

2021

COMMUNITY BENEFIT REPORT /

PROGRESS ON 2020-2022 COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Mission Hospital

Mission Viejo, CA



To provide feedback on this CB Report or obtain a printed copy free of charge, please email Christy Cornwall at Christy.Cornwall@stjoe.org.





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EXECUTIVE SUMMARY

Providence continues its Mission of service in Orange County through Providence Mission Hospital. MH is an acute-care hospital with 523 licensed beds, founded in 1971 and located in Mission Viejo, CA. It serves the communities of Mission Viejo, Laguna Beach, 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. The hospital's service area is in South Orange County, including 593,833 people.

Providence Mission Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY21, the hospital provided \$60,148,585 in Community Benefit in response to unmet needs. For FY21, Providence Mission Hospital had an unpaid cost of Medicare of \$47,896,686.

2020-2022 Providence Mission Hospital Community Health Improvement Plan Priorities

As a result of the findings of our [2019 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Mission Hospital will focus on the following areas for its 2020-2022 Community Benefit efforts:

PRIORITY 1: MENTAL HEALTH/SUBSTANCE USE

Mental Health & Substance Use continues to be a priority across our communities. Mental health challenges can impede people's abilities to realize their potential, cope with stresses, work productively and fruitfully, and make contributions to their communities. We will be focusing on increasing services to South Orange County residents and reducing the rates of substance use among youth in our coastal communities.

2021 Accomplishments

- Mental Health services increased by 35% from our 2019 baseline.
- 78% of therapy clients with a PHQ-9 score of 10 or greater showed a significant decrease in depression by the end of treatment, a 3% improvement over the prior year.
- Our Each Mind Matters/Promise to Talk stigma reduction campaign obtained 2,715 Promises to Talk about mental health during the fiscal year, a 24% increase over the previous year.
- Our youth substance use prevention program developed new & unique ways to reach the community, and obtained nearly 27,000 encounters through direct programming and social media encounters. Our efforts over the last decade have impacted our local alcohol and drug use rates, with significant declines seen at both school districts.

PRIORITY 2: AFFORDABLE HOUSING & HOMELESSNESS

Affordable housing and homelessness are significant concerns in our communities. Homelessness has a ripple effect throughout the community; It impacts the availability of healthcare resources, crime and

safety, the workforce, and the use of tax dollars. Affordable housing benefits our communities and creates stronger outcomes – in employment, health, and education. We will be working to reduce chronic homelessness, support the number of persons entering bridge and supportive housing, and strengthen affordable housing policies in the 2021-2028 housing element plans.

2021 Accomplishments

- 20 individuals were connected with bridge or supportive housing through a pilot housing mitigation program in partnership with Family Assistance Ministries
- 117 housing champions were trained by our partners OC United Way and YIMBY to support local affordable housing efforts.
- 11 residents engaged in housing element work to promote stronger policies that will result in affordable housing.

PRIORITY 3: EQUITY/RACIAL DISPARITIES

We believe that everyone should have a fair and just opportunity to attain their full potential and that no one should be disadvantaged, excluded, or dismissed from achieving that potential based on inherent characteristics such as race, ethnicity, or gender identity. We will be working on strategies that increase inclusion, diversity and equity, both within our organization as well as the broader communities of South Orange County.

2021 Accomplishments

- FY21 the CHI team served a total of 14,475 unduplicated and 34,617 duplicated low income, limited English Proficient (LEP) individuals through 3 main efforts: Immigration Relief services and programs, Access and Health Promotion programs, and the Retention and Utilization model for health care access coordination for the uninsured and newly insured.
- The South Orange County Equity Collaborative was established, with a mission to advance equity and justice for South OC's most vulnerable residents through community engagement, coordinated advocacy, and leveraging resources.
- Community Health Investment team implemented 20 events, where 361 participants attended diversity, inclusion and multicultural activities
- In FY21, 250 Cope Health Scholars were enrolled in the program at Mission Hospital, providing a unique training into several hospital departments for young adults interested in a health care career.

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of

coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

Providence across five western states:

- [Alaska](#)
- [Montana](#)
- [Oregon](#)
- [Northern California](#)
- [Southern California](#)
- [Washington](#)

The Providence affiliate family includes:

- [Covenant Health in West Texas](#)
- [Facey Medical Foundation in Los Angeles, CA.](#)
- [Hoag Memorial Hospital Presbyterian in Orange County, CA.](#)
- [Kadlec in Southeast Washington](#)
- [Pacific Medical Centers in Seattle, WA.](#)
- [Swedish Health Services in Seattle, WA.](#)

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

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

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

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

Our Commitment to Community

Providence Mission Hospital dedicates resources to improve the health and quality of life for the communities we serve. During Fiscal Year 2021 (July 1, 2020 – June 30, 2021)], Providence Mission Hospital provided \$60,148,585 in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in South Orange County.

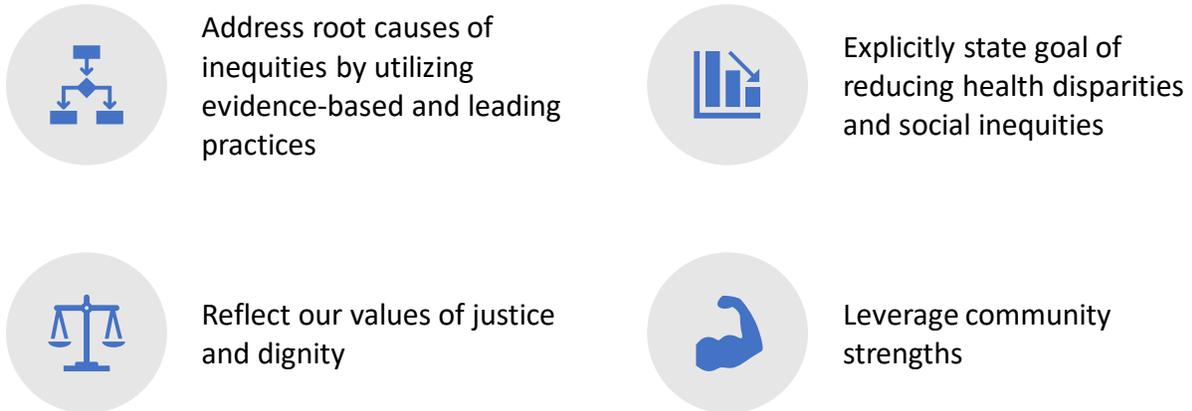
Health Equity

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

¹ Per federal reporting and guidelines from the Catholic Health Association.

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

Figure 1. Best Practices for Centering Equity in the CHIP



Community Benefit Governance

Providence Mission Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Director of Community Health Investment is responsible for coordinating implementation of State and Federal 501r requirements.

A charter approved in 2007 and revised in 2020 established the formation of the Providence Mission Hospital Community Health Committee. The role of the Community Health 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 Health 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 (CHNA) and Community Health Improvement Plan (CHIP), and overseeing and directing the Community Benefit (CB) activities.

The Community Health Committee has a minimum of eight members including three members of the Community Ministry Board. Current membership includes four members of the Community Ministry Board and seven community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Health Committee meets bi-monthly.

Roles and Responsibilities

Senior Leadership

- Chief Executive and senior leaders including the hospital's Chief Mission Integration Officer, are directly accountable for CB performance.

Community Health Committee (CHC)

- CHC serves as an extension of the Community Ministry Board to provide direct oversight for all charitable program activities and ensure program alignment with "Advancing the State of the Art of Community Benefit" (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CHC serve as 'board level champions.'
- The Committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Health (CH) Department

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

Local Community

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

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 Providence Mission Hospital has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Providence Mission Hospital 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 a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click <https://www.providence.org/obp/ca>. In FY21, Providence Mission Hospital provided \$6,024,368.

Medi-Cal (Medicaid)

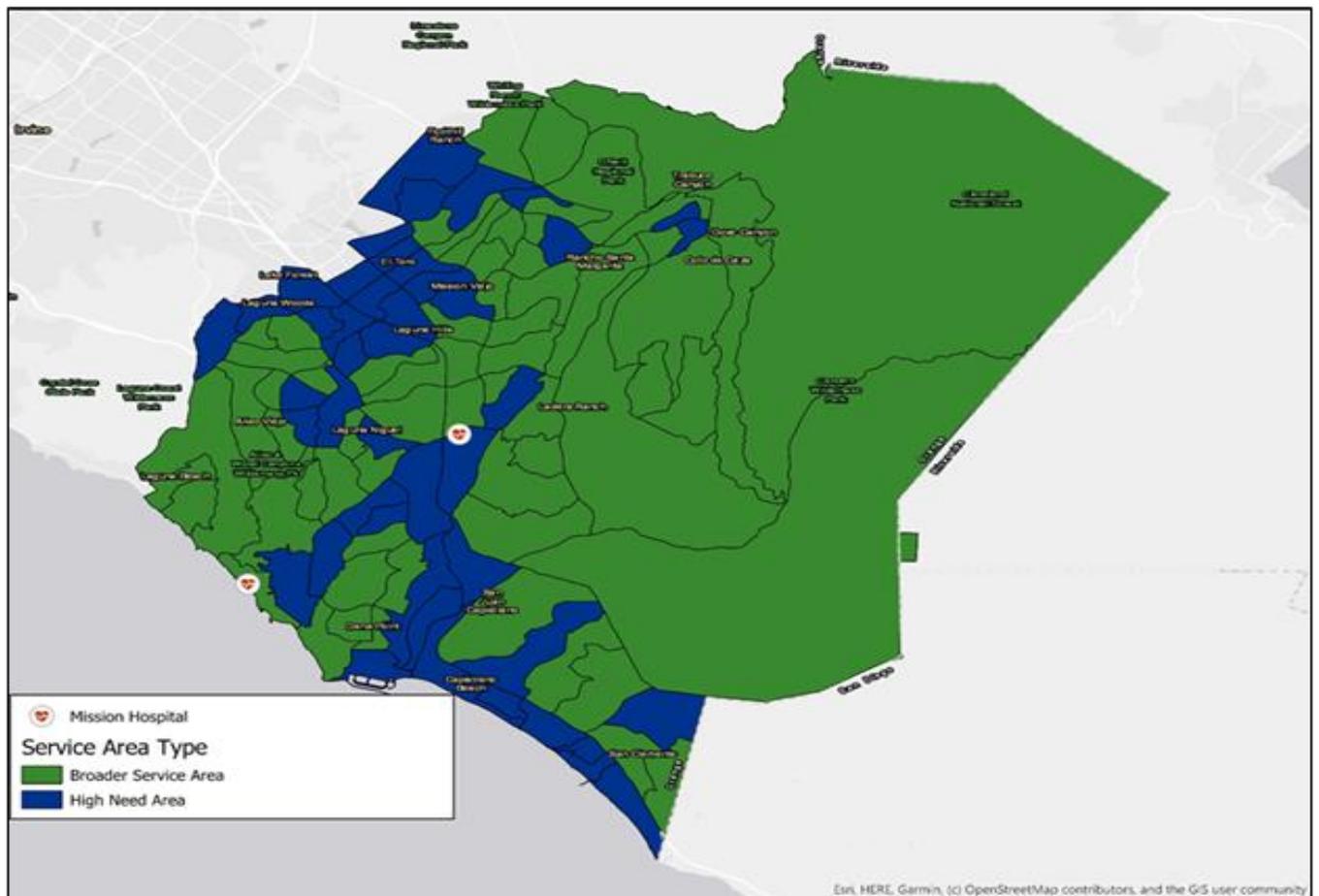
Providence Mission Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY21, Providence Mission Hospital provided \$46,398,734 in Medicaid shortfall. The hospital received \$50,808,760 income from the Medi-Cal Hospital Quality Assurance Fee program. If it was not for the Hospital Quality Assurance Fee received, Unpaid cost of Medi-Cal would have been \$97,207,494.

OUR COMMUNITY

Description of Community Served

The community served by Mission Hospital is based upon geographic access and other area hospitals, as well as patient ZIP Codes. The service area for Mission Hospital was defined using census tracts inside South Orange County. In total there are 109 census tracts within the service area of Mission Hospital and includes a population of approximately 590,000 people. The population in Mission Hospital’s total service area makes up 18% of Orange County.

Figure 2. Providence Mission Hospital’s Total Service Area



Of the over 590,000 permanent residents of South Orange County, roughly 42% live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The population in Mission Hospital’s total service area makes up 18% of Orange County. The male-to-female distribution is roughly equal across the geographies. The high need service area has a higher percentage of people over the age of 65 and between ages 18 and 34. People ages 35 to 54 and under the age of 18 are less likely to live in high need census tracts.

POPULATION BY RACE AND ETHNICITY

Individuals identifying as Hispanic had a higher percentage living in high need service areas, 27.3% versus the broader service area, 15.2%. The same was noted for individuals identifying as “other” race, 10.5% versus 4.0%.

People identifying as white were less likely to live in high need census tracts, 71% lived in high need service areas, and 76.8% in the broader community.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Orange County Service Area

Indicator	Broader Service Area	High Need Service Area	Orange County
Median Income Data Source: American Community Survey Year: 2019	\$126,947	\$85,526	\$88,453
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	25.4%	30.3%	28.0%

The high need service area’s median household income is approximately \$40,000 **less than** that of the broader service area, and \$3,000 **less than** the Orange County overall.

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. In the high need service area, 30% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which over 50% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the [2019 CHNA for Mission Hospital](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

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

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities. The 2019 CHNA was approved by the MH Community Health Committee on November 6, 2020.

Significant Community Health Needs Prioritized

Through a collaborative process engaging Community Health Committee members and the Director of Community Health Investment, the hospital worked from a list of the thirteen (13) health and social needs identified by data from the Orange County Health Improvement Partnership, 2019 Kaiser Permanente CHNA, 2019 University California, Irvine Medical Center CHNA, CalOptima Member Survey, morbidity and mortality data; and hospital-level data. Staff developed a point system to assign each of the thirteen (13) identified needs to gain perspective and develop a hierarchy of which top needs have the potential to offer the highest impact in the High Desert. Each need was listed, and assessed based on the following:

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

Based upon the scoring system and discussion, MH’s Community Health Committee identified the following priorities:

PRIORITY 1: MENTAL HEALTH/SUBSTANCE USE

Mental Health & Substance Use continues to be a priority across our communities. Mental health challenges can impede people's abilities to realize their potential, cope with stresses, work productively and fruitfully, and make contributions to their communities. We will be focusing on

increasing services to South Orange County residents and reducing the rates of substance use among youth in our coastal communities.

PRIORITY 2: AFFORDABLE HOUSING & HOMELESSNESS

Affordable housing and homelessness are significant concerns in our communities. Homelessness has a ripple effect throughout the community; It impacts the availability of healthcare resources, crime and safety, the workforce, and the use of tax dollars. Affordable housing benefits our communities and creates stronger outcomes – in employment, health and education. We will be working to reduce chronic homelessness, support the number of persons entering bridge and supportive housing, and strengthen affordable housing policies in the 2021-2028 housing element plans.

PRIORITY 3: EQUITY/RACIAL DISPARITIES

We believe that everyone should have a fair and just opportunity to attain their full potential and that no one should be disadvantaged, excluded, or dismissed from achieving that potential based on inherent characteristics such as race, ethnicity or gender identity. We will be working on strategies that increase inclusion, diversity and equity, both within our organization as well as the broader communities of South Orange County.

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 Health Investment Programs and by funding other non-profits through the Community Partnership Fund. Organizations that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout Mission Hospital service areas.

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

- **Cancer:** Given other priorities, this issue was not selected.
- **Diabetes:** Local Federally Qualified Health Centers provide primary medical care to residents with low incomes who have diabetes.
- **Early Childhood Education:** Given other priorities, resource constraints, and lack of expertise to offer this program, this issue was not selected.
- **Economic Mobility:** Given other priorities, resource constraints and lack of expertise to offer this program, this issue was not selected.
- **Environment/Climate:** [Providence St. Joseph Health has committed to being carbon negative by 2030.](#) This effort will involve all hospital staff. The Regional Director, Community Health Investment has been appointed to the System Environmental Justice Work Group
- **Food Security:** Given other priorities raised during our most recent CHNA, this need became a lower priority compared to others when reviewing the impact Mission Hospital could have to resolve this issue.
- **Health Care Access:** Local Federally Qualified Health Centers provide primary care services to residents of South Orange County with low incomes. We will maintain many of the programs currently in place through Community Health Investment to continue supporting access to care such as health insurance enrollment, care navigation and medical transportation services.

- **Obesity:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.
- **Safety:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.
- **Senior Health:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.

In addition, Mission Hospital will collaborate with local organizations that address the aforementioned community needs to coordinate care and referrals to address these unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Providence Mission Hospital developed a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners, considering resources, community capacity, and core competencies.

The Regional Director and local Program Director developed strategies based on insight from the quantitative and qualitative data as well as local Community Health Investment caregivers, and input and feedback were provided by the Community Health Committee.

The 2020- 2022 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2019 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

Providence Mission Hospital anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Providence Mission Hospital in the enclosed CHIP.

Addressing the Needs of the Community: 2020- 2022 Key Community Benefit Initiatives and Evaluation Plan

2021 Accomplishments

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH/SUBSTANCE USE

Population Served

Low-income residents (adults and children) in South Orange County.

9th and 11th graders from targeted schools who report using alcohol or other drugs within the last 30 days.

Long-Term Goal(s)/ Vision

- Improve the mental health of low-income residents (adults and children) in South Orange County, through participation in mental health services (e.g. therapeutic, psychoeducational, or support groups) offered at the Family Resource Centers.
- Reduce the percent of 9th and 11th graders in select South Orange County schools who report using alcohol or other drugs within the last 30 days.

Outcome Measures

- Increase the number of unique clients participating in mental health services (e.g. individual, child, family or couple’s therapy; case management; psychiatric evaluation and medication management; and therapeutic, psychoeducational and support groups) offered at the Family Resource Centers
- Increase the number of residents who are engaged in Each Mind Matters stigma reduction program
- Reduction in the percent of 9th and 11th graders in select South Orange County schools who report using alcohol or other drugs within the last 30 days

Table 2. Strategies and Strategy Measures for Addressing Mental Health Challenges and Youth Substance Use

Strategy	Population Served	Strategy Measure	Baseline	FY21 Accomplishments
1. Provide therapeutic, psychoeducational, psychiatric, or support group services	Low-income South Orange County Residents	Increase # of unique clients participating in therapeutic, psychoeducational, psychiatric, or support group services	430 (FY19)	580
2. Utilize evidence-based practices to demonstrate changes in depression	Residents engaged in therapy	Clients with a PHQ-9 score of 10 or greater show a significant decrease in depression by the end of treatment (5 points or greater)	75% (FY20)	78%
3. Adapt the Each Mind Matters/Promise	Residents with low incomes,	# of promises made	2,064	2,715

to Talk campaign in response to COVID-19	particularly Spanish speaking			
4. Reduce youth substance use at targeted South Orange County schools	Youth, parents, and youth-serving org	Alcohol & Other Drug Usage, as reported through California Healthy Kids Survey in select South Orange County schools	LBUSD: 9 th : 21% 11 th : 45% (2016) CUSD: 9 th : 21% 11 th : 38% (2016)	LBUSD: 9 th : 20% 11 th : 36% CUSD: 9 th : 11% 11 th : 27%

Evidence Based Sources

PHQ9: The Validity of a Brief Depression Severity Measure:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>

Preventing Drug Use among Children and Adolescents (In Brief) Prevention Principles
<https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/prevention-principles>

<https://theathenaforum.org/CSAPprinciples>

Resource Commitment

\$1.1 million for all mental health and substance use prevention services

Key Community Partners

Orange County Mental Health, Orange County Health Care Agency ADEPT Program, Orange County Sheriff’s Department, Orange County Department of Education, Orange County Whole Person Care, City of Mission Viejo, Wellness & Prevention Center, Camino Health Center, Laguna Beach Community Clinic, Capistrano Unified School District, Laguna Beach Unified School District, Boys & Girls Club of Laguna Beach, South County Outreach, CalOptima

2021 Accomplishments:

1. **Mental Health Services** - Increased the number of clients receiving individual, child, couple or family therapy; case management; psychoeducational or support groups; and psychiatric evaluation and medication management from a CY19 baseline of 430 to 580 individuals, a 35% increase. The number of clients served increased dramatically due to the stressors of the COVID-19 pandemic, the community’s need for food and rental assistance, an increase in signs of depression and anxiety, and an emphasis on groups. In addition, we experienced significant turnover of clients related to the transition to working remotely, challenges for clients to

access telehealth, changes in families' priorities, and the demands of caring for children at home throughout the school day.

2. **Measurable Improvement in Mental Health** - 78% of therapy clients with a PHQ-9 score of 10 or greater showed a significant decrease in depression by the end of treatment, a 3% improvement over the previous year. Our clients presented with significant stressors, exacerbated by the pandemic including contracting COVID-19, job loss, food insecurity, and the need to be home to care for children and support online educational efforts. 64% of therapy clients met or partially met their collaborative treatment plan goals, a 1% increase. Unfortunately, 51 clients terminated therapy abruptly with the pandemic-related stay-at-home orders and the transition to telehealth. In establishing a baseline for GAD-7, we found 80% of clients showed some improvement in their anxiety levels and 10% showed no change. Among those who improved, we saw an average reduction of 7.9 points. (Each 5 points designates a level between mild-moderate-severe anxiety.)
3. **Mental Health Stigma Reduction** - Each Mind Matters / Promise to Talk obtained 2,715 Promises to Talk about mental health during the fiscal year, a 24% increase over the previous year. Due to the continuing pandemic, in-person outreach events continued to be on hold, and the campaign's social media presence was used to unite residents of Orange County by reducing the stigma and encouraging people to talk openly about mental health. Local influencers were activated on social media to drive 1-to-1 connections within the community. During May Mental Health Month, the program's social media presence monthly growth increased 460%. Hyper-targeted digital outreach saw mental health conversations about Promise to Talk increase by 2,231%. The campaign's social media resounded strongly with the community and performed extremely well—up to 45x industry standard.
4. **Youth Substance Use Prevention Program:** During this fiscal year, in light of COVID-19, a successful transition was made to providing prevention information primarily through our social media campaigns. The *Raising Healthy Teens* campaign, for parents of teens and teens, added a digital newsletter, a downloadable parent resource guide, and shared greater content across digital platforms including Facebook and Instagram. These materials provide relevant prevention messages to our targeted parent community. *Raising Healthy Teens* increased its number of Facebook followers by 399%. A new Instagram account was also created, gaining more than 1,000 followers the first four months.

The youth-focused campaign, *Strength In Numbers*, increased its number of followers across the platforms by over 1,000% by developing an authentic voice and delivering meaningful information helping students to manage stress and anxiety in healthy ways. Campaign messaging also appeared in football and theatre programs, and other campus publications for our targeted schools within Capistrano and Laguna Beach Unified School Districts. *Strength in Numbers* also started a video campaign to allow students to share their stories. We recognized that the root issue leading to youth drinking or using drugs is the striving for perfection and the pressure to excel in school

and sports. The video campaign focused on this concept of “the pressure of perfection.” Having students share their stories supports other youth to know that they are not alone in their struggles. The campaign produced 12 videos generating 17,032 impressions and 1,879 full views.

Together, *Raising Healthy Teens* and *Strength in Numbers* provided substance use prevention education to 1,684 unique students, parents, and youth-serving adults in south Orange County through 2,331 encounters during the last fiscal year. The two social media campaigns combined have garnered over 660,000 impressions (number of ad exposures) and 24,500 encounters (number of clicks across all digital ads and social shares). We have developed a strong partnership with CUSD and LBUSD middle and high schools and have seen the rates of substance use reported in the California Healthy Kids survey decline from 2009, when we began this initiative. LBUSD 9th and 11th graders decreased use by 5% and 20% respectively, while CUSD 9th and 11th graders decreased by 48% and 29% respectively.

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS AND AFFORDABLE HOUSING

Population Served

South Orange County residents and individuals experiencing chronic homelessness

Long-Term Goal(s)/ Vision

Reduce chronic homelessness, support the number of persons entering bridge and supportive housing and strengthen affordable housing policies in the 2021-2028 housing elements.

Outcome Measures

- Reduce chronic homelessness in South Orange County by 2022 as measured by the rate of individuals experiencing chronic homelessness in the Annual Point in Time Count (2019 = 763)
- Continue securing bridge and permanent supportive housing solutions for identified residents in South County
- Strengthen affordable housing policies in the 2021-2028 housing elements in at least 2 target South Orange County cities by 2022.

Table 3. Strategies and Strategy Measures for Addressing Homelessness and Affordable Housing

Strategy	Population Served	Strategy Measure	Baseline	FY21 Accomplishments
1. Train a minimum of 100 housing champions in South Orange County cities to support affordable housing projects	Residents	# of housing champions trained	0	200 residents
2. Engage with housing champions in local city housing element process to promote stronger	Residents	Residents engaged in Planning and City Council meetings	0	11 residents engaged in local city processes

Strategy	Population Served	Strategy Measure	Baseline	FY21 Accomplishments
policies in the 2021-2028 housing elements that will result in more affordable housing				
3. Continue securing bridge and permanent supportive housing solutions for identified residents in South Orange County	Residents	Clients receiving bridge and supportive solutions	0	20 clients
4. Continue the Care Navigation program and implement best practices identified in the region	Individuals experiencing chronic homelessness	Patients in custodial care	0	Baseline being established

Evidence Based Sources

Insights from Housing Policy Research: The Impacts of Affordable Housing on Health: <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>

Housing and Family Economic Well-Being: https://www.hcd.ca.gov/policy-research/plans-reports/docs/pb02housing_economic_well_being0214.pdf

Resource Commitment

\$800,000 to support this effort and our partners, which include two community care navigators and grants to partner organizations.

Key Community Partners

Kennedy Commission; Family Assistance Ministries, Families Forward, Family Solutions Collaborative, Friendship Shelter, Habitat for Humanity, Illumination Foundation, Mercy House, Our Father's Table, South County Outreach, United Way OC, YIMBY

2021 Accomplishments

In FY21, 117 housing champions were trained by our partners OC United Way and YIMBY. 11 engaged in housing element work to promote stronger policies that will result in affordable housing. In addition, local resident coalitions have developed in the cities of Laguna Beach, Lake Forest, Mission Viejo, and San Juan Capistrano to advocate for affordable housing. Providence Mission Hospital piloted a housing mitigation program with Family Assistance Ministries (FAM). This effort helped 43 individuals in 2021, with 7 individuals obtain permanent housing with an additional 13 individuals linked to permanent housing opportunities with housing search still in progress. A regional care navigator work group has been convened to share best practices and collect common metrics across the three Providence hospitals in Orange County.

COMMUNITY NEED ADDRESSED #3: EQUITY/RACIAL DISPARITIES

Population Served

Limited English Proficient (LEP) Residents with low incomes in South Orange County

Young adults from diverse backgrounds interested in medical careers

Long-Term Goal(s)/ Vision

Improve the health outcomes of uninsured and underinsured residents.

Table 4. Strategies and Strategy Measures for Addressing Equity & Racial Disparities

Strategy	Population Served	Strategy Measure	Baseline	2021 Accomplishment
1. Provide services to LEP adults with low-incomes through efforts coordinated by the Community Health Investment Department	LEP Residents with low-incomes	# of participants at events	18,535 (FY19)	34,617 encounters
2. Host events that promote inclusion, diversity and	Residents	# participants at events	160 (2019)	186

Strategy	Population Served	Strategy Measure	Baseline	2021 Accomplishment
multiculturalism in South Orange County				
3. Reduce health disparities in alignment with local feedback and PSJH efforts	Residents, leadership of PSJH Diversity, Equity and Inclusion Committee	To be determined	To be determined	To be determined
4. Empower LEP adults with low-incomes to reduce isolation and improve resiliency through Community Health Investment outreach	LEP Residents with low-incomes	# of participants at events	165 (FY19)	4,149
5. Implement the COPE Health Scholars Program	College students in South Orange County	# of scholars participating per year	68 (2019)	250

Evidence Based Sources

Why Place Matters: Understanding the Role of Social Determinants of Health: www.societyhealth.vcu.edu

Confronting Racism by Achieving Health Equity: www.chausa.org

Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice: www.preventioninstitute.org

Resource Commitment

\$600,000 in staff time and operational expenses

Key Community Partners

Access California Services, Boys and Girls Club-Laguna Beach, Breakthrough SJC, Catholic Charities, Catholic Diocese of Orange: Office of Life, Justice & Peace, Coalition for Immigrant Rights (CHIRLA), Community Health Initiative OC (CHIOC), Community Legal Aid of Southern California Congregation of the Sisters of St. Joseph, Clergy & Laity United for Economic Justice (CLUE), COPE Health Scholars Program, Haitian Bridge Alliance, Interfaith Council of Greater Rancho Santa Margarita, Latino Health Access, Mission Basilica Immigration Ministry, OC Human Relations, OC Civic Engagement Table,

OC Opportunity Initiative Funders Collaborative, OMID Multicultural Institute for Development, Orange County Community Foundation, OC Resilience, Our Savior's Lutheran Church, Public Law Center, St. Edward Church Social Justice Ministry, UNIDOS, Women for American Values and Ethics, World Relief

2021 Accomplishments

Strategy 1. Serve LEP adults with low incomes through efforts coordinated by the Community Health Investment Department.

In FY21 the CHI team served a total of 14,475 unduplicated and 34,617 duplicated low income, limited English Proficient (LEP) individuals through 3 main efforts: Immigration Relief services and programs, Access and Health Promotion programs, and the Retention and Utilization model for health care access coordination for the uninsured and newly insured.

The Immigration relief services and programs served 1,153 unduplicated and 4,635 duplicated low income, limited English Proficient (LEP) individuals through community forums and workshops on Health and Immigration, Know Your Rights & Family Preparedness plans, legal services, adult English as a second language classes, and emergency Covid 19 economic relief.

The Community Health Investment team implemented Access and Health Promotion programs serving 11,670 unduplicated and 23,824 duplicated low income, limited English Proficient (LEP) individuals. Efforts focused on disease prevention education on Covid-19 and chronic disease, coordination of Covid and Flu Clinics, Nurse Community Education and Nurse navigation in community settings; and Community Based Outreach & Service Education promoting the Family Resource Center and connecting clients to services.

The Outreach, Enrollment, Retention and Utilization model for health care access coordination for the uninsured and newly insured served 1,652 unduplicated and 6,158 duplicated low income, limited English Proficient (LEP) individuals. 1,113 individuals were enrolled for the first time in Medi-Cal, Covered California, Cal-Fresh, Cal-works and other social programs. 539 individual renewed applications. 4,506 duplicated individuals received education and counseling on how to access and use health insurance and other social service benefits.

Strategy 2. Increase participants attending events promoting inclusion, diversity and multiculturalism in South Orange County (2019 baseline = 160)

In FY 2021, the Community Health Investment team implemented 20 events, where 361 participants attended diversity, inclusion and multicultural activities such as Inclusion and Diversity Awareness and Education campaigns, Public Witness events, Listening Circles with under-represented individuals, and the Interfaith Justice Collaborative of South Orange County compromise of faith based and

community leaders promoting inclusion and belonging, and advocating for immigrants and other vulnerable groups rights in South OC.

In addition, Mission Hospital facilitated the formation of the South Orange County Equity Collaborative, with a mission to advance equity and justice for South OC's most vulnerable residents through community engagement, coordinated advocacy, and leveraging resources. The group began its formation in December 2020, and consists of a dozen agency and community leaders from South Orange County. The collaborative was selected as a cohort for the American Hospital Association Hospital Community Collaborative in 2021. A subset of the Equity Collaborative begins this 6-month learning experience in July 2021 to help strengthen efforts and create a lasting impact in South County.

Strategy 3. Develop and implement a plan to reduce the health disparity in alignment with local feedback and PSJH efforts (baseline to be determined)

PSJH is collaborating with multiple agencies in Orange County to develop an equity approach that aligns with efforts across the region. As the plan is formalized, we will integrate approaches to reduce health disparities identified.

Strategy 4. Empower LEP individuals with low incomes to reduce isolation and improve resiliency through Community Health Investment outreach.

In FY21, Efforts to empower residents focused on civic engagement education and community building efforts. We served 3,802 unduplicated and 4,149 duplicated Limited English Proficient individuals with low incomes.

We partnered with the Coalition for Humane Immigrant Rights (CHIRLA), The Orange County Civic Engagement Table, Latino Health Access and the Copes Scholars to implement civic engagement education via phone banking and digital organizing practices to support the US Census campaign and voting education and voting registration serving 3,724 unduplicated and 3,884 duplicated individuals. We provided training and support to 41 unduplicated and 130 duplicated community leaders and volunteers through the Community Engagement Action Councils at Mission sponsored Family Resource Centers, and a partnership with Orange County Health Care Agency Resident Leadership training.

We supported 29 community building efforts with 78 unduplicated and 265 duplicated residents. Activities focus on volunteer opportunities for the Family Resource Center Community Engagement Action Councils, listening circles with Faith Based groups to discuss the needs in the community and opportunities for involvement, and Immigration Reform Advocacy and inclusion and belonging efforts activities with Community leaders.

Strategy 5. Increase the number of enrollees into the COPE Health Scholars Program (2019 baseline = 68).

In FY21, 250 Cope Health Scholars were enrolled in the program at Mission Hospital. There were 4,317 encounters during the fiscal year. Cope scholars held rotations through many clinical departments, and the Community Health Investment team. The Health Scholar program at Mission Hospital experienced significant growth during this year with a total of 155 students actively participating in the program and 21 leaders serving on the leadership team by June 2021. 33% of our students identified as Asian, Black or African American, Pacific Islander, American Indian, or two or more races and 61% of our scholars spoke a language other than English. Departments that were closed for shifting to Health Scholars due to the pandemic had all reopened by the end of the year and additional departments such as Interpreter Services, Labor and Delivery, and Emergency Department now host Health Scholars. Additionally, Health Scholars had contributed support to the Covid-19 vaccination clinic that began in December 2020 through Spring 2021. To further the experience and impact of Health Scholars, we initiated the creation of our Health Scholar Focus Group and implemented patient guide rounding in all in-patient departments where scholars participate.

Other Community Benefit Programs

Table 5. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Access to Care	Camino Health Center	<p>Since 1982, Camino Health Center’s mission has been to improve the health of the underserved in south Orange County by providing affordable, quality, primary health care. In fiscal year 2021, Camino Health Center served 14,978 low-income patients and provided 49,229 visits across its medical, dental, behavioral health, and optometry programs. During the same period, Camino’s Women, Infants, and Children (WIC) supplemental nutritional program issued over 45,300 food packages and conducted more than 20,000 participant contacts.</p> <p>Health center services are provided through Camino’s three locations in San Juan Capistrano, San Clemente, and Lake Forest. In June of 2021, Camino relocated its San Clemente health center to a larger facility, enabling the health center to provide more care to patients living in the county’s southernmost community.</p> <p>To increase access to care for working families, Camino provides services six days a week, including weekday evenings.</p> <p>Camino continues to see new Medi-Cal patients, ending the year with an all-time high number of assigned members. The number of uninsured patients remains high as well; 37% percent of the health center’s medical visits in fiscal year 2021 were for uninsured patients.</p> <p>Camino continues to emphasize patient centered medical home practices and an</p>	Low-income and vulnerable

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
		<p>integrated service delivery model. This year the health center grew its behavioral health program by adding the position of Associate Behavioral Health Specialists. These are providers who have a Master’s in Social Work (MSW) and are working on their hours to become licensed clinical social workers. The addition of two Associate Behavioral Health Specialists in the fiscal year increased access to behavioral health services.</p> <p>Camino Health Center is a leader in the community in the fight against the COVID-19 pandemic. Throughout the year, Camino offered tests, vaccinations, and treatment to those effected by COVID-19. During the height of the pandemic, telehealth services were an essential tactic for delivering care. Though by the end of the fiscal year, a majority of patient visits were seen in-person.</p> <p>Camino received additional supplemental grant funding through the American Rescue Plan from the U.S. Health Services and Resources Administration (HRSA). This grant was vital to the health center to prepare, prevent, and respond to COVID-19.</p> <p>As a key provider of care to the low-income and underserved in south Orange County, Camino was acknowledged by HRSA for its work in 2020 to advance Health Information Technology (HIT) for quality, COVID-19 data reporting, and for maintaining its patient centered medical home recognition.</p>	
2. Access to Care	Community Care	The Community Care Navigators engaged with 332 frequent visitors to our Emergency Departments (ED), clients who	Low-income vulnerable

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
	Navigator program	<p>are uninsured or under-insured, homeless, experiencing chronic medical problems, severe mental illness or substance use. 5,717 encounters were provided for these clients. Engaged clients averaged 2.5 ED visits per quarter, compared to a history of 6.3 visits for that population in general, a 60% reduction. Using the One Care Vermont as an indicator of the social determinants of health, 33% of clients showed significant improvement.</p> <p>102 of these frequent visitors were then able to be discharged from the Care Navigation program because they received services that addressed their social and health care needs.</p> <p>Community Care Navigators contacted 49 uninsured or underinsured patients with “avoidable” visits to the ED to encourage these clients to follow the discharge plan recommended by the ED provider. Care Navigators offered information about insurance enrollment, and access to affordable or covered primary care and urgent care. They assisted in scheduling medical appointments, and provided other community resources to reduce future unnecessary visits to the ED.</p>	
3. Access to Care	Nurse Navigator Program	Community nursing program services ranged from working with seniors to reduce isolation and depression, to supporting 14 individuals who are frequent ED visitors to manage chronic their medical conditions.	Low-income vulnerable

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
		<p>Administered flu vaccinations for 482 low-income residents. Assisted in scheduling 4 COVID-19 community vaccination clinics and conducted one. Provided COVID-19 vaccinations for 160 hospital caregivers.</p> <p>Nurse Navigator provided 997 encounters with community members. Followed up with 42 clients recently discharged from the Hospital who were at high risk of readmission or death within 30 days, and with patients who had received treatment for congestive heart failure. Nurse Navigator assessed needs, provided resources and education, coordinated care to decrease chances of readmission, and accompanied clients to medical appointments.</p> <p>The Community Nurse Navigator served as preceptor for 5 RN-BSN first and second semester students for a total of 440 hours of training and community support services; and 35 additional nursing students staffed our flu clinics.</p>	
4. Economic Mobility/ Mental Health	WorkForce Development: Mental Health Counseling Intern Program	Clinical Social Work Student Interns and Marriage & Family Therapist Student Interns receive orientation, training and clinical supervision to offer therapy and case management services at the Family Resource Centers. 12 Student Interns, supervised by our licensed Intern Coordinator, offered therapy to low-income and vulnerable clients, contributing greatly to the total number of clients served through our Mental Health Initiative.	Low-income Vulnerable Broader community
5. Access to Care/ Mental Health	Family Resource Centers	Two family resource centers are managed in the community to provide access to social services for community members with limited resources. The following services are provided: Mental Health services, Skills for Life	Low-income Vulnerable

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
		<p>programs, Health Insurance and Social Programs Enrollment and Counseling, Parenting Support & Education, Parent/Child classes, Family Advocacy, Information & Resource Referral Services, Personal Empowerment Programs, Community Engagement and Leadership, Legal Counseling, Adult English as a Second Language classes, Limited emergency financial assistance</p> <p>These centers are lifelines for many people in the community and serve a much-needed linkage to community programs. Partnerships continue with non-profit agencies, including newer relationships with: Boys and Girls Club of Laguna Beach, Children Bureau, Community Health Initiative of Orange County, Families Assistance Ministries, Forward, Human Options, Public Law Center, Saddleback College, The Coalitions of Community Health Centers, Orange County Social Services.</p> <p>Total Encounters: 49,261 (both Centers combined) SOC FRC: 18,676 CHEC FRC: 30,585</p>	

FY21 COMMUNITY BENEFIT INVESTMENT

In FY21 Providence Mission Hospital invested a total of \$60,148,585 in key community benefit programs. \$59,338,232 was invested in community health programs for the poor. \$6,024,368 in charity care was provided, \$46,398,734 in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and \$3,346,738 in community benefits for the broader community. The hospital received \$50,808,760 income from the MediCal Hospital Quality Assurance Fee program for FY21. If it was not for the Hospital Quality Assurance Fee received, Unpaid Cost of MediCal would have been \$97,207,494. Providence Mission Hospital applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2021 PROVIDENCE MISSION HOSPITAL (July 1, 2020-June 30, 2021)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	6,024,368
	Unpaid cost of Medicaid	46,398,734
	Unpaid other govt. programs	
Other Benefits for Vulnerable Populations	Community Health Improvement Services	2,276,595
	Subsidized Health Services	2,575,992
	Cash and In-Kind Contributions	1,818,326
	Community Building	
	Community Benefit Operations	244,217
	Total Benefits for Vulnerable Populations	59,338,232
Other Benefits for the Broader Community Populations	Community Health Improvement Services	543,983
	Subsidized Health Services	
	Cash and In-Kind Contributions	
	Community Building	236,370
	Community Benefit Operations	
Health Profession Education, Training and Research	Health Professions Education and Research	30,000

	Total Benefits for the Broader Community	810,353
	Total Community Benefit	60,148,585
Medical Care Services for the Broader Community	Total Medicare shortfall	47,896,686

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

In addition to the financial investments made by Providence Mission Hospital, 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 by our staff and physicians every day.

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

Community Participation: Our leaders serve on the Boards of Directors of many non-profit organizations, including Camino Health Center, Friendship Shelter, Family Assistance Ministries, and the Boys & Girls Club of San Clemente. Caregivers support many special events with their time, including Service Days, Public Witness, Race for the Cure and the Heart Walk. When there is a need in the community, our staff respond with their time, expertise and financial support.

Angel Program: Angel Program: Every year, Mission Hospital coordinates the “adoption” of families during Back to School and the holiday season. In FY20, 127 students from the community received much needed school supplies during our Back-to-School Angel Program in August, and 96 families (representing 146 adults and 224 children) were generously provided with individualized gifts for the 2019 holiday season. 56 Hospital departments participated in this program, purchasing clothing and supplies, and donating gift cards for these families. We also continued close partnerships with several outside organizations who adopted families in need, including Camino Health Center; LaVine & Associates CPAs, Inc.; Mazzo Group; and Mission Heritage Medical Group.

St. Joseph Day Food & Clothing Drive:

As part of our celebration of St. Joseph, our Patron Saint, Mission Hospital hosts a food and clothing drive to help local non-profits who serve the vulnerable residents in South County. While this tradition was interrupted due to the COVID-19 outbreak, our caregivers created safe protocols in March 2021 to collect donations for local pantries.

2021 CB REPORT GOVERNANCE APPROVAL

This 2021 Community Benefit Report was adopted by the Community Health Committee of the hospital on November 9, 2021. The final report was made widely available by Nov 15, 2021.



November 9, 2021

Marcelo Mills

Date

Chair, Community Health Committee, Providence Mission Hospital

Contact:

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Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

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- [Hoag Memorial Hospital Presbyterian in Orange County, CA.](#)
- [Kadlec in Southeast Washington](#)
- [Pacific Medical Centers in Seattle, WA.](#)
- [Swedish Health Services in Seattle, WA.](#)

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.