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EXECUTIVE SUMMARY

The community benefits service area of St. Joseph Health, St. Jude Medical Center and its integrated medical practice foundation St. Jude Heritage Healthcare includes the following cities of North Orange County: Fullerton, Brea, Placentia, Buena Park, La Habra and Yorba Linda. This service area with a population of 443,813 represents communities of wealth, working class communities and middle class areas.

While the average household income in the service area is almost $71,521, there are several neighborhoods where the household income is half of the average. The service area is one of great ethnic diversity. Hispanics make up over one-third of the population and Asian-Pacific Islanders are 16% of the population. In many neighborhoods the majority of the community is Hispanic and Spanish is the primary language spoken at home. The neighborhoods where the Medical Center’s community benefit programs focus are those that are lower in income and more ethnically diverse (DUHN – Disproportionate Unmet Health Needs neighborhoods). The major needs that have been identified in the DUHN neighborhoods for FY 12- FY 14 include: populations who lack access to medical and dental care; populations who include children who are overweight or obese; and populations with pre-diabetes.

St. Joseph Health, St. Jude Medical Center anticipates the 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 the St. Joseph Health, St. Jude Medical Center in the CB Plan/Implementation Strategy.
MISSION, VISION AND VALUES

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

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

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

INTRODUCTION - WHO WE ARE AND WHY WE EXIST

St. Joseph Health, St. Jude Medical Center (referred to in this document as the Medical Center) is a 372 bed hospital sponsored by St. Joseph Health Ministry with centers of excellence in Cardiac, Oncology, Orthopedics, Rehabilitation and Women and Children’s Services. The Medical Center’s 2,865 employees and 740 medical staff are committed to striving for sacred encounters, perfect care and healthiest communities. St. Jude Heritage Healthcare is a not-for-profit medical practice foundation with 866 employees and 150 physicians in partnership with the Medical Center serving over 250,000 residents in North Orange County and neighboring areas. St. Jude Medical Center has been meeting the needs of North Orange County since 1957. St. Jude Heritage Healthcare has been a partner since 1995. Together 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.

ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

The St. Joseph Health, SJMC Community Benefit Committee of the Board of Trustees composed of a majority of community members, with Board members and executive management provides oversight for the development and implementation of the Medical Center’s Community Benefit Plan1. Community members include representatives from local School Boards, city government, faith based organizations and others knowledgeable about the needs of the underserved in our service area. The Committee actively participated in the review of the 2011 Community Health Needs Assessment (CHNA), in prioritizing needs and in review and approval of this Community Benefit Plan. Each Committee member was asked to identify their top three priority initiatives out of six that were identified based on the CHNA and community input in order to identify those initiatives that would be focused on in the next three years. This plan is aligned with the St. Joseph Health, St. Jude Medical Center’s and Heritage Foundation’s joint strategic plan and with our system wide Mission Outcome of Healthiest Communities. The Committee also approves the community benefit annual budget, the Care for the Poor program budget and community benefit program target setting, program monitoring, continuation or

1 The SJMC Community Benefit Plan is equivalent to the implementation strategy required by The Patient Protection and Affordable Care Act New Section 501(r).
discontinuation. Recently the Committee went through a process to determine whether existing programs should be discontinued as a result of new identified community needs. They reviewed input from key stakeholders in the community as well as outcome data and other services available prior to making the decision.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health, St. Jude Medical Center, as a ministry of St. Joseph Health, has a Patient Financial Assistance Program that provides free or discounted services to eligible patients. This program provides fully discounted services for those families whose income is at or below 200% of the Federal Poverty Level and discounted services for those families between 201% - 500% of the Federal Poverty Level. In addition, other factors used in determining eligibility for patient financial assistance include, income level, asset level, and medical indigence. There are certain very vulnerable populations that are automatically deemed eligible for charity care, including St. Jude Community Clinics and St. Jude Heritage Access Program patients. Hospital and Heritage staff members are educated about this policy during new employee hire and continuing staff training. Extensive efforts are made to educate patients about the Financial Assistance Program including signs posted in prominent locations, brochures provided to patients who do not have insurance and on our hospital web site.

COMMUNITY
DEFINITION OF THE COMMUNITY BENEFIT SERVICE AREA (CBSA)

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. The socio-demographic characteristics of these communities include:

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

SOURCE: U.S. Census Bureau, 2010
The data above shows that there are wide disparities in economic indicators within the SJMC Community Benefit Service Area. 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. The map below outlines these neighborhoods which are red (highest need) and pink (high need) based on the Inter-City Hardship Index.
The table below identifies the disparity between the highest need areas and the least need areas within the St. Joseph Health, SJMC CBSA. The highest need areas have families with one-third of the income of the least need areas, ten times the percentage of families below Federal Poverty Level and more than 20 times the percentage of adults without a High School Diploma.

Table 2. High to Lowest Need by Key Indicators in the St. Joseph Health, SJMC CBSA
SOURCE: St. Joseph Health System Community Health Department

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Highest Need</th>
<th>Lowest Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Families Below Poverty</td>
<td>45.76%</td>
<td>4.57%</td>
</tr>
<tr>
<td>% Households with 7 or more people</td>
<td>30.77%</td>
<td>3.53%</td>
</tr>
<tr>
<td>Per Capital Income</td>
<td>$11,458</td>
<td>$31,917</td>
</tr>
<tr>
<td>% Adults over 25 without High School Diploma</td>
<td>55.63%</td>
<td>2.19%</td>
</tr>
</tbody>
</table>
COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs and Assets Assessment Process and Results

In collaboration with community partners, St. Jude Medical Center participated in the Orange County Health Needs Assessment (OCHNA). OCHNA is a community-based, not-for-profit collaborative that was created and designed to meet the requirements of SB697 for all not-for-profit hospitals in Orange County; the collaborative is jointly funded by the Health Care Agency of Orange County, the Children and Families Commission, CalOptima, and the nine Orange County not-for-profit HASC member hospitals. The following data is tailored to the St. Jude Medical Center Service Area.

Due to the economic downturn, county hospitals and governmental partners were unable to provide sufficient funding to conduct the random digit dial telephone survey of 5,000 households for the Orange County 2010 health needs assessment. An alternative needs assessment plan was developed that incorporated a mixed methods approach to data collection that included a trend analysis of four previous OCHNA health needs surveys (1998, 2001, 2004, and 2007), as well as additional primary data from the Census Bureau’s American Community Survey and the California Health Information Survey. Population estimates for OCHNA 1998 and 2001 were updated with the latest estimates from the State of California Department of Finance; therefore, the estimates provided for the county will differ from county estimates provided in previous reports released by OCHNA. In addition, OCHNA incorporated objective/secondary data sources, demographics/census data, and a key informant survey that OCHNA administered online, to be used as the source of qualitative data.

Objective secondary data came from numerous sources (all cited within the report), including Dept. of Finance, 2009 Census estimates by Nielsen Claritas, Orange County Health Care Agency, and Healthy People 2010 (used as benchmarks). Qualitative data was 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.

In addition morbidity and mortality data has been provided by the Orange County Health Care Agency and focus groups with Low-income residents and community collaboratives in North Orange County.

The key findings of the Orange County Health Needs Assessment Report demonstrate health care disparities based on income and ethnicity. The findings are:

- The gains made in providing health insurance to children and adults over the last decade have been lost due to the economic recession. Overall, the uninsured in our service area has more than doubled in Orange County over the past three years.
- Two insurance programs for Low-income children (CaliforniaKids and Healthy Kids) have been essentially eliminated.
- DentiCal and MSI have curtailed preventive dental services for adults adding to the over quarter million people in our service area without dental insurance.
- Emergency department volume at St. Joseph Health, St. Jude Medical Center has increased 20% over the past three years, with many visits able to be handled in an office setting.
- The rate of overweight/obesity has not decreased for adults and young children, resulting in an epidemic in our community.
The Orange County Health Care Agency provides the most recent morbidity and mortality available from the State of California. The available data is primarily from 2006-2008. Zip codes exhibiting among the highest rates of morbidity and mortality in Orange County include:

- Fullerton (92835): Heart disease, Lung Cancer, Colon Cancer, Breast Cancer, Alzheimer’s, Stroke
- Fullerton (92833): Diabetes
- Fullerton (92831): Alzheimer’s, Breast Cancer
- Placentia (92870): Heart Disease, Breast Cancer, Lung Cancer,
- La Habra (90631): Heart Disease, Diabetes, Breast Cancer
- Buena Park (90620): Breast Cancer
- Yorba Linda: (92886): Heart Disease, Stroke, Diabetes, Colon Cancer
- Brea (92821): Lung Cancer, Colon Cancer, Stroke

Zip code 92835 is the area where St. Joseph Health, St. Jude Medical Center is located. The high mortality rates may be a result of the high number of frail elderly in local skilled nursing facilities. This zip code has a population 65 and over that is twice the county rate.

**Identification and Selection of DUHN Communities**

The following DUHN communities have been identified in our community health needs and asset assessment:

- Low-income geographic neighborhoods — South Fullerton, Central La Habra, West Placentia and East Buena Park.
- Low-income Latino population
- Adults lacking health insurance
- Adults and children lacking dental insurance
- Overweight and obese children
- Persons utilizing the Medical Center Emergency Department inappropriately
- Homeless
- Chronically mentally ill and substance abusers

The St. Joseph Health, St. Jude Medical Center’s Community Benefit Committee has prioritized the above list and selected the groups listed in the table below to target in the Community Benefit Plan. These groups also impact the populations in the Low-income neighborhoods, the Low-income Latinos and to a lesser extent the other DUHN groups. The other DUHN groups in the list above were not selected as priority groups because there are other organizations with more expertise working with these groups, limited funding available and less ability to leverage more resources for these groups. However, the Medical Center is partnering with other organizations to address the needs of many of these populations.
### DUHN Group

<table>
<thead>
<tr>
<th>Adults lacking medical insurance in zip codes 92832 and 92833.</th>
<th>Key Community Needs</th>
<th>Key Community Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access to primary health care</td>
<td>St. Jude Neighborhood Health Center</td>
</tr>
<tr>
<td></td>
<td>Access to specialty care</td>
<td>St. Jude Heritage Access Program</td>
</tr>
<tr>
<td></td>
<td>Access to specialty care</td>
<td>Local community clinics</td>
</tr>
<tr>
<td></td>
<td>Access to specialty care</td>
<td>Access OC</td>
</tr>
<tr>
<td></td>
<td>Access to specialty care</td>
<td>HealthPresence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children and adults lacking dental insurance in North Orange County</th>
<th>Key Community Needs</th>
<th>Key Community Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access to dental care</td>
<td>St. Jude Neighborhood Health Center</td>
</tr>
<tr>
<td></td>
<td>Access to dental care</td>
<td>St. Jude Dental Clinic</td>
</tr>
<tr>
<td></td>
<td>Access to dental care</td>
<td>Gary Center, Friends of Family Health Center;</td>
</tr>
<tr>
<td></td>
<td>Increased physical activity in schools.</td>
<td>Vida Sana (Healthy Lifestyles) Program</td>
</tr>
<tr>
<td></td>
<td>Safe places to play.</td>
<td>Fullerton, Placentia, Buena Park, La Habra</td>
</tr>
<tr>
<td></td>
<td>Healthy school meals.</td>
<td>Obesity Prevention Plans</td>
</tr>
<tr>
<td></td>
<td>Accessible healthy foods.</td>
<td>South Fullerton Healthy Neighborhood Initiative</td>
</tr>
<tr>
<td></td>
<td>Obesity treatment programs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overweight and obese children served by the St. Jude Neighborhood Health Center.</th>
<th>Key Community Needs</th>
<th>Key Community Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accessible and affordable after-hours care.</td>
<td>St. Jude Health Resource Line</td>
</tr>
<tr>
<td></td>
<td>Chronic Disease management.</td>
<td>Community clinics</td>
</tr>
</tbody>
</table>

### Priority Community Health Needs

Figure 1, 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.2

**Figure 1.**

<table>
<thead>
<tr>
<th>Health Needs Identified through CHNA</th>
<th>Plan to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care access and coverage</td>
<td>Yes</td>
</tr>
<tr>
<td>Health care utilization</td>
<td>Yes</td>
</tr>
<tr>
<td>Health status</td>
<td>Yes</td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental health</td>
<td>Yes</td>
</tr>
<tr>
<td>Maternal and infant health</td>
<td>Yes</td>
</tr>
<tr>
<td>Nutrition, obesity, and exercise</td>
<td>Yes</td>
</tr>
<tr>
<td>Older adult health</td>
<td>Yes</td>
</tr>
<tr>
<td>Homelessness</td>
<td>No</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>No</td>
</tr>
<tr>
<td>Chronic Mental Illness</td>
<td>No</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>No</td>
</tr>
</tbody>
</table>

The following health needs will not be addressed directly through a St. Joseph Health, St. Jude Medical Center initiative or program because they are already addressed by local non-profit organizations that have the resources and expertise: Homelessness, Substance Abuse, Chronic Mental Illness and Teen Pregnancy.

St. Joseph Health, St. Jude Medical Center will collaborate with local organizations that address aforementioned community needs, to coordinate care and referral and address these unmet needs.

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2 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. The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefit. The Implementation Strategy does not address the following community health needs identified in the 2012 CHNA:

**Homelessness Services**: The Hospital does not directly address homelessness; however we partner with several organizations that serve the homeless, including Pathways of Hope, Collete’s Home, WTLC and the Illumination Foundation. We have served as an endorser for these organizations on grant proposals to the St. Joseph Health Foundation and the Sisters of St. Joseph Foundation.

**Substance Abuse**: The Hospital does not have a substance abuse program; however, we collaborate with the Gary Center that provides those services.

**Chronic Mental Illness**: The Hospital does not have a mental health program however we partner with the Illumination Foundation who serves this population.

**Teen Pregnancy**: The Hospital does not have a program targeting teen pregnancy however we partner with the Fullerton Joint Union High School District on the Teen Age Positive Parenting program where we have provided financial support for a mildly ill child care center for teen mothers and their babies.

St. Joseph Health, St. Jude Medical Center will endorse local non-profit organization partners to apply for funding through our St. Joseph Health System Foundation. Organizations that receive funding provide specific services, resources and meet the needs of the underserved communities that St. Jude Medical Center is unable to serve due to limited resources or lack of expertise in those areas of health.

COMMUNITY BENEFIT PLANNING PROCESS

**Summary of Community Benefit Planning Process**

The Medical Center’s Community Benefit Committee composed of community stakeholders and hospital staff prioritized the initiatives in the context of the results of the needs assessment and focus groups. Committee members were requested to identify their individual top three priorities according to specific criteria that had been identified using a Priority Setting Matrix developed by St. Joseph Health. These criteria include: importance of the program to community members as identified by focus groups:

- scope of the problem based on the needs assessment;
- seriousness of the problem based on available evidenced-based data;
- available resources identified internally and externally; alignment with St. Joseph Health Mission Outcomes and St. Joseph Health, St. Jude Medical Center strategic priorities; and
- alignment with managing charity care expenses.

The individual priorities were aggregated and the top group priorities were identified using a consensus group process. Resident involvement was primarily in the form of gaining input through focus groups. This input was provided to the Committee members who were requested to weigh it heavily to inform their prioritization process. There were four identified needs that were not selected as priority areas – mental health services for the chronically mentally ill, substance abuse services, community-
based services for the homeless and teen pregnancy. The reasons these priorities were not selected included: availability of other community resources; and lack of current expertise to meaningfully address this need.

This Community Benefit Plan/Implementation Strategy was developed by bringing together the results of the Community Health Needs Assessment and the prioritization process. Priority initiatives were developed using the SJH Priority Initiative Design Template which defines each initiative in terms of effectiveness, efficiency, evaluation and expertise/resources. The initiative design will be the foundation of our three year plan for implementing programs that address the highest priority needs of our community.

**Addressing the Needs of the Community:**
**FY12 – FY14 Key Community Benefit Initiatives**

- **Increasing access to primary and specialty care for the uninsured in North Orange County.** The primary programs that impact this initiative include the St. Jude Community Clinics, St. Jude Heritage Access program and the involvement of the Medical Center in the Access OC program. The Access OC program provides free same-day surgeries to community clinic patients through a network of volunteer physicians and staff. A key focus in expanding access to care will be the expansion of non-traditional hours for the clinic.

- **Increasing access to dental services for uninsured adults in North Orange County.** The primary programs that impact this initiative include the St. Jude Neighborhood Health Center Dental Clinic and the St. Jude Children’s Dental Clinic. A key focus in expanding access to care will be the expansion of non-traditional hours for the clinic.

- **Reducing the rate of childhood obesity in South Fullerton.** The primary programs that impact this initiative include the South Fullerton Healthy Weight Initiative and the Healthy for Life Program. Community stakeholders are involved through our community collaboratives related to childhood obesity. This initiative addresses primary prevention along the continuum of care as it involves the ambulatory and community settings and is focused on both prevention and treatment.

- **Reducing the conversion of persons with pre-diabetes to diabetes at the St. Jude Neighborhood Health Center.** Diabetes is the major chronic illness seen at the St. Jude Neighborhood Health Center with over 700 persons already diagnosed. Providers at the clinic are concerned at the conversion rate of persons with pre-diabetes to diabetes. This initiative addresses primary prevention and incorporates a standardized protocol and intervention for persons with pre-diabetes.
Addressing the Needs of the Community:
FY 12 – FY 14 Key Community Benefit Initiatives

Increasing Access to Medical Care for the Uninsured and Underinsured

**Description:** The St. Jude Medical Center Community Health Needs Assessment showed that over 33% of very low income people in Fullerton lacked health insurance. This initiative is designed to increase the percentage of uninsured persons in South Fullerton who have access to a medical home.

**Goal:** Increase the number of uninsured and underinsured individuals who live in zip codes 92832 and 92833 who have a usual source of care in the St. Jude Integrated Delivery System.

**Community Partners:** St. Jude Heritage Healthcare, St. Jude Heritage Medical Group, Access OC, CalOptima, Medical Services for the Indigent (MSI), Coalition of Orange County Community Health Centers, City of Fullerton, Fullerton School District.

**Outcome Measure:** Percentage increase in the number of uninsured and underinsured in zip code 92832 and 92833 that have a usual source of care at the St. Jude Neighborhood Health Center.

**Scope:** Low-income uninsured and underinsured persons who live in zip codes 92832 and 92833.

**Strategies:**
1. Clinic has contracts in place and is open for new patients who are MSI, CalOptima or Uninsured.
2. Increase access to St. Jude Neighborhood Health Center during non-traditional hours.
3. Implement orientation and script for new patients at the St. Jude Neighborhood Health Center.

**Strategy Measures:**
1. Enrollment numbers in MSI and CalOptima programs and uninsured who use SJNHC as usual source of care.
2. Number of hours per week clinic is open outside of Monday-Friday 8 a.m. – 5 p.m.
3. Orientation plan and script developed and implemented.
Addressing the Needs of the Community:
FY 12 – FY 14 Key Community Benefit Initiatives

Increasing Access to Dental Care for Uninsured and Underinsured Adults in North Orange County

**Description:** The St. Jude Medical Center Community Health Needs Assessment showed that 42.9% of low income adults lacked dental insurance in North Orange County. This initiative is designed to provide increased access to dental services for uninsured and underinsured adults in North Orange County.

**Goal:** Increase the number of uninsured and underinsured adults who live in North Orange County who have access to dental care.

**Community Partners:** Healthy Smiles, Boys and Girls Club of Buena Park, City of Fullerton, Fullerton School District

**Outcome Measure:** Percentage increase in the number of persons living in North Orange County who receive dental services at the St. Jude Dental Clinics.

**Scope:** Low-income uninsured and underinsured adults who live in North Orange County and are served by St. Jude Dental Clinics.

**Strategies:**
1. Increase available appointment slots for adults at St. Jude Dental Clinics.
2. Increase access to urgent care dental appointments for adults at St. Jude Dental Clinic.
3. Understand and implement dental outcome reporting capabilities of Windent.

**Strategy Measures:**
1. Productivity rate of dental clinic.
2. Number of urgent care dental appointments provided to adults at St. Jude Neighborhood Dental Clinic.
3. Reports generated on dental outcomes on a quarterly basis.
Addressing the Needs of the Community:
FY 12 – FY 14 Key Community Benefit Initiatives

Increasing Percentage of Healthy Weight Children in South Fullerton

**Description:** The St. Jude Medical Center Community Health Needs Assessment showed that 17.7% of Hispanic children ages 2 -4 and 22.2% of Hispanic children ages 5-19 in Orange County are obese. This initiative is designed to address the needs of these children in a targeted neighborhood of Fullerton.

**Goal:** Increase the percentage of 5th and 7th grade children attending Richman, Woodcrest, Nicolas, Valencia Park and Commonwealth Schools whose body composition are in the Healthy Fitness Zone on the Fitnessgram.

**Community Partners:** Fullerton School District, Fullerton Collaborative, Boys and Girls Club Fullerton

**Outcome Measure:** Increase percent of students in 5th and 7th grade at targeted schools whose body composition and aerobic capacity scores (i.e. BMI, skin fold measure, aerobic capacity) is in the Healthy Fitness Zone in the Fitnessgram test.

**Scope:** Low-income 5th and 7th grade children and their families who attend Richman, Woodcrest, Nicolas, Valencia Park and Commonwealth schools.

**Strategies:**
1. Provide access to more fruits and vegetables to students at target schools.
2. Increase minutes of moderate to vigorous physical activity at target schools.
3. Enhance school policies regarding the after school sales and sugar-sweetened beverage use.

**Strategy Measures:**
1. Percent of students consuming extra fruits and vegetables.
2. Average number of after school program students receiving 30 minutes or more per day of moderate physical activity.
3. Number of policy changes implemented at target schools.
Addressing the Needs of the Community:
FY 12 – FY 14 Key Community Benefit Initiatives

Pre-diabetes Initiative

**Description:** There is an increasing prevalence of diabetes as evidenced by the more than 700 persons with diabetes cared for at the St. Jude Neighborhood Health Center. This initiative is designed to identify patients who are pre-diabetes and provide a health education intervention to prevent them from converting to diabetes.

**Goal:** Prevent St. Jude Neighborhood Health Center pre-diabetes patients from becoming a person with diabetes.

**Community Partners:** City of Fullerton

**Outcome Measure:** Percentage of low-income adults with pre-diabetes who do not convert to diabetes.

**Scope:** Low-income adults served by the St. Jude Neighborhood Health Center who are pre-diabetic or at-risk for diabetes.

**Strategies:**
1. Implement a standardized team-based pre-diabetes protocol.
2. Implement pre-diabetes intervention classes.

**Strategy Measures:**
1. Percent of patients where standardized protocol was fully implemented.
2. Percent of patients with pre-diabetes referred to class who complete the series.
Addressing the Needs of the Community: FY 12 – FY 14 Other Community Benefit Programs

**Cancer Center Community Program (Broader Community)**

**Key Community Partners:** American Cancer Society, Susan Komen Foundation

**Program Description:** Program that offers cancer support services provided by a social worker, clinical nurse specialist, genetic counselor, nurse navigator, and research nurse in addition to support groups, education and resource library.

**Scope:** Cancer patients and family members.

**Senior Services (Broader Community)**

**Key Community Partners:** North Orange County Senior Services Collaborative, Faith Based Organizations (multiple)

**Program Description:** Offers home bound frail elderly a health risk assessment and opportunity for volunteer assistance for friendly visiting, help with chores or shopping. Works with churches to develop volunteer network. Provides senior non-emergency medical transportation and falls risk assessment.

**Scope:** Frail elderly.

**Community Wellness (Broader Community)**

**Key Community Partners:** Senior Centers, Community Centers, Community Groups

**Program Description:** Coordinates health screenings

**Scope:** Community members of varying ages.

**Meals on Wheels (Broader Community)**

**Key Partners:** Fullerton Meals on Wheels program

**Program Description:** Provide nutritious hot meals to the Meals on Wheels program.

**Scope:** Men and women who are elderly, homebound, disabled, frail, or at risk.

**Donation of Medical Supplies and Equipment (Low-income)**

**Key Partners:** Hospital Civil Guadalajara

**Program Description:** Donation of medical supplies and equipment to approved hospitals and/or groups in poor countries outside of the United States, such as Hospital Civil in Guadalajara, Mexico.

**Scope:** Approved needy hospitals/groups.
Addressing the Needs of the Community:
FY 12 – FY 14 Other Community Benefit Programs

Program Name: Healthy Steps – TAPP (Low-income)

Key Partners: Fullerton Joint Union High School District; Orange County Children and Families Commission

Program Description: Provides mildly ill child care center and support to pregnant teens and teen moms who attend the La Sierra High School.

Scope: Teenage mothers and their babies/children.

Mother Baby Assessment Center (Broader Community)

Key Partners: Children and Families Commission

Program Description: Provides assessment of mothers and babies within three-four days after discharge. Includes clinical assessment, psychosocial support and assistance with breastfeeding.

Scope: New mothers, newborns and extended family members.

St. Jude Brain Injury Network (Broader Community)

Key Partners: Department of Rehabilitation; Coastline Community College, Vocational Placement Sites.

Program Description: Case management and vocational assessment services for adults who sustained a traumatic brain injury.

Scope: Orange County adults who sustained a traumatic brain injury.

Caregiver Resource Center (Broader Community)

Key Partners: California Department of Mental Health, Orange County Office on Aging, ADHC’s and Senior Service providers

Program Description: Provides information and referral, support groups, respite, counseling, home assessment and education to caregivers who are taking care of a family member.

Scope: Orange County Caregivers

Nurse Advice Line (Broader Community)

Key Partners: Community Clinics

Program Description: Provides nurse triage calls for people who call with health needs and are unsure if they should go to the Emergency Department.

Scope: North Orange County community
Rehab Community Programs (Broader Community)

Key Partners: Goodwill Industries

Program Description: Nurse follow-up program that educates and links services for patients along the continuum and exercise and community programs for persons with disabilities.

Scope: Persons with major disabilities.

Women’s Health Education (Broader Community)

Key Partners: Bridges Programs

Activity/Program Description: Education and screenings designed specifically for women.

Scope: Women.
St. Joseph Health (SJH) is an integrated healthcare delivery system providing a broad range of medical services. The system is organized into three regions--Northern California, Southern California, and West Texas/Eastern New Mexico - and consists of 14 acute care hospitals, as well as home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician organizations. The ministries that comprise SJH offer a wide variety of services within each of the three regions. From well-established acute care hospitals to clinics in non-traditional settings like school rooms, SJH is establishing a "continuum of care," that is, a system that links and coordinates an entire spectrum of health services.