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# **Hoag Memorial Hospital Presbyterian Community Benefit Report**

## **CY17 Stub Year (6 months)**

**July 1<sup>st</sup>, 2017 – December 31<sup>st</sup>, 2017**

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**OSHPD Facility ID #106301205**

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**Hoag Memorial Hospital Presbyterian  
Community Benefit Plan CY 2017 Stub (6-months)**

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## *EXECUTIVE SUMMARY*

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The Community Health department at Hoag Memorial Hospital Presbyterian was established in 1995. Since its beginning the program has focused on two principal strategies:

- Provide necessary healthcare-related services which are unduplicated in the community.
- Provide financial support to existing community based not-for-profit organizations which already provide effective healthcare and related social services to meet community health needs.

The Department of Community Health, led by its Director, Gwyn Parry, MD, is responsible for the coordination of Hoag's Community Benefit reporting, and provides free and low cost programs to assist the underserved in the community. These include Mental Health Services, Health Ministries Coordination, and a Grants Program. In addition to these services, many other Hoag departments provide community health services including education and support groups which are free to the community.

The Community Benefit program supports organizations that provide a broad range of services, including the following:

- Free medical and dental care
- Adult day care and education for persons who suffer from Alzheimer's disease or mild dementia, with support and education for their caregivers and families
- Transportation services for local senior centers

Finally, Hoag provides uncompensated care (charity) to patients who are unable to pay for the full cost of their care. These expenditures amounted to over \$21 million during CY 2017 6-month Stub Year (July 1, 2017 through December 31, 2017.) Hoag's charity care and self-pay discount policy states that self-pay and uninsured patients who are unable to pay for the full cost of their care may qualify for charity or discounts on a sliding scale for incomes up to 400% of the federal poverty level.

Total quantifiable Community Benefit expenditures (excluding Medicare Cost of Unreimbursed Care) for CY 2017 6-month Stub Year amounted to over \$28 million.

This report provides detailed descriptions of Hoag's Community Benefit programs and services, and includes quantifiable data for expenditures by programs during CY 2017 6-month Stub Year.

## CHAPTER I: HISTORY & COMMUNITY BENEFIT STRUCTURE

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### *Introduction*

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The Hoag Memorial Hospital Presbyterian Community Benefit Program was formalized in 1995 and has grown significantly since that time. We have served over 80 nonprofit community organizations in a variety of health and social service categories. We continue 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.

Hoag's nonprofit regional health care delivery network consists of two acute-care hospitals – Hoag Hospital Newport Beach, which opened in 1952, and Hoag Hospital Irvine, which opened in 2010 – in addition to ten urgent care centers and seven health centers, and has delivered a level of personalized care that is unsurpassed among Orange County's health care providers. Renowned for its excellence, specialized health care services and exceptional physicians and staff, Hoag is admired as one of California's leading hospitals. It is one of the county's largest employers with approximately 5,000 employees and more than 2,000 volunteers. Hoag's network of more than 1,500 physicians represents 52 different specialties.

Hoag is a designated Magnet<sup>®</sup> hospital by the American Nurses Credentialing Center (ANCC) and is fully accredited by DNV. Hoag offers a variety of health care services to treat virtually any routine or complex medical condition. Through its medical staff, state-of-the-art equipment and modern facilities, Hoag provides a full spectrum of health care services including five institutes that provide specialized services in the following areas: cancer, heart and vascular, neurosciences, women's health, and orthopedics through Hoag's affiliate, Hoag Orthopedic Institute, which consists of an orthopedic hospital and two ambulatory surgical centers.

To further Hoag's commitment to provide comprehensive care to the communities we serve, Hoag Medical Group was established in 2012 with the core values of excellence, innovation and compassion. The physician group comprises specialists and subspecialists in internal medicine, family medicine, pediatrics, geriatrics, acupuncture, neuromusculoskeletal, endocrinology, genetics, rheumatology, diabetes, allergy & immunology and HIV medicine. In 2013, Hoag entered into an alliance with St. Joseph Health to further expand health care services in the Orange County community, known as St. Joseph Hoag Health.

Hoag has been named one of the Best Regional Hospitals in the 2017 - 2018 U.S. News & World Report, and Becker's Hospital Review named Hoag as one of the 2016 "100 Great Hospitals in America" – a designation Hoag has received four times. For an unprecedented 21 years, residents of Orange County have chosen Hoag as one of the county's best hospitals in a local newspaper survey.

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## *History*

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Hoag opened in 1952 as a community partnership between the Association of Presbyterian Members and the George Hoag Family Foundation, a private charitable foundation.

The George Hoag Family Foundation and the Association of Presbyterian Members represent the two founding organizations of the hospital and continue to provide leadership as corporate members of the Hoag Corporation. These members annually elect the Board of Directors, which consists of 15 members with representatives from the Hoag community and medical staff. The hospitals' Chief Executive Officer is also seated on the board as a voting member.

An annual meeting at the end of the fiscal year provides the corporate members the opportunity for the election/re-election of directors for the ensuing year.

Since its founding the hospital has welded a strong commitment to the community that it serves, including the provision of services for those who constitute a more vulnerable, at-risk population. Such care, for both inpatients and outpatients, is often only partially compensated. With excellence of management and the diligent stewardship of funds, Hoag has been able to sustain its financial strength. As a result, Hoag has been able to maintain a continuing commitment to quality of care while developing and expanding community programs and partnerships. Most of the funds expended upon Hoag's Community Benefit Program are from operating income.

For more information, visit [www.hoag.org](http://www.hoag.org).

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## *Mission, Vision, and Core Values*

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### **Hoag's Mission**

Our mission as a nonprofit, faith-based hospital is to provide the highest quality health care services to the communities we serve.

### **Vision Statement**

Hoag is a trusted and nationally recognized healthcare leader

### **Core Values**

Excellence  
Respect  
Integrity  
Patient Centeredness  
Community Benefit

Hoag has identified six core strategies as a means to achieve our Vision and maintain our Mission and Values:

#### ***Quality and Service***

Implement the Quality Management System to drive excellence throughout the organization.

#### ***People***

Develop a performance-based and integrated culture of patients, physicians and staff.

#### ***Physician Partnerships***

Create and maintain commitment to the Hoag community from exceptional doctors, through sustainable and satisfying leadership opportunities and mutually beneficial economic relationships.

#### ***Strategic Growth***

Implement the continuum of care strategy to provide improved access, integration and experience and experiment with new business models to create sustainability for the future.

#### ***Financial Stewardship***

Achieve enterprise wide growth and financial stability while directly reducing the cost of care.

#### ***Community Benefit and Philanthropy***

Improve the health of vulnerable populations in Orange County.

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## *Community Benefit Philosophy*

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***We are encouraged by the better angels of our nature and the disposition of our hearts to think favorably of our fellows, regardless of their circumstances, and to serve them well: improving and sustaining their health and the quality of their lives and thus benefiting all.***

The Department of Community Health provides direct services and collaborates with other not-for-profit community-based organizations to promote the health of our communities. The department coordinates Hoag's Community Benefit activities, driven by the health needs of our surrounding communities, which are regularly reviewed in an ongoing manner.

Hoag's Community Benefit Program is guided by five Core Principles:

1. *Emphasis on Disproportionate Unmet Health-Related Needs (DUHN)* - We concentrate on residents who have a high prevalence of severity for a particular health concern; and on residents with multiple health problems and limited access to timely high quality health care.
2. *Emphasis on Primary Prevention* – We focus on program activities that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve health status and quality of life in local communities.
3. *Build a Seamless Continuum of Care* – We work to develop and sustain operational linkages between clinical services and community health improvement activities to manage chronic illnesses among uninsured and publicly insured populations.
4. *Build Community Capacity* – We target our charitable resources to mobilize and strengthen existing effective community health services.
5. *Emphasis on Collaborative Governance* – We emphasize *Networking* to exchange information; *Coordination* of synergistic activities; *Cooperation* in sharing resources; and *Collaboration* to enhance the combined capacity of our community health partners.

The department provides services which are unduplicated in the community. These currently include mental health services, case management, and the coordination of faith-based community nursing. In order to promote effective access to health care and related services, the department works in collaboration with a number of not-for-profit community based organizations to provide insurance coverage as well as free services to underserved and vulnerable residents, many of whom are undocumented. Charity care is an integral component of the benefit that Hoag provides to the community. The current hospital Charity Care and Self Pay Discount Policy provide assistance on a sliding scale for uninsured and self-pay patients with family incomes up to 400% of the Federal Poverty Level. The current Charity Care and Self-Pay Discount Policy is provided in Appendix A. Appendix B provides a summary of the quantifiable Community Benefit provided by Hoag in CY 2017 Stub (July 1, 2017 to December 31, 2017). Appendix C provides a detailed breakdown of the Community Benefit expenditures by program.

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## *Community Health Committee*

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The role of the Community Health Committee ("CHC") is to establish, implement and monitor the policies and procedures that will provide the appropriate oversight and governance structure for the activities related to the Community Benefit Program at Hoag Memorial Hospital Presbyterian ("Hospital").

The CHC is a Committee of the Hoag Memorial Hospital Presbyterian Board of Directors (the "Board") and has the primary responsibility of ensuring that Hospital fulfills its moral and legal obligations to the community in serving the underserved and underprivileged through direct and indirect support of philanthropic health-related programs. CHC ensures that Hospital is in full compliance with federal and state regulations governing non-profit hospital organizations pertaining to community benefit and health-related activities.

The CHC ensures that Community Benefit activities are:

- Developed through engagement with community groups and local governmental officials in the identification and prioritization of community needs and to include mechanisms to evaluate the plan's effectiveness.
- Aligned with the mission, vision and strategic objectives/initiatives of the Hospital,
- Consistent with the Hospital's values and founding principles, and
- Developed with the input from Board, Administration and the Medical Staff leadership as appropriate.

The CHC is comprised of Hospital Board members and other members of the community and is supported by the senior management staff of the Community Health department.

### *Service Objectives*

The service objectives of the Community Benefit program remain as initially defined:

- **Access:** To ensure adequate access to medical treatment through the availability of inpatient, outpatient and emergency medical services.
- **Services for Vulnerable Populations:** To provide health care services to uninsured, underinsured and indigent populations.
- **Education/Prevention:** To address the community health needs identified by the community health needs assessment through screening, prevention and education programs and services.
- **Research:** To provide new treatments and technologies to the local community through participation in primary clinical research.
- **Collaboration:** To establish and participate in collaborations which address community health priorities.
- **Coordination:** To provide case management services which coordinate medical and social services for vulnerable community residents.

## CHAPTER II: COMMUNITY HEALTH NEEDS ASSESSMENT 2017

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### *Overview*

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Hoag has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years. The CHNA is a primary tool used by the hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

#### *Service Area*

Hoag Hospital Newport Beach is located at 1 Hoag Drive, Newport Beach, CA 92663.

Hoag Hospital Irvine is located at 16200 Sand Canyon Avenue, Irvine, CA 92618.

Hoag Orthopedic Institute is located at 16250 Sand Canyon Avenue, Irvine, CA 92618.

The Hospitals' service area is comprised of 27 cities/communities located in 53 zip codes. All of these zip codes are located in Orange County except for Long Beach (90803), which is in Los Angeles County. The community was determined by the zip codes of residence of the majority of patients who visited Hoag hospitals.

City	Zip Code	City	Zip Code
Aliso Viejo	92656	Midway City	92655
Corona Del Mar	92625	Mission Viejo	92691, 92692
Costa Mesa	92626, 92627	Newport Beach	92660, 92661, 92662, 92663
Dana Point	92629	Newport Coast	92657
Fountain Valley	92708	Orange	92866, 92867, 92868, 92869
Garden Grove	92843, 92844	Rancho Santa Margarita	92688
Huntington Beach	92646, 92647, 92648, 92649	Santa Ana	92701, 92703, 92704, 92705, 92706, 92707
Irvine	92602, 92603, 92604, 92606, 92612, 92614, 92617, 92618, 92620	Seal Beach	90740
Laguna Beach	92651	Sunset Beach	90742
Laguna Hills	92653	Trabuco Canyon	92679
Laguna Niguel	92677	Tustin	92780, 92782
Laguna Woods	92637	Villa Park	92861
Lake Forest	92630	Westminster	92683
Long Beach	90803		

### Service Area Map



***Joint CHNA***

The IRS regulations allow for the conduct of joint Community Health Needs Assessments (CHNA) when hospitals define their service area communities the same. In compliance with these regulations, this CHNA was conducted jointly by Hoag Hospital Newport Beach, Hoag Hospital Irvine and Hoag Orthopedic Institute.

***Project Oversight***

The Community Health Needs Assessment process was overseen by:

Minzah Malik, MPH, MBA  
Manager, Community Benefit Program  
Community Health  
Hoag Memorial Hospital Presbyterian

Lauren Tabios, MPH  
Coordinator of Grants & Special Projects  
Community Health  
Hoag Memorial Hospital Presbyterian

***Consultant***

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Hoag Hospital Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, Sandra Humphrey and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. [www.bielconsulting.com](http://www.bielconsulting.com)

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## *Methodology*

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### *Secondary Data Collection*

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health access, birth characteristics, leading causes of death, chronic disease, mental health, health behaviors, substance abuse and preventive practices. Analyses were conducted at the most local level possible for the service area, given the availability of the data. These data are presented in the context of Orange County and California State, framing the scope of an issue as it relates to the broader community.

Sources of data include: U.S. Census Bureau American Community Survey, California Health Interview Survey, California Department of Public Health, California Department of Education, California Employment Development Department, California Cancer Registry, California Office of Statewide Health Planning & Development, Community Commons, County Health Rankings, Orange County's Healthier Together, and others.

Secondary data for the hospital service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures Hoag Hospital's data findings with Healthy People 2020 objectives. Healthy People 2020 is a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

### *Primary Data Collection*

Targeted interviews and focus groups were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital.

### *Interviews*

Thirty-one (31) interviews were completed in December 2016 and January 2017. For the interviews, community stakeholders identified by Hoag Hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have current data or other information relevant to the health needs of the community served by the hospital facility. Input was obtained from Orange County Health Care Agency Public Health officials. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

### ***Focus Groups***

Three focus groups were conducted in January and February 2017 that engaged 50 persons. The focus group meetings were hosted by trusted community organizations. An agency contact was available to answer any questions at each focus group. At the beginning of each focus group, the purpose of the focus group and the community assessment were explained, the participants were assured their responses would not be attributed to them as responses would be aggregated. The focus group discussions were voice recorded for ease of documenting the discussion. Before beginning the discussion, the facilitator asked for oral consent from each of the participants that they wished to participate in the focus group and agreed to be voice recorded.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews and focus groups. These data were then used to help guide the interviews and focus groups. The needs assessment interviews and focus groups were structured to obtain greater depth and richness of information and build on the secondary data review. During the data collection, participants were asked to identify the major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify potential resources to address these health needs, such as services, programs and/or community efforts. The interviews and focus groups focused on these significant health needs:

- Access to Health Care
- Asthma
- Cancer
- Cardiovascular Disease
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Substance Abuse

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

### ***Public Comment***

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment to be solicited. In compliance with these regulations, the previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.hoag.org/about-hoag/community-benefit/reports/>. Public comment was requested on these reports. To date, no written comments have been received.

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## ***Priority Health Issues***

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Hoag Hospital hosted a community forum on February 28, 2017 in Newport Beach to prioritize the significant health needs. The forum engaged 35 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. These individuals have current data or other information relevant to the health needs of the community served by the hospital facilities. A list of the participants can be found in Attachment 3.

### ***Priority Setting Process***

A review of the significant health needs was presented at the community forum. The forum attendees were then engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points; in this case 100 points (5 dots equaled 100 points, where each dot was worth 20 points). Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

The points could be distributed among the health needs in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, the health needs were ranked in priority order according to the total points the group assigned. The top three ranked priority needs were: economic insecurity/housing/homelessness/transportation, mental health and access to care.

<b>Community Health Needs Prioritized by CHNA</b>
1. Economic insecurity/housing/homelessness/transportation
2. Mental health
3. Access to health care
4. Preventive practices
5. Substance abuse
6. Overweight and obesity/Diabetes
7. Cancer
8. Cardiovascular disease
9. Asthma

Participants engaged in a group discussion about the priority areas and were asked to discuss the following questions for the high priority areas:

- For priority issues, what is going well? What works in the community to address this issue?
- Who has plans to work on these issues over the next year?

The information gathered from the community forum will be used for decision making in creation of the Implementation Strategy.

### ***Impact Evaluation***

In 2015, Hoag Hospital conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospitals' Implementation Strategies associated with the 2015 CHNA, Hoag Hospital Newport Beach and Hoag Hospital Irvine chose to address access to health care, chronic disease management, mental health and preventive care through a commitment of community benefit programs and resources. Hoag Orthopedic Institute focused its Implementation Strategy on arthritis and osteoporosis. The evaluation of the impact of actions the hospitals used to address these significant health needs can be found in Attachment 4.

### ***Regional Priority***

As part of the definitive agreement for the St. Joseph Health Hoag (SJHH) affiliation, a commitment was made to reduce health disparities in the communities we serve. In 2016, a regional SJHH health disparities needs assessment was completed and a plan approved in 2017 to address the disparities. One of the plan action steps is the identification of a regional priority for SJHH to address the issue of education equity in our communities. This priority will be incorporated in the SJHH Community Benefit Strategy and Implementation Plan for 2018-2020.

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## ***Implementation Strategy 2018-2020***

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### ***Implementation Strategy Development***

The Implementation Strategy was developed with input from the hospital Community Benefit Committee and the Department of Community Health. The following criteria were used to determine which significant health needs Hoag hospital facilities will address in the Implementation Strategy:

- **Organizational Capacity:** There is capacity to address the issue.
- **Existing Infrastructure:** There are programs, systems, staff and support resources in place to address the issue.
- **Ongoing Investment:** Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- **Focus Area:** Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

As a result of the review of needs and application of the above criteria, Hoag will address: access to care; economic security; mental health; chronic disease prevention, including obesity prevention and chronic disease management, through a commitment of community benefit programs and charitable resources.

### **Access to Care**

Access to health care affects a person's health and well-being. Reliable access to health services can prevent disease and disability, reduce premature death and increase quality of life. Health insurance coverage is considered a key component to accessing health care. The service area insurance rate is 84.7%. In Orange County, 49.9% of the population has employment-based health insurance; 19.4% are covered by Medi-Cal and 11.3% of the population has coverage that includes Medicare. Delayed care may also indicate reduced access to care; 11.3% of Orange County residents reported delaying or not seeking medical care and 10.8% reported delaying or not getting their prescription medication in the last 12 months.

Community input on access to care indicated that while more persons now have insurance coverage as a result of the Affordable Care Act, insurance copays are high and necessary care isn't always covered. Many people may access care in the ED because they do not have a primary physician who can see them in a timely manner.

### **Chronic Disease**

Chronic disease encompasses a wide range of health issues including, arthritis, diabetes, cardiovascular disease, cancer and asthma, among others. In Orange County, cancer, heart disease and Alzheimer's disease were the top three leading causes of death (age-adjusted, 2011-2013). Diabetes is a growing concern in the community; 7.1% of adults in Orange County have

been diagnosed with diabetes, and 9.2% have been diagnosed as pre-diabetic. In Orange County, 10.7% of the population has been diagnosed with asthma in their lifetime. 93.2% have had symptoms in the past year, and 48.9% take daily medication to control their asthma. Among Orange County youth, 17.2% have been diagnosed with asthma in their lifetime, 39.6% have visited the ER as a result of their asthma, and 60.1% take daily medication to control their asthma.

Community stakeholders noted that living in poverty is a big stressor that leads to chronic diseases. There is a lack of access to preventive practices. People don't have time for exercise and they do not have access to fresh fruits and vegetables. Being overweight has a tremendous impact on chronic disease. Policies are needed on land use, access to fruit and vegetables, and environments that are safe to be physically active in. This will impact the root causes of chronic diseases. There needs to be an emphasis on prevention and lifestyle changes to reduce chronic diseases.

### **Economic Security**

Education, adequate employment and housing are components that provide a level of economic security for individuals and families. Among area residents, 12.5% are at or below 100% of the federal poverty level (FPL) and 28.8% are at 200% of FPL or below (low-income). Examining poverty levels by age group indicates that 16.4% of children in the service area live in poverty and 8.7% of seniors live in poverty. In the service area, the high school graduation rate is 92%. Of the population age 25 and over, 15.3% in the service area have not attained a high school diploma.

Stakeholders noted that poverty, poor housing, racism, lack of education and unemployment all impact the health of the community. There are socioeconomic disparities in Orange County, which result in low-income populations who lack adequate health care coverage, housing and education. Inadequate transportation in Orange County impacts individuals' ability to access jobs, health care and social service resources.

### **Mental Health**

Mental illness is a common cause of disability and may result in individuals at-risk for substance abuse and violent behavior. In Orange County, 6.3% of adults experienced serious psychological distress in the past year. Among adults, 9.9% saw a health care provider for emotional, mental health, alcohol or drug issues, however, 55.3% of those who sought or needed help did not receive treatment. In Orange County, 33.1% of teens needed help for an emotional or mental health problem.

Community stakeholders shared that among refugees mental health is a taboo topic. There are gaps in resources for people with mental health issues, including an access barrier for people of different cultures and languages. Mental health issues are underdiagnosed in the poorest populations and there is a lack of quality services addressing these needs. In Orange County, there are not enough areas to admit patients in psychiatric crisis or enough places to go for care. Patients continue to worsen and the only place to go is the ED because they are gravely disabled, homicidal or suicidal.

Prioritized Community Health Needs	Needs Selected by the Hospitals	Criteria for Selecting Needs	Needs Not Selected
<ul style="list-style-type: none"> <li>• Economic Security: Housing, Homelessness, Transportation</li> <li>• Mental Health</li> <li>• Access to Health Care</li> <li>• Preventive Practices</li> <li>• Substance Abuse</li> <li>• Overweight and Obesity</li> <li>• Cancer</li> <li>• Cardiovascular Disease</li> <li>• Asthma</li> </ul>	<ul style="list-style-type: none"> <li>• Economic Security: Housing, Homelessness, Transportation</li> <li>• Mental Health</li> <li>• Access to care</li> <li>• Prevention and Management of Chronic Disease (Includes Overweight and Obesity)</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational Capacity</li> <li>• Existing Infrastructure/P artnerships</li> <li>• Ongoing Investment</li> <li>• Focus Area</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Abuse</li> </ul>

### ***Hoag’s Implementation Strategy***

The Implementation Strategy was developed with input from the Community Benefit Committee and the Department of Community Health. For each health need the hospitals plan to address, the Implementation Strategy describes: actions the hospitals intend to take, including programs and resources it plans to commit; anticipated impacts on these actions; and planned collaboration with other organizations.

<b>Health Need: Economic Security</b>
Strategies
<ol style="list-style-type: none"> <li>1) Research the existing organizations and resources available (i.e. housing, homelessness, transportation, career development) to identify community assets and gaps. (HHNB, HHI)</li> <li>2) Provide funding and/or in-kind support to community nonprofit organizations that focus on economic security measures. (HHNB, HHI)<sup>1</sup></li> <li>3) Build community capacity by providing collaborative partners with space and resources at the Melinda Hoag Smith Center for Healthy Living. (HHNB, HHI)</li> </ol>
Expected Outcomes for this health need
<ul style="list-style-type: none"> <li>• Increase access to supportive services for individuals and families to help them maintain stability and self-sufficiency.</li> <li>• Leverage Hoag assets to build capacity among community organizations to improve food, housing, employment and education among at-risk populations.</li> </ul>

<b>Health Need: Mental Health</b>
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<sup>1</sup> Indicates each hospital's particular role in taking action to address the significant health needs: HNB = Hoag Newport Beach; HI = Hoag Irvine; HOI = Hoag Orthopedic Institute.

<b>Strategies</b>
<ol style="list-style-type: none"> <li>1) Provide mental health care services through Hoag’s Mental Health Center primarily focused on the low-income population. (HHNB, HHI)</li> <li>2) Provide funding and/or in-kind support to community nonprofit organizations that focus on mental health that goes beyond our scope of care. (HHNB, HHI)</li> <li>3) Provide workforce development opportunities (internships, internal and external professional development). (HHNB, HHI)</li> <li>4) Use existing pathways to expand our continuum of care. (HHNB, HHI)</li> </ol>
<b>Expected Outcomes for this health need</b>
<ul style="list-style-type: none"> <li>• Increase access and remove barriers to mental health care services in community settings.</li> <li>• Provide bilingual, bicultural mental health care services to people who otherwise could not obtain mental health services.</li> <li>• Bridge gaps, improve referrals and increase coordination among mental health care providers and community resources and programs.</li> <li>• Leverage Hoag assets to build capacity among community clinics and community organizations to improve access to mental health care.</li> </ul>

<b>Health Need: Access to Care</b>
<b>Strategies</b>
<ol style="list-style-type: none"> <li>1) Provide financial assistance through free and discounted care for health care services, consistent with the hospital’s financial assistance policy. (HHNB, HHI)</li> <li>2) Offer information and enrollment assistance for no cost and low-cost insurance programs. (HHNB, HHI)</li> <li>3) Provide funding and/or in-kind support to community clinics. (HHNB, HHI)</li> <li>4) Provide in-kind support to community clinics for orthopedic surgeries. (HOI)</li> <li>5) Provide funding and/or in-kind support to community nonprofit organizations that reduce barriers to accessing care. (HHNB, HHI)</li> <li>6) Provide partners with space and resources at the Melinda Hoag Smith Center for Healthy Living. (HHNB, HHI)</li> <li>7) Provide transportation support for seniors to increase access to health care services. (HHNB, HHI)</li> </ol>
<b>Expected Outcomes for this health need</b>
<ul style="list-style-type: none"> <li>• Increase access to primary health care and a medical home.</li> <li>• Bridge gaps, improve referrals and increase coordination among health care providers and community resources and programs.</li> <li>• Leverage Hoag assets to build capacity among community clinics and community organizations to improve access to health care.</li> </ul>

<b>Health Need: Prevention of Chronic Disease and Management</b>
<b>Strategies</b>
<ol style="list-style-type: none"> <li>1) Provide funding and/or in-kind support to community clinics. (HHNB, HHI)</li> <li>2) Provide funding and/or in-kind support to community nonprofit organizations that focus on disease prevention, including obesity prevention and chronic disease management. (HHNB, HHI)</li> <li>3) Provide partners with space and resources at the Melinda Hoag Smith Center for Healthy Living. (HHNB, HHI)</li> <li>4) Offer chronic disease prevention, management, education, screenings and support groups. (HHNB, HHI)</li> <li>5) Support the Faith Community Nursing Program to provide wellness and prevention programs among congregations in Orange County. (HHNB, HHI)</li> <li>6) In partnership with Mary &amp; Dick Allen Diabetes Center, provide comprehensive diabetes prevention and treatment services, obesity prevention, and pediatric specialty care for children with diabetes. (HHNB, HHI)</li> <li>7) Promote bone health in community to maintain an active lifestyle. (HOI)</li> <li>8) Provide funding and/or in-kind support for Wellness Initiative. (HOI)</li> </ol>
<b>Expected Outcomes for this health need</b>
<ul style="list-style-type: none"> <li>• Improve individuals' compliance with chronic disease prevention and management recommendations.</li> <li>• Increase community awareness of disease prevention strategies.</li> <li>• Leverage Hoag assets to build capacity among community clinics and community organizations to improve chronic disease management among at-risk populations.</li> <li>• Provide access to needed health promotion resources for vulnerable populations at-risk for or suffering with chronic diseases.</li> <li>• Maintain and expand Own the Bone program.</li> <li>• Continue Fall Risk Assessments at health fairs.</li> <li>• Continue health education efforts – e.g. public school presentations, community lectures, on-line education.</li> <li>• Continue physician and healthcare provider education.</li> </ul>

***Regional Initiative***

In addition to Hoag's individual hospital priority health needs and strategies, Hoag will include a focus on education equity, as part of Providence St. Joseph Hoag Health's regional community need to be addressed. The initiative on regional education equity will focus on low income populations, with the goal of reducing the education achievement gap in the schools. Hoag's strategy will be to identify and participate in local collaboratives, engaging with existing collaborative partners in developing a plan to improve Early Development Index scores.

***Planned Collaboration***

To accomplish these strategies Hoag will collaborate with community partners. Sharing resources and enhancing the capacity of partner organizations supports the achievements of our goals. Potential collaborative partners include, but are not limited to:

Advocacy Groups	Community Health Centers and community clinics
Community-based organizations	Faith based organizations
Family Resource Centers	Mental Health Associations
Orange County Health Care Agency	School districts and schools
Local Food Banks	Senior centers and adult day centers

***Evaluation of Impact***

Hoag will monitor and evaluate the programs and activities outlined above. The hospitals anticipate the actions taken to address significant health needs will improve health knowledge, increase wellness behaviors; increase access to health and mental health care; and support self-sufficiency among vulnerable populations. The hospital is committed to monitoring key initiatives to assess impact and has implemented a system that tracks the implementation of the activities and documents the anticipated impact.

The reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served, increases in knowledge or changes in behavior as a result of planned strategies, and collaborative efforts to address health needs. An evaluation of the impact of the hospitals’ actions to address these significant health needs will be reported in the next scheduled CHNA.

## CHAPTER III: DEPARTMENT OF COMMUNITY HEALTH PROGRAMS

The department of Community Health provides direct Community Benefit service programs and coordinates Community Benefit reporting at Hoag Hospital. This section of the report provides information for each of the Community Health programs and achievements in CY 2017 Stub Year (6-months): July 1, 2017- December 31, 2017.

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### *Mental Health Center*

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The Mental Health Center was created to provide bilingual bicultural services to people who otherwise could not obtain mental health services. The majority of the clients are low-income, uninsured and highly vulnerable and present with a mild to moderate level of distress/symptomatology. These clients have limited health insurance with no mental health/behavioral health benefits or they have benefits but cannot afford the co-payments and/or deductibles.

During CY17 Stub, the program employed seven full-time bilingual Master's prepared social workers, 5 of the staff are licensed. These social workers provided mental health services to 406 clients in the form of psychotherapy. Resource brokering, and/or case management was provided to 130 individuals. In addition, the program offered psychotherapeutic, psycho educational groups and community presentations which resulted in 1,008 encounters. All services were offered on a voluntary basis. Services were offered on a low-cost sliding scale. The sliding scale starts at zero (free services) and increases according to the individual's self-reported annual income level. The vast majority of people were seen at no charge or at a nominal fee per session. A review of client demographics found that the majority of the clients seen through the Mental Health Center were female, Hispanic, and indicated a language other than English as their primary language. The average client age for our adult population was 38.9 years of age and the average age of the minor population was 14.8 years of age. 59% percent of the adult clients and 45% of minor clients reported having an annual household income below \$20,000. The program has proven to be highly efficient and effective. The program utilized a clinical assessment tool (DASS) to measure levels of depression, anxiety, and stress in clients. According to pre and post test scores, clients who participated in either individual or group psychotherapy saw a statistically significant decline in depression, anxiety, and stress scores. The program also implemented a self-esteem assessment tool (Rosenberg) on a pre and posttest basis. Across the board for individual and group psychotherapy, there was statistically significant improvement in self-esteem.

In CY17 Stub, the Mental Health Center provided a supervised clinical internship training program for 10 MSW (Master of Social Work) students. The center collaborates with the University of Southern California, California State University at Fullerton and California State University at Long Beach. Each intern was provided with weekly one hour long supervision and one and a half hour long group supervision for a total of 306 direct clinical supervision hours provided to the group. The internship program includes providing consultation, support, and

education to paraprofessionals at partner agencies such as Girls Incorporated and the Newport Mesa Unified School District.

This support included telephone consultation, workshops, and in-service education. In addition to support for the staff of partner agencies, the Mental Health Center offered several different psychotherapeutic and psycho educational groups and workshops for the partner agency clients. These efforts allowed our partner agencies to offer mental health services at no cost to their clientele and all services are provided in-kind to the not-for-profit agencies. Some examples include: a diabetes support group, depression support groups, self-esteem groups, and stress management workshops. Group sessions were also offered for parents, families, and adult couples struggling with relationship issues. Lastly, the Mental Health Center's part time Psychiatrist had 119 consultation appointments during the fiscal year.

**Contact: Rocio Valencia Vega, LCSW at 949 764-8547 or [rocio.valenciavega@hoag.org](mailto:rocio.valenciavega@hoag.org)**

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### *Community Benefit Grants Program*

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Hoag's Community Benefit Grants Program serves to reinforce Hoag's mission as a non-profit, faith-based hospital, providing the highest quality health care services to the community. The Community Benefit Grants Program focuses on meeting the unique needs of Orange County residents, with particular emphasis upon the disadvantaged and underserved. Every year, the program provides grants to community organizations who strive to meet the health and social service related needs of the Orange County community.

Eligibility for the program is dependent on the organization and the program funding is sought after. The eligibility criteria consist of:

- Organization must have operations in Orange County, CA
- Must be 501(c)(3) tax exempt organization, local government entity, or education institution
- Services are provided to disadvantaged and/or underserved populations
- Services must align with at least one of the four Priority Areas listed
- Services are provided within the geographic boundaries of Orange County, CA
- Priority will be given to organizations that recognize the need for partnership and collaboration with other organizations that are meeting critical needs

The Priority Focus Areas are determined by the Community Health Needs Assessment, conducted every three years. The needs are identified first through secondary data for the county, and then narrowed to significant health needs using input from persons representing the broad interests of the community, as well as persons with special knowledge or expertise in public health. The significant health needs are then prioritized into the Priority Focus Areas that the hospital will plan on addressing through programming and services. The 2017 Priority Focus Areas for the Community Benefit Grants Program were:

- Access to Care for Vulnerable Populations
- Chronic Disease Management
- Mental Health
- Preventive Health

The grant terms span the fiscal year, from July 1, 2016 – June 30, 2017. Funds must be used specifically for the designated program outlined in the grant application. Organizations that do receive funding are required to submit a 6-month progress report, as well as a final outcomes report.

During FY17, 98 grants were funded, with the following breakdown for the Priority Focus Areas:

Priority Area	Grant Count
Access to Care for Vulnerable Populations	38
Chronic Disease Management	8
Mental Health	17
Preventive Health	35
<b>Grand Total</b>	<b>98</b>

**Contact: Lauren Tabios, MPH at (949) 764-5321 or [Lauren.Tabios@hoag.org](mailto:Lauren.Tabios@hoag.org)**

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### *Health Ministries*

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Hoag Health Ministries has 65 volunteer RNs that serve communities locally, nationally and internationally through the Faith Community Nursing Program. Celebrating the thirtieth year of providing care to faith communities, the FCNs dedicate their time and service to those in need at 42 congregations throughout Orange County. All denominations are welcome to participate in this spiritually centered wellness program, which seeks to incorporate a balance of the mind, body and spirit. Each FCN works independently within their congregation in creating cost-effective individual and population health based preventive health programs specific to the needs, beliefs and practices unique to their faith traditions.

During CY 2017 Stub Year, Health Ministries

- Included 10 denominations amongst the 42 Faith Based Partnerships, located within a 300 square mile area throughout Orange County
- Welcomed 1 new church into the program

- Donated countless volunteer RN hours at the local, national and international level
- Touched the lives of more than 5,000 congregants:
- 6% served through individual case management
- 69% received group clinical services – Flu vaccines, BP screenings, Blood Drives
- 14% participated in community health education programs
- Other services included home/hospital visits, program planning & volunteer coordination
- Administered 7,260 flu vaccine doses to faith members and the community
- Served 104 congregants with spiritually based aging and dementia care lectures
- Trained 31 persons in life-saving CPR & Automated External Defibrillator usage

#### During CY 2017 Stub Year Nursing Outreach

- Provided a Foundations of Faith Community Nursing course; trained and commissioned 12 FCNs in the 36 hour course at Hoag Memorial Hospital Presbyterian.
- Hosted the first Southern CA Faith Community Nursing Conference attended by 70 FCNs from 4 counties.

Faith Community Nurses, the umbrella term for Parish, Congregational and Crescent Nurses, can provide a variety of services to their communities:

- Integrate Faith and Health – Listens intentionally and offers guidance that promotes wellness, incorporating the individual’s spiritual beliefs.
- Personal Health Counselor, Health Advocate and Health Educator – Assists with health care assessments and guides options, provides information and clarification on health and medication concerns, organizes classes on specific health topics.
- Community Resources Liaison – Identifies available health care and social service resources, often for the Older Adult population.
- Develops Support Groups - Based on the needs of a congregation.
- Trains Volunteers – Coordinates volunteer services to support the Health Ministries program goals.

Health Ministries collaborates with a variety of St. Joseph Hoag Health Hospitals, local cities, Alzheimer’s Family Center and a host of other community partners who share their information and services with the Faith Community Nurses. It is through these collaborations that the volunteer nurses can provide resources to guide their congregations along the journey towards a mental, physical and spiritual health balance.

**Contact: Susan Johnson, RN-BC, MPH at (949) 764-6594 or Susan.Johnson2@hoag.org**

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## *Project Wipeout*

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Project Wipeout was created to provide beach and water safety information to the nearby beach communities after seeing an increased incidence of spinal cord injuries in the Hoag Newport Beach Emergency Department. The program was developed to provide education highlighting prevention of spine injuries. Over time, education efforts have transitioned towards overall injury prevention and beach and water safety for both beach safety service providers and for the general public. Education topics include rip current safety and escape, marine animal behavior and safety, best practices in the water, and sun protection.

Project Wipeout partners and collaborates with members of the beach safety community, which includes the lifeguard and fire department for the county and city agencies throughout Orange County, as well as the California Surf Life Saving Association and other lifesaving agencies. Additionally, Project Wipeout works closely with the Orange County Lifeguard Chiefs Association, as well as the Orange County Drowning Prevention Taskforce, as part of multiple county-wide collaboratives. At the national level, Project Wipeout has started to collaborate with the United States Lifesaving Association. Globally, Project Wipeout has gained recognition as a drowning prevention entity, participating in the World Conference on Drowning Prevention in Vancouver, Canada.

### **Program highlights from CY17 Stub:**

#### *Lifeguard Symposium*

In CY17 Stub, Project Wipeout hosted the annual Lifeguard Education Symposium, with over 300 lifeguards and fire personnel from all over Orange County in attendance. The conference continues to grow each year, and serves as an opportunity for lifeguards and other first responder service providers to receive education on current beach and water safety information, that can be integrated into their training and safety responses. Additionally, the conference intends to address health and wellness topics pertinent to beach exposures for personnel working and responding on the beach.

#### *Beach Safety Curriculum*

For most of CY17 Stub, programming for Project Wipeout consisted of the planning, research, and development of a school-based beach safety curriculum. In collaboration with the Advisory Committee, Project Wipeout successfully created a beach safety curriculum, to be used by any lifeguard agency throughout the county. Each member of the Advisory Committee contributed materials and expertise towards the curriculum, and provided the review and revisions with each iteration of the curriculum.

#### *Eyes Save Lives Pool Safety Presentation*

Project Wipeout partnered with Hoag Irvine's Emergency Department (ED) nurse project, Eyes Save Lives, to create a pool safety presentation, to be shared with the community. Eyes Save Lives has been a passion project for Hoag Irvine's ED to bring awareness towards pool drowning and prevention. As part of the collaboration, Project Wipeout has been able to formally oversee

the research and development of the pool safety presentation, as well as the materials provided to participants for each presentation.

#### *Outreach Events*

During CY17 Stub, Project Wipeout's main community outreach took place at the Melinda Hoag Smith Center for Healthy Living Family Health Day, the National Oceanic and Atmospheric Administration's WeatherReady Fest at Discovery Cube Science Center, as well as at smaller city community events. These events allowed for personal interactions between lifeguards, educators, children, and families that included distribution of beach safety materials. Materials include video segments available for class presentations, as well as printed materials such as brochures, coloring books, activity books, and rip current posters. In addition to these large events, Project Wipeout materials are used by local lifeguards at each agency's headquarters, both as education materials for beach visitors and as training for the junior guard programs. Materials are available in both English and Spanish, and have been previously sent out nationally and internationally, as teaching tools for different water safety agencies outside of California, such as within New Zealand and Baja California. All materials are available to download for free from the Hoag Project Wipeout website: [www.hoag.org/projectwipeout](http://www.hoag.org/projectwipeout).

**Contact: Lauren Tabios, MPH at (949) 764-5321 or [Lauren.Tabios@hoag.org](mailto:Lauren.Tabios@hoag.org)**

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### *Melinda Hoag Smith Center for Health Living*

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The city of Costa Mesa has been identified as a resource desert due to an absence of sufficient resources to address key health determinants in the community. In order to help address these health determinants in our community, Hoag has created a synergistic model of service delivery, which not only addresses the lack of resources but also seeks to bridge gaps between services. This service delivery model has helped facilitate collaboration and build capacity in our community partner agencies, by providing non-profit partners with physical space and resources within the Melinda Hoag Smith Center for Healthy Living. Since opening in 2016 our collaborative has grown extensively and now includes the following;

Hoag's Mental Health Center  
 Hoag's Health Ministries  
 SOS Children & Family Health Center  
 SOS Dr. Robert & Dorothy Beauchamp Child  
 and Family Dental Center  
 ASPIRE  
 OC Public Health Nursing  
 Public Law Center  
 National Alliance for the Mentally Ill  
 Be the Change Yoga  
 Council on Aging OC  
 Susan G. Komen OC  
 Youth Employment Services  
 OC Bar Foundation

Alzheimer's OC  
 Orange County Council on Aging  
 Big Brothers Big Sisters  
 Spin  
 Project Self Sufficiency  
 Epilepsy Support Network  
 CIELO  
 Vital Aging  
 Moms Orange County  
 Raise Foundation  
 Human Options  
 Girls Inc.  
 Children's Bureau  
 CHOC PODER

The Melinda Hoag Smith Center for Healthy Living has provided space to like-minded community agencies, who seek to improve the quality of lives of those in the community. A key component which makes the collaborative unique and is essentially the glue between the community and the center, is our centralized registration and case management team. This team assures that all client's coming into the center fill out a screener which seeks to identify; socio-economic stressors, potential health risks, mental and emotional health issues, legal issues, access to health care, and other life stressors that can affect ones quality of life. Our case-management team plays a critical role in linking clients to the appropriate services, while also monitoring client's progression through the referral process. This model for service delivery helps bridge gaps between community, clients and agencies, while also leveraging resources and the fostering collaboration between organizations. The Melinda Hoag Smith Center for Healthy Living's co-location of resources has created a cohesive, one-stop, welcoming environment where community members can find a breadth of services and support. This year this collaborative was able to provide the following services to individuals and families.

**Life skills**

- 89 people were CPR certified. This helped for job security and job placement for several nannies, child care workers, and preschool teachers.
- Mental Health First Aid
- 153 adults participated in Cielo's entrepreneurship/ job readiness classes.
- 31 Kids participated in YES (Youth Employment Services)
- 564 Adults participated in English Learning Classes

**Health driven classes focusing on improved health and decrease in obesity**

- 1029 encounters for yoga
- 2280 encounters for Zumba
- 274 Choc PODER Classes
- 68 Children participated in ballet classes

- 634 Children participated in Amigotos/Zumbini

### **Education and support to individuals and families affected by mental illness**

- 358 people participated in a NAMI class/support group

### **Youth support services**

- 698 encounters for Girls Inc's after school homework lab and STEM activities (boys and girls)
- 169 Children received free back to school back packs through SOS Family Medical Clinic

### **Diversion programs targeting at risk youth**

- 130 teenagers participated in OC Bar Foundation's diversion programing – Short Stop and Stop Short of Addiction

### **Adult Education**

- 564 encounters for our adult English Learning classes

### **Women's Health**

- 47 Women received services through Susan G. Komen.
- 111 Women received services through MOMs preparation for Child Birth/Mommy and me.
- 39 Women participated in Women's Self Defense classes.
- 28 women received services through OC Bar Foundation Madres program.
- 92 women participated in VS study groups.

### **Legal aid and representation**

- 70 people have received legal consultation or representation from the public law center (lawyer started 20 hours a week on site since May). Free legal representation is key because this is the service that is in highest demand and is least available in the community. We are focusing on Family Law – divorce, DV, child custody etc.

### **Nutrition**

- 853 families (not unduplicated number) have received food at our food distribution.

### **Memory screenings**

- 58 adults participated in a memory screening

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## CHAPTER IV: OTHER HOAG COMMUNITY BENEFIT ACTIVITIES

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### *The Mary & Dick Allen Diabetes Center*

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In California, 9.6% of the adult population has type 2 diabetes in which 23.8% of those were not aware or did not report having diabetes (CDC, National Diabetes Statistics Report, 2017). Nearly half (48.3%) of adults aged 65 years or older have prediabetes. The Mary & Dick Allen Diabetes Center (referred to as “the Center”) provides education and support for patients, healthcare providers, and the community. Since its opening in 2009, the Center has offered services that include health education and support from certified diabetes educators, nurses, dietitians, and clinical social workers, medication management by pharmacist educator and nurses, and clinical evaluation by the endocrinologist. The Center has also participated in various outreach events including lectures at local senior centers, diabetes risk assessments at health fairs, and cooking demonstrations in the community.

#### **Program highlights from CY17 Stub:**

- Services:**
- 1) 6-8 weeks postpartum oral glucose tolerance test offered at Center free to patients with referral
  - 2) In partnership with PADRE Foundation, peer support groups for youth/young adults with T1D and families offered quarterly
  - 3) Peer support groups for T2DM offered monthly
  - 4) Diabetes Prevention Program offered (Viviendo Saludable, Healthy Lifestyle Program for those with Prediabetes)
  - 5) Psychosocial assessments for all new patients with diabetes

#### ***Research Studies***

The Center has pursued various research studies lead by Harsimran Singh, PhD, clinical research scientist and health psychologist. The Center’s research studies have been published in 11 peer-reviewed publications and scientific journals, and Dr. Singh has presented 10 scientific presentations including conferences hosted by the California Diabetes and Pregnancy Program and the American Diabetes Association. Topics covered a wide range in diabetes including psychosocial aspects of gestational diabetes, ethnic differences in diabetes management, blood glucose awareness training for women with type 1 diabetes contemplating pregnancy, and the importance of assessing health literacy and food insecurity in diabetes management.

#### ***Diabetes Self-Management Education and Support (DSMES)***

Diabetes Self-Management Education and Support (DSMES) and Medical Nutrition Therapy (MNT) are the core functions of the Center in which participants learn to live successfully with diabetes through guidance from our dedicated physician, certified diabetes educators, nurses, dietitians, and clinical social worker. In CY17 Stub, there were 554 total DSMES encounters and 442 MNT visits. 303 encounters by the social worker were completed at no cost to patients as part of DSMES.

### ***Ueberroth Family Program for Women with Diabetes (Sweet Success)***

Expectant mothers with diabetes prior to pregnancy and those diagnosed with gestational diabetes, who are at higher risk of developing Type 2 diabetes after pregnancy, benefit from pre-conception family planning, diabetes education, as well as ante-partum and post-partum glucose management. In CY17 Stub, we had 237 unique patients and a total of 934 encounters completed at the Center. The Center offers free oral glucose tolerance testing (OGTT) 4-12 weeks postpartum. In ST2017, 84 patients came to receive their OGTT at the Center.

### ***Annual Diabetes Nursing Conference***

The Annual Diabetes Conference titled “Diabetes: What’s new? What’s next?” was held on October 13<sup>th</sup>, 2017. There were 110 attendees which included physicians, nurses, dietitians, certified diabetes educators and social workers. This one-day conference provided information on diabetes management and topics that included emerging adults with type 1 diabetes, diabetes care during pregnancy, strategies for older adults, transition from inpatient to outpatient care, community-based approaches, and culturally sensitive nutrition counseling.

### ***CHOC Children’s Services at the Allen Diabetes Center***

Children’s Hospital of Orange County (CHOC) Diabetes and Endocrine Center at the Allen Diabetes Center provides pediatric specialty care services for patients with diabetes. This program provides clinical services, health maintenance and treatment, and outreach for children considered at risk for developing diabetes. In CY17 Stub, there were a total of 1215 clinical encounters. Prevention of Obesity and Diabetes through Education Resources (PODER) offers no-cost diabetes and obesity prevention education programs, cooking classes and Zumba exercise classes. PADRE (Pediatric Adolescent Diabetes Research Education Foundation) provides support to children with Type 1 diabetes and to their families through events and educational workshops. Approximately 2700 participants joined the PODER classes, and 114 participants were involved in the PADRE classes.

### ***Herbert Family Program for Young Adults with Type 1 Diabetes***

The Herbert Family Program focuses on catering to the unique needs of young adults with Type 1 Diabetes (ages 18-30). The program addresses various aspects including the financial, psychological, social and physical changes that challenge the young adult, their family, and support systems. We hosted First Fridays with a consistent attendance of 10-15 emerging adults in which these are held monthly.

### ***Outreach Events***

Approximately 800 people participated in the Sweet Life cooking classes. During these classes, an educator and Hoag’s Executive Chef provided insight on recipes and nutrition to promote healthy eating for our community. Our educators have participated in various outreach opportunities including the following: health fairs, presentations at senior centers, risk assessment tests, grocery store tours, and cooking demonstrations.

**Contact: Eunice Lee, MS, MPH; [Eunice.Lee@hoag.org](mailto:Eunice.Lee@hoag.org); 949-764-8065**

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## *OB Education*

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Hoag's philosophy is that with the birth of every child, there is also the birth of a new family. Through a variety of educational classes and support services, Hoag's OB Education department supports families throughout the exciting journey of pregnancy and parenthood. Board certified lactation consultants who are also experienced registered nurses assess, educate and support new couples and their infants in breastfeeding following delivery in the hospital and in the out-patient breastfeeding clinic. They provide breastfeeding consultations in the hospital 365 days per year and Monday through Friday from 9:00am - 4:00pm in the out-patient clinic. These nurses also teach a comprehensive selection of prenatal classes including: Prepared Childbirth, Breastfeeding (offered in person and also in an eLearning format), Baby Care Basics, Beyond Baby Care Basics, Baby Saver (infant first aid and CPR) and Multiple Miracles which is a class for couples expecting twins, triplets, quadruplets and more. This year OB Ed nurses partnered with Hoag's Center for Health Womanology program to create a Pre-Birth Boot Camp for Couples class. This new full day session includes a Breastfeeding, Baby Saver and pelvic floor preparation and recovery class. The pelvic floor care class is taught by a licensed physical therapist that is specially trained in female pelvic floor issues. Several other programs are offered at no cost to the community and include car seat safety, couples 4<sup>th</sup> Trimester class, hospital orientation and maternity unit tours.

Hoag's Community Benefit program promotes community mental health through support of a weekly Post-Partum Adjustment and Perinatal Loss group and a biweekly Pregnancy after Loss group. These groups are lead and facilitated by a licensed clinical social worker whose professional fees are funded by the Community Benefit program. In 2017, the groups provided services to 494 postpartum women reflecting a 6% increase from 2016 and are offered at no cost to the community. They provide ongoing support, education, and a safe setting to discuss the new challenges of parenthood. Support persons and babies are welcome. In addition to that, the Community Benefit program provides breastfeeding supplies to women that are cared for in OB Education's out-patient breastfeeding clinic.

Hoag's Babyline is an information telephone hotline for parents that operates five days a week and is answered by an OB Education registered nurse with special expertise and knowledge about pregnancy (before, during, and after), as well as baby care and breastfeeding. The Babyline staff is a key resource for new and expectant parents. The phone line is available to the community Monday through Friday from 9:00am – 5:00pm and received over 14,000 calls in 2017.

**Summary of Classes and Services provided by the OB Education Department in CY17  
Stub**

<b>Class</b>	<b>Attendance</b>
<b>Baby Care</b>	507
<b>Baby Saver</b>	675
<b>Breastfeeding</b>	590
<b>Car Seat Safety</b>	350
<b>4<sup>th</sup> Trimester</b>	51
<b>Maternity Orientation</b>	1233
<b>Multiple Miracles (<i>offered quarterly</i>)</b>	25
<b>Prepared Childbirth</b>	160
<b>Pre-Birth Boot Camp for Couples (<i>new class offered 2 times</i>)</b>	33
<b>Breastfeeding Clinic Visits (<i>outpatient</i>)</b>	604
<b>Baby Line telephone calls</b>	7795
<b>Postpartum Support Groups: Postpartum Adjustment, Perinatal Loss, &amp; Pregnancy after Loss Groups (<i>funded by community benefit</i>)</b>	264

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## CHAPTER V: HOAG COMMUNITY HEALTH ASSOCIATES

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### *Share Our Selves Corporation*

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Share Our Selves Corporation (SOS) is a Coordinated Care Agency with a 47-year history of providing safety-net services to low-income individuals and families living in Orange County. SOS's commitment to the integration of health and social services for the most at-risk population in our community is defined as the uninsured, insured through government insurance, and homeless remains the mission of SOS. Generous grant funding from Hoag Community Benefit Program during the Stub Year July 1, 2017 through December 31, 2017 provided the ability to personalize care uninsured individuals at the SOS Community Health Center located in Costa Mesa. Most notable, this is a unique partnership focused on reducing the utilization of the Emergency Department as a means of accessing primary health care, while increasing access to timely, efficient, and quality health care in effort to improve the well-being of our shared community.

A comprehensive overview of all SOS health centers is confirmed by its 2016 Uniform Data System (UDS) which identified a total of 53,421 provider encounters caring for 14,515 unduplicated patients; 1,338 identified themselves as homeless. Of the individuals cared for by SOS, 40% were uninsured with 60% insured by MediCal/Medicare, 81% live at or below 100% of the Federal Poverty Level (FPL) with the remaining 19% living below 200% of FPL, 75% identified as Hispanic/Latino, 25% non-Hispanic/Latino, and a full 60% were best served in a language other than English.

The SOS clinical network is a Federally Qualified Health Center with special designation as a Healthcare for the Homeless provider. SOS centers of care are nationally recognized as a Patient Centered Medical Home by the National Committee for Quality Assurance. Today, the SOS network consists of eight (8) service sites located throughout Orange County with centers of care located: one in Costa Mesa, three in Newport Beach, one in Lake Forest, two school-site centers in Santa Ana, and a mobile unit. Across this network, SOS provides timely, efficient, and quality health care services throughout the lifecycle inclusive of primary medical, dental, and behavioral health. Ancillary health care services and programs include clinical pharmaceutical services, case management, education, and linkage to specialty and subspecialty health care.

Patient care remains complimented by our founding program, SOS Social Services, providing direct access to extensive support services addressing the social determinates of health. Annually, the Social Service Department serves over 100,000 unduplicated low-income and/or homeless county residents through direct services and referrals. Programs under the umbrella of the Social Services Department include but are not limited to, the SOS Food Pantry, SOS Center of Care for the Homeless, Emergency Financial Aid, and Case Management. All social service programs provided by SOS are accessible to all Orange County residents regardless of participation in SOS health care programs.

**For more information regarding Share Our Selves [www.shareourselves.org](http://www.shareourselves.org)**

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## *Alzheimer's Family Center*

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Alzheimer's Family Center (AFC) creates happier and healthier days for families affected by the Alzheimer's epidemic in Orange County. We play a key role in Orange County's continuum of long-term care services by providing affordable access to high quality, culturally appropriate dementia care and supportive services that help families maintain their health, financial security, and quality of life. For 37 years, AFC has promoted an elevated standard of care for patients with dementia. Our exclusive capacity to provide specialized services to this vulnerable population has been recognized nationally by the Alzheimer's Foundation of America with an "Excellence in Care" designation. At present, we are one of just six other facilities in California to hold this prestigious designation.

Since 1980, we have served the growing number of families who are affected by the Alzheimer's epidemic in Orange County, a community that is aging at a faster rate than the rest of California and the rest of the nation. Less than 20 years from now, the number of seniors and family caregivers affected by the disease will more than double from 150,000 to nearly 400,000 individuals. Alzheimer's Family Center (AFC) is Orange County's trusted day care resource for dementia patients – and their families.

- As Orange County's first day care program exclusively devoted to treating people with dementia, we have a long and proven track record of helping Alzheimer's patients and their families successfully cope with the many challenges of memory loss.
- In addition to our day care programs for dementia patients, we provide much-needed respite, support and resources for family caregivers.
- We are often able to detect health problems early on — before they become serious medical concerns.
- AFC's medical oversight, enhanced nursing services, fall prevention interventions, and ongoing patient monitoring paves the way for improved patient outcomes.

We are committed to serving both dementia patients and their family caregivers, who are the primary source of care for individuals with dementia. Our services are grounded in the latest research and clinical guidelines for dementia care, and include:

*Mind Boosters Series* – a four-week evidence-based educational intervention that equips older adults in the community with the tools needed to maximize and maintain their brain health, learn prevention and risk management strategies for cognitive decline, and gain information about aging and memory loss.

*New Connections Club* – AFC's early-stage track of adult day health care programming provides medical, rehabilitative, psychosocial, and nutritional benefits based on an individualized plan of care within the context of a stimulating recreational program.

*Friendship Club* – AFC's adult day health care program for individuals as they transition into the moderate-to-severe stages of dementia.

Enhanced Nutrition Services – enhanced meals based on dietary assessments and individualized nutritional plans that optimize the nutritional status of AFC’s adult day health care patients. These services are designed to overcome challenges such as the need for feeding assistance, the presence of challenging eating behavior disturbances, problems with motor coordination, concentration, and swallowing as memory loss progresses.

Saturday Respite Program – an adult day program (social model) to offered Saturdays from 9 a.m. to 3 p.m. (closed Sundays) that meets the therapeutic and supervisory needs of frail, older adults, who may otherwise be left at home unsupervised.

Outpatient Behavioral Health Program – is a one-of-a-kind intensive outpatient program serving individuals with mild cognitive impairment and co-occurring psychiatric disorders. The program offers intense psychotherapeutic intervention, psychiatric care, nursing services, socialization and cognitive stimulation.

Intensive Care Management Support – We assign a social worker and a nurse to each family caregiver who has a loved one enrolled in our adult day health care. These professionals become “partners in caring” and can be called upon as needed to troubleshoot issues in care.

Individualized Assessments – All participants enrolling in our adult day care programs receive comprehensive three-day assessments to measure baseline psychosocial and health functioning.

Information, Referral, And Linkages To Appropriate Community Resources –Upon calling the center, every caregiver is connected with a case manager who will listen, provide answers, problem-solve, and link the family to appropriate and diverse resources.

Caregiver Support Groups - Caregivers community-wide have access to a free support group offered twice monthly at AFC, and facilitated by one of our masters-level clinicians. Support groups represent an important vehicle for caregivers to gain knowledge, skills and support from their peers as well as professional leaders.

Caregiver Depression Screenings – AFC provides depression screenings and assessment of family caregivers based on clinical need.

Short-Term Counseling Services – Short-term counseling provides an “extra boost” when a caregiver needs focused support to develop and implement solutions for problems in care.

Community Outreach – Community outreach services are designed to improve community health by addressing the lack of accurate information about dementia diagnosis, treatment, and available care-related services among at-risk seniors, families, health care professionals, and the community at-large.

Healthy Brain Fair and Memory Screenings – Our first Healthy Brain Fair was held in November 2017 and featured free memory screenings, as well as presentations on “Overmedication in Seniors,” “Fall Prevention” and “All About Memory Loss.” The response to our inaugural event—nearly 300 people attended—was so enthusiastic, we have added a second

event this Spring. Of the 100 people that had their memory screened in November, 80% had a cognitive issue serious enough to refer on for evaluation. In order to meet the demand, we have added a free memory screening each month that is allowing us to screen an additional six people. We are also planning screenings in south Orange County in Laguna Woods and surrounding areas.

All AFC services are provided by an expert staff of professionals rich in cultural, linguistic, and professional diversity. Generous grant support from the Hoag's Community Benefit Program helped us provide 12,153 cumulative patient days for 224 unduplicated adult day health care patients across fiscal year 2017-18(July 1 to December 31, 2017). In addition, Hoag's support enabled us to also:

- Provide 4,480 hours of care management by a licensed social worker to 560 unduplicated caregivers of enrolled patients.
- Field 236 inquiries from families' community wide seeking to access supportive services (e.g., adult day health care, caregiver support groups) for themselves and their memory impaired loved ones. Approximately 25% of the families who inquired about our services admitted their loved one into our adult day health care program.
- Make 1,445 contacts to address patient medical needs. Our nursing team worked directly with family caregivers and primary care physicians.
- Coordinate 12,713 specialized, one-way transportation rides for our adult day health care patients.
- Host 2 Mind Booster Series alongside 2 community partners to reach 108 unduplicated individuals with high-quality, community-based prevention/early-intervention education about reducing the risk of dementia and tools for healthy brain aging.
- Participate in 23 community-based outreach activities that reached over 3,980 individuals

Through our continuum of dementia care services, we are equipping Orange County families with the direct care, support, and knowledge they need to delay costly institutionalization of their memory-impaired loved ones.

**Contact: Joanna Richardson-Jones, CEO at (714) 593-1840 or [JRichardsjones@AFCenter.org](mailto:JRichardsjones@AFCenter.org)**

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### *Costa Mesa Family Resource Center*

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The Costa Mesa Family Resource Center (CM FRC) is a family friendly community based collaborative with the capacity to provide on-site access to comprehensive prevention, intervention, and treatment services. As one of 15 Family Resource Centers throughout Orange County, the Costa Mesa FRC provides social, educational, health, and supportive services for all families including birth, blended, kinship, adoptive, and foster families. Services are culturally sensitive and offered by staff in the language reflecting the families and communities served.

The Costa Mesa FRC serves as a vehicle for engaging local residents and community organizations by actively seeking and promoting leadership of community members through partnership with Community Engagement Advisory Councils (CEAC's). Families walking into the Costa Mesa FRC can access a menu of "Core Services," which have been designed based on best practices. These Core Services include:

- Counseling
- Parenting Education
- Family Support Services
- Domestic Violence Personal Empowerment Program
- Information and Referral Services
- Comprehensive Case Management Services
- Out of School Time Youth Programs
- Family Reunification Family Fun Activities
- Adoption and Promotion Services

The collaboration with Hoag has strengthened the CM FRC in providing additional community resources and network of supports and services. Located in Hoag's Center for Healthy Living, the Costa Mesa FRC is able to provide families with access to a broad range of comprehensive services. Below are some highlights from July 1, 2017 – December 31, 2017. The collaborative partners that help the CMFRC to provide these services include: Human Options, Girls Inc., Raise Foundation, and Children's Bureau. Additional collaborations have also included Moms of Orange County and Second Harvest Food Program. This last fiscal year, CMFRC has added Newport mesa Unified School District, Help Me Grow and Orange County Health Care Agency as other nonfunded partners. This reporting period, CMFRC served 2,241 children and families. This includes walk-ins, referrals, accessing services and/or attending events. With the CMFRC, there has been significant growth in clients served and linkage to services.

Food Distributions at CM FRC have been a tremendous help to families not only from the Newport and Costa Mesa areas, but through all of Orange County. On average, there are about 150 families served each month. The food distribution is a collaboration between the, CM FRC, the Center for Healthy Living, and Second Harvest Food Bank. The distributions are led by community volunteers who donate their time and support. Food distributions are held the 1<sup>st</sup> Saturday of the month (excluding holidays) at 1pm. Another highlight through this service has been the number of children attending. As a result Girls Inc. staff and Human Options Children's Activity leaders plan intentional activities for the children during these events. On average, there are 50 children served during the food distributions.

Out of School Program - This last 2017-2018 fiscal year, demonstrated the need for after school programming for youth, specifically during the summer. As a way to meet the needs of the community, the Costa Mesa Family Resource Center in partnerships with Hoag were able to host a summer camp for elementary aged children in the Costa Mesa community. There were over 60 children ages 5 to 11 who were served through the summer camps ranging existing to new families. The staff were able to provide various programming while maintaining a fun learning environment. Such examples include bringing a reptile zoo, self-defense, outdoor games, computer lab, STEM challenges, and more etc. This service continues to demonstrate its need and success in the community, while continuing to exceed contractual goals.

*Case Management Team Meetings*- One of the services provided by the Costa Mesa FRC includes the comprehensive case management team meetings. It is an integrated multidisciplinary team comprised of professionals. The purpose of these meetings are to identify the educational, health, or social services needs of child and child's family; and for developing a plan to address meeting those needs. The last two years, the CMT meetings have not had much involvement from other agencies and were unable to meet the contractual goals as a result. However, through the partnership with Newport Mesa Unified School district, the CMT meetings are held once a month at the school district to engage more families and professionals. This has helped to increase our Family Support Services and have found that families are engaging more in our services and/or learning about the FRC.

**Contact: Arezoo Shahbazi, MSW at 949-764-8100 Ext. 53693 or [ashahbazi@humanoptions.org](mailto:ashahbazi@humanoptions.org)**

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*Appendices*

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**Appendix A Hoag Hospital Charity Care and Self Pay Discount Policy**

**Appendix B Hoag Hospital Quantifiable Community Benefit for CY2017 Stub Year**

**Appendix C Hoag Hospital Community Benefit Expenditures by Program**

## APPENDIX A

	Policy
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<b>Category:</b> REVENUE CYCLE	<b>Effective Date:</b> See footer
<b>Owner:</b> Executive Director, Revenue Cycle	
<b>Title:</b> Financial Assistance Policy	

**PURPOSE:** This policy outlines Hoag Memorial Hospital Presbyterian’s operational guidelines on the Financial Assistance Program (FAP) in relation to the patient collections process.

**SCOPE:** Revenue Cycle

**AUTHORIZED PERSONNEL:** Charity Care Coordinator, Self-Pay Manager, Self-Pay Supervisor, Collectors, Financial Councilors, PAS Supervisors, Insured and Uninsured Patients

### Description

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### Financial Assistance Policy

<b>Policy</b>	<p>Hoag seeks to address patient’s health care and financial needs while remaining committed to the stewardship of Hoag resources. To ensure that Hoag obtains appropriate reimbursement for services provided, several payment options and programs are available to support the needs of uninsured and underinsured patients. When it is determined that a payment solution cannot be obtained through such payment options and programs, then the patient is provided with information about the Hoag Financial Assistance Program (FAP).</p> <p>Patient collections processes shall remain in compliance with Hoag policies relevant to patient financial assistance:</p> <ul style="list-style-type: none"> <li>■ Any patient who requests financial assistance will be afforded the opportunity to</li> </ul>
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Effective Date: January 1, 2015  
 Revised: January 26, 2015



# Policy

<b>Category:</b> REVENUE CYCLE	<b>Effective Date:</b> See footer
<b>Owner:</b> Executive Director, Revenue Cycle	
<b>Title:</b> Financial Assistance Policy	

	<p>apply and be considered.</p> <ul style="list-style-type: none"> <li>■ Access to necessary care shall in no way be affected by whether financial assistance eligibility exists; medically necessary care will always be provided to the extent the Hospital can reasonably do so.</li> <li>■ The need for financial assistance is a sensitive and deeply personal issue for patients. All Hoag employees will maintain confidentiality of requests for assistance, the information obtained in the application process, and the funding or denial of assistance.</li> <li>■ In an effort to ensure patients' post-acute and follow-up health care needs are met, patients who demonstrate lack of financial coverage by third-party insurance are offered information on how the patient may obtain applications for Medicare, Medicaid, Medi-Cal and the Healthy Families Program (CA), coverage offered through the Covered California (CA), or other state or county funded health coverage programs. Hoag will assist patients with applying for government-sponsored programs and follow through to acceptance or denial.</li> </ul>
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## Patient Collections

<b>Collections Process Overview</b>	It is the expectation that the patient's estimated cost or liability will be collected in full prior to or at the time of service. If a patient states they cannot pay in full, payment options and programs are offered during the collections process in a consistent sequential order as outlined below:	
	Stage	Description
	1	Full payment is requested.
	2	A reasonable payment plan based on the estimate is offered. A deposit payment is requested, if appropriate.
	3	Eligibility for Government-Funded Programs is explored in programs including , but not limited to: <ul style="list-style-type: none"> <li>■ Medicare</li> <li>■ Medi-Cal (CA)</li> <li>■ Covered California</li> <li>■ other state or county funded health coverage programs</li> </ul>
4	When a payment solution cannot be found in Stages 1-3, then the patient is provided with information about the Hoag Financial Assistance Program (FAP). Pending applications for coverage through FAP and from a government funded health program will not preclude the patient's eligibility for eligibility for the other program.	



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		<p><b>Important:</b> If at any time, patient requests information or an application for Hoag Financial Assistance, it is promptly provided to the patient.</p>
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## Financial Assistance Program

<b>Overview</b>	<p>Hoag Financial Assistance Program (FAP) ensures that medically necessary health care is provided at discounted or no cost to qualified uninsured and underinsured patients. Any uninsured or underinsured patient who is unable to pay his or her Hospital bill and whose income meets the approved federal poverty level (FPL) qualifications will be considered eligible for Hoag Financial Assistance (FA). Additionally, patients who incur qualified High Medical Costs may be deemed eligible for financial assistance.</p> <p>Hoag Hospitals serve all persons in the communities where we are located. We aspire to provide health services with the utmost dignity and compassion for each patient and family in our care. In a confidential and caring environment patients in need are provided financial assistance to pay their Hoag Hospital bills and, in turn, to ensure access to needed healthcare as an essential element of fulfilling their human dignity and ability to live more healed, more whole, and more able to contribute to the common good.</p>
<b>Completion of FAP Application</b>	<p>Upon a patient's request, a Financial Assistance Program (FAP) application shall be provided. Designated personnel will assist patients in completing the Financial Assistance Application and determining eligibility for financial assistance, charity care, or government-funded programs, if applicable. Financial Assistance notices printed in English and Spanish are also placed in the public admission areas at Hoag hospitals. Interpretation services are available to address any questions or concerns and to assist in the completion of Financial Assistance Applications.</p> <p>A patient, or patient's legal representative, who requests a discounted payment, charity care, or other assistance in meeting his or her financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. If the person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for the hospital to make a determination, the hospital may consider that failure in making its determination.</p> <p>Upon establishing full or partial eligibility under the financial assistance program the</p>



# Policy

<b>Category:</b>	<b>REVENUE CYCLE</b>	<b>Effective Date:</b>	<b>See footer</b>
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	<p>coverage will be valid for six (6) months from the date of the eligibility letter. Additionally, other pre-existing patient account outstanding balances at the time of eligibility determination will be included as eligible, excluding exceptions set forth in this policy.</p>
<b>Patient Billing</b>	<p>Patients applying for Hoag Financial Assistance will continue to receive monthly statements as an awareness of the open balance and to encourage patient engagement if needed. Statements mailed to the patient will include a clear and conspicuous notice advising the patient of Hoag Financial Assistance Program and the appropriate contact information.</p> <p>The notice shall also:</p> <ol style="list-style-type: none"> <li>a. advise the patient that he or she may be eligible for programs such as Medicare, Medi-Cal(CA), Covered California or other state or county funded health coverage programs</li> <li>b. how the patient may apply for any of these programs and that the Hospital will provide the patient with an application.(CA)</li> <li>c. that the Hospital will refer the patient to a local consumer assistance center housed at legal services offices.(CA)</li> </ol> <p>Disputes: Efforts to collect healthcare debts by an affiliate, subsidiary or external collection agency of Hoag must adhere to the standards set forth in this policy including the definition and application of a reasonable payment plan.</p> <p>In dealing with patients eligible for Hoag Financial Assistance or a reasonable payment plan, the Hospital shall not use wage garnishments or place liens on homes as a means of collecting unpaid Hospital bills. This requirement does not preclude Hospitals from pursuing reimbursement from third party liability settlements.</p> <p>Accounts without an existing FAP or payment arrangement will transfer to an external collection agency at 150 days from first patient billing cycle.</p> <p>Accounts with a defaulted payment plan with three consecutive missed payments will transfer to an external collection agency upon review and approval of the department supervisor to ensure reasonable attempts to reach the patient/guarantor were made.</p>
<b>Proof of Income</b>	<p>The patient will submit all necessary income documentation, including copies of IRS forms, W-2 Wages &amp; Earnings, disability payment statements, etc. An application for a government program (i.e., prescription drug assistance programs, DHS, SSI, or any</p>



# Policy

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	<p>other signed federal program document), may be used to qualify for financial assistance. Financial information obtained will not be used to determine collection activities.</p> <p>In cases where documentation is unavailable, the patient's income may be verified by having the patient sign the assistance application attesting to the veracity to the income information provide. If the proof of income is questionable, validation of the income should be immediately requested.</p>
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## Income Qualifications – CA Hospitals

Any uninsured or underinsured patient whose family income is less than 400% of the current federal poverty level (FPL) and is unable to pay his or her Hospital bill shall be considered eligible for financial assistance. Full or partial assistance is based on the criteria outlined below:

<b>If the income % of FPL is:</b>	<b>And the patient is:</b>	<b>Then:</b>					
200% or less,	Uninsured <i>or</i> insured	The entire (100%) patient liability portion of the bill for services will be written off.					
201% - 400%,	Uninsured,	<p>The patients' payment obligation will be a percentage of the gross amount the Medicare program would have paid for the service based on the sliding scale below:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th><b>If the income % of FPL is:</b></th> <th><b>Then the % of Medicare LIKE Rate Payable is:</b></th> </tr> </thead> <tbody> <tr> <td>201 – 400%</td> <td>50%</td> </tr> </tbody> </table>	<b>If the income % of FPL is:</b>	<b>Then the % of Medicare LIKE Rate Payable is:</b>	201 – 400%	50%	
	<b>If the income % of FPL is:</b>	<b>Then the % of Medicare LIKE Rate Payable is:</b>					
201 – 400%	50%						
Insured,	<p>The patient's obligation will be reduced by insurance payments:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th><b>If:</b></th> <th><b>Then:</b></th> </tr> </thead> <tbody> <tr> <td>The amount paid by insurance exceeds what Medicare would have paid,</td> <td>The entire (100%) patient liability portion of the bill will be written off.</td> </tr> <tr> <td>The Medicare Payment <b>LIKE</b> Rate is greater than the HMO/PPO Payment Rate for services rendered,</td> <td>The patient's payment obligation will be based on the HMO/PPO Payment Rate.</td> </tr> </tbody> </table>	<b>If:</b>	<b>Then:</b>	The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.	The Medicare Payment <b>LIKE</b> Rate is greater than the HMO/PPO Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPO Payment Rate.
<b>If:</b>	<b>Then:</b>						
The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.						
The Medicare Payment <b>LIKE</b> Rate is greater than the HMO/PPO Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPO Payment Rate.						
201% - 400%,	Insured, <i>yet</i> services are not covered by the payer,	<p>The following will apply:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th><b>If...</b></th> <th><b>Then ...</b></th> </tr> </thead> <tbody> <tr> <td>The patient ordinarily would be responsible for the full billed charges,</td> <td>The total patient payment obligation will be the HMO/PPO Payment Rate.</td> </tr> </tbody> </table>	<b>If...</b>	<b>Then ...</b>	The patient ordinarily would be responsible for the full billed charges,	The total patient payment obligation will be the HMO/PPO Payment Rate.	
<b>If...</b>	<b>Then ...</b>						
The patient ordinarily would be responsible for the full billed charges,	The total patient payment obligation will be the HMO/PPO Payment Rate.						
201% - 400%,	Insured, and services are covered by the payer,	<p>The following will apply:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th><b>If:</b></th> <th><b>Then:</b></th> </tr> </thead> <tbody> <tr> <td>The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),</td> <td>There is no discount.</td> </tr> </tbody> </table>	<b>If:</b>	<b>Then:</b>	The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),	There is no discount.	
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Effective Date: January 1, 2015  
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# Policy

<b>Category:</b> REVENUE CYCLE	<b>Effective Date:</b> See footer
<b>Owner:</b> Executive Director, Revenue Cycle	
<b>Title:</b> Financial Assistance Policy	

## Automatic Classification for Charity Care

Under the following special circumstances, a patient may be deemed eligible for Charity Care without absolute requirement for submission of a financial assistance application:

Circumstance	CALIFORNIA
Eligible for other FPL-qualified programs	(Addressed in Other Special Circumstances section below)
Disabled	n/a
Deceased	Is deceased and without third-party insurance coverage or identifiable estate, no living spouse
Incarcerated	n/a
Homeless	Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government sponsored program, without third-party insurance coverage
Seen in ER, unable to bill	Is treated in the Emergency Department but the Hospital is unable to issue a billing statement
Access to Care	Is treated through an Access to Care Program

<b>Other Special Circumstances</b>	<p>Patients who are eligible for FPL-qualified programs such as Medi-Cal, Medicaid , and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payment for services is not made by the programs. Patient account balances resulting from non-reimbursed charges are eligible for full charity write-off. Medi-Cal Share of Cost obligations are not eligible for charity write off or the discount program. Specifically included as eligible are charges related to the following:</p> <ul style="list-style-type: none"> <li>■ Denied inpatient stays</li> <li>■ Denied inpatient days of care</li> <li>■ Non-covered services</li> <li>■ Treatment Authorization Request (TAR) denials</li> <li>■ Denials due to restricted coverage</li> </ul>
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Effective Date: January 1, 2015  
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# Policy

<b>Category:</b> REVENUE CYCLE	<b>Effective Date:</b> See footer
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<b>Presumptive Charity</b>	Hoag recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Hoag utilizes an automated, predictive scoring tool to qualify patients for Charity Care. The PARO™ tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. PARO provides estimates of the patient's likely socio-economic standing, as well as, the patient's household income and size.
<b>Approval Levels</b>	<p>Financial assistance determination will be made only by approved Hospital personnel according to the local Hospital levels of authority.</p> <p><b>Notification of Determination</b></p> <p>Patients will receive notification of Hospital determination within 30 days of submitting the completed application and supporting documentation.</p> <p><b>Patient Disputes</b></p> <p>FAP qualifications are determined after the application is reviewed for eligibility based on criteria contained in this policy. Financial assistance shall not be provided on a discriminatory or arbitrary basis, however the hospital retains full discretion to establish eligibility criteria based on sufficient evidence and information provided by the patient or guarantor.</p> <p>In the event of a dispute, a patient or guarantor may seek review from management or the executive director of revenue cycle via email at PFS@hoag.org or in writing by providing additional information to support the dispute at:</p> <p style="text-align: center;">Hoag Memorial Hospital Presbyterian Attn: Executive Director of Revenue Cycle 500 Superior, Suite 250 Newport Beach, CA 92663</p>
<b>Proof of insurance</b>	If a hospital bills a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge Hoag will provide the patient with a Notice Of Availability Financial Assistance (NAFA)

Effective Date: January 1, 2015  
Revised: January 26, 2015

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# Policy

<b>Category:</b>	<b>REVENUE CYCLE</b>	<b>Effective Date:</b>	<b>See footer</b>
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<b>Title:</b>	Financial Assistance Policy		

## Definitions

This publication contains the following terms:

Term	Definition
Affordable Care Act (ACA)	A federal mandate that aims to increase the quality and affordability of health insurance.
Charity Care	Medically necessary Hospital services provided at no cost to a patient who lacks or has inadequate insurance and meets defined low-income requirements.
Covered California	California's Health Insurance Marketplace program that provides assistance in shopping for affordable health care and possibly financial assistance. Covered California will also assist in determining qualification for Medi-Cal.
Deposit	When payment arrangements are made, the first installment payment is considered the deposit. The deposit is negotiated, starting at 50% of total estimated patient liability.
Government-Funded Insurance Programs	The following are included in "government-funded insurance programs" (but is not limited to): <ul style="list-style-type: none"> <li>■ Medicare</li> <li>■ Presumptive Eligibility (Medi-Cal)</li> <li>■ Medi-Cal (CA)</li> <li>■ Covered California (CA)</li> <li>■ Out Of State Medicaid</li> </ul>
Health Insurance Marketplace	A component of the Affordable Care Act (ACA) is the Health Insurance Marketplace (formerly known as Exchange). Each state is mandated to have this on-line venue for consumers and small businesses to compare and purchase insurance coverage options and to learn if they are eligible for federal insurance subsidies.
High Medical Costs	California: A patient is considered to have High Medical Costs if he or she has either of the following: <ul style="list-style-type: none"> <li>■ Annual out-of-pocket costs incurred by the individual at the Hospital that exceed 10 percent of the patient's family income in the prior 12 months.</li> <li>■ Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.</li> </ul>
HMO/PPO Payment Rate	The average amount of payment the Hospital would receive from all contracted HMOs/PPOs for providing services. This rate, represented as a percent of total billed charges, is Hospital-specific and updated periodically.
Out of State Medicaid	Hoag will bill for Out of State Medicaid provided a contract is approved by the state and/or obtained through an outsourced vendor.



# Policy

<b>Category:</b>	<b>REVENUE CYCLE</b>	<b>Effective Date:</b>	<b>See footer</b>
<b>Owner:</b>	Executive Director, Revenue Cycle		
<b>Title:</b>	Financial Assistance Policy		

Term	Definition
Medi-Cal (CA)	Medi-Cal is California's federally funded health insurance programs that pays for a variety of medical services for children and adults who have limited resources and low-income. Under ACA, Medi-Cal has expanded who may be eligible.
Medically Necessary Services	Services or supplies determined to be proper and needed for the diagnosis, direct care or treatment of the medical condition and meet the standards of good medical practice in the medical community.
Excluded services	If services not deemed a medical necessity, CDU, Cosmetic, gastric bypass for weight loss.
Presumptive Charity (PARO, SOS and La Amistad programs)	Share ourselves program (SOS) and La Amistad have been pre-determined to meet the program guidelines as these individuals were determined to be at or below 200% FPL. SOS and La Amistad complete their own screening and approval. Payment Assistance Rank ordering (PARO) Score: PARO is a patient account scoring mechanism. PARO score is evaluated bi-annually and calibrated to reflect the charity care policy of Hoag for evaluation and eligibility criteria.
Medicare	Medicare is a federally funded health insurance program for qualified people age 65 or older. Certain people younger than 65 also qualify based on disabilities or renal disease. This program helps with the cost of health care, but it does not cover all medical expenses or the cost of long-term care. It is not based on low-income. It is not part of the Health Insurance Marketplace, but there are some coverage changes as a result.
Medicare Payment Rate	The average amount of payment the Hospital would receive from Medicare for providing services. This rate is Hospital-specific and updated periodically.
Payment Arrangements / Installment Plans	A plan negotiated and agreed to by the Hospital and the patient that sets the terms of extended payment for services provided by the Hospital. Any pre-service payment plan is based on an estimate and the financial counselors and/or schedulers coordinate payment plans through the self-pay supervisor as Final terms are set up after final billing.
Reasonable Payment Plan (CA)	If Hoag and the patient/guarantor, cannot agree, the Hospital shall create a reasonable payment plan Monthly payments pursuant to a reasonable payment plan cannot exceed more than 10 percent of a patient's family's monthly income, excluding deductions for essential living expenses.
Essential Living Expenses (CA)	Expenses for any of the following: rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas and repairs, installment payments; laundry and cleaning; and, other extraordinary expenses.

Effective Date: January 1, 2015  
 Revised: January 26, 2015



# Policy

<b>Category:</b>	<b>REVENUE CYCLE</b>	<b>Effective Date:</b>	<b>See footer</b>
<b>Owner:</b>	Executive Director, Revenue Cycle		
<b>Title:</b>	Financial Assistance Policy		

## Attachment A: Hoag Notice of Availability of Financial Assistance

### Mission

Our missions as a non-profit, faith-based hospital is to provide the highest quality health care services to the communities we serve.

### What is the Patient Financial Assistance Program?

Hoag Hospital's Financial Counseling Department offers free financial screenings for people who do not have health insurance and cannot pay their hospital bill, as well as patients who do have insurance, but are unable to pay their portion of the bill that insurance does not cover.

Our Financial Counselors will review your eligibility for Medicare, Healthy Families Program, Medi-Cal, or other coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care. If you already have coverage through one of these programs please notify our Financial Counselors immediately. Patients ineligible for government assistance may still qualify for discount or charity programs available through Hoag Hospital.

### How and When to Apply

Please contact our Financial Counselors immediately after discharge or completion of services by calling 949-764-5564 or by e-mail at [FC@hoag.org](mailto:FC@hoag.org). We can assist with your application and provide the applications for Medicare, Healthy Families Program, Medi-Cal, or other coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage. You may also be referred to [www.OCGOV.com](http://www.OCGOV.com) for local assistance.

If you lack, or have inadequate, insurance, and you meet low- and moderate-income requirements, you may qualify for discounted payment or charity care. Please remember that access to necessary health care is not affected by eligibility for financial assistance. Hoag Memorial Hospital is committed to treating all those who come to us for care.

You may also apply directly for the above programs by accessing their website directly:

Medi-Cal: <http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>

Affordable Care Act: [www.HealthCare.gov](http://www.HealthCare.gov) to apply by phone Call 1-800-318-2596

Medicare: [www.ssa.gov/medicare/apply.html](http://www.ssa.gov/medicare/apply.html)

Hoag Charity care program: [www.Hoag.org](http://www.Hoag.org) (Patient & Visitors tab, Billing, Charity Care Application)

### Confidentiality

We understand that the need for financial assistance can be a sensitive and deeply personal issue. We are committed to maintaining the confidentiality of requests, information and funding.

For more information please contact one of our Financial Counselors at 949-764-5564, we are available Monday through Friday from 8:30 AM to 4:30 PM, or by e-mail at [FC@hoag.org](mailto:FC@hoag.org).



# Policy

<b>Category:</b>	<b>REVENUE CYCLE</b>	<b>Effective Date:</b>	See footer
<b>Owner:</b>	Executive Director, Revenue Cycle		
<b>Title:</b>	<b>Financial Assistance Policy</b>		

Reference:

<b>References</b>	These publications are relevant to this document:	
	<b>Document Type</b>	<b>Title</b>
	Process	Collection Process for Patient Financial Services
	Policy	Financial Counseling – Government-Funded Insurance (RCS.13)
	DLP	Offering Payment Arrangements
	Policy	Patient Discounts (RCS.26)
Policy	Payment Arrangements (Installment Plans) (RCS.18)	

Review and/or input for this procedure was given by the following:

Revision Designation:

Effective Date: January 1, 2015  
Revised: January 26, 2015

## APPENDIX B

### Hoag Hospital Quantifiable Community Benefit Summary Trend CY 2017 Stub

#### A. Unreimbursed Cost of Direct Medical Care Services - Charity Care

*Definition: The direct cost of medical care provided by Hoag; consists of unreimbursed costs (calculated utilizing cost-to-charge ratios) of providing services to the county indigent population, charity care, and care provided to patients identified and referred by the SOS Medical and Dental Clinic*

	CY 2017 Stub	FY 2017
<sup>1</sup> County Indigent Programs	13,381	109,530
Charity Care	3,654,304	7,122,000
MediCal/Cal Optima Cost of Unreimbursed Care	18,076,472	33,158,750
Medicare Cost of Unreimbursed Care	35,755,839	75,748,518
<b>Total Cost of Unreimbursed Direct Medical Care Svcs</b>	<b>57,499,996</b>	<b>116,138,798</b>

#### B. Benefits for Vulnerable Populations

*Definition: Services and support provided to at-risk seniors and children, the indigent, uninsured/underinsured and homeless to facilitate access to preventive and immediate medical care services.*

Community Health Services	\$ 498,401	\$ 717,747
Subsidized Clinical Specialty Services	\$ 931	\$ 37,291
Cash and In-Kind Contributions	\$ 4,110,745	\$ 7,203,881
Community Benefit Operations	\$ 790,346	\$ 1,424,213
<b>Total Benefits for Vulnerable Populations</b>	<b>\$ 5,400,423</b>	<b>\$ 9,383,132</b>

#### C. Benefits for the Broader Community

*Definition: Health education, prevention and screening programs, information and referral services, and supportive services available to community residents.*

Community Health Services	\$ 371,751	\$ 774,136
Health Profession Education	\$ 106,276	\$ 228,255
Subsidized Clinical Specialty Services	\$ 63,257	\$ 280,659
Cash and In-Kind Contributions	\$ 1,159,567	\$ 2,276,534
Community Building Activities	\$ 1,260	\$ 9,900
<b>Total Benefits for the Broader Community</b>	<b>\$ 1,702,111</b>	<b>\$ 3,569,484</b>

<b>Total Community Benefit and Economic Value</b>	<b>64,602,530</b>	<b>\$ 129,091,414</b>
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<b>Total Community Benefit and Economic Value (excluding Medicare Cost of Unreimbursed Care)</b>	<b>28,846,691</b>	<b>\$ 53,342,896</b>
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#### Notes:

\*The CY 2017 Stub Year included 6 months: July 1, 2017 through December 31, 2017

1. The MSI Program ended in 2013, replaced by the Medical Safety Net (MSN) Program.

## *APPENDIX C*

### **Benefits for Vulnerable Populations**

### **Net CB Expenditure**

#### ***Community Health Improvement Services***

Mental Health Center-Community Health	\$	467,707
Center for Healthy Living Community Programming	\$	30,694
<b>Total Community Health Services</b>	<b>\$</b>	<b>498,401</b>

#### ***Subsidized Clinical Specialty Services***

ECU Call Panel	\$	931
<b>Total Subsidized Clinical Specialty Services</b>	<b>\$</b>	<b>931</b>

#### ***Cash and In-Kind Contributions***

Academy of International Dance- Healthy Lifestyle Program	\$	5,000
Access California Services	\$	25,000
Age Well Senior Services	\$	25,000
Alzheimer's Family Services Center	\$	899,158
America on Track	\$	13,333
Boys and Girls Club of Santa Ana	\$	12,500
Casa Teresa	\$	12,500
CHOC Foundation	\$	116,667
CIELO	\$	30,000
City of HB- Project Self Sufficiency	\$	6,667
Community Health Initiative of OC	\$	12,500
Community Senior Serve Inc.	\$	8,333
Community Services Program Inc.	\$	6,667
Council on Aging Orange County	\$	60,000
Families Forward	\$	15,000
Healthy Smiles for Kids OC	\$	45,000
Human Options	\$	24,433
Intervention Center for Early Childhood	\$	8,000
Irvine Adult Day Health Services	\$	25,000
Kid Healthy (One OC)	\$	18,333
Kiwanis Costa Mesa	\$	11,000
Laguna Beach Seniors	\$	15,000
Latino Health Access	\$	50,000
Laurel House	\$	7,500
Mary's Shelter	\$	10,000
Mika Community Development Corp	\$	2,500
Miracles for Kids	\$	11,667
MOMS Orange County	\$	37,500
National Alliance of Mental Health (NAMI)	\$	20,000
National Kidney Foundation Inc.	\$	15,000
Newport Mesa Spirit Run Scholarship Program	\$	5,000

Newport Mesa Unified School District	\$	148,333
OC Community Housing Corp	\$	25,000
Pediatric Adolescent Diabetes Research Education Foundation	\$	54,834
Providence Speech and Hearing Center- Low Income Program	\$	75,000
Public Law Center	\$	60,000
Save Our Youth (SOY)	\$	25,000
Seegerstrom Center for the Arts	\$	16,667
SENECA Family of Agencies	\$	16,667
Senior Transportation (5 agencies)	\$	250,000
Serving Kids Hope	\$	65,000
Share Our Selves Corporation	\$	1,049,819
Shoes That Fit	\$	6,667
Someone Cares Soup Kitchen	\$	25,000
Special Olympics Orange County	\$	16,667
Strength in Support	\$	15,000
Susan G Komen	\$	26,667
Talk About Curing Autism	\$	7,500
The Cambodian Family	\$	25,000
The Wooden Floor	\$	6,667
United Cerebral Palsy Association of OC	\$	66,666
Veterans Legal Institute	\$	6,000
Wisepace	\$	10,000
Women's Health Services Committee Grants	\$	550,000
Young Lives Redeemed	\$	8,333
<b>Total Cash and In-Kind Contributions</b>	<b>\$</b>	<b>4,110,745</b>

**Community Benefit Operations**

Community Health Department Operations	\$	423,890
Community Health Needs Assessment	\$	15,000
Dedicated Staff	\$	340,803
PARO Decision Support (Predictive Modeling for Healthcare)	\$	10,652
<b>Total Community Benefit Operations</b>	<b>\$</b>	<b>790,346</b>

**Total Benefits for Vulnerable Populations      \$            5,400,423**

**Benefits for the Broader Community****Net CB Expenditure****Community Health Improvement Services**

Community Education and Outreach (various Hoag departments)	\$	135,049
Flu Immunization Clinic Expenses	\$	133,089
Freedom from Smoking Program	\$	1,000
Health Ministries Program	\$	61,429
OB Education Classes	\$	10,471
Project Wipeout	\$	30,713
<b>Total Community Health Services</b>	<b>\$</b>	<b>371,751</b>

**Health Professions Education**

Clinical Care Extender Program	\$	83,236
Hospital Case Management Internships	\$	16,975
Pharmacy Student Clinical Rotations	\$	2,063
Rehab Therapy Internships	\$	4,002
<b>Total Health Professions Education</b>	<b>\$</b>	<b>106,276</b>

**Subsidized Clinical Specialty Services**

ETOH/Psych/Ancillary Patient Transfer Program	\$	63,257
<b>Total Subsidized Clinical Specialty Services</b>	<b>\$</b>	<b>63,257</b>

**Cash and In-Kind Contributions**

AIDS Services Foundation	\$	20,000
Alzheimer's Orange County	\$	42,566
American Lung Association	\$	2,500
American Red Cross	\$	43,080
Better Breathers Support Group	\$	2,245
Big Brother Big Sisters Of Orange County	\$	30,000
CHOC Pediatric Diabetes Services at the Allen Diabetes Center	\$	357,336
Children's Cause Orange County (One OC)	\$	10,000
City of Irvine	\$	10,000
City of Santa Ana Police Department Bloodhound Program	\$	15,000
Clinic in the Park (One OC)	\$	25,000
Crime Survivors Inc.	\$	12,500
Crohn's & Colitis	\$	10,000
Epilepsy Support Network	\$	12,500
Hands Together a Center for Children	\$	6,667
Hurtt Family Health Clinic Inc.	\$	7,667
Infectious Disease Association of California	\$	5,000
In-Kind Office Lease/Meeting Space for Non-Profits	\$	294,624
Irvine Children's Fund	\$	30,000
Irvine Public Schools Foundation	\$	33,333
Marshall B Ketchum University	\$	6,300
Newport Mesa Schools Foundation	\$	3,333
Orange County Advance Care Planning Partners (OC-ACPP/POLST)	\$	25,000
Orange County Asian and Pacific Islander Community Alliance (OCAPICA)	\$	16,667
Orange County Bar Foundation	\$	10,000

Orange County Community Foundation	\$	750
Orange County Fire Services Association	\$	5,000
Orange County Human Relations	\$	50,000
Our House Grief Support Center OC- Camp Erin	\$	10,000
People for Irvine Community Health (DBA 211 OC)	\$	25,000
Shanti Orange County	\$	10,000
Sweet Success Extension Program (SSEP)	\$	5,833
The Center Orange County	\$	13,333
Trauma Intervention Programs Inc.	\$	3,333
Vietnamese American Cancer Foundation	\$	5,000
<b>Total Cash and In-Kind Contributions</b>	<b>\$</b>	<b>1,159,567</b>

**Community Building Activities**

Community Disaster Readiness	\$	1,260
<b>Total Community Building Activities</b>	<b>\$</b>	<b>1,260</b>

**Total Benefits for the Broader Community      \$                      1,702,111**

*Prepared By:*

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