. There is especially important for mental health providers, to help reduce the stigma already associated with mental health.

Although obesity was not a major focal point of discussion, participants discussed how **healthy food** is expensive – noting that people are not necessarily making bad choices, they just cannot afford to make the healthier choices. A few individuals also spoke about the need for adequate **parks and open space** in cities such as Santa Ana.

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. Primarily, the stakeholders pointed to the organizations that serve the community and their efforts to cooperate with each other as a strength . They specifically talked about Family Resource Centers, the Orange County Community Referral Network (OCCRN), and the Answers Resource Guide for seniors.

Community Forum

One community forum was held in Orange at the Sisters of St. Joseph Mother House. There were about 30 participants, of which 77% were female and 23% were male. 46% identified as Hispanic/Latino, 15% Cambodian, 12% White, and 8% Vietnamese. Other races/ethnicities represented were Japanese, Filipino, Chinese, Pacific Islander, and Native American. 41% of participants reported an annual income of less than $35,000. The forum was conducted in English with interpretation services available for participants in Spanish and Khmer.

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. Both the PowerPoint and the health needs were in English and Spanish. 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 discussion at the forum raised many of the same issues as had been described at the focus groups. New issues included the need for culturally-appropriate assistance with navigating the mental health system and the social isolation experienced by immigrants. There was discussion about the hidden homeless, who "live" in motels and garages. Access to legal services was mentioned as a need for undocumented immigrants, the homeless, and renters. A desire for education about career paths and college enrollment was expressed. One person described long enrollment periods for health insurance. Other topics included the desire for more youth development programs, green space, community gardens, and safe places for children to play outdoors (including keeping school grounds open after hours).

Below are the top vote-getters from the forum. The labels provided are the English language headings that were listed on flip chart paper. Spanish language translations were provided next to the English language labels, enabling Spanish speakers to vote easily. The Khmer translator provided oral translation to the Cambodian participants.

Health Need	# of Votes
Mental Health	32
Language and Cultural Barriers	23
Housing Concerns	18
Immigration Status	13
Parks	8
Insurance and Cost of Care	5
Need for Community Education	5
Access to Legal Services	4
Homelessness	4
Access to Resources	3

Appendix 3d: 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 St. Joseph Hospital Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as St. Joseph 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 St. Joseph 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 St. Joseph 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 St. Joseph. 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 St. Joseph Hospital Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as St. Joseph 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 St. Joseph Hospital Community Health Needs Assessment. This is an every three years process in which hospitals such as St. Joseph 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 St. Joseph 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
     - ☐ County/Government Agency
     - ☐ Foundation/Funder
     - ☐ Health Care/Hospital/Clinic
     - ☐ University
     - ☐ Other (please provide): _____

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

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

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

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
   - ☐ 18 - 44 years
   - ☐ 45 – 64 years
   - ☐ 65 - 74 years
   - ☐ 75 years or older

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

8. **How many people live in your household, including you?**
   Please enter a number **_____**

Appendix 4: Existing Health care Facilities in the Community

Name	Address	Description of Services Provided
AltaMed Medical & Dental Group	*1814 W. Lincoln Ave., Suite A & B*	*Primary Medical and Dental Services*
AltaMed Medical Group	*1820 W. Lincoln Ave.*	*Primary Medical Care Services*
Central City Community Health Center	*2237 W. Ball Road*	*Primary Medical Care Services*
UCI Family Health Center	*300 West Carl Karcher Way*	*Primary Medical and Dental Services*
Benevolence Health Centers *Anaheim – Benevolence Health Center*	*303 North East Street*	*Primary Medical and Dental Services*
KCS Health Center	*7212 Orangethorpe Ave., Suite 9A*	*Primary Medical Care Services*
Lestonnac Free Clinic	*8352 Commonwealth Ave.*	*Primary Medical Care Services*
St. Jude Neighborhood Health Centers	*7758 Knott Ave.*	*Primary Medical and Dental Services*
Hope Clinic	*2045 Myer Place, Building C*	*Primary Medical Services*
SOS Community Health Center	*1550 Superior Ave*	*Primary Medical and Dental Services*
Sierra Health Center	*501 S. Brookhurst*	*Primary Medical Care Services*
AltaMed Medical Group	*12751 Harbor Blvd.*	*Primary Medical and Dental Services*

Central City Community Health Center	*12511 Brookhurst St., 2nd Floor*	*Primary Medical Care Services*
CHOC Clinic	*10602 Chapman Ave.*	*Primary Medical Care Services -pediatric-*
Healthy Smiles for Kids of Orange County	*10602 Chapman Avenue, Suite 200*	*Dental Care Services -pediatric-*
Lestonnac Free Clinic	*12741 Main Street*	*Primary Medical Care Services*
Nhan Hoa Comprehensive Health Center	*7761 Garden Grove Blvd*	*Primary Medical and Dental Services*
SOS & Peace Center Health Clinic	*1 Purpose Drive*	*Primary Medical Care Services*
AltaMed Medical Group	*4010 E. Chapman Ave., Ste C*	*Primary Medical and Dental Services*
CHOC Clinic	*1201 W. La Veta Ave.*	*Primary Medical Care Services -pediatric-*
Lestonnac Free Clinic	*1215 E. Chapman Ave.*	*Primary Medical and Dental Services*
Lestonnac Free Clinic	*1215 E. Chapman Ave.*	*Primary Medical and Dental Services*
Lestonnac Free Clinic	*491 Hewes Street*	*Primary Medical and Dental Services*
The Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders	*1010 W. La Veta Ave., Suite 670*	*Primary Medical and Dental Services*
Benevolence Health Centers Orange – Benevolence Health Center	*805 West La Veta Avenue*	*Primary Medical and Dental Services*
AltaMed Medical Group	*1400 North Main St.*	*Primary Medical and Dental Services*

AltaMed Medical Group	*2720 S. Bristol St, Suite 110*	*Primary Medical Care Services*
CHOC at the Boys and Girls Club of Santa Ana	*1000 West Highland St.*	*Primary Medical Care Services -pediatric-*
Clinica CHOC Para Ninos	*406 South Main St.*	*Primary Medical Care Services -pediatric-*
Hurtt Family Health Clinic	*1100 N Tustin Ave.*	*Primary Medical and Dental Services*
Serve The People Community Health Center	*1206 E. 17th Street #101*	*Primary Medical and Dental Services*
SOS-EL SOL Wellness Center	*1014 N. Broadway*	*Primary Medical and Dental Services -pediatric-*
The Gary Center Substance Abuse Counseling System	*1525 E. 17th Street, Suite B*	*Behavioral Health Services*
UCI Family Health Center	*800 N. Main St.*	*Primary Medical and Dental Services*
Central City Community Health Center	*12116 Beach Blvd.*	*Primary Medical Care Services*
Livingstone Free Clinic	*12362 Beach Blvd., Suite 10*	*Primary Medical and Dental Services*
Families Together of Orange County	*661 W. First Street, Suite G*	*Primary Medical and Dental Services*
Friends of Family Health Center	*13152 Newport Ave., Suite B*	*Primary Medical and Dental Services*
Hurtt Family Health Clinic	*One Hope Drive*	*Primary Medical and Dental Services*
VNCOC Asian Health Care	*9862 Chapman Ave., Suite B*	*Primary Medical and Dental Services*

Planned Parenthood O&SB - Orange	*700 S. Tustin St.*	*Reproductive Health Care*
Planned Parenthood O&SB - Costa Mesa	*601 W 19th St.*	*Reproductive Health Care*
Planned Parenthood O&SB - Santa Ana	*1421 E. 17th St.*	*Reproductive Health Care*
Planned Parenthood O&SB - Anaheim	*303 W. Lincoln Ave., #105*	*Reproductive Health Care*
Planned Parenthood O&SB - Westminster	*14372 Beach Blvd.*	*Reproductive Health Care*
Planned Parenthood O&SB - Mission Viejo	*26137 La Paz Rd., #200*	*Reproductive Health Care*
NOCRHF	*901 W. Orangethorpe*	*Preventive Care*
AHMC ANAHEIM REGIONAL MEDICAL CENTER	*1111 W. La Palma Ave.*	*Primary and specialty medical care services*
ANAHEIM GENERAL HOSPITAL	*3350 W. Ball Rd.*	*Primary and specialty medical care services*
ANAHEIM GENERAL HOSPITAL - BUENA PARK CAMPUS	*5742 Beach Blvd.*	*Primary and specialty medical care services*
CHAPMAN MEDICAL CENTER	*2601 E. Chapman Ave.*	*Primary and specialty medical care services*
CHILDREN'S HOSPITAL OF ORANGE COUNTY	*455 S. Main St.*	*Primary and specialty medical care services for children*
COASTAL COMMUNITIES HOSPITAL	*2701 S. Bristol St.*	*Primary and specialty medical care services*
COLLEGE HOSPITAL COSTA MESA	*301 Victoria St.*	*Primary and specialty medical care services*
CORONA REGIONAL MEDICAL CENTER-MAGNOLIA	*730 Magnolia Ave.*	*Primary and specialty medical care services*

CORONA REGIONAL MEDICAL CENTER-MAIN	*800 S. Main St.*	*Primary and specialty medical care services*
FAIRVIEW DEVELOPMENTAL CENTER	*2501 Harbor Blvd.*	*Primary and specialty medical care services*
FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	*17100 Euclid Ave.*	*Primary and specialty medical care services*
FOUNTAIN VALLEY RGNL HOSP AND MED CTR - WARNER	*17100 Euclid Ave. at Warner*	*Primary and specialty medical care services*
GARDEN GROVE HOSPITAL AND MEDICAL CENTER	*12601 Garden Grove Blvd.*	*Primary and specialty medical care services*
HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	*393 S. Tustin St.*	*Primary and specialty medical care services*
HOAG HOSPITAL IRVINE	*16200 Sand Canyon Ave.*	*Primary and specialty medical care services*
HOAG ORTHOPEDIC INSTITUTE	*16250 Sand Canyon Ave.*	*Primary and specialty medical care services*
KAISER FND HOSP - ORANGE COUNTY - ANAHEIM	*3440 E. La Palma Ave.*	*Primary and specialty medical care services*
KAISER FND HOSP - ORANGE COUNTY - IRVINE	*6640 Alton Pkwy.*	*Primary and specialty medical care services*
KAISER FND HOSP - ORANGE COUNTY - LAKEVIEW	*411 N. Lakeview Ave.*	*Primary and specialty medical care services*
KINDRED HOSPITAL - SANTA ANA	*1901 N. College Ave.*	*Primary and specialty medical care services*
KINDRED HOSPITAL WESTMINSTER	*200 Hospital Circle*	*Primary and specialty medical care services*
NEWPORT SPECIALTY HOSPITAL	*14662 Newport Ave.*	*Primary and specialty medical care services*

ORANGE COAST MEMORIAL MEDICAL CENTER	*9920 Talbert Ave.*	*Primary and specialty medical care services*
PLACENTIA LINDA HOSPITAL	*1301 N. Rose Dr.*	*Primary and specialty medical care services*
ST. JOSEPH HOSPITAL - ORANGE	*1100 W. Stewart Dr.*	*Primary and specialty medical care services*
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	*101 The City Drive South*	*Primary and specialty medical care services*
WEST ANAHEIM MEDICAL CENTER	*3033 W. Orange Ave.*	*Primary and specialty medical care services*
WESTERN MEDICAL CENTER - SANTA ANA	*1001 N. Tustin Ave.*	*Primary and specialty medical care services*
WESTERN MEDICAL CENTER ANAHEIM	*1025 S. Anaheim Blvd.*	*Primary and specialty medical care services*

Appendix 5: Prioritization Protocol 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 St. Joseph Hospital Orange 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 St. Joseph Hospital Orange to all identified health needs.

Appendix 6: Ministry Community Benefit Committee

Name	Title	Affiliation or Organization
Sr. Martha Ann Fitzpatrick, Chairperson	VP, Advocacy	Mission Hospital
Cesar Covarrubias	Executive Director	The Kennedy Commission
Monique Davis	Executive Director	El Sol Science and Arts Academy
Ron DiLuigi		Community Member
Mary Anne Foo	Executive Director	Orange County Asian & Pacific Islander Community Alliance, Inc.
Rose Liegler		Community Member
Pam Pimentel	CEO	MOMS Orange County
Frank Quevedo	Member, Board of Directors	St. Joseph Hospital
Christa Sheehan	Deputy Director	Taller San Jose Hope Builders
Ruth Seigle		Community Member
Sudeep Kukreja	Physician	St. Joseph Hospital
Jeremy Zoch	Chief Executive	St. Joseph Hospital