St. Jude Medical Center

Fiscal Year 2016 COMMUNITY BENEFIT REPORT

PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT

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[1] Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

EXECUTIVE SUMMARY

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

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

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

INTRODUCTION

Who We Are and Why We Exist

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

St. Jude Medical Center has been meeting the health and quality of life needs of North Orange County as part of St. Joseph Health Ministry since 1957. Serving the communities of Fullerton, Brea, Buena Park, La Habra, Placentia, Yorba Linda and the surrounding areas, St. Jude Medical Center is a 320 acute care hospital that provides quality care in the areas of cardiac care, oncology, orthopedics, general surgery, rehabilitation, perinatal services, critical care, diagnostic imaging and emergency medicine. St. Jude Heritage Healthcare has been a partner since 1995. With the Medical Center's 2,472 employees and 663 medical and allied health staff realizing the mission, St. Jude Medical Center is one of the largest employers in the region. Together we are committed to increasing access to the most vulnerable through our charity care and community clinics, improving the health of our community through prevention and

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

Community Benefit Investment

St. Jude Medical Center invested **$56,318,477** in total community benefit in FY 2016 (FY 16) excluding Medicare a 0.5% decrease from FY15 ($56,613,403) For FY 16, St. Jude Medical Center had an unpaid cost of Medicare of $19,237,242, a decrease of 27%. This decrease in unpaid cost of Medicare is due to more efficient operations and overall increased volume of patients.

Overview of Community Health Needs and Assets Assessment

The Community Health Needs Assessment for St. Jude Medical Center was completed in collaboration with the Orange County Health Care Agency (Orange County's Public Health Department), community organizations that work with both low income residents and the broader community and with input from low income residents in the communities we serve. The assessment incorporates primary source data conducted by Professional Research Consultants, Inc. (PRC) in 2012 with comparison data from 2007, U.S. Census data, Community Need Index data to identify communities of greatest need (nationally), Intercity Hardship data to identify block groups with greatest need within SJMC's service area, and qualitative information including collected key informant interviews and focus groups from the communities we serve. The data reflects the racial, ethnic and economic diversity of the community and is compared with local, county, state and national benchmarks where available. The assessment incorporates priorities that emerged through community input, particularly identifying issues among those who are most vulnerable.

The key findings of the assessment are:

- North Orange County is a community of great wealth and poverty. The highest need block group in Orange County region is located in SJMC service area, while also including some of the least needy areas.
- North Orange County has a highly racially, ethnically, and socio-economically diverse population, which results in health disparities, particularly in regards to access to health care, diabetes and obesity.
- The rate of uninsured individuals has increased substantially from 2007 with 18.7% of adults lacking medical insurance and 34% lacking dental insurance.
- 28.7% of the adult population in our service area has high blood pressure; 32.7% have high cholesterol, 11% have diabetes, 4.7% have cancer – all of which have increased since 2007.

- Rates of asthma in adults and children, heart disease, osteoporosis, breastfeeding, tobacco use, and self-rating of health have improved since 2007.
- The rate of overweight and obese children and adults has increased in 2012 to 60.9% of adults and 30% of children.
- The rate of mammography screening and prostate PSA screening has declined, while screening for cervical cancer and colon cancer has improved.
- 8% of residents report being depressed and an increasing percentage are accessing treatment in 2012 as compared to 2007.
- Chronic alcohol consumption has reportedly decreased but binge drinking as increased which is consistent with national trends.

Stakeholder priorities focus on access to medical care for the underserved, prevention and treatment of childhood obesity, and services to the homeless. The priorities of low-income residents focus on obesity, depression, substance abuse, diabetes, hypertension, stress, hyperlipidemia, and concerns regarding safety.

Community Plan Priorities/Implementation Strategies

Our accomplishments for Fiscal Year 16 include:

Increase Access to Medical Care for the Uninsured:

- Provided 17,105 medical visits, 7,798 dental visits and 1077 mental health visits to 6,629 uninsured/underinsured low income persons through our affiliated fixed site and mobile community clinic partnership with St. Jude Neighborhood Health Centers, an increase in visits of 6.3%. Provided 35 procedures on SuperSurgery Saturday.

Increase the percentage of 5th, 7th, and 9th graders in targeted schools in the Healthy Fitness Zone in body composition within our CBSA; strengthen city, school, and organizational policies that promote healthy lifestyles:

- Implemented strengthened school wellness policies in 4 school districts, reached over 22,000 low income students with nutrition education or physical activity, 18,318 low income residents participated in Move More Eat Heathy, cities received over $3 million in active transportation and park grants. 26% of schools showed an improvement in the percentage of 5th and 7th graders in the healthy fitness zone for body composition.

Enhance infant and child health through improved immunization rates:

- The immunization rate for DTAP at St. Jude Neighborhood Health Centers increased from 70% to 98% and for MMR increased from 88% to 100%.

Improve behavioral health in low-income populations though prevention and access: The PBIS program had 24 Title 1 schools participating in FY 16. Regional community benefit psychiatrist hired providing services to uninsured at five sites. St. Jude Neighborhood Health Centers provided 1,077 mental health counseling visits.

INTRODUCTION

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St. Jude Medical Center has been meeting the health and quality of life needs of North Orange County as part of St. Joseph Health Ministry since 1957. Serving the communities of Fullerton, Brea, Buena Park, La Habra, Placentia, Yorba Linda and the surrounding areas, St. Jude Medical Center is a 320 acute care hospital that provides quality care in the areas of cardiac care, oncology, orthopedics, general surgery, rehabilitation, perinatal services, critical care, diagnostic imaging and emergency medicine. . With the Medical Center's 2,472 employees and 663 medical and allied health staff realizing the mission, St. Jude Medical Center is one of the largest employers in the region. We are committed to increasing access to the most vulnerable through our charity care and community clinics, improving the health of our community through prevention and disease management programs and working in collaboration with others to serve all residents in North Orange County with a special focus on those living in poverty.

As we move into the future, St. Jude Medical Center is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next few years (FY16-18), St. Joseph Health, St. Jude Medical Center strategically focused on two key areas to which the Community Benefit Plan strongly align: population health management and network of care.

Community Benefit Investment

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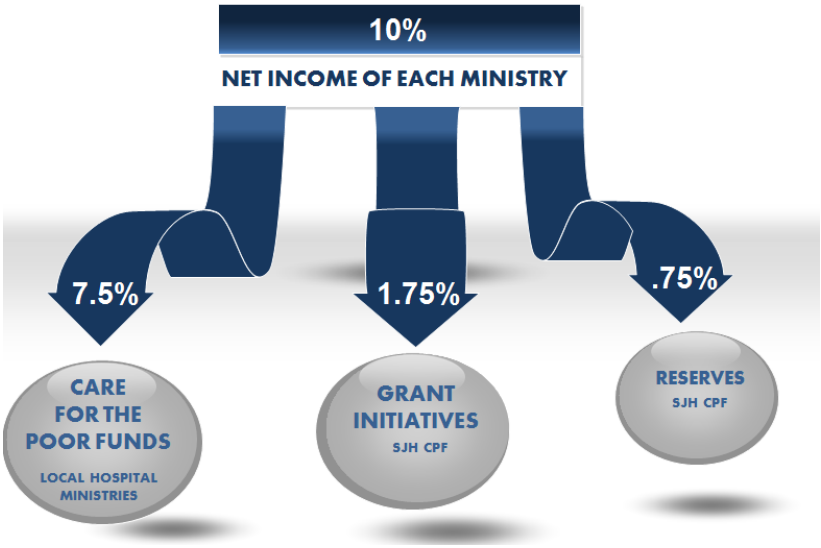
ORGANIZATIONAL COMMITMENT

Community Benefit Governance Structure

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



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

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

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

St. Jude Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and

collaboration. The Vice President of Healthy Communities, the Vice President of Mission Integration, and the SJMC Community Benefit Committee of the Board of Trustees are responsible for coordinating implementation of California Senate Bill 697 provisions as well as provide the opportunity for community leaders, internal hospital Executive Management Team members, physicians, and other staff to work together in planning and carrying out the Community Benefit Plan.

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

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

The CB Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes six members of the Board of Trustees and 16 community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. Committee generally meets quarterly.

ROLES AND RESPONSIBILITIES

Senior Leadership

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

Community Benefit Committee (CBC)

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

Community Benefit Department

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

Community

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

PLANNING FOR THE UNINSURED AND UNDERINSURED

Patient Financial Assistance Program

The St. Joseph Health (SJH) Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover. In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment.

At St. Jude Medical Center, our commitment is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients. In FY16, St. Jude Medical Center, provided $4,874,274 free (charity care) and discounted care and 13,589 encounters.

For information on our Financial Assistance Program click http://www.stjudemedicalcenter.org/Patients-Visitors/Billing-Information/Patient-Financial-Assistance.aspx .

Medi-Cal (Medicaid)

St. Jude Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY16, St. Jude Medical Center, provided $42,737,936 in Medicaid shortfall. *This includes the impact of the California MediCal Hospital Fee Waiver Program.*

COMMUNITY

Defining the Community

St. Jude Medical Center provides parts of Orange, Riverside, Los Angeles and San Bernardino counties with access to advanced care and advanced caring. The hospital's total service area extends from Walnut and Chino Hills in the north, Anaheim in the south, Corona in the east and Whittier and La Mirada in the west. Our Hospital Total Service Area includes the cities of Anaheim, Brea, Buena Park, Chino, Chino Hills, Corona, Diamond Bar, Fullerton, Hacienda Heights, La Habra, La Mirada, Placentia, Walnut, Whittier and Yorba Linda. This includes a population of approximately 1.61 million people, which is similar to the prior assessment. This population is ethnically diverse with 44.5% Hispanic and 19.3% Asian-Pacific Islander, youthful with 25.9% of the population under 17 years of age, and with both wealth and poverty with 8.4% of households living below the federal poverty level. This area has some of the most densely population neighborhoods in California.
The Medical Center has defined a Community Benefit Service Area since it began developing community benefit plans more than fifteen years ago that focuses on the cities nearest the hospital, including Fullerton, Brea, La Habra, Placentia, Buena Park and Yorba Linda. The CBSA includes two areas designated as Medically Underserved Populations – one in south Fullerton and the other in La Habra. For a complete copy of St. Jude Medical Center's FY14 CHNA click here: www.stjudemedicalcenter.org.

Hospital Total Service Area

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

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

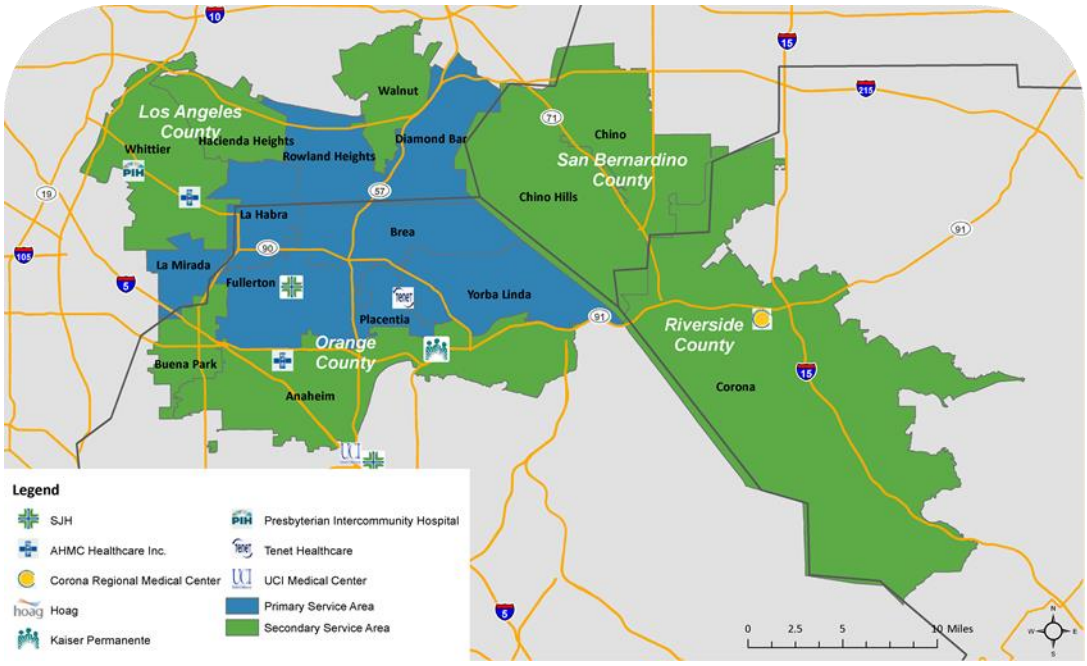
The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional fifteen percent of the population of the Hospital's inpatients reside. The PSA is comprised of Fullerton, Brea, La Habra, La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

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

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

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

Figure 1. St. Jude Medical Center Total Service Area



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

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

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

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

COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

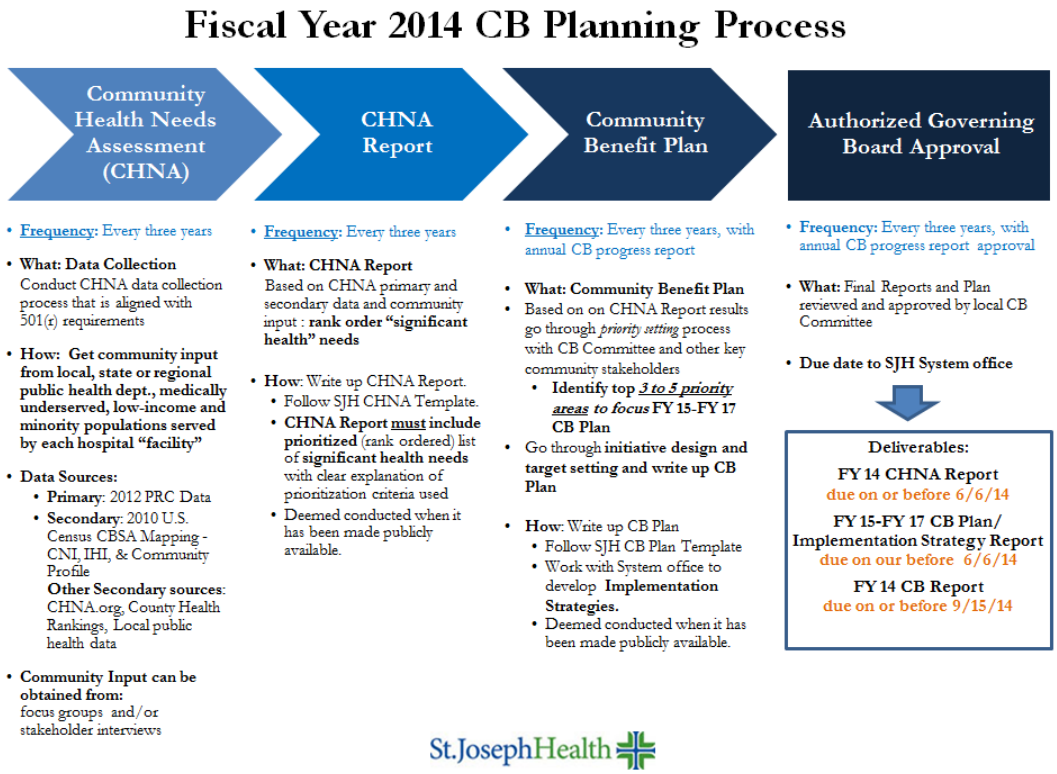
Summary of Community Needs Assessment Process and Results

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

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

The process utilized in the community health needs assessment is outlined in Figure 2.

Figure 2. Process utilized in conducting the needs and assets assessment.



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

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

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

Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry service area.
Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care. Table 3 lists the groups and identified community needs and assets.

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

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

PRIORITY COMMUNITY HEALTH NEEDS

The list below summarizes the prioritized community health needs identified through the FY14 Community Health Needs Assessment Process:

- Diabetes
- Cardiac Health
- Obesity
- Access to Medical Care
- Immigration Reform
- Asthma
- Older Adult Health
- Behavioral health
- Access to Dental Care
- Safety
- Homeless Services
- Infant and Child Health
- Income Inequality

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit programs and by funding other non-profits through our ***Care for the Program*** managed by St. Jude Medical Center. Furthermore, St. Joseph Health, St. Jude Medical Center will endorse local non-profit organization partners to apply for funding through the St. Joseph Health, Community Partnership Fund. Organizations that receive funding provide specific services, resources to meet the identified needs of underserved communities through St. Joseph Health communities.

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

Substance Abuse: The Hospital does not have a substance abuse program; however, we collaborate with the Gary Center and county supported substance abuse programs that provide those services by referring patients to them and are beginning to have discussions with the St. Joseph Hoag Health Regional Mental Health Steering Committee regarding providing outpatient substance abuse services to North Orange County

Teen Pregnancy: The Hospital does not have a program targeting teen pregnancy however we partner with the La Habra Collaborative who oversees the Fristers program for teen moms and their babies.

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

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

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

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

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

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

Table 4. Issues identified in the CHNA, as ranked by the Community Benefit Committee.

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

*Two of three groups rated as important. **All three groups rated as important. Red: Top priorities chosen for FY15-17.

Under this ranking system each of the health issues were ranked by Community Benefit staff as "Low" (1 point), "Medium" (2 points), or "High" (3 points) – with "High" indicating most need or most resources and "Low" indicating less need or less resources (see Table 4 – 5 on the next page). For Time Commitment and Degree of Controversy, these criteria were scored with "Low" being 3 points and "High" being 1 point. Income inequality and immigration were included in the priorities since both are major underlying causes of poor health outcomes in our community. The Robert Wood Johnson Foundation also recently recommended that non-medical, social determinants of health be included within hospitals' priorities and plans.

Table 5. Community Benefit Ranking System

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

Table 5. Community Benefit Ranking System cont'd

Criteria	Behavioral Health	Cardiac Health	Asthma	Infant/Child	Safety	Older Adult Health
Relevancy to mission	Hi	Hi	Hi	Hi	Hi	Hi
Scope of problem	Hi	Hi	Med	Low	Med	Med
Seriousness of problem	Hi	Hi	Med	Low	Med	Med
Health Disparities	Hi	Hi	Hi	Med	Hi	Hi
Effectiveness of interventions	Hi	Hi	Hi	Hi	Med	Med
Economic feasibility	Med	Med	Med	Med	Low	Low
Importance to community	Med	Low	Low	Low	Low	Low
Time Commitment*	Hi	Med	High	Med	Hi	Hi
Degree of controversy*	Med	Low	Low	Low	Low	Low
Existing efforts on problem	Low	Med	Med	Med	Med	Hi
Implications for not proceeding with problem	Med	Hi	Med	Med	Med	Med
Sustainability likely	Low	Med	Med	Med	Hi	Hi
Total Points	**26**	**30**	**26**	**23**	**25**	**26**

The St. Jude Medical Center's Board of Trustees Community Benefit Committee selected the following priorities for the FY 15-17 Community Benefit Strategy and Implementation Plan:

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

Improving Medical Access to the Underserved Initiative
FY 16 Accomplishments

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

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

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of persons served (encounters) Heritage CalO network #	25,204 encounters 0	25,501 encounters 1000	24,964 encounters 0
Strategy(ies)	***Strategy Measure***	***FY16 Target***	***FY16 Result***
1. Provide grant and in-kind support to the SJNHC	Number of encounters served at SJNHC	23,870	24,903
2. Provide subsidy for specialists in ER to serve uninsured encounters	Number of uninsured patient encounters provided subsidized care by specialists in ER	631 encounters	61 encounters*
3. Hospital and Heritage to participate as CalOptima Network	Number of CalOptima patients cared for by integrated delivery systems (IDS) in Heritage CalOptima network.	1000 members	0 members

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

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

FY16 Accomplishments: St. Jude Neighborhood Health Centers provided 24,903 encounters which is 4.3% more than the FY 16 target. The subsidy for ER physicians to serve the indigent decreased from 93 to 61. The CalOptima Heritage network implementation was postponed for a variety of reasons both because of CalOptima and Heritage needs. Although the CalOptima Heritage network implementation was postponed, Heritage did join the CalOptima Community Network, as did St. Jude Neighborhood Health Centers with a current enrollment of over 1,500.

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Move More Eat Healthy Initiative

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

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

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of schools which show an increased percentage of 5th and 7th graders in the Healthy Fitness Zone for body composition.	2013 Fitnessgram scores for body composition	20 percent of targeted schools have an increase in the per cent of 5th and 7th graders in the Healthy Fitness Zone for body composition.	25% of targeted school showed an increase in Fitnessgram scores for body composition in School Year 2015 (7 out of 28)
Strategy(ies)	**Strategy Measure**	**FY 16 Target**	**FY16 Results**
1. Number of schools who have an increased percentage of healthy weight 5th and 7th grade students in the Healthy Fitness Zone.	# of schools with percentage of 5th and 7th grade children attending schools in target neighborhoods whose body composition are in the Healthy Fitness Zone on the Fitnessgram	Current scores will be baseline.	25 percent of targeted schools showed an improvement in the per cent of children who are in the Healthy Fitness Zone for body composition
2. Engage four school districts in implementing policies that promote a healthy	Number of active Wellness Councils; number of new policies or administrative rules that strengthen the	4 Active Wellness Councils; 4 updated Wellness Policies	4 Active Wellness Councils; 4 updated Wellness Policies

lifestyle	Wellness Policy		

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Mover More Eat Healthy Initiative (Continued)

Outcome Measure	Baseline	FY16 Target	FY16 Target
3. Partner with four targeted cities to enhance their level of commitment in HEAL or Let's Move	Number of HEAL cities that achieve Active or Fit City recognition and/or number of Let's Move Cities that meet all recommended criteria	3 HEAL cities that achieve Active or Fit recognition or Let's Move-recognized cities	1 city (La Habra) achieved HEAL Fit City designation. 2 Cities (Fullerton and Placentia) are Active HEAL cities and Buena Park received Bronze Let's Move designation.

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

Progress in FY16:
25% of 28 Title 1 schools showed in increased percentage of 5th and 7th grade children in the Healthy Fitness Zone for body composition in FY 16 as compared to FY 15 exceeding the goal. All other FY16 targets have been met. Our four targeted school districts – Fullerton, Placentia-Yorba Linda, Buena Park and La Habra had active District Wellness Committees. La Habra received Fit City HEAL designation, Placentia received and Fullerton maintained Active City HEAL designation and Buena Park received Bronze Medal Let's Move designation in all categories.

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Behavioral Health Initiative

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

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

Outcome Measure	Baseline	FY16 Target	FY16 Result
Number of behavioral health programs offered to the community	1 programs	3 programs	3 programs
Strategy(ies)	**Strategy Measure**	**FY16 Target**	**FY16 Result**
1. Integrate behavioral health services at St. Jude Heritage and SJNHC	Number of behavioral health tools used for screening at SJNHC and SJHH	2	2 tools
2. Collaborate with targeted school districts to enhance management of children with behavioral problems	Number of Title 1 schools participating in PBIS program in North Orange County	24	29
3. Address the needs of homeless patients with mental health and substance abuse problems	% of patients with mental health and substance abuse issues connected to services	Baseline to be established in FY 16	32.6% per cent of homeless patient with mental health and substance abuse issues that were able to be connected to services

FY15 - FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Behavioral Health Initiative (Continued)

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

Progress in FY16
Both the St. Jude Neighborhood Health Center and St. Jude Heritage introduced behavioral health screening tools in the primary care setting. St. Jude Neighborhood Health Center introduced the Staying Health Assessment and the Staying Healthy Assessment 50+ which address mental health issues. St. Jude Heritage utilizes the PHQ-9 for seniors and an ADHD assessment. The PBIS program had 29 Title 1 schools participating in FY16 exceeding the goal that was established. One-third of homeless patients who have mental health or substance abuse issues were able to be connected to services.

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

Infant and Child Health Initiative

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

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

Outcome Measure	Baseline	FY16 Target	FY16 Result
Percent of children ages 2 and under receiving dTAP and MMR immunizations	DTAP immunization rate: - Heritage North: 48% - SJNHC: 36% MMR immunization rate: - Heritage North: 86% - SJNHC: 73%	DTAP immunization rate: -Heritage North: 80% -SJNHC: 45% MMR rate: -Heritage North: 90% - SJNHC: 80%	DTAP immunization rate: - Heritage North: 79.3%% - SJNHC: 96.02% MMR immunization rate: - SJNHC: 100%

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

Infant and Child Health Initiative (Continued)

Strategy(ies)	Strategy Measure	FY16 Target	FY16 Results
1. Strengthen the reminder/recall system for immunizations.	System in place to effectively remind and recall patients for immunizations.	Continue system implementation	System implemented.
2. Track reasons why parents are refusing immunizations and develop plan to address these reasons.	Tracking system in place and data available.	System implemented	System implemented
3. Evaluate the effectiveness and the delivery of educational materials and improve where needed.	Evaluation of educational materials and delivery available.	Evaluation completed	Completed in FY 15

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

Progress in FY16
The immunization rate for Diphtheria, Tetanus and Pertussis (DTaP) at St. Jude Neighborhood Health Centers increased from 70% to 96.02% and for St. Jude Heritage Medical Group was stable. The immunization rate for MMR at St. Jude Neighborhood Health Centers increased from 88% to 100%,
The reminder systems, tracking parent refusals and the educational materials were all evaluated. At Heritage posters were introduced in the exam rooms that highlighted the consequences of not being immunized.

Other Community Benefit

Initiative (community need being addressed)	Program	Description	FY16 Accomplishments
Emergency Food and Shelter, Community Building and Disaster Relief	St. Joseph Health Community Partnership Fund	2.5% of hospital net income contributed to provide emergency food and shelter grants, community building grants and disaster relief grants.	Four emergency food and shelter grants were provided to organizations in North Orange County. These grants were: Grandma's House of Hope for food distribution; Illumination Foundation for housing support; Interval House for shelter services; and Pathways of Hope for housing.
Transportation and support services to low income seniors	Senior Services	Provide non-emergency medical transportation, volunteer home assistance, chronic disease, depression and bereavement support	6,834 non-emergency transportation trips provided. 9,760 encounters provider for services to low income and frail seniors.

Other Community Benefit (Continued)

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
Technical assistance and support to local and county collaboratives	Healthy Communities	Provides technical assistance and support to four city collaboratives and several county-wide groups focused on reducing health disparities.	Provided leadership to Alliance for a Healthy Orange County which is the community collaborative for a CDC prevention grant, Chair of La Habra Collaborative; Treasurer of Fullerton Collaborative; Co-Chair of OC Health Improvement Partnership.
Indigent patients being discharged from the hospital lacking funds for medication, equipment and support.	Indigent Patient Discharge Needs	Provide medication, durable medical equipment, transportation and other services on discharge.	84 encounters provided by program.
Community Support for Persons with Disabilities	Rehabilitation Community Exercise and Rehab Community Follow-Up Programs	Provides low cost and no cost exercise programs, communication recovery group and nurse follow-up to persons with a disability.	6,587 encounters in exercise and communication recovery program; 708 encounters in rehab community follow-up program.

Other Community Benefit (Continued)

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
Support to family caregivers	Family Caregiver Support Program/Caregiver Resource Center	In-kind support to government funded program providing supportive services to family caregivers.	131,578 encounters provided in FY16. Received UCI Campus Community Research Incubator grant to re-design Journey to Caregiving program.
Adults with traumatic brain injury	St. Jude Brain Injury Network	Financial support for community re-integration services to adults with a traumatic brain injury.	916 encounters provided in FY16.
Food Access	Food for the Hungry and Meals on Wheels	Provide cooked food that is not sold to FoodFinders and special diets to Fullerton Meals on Wheels	Provided 3,864 lbs. of food for the hungry.
Persons with Disabilities	Neuro-Rehab Continuum of Care	Subsidy for neuro-rehab continuum of care services to community	4,896 encounters provided.
Education and screening	Community Education and Health Fairs	Education classes and preventive health screening	6,735 encounters provided.

FY16 Community Benefit Investment

In FY16 St. Jude Medical Center invested a total of $3,779,991 in Care for the Poor dollars in FY16 in key community benefit programs.

FY16 COMMUNITY BENEFIT INVESTMENT
ST.JUDE MEDICAL CENTER
(ending June 30, 2016)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services[2]	Net Benefit
Medical Care Services for Vulnerable[3] Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	$ 4,874,274
	Unpaid cost of Medicaid[4]	$ 42,737,936
	Unpaid cost of other means-tested government programs	$ 0
Other benefits for Vulnerable Populations	Community Benefit Operations	$ 351,592
	Community Health Improvements Services	$ 841,665
	Cash and in-kind contributions for community benefit	$ 2,358,399
	Community Building	$ 0
	Subsidized Health Services	$ 228,335
	Total Community Benefit for the Vulnerable	***$51,392,201***
Other benefits for the Broader Community	Community Benefit Operations	$ 45,585
	Community Health Improvements Services	$ 314,831
	Cash and in-kind contributions for community benefit	$ 10,234
	Community Building	$ 0
	Subsidized Health Services	$ 4,397,046
		$4,767,696
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	$ 158,580
	Total Community Benefit for the Broader Community	***$ 4,926,276***
	TOTAL COMMUNITY BENEFIT *(excluding Medicare)*	$56,318,477
Medical Care Services for the Broader Community	Unpaid cost to Medicare[5] ***(not included in CB total)***	$19,237,242

Telling Our Community Benefit Story: Non-Financial[6] Summary of Accomplishments

[2] Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
[3] CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.
[4] Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.
[5] Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

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

The Medical Center implemented a Community Involvement Committee in FY 16 composed of staff from multiple departments whose role is to: connect our employees to the heritage of the Sisters of St. Joseph through community involvement; make an impact in our community addressing priorities outlined in the SJMC Community Benefit Plan as well as needs identified by employees through employee involvement; increase employee knowledge of volunteer opportunities within our community; and increase employee engagement in volunteer opportunities within our community. This Committee sponsored monthly collections of items for the needy, including: collected eyeglasses for the needy, cell phones for soldiers; school supplies for low income children; hygiene kits for the homeless and collected coats for the cold. In addition, our staff has donated funds to support a monthly food distribution in West Fullerton and provide volunteers to help distribute the food.

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

[6] Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.

Governance Approval

This FY16 Community Benefit Report was approved at the October 13, 2016 meeting of the St. Jude Medical Center Community Benefit Committee of the Board of Trustees.

Chair's Signature

22 Nov 2016

Date