

2021

COMMUNITY HEALTH NEEDS ASSESSMENT

Mission Hospital St. Joseph Hospital of Orange St. Jude Medical Center

Orange County, California



This CHNA was conducted in partnership with Orange County Improvement Partnership, Santa Ana, CA.

To provide feedback on this CHNA or obtain a printed copy free of charge, please email Barry Ross at Barry.Ross@StJoe.org



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EXECUTIVE SUMMARY

Understanding and Responding to Community Needs, Together

Improving the health of our communities is foundational to our Mission and deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, with a special focus on our most economically poor and vulnerable neighbors. This core belief drives the programs we build, investments we make, and strategies we implement.

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities. The 2021 CHNA was approved by the St. Jude Medical Center Community Health Committee on April 8, 2021, the St. Joseph Hospital of Orange Community Health Committee on April 6, 2021, and the Mission Hospital Community Health Committee on May 11, 2021. The report was made publicly available by December 28, 2021.

Our Starting Point: Gathering Community Health Data and Community Input

Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. Across Orange County, information collected includes community data from the Orange County Health Improvement Partnership, 2019 Kaiser Permanente CHNA, 2019 University California, Irvine Medical Center CHNA, CalOptima Member Survey, morbidity and mortality data, and hospital-level data. Focus groups were planned in Orange County in March 2020. These were cancelled because of the COVID-19 pandemic. It was decided that the focus groups conducted by Kaiser Permanente and the Orange County Health Improvement Partnership in 2019, as well as the CalOptima member survey would be utilized in place of planned focus groups. Some key findings include the following:

- Kaiser Permanente— top priorities identified were Access to Health Care; Economic, Housing and Food Insecurities; Mental Health and Substance Abuse including Suicide; and Stroke.
- Orange County Health Improvement Partnership – top priorities identified were homeless and housing; environment; safety, mental health/substance use, access to care; nutrition, early child development, aging population.
- CalOptima Member Survey – Major needs identified included: access barriers; negative social and environmental impacts; lack of awareness of benefits and resources.

Identifying Top Health Priorities, Together

Through a collaborative process engaging Community Health Committee members, the Directors of Community Health Investment for each hospital developed a point system to identify the priority areas. Indicators were listed and each was assessed based on the following:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Orange County Health Improvement Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

The indicators with the highest points moved on to full discussions with the Committee and with a final tally vote the following priority areas were agreed upon:

PRIORITY 1: MENTAL HEALTH (ALL 3 HOSPITALS)

Creating awareness and services addressing mental health along with substance use.

PRIORITY 2: HEALTH CARE ACCESS (ST. JUDE MEDICAL CENTER AND ST. JOSEPH HOSPITAL OF ORANGE)

Increasing health care access as well as other resources for areas that have the greatest challenges.

PRIORITY 3: HOMELESSNESS & HOUSING (ALL 3 HOSPITALS)

Social determinants of health, like housing, affect health. Addressing housing, homelessness and homeless prevention will improve health in the communities we serve.

PRIORITY 4: HEALTH EQUITY AND RACIAL DISPARITIES (ST. JUDE MEDICAL CENTER AND MISSION HOSPITAL ONLY)

Each of these priority areas will have a strategy embedded into them that centers equity by addressing prevention and inequities by race.

Mission Hospital, St. Joseph Hospital of Orange, and St. Jude Medical Center will develop a Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners in 2021 considering resources, community capacity, and core competencies.

INTRODUCTION

Mission, Vision, and Values

Our Mission As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Who We Are - Orange County Hospitals

Mission Hospital, an acute-care hospital founded in 1971 by a group of physicians, partnered in 1993 with Children’s Hospital of Orange County (CHOC) to provide pediatric services. In 1994, the hospital became a member of St. Joseph Health. In 2009, Mission Hospital acquired South Coast Medical Center in Laguna Beach. In 2016 Mission Hospital joined the Providence Health family of 51 hospitals. Mission Hospital has two locations, one in Mission Viejo and the other in Laguna Beach, California. It has 523 licensed beds, of which 290 are currently available. Mission Hospital has a staff of more than 2,000 and professional relationships with more than 1,300 local physicians. Major programs and services offered to the community include a Level II Trauma Center, cardiac care, critical care, diagnostic imaging, emergency medicine, and obstetrics.

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

St. Jude Medical Center is an acute-care hospital founded in 1957 and located in Fullerton, California. The hospital has 320 licensed beds, all of which are currently available, and a campus that is approximately 40 acres in size. St. Jude Medical Center has a staff of 2,527 caregivers and professional relationships with 615 local physicians and 83 independent allied health professionals. Major programs and services offered to the community include cardiac care, stroke care and neurology, orthopedics, rehabilitation, oncology, emergency medicine, and obstetrics.

Our Commitment to Community

Providence – Orange County hospitals dedicate resources to improve the health and quality of life for the communities they serve, with special emphasis on the needs of the economically poor and vulnerable. During 2020, our region provided a combined \$179,669,488 in community benefit in response to unmet needs and to improve the health and well-being of those we serve in Orange County. Other healthcare providers in the region include AHMC Healthcare, Anaheim Global Medical Center, Children’s Hospital of Orange County, Corona Regional Medical Center, Hoag Hospitals, Kaiser Permanente Orange County, KPC Healthcare, Inc., Orange Coast Medical Center, PIH Health, Placentia-Linda Hospital, Prime Healthcare, Tenet Healthcare, University of California, Irvine Medical Center, West Anaheim Medical Center are neighboring hospitals. Affiliated Community Clinics in the region are Camino Health Center, and St. Jude Neighborhood Health Centers.

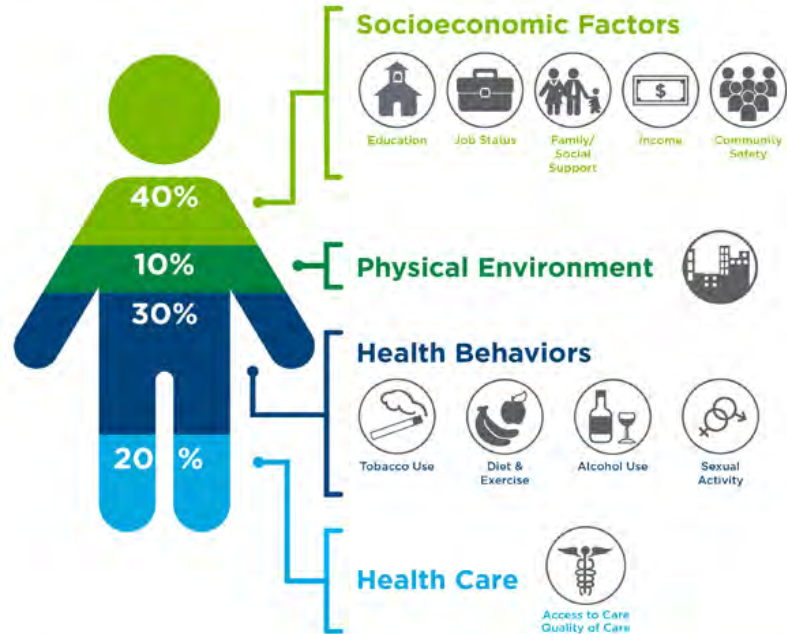
Orange County Hospitals further demonstrate organizational commitment to the community health needs assessment (CHNA) through the allocation of staff time, financial resources, participation, and collaboration to address community identified needs. The Regional Director, Community Health Investment for Southern California - Providence and the Community Health Investment Directors are responsible for ensuring the compliance of Federal 501r requirements. They also provide the opportunity for community leaders and internal hospital leadership, physicians, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP).

Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes (see Figure 1¹).

Figure 1. Factors contributing to overall health and well-being

What Goes Into Your Health?

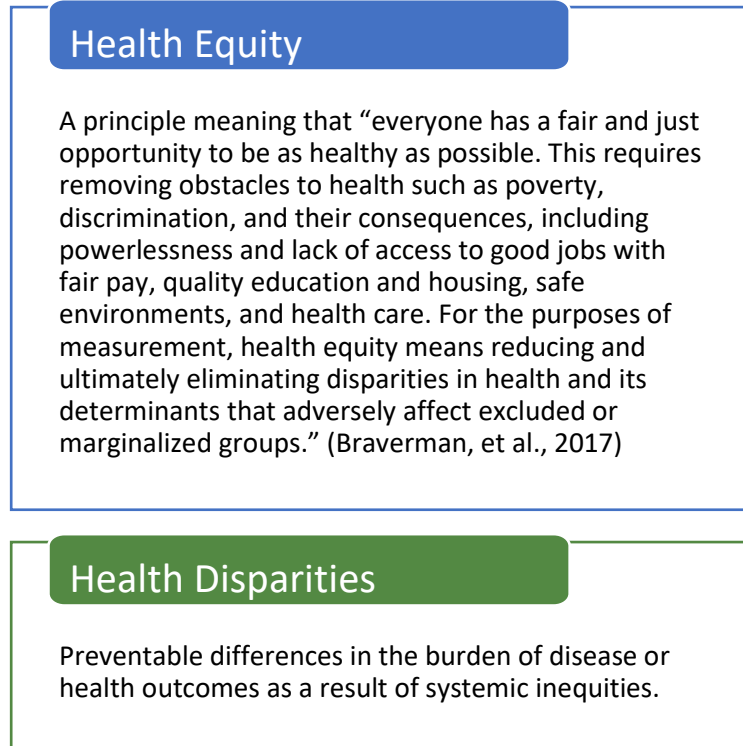


Source: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls: Solving Complex Problems* (October 2014)

The Bridgespan Group

The Community Health Needs Assessment (CHNA) is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets (see Figure 2 for definition of terms). Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

Figure 2. Definitions of key terms



To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:



Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



Quantitative Data

- Report data at the block group level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

OUR COMMUNITY

Description of Community Served

Mission Hospital, St. Joseph Hospital of Orange, and St. Jude Medical Center provide Orange County communities with access to advanced care and advanced caring. The hospitals' communities include Orange County and parts of Los Angeles, Riverside and San Bernardino Counties. More details on the hospitals' service area are included in each hospital's section: [Mission Hospital](#), [St. Joseph Hospital of Orange](#), and [St. Jude Medical Center](#).

Orange County Indicators – A County of Great Disparities

According to the 2020 County Health Rankings, Orange County is ranked amongst the healthiest counties in California for both health outcomes (length and quality of life) and health factors (health behaviors, clinical care, social-economic environment and physical environment). Orange County ranks in the top ten percent of counties nationwide in physical activity, access to exercise opportunities, and primary care physician ratio, though also ranks in the top ten percent for injury deaths.¹

Orange County is the nation's 18th most diverse region out of the 150 largest regions.² The three largest race and ethnicity groups in Orange County are white, non-Hispanic (38.6%), Latino/a (35.0%), and Asian (21.1%). People identifying as 2 or more races (2.9%), Black (1.6%), Native Hawaiian/Pacific Islander (0.3%), American Indian/Alaska Native (0.2%), and "other" race (0.2%) make up the remainder of the county population.³

Residents of Orange County are also diverse in their country of origin and languages spoken at home:

- Almost 1 in 3 Orange County residents was born outside of the United States. Garden Grove, Stanton, and Santa Ana have the largest percentages of foreign-born residents.⁴
- Almost half (46%) of the county's population age 5 and over speak a language other than English at home with 25% speaking Spanish and 15% speaking Asian or Pacific Islander languages.⁵

To better understand the context of health disparities in Orange County, we first seek to understand the social inequities that prevent some Orange County residents from reaching optimal health. The Community Demographics section found in each of the Hospital's sections in this report provides in-depth insight into differences by census tract based on income, education, and language. Following is additional context related to social inequities from the [Orange County Healthier Together dashboards](#):

¹County Health Rankings, 2020, <https://www.countyhealthrankings.org/app/california/2020/rankings/orange/county/outcomes/overall/snapshot>

²U.S. Census Bureau, 2012-2016

³OC Healthier Together, Claritas, 2020

⁴American Community Survey, 2014-2018

⁵American Community Survey, 2018

EDUCATION

- There is a wide gap in educational attainment based on where people live: In Santa Ana, 58% of people 25 years and older have a high school degree compared to 98% in Coto de Caza.⁶
- Percent of people 25 years and older with a high school degree is lower than the county average in Santa Ana, Anaheim, and Garden Grove, among other cities.⁷
- Disparities exist by self-reported race and ethnicity in the percentage of people 25 years and older with a high school degree or higher: 64% of Latino, 79% of American Indian or Alaska Native, 88% of Asian, 93% of Native Hawaiian or other Pacific Islander, and 97% of white people.⁸

INCOME AND POVERTY

- Median household incomes vary widely by geography in Orange County, ranging from \$41,897 in Midway City to \$182,401 in Coto de Caza.⁹
- Individuals identifying as Latino and “other” race are most likely to live below 100% of the Federal Poverty Level (16 % and 19%, respectively), compared to those who identify as Black (14%), Native Hawaiian/Pacific Islander (14%), Asian (12%), and white, non-Hispanic (7%).¹⁰
- For people aged 65 and over who identify as Other race, Asian, and Latino are significantly more likely to be living at or below 100% of the Federal Poverty Level (\$17,240 for a two-person household), compared to the county overall (9%).¹¹

INTERNET ACCESS

- 90% of households have an Internet subscription, although some cities have lower percentages of households with internet, such as Midway City (76%), Santa Ana (83%), Anaheim (88%), among others.¹²

ACCESS TO CARE

- Residents without a high school diploma are more likely to lack insurance than those with a high school degree or higher, with 24% of residents without a high school diploma lacking insurance.¹³
- Latino residents are more likely to lack insurance than other race or ethnicity groups, with 14% of the Latino population lacking insurance.¹⁴

⁶ American Community Survey, 2014-2018

⁷ American Community Survey, 2014-2018

⁸ American Community Survey, 2014-2018

⁹ American Community Survey, 2014-2018

¹⁰ American Community Survey, 2014-2018

¹¹ American Community Survey, 2014-2018

¹² American Community Survey, 2014-2018

¹³ American Community Survey, 2017

¹⁴ American Community Survey, 2017

- Hawaiian/Pacific Islander (54%) and Latino people (83%) are less likely to have a usual source of healthcare compared to the county overall (86%) and other race and ethnicity groups.¹⁵
- Black people have the highest rate of preventable Emergency Room visits (433 ER visits per 10,000 population 18+ years) when compared to other races.¹⁶

Despite high rankings in health outcomes and health factors, there are significant health disparities by race and ethnicity due to systemic inequities and racism in Orange County. The effects of racism, stress, and intergenerational trauma have very real physical effects. We also acknowledge that there is overlap between the areas in the community that are part of our high need service area and areas where there are greater health disparities.

LIFE EXPECTANCY

- Life expectancy for Black people is 77.9 years compared to 84.4 years for Asian and Pacific Islander people. Hispanic people have a life expectancy of 82.6 years and white people, 80.9 years.¹⁷
- Life expectancy at birth is the lowest in north and central Orange County, ranging from a high of 85.0 years in Irvine to 77.6 years in Stanton.¹⁸
- The age-adjusted death rate due to any cause for Black people (745 deaths per 100,000 population) and white, non-Hispanic people (657 deaths) is statistically significant worse than the county overall (617 deaths).¹⁹

OBESITY

- Native Hawaiian/Pacific Islander and Latino 5th grade students are statistically significantly more obese than 5th graders overall: 39% of Native Hawaiian/Pacific Islander, 27% of Latino, and 10% of white 5th graders are obese.²⁰
- The percentage of economically disadvantaged 5th graders who are obese is 2.5 times greater than those that are not economically disadvantaged.²¹
- School districts with the highest proportion of 5th graders who are obese include La Habra Elementary (33%), Buena Park Elementary (30%), Anaheim City Elementary (30%), Santa Ana Unified (28%), and Magnolia Elementary (26%).²²
- School districts with the highest proportion of 9th graders who are obese include Santa Ana Unified (24%), Anaheim Union High (23%), Orange Unified (18%), Fullerton Joint Union High (16%), and Garden Grove Unified (16%).²³

¹⁵ California Health Interview Survey, 2016-2018

¹⁶ California Office of Statewide Health Planning and Development, 2016-2018

¹⁷ Orange County Health Care Agency, 2013

¹⁸ Orange County Health Care Agency, 2013

¹⁹ Orange County Master Death Files

²⁰ California Department of Education, 2017-2018

²¹ California Department of Education, 2017-2018

²² California Department of Education, 2017-2018

²³ California Department of Education, 2017-2018

DIABETES

- Adult diabetes prevalence has increased from 6% in 2005 to 8% in 2017-2018, with American Indian/Alaska Native people having the highest percentage of adults with diabetes at 48%.²⁴
- Black people (51), Hispanic (35), and white people (22) have higher rates of ER visits per 10,000 population due to diabetes when compared to American Indian/Alaska Native (6) or Asian/Pacific Islander people (6).²⁵
- Hispanic people (22) had the highest rate of age-adjusted hospitalizations due to diabetes per 10,000 population compared to Black (19), white (15), and Asian or Pacific Islander people (4).²⁶
- While Asian Americans have lower percentages of diabetes than other races, Filipinos report higher prevalence of diabetes (20%).²⁷
- The age-adjusted death rate due to diabetes for Pacific Islander people is 37 deaths per 100,000 population, compared to 34 deaths for Black people, 23 deaths for Hispanic people, 15 deaths for Asian people, and 11 deaths for white people.²⁸
- Diabetes is the 8th leading cause of death in Orange County overall, but the 9th for white people, 6th for Latino people, 5th for Asian people, and 5th for African American people.²⁹
- Laguna Woods (13%), Garden Grove (11%), Westminster (12%), Anaheim (10%), and Santa Ana (12%), among other cities, have higher percentages of diabetes compared to the California overall (9%).³⁰

CANCER

- Pacific Islander people have the highest age-adjusted death rate due to cancer when compared to other races and ethnicities: 882 deaths per 100,000 population compared to the county overall at 129 deaths.³¹
- Pacific Islander people have the highest age-adjusted death rate due to prostate cancer when compared to other race and ethnicities: 170 deaths per 100,000 males compared to the county overall at 18 deaths.³²
- Black people and white people have significantly worse prostate cancer incidence rates compared to the overall cases.³³
- Black people and Pacific Islander people have higher age-adjusted death rates due to breast cancer than people of other races: 44 deaths per 100,000 Pacific Islander females, 31 deaths per 100,000 Black females, and 18 deaths per 100,000 females overall.³⁴

²⁴ *California Health Interview Survey, 2017-2018. Value may be statistically unstable and should be interpreted with caution.

²⁵ California Office of Statewide Health Planning and Development, 2016-2018

²⁶ California Office of Statewide Health Planning and Development, 2016-2018

²⁷ California Health Interview Survey, 2013-2017

²⁸ California Department of Public Health 2015-2017

²⁹ Leading Causes of Death 2017, Orange County, California

³⁰ California Health Interview Survey, 2015-2016

³¹ California Department of Public Health, 2015-2017

³² California Department of Public Health, 2015-2017

³³ National Cancer Institute, 2012-2016

³⁴ California Department of Public Health, 2015-2017

- White people have a significantly worse breast cancer incidence rate (146 cases per 100,000 females) compared to the population overall (124 cases).³⁵
- Hispanic people have a significantly worse cervical cancer incidence rate compared to the overall cases.³⁶

HEART DISEASE

- Pacific Islander people, Black people, and white people have significantly worse age-adjusted death rates due to coronary heart disease while Asian people and Hispanic people have significantly better rates compared to deaths overall.³⁷
- A majority of cities in north Orange County, as well as Aliso Viejo, Laguna Hills, and San Clemente have higher age-adjusted death rates due to coronary heart disease when compared to the county overall.³⁸

RESPIRATORY DISEASES

- Black people have the greatest percentage of adults with asthma (58%) compared to other races and ethnicities. In the county overall, 12% of adults have asthma.³⁹
- Black people have the highest age-adjusted ER rate due to asthma (47 ER visits per 10,000 population) compared to other races and ethnicities.⁴⁰
- Pacific Islander people have a statistically significantly worse age-adjusted death rate due to Chronic obstructive pulmonary disease (146 deaths per 100,000 population) compared to the county overall (25 deaths).⁴¹
- Los Alamitos has the highest rate of age-adjusted deaths due to chronic obstructive pulmonary disease (58 death per 100,000 population) compared to the county overall (25 deaths).⁴²

SEXUALLY TRANSMITTED INFECTIONS

- The syphilis incidence rate in Orange County is 24 cases per 100,000 population, which is worse than the California value (19 cases) and the U.S. value (9 cases).⁴³
- Males have a higher syphilis incidence rate (44 cases per 100,000 population) compared to females (4 cases).⁴⁴
- Black people have the highest syphilis incidence rate (54 cases per 100,000 population) compared to other races and ethnicities.⁴⁵

³⁵ National Cancer Institute, 2012-2016

³⁶ National Cancer Institute, 2012-2016

³⁷ California Department of Public Health, 2015-2017

³⁸ California Department of Public Health, 2011-2013

³⁹ * California Health Interview Survey, 2018. Value may be statistically unstable and should be interpreted with caution.

⁴⁰ California Office of Statewide Health Planning and Development, 2016-2018

⁴¹ Orange County Master Death Files, 2015-2017

⁴² Orange County Master Death Files, 2015-2107

⁴³ California Department of Public Health, STD Control Branch, 2018

⁴⁴ California Department of Public Health, STD Control Branch, 2018

⁴⁵ California Department of Public Health, STD Control Branch, 2016

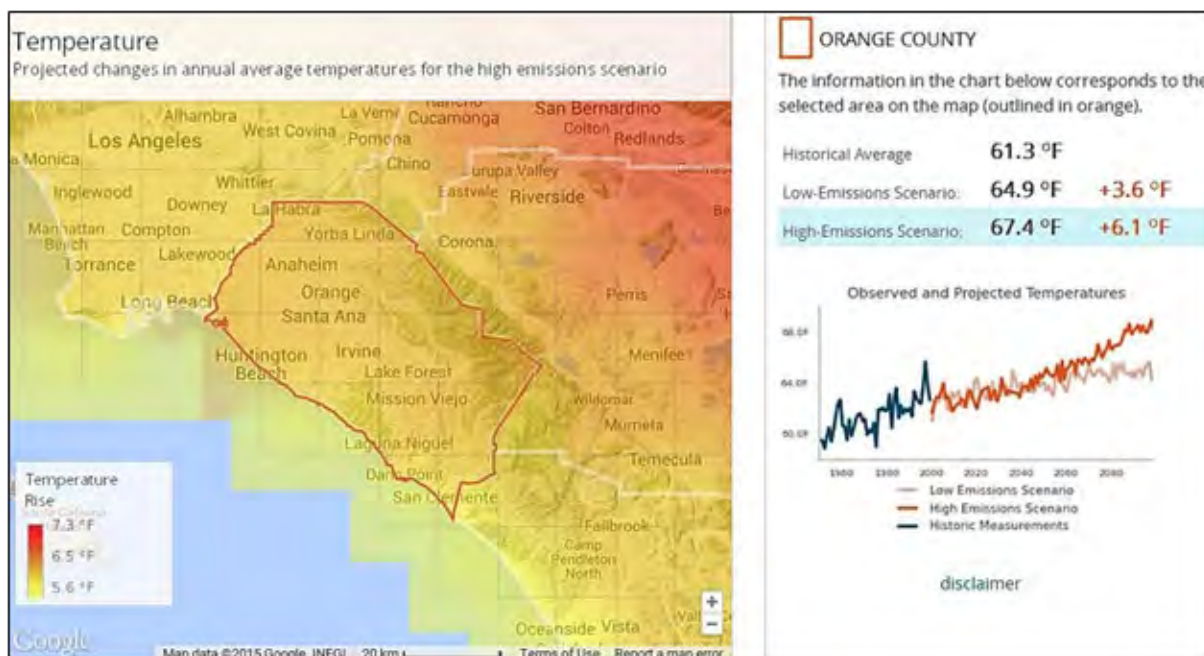
Projected Impact of Climate Change in Orange County

We recognize that climate change creates additional risks and challenges for the communities that we serve. [The Climate Change and Health Profile Report for Orange County](#) published by the Department of Public Health in 2017 provided projections outlined below for how Orange County may be affected by climate change.

TEMPERATURE

The average temperature could rise by 6.1 degrees Fahrenheit by 2099 in a scenario of high carbon emissions.

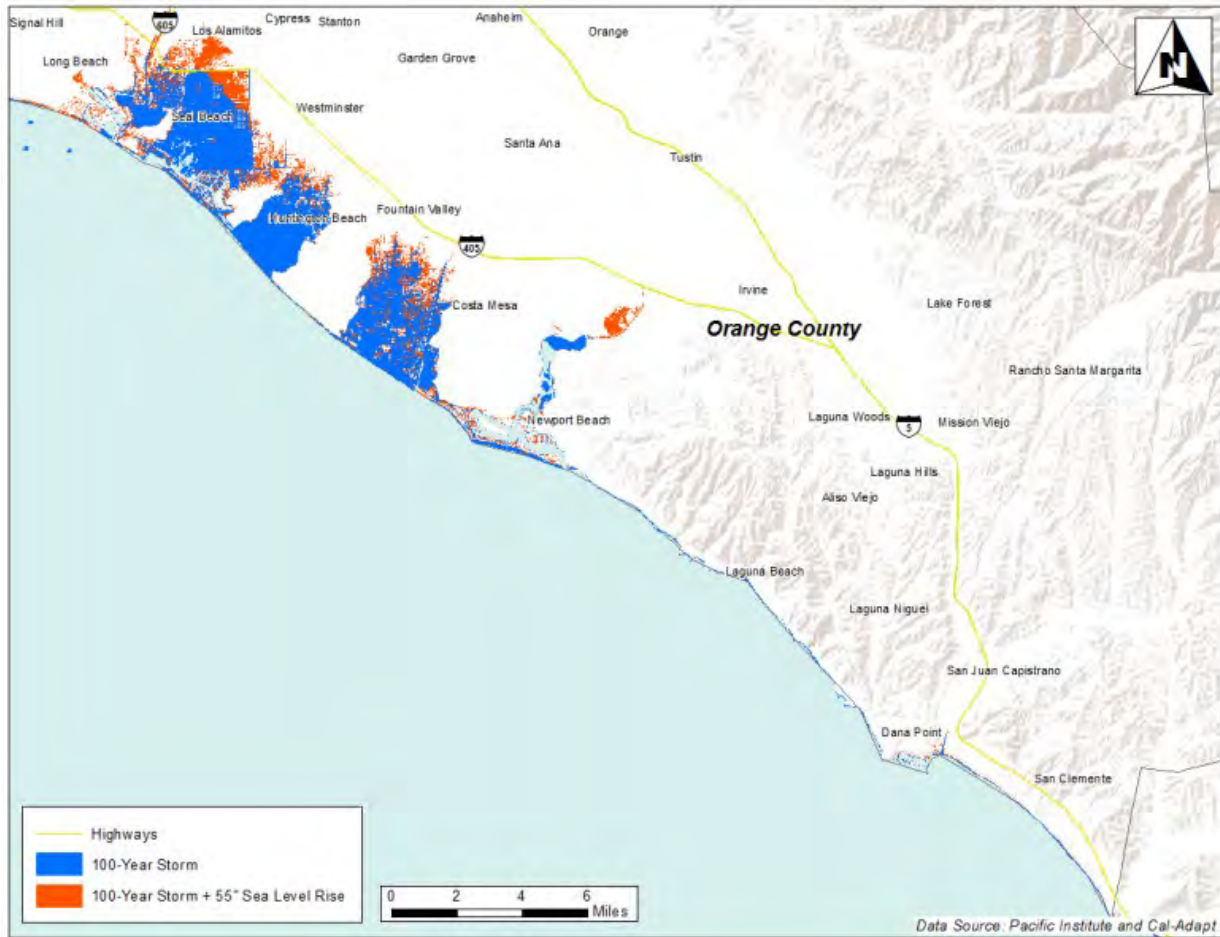
Figure 3. Projected changes in annual average temperature in future carbon emissions scenarios, Orange County, 2099



SEA LEVEL RISE

The following map displays areas that may be inundated during an extreme flood event, known as a 100-year flood, which means there is a 1% chance a flood risk area will be flooded in any given year. The blue areas are those already threatened today, and the red areas are those projected to be threatened in the event of a 55-inch sea level rise in 2100. Current climate change models indicate that California may see up to a 66-inch rise in sea level within this century.

Figure 4. Baseline inundation areas for a 100-year flood (2000) and modeled scenario with additional 55 inches of sea level rise (2100), Orange County

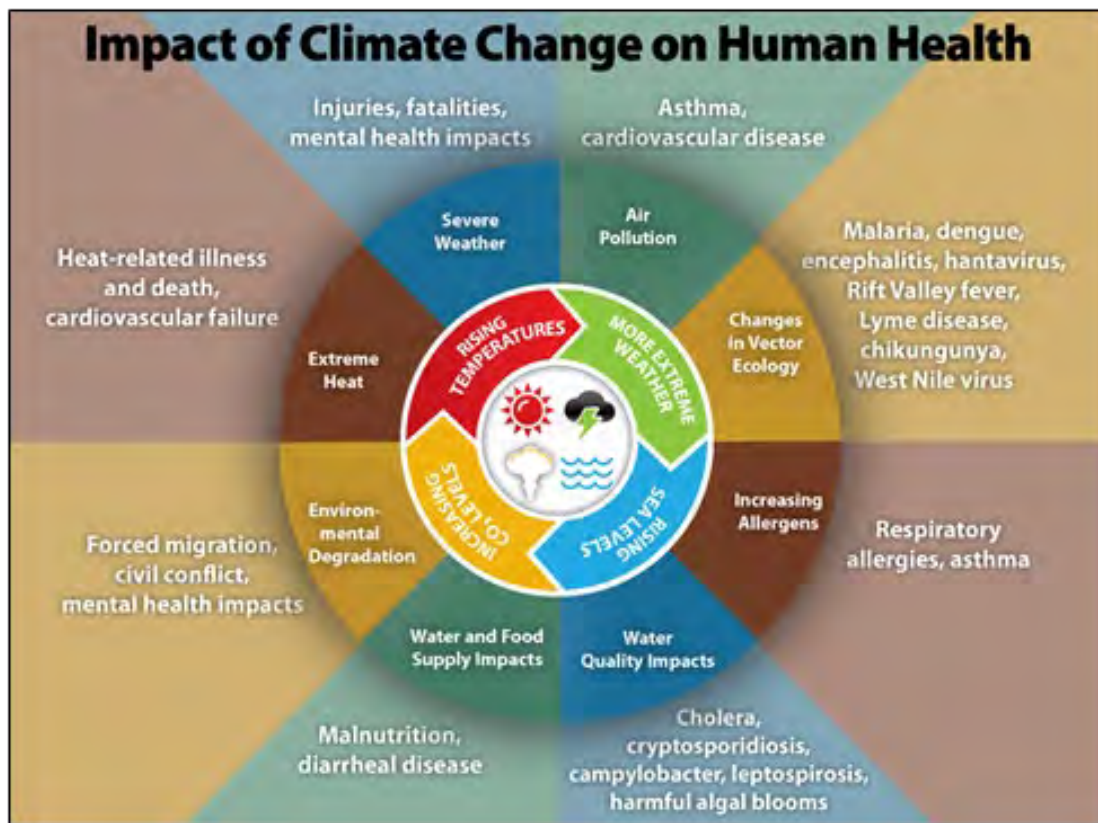


CLIMATE CHANGE AND HEALTH

As outlined by the Centers for Disease Control and Prevention, climate change negatively affects health in a variety of ways including increased heat-related illness and death, asthma, cardiovascular disease and failure, malnutrition, and mental health challenges (see Figure C).⁴⁶ For more detail on the health impacts of heat and drought, as well as information related to how climate change affects vector-borne illnesses and food insecurity, see the full [Climate Change and Health Profile Report, Orange County](https://www.cdc.gov/climateandhealth/effects/default.htm).

⁴⁶ <https://www.cdc.gov/climateandhealth/effects/default.htm>

Figure 5. Impact of Climate Change on Human Health



VULNERABLE POPULATIONS

While all Californians are vulnerable to climate change, social and economic inequities make some Californians more at risk of negative health and well-being as a result of rising temperatures, more extreme weather, rising sea level, and increasing carbon dioxide levels. The following populations are considered more vulnerable to the direct effects of climate change:

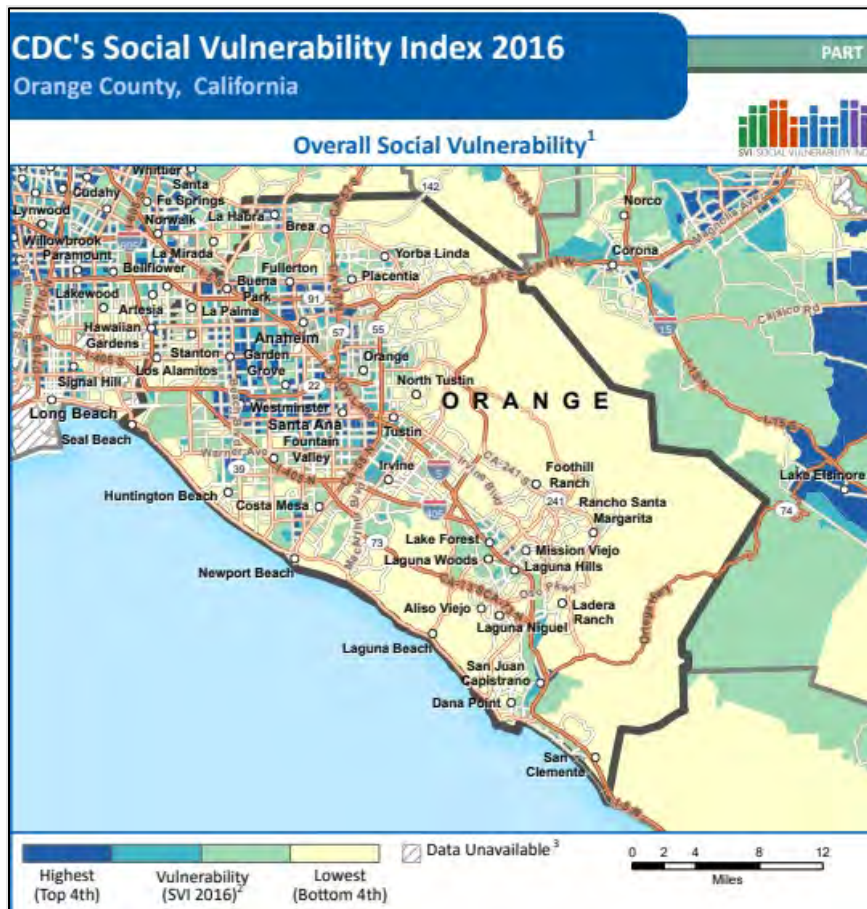
- The very old and very young
- People with chronic medical conditions
- People living with a mental health diagnosis
- People taking multiple medications
- People lacking access to public transportation or a private car (increased challenges evacuating)
- People who are socially isolate
- Medically fragile people
- People living in institutions⁴⁷

To better understand where social vulnerabilities to disasters exist in the communities we serve, we have consulted the [CDC's Social Vulnerability Index \(SVI\)](#). This index allows us to better understand how

⁴⁷ Climate Change and Health Profile Report, Orange County. California Department of Public Health, 2017

poverty, lack of access to transportation, and crowded housing may make communities more vulnerable to human suffering and financial loss in a disaster. The following map demonstrates the SVI for Orange County. See the CDC website for [maps specific to different social vulnerabilities in Orange County](https://svi.cdc.gov/factsheet.html).

Figure 6. CDC’s Social Vulnerability Index 2016, Orange County, California, Part 1



Cities presenting the highest Social Vulnerability Index are Anaheim, Buena Park, Fountain Valley, Fullerton, Garden Grove, La Habra, Orange, San Juan Capistrano, Santa Ana, Tustin and Westminster.

Knowing which geographic areas are more vulnerable allows for improved planning of supplies and funding in case there is a hazardous event, such as a natural disaster, disease outbreak, or human-made event.⁴⁸

⁴⁸ <https://svi.cdc.gov/factsheet.html>

COVID-19: Disproportionate Impact on Communities

In Orange County, COVID-19 impacted all populations, but communities with lower incomes and communities of color were affected disproportionately. In particular, the Latino/a population, which makes up 35% of the population, accounted for 45% of COVID-19 cases and 37.7% of deaths. The case rate of COVID-19 was three to four times higher in communities with low incomes compared to those with higher incomes. Disparities that existed before the pandemic were further exacerbated due to the impacts of overcrowded housing, job losses or essential worker activities, lack of access to health care, and poverty.⁴⁹

The COVID-19 pandemic has dramatically changed how people live and work nationwide, and Orange County is no exception. Consumers have shifted preferences to online services, employees began remote work, and workplaces have seen increased automation and digitization. These changes have simultaneously caused Americans to experience hardship. The [Orange County Community Indicators Report](#) provides timely data on the effects of the COVID-19 pandemic in the county.

EMPLOYMENT

Data from the census show that millions of people do not have work. The employment rate remains below pre-pandemic levels, and many continue to struggle with food insecurity and rent payments. The pandemic-related economic crisis has been particularly devastating for people of color. When the shutdown sent unemployment levels skyrocketing in March and April 2020, Black and Latino/a workers were much more likely to be among the jobless than white workers, according to the Bureau of Labor Statistics. This was true even though people of color make up a disproportionate share of essential workers, who had to remain on the job and be exposed to increased transmission of the virus. This economic crisis has resulted in increased food insecurity and housing instability, which has impacted both the physical and mental health of families.

Within Orange County, both the Hospitality and Tourism sector and Retail sector in particular experienced consequences from the effects of the pandemic. Within these sectors, nontechnical, entry level workers disproportionately experienced a loss in job security due increasing digitization and automation. Additionally, the county's travel industry continues to operate at a limited capacity. Total passengers at John Wayne airport declined by 96% in April 2020, and major employers within the sector such as Disneyland and Knott's Berry Farm closed or operated at limited capacity for a large part of the year. In the retail sector, many national chains faced bankruptcy due to competition from e-commerce. In Orange County, retail employment decreased by 21%. However, as vaccination rates increase and the economy reopens along with pent up demand for these services, both sectors are expected to slowly recover.

Remote work increased during the pandemic and sources predict many workers will not return to the office even after the pandemic ends. Global Workplace Analytics predicts that up to 30 percent of the workforce will continue to work from home at least part of the time by the end of 2021. People with "white collar" job are more likely to be able to work remotely. Sectors with the lowest potential for

⁴⁹ <https://www.ochealthinfo.com/>

remote work include Agriculture, Accommodation and Food Services, Construction, and Transportation and Warehousing. A Pew Survey found that only 17 percent of workers with a high school diploma or less could work remotely, a number that increases to only 29 percent for workers with some college education. Less than a quarter of low-income workers reported being able to work from home, compared to 37 percent of middle-income workers and 56 percent of upper income workers.⁵⁰

HEALTH AND HEALTHCARE

In Orange County, COVID-19 impacted all populations, but communities with lower incomes and communities of color were affected disproportionately. In particular, the Latino/a population, which makes up 35% of the population, accounted for 45% of COVID-19 cases and 37.7% of deaths. The case rate of COVID-19 was three to four times higher in communities with low incomes compared to those with higher incomes. Disparities that existed before the pandemic were further exacerbated due to the impacts of overcrowded housing, job losses or essential worker activities, lack of access to health care, and poverty.⁵¹

The COVID-19 pandemic has significantly transformed how healthcare is delivered both on a national level and within Orange County. Telehealth services have expanded and replaced many in-person doctor office visits. An AMA survey found that 28% of surveyed physicians used telehealth for virtual visits in 2019, and an April 2020 McKinsey survey found that 75% of patients reported an interest in telehealth. Providence Orange County hospitals have adapted existing strategies and programs to a remote environment and have invested in services to meet the immediate needs of the pandemic. Orange County hospitals invested over \$1 million to support emergency assistance for rent, food, utilities, and other basic needs. It is likely that there will be long-term impacts of COVID-19 on vulnerable communities that will need to be addressed.⁵²

EDUCATION

The pandemic significantly altered how education was delivered. The COVID-19 pandemic brought school closures, and the adoption of distance learning programs. At the same time, day care center are experienced closures, forcing parents to take on significantly more responsibilities. Parents found remote learning was a challenge when there was limited broadband access and limited parent support either because parents were essential workers or were limited in English proficiency. Childcare remained the most prominent challenge for Orange County families. Childcare disruption within Orange County cost \$4.3 billion in lost productivity and wages and 372 million in tax revenue.

All students, from elementary to graduate school found themselves needing to adapt to a new way of learning. Within Orange County, 45% of students were in distance learning. However, not all students were affected equally. Edsource research found that within schools that had the lowest proportion of

⁵⁰ http://www.ohealthiertogether.org/content/sites/ochca/Local_Reports/2021-OC-Community-Indicators-Report.pdf

⁵¹ <https://www.ohealthinfo.com/>

⁵² http://www.ohealthiertogether.org/content/sites/ochca/Local_Reports/2021-OC-Community-Indicators-Report.pdf

families with low incomes, only 43% of students were in distance learning, compared to 2/3 of students in school districts with the highest proportion of low income families. Additionally, students of color were less likely to return to school. The pandemic also forced over half a million students who were enrolled in four-year colleges across the country to drop out of college. While all students have been impacted by the pandemic, not all were impacted to the same extent.⁵³

COVID-19 Cases and Deaths in Orange County

Beginning July 1, 2020, Orange County had reported 22,958 total cumulative COVID-19 case. By June 30, 2021, that number has increased to 256,557.⁵⁴ Similarly the reported deaths between July 1, 2020, and June 30, 2021, has increased by 4,717. There was an average of 642.6 daily COVID-19 cases and 12.9 deaths by COVID-19 reported in Orange County in this time period. The chart below shows the daily reported cumulative COVID-19 cases and deaths in Orange County between July 1, 2020, and June 30, 2021.

Figure 7. Orange County Cumulative COVID-19 Cases, July 1, 2020-June 30, 2021

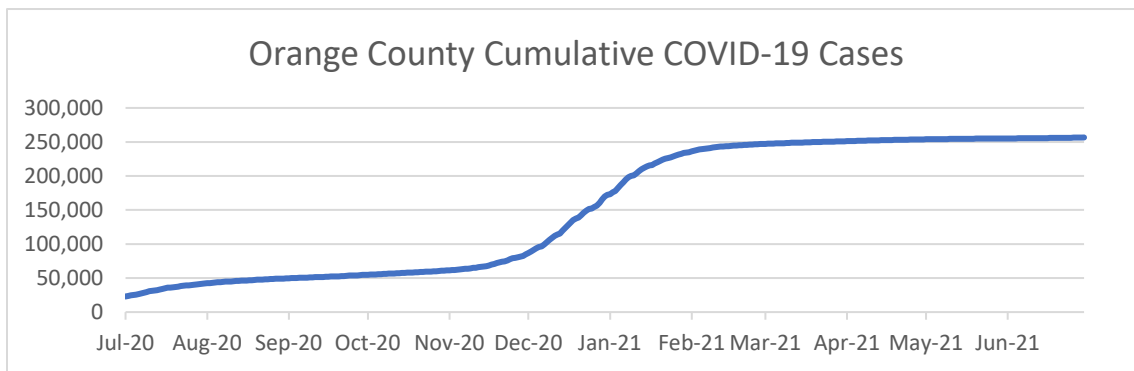
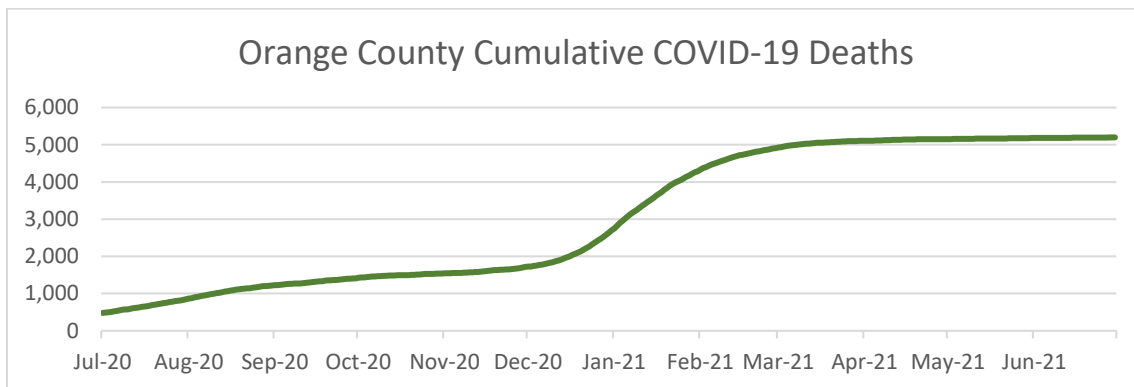


Figure 8. Orange County Cumulative COVID-19 Deaths, July 1, 2020-June 30, 2021



⁵³ http://www.ochealthiertogether.org/content/sites/ochca/Local_Reports/2021-OC-Community-Indicators-Report.pdf

⁵⁴ <https://ocovid19.ohealthinfo.com/coronavirus-in-oc>

Table 1. Most COVID-19 Cases by City in Orange County, July 1, 2020- June 30, 2021

City	COVID-19 Cases
Santa Ana	40,727
Anaheim	38,336
Garden Grove	15,554
Orange	11,022
Fullerton	10,592

The top five cities with reported COVID-19 cases during this 1-year look are Santa Ana, Anaheim, Garden Grove, Orange, and Fullerton. The cities of Santa Ana, Anaheim and Garden Grove have some of the lowest Health Places Index scores in Orange County which correlates with less healthier community conditions.

COVID-19 Hospitalizations at Providence Orange County Hospitals

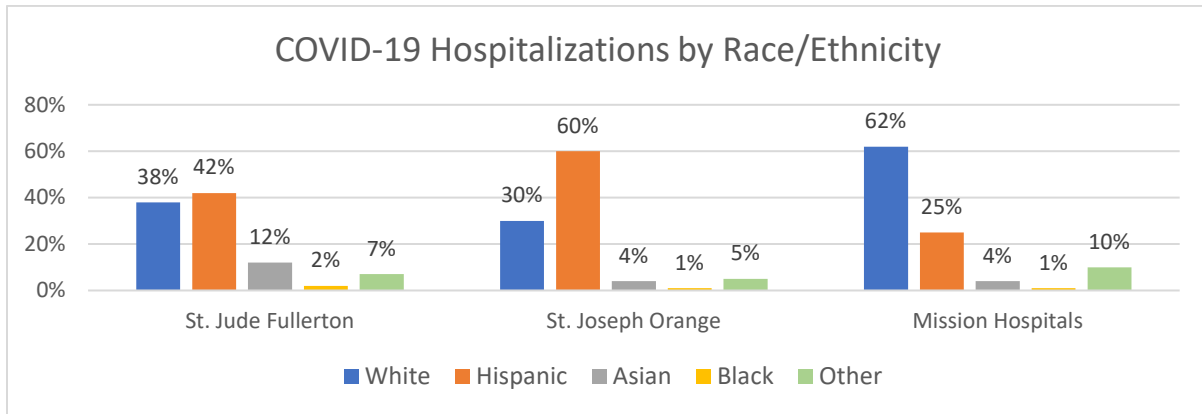
COVID-19 hospitalization and mortality data for Providence hospitals in Orange County were gathered for patient discharged between July 1, 2020, and June 30, 2021. During this time St. Joseph Hospital Orange had the highest number of hospitalizations while Providence St. Jude Medical Center had the most deaths for patients who were hospitalized for COVID-19.

Table 2. COVID-19 Hospitalizations and Death at Providence Orange County hospitals, July 1, 2020- June 30, 2021

Hospital	Hospitalizations	Deaths
St. Jude Fullerton	2,384	452
St. Joseph Orange	2,727	383
Mission Hospitals	1,299	134

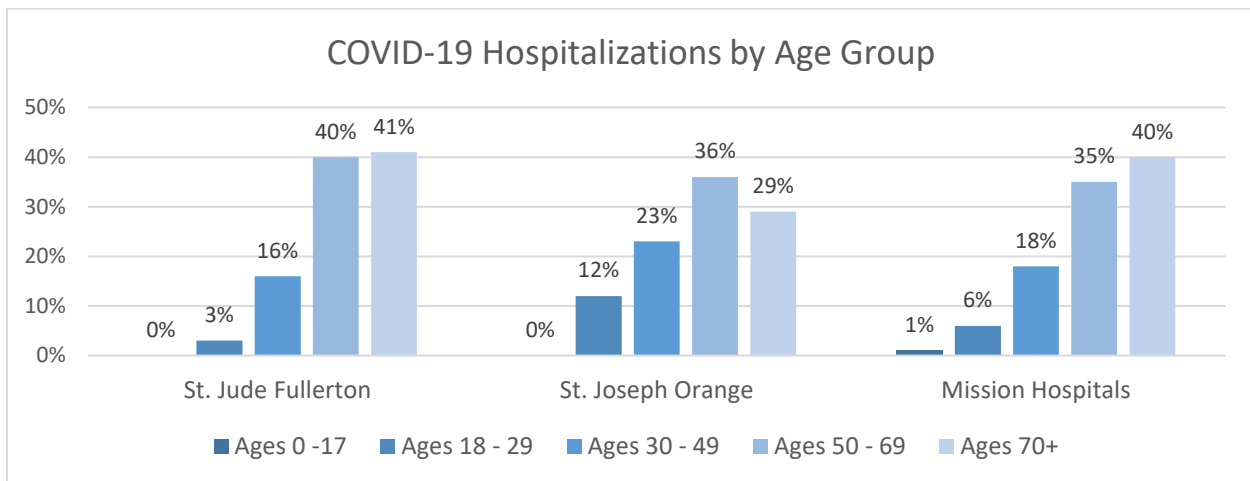
Hospitalizations for Providence hospitals were broken out by patient age group and patient race/ethnicity as a percentage of total COVID-19 hospitalizations seen at each respective facility. Patients identifying as Hispanic were the highest percentage of COVID-19 hospitalizations at both St. Jude Medical Center and St. Joseph Hospital while patients identifying as white had the highest percentages at the Mission hospitals.

Figure 9. COVID-19 Hospitalizations by Race/Ethnicity at Providence Orange County Hospitals, July 1, 2020- June 30, 2021



Patients ages 50+ made up an overwhelming majority of hospitalizations for COVID-19 cases at all Providence medical centers in Orange County and the high desert while patients ages 0 to 17 typically made-up about one percent of cases or less.

Figure 10. COVID-19 Hospitalizations by Age Group at Providence Orange County Hospitals, July 1, 2020- June 30, 2021



OVERVIEW OF CHNA FRAMEWORK AND PROCESS

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we included input from key stakeholders and community members collected by our partners to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code or census block group level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address disparities within and across communities.

We reviewed data from the American Community Survey and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospitals' service areas, it is important to recognize the limitations and gaps in information that naturally occur.

Not all desired health-related data were 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 substance use.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2017 CHNA and 2018-2020 CHIP reports, which were made widely available to the public via posting on the internet in December 2017 (CHNA) and May 2018 (CHIP), as well as through various channels with our community-based organization partners.

No comments were received.

PUBLICLY AVAILABLE DATA AND PRIORITIZATION

Within the guiding health framework for the CHNA, publicly available data were 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 were gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures and would readily communicate the health needs of the service area.

Preference was given to data that were obtained in the last 5 years and were available at the ZIP Code or census tract level. The data sources used are highly regarded as reliable sources of data (e.g., ESRI Business Analyst Online, US Census Bureau American FactFinder, County Health Rankings, California Health Interview Survey Neighborhood Edition, OC Healthier Together, California Office of Statewide Health Planning and Development (OSHPD), Orange County Health Care Agency, Orange County Master Death Files, California Department of Education, California Department of Public Health and the National Cancer Institute).

The data were provided to the Community Health Committees, which are comprised of Orange County Public Health, non-profit, education, health, and community representatives to review, prior to meeting. In the data packet, a “prioritization” list was provided along with a point system attributed to each health indicator. The highest number of points a health indicator could obtain was a “7” (indicating a high need) and the lowest possible point was “1,” (indicating low need). These were the seven factors considered:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Orange County Health Improvement Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

In total, 17 indicators were selected to describe the health needs in the hospital’s service area, and each was assigned a number between 1-7.

Once convened for the Community Health Committee meetings, the prioritization process took place with a discussion engaging all Community Health Committee members in attendance. The indicators with the highest points moved on to full discussions with the Community Health Committee. The Community Health Investment Director for each hospital took a vote and recorded the results.

COMMUNITY INPUT

Orange County Health Improvement Partnership (HIP), Kaiser Permanente, and CalOptima, and University of California, Irvine (UCI) conducted various community and stakeholder engagement sessions in 2019. While Providence – Orange County had planned several for Spring 2020, these sessions had to be cancelled due to the COVID-19 pandemic. In lieu of those sessions, we are leveraging the previously collected information from local partners and will update with additional community feedback and input as appropriate in response to the pandemic. Additional detail about each of these focus groups and stakeholder surveys are available in [Appendix 2](#), with the key findings noted here.

Orange County Health Improvement Partnership

Overall, the HIP identified homelessness and housing; environmental health; safety; mental health and substance use; access to care; nutrition; early childhood development; and support for aging populations as the key themes from the sessions. They conducted six diverse focus groups with under-represented communities, including Vietnamese older adults, Spanish-speaking adults and mothers, adolescents, and service providers.

Kaiser Permanente CHNA 2019 (Anaheim and Irvine)

Kaiser Permanente’s 2019 CHNA included focus groups based upon high-level findings from secondary data analysis. Additionally, 18 stakeholder interviews were conducted representing the non-profit sector, education, and county agencies. These stakeholders identified housing insecurity, food insecurity, asthma and stroke disparities, oral health, mental health/suicide, and older adult health as key needs. Kaiser Permanente’s identified priorities for the service area were access to health care; economic, housing, and food insecurities; mental health and substance use; stroke; and suicide.

CalOptima Member Survey

CalOptima is a county organized health system that administers health insurance programs for children, adults, seniors with low incomes and people with disabilities. They administered a member survey as part of a comprehensive assessment. The survey reached a wide variety of demographics and included insights into needs beyond members’ immediate health care needs, including social determinants of health. The report notes access barriers, lack of awareness of benefits and resources, and negative social and environmental impacts as the key themes identified.

University of California, Irvine CHNA 2019

The UCI CHNA included input from stakeholders gathered in Fall 2018, including Orange County Health Care Agency. Stakeholders were asked to rank order identified health needs. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community, and level of importance in the community. Substance use and misuse; mental health; and housing and homelessness were the top ranked priorities.

MISSION HOSPITAL

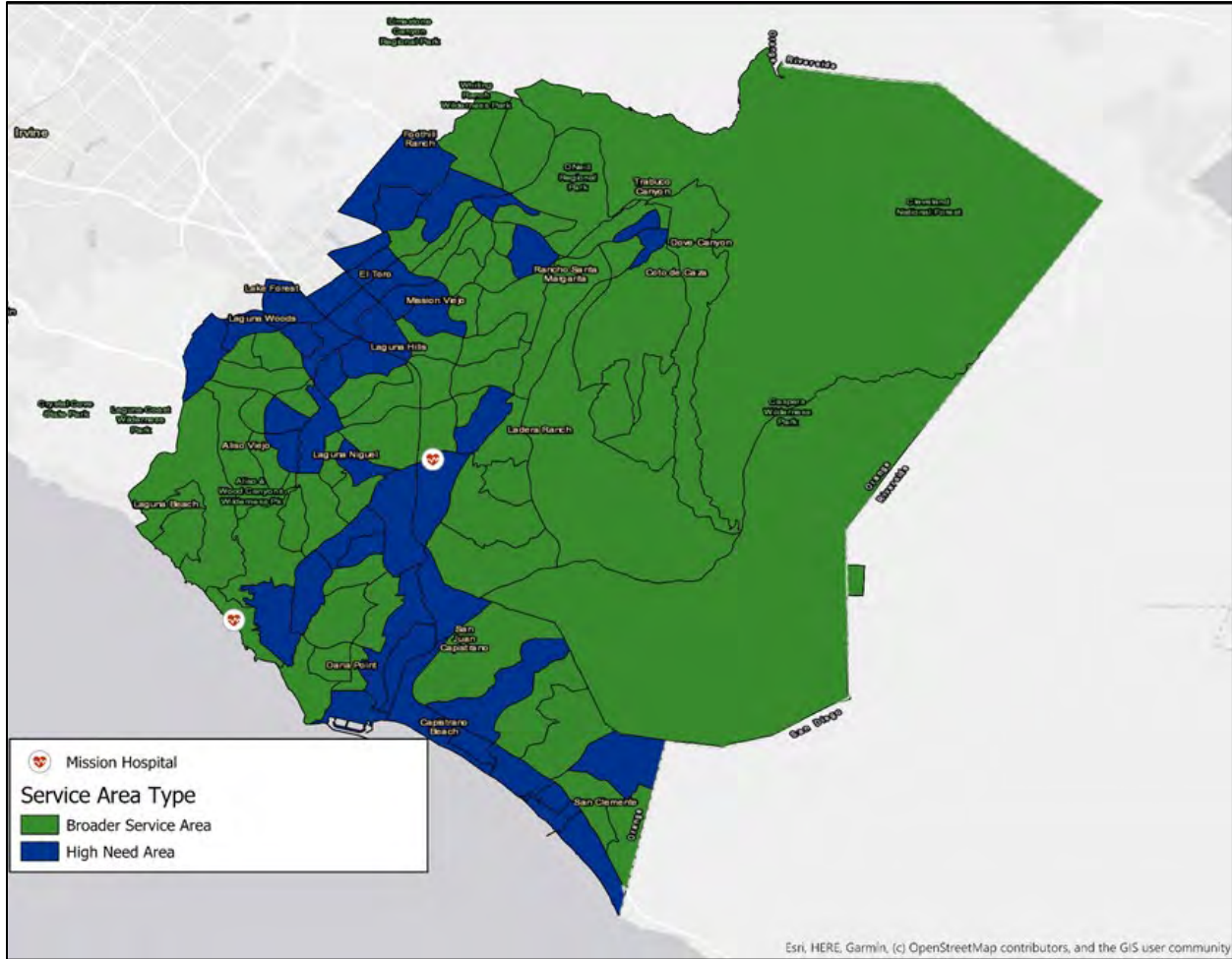
Hospital Service Area – Mission Hospital

The community served by Mission Hospital is based upon geographic access and other area hospitals, as well as patient ZIP Codes. For more granular data, census tracts that overlap the ZIP Codes in Table 1 were referenced. The service area for Mission Hospital was defined using census tracts inside South Orange County. In total there are 109 census tracts within the service area of Mission Hospital.

Table 3. Cities and ZIP Codes Included in Hospital Service Area - Mission Hospital

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

Figure 11. Mission Hospital's Total Service Area



Community Demographics – Mission Hospital

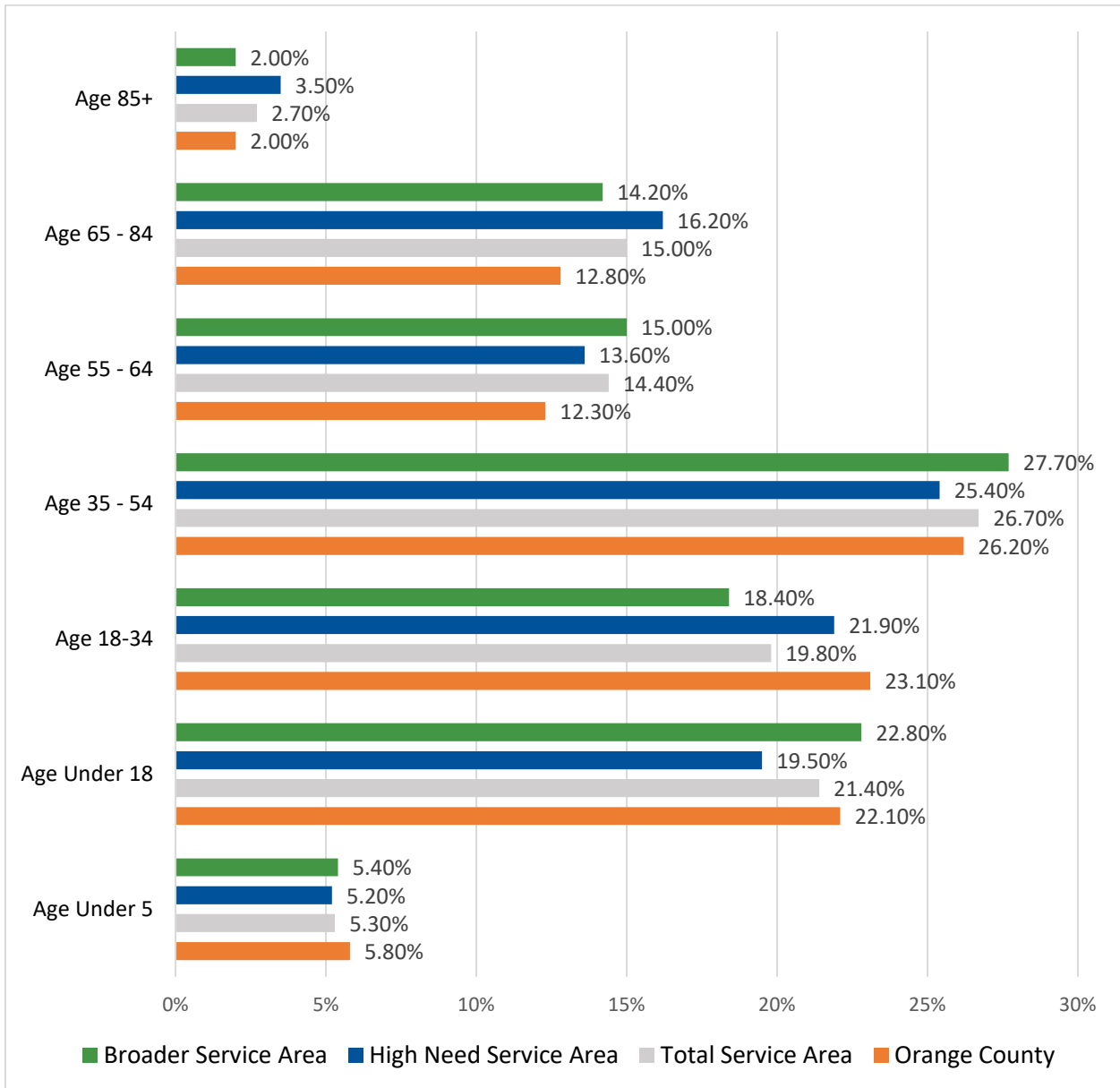
POPULATION AND AGE DEMOGRAPHICS – MISSION HOSPITAL

Of the over 590,000 permanent residents in the total service area, roughly 42% live in the high need area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts in the total service area. For reference, 200% FPL is equivalent to an annual household income of \$51,500 or less for a family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses. The population in Mission Hospital’s total service area makes up 18% of Orange County.

Table 4. Population Demographics for Mission Hospital Service Area and Orange County

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
2019 Total Population	342,398	251,435	593,833	3,252,459
Female Population	51.1%	51.4%	51.2%	50.5%
Male Population	48.9%	48.6%	48.8%	49.5%

Figure 12. Age Groups by Geography for Mission Hospital Service Area



POPULATION BY RACE AND ETHNICITY – MISSION HOSPITAL

Individuals who identify as Hispanic and “other” race are more likely to live in high need census tracts. People identifying as white are less likely to live in high need census tracts.

Figure 13. Race by Geography for Mission Hospital Service Area

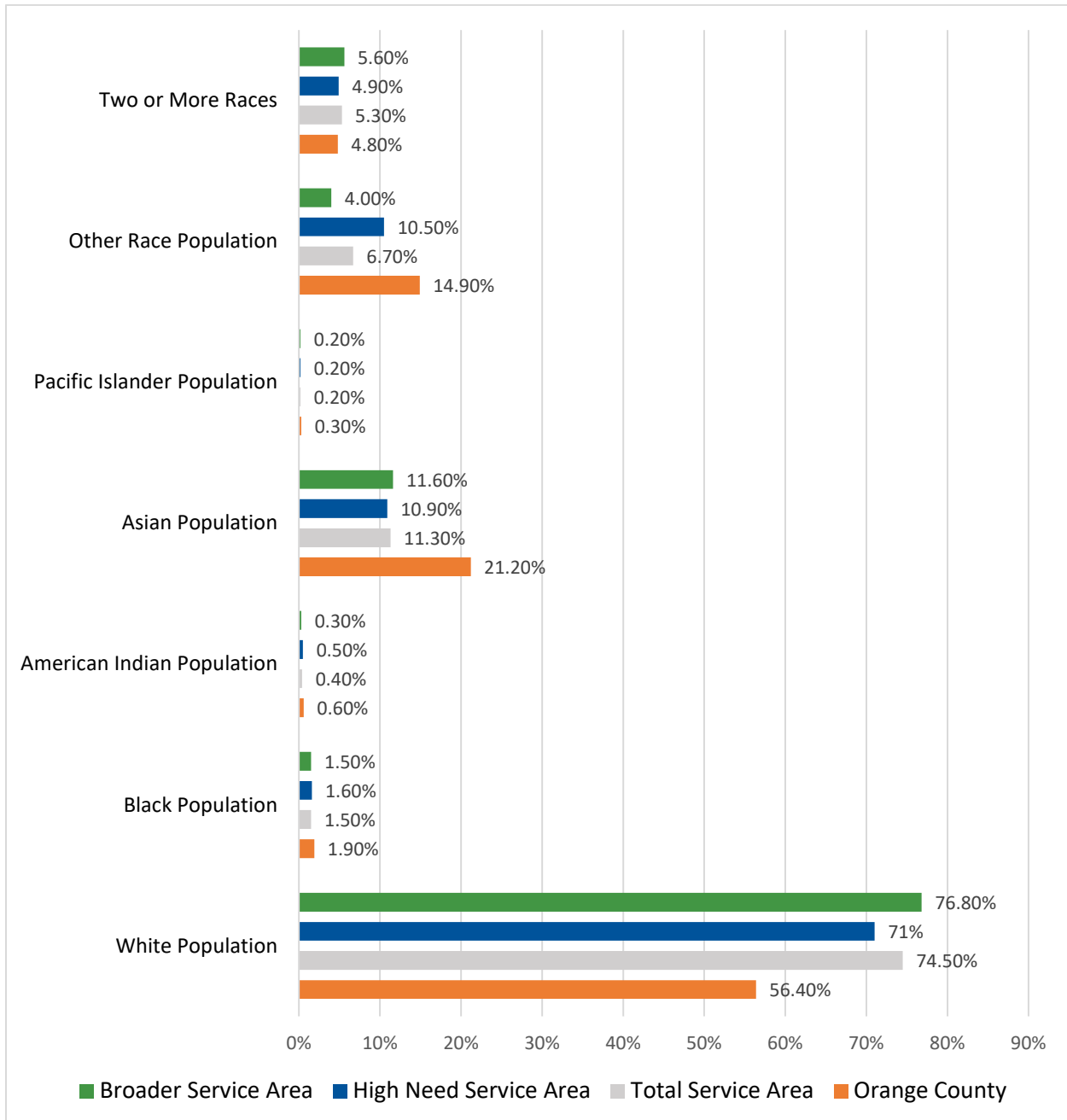
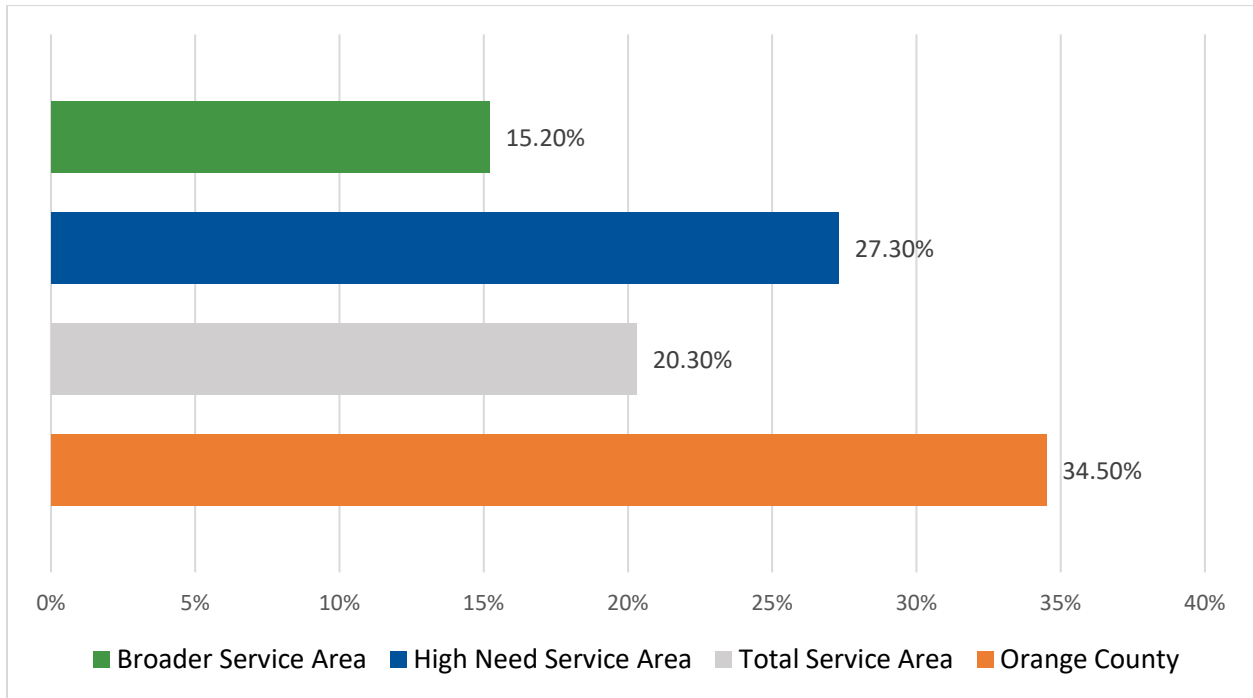


Figure 14. Hispanic Population by Geography for Mission Hospital Service Area



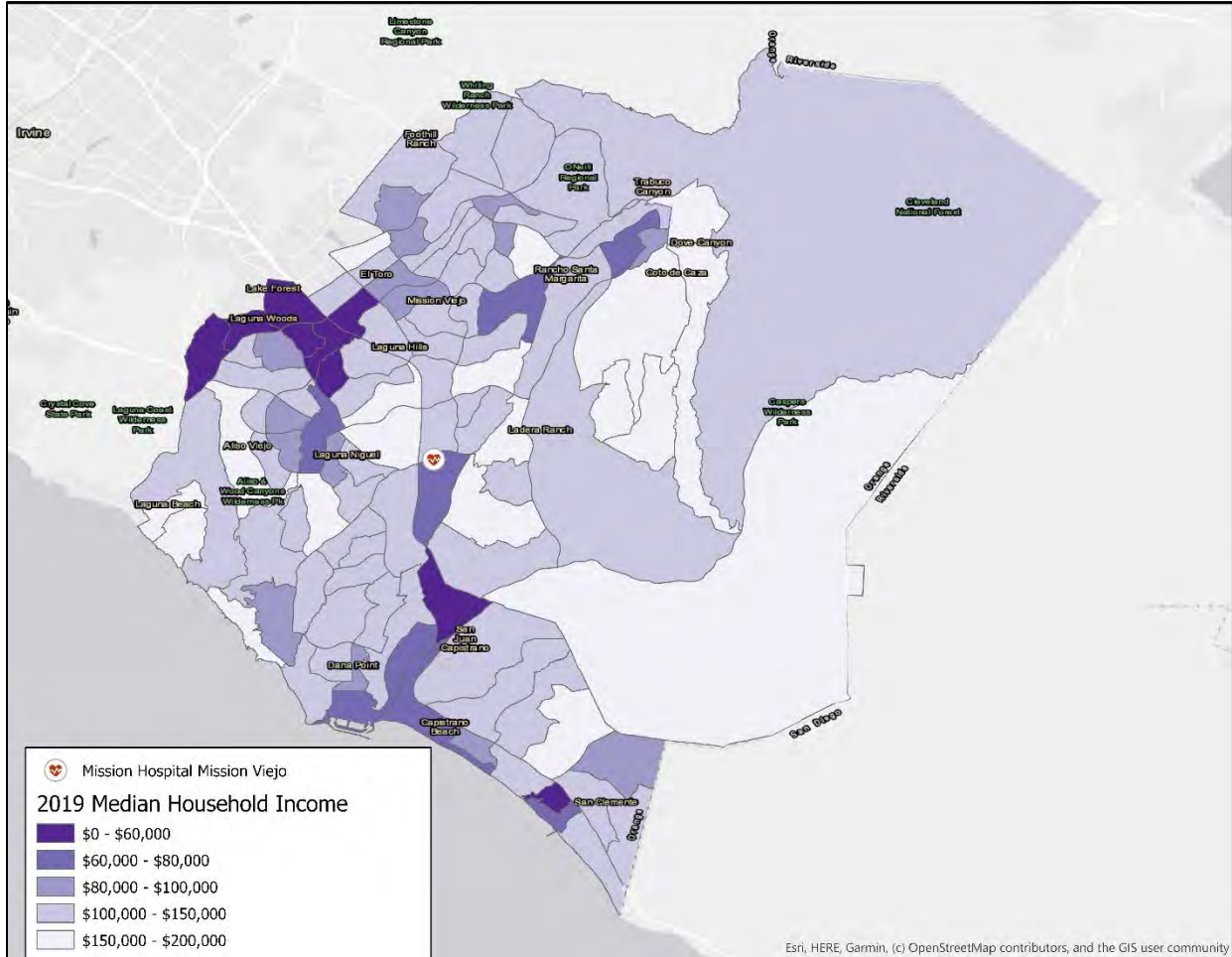
MEDIAN INCOME—MISSION HOSPITAL

Table 5. 2019 Median Income for Mission Hospital Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Median Income Data Source: American Community Survey Year: 2019	\$126,947	\$85,526	\$108,224	\$88,453

The median income for the total service area for Mission Hospital is about \$20,000 higher than Orange County overall. There is over a \$40,000 difference in median income between Mission Hospital’s Broader Service Area and the High Need Service Area.

Figure 15. 2019 Median Income for Mission Hospital Service Area



HOUSING COST BURDEN

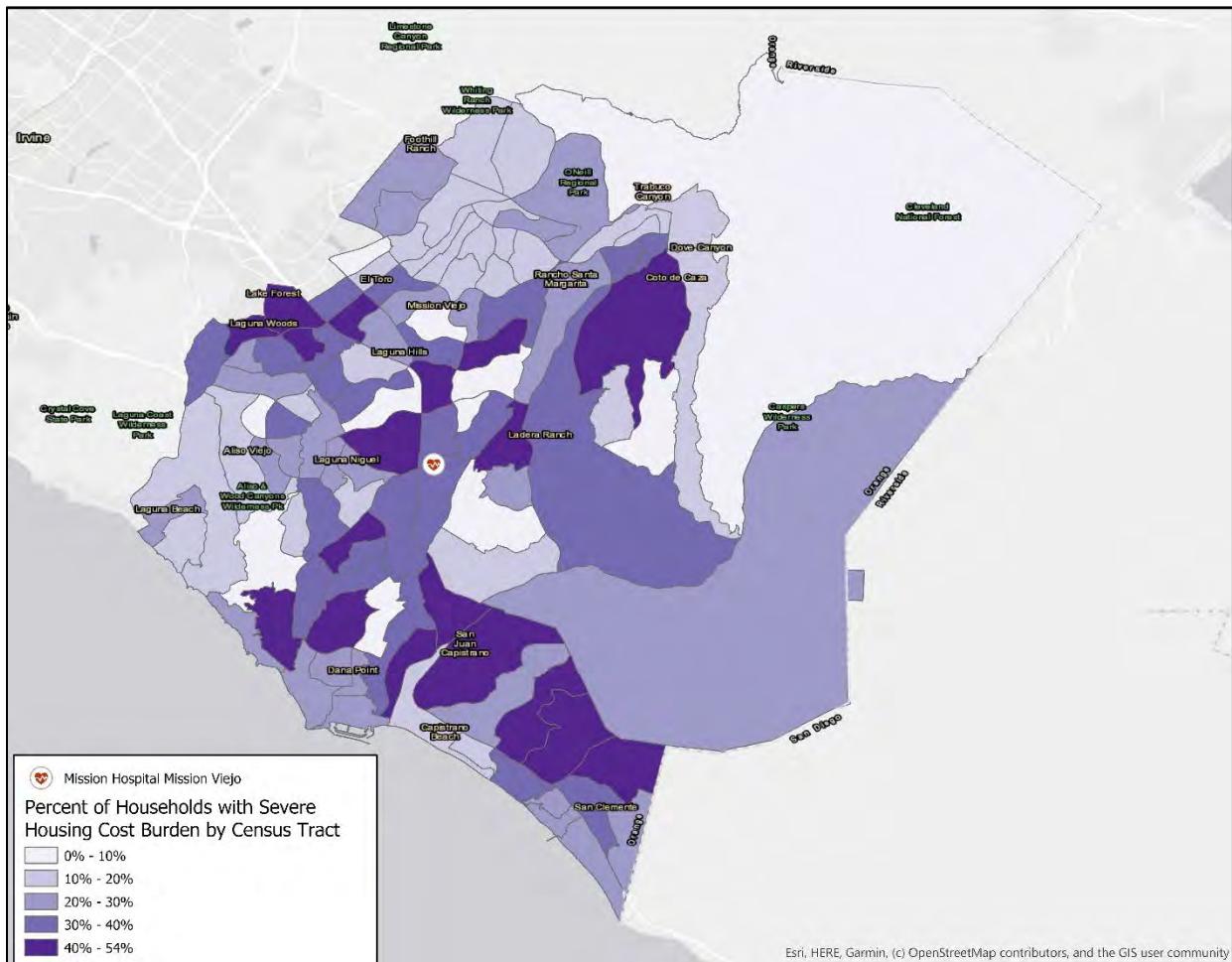
Table 6. Percent of Renter Households with Severe Housing Cost Burden for Mission Hospital Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Renter Households with Severe Housing Cost Burden				
Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	25.4%	30.3%	28.1%	28.0%

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. The total service area and Orange County have roughly the same percentage of renter households that are severely housing cost burdened (28%).

In the high need service area, 30% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which over 50% of households are experiencing severe housing cost burden.

Figure 16. Percent of Renter Households with Severe Housing Cost Burden for Mission Hospital Service Area



Health Indicators – Mission Hospital

Orange County Healthier Together has provided available data on key health indicators by ZIP Code, race, ethnicity, and age where available for our service area. These are in Appendix 6 and available [online](#). There are more older adults and more non-Latino white people in the Mission Hospital service area than Orange County and California. Compared to the county and state, the service area is relatively prosperous, but the summary data hide pockets of poverty within the ZIP Code level.

The data show that the ZIP Codes where Federally Qualified Health Centers are located (Lake Forest – 92630, San Juan Capistrano – 92675, San Clemente – 92672/92673/92674) generally have “worse” rates than the county on several indicators. These communities have higher percentages of immigrant families and families with low incomes.

Avoidable Emergency Department Visits - Mission Hospital

Emergency department discharges for the year 2019 were coded as “avoidable” per the Providence definition for Mission Hospital and nearby Providence hospitals. Avoidable emergency department (AED) visits are based on the primary diagnosis for a discharge and includes diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care.

Table 7. Avoidable Emergency Department Visits for Providence—Orange County

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Grand Total	151,468	80,549	232,017	34.7%

Across Providence’s Orange County and High Desert service areas, Mission Hospital had the lowest percentage of avoidable emergency department visits at 32.9% in the year 2019, compared to an average of 34.7% for the region. Individuals identifying as Native American/Eskimo/Aleutian and those identifying as Pacific Islander/Native Hawaiian had some of the highest percentages of avoidable emergency department visits, however they also had some of the lowest overall volume in emergency department encounters at 14 and 77 visits respectively for the year or 2019. Therefore, these data should be interpreted with caution. Individuals identifying as Black/African American had the second highest percentage of AED visits at 35.5% for over 1,000 visits if we exclude patient records where patient race was left blank.

At Mission Hospital, patients in the age group of “18 – 44” had the highest percent of avoidable visits in the year of 2019 and 43% of the total emergency department visits. Both age groups “18 – 44” and “45 – 64” had higher percentages of avoidable ED visit rates higher than Mission Hospital overall.

ZIP Codes 92677, 92675, and 92672 produced the greatest number of potentially avoidable ED visits for Mission Hospital. These three ZIP Codes were responsible for approximately 28% (4,263) of all potentially avoidable visits in 2019. Of the 408 patients who were seen in the ED with a zip code of

“ZZZZZ,” 259 of these encounters were classified as an avoidable visit. This group of patients, typically considered patients experiencing homelessness, has the highest proportion of avoidable visits (64%) compared to all other ZIP Codes, age groups and races.

Table 8. Avoidable Emergency Department Visits by Patient ZIP Code at Mission Hospital

Encounters by Patient Zip Code	Non-AED Visits	AED Visit	Total ED Visits	AED %
Mission Hospital	31,226	15,310	46,536	32.9%
92677	3,694	1,841	5,535	33.3%
92675	2,683	1,258	3,941	31.9%
92672	2,228	1,164	3,392	34.3%
ZZZZZ*	149	259	408	63.5%

See [Appendix 1](#): Quantitative Data for more data tables related to AED for Mission Hospital.

SIGNIFICANT HEALTH NEEDS – MISSION HOSPITAL

Prioritization Process and Criteria

The [CHNA Framework](#) and [Community Input](#) sections were the foundation for the identification of health needs. Thirteen health needs were identified for the service area in the prioritization process:

1. Cancer
2. Diabetes
3. Early Childhood Education
4. Economic Mobility
5. Environment/Climate
6. Equity and Racial Disparities
7. Food Security
8. Health Care Access
9. Homelessness & Housing Instability
10. Mental Health & Substance Use
11. Obesity
12. Safety
13. Senior Health

Through a collaborative process engaging Community Health Committee members, the Directors of Community Health Investment for each hospital developed a point system to identify the priority areas. Indicators were listed and each was assessed based on the following:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Orange County Health Improvement Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

The indicators with the highest points moved on to full discussions with the Committee and a final vote identified the priorities listed in the following section.

See [Appendix 3: Prioritization Protocol and Criteria](#)

Priority Needs

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: MENTAL HEALTH & SUBSTANCE USE

Creating awareness and services addressing mental health along with substance use.

PRIORITY 2: HOUSING & HOMELESSNESS

Social determinants of health, like housing, have a substantial impact on health behaviors and health outcomes. Addressing housing instability, housing affordability, and preventing homelessness will improve health in the communities we serve.

PRIORITY 3: EQUITY & RACIAL DISPARITIES

The need for increased health equity and the presence of health disparities by race are key priorities to address.

As we develop the Community Health Improvement Plan (CHIP), we will integrate prevention and addressing racial disparities as a cornerstone of each of these priority areas.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, Hoag Hospitals, Kaiser Permanente Orange County, and MemorialCare. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 4.

See [Appendix 4](#): Resources potentially available to address the significant health needs identified through the CHNA

EVALUATION OF 2018-2020 CHIP IMPACT – MISSION HOSPITAL

This report evaluates the impact of the 2018-2020 Community Health Improvement Plan (CHIP). Mission Hospital responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 9. Outcomes from 2018-2020 CHIP – Mission Hospital

Priority Need	Program or Service Name	Results/Outcomes	Type of Support
Access to Health Care	Community Flu Clinics to areas with low incomes	462 people vaccinated	Program
Access to Health Care	Nurse Navigation to residents with low incomes	3,552 encounters to residents	Program
Access to Health Care, Mental Health	Family Resource Centers	31,399 encounters provided to a minimum of 5,000 residents	Program
Access to Health Care	Transportation program	4,423 rides were provided to at least 195 people	Program
Access to Health Care	Care Navigation Program	60% reduction in Emergency Department visits for engaged individuals	Program
Access to Health Care	Camino Health Center	50,864 visits were provided to 15,301 residents	Grant
Economic Mobility	Financial Education and Job Training	124 encounters, with at least 73 unique people served	Program
Immigrant Support & Solidarity	Programs and services to promote inclusion, diversity and multiculturalism	6,236 encounters with at least 3,159 unique people served	Program
Mental Health	Therapeutic and case management services offered to the community	15,387 encounters were provided to a minimum of 4,105 residents	Program

Mental Health	Promise to Talk Stigma Reduction Campaign	2,162 promises made to talk about mental health and created \$6.7 million impressions in the community	Program
Mental Health	<i>Raising Healthy Teens:</i> Youth Substance Use Prevention Program	20,000 encounters, 15,000 website visits and over 10 million impressions in the community	Program
Mental Health	Decrease rates of alcohol and other drug use in the last 30 days by high school students	50% decrease in reported use by 9 th and 11 th grade students in participating schools within the Capistrano Unified School District (11% and 26% respectively in 2018/2019. Baseline was 21% and 42% in 2015/2016)	Program

Mission Hospital COVID-19 Relief Response

This was an unprecedented year due to the COVID-19 pandemic. It required many of our programs to pivot their work to provide services virtually. Our Family Resource Centers offers food distribution drives monthly to support local families in need. Many of our staff volunteer for this program. In addition, community benefit staff time was re-directed to advocacy efforts with our local cities around eviction moratoriums and rental assistance programs. In addition, our Community Health Investment Team supported COVID vaccination clinics in South Orange County hard-to-reach neighborhoods. Our hospitals provided over 100,000 COVID vaccines to community members at hospital sites.

2021 CHNA LOCAL GOVERNANCE APPROVAL – MISSION HOSPITAL

This Community Health Needs Assessment was adopted May 11, 2021 by the Community Health Committee⁵⁵ of the hospital. The final report was made widely available by December 28, 2021.



5/11/2021

Todd Lempert, MD
Chair, Mission Hospital Community Health Committee

Date

CHNA/CHIP Contact:

Christy Cornwall, MPH, CHES
Director, Community Health Investment – Southern California Region
27700 Medical Center Road, Mission Viejo, CA 92691
Christy.cornwall@stjoe.org

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

⁵⁵ See [Appendix 5](#): Community Health Committee Members

ST. JOSEPH HOSPITAL OF ORANGE

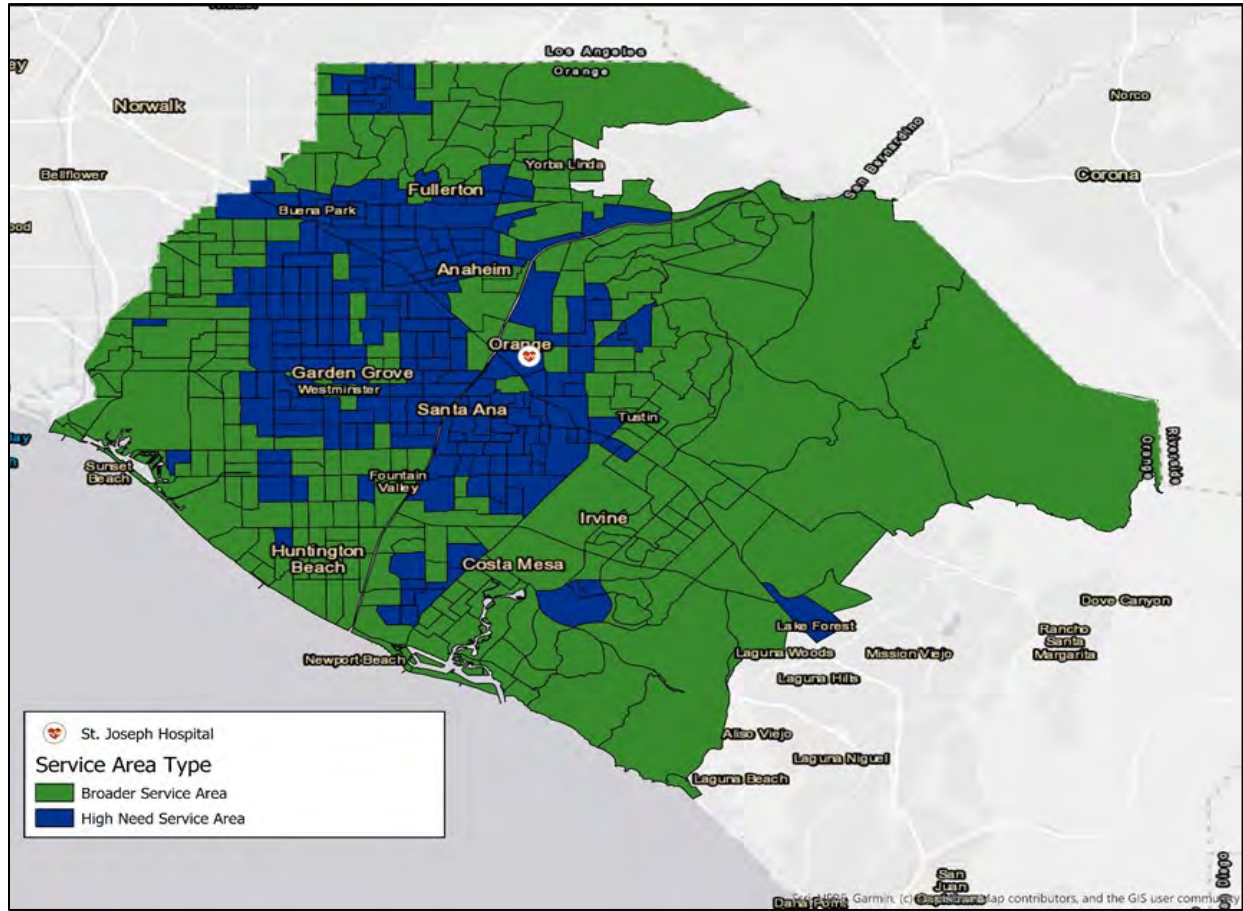
Hospital Service Area – St. Joseph Hospital of Orange

The community served by St. Joseph Hospital of Orange is based upon geographic access and other area hospitals, as well as patient ZIP Codes. For more granular data, census tracts that overlap the ZIP Codes in Table 8 were referenced. The service area for St. Joseph Hospital of Orange was defined using census tracts inside North and Central Orange County with the exclusion of the city of Yorba Linda. This includes, but is not limited to, the cities of Anaheim, Brea, Buena Park, Cypress, Fullerton, Costa Mesa, Garden Grove, Santa Ana, West Minister and Orange. In total, there are 458 census tracts within the service area of St. Joseph Hospital of Orange.

Table 10. Cities and ZIP Codes Included in Total Service Area - St. Joseph Hospital of Orange

Cities/ Communities	ZIP Codes
Anaheim	92801, 92802, 92803, 92804, 92805, 92806, 92807, 92808, 92809, 92814, 92815, 92816, 92817 & 92825
Garden Grove	92840, 92841, 92842, 92843, 92844, 92845 & 92846
Orange	92856, 92857, 92859, 92862, 92863, 92865, 92866, 92867 & 92868
Santa Ana	92701, 92702, 92703, 92704, 92705, 92706, 92707, 92711, 92735 & 92799
Tustin	92780, 92781 & 92782
Villa Park	92861
Westminster	92683, 92864 & 92685
Buena Park	90620, 90621 & 90622
Corona	92877, 92878, 92879, 92880, 92881, 92882 & 92883
Costa Mesa	92626, 92627 & 92628
Cypress	90630
Foothill Ranch	92610
Fountain Valley	92708 & 92728
Fullerton	92831, 92833, 92834 & 92838
Irvine	92602, 92603, 92604, 92606, 92612, 92614, 92616, 92617, 92618, 92619, 92620, 92623 & 92697
Lake Forest	92630
Placentia	92870 & 92871
Silverado	92676
Stanton	90680
Yorba Linda	92885, 92886 & 92887

Figure 18. St. Joseph Hospital of Orange Service Area



Community Demographics – St. Joseph Hospital of Orange

POPULATION AND AGE DEMOGRAPHICS – ST. JOSEPH HOSPITAL OF ORANGE

Of the over 2,590,000 permanent residents in the total service area, roughly 47% live in the high need area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts in the total service area. For reference, 200% FPL is equivalent to an annual household income of \$51,500 or less for a family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses. The population in St. Joseph Hospital of Orange’s total service area makes up 80% of Orange County.

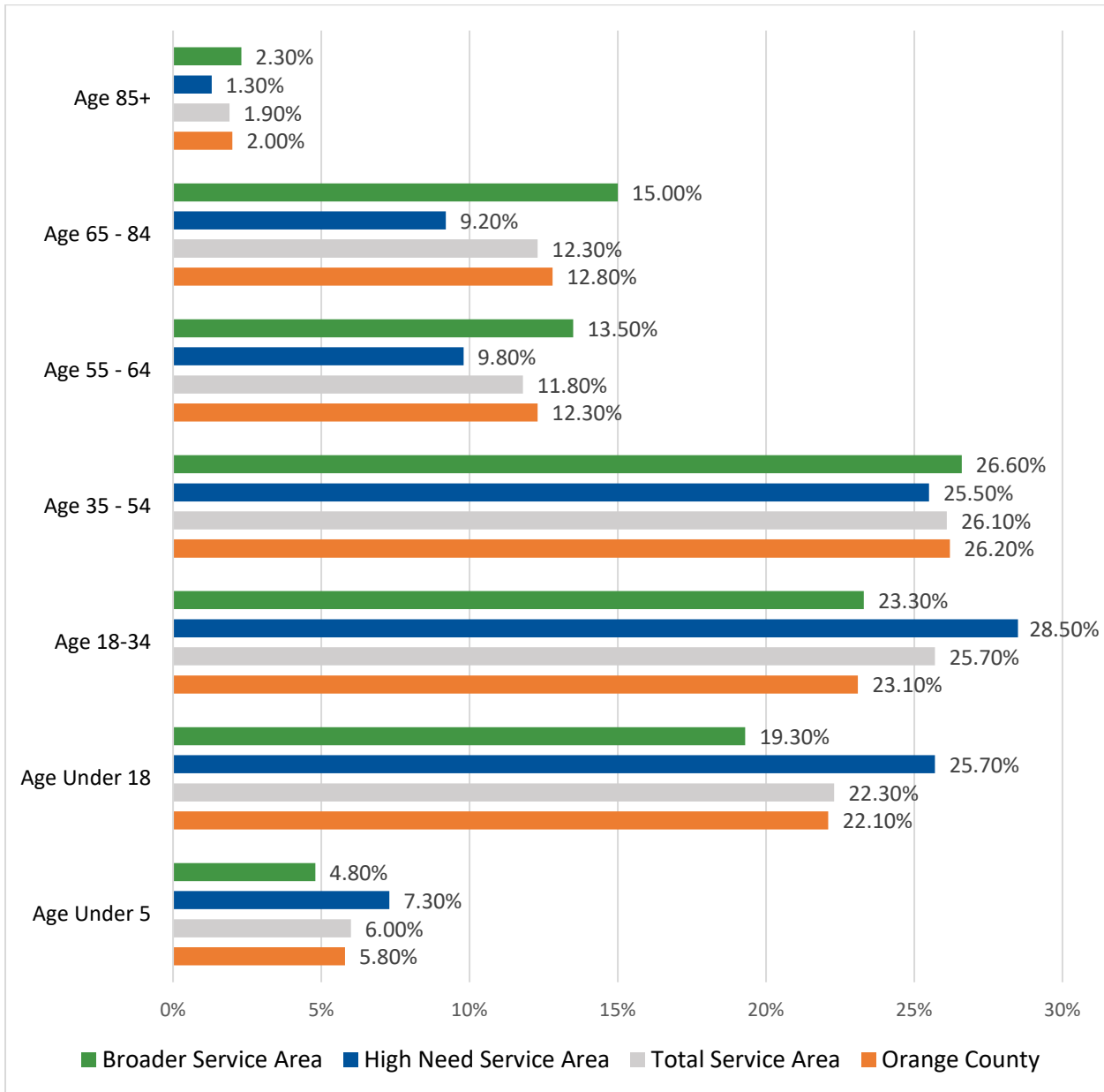
The male-to-female distribution is roughly equal across geographies. Individuals under the age of 35 are more likely to live in high need census tracts.

Table 11. Population Demographics for St. Joseph Hospital of Orange Service Area and Orange County

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
-----------	----------------------	------------------------	--------------------	---------------

2019 Total Population	1,381,295	1,209,139	2,590,434	3,252,459
Female Population	50.9%	49.8%	50.4%	50.5%
Male Population	49.1%	50.2%	49.6%	49.5%

Figure 19. Age Groups by Geography for St. Joseph Hospital of Orange Service Area



POPULATION BY RACE AND ETHNICITY – ST. JOSEPH HOSPITAL OF ORANGE

Individuals who identify as Hispanic and “other” race are substantially more likely to live in high need census tracts. People identifying as white are less likely to live in high need census tracts.

Figure 20. Race by Geography for St. Joseph Hospital of Orange Service Area

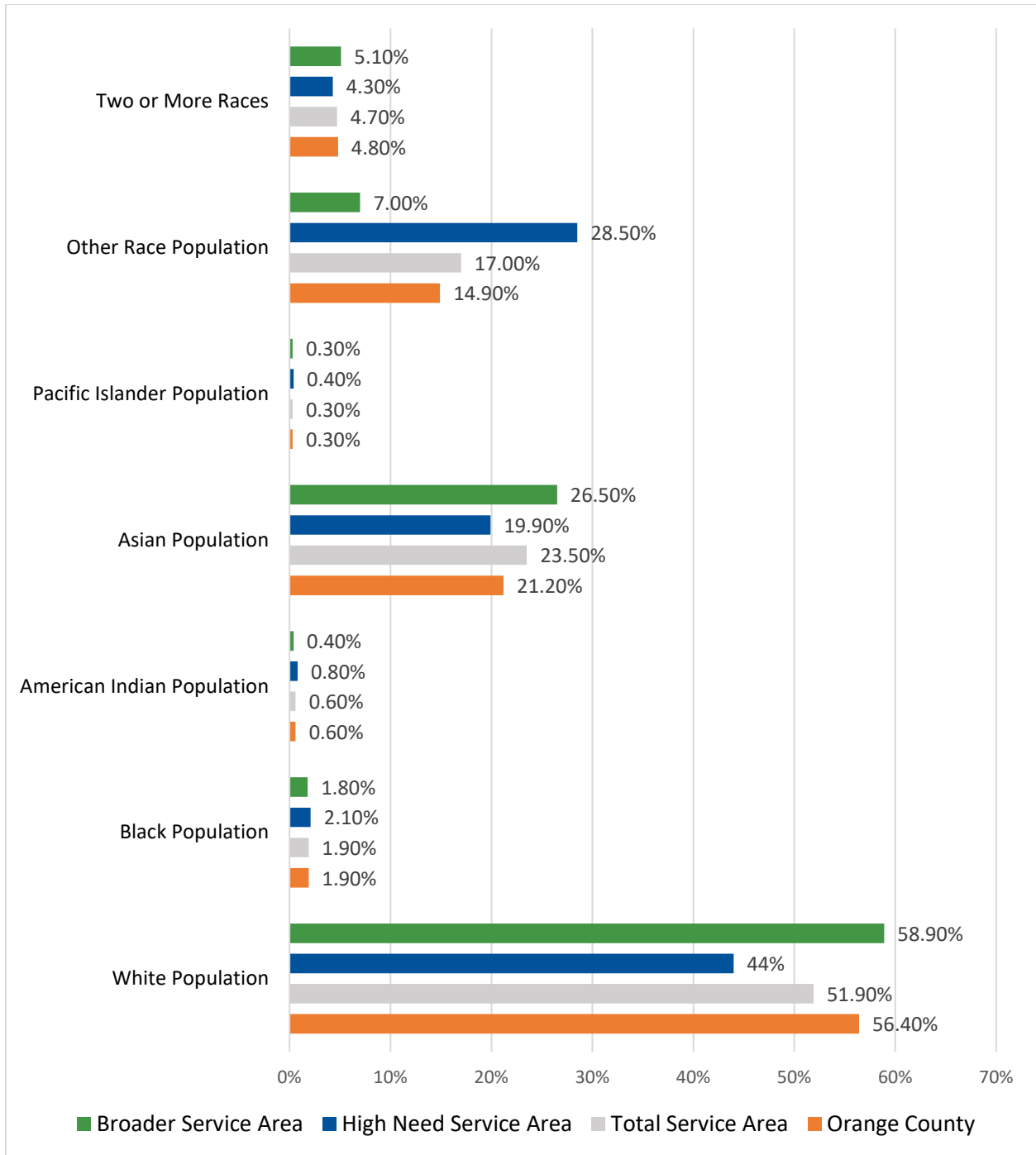
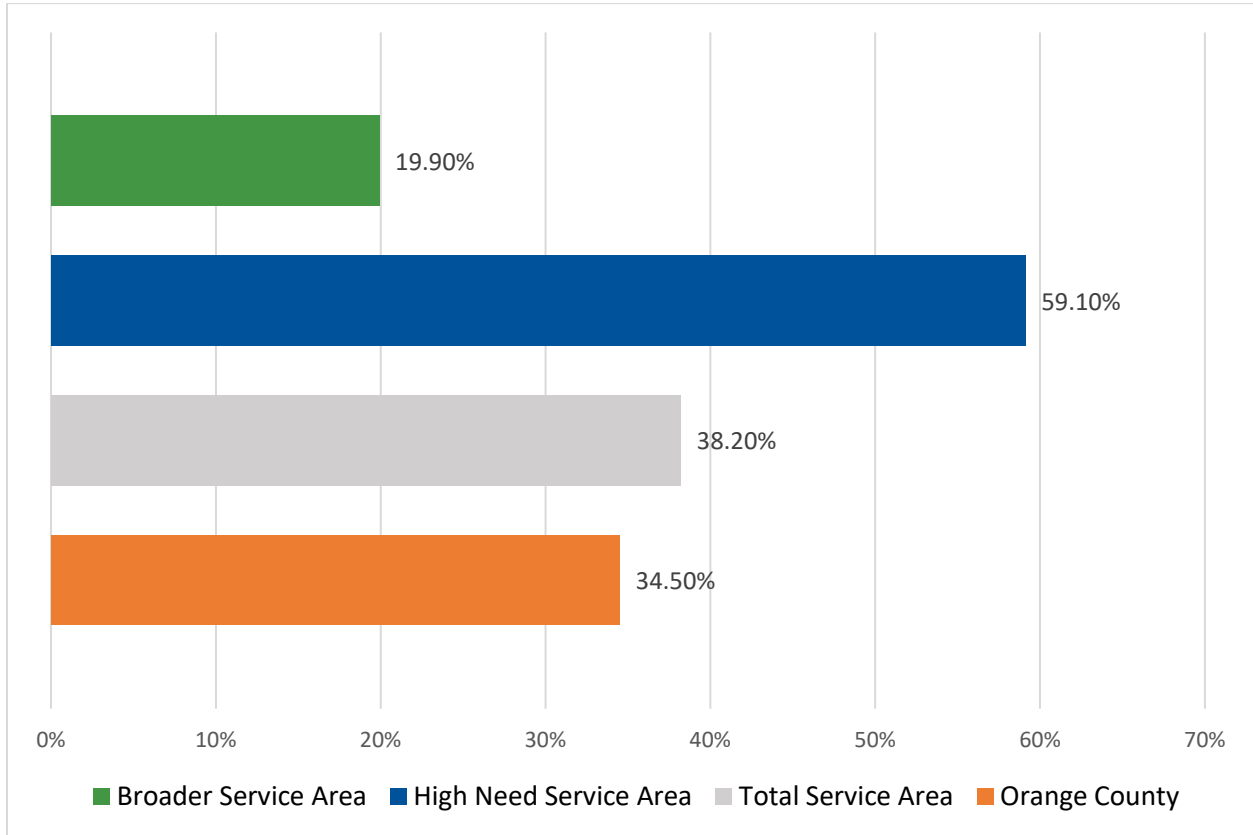


Figure 21. Hispanic Population by Geography for St. Joseph Hospital of Orange Service Area



MEDIAN INCOME—ST. JOSEPH HOSPITAL OF ORANGE

Table 12. 2019 Median Income for St. Joseph Hospital of Orange Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Median Income Data Source: American Community Survey Year: 2019	\$101,892	\$60,065	\$83,028	\$88,453

The high need service area’s median households income is approximately \$40,000 less than the broader service area, and \$28,000 less than Orange County overall.

Figure 22. Median Income for St. Joseph Hospital of Orange Service Area

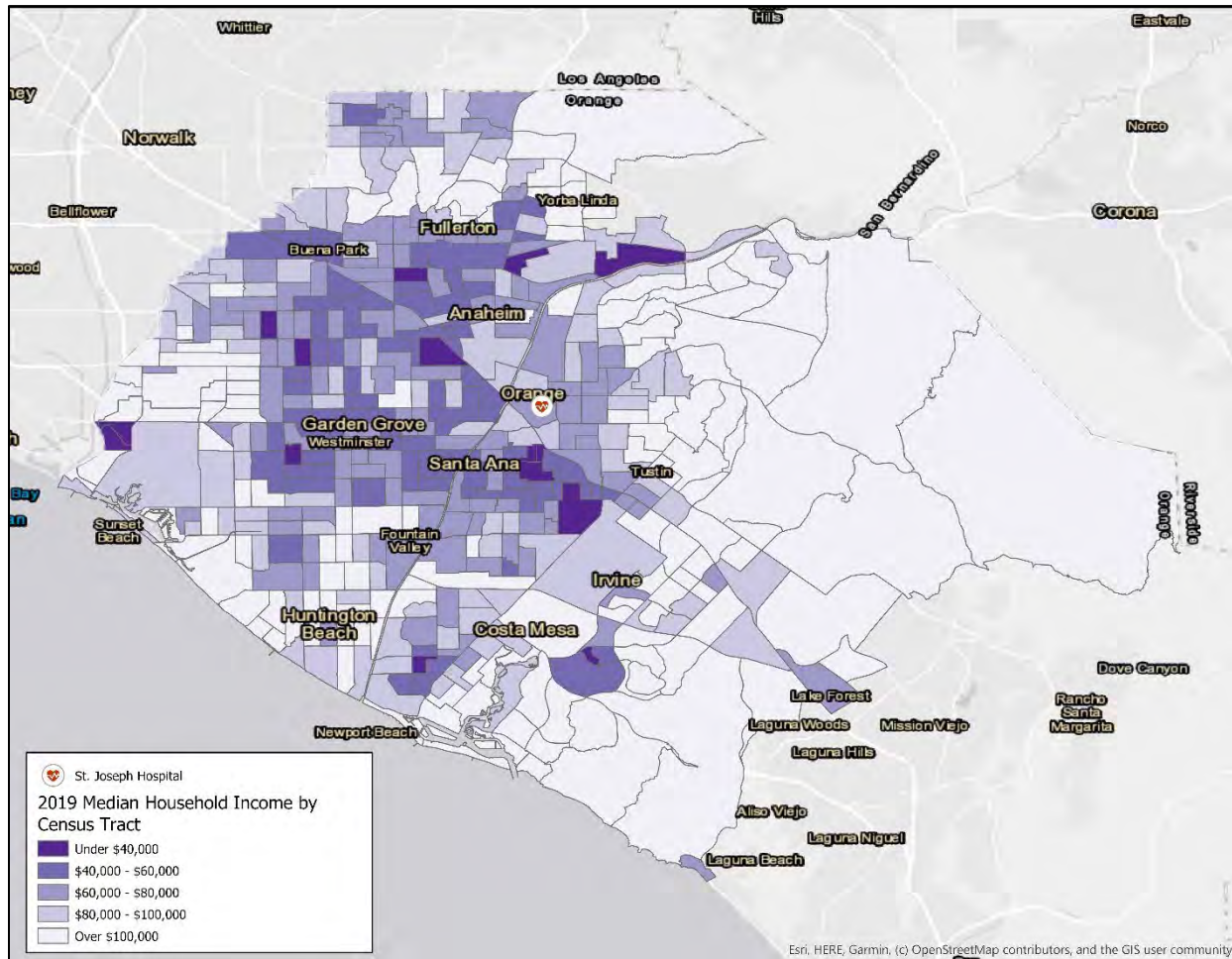
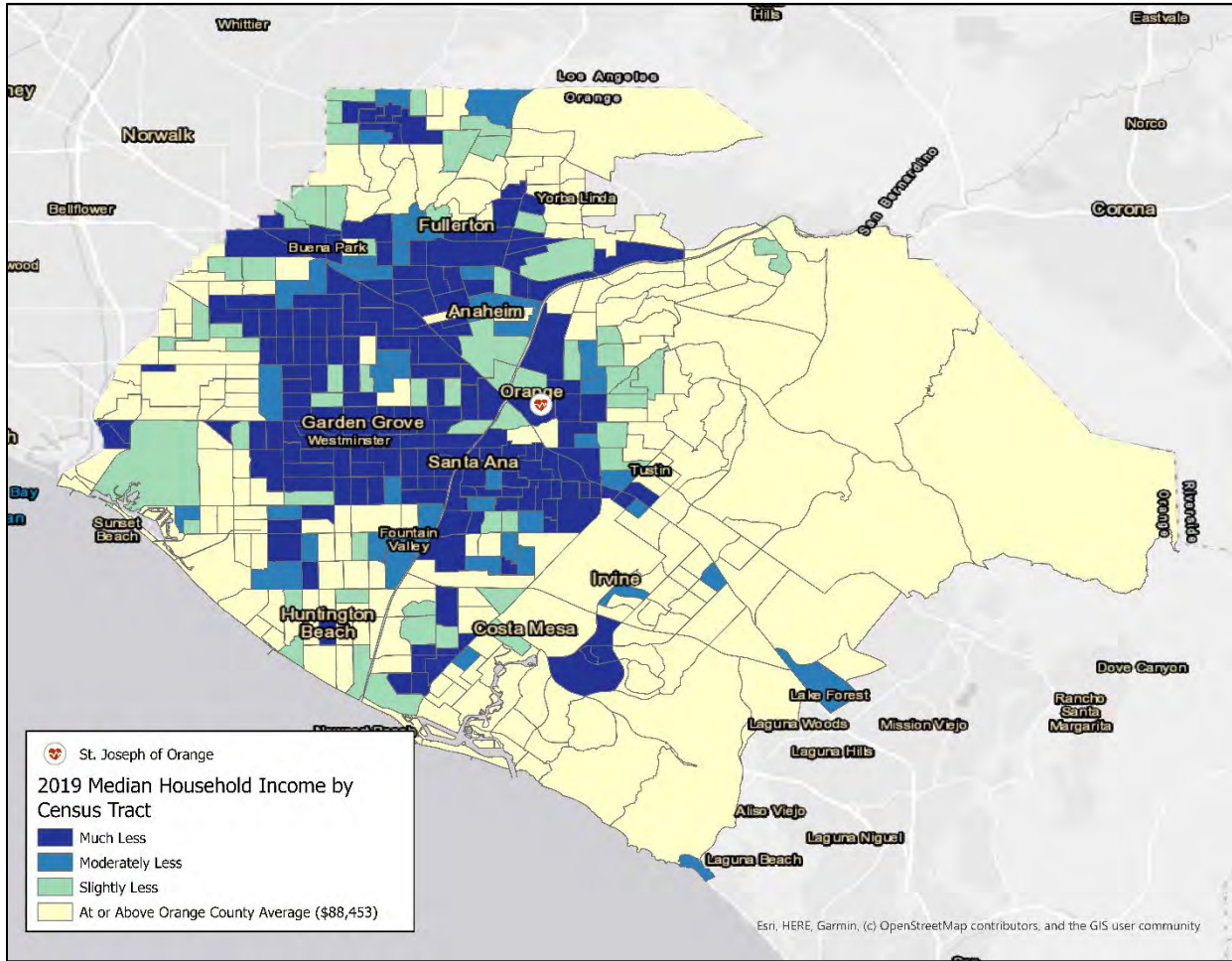


Figure 23. 2019 Median Income for St. Joseph Hospital of Orange Service Area in Comparison to County Average



HOUSING COST BURDEN—ST. JOSEPH HOSPITAL OF ORANGE

Table 13. Percent of Renter Households with Severe Housing Cost Burden for St. Joseph Hospital of Orange Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	23.7%	32.2%	27.9%	28.0%

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. The total service area and Orange County have roughly the same percentage of renter households that are severely housing cost burdened (28%). In the high need service area, 32% of renter households are severely housing cost burdened compared to 24% in the broader service area

Figure 24. Percent of Renter Households with Severe Housing Cost Burden for St. Joseph Hospital of Orange Service Area

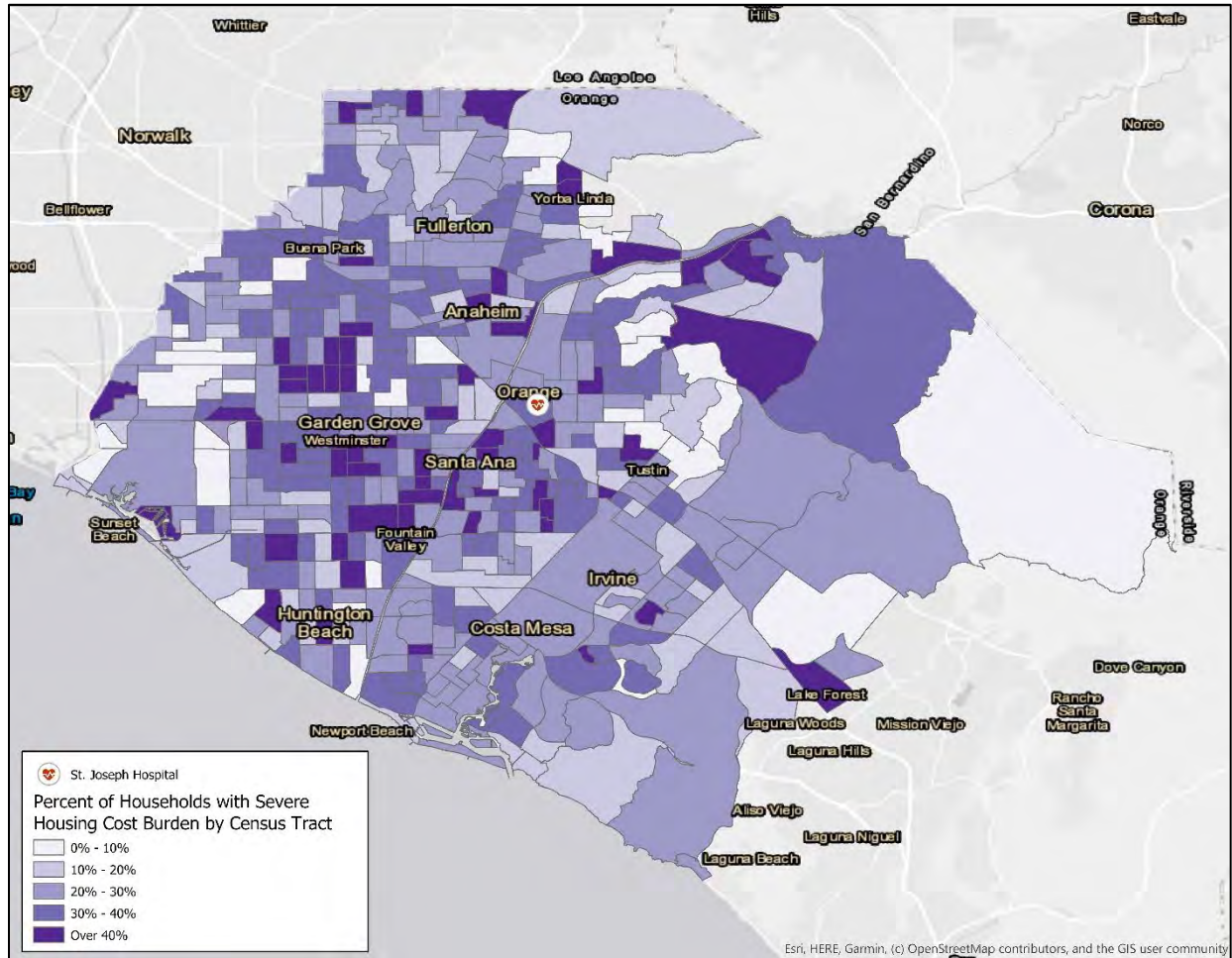
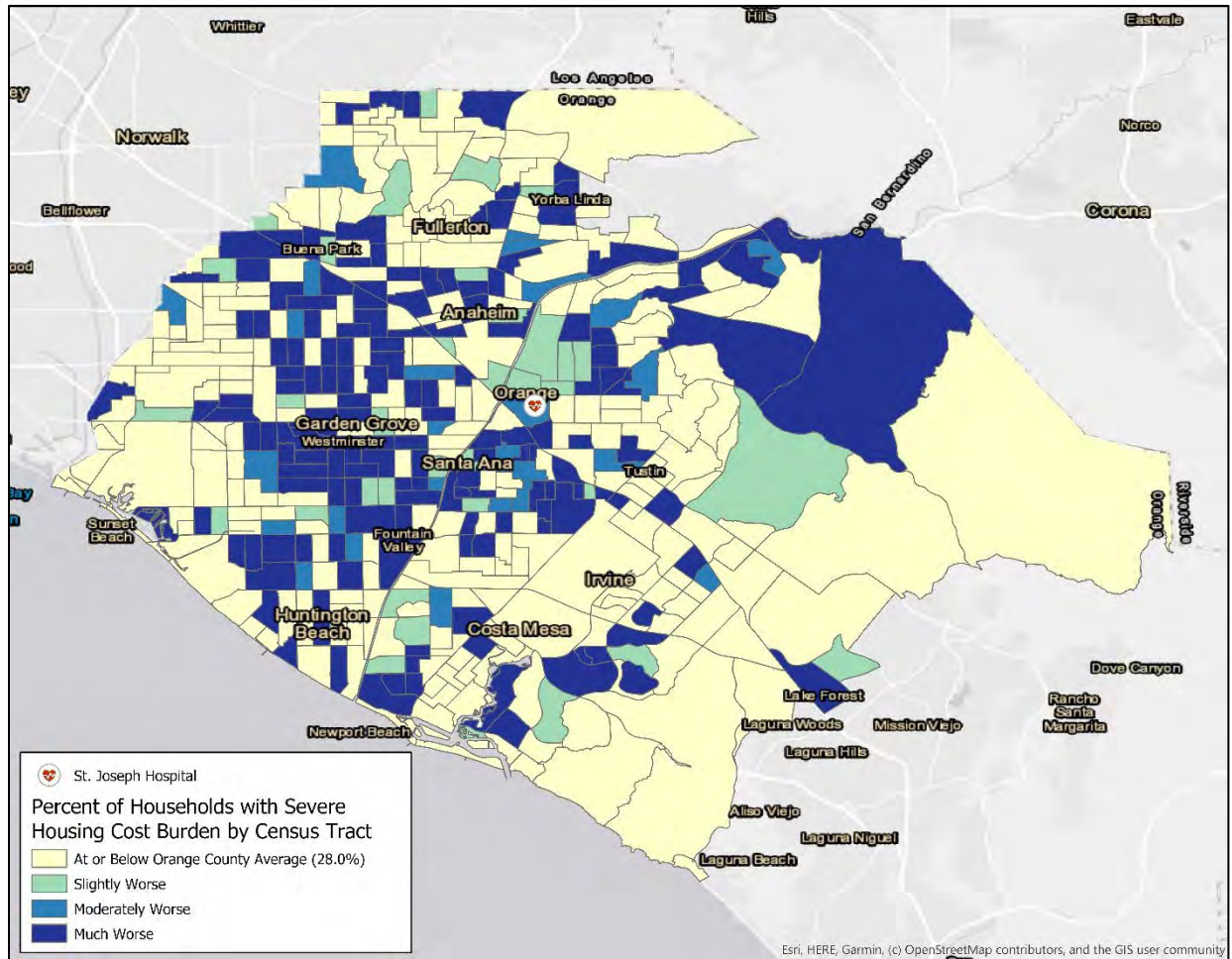


Figure 25. Percent of Renter Households with Severe Housing Cost Burden for St. Joseph Hospital of Orange Service Area in Comparison to County Average



See [Appendix 1](#): Quantitative Data for more population level data for St. Joseph Hospital of Orange.

HEALTH PROFESSIONAL SHORTAGE AREA – ST. JOSEPH HOSPITAL OF ORANGE

St. Joseph Hospital of Orange is not located within Health Professional Shortage Areas (HPSA), although parts of the service area are designated as shortage areas. Census tracts near Stanton, Garden Grove, and Santa Ana are considered Primary Care HPSAs. Parts of Anaheim are considered Mental Health HPSAs.

See [Appendix 1](#): Quantitative Data for more information related to HPSA, Medically Underserved Areas, and Medically Underserved Populations.

Health Indicators – St. Joseph Hospital of Orange

Orange County Healthier Together has provided available data on key health indicators by ZIP Code, race, ethnicity, and age where available for our service area. These are in Appendix 6 or available online. Overall, Central Orange County Districts have the highest proportion of overweight or obese students. Education levels are lower than in some areas in Orange County (Santa Ana, Anaheim, and Garden Grove). The median household income in Santa Ana (92701) is \$46,709 compared to Rancho Santa Margarita (92679) at \$177,197. While life expectancy in Orange County is 82.8 years, Stanton has a substantially lower life expectancy at 77.6 years. The data also show that the ZIP Codes where our affiliated Orange community health center (92868) is located have “worse” rates than the county for most indicators. These communities have high percentages of immigrant families and families with low incomes.

Avoidable Emergency Department Visits – St. Joseph Hospital of Orange

Emergency department discharges for the year 2019 were coded as “avoidable” per the Providence definition for St. Joseph Hospital of Orange and nearby Providence hospitals. Avoidable emergency department (AED) visits are based on the primary diagnosis for a discharge and includes diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care.

Table 14. Avoidable Emergency Department Visits for Providence—Orange County

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Grand Total	151,468	80,549	232,017	34.7%

The percentage of avoidable emergency department visits at St. Joseph Hospital of Orange was average for Providence—Orange County in 2019. Individuals identifying as Pacific Islander/Native Hawaiian and Black/African American had highest percentages of avoidable emergency department visits at 41.8% and 41.4%, respectively. Individuals identifying as white made up 86% of all emergency department visits and 85% of all avoidable emergency department visits in 2019 for St. Joseph Hospital of Orange.

Patients in the age group of “18 – 44” had the highest percent of avoidable visits in the year of 2019 at St. Joseph Hospital of Orange and 48% of the total emergency department visits. Both age groups “18 – 44” and “45 – 64” had higher percentages of avoidable visits than St. Joseph Hospital of Orange overall.

ZIP Codes 92701, 92703, and 92706 produced the greatest number of potentially avoidable ED visits for St. Joseph Hospital of Orange. These three ZIP Codes were responsible for approximately 20% (4,353) of all potentially avoidable visits in 2019. Of the 1,228 patients who were seen in the ED with a ZIP Code of “ZZZZZ,” 764 of these encounters were classified as an avoidable visit. This group of patients, typically

considered patients experiencing homelessness, has the highest proportion of avoidable visits (62%) compared to all other ZIP Codes, age groups and races.

Table 15. Avoidable Emergency Department Visits by ZIP Code at St. Joseph Hospital of Orange

Encounters by Patient Zip Code	Non-AED Visits	AED Visit	Total ED Visits	AED %
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
92701	2,580	1,635	4,215	38.8%
92703	2,335	1,402	3,737	37.5%
92706	2,266	1,316	3,582	36.7%
ZZZZZ	464	764	1,228	62.2%

See [Appendix 1: Quantitative Data](#) for more data tables related to AED for St. Joseph Hospital of Orange.

SIGNIFICANT HEALTH NEEDS – ST. JOSEPH HOSPITAL OF ORANGE

Prioritization Process and Criteria

The [CHNA Framework](#) and [Community Input](#) sections were the foundation for the identification of health needs. Seventeen health needs were identified for the service area in the prioritization process:

1. Homelessness & Housing
2. Mental Health & Substance Use
3. Obesity
4. Prevention
5. Health Care Access
6. Diabetes
7. Food Insecurity
8. Equity/Racial Disparities
9. Sexually Transmitted Diseases
10. Economic Stability
11. Environment/Climate
12. Safety
13. Stroke
14. Cancer
15. Teen Birth Rate
16. Alzheimer Disease
17. Early Childhood
18. Other

Through a collaborative process engaging Community Health Committee members, Directors of Community Health Investment for each hospital developed a point system to identify the priority areas. Indicators were listed and each was assessed based on the following:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Orange County Health Improvement Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

The indicators with the highest points moved on to full discussions with the Committee and a final vote identified the priorities listed in the following section.

See [Appendix 3: Prioritization Protocol and Criteria](#)

Priority Needs

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: MENTAL HEALTH

Creating awareness and services addressing mental health along with substance use.

PRIORITY 2: HEALTH CARE ACCESS

Increasing health care access as well as other resources for areas that have the biggest challenges.

PRIORITY 3: HOMELESSNESS AND HOUSING

Social determinants of health, like housing, have an impact on health. Addressing housing, homelessness and homeless prevention will improve health in the communities we serve.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, Hoag Hospitals, AHMC Anaheim, Children’s Hospital of Orange County, Corona Regional Medical Center, Kaiser Permanente Orange County, KPC Health, Inc., Orange Coast Medical Center, Prime Healthcare Services, Tenet Healthcare, and University of California, Irvine Medical Center. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 4.

See [Appendix 4: Resources potentially available to address the significant health needs identified through the CHNA](#)

EVALUATION OF 2018-2020 CHIP IMPACT – ST. JOSEPH HOSPITAL OF ORANGE

This report evaluates the impact of the 2018-2020 Community Health Improvement Plan (CHIP). Mission Hospital, St. Joseph Hospital of Orange and St. Jude Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 16. Outcomes from 2018-2020 CHIP – St. Joseph Hospital of Orange

Priority Need	Program or Service Name	Results/Outcomes	Type of Support
Access to Care for People Who are Uninsured and Underinsured	La Amistad (St. Jude Neighborhood Health Center FQHC)	21,090 encounters	Grant
Access to Care	Asian Pacific Islander partners to address unmet needs	6 engaged in improvement efforts	Advocacy
Access to Care	Transitional Care Clinic for uninsured hospital patients needing follow up care at a primary care setting	502 patients YTD	Grant
Access to Care	Social determinant of health screening at St. Jude Neighborhood Health Centers	3,407 patients screened YTD	Grant
Mental Health	Mental Health Encounters	3,018 total encounters including: Chemical Dependency: 542 Psychiatry: 103 Therapy: 1,953 Stigma Reduction: 420	Grant
Mental Health	Improve integration of primary care and mental health services	1 FTE 2-3 Student Interns	Grant
Mental Health	Recuperative Care for ER homeless patients with behavioral and substance use disorders	2,293 patients	Grant
Mental Health	Improve quality of life for La Amistad patients experiencing depression	PHQ-9 Results: 1,953	Grant

Diabetes / Obesity / Food & Nutrition	Improve percentage of La Amistad patients with well controlled diabetes (A1C below 9)	79% of patients	Grant
Diabetes / Obesity / Food & Nutrition	Improve percentage of La Amistad patients with BMI charted and follow-up plan documented	84% of patients	Grant
Diabetes / Obesity / Food & Nutrition	Adapt and implement Heritage Medical Group standard diabetes education protocol	N/A	Grant
Diabetes / Obesity / Food & Nutrition	Participate in county-wide collaborative focused on diabetes	30 partners engaged in improvement efforts	Advocacy
Education Equity	Early Childhood OC	1 city engaged in collaborative on EDI	Grant

St. Joseph Hospital of Orange COVID-19 Relief Response

This was an unprecedented year due to the COVID-19 pandemic. It required many of our programs to pivot their work to provide services virtually. In addition, our Community Health Investment Team provided over 11,000 COVID vaccines in high-risk low-income communities at apartment complexes, mobile home parks, parks, schools, churches, and community centers. Our hospitals provided over 100,000 COVID vaccines to community members at hospital sites.

2021 CHNA LOCAL GOVERNANCE APPROVAL – ST. JOSEPH HOSPITAL OF ORANGE

The Community Health Needs Assessment was adopted on April 6, 2021 by the Community Health Committee⁵⁶ of the hospital. The final report was made widely available by December 28, 2021.


_____ 07/12/2021
Ruben Smith Date
Chair, St. Joseph Hospital of Orange Community Benefit Committee

CHNA/CHIP Contact:

Cecilia Bustamante-Pixa
Director, Community Health Investment, Southern California Region
1100 West Steward
Cecilia.Bustamante-Pixa@stjoe.org

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

⁵⁶ See [Appendix 5](#): Community Health Committee Members

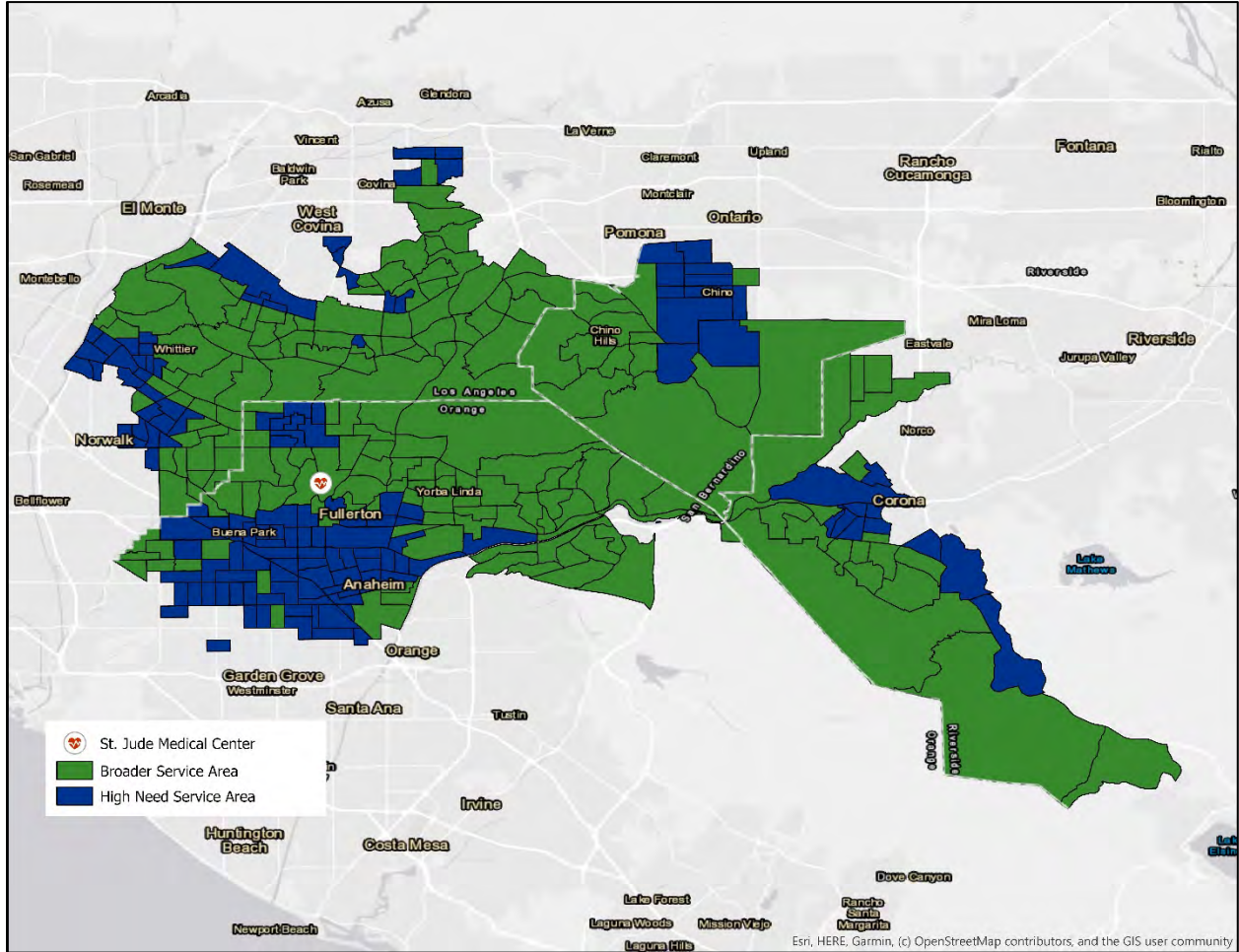
ST. JUDE MEDICAL CENTER HOSPITAL SERVICE AREA

The community served by St. Jude Medical Center is based upon geographic access and other hospitals in the area, as well as patient ZIP Codes. Census tracts that overlapped with the ZIP Codes in Table 15 were used to define the service area. St. Jude Medical Center’s Community Health Committee determined it will focus its investments in the high need areas of Orange County because there are other non-profit hospitals serving the secondary areas outside of the county.

Table 17. Cities and ZIP Codes Included in Total Service Area - St. Jude Medical Center

Cities	ZIP Codes
Brea	92821, 92822, 92823, 92835 & 92886
Diamond Bar	91765 & 91789
Fullerton	90621, 90631, 92801, 92831, 92832, 92833, 92834, 92835, 92836, 92837 & 92838
La Habra	90004, 90631, 90632 & 90633
La Mirada	90637, 90638 & 90639
Placentia	92811, 92870 & 92871
Rowland Heights	91748
Yorba Linda	92885, 92886 & 92887
Anaheim	92801, 92802, 92803, 92804, 92805, 92806, 92807, 92808, 92809, 92812, 92814, 92815, 92816, 92817, 92825, 92831, 92850, 92868, 92870, 92880, 92887 & 92899
Buena Park	90620, 90621, 90622, 90623, 90624 & 92833
Chino	91708, 91710 & 92880
Chino Hills	91708, 91709, 91765, 92880 & 92887
Corona	92877, 92878, 92879, 92880, 92881, 92882 & 92883
Hacienda Heights	91745
Walnut	91724, 91788, 91789 & 91792
Whittier	90601, 90602, 90603, 90604, 90605, 90606, 90607, 90608 & 90609

Figure 26. St. Jude Medical Center's Total Service Area



Community Demographics – St. Jude Medical Center

POPULATION AND AGE DEMOGRAPHICS – ST. JUDE MEDICAL CENTER

Of the over 1,700,000 permanent residents in the total service area, roughly 45% live in the high need service area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts in the total service area. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

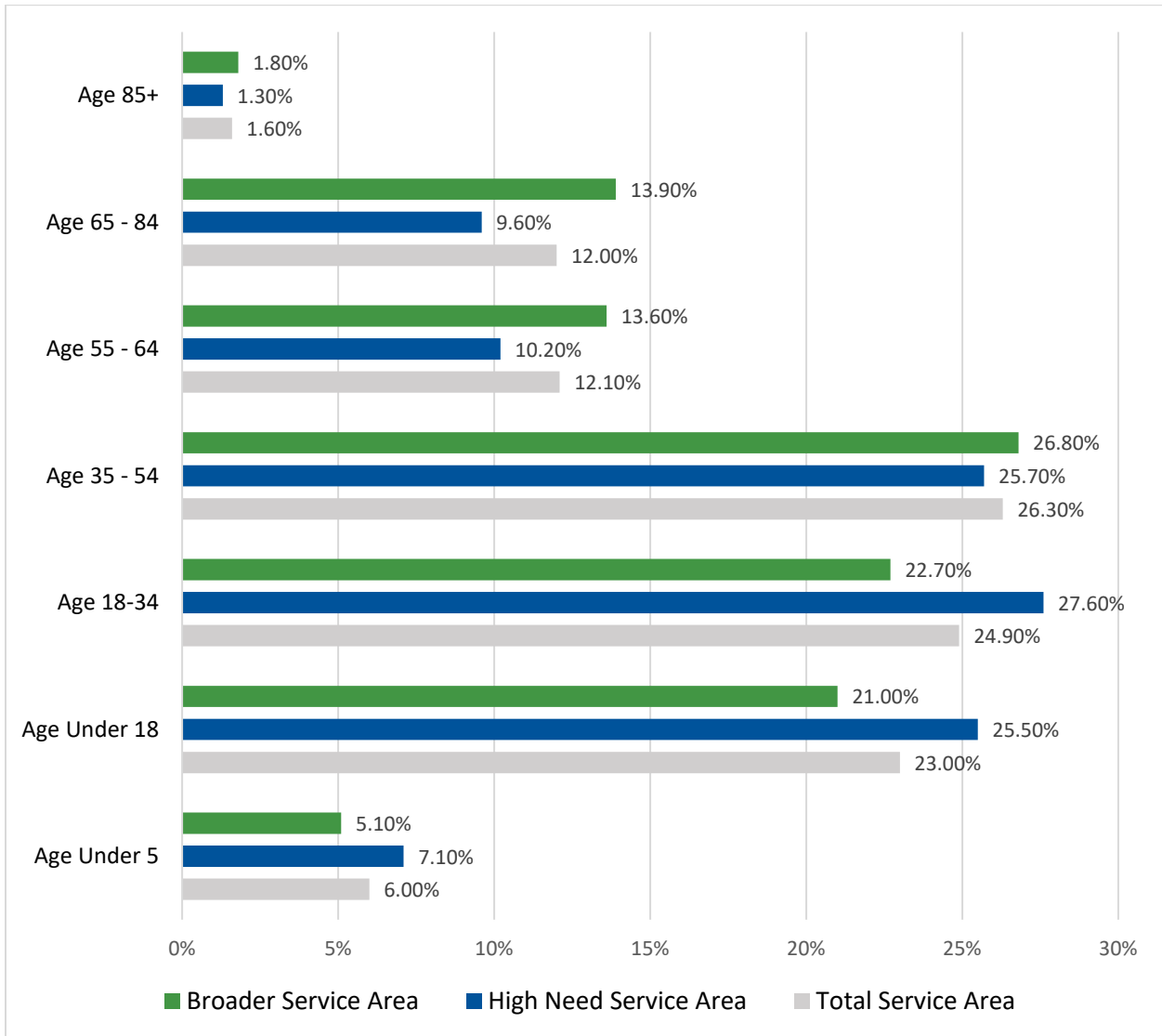
Table 18. Population Demographics for St. Jude Medical Center Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County	Los Angeles County
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2019 Total Population	961,455	772,210	1,733,665	3,252,459	10,255,222
Female Population	51.3%	49.9%	50.7%	50.5%	50.6%
Male Population	48.7%	50.1%	49.3%	49.5%	49.4%

People under the age of 35 are more likely to live in the high need service area, while those aged 55 to 64 are less likely. The ratio of males-to-females is roughly proportional across the geographies.

Figure 27. Age Groups by Geography for St. Jude Medical Center



POPULATION BY RACE AND ETHNICITY—ST. JUDE MEDICAL CENTER

Individuals who identify as Hispanic and “other” race are substantially more likely to live in high need census tracts. People identifying as Asian are less likely to live in high need census tracts.

Figure 28. Race by Geography for St. Jude Medical Center

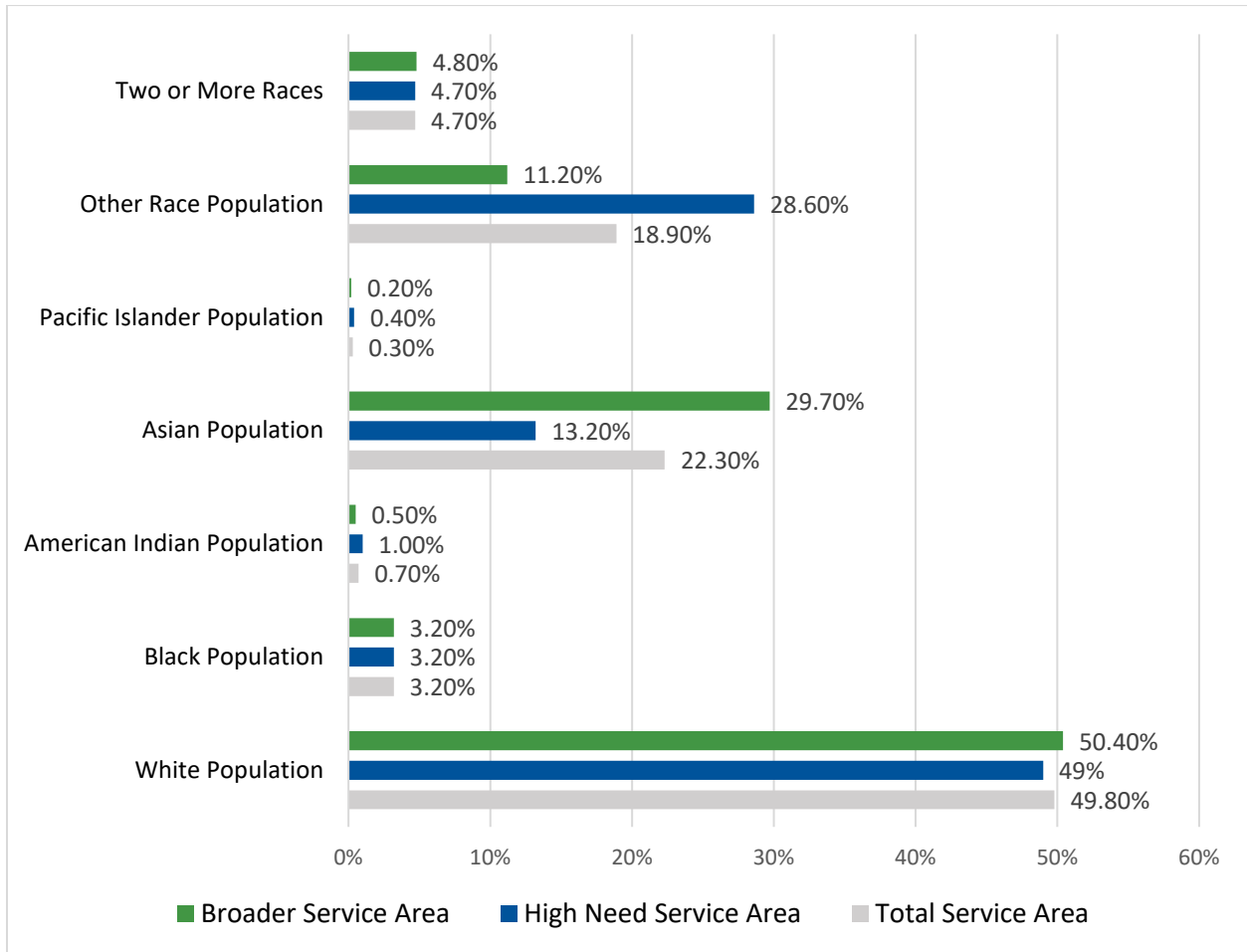
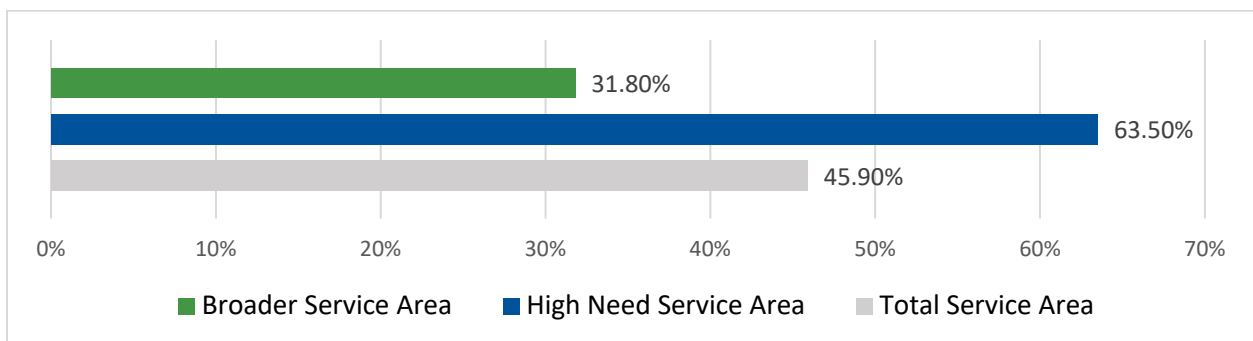


Figure 29. Hispanic Population by Geography for St. Jude Medical Center



MEDIAN INCOME—ST. JUDE MEDICAL CENTER

Table 19. 2019 Median Income for St. Jude Medical Center Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County	Los Angeles County	San Bernardino County
Median Household Income	\$103,210	\$63,059	\$84,552	\$88,453	\$66,297	\$60,761
Data Source: American Community Survey Year: 2019						

The median household income for the total service area for St. Jude Medical Center is about \$4,000 lower than Orange County overall. There is over a \$40,000 difference in median income between the broader service area and the high need service area.

Figure 30. 2019 Median Income for St. Jude Medical Center Service Area

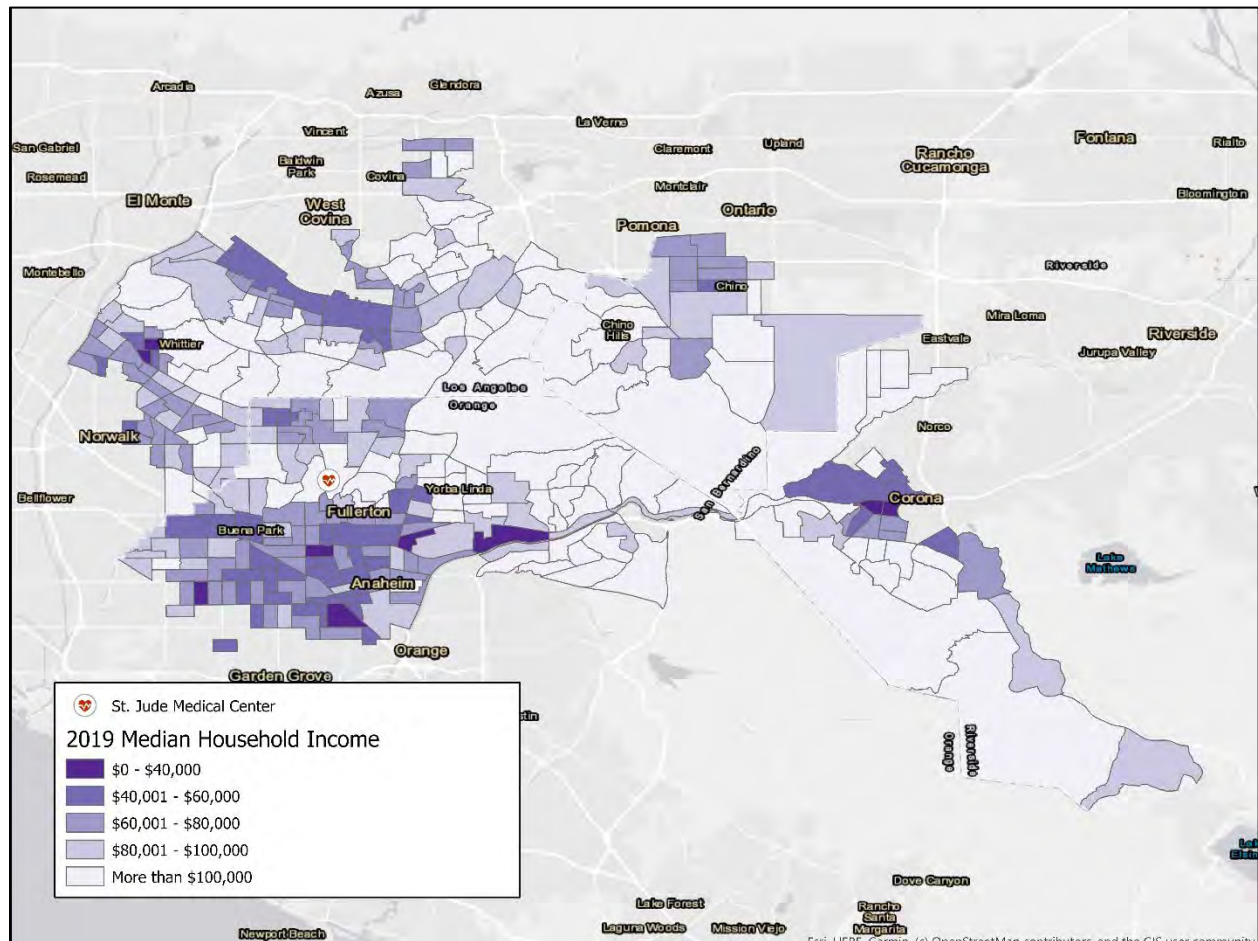
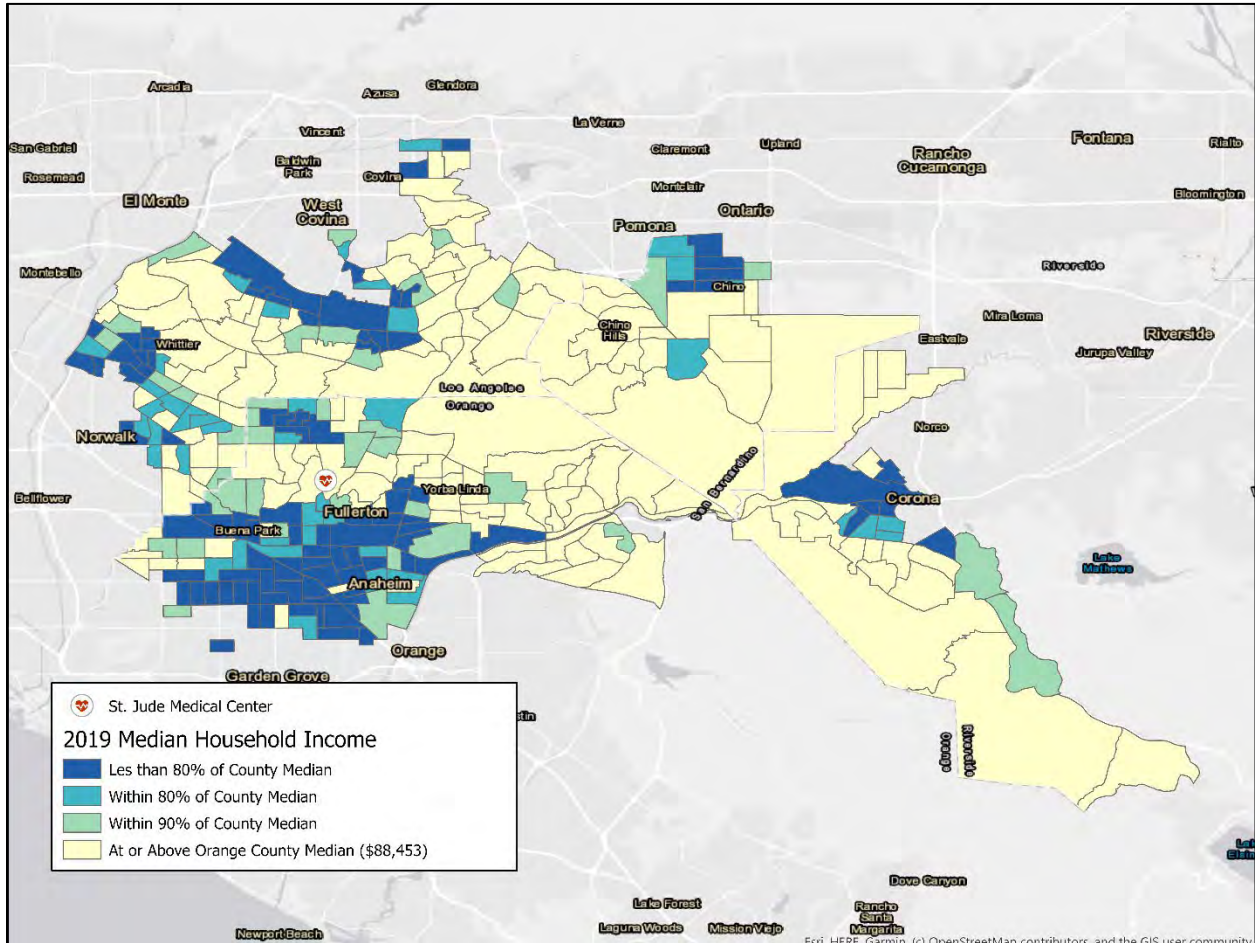


Figure 31. 2019 Median Income for St. Jude Medical Center Service Area Compared to Orange County Overall



HOUSING COST BURDEN—ST. JUDE MEDICAL CENTER

Table 20. Percent of Renter Households with Severe Housing Cost Burden for St. Jude Medical Center Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County	Los Angeles County	San Bernardino County
Percent of Renter Households with Severe Housing Cost Burden	24.0%	30.8%	28.1%	28.0%	30.1%	28.7%
Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data						

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. The total service area and Orange County have roughly the same percentage of renter households that are severely housing cost burdened (28%).

In the high need service area, 31% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which over 30% of households are experiencing severe housing cost burden.

Figure 32. Percent of Renter Households with Severe Housing Cost Burden for St. Jude Medical Center Service Area

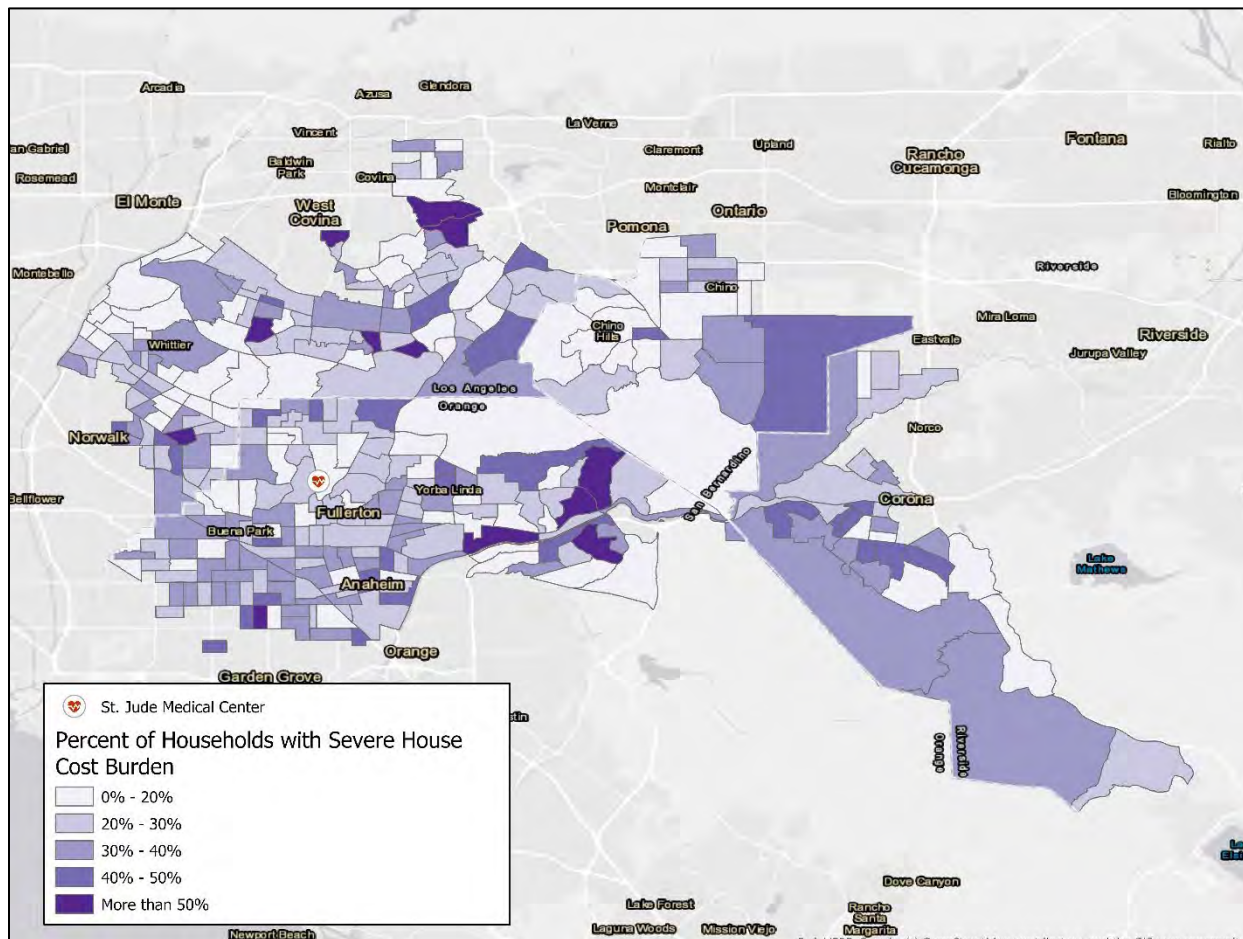
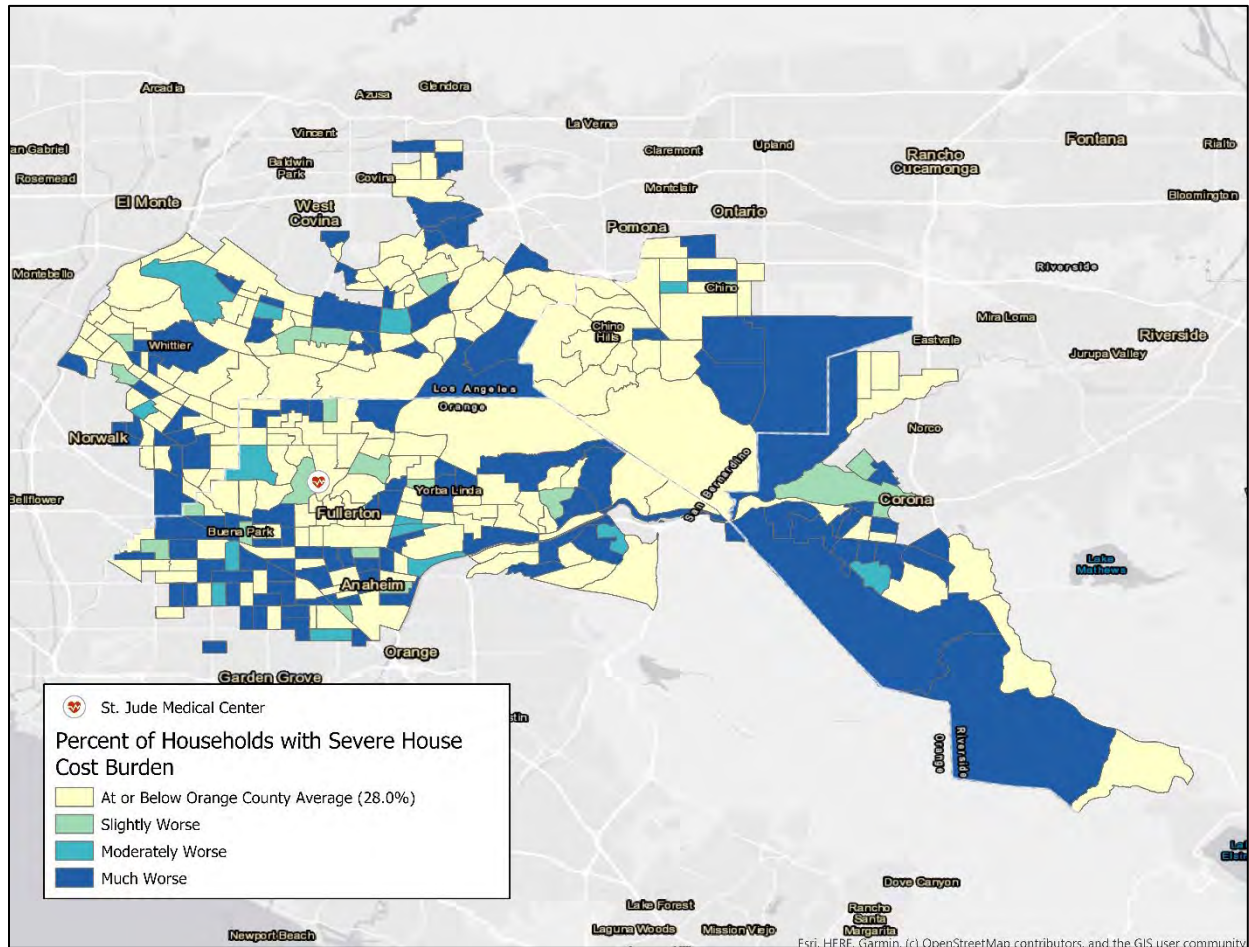


Figure 33. Percent of Renter Households with Severe Housing Cost Burden for St. Jude Medical Center Service Area Compared to Orange County Overall



See [Appendix 1: Quantitative Data](#) for more population level data for St. Jude Medical Center.

HEALTH PROFESSIONAL SHORTAGE AREA – ST. JUDE MEDICAL CENTER

St. Jude Medical Center is not located within Health Professional Shortage Areas (HPSA), although parts of the service area are designated as shortage areas. Census tracts near Stanton, Garden Grove, and Santa Ana are considered Primary Care HPSAs. Parts of Anaheim are considered Mental Health HPSAs.

See [Appendix 1: Quantitative Data](#) for more information related to HPSA, Medically Underserved Areas, and Medically Underserved Populations.

Health Indicators – St. Jude Medical Center

Orange County Healthier Together has provided available data on key health indicators by ZIP Code, race, ethnicity, and age where available for our service area. These are in Appendix 6 or available online. Overall, the data show that the Black population in our service area fares significantly worse than other racial/ethnic groups in almost every indicator. The data also show that ZIP Codes 92832 and 92802 have substantially “worse” rates than the county for most indicators. These communities have high percentages of immigrant families and families with low incomes. We are actively working to improve access to care in these areas.

Avoidable Emergency Department Visits – St. Jude Medical Center

Emergency department discharges for the year 2019 were coded as “avoidable” per the Providence definition for St. Jude Medical Center and nearby Providence hospitals. Avoidable emergency department (AED) visits are based on the primary diagnosis for a discharge and includes diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care.

Table 21. Avoidable Emergency Department Visits for Providence—Orange County

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Grand Total	151,468	80,549	232,017	34.7%

Across Providence’s Orange County and High Desert service areas, St. Jude Medical Center had the highest percentage of avoidable emergency department visits at 36.9% for discharges in the year 2019. Individuals identifying as Black/African American and Pacific Islander/Native Hawaiian had the highest percentage of avoidable emergency department visits at 40.6% and 40.0%, respectively. Individuals identifying as white had the third highest percentage of AED visits at 37.3% and contributed to 79% of all emergency department visits for St. Jude Medical Center in 2019.

At St. Jude Medical Center, patients in the age group of “45 – 64” had the highest percent of avoidable visits in the year of 2019, however the age group “18 – 44” had the largest volume of emergency department visits, contributing 34% of the total emergency department visits. Age groups “under 18,” “18 – 44,” and “45 – 64” had higher percentages of avoidable visits than St. Jude Medical Center overall.

ZIP Codes 90631, 92833, and 92832 produced the greatest number of potentially avoidable ED visits for St. Jude Medical Center. These three ZIP Codes were responsible for approximately 54% (11,344) of all potentially avoidable visits in 2019.

Table 22. Avoidable Emergency Department Visits by ZIP Code for St. Jude Medical Center

Encounters by Patient Zip Code	Non-AED Visits	AED Visit	Total ED Visits	AED %
St. Jude Medical Center	36,273	21,192	57,465	36.9%
90631	6,371	4,050	10,421	38.9%
92833	2,747	1,730	4,477	38.6%
92832	2,226	1,489	3,715	40.1%

See [Appendix 1](#): Quantitative Data for more data tables related to AED for St. Jude Medical Center.

SIGNIFICANT HEALTH NEEDS – ST. JUDE MEDICAL CENTER

Prioritization Process and Criteria

The [CHNA Framework](#) and [Community Input](#) sections were the foundation for the identification of health needs. Seventeen health needs were identified for the service area in the prioritization process:

1. Homelessness & Housing
2. Mental Health & Substance Use
3. Obesity
4. Prevention
5. Health Care Access
6. Diabetes
7. Food Insecurity
8. Equity/Racial Disparities
9. Sexually Transmitted Diseases
10. Economic Stability
11. Environment/Climate
12. Safety
13. Stroke
14. Cancer
15. Teen Birth Rate
16. Alzheimer Disease
17. Early Childhood
18. Other

Through a collaborative process engaging Community Health Committee members, the Directors of Community Health Investment for each hospital developed a point system to identify the priority areas. Indicators were listed and each was assessed based on the following:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Orange County Health Improvement Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

The indicators with the highest points moved on to full discussions with the Committee and a final vote identified the priorities listed in the following section.

See [Appendix 3: Prioritization Protocol and Criteria](#)

Priority Needs – St. Jude Medical Center

The list below summarizes the prioritized health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: MENTAL HEALTH

Creating awareness and services addressing mental health along with substance use.

PRIORITY 2: ACCESS TO CARE

Increasing health care access as well as other resources for areas that have the biggest challenges.

PRIORITY 3: HOMELESSNESS AND HOUSING

Social determinants of health, like housing, have a substantial impact on health behaviors and health outcomes. Addressing housing instability, housing affordability, and preventing homelessness will improve health in the communities we serve.

PRIORITY 4: HEALTH EQUITY AND RACIAL DISPARITIES

The need for increased health equity and the presence of racial disparities are key priorities to address.

As we develop the Community Health Improvement Plan (CHIP), we will integrate prevention and addressing racial disparities as a cornerstone of each of these priority areas.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, AHMC Healthcare, Anaheim Global Medical Center, Kaiser Permanente Orange County, PIH Health, Placentia-Linda Hospital, and West Anaheim Medical Center. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 4.

See [Appendix 4: Resources potentially available to address the significant health needs identified through the CHNA](#)

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission by partnering with other organizations who may meet the needs beyond our programs and by funding other non-profits through our Care for the Poor program managed by the

St. Jude Medical Center.

Furthermore, St. Jude Medical Center will endorse local non-profit organization partners to apply for funding through the St. Joseph Community Partnership Fund. Organizations that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Jude Medical Center's service areas.

EVALUATION OF 2018-2020 CHIP IMPACT – ST. JUDE MEDICAL CENTER

This report evaluates the impact of the 2018-2020 Community Health Improvement Plan (CHIP). Mission Hospital, St. Joseph Hospital of Orange and St. Jude Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 23. Outcomes from 2018-2020 CHIP – St. Jude Medical Center

Priority Need	Program or Service Name	Results/Outcomes	Type of Support
Access to Care	St. Jude Neighborhood Health Center (SJNHC)	67,168 dental, medical, and mental health visits serving people with MediCal and those uninsured.	Grant
Access to Care	Expand specialty services for uninsured	Podiatry services were added	Grant
Access to Care	Support policy initiatives to promote access to health insurance	8.1% of people without health insurance	Advocacy
Access to Care	Social determinants of health screening at SJNHC	Over 1,200 patients screened	Grant
Obesity	Move More, Eat Healthy	57% of 5 th graders in targeted Title 1 schools showed an improvement in the % of students in the Healthy Fitness Zone for body composition from baseline year.	Grant
Obesity	Move More, Eat Healthy	23 bronze designations, 2 Silver designations and 1 Gold In the Alliance for Healthier Schools	Grant
Obesity	Move More, Eat Healthy	Bicycle Master Plan or Complete Streets Plan Strategy implemented in 3 cities	Grant
Obesity	Move More, Eat Healthy	3 Walkability Assessments completed	Grant
Obesity	Move More, Eat Healthy	46,065 healthy lifestyle goals established by low-income residents	Grant
Obesity	Move More, Eat Healthy	104 residents engaged in advocacy work related to active	Grant

		transportation, nutrition, and the built environment	
Mental Health	Mental Health Encounters	26,202 total encounters for mental health services including Each Mind Matters, Chemical Dependency, School based initiatives, SJNHC psychiatry.	Grant, Heritage, Staff
Education Equity	Early Childhood OC	2 cities engaged in collaborative on the Early Development Index (EDI)	Grant

St. Jude Medical Center COVID-19 Relief Response

Community Benefit Programs were disrupted by the SARS-COV-2 virus and COVID-19, which has impacted all our communities. Our commitment first and foremost is to respond to the needs of our communities, particularly individuals who are disproportionately impacted by the economic and social effects of COVID-19. To that end, in FY 21 we allocated \$264,590 for emergency response due to COVID-19. Funds were distributed to Moonridge Foundation for food delivery for seniors, to Waste Not OC for a refrigeration unit to enable use of donated perishable food and to CIELO to assist undocumented immigrants to establish their own businesses to generate income lost due to job losses. In addition, during FY 21 many of our community benefit programs pivoted to a virtual format for classes, support groups and service delivery. Our Senior Services Department mobilized over 400 volunteers and interns to provide support to isolated seniors through Cheer a Senior and initiated a digital literacy program for seniors with low incomes providing access and training to the internet. The Medical Center provided over 65,000 vaccines to the community at the hospital location.

Addressing Identified Needs

The Community Health Improvement Plan developed for the service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how St. Jude Medical Center plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions St. Jude Medical Center intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need. The Community Health Committee of St. Jude Medical Center determined that the CHIP will focus on the high need areas in Orange County. Areas outside of Orange County are being addressed by other non-profit hospitals that serve those communities.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between St. Jude Medical Center and community-based organizations in addressing the health need.

2021 CHNA LOCAL GOVERNANCE APPROVAL -ST. JUDE MEDICAL CENTER

This Community Health Needs Assessment was adopted on April 8, 2021 by the Community Health Committee⁵⁷ of the hospital. The final report was made widely available⁵⁸ by December 28, 2021.


Sr. Mary Rogers, CSJ
Chair, St. Jude Medical Center Community Benefit Committee

6/25/2021
Date

CHNA/CHIP Contact:

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St. Jude Medical Center
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Fullerton, CA 92835
Barry.ross@stoe.org

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

⁵⁷ See [Appendix 5](#): Community Health Committee Members

⁵⁸ Per § 1.501(r)-3 IRS Requirements, posted on hospital website

2021 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted on April 8, 2021 by the Community Health Committee⁵⁹ of St. Jude Medical Center, May 11, 2021 by the Community Health Committee of Mission Hospital and April 6, 2021 by the Community Health Committee of St. Joseph Hospital of Orange. The final report was made widely available⁶⁰ by December 28, 2021.



12/10/2021

Justin Crowe
Senior Vice President, Community Partnerships
Providence

Date

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

⁵⁹ See [Appendix 5](#): Community Health Committee Members

⁶⁰ Per § 1.501(r)-3 IRS Requirements, posted on hospital website

APPENDICES

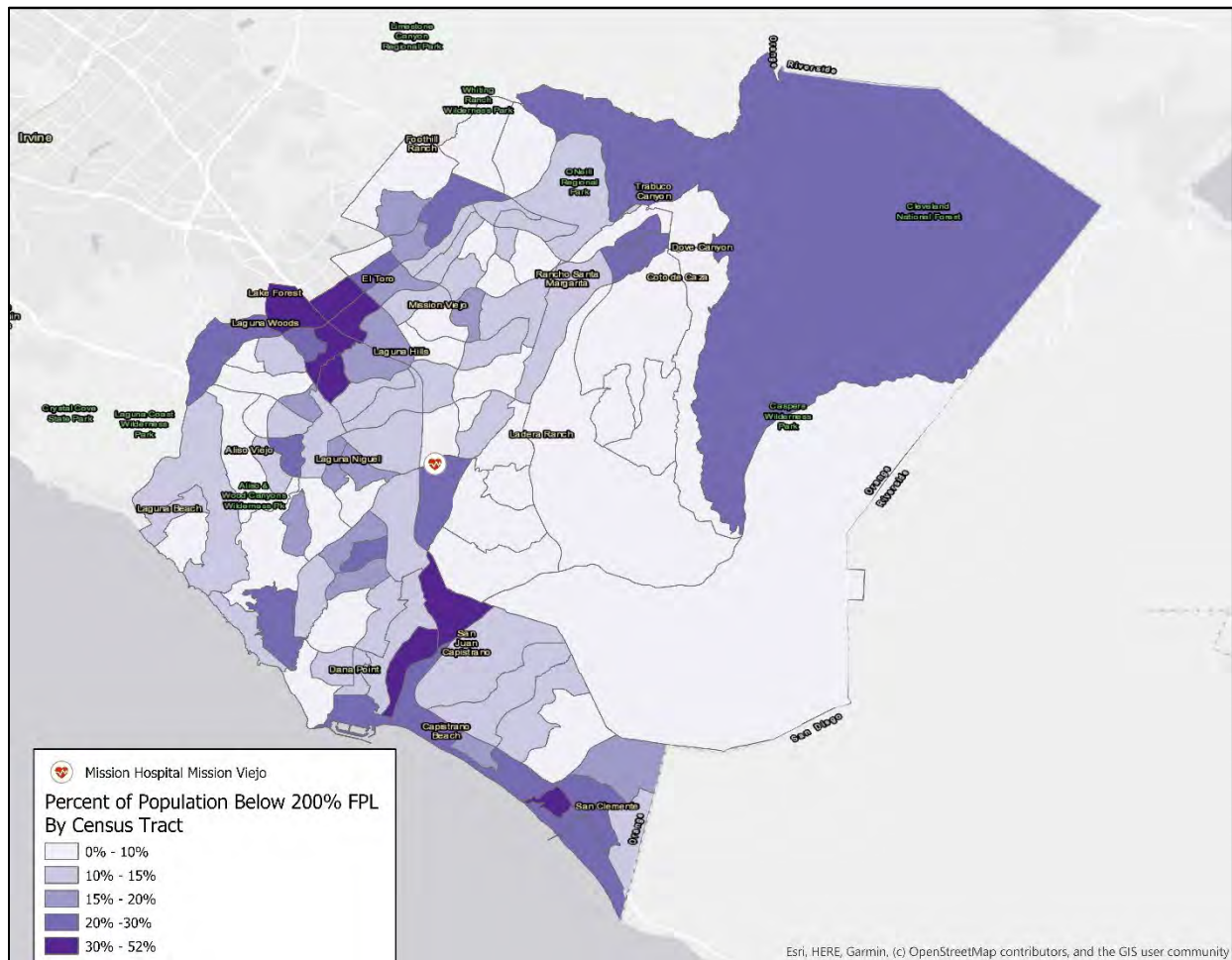
Appendix 1: Quantitative Data

POPULATION LEVEL DATA—MISSION HOSPITAL

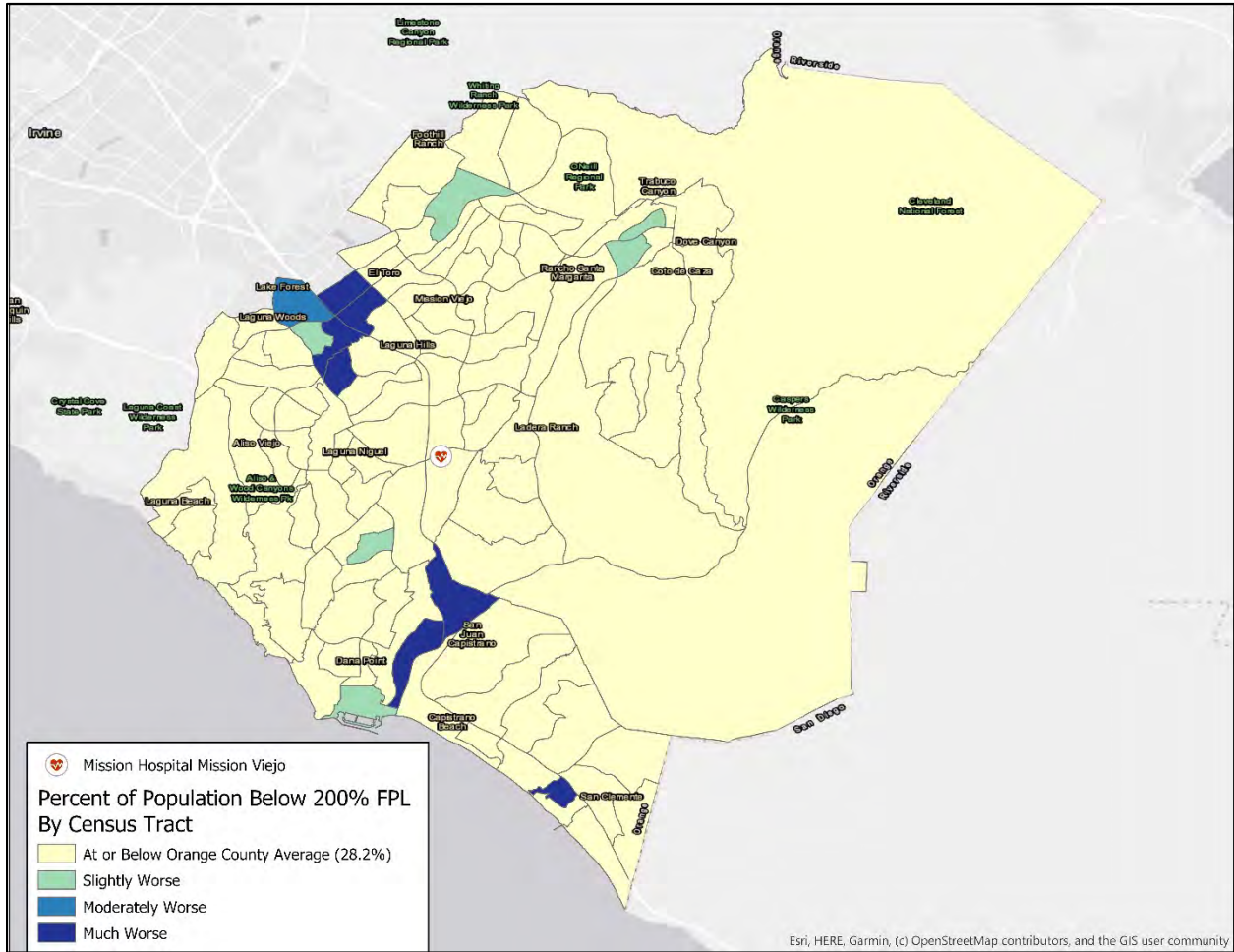
Apx 1_Table 1. Percent of Population Below 200% FPL for Mission Hospital Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Population Below 200% Federal Poverty Level	10.6%	23.4%	20.3%	28.2%
Data Source: American Community Survey Year: 2019				

Apx 1_Figure 1. Percent of Population Below 200% FPL for Mission Hospital Service Area



Apx 1_Figure 2. Percent of Population Below 200% FPL for Mission Hospital Service Area in Comparison to County Average



The Federal Poverty Level (FPL) is an economic measure to check if individuals or families qualify for government programs such as health care coverage through the Medi-Cal program, food assistance through the Cal-Fresh Program, etc.

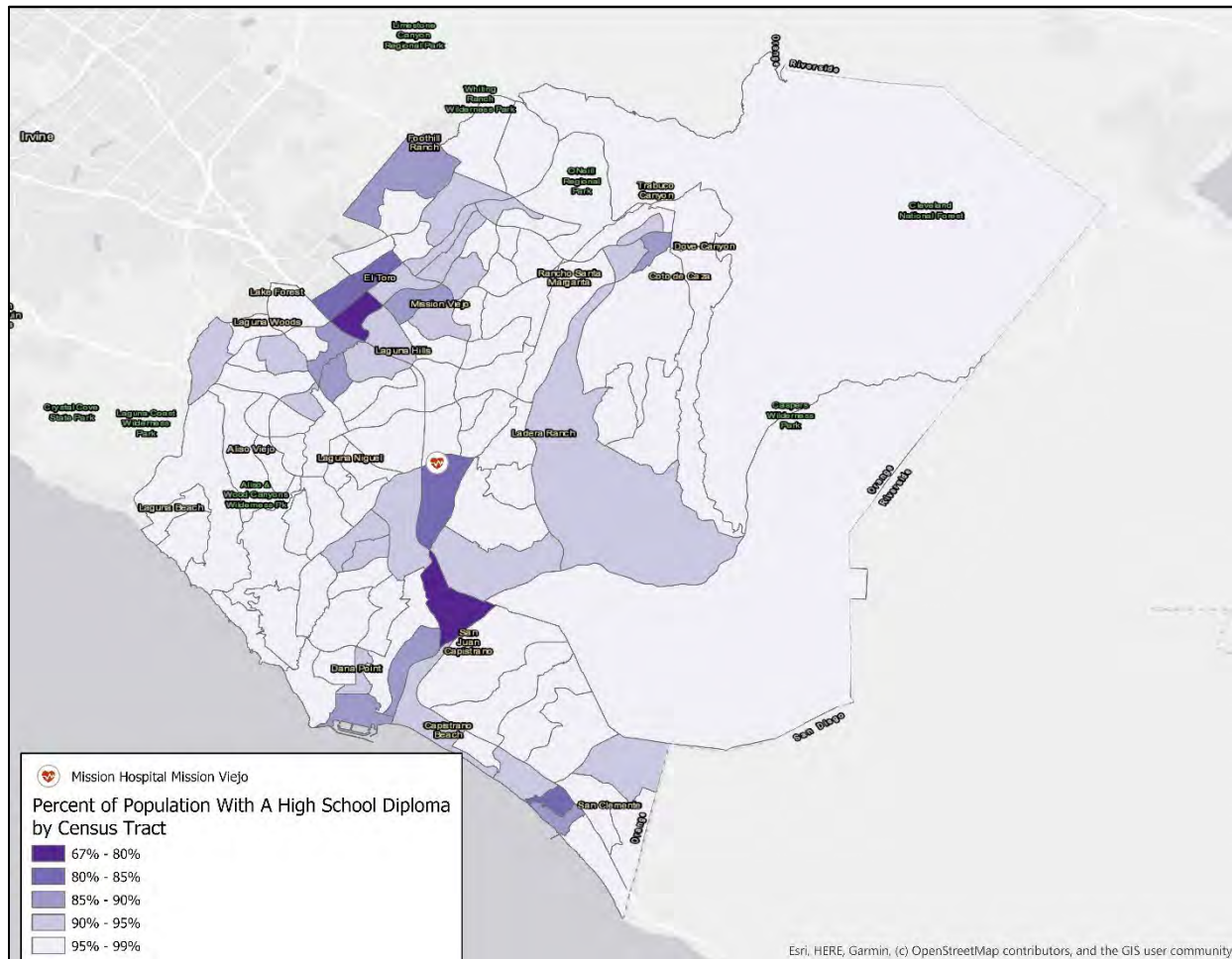
- The percent of the population below 200% FPL is lower in the total service area compared to Orange County overall.
- Almost 23% of people in the high need service area are considered below 200% FPL, compared to 11% in the broader service area.

According to [An Equity Profile of Orange County](#) conducted in partnership with PolicyLink and the Program for Environmental and Regional Equity at the University of Southern California, there are “neighborhoods with concentrated poverty in San Juan Capistrano, San Clemente, and Laguna Niguel.”

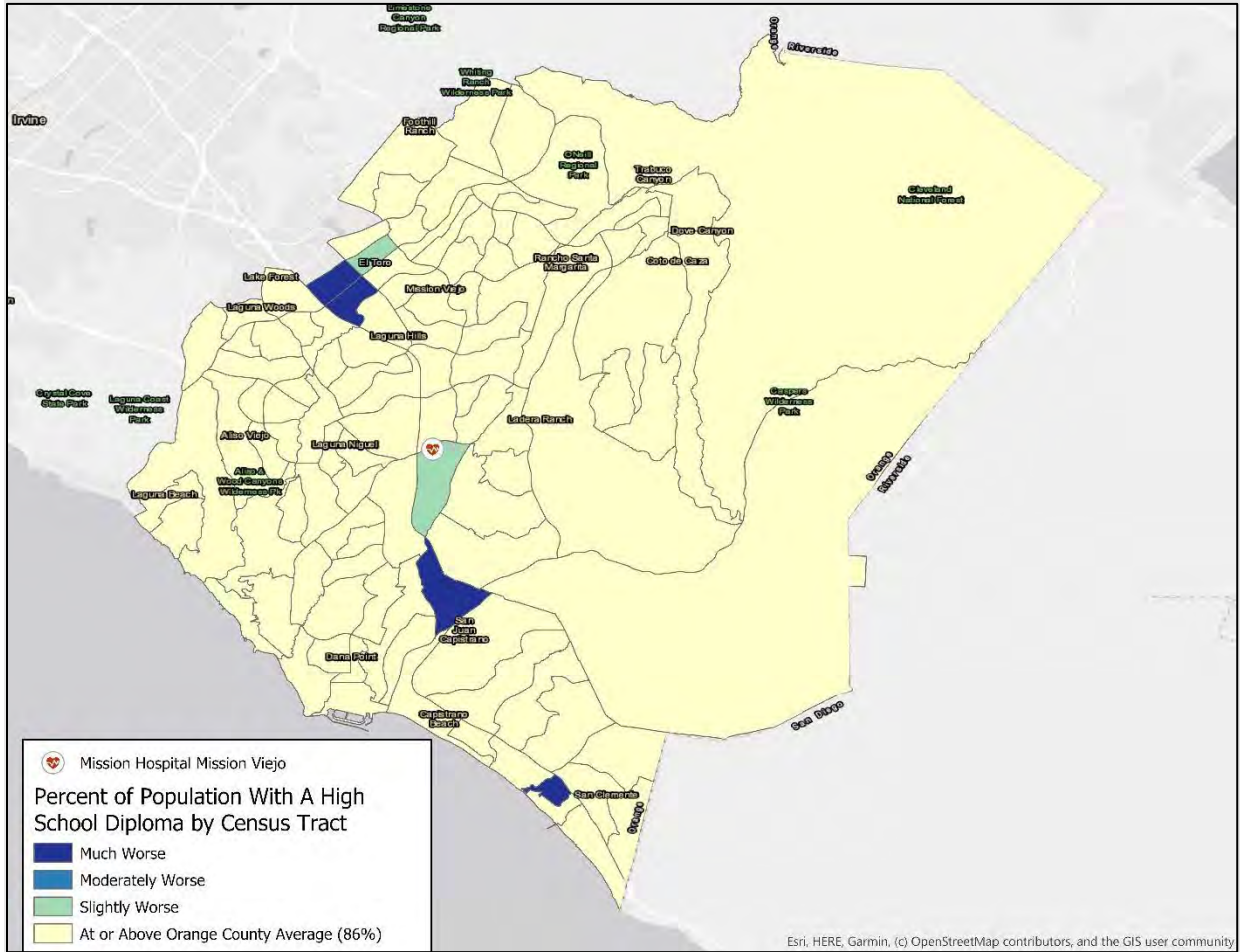
Apx 1_Table 2. Percent of Population Age 25+ with a High School Diploma for Mission Hospital Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Population Age 25+ with a High School Diploma	96.8%	91.5%	94.4%	86.0%
Data Source: American Community Survey Year: 2019				

Apx 1_Figure 3. Percent of Population Age 25+ with a High School Diploma for Mission Hospital Service Area



Apx 1_Figure 4. Percent of Population Age 25+ with a High School Diploma for Mission Hospital Service Area in Comparison to County Average



- The total service area has a larger proportion of population age 25 and older with a high school diploma compared to Orange County.
- About 92% of people living in the high need service area who are over 25 years have a high school diploma compared to 97% in the broader service area.

This indicator is important because according to the National Center for Education Statistics, “for young adults ages 25–34 who worked full time, year-round, higher educational attainment was associated with higher median earnings; this pattern was consistent from 2000 through 2017.” A young adult with a high school diploma earned 23% higher earnings, \$32,000, in comparison to \$26,000 for a young adult that did not complete high school.⁶¹

⁶¹ <https://nces.ed.gov/fastfacts/display.asp?id=77>

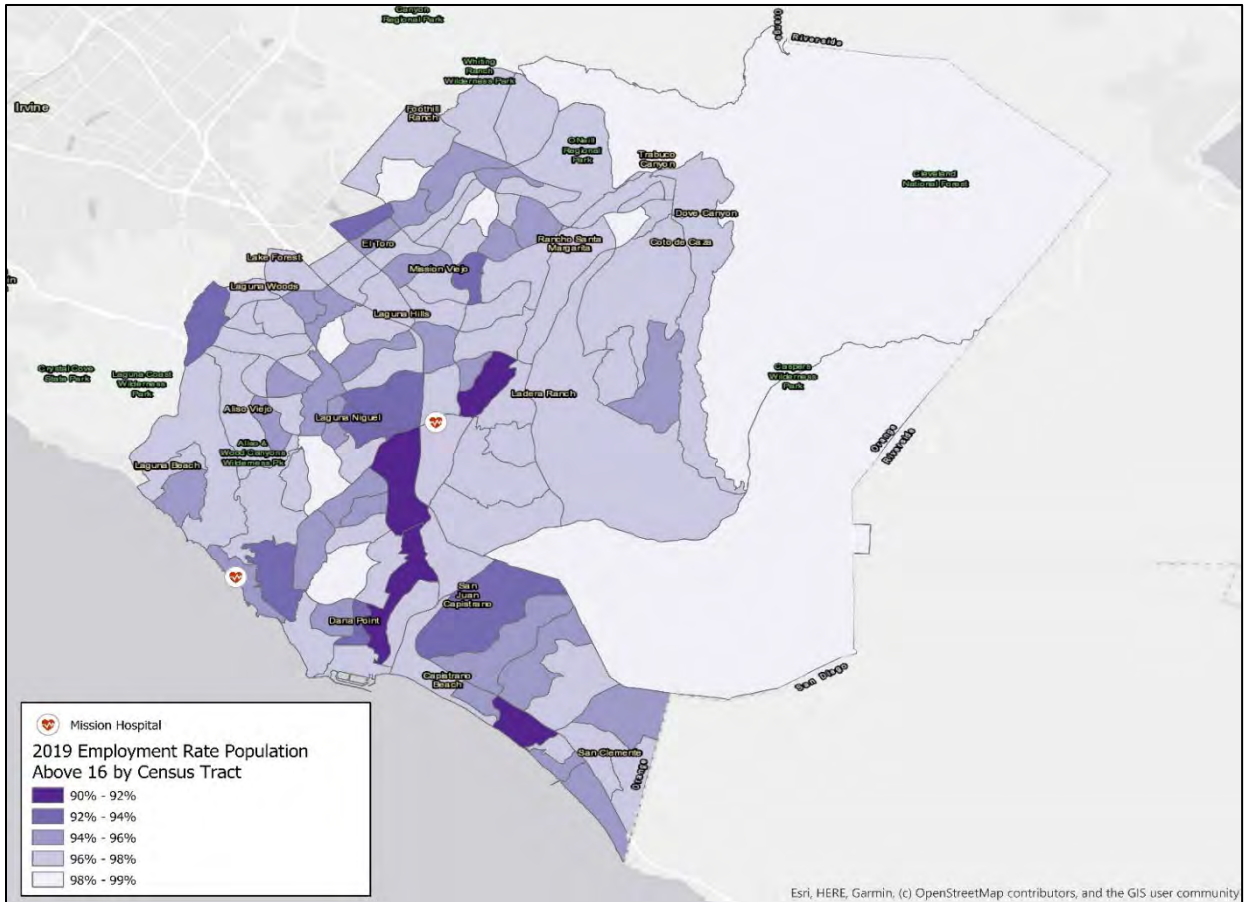
This inequality was noted by [An Equity Profile of Orange County](#) as early as kindergarten. The Early Development Index (EDI), which looks at five developmental areas to measure school readiness, demonstrates that Latino/a students were most likely to be evaluated as being vulnerable across all five developmental areas. The neighborhoods with the highest percentage of children experiencing risk in one or more developmental areas are within San Clemente (among other cities in Orange County). The Child Opportunity Index which measures relative opportunity based on indicators from three domains (educational opportunity, health and environmental opportunity and social and economic opportunity) shows that opportunities for children are lower in more racially diverse areas, such as neighborhoods of Anaheim, Buena Park, Fullerton and Santa Ana.

There is notable overlap in areas that have a higher percentage of residents living at 200% FPL or lower, lower percentage of adults with a high school diploma, and lower indexes in the Early Development Index (EDI) and Child Opportunity Index.

Apx 1_Table 3. Percent of Population Age 16+ Employed for Mission Hospital Service Area

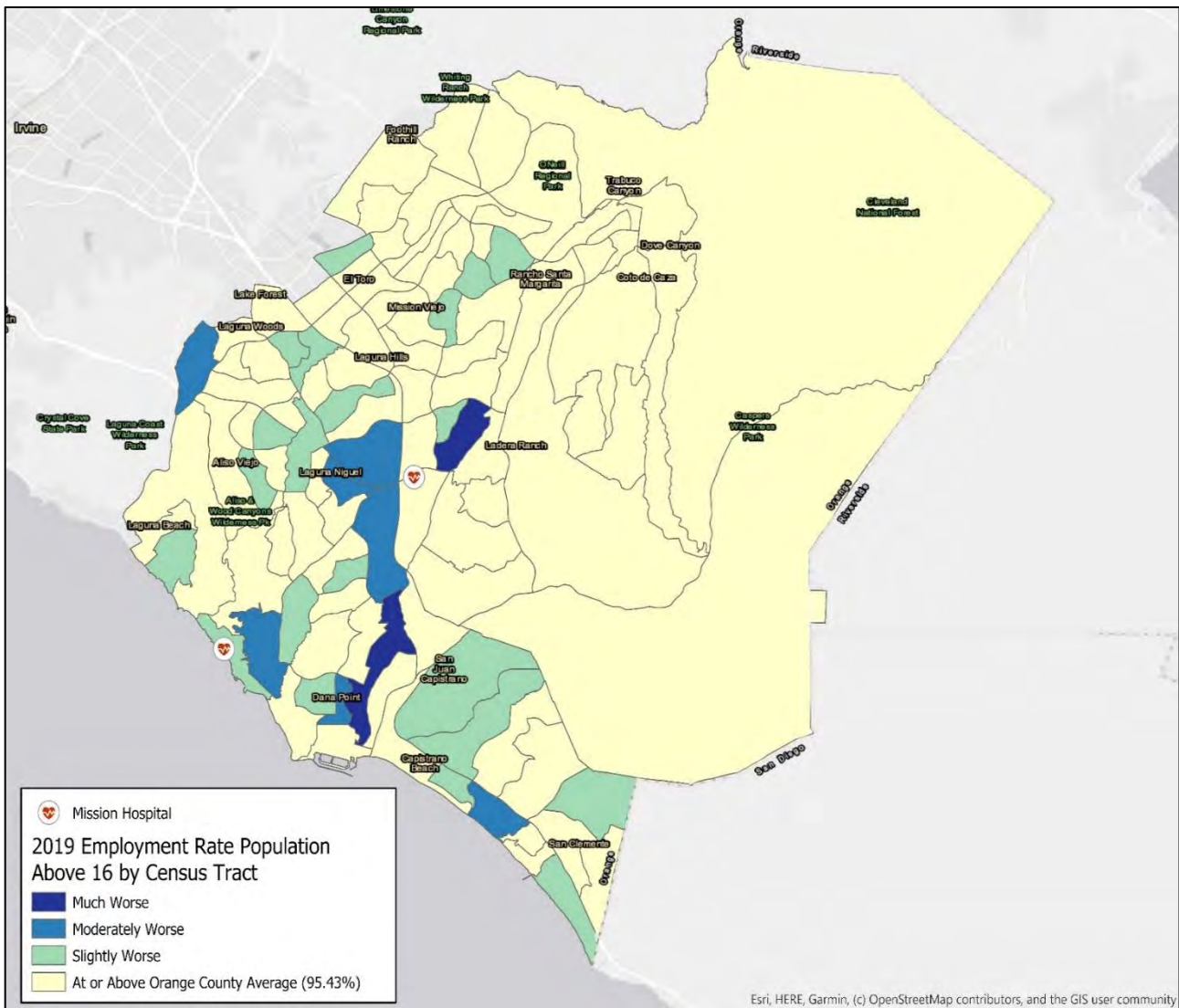
Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Population Age 16+ Employed <small>Data Source: American Community Survey Year: 2019</small>	96.6%	95.4%	96.1%	95.4%

Apx 1_Figure 5. Percent of Population Age 16+ Employed for Mission Hospital Service Area



- Employment is relatively high across the service area. There are only a few census tracts that are in the 90% to 92% range.
- The percent of population age 16+ employed in Orange County is slightly lower than in the total service area.
- The high need service area has 95% of people employed, compared to 97% in the broader service area.

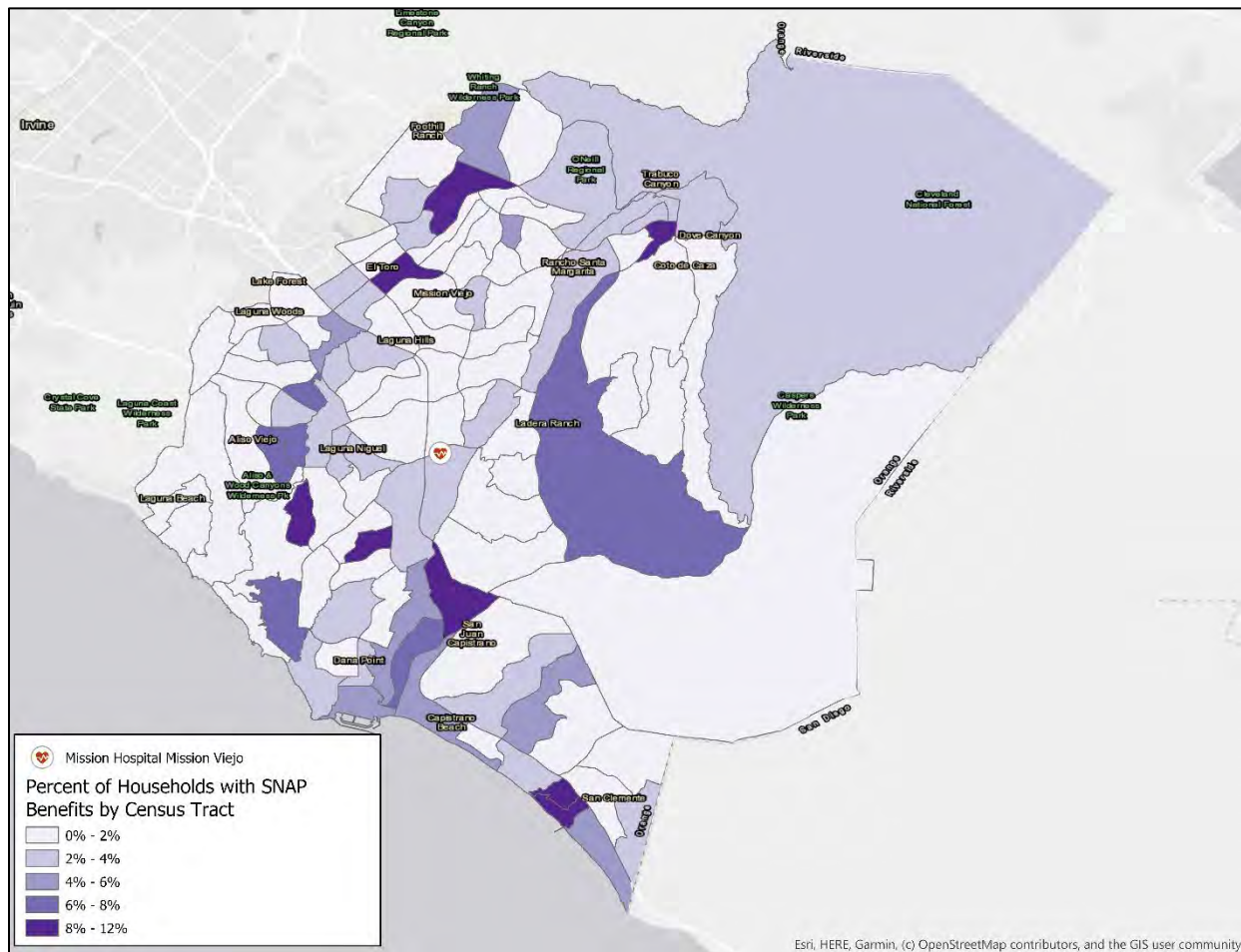
Apx 1_Figure 6. Percent of Population Age 16+ Employed for Mission Hospital Service Area in Comparison to County Average



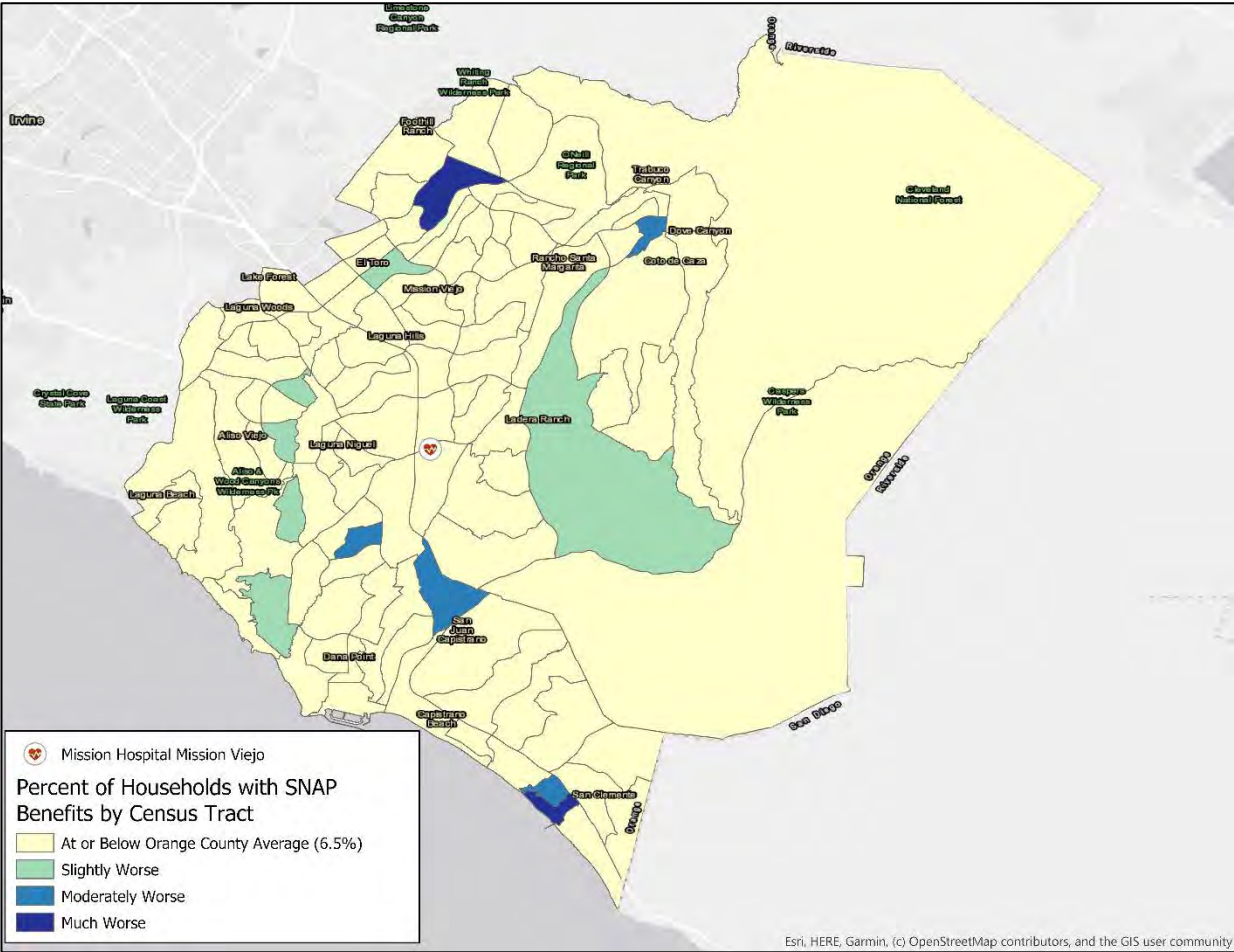
Apx 1_Table 4. Percent of Households Receiving SNAP Benefits for Mission Hospital Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Households Receiving SNAP Benefits	1.9%	3.9%	2.8%	6.5%
Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data				

Apx 1_Figure 7. Percent of Households Receiving SNAP Benefits for Mission Hospital Service Area



Apx 1_Figure 8. Percent of Households Receiving SNAP Benefits for Mission Hospital Service Area in Comparison to County Average

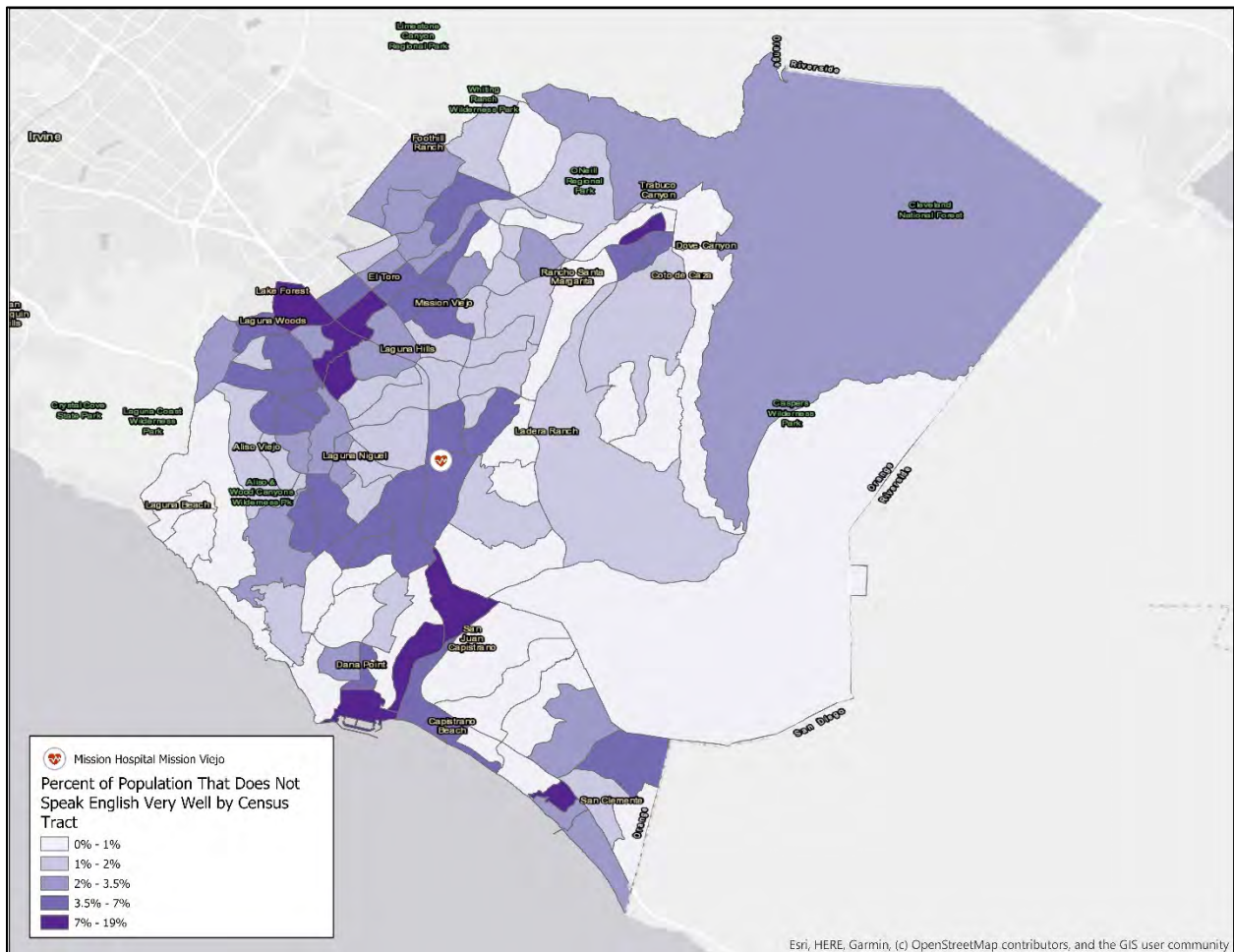


- The high need service area has a percentage of households receiving SNAP benefits that is about two times greater than the broader service area.
- The census tracts with the highest percentage of households receiving SNAP benefits are in San Juan Capistrano, San Clemente, Mission Viejo and Aliso Viejo, with proportions reaching as high as 12%.

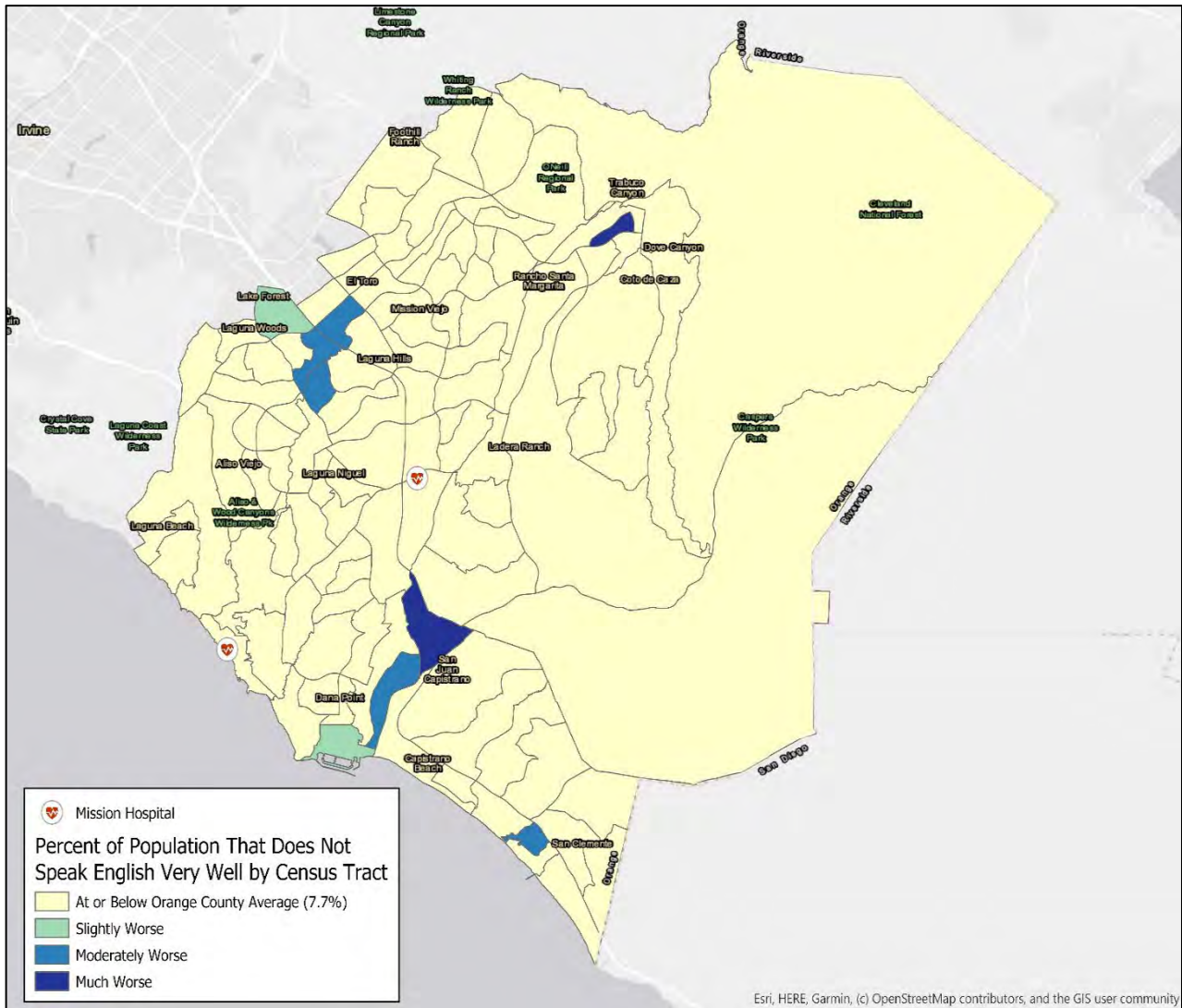
Apx 1_Table 5. Percent of Population Age 5+ Who Do Not Speak English Very Well for Mission Hospital Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Population Age 5+ Who Do Not Speak English Very Well	1.5%	4.9%	2.9%	7.7%
Data Source: American Community Survey Year: 2019				

Apx 1_Figure 9. Percent of Population Age 5+ Who Do Not Speak English Very Well for Mission Hospital Service Area



ApX 1_Figure 10. Percent of Population Age 5+ Who Do Not Speak English Very Well for Mission Hospital Service Area in Comparison to County Average



- Orange County has a substantially higher proportion of population that does not speak English very well, 8%, compared to the total service area, 3%.
- The high need service area has a higher proportion of population that does not speak English very well, 5%, compared to the total service area, 3%.

HOSPITAL LEVEL DATA – MISSION HOSPITAL

Avoidable Emergency Department (AED) Visits – Mission Hospital

Apx 1_ Table 6. Avoidable Emergency Department Visits for Providence—Orange County

Facility	Non-AED	AED Visit	Grand Total	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Grand Total	151,468	80,549	232,017	34.7%

Apx 1_ Table 7. Avoidable Emergency Department Encounters by Race for Mission Hospital

Encounters by Race	Non-AED Visit	AED Visit	Grand Total	AED %
Mission Hospital	31,226	15,310	46,536	32.9%
Asian	840	410	1,250	32.8%
Black/African American	666	367	1,033	35.5%
Nat American/Eskimo/Aleutian	7	7	14	50.0%
Other	2,757	1,267	4,024	31.5%
Pacific Islander/Nat Hawaiian	50	27	77	35.1%
Unknown	134	50	184	27.2%
White	26,758	13,174	39,932	33.0%
(blank)	14	8	22	36.4%

Apx 1_ Table 8. Avoidable Emergency Department Encounters by Age Group for Mission Hospital

Encounters by Age Groups	Non-AED Visit	AED Visit	Grand Total	AED %
Mission Hospital	31,226	15,310	46,536	32.9%
Under 18	13	1	14	7.1%
18 - 44	12,960	7,276	20,236	36.0%
45 - 64	9,009	4,588	13,597	33.7%
65+	9,244	3,445	12,689	27.1%

Apx 1_ Table 9. Avoidable Emergency Department Encounters by ZIP Code for Mission Hospital

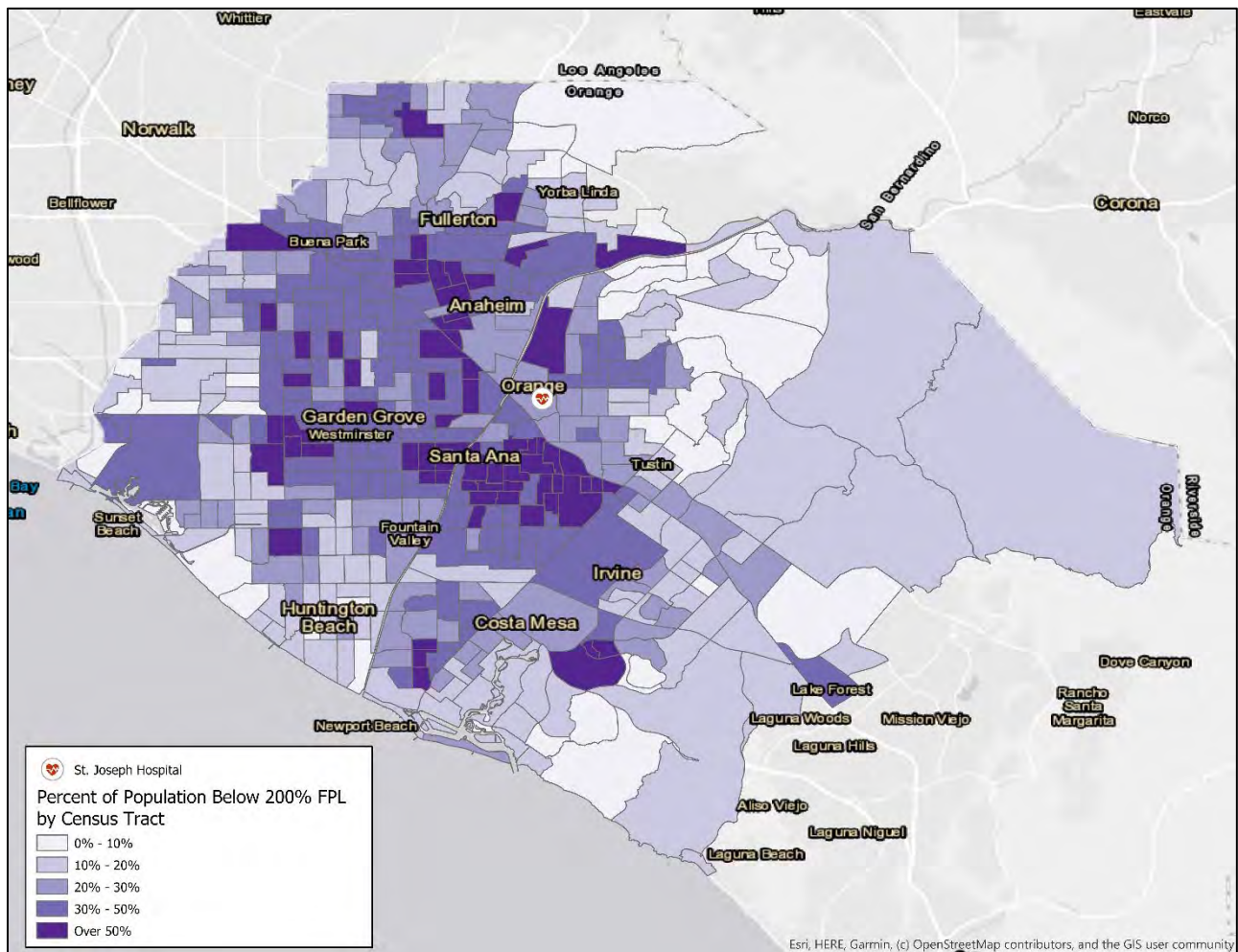
Patient ZIP Code	Non-AED Visit	AED Visit	Grand Total	AED %	Zip Code 2019 Population	AED Visit per 10,000 Population
Mission Hospital	31,226	15,310	46,536	32.9%	-	-
92677	3,694	1,841	5,535	33.3%	67,314	273.49
92675	2,683	1,258	3,941	31.9%	39,058	322.09
92672	2,228	1,164	3,392	34.3%	39,209	296.87
92692	2,225	1,004	3,229	31.1%	48,762	205.90
92691	2,204	980	3,184	30.8%	48,662	201.39

POPULATION LEVEL DATA— ST. JOSEPH HOSPITAL OF ORANGE

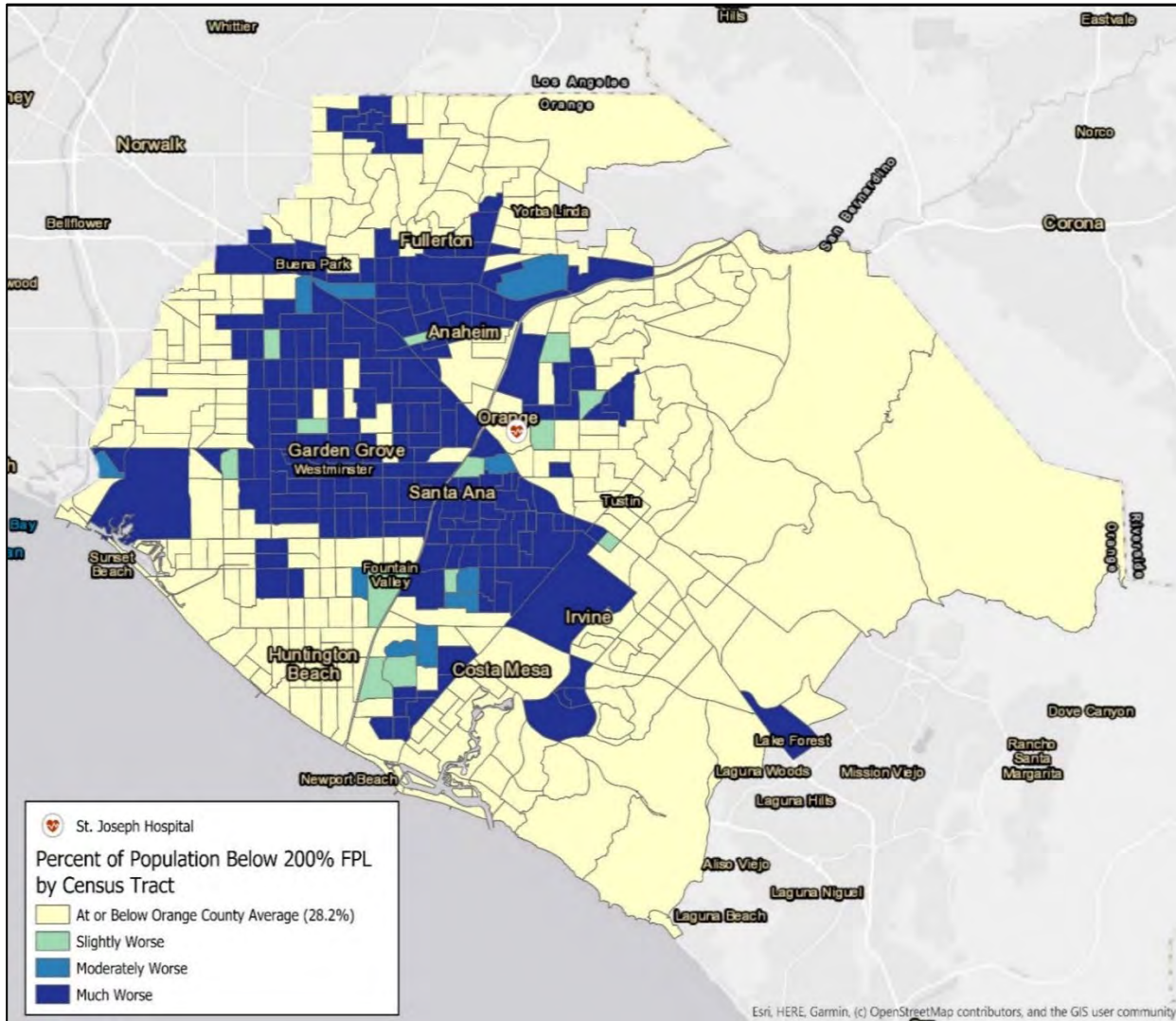
Apx 1_Table 10. Percent of Population Below 200% FPL for St. Joseph Hospital of Orange Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Population Below 200% Federal Poverty Level	18.4%	46.2%	31.4%	28.2%
Data Source: American Community Survey Year: 2019				

Apx 1_Figure 11. Percent of Population Below 200% FPL for St. Joseph Hospital of Orange Service Area.



Apx 1_Figure 12. Percent of Population Below 200% FPL for St. Joseph Hospital of Orange Service Area in Comparison to County Average



The Federal Poverty Level (FPL) is an economic measure to check if individuals or families qualify for government programs such as health care coverage through the Medi-Cal program, food assistance through the Cal-Fresh Program, etc.

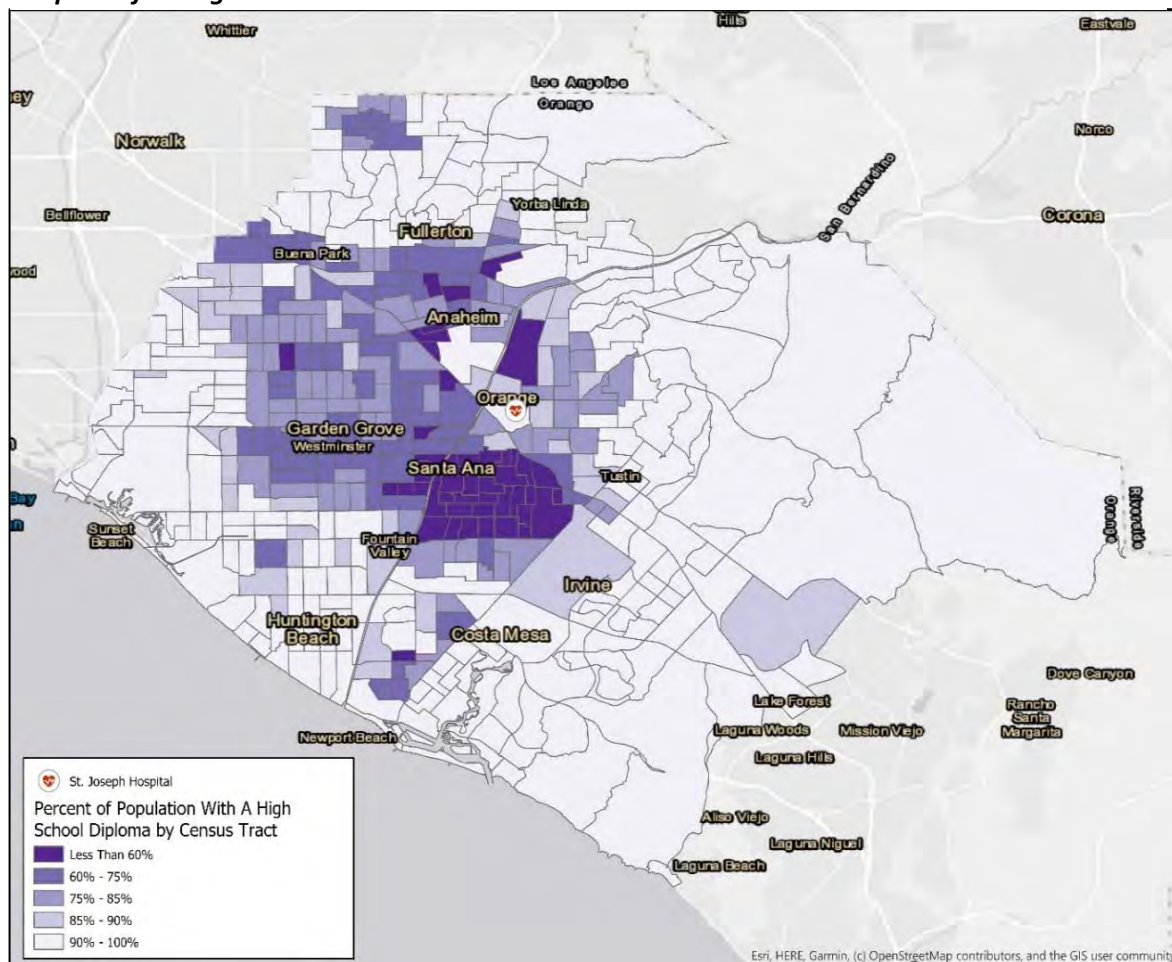
- The percent of the population below 200% FPL is higher in the total service area compared to Orange County overall.
- Over 46% of people in the high need service area are considered below 200% FPL, compared to 18% in the broader service area, a substantial difference.

According to [An Equity Profile of Orange County](#) conducted in partnership with PolicyLink and the Program for Environmental and Regional Equity at the University of Southern California, there are high concentrations of poverty in northern Orange County. The report states, “Concentrated poverty is a challenge for neighborhoods in many parts of the region, including much of Anaheim, Santa Ana and Garden Grove, as well as parts of northern Irvine.”

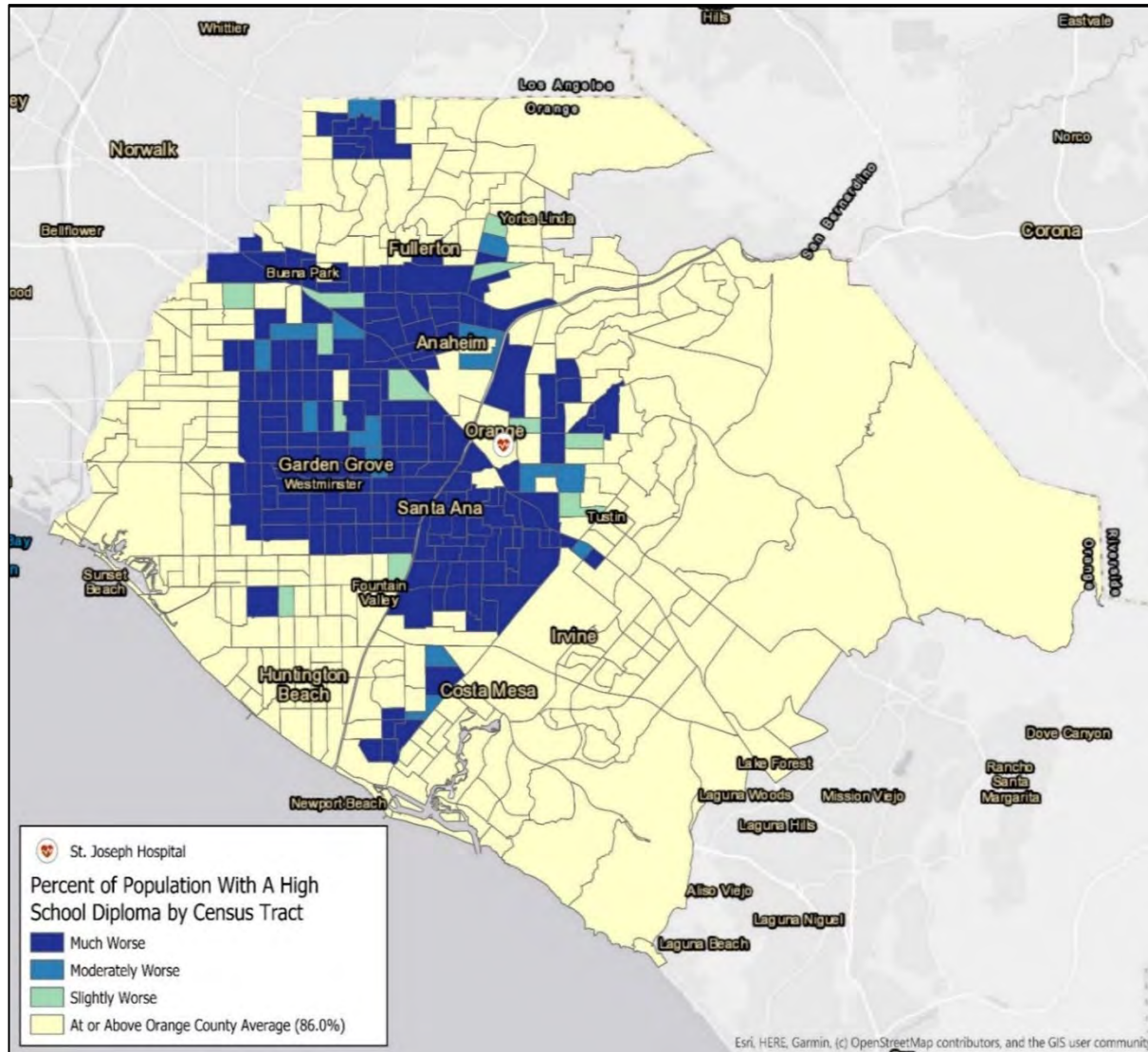
Apx 1_Table 11. Percent of Population Age 25+ with a High School Diploma for St. Joseph Hospital of Orange Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Population Age 25+ with a High School Diploma	93.4%	70.9%	83.7%	86.0%
Data Source: American Community Survey Year: 2019				

Apx 1_Figure 13. Percent of Population Age 25+ with a High School Diploma for St. Joseph Hospital of Orange Service Area



Apx 1_Figure 14. Percent of Population Age 25+ with a High School Diploma for St. Joseph Hospital of Orange Service Area Compared to County Average



- The total service area has a smaller proportion of population age 25 and older with a high school diploma compared to Orange County.
- About 71% of people living in the high need service area who are over 25 years have a high school diploma compared to 93% in the broader service area, a substantial difference.

This indicator is important because according to the National Center for Education Statistics, “for young adults ages 25–34 who worked full time, year-round, higher educational attainment was associated with higher median earnings; this pattern was consistent from 2000 through 2017.” A young adult with a

high school diploma earned 23% higher earnings, \$32,000, in comparison to \$26,000 for a young adult that did not complete high school.⁶²

This inequality was noted by **An Equity Profile of Orange County** as early as kindergarten. The Early Development Index (EDI), which looks at five developmental areas to measure school readiness, demonstrates that Latino/a students were most likely to be evaluated as being vulnerable across all five developmental areas. The neighborhoods with the highest percentage of children experiencing risk in one or more developmental areas are within San Clemente (among other cities in Orange County). The Child Opportunity Index which measures relative opportunity based on indicators from three domains (educational opportunity, health and environmental opportunity and social and economic opportunity) shows that opportunities for children are lower in more racially diverse areas, such as neighborhoods of Anaheim, Buena Park, Fullerton, and Santa Ana.

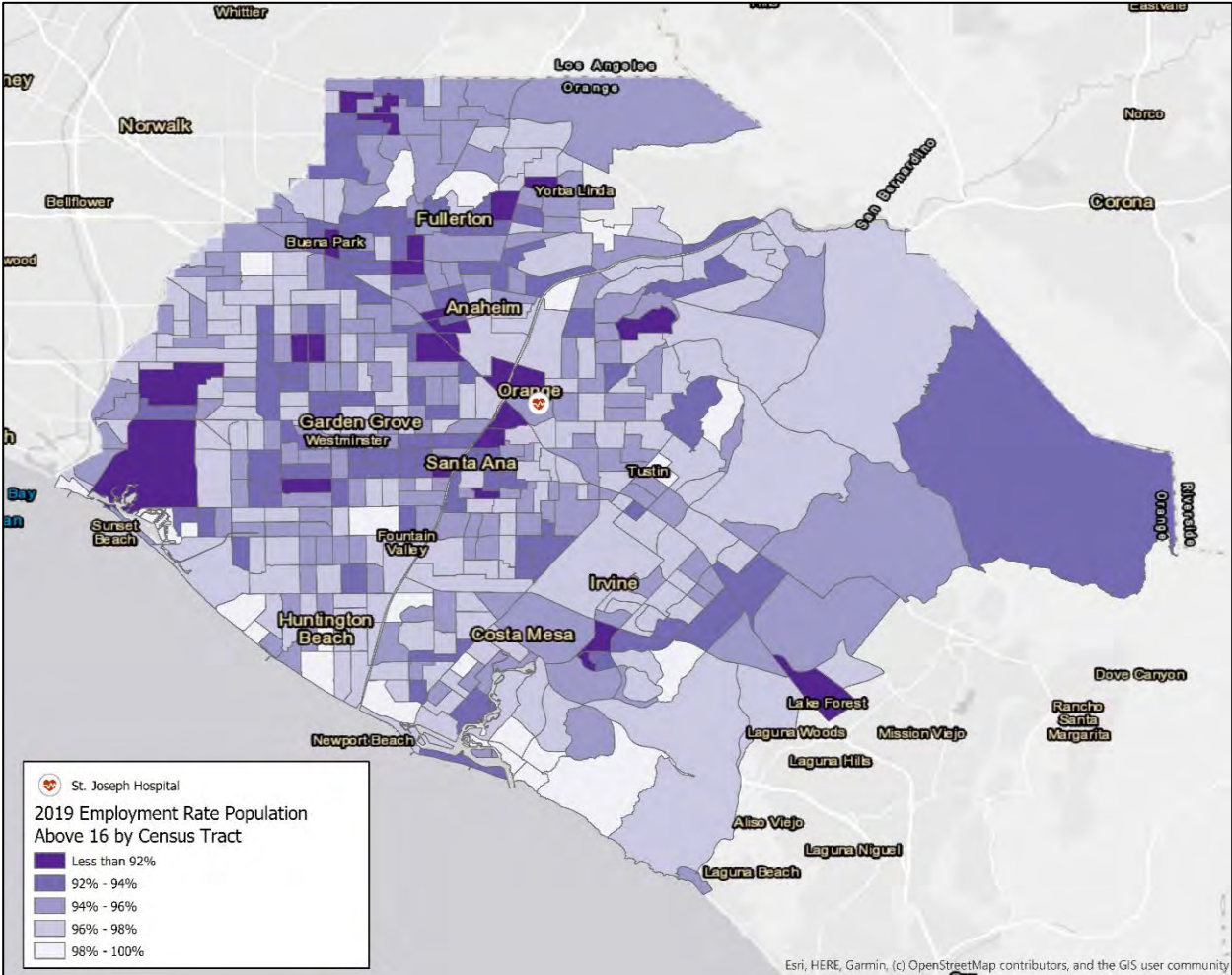
There is notable overlap in areas that have a higher percentage of residents living at 200% FPL or lower, lower percentage of adults with a high school diploma, and lower indexes in the Early Development Index (EDI) and Child Opportunity Index.

Apx 1_Table 12. Percent of Population Age 16+ Employed for St. Joseph Hospital of Orange Service Area

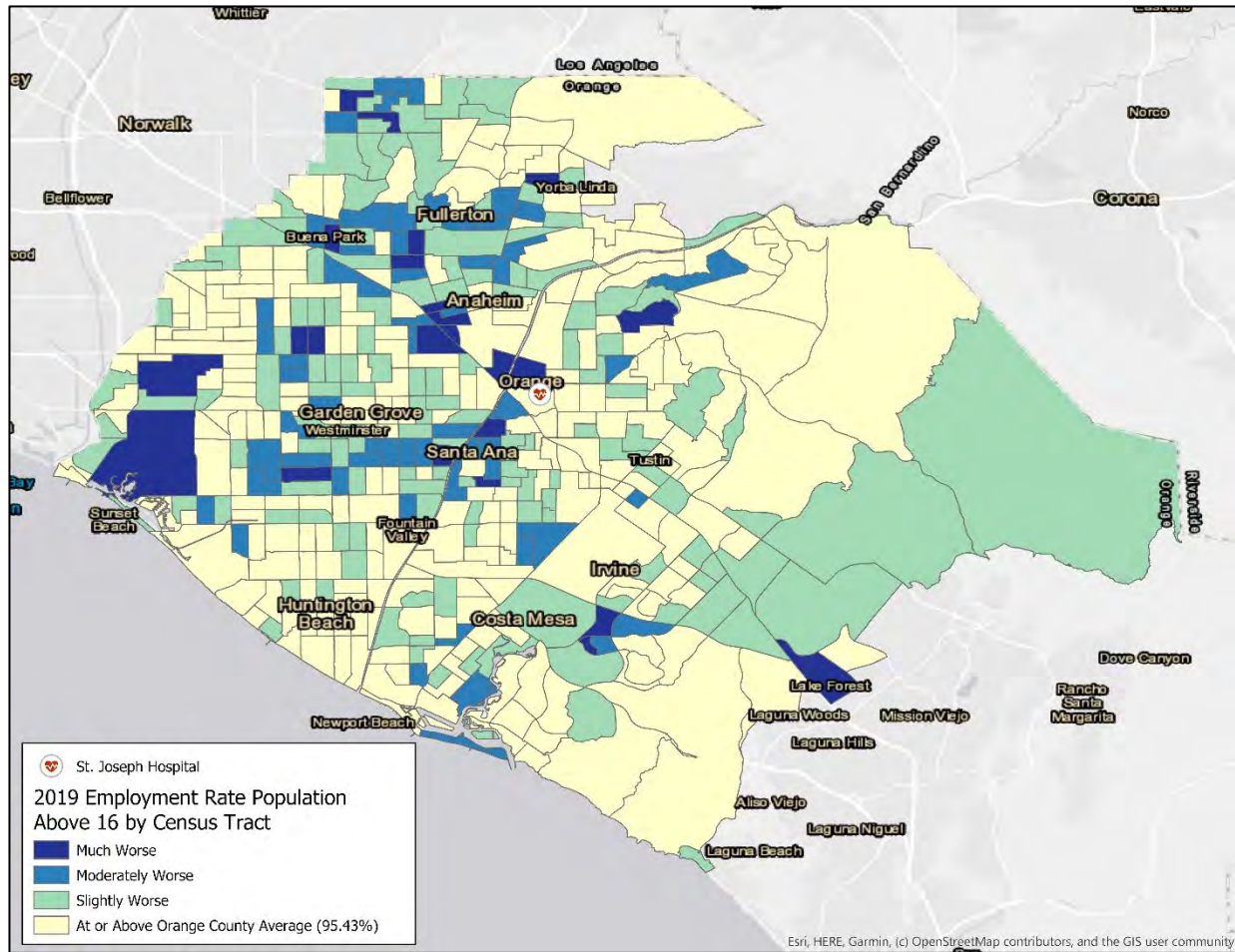
Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
Percent of Population Age 16+ Employed Data Source: American Community Survey Year: 2019	95.9%	94.4%	95.3%	95.4%

⁶² <https://nces.ed.gov/fastfacts/display.asp?id=77>

Apx 1_Figure 15. Percent of Population Age 16+ Employed for St. Joseph Hospital of Orange Service Area



ApX 1_Figure 16. Percent of Population Age 16+ Employed for St. Joseph Hospital of Orange Service Area Compared to County Average



Overall, the percentages of population employed for the broader and high need service areas are comparable to Orange County, however there are some census tracts in the cities of Anaheim, Fullerton, and Santa Ana with substantially lower employment than the rest of the service area.

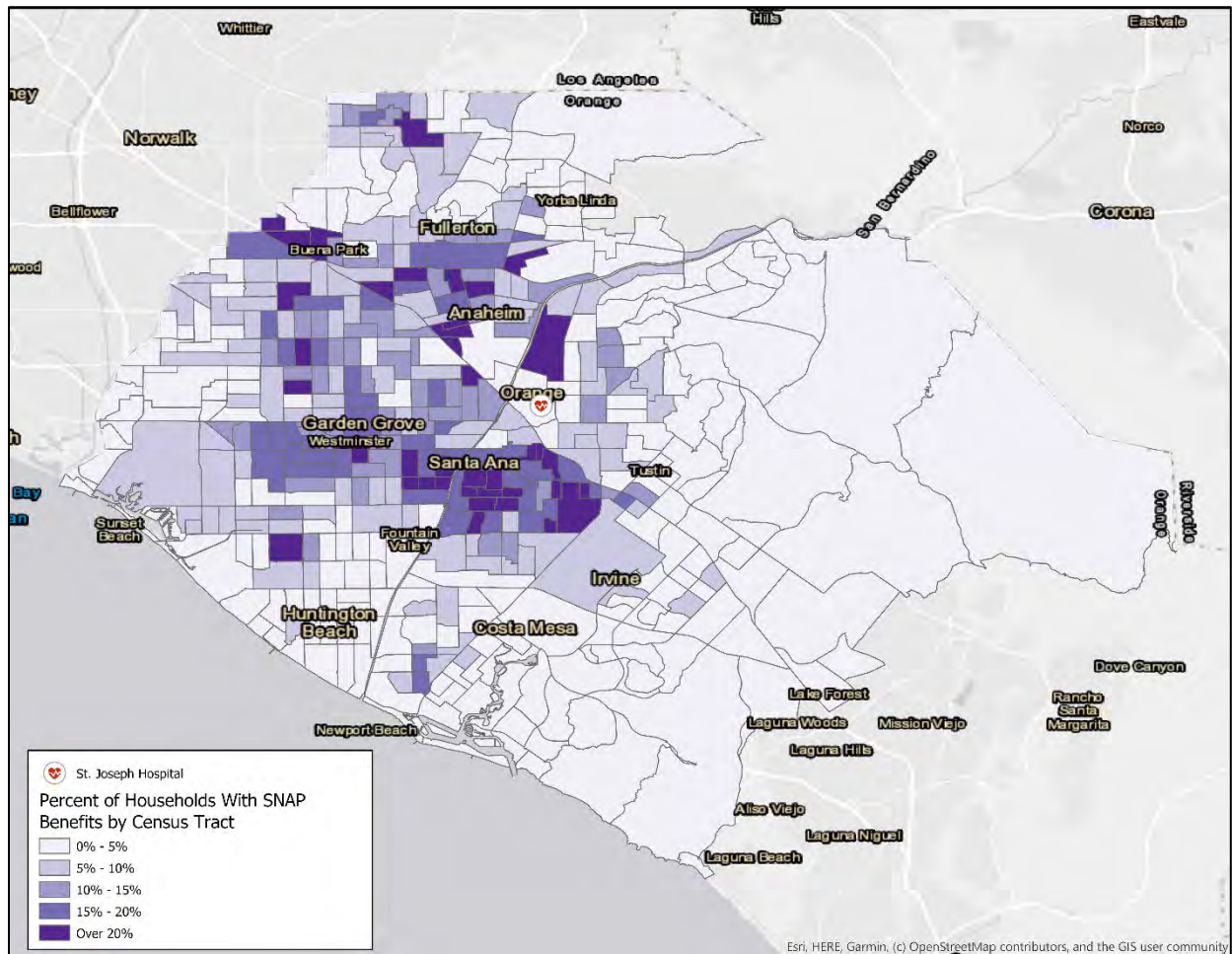
According to [An Equity Profile of Orange County](#), "there are more neighborhoods in north and central Orange County with large percentages of people who are unemployed in cities like Anaheim and Santa Ana, as well as portions of Westminster and Cypress."

ApX 1_Table 13. Percent of Households Receiving SNAP Benefits for St. Joseph Hospital of Orange Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
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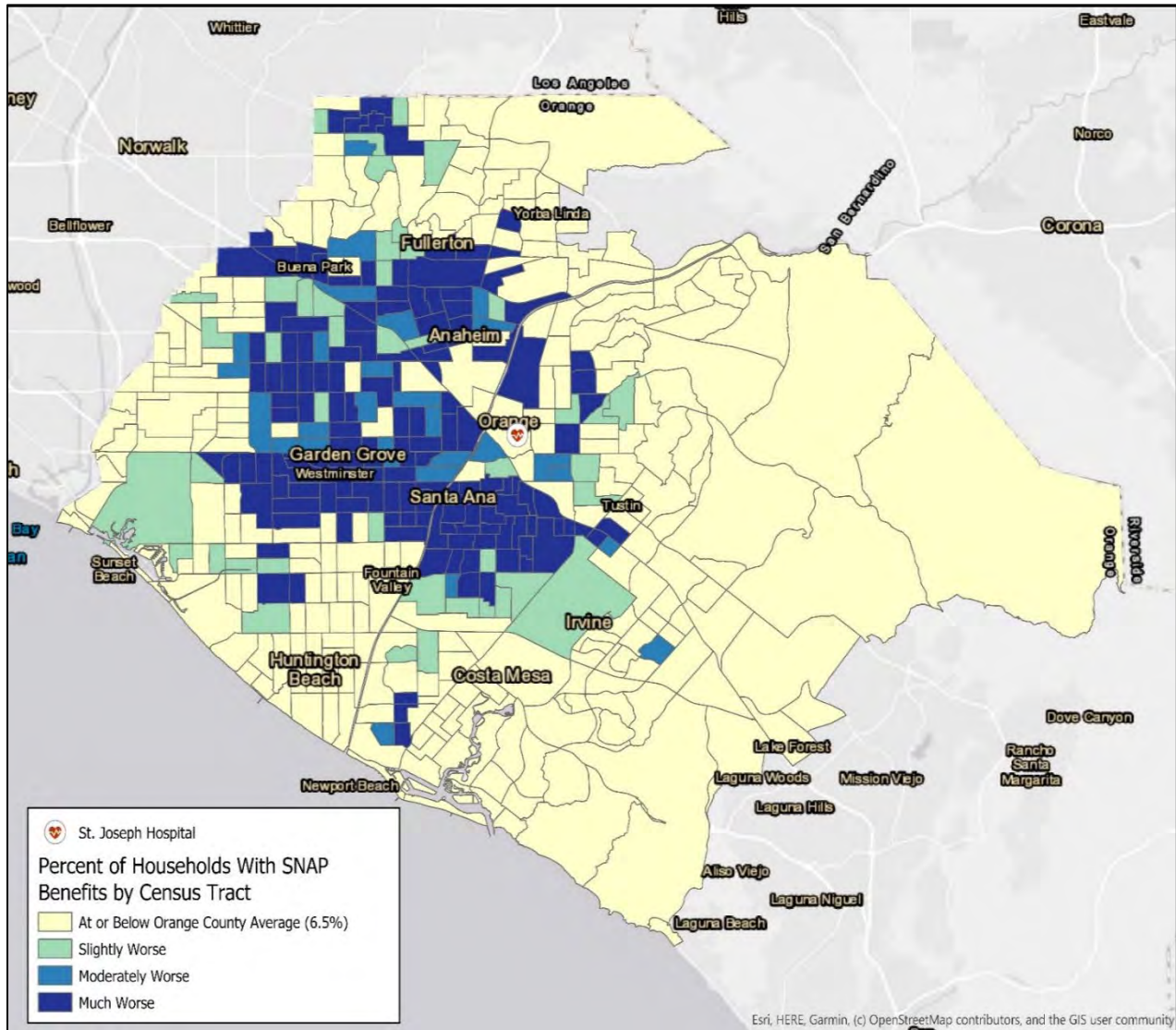
Percent of Households Receiving SNAP Benefits				
Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	3.5%	13.8%	7.6%	6.5%

Apx 1_Figure 17. Percent of Households Receiving SNAP Benefits for St. Joseph Hospital of Orange Service Area



Apx 1_Figure 18. Percent of Households Receiving SNAP Benefits for St. Joseph Hospital of Orange Service Area Compared to County Average

- The High Need Service Area has about four times the percent of households participating in the Supplemental Nutrition Assistance Program (SNAP), otherwise known as Cal-Fresh, compared to



the broader service area.

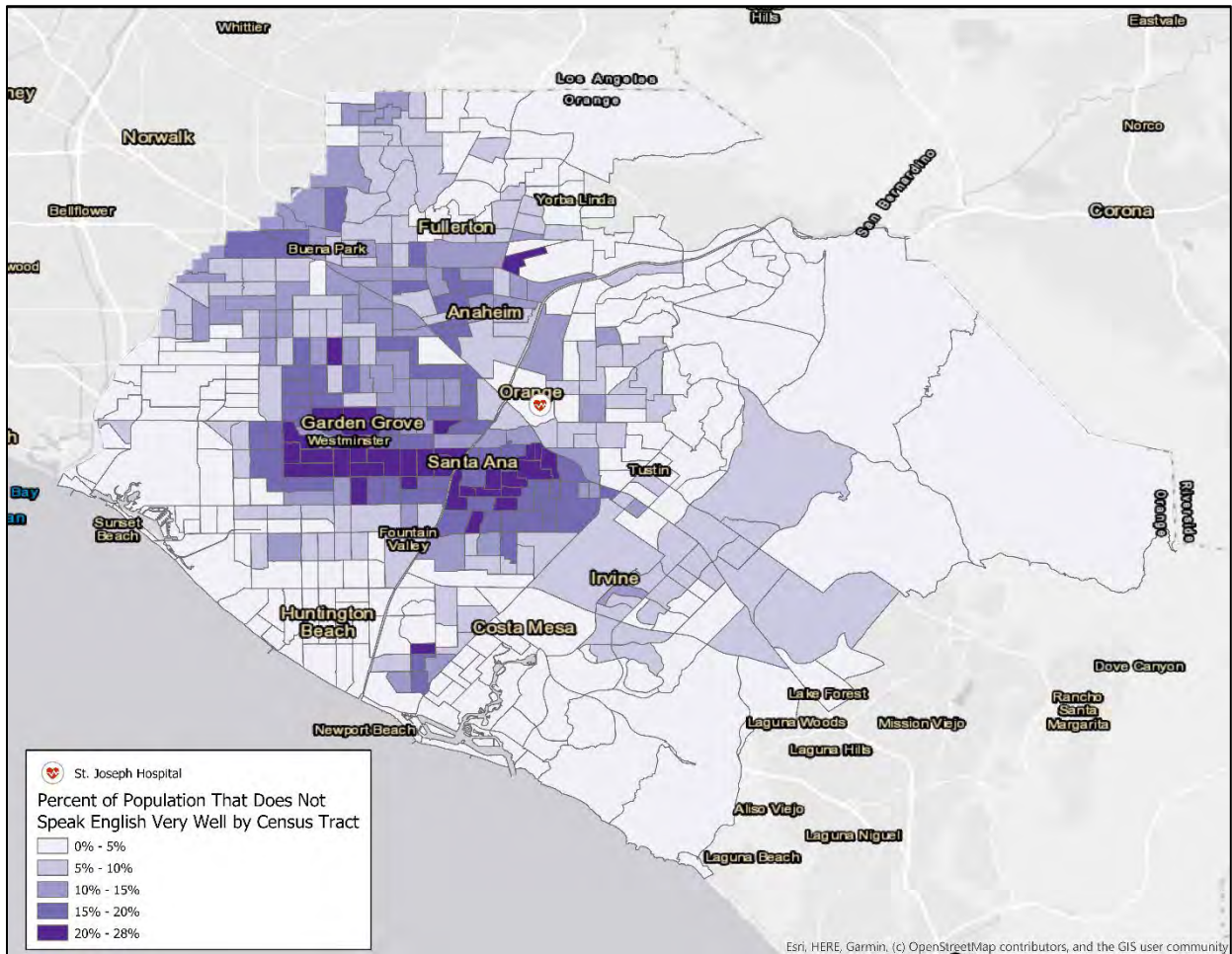
- The total service area for St. Joseph Hospital of Orange has a slightly higher percentage of households participating in SNAP, 8%, compared to Orange County, 7%.

Apx 1_ Table 14. Percent of Population Age 5+ Who Do Not Speak English Very Well for St. Joseph Hospital of Orange Service Area

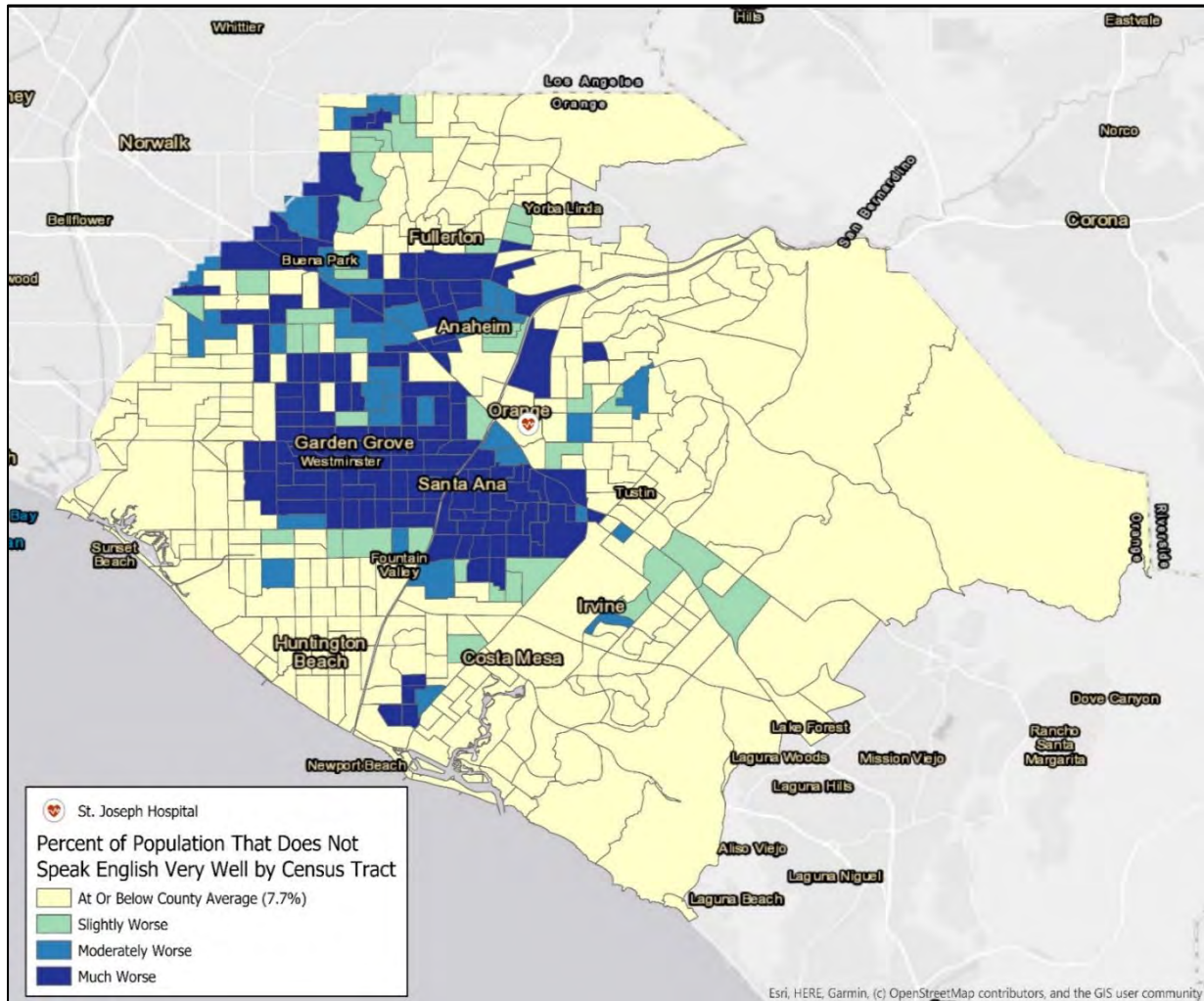
Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County
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Percent of Population Age 5+ Who Do Not Speak English Very Well Data Source: American Community Survey Year: 2019	4.7%	13.9%	9.0%	7.7%
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Apx 1_Figure 19. Percent of Population Age 5+ Who Do Not Speak English Very Well for St. Joseph Hospital of Orange Service Area



Apx 1_Figure 20. Percent of Population Age 5+ Who Do Not Speak English Very Well for St. Joseph Hospital of Orange Service Area Compared to County Average



- The high need service area has a substantially higher proportion of population that does not speak English very well, 14%, compared to the total service area, 9%.
- The total service area has a slightly higher proportion of population that does not speak English very well, 9%, compared to Orange County, 8%.

HOSPITAL LEVEL DATA – ST. JOSEPH HOSPITAL OF ORANGE

Avoidable Emergency Department (AED) Visits – St. Joseph Hospital of Orange

Apx 1_Table 15. Avoidable Emergency Department Visits for Providence—Orange County

Facility	Non-AED	AED Visit	Grand Total	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Grand Total	151,468	80,549	232,017	34.7%

Apx 1_Table 16. Avoidable Emergency Department Encounters by Race for St. Joseph Hospital of Orange

Encounters by Race	Non-AED Visit	AED Visit	Grand Total	AED %
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
Asian	1,558	774	2,332	33.2%
Black/African American	924	654	1,578	41.4%
Nat American/Eskimo/Aleutian	10	4	14	28.6%
Other	2,949	1,571	4,520	34.8%
Pacific Islander/Nat Hawaiian	99	71	170	41.8%
Unknown	147	85	232	36.6%
White	34,688	18,621	53,309	34.9%
(blank)	6	3	9	33.3%

Apx 1_Table 17. Avoidable Emergency Department Encounters by Age Group for St. Joseph Hospital of Orange

Encounters by Age Groups	Non-AED Visit	AED Visit	Grand Total	AED %
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
Under 18	2,365	1,004	3,369	29.8%
18 - 44	18,577	10,977	29,554	37.1%
45 - 64	10,469	5,955	16,424	36.3%
65+	8,970	3,847	12,817	30.0%

Apx 1_Table 18. Avoidable Emergency Department Encounters by ZIP Code for St. Joseph Hospital of Orange

Top ZIP Codes for ED Visits in 2019	Non-AED Visit	AED Visit	Grand Total	AED %	Zip Code 2019 Population	AED Visit per 10,000 Population
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%	-	
92701	2,580	1,635	4,215	38.8%	54,540	299.78
92703	2,335	1,402	3,737	37.5%	70,615	198.54
92706	2,266	1,316	3,582	36.7%	38,374	342.94
92707	2,057	1,204	3,261	36.9%	63,635	189.20
92867	2,160	1,065	3,225	33.0%	46,277	230.14

- These top 20 zip codes accounted for 73% of the total volume seen in the emergency department at St. Joseph Hospital of Orange.

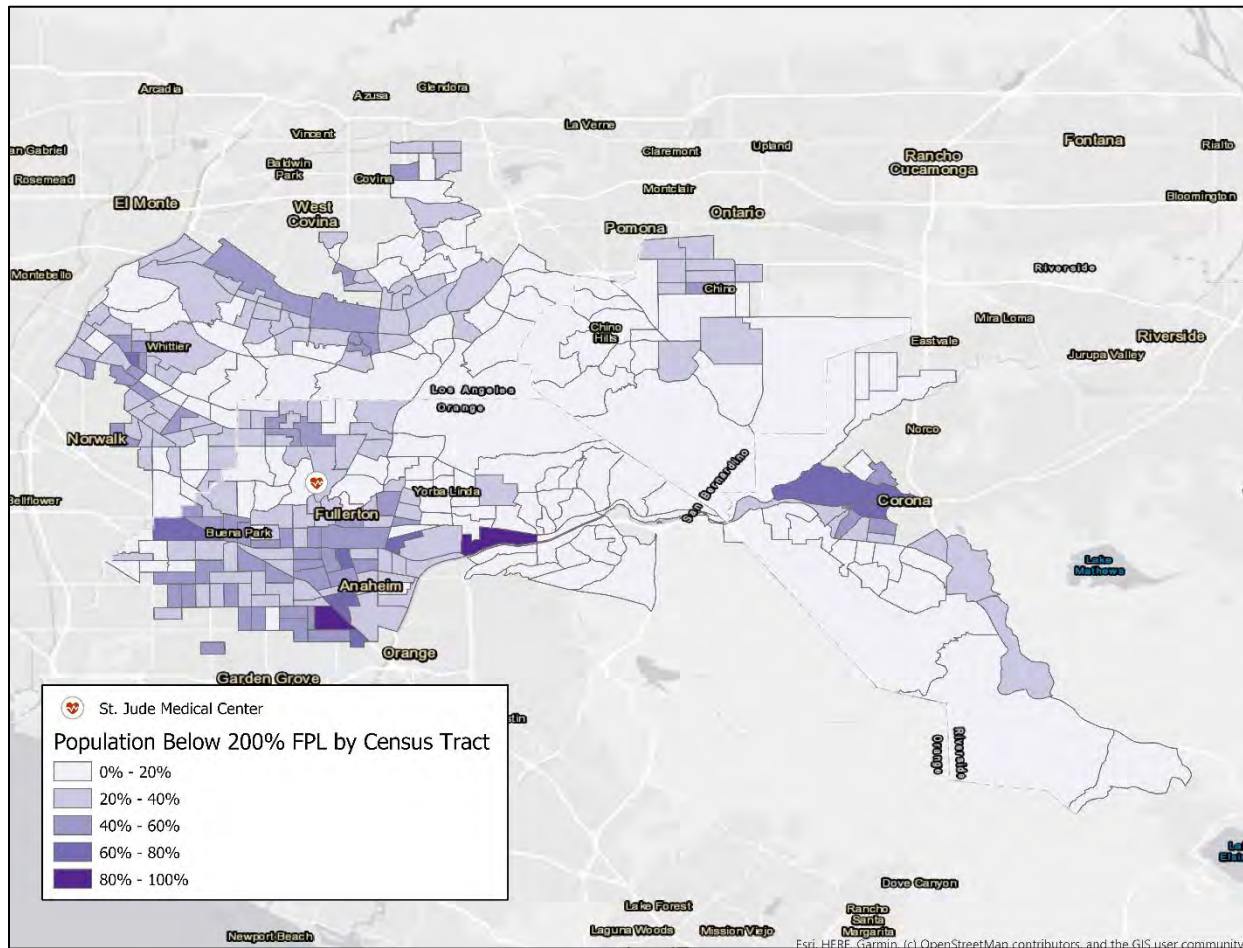
POPULATION LEVEL DATA—ST. JUDE MEDICAL CENTER

Apx 1_Table 19. Percent of Population Below 200% FPL for St. Jude Medical Center Service Area

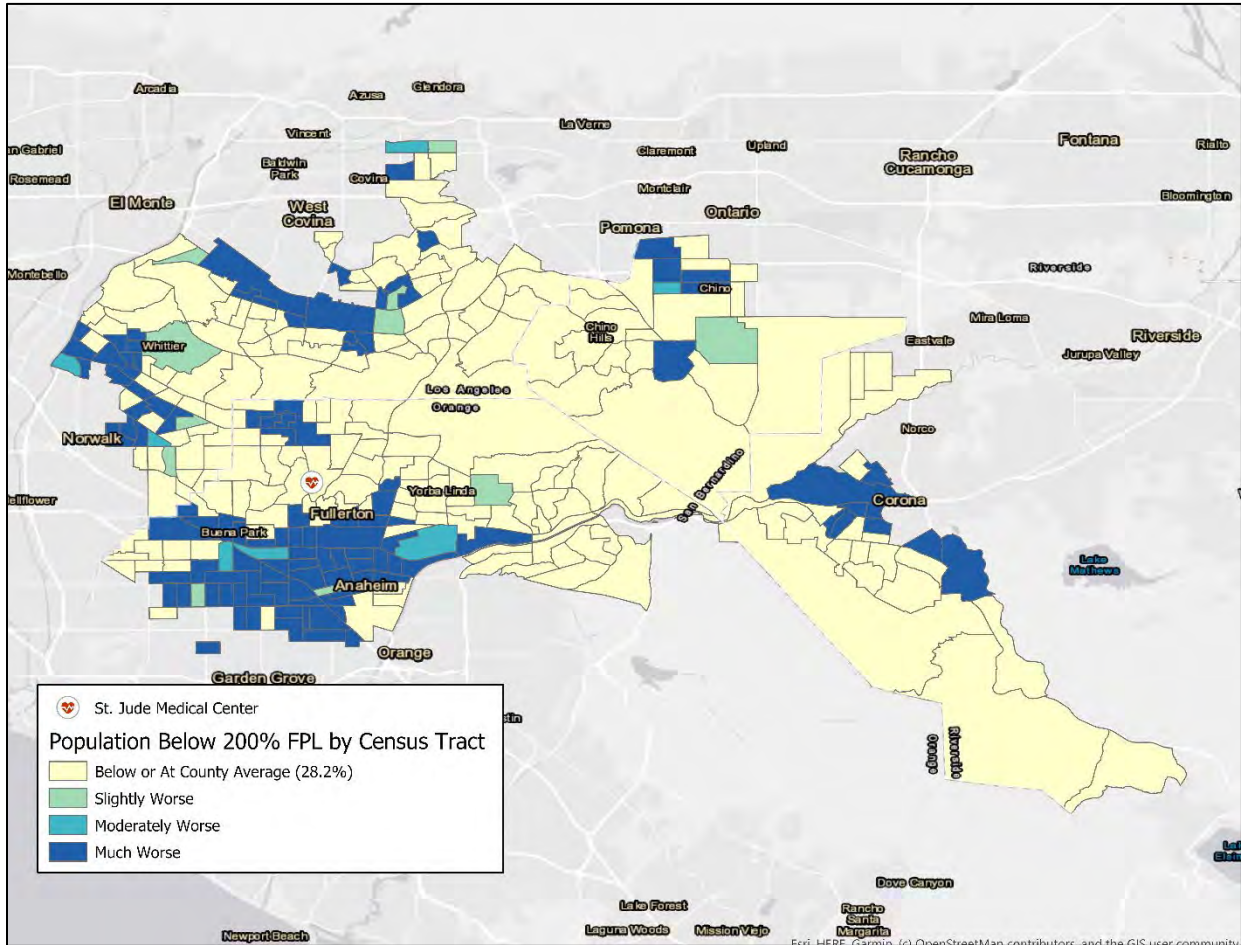
Indicator	Broader Service Area	High Need	Total Service Area	Orange County	Los Angeles County	San Bernardino County

		Service Area				
Percent of Population Below 200% Federal Poverty Level	17.3%	41.0%	27.8%	28.2%	38.3%	40.0%
Data Source: American Community Survey Year: 2019						

Apx 1_Figure 21. Percent of Population Below 200% FPL for St. Jude Medical Center Service Area



Apx 1_Figure 22. Percent of Population Below 200% FPL for St. Jude Medical Center Service Area in Comparison to Orange County Average



The Federal Poverty Level (FPL) is an economic measure to check if individuals or families qualify for government programs such as health care coverage through the Medi-Cal program, food assistance through the Cal-Fresh Program, etc.

- The percent of the population below 200% FPL in the total service area is similar to that of Orange County, but lower than Los Angeles and San Bernardino Counties.
- Almost 41% of people in the high need service area are considered below 200% FPL, compared to 17% in the broader service area.

According to [An Equity Profile of Orange County](#) conducted in partnership with PolicyLink and the Program for Environmental and Regional Equity at the University of Southern California, there are high concentrations of poverty in northern Orange County. “Concentrated poverty is a challenge for neighborhoods in many parts of the region, including much of Anaheim, Santa Ana and Garden Grove, as well as parts of Irvine.”

Apx 1_ Table 20. Percent of Population Below 200% FPL for St. Jude Medical Center Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County	Los Angeles County	San Bernardino County
Percent of Population Age 25+ With A High School Diploma Data Source: American Community Survey Year: 2019	92.2%	76.8%	85.7%	86.0%	79.8%	80.7%

- The total service area has a similar proportion of population age 25 and older with a high school diploma compared to Orange County.
- About 77% of people living in the high need service area who are over 25 years have a high school diploma compared to 92% in the broader service area, a substantial difference.

This indicator is important, because according to the National Center for Education Statistics, “for young adults ages 25–34 who worked full time, year-round, higher educational attainment was associated with higher median earnings; this pattern was consistent from 2000 through 2017.” A young adult with a high school diploma earned 23% higher earnings, \$32,000, in comparison to \$26,000 for a young adult that did not complete high school.⁶³

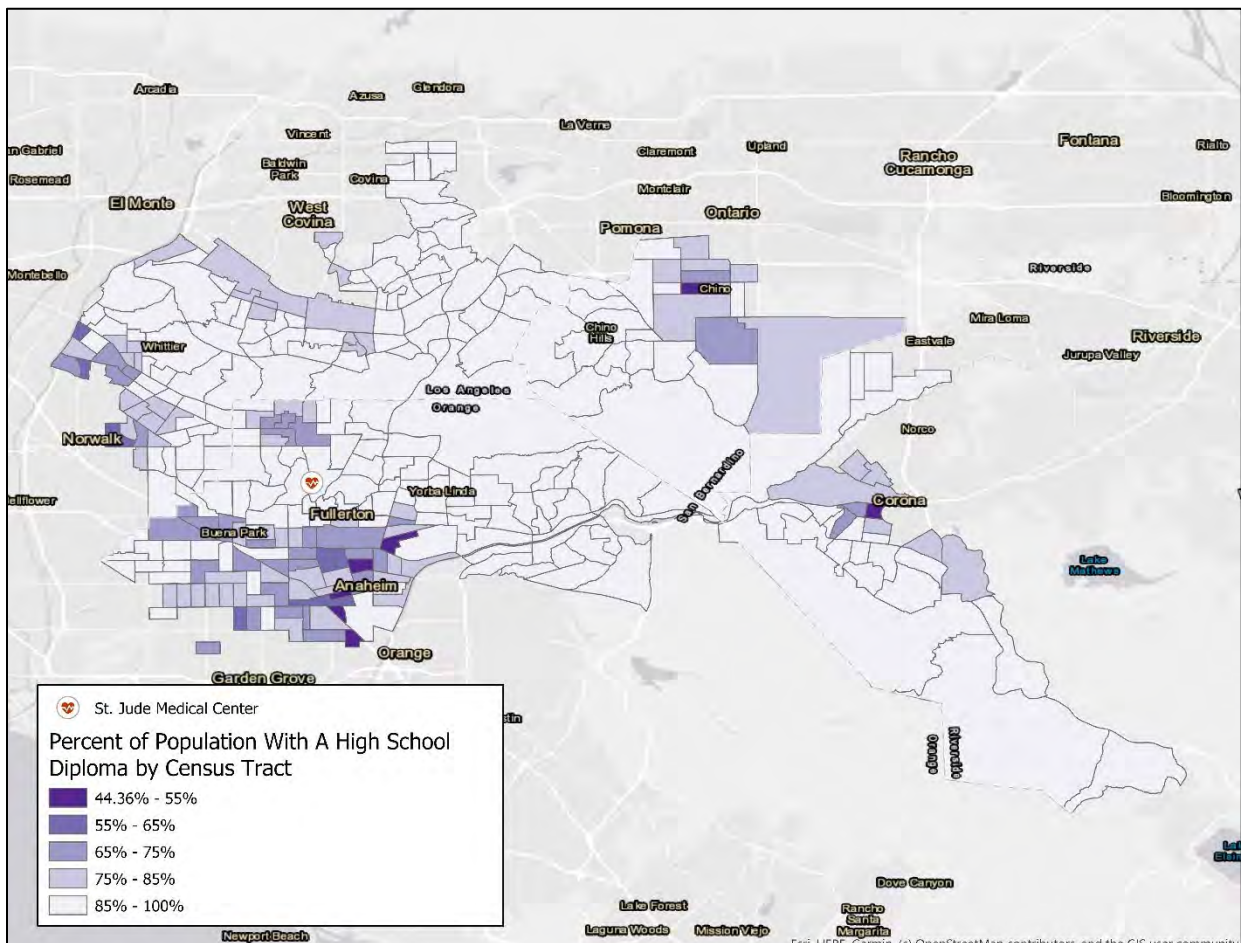
This inequality was noted by [An Equity Profile of Orange County](#) as early as kindergarten. The Early Development Index (EDI), which looks at five developmental areas to measure school readiness, demonstrates that Latino students were most likely to be evaluated as being vulnerable across all five developmental areas. The neighborhoods with the highest percentage of children experiencing risk in one or more developmental areas are within Anaheim, Costa Mesa, Newport Beach, Santa Ana, San Clemente and Westminster. The Child Opportunity Index which measures relative opportunity based on indicators from three domains: educational opportunity, health and environmental opportunity and

⁶³ <https://nces.ed.gov/fastfacts/display.asp?id=77>

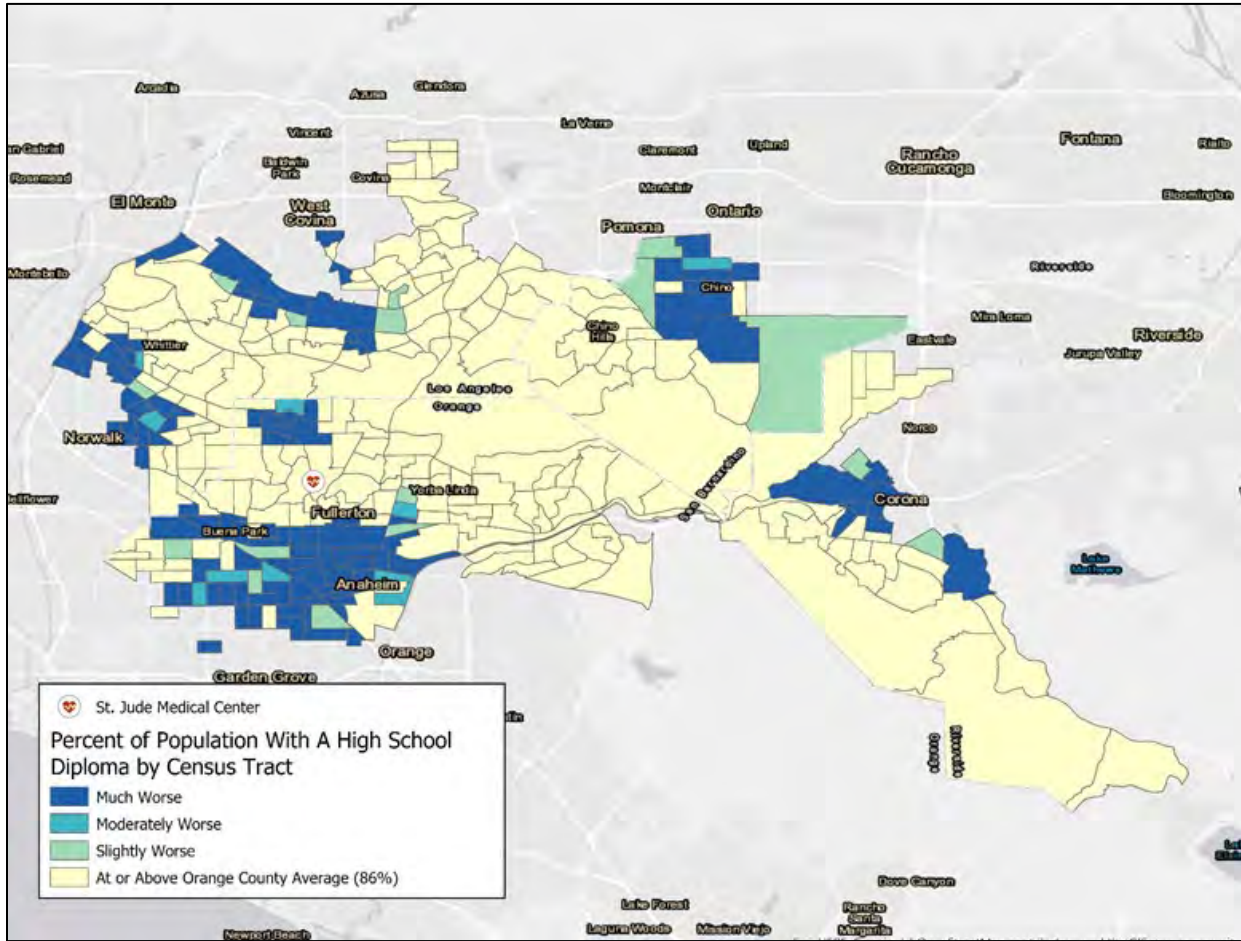
social and economic opportunity shows that child opportunity is lower in more racially diverse areas, such as neighborhoods of Anaheim, Buena Park, Fullerton and Santa Ana.

There is notable overlap in areas that have a higher percentage of residents living at 200% FPL or lower, lower percentage of adults with a high school diploma, and lower indexes in the Early Development Index (EDI) and Child Opportunity Index.

Apx 1_Figure 23. Percent of Population Age 25+ with a High School Diploma for St. Jude Medical Center Service Area



Apx 1_Figure 24. Percent of Population Age 25+ with a High School Diploma for St. Jude Medical Center Service Area in Comparison to Orange County Average

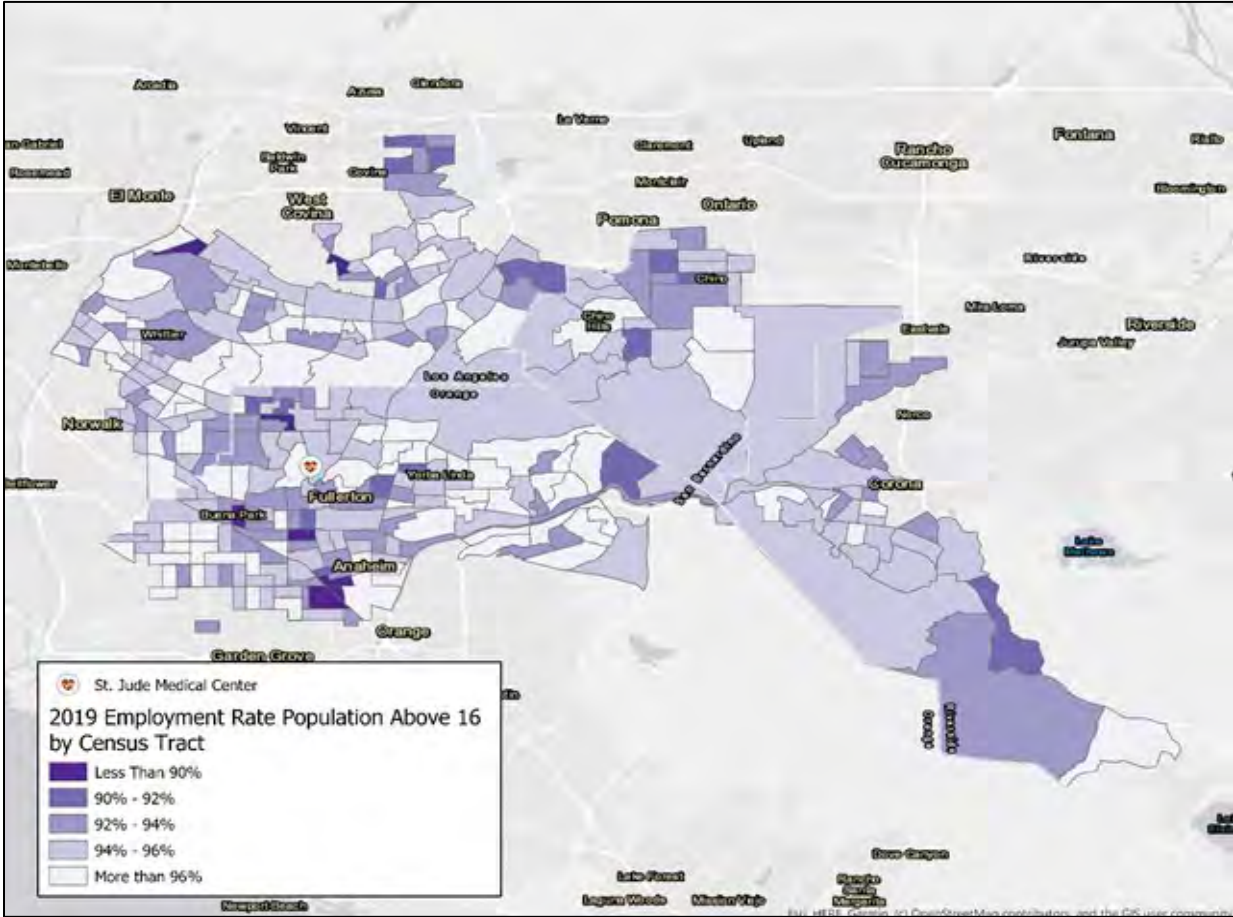


Apx 1_Table 21. Percent of Population Age 16+ Employed for St. Jude Medical Center Service Area

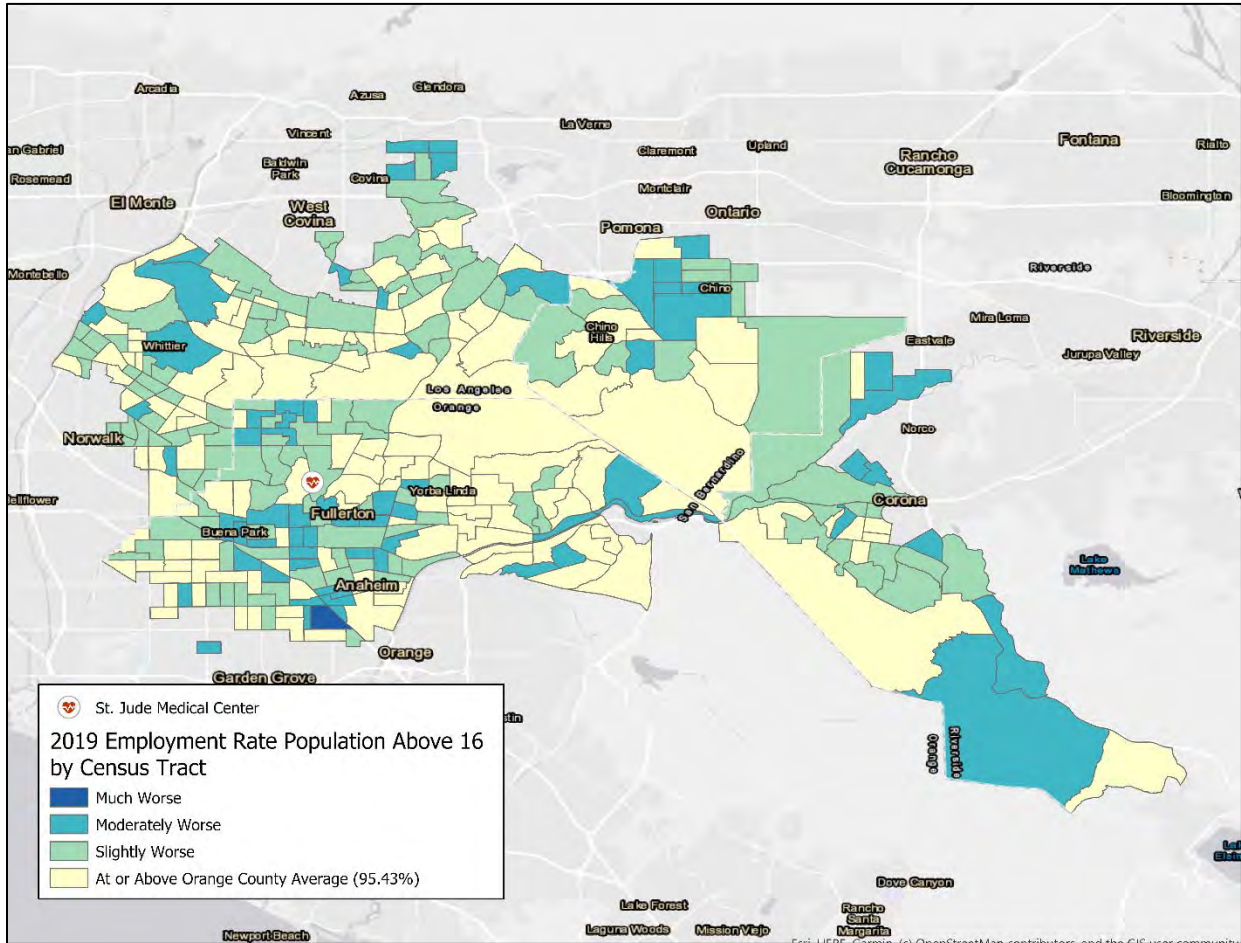
Indicator	Broader Service Area	High Need	Total Service Area	Orange County	Los Angeles County	San Bernardino County
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		Service Area				
Percent of Population Age 16+ Employed	95.5%	94.0%	94.8%	95.4%	94.0%	92.6%
Data Source: American Community Survey Year: 2019						

Apx 1_Figure 25. Percent of Population Age 16+ Employed for St. Jude Medical Center Service Area



Apx 1_Figure 26. Percent of Population Age 16+ Employed for St. Jude Medical Center Service Area Compared to Orange County Average

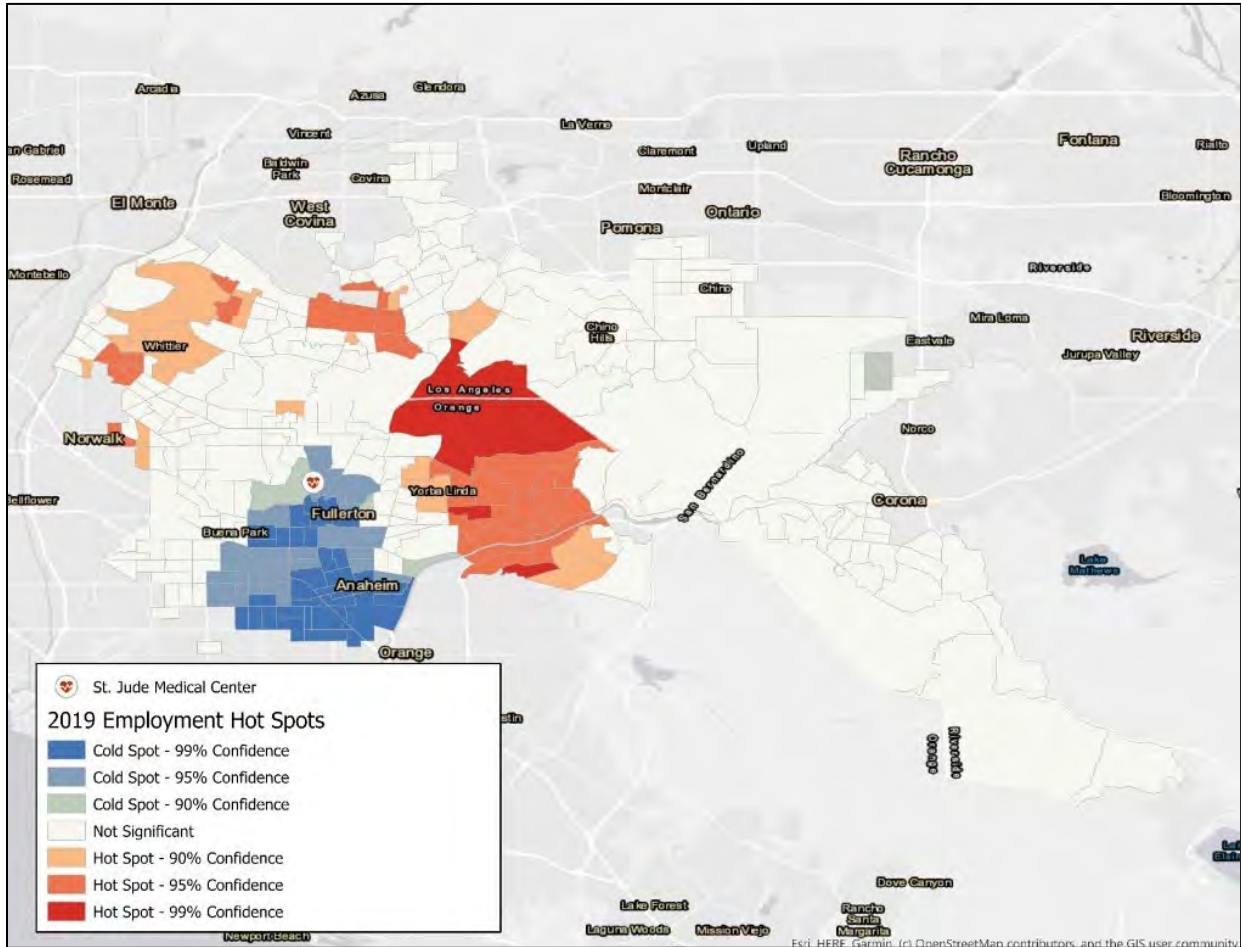


Overall, the percentages of population employed for the broader and high need service areas are comparable to Orange County, however there are some census tracts in the cities of Anaheim, Fullerton, and Santa Ana with substantially lower employment than the rest of the service area.

According to [An Equity Profile of Orange County](#), "there are more neighborhoods in north and central Orange County with large percentages of people who are unemployed in cities like Anaheim and Santa Ana, as well as portions of Westminster and Cypress."

Census tracts in red have statistically significant higher rates than the total service area while those census tracts in blue have statistically significant lower rates as compared to the total service area.

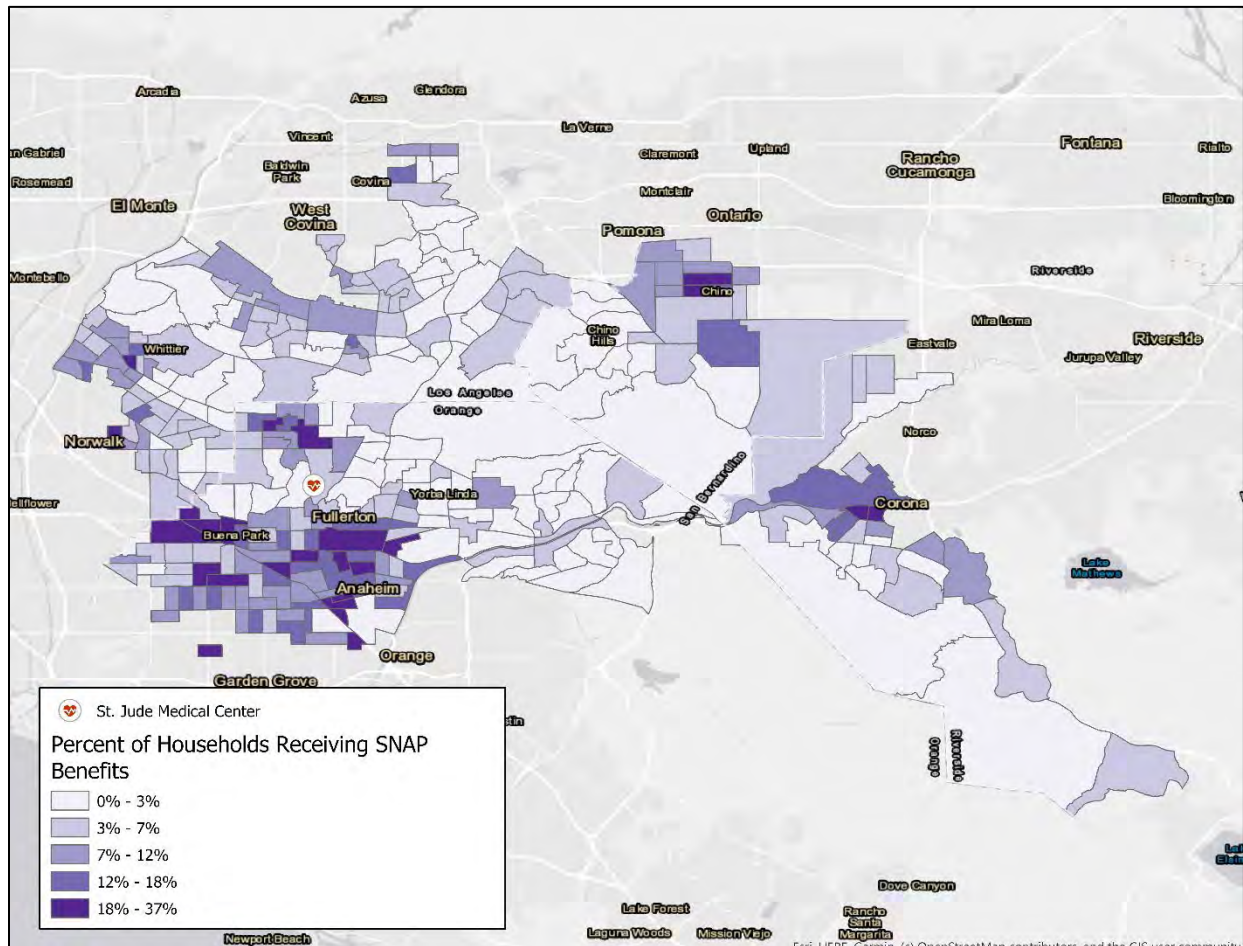
Apx 1_Figure 27. 2019 Employment Hot Spots for St. Jude Medical Center Compared to Total Service Area Average



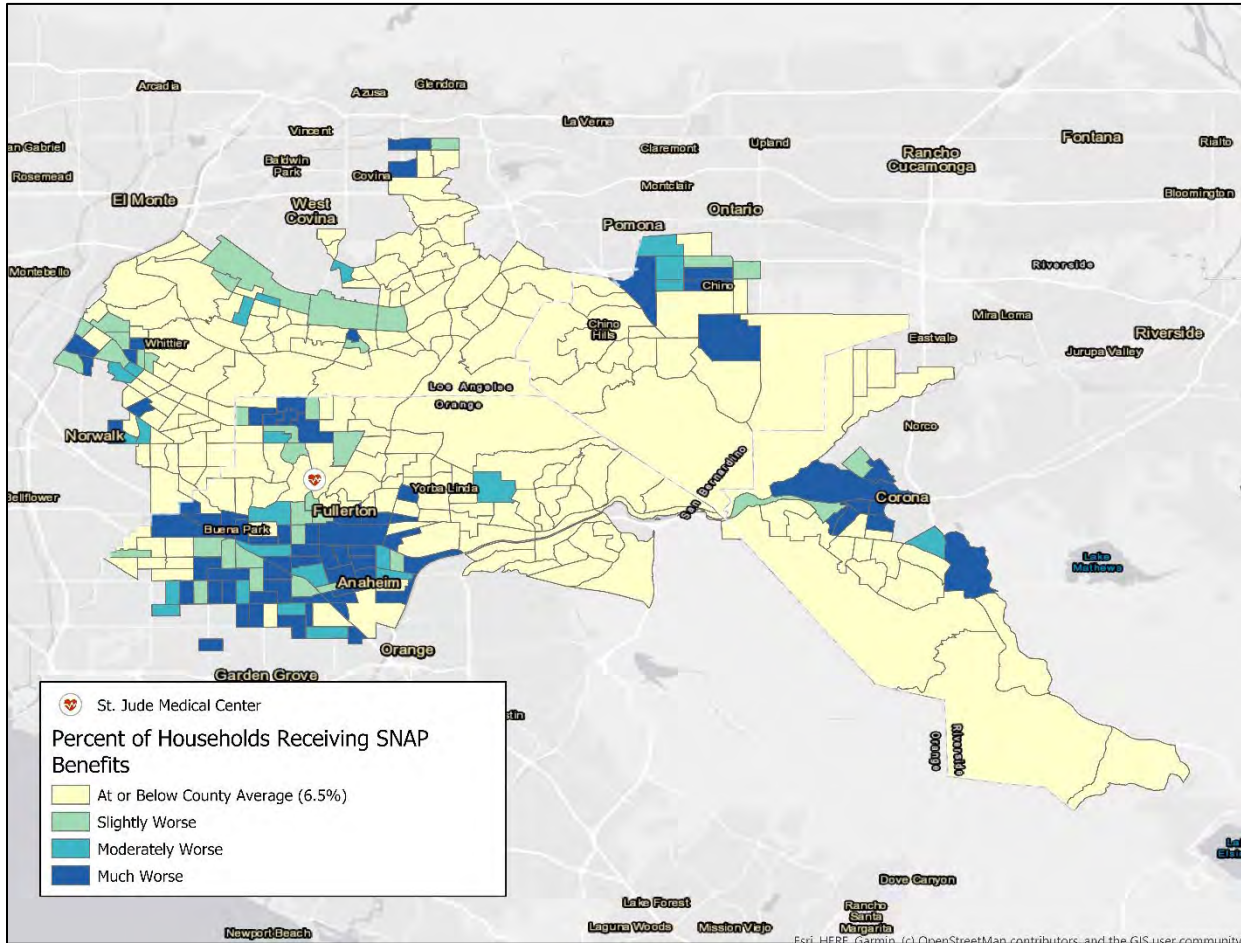
Apx 1_Figure 28. Percent of Households Receiving SNAP Benefits for St. Jude Medical Center Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County	Los Angeles County	San Bernardino County
Percent of Households Receiving SNAP Benefits	3.3%	12.1%	6.9%	6.5%	8.9%	15.9%
Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data						

Apx 1_Figure 29. Percent of Households Receiving SNAP Benefits for St. Jude Medical Center Service Area



Apx 1_Figure 30. Percent of Households Receiving SNAP Benefits for St. Jude Medical Center Service Area Compared to Orange County Average

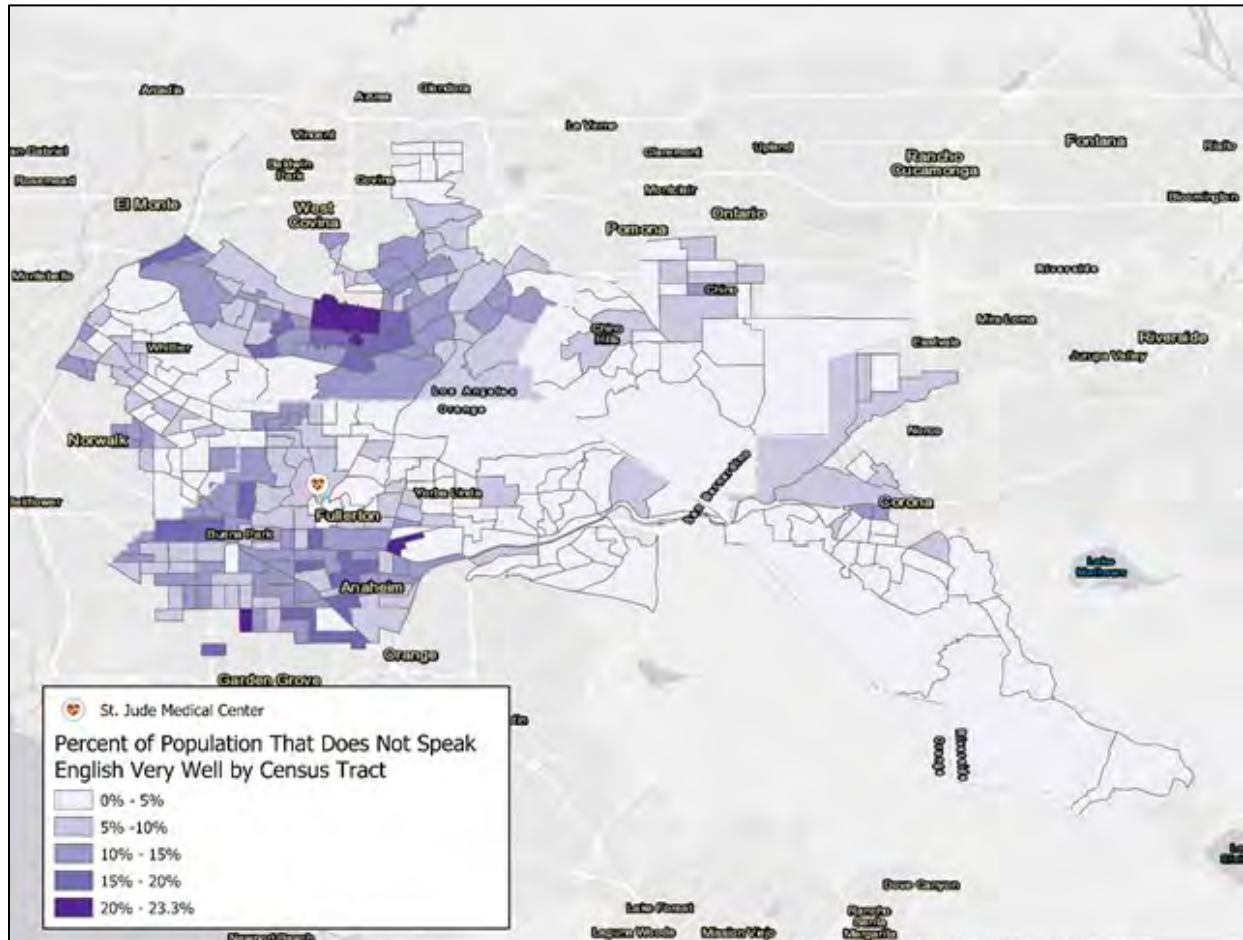


- The total service area and Orange County have similar percentages of households receiving SNAP benefits.
- The high need service area has about four times the percentage of households receiving SNAP benefits compared to the broader service area.

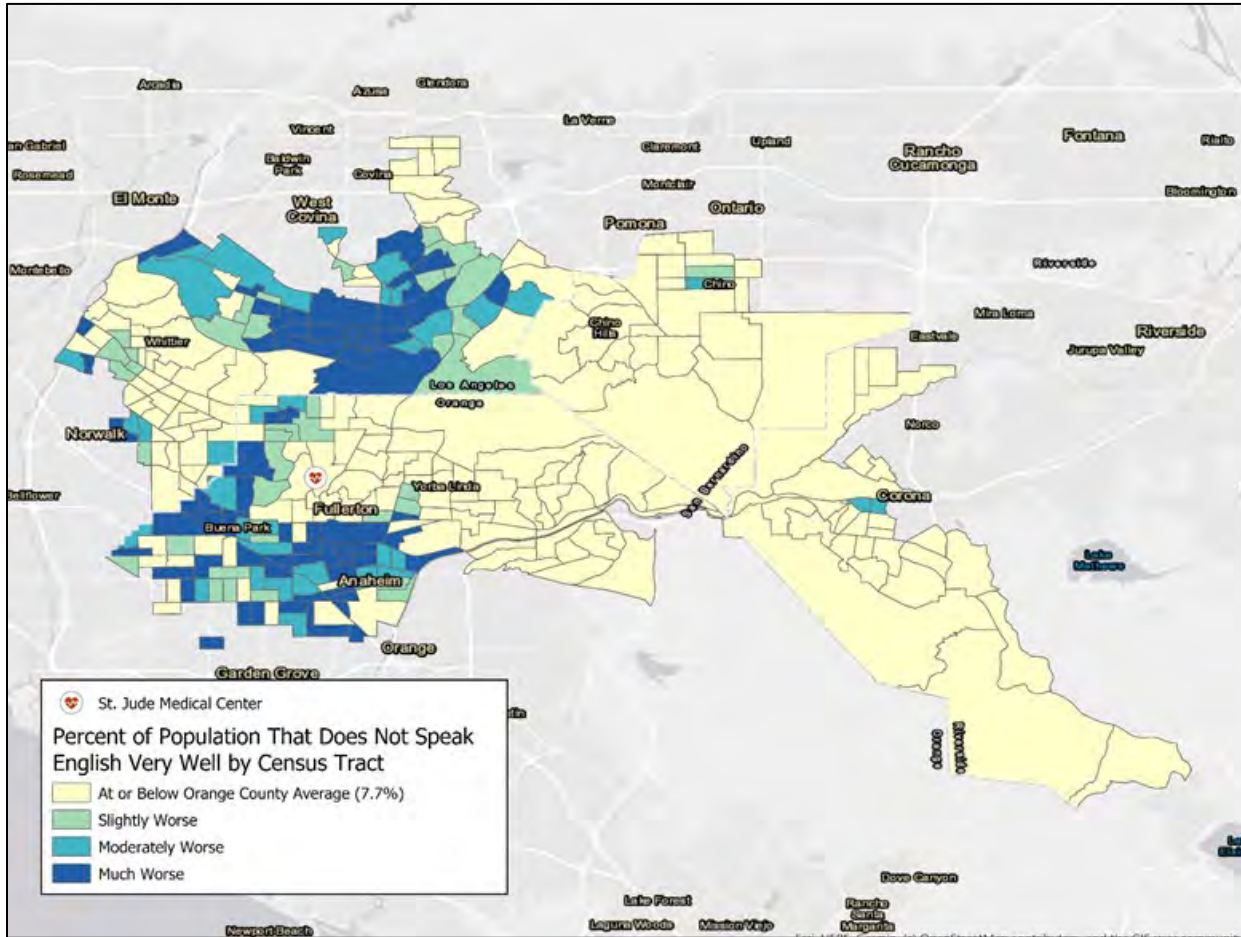
Apx 1_Table 22. Percent of Population Age 5+ Who Do Not Speak English Very Well for St. Jude Medical Center Service Area

Indicator	Broader Service Area	High Need Service Area	Total Service Area	Orange County	Los Angeles County	San Bernardino County
Percent of Population Age 5+ Who Do Not Speak English Very Well	5.8%	9.9%	7.6%	7.7%	9.4%	5.6%
Data Source: American Community Survey Year: 2019						

Apx 1_Figure 31. Percent of Population Age 5+ Who Do Not Speak English Very Well for St. Jude Medical Center Service Area



Apx 1_Figure 32. Percent of Population Age 5+ Who Do Not Speak English Very Well for St. Jude Medical Center Service Area Compared to Orange County Average



- The total service area and Orange County have similar percentages of population that do not speak English very well.
- The high need service area has a higher proportion of population that does not speak English very well, 10%, compared to the broader service area, 6%.

HOSPITAL LEVEL DATA – ST. JUDE MEDICAL CENTER

Avoidable Emergency Department (AED) Visits – St. Jude Medical Center

Apx 1_ Table 23. Avoidable Emergency Department Visits for Providence—Orange County

Facility	Non-AED	AED Visit	Grand Total	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Grand Total	151,468	80,549	232,017	34.7%

Apx 1_ Table 24. Avoidable Emergency Department Encounters by Race for St. Jude Medical Center

Encounters by Race	Non-AED Visit	AED Visit	Grand Total	AED %
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Asian	3,766	1,826	5,592	32.7%
Black/African American	1,041	711	1,752	40.6%
Nat American/Eskimo/Aleutian	13	5	18	27.8%
Other	2,774	1,579	4,353	36.3%
Pacific Islander/Nat Hawaiian	132	88	220	40.0%
Unknown	87	38	125	30.4%
White	28,454	16,942	45,396	37.3%
(blank)	6	3	9	33.3%

Apx 1_ Table 25. Avoidable Emergency Department Encounters by Age Group for St. Jude Medical Center

Encounters by Age Group	Non-AED Visit	AED Visit	Grand Total	AED %
St. Jude Medical Center	36,273	21,192	57,465	36.9%
Under 18	5,714	3,449	9,163	37.6%
18 - 44	12,686	7,702	20,388	37.8%
45 - 64	8,329	5,154	13,483	38.2%
65+	9,516	4,887	14,403	33.9%

Apx 1_Table 26. Top 10 ZIP Codes for Avoidable Emergency Department Visits at St. Jude Medical Center

Top 10 ZIP Codes for ED Visits in 2019	Non-AED Visit	AED Visit	Grand Total	AED %	Zip Code 2019 Population	AED Visit per 10,000 Population
90631	6,371	4,050	10,421	38.9%	71,897	563.31
92833	2,747	1,730	4,477	38.6%	55,066	314.17
92832	2,226	1,489	3,715	40.1%	27,461	542.22
92821	2,371	1,224	3,595	34.0%	40,336	303.45
92831	2,069	1,166	3,235	36.0%	36,066	323.30

Prevention Quality Indicators

Prevention Quality Indicators were developed by the Agency for Healthcare Research and Quality to measure potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs). ACSCs are conditions for which hospitalizations can potentially be avoided with better outpatient care and which early intervention can prevent complications.

More info on PQIs can be found on the following links:

https://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

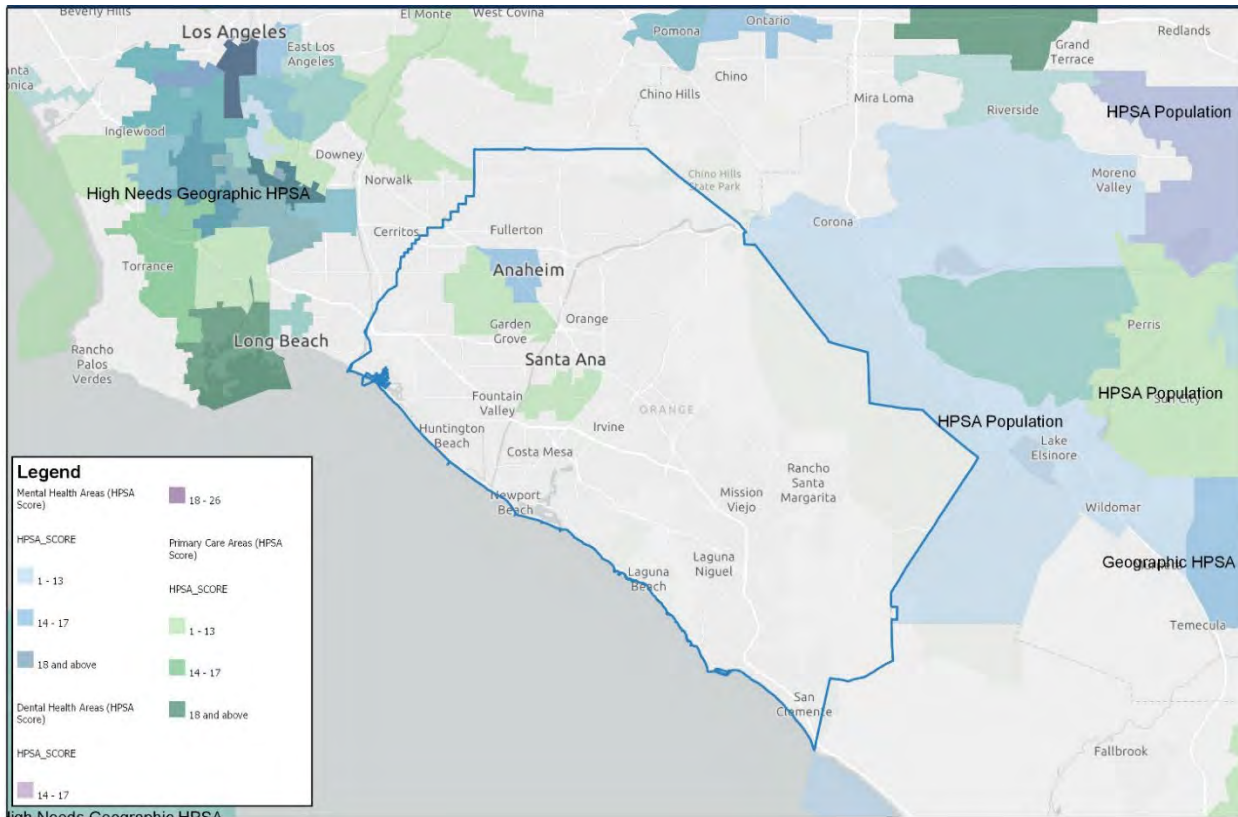
https://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx

PQIs were calculated for Mission Hospital, St. Mary Medical Center, St Joseph of Orange and St. Jude Medical Center using inpatient admission data for the year 2019.

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designate Health Professional Shortage Areas as areas with 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). Mission Hospital, St. Joseph Hospital of Orange, and St. Jude Medical Center are not located within Health Professional Shortage Areas (HPSA), although parts of the service area are designated as shortage areas. Census tracts near Stanton, Garden Grove, and Santa Ana are considered Primary Care HPSAs. Parts of Anaheim are considered Mental Health HPSAs.

Apx 1_Figure 33. HRSA Map for Dental Care, Mental Health, and Primary Care Health Professional Shortage Areas for Orange County



data.HRSA.gov

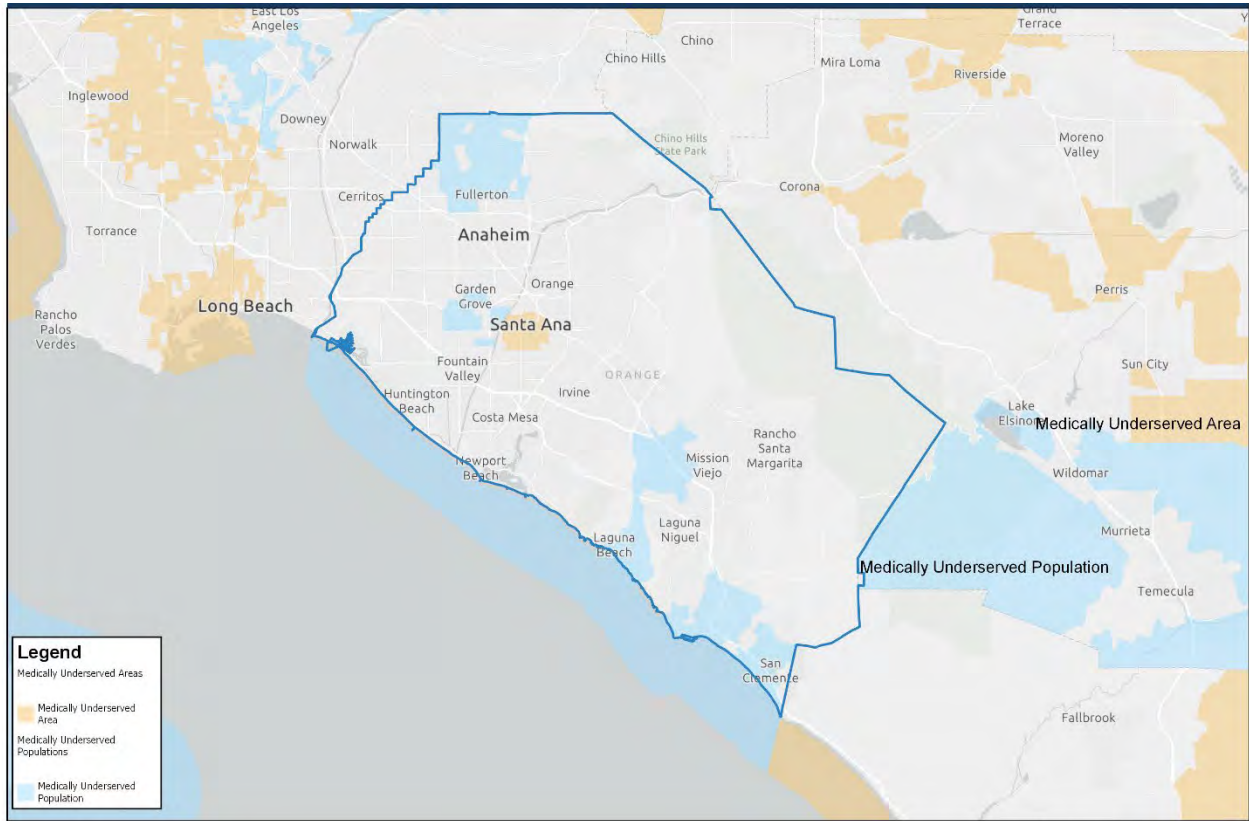
Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 11/2/2020

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area’s level of medical “under service.” MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary.

Central Santa Ana is the only MUA in Orange County. People with low incomes are a designated MUP in parts of Laguna Beach, Dana Point, Brea, West La Habra, Fullerton, and Garden Grove, among others. See the following map for specific census tracts.

Apx 1_Figure 34. HRSA Map for Medically Underserved Areas and Populations in Orange County



data.HRSA.gov

Prepared by:
 Division of Data and Information Services
 Office of Information Technology
 Health Resources and Services Administration
 Created on: 11/3/2020

Appendix 2: Community Input

Apx 2_ Table 1. Community Input for Orange County

Community Input Type (e.g. Listening sessions, community forum, etc.)	Who was Represented	Date (Month, Day, Year)	No. Of Participants
Kaiser – Survey	Minority Medically underserved Low-Income	1/30/2019	271
Kaiser - Stroke Survivors Focus Group	Minority Medically underserved Low-Income	10/26/2018	18
Kaiser - Senior Resident Focus Group	Medically underserved Low-Income	11/20/18	10
Kaiser – Youth Mental Health Focus Group	Minority (Latino parents) Medically underserved Low-Income	11/19/18	7
Kaiser – Center for Health Neighborhoods Focus Group	Minority Medically underserved Low-Income	11/26/18	17
Kaiser – Youth Mental Health (school staff) Focus Group	Minority Medically underserved	11/28/18	12
Kaiser – Youth Mental Health (students) Focus Group	Minority Medically underserved	11/28/18	16
Kaiser – Permanent Supportive Housing Residents Focus Group (Anaheim)	Minority Medically underserved Low-Income	11/28/18	8
Kaiser – Permanent Supportive Housing Residents Focus Group (Anaheim)	Minority Medically underserved Low-Income	11/28/18	10
Kaiser – Permanent Supportive Housing Residents Focus Group (Midway City)	Minority Medically underserved Low-Income	11/29/18	7
Kaiser – Mental Health (Suicide) Focus Group	Minority Medically underserved	12/4/18	12
Kaiser – Community Residents Focus Group	Minority Medically underserved Low-Income	12/14/18	14

Kaiser Permanente’s strategic learning questions for Focus Group participants:

1. How does crowded housing impact health outcomes?
2. How does housing insecurity impact health outcomes?
3. What is driving the high rate of asthma for the black population in the service area?
4. What does food security look like in the service area?
5. What is contributing to the higher rates of death from stroke for the black population in the service area?
6. How do the social determinants of low-income impact stroke outcomes?
7. What is the lived experience of teens who have attempted/are considering suicide?
8. What is the lived experience of those with a mental health diagnosis and their families? (suicide; gaps)
9. What are the unmet oral health needs in the service area?
10. What challenges do older adults face in the service area that compromise health outcomes?

Orange County Health Improvement Partnership strategic learning questions for Focus Group participants:

1. When you think about [community*] health, what is one thing that comes to mind?
2. What makes you optimistic or hopeful about [community*] health? What is working well?
3. What most concerns you?
4. What are the most important priorities for [community*] health?
5. What is most important for us to consider as we create this plan to improve [community*] health in Orange County?

CalOptima Member Survey targeted questions designed to obtain data about social determinants of health:

1. Have you needed help with housing in the past six months?
2. How often do you care for a family member?
3. How often do you get enough sleep?
4. How many jobs do you have?
5. In the past 12 months, did you have the need to see a mental health specialist?
6. How open are you with your doctor about your sexual orientation?
7. How sensitive are your health care providers in understanding your disability?

Apx 2_ Table 2. Key Community Stakeholder Participants (Kaiser Permanente – Stakeholder Focus Group)

Organization	Title	Sector
211 Orange County	President/CEO	Community Based Organization
Alzheimer’s OC	Executive Director	Public Health
American Foundation of Suicide Prevention	Public Policy Chair	Public Health
Stroke Boot Camp	Professor/Director	Public Health
Council on Aging	President/CEO	Community Based Organization
Healthy Smiles for Kids OC	Operations Manager	Public Health
Illumination Foundation	CEO	Housing
Kennedy Commission	Executive Director	Affordable Housing
Orange County Congregation Community Organization	Executive Director	Community Based Organization
Student Mental Health, OC Department of Education	Coordinator	Education
Orange County Fair Housing Council	Programs Specialist	Affordable Housing
Orange County Food Access Coalition	Executive Director	Community Based Organization
OC Health Care Agency	Public Health Officer	Public Health
Regional Asthma Management and Prevention	Associate Director	Public Health
San Clemente Wellness and Prevention Center	Executive Director	Community Based Organization
Home and Care Services, SeniorServ	Vice President	Affordable Housing
UCI Institute for Clinical and Translational Science	Professor/Associate Director	Education
Western Youth Services	Associate Clinical Director	Public Health

Appendix 3: Prioritization Protocol and Criteria

Prioritization- Mission Hospital

Looking at leading community needs, an informal review of seven indicators was conducted by CHI caregivers as a tool for prioritizing community needs. Up to one point was given to each indicator. Maximum points for any community need is seven (6).

Indicator/ Community Need	Trend over time	Impact on Low Income or Communities of Color	Opportunity to Impact	Alignment with System Priorities	OC HIP Priority	Attorney General Commitment	Points Comments
Cancer	Worse	Very High	Medium	No	No	No	2.5
Diabetes	Worse	Very high	Medium	No	Yes	No	3.5
Economic Stability	Worse	Very high	Low	No	Yes	No	3
Early childhood	Unknown	Very high	Low	No	No	No	1
Environment/ Climate	Worse	Very high	Low	Yes	No	No	3
Equity/Racial Disparities	Worse	Very high	Medium	Yes	Yes	No	5
Food Insecurity	Worse	Very high	Low	Yes	Yes	No	4

Prioritization- Mission Hospital (continued)

Indicator/ Community Need	Trend over time	Impact on Low Income or Communities of Color	Opportunity to Impact (High = 1 Pt Low = 0)	Alignment with System Priorities	OC HIP Priority	Attorney General Commitment	Points Comment
Health Care Access	Worse	Very high	High	No	Yes	Yes	5
Homeless & Housing	Worse	Very high	High	Yes	Yes (SDOH)	No	5
Obesity	Worse	Very high	Low	No	Yes	No	3
Mental Health & SUD	Worse	Very high	High	Yes	Yes	Yes	6
Safety	Better	Very high	Low	No	No	No	1
Senior Health	Worse	Very high	Low	No	No	No	2

Prioritization – St. Joseph of Orange

Indicator	Trend over time	Impact on Low Income or Communities of Color	High need area rates worse than state avg	Opportunity to Impact	Alignment with System Priorities	OC HIP Priority	Attorney General Commitment	Points Comment
Homeless & Housing	Worse	Very high	Yes	High	Yes	Yes (SDOH)	No	6
Mental Health & SUD	Worse	Very high	Yes	High	Yes	Yes	No	6
Obesity	Worse	Very high	Yes	High	No	Yes	Yes	6
Health Care Access	Worse	Very high	Yes	High	No	Yes	Yes	6
Prevention	Better	Very high	Yes	Very high	Yes	Yes	No	6
Diabetes	Worse	Very high	Yes	Medium	No	Yes	No	5
Food Insecurity	Worse	Very high	Yes	Low	Yes	Yes	No	5
Equity/Racial Disparities	Worse	Very high	Yes	Low	Yes	Yes	No	5
System Navigation	Worse	Very high	Yes	Medium	No	Yes	No	4.5
Sexually Transmitted Diseases	Worse	Very high	Yes	Low	No	Yes	No	4

Prioritization – St. Joseph of Orange (continued)

Indicator	Trend over time	Impact on Low Income or Communities of Color	High need area rates worse than state avg	Opportunity to Impact	Alignment with System Priorities	OC HIP Priority	Attorney General Commitment	Points Comments
Economic Stability	Worse	Very high	Yes	Low	No	Yes	No	4
Environment/ Climate	Worse	Very high	Yes	Low	Yes	No	No	4
Teen Birth Rate	Better in County but increased in certain cities	Very high	Yes	Low	No	Yes	No	3.5
Stroke	Worse	Very high	Yes	Medium	No	No	No	3.5
Cancer	Worse	Very High	Yes	Medium	No	No	No	3.5
Safety	Better	Very high	Yes	Low	No	No	No	3
Alzheimer Disease	Worse	Very high	Yes	Low	No	No	No	3
Early childhood	Unknown	Very high	Yes	Medium	No	No	No	2.5
Other								

Prioritization – St. Jude

Indicator	Trend over Time	Impact on Low Income or Communities of Color	High need area rates worse than state avg.	Opportunity to Impact	Alignment with System Priorities	OC MIP Priority	Attorney General Commitment	Points Comment
Homeless & Housing	Worse	Very high	Yes	High	Yes	Yes (SDOH)	No	6
Mental Health & SUD	Worse	Very high	Yes	High	Yes	Yes	No	6
Obesity	Worse	Very high	Yes	High	No	Yes	Yes	6
Prevention	Better	Very high	Yes	Very high	Yes	Yes	No	6
Health Care Access	Worse	Very high	Yes	High	No	Yes	Yes	6
Diabetes	Worse	Very high	Yes	Medium	No	Yes	No	5
Food Insecurity	Worse	Very high	Yes	Low	Yes	Yes	No	5
Equity/Racial Disparities	Worse	Very high	Yes	Low	Yes	Yes	No	5
Sexual Transmitted Disease	Worse	Very high	Yes	Low	No	Yes	No	4

Prioritization – St. Jude (continued)

Indicator	Trend over time	Impact on Low Income or Communities of Color	High need areas rates worse than state avg	Opportunity to Impact	Alignment with System Priorities	OC HIP Priority	Attorney General Commitment	Points Comments
Economic Stability	Worse	Very high	Yes	Low	No	Yes	No	4
Environment/Climate	Worse	Very high	Yes	Low	Yes	No	No	4
Safety	Better	Very high	Yes	Low	No	No	No	3
Stroke	Worse	Very high	Yes	Medium	No	No	No	3.5
Cancer	Worse	Very High	Yes	Medium	No	No	No	3.5
Teen Birth Rate	Better in County but increase in certain cities	Very high	Yes	Low	No	Yes	No	3.5
Alzheimer Disease	Worse	Very high	Yes	Low	No	No	No	3
Early childhood	Unknown	Very high	Yes	Medium	No	No	No	2.5
Other								

<https://www.surveymonkey.com/r/W9F5FBH>

Appendix 4: Community Resources Available to Address Significant Health Needs

Mission Hospital cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Apx 4_ Table 1. Community Resources Available to Address Significant Health Needs—Mission Hospital

Significant Health Need Addressed	Organization or Program Addressing Significant Health Need
Access to Resources	Camino Health Center; Community and Senior Centers; CHEC Family Resource Center; Families Forward; Family Assistance Ministry; Helping Hands Worldwide; Laguna Beach Community Clinic; Laguna Food Pantry; Laguna Resource Center; Mission Basilica; Our Fathers Table; South County Outreach; South Orange County Family Resource Center, Women, Infant & Children’s Clinic (WIC)
Dental Care	Camino Health Center & Laguna Beach Community Clinic
Diabetes	Camino Health Center & Laguna Beach Community Clinic
Economic Insecurity	CHEC Family Resource Center; Families Forward; Family Assistance Ministry; Mission Basilica; South County Outreach; South Orange County Family Resource Center
Food and Nutrition	CHEC Family Resource Center; Ecology Center; Families Forward; Family Assistance Ministry; Father Serra’s Food Pantry, Mission Basilica; Helping Hands Worldwide; Laguna Food Pantry; Second Harvest Food Bank; South County Outreach; South Orange County Family Resource Center, Women, Infant & Children’s Clinic (WIC)
Homelessness	Alternatives Sleeping Location (ASL Homeless Shelter); Camino Health Center; Families Forward; Family Assistance Ministry; Friendship Shelter; Helping Hands Worldwide; Henderson House; Laguna Beach Community Clinic; Laguna Resource Center; Our Fathers Table; South County Outreach; South Orange County Taskforce on Homelessness
Housing Concerns	CHEC Family Resource Center; Family Solutions; Families Forward; Habitat for Humanity; South County Outreach; South Orange County Family Resource Center
Immigration Status	Catholic Charities; CHEC Family Resource Center; Diocese of Orange County; Legal Aid Society of OC; Public Law Center; South Orange County Family Resource Center
Insurance and Cost of Care	Camino Health Center; Coalition of Community Health Centers; CHEC Family Resource Center; Community Health Initiative of Orange County; Family

	Assistance Ministry; Families Forward; South County Outreach; South Orange County Family Resource Center
Lack of Education	Boys & Girls Club Chapters; CREER, San Juan Capistrano; Capistrano Unified School District; CHEC Family Resource Center; Families Forward; Saddleback College Adult Education; Saddleback Valley Unified School District; South County Outreach; South Orange County Family Resource Center
Lack of Exercise	Boys & Girls Club Chapters; Local Parks & Recreation Programs; YMCA Chapters
Language and Cultural Barriers	CHEC Family Resource Center; Catholic Charities; Diocese of Orange County; Saddleback College Adult Education; South Orange County Family Resource Center
Mental Health	Camino Health Center; CHEC Family Resource Center; Child Guidance Center; Mariposa Women’s Center; Omid Multicultural Institute for Development; Seneca Family of Agencies; South Orange County Family Resource Center; Wellness and Prevention Center; Wellness Center; Western Youth Services
Substance Use	AA Meetings; Friendship Shelter; Mission Hospital

St. Joseph Hospital of Orange cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Apx 4_ Table 2. Community Resources Available to Address Significant Health Needs—St. Joseph Hospital of Orange

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Clinic	AltaMed Medical & Dental Group	Primary Medical and Dental Services	1814 W. Lincoln Ave, Suite A & B Anaheim, CA 92801	Access to Care Medical Care
Clinic	Central City Community Health Center	Primary Medical Care Services	2237 W. Ball Rd. Anaheim, CA 92804	Access to Care Medical Care
Clinic	UIC Family Health Center	Primary Medical and Dental Services	300 West Carl Karcher Way, Anaheim, CA 92801	Access to Care Medical Care
Clinic	Benevolence Health Centers Anaheim – Benevolence Health Center	Primary Medical and Dental Services	303 North East Street, Anaheim, CA 92805	Access to Care Medical Care
Clinic	KCS Health Center	Primary Medical Care Services	7212 Orangethorpe Ave. Suite 9A, Buena Park, CA 90621	Access to Care Medical Care

Clinic	Lestonnac Free Clinic	Primary Medical Care Services	8352 Commonwealth Ave., Buena Park, CA 90621	Access to Care Medical Care
Clinic	Hope Clinic	Primary Medical Care Services	2045 Myer Place, Building C, Costa Mesa, CA 92627	Access to Care Medical Care
Clinic	SOS Community Health Center	Primary Medical and Dental Services	1550 Superior Ave., Costa Mesa, CA 92627	Access to Care Medical Care
Clinic	Sierra Health Center	Primary Medical Care Services	501 S. Brookhurst Fullerton, CA 92833	Access to Care Medical Care
Clinic	AltaMed Medical Group	Primary Medical and Dental Services	12751 Harbor Blvd. Garden Grove, CA 92840	Access to Care Medical Care
Clinic	Central City Community Health Center	Primary Medical Care Services	12511 Brookhurst St., 2 nd Floor, Garden Grove, CA 92840	Access to Care Medical Care
Clinic	CHOC Clinic	Pediatrics – Primary Medical Care Services	10602 Chapman Ave., Garden Grove, CA 92840	Access to Care Medical Care
Clinic	Healthy Smiles for Kids of Orange County	Pediatrics – Dental Care Services	10602 Chapman Ave., Suite 200, Garden Grove, CA 92840	Access to Care Dental Care
Clinic	Lestonnac Free Clinic	Primary Medical Services	12741 Main St. Garden Grove, CA 92840	Access to Care Medical Care
Clinic	Nhan Hoa Comprehensive Health Center	Primary Medical and Dental Services	7761 Garden Grove Blvd. Garden Grove, CA 92840	Access to Care Medical Care
Clinic	SOS & Peace Center Health Clinic	Primary Medical Care Services	1 Purpose Drive. Lake Forest, CA 92630	Access to Care Medical Care
Clinic	AltaMed Medical Group	Primary Medical and Dental Services	4010 E. Chapman Ave. Ste C Orange, CA 92869	Access to Care Medical Care
Clinic	CHOC Clinic	Pediatrics – Primary Medical Care Services	1201 W. La Veta Ave. Orange, CA 92868	Access to Care Medical Care
Clinic	Lestonnac Free Clinic	Primary Medical and Dental Services	1215 E. Chapman Ave. Orange, CA 92866	Access to Care Medical Care
Clinic	Lestonnac Free Clinic	Primary Medical and Dental Services	491 Hewes Street Orange, CA 92869	Access to Care Medical Care
Clinic	The Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders	Primary Medical and Dental Services	1010 W. La Veta Ave. Suite 670 Orange, CA 92868	Access to Care Medical Care

Clinic	Benevolence Health Centers Orange – Benevolence Health Center	Primary Medical and Dental Services	805 West La Veta Avenue Orange, CA 92868	Access to Care Medical Care
Clinic	AltaMed Medical Group	Primary Medical and Dental Services	1400 North Main St. Santa Ana, CA 92701	Access to Care Medical Care
Clinic	AltaMed Medical Group	Primary Medical Care Services	2720 S. Bristol St., Suite 110 Santa Ana, CA 92704	Access to Care Medical Care
Clinic	CHOC at the Boys and Girls Club of Santa Ana	Pediatrics - Primary Medical Care Services	1000 West Highland St. Santa Ana, CA 92703	Access to Care Medical Care
Clinic	Clínica CHOC Para Niños	Pediatrics – Primary Medical Care Services	406 South Main St. Santa Ana, CA 92701	Access to Care Medical Care
Clinic	Hurtt Family Health Clinic	Primary Medical and Dental Services	1100 N. Tustin Ave. Santa Ana, CA 92705	Access to Care Medical Care
Clinic	Serve The People Community Health Center	Primary Medical and Dental Services	1206 E. 17 th Street #101 Santa Ana, CA 92701	Access to Care Medical Care
Clinic	SOS-EL SOL Wellness Center	Pediatrics – Primary Medical and Dental Services	1014 N. Broadway Santa Ana, CA 92701	Access to Care Medical Care
Clinic	The Gary Center Substance Abuse Counseling System	Behavioral Health Services	1525 E. 17 th Street, Suite B Santa Ana, CA 92701	Access to Care Behavioral Health
Clinic	UCI Family Health Center	Primary Medical and Dental Services	800 N. Main St. Santa Ana, CA 92701	Access to Care Medical Care
Clinic	Central City Community Health Center	Primary Medical Care Services	12116 Beach Blvd. Stanton, CA 90680	Access to Care Medical Care
Clinic	Livingston Free Clinic	Primary Medical and Dental Services	12362 Beach Blvd. Suite 10 Stanton, CA 90680	Access to Care Medical Care
Clinic	Families Together of Orange County	Primary Medical and Dental Services	661 W. First Street, Suite G Tustin, CA 92780	Access to Care Medical Care
Clinic	Friends of Family Health Center	Primary Medical and Dental Services	13152 Newport Ave. Suite B Tustin, CA 92780	Access to Care Medical Care

Clinic	Hurtt Family Health Clinic	Primary Medical and Dental Services	One Hope Drive Tustin, CA 92782	Access to Care Medical Care
Clinic	VNCOOC Asian Health Care	Primary Medical and Dental Services	9862 Chapman Ave. Suite B Garden Grove, CA 92841	Access to Care Medical Care
Clinic	Planned Parenthood O&SB – Orange	Reproductive Health	700 S. Tustin St. Orange, CA 92866	Access to Care Medical Care
Clinic	Planned Parenthood O&SB – Costa Mesa	Reproductive Health	601 W. 19 th St. Costa Mesa, CA 92627	Access to Care Medical Care
Clinic	Planned Parenthood O&SB – Santa Ana	Reproductive Health	1421 E. 17 th St. Santa Ana, CA 92705	Access to Care Medical Care
Clinic	Planned Parenthood O&SB – Anaheim	Reproductive Health	303 W. Lincoln Ave. #105 Anaheim, CA 92805	Access to Care Medical Care
Clinic	Planned Parenthood O&SB – Westminster	Reproductive Health	14372 Beach Blvd. Westminster, CA 92683	Access to Care Medical Care
Clinic	Planned Parenthood O&SB – Mission Viejo	Reproductive Health	26137 Lap Paz Rd., #200 Mission Viejo, CA 92691	Access to Care Medical Care
Clinic	NOCRHF	Preventive Care	901 W. Orangethorpe Fullerton, CA 92832	Access to Care Medical Care
Clinic	AHMC Anaheim Regional Medical Center	Primary and Specialty medical care services	1111 W. La Palma Ave. Anaheim, CA 92801	Access to Care Medical Care
Clinic	Fairview Developmental Center	Primary and Specialty medical care services	2501 Harbor Blvd. Costa Mesa, CA 92626	Access to Care Medical Care
Clinic	Hoag Orthopedic Institute	Primary and Specialty medical care services	16250 Sand Canyon Ave. Irvine, CA 92618	Access to Care Medical Care
Clinic	Norooz Clinic Foundation	Behavioral Health	1560 Brookhollow Dr #212 Santa Ana, CA 92705	Access to Care Behavioral Health
Non-profit	Latino Health Access	Diabetes	450 W 4th St. Santa Ana, CA 92701	Advocacy Education
Non-profit	American Diabetes Association	Diabetes	300 S. Raymond Ave. Suite 9 Irvine, CA 91105	Education

Non-profit	OC Health Improvement Partnership	Diabetes		
Non-profit	Kennedy Commission	Housing	17701 Cowan Avenue #200 Irvine, CA	
Non-profit	Mercy House Shelter	Housing	(714) 836-7188	Homelessness
Non-profit	Community Action Partnership of OC	Obesity	11870 Monarch St. Garden Grove, CA 92841	Food and Nutrition
Non-profit	OC NuPAC	Obesity	405 W. 5 th St. Santa Ana, CA 92701	
Non-profit	Children and Families Commission of OC	Education	1505 17th St #230, Santa Ana, CA 92705	
Non-profit	OCHCA Multicultural Development Program	Language and Culture	600 W. Santa Ana Blvd, Santa Ana, CA 92701	
Non-profit	Santa Ana W-O-R-K Center	Economic Insecurity	801 W Civic Center Dr STE 200, Santa Ana, CA 92701	
Non-profit	The Cambodian Family	Economic Insecurity	1626 E 4th St, Santa Ana, CA 92701	
Non-profit	Legal Aid Society of OC	Legal	2101 N Tustin Ave, Santa Ana, CA 92705	Immigration help
Non-profit	Public Law Center	Legal	601 W Civic Center Dr. Santa Ana, CA 92701	Immigration help
Non-profit	Horizon Cross Cultural Center	Access to Resources	3707 W Garden Grove Blvd, Orange, CA 92868	Access to Resources

St. Jude Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Apx 4_ Table 3. Community Resources Available to Address Significant Health Needs—St. Jude Medical Center

Significant Health Need Addressed	Organization or Program Addressing Significant Health Need
Affordable Housing and Homelessness	Kennedy Commission; NeighborWorks; Habitat for Humanity; Mercy House; Jamboree Housing; YIMBY, Illumination Foundation
Mental Health	OCHCA Mental Health; Providence St. Joseph; NAMI; National Council on Mental Health; CSUF Interns; CalOptima
Obesity	<u>Cities:</u> Fullerton, Placentia, Buena Park and La Habra <u>School Districts:</u> La Habra City School District; Placentia-Yorba Linda School District; Buena Park School District; Fullerton School District; Fullerton Joint Union HS District; Fullerton College; CSUF <u>Collaboratives:</u> Fullerton Collaborative; Placentia Collaborative; Buena Park Collaborative; La Habra Collaborative CAPOC; Second Harvest Food Bank
Economic Issues	CAPOC, One Stop, OCAPICA
Substance Use	Providence St. Joseph Health; OC Health Care Agency, CalOptima, KCS
Safety	Center for Healthy Neighborhoods; Habitat for Humanity; City Police Departments
Diabetes	American Diabetes Association; OC Health Improvement Partnership
Food Insecurity/Nutrition	Second Harvest; OC Food Access Coalition; Waste Not OC; UC Cooperative Extension; OC Health Care Agency - NEOP
Early Childhood Development	Early Childhood OC, OCDE
Environment/Climate	Climate Reality Leadership OC
Aging Population	North Orange County Senior Services Collaborative; Caregiver Resource Center OC; Meals on Wheels OC; OCSAC; Alzheimer’s OC

Appendix 5: Community Health Committee Members

Apx 5_ Table 1. Community Health Committee Members – Mission Hospital

Name	Title	Organization	Sector
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Amy Buch, MA	Community member		Community member
Shannon Dwyer, Esq	Consultant	THEO Executive Group	Health Care
Travers Ichinose, MS, MA	Research Analyst IV	Orange County Health Care Agency	Public Health
Gila Jones, MHA	Board of Trustee	Capistrano Unified School District	Education
Todd Lempert, MD	Radiologist	Coast Radiology	Medical
Kevin Mahany, MA	Director of Advocacy and Healthy Communities	St. Mary Medical Center	Hospital
Marcelo D. Mills	SVP, Regional Manager - Commercial Banking	Pacific Mercantile Bank	Financial
Christine Montanna, MA	Community member		Community member
Stephanie Reyes-Tuccio, PhD	Assistant Vice Chancellor	Educational Partnerships University of California Irvine	Education
Ginny Ripslinger	Consultant	VLR Consulting	Health Care
Nahid Razaghi, RN, MBA	Supervising Public Health Nurse	Orange County Health Care Agency	Public Health
Seth Teigen	Chief Executive	Mission Hospital	Hospital

Apx 5_ Table 2. Community Health Committee Members – St. Joseph Hospital of Orange

Name	Title	Organization	Sector
Sr. Martha Ann Fitzpatrick (Chairperson)	VP, Advocacy	Mission Hospital	Hospital
Rubin Smith	Managing Shareholder	Alvarado Smith Law Firm	Legal
Sudeep Kukreja, MD	Physician	St. Joseph Hospital of Orange	Hospital

Monique Davis	Executive Director	El Sol Science and Arts Academy	Education
Ron DiLuigi	Community Member		Community Member
Christa Sheehan	Senior Director of Strategy and Advancement	Taller San Jose Hope Builders	Community Based Organization
Mary Anne Foo	Executive Director	O.C. Asian & Pacific Islander Community Alliance, Inc. (OCAPICA)	Community Based Organization
Rosemary Liegler	Community Member		Community Member
Jeremy Zoch	Chief Executive	St. Joseph Hospital of Orange	Hospital
David Lugo	Chief Executive Officer	MOMS Orange County	Community Based Organization
Rigoberto Rodriguez	School Board President	Santa Ana School District	Education
Lisa Jenkins	President & CEO	Council on Aging Southern California	Community Based Organization
Pam Pimentel	CEO/ Registered Nurse	MOMS Orange County	Community Based Organization
Dolores Barrett	Director, Community Partnerships and Services	Community Action Partnership of Orange County	Community Based Organization
Jennifer Wang	Chief Operating Officer	Asian American Senior Citizen Services Center	Community Based Organization
Ruth Seigle	Community Member		Community Member
Cesar Covarrubias	Executive Director	The Kennedy Commission	Community Based Organization

Apx 5_ Table 3. Community Health Committee Members – St. Jude Medical Center

Name	Title	Organization	Sector
Sr. Mary Rogers	CSJ	Board of Directors, St. Jude Medical Center	Hospital
Sr. Eileen Mc Nerney	CSJ	Board of Directors, St. Jude Medical Center	Hospital
Stan Kwak		Board of Directors, St. Jude Medical Center	
Ahmad Zahra	Councilmember	Fullerton City Council	Local Government
Hilda Sugarman	Trustee	Fullerton School District	Education

Duncan Johnson	Retired Trustee	Fullerton School District	Education
Rusty Kennedy	Retired CEO	Orange County Human Relations	Community Based Organization
Mary O'Connor		FACES	
Carrie Buck	Trustee Executive Director	Placentia Yorba Linda Unified School District; Placentia Collaborative; HIS OC	Education; Community Based Organization
Karin Freeman	Trustee	Placentia Yorba Linda School District; North Orange County ROP	Education; Community Based Organization
Rose Espinoza	Councilmember Executive Director	La Habra City Rosie's Garage	Local Government
Dr. Beth Swift	Councilmember	Buena Park	Local Government
Amy Durham	Director	NAMI Orange County	Mental Health
Rachel Selleck	Chief of Staff and Public Information Officer	Orange County Health Care Agency	Public Health
John Koos	Business Owner		
Sandi Baltes	Trustee	La Habra Elementary School District	Education
Ron DiLuigi	Community Member		
Alison Garcia	Teacher	Fullerton School District	Education
Carol Morrison	Community Member		
Dr. Jeffrey Winston	Physician		
Paul Leon	CEO	Illumination Foundation	Housing
Dr. John Dymond	Retired Physician		

Appendix 6: Orange County Health Indicators

HEALTH / ACCESS TO HEALTH SERVICES

Adults with Health Insurance (5-year)

Source: American Community Survey

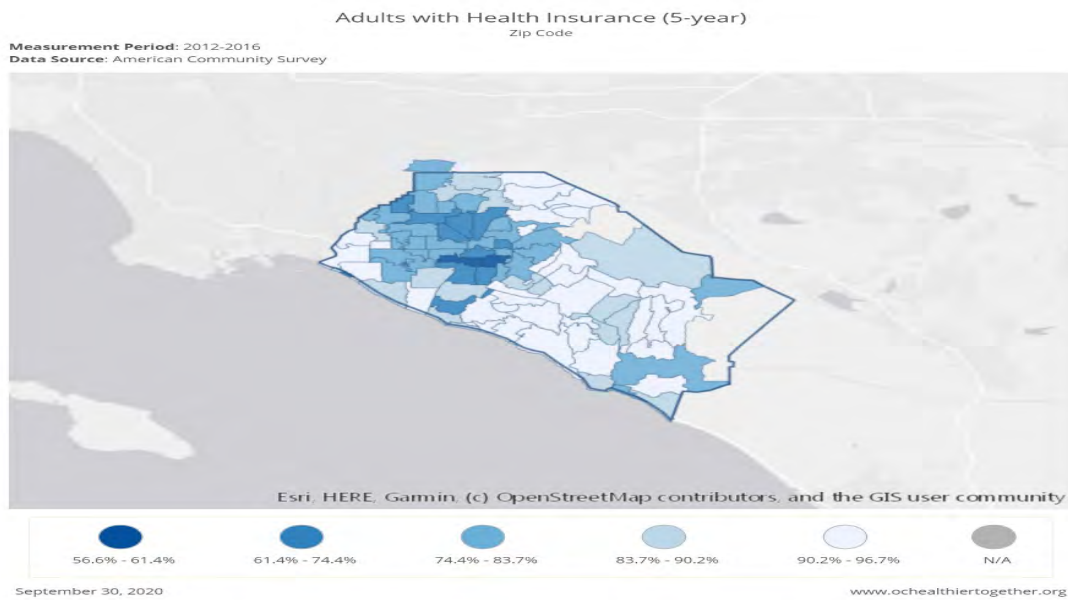
This indicator shows the percentage of adults aged 18-64 years that have any type of health insurance coverage.

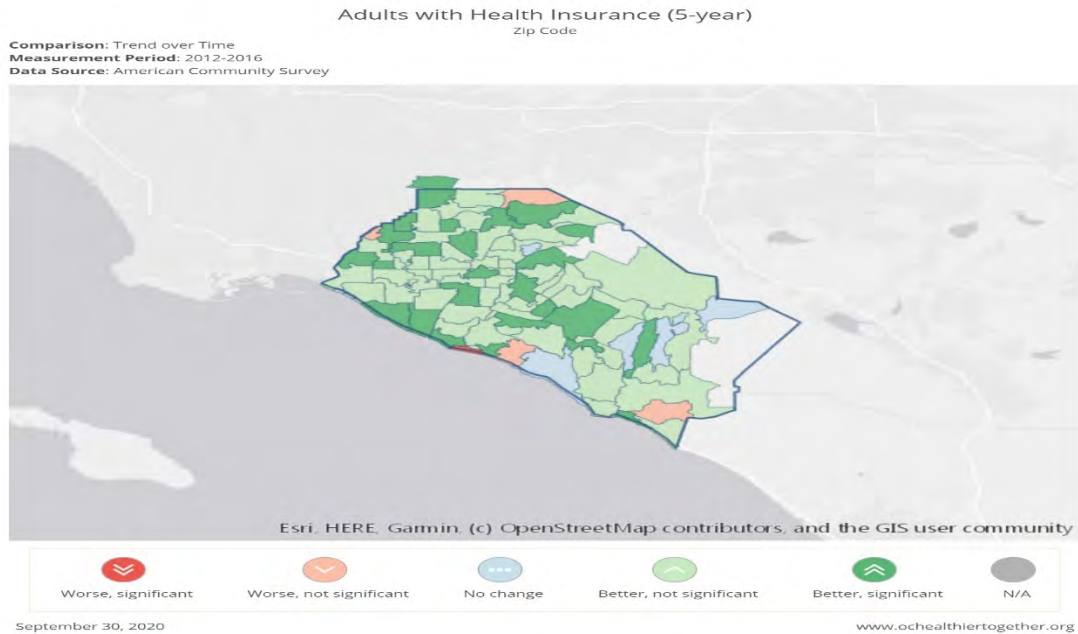
Starting with the 2017 data release, American Community Survey began providing health insurance data using the definition of an adult as 19 years of age and older and the definition of a child as 18 years of age and younger. This change from the previous standard of those aged 18 being considered adults is due to the implementation of the Affordable Care Act that defines a "qualifying child" as under 19 years of age

at the close of the calendar year. Please see the indicator Adults with Health Insurance for data from the year 2017 and beyond.

Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.

Period of Measurement: 2012-2016





Preventable Emergency Room Visits

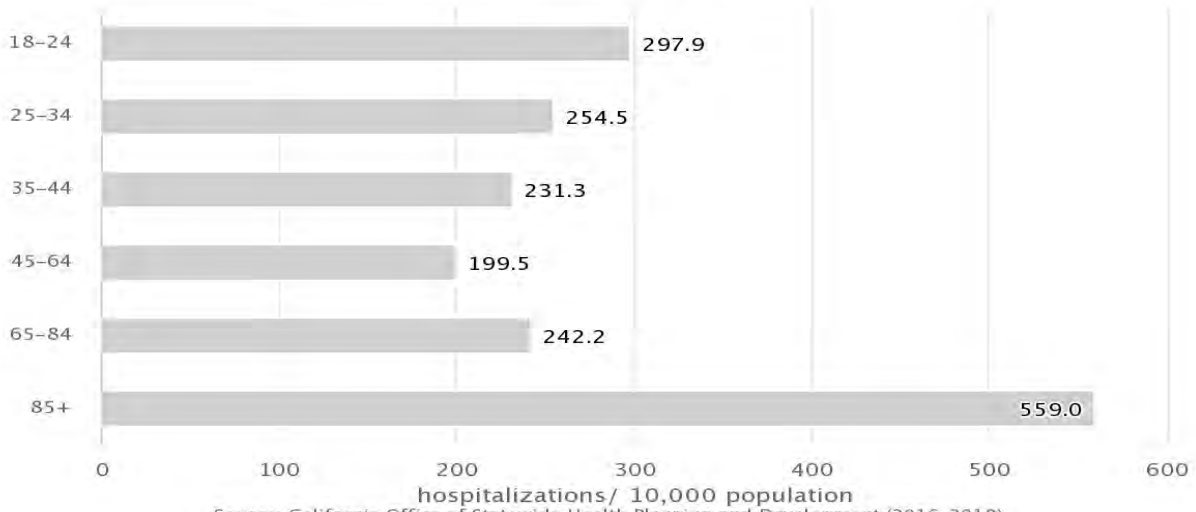
Source: California Office of Statewide Health Planning and Development

This indicator shows the age-adjusted emergency room (ER) visit rate for avoidable diagnoses per 10,000 population aged 18 years and older. Medi-Cal considers 165 ICD-9 codes (International Classification of Disease codes) to be avoidable. These diagnoses range from primary care services such as pregnancy exams and eye exams to bacterial and parasitic infections.

Preventable ER visits is illustrative of the overall health of the community. People that do not have access to preventive health services or primary care often rely on emergency care to treat conditions that would best be addressed in primary care settings. Moreover, because people that do not have access to preventive health services or primary care delay seeking health services, they often suffer from severe outcomes due to infections and unmanaged chronic conditions. Understanding the frequency and type of avoidable diagnoses in the community allows hospitals and public health services to effectively target services and interventions.

Period of Measurement: 2016-2018

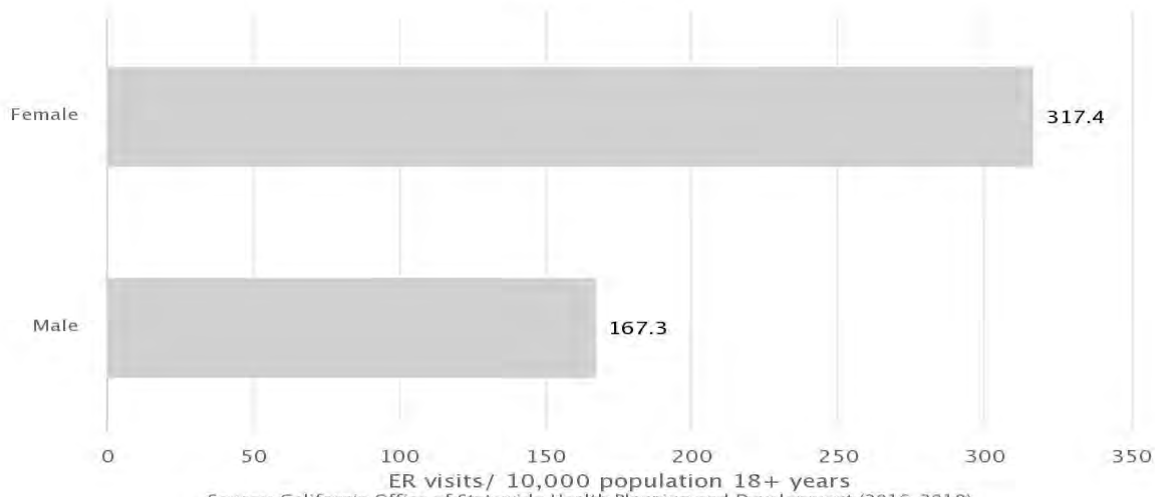
Preventable Emergency Room Visits by Age
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

www.orhealthiertogether.org

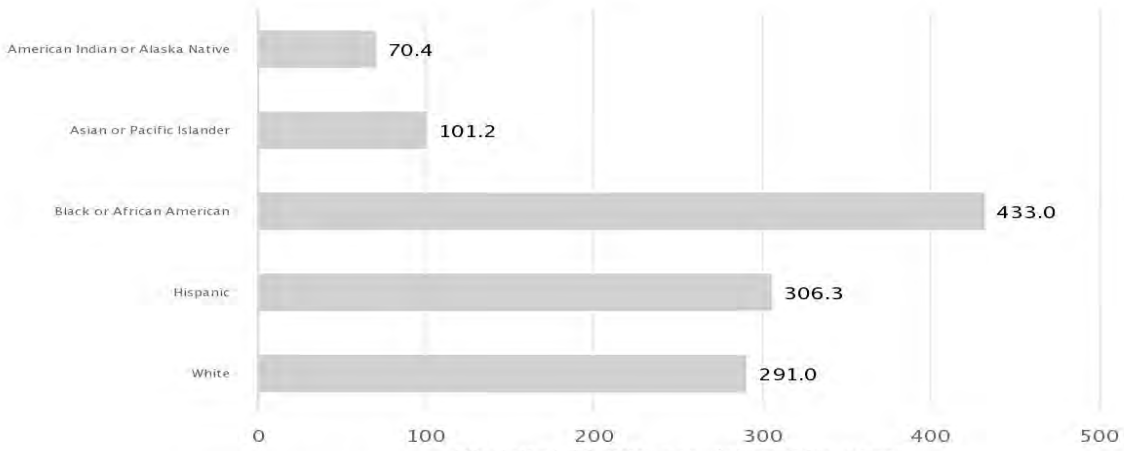
Preventable Emergency Room Visits by Gender
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

www.orhealthiertogether.org

Preventable Emergency Room Visits by Race/Ethnicity
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

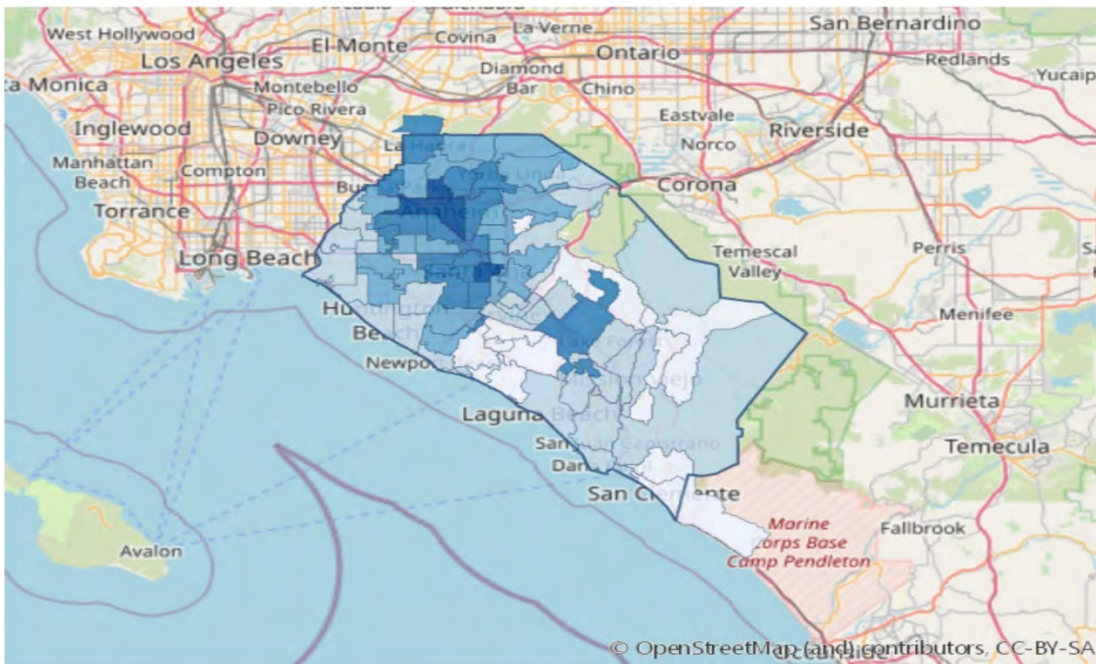
www.ocalhealthier.together.org

Preventable Emergency Room Visits
Zip Code

Comparison: Grouped

Measurement Period: 2016-2018

Data Source: California Office of Statewide Health Planning and Development



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September 30, 2020

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HEALTH / DIABETES

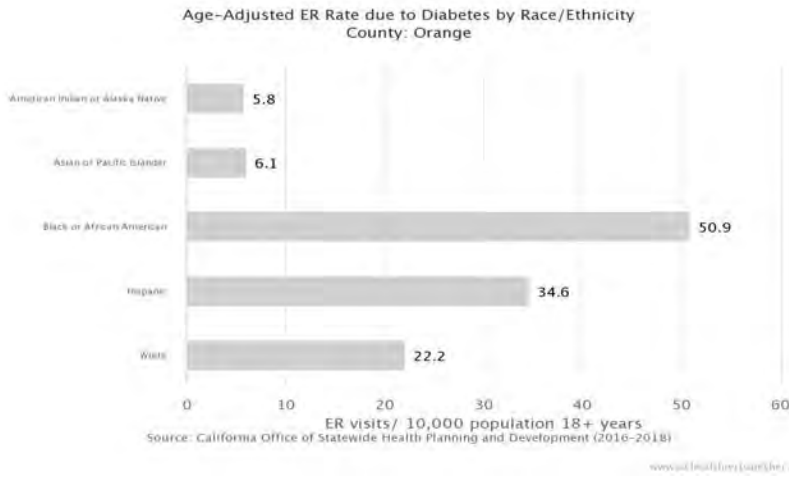
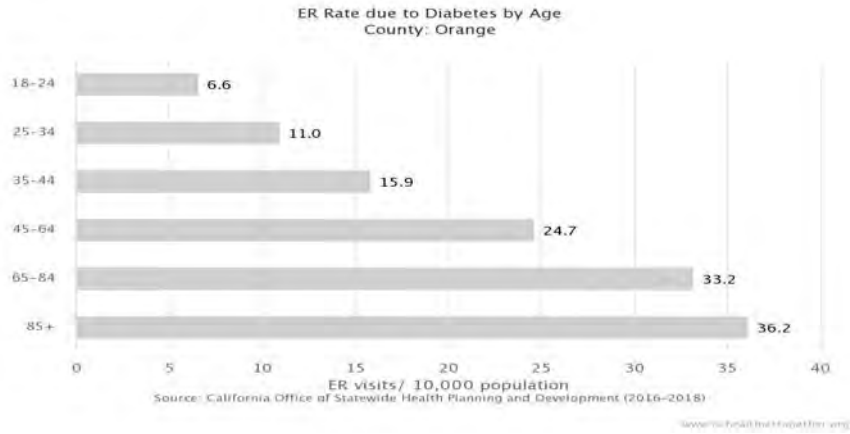
Age-Adjusted ER Rate due to Diabetes

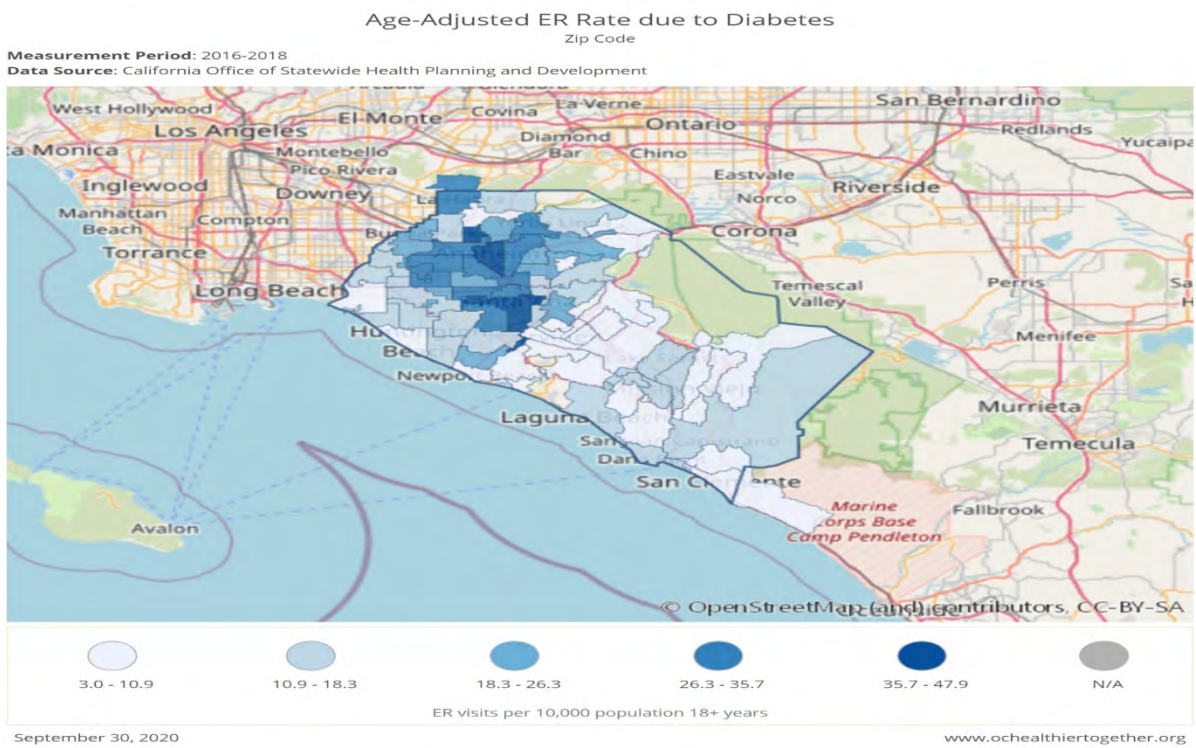
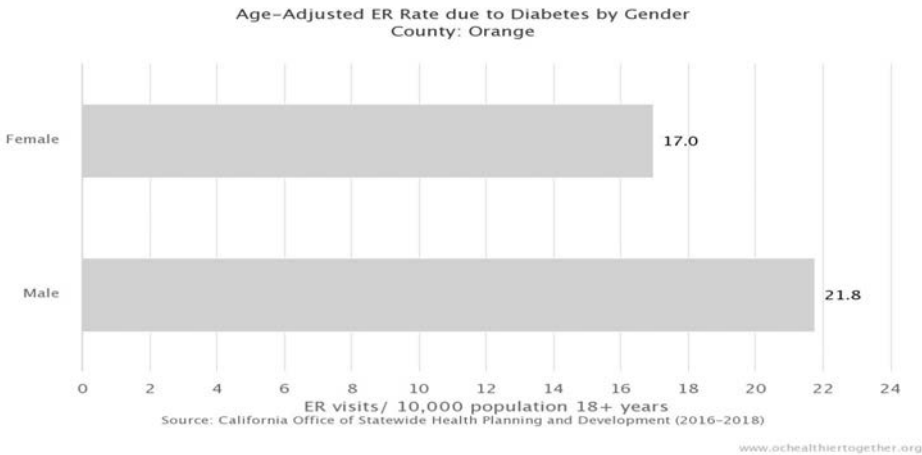
Source: California Office of Statewide Health Planning and Development

This indicator shows the age-adjusted emergency room visit rate due to diabetes per 10,000 population aged 18 years and older. Cases include a primary diagnosis of Type 1 and Type 2 diabetes. Cases of gestational diabetes are excluded.

According to National Diabetes Education Program, "diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both." Diabetes can have a harmful effect on most organ systems in the human body; it is a frequent cause of renal disease and lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century according to the Centers for Disease Control and Prevention (CDC). Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. The CDC estimates the direct economic cost of diabetes in the United States to be about \$100 billion per year. This figure does not take into account the indirect economic costs attributable to potential work time lost to diabetes-related illness or premature death.

Period of Measurement: 2016-2018





HEALTH / DISABILITIES

Persons with Disability Living in Poverty (5-year)

Source: American Community Survey

This indicator shows the percentage of people, aged 20 to 64, with any disability who are living below the poverty level.

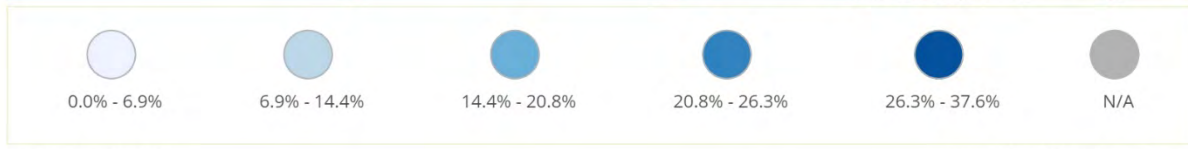
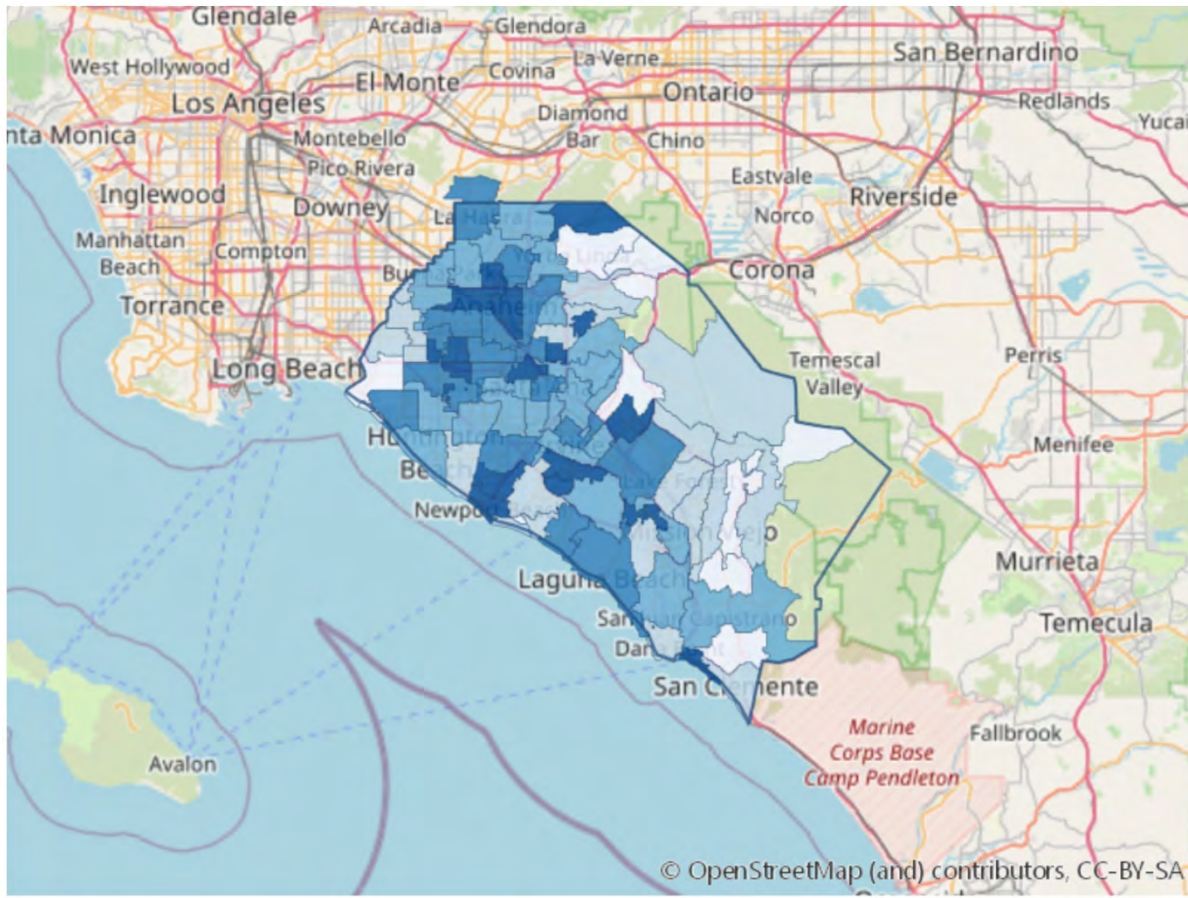
Persons with a disability are more likely to live in poverty as compared to the rest of the population. The poverty rate is especially high among persons with long-term disabilities. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility

bills, medical and dental care, and food. People with disabilities living below the poverty level are more likely to experience material hardship in comparison to others living in poverty.

Period of Measurement: 2014-2018

Persons with Disability Living in Poverty (5-year)
Zip Code

Measurement Period: 2014-2018
Data Source: American Community Survey



September 30, 2020

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HEALTH / HEART DISEASE STROKE

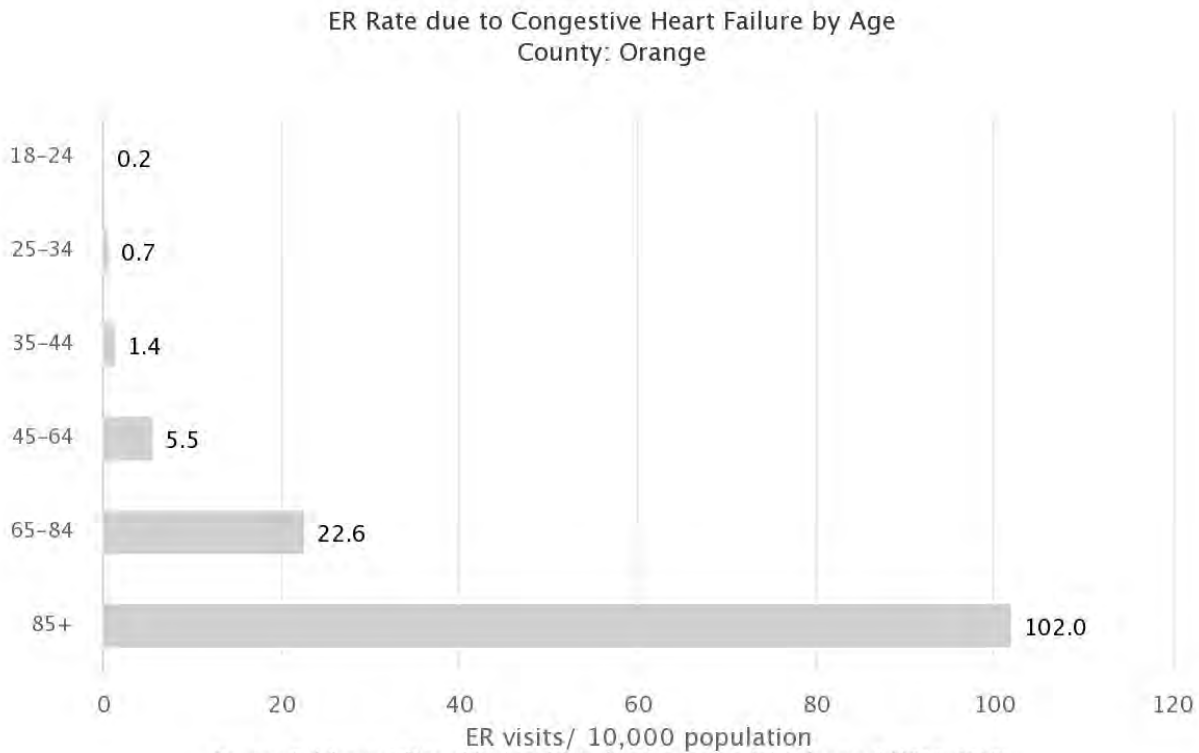
Age-Adjusted ER Rate due to Heart Failure

Source: California Office of Statewide Health Planning and Development

This indicator shows the age-adjusted emergency room visit rate due to heart failure per 10,000 population aged 18 years and older. Cases with a cardiac procedure are excluded.

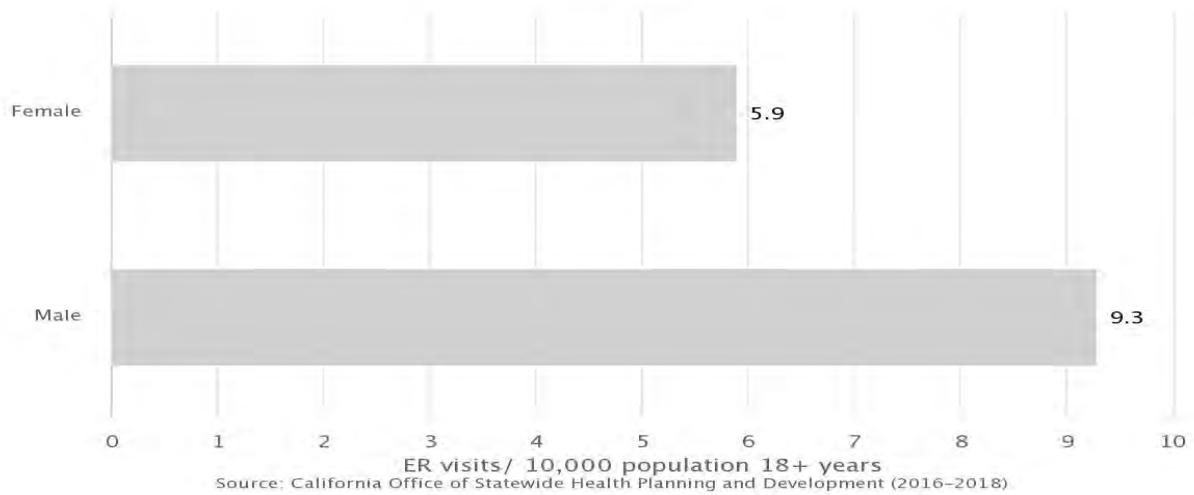
Heart failure is a condition in which the heart can't pump enough blood to the body's other organs. This can result from a variety of conditions including coronary artery disease, diabetes, past heart attack, hypertension, heart infections, diseases of the heart valves or muscle, and congenital heart defects. Because the heart is not able to work efficiently, blood backs up in the tissues causing edema or swelling. Edema can occur in the legs and ankles as well as in the lungs, where it causes shortness of breath, especially while lying down. According to the Centers for Disease Control and Prevention, approximately round 5.7 million people in the United States have heart failure, and about half of people who develop heart failure will die within five years of diagnosis.

Period of Measurement: 2016-2018



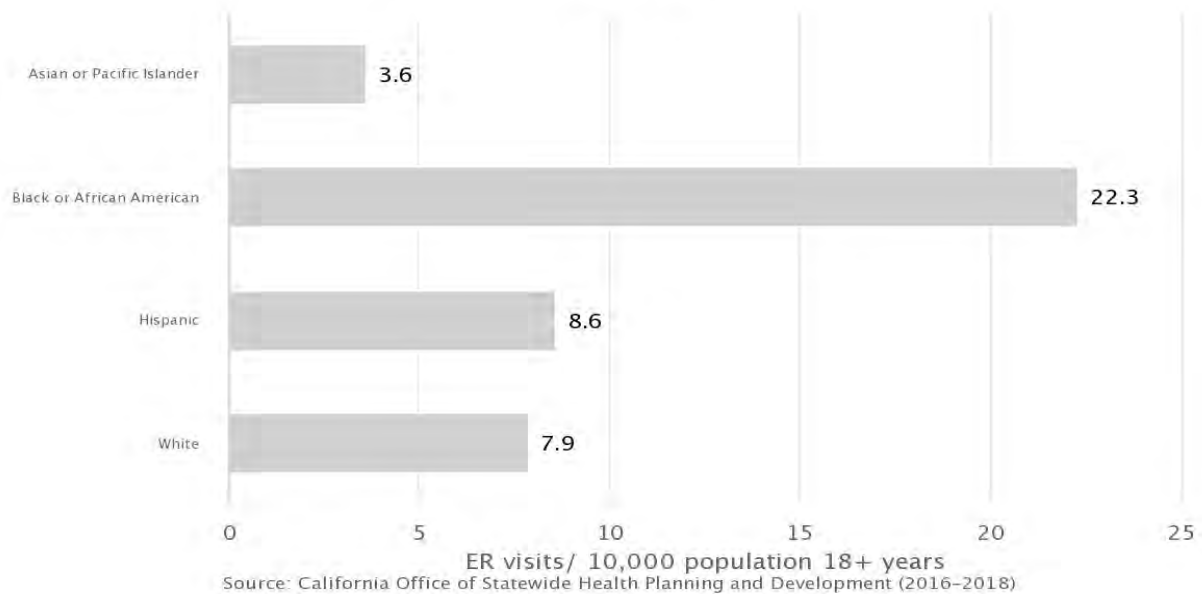
www.ochealthierrogerher.org

Age-Adjusted ER Rate due to Heart Failure by Gender
County: Orange



www.ochealthiergether.org

Age-Adjusted ER Rate due to Heart Failure by Race/Ethnicity
County: Orange



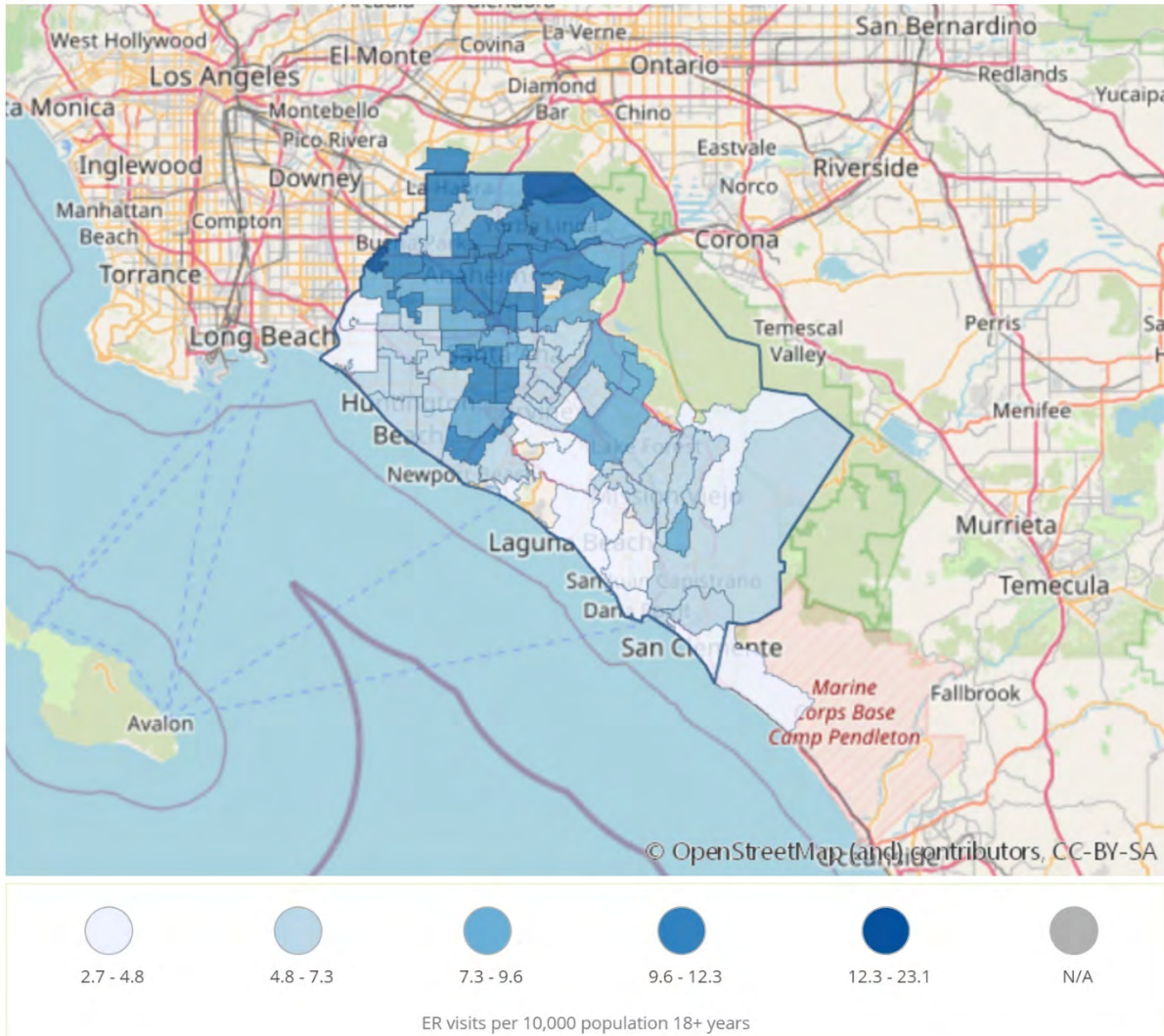
www.ochealthiergether.org

Age-Adjusted ER Rate due to Heart Failure

Zip Code

Measurement Period: 2016-2018

Data Source: California Office of Statewide Health Planning and Development



September 30, 2020

www.ochealthiertogether.org

HEALTH / IMMUNIZATIONS & INFECTIOUS DISEASE

Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza

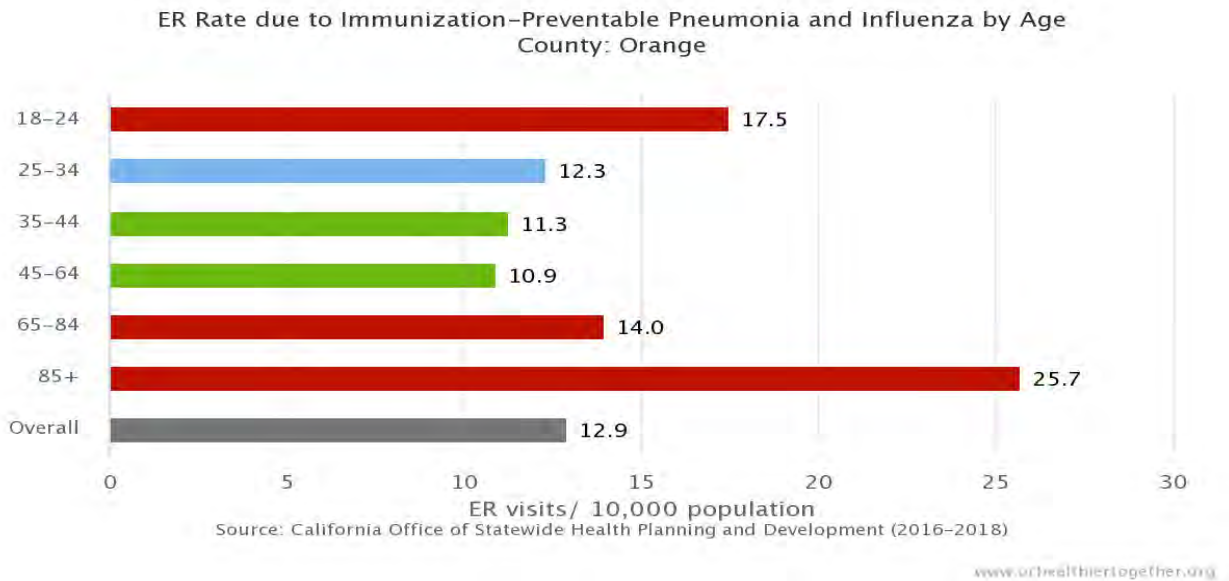
Source: California Office of Statewide Health Planning and Development



This indicator shows the age-adjusted emergency room visit rate due to immunization-preventable pneumonia and influenza per 10,000 population aged 18 years and older.

Pneumonia is an inflammation of the lungs that is usually caused by infection with bacteria, viruses, fungi or other organisms. According to the Mayo Clinic, more than 60,000 Americans die of pneumonia every year. Pneumonia is a particular concern for older adults and people with chronic illnesses or impaired

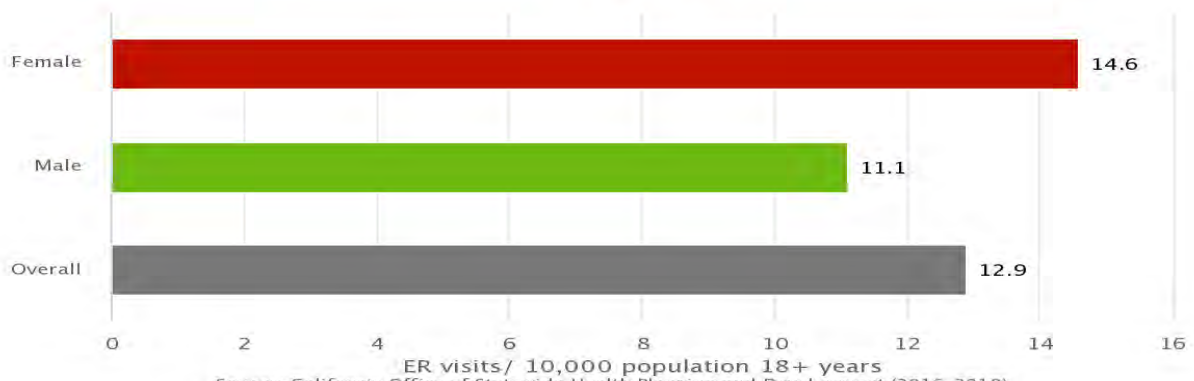
immune systems, but it can also strike young, healthy people. Worldwide, it is a leading cause of death in children. Although signs and symptoms vary, many cases of pneumonia develop suddenly, with chest pain, fever, chills, cough and shortness of breath. Infection often follows a cold or the flu, but it can also be associated with other illnesses or occur on its own. Some forms of bacterial pneumonia are treatable with antibiotics, but antibiotic-resistant strains are a growing problem.

Period of Measurement: 2016-2018



-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

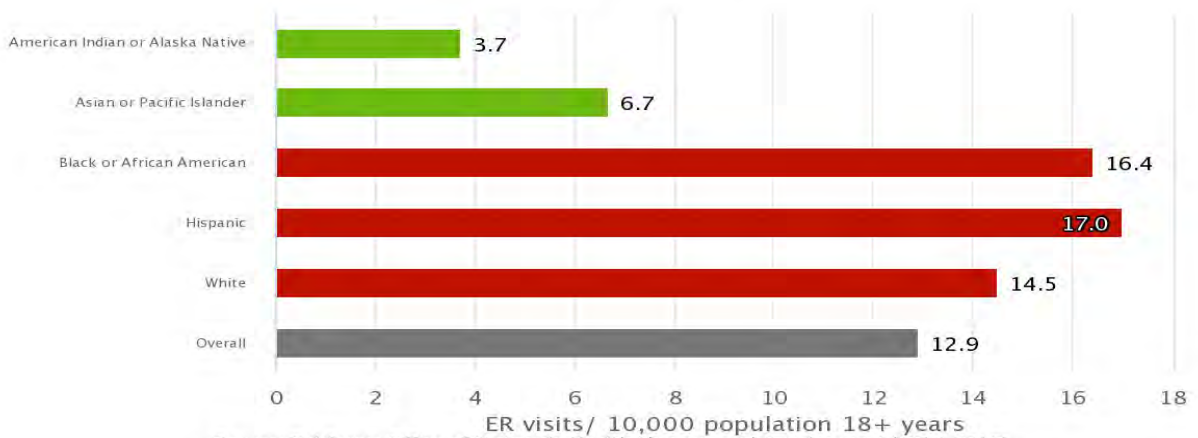
Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza
by Gender
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)



www.ocalthier.together.org

Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza
by Race/Ethnicity
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

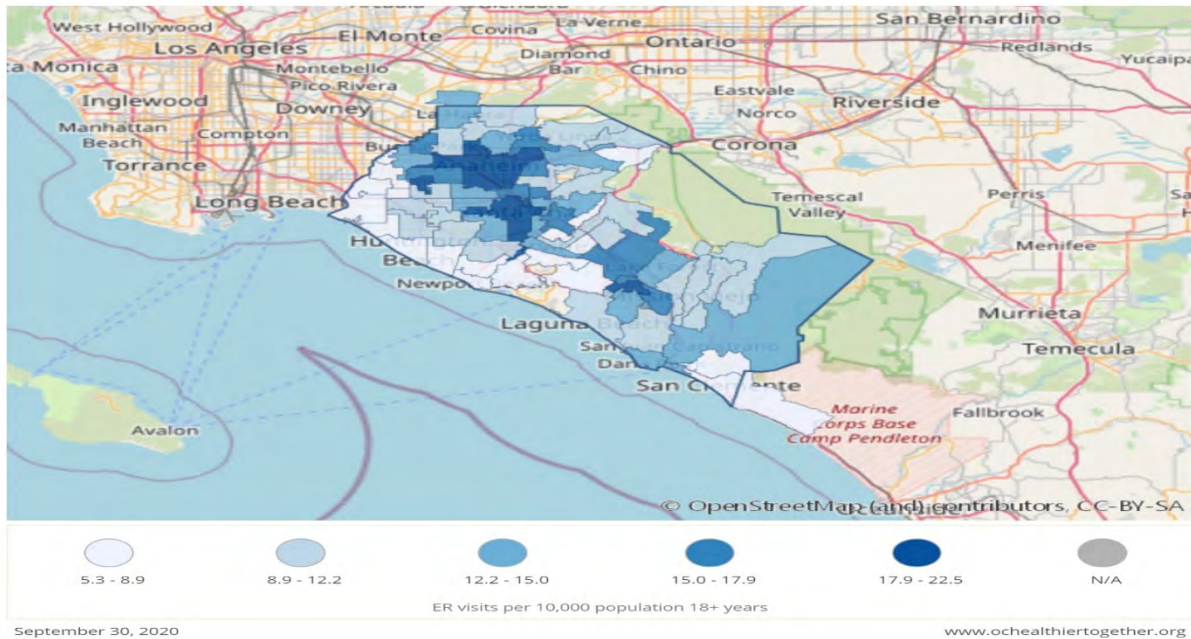
www.ocalthier.together.org

-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza Zip Code

Measurement Period: 2016-2018

Data Source: California Office of Statewide Health Planning and Development



HEALTH / MENTAL HEALTH & MENTAL DISORDER

Age-Adjusted ER Rate due to Adult Mental Health

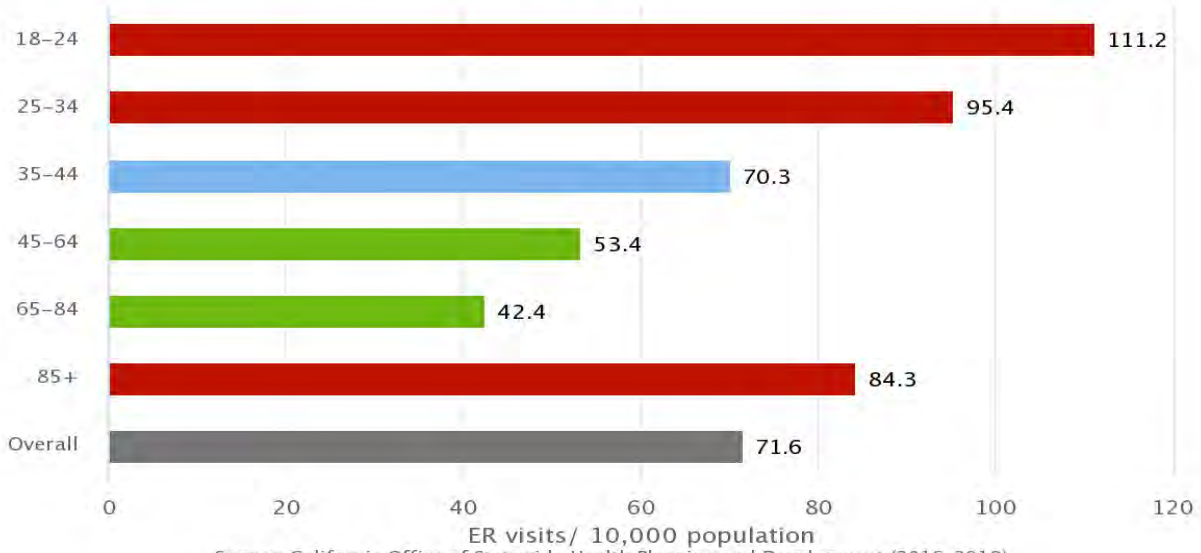
Source: California Office of Statewide Health Planning and Development

This indicator shows the age-adjusted emergency room visit rate due to mental health per 10,000 population aged 18 years and older. Cases include adjustment disorders; anxiety disorders; attention deficit conduct and disruptive behavior disorders; delirium, dementia, amnesic and other cognitive disorders; disorders usually diagnosed in infancy, childhood, or adolescence; mood disorders; personality disorders; schizophrenia and other psychotic disorders; and impulse control disorders not elsewhere classified.

Mental disorders are one of the leading causes of disability in the United States. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year. An individual's mental health is affected by a combination of factors, including biology (genes/brain chemistry), life experiences (trauma/abuse), and family history regarding mental health problems. Due to the complex interplay between so many factors, it is especially important to recognize early warning signs, such as too much or too little sleep, rapid weight loss or weight gain, lack of energy and motivation in talking to people or participating in usual activities, or feelings of helplessness. It is important to recognize and address potential psychological issues before they become critical, particularly because the greatest opportunity for prevention is among young people.

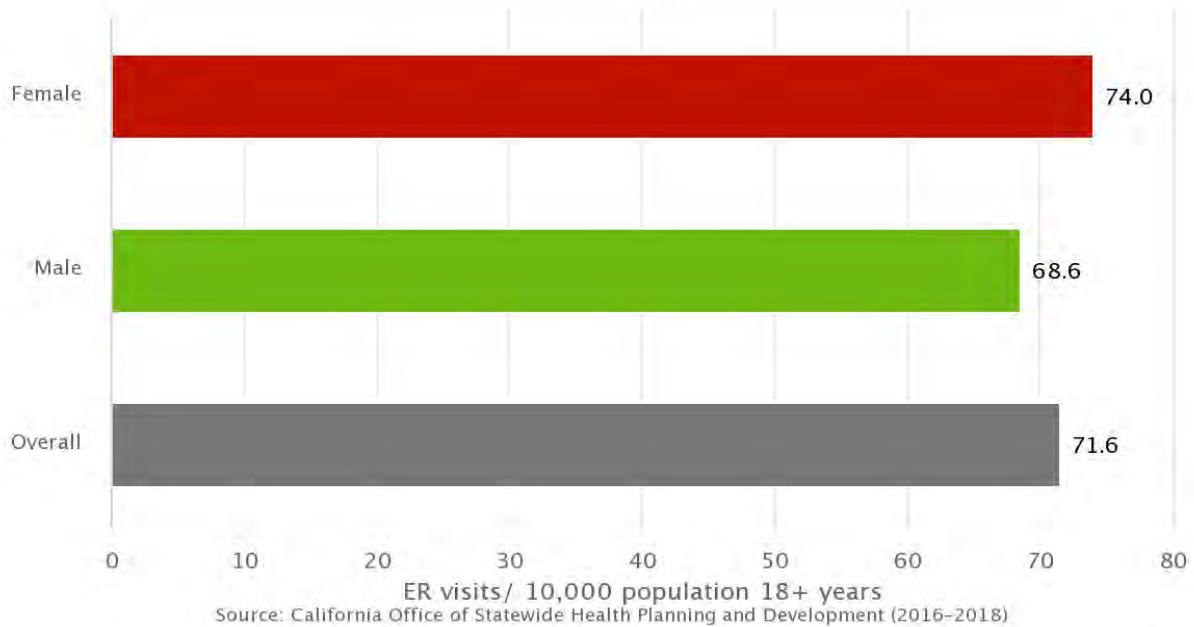
Period of Measurement: 2016-2018

ER Rate due to Mental Health by Age
County: Orange



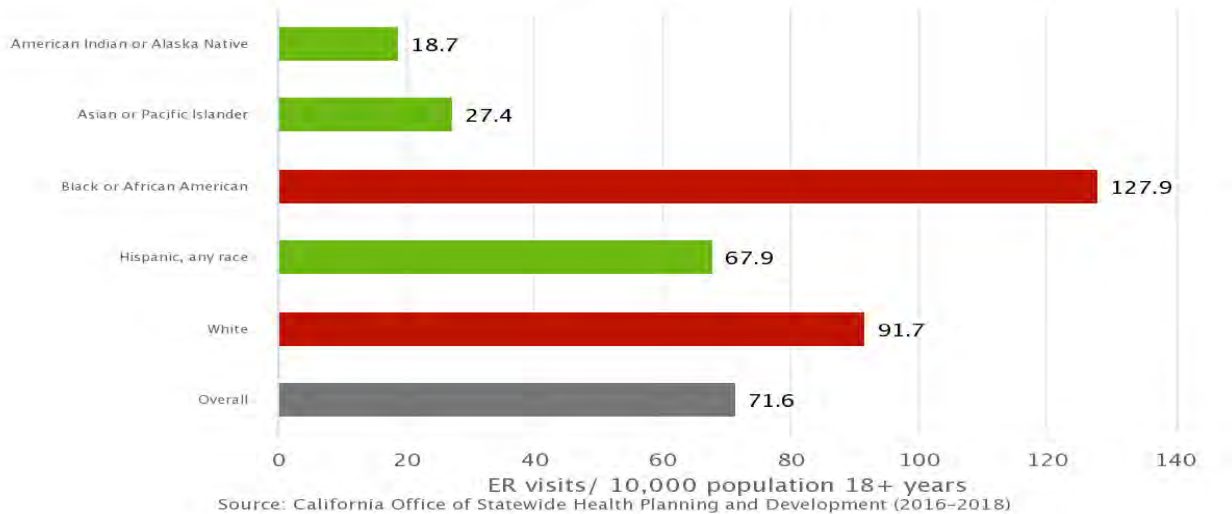
www.orhealthier.together.org



Age-Adjusted ER Rate due to Adult Mental Health by Gender
County: Orange



www.orhealthier.together.org

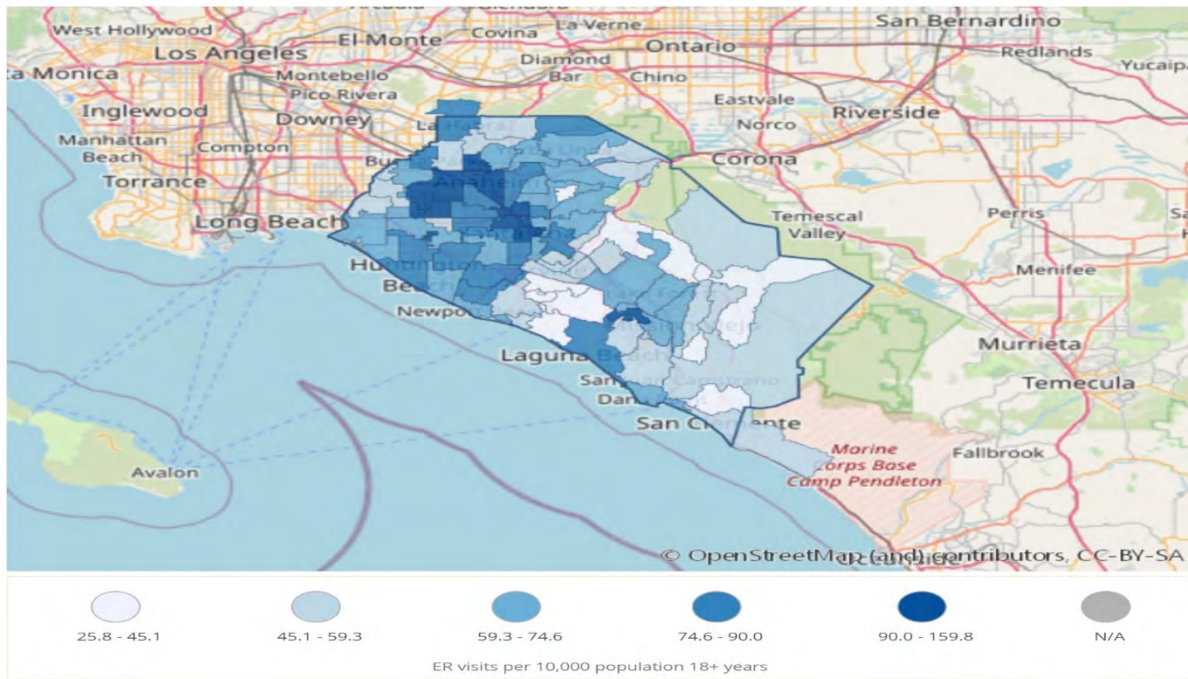
Age-Adjusted ER Rate due to Adult Mental Health by Race/Ethnicity
County: Orange



-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Adult Mental Health
Zip Code

Measurement Period: 2016-2018
Data Source: California Office of Statewide Health Planning and Development



September 30, 2020

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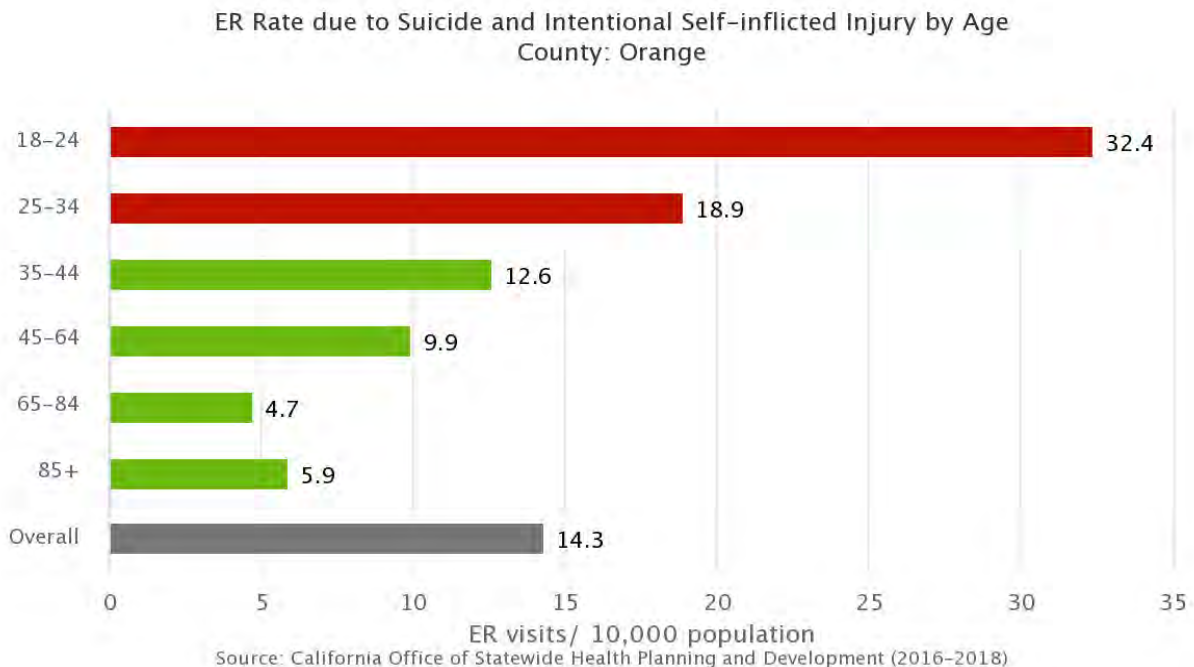
Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury

Source: California Office of Statewide Health Planning and Development

This indicator shows the age-adjusted emergency room visit rate due to suicide or intentional self-inflicted injury per 10,000 population aged 18 years and older. Visits are included if a primary or additional diagnosis code indicates suicide or intentional self-inflicted injury.

Suicide is a major public health issue that affects people of all ages in the United States; more than 39,000 lives are lost each year due to suicide. However, many more people survive suicide attempts than actually die. Nearly 500,000 Americans receive medical care at Emergency Departments for intentional self-inflicted injuries each year. Risk factors include depression, physical/mental illness, alcohol/substance abuse, incarceration, and loss or other stressful life events. Gender differences are apparent: although females are more likely to report attempting suicide than males, males are more likely to actually die from suicide than females. Studies show that addressing psychiatric illness through early recognition, intervention, and treatment is an effective way to combat suicidal behavior.

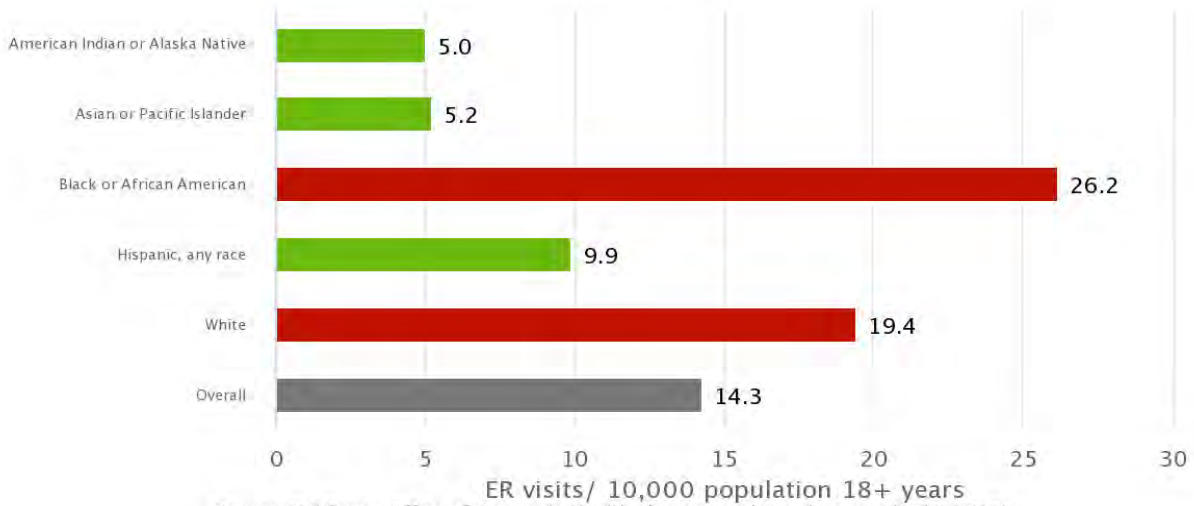
Period of Measurement: 2016-2018



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- Significantly **better** than the overall value
- Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury by Race/Ethnicity
County: Orange

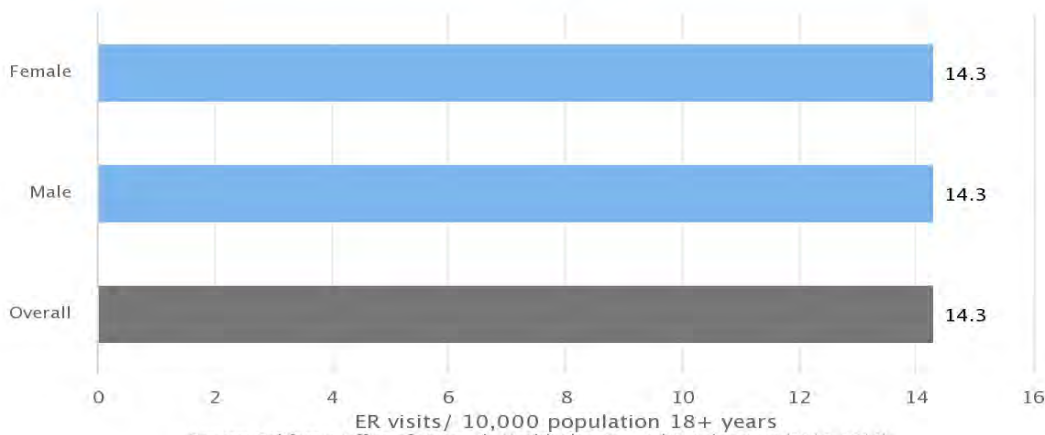


Source: California Office of Statewide Health Planning and Development (2016-2018)

www.ocalthier.together.org

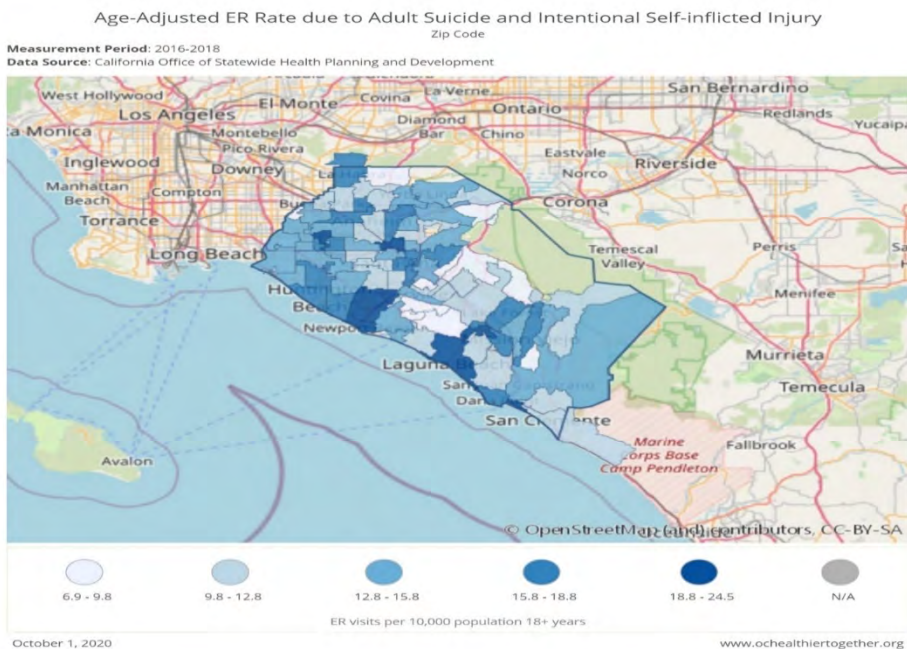
-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury by Gender
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

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Age-Adjusted ER Rate due to Pediatric Mental Health

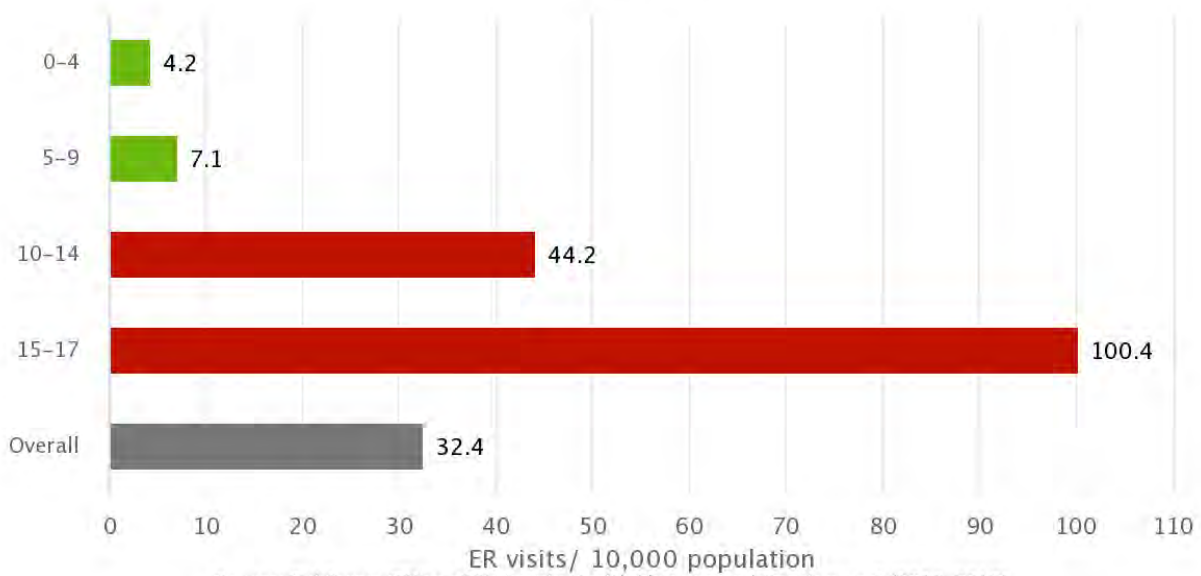
Source: California Office of Statewide Health Planning and Development

This indicator shows the age-adjusted emergency room visit rate due to mental health per 10,000 population under 18 years. Cases include adjustment disorders; anxiety disorders; attention deficit conduct and disruptive behavior disorders; delirium, dementia, amnesic and other cognitive disorders; disorders usually diagnosed in infancy, childhood, or adolescence; mood disorders; personality disorders; schizophrenia and other psychotic disorders; and impulse control disorders not elsewhere classified.

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent problems should be evaluated and treated by a qualified professional; proper management of mental/emotional health problems can prevent psychological crises warranting hospitalization. According to the National Center for Health Statistics, treatment for mental disorders is a major cause of hospitalization for children and adolescents between the ages of 10 and 21 years.

Period of Measurement: 2016-2018

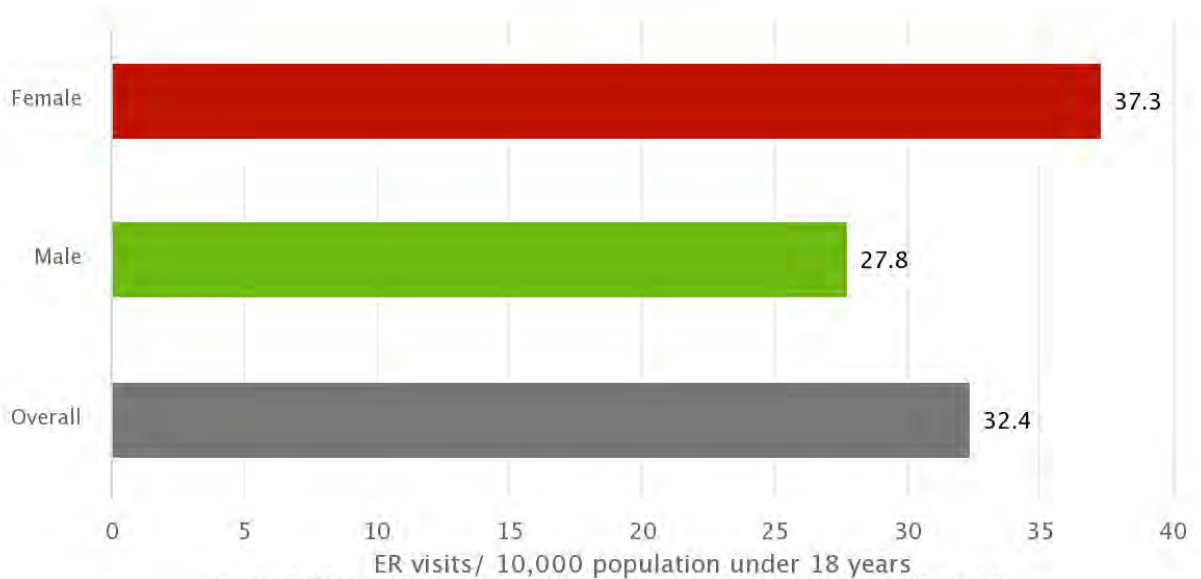
ER Rate due to Pediatric Mental Health by Age
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)



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Age-Adjusted ER Rate due to Pediatric Mental Health by Gender
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

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-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Pediatric Mental Health by Race/Ethnicity
County: Orange



ER visits/ 10,000 population under 18 years
Source: California Office of Statewide Health Planning and Development (2016-2018)
*Value may be statistically unstable and should be interpreted with caution.

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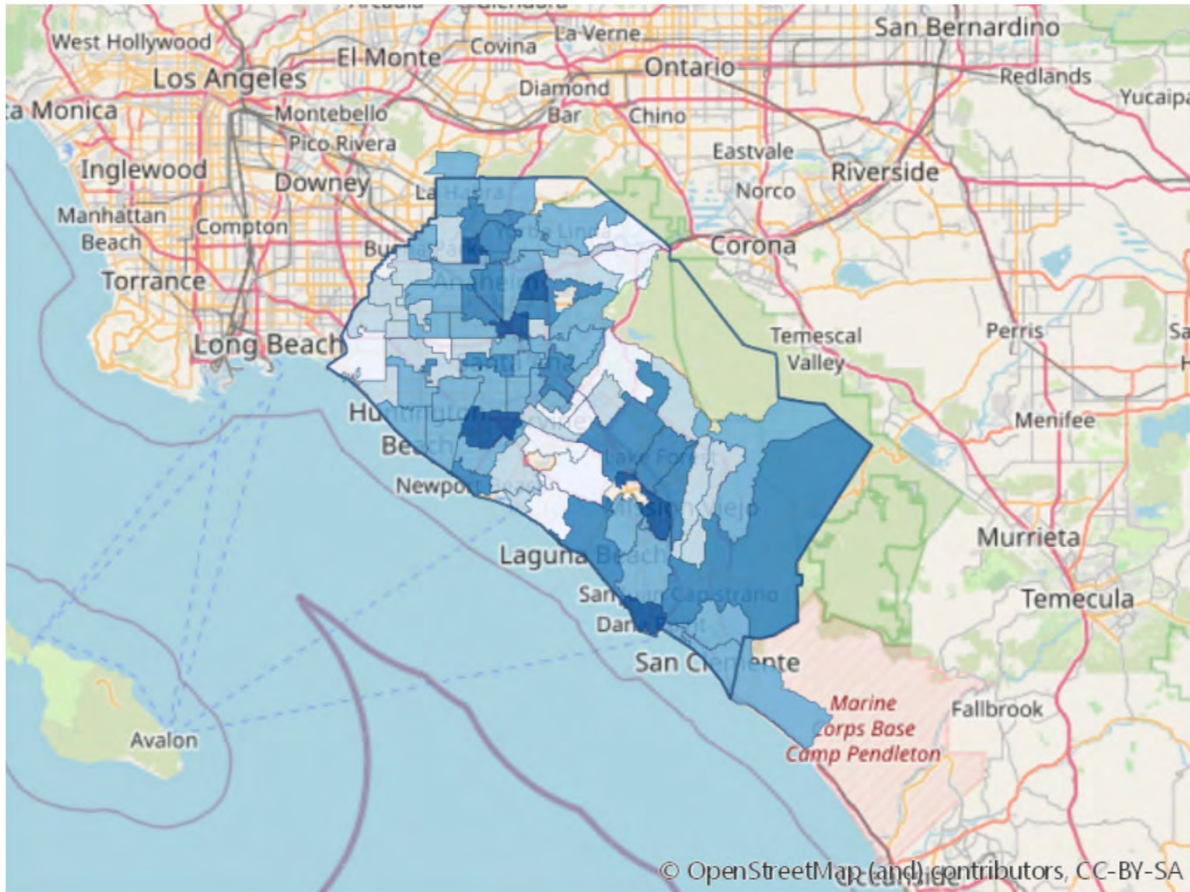
-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Pediatric Mental Health

Zip Code

Measurement Period: 2016-2018

Data Source: California Office of Statewide Health Planning and Development



October 1, 2020

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Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury

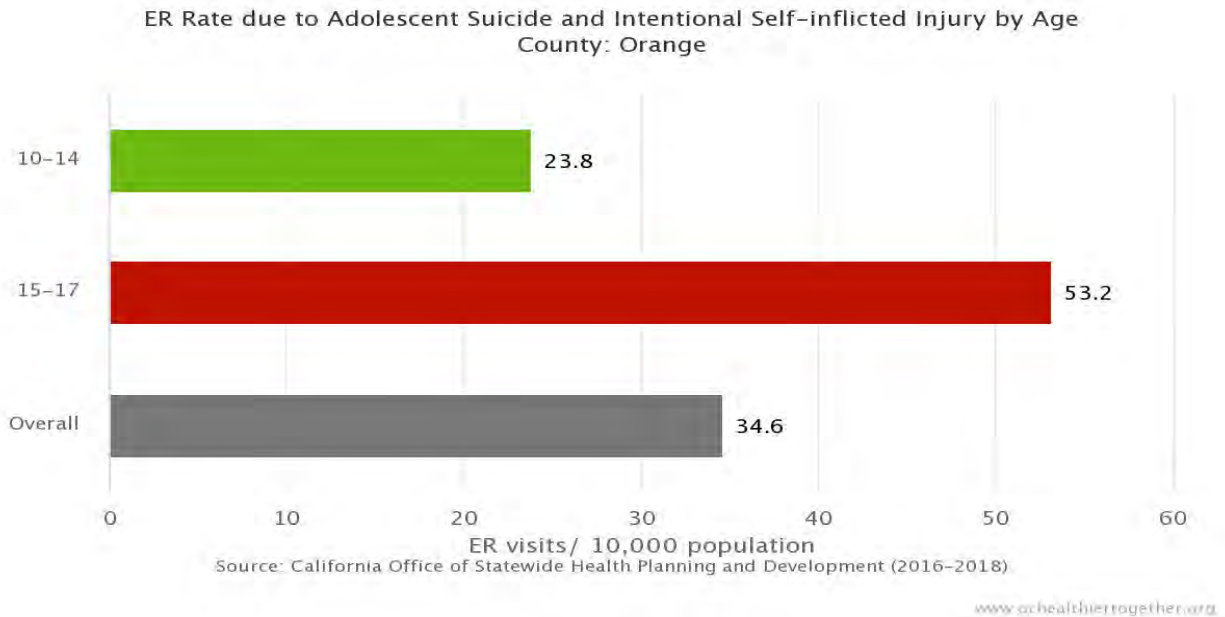
Source: California Office of Statewide Health Planning and Development



This indicator shows the average annual age-adjusted emergency room visit rate due to suicide or intentional self-inflicted injury per 10,000 population aged 10-17 years. Visits are included if a primary or additional diagnosis code indicates suicide or intentional self-inflicted injury.

Suicide among adolescents is a serious public health issue in the United States. It is a leading cause of death for youth; approximately 4,600 lives are lost each year due to suicide. However, many more

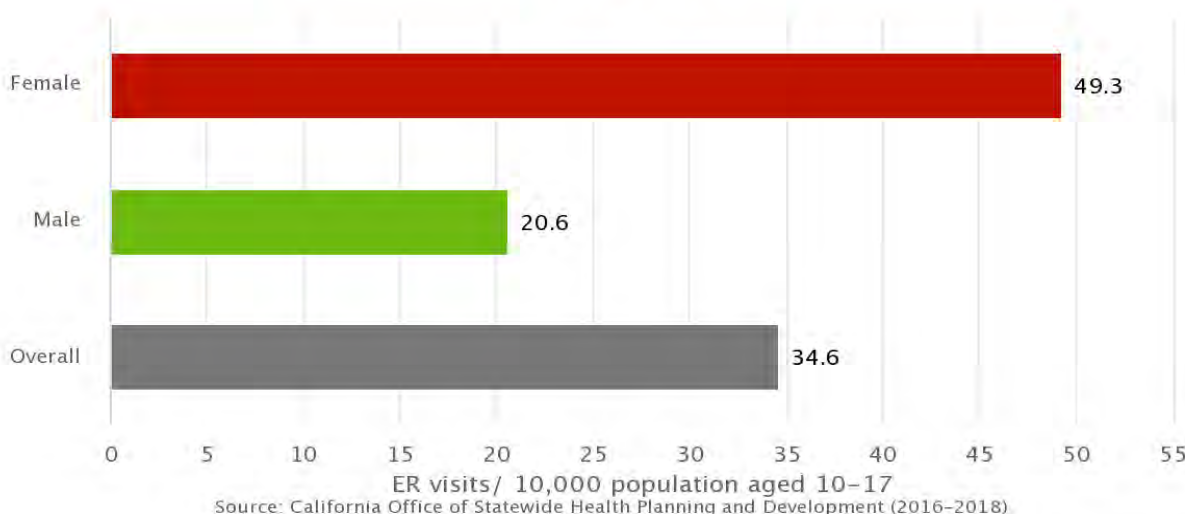
adolescents survive suicide attempts than actually die. Approximately 157,000 youth receive medical care at Emergency Departments for intentional self-inflicted injuries each year. Risk factors include depression, physical/mental illness, alcohol/substance abuse, incarceration, and loss or other stressful life events. Gender differences are apparent: although females are more likely to report attempting suicide than males, males are more likely to actually commit suicide than females. Studies show that addressing psychiatric illness through early recognition, intervention, and treatment is an effective way to combat suicidal behavior.

Period of Measurement: 2016-2018



-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

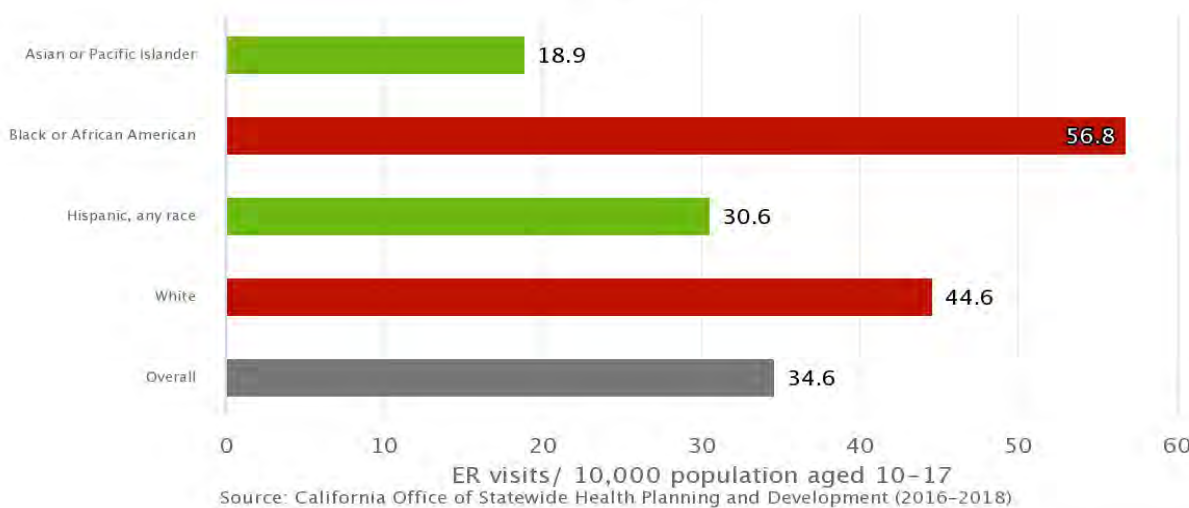
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury by Gender
County: Orange



www.ocalhealthier.together.org

- Significantly **better** than the overall value
- Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury by Race/Ethnicity
County: Orange



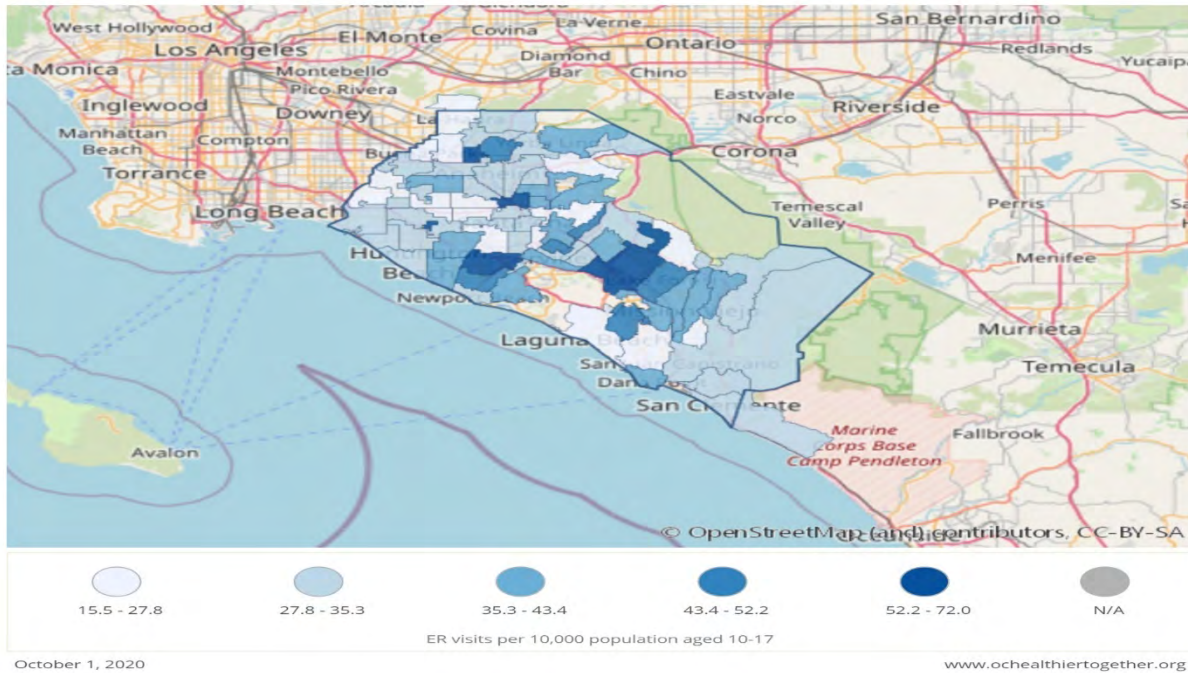
www.ocalhealthier.together.org

- Significantly **better** than the overall value
- Significantly **worse** than the overall value

Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury
Zip Code

Measurement Period: 2016-2018

Data Source: California Office of Statewide Health Planning and Development



HEALTH / OLDER ADULTS & AGING

People 65+ Living Alone

Source: American Community Survey

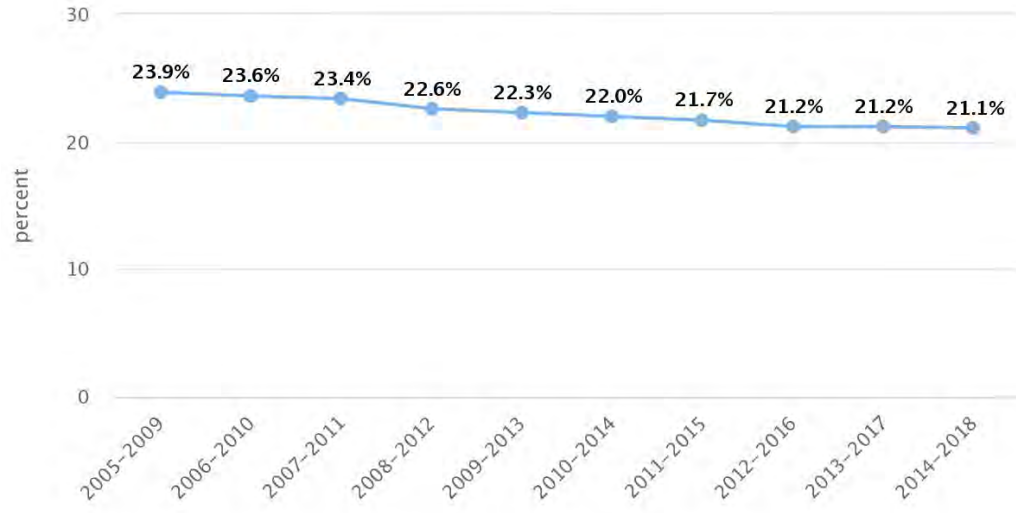
This indicator shows the percentage of people aged 65 years and over who live alone.

People over age 65 who live alone may be at risk for social isolation, limited access to support, or inadequate assistance in emergency situations. Older adults who do not live alone are most likely to live with a spouse, but they may also live with a child or other relative, a non-relative, or in group quarters. The Commonwealth Fund Commission on the Elderly Living Alone indicated that one third of older Americans live alone, and that one quarter of those living alone live in poverty and report poor health. Rates of living alone are typically higher in urban areas and among women. Older people living alone may lack social support, and are at high risk for institutionalization or losing their independent life style. Living alone should not be equated with being lonely or isolated, but many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing.

Period of Measurement: 2014-2018

People 65+ Living Alone
County: Orange

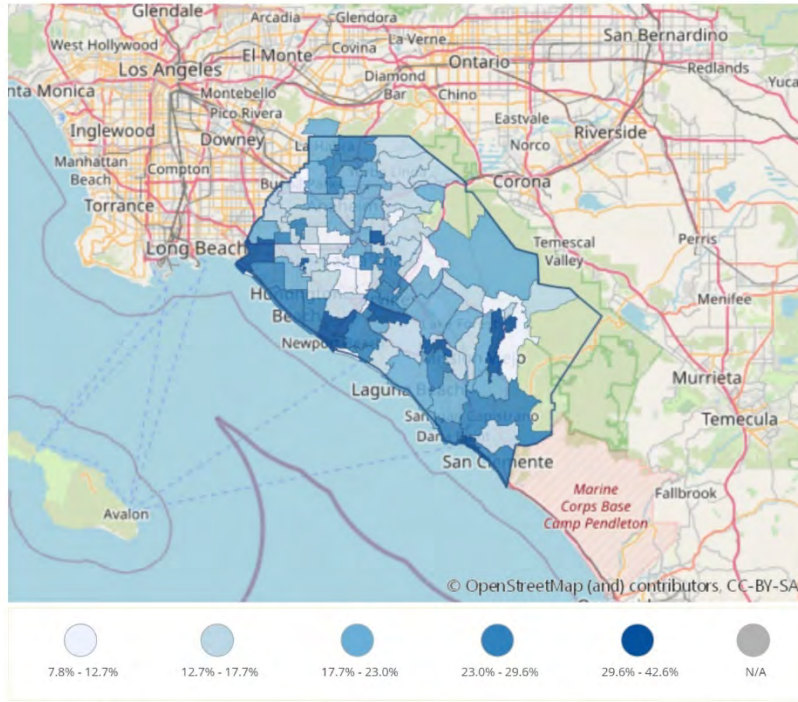
www.orhealthiertogether.org



Source: American Community Survey (2014-2018)

People 65+ Living Alone
Zip Code

Measurement Period: 2014-2018
Data Source: American Community Survey



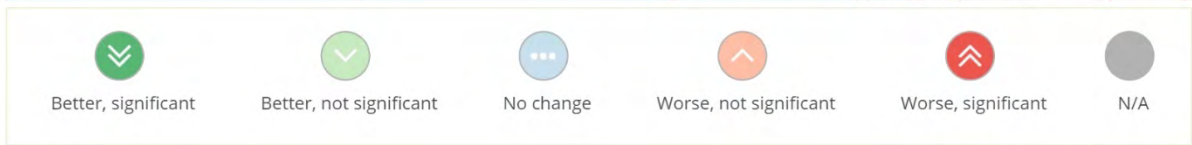
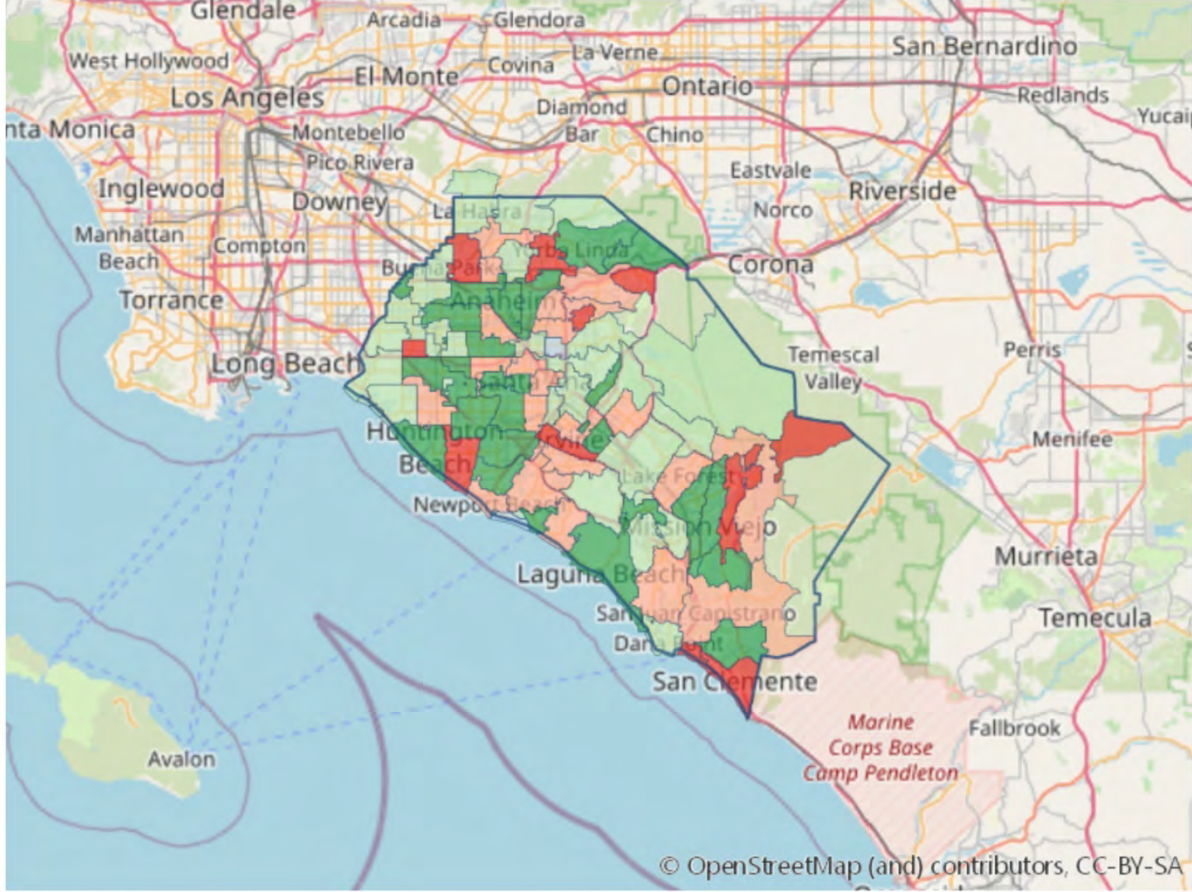
October 1, 2020

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People 65+ Living Alone

Zip Code

Comparison: Trend over Time
Measurement Period: 2014-2018
Data Source: American Community Survey



October 1, 2020

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HEALTH / RESPIRATORY DISEASE

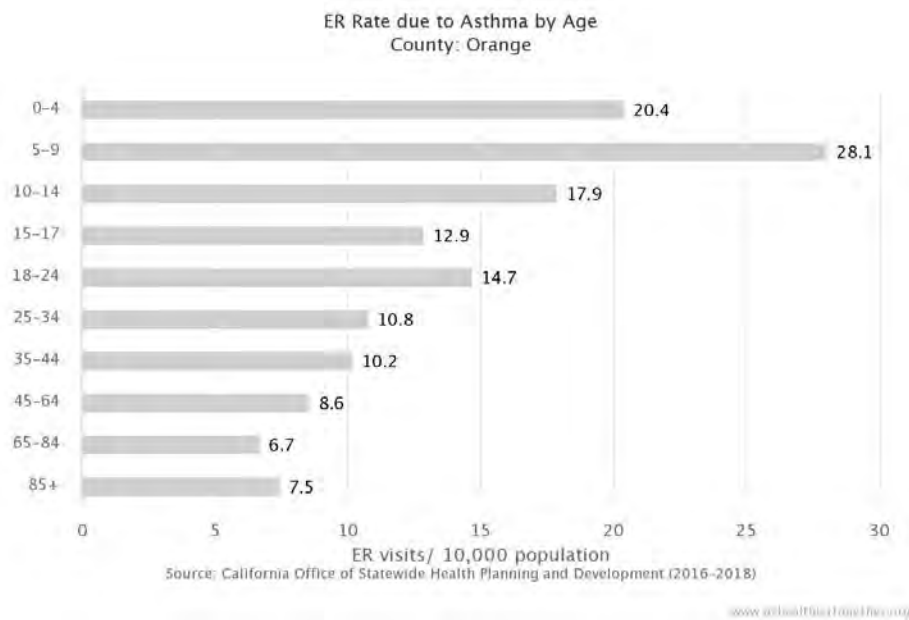
Age-Adjusted ER Rate due to Asthma

Source: California Office of Statewide Health Planning and Development

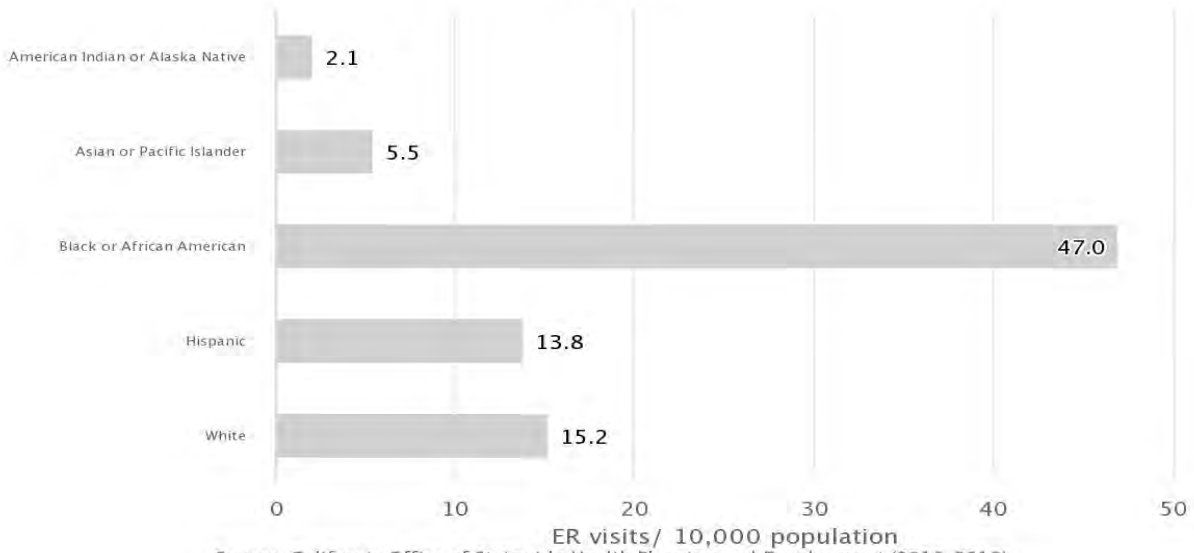
This indicator shows the age-adjusted emergency room visit rate due to asthma per 10,000 population. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. Asthma is one of the most common long-term diseases of children, but it also affects millions of adults nationwide. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.

Period of Measurement: 2016-2018



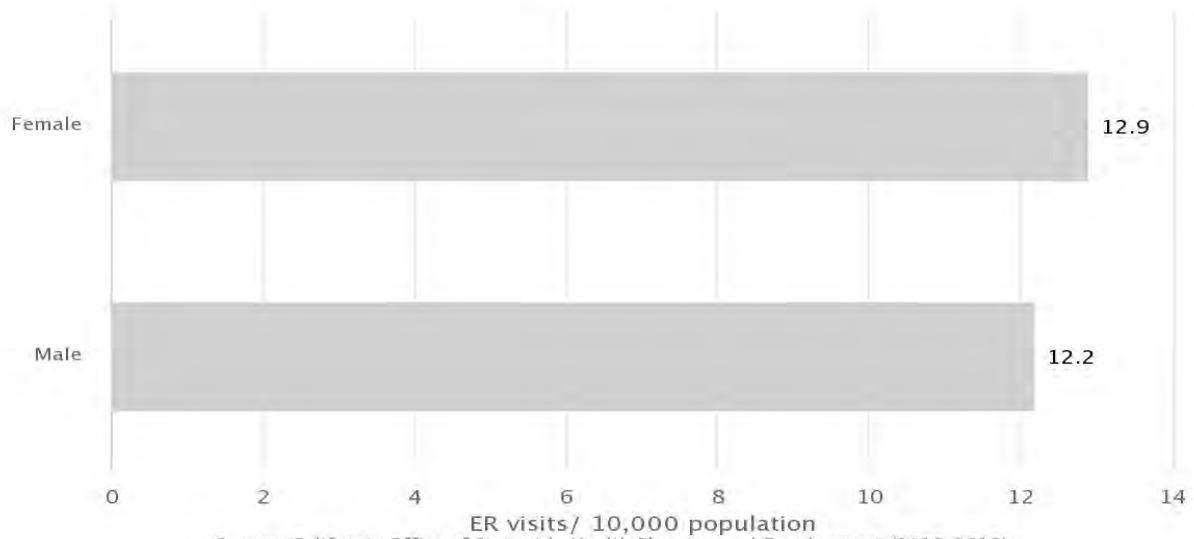
Age-Adjusted ER Rate due to Asthma by Race/Ethnicity
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

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Age-Adjusted ER Rate due to Asthma by Gender
County: Orange



Source: California Office of Statewide Health Planning and Development (2016-2018)

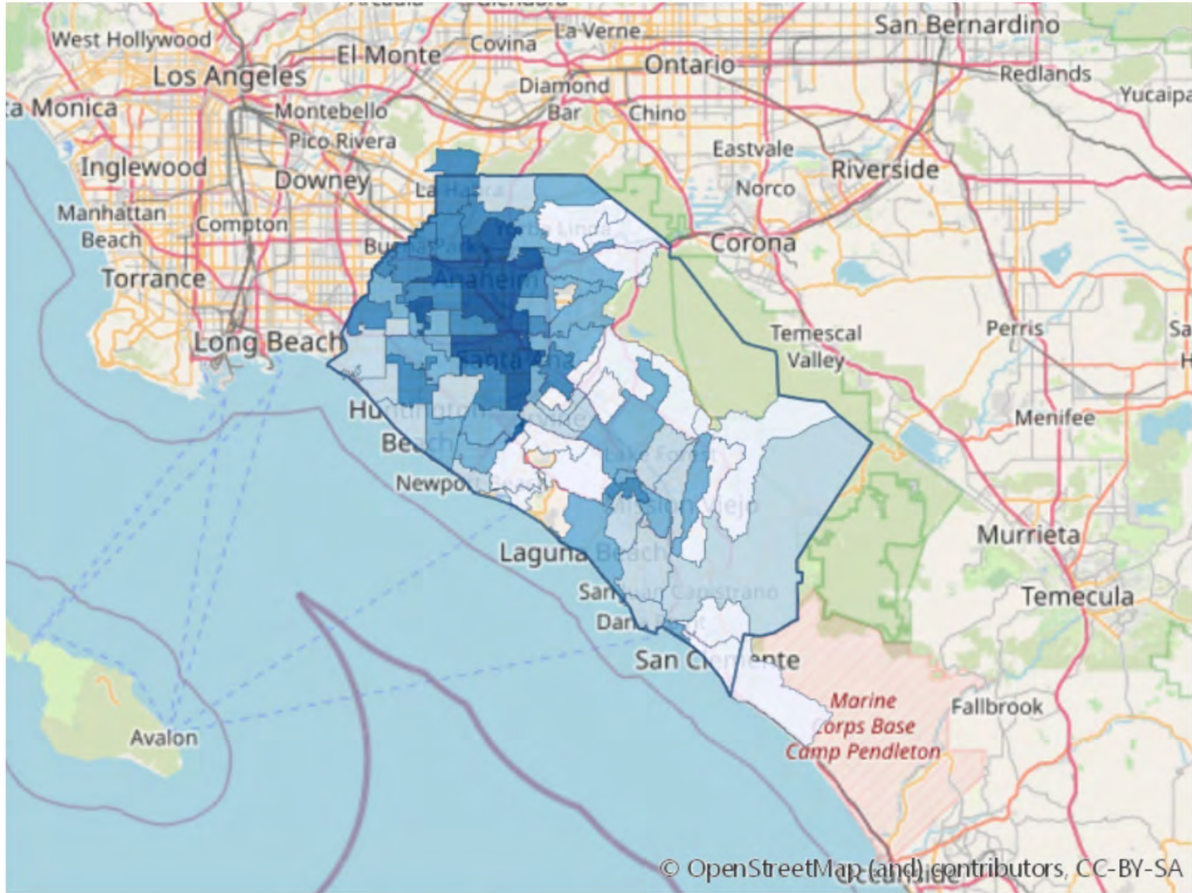
www.healthiertogether.org

Age-Adjusted ER Rate due to Asthma

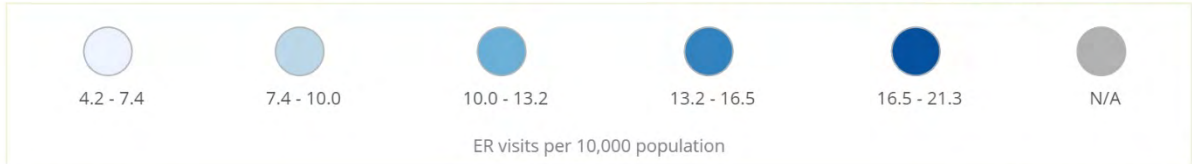
Zip Code

Measurement Period: 2016-2018

Data Source: California Office of Statewide Health Planning and Development



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HEALTH / SUBSTANCE ABUSE

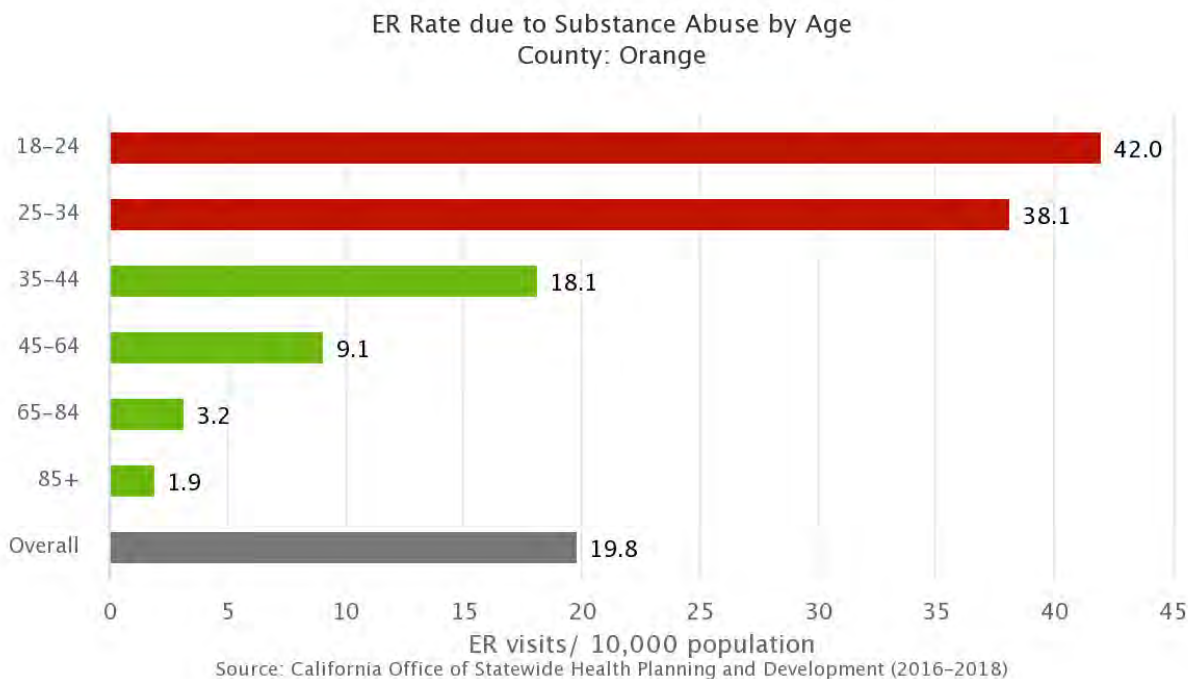
Age-Adjusted ER Rate due to Substance Use

Source: California Office of Statewide Health Planning and Development



This indicator shows the age-adjusted emergency room visit rate due to substance use disorders per 10,000 population aged 18 years and older. Substance-related disorders include the use, abuse, and dependence of opioids, cannabis, sedatives, hypnotics, anxiolytics, cocaine, other stimulants, hallucinogens, nicotine, inhalants, and other psychoactive substances. Cases of abuse of non-psychoactive substances, maternal care for (suspected) damage to fetus by drugs, and drug use complicating pregnancy, childbirth, and the puerperium are also included. Cases of alcohol-related disorders and poisoning due to intentional self-harm (if primary diagnosis) are excluded.

Substance abuse is a major public health issue that has a strong impact on individuals, families, and communities. The use of illicit drugs, abuse of alcohol, and addiction to pharmaceuticals is linked to serious health conditions such as heart disease, cancer, and liver diseases, exacting over \$600 billion annually in costs related to lost work productivity, healthcare, and crime. Substance abuse also contributes to a wide range of social, physical, mental, and public health problems such as teenage pregnancy, HIV/AIDs, STIs, domestic violence, child abuse, motor vehicle crashes, crime, homicide, and suicide. Because of these far-reaching consequences of substance abuse, treatment programs have been developed to counter addiction. In particular, a combination of behavioral therapy and treatment medications tailored to an individual's particular abusive pattern and other mental, emotional, or medical issues is suggested to help overcome addiction.

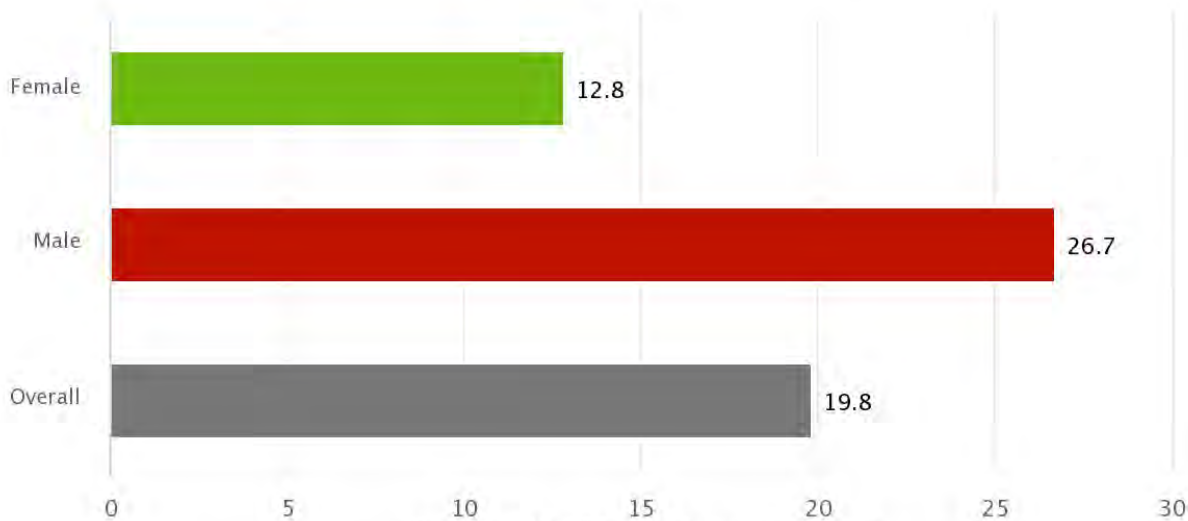
Period of Measurement: 2016-2018



www.ocalthieritogether.org

-  Significantly **better** than the overall value
-  Significantly **worse** than the overall value

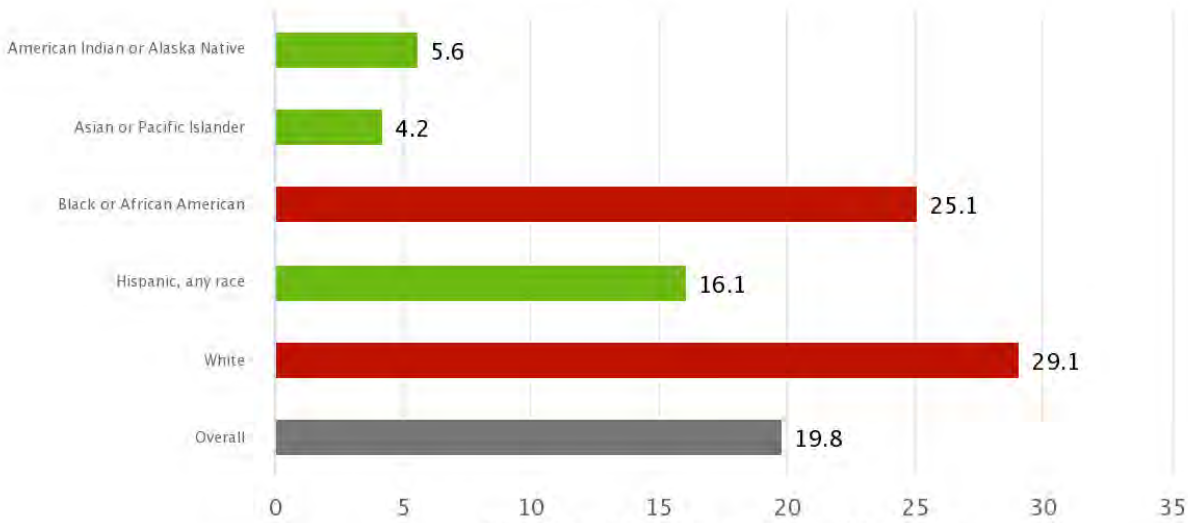
Age-Adjusted ER Rate due to Substance Use by Gender
County: Orange



ER visits/ 10,000 population 18+ years
Source: California Office of Statewide Health Planning and Development (2016–2018)

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Age-Adjusted ER Rate due to Substance Use by Race/Ethnicity
County: Orange



ER visits/ 10,000 population 18+ years
Source: California Office of Statewide Health Planning and Development (2016–2018)

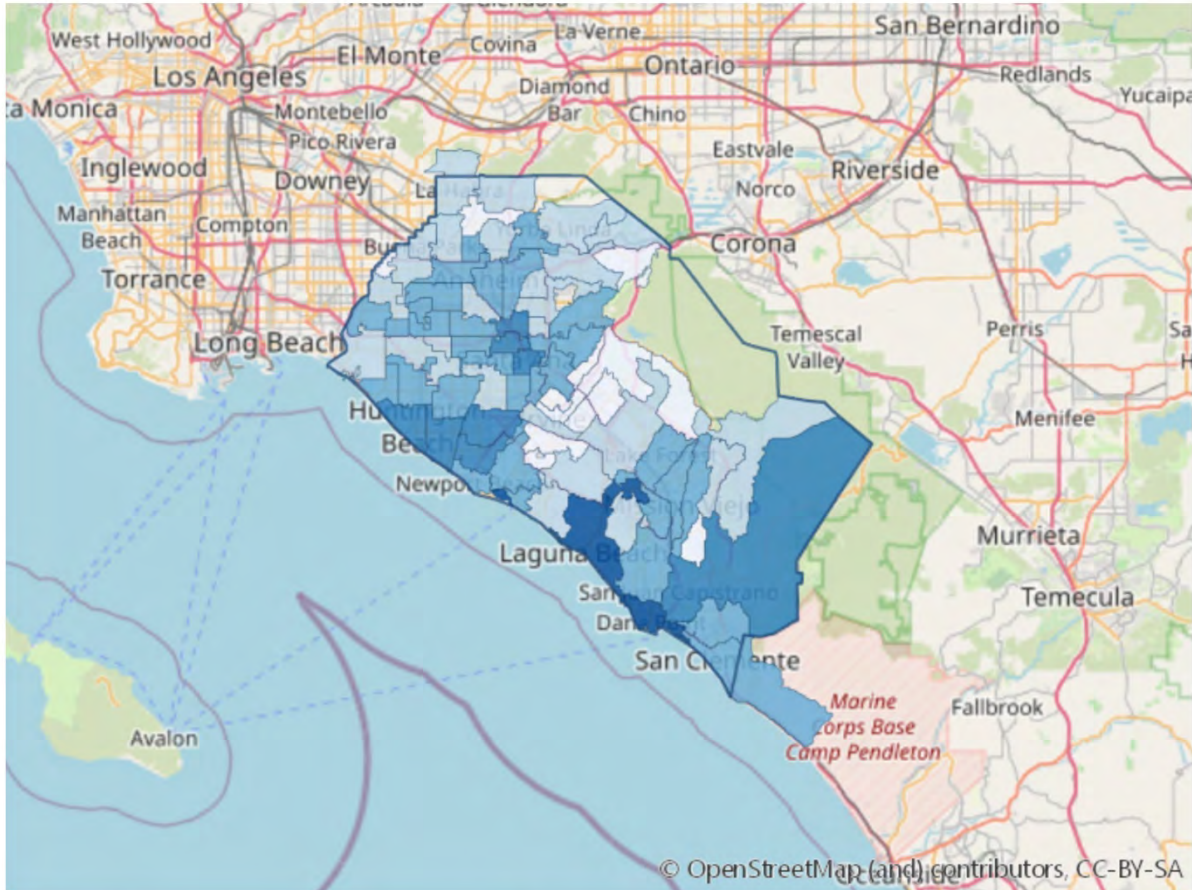
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Age-Adjusted ER Rate due to Substance Use

Zip Code

Measurement Period: 2016-2018

Data Source: California Office of Statewide Health Planning and Development



October 1, 2020

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ECONOMY / HOUSING AFFORDABILITY & SUPPLY

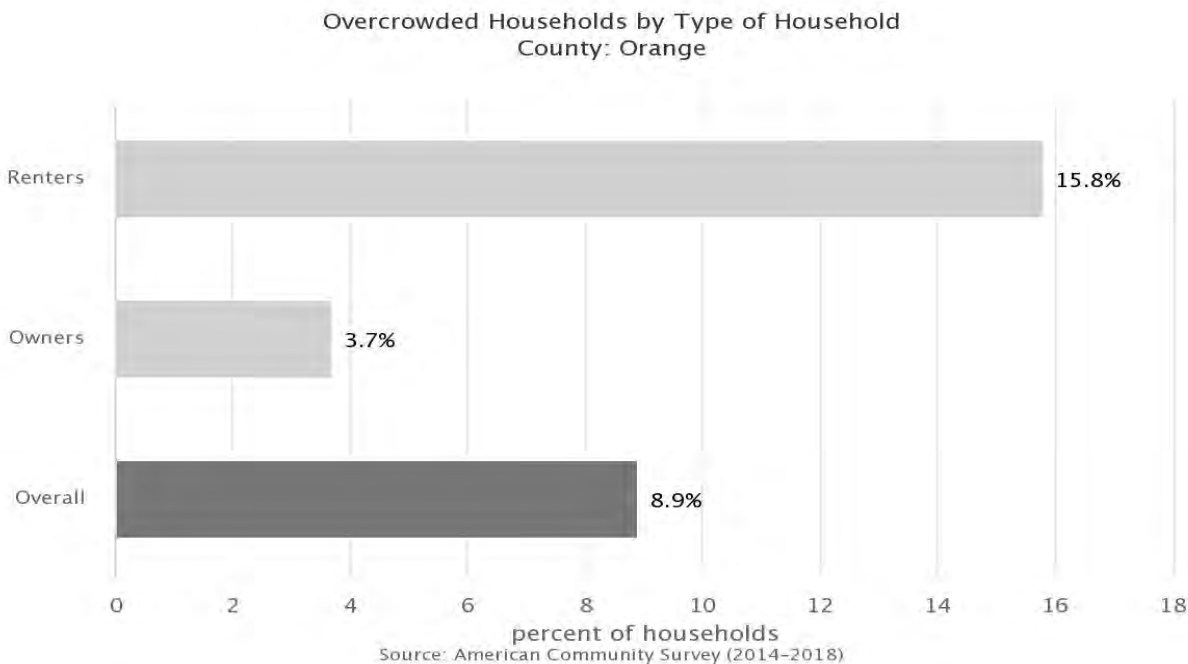
Overcrowded Households

Source: American Community Survey

This indicator shows the households where there are more people than rooms of all types, besides bathrooms.

Overcrowded housing goes hand-in-hand with low-paying essential jobs. People forced by poverty into overcrowded homes are much more likely to be people of color, due to discriminatory housing, education and banking policies that have segregated neighborhoods and prevented non-white families from amassing wealth. Overcrowding has been associated with increased communicable disease transmission and increased accidents. In the age of COVID-19, people of color also are more likely to live in overcrowded households and suffer chronic conditions, such as diabetes or high blood pressure, that can worsen COVID-19 outcomes.

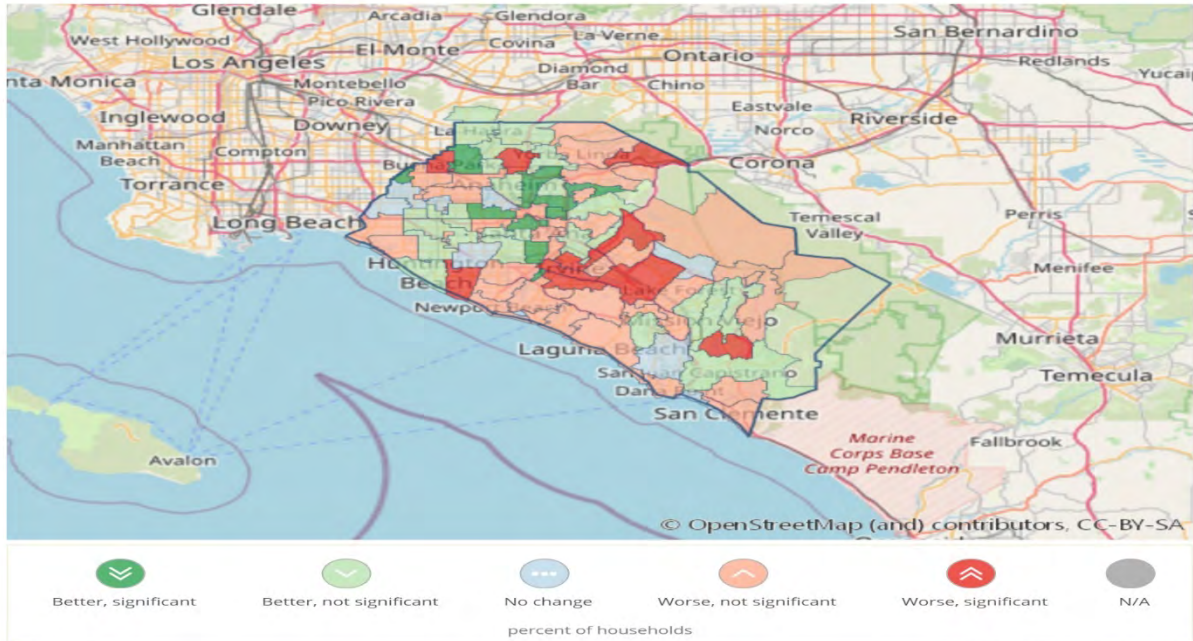
Period of Measurement: 2014-2018



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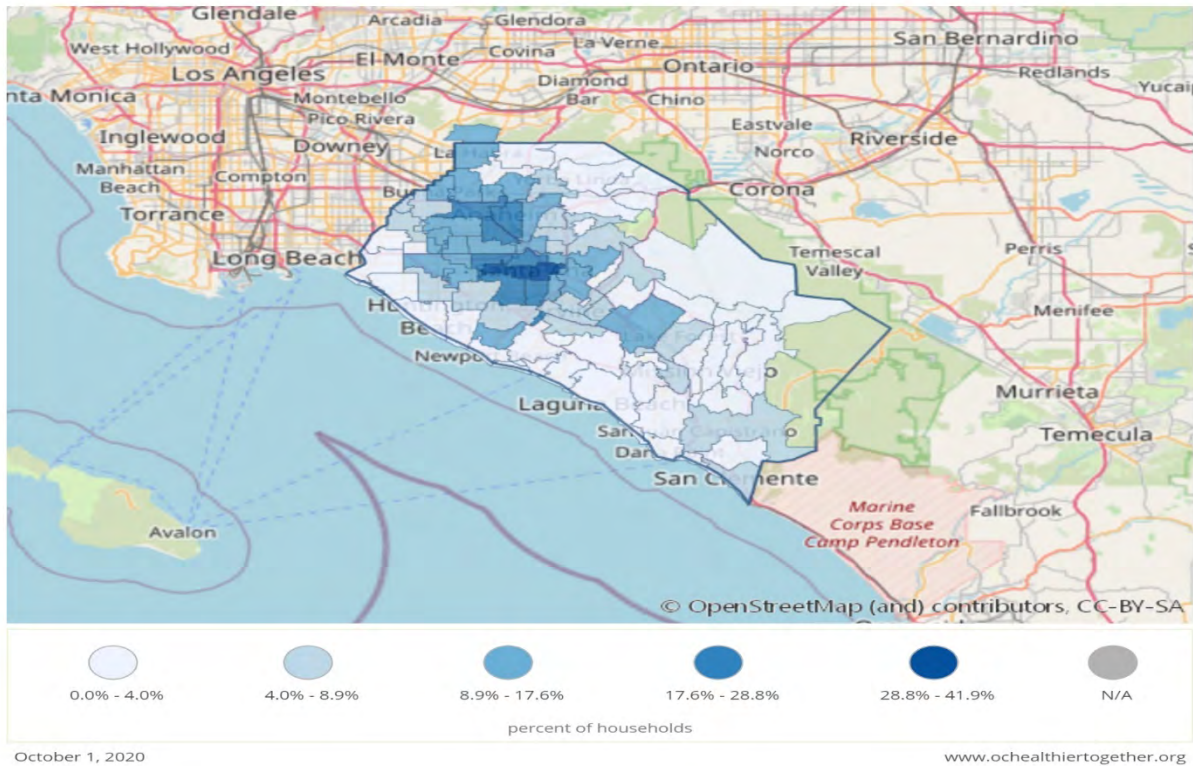
Overcrowded Households Zip Code

Comparison: Trend over Time
Measurement Period: 2014-2018
Data Source: American Community Survey



Overcrowded Households Zip Code

Measurement Period: 2014-2018
Data Source: American Community Survey



ECONOMY / POVERTY

Youth Not in School or Working

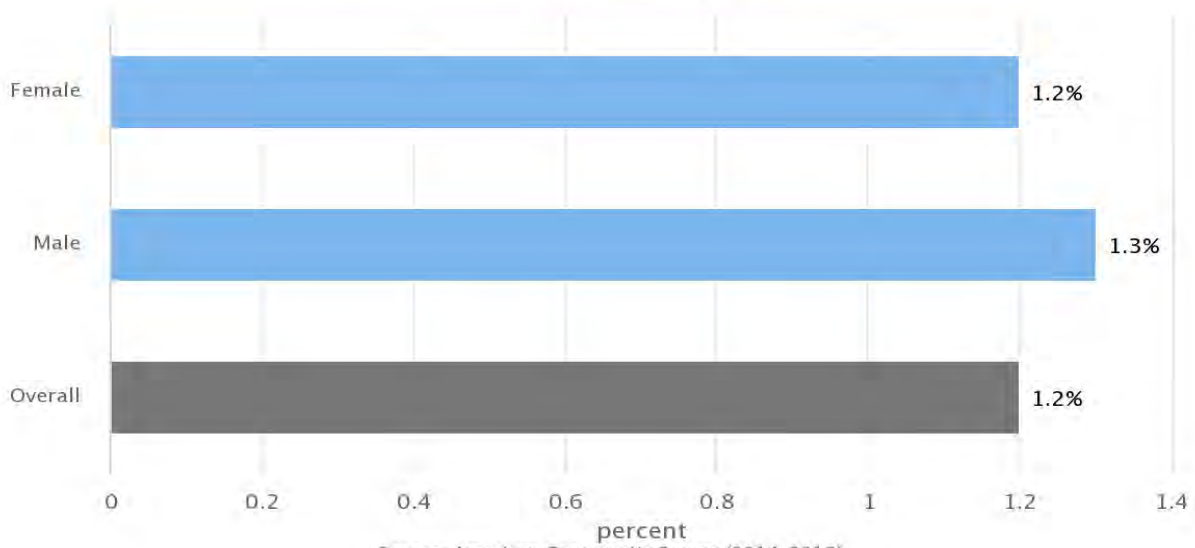
Source: American Community Survey

This indicator shows the percentage of youth, aged 16 to 19, who are not enrolled in school and not working.

Youth who are not in school and are not employed face both short- and long-term barriers to career success. Young people who lack financial stability may be forced to postpone major life decisions such as purchasing a home or starting a family. Prolonged unemployment increases the likelihood that individuals will earn lower wages or face more periods of unemployment throughout their lives. Economic prospects for youth can be improved by increasing high school graduation rates, increasing access to post-secondary education, and providing career counseling services to students as well as youth who have either completed or dropped out of school.

Period of Measurement: 2014-2018

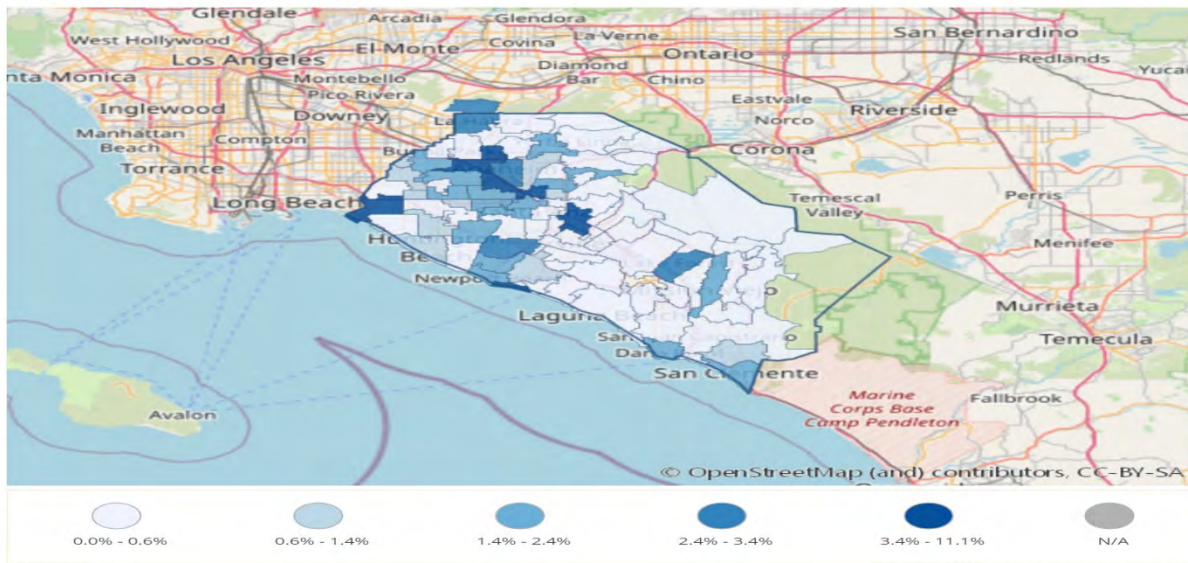
Youth not in School or Working by Gender
County: Orange



Source: American Community Survey (2014-2018)

Youth not in School or Working
Zip Code

Measurement Period: 2014-2018
Data Source: American Community Survey



October 1, 2020

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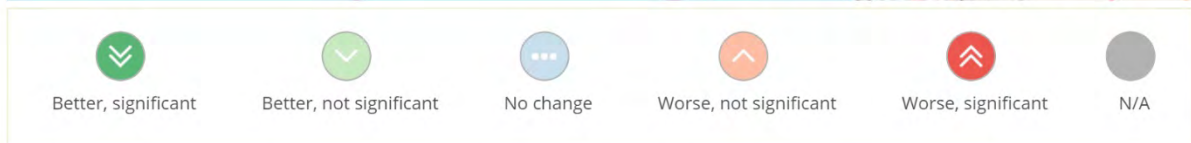
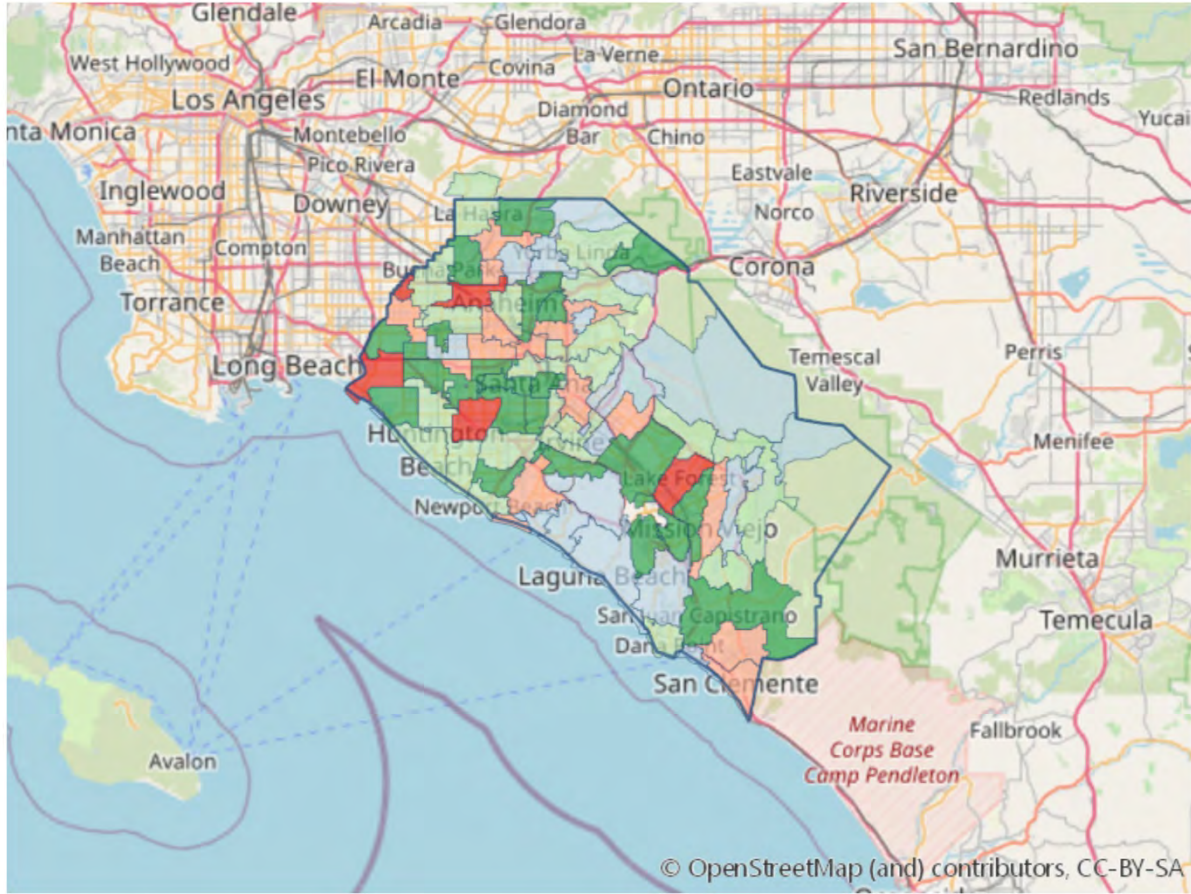
Youth not in School or Working

Zip Code

Comparison: Trend over Time

Measurement Period: 2014-2018

Data Source: American Community Survey



October 1, 2020

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SOCIAL ENVIRONMENT

Households with an Internet Subscription

Source: American Community Survey

This indicator shows the percentage of households that have an Internet subscription.

Owning a computing device and being able to access the Internet can be useful for maintaining one's health. Healthcare consumers can obtain data regarding physicians and hospitals in their area. Those with

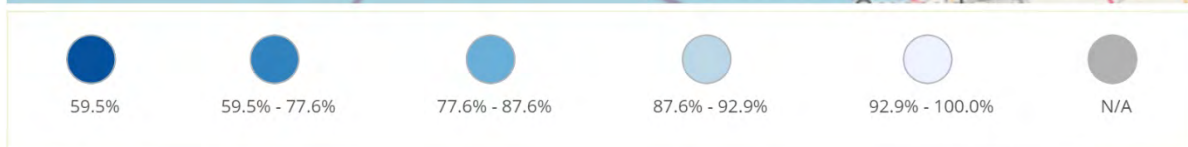
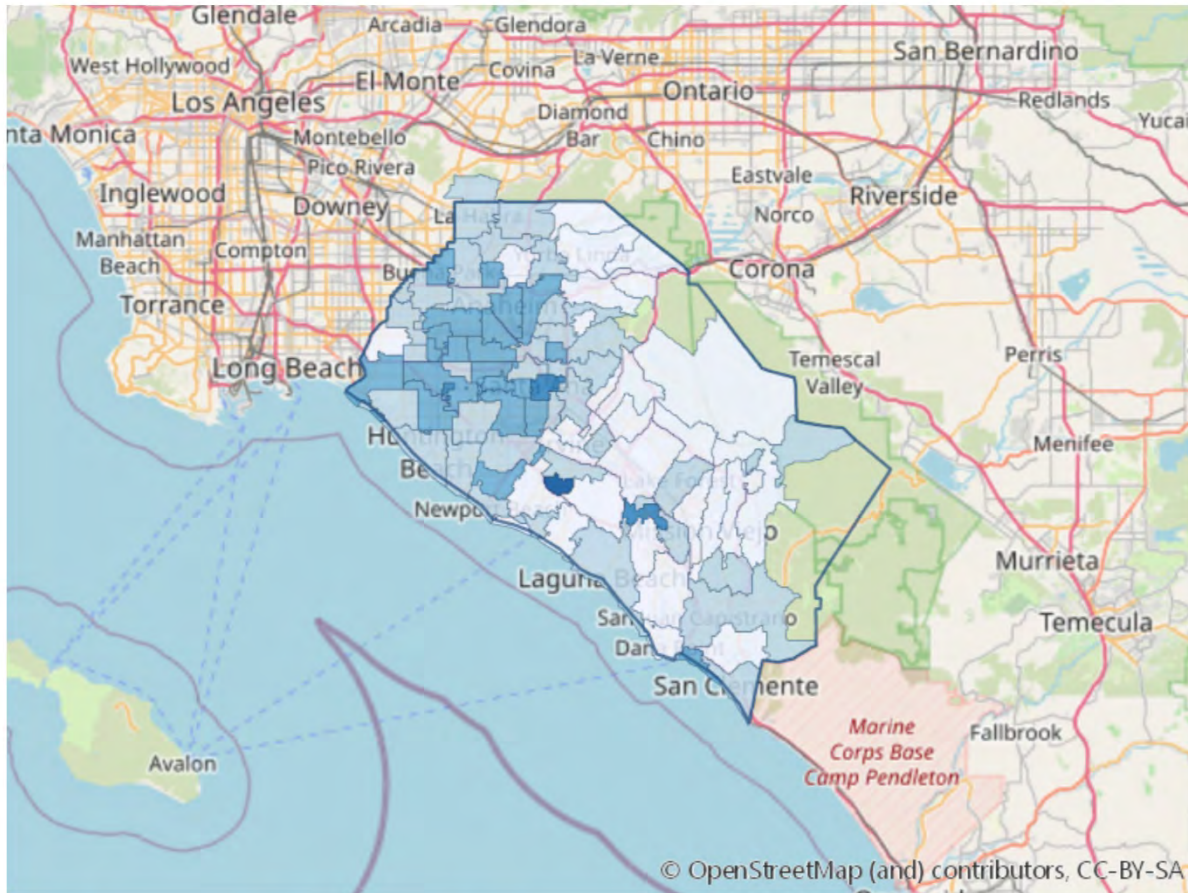
chronic diseases can find information on how to manage their illness. Individuals can also learn best practices regarding wellness, fitness, and diet to maintain their health.

Period of Measurement: 2014-2018

Households with an Internet Subscription

Zip Code

Measurement Period: 2014-2018
Data Source: American Community Survey



October 1, 2020

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SOCIAL ENVIRONMENT / FAMILY STRUCTURE

Single-Parent Households

Source: American Community Survey

This indicator shows the percentage of children living in single-parent family households (with a male or female householder and no spouse present) out of all children living in family households.

Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, and abuse alcohol and other substances. Consequently, these children experience increased risk of morbidity and mortality of all causes. Similarly, single parents suffer from lower perceived health and higher risk of mortality.

Period of Measurement: 2014-2018

