

# Hoag Memorial Hospital Presbyterian 2013 Community Health Needs Assessment

**In the Spring of 2013, Hoag Memorial Hospital Presbyterian (Hoag) embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.**

Hoag Memorial Hospital Presbyterian (Hoag), based in Orange County, California, is a nonprofit regional healthcare delivery network consisting of two acute-care hospitals, five urgent care centers, seven health centers and a network of more than 1,500 physicians, 5,000 employees and 2,000 volunteers.

Hoag's mission as a nonprofit, faith-based hospital is to provide the highest quality health care services to the communities we serve. Hoag Hospital Newport Beach, which has served Orange County since 1952, and Hoag Hospital Irvine, which opened in 2010, are designated Magnet hospitals by the American Nurses Credentialing Center (ANCC) and are fully accredited by Det Norske Veritas (DNV).

Hoag's Community Benefit Program was formalized in 1995 and has grown significantly since that time. The Department of Community Health is responsible for the coordination and reporting of Hoag's Community Benefit programs. We have served over eighty not-for-profit community organizations in a variety of health and social service categories. Hoag continues to emphasize the development of sustained collaborative relationships and the provision of unduplicated services to disadvantaged residents in our community as core elements of the program.

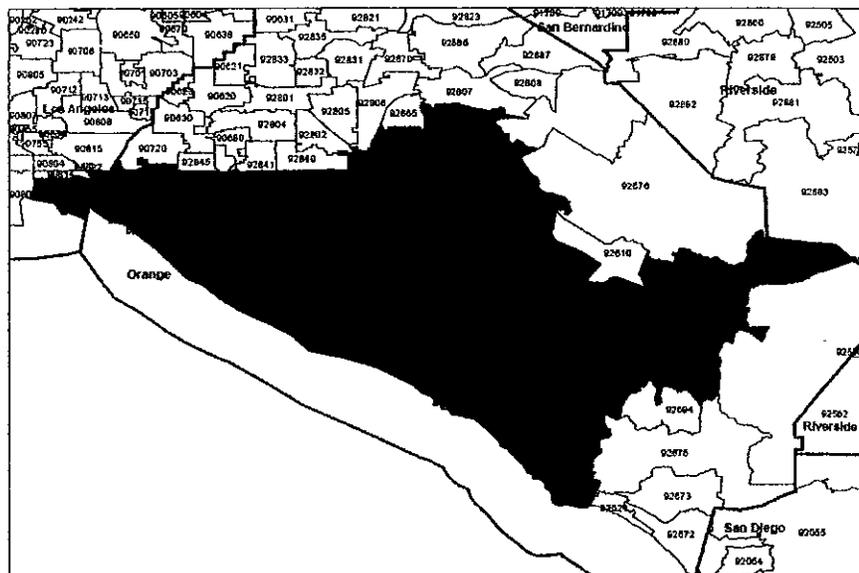
## **Definition of the Community Served**

[IRS Form 990, Schedule H, Part V, Section B, 1a, 2]

Hoag completed its Community Health Needs Assessment in Summer 2013.

### **CHNA Community Definition**

Hoag's community, as defined for the purpose of the Community Health Needs Assessment, included each of the 56 residential ZIP Codes comprising the hospital's service area. This community definition, illustrated in the following map, was determined because a majority of Hoag's patients originate from this area.

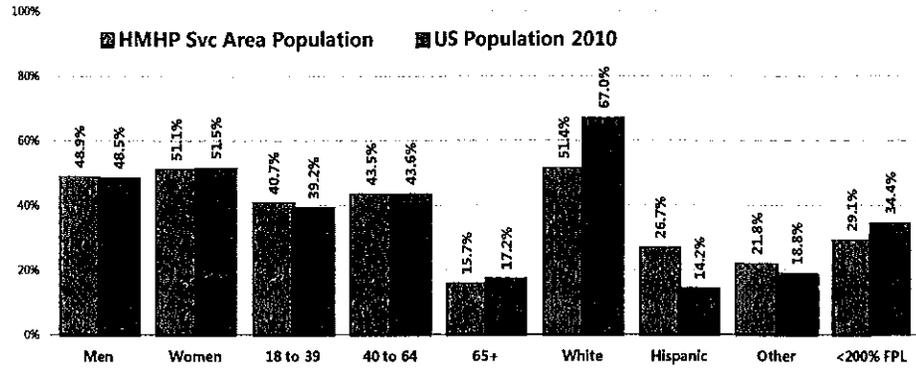


## Demographics of the Community

[IRS Form 990, Schedule H, Part V, Section B, 1b]

The population of the hospital's service area is estimated at 1,874,329 people. The age distribution of our population is similar to that of that nation as a whole, but our area is racially and ethnically much more diverse, with non-Hispanic White residents comprising only a narrow majority of residents.

### Community Profile



Sources: • Census 2010, U.S. Census Bureau.  
• 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## **Resources Available to Address the Significant Health Needs**

[IRS Form 990, Schedule H, Part V, Section B, 1c]

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in the CHNA. This list is not exhaustive, but rather outlines those resources identified by key informant focus group participants in the course of conducting this Community Health Needs Assessment.

- CalFresh
- CalOptima
- Child Guidance Center
- Children's Hospital of Orange County
- County Food Banks
- Hoag Memorial Hospital Presbyterian
- HOPE Clinic
- Jewish Family Services
- MediCal
- Mission Hospital
- Orange County Aging Services Collaborative
- Orange County Community Foundation
- Orange County Healthcare Agency
- Orange County Mental Health Center
- Proposition 63 (Mental Health Services Act)
- Rainbow Directory
- Share Our Selves

### Sponsorship

[IRS Form 990, Schedule H, Part V, Section B, 4]

The Community Health Needs Assessment was sponsored by Hoag Memorial Hospital Presbyterian (Hoag).

### CHNA Goals & Objectives

The Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Hoag Memorial Hospital Presbyterian (Hoag). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Hoag Memorial Hospital Presbyterian by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

### CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through two Key Informant Focus Groups.

### **Community Health Survey**

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Hoag Memorial Hospital Presbyterian and PRC.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 751 individuals age 18 and older in Hoag's Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

### **Public Health, Vital Statistics & Other Data**

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included in the CHNA report):

- California Department of Public Health
- Centers for Disease Control & Prevention
- National Center for Health Statistics
- State of California Department of Justice
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

### **Community Stakeholder Input**

[IRS Form 990, Schedule H, Part V, Section B, 1h & 3]

As part of this Community Health Needs Assessment, two focus groups were held on June 13, 2013. Participants included: physicians, a public health representative, other health professionals, social service providers, business leaders and other community leaders. Hoag recruited the participants for the focus groups. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key Informant Focus Group	Date
Healthcare Providers	June 13, 2013
Social Services & Other Community Leaders	June 13, 2013

Final participation included representatives of 20 local organizations. Through this process, input was gathered from a representative of public health, as well as several individuals whose organizations work with low-income, minority (including Hispanic, Asian Americans, and undocumented residents), refugees from Africa and the Middle East, and other medically underserved populations (specifically, children and college-age adolescents, elderly, disabled, the uninsured/underinsured, and MediCal recipients).

### Information Gaps

[IRS Form 990, Schedule H, Part V, Section B, 1i]

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

### Vulnerable Populations

[IRS Form 990, Schedule H, Part V, Section B, 1f]

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs please refer to the complete PRC Community Health Needs Assessment report, which can be viewed online at <http://hoag.healthforecast.net>.

### Public Dissemination

[IRS Form 990, Schedule H, Part V, Section B, 5-5c]

This Community Health Needs Assessment is available to the public using the following URL: <http://hoag.healthforecast.net>. HealthForecast.net® is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large.



This site:

- Informs readers that the CHNA Report is available and provides instructions for downloading it;
- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;

- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net® site are also made available at Hoag's hospital website at: [www.hoag.org/Why-HOAG/Pages/Community-Health/Reports](http://www.hoag.org/Why-HOAG/Pages/Community-Health/Reports)

Hoag will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. Hoag will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

## Prioritized Health Needs

After reviewing the Community Health Needs Assessment report, the Community Health Department staff and the Community Benefit Committee members met to evaluate and prioritize the top health needs of the community. Data for the community were examined, and attendees were asked to evaluate each significant health issue (see Areas of Opportunity in the Summary section) along the following criteria:

- **Magnitude.** The number of persons affected, as well as differences from state/national data or Healthy People 2020 objectives.
- **Impact/Seriousness.** The degree to which issue affects/exacerbates other health issues, as well as the degree to which it leads to death, disability or loss of quality of life.
- **Feasibility.** The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of exacerbating the problem by not addressing at the earliest opportunity.

This process yielded the following **priorities** for Hoag Memorial Hospital Presbyterian to address in improving the health of the community:

- 1. Access to Care for Vulnerable Populations**
- 2. Health Education & Prevention**
- 3. Nutrition/Physical Activity/Weight Management**
- 4. Health Professional Education Programs**

These priorities, and plans to address these, will be integrated into Hoag Memorial Hospital Presbyterian's Implementation Strategy for the coming years.

Additional needs identified were not deemed as significant needs and did not rank highly enough to earn a prioritized ranking.

## **Community-Wide**

### **Community Benefit Planning**

[IRS Form 990, Schedule H, Part V, Section B, 6c-6d]

As individual organizations begin to parse out the information from the 2013 Community Health Needs Assessment, it is Hoag's hope and intention that this will foster greater desire to embark on a community-wide community health improvement planning process. Hoag has expressed this intention to partnering organizations and is committed to being a productive member in this process as it evolves. On February 28, 2013, Hoag and St. Joseph Health joined forces to form a health care affiliation designed to improve the delivery, accessibility and affordability of health care. The hope is that the affiliation will provide a variety of collaborative opportunities to expand community benefit planning and programming on a community-wide level.

# Hoag Memorial Hospital Presbyterian

## FY2013-FY2015 Implementation Strategy

**For more than 50 years, Hoag Memorial Hospital Presbyterian (Hoag) has demonstrated its commitment to meeting the health needs of our community.**

This summary outlines Hoag's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) providing funding to support existing or developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

### **Hospital-Level Community Benefit Planning**

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#### **Priority Health Issues To Be Addressed**

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that Hoag would focus on developing and/or supporting strategies and initiatives to improve:

- **Access to Care for Vulnerable Populations**
- **Health Education & Prevention**
- **Nutrition/Physical Activity/Weight Management**
- **Health Professional Education Programs**

#### **Integration With Operational Planning**

[IRS Form 990, Schedule H, Part V, Section B, 6e]

Community Benefit remains an integral component of Hoag's Core Values and is incorporated into the hospital's strategic and operational planning process.

#### **Priority Health Issues That Will Not Be Addressed & Why**

[IRS Form 990, Schedule H, Part V, Section B, 7]

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Hoag determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Priority Health Status Not Addressed/Action	
Substance Abuse	<p><i>Substance abuse treatment for the vulnerable population is currently being addressed on a limited scale by the Chemical Dependency Program at Hoag. Hoag will look for opportunities to collaborate with local community organizations that have the infrastructure and resources to better meet this need. Substance abuse prevention will be addressed through community education and outreach opportunities.</i></p>
Tobacco Use	<p><i>Hoag offers an eight-session smoking cessation program that is free and open to the community. Other community organizations have the infrastructure and programs in place to better meet this need. Limited resources and lower priority excluded this as an area chosen for action.</i></p>

## Implementation Strategies & Action Plans

[IRS Form 990, Schedule H, Part V, Section B, 6f-6h]

The following outlines Hoag's priority health issues chosen for action and implementation strategies for FY2013-FY2015.

<b>Strategies to Address Need</b>	<ul style="list-style-type: none"><li>• Provide funding and/or in-kind support to Primary Care Clinics that serve pediatrics through seniors</li><li>• Provide funding and/or in-kind support to Mental Health Services including Hoag Mental Health Center</li><li>• Provide funding and/or in-kind support to Women's Health Specialty Services</li></ul>
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<b>Strategies to Address Need</b>	<ul style="list-style-type: none"><li>• Provide Flu Immunization Clinics through Health Ministries Program</li><li>• Provide Smoking Cessation Classes</li><li>• Provide OB Community Education and Support Groups</li><li>• Provide Cancer Community Education and Support Groups</li><li>• Provide Diabetes Community Education</li></ul>
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<b>Strategies to Address Need</b>	<ul style="list-style-type: none"><li>• Provide funding and/or in-kind support to obesity prevention programs</li><li>• Provide funding and/or in-kind support to nutrition education</li><li>• Provide funding and/or in-kind support to school based nutrition programs</li></ul>
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<b>Strategies to Address Need</b>	<ul style="list-style-type: none"><li>• Provide Internship opportunities through various Hoag Departments:<ul style="list-style-type: none"><li>○ Cancer Center</li><li>○ Case Management</li><li>○ Medical Records</li><li>○ Pharmacy</li><li>○ Clinical Care Extenders</li><li>○ Physical Therapy</li></ul></li></ul>
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**Adoption of Implementation Strategy**

[IRS Form 990, Schedule H, Part V, Section B, 6a-6b]

On September 30, 2013, the Executive Committee of the Hoag Board of Directors adopted the Implementation Strategy set forth in this document.

*Michael D. Steffen, Community Benefit Com. Chair*

By Name & Title

*9/30/13.*

Date