

# **Community Benefit Report**

## **Hoag Memorial Hospital Presbyterian**

### **2012**

**OSHPD Facility ID #106301205**

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# Hoag Memorial Hospital Presbyterian Community Benefit Plan Update 2012

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## Executive Summary

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 programs to assist the underserved in the community. These include Community Case Management, Mental Health and Psychotherapy Services, and Health Ministries Coordination. In addition to these services, many other Hoag departments provide community health services including education and support groups which are free to the community. Hoag also has substantial relationships with local colleges and universities to invest in the education of various health professions.

Community Benefit grants supports Hoag Health Associates- 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 \$34 million in Fiscal Year 2012 (October 1, 2011 through September 30, 2012.) 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 FY2012 amounted to over \$30 million.

This report provides detailed descriptions of Hoag's Community Benefit programs and services, and includes quantifiable data for expenditures by these programs in Fiscal Year 2012.

## **Introduction**

The Hoag Memorial Hospital Presbyterian Community Benefit Program was formalized in 1995 and has grown significantly since that time. We have served over eighty not-for-profit 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 non-profit regional healthcare delivery network consists of two acute-care hospitals, five urgent care centers, seven health centers and a network of more than 1,500 physicians, 5,000 employees and 2,000 volunteers. It's the balance of technology, specialized and patient-centered care that prompts more than 30,000 inpatients and 350,000 outpatients to choose Hoag each year.

Hoag Hospital Newport Beach, which has served Orange County since 1952, and Hoag Hospital Irvine, which opened in 2010, are designated Magnet hospitals by the American Nurses Credentialing Center (ANCC) and are fully accredited by 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.

Hoag has been named one of the Best Regional Hospitals in the U.S. News & World Report Metro Edition. National Research Corporation has endorsed Hoag as Orange County's most preferred hospital for the past 16 consecutive years, and for an unprecedented 16 years, residents of Orange County have chosen Hoag as the county's best hospital in a newspaper survey by the *Orange County Register*. The organization has also ranked nationally for Orthopedics and placed high-ranking in Cancer, Geriatrics, Nephrology, Pulmonary, Gastroenterology, Gynecology, Neurology & Neurosurgery, and Urology.

## **History**

Hoag was opened in 1952 as a community partnership between the Presbyterian Churches of the Los Ranchos Presbytery and the George Hoag Family Foundation, a private charitable foundation.

As a not-for-profit institution, ownership and board election remain vested equally in the corporate members: the 58 Presbyterian churches of the Los Ranchos Presbytery and the charitable George Hoag Family Foundation. Governance is provided by a Board of Directors comprised of sixteen voting members who serve overlapping three-year terms. Board membership consists of twelve individuals elected at large, and an additional three voting members who are elected from the active 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. Nursing professorship grants and our Cell Biology work in primary clinical research are funded by transfers from the hospital foundation.

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

## Mission, Vision, and Core Values

### **Hoag's Mission**

Our mission as a not-for-profit, 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.

#### ***Physicians Partnership***

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.

## **Community Benefit Philosophy**

***We are encouraged by the better angles of our nature and the disposition of our hearts to think favorably of our fellows, regardless of their circumstances, and to do them good: 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 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 Federal Poverty Level (FDL) is defined as a minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. According to the FDL Guidelines established by the department of Health and Human Services, the current annual FDL for a family of four was \$22,350. The current Charity Care and Self-Pay Discount Policy is provided in Appendix A. In FY2012 the hospital served 11,325 Charity Care cases. Appendix B provides a summary of the quantifiable Community Benefit provided by Hoag in FY2012 (October 1, 2011 through September 30, 2012). Appendix C provides a detailed breakdown of the Community Benefit expenditures by program.

## **Community Benefit Subcommittee**

The role of the Community Benefit Subcommittee (CBSC) 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 Hospital.

The CBSC functions as a subcommittee of the Governance Committee of the Hoag Memorial Hospital Presbyterian Board of Directors. CBSC has the primary responsibility of ensuring that Hoag 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. The committee ensures that Hoag is in full compliance with federal and state regulations governing non-profit hospital organizations pertaining to community benefit and health-related activities.

The CBSC 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 CBSC 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.

## **Primary Initiatives for FY 2013**

- Continue to provide and expand Community Health services, with an emphasis upon health promotion and disease prevention activities.
- Sustain Community Health collaborations.
- Promote the expansion of Community Benefit services for those less fortunate.

## Community Health Needs Assessment

California Community Benefit legislation, with specified exceptions, requires that not-for-profit hospitals conduct a community health needs assessment every three years. The community health needs assessment involves the identification of both unmet health-related needs and existing community assets. For the 2010 Assessment year, Hoag fulfilled this requirement with the Orange County Health Needs Assessment (OCHNA), a collaborative partnership of hospitals and other public and private health-related organizations in the county. Hoag's participation with the OCHNA ensured the continued viability of this vital source of community health data, which all Orange County hospitals, as well as other organizations, may use to determine priority health concerns. OCHNA conducted 2 separate health needs assessments for Hoag Newport Beach and Hoag Irvine. Hoag is currently in the planning stages for the 2013 Community Health Needs Assessment which will be completed and made available October 2013.

To access the current needs assessment reports in its entirety, please visit [www.hoag.org/about/community-health/community-health-reports](http://www.hoag.org/about/community-health/community-health-reports). Below are the main findings from each report.

### Hoag - Newport Beach

#### **Access to Health Care: A Decade of Gains Lost in the Recent Economic Recession**

From 1998 through 2007 Orange County demonstrated measurable improvements (reductions) in the number of adults and children without health coverage, dropping from a high of just under 15% to a low of 9 % for adults and 11% to a low of less than 4% for children. With the economic downturn that started in mid 2007 and continued into 2009, the gains of the last 10 years have been completely erased. Overall the uninsured population in Orange County has more than doubled from 2007 to 2009 for both adults (increasing from 9% to 20%), which is higher than it was in 1998, and children (increasing from under 4% to just over 10%), which is now just under the uninsured rates of 1998. Ethnic/minority populations throughout OC have experienced the largest losses of health care coverage, with almost one in three Hispanic/Latinos (32%) having no health care coverage; Hispanic children are over four times (16%) more likely than white children (3%) to be without health care coverage; and just over 43% of Latino adults and 15% of all Asians are without coverage health care coverage.

#### **Lack of Health Coverage in the Hoag Service Area (ACS 2009)**

Compared to Orange County, there was a greater proportion of children (0-17) and non-elderly adults (18-64) in the Hoag service area that were without any form of health care coverage in 2009.

- **Orange County: 10%** of children and **23%** of non-elderly adults were without any form of health care coverage.
- **Hoag Service Area: 13%** of children and **27%** of non-elderly adults were without any form of health care coverage.

Uninsured rates are even worse in cities that have higher proportions of low-income and minority populations; these cities have seen their unemployment rates more than double from 2007 to 2009. The countywide unemployment rate increased from an average of **4%** in 2007 to **10%** in September 2010.

- **Santa Ana:** 47% of Adults (18-64) and 20% of children (0-17) are uninsured; rate of unemployment rose from 6% in 2007 to 15% as of September 2010.
- **Garden Grove:** 35% of Adults (18-64) and 13% of children (0-17) are uninsured; rate of unemployment rose from 5% in 2007 to 12% as of September 2010.
- **Costa Mesa:** 28% of Adults (18-64) and 12% of children (0-17) are uninsured; rate of unemployment rose from 4% in 2007 to 9% as of September 2010.
- **Westminster:** 21% of Adults (18-64) and 9% of children (0-17) are uninsured; rate of unemployment rose from 4% in 2007 to 11% as of September 2010.

### **Body Weight, Obesity, and Chronic Diseases**

Any effort to increase the quality of life and health of patients over time must consider increasing healthy eating, physical activity and healthy weight a priority, the first step to reducing and controlling chronic disease such as diabetes and heart disease. The percentage of Orange County children and adults who are either overweight or obese has continued to rise over the last years, similar to state and national rates. The Hoag service area did slightly better than county rates, but still had significant number of both children and adults who are at an unhealthy weight according to the 2007 OCHNA survey. For both Orange County and the Hoag service area, there was a gender difference among adults, showing men as significantly more likely than women to be overweight or obese; the gender disparity applied to children as well.

- **Orange County:** 31% of children were overweight or at risk for being overweight; 54% of adults were overweight or obese.
- **Hoag Service Area:** 29% of children were overweight or at risk for being overweight; 50% of adults were overweight or obese.

The impact of obesity on health overall is dramatic, especially compared to those with a healthy body weight:

#### **Orange County (OCHNA 2004):**

- 13% of overweight/obese adults reported having **diabetes**, compared to only 1% of healthy weight adults.
- 33% of overweight/obese adults reported **high blood pressure** and 27% reported **high cholesterol**, compared to only 13% and 16% respectively of healthy weight adults.
- 23% of overweight/obese adults had **arthritis**, compared to 15% of healthy weight adults.

#### **Hoag Service Area (OCHNA 2004):**

- 15% of overweight/obese adults reported having **diabetes**, compared to only 1% of healthy weight adults.
- 33% of overweight/obese adults reported **high blood pressure** and 30% reported **high cholesterol**, compared to only 11% and 13% respectively of healthy weight adults.
- 23% of overweight/obese adults had **arthritis**, compared to 15% of healthy weight adults.

The fiscal impact of health problems related to obesity is just as dramatic. According to the California Center for Public Health Advocacy, it is estimated that California spent over \$41 billion on obesity related health care in 2006, with Orange County representing over \$3 billion of those costs.

## **Diabetes and Other Chronic Conditions**

Adults who have been diagnosed with one chronic disease, such as diabetes, are at greater risk for additional chronic diseases than those who do not have diabetes.

### **Orange County (OCHNA 2004):**

- Of Orange County adults who reported having diabetes, **40%** also had arthritis. In contrast, **17%** of Hoag service area adults without diabetes had arthritis.
- **62%** of adults with diabetes also had high blood pressure; among those without diabetes, **21%** had high blood pressure.
- **24%** of adults with diabetes also had heart disease; only **4%** of those without diabetes reported having heart disease.
- Nearly **17%** of adults with diabetes were also diagnosed with cancer, compared to **7%** of adults without diabetes who were diagnosed with cancer.

### **Hoag Service Area (OCHNA 2004):**

- Of Hoag service area adults who reported having diabetes, **45%** also had arthritis. In contrast, **17%** of Hoag service area adults without diabetes had arthritis.
- **65%** of adults with diabetes also had high blood pressure; among those without diabetes, only **19%** had high blood pressure.
- **27%** of adults with diabetes also had heart disease; only **4%** of those without diabetes reported having heart disease.
- Nearly **19%** of adults with diabetes were also diagnosed with cancer, compared to **6%** of adults without diabetes who were diagnosed with cancer.

The average cost of a hospital stay for an individual admitted with diabetes in 2007 was approximately \$16,454. Of the 10 most costly health conditions, four (heart disease, diabetes, hypertension and hyperlipidemia) are often linked to obesity, poor nutrition and lack of exercise.

## **Mental and Behavioral Health**

The last decade saw some increases in the proportion of those with mental health coverage, rising along with general health care coverage rate. As coverage substantially decreased in 2008 and 2009, mental health coverage also would have decreased, leaving many with no access to needed mental health services.

### **Orange County (OCHNA 2007):**

- An estimated **6%** of Orange County children between 6 and 17 years have been diagnosed with a mental or behavioral health problem.
- **8%** of parents with children (6-17) had sought out advice from their primary care physician regarding their child's emotional or behavioral problem.
- **16%** of adults expressed concerns about their own mental and emotional health in the previous year.

### **Hoag Service Area (OCHNA 2007):**

- An estimated **7%** of Hoag service area children between 6 and 17 have been diagnosed with a mental or behavioral health problem.
- **9%** of parents with children (6-17) had sought out advice from their primary care physician regarding their child's emotional or behavioral problem.
- **16%** of adults expressed concerns about their own mental and emotional health in the previous year.

## **Hoag - Irvine**

From 1990 to 2000, the City of Irvine's population grew by over 18 percent; a more pronounced growth of over 50 percent occurred in the following decade (2000 to 2010). A major economic center for the region, Irvine's population is expected to further increase over the next five years.

The City of Irvine differs from Orange County in numerous ways, especially with respect to its socioeconomics. The median annual household income of Irvine grew dramatically in a decade, from **\$72,978** to **\$95,501** in 2010, when six out of ten Irvine ZIP codes had higher average and median incomes than the county as a whole. Irvine has high educational attainment—almost all adults 25+ years earned their high school degree. Over **60%** of Irvine 25+ year olds had at least a bachelor's degree, compared to a countywide percent of about **35%**. Irvine's employment picture has also been more favorable compared to Orange County and the rest of California. Nevertheless, the city has been touched by the sustained economic downturn, as suggested by unemployment and poverty trends. Despite generally having lower poverty levels than all of Orange County, Irvine has experienced a gradual increase in the size of this struggling group since 2007.

### **Socioeconomic Variations between Race/Ethnic Groups**

The City of Irvine is notable for its cultural richness, being about one-third Asian and home to a large Iranian American community. An examination of key socioeconomic variables by ethnicity provides a nuanced understanding of Irvine demographics and may illuminate groups with more health needs.

- The college completion rate varied from **93%** for Chinese adults (18+) to **64%** for Japanese adults.
- Regarding annual household income, Korean and Iranian adults (18+) were more likely to have incomes below \$50,000 compared to Chinese or white adults: **39%** of Korean adults and **45%** of Iranian adults were in this income category, compared to **17%** of Chinese adults and **20%** of white adults.

### **Access to Health Coverage: Adults (18+) and Children (0-17)**

- **9%** of adults did not have health care coverage, as estimated by the City of Irvine Needs Assessment. Koreans and Iranians had the highest percentages of uncovered adults. The 2009 American Community Survey (ACS) estimated that **10%** of adults had no health care coverage.
- Adults with a high school education or less were much more likely to be without coverage than adults with at least some college.
- Lower income levels were correlated with lower rates of health care coverage. **21%** of adults in households with annual incomes of \$25,000 or less lacked coverage, whereas **2%** of adults in households of annual incomes above \$50,000 lacked coverage.
- The 2009 ACS estimated that **8%** of employed adults 18+ and **30%** of unemployed adults 18+ did not have health care coverage.
- The needs assessment determined that **7%** of children did not have health care coverage. The 2009 ACS estimated a similar percent of uninsured children (**7%**).
- **3%** of CalOptima Medi-Cal members resided in the City of Irvine as of August 2010. **26%** of Chinese and almost **10%** of Korean CalOptima Medi-Cal members resided in Irvine.

### Receiving Medical Care: Adults (18+)

- Most adults (**90%**) visited a doctor or other health care provider within the last year; **74%** of adults visited one within the past 6 months, and **16%** visited one sometime between the last 6-12 months.
- **10%** of adults had not visited a doctor or other health care provider in over a year or have never been for treatment. Of those, **71%** did not go for a doctor visit because there was no reason. **12%** did not go because they either did not have health coverage or could not afford to go.
- **55%** of adults indicated that either they or another member of their household spoke a language at home other than English. Of those, **57%** used a language other than English to communicate with their health care provider (Mandarin, Cantonese, Spanish, Korean, Farsi, or Japanese).
- **4%** did not have a usual place of care; over **one in four** of those adults did not have a medical home due to lack of coverage or the cost of medical care.
- **28%** of adults used the ER at least once in the past 12 months. Of those adults, **55%** had been to the ER once, **32%** had been twice, and **13%** had been between 3 and 8 times.

### Healthy Weight of Adults (18+)

- **62%** of adults perceived themselves to be about the right weight, **5%** felt they were underweight, and **33%** indicated that they were overweight.
- When calculating BMI from reported weight and height, **38%** of adults were overweight or obese, and **59%** of adults were at normal weight. There were higher percentages of overweight and obese men than women. Whites and Iranians had the highest percentages of overweight or obese adults, followed by Chinese.
- The City of Irvine met the **Healthy People 2020** Objectives for both normal weight adults and obese adults.
- The actual weight status of adults, based on their BMI, was not always aligned with their self-perceived weight status. Of adults who felt that they were about the right weight, **82%** did have normal weight BMI, but **2%** were underweight, and **16%** were overweight or obese.
- **14%** of adults did not exercise as part of their weekly routine.
- **34%** of adults did not eat five servings of fruits/vegetables a day, the most common reason being that it was not a part of their daily routine or something that they gave much thought to.

### Healthy Weight and Health Conditions/Concerns for Children

- The needs assessment asked parents about the weight status of their children. **87%** of children ages 2-17 were perceived to be about the right weight by their parents, **3%** were perceived to be underweight, and **10%** were perceived to be overweight.
- According to the OCHNA 2007 survey, **63%** of Irvine children had a healthy weight BMI, and **34%** had BMI in the overweight/obese categories. In Orange County, **60%** of children had a healthy weight BMI, and **31%** had BMI in the overweight/obese categories.
- **54%** of children ages 6-17 in Irvine engaged in at least 30 minutes of vigorous exercise, such as running, biking, swimming, or sports, for less than 5 times in the past week.

### **Child Health Concerns (0-17)**

City of Irvine adults with children in the household were asked whether their child(ren) had certain health conditions or concerns:

- The two most common conditions were eye/vision problems and ADD/ADHD.
- Over **one in ten** parents reported that their child(ren) experienced stress, depression, or emotional problems.
- **One in ten** parents reported that their child(ren) had severe allergies.

### **Adult Health Status and Conditions (18+)**

- **64%** of adults reported having excellent or very good health, and **10%** reported having fair or poor health. With regard to age, seniors (65+) were most likely to rate their own health as fair or poor, compared to adults in the 18-44 and 45-64 groups. With regard to race/ethnicity, Koreans were the most likely to rate their own health as fair or poor, followed by Iranians.
- The most common health conditions among adults were related to vision and the back or neck.
- Almost **one in five** adults experienced depression, anxiety, or emotional problems.
- **26%** of adults required frequent medical care for their condition or concern.
- Overweight/obese adults were more likely to report the following condition/concerns than normal weight adults: high cholesterol, hypertension/high blood pressure, arthritis, diabetes, heart problems, walking problems, and lung/breathing problems.

### **Activities to Stay Healthy (18+)**

- Adults in the City of Irvine reported they routinely engage in many activities and behaviors to stay physically and mentally healthy.
- **88%** of adults get regular exercise, **87%** eat a healthy diet, **65%** drink herbal or green teas, and **65%** avoid fast food.
- **80%** of adults take medication as prescribed, and **71%** take supplements or vitamins.
- **78%** get regular medical check-ups, and **75%** get regular dental appointments.
- **96%** socialize with friends/family, and **79%** take trips, getaways, or vacations.
- To meet their spiritual needs, **55%** of adults meditate/pray and **47%** go to a place of worship (e.g., church, temple, and synagogue).
- **13%** of adults attend health seminars, and **8%** attend community health fairs.

### **Adult Interest in Health Information (18+)**

Adults reported they were *very* or *somewhat interested* in attending workshops/seminars or reading written material about a number of health topics:

- Over **half** of adults were interested in topics on *nutrition/diet* and *exercise/active lifestyles*, **34%** were interested in *health fairs*, **21%** were interested in *parenting classes*, **19%** were interested in *anger/stress* topics, and **17%** were interested in *depression/mental health* topics.

### **Health Disparities between Race/Ethnic Groups in the City of Irvine**

Of the ethnicities highlighted in this study, Koreans and Iranians had the lowest rates of health care and dental coverage. These two ethnicities also had the lowest annual household income levels. In addition, Koreans and Iranians were most likely to rate their own health as fair or poor, and least likely to get regular dental appointments and take medication as prescribed. Koreans, both adults and children, had the lowest coverage rates for all types of coverage- health care, dental, vision, prescription drug, and mental health.

## **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 FY2012: October 1, 2011- September 30, 2012.

### **Community Case Management**

The Community Case Management Program provides health care liaison services between Hoag, the Share our Selves (SOS) Clinic, and other community agencies which serve the low income, uninsured and under-insured population within the Hoag service area. Patients are assessed for funding eligibility by financial counselors and linked to an appropriate care program. Community Case Management assists in coordinating health care access for the patient, providing a seamless continuum of care for individuals seeking optimum health and wellness.

Through collaborations involving a multi-disciplinary team of health care providers, individual and effective care plans are developed for each patient. Reductions in duplication of services and hospital readmission rates are realized through a coordinated approach for patient support, education and access to needed medical services. Community Case Management provides leadership with the health care team and the individual in developing, implementing and evaluating the care plan.

During FY 2012

- 3426 Hoag Hospital services were provided to SOS patients
- 157 hospital days were provided for patients needing medical, surgical or newborn specialty care
- 227 patients received follow-up care at the SOS Clinic after accessing Hoag medical services
- 207 newly diagnosed persons received free diabetes education through the Mary & Dick Allen Diabetes Center at Hoag; including 38 pregnant women who received specialized gestational diabetes education through the Sweet Success Program.
- In partnership with local senior centers, a personal alert (Lifeline) system was provided for 5 homebound older adult residents
- Wheelchairs and other durable medical equipment was purchased for the Alzheimer's Family Services Center
- Donations of medical and surgical supplies was obtained for a Kenya Medical Mission

Community Case Management also works closely with several community programs to improve access to health education, safety, mental health and other services for low-income residents in the Hoag service area.

Community Case Management is an educational process involving an increased awareness of available services, including health education, safety, mental or physical health care needs. This program is provided by a bilingual (Spanish) Registered Nurse with a Master of Public Health.

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## **Mental Health and Psychotherapy Program**

The Mental Health and Psychotherapy Program was created to provide bilingual bicultural services to people who otherwise could not obtain mental health services. The majority of the program's clients are low-income, uninsured and highly vulnerable. These clients have limited health insurance with no mental health/behavioral health benefits or they have benefits but can no longer afford the co-payments and/or deductibles.

During FY 2012, the program employed seven full-time bilingual Master's prepared social workers. These social workers provided mental health services to 725 clients in the form of psychotherapy, resource brokering, and/or case management. In addition, the program offered psychotherapeutic and psycho educational groups to 894 participants. 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 the nominal five-dollars per session rate.

A review of client demographics found that the majority of the clients seen through the Mental Health and Psychotherapy Program were female (74%), Hispanic (74%), and 62% indicated a language other than English as their primary language. The average age of the clients was 38. Sixty-five percent of the clients reported having an annual household income below \$20,000 and a total of 83% of the clients reported annual incomes of less than \$30,000.

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 tool (Rosenberg) on a pre and post test basis. Across the board for individual and group psychotherapy, there was statistically significant improvement in self esteem.

In FY 2012, the program provided a supervised clinical internship program for 11 MSW (Master of Social Work) students from the University of Southern California and from California State University at Fullerton. The program provided 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 and Psychotherapy Program 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.

During FY 2012, the program continued its support to the Mary and Dick Allen Diabetes Center at Hoag Hospital and the Share Our Selves Free Medical and Dental Clinic. The Mental Health and Psychotherapy Program was responsible for all the mental health services being provided to the patients of these programs.

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## **Health Ministries**

Hoag Health Ministries celebrates twenty-five years of serving Orange County faith communities through our Faith Community Nursing (FCN) Program. This silver anniversary represents the on-going dedication of the 40 volunteer Parish Nurses who currently serve 25 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 Parish Nurse works independently within their congregation in creating programs specific to the needs, beliefs and practices unique to their faith population.

During FY 2012, Health Ministries

- Comprised of 8 denominations amongst the 25 Faith Based Partnerships
- Donated 4,022 Volunteer Registered Nurse hours
- Touched the lives of more than 50,000 congregants
- Administered 6,000 flu vaccine doses to faith members and the community
- Donated 1,000 flu vaccine doses to the SOS Clinic and other community clinics in Orange County
- Provided 3 Automated External Devices (AED's) and training to partners
- Trained 167 persons in life-saving CPR
- Provided 91 Blood Pressure Screening Clinics and Health Education, reaching hundreds of people
- Organized blood donations, receiving 180 units of life-giving blood
- Collaborated with Alzheimer Family Services Center – 378 individuals received Memory Picnic training
- Offered disease-preventing hand washing training

Faith Community Nurses – Parish Nurses provide a variety of services to their communities by utilizing a variety of methods:

- 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 – Discusses health concerns, provides information and clarification, assists with health care assessments and guides options
- Community Resources Liaison – Identifies available health care and social service resources
- 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 Hoag and community organizations including the Alzheimer's Family Services Center, City of Irvine, Irvine Senior Centers and a host of other partners who share their information and services with the Parish 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 balance.

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## **Project Wipeout**

The mission of Project Wipeout is to educate and raise awareness on injury prevention at the beach, particularly neck and spinal cord injuries, by distributing beach safety information locally and nationwide.

Project Wipeout:

- Emphasizes education on drowning and neck and spinal cord injury prevention
- Focuses on those most at risk children and young people between the ages of 16 and 30
- Participates in community events and provides free beach safety educational presentations and materials to schools and community organizations
- Collaborates with members of Lifeguard and Fire Departments, teachers, parents and committed volunteers to broaden public access to our beach safety message.

Project Wipeout's intent is to provide basic information on the types of injuries that occur, how they happen, and what to do to protect against them. This information is disseminated via presentations, videos, and printed materials at schools, community events, lifeguard training, and seminars. More than 30,000 copies of Project Wipeout brochures, coloring books and activity books are distributed annually through community events and at elementary, junior high and high schools.

Print materials are also used at presentations given by local lifeguards, which feature Project Wipeout's video (mandatory viewing for trainees in Orange County's junior guard programs). It is also being used throughout the U.S. and by lifeguard departments as far away as England and Australia, and it is seen by thousands of elementary, junior high and high school children every year.

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## **Other Hoag Community Benefit Activities**

Hoag's commitment to Community Benefit is best exemplified by the dedication of an entire department to the coordination and provision of Community Benefit programs. The hospital's Community Benefit activities are not limited to the department of Community Health, however. Other hospital departments provided a wide range of Community Benefit activities in FY2012, including health professions education, clinical research, support groups and many more. This section of the report features a discussion of some examples of the Community Benefit activities that were provided by other hospital departments in the current reporting period.

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

About eight percent of Americans have diabetes. One quarter of these individuals are undiagnosed. The total estimated cost of diabetes in the United States in 2007 was \$174 billion, including \$116 billion in excess medical expenditures and \$58 billion in reduced national productivity (Diabetes Care, March 2008). While diabetes alone is ranked as the sixth leading cause of death in the U.S., it also indirectly contributes to deaths by other causes, including cardiovascular disease, stroke and kidney disease (National Vital Statistics Report, CDC, 2006). Diabetes is also closely linked to other serious medical outcomes, including kidney failure, blindness, and leg and foot amputations.

Since its opening in June, 2009, the Mary & Dick Allen Diabetes Center has made a positive difference in the lives of many men, women and children with diabetes in the community. There have been many successes, particularly in providing greater access to care for children, supporting healthy pregnancies and providing culturally sensitive education for adults with, and at risk for, diabetes. Below are a few program highlights from FY 2012:

#### ***Diabetes Self-Management Training/Education (DSMT/E)***

Diabetes Self-Management Training/Education (DSMT/E) and Medical Nutrition Therapy (MNT) remain the core functions of the Center. The Center saw an overall increase in group patient visits. While individual visits remain important, the evidence indicates that group visits produce better outcomes so the Center is working to increase the proportion of group visits. There were 2399 patient visits during the financial year ending 2012.

#### ***Gestational Diabetes (Sweet Success)***

As with DSME, gestational diabetes patient care is more effective in groups. As a consequence, the Center is working to increase the proportion of group visits when appropriate for the patients. However, mother-baby follow-up visits are individual by nature so the opportunity for increasing group visits is somewhat limited. 700 pregnant patients with diabetes were seen, a significant increase from the previous year. In FY 2012, the Center cared for 50 unfunded gestational diabetes patients through their pregnancies.

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

CHOC (Children's Hospital of Orange County) at the center provide bilingual clinical services, education, and support for children diagnosed with diabetes, and outreach, educational screening for children considered at risk for developing diabetes. In FY 2012 approximately 14 % of CHOC medical visits and diabetes education visits were unfunded. There were 1888 patient visits, 1636 MD visits at the CHOC clinic. 292 participants were provided free diabetes related education by PADRE. In addition 4051 Spanish speaking participants benefited from free [Prevention of Obesity Education Research] activities, again a significant increase.

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

Nearly 100 nurses, pharmacists and other clinicians attended the 2012 Diabetes Nursing Conference, “Diabetes: What’s New, What’s Next” held at the Center. Rated as “excellent “by the majority of the attendees, topics included “From Research to Practice,” “Diabetes and Sleep Disorders” and a panel discussion on “Young Adulthood and Type 1.”

### ***Herbert Family Program for young Adults with Type 1 Diabetes Mellitus***

Key findings from a survey of young adults [Ages 18 to 30s] with Type 1 diabetes mellitus who are transitioning from pediatric endocrinology care to adult care reveal that they have special needs that are often neglected. As an example, they require psycho-social support, assistance with identifying resources, and the ability to link to each other and to the Center via the online communication channels they are already using, including social media. There are 49 face book members. About 15 of them meet every month socially.

### ***Ueberroth Family Program for Women with Diabetes***

Under the oversight of Allyson Brooks, M.D., executive medical director, Hoag Women’s Health Institute, and with the active participation of primatologist, Anna Galyean, M.D., medical advisor to Sweet Success, as well as nurse practitioners and diabetes educators, the program continues to provide perinatology services to a growing number of women with pre-conception and gestational diabetes. The program includes life-long follow up of women who develop gestational diabetes to help prevent development of Type 2 diabetes, or to maintain good control of it.

Cultural differences, educational challenges and socio-economic status are barriers to care that result in the under-servicing of patients and families impacted by diabetes. Culturally sensitive programs are being developed. Free cooking demonstrations held monthly at the center were attended by 196 people. Patient satisfaction is at its highest at 95.3.

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## **OB Education**

Hoag's philosophy is that with every birth of a child, there is also the birth of a new family. Through a variety of educational classes and support services, Hoag's OB Education supports families throughout the exciting journey of pregnancy and parenthood. The comprehensive selection of prenatal classes include: Prepared Childbirth, Breastfeeding, Baby Care Basics, and Baby Saver. OB Education also provides programs and education for specific demographics, including mothers over the age of 35, mothers of multiples and those experiencing cesarean birth. Other programs offered at no cost to the community include the car seat safety, community parenting classes, and hospital orientation and tours. Support group programs such as the Post-Partum Adjustment, Perinatal Loss and Pregnancy after Loss are also available for free to the community at large. These support groups are highly attended, facilitated by a Licensed Clinical Social Worker (LCSW), and provide ongoing support, education and an opportunity to discuss the new challenges of parenthood. Supports persons and babies are welcome. Hoag's Babyline is an information 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 serves as a key resource for new and expectant parents. The Babyline is available to the community at large Monday through Friday from 9am – 5:45pm. This hotline receives over 9,000 calls yearly.

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## **Project Sun Safe**

Project Sun Safe was developed at the Hoag Cancer Institute in 2003, as an educational safety program for all ages. Project Sun Safe's mission is to increase awareness of skin cancer prevention on a local, regional and national level through complimentary school presentations and community events. Project Sun Safe aims to educate the community about sun safety and teach that protection and prevention go hand in hand. The following information is provided through the program at live presentations to schools, community fairs, health fairs, lifeguard training, youth groups and community organizations.

- SPF 45 Sun Screen Packet
- SPF 45 Sun Screen Tube (junior lifeguards only)
- Literature
- Pencil

Each year approximately sixty presentations are provided and it is estimated that nearly twenty thousand people are affected by this program directly and indirectly. By partnering with members of lifeguard, fire departments, teachers, parents and committed volunteers, we broaden public access to our skin cancer prevention message. During FY2012, Project Sun Safe trained approximately 2300 junior lifeguards from Newport Beach and Huntington Beach Lifeguard Programs.

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## Hoag Community Health Associates

The principal strategy of the Department of Community Health is to not “reinvent the wheel” with respect to providing necessary community health programs and services. We work closely with a broad array of community based not-for-profit organizations, and provide grant funding to some organizations whose services are consistent with our priorities. Further, we sometimes act as a fiscal intermediary for third party foundation funds. This collaboration enables us to participate in the follow-up process, by providing guidance and monitoring for grantees. This section of the report provides descriptions of some of our most important community health associates and their achievements in FY2012.

### Share Our Selves

Share Our Selves (SOS), established in 1970 provides comprehensive health and social services to low-income, medically indigent and homeless Orange County (OC) residents, annually assisting more than 120,000 individuals. Hoag Hospital’s Department of Community Health and SOS have nurtured a unique partnership since 1984, when the mission of SOS expanded to include free medical care with Dr. Donald Drake, former Chief of Staff at Hoag Hospital, acting as the Medical Director. Today, SOS is the largest community health center in the county to combine wrap-around social services with health care. Governed by a Board of Directors composed of community members, who serve out of a deep respect for and belief in SOS’ mission, “We are servants who provide care and assistance to those in need and act as advocates for systemic change.”

In June 2012, SOS received designation as a Federally Qualified Health Center (FQHC) which included designation as a Healthcare for the Homeless Provider. Aside from SOS’ FQHC service area, SOS provides comprehensive quality healthcare for all Orange County residents at three clinical sites located in Costa Mesa, Santa Ana and Lake Forest.

- SOS Community Health Center, Costa Mesa is a comprehensive primary care facility, completely renovated into a state of the art campus in 2011-2012, offering medical, dental and mental health services. The medical clinic features six treatment rooms, with an additional three triage stations, lab, and a dispensary. The CHC is also home to the SOS-Hoag Discharge Clinic, Integrated Behavior Health, and Clinical Case Management programs. In addition to health services, the CHC campus houses the SOS Comprehensive Service Center (CSC), providing wrap-around and enabling social services to the SOS clinic patients and the larger Orange County community.
- SOS-El Sol Wellness Center, Santa Ana is located in the heart of Santa Ana on the campus of El Sol Science and Arts Academy. The Wellness Center is a school-based primary care clinic providing healthcare services to the students and families of El Sol. It is the only Health Resources and Services Administration (HRSA) funded Nurse Practitioner Clinic in the county. Additionally, SOS was awarded a four-year HRSA grant, one of twelve nationally, to test a model of care for an integrated oral health service delivery in a school-based clinic and create a replicable model of care.
- SOS and PEACE Center Health Clinic opened in August 2012, as a collaborative effort between SOS and Saddleback Church located in Lake Forest. Currently this clinic operates 20-clinical hours per week as a satellite location providing episodic medical care utilizing two exam rooms located within the church PEACE Center.

SOS patients represent diverse ethnicities and age groups, living at or below 200 percent of the FPL, including seniors on fixed incomes or have disabilities limiting employment options. Accordingly, all services are delivered on a sliding fee schedule based on the FPL table published annually. For fiscal year ended 2012, SOS provided care to 5,122 unduplicated low-income, uninsured and/or underinsured individuals during 17,082 provider encounters. Over 40 percent of SOS patients are shared with Hoag Hospital, either starting at Hoag and receiving follow up care at SOS or, starting at SOS and referred to Hoag for advanced diagnostics, treatment, surgery, emergency services, or hospital admission. More than 25% of these patients were ER diversions and many of these patients have a chronic disease that needs the complex case management offered by SOS. As well, SOS and Hoag utilize ER Connect, a web-based system and are part of a Health Information Exchange platform allowing for linkage of Hoag discharged patients to SOS as their medical home. Each month SOS refers 120 uninsured patients to volunteer specialty providers within the Hoag network for care covering the full spectrum of medical specialists.

The extensive and overlapping funding Hoag provides has allowed for SOS to provide exceptional care with a collaborative spirit that is a model in efficient, effective and respectful healthcare. Karen L. McGlenn, SOS Executive Director, praises this extensive hospital-health center connection, stating “this relationship creates a community where healthcare for all becomes the focus of service and sets the standard for others to follow suit.”

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### **Alzheimer’s Family Services Center**

Orange County’s population is aging at a much faster rate than the rest of the state and the nation which means that the close to 50,000 Baby Boomers in Orange County who are currently affected by Alzheimer’s disease or another dementia will double across the next 20 years. Demographically, the number of Orange County Latinos and Asians living with the disease will triple in this timeframe, while the number of affected African-American seniors in the county will double. Absent a cure, our community faces the enormous challenge of meeting the complex health and long-term care needs of the impending “Generation Alzheimer’s”.

Since its founding in 1980, Alzheimer’s Family Services Center (AFSC) has held close to the belief that memory-impaired seniors from all ethnic and socioeconomic backgrounds have the right to age with dignity in their own homes for as long as possible. Across the last 33 years, this belief has guided our mission to improve quality of life for families challenged by Alzheimer’s disease or another dementia through services tailored to meet individual needs. We understand that caring for a loved one with dementia is a family affair, as 80% of the care that memory-impaired individuals receive at home is delivered by family caregivers (Institute of Medicine, *Retooling for an aging America*, 2008) who often sacrifice their own health and financial wellbeing to take on the responsibilities of eldercare. For this reason, AFSC has developed a continuum of research-based core services that address the needs of both memory-impaired individuals and their family caregivers. At our “one-stop-center” families have access variety of services. Licensed by the California Department of Public Health, AFSC was one of the first Alzheimer’s Day Care Resource Centers in California and remains the only one in Orange County. AFSC’s expert staff is equipped to provide compassionate care for persons from the earliest to most advanced stages of dementia. Grounded in the latest research and clinical guidelines, AFSC’s services include:

***Dementia-Specific Adult Day Health Care (ADHC)*** – Memory impaired seniors, from the earliest to most advanced stages of dementia, receive compassionate, individualized care daily at AFSC’s homelike, dementia-specific facility. Participants benefit from medical, rehabilitative, psychosocial, and nutritional ADHC services based on an individualized plan of care within the context of a stimulating recreational program.

AFSC maintains a 1:5 staff-to-participant ratio, far exceeding the minimum ADHC regulatory requirement of 1:8 and the average 1:7 at other centers.

Staff members successfully draw out each participant's remaining strengths through a variety of activities, ranging from word games to art therapy. Customized care is further available via two innovative tracks of programming:

*New Connections Club* – Given the efforts of local forward-thinking organizations such as the Hoag Neurosciences Institute, a growing number of seniors in Orange County are being identified at the earlier stages of memory loss. As an affiliate of the Hoag Neurosciences Institute, AFSC is proud to be collaborating on the Orange County Vital Aging Program, which identified a 24% prevalence of mild cognitive impairment (early memory loss) in the over 660 seniors that were screened through the project during its initial year of operation (2010) alone. Although research has repeatedly proven the benefits of early interventions in delaying the progression of dementia, seniors who receive a diagnosis of early memory loss are frequently “turned off” by the general programming at other adult day health care centers. In response to the need for early-stage programs in Orange County, AFSC launched its New Connections Club in 1999, a specialized track of adult day health care services designed for individuals with early memory loss who have the desire, insight, physical capacities, and remaining cognitive abilities to engage in a physically and mentally challenging set of research-based therapeutic activities. Activities include cognitive skills classes (e.g., memory and language exercises), reminiscence, challenging games (e.g., chess, bridge), supportive discussions, and excursions (e.g., a picnic lunch, one-mile walk at the beach). Participants not only benefit from rich and stimulating programming, but also have the opportunity to socialize with others facing similar challenges. By receiving support from their peers, our Friendship Club participants are able to combat the isolation and depression often experienced by those with memory loss. All care is provided under the supervision of a medical director and coordinated with each participant's primary care physician.

*Friendship Club* – As individuals' progress from the early into the moderate and severe stages of dementia they are able to transition into a more intensive track of adult day health care programming called the Friendship Club. These participants have more complex medical needs; require more intensive supervision, and greater assistance with activities of daily living (e.g., prompting during meals, assistance with toileting). Our compassionate dementia care professionals successfully draw out each participant's remaining strengths through a variety of activities, from word games to art therapy. Like in New Connections Club, participants benefit from individualized medical, rehabilitative, psychosocial, and nutritional adult day health care services based on a comprehensive plan of care. The Friendship Club is offered Monday through Friday, 7:30 a.m. – 5:30 p.m., with participants receiving breakfast, lunch, and a snack as part of the daily fee. AFSC's mobility manager facilitates transportation to and from the center at no additional charge.

*Intensive Care Management* – Trying to provide all the help an individual with severe dementia needs at home is exhausting, and may cause mental (e.g., depression, anxiety) or physical health problems, and even increase the risk of premature death, for family caregivers. At AFSC, caregivers of enrolled adult day health care participants, as well as nearly 500 callers annually, receive intensive support to manage the medical, psychosocial, and behavioral complications of dementia from a compassionate team of social workers. Far exceeding the minimum social work requirement of 3.5 FTE for an adult day health care of our size, AFSC has the capacity to provide every caller with the type of support needed to develop a plan and implement the next step in care. Callers benefit from information and referral, ad hoc telephone and in-person counseling, and relationship-building home visits designed to address high-risk situations (e.g., living alone). Our care managers facilitate access to adult day health care, when appropriate, as well as other AFSC services, including short-term counseling, caregiver support groups, and educational workshops, plus the many community-based services available for caregivers in Orange County. When enrollment in adult day health care occurs, the caregiver is assigned a care manager and nurse who can be called upon as needed. These professionals support the caregiver in developing solutions for everyday challenges, including physician communication.

**Support Groups** – Caregivers community-wide have access to two free support groups, each offered twice monthly by AFSC in collaboration with the Alzheimer’s Association of Orange County. Support groups represent an important vehicle for caregivers to gain knowledge, skills and support from their peers as well as professional leaders. Further, support groups serve as a testing ground for caregivers to “run ideas by” others, particularly when trying to manage a difficult behavior like wandering.

**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. Individual, family, and couples counseling is available to help address problems such as family conflicts over care, negative emotions, and depression. We offer this service in multiple formats (i.e., session-by-session or in sets of sessions).

**Community Education & Outreach** – Dementia education and 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, caregivers, and health care professionals. Education and outreach efforts range from classes for health care professionals to participation in health fairs and large community events that reach caregivers and at-risk seniors countywide.

All services are provided by an expert staff of 40 professionals rich in cultural, linguistic, and professional diversity. In FY 11-12, AFSC was able to reach 4,876 unduplicated individuals, as follows:

- 196 unduplicated elders received dementia-specific adult day health care.
- 340 caregivers of enrolled adult day health care participants benefitted from one-on-one care management support.
- 521 callers benefitted from information and referral, supportive telephone and in-person counseling, and/or relationship-building home visits.
- 66 caregivers learned from each other through 27 support group sessions, led by one of AFSC’s dementia care experts.
- 1,774 caregivers, at-risk seniors, and health care professionals gained knowledge and skills via 59 educational sessions.
- 1,963 community members learned about dementia and available services via 316 outreach activities.

Beneficiaries of AFSC’s high-quality programs provided highly positive evaluation feedback in FY 11-12:

- 85% of caregivers responding to the FY 11-12 adult day health care program survey rated the care management and support they received at AFSC as very good or excellent ( $\underline{m} = 4.3$ , on a scale of 1, poor, to 5, excellent).
- 100% of caregivers responding to the FY 11-12 support group survey reported being better able to manage a loved one’s care ( $\underline{m} = 4.7$ , on a scale of 1, strongly disagree, to 5, strongly agree), feeling less stressed ( $\underline{m} = 4.7$ ), and being able to better care for themselves ( $\underline{m} = 4.5$ ) as a result of attending.
- 98% of individuals attending education activities reported both increased knowledge ( $\underline{m} = 4.5$ , on a scale of 1, strongly disagree, to 5, strongly agree) about Alzheimer’s disease, and 98% reported the intent to implement strategies learned ( $\underline{m} = 4.5$ ).

Deeply embedded within the Orange County community, AFSC has also developed a network of partnerships to advance its mission. Notably, AFSC is affiliated with the Hoag Neurosciences Institute and engaged in joint efforts to improve early identification of memory loss as well as hospital and post-discharge care of patients with dementia. Through its community-wide efforts, AFSC is transforming dementia care from a “nothing can be done” to a proactive approach—one family at a time.

Hoag Hospital owns the AFSC facility and provides it at no charge, including maintenance services as specified in the lease, to the agency. Additionally, the hospital provides annual operating and transportation grants, and in-kind services such as consultation in nursing and compliance-related issues to the center.

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### **Newport Mesa Unified School District**

Hoag Hospital collaborates with the Newport Mesa Unified School District providing a grant to support staffing at the HOPE Clinic, a school based health center. The HOPE Clinic is a program of Health Services and participates in the Child Health and Disability Prevention Program and the Vaccines for Children Program. Children and families who receive services at the clinic are not charged. Health promotion and well child exams are the cornerstone of the program.

The primary focus is to promote wellness and prevent illness through periodic well child exams and routine immunizations. Services are at no cost to families and provided by a bilingual Spanish-speaking staff. Other services include TB screening and testing for students, staff and school volunteers. The clinic also does developmental screening, vision and hearing screenings, dental screening and fluoride application for students. The clinic makes referrals and connects students and their families to resources in our community. The clinic staff are district employees and are familiar with district services and school requirements. One of the clinic’s strengths is that the staff knows school requirements and are able to assist families in meeting those requirements for school participation. The HOPE Clinic is unique in that it is a school based health center located in a community school setting. It is housed on a campus with an elementary school, district run preschool, a Head Start Program, an adult education center run by the district, two after school programs including the Boys and Girls Club and Save Our Youth (SOY) an after school program to prevent gang involvement, and the community theatre. The HOPE Clinic is staffed with Nurse Practitioners, a supervising physician, an Office Assistant and Health Assistant.

During 2011/2012 most program components remained the same and others changed. However, as a result of support from collaborative partners such as Hoag Hospital, the HOPE Clinic was able to tailor services in response to community needs. Dr. Riba’s Health Club continued to offer a specialty program addressing childhood obesity, nutrition, and fitness for children and families but their service has been reduced to one day per week. The Children’s Health Initiative of Orange County provided an insurance application assistant one day per week. The Reach out and Read Program continued to provide books for our younger patients but they were unable to continue sending a reader for the children.

During the 2011-2012 school year, the clinic had 6,420 patient encounters. A total of 912 physical exams were performed. The clinic administered 2119 vaccines and 84 TB tests to children in our district. In addition, 1107 TB tests and 156 immunizations for district employees and volunteers in the district were administered.

The clinic performed a total of 365 developmental assessments for children 0 – 5 years utilizing the PEDS and ASQ questionnaires. Parents and/ or guardians were given anticipatory guidance for 3757 children seen in the clinic. Eight hundred and forty one (841) students received referrals and resources for services including dental, vision, hearing, mental health issues, speech, and Regional Center referrals. Two hundred and eighty one (281) children were referred for insurance application assistance. The clinic continued to be very involved in the Pertussis (Tdap) campaign to fulfill the new school requirement. The clinic had extended hours and summer clinics were provided to ensure that students would meet this requirement. Three hundred and eighty seven (387) students were immunized for Pertussis at the immunization clinic held in November of 2011. Seven hundred twenty three (723) individuals received Flu vaccine at the immunization clinic held in November of 2011.  
**Contact: Natalie Gerdes at 949-515-6725 or [ngerdes@nmusd.us](mailto:ngerdes@nmusd.us)**

### **Dr. Riba's Health Club**

The primary goal of Dr. Riba's Health Club (DrRHC) is the prevention and treatment of nutrition-related health problems in children and their families. DrRHC utilizes a multidisciplinary team by providing direct patient care and individual treatment programs that are tailored to each child's needs. Offering a variety of programs and services at multiple sites, DrRHC reaches nearly 3,000 families annually. The funding received from Hoag's Community Benefit program was used to see patients at our modular at the Santa Ana Family YMCA and HOPE Clinic (for patients over five), our Fit Club™ after school and summer programs at the YMCA and SOY, uncompensated patient labs, and evaluation of program outcomes. Our Health Club program provides individualized patient care plans delivered by the Pediatrician/Medical Director, a Registered Dietitian, a Case Manager, and a fitness instructor. This program treats the most severe cases in Orange County by educating families on the psychology of feeding, teaching families how to improve nutrition, promoting physical activity, and assessing and treating medical and psychological comorbidities.

- Our latest evaluation report was conducted in June 2012 and showed that 54% of patients significantly reduced their BMI scores.
- In addition, 48% of children decreased their BMI Percentile.

DrRHC is continuing to positively impact the lives on these in-need children and families by providing these resources and seeing more patients at our sites throughout Orange County. This funding also helped implement the Fit Club™ after school and summer programs. The goal of the Fit Club™ program is to prevent and treat childhood obesity and prevent the onset of type 2 diabetes through health and nutrition education, cooking demonstrations, and physical activity. This program was implemented throughout the 2011-2012 school year and six weeks during the summer at the SOY facilities in Costa Mesa and the Santa Ana Family YMCA.

- The after school program showed great success, with 48% of the overweight/obese children experiencing a decrease in BMI scores.
- The summer program was extremely successful with 62% of children reducing BMI scores and significant improvements in fitness including situps, pushups, and sit-and-reach.

**Contact: Patricia Riba, MD at (949) 485-0690 or [drriba@drribahc.org](mailto:drriba@drribahc.org)**

## **Orange County Department of Education (OCDE) Medical Officer**

Hoag is a critical partner for the Orange County Department of Education's Center for Healthy Kids & Schools. Hoag provides guidance for Center leaders and has joined a public/private partnership with the Orange County Children and Families Commission and the County of Orange Health Care Agency, Health Services, Prevention and Intervention to support the position of OCDE Medical Officer. Dr. Marc Lerner delivers medical expertise on behalf of Orange County students and helps bridge the gap between County health care providers and educators. He and the Center's educators, nutritionists, counselors and health professionals offer consultation on youth-related medical and health issues for the education community. During FY2012, the Center's comprehensive approach to health and wellness programming included the following:

1. The Center's Move More, Eat Healthy, OC Schools Campaign is part of a year-long effort to fight childhood obesity and to promote healthy eating while increasing moderate to vigorous physical activity in County schools. The Center convened a meeting attended by over several hundred educators and health care professionals to a Child Obesity Summit at OCDE where representatives of academia, public health and community advocates shared best practices through a series of 'lightening talks'.

These can be viewed at: <http://www.ocde.us/healthykids/Pages/Child-Obesity-Summit-2012.aspx>.

Following this kick-off, the Center team conducted an expanded summer teacher institute which provided tools and resources to classroom teachers, who were enlisted in a program and trained to deliver nutritional education and to increase the physical activity of students in their classrooms. Other campaign activities have included a collaboration to sustain the wellness commitment of the Orange County Healthy For Life school network and leadership for an OC childhood obesity data coordination grant through UC Irvine's Institute for Clinical & Translational Science; this work convenes local experts who are invested in seeing improvements in the rates of children who are obese and advance the knowledge and experience in community-based participatory research.

2. Center staff work with community partners on a range of projects in support of student health. The Medical Officer provides input to community agencies regarding the health needs of students. Examples include: Participation on the Orange County Community Health Planning Advisory Group which supports our County's Health Care Agency to identify health priorities as a part of their new accreditation; Work with Orange County Children and Families commissioners to identify the vision needs of young children and to plan and deliver a system to improve the vision of students; Plan and deliver a student learning program on nutrition and healthy breakfasts to 14,000 students in collaboration with the Community Affairs team of the Anaheim Ducks and OCDE Center for Healthy Kids & Schools staff at this year's First Flight program.

3. The medical officer and Center leadership address the behavioral health risks and needs of our County's youth. Projects in the past year included a student mental health initiative, trainings for teachers and school staff from over 110 schools to in support of the deployment of evidence-based of Positive Behavioral Interventions and Supports across the County, and deliver of a training of trainers curriculum on the youth mental health concerns entitled, "Eliminating Barriers to Learning".

4. The OCDE Medical Officer was elected and has begun service on the national Council on School Health (COSH) of the American Academy of Pediatrics. COSH works to establish standards of best practice for school health for children and adolescents and to improve student health through education, advocacy and support.

**Contact: Marc Lerner, MD at 714- 327-8186 or [mlerner@ocde.us](mailto:mlerner@ocde.us)**

## **Oak View Mobile Health Program**

The mission of the Oak View Renewal Partnership (OVRP) is to narrow the cultural, social, educational, health, and economic gap between the Oak View community and the remainder of Huntington Beach and Orange County; and to serve as a model for community development.

OVRP was founded in 2005 to focus on the renewal and empowerment of the impoverished Oak View neighborhood of Huntington Beach, California, a one square mile area with a population of approximately 10,000 individuals. The densely-populated and predominantly Latino (98%) Oak View community is among the poorest neighborhoods in Orange County. The adversity faced by neighborhood residents is further underscored by Oak View's rank of 13 among neighborhoods throughout the *nation*, based on the Rockefeller Institute's "urban hardship index."

Since March 2010, Hoag has supported an innovative approach to community wellness through the Oak View Mobile Health Program. OVRP facilitated a strategic partnership with Healthy Smiles for Kids, Orange County Rescue Mission's Hurtt Family Clinic and Ocean View High School. This partnership established a resource offering comprehensive health services, operating on Ocean View High School's campus. Though Healthy Smiles and Hurtt Family Clinic have served the county for many years, they had never integrated their mobile services to target the same community previously.

Though the Oak View Mobile Health Program originally began as a monthly clinic operation, an additional clinic day was incorporated every month, due to the volume of demand in services. From July 2011-June 2012, over 400 dental and medical services were rendered, and both clinics operated at full capacity. Since expanding the clinic to twice per month, from July-October 2012, approximately 50 services have been rendered each month, totaling over 200 clients served. The local schools, family resource center, branch library and other community-based organizations support the clinic with outreach and referral activities. Additional collaborative efforts have been incorporated into the clinic in partnership with a variety of service agencies. For instance, various nursing associations and social services organizations have come out to do health education with patients as they wait for their appointments. Also, through the summer of 2012, a farmers market was operating adjacent to the mobile clinic, allowing clients to shop for fresh and healthy foods.

The Oak View Mobile Health Program represents a successful model of cross-sectoral partnerships, collectively improving community wellness. As a result of Hoag's generous support and the synergy of these multi-faceted wellness programs, we have created a healthier Oak View community.

**Contact: Iosefa Joey Alofaituli at 714-596-7063 or [iosefa.ovrp@gmail.com](mailto:iosefa.ovrp@gmail.com)**

## **Senior Transportation**

The Community Benefit Program collaborates with seven community senior centers for transportation services for their program participants. These organizations offer a broad range of services including congregate meals, health screenings, and educational, social and physical activities for their participants. In providing transportation services for seniors, we assist them in their efforts to sustain good mental and physical health, and to maintain their independence. The seniors use the transportation services to attend doctor appointments, shop and do errands, and participate in group social activities. The seven organizations served are: Alzheimer's Family Services Center; Costa Mesa Senior Center; Huntington Beach Council on Aging; Irvine Adult Day Center; Newport Beach's Oasis Senior Center; Age Well Senior Services, and Laguna Beach Seniors. Total Hoag expenditures on transportation for approximately 118,800 senior passenger trips in FY 2012 was \$534,101.

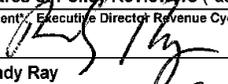
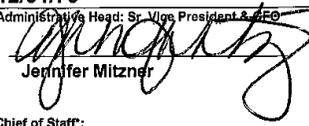
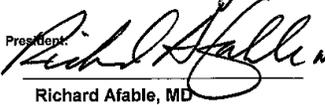
## Appendices

**Appendix A**      **Hoag Hospital Charity Care and Self Pay Discount Policy (p29)**

**Appendix B**      **Hoag Hospital Quantifiable Community Benefit for FY2012  
(p33)**

**Appendix C**      **Hoag Hospital Community Benefit Expenditures by Program  
(p34)**

## Appendix A

<b>HOAG MEMORIAL HOSPITAL PRESBYTERIAN HOSPITAL POLICY</b>		Number: <b>9.10</b>	Page: <b>Page 1 of 5</b>
		Effective Date: <b>09/01/11</b>	
		Supersedes Date: <b>01/23/09</b>	
		Original Date: <b>12/01/70</b>	
<b>Signatures of Policy Reviewers (*as required)</b>			
Management: Executive Director Revenue Cycle	Management: Type Title, Department	Administrative Head: Sr. Vice President & CFO	
 Randy Ray Name	_____ Name	 Jennifer Mitzner Chief of Staff:	
 Richard Afable, MD Name	_____ Name	_____ Name	
Title/Subject: <b>CHARITY CARE AND DISCOUNT POLICY</b>			

**1.0 PURPOSE:**

- 1.1 A significant component of the mission of Hoag Memorial Hospital Presbyterian (Hoag) is to provide care for patients in times of need. Hoag is committed to assisting patients in need with demonstrated financial hardship and eligible low-incomes through a well-communicated and appropriately implemented discounted payment and charity care program. All patients will be treated fairly, with dignity, compassion, and respect.
- 1.2 Financial assistance policies must balance a patient's need for financial assistance with the hospital's broader fiscal stewardship.
- 1.3 Outside debt collection agencies and the hospital's internal collection practices will reflect the mission and vision of the hospital and will be consistent with Health and Safety Code Section 127425.
- 1.4 Financial assistance provided by Hoag is not a substitute for personal responsibility. It is the responsibility of the patient to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their individual ability to pay, consistent with Health and Safety Code Section 127405. Failure to participate in the screening process (e.g. failure to complete applications and/or provide the required supportive documents and materials) may result in an application denial.

**2.0 POLICY:**

- 2.1 Hoag provides financial assistance to patients who do not have insurance coverage and have family income levels of up to four times the Federal Poverty Level (FPL) Guidelines. Hoag also gives consideration to eligible patients with insurance if they incur high medical costs as defined by California law, and also have family incomes up to 400% of the FPL.
- 2.2 Business services staff will, as necessary, meet with all patients that have expressed a need for financial assistance to help them determine eligibility for program options. Qualifying patients may be referred to other potential payers such as MSI or Medi-Cal. Patients who may be eligible for such a potential payer programs must make a reasonable, good faith effort to apply for and comply with the rules and requirements of such programs. Failure to do so may result in Hoag's denial of the programs described in this Policy. Those not eligible for such State or other programs may be reviewed for financial assistance under Hoag's programs. Adjustments are made based upon the patient's eligibility level in the programs.

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Title/Subject: <b>CHARITY CARE AND DISCOUNT POLICY</b>		

- 2.3 Any patient seeking financial assistance (or the patient's legal representative) shall provide and disclose all information concerning health benefits coverage, financial status, and any other information that is necessary to make a determination regarding the patient's status relative to Hoag's charity care policy, discounted payment policy, or eligibility for government-sponsored programs. Failure to provide true, correct and complete information for this purpose may render a patient ineligible under this Policy. Confidentiality of information and the dignity of the individual will be maintained for all that apply for charitable services.
- 2.4 Charity and discounted care guidelines will be reviewed and adjusted annually according to the Federal Poverty Level Guidelines established by the Department of Health and Human Services (see FPL Table below).
- 2.5 Hoag will define the standards and scope of practices to be used by its outside (non-hospital) collection agencies, and will maintain written agreements from such agencies that they will adhere to such standards and scope of practices.
- 2.6 Hoag or outside agencies operating on behalf of the hospital shall not, in dealing with patients eligible for discounted or charity care use wage garnishments or foreclosure of liens on primary residences as a means of collecting unpaid hospital bills, except as provided by Health and Safety Code sections 127425(f)(2)(A) and (B). This requirement does not preclude Hoag from pursuing reimbursement from third party liability settlement or tortfeasors or other legally responsible parties.
- 2.7 Patients who have an application pending for either government-sponsored coverage or for Hoag's own charity care and financial assistance, will not knowingly be referred to a collection agency prior to 180 days from the date of discharge or date of service.
- 2.8 At the time of billing, Hoag will provide to all low-income uninsured patients the same information concerning services and charges provided to all other patients who receive care at the hospital.
- 2.9 Patients who have been denied charity care or other discounts may appeal the denial, in writing, within 10 days of receiving the denial. The appeal should include supporting documentation and evidence as to why the appeal is being made and should be sent to the address below:

Hoag Memorial Hospital Presbyterian  
One Hoag Drive, P.O. Box 6100  
Newport Beach, CA 92658-6100  
Attention: Executive Director Business Services

The patient's appeal will be considered and a response with the decision will be mailed to the patient within 10 days of receiving the appeal. All decisions of the Executive Director will be considered final and additional appeals will not be permitted

**3.0 DEFINITIONS OF CHARITY CARE SERVICES AND DISCOUNTED PAYMENT SERVICES:**

- 3.1 Charity Care will be provided for the following:
  - 3.1.1 Patients may request that they be screened for possible financial assistance. If such screening establishes that family income is at or below

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200% of the FPL, the patient is eligible for a 100% write-off of their liability for services.

3.2 Charity Care Excludes:

3.2.1 Elective services are generally not eligible for consideration under the Charity Care program.

3.2.1.1 Certain specialty services are excluded under this Policy. Following are a few excluded examples: CDU, cosmetic and gastric bypass services.

3.3 Discounted Care or partial charity care will be provided for the following:

3.3.1 Patients may request that they be screened for possible financial assistance. If such screening establishes that family income is at or below 400% of the FPL, the patient is eligible for reduced rates as described based on the sliding income scale as shown in Section 5.0.

3.4 Presumptive Charity: Payment Assistance Rank Ordering (PARO) Score

PARO is a patient account scoring mechanism, which uses patient demographic data to estimate the financial status of patients by accessing specific publicly available databases. PARO provides estimates of a patient's likely socio-economic status, as well as, the patient's household income and size. The PARO rule set shall be applied to those unresponsive consumers who may have likely qualified if they applied at the time of service. These rules are calibrated to reflect the charity care policy of Hoag and replicate the traditional policy for extending charity care. In the absence of additional information provided by the patient, PARO provides the best estimate and approach for extending presumptive charity care to these patients. Hoag recognizes that a portion of their patient population may not engage in the traditional charity care application process and PARO provides an equitable and just method for extending benefits to this population. PARO may also be engaged during the revenue cycle process to confirm patient information or as a method to direct patients to other advantageous sources of charity based assistance. Additionally, PARO may be used to validate financial and demographic information provided by the patient during the Payment Assistance eligibility process and complete the application where such information may be missing.

3.5

Emergency physicians means a physician and surgeon licensed pursuant to Chapter 2, Section 2000 of the Business and Professions Code who is credentialed by a hospital and either employed or contracted by the hospital to provide medical services in the emergency department of the hospital, except that an "emergency physician" shall not include a physician specialist who is called into the emergency department of a hospital or who is on staff or has privileges at the hospital outside of the emergency department. Emergency room physicians who provide emergency medical services to patients at Hoag are required by California law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350% of the federal poverty level. Hoag's emergency room physicians will utilize Hoag's Charity Care and Discount Policy approval results to support their compliance with AB 1503.

**4.0 CHARITY CARE AND DISCOUNTED CARE (PARTIAL CHARITY) ELIGIBILITY REQUIREMENTS:**

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**5.0 CHARITY CARE DISCOUNT TABLE:**

<b>2011 HHS Poverty Guidelines</b>					
Up to 400% FPL = Discount to 125% of Medicare DRG Rate					
Up to 350% FPL = Discount to Medicare DRG Rate					
Up to 200% FPL = 100% Charity Write Off					
Size of Family	Gross Yearly 100% of FPL	Gross Yearly 200% of FPL	Gross Yearly 300% of FPL	Gross Yearly 350% of FPL	Gross Yearly 400% of FPL
1	\$10,890	\$21,780	\$32,670	\$38,115	\$43,560
2	\$14,710	\$29,420	\$44,130	\$51,485	\$58,840
3	\$18,530	\$37,060	\$55,590	\$64,855	\$74,120
4	\$22,350	\$44,700	\$67,050	\$78,225	\$89,400
5	\$26,170	\$52,340	\$78,510	\$91,595	\$104,680
6	\$29,990	\$59,980	\$89,970	\$104,965	\$119,960
7	\$33,810	\$67,620	\$101,430	\$118,335	\$135,240
8	\$37,630	\$75,260	\$112,890	\$131,705	\$150,520
For Each Add'l Person Add \$3,820					
* Patients who qualify for Charity services but are >200% FPL will be given a 60% discount for Outpatient Services					

**Reference:** Type any applicable JCAHO standards, regulatory references and/or other policies

**Multidisciplinary Review:**

Review and/or input for this policy was given by the following: Type Department/Committee name, Approval Date; Department/Committee Name, Approval Date; etc.

**Policy Originator:** Revenue Cycle Operations

**Filename:** 9.10, Charity Care and Self Pay Discount Payment Policy

## Appendix B

### Hoag Hospital Quantifiable Community Benefit Summary Trend FY 2012

#### 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*

	<b>FY2012</b>	<b>FY2011</b>
Medical Services Indigent (MSI)	\$ 11,889,000	\$ 11,873,000
Charity Care-Hospital	\$ 5,132,585	\$ 5,481,576
Charity Care-SOS Clinic	\$ 2,556,327	\$ 1,655,131
MediCal/Cal Optima Cost of Unreimbursed Care	\$ 14,570,000	\$ 16,672,000
Medicare Cost of Unreimbursed Care	\$ 71,122,000	\$ 86,199,000
<b>Total Cost of Unreimbursed Direct Medical Care Svcs</b>	<b>\$ 105,269,912</b>	<b>\$ 121,880,707</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	\$ 4,643,853	\$ 4,903,199
Health Profession Education	\$ -	\$ 32,255
Subsidized Clinical Specialty Services	\$ 227,208	\$ 649,991
Cash and In-Kind Contributions	\$ 570,217	\$ 2,270,545
Community Building Activities	\$ 22,573	\$ 19,940
Community Benefit operations	\$ 786,250	\$ 793,615
<b>Total Benefits for Vulnerable Populations</b>	<b>\$ 6,250,101</b>	<b>\$ 8,669,545</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	\$ 958,595	\$ 1,115,332
Health Profession Education	\$ 261,750	\$ 378,138
Subsidized Clinical Specialty Services	\$ 750,818	\$ 1,463,626
Cash and In-Kind Contributions	\$ 1,070,212	\$ 967,570
Community Building Activities	\$ 85,308	\$ 163,033
Foundation Expenditures for Community Benefit	\$ 2,173,798	\$ 2,024,877
<b>Total Benefits for the Broader Community</b>	<b>\$ 5,300,481</b>	<b>\$ 6,112,576</b>

<b>Total Community Benefit and Economic Value</b>	<b>\$ 116,820,494</b>	<b>\$ 136,662,828</b>
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<b>Total Community Benefit and Economic Value (excluding Medicare Cost of Unreimbursed Care)</b>	<b>\$ 45,698,494</b>	<b>\$ 50,463,828</b>
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#### Notes:

1. Cost of care figures (section A) are estimated, based upon annualized results of 9 months of operations.
- 2.. The 2012 Fiscal Year included 12 months: October 1, 2011 through September 30, 2012



## **Benefits for the Broader Community**

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

### **Net CB Expenditure**

Community Education and Outreach (various Hoag departments)	\$	438,124
Enterostomal Outpatient Services	\$	3,420
First Aid Stations at Community Events	\$	1,322
Flu Immunization Clinic Expenses	\$	232,832
Freedom from Smoking Program	\$	6,862
Health Ministries Program	\$	67,839
OB Education	\$	20,170
Parkinsons Community Outreach Coordinator	\$	76,665
Pastoral Care Bereavement Groups	\$	50,900
Project Wipeout	\$	60,461
<b>Total Community Health Services</b>	<b>\$</b>	<b>958,595</b>

### ***Health Professions Education***

Cancer Center Social Work Internship	\$	8,708
Clinical Care Extender Program	\$	115,407
Hospital Case Management Internships	\$	26,335
Medical Records Internship	\$	4,800
Pharmacy Student Clinical Rotations	\$	16,500
Physical Therapy Internships	\$	90,000
<b>Total Health Professions Education</b>	<b>\$</b>	<b>261,750</b>

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

CHOC Pediatric Diabetes Services at the Allen Diabetes Center	\$	645,176
ETOH/Psych/Ancillary Patient Transfer Program	\$	105,642
<b>Total Subsidized Clinical Specialty Services</b>	<b>\$</b>	<b>750,818</b>

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

American Diabetes Association	\$	15,000
American Lung Association	\$	10,000
Arthritis Foundation	\$	5,000
CA-HI-NV Exchange Club of OC	\$	275
Child Help -OC Chapter	\$	10,000
CHOC Foundation	\$	225,000
Crohn's & Colitis	\$	7,500
Donations to Community Organization	\$	14,929
Epilepsy Alliance of Orange County	\$	10,000
Epilepsy Support Network	\$	10,000
Health Care Council of Orange County	\$	3,312
In-Kind Office Lease for Non-Profits	\$	347,531
Invest in Children Fund (One OC)	\$	10,000
Irvine Children's Fund	\$	20,000
Irvine Community Alliance Fund	\$	25,000
Irvine Public Schools Foundation	\$	128,000
Kiwanis Costa Mesa	\$	2,500
Leukemia & Lymphoma Society	\$	5,000
Mardan Foundation of Educational Therapy	\$	4,500
National Parkinson Foundation-Orange County Chapter	\$	7,000
Newport Beach Police Explorer Program	\$	5,000
Orange County Human Relations Council	\$	30,000
Orange County Immunization Coalition (OCIC)	\$	1,500
Orange County United Way	\$	58,165

**Benefits for the Broader Community (cont)**

Saint Joachim Catholic Church- Pastoral Services	\$	5,000
Susan Komen Race for the Cure	\$	10,000
UCI Foundation	\$	10,000
UCI Institute of Memory Impairments and Neurological Disorders	\$	15,000
USC Keck School of Medicine	\$	50,000
Youth Employment Services	\$	25,000
<b>Total Cash and In-Kind Contributions</b>	<b>\$</b>	<b>1,070,212</b>

***Community Building Activities***

Community Disaster Preparedness Planning	\$	68,080
Health Funders Partnership of OC	\$	10,000
Orange County Congregation Community Organizations (OCCCO)	\$	2,500
Orange County Health Needs Assessment (OCHNA)	\$	4,728
<b>Total Community Building Activities</b>	<b>\$</b>	<b>85,308</b>

***Foundation Expenditures***

see summary on next page <b>Expenditures</b>	<b>Total Foundation</b>	<b>\$</b>	<b>2,173,798</b>
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**Total Benefits for the Broader Community \$ 5,300,481**

**Foundation Expenditures for Community Benefit**

**Net CB Expenditure**

Cancer Center Education and Research	\$	319,752
Chemical Dependency Scholarships	\$	100,000
Diabetes Center Community Programs	\$	458,336
Forum on Healthcare Charitable Giving	\$	82,785
Neuro Support Services	\$	473,306
Nursing Professorships	\$	739,619

**Total Foundation Expenditures for Community Benefit \$2,173,798**

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