St. Jude Medical Center

Fiscal Year 2015 COMMUNITY BENEFIT REPORT
PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT

St.JosephHealth
St. Jude Medical Center

TABLE OF CONTENTS

EXECUTIVE SUMMARY

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

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

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

INTRODUCTION
Who We Are and Why We Exist

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

St. Joseph Health St. Jude Medical Center has been meeting the health and quality of life needs of North Orange County as part of St. Joseph Health Ministry since 1957. Serving the communities of Fullerton, Brea, Buena Park, La Habra, Placentia, Yorba Linda and the surrounding areas, St. Jude Medical Center is a 351 acute care hospital that provides quality care in the areas of cardiac care, oncology, orthopedics, general surgery, rehabilitation, perinatal services, critical care, diagnostic imaging and emergency medicine. With the Medical Center's 2,246 employees and 525 medical staff realizing the mission, St. Jude Medical Center is one of the largest employers in the region. We are committed to increasing access to the most vulnerable through our charity care and community clinics, improving the health of our

community through prevention and disease management programs and working in collaboration with others to serve all residents in North Orange County with a special focus on those living in poverty.

Community Benefit Investment

St. Jude Medical Center invested **$56,613,403** in community benefit in FY 2015 (FY15) a 16.9% increase from FY14 ($48,449,534). For FY15, St. Jude Medical Center had an unpaid cost of Medicare of $26,366,725 which represents a decrease in losses from the Medicare program as a result of efforts to increase efficiency in managing Medicare patient care.

Overview of Community Needs and Assets Assessment

The FY15 priorities and programs were based on the findings of the FY14 SJMC Needs Assessment. The process utilized in conducting the needs assessment included the following:

- PRC random telephonic survey of 750 households
- Orange County Health Care Agency Secondary Data
- Stakeholder surveys
- Community meetings with low income residents and representatives from agencies that serve them.

The Community Health Needs Assessments for 2014 is available online at stjudemedicalcenter.org.

Community Benefit Plan Priorities/Implementation Strategies

Community benefit priorities were developed in 2014 based on the 2014 Community Health Needs Assessment with input from community groups. FY15 priorities include:

- **Increase Access to Medical Care for the Uninsured:**
  We have provided 16,088 medical visits and 7,343 dental visits to uninsured/underinsured low income persons through our affiliated fixed site and mobile community clinic partnership with St. Jude Neighborhood Health Centers, increasing access to care to individuals. We have increased access to specialty care for the uninsured by recruiting additional volunteer specialists at our affiliated clinic, referrals to Heritage volunteer specialists and partnering with Access OC to provide 30 free surgeries and colonoscopies at a Super Surgery Saturday event.

- **Increase the percentage of 5th, 7th, and 9th graders in targeted schools in the Healthy Fitness Zone in body composition within our CBSA; strengthen city, school, and organizational policies that promote healthy lifestyles:**
  We have implemented the Healthy Weight Initiative which addressed environmental, system and policy improvements in our community resulting in 5 park fitness centers, 14 Fit Kid centers in schools, strengthened school wellness policies reaching over 18,000 low income individuals. We continue to partner with Fullerton, Placentia, La Habra and Buena Park Collaboratives on their Obesity Prevention Plans. 22.6% of schools showed an increased percentage of students in the Healthy Fitnesszone for Body Composition in FY 15 as compared to FY 14.

- **Enhance infant and child health through improved immunization rates:**
  The immunization rate for Diphtheria, Tetanus and Pertussis (DTAP) vaccine at St. Jude Neighborhood Health Centers increased from 36% to 70% and for St. Jude Heritage Medical Group increased from 48% to 79%, both exceeding target. The immunization rate for Measles, Mumps and Rubella (MMR) vaccine at St. Jude Neighborhood Health Centers increased from 73% to 88% and at St. Jude Heritage Medical Group from 86% to 93% both exceeding FY15 targets.

- **Improve behavioral health in low-income populations though prevention and access:**
  Both the St. Jude Neighborhood Health Center and St. Jude Heritage introduced behavioral health screening tools in the primary care setting. St. Jude Neighborhood Health Center introduced the Staying Health Assessment and the Staying Healthy Assessment 50+ which address mental health issues. St. Jude Heritage utilizes the PHQ-9 (Patient Health Questionnaire-9) for seniors and an attention deficit hyperactivity disorder (ADHD) assessment. The Positive Behavioral Invention Supports (PBIS) program had 24 Title I schools participating in FY15 meeting the goal that was established.

INTRODUCTION

Who We Are and Why We Exist

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

St. Joseph Health St. Jude Medical Center has been meeting the health and quality of life needs of North Orange County as part of St. Joseph Health Ministry since 1957. Serving the communities of Fullerton, Brea, Buena Park, La Habra, Placentia, Yorba Linda and the surrounding areas, St. Jude Medical Center is a 351 acute care hospital that provides quality care in the areas of cardiac care, oncology, orthopedics, general surgery, rehabilitation, perinatal services, critical care, diagnostic imaging and emergency medicine. St. Jude Medical Center is one of the largest employers in the region. We are committed to increasing access to the most vulnerable through our charity care and community clinics, improving the health of our community through prevention and disease management programs and working in collaboration with others to serve all residents in North Orange County with a special focus on those living in poverty.

Mission, Vision and Values and Strategic Direction

Our Mission

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

Our Vision

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

Our Values

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

St. Jude Medical Center has been meeting the health and quality of life needs of North Orange County as part of St. Joseph Health Ministry since 1957. Serving the communities of Fullerton, Brea, Buena Park, La Habra, Placentia, Yorba Linda and the surrounding areas, St. Jude Medical Center is a 329 acute care hospital that provides quality care in the areas of cardiac care, oncology, orthopedics, general surgery, rehabilitation, perinatal services, critical care, diagnostic imaging and emergency medicine. With the Medical Center's 2,865 employees and 740 medical staff realizing the mission, St. Jude Medical Center is one of the largest employers in the region. We are committed to increasing access to the most vulnerable through our charity care and community clinics, improving the health of our community through prevention and disease management programs and working in collaboration with others to serve all residents in North Orange County with a special focus on those living in poverty.

Strategic Direction

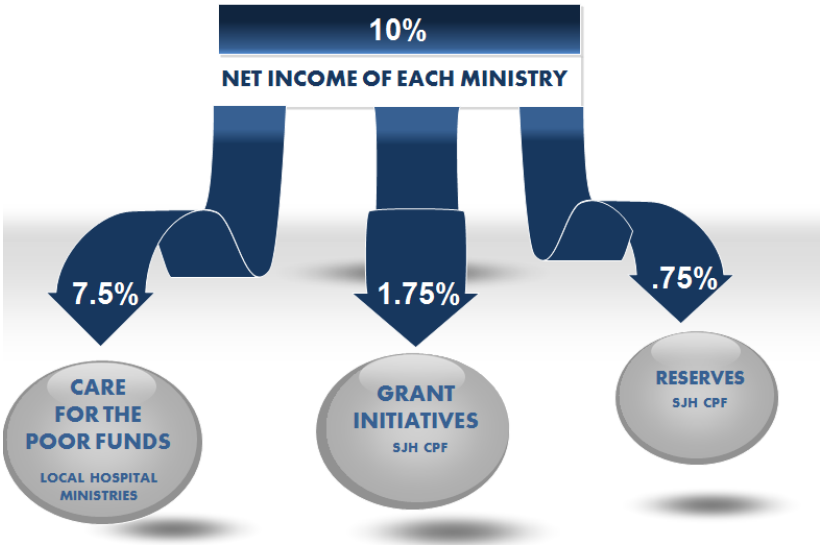
As we move into the future, St. Jude Medical Center is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according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

Community Benefit Investment

St. Jude Medical Center invested **$56,613,403** in community benefit in FY 2015 (FY15) a 16.9% increase from FY14 ($48,449,534). For FY15, St. Jude Medical Center had an unpaid cost of Medicare of $26,366,725 which represents a decrease in losses from the Medicare program as a result of efforts to increase efficiency in managing Medicare patient care.

ORGANIZATIONAL COMMITMENT

St. Jude Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.



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

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

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

Community Benefit Governance and Management Structure

St. Jude Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration. The Vice President of Healthy Communities, the Vice President of Mission Integration, and the SJMC Community Benefit Committee of the Board of Trustees are responsible for coordinating implementation of California Senate Bill 697 provisions as well as provide the opportunity for community leaders, internal hospital Executive Management Team members, physicians, and other staff to work together in planning and carrying out the Community Benefit Plan.

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

A charter approved in 2007 establishes the formulation of the St. Jude Medical Center Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The CB Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes five members of the Board of Trustees and 11 community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. Committee generally meets quarterly.

ROLES AND RESPONSIBILITIES

Senior Leadership

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

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with Advancing the State of the Art (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as 'board level champions'

- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Community

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Recognition of priority health issue and collaborative activities to address it
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Patient Financial Assistance Program

We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health St. Jude Medical Center has a **Patient Financial Assistance Program (FAP)** that provides free or discounted services to eligible patients. In FY15, St. Jude Medical Center provided $4,980,286 in charity care for 15,236 encounters, a decrease of 34 % from FY14. This is due to the increase in the number of insured in Orange County as a result of the Affordable Care Act

One way St. Joseph Health, St. Jude Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where patients may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral to government sponsored programs for which they may be eligible. The Health System

enhanced its process for determining charity care by adding an assessment for presumptive charity care. This assessment uses a predictive model and public records to identify and qualify patients for charity care, without a traditional charity care application.

Medicaid

St. Joseph Health St. Jude Medical Center provided access to uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY15, SJMC provided $46,632,168 in Medicaid shortfall, a 72.4% increase from FY 14. This increase is due in part to the significant increase in the Medicaid population as a result of the Affordable Care Act and the impact of the Hospital Fee Program

COMMUNITY

Defining the Community

St. Jude Medical Center provides parts of Orange, Riverside, Los Angeles and San Bernardino counties with access to advanced care and advanced caring. The hospital's total service area extends from Walnut and Chino Hills in the north, Anaheim in the south, Corona in the east and Whittier and La Mirada in the west. Our Hospital Total Service Area includes the cities of Anaheim, Brea, Buena Park, Chino, Chino Hills, Corona, Diamond Bar, Fullerton, Hacienda Heights, La Habra, La Mirada, Placentia, Walnut, Whittier and Yorba Linda. This includes a population of approximately 1.61 million people, which is similar to the prior assessment. This population is ethnically diverse with 44.5% Hispanic and 19.3% Asian-Pacific Islander, youthful with 25.9% of the population under 17 years of age, and with both wealth and poverty with 8.4% of households living below the federal poverty level. This area has some of the most densely population neighborhoods in California.

The Medical Center has defined a Community Benefit Service Area since it began developing community benefit plans more than fifteen years ago that focuses on the cities nearest the hospital, including:

- Brea,
- Buena Park,
- Fullerton,
- La Habra,
- Placentia,and
- Yorba Linda.

The CBSA includes two areas designated as Medically Underserved Populations (MUPs) – one in south Fullerton and the other in La Habra. For a complete copy of St. Jude Medical Center's FY14 CHNA go to: www.stjudemedicalcenter.org.

Hospital Total Service Area

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

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

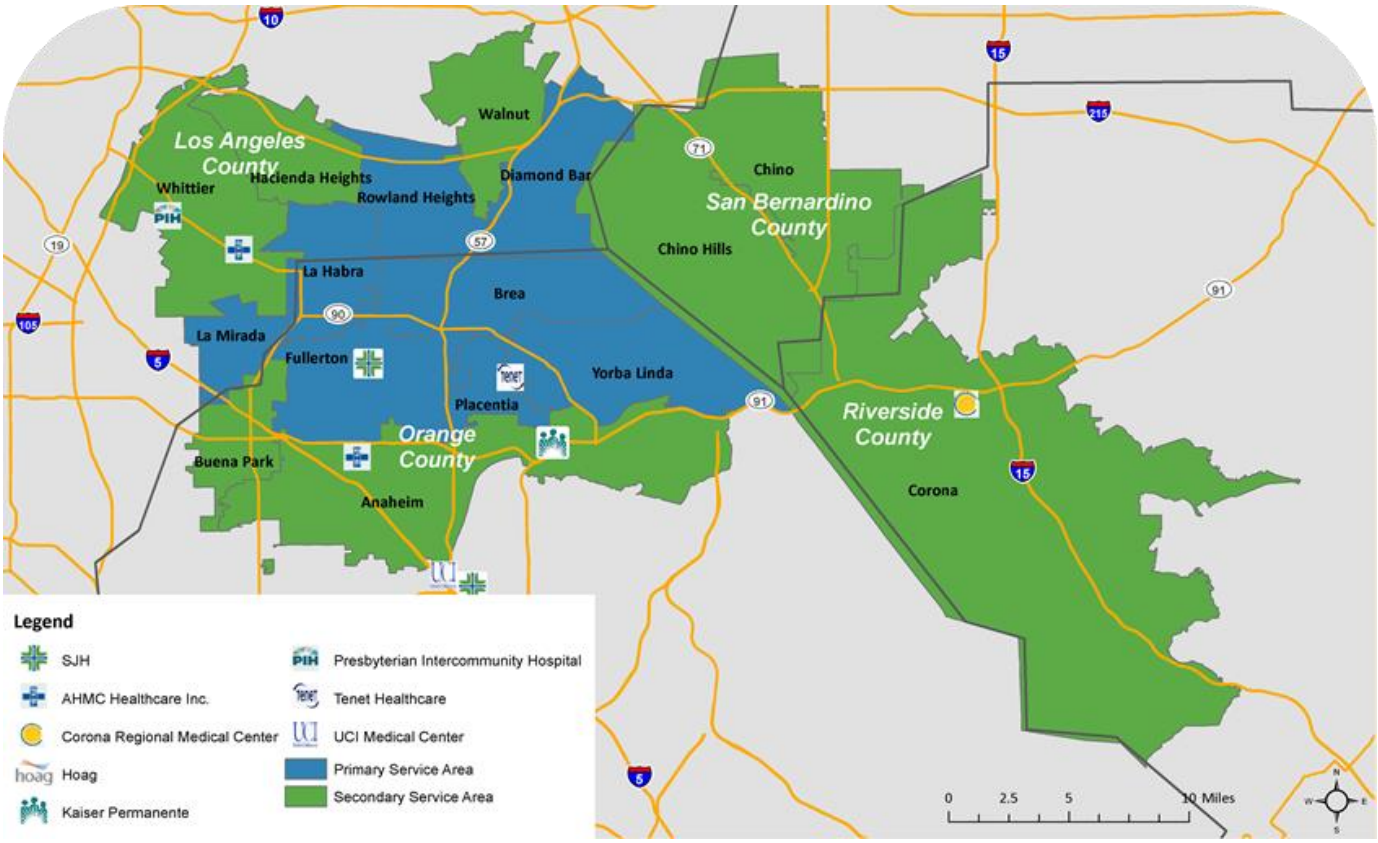
The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional fifteen percent of the population of the Hospital's inpatients reside. The PSA is comprised of Fullerton, Brea, La Habra, La Mirada, Diamond Bar, Rowland Heights, and Yorba Linda. The SSA is comprised of another 8 cities including Walnut, Whittier, Hacienda Heights, Buena Park, Anaheim, Chino Hills, Chino and Corona.

Table 1. Cities and ZIP codes in Community Benefit Service Area

Cities	ZIP codes
Brea	92821,92823
Buena Park	90620,90621
Fullerton	92831,92832,92833,92834,92835
La Habra	90631
Placentia	92870
Yorba Linda	92886,92887

Figure 1 depicts the Hospital's PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 1: Hospital Total Service Area



The geographic area of focus in our community needs assessment and plan includes the six cities in our Community Benefit Service Area (CBSA) of Brea, Buena Park, Fullerton, La Habra, Placentia, and Yorba Linda.

Table 2 shows that there are wide disparities in economic indicators within the SJMC CBSA. Buena Park has the lowest median household income and the highest unemployment rate. Within each city, except Yorba Linda, there are neighborhoods that have a higher percentage of disproportionate unmet health needs populations.

Table 2. Sociodemographic characteristics of communities in SJMC CBSA; Source: U.S. Census Bureau, 2010.

City	Population	Unemployment Rate	Median HH Income	% below FPL	% HH Renting
Brea	39,638	6.6%	$ 72,824	5.6%	34.2%
Buena Park	80,795	11.9%	$ 61,094	10.2%	44.6%
Fullerton	133,771	10.7%	$ 63,219	11.3%	44.7%
La Habra	68,506	10.8%	$ 64,700	12.4%	44.8%
Placentia	52,308	8.5%	$ 79,194	10.4%	33.9%
Yorba Linda	68,795	6.4%	$113,560	2.5%	17.3%
Total	443,813	9.15%	$ 90,918	8.73%	36.6%

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

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

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

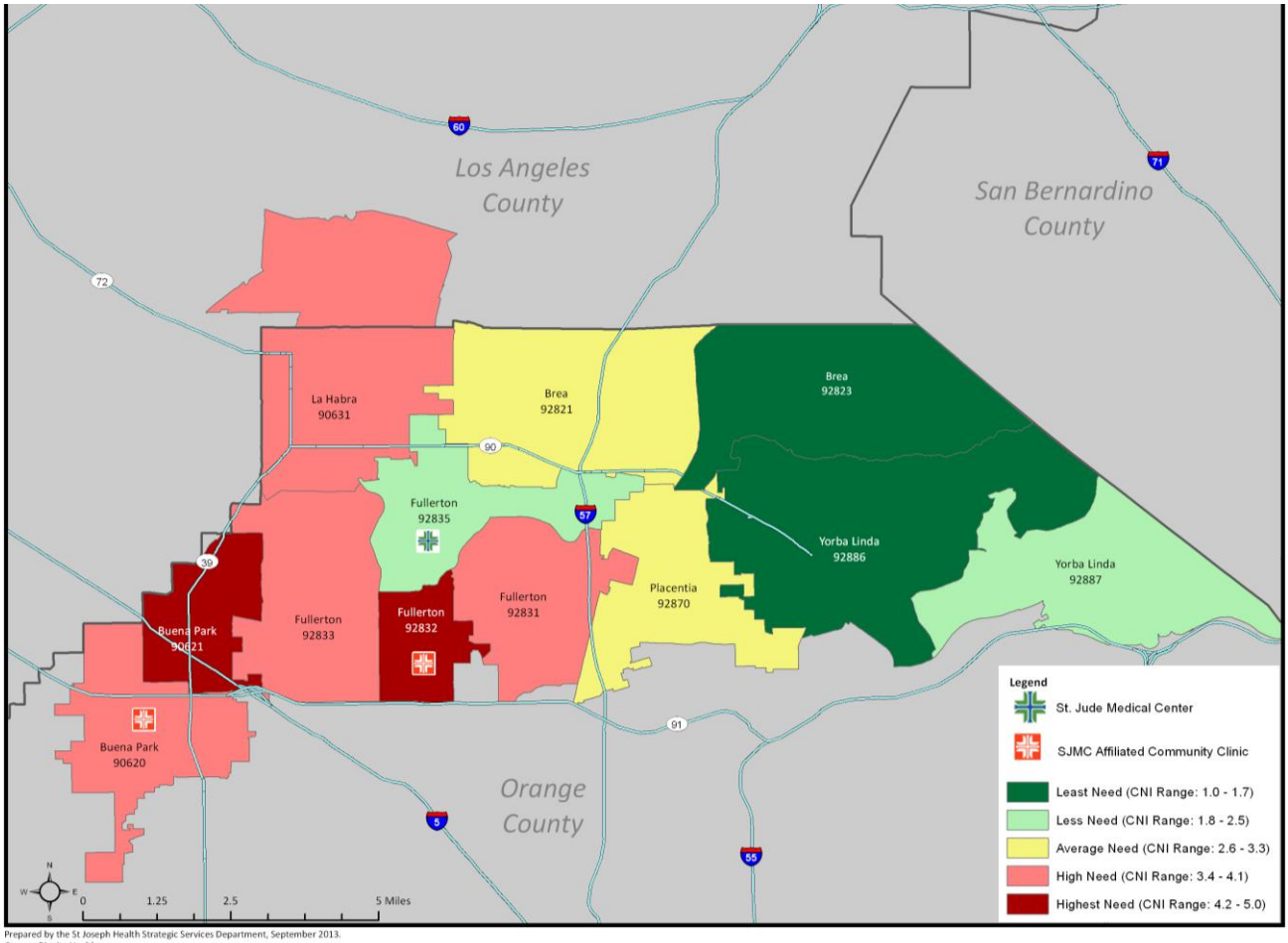
- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English)
- Educational Barriers (% population without HS diploma)
- Insurance Barriers (Insurance, unemployed and uninsured)
- Housing Barriers (Housing, renting percentage)

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (*Ref (Roth R, Barsi E., Health Progress. 2005 Jul-Aug; 86(4):32-8.)* The CNI is used to a draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, the ZIP code 92832 on the CNI map is scored 4.4, making it and zip code 90620 at 4.4 the High Need communities in our CBSA.

Figure 2 depicts the Community Need Index for the hospital's geographic service area based on national need. It also shows the location of the Hospital and the affiliated community clinic.

Figure 2. St. Jude Medical Center Community Need Index Map.



Intercity Hardship Index (Block group level) Based Geographic Need

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

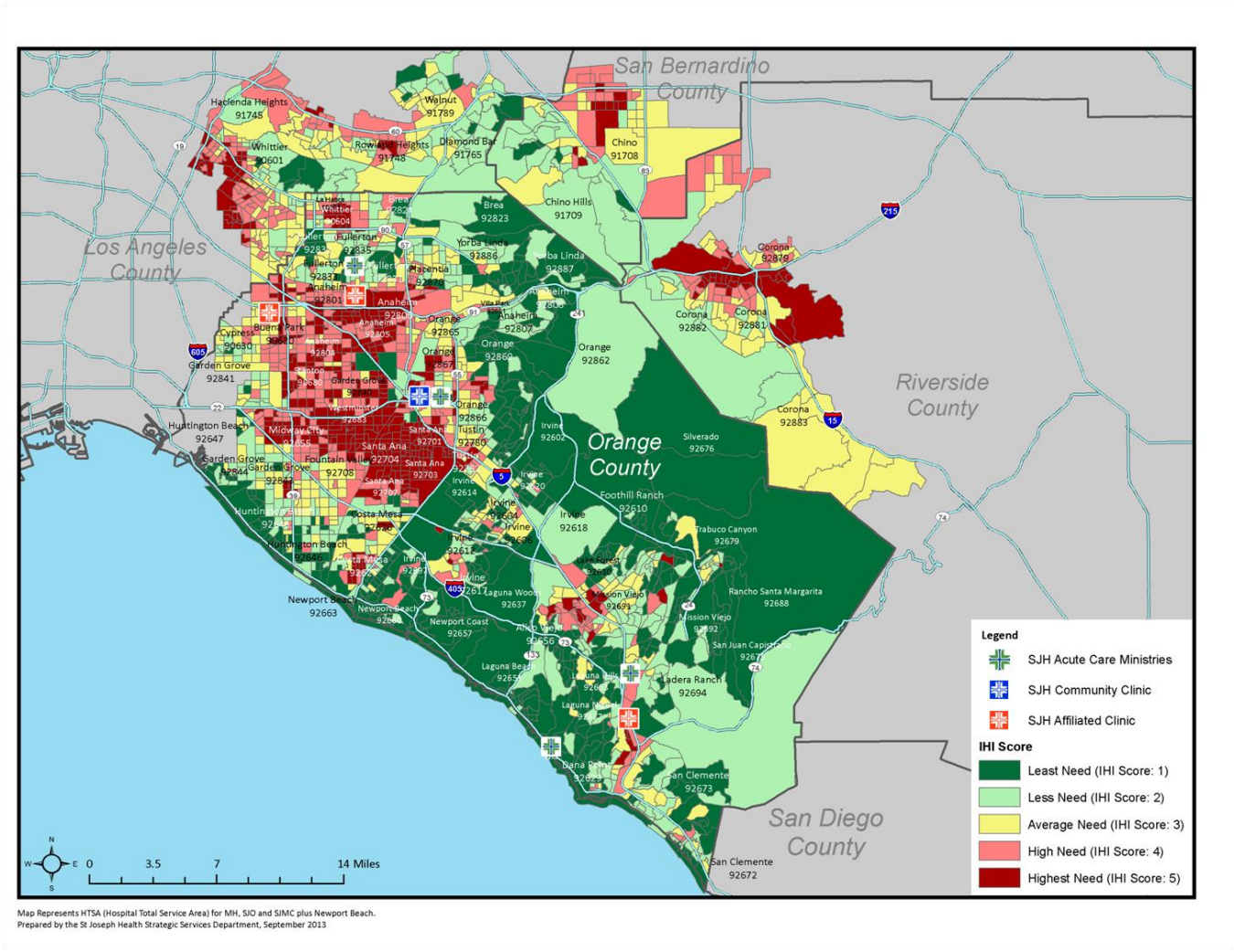
The IHI combines six key social determinants that are often associated with health outcomes:

1) Unemployment (the percent of the population over age 16 that is unemployed)
2) Dependency (the percent of the population under the age of 18 or over the age of 64)
3) Education (the percent of the population over age 25 who have less than a high school education)
4) Income level (per capita income)
5) Crowded housing (percent of households with seven or more people)
6) Poverty (the percent of people living below the federal poverty level)

Based on the IHI, each block group was assigned a score from 1 (lowest IHI, lowest level of hardship/need) to 5 (highest IHI, highest level of hardship/need). The IHI is based on ***relative need within a geographic area***, allowing for comparison across areas. Similar to what is seen with the Community Need Index; the highest need areas are in the cities of Placentia, La Habra and Fullerton.

Figure 3 depicts the Intercity Hardship Index for Orange County's geographic service area and demonstrates *relative need*.

Figure 3. Orange County Intercity Hardship Index (Block group Level)



COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

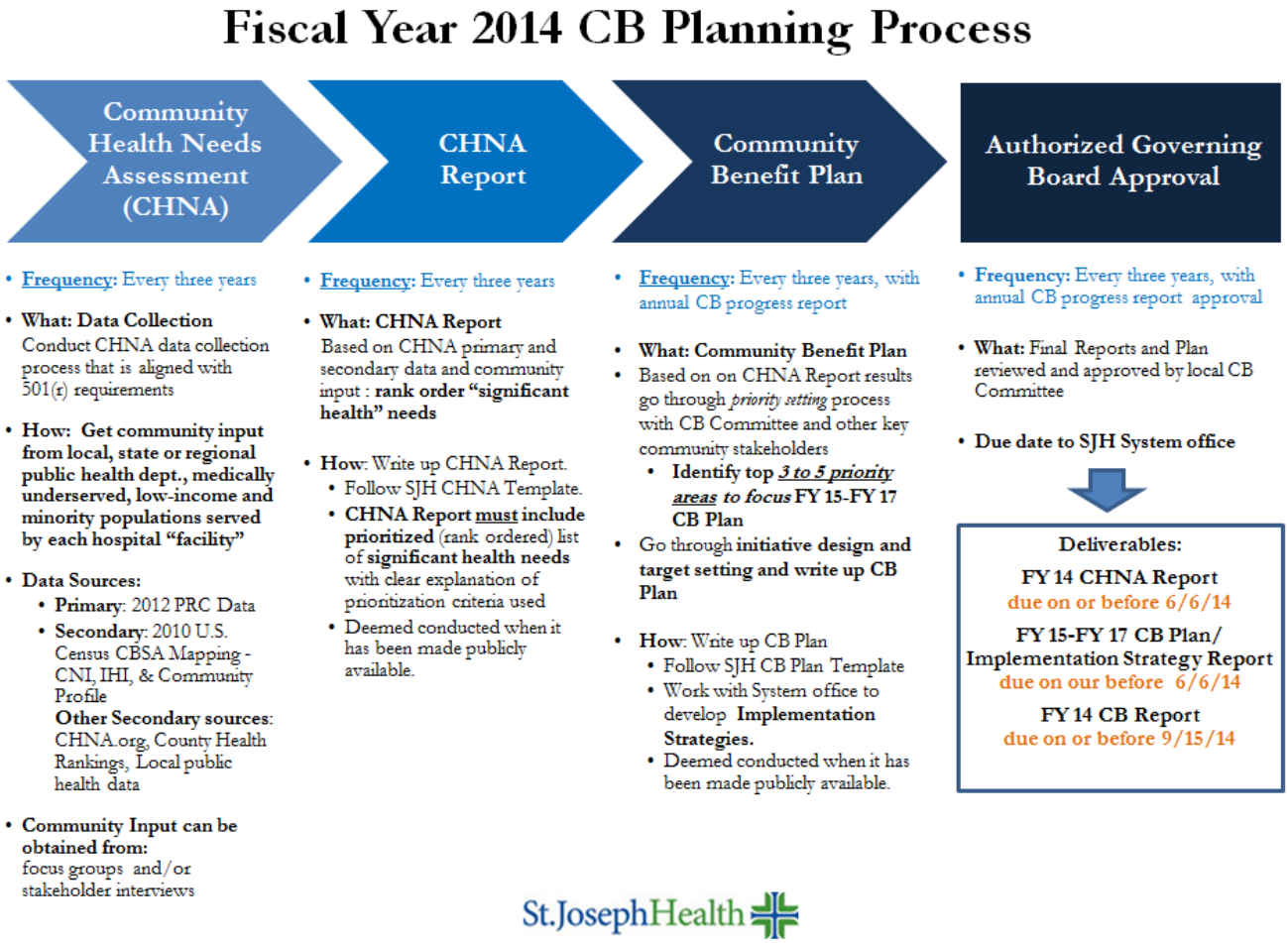
Summary of the Community Needs and Assets Assessment Process

St. Jude Medical Center completed a needs assessment in FY 2014. This Community Health Assessment is a follow-up to the study conducted in 2007 and our 2010 Assessment. It is a systematic, data-driven approach to determining the health status, behaviors and lifestyles of residents in our Community Benefit Service Area (CBSA). This Community Health Assessment serves as a tool toward reaching three basic goals:

1. To improve community residents' self-reported health status, functional health, and overall quality of life.
2. To reduce the health disparities among residents.
3. To increase accessibility to preventive services for all community residents.

The process utilized in the community health needs assessment is outlined in Figure 4.

Figure 4. FY14 Community Benefit Planning Process



The assessment incorporates primary source data conducted by Professional Research Consultants, Inc. (PRC) in 2012 with comparison data from 2007, census data, community need index data, and intercity hardship data. In addition, qualitative obtained through a key informant survey of community based organizations, foundations, health advocates, community clinics, local political/policy leaders, public health organizations, and other hospitals.

A variety of existing (secondary) data sources were consulted to complement the research quality of this Community Health Assessment, including but not limited to: the 2010 U.S. Census, Orange County Healthy People Healthy Places Report, the Centers for Disease Control and Prevention (CDC), Orange County Health Needs Assessment Data, and key informant surveys and focus groups (involving community members, community leaders, public health experts, key stakeholders, low-income residents in North Orange County). National and statewide risk factor data were used as an additional benchmark against which to compare local findings. Data sources include: Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES), and California Departments of Health Services. The assessment also included consideration of existing assets available in the community to address health needs.

St. Joseph Health, St. Jude Medical Center anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the St. Joseph Health, St. Jude Medical Center CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by St. Joseph Health, St. Jude Medical Center in the enclosed CB Plan/Implementation Strategy.

Identification and Selection of DUHN Communities

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

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care. Table 3 lists the groups and identified community needs and assets.

Table 3. DUHN Group and Key Community Needs and Assets Summary Table.

DUHN Population Group or Community zip code or block group	Key Community Needs	Key Community Assets[1]
Adults lacking medical insurance in CBSA	Access to primary health care Access to specialty care	St. Jude Neighborhood Health Center St. Jude Heritage Healthcare Local community clinics Access OC
Overweight and obese children and adults in CBSA	Increased physical activity in schools. Safe places for recreation. Healthy school meals. Accessible healthy foods. Obesity treatment programs. Public policies promoting heath	Fullerton, Placentia, Buena Park, La Habra Collaboratives Healthy Weight Initiative School District Wellness Councils Network for a Healthy California Dairy Council Orange County Department of Education
Persons with Mental Illness and Substance Abuse Disorders	Lack of treatment programs for those without insurance Stigma of conditions Lack of 24 hour multi-service center for mentally ill homeless	Orange County Behavioral Health Services St. Jude Community Care Navigator Initiative National Alliance for Mentally Ill St. Joseph Health Orange County Region Behavioral Task Force Pathways of Hope Mercy House WTLC Western Youth Services CalOptima Behavioral Health
Infant and Children	Lack of teen pregnancy prevention programs in Latino communities Lack of robust immunization program for children Lack of obesity prevention and treatment programs for children	St. Jude Neighborhood Health Centers St. Jude Heritage Healthcare Local Community Clinics La Habra Collaborative Teen Pregnancy Prevention Programs CalOptima Obesity Prevention programs Healthy Weight Initiative
Low Income High Need Areas in Fullerton, Buena Park, Placentia and La Habra	Jobs Immigration Reform Gang Prevention Programs	Community Collaboratives CalGrip Program OCCCO Community Clinics
Homeless Population	Lack of 24 hour 7 day per week multi-service shelter Lack of rapid re-housing programs	Pathways of Hope Mercy House WTLC Fullerton Homeless Task Force

PRIORITY COMMUNITY HEALTH NEEDS

Table 4, below, describes the community health needs identified through the SJH, St. Jude Medical Center CHNA. Those needs that the hospital does not plan to address are noted[1].

Table 4. Identified Health Needs and Decision to Address Needs

Health Needs Identified through CHNA	Plan to Address
Health care access and coverage	Yes
Health care utilization	Yes
Health status	Yes
Chronic diseases	Yes
Dental health	Yes
Maternal and infant health	Yes
Nutrition, obesity, and exercise	Yes
Older adult health	Yes
Homelessness	Yes
Substance Abuse	No
Chronic Mental Illness	Yes
Teen Pregnancy	No
Poverty	No
Immigration Status	No

[1] A number of community health needs are already addressed by other organizations and will not be addressed in the implementation plan report.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit programs and by funding other non-profits through our Care for the Program managed by the St. Joseph Health Community Partnership Fund.

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

The following community health needs identified in the ministry CHNA will not be addressed and an explanation is provided below:

Substance Abuse: The Hospital does not have a substance abuse program; however, we collaborate with the Gary Center and county supported substance abuse programs that provide those services by referring patients to them.

Teen Pregnancy: The Hospital does not have a program targeting teen pregnancy however we partner with have partnered with the Fullerton Joint Union High School District on the TAPP program, which ended in 2015 and with the La Habra Collaborative who oversees the Fristers program for teen moms and their babies.

Poverty: The overwhelming majority of the Medical Center's community benefit investments serve the poor. The hospital works collaboratively with other organizations such as Community Action Partnership of Orange County, the county's anti-poverty agency that address the consequences of poverty. The Medical Center has adopted a living wage policy for its employees.

Immigration Reform: As part of the Catholic Health Association the Medical Center collaborates on advocacy for immigration reform as part of St. Joseph Health. However, this has not been viewed as a local issue but one that needs to be addressed at the national or state level.

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

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

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

Priorities were identified by stakeholder groups' surveyed, low-income residents who participated in focus groups, and data collected by the county. Additionally, social determinants were included in the list of priorities for review by the Medical Center Community Benefit Committee. The Orange County Health Care Agency has identified obesity and diabetes, older adult services, infant and child health, and behavioral health as their top priorities for planning. The low-income resident focus groups identified hypertension, obesity, diabetes, access to medical care, homelessness, and safety as priority areas. The stakeholder surveys identified access to medical and dental care, obesity, homeless, gang prevention, and teen pregnancy as priorities. This information was provided to the Committee who ranked the identified issues based on the criteria recommended by the Catholic Health Association and approved by the Medical Center Community Benefit Committee.

Table 5. Issues identified in the CHNA, as ranked by the Community Benefit Committee.

Need	Ranking
Diabetes	31***
Cardiac Health	30
Obesity	30***
Access to Medical Care	29**
Immigration Reform	27
Asthma	26
Older Adult Health	26
Behavioral health	26**
Access to Dental Care	26
Safety	25
Homeless Services	24**
Infant and Child Health	23
Income Inequality	23

*Two of three groups rated as important. **All three groups rated as important. Red: Top priorities chosen for FY15-FY17.

Under this ranking approach each of the health issues were ranked by Community Benefit staff as "Low" (1 point), "Medium" (2 points), or "High" (3 points) – with "High" indicating most need or most resources and "Low" indicating less need or less resources (see Table 6 on the next page). For Time Commitment and Degree of Controversy, these criteria were scored with "Low" being 3 points and "High" being 1 point. Income inequality and immigration were included in the priorities since both are major underlying causes of poor health outcomes in our community. The Robert Wood Johnson Foundation also recently recommended that non-medical, social determinants of health be included within hospitals' priorities and plans.

Table 6. Community Benefit Significant Health Needs Ranking Approach

Criteria	Diabetes	Obesity	Access to Medical Care	Access to Dental Care	Homeless Services	Older Adult Health	Income Inequality	Immigration reform
Relevancy to mission	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi
Scope of problem	Hi	Hi	Hi	Hi	Med	Med	Med	Hi
Seriousness of problem	Hi	Hi	Hi	Hi	Hi	Med	Hi	Hi
Health Disparities	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi
Effectiveness of interventions	Med	Med	Med	Hi	Med	Med	Med	Med
Economic feasibility	Med	Med	Med	Low	Med	Low	Low	Med
Importance to community	Hi	Hi	Med	Low	Med	Low	Low	Med
Time Commitment*	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi
Degree of controversy*	Low	Med	Med	Low	Hi	Low	Hi	Hi
Existing efforts on problem	Med	Med	Med	Low	Med	Hi	Med	Med
Implications for not proceeding	Hi	Hi	Hi	Med	Med	Med	Hi	Hi
Sustainability likely	Hi	Hi	Hi	Med	Low	Hi	Low	Med
Total Points	**31**	**30**	**29**	**26**	**24**	**26**	**23**	**27**

The St. Jude Medical Center's Board of Trustees Community Benefit Committee selected the following priorities for the FY15-FY17 Community Benefit Strategy and Implementation Plan:

1. **Medical Care for the Underserved**
2. **Obesity**
3. **Behavioral Health**
4. **Infant and Child Health**

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY15 Accomplishments

Improving Medical Access to the Underserved Initiative

Initiative (community needs being addressed): The FY14 CHNA shows a significant number of uninsured in the CBSA. 18.7% of adults in the CBSA do not have insurance, and there are over 47,000 people with CalOptima.

Goal (anticipated impact): Expand access to medical care for the underserved in our CBSA

Outcome Measure	Baseline	FY15 Target	FY17 Target
Number of persons served (encounters) Number of members served in Heritage CalO network	25,204 encounters 0	26,464 encounters 0	28,675 encounters 2500
Strategy(ies)	***Strategy Measure***	***Baseline***	***FY15 Target***
1. Provide grant and in-kind support to the SJNHC	Number of unique encounters served at SJNHC	23,870	24,586
2. Provide subsidy for specialists in ER to serve uninsured encounters	Number of uninsured patient encounters provided subsidized care by specialists in ER	631 encounters	600 encounters*
3. Hospital and Heritage to participate as CalOptima Network	Number of CalOptima patients cared for by integrated delivery systems (IDS) in new Heritage CalOptima network	0 members	0 members

*This number is lower than the FY15 target due to the expected number of uninsured gaining insurance coverage through Covered California.

Key Community Partners: St. Jude Neighborhood Health Center, St. Jude Heritage HealthCare, CalOptima, SJMC Medical Staff, City of Fullerton, Fullerton School District

FY15 Accomplishments:

St. Jude Neighborhood Health Centers served 24,225 encounters which is 1.5% less than the FY 15 target. A major reason for this was the delay in contracting with CalOptima which was out of the control of the clinic. As of March 2015 the clinic did implement a contract with CalOptima Community Network. The subsidy for ER physicians to serve the indigent decreased significantly from 631 to 93. This is largely a reflection of the impact of the Affordable Care Act on reducing the uninsured in our community. The CalOptima Heritage network implementation was postponed for a variety of reasons both because of CalOptima and Heritage needs. Although the CalOptima Heritage network implementation was postponed, Heritage did join the CalOptima Community Network, as did St. Jude Neighborhood Health Centers with a current enrollment of over 1,500.

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY15 Accomplishments

Healthy Weight Obesity Prevention Initiative

Initiative (community needs being addressed): FY14 CHNA showed that 60.9 percent of adults and 30 percent of children are overweight or obese in the CBSA.

Goal (anticipated impact): Increase the number of targeted schools which show an increased percentage of 5th and 7th grade students who are in the Healthy Fitness Zone for body composition; strengthen city, school, and organizational policies that promote healthy lifestyles

Outcome Measure	Baseline	FY15 Target	FY17 Target
Number of schools which show an increased percentage of 5th and 7th graders in the Healthy Fitness Zone for body composition.	2013 Fitnessgram scores for body composition	20 percent of targeted schools have an increase in the per cent of 5th and 7th graders in the Healthy Fitness Zone for body composition.	80 percent of targeted schools have an increase in the per cent of 5th and 7th graders in the healthy fitness zone for body composition.
Strategy(ies)	**Strategy Measure**	**Baseline**	**FY15 Target**
1. Number of schools who have an increased percentage of healthy weight 5th and 7th grade students in the Healthy Fitness Zone.	# of schools with percentage of 5th and 7th grade children attending schools in target neighborhoods whose body composition are in the Healthy Fitness Zone on the Fitnessgram	Current scores will be baseline.	20 percent of targeted schools will show an improvement in the per cent of children who are in the Healthy Fitness Zone for body composition
2. Engage four school districts in implementing policies that promote a healthy lifestyle	Number of active Wellness Councils; number of new policies or administrative rules that strengthen the Wellness Policy	3 Active Wellness Councils; 0 updated Wellness Policies	4 Active Wellness Councils; 2 updated Wellness Policies

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY15 Accomplishments

Healthy Weight Obesity Prevention Initiative (Continued)

Outcome Measure	Baseline	FY15 Target	FY17 Target
3. Partner with four targeted cities to enhance their level of commitment in HEAL or Let's Move	Number of HEAL cities that achieve Active or Fit City recognition and/or number of Let's Move Cities that meet all recommended criteria	0 HEAL cities that achieve Active or Fit recognition or Let's Move-recognized cities	2 HEAL cities that achieve Active or Fit recognition or Let's Move-recognized cities

Key Community Partners: Fullerton Collaborative, Buena Park Collaborative, La Habra Collaborative, Placentia Families First Collaborative, Alliance for a Healthy Orange County, Fullerton School District, Buena Park School District, Placentia-Yorba Linda School District, La Habra School District, UC Cooperative Extension

Progress in FY15:
22.6% of 31 Title 1 schools showed in increased percentage of 5th and 7th grade children in the Healthy Fitness Zone for body composition in FY 15 as compared to FY 14 exceeding the goal. All other FY15 targets have been met. Our four targeted school districts – Fullerton, Placentia-Yorba Linda, Buena Park and La Habra had active District Wellness Committees. The Buena Park and La Habra School Districts approved strengthened District Wellness policies. La Habra received Active HEAL designation and Buena Park received Bronze Medal Let's Move designation in all categories.

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY15 Accomplishments

Behavioral Health Initiative

Initiative (community need being addressed): FY14 CHNA shows that 31.9% of 11th graders reported alcohol use in past month, and 20.5% of 11th graders reported drug use in past month. Additionally, in 2012, SJMC established a full-time social worker to work with the homeless population that access the ED. These individuals served had 369 ED visits with 41 having more than 10 visits during this 10-month period. 31% of the patients seen in the Emergency Department had mental health issues, and 24% had substance abuse issues. The top mental health issues were post-traumatic stress disorder, depression, and anxiety.

Goal (anticipated impact): Improve behavioral health in low-income populations though prevention and access

Outcome Measure	Baseline	FY15 Target	FY17 Target
Number of behavioral health programs offered to the community	1 programs	3 programs	4 programs
Strategy(ies)	**Strategy Measure**	**Baseline**	**FY15 Target**
1. Integrate behavioral health services at St. Jude Heritage and SJNHC	Number of behavioral health tools used for screening at SJNHC and SJHH	0	1 tool
2. Collaborate with targeted school districts to enhance management of children with behavioral problems	Number of Title 1 schools participating in PBIS program in North Orange County	21	24
3. Address the needs of homeless patients with mental health and substance abuse problems	Continuation of community care navigation	203 homeless patients served with mental health or substance abuse issues	Per cent of homeless patient with mental health and substance abuse issues that were able to be connected to services

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY15 Accomplishments

Behavioral Health Initiative (Continued)

Key Community Partners: Fullerton Collaborative, St. Jude Neighborhood Health Center, Orange County Behavioral Health, School Districts, St. Jude Heritage HealthCare

Progress in FY15
Both the St. Jude Neighborhood Health Center and St. Jude Heritage introduced behavioral health screening tools in the primary care setting. St. Jude Neighborhood Health Center introduced the Staying Health Assessment and the Staying Healthy Assessment 50+ which address mental health issues. St. Jude Heritage utilizes the PHQ-9 for seniors and an ADHD assessment. The PBIS program had 24 Title 1 schools participating in FY15 meeting the goal that was established.

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY15 Accomplishments

Infant and Child Health Initiative

Initiative (community need being addressed): The percentage of children aged two and under in the SJMC CBSA immunized with dTAP and MMR vaccines are currently far below Healthy People 2020 goals. Only 48 percent of children received dTAP vaccines at Heritage North; 36 percent of children received dTAP vaccines at the clinic; and 67 percent of children received dTAP vaccines at Heritage Central. At Heritage North, 86 percent of children aged two and under were MMR-immunized versus only 73 percent at the SJNHC.

Goal (anticipated impact): Enhance infant and child health through improved immunization rates.

Outcome Measure	Baseline	FY15 Target	FY17 Target
Percent of children ages 2 and under receiving dTAP and MMR immunizations	DTAP immunization rate: - Heritage North: 48% - SJNHC: 36% MMR immunization rate: - Heritage North: 86% - SJNHC: 73%	DTAP immunization rate: -Heritage North: 55% -SJNHC: 45% MMR rate: -Heritage North: 90% - SJNHC: 80%	DTAP immunization rate: - Heritage North: 80% - SJNHC: 80% MMR immunization rate: - Heritage North: 90% - SJNHC: 90%

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY15 Accomplishments

Infant and Child Health Initiative (Continued)

Outcome Measure	Baseline	FY15 Target	FY17 Target
Strategy(ies)	**Strategy Measure**	**Baseline**	**FY15 Target**
1. Strengthen the reminder/recall system for immunizations.	System in place to effectively remind and recall patients for immunizations.	None	System developed and implemented.
2. Track reasons why parents are refusing immunizations and develop plan to address these reasons.	Tracking system in place and data available.	None	Tracking system developed and implemented.
3. Evaluate the effectiveness and the delivery of educational materials and improve where needed.	Evaluation of educational materials and delivery available.	No evaluation available.	Evaluation available.

Key Community Partners: Fullerton Collaborative, St. Jude Neighborhood Health Center

Progress in FY15
The immunization rate for Diphtheria, Tetanus and Pertussis (DTaP) at St. Jude Neighborhood Health Centers increased from 36% to 70% and for St. Jude Heritage Medical Group increased from 48% to 79%, both exceeding target. The immunization rate for MMR at St. Jude Neighborhood Health Centers increased from 73% to 88% and at St. Jude Heritage Medical Group from 86% to 93% both exceeding FY15 targets. The reminder systems, tracking parent refusals and the educational materials were all evaluated. At Heritage posters were introduced in the exam rooms that highlighted the consequences of not being immunized. Heritage will be implementing a policy discharging patients whose parents refuse immunizations. The Medical Center advocated for a new law which was signed by the Governor eliminating religious and personal exemptions to immunizations for school entry.

Other Community Benefit

Initiative (community need being addressed)	Program	Description	FY15 Accomplishments
Emergency Food and Shelter, Community Building and Disaster Relief	St. Joseph Health Community Partnership Fund	2.5% of hospital net income contributed to provide emergency food and shelter grants, community building grants and disaster relief grants.	Community Building Initiative grant in Buena Park improved park access in low income neighborhoods. Four emergency food and shelter grants were provided to organizations in North Orange County.
Transportation and support services to low income seniors	Senior Services	Provide non-emergency medical transportation, volunteer home assistance, chronic disease, depression and bereavement support	7,671 non-emergency transportation trips provided. 82 current Caring Neighbor program recipients. 211 Healing Hearts bereavement support group encounters. 19 Healthy Living class attendees.

Other Community Benefit (Continued)

Initiative (community need being addressed):	Program	Description	FY15 Accomplishments
Technical assistance and support to local and county collaboratives	Healthy Communities	Provides technical assistance and support to four city collaboratives and several county-wide groups focused on reducing health disparities.	Assisted the La Habra Collaborative in achieving 501(c)3 (non-profit) status. Supported merger of 2 collaboratives in Placentia and 2 collaboratives in Buena Park to strengthen each Collaborative. Provided leadership to Alliance for a Healthy Orange County which is the community collaborative for a CDC prevention grant.
Indigent patients being discharged from the hospital lacking funds for medication, equipment and support.	Indigent Patient Discharge Needs	Provide medication, durable medical equipment, transportation and other services on discharge.	38 encounters provided by program.
Community Support for Persons with Disabilities	Rehabilitation Community Exercise and Rehab Community Follow-Up Programs	Provides low cost and no cost exercise programs, communication recovery group and nurse follow-up to persons with a disability.	5,299 encounters in exercise and communication recovery program; 468 encounters in rehab community follow-up program.

Other Community Benefit (Continued)

Initiative (community need being addressed):	Program	Description	FY15 Accomplishments
At-risk teen mothers and babies	Teenage Pregnancy and Pregnant Program (TAPP)	Funded part of an RN to provide a mildly ill child care center at a continuation high school and a care coordinator to assist in community linkages.	1,368 encounters provided.
Support to family caregivers	Family Caregiver Support Program/Caregiver Resource Center	In-kind support to government funded program providing supportive services to family caregivers.	46,284 encounters provided in FY15.
Adults with traumatic brain injury	St. Jude Brain Injury Network	Financial support for community re-integration services to adults with a traumatic brain injury.	2,453 encounters provided in FY15.

FY15 COMMUNITY BENEFIT INVESTMENT
ST. JOSEPH HEALTH ST. JUDE MEDICAL CENTER
(ending June 30, 2015)

)CA Senate Bill (SB) 697 Categories	Community Benefit Program & Service	Net Benefit
Medical Care Services for Vulnerable[4] Populations	St. Jude Medical Center Financial Assistance Program (FAP) (Charity Care-at cost)	$4,980,268
	Unpaid cost of MediCal[5]	$46,632,168
Other benefits for Vulnerable Populations	Community Benefit Operations	$326,861
	Community Health Improvements Services	$878,186
	Subsidized Health Services	$282,282
	Cash and in-kind contributions for community benefit	$3,213,601
	Total for Community Benefit for the Vulnerable	**$ 56,313,366**
Other benefits for the Broader Community	Community Benefit Operations	$52,572
	Community Health Improvements Services	$111,343
	Subsidized Health Services	$0
	Cash and in-kind contributions for community benefit	$10,372
Health research, education, & training	Health Professions Education, Training & Health Research	$125,750
	Total for Community Benefit for the Broader Community	**$300,037**
	TOTAL COMMUNITY BENEFIT	**$56,613,403**
Medical Care Services for the Broader Community	Unpaid cost to Medicare[6] **(Not included in CB total)**	$26,366,725

[4]CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for MediCal, Medicare, California Children's Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.
[5]Accounts for Hospital Fee.
[6]Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H we use the Medicare Cost report.

Telling Our Community Benefit Story:
Non-Financial Summary of Accomplishments

In addition to the financial investments made by the Medical Center there are non-quantifiable benefits that are provided by the organization. Going out into the community and being of service to those in need is part of the tradition of our founders and is carried out today by our staff.

The Medical Center sponsored the Spirit of Giving, a program that encourages staff to help the community. This program has collected eyeglasses for the needy, cell phones for soldiers, prepared backpacks for former foster kids who are now in college and collected coats for the cold. In addition, our staff has donated funds to support a monthly food distribution in West Fullerton and provide volunteers to help distribute the food.

Over one hundred physicians, nurses and support staff volunteer each year to support Supersurgery Saturday, where free surgeries and special procedures are provided to the uninsured. Over fifty of our medical staff volunteers to provide specialty consultations to uninsured patients of the St. Jude Neighborhood Health Center. Our staff also supports special events such as the Race for the Cure and the Heart Walk. When there is a need in the community our staff responds with their time, expertise and funds. They truly demonstrate the value of service to the community.

Governance Approval

This FY15 Community Benefit Report was approved at the October 16, 2015 meeting of the St. Joseph Health St. Jude Medical Center Community Benefit Committee of the Board of Trustees.

Chair's Signature confirming approval of the FY15 Community Benefit Annual Report

10-15-15
Date