



Mission Hospital

FY 09 – FY 11 Community Benefit Plan

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Executive Summary

Mission Hospital has a long history of community service to the residents of south Orange County. As a member of the Saint Joseph Health System, Mission Hospital is committed to improving the health status and quality of life of the people it serves. The values of Dignity, Excellence, Service, and Justice are the guiding principles which help to direct the mission of the hospital, and have compelled the Sisters of St. Joseph of Orange and all of their sponsored ministries to dedicate resources to the care of the medically underserved, and to advocate for the alleviation of conditions which limit access to basic health services.

Mission Hospital is a 341 bed acute care, full service facility serving all of southern Orange County. The hospital's service area extends from the junction of the 405 and 5 freeways in the north to Camp Pendleton in the south. Geographically, South County is bordered by the Pacific Ocean to the west, the Santa Ana Mountains to the north and east, and the marine base Camp Pendleton to the south. Our Primary Service Area includes the cities of Mission Viejo, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point Ladera Ranch Trabuco Canyon, Capistrano Beach and Aliso Viejo. This includes a population of approximately 623,000 people, an increase of 4% from the prior assessment. South Orange County is a relatively affluent community with a median household income of \$92,124 compared to the Orange County median household income of \$58,605 (US Census Quick Facts). The average household size is 2.70 compared to the Orange County wide household size of 3.00.

Demographically, the area is primarily Caucasian (78%, an increase of 8% from prior assessment), with the Hispanic population growing to 19.2%, an increase of 1.8% overall. The Asian representation is at 8.5%, an increase of 1.5% from the past assessment.

As the largest medical center in the area, Mission Hospital's full-service facilities provide quality medical care to all residents of south Orange County. The hospital's centers of excellence include Brain Injury, Breast, Heart, Maternity, Nursing Excellence, Trauma, Spine, Stroke, Vascular, and Integrated Pediatric with CHOC at Mission. The Mission Hospital Family includes over 2,100 employees, 650 physician staff and over 3,000 Auxiliary Volunteers that help to provide high quality compassionate care and services for our community.

Based on results from the FY08 Health Needs Assessment, Mission Hospital, along with our community partners, selected five key areas of focus for the FY09 – FY 11 Community Benefit Plan. Our initiatives will focus on Primary Care, Depression, Childhood Obesity, post Secondary Education and Affordable Homes. Significant efforts and resources will be allocated with the expectation of clear and measurable outcomes. Each initiative was based on evidenced based practices in the field of community health and the Advancing the State of the Art in Community Benefit (ASACB) criteria.

Below is a brief description of the outcome goals and strategies that will be used to help address the key community issue.

Primary Care

The Primary Care Initiative outcome goal will be to increase access to primary care at Camino Health Center. The strategies to increase access will focus on enhancing revenue streams for the clinic, enhancing and implementing information technology systems, strengthening provider teams to provide high quality and efficient care, and on improving efficiencies of workflow by using performance improvement methodologies.

Depression

The Depression Initiative outcome goal will be to increase the # of persons 300% below FPL from south Orange County who engage in services for depression (services include counseling, support services & medication). The strategies used will focus on increasing early identification and intervention for individuals and families, increasing community awareness and acceptance of depression, increasing capacity to provide services, increasing availability of services and increasing cultural and linguistic appropriateness of providers.

Childhood Obesity

The Childhood Obesity outcome goal will be to reduce the prevalence of obesity in underserved children 3-11 years old. The strategies used will focus on increasing regular practice by families around healthy foods and physical activities, increasing the number of new or expanded school-based nutrition/physical activity programs addressing obesity, and increasing community options for healthy foods and physical activities.

Post-Secondary Education

The Post-Secondary Education outcome goal will be to increase participation of youth in post-secondary education/training within three years of graduation with a focus on students in San Clemente, Dana Point and San Juan Capistrano. The strategies used will focus on changing expectations about post-secondary education/training careers with teachers, students, parents and the community; increasing exposure to careers, educational options and the process; and empowering students to take control of their futures.

Affordable Homes

The Affordable Homes outcome goal will be to increase affordable homes in south Orange County with a special focus on the cities of San Clemente, Dana Point, San Juan Capistrano and Mission Viejo. The strategies used will focus on increasing the number of public or private policies that support affordable homes, increasing broad-based community advocacy groups/organizations that identify and act on affordable homes as a priority, and collaborating to create new affordable homes.

Mission Hospital is committed to living out the loving legacy of the Sister's of St. Joseph of Orange. Much like the sisters started their work in 1650 in Le Puy France, we look forward to working in collaboration with our community partners and the community to accomplish the ambitious goals that have been outlined in this plan. We are confident that together we will improve the health and quality of life of the people in the communities we serve.

COMMUNITY BENEFIT PROGRESS REPORT FY 2008

A. Community Profile

Mission Hospital has a long history of community service to the residents of south Orange County. As a member of the Saint Joseph Health System, Mission Hospital is committed to improving the health status and quality of life of the people it serves. The values of Dignity, Excellence, Service, and Justice are the guiding principles which help to direct the mission of the hospital, and have compelled the Sisters of St. Joseph of Orange and all of their sponsored ministries to dedicate resources to the care of the medically underserved, and to advocate for the alleviation of conditions which limit access to basic health services.

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Demographically, the area is primarily Caucasian (78%, an increase of 8% from the prior assessment), with the Hispanic population growing to 19.2%, an increase of 1.8% overall. The Asian representation is at 8.5%, an increase of 1.5% from the past assessment.

B. Community Needs and Assets Assessment Process

Mission Hospital utilized a variety of data sources to compile the FY08 Health Needs Assessment. Data was taken from the Orange County Health Needs Assessment, the St. Joseph Health System Professional Research Consultants Survey, the Mission Hospital Professional Research Consultants Survey, Census Data and focus groups in target communities. Specific emphasis was put on data collected through the Mission Hospital Professional Research Consultants Survey and the focus groups since they targeted our priority communities.

Mission Hospital partnered with Saddleback Hospital in Laguna Niguel and Saddleback Hospital in San Clemente in the implementation of the needs assessment due to our similar service area. Representatives from Mission Hospital and Saddleback Hospital

were engaged early on in the design of the survey to ensure that key pieces of data were collected that would meet both our needs.

In order to engage community residents, focus groups were implemented in the Cities of San Clemente, Dana Point and San Juan Capistrano, with a total of 40 community residents participating. Residents for the focus groups were recruited by several community leaders. The focus groups were implemented by Rigoberto Rodriguez, PhD from California State University Long Beach. The focus groups were developed as a class project for several undergraduate students in the department of Chicano Latino Studies.

Below is a brief summary of key indicators that were reviewed to determine Community Benefit Priorities for FY09-11.

Data Source	Health Insurance Coverage*	Access Difficulties	Primary Care*
	No Insurance	Financial, transportation etc	Yes-% w/in past year
OCHNA 2007 (Orange County) N=5,000	4.8% (Adult), 3.4% (Children)	37.5% Financial (Child)	92.90%
SJHS PRC Survey N= 500	11.03% (Adults)	25.80%	QNA
MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000	18.4% (Adults) 80.7% (Children out of 22 respondents)	23.6% (Adults)	64.2%, 71.3% have a specific source of ongoing care
Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)	Residents in San Juan Capistrano expressed lack of insurance coverage for adults that are undocumented	Residents in San Clemente expressed difficulty getting to local community clinics due to a lack of bus routes	Community residents in San Clemente and Dana Point expressed need of an affordable and accessible community clinic

Data Source	Mental Health*			
	<i>Diagnosed Major Depression</i>	<i>Fair Poor Rating</i>	<i>Poor Mental Health last 30 days</i>	<i>Extreme Stress*</i>
OCHNA 2007 (Orange County) N=5,000	21.40%	QNA	1.90%	QNA
SJHS PRC Survey N= 500	6.96%	7.90%	QNA	2.20%
MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000	7.1% 26.7% report Chronic Depression	8.40%	1.80%	11.80%
Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)	Residents in San Juan Capistrano cited high rates of depression in the community due to the stressful situation in which they live in	Residents in San Clemente asked for family Mental Health Services	Residents in San Clemente and San Juan Capistrano expressed the need for mental health services for youth	

Data Source	Heart Disease		Asthma	
	<i>Hypertension*</i>	<i>Cholesterol*</i>	<i>Adults</i>	<i>Children</i>
OCHNA 2007 (Orange County) N=5,000	QNA	QNA	QNA	QNA
SJHS PRC Survey N= 500	27.35%	31.85%	3.83%	14.02%
MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000	26.4% have been told that blood pressure is high	26.9% have been told cholesterol was high	12.70%	8.60%
Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)				

Data Source	Obesity			Cancer*
	Adults*	Children*	NO Access to Recreation	Skin
OCHNA 2007 (Orange County) N=5,000	40.5% Overweight	6.7% Overweight	10.50%	QNA
SJHS PRC Survey N= 500	18.04	14.40%	QNA	7.68%
MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000	16.7% are Obese	6.4 are Overweight	4.6% lack of outdoor areas, 3.6% neighborhood concerns	9.20%
Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)		Resident sin Dana point expressed concerns for high level of obesity ion the community	Residents in Dana Point and San Juan Capistrano expressed the need for activities to keep youth active. Residents in San Juan Capistrano mentioned lack of space for adult recreation	

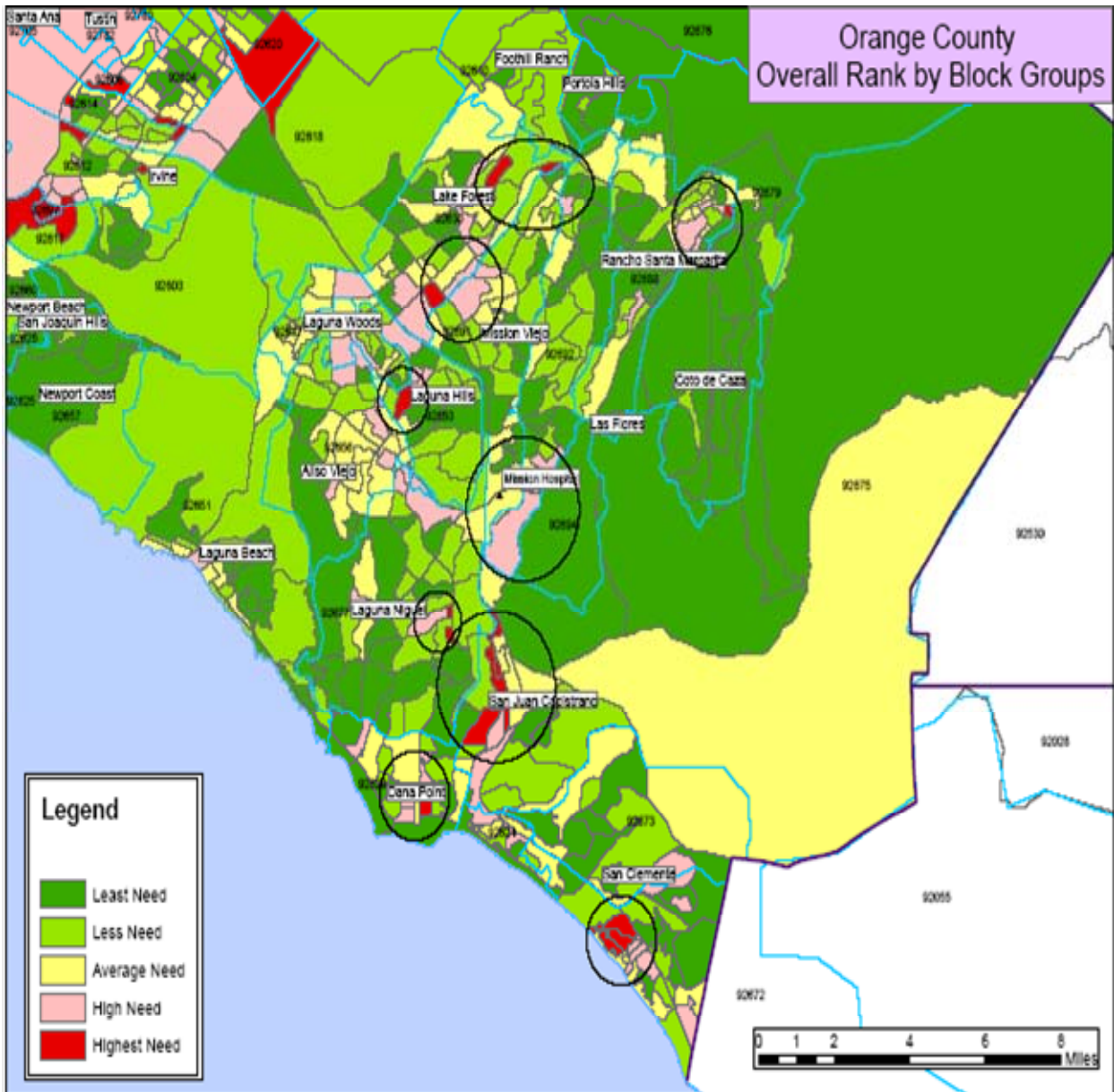
Data Source	Mammogram	Pap Smear	Influenza Vaccinations*	
	Past 2 years	Past 3 years	18-64 (Have Not)	65+ (Have Had)
OCHNA 2007 (Orange County) N=5,000	95.30%	96%	24.3% have not had a flu shot	QNA
SJHS PRC Survey N= 500	79.88%	88.58%	27.40%	72.60%
MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000	85.40%	84.10%	65.6% have not had a flu shot	77.2% received a flu shot in the past year
Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)				

Data Source	Pneumonia Vaccinations*		Alcohol Use
	18-64	65+	<i>Binge Drinking</i>
OCHNA 2007 (Orange County) N=5,000	QNA	QNA	9.5 % (avg. 5+ drinks in the past 30 days)
SJHS PRC Survey N= 500	21%	61.90%	16.57%
MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000	27.8% have received.	69.2% have received.	18.40%
Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)			

Data Source	Affordable Housing	Median Contract Rent	Household Size	Rent 35% Greater than HH Income	Education
	<i>Hardship</i>	\$	5+	Yes-%	<i>No HS Diploma</i>
OCHNA 2007 (Orange County) N=5,000	QNA	QNA	21.70%	QNA	1.16%
SJHS PRC Survey N= 500	QNA	QNA	12.40%	QNA	6.60%
MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000	17% worked extra job/hours to pay rent. 75.4% rate availability fair/poor	19.8% pay \$1,500 or more on rent, 19.5% spend \$2,500 or more on rent	QNA	QNA	9.30%
Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)				Residents in San Clemente, Dana Point and San Juan Capistrano expressed the issue of household overcrowding due to the high cost of rent in the area	Community residents in San Juan Capistrano expressed the need for career and education preparation programs for youth in the community

C. Identification and Selection of DUHN Communities

In general, Mission's service area reflects a high degree of health and quality of life. However pockets of high need were identified in the cities of San Clemente, Dana Point, San Juan Capistrano, Laguna Niguel, Mission Viejo, Lake Forest and Rancho Santa Margarita. These areas were determined based on Key Drivers for Community Vulnerability, which include median household income, number of people living in a home, health insurance coverage, highest educational level, etc. The following map identifies these areas in random order.



Although needs were identified in 8 areas, based on hospital resources and partnerships and in an effort to show significant outcomes at the end of the three-year plan, a decision was made to focus on the cities of San Clemente, Dana Point and San Juan Capistrano. This decision was made in partnership with Community Benefit Department Staff, the hospital Executive Team and the Community Benefit Committee. Below is a table highlighting the key factors that were taken into consideration in selecting these three communities.

DUHN Community	Key Community Issues	Key Community Assets
San Clemente	<ul style="list-style-type: none"> • Cardiovascular risk factors • High incidence of drinkers and binge drinkers. • Difficulty accessing healthcare in the past year. • Community clinics are far away. • Lack an accessible family resource center. • Lack of affordable childcare. • Lack of centers to keep kids active. • Ineffective bus routes. • High rents. 	<ul style="list-style-type: none"> • City-sponsored programs for adults • Programs for children and youth. • City-sponsored transportation • School and Boys and Girls Club collaboration • English literacy classes • Public parks • City low-cost services
Dana Point	<ul style="list-style-type: none"> • Difficulty accessing care in the past year • Lack of adult physical activity. • High cost of living • Lack of childcare programs. • Lack of support services for seniors. • Lack of transportation • Lack of information on community resources. • Teen pregnancy. • High rents. 	<ul style="list-style-type: none"> • Lots of parks • Very little gang activity • Clean city • Recreational courts • Churches (Felipe de Jesus, St. Edwards) • English Literacy Classes • Tourist attraction • Little drug addiction

DUHN Community	Key Community Issues	Key Community Assets
San Juan Capistrano	<ul style="list-style-type: none"> • Difficulty accessing care for children in the past year. • Fair/Poor condition of homes in the community. • Fair/Poor mental Health • % of children that are overweight. • Financial strategy education (e.g., predatory loans). • Lack of a cultural community center. • Lack of places for children to play. • Children’s mental health. • Overcrowded housing • High rents. • Expensive grocery stores • Lack of educational support for students. 	<ul style="list-style-type: none"> • Low prevalence of skin cancer • Low incidence of smokers and drinkers. • Great resident-lead community groups. • Historic community.

D. Initiative Prioritization Process

The process of prioritization involved many levels of engagement from internal and external stakeholders. Each programmatic element for the next three years needed to demonstrate a documented need in one or more of the above health needs assessments. A process of reflection was undertaken by the Mission Hospital Community Benefit Staff and Community Benefit Committee to determine what areas could be focused on based on community need and hospital resources. A mind mapping process was used in which the top needs in the community were highlighted. A voting process was established in which the participants were asked to use the criteria of: major community need, potential for impact, available Mission Hospital resources, community resources, and established or potential partnerships. At the conclusion of this process five key initiatives were chosen to address the areas of **Primary Care, Depression, Childhood Obesity, Post-Secondary Education and Affordable Homes.**

To ensure significant outcomes in these five key areas, research was conducted to determine evidenced-based practices in the field of community health. Strategic Planning sessions were convened, which included representation from Mission Hospital Community Benefit Staff, the Executive Team, Nursing and the Community Benefit

Committee. Additionally community organizations and residents were invited to help in the determination of the direction of the plan. An emphasis was put on creating this plan as a community plan rather than a Mission Hospital plan which helped to encourage community engagement and accountability. The strategic plan groups met on an average of three times and have agreed to continue to meet through the next three years to track progress.

E. FY 09 – FY 11 Community Benefit Plan

Mission Hospital has identified the five key initiative areas of Primary Care, Depression, Childhood Obesity, post Secondary Education and Affordable Homes as the focus for the FY 09-11 Community Benefit Plan. Significant efforts and resources will be allocated with the expectation of clear and measurable outcomes. For each initiative key strategies and measures have been established that will help to accomplish the identified outcome goal. Collaboratives have been established consisting of both hospital and community stakeholders to help in the implementation of the strategic plan and to track progress. Each initiative was based on evidence based practices in the field of community health and the Advancing the State of the Art in Community Benefit (ASACB) criteria.

Below is a brief description of the outcome goal and strategies that will be used to help address the key community issue.

Primary Care

The Primary Care Initiative outcome goal will be to increase access to primary care at Camino Health Center. The strategies to increase access will focus on enhancing revenue streams for the clinic, enhancing and implementing information technology systems, strengthening provider teams to provide high quality and efficient care, and on improving efficiencies of workflow by using performance improvement methodologies.

Depression

The Depression Initiative outcome goal will be to increase # of persons 300% below FPL from south Orange County who engage in services for depression (services include counseling, support services & medication). The strategies used will focus on increasing early identification and intervention for individuals and families, increasing community awareness and acceptance of depression, increasing capacity to provide services, increasing availability of services and increasing cultural and linguistic appropriateness of providers.

Childhood Obesity

The Childhood Obesity outcome goal will be to reduce the prevalence of obesity in underserved children 3-11 years old. The strategies used will focus on increasing regular practice by families around healthy foods and physical activities, increasing the number of new or expanded school-based nutrition/physical activity programs

addressing obesity, and increasing community options for healthy foods and physical activities.

Post-Secondary Education

The Post-Secondary Education outcome goal will be to increase participation of youth in post-secondary education/training within three years of graduation with a focus on students in San Clemente, Dana Point and San Juan Capistrano. The strategies used will focus on changing expectations about post-secondary education/training careers with teachers, students parents and the community; increasing exposure to careers and educational options and the process; and empowering students to take control of their futures.

Affordable Homes

The Affordable Homes outcome goal will be to increase affordable homes in south Orange County with a special focus in the cities of San Clemente, Dana Point, San Juan Capistrano and Mission Viejo. The strategies used will focus on increasing the number of public or private policies that support affordable homes, increasing broad-based community advocacy groups/organizations that identify and act on affordable homes as a priority, and collaborating to create new affordable homes.

The following tables provide additional detail related to each initiative.

Initiative: Primary Care

Activity/Program Name(s): 1. Camino Health Center

Outcome Measure (if available): Increase # of unduplicated patients (excludes WIC) in targeted service area.

DUHN Target group: San Clemente, Dana point, San Juan Capistrano

Activity 1: Content category of activity/program: Community Health Improvement Services

Sub-content category of activity/program: Primary Care (A2a)

How does this initiative fit with the identified DUHN needs and assets?

- 23.6% difficulty accessing healthcare in the past year.
- 71.3% have a specific source of ongoing care.
- 64.2% have had a routine check-up in the past year.
- 15% rate local healthcare as Fair/Poor
- 13.1% of respondents indicated Camino Health Center as their primary source of care.
- Community identified need for additional community clinics.

How many unduplicated persons do you target to serve in this initiative in FY 09? Not able to determine at this time.

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
<i>Increase access to Primary Care.</i>	<ol style="list-style-type: none"> 1. Enhance Revenue 2. IT Systems 3. Strengthen provider team 4. Improve efficiencies of work flow. 	<p><i>Strategy 1 - Measure: Gross revenue \$'s for Primary Care.</i></p> <p><i>Strategy 2 - Measure: % of appointments scheduled on IT system. % of records electronically archived.</i></p> <p><i>Strategy 3 - Measure: Provider vacancy rate.</i></p> <p><i>Strategy 3 - Measure: # of Rapid Improvement Events.</i></p>

Initiative: Depression

Activity/Program Name(s): 1. Community Mental Health Initiatives

Outcome Measure (if available): # of persons* who attend 3 or more sessions/services

DUHN Target group: San Clemente, Dana point, San Juan Capistrano

Activity 1: Content category of activity/program: Community Health Improvement Services

Sub-content category of activity/program: Behavioral Health Services (A2c)

How does this initiative fit with the identified DUHN needs and assets?

- 7.1% diagnosed with depression.
- 26.7% report chronic depression.
- 15.9% have taken medication for depression.
- 8.4% rate Mental Health as Fair/Poor.
- 11.8% rate day as extremely stressful.
- 24.7 have sought professional help with a Mental or Emotional problem.

How many unduplicated persons do you target to serve in this initiative in FY 09? Not able to determine at this time.

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
<i>Increase # of persons 300% below FPL from SOC who engage in services for depression (services include counseling, support services & medication)</i>	<ol style="list-style-type: none">1. Increase early identification and intervention for individuals and families.2. Increase community awareness and acceptance of depression.3. Increase capacity to provide services.4. Increase availability of services.5. Increase cultural/linguistic appropriateness.	<p><i>Strategy 1 - Measure: # of Primary Care Practices that make referrals for depression.</i></p> <p><i>Strategy 2 - Measure: # of people seeking information or help.</i></p> <p><i>Strategy 3 - Measure: # of providers serving targeted area.</i></p> <p><i>Strategy 4 - Measure: # of services in non-clinical settings.</i></p> <p><i>Strategy 5 – Measure: # of service providers who are bilingual/bicultural.</i></p>

Initiative: Childhood Obesity

Activity/Program Name(s): 1. Obesity

Outcome Measure (if available): Decrease BMI or BMI velocity in underserved children 3-11 years old with BMI's above 85th percentile.

DUHN Target group: San Clemente, San Juan Capistrano, Dana Point, Lake Forest

Activity 1: Content category of activity/program: Community Health Improvement

Sub-content category of activity/program: Community Health Education (A1)

How does this initiative fit with the identified DUHN needs and assets?

- 56.1% of adults have a BMI <18.5 or 25+
- 54.4% are overweight
- 16.8% are obese
- 16% of children are at risk and/ or overweight $\geq 85\%$ (Service Area Wide)
- 6.4% of children (ages 6-17 are overweight) (Target Communities)
- 44.1% report eating 3 or more serving of junk food per week.
- 27.4% did not use a park or recreational facility in the past year.

How many unduplicated persons do you target to serve in this initiative in FY 09? Not able to determine at this time.

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
<p><i>Reduce the prevalence of obesity in underserved children 3-11 years old</i></p>	<p>1. Increase regular practice by families around healthy foods and physical activities.</p> <p>2. Increase number of new or expanded school-based programs addressing student obesity.</p> <p>3. Increase accessible community options for healthy foods and physical activities.</p>	<p><i>Strategy 1 - Measure: Number of family members effecting positive changes in physical activities and/or eating behaviors, based on self-report.</i></p> <p><i>Strategy 2 - Measure: Number of new or expanded school-based nutrition &/or physical activity programs added.</i></p> <p><i>Strategy 3 - Measure: Number of new, culturally appropriate, affordable food options within walking distance of low-income neighborhoods.</i> <i>Number of accessible, new or expanded, community-based, physical activity options.</i></p>

Initiative: Post Secondary Education

- Activity/Program Name(s):** 1. Literacy Awareness Program
 2. Taller San Jose
 3. Project Search

Outcome Measure (if available): % of youth who start post-secondary education or training within 3 years after graduation.

DUHN Target group: San Clemente, Dana point, San Juan Capistrano

Activity 1: Content category of activity/program: Community Health Improvement Services

Sub-content category of activity/program: Lectures/Workshops (A1a)

Activity 2: Content category of activity/program: Community Building Activities

Sub-content category of activity/program: Economic Development (F2)

Activity 3: Content category of activity/program: Community Building Activities

Sub-content category of activity/program: Career Development (F5c)

How does this initiative fit with the identified DUHN needs and assets?

- 9.30% do not have a high school diploma.
 - 23% in San Juan Capistrano.
- 21.7% rate schools as Fair/Poor.
- 11.8% rate adult educational opportunities as Fair/Poor.
- Community has identified the need for better college prep and career development opportunities.

How many unduplicated persons do you target to serve in this initiative in FY 09? Not able to determine at this time.

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
<p><i>Increase participation of youth in post-secondary education/ training within 3 years of graduation</i></p>	<p>1. Change expectations about post-secondary education/training careers with teachers, students, parents and community.</p> <p>2. Increase exposure to careers, educational options, and process.</p> <p>3. Empower students to take control of their futures.</p>	<p><i>Strategy 1 - Measure: % of graduating youth who believe they can pursue education/ training/ career to realize their greatest potential.</i></p> <p><i>Strategy 2 - Measure: # of total students and parents (unduplicated) participating in career/ educational programs and events.</i></p> <p><i>Strategy 3 - Measure: Students' sense of control, measured through periodic survey: grade school, eighth grade, high school.</i></p>

Initiative: Affordable Homes

Activity/Program Name(s): 1. Affordable Housing

Outcome Measure (if available): # of new homes approved for households with low-moderate income levels*

DUHN Target group: San Clemente, Dana Point, San Juan Capistrano, Mission Viejo

Activity 1: Content category of activity/program: Community Building Activities

Sub-content category of activity/program: Physical Improvements/Housing (F1a)

How does this initiative fit with the identified DUHN needs and assets?

- % spend greater than 35% of HH Income on rent:
 - San Clemente 33.90%
 - Dana Point 37.20%
 - San Juan Capistrano 33.52%
- Median Contract Rent:
 - 19.8% pay \$1,5000 or more
 - 19.5% spend \$2,500 or more
- 75.3% rate availability of Affordable Homes as Fair/Poor
- 17% worked extra job/ hours to pay rent.
- 9.2% rate housing issues as a major neighborhood problem.
- Community has raised overcrowded housing as a major issue.

How many unduplicated persons do you target to serve in this initiative in FY 09? Not able to determine at this time.

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
<i>Increase affordable homes in south Orange County</i>	1. Increase # of public or private** policies that support affordable homes. 2. Increase broad-based community advocacy groups/organizations that identify and act on affordable homes as a priority. 3. Collaborate to create new affordable homes.	<i>Strategy 1 - Measure: Weighted Score: # of polices passed and active</i> <i>Strategy 2 - Measure: Weighted Score: # of groups/ organizations that identify and act on housing initiatives</i> <i>Strategy 3 - Measure: Weighted Score: # of initiatives, weighted by phase</i>

F. Other Community Benefit Programs

#	All Other Community Benefit Initiatives and/or Activities/Programs
1	<p>Initiative (If applicable):</p> <p>Activity/Program Name: <i>Health Ministry</i></p> <p>Activity/Program Description: Create a healthy community by building partnerships between community groups, faith congregations and Mission Hospital, to promote wellness of individuals, families, and community at large by providing health related services and activities that integrate the body/mind/spirit.</p> <p>Target Group: <i>Parish members in San Clemente, Dana point and San Juan Capistrano.</i></p>
2	<p>Initiative (If applicable):</p> <p>Activity/Program Name: <i>Asthma</i></p> <p>Activity/Program Description: To optimize lung health and quality of life for south Orange County residents through awareness, prevention, identification, education, and treatment of respiratory conditions.</p> <p>Target Group: <i>Asthmatic Children, Adolescents and their Parents.</i></p>

G. Ministry Governance and Management Structure

Mission Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff, financial resources, participation and collaboration. Full engagement of the Hospital's Community Benefit Committee, Board of Trustees and Executive Team occurred in the review of the health needs assessment data and members actively participated in the prioritization of the programs and services necessary to impact the health and quality of life within the areas with disproportionate unmet needs. In addition to the above groups, the Hospital's Foundation Board and Business Development executive and staff participated in the process. The approved community benefit plan for FY 09-11 will continue to be used by the Business Development Department to guide the hospital's strategic plan and goals for the coming fiscal years.

Mission Hospital's Board of Trustees and Community Benefit Committee reviewed and approved the FY09-11 Community Benefit Plan in September 2008. Several members of the Community Benefit Committee have agreed to serve as liaisons for each of the initiatives and will be providing regular updates both to the Community Benefit Committee and Board of Trustees.

As a Board of Trustees Committee, the Community Benefit Committee is made up of Board members as well as community members representing community-based organizations. The Community Benefit Committee exists to oversee the development of policies and programs to benefit the community and to respond to the needs of the poor within the sphere of its influence. The Community Benefit Committee meets six times a year and is chaired by a member of the Board of Trustees and reports to the Board every two months. The hospital's President and Chief Executive Officer, Vice President of Mission Integration, and Chief Financial Officer are all active participants of the Committee. Over the past three years, two residents for the targeted neighborhoods have been selected and are currently serving on the committee. One member represents San Juan Capistrano and the other, San Clemente. Below is a list of the roles and responsibilities for the Committee members.

1. **Budgeting Decisions:** Review and recommend to the Board of Trustees approval of budget development and disbursement of funds. This includes annual reviewing and making recommendations for approval of the Community Benefit Budget, which represents an annual allocation of 1.5% of hospital operating expenses, and the Budget Philosophy Analysis, which includes Care for the Poor funds. Additionally, identify potential funding sources and partnerships for community benefit programs.
2. **Health Needs Assessment:** Provide direction and input to the health needs assessment process, conducted at a minimum of every three years.
3. **Geographic/Population Targeting:** Review and approve Mission Hospital's Community Benefit plan to address the needs of the medically underserved and

to identify and respond to the disproportionate unmet health needs of the community.

4. **Program Direction:** Provide direction of all policies, programs and activities that benefit the medically underserved and improve the health status and quality of life of residents in the communities served by the ministry.
5. **Program Content/Design:** Review, approve, and recommend overall program content and design in which Community Benefit/Care for the Poor Funds would be allocated, assuring inclusion and engagement of diverse stakeholders throughout the process.
6. **Program Continuation/Termination:** Review at least annually all Community Benefit programming and make recommendations for continuation or termination based on program outcomes.
7. **Advocacy:** Assist in identification of key local issues for which advocacy efforts will be undertaken, and cooperation with advocacy priorities and efforts identified by St. Joseph Health System.
8. **Accountability:** Provide a verbal and written report to the Board of Trustees on at least an annual basis.
9. **Fund Development:** Identify potential funding sources and partnerships for community benefit programs. Provide letters of support or introduction as appropriate.