MemorialCare™
Orange Coast Medical Center



Annual Report and Plan for Community Benefit
MemorialCare Orange Coast Medical Center
Fiscal Year 2026 (July 1, 2025 - June 30, 2026)
HCAI Hospital ID: 106300225

Submitted to:
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Accounting and Reporting Systems Section
Sacramento, California

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About Orange Coast Medical Center

MemorialCare

MemorialCare is a nonprofit integrated health system with over 200 care locations, including four leading hospitals – Orange Coast Medical Center, Saddleback Medical Center, Long Beach Medical Center, and Miller Children's & Women's Hospital. MemorialCare includes award-winning medical groups, Select Health Plan, clinical institutes and research programs. The system also includes multiple outpatient health centers, urgent care centers, imaging centers, breast centers, ambulatory surgical centers, physical therapy centers, and dialysis centers throughout Orange and Los Angeles Counties.

Orange Coast Medical Center

Orange Coast Medical Center (OCMC) was incorporated in December 1995 and became a member of MemorialCare in January 1996. The hospital is a full service, nonprofit hospital with 221-licensed beds. It is home to the MemorialCare Cancer Institute, MemorialCare Breast Center, MemorialCare Imaging Center, MemorialCare Heart & Vascular Institute, MemorialCare Surgical Weight Loss Center, MemorialCare Joint Replacement Center, MemorialCare Neuroscience Institute, Childbirth Center, Digestive Care Center, and Spine Health Center.

Awards and Designations

OCMC is the recipient of the following awards and accolades:

- American Association of Critical-Care Nurses (AACN) Beacon Award for Excellence – January 2026
- ASHE Energy to Care Sustained Performance Award – July 2025
    - Orange Coast Breast Imaging Center
    - Orange Coast Health and Wellness Pavilion
    - Orange Coast Medical Center
    - Orange Coast Medical Office Building 9940
    - Orange Coast Patient Care Pavilion
- Healthgrades – October 2025
    - Excellence Awards
        - Cardiac Surgery
        - Stroke Care
    - Five-Star Awards
        - Coronary Bypass Surgery
        - Heart Attack
        - Heart Failure

        - Stroke
        - Hip
        - Chronic Obstructive Pulmonary Disease
        - GI Bleed
        - Sepsis
- *Newsweek's* Best Ambulatory Surgery Centers – October 2025
    - SCA Health - MemorialCare Surgical Center at Orange Coast
- *OC Register's* Best of Orange County – Voted No. 1 Best Hospital – September 2025
- *OC Register's* Top Workplaces – Ranked 9 – September 2025
- Society of Thoracic Surgeons (STS) 3-Star Rating – October 2025
    - 3-star rating for Coronary Artery Bypass Grafting
- *U.S. News & World Report* - High-Performing Maternity Care – December 2025

Mission and Values

MemorialCare is dedicated to the pursuit of best practice medicine. Our physicians and care teams study the best, most effective treatments and work to implement them at all our locations. The results are outcomes that frequently exceed state and national averages. For patients and families, it means a superior choice of health care services.

Mission

To improve the health and well-being of individuals, families and our communities.

Vision

Exceptional People. Extraordinary Care. Every Time.

Values

The iABCs of MemorialCare

The iABCs are a statement of our values—Integrity, Accountability, Best Practices, Compassion and Synergy. They remind us of our commitment to the highest standard of patient care and the active communication of clinical outcomes.

- **Integrity**
  Always holding ourselves to the highest ethical standards and values. Doing the right thing, even when no one is watching.
- **Accountability**
  Being responsible for meeting the commitments we have made, including ethical and professional integrity, meeting budget and strategic targets, and compliance with legal and regulatory requirements.
- **Best Practices**
  Requires us to make choices to maximize excellence, and to learn from internal and external resources about documented ways to increase effectiveness and/or efficiency.
- **Compassion**
  Serving others through empathy, kindness, caring and respect.
- **Synergy**
  A combining of our efforts so that together we are more than the sum of our parts.

Governance

The MemorialCare Orange County Board of Directors guides the direction of community benefit, with assistance from the Community Benefit Oversight Committee (CBOC).

FY26 Board of Directors

Barry S. Arbuckle, PhD
Sharon Cheever
Resa Evans, (MHS Board Chair)
Thomas Feldmar, Chair
Julio Ibarra, MD, Vice Chair
Lalita M. Komanapalli, MD
Rhonda A. Longmore-Grund
Frank Marino, MD
Michael Dean Moneta, MD
Tam Nguyen, MD, Secretary
Tom Rogers
Dale Vital
David A. Wolf

Community Benefit Oversight Committee

The CBOC (Community Benefit Oversight Committee) is an advisory committee for the hospital's community benefit programs and reports to the Board of Directors. The CBOC reviews and validates legal and regulatory compliance specific to community benefit mandates, ensures community benefit programs and services are effectively meeting identified community health needs, with emphasis on populations with unmet health needs, and increases transparency and awareness of community benefit activities. The CBOC was consulted on the development of the community benefit plan.

The members of the OCMC CBOC include:

- Sue Allie, Community Member
- Jennifer Ayala, MSN, RNC-OB, Orange Coast Medical Center
- Cheryl Brothers, Community Member
- Tony Coppolino, Community Member
- John Fay, MemorialCare Health System
- Erin Hotra-Shinn, Orange Coast Medical Center
- Kristen Pugh, MPA, MemorialCare Health System
- Xuan "Sue" Tram, RN, Orange Coast Medical Center
- Jenni Worsham, City of Fountain Valley
- Jennifer Zouras, Community Member

Caring for our Community

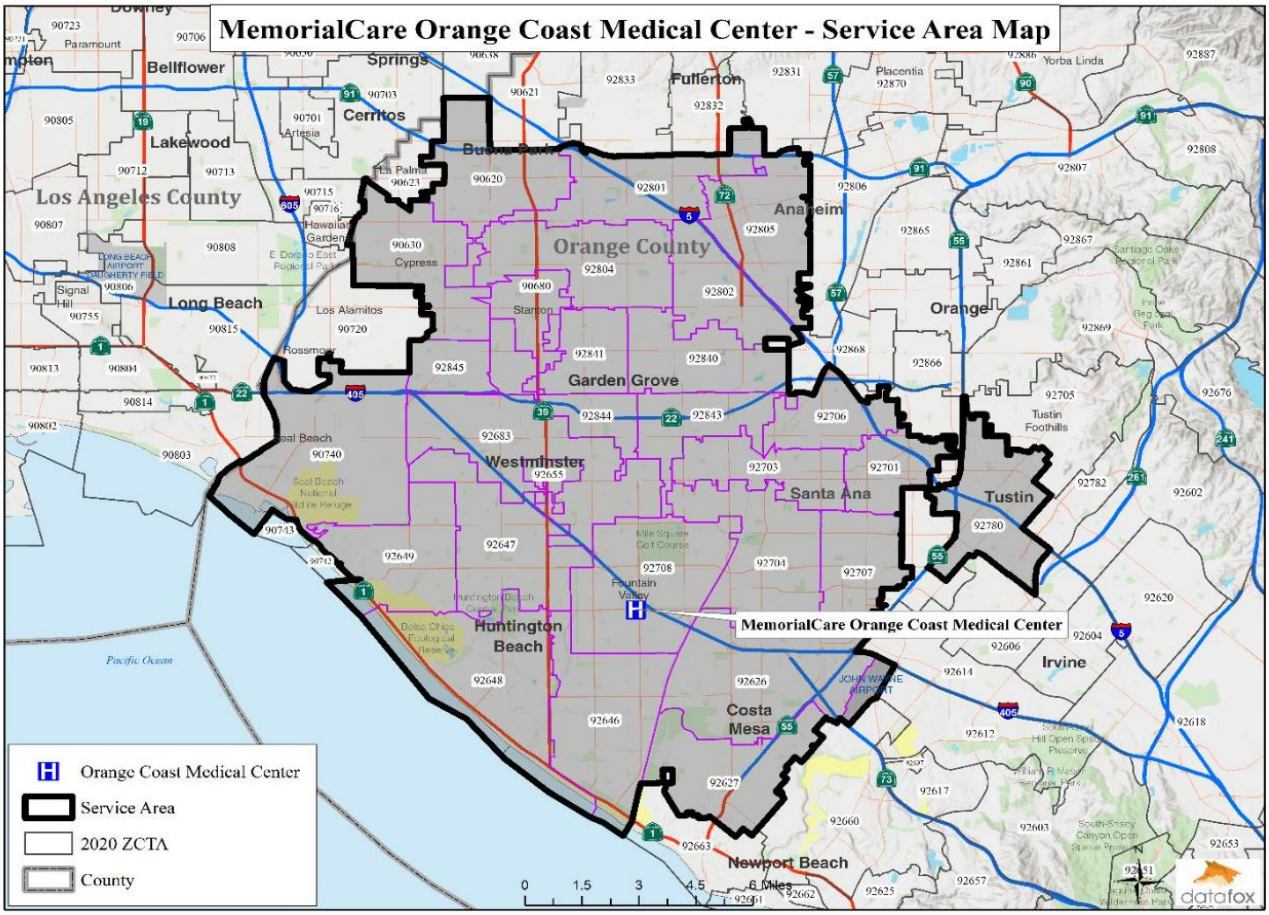
This report demonstrates how OCMC fulfills its mission to improve the health and wellbeing of our community and provide extraordinary care. OCMC provides financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services rendered. In addition, OCMC invests in the community to increase access to health care services and improve health.

Service Area

OCMC is located at 9920 Talbert Avenue, Fountain Valley, California 92708. The service area is in Orange County and includes 28 ZIP Codes, representing 13 cities or communities. Inpatient admissions were calculated over three years 2021-2023 (calendar years) and 81% of total inpatient ZIP Codes were used to determine the service area.

Orange Coast Medical Center Service Area

Cities	ZIP Codes
Anaheim	92801, 92802, 92804, 92805
Buena Park	90620
Costa Mesa	92626, 92627
Cypress	90630
Fountain Valley	92708
Garden Grove	92840, 92841, 92843, 92844, 92845
Huntington Beach	92646, 92647, 92648, 92649
Midway City	92655
Santa Ana	92701, 92703, 92704, 92706, 92707
Seal Beach	90740
Stanton	90680
Tustin	92780
Westminster	92683



Community Snapshot

OCMC conducted its most recent Community Health Needs Assessment (CHNA) in FY25. The population of the OCMC service area is 1,400,831[1]. Children and youth make up 21.6% of service area population, 63.9% are adults, and 14.5% are seniors, ages 65 and older[2]. In the service area, the largest portion of the population identify as Hispanic or Latino (45.4%) Non-Latino White or Caucasian residents comprise 27.2% of the population. At 22.2% of the population, non-Latino Asian residents are the third largest racial and ethnic group in the service area. The remaining races and ethnicities comprise 5.2% of the service area population[3]. In the services area, 52% of residents speak English only in the home. Spanish is spoken in 39.2% of homes and an Asian or Pacific Islander language is spoken in 5.2% of service area homes. 3.2% of residents in the area speak an Indo-European language[4].

[1] U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. http://data.census.gov
[2] U.S. Census Bureau, American Community Survey, 2018-2022, DP05. http://data.census.gov/
[3] Ibid.
[4] U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov/

In the OCMC service area, 21% of adults have not graduated high school, and 37.5% of the population has graduated college, lower than the rate for the county (50.3%) and the state (43.9%)[5]. Among service area residents, 90.7% of the population have health insurance[6].

Vulnerable Populations

- In the service area, 25.1% of the population, ages five and older, speaks English "less than very well" and are considered linguistically isolated.[7]
- Among area residents, 11.2% are at or below 100% of the federal poverty level (FPL) and 28.8% are at 200% of FPL or below (low-income).[8]
- In the service area, 14.8% of children live in poverty, 12.6% of seniors and 27.4% of female head of households with children live in poverty[9].
- In 2024, the point-in-time count of homeless people in Orange County was 7,322 individuals.[10] In Orange County, 9.4% of children under age 18 were experiencing homelessness[11].
- Among the service area civilian population, 3.5% are veterans.[12]
- Among Orange County adults, 2.8% identify as gay, lesbian, or homosexual. 4.5% identify as bisexual[13]. About 1.3% of teens identify as transgender non-conforming and 16.9% of teens said that other people at school would describe them as gender non-conforming.[14]
- Among adults in the service area, 9.9% of the non-institutionalized civilian population identified as having a physical, mental or emotional disability.[15]
- The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. For community benefit purposes, California defines vulnerable populations living in areas with inadequate access to clean air and safe drinking water, as defined by an environmental HPI score of 50% or lower. The OCMC service area ZIP Codes have an HPI score for clean environment of 37.8%.[16]

[5] Ibid.
[6] U.S. Census Bureau, American Community Survey, 2018-2022, DP03. http://data.census.gov/
[7] U.S. Census Bureau, American Community Survey, 2018-2022, DP02. https://data.census.gov/
[8] U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://data.census.gov/
[9] U.S. Census Bureau, American Community Survey, 2018-2022, S1701 & S1702. http://data.census.gov/
[10] Orange County HMIS, 2024 Point-In-Time Homeless Count Summary, May 16, 2024. https://unitedtoendhomelessness.org/wp-content/uploads/2024/05/2024-Point-In-Time-Count-Summary-FINAL.pdf
[11] Ibid.
[12] U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov
[13] California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. http://ask.chis.ucla.edu/
[14] California Health Interview Survey, 2019-2022 or ±2019-2023 combined. http://ask.chis.ucla.edu/
[15] U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov
[16] Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed October 26, 2024. https://healthyplacesindex.org

Community Health Needs Assessment

The CHNA is a primary tool used by the hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. The CHNA adheres to California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) and is conducted every three years by the hospital. The assessment incorporated components of primary data collection and secondary data analysis that focused on the health and social needs of the service area. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives. Healthy People 2030 is a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

OCMC conducted targeted interviews to gather information and opinions from people who represent the broad interests of the community served by the hospital. Twenty-eight (28) interviews were completed from October 2024 to February 2025. Leaders and/or representatives of medically underserved, low-income, minority populations, as well as local health or other departments or agencies that have current data or other information relevant to the health needs of the community, were represented in the sample. Input was obtained from the Orange County Health Care Agency.

OCMC also conducted a survey to gather data and opinions from community residents and people who represent the community served by the hospital, including underserved residents. The survey was made available to community-based partner organizations for distribution to their clients. From January 13, 2025 to February 14, 2025, there were 23 usable surveys received.

Significant Community Health Needs

Significant health needs were identified through a review of the secondary health data and validation through stakeholder interviews and community surveys. The identified significant health needs included:

- Access to health care
- Chronic diseases
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity

- Preventive practices
- Senior health
- Substance use

Prioritization of Health Needs

The identified significant health needs were prioritized with input from the community. The interview respondents ranked mental health, access to health care, housing and homelessness, economic insecurity, and food insecurity as the top five priority needs in the service area. Among community respondent surveys, access to health care, economic insecurity, overweight and obesity, preventive practices, and senior health had the highest scores as priority needs in the community.

Prioritized Health Needs the Hospital Will Address

Following completion of the 2025 Community Health Needs Assessment (CHNA), OCMC's Community Benefit Oversight Committee reviewed the findings and prioritized health needs based on existing infrastructure, established community partnerships, and ongoing organizational investments. The committee used these criteria to identify areas where the hospital can have the greatest impact through its FY26-FY28 Implementation Strategy. As a result, OCMC will focus its efforts on improving access to health care, addressing behavioral health needs, reducing the burden of chronic diseases, promoting preventive practices, and overweight and obesity. These efforts will be guided by a commitment to advancing health equity and addressing social drivers of health, including economic security, housing, food access, transportation, and environmental conditions. In the following report, hospital activities are detailed that address these priority health needs and the social drivers of health.

The complete CHNA report and the prioritized health needs can be accessed at www.memorialcare.org/about-us/community-benefit. To provide feedback on the CHNA and Implementation Strategy, please contact communitybenefit@memorialcare.org.

Addressing Priority Health Needs

In FY26, OCMC engaged in activities and programs that addressed the priority health needs identified in the FY26-FY28 Implementation Strategy. OCMC has committed to community benefit efforts that address access to health care, behavioral health (mental health and substance use), chronic diseases, overweight and obesity, and preventive practices with a focus on older adults, the social drivers of health, and health equity. Selected activities and programs highlighting the hospital's commitment to community health are detailed below.

FY26-FY28 Priority Health Need: Access to Health Care and Preventive Practices

Access to health care is a key driver of health that provides preventive measures and disease management, reducing the likelihood of hospitalizations and emergency room admissions. Preventive health care includes screenings, check-ups, and counseling to prevent illness, disease, or other health problems. Individuals who receive services in a timely manner have a greater opportunity to prevent or detect disease during earlier, treatable stages.

Response to Need

Financial Assistance

The Patient Financial Assistance Program is available to everyone in the community. This included people without health insurance, as well as patients with insurance who were unable to pay the portion of their bill that insurance did not cover. Patient Financial Services assisted community members with financial assistance programs.

Health Education, Resources and Community Outreach

OCMC provided support and services for community residents that removed barriers to care and increased access to health care and preventive measures. General health and wellness education, social media postings, blogs, podcasts, and informational articles were presented on topics that included: ER vs. urgent care, Medicare, advance directives, healthy habits, nutrition and exercise, menopause, fall prevention, flu shots, technology in medicine, and women's health. Over 900,000 community encounters were provided.

Parents-to-be were provided with education, advice, strategies, and tools through prenatal, childbirth and parenting classes. Topics included healthy pregnancy education, infant and child health, baby care basics, maternal health, parenting, and pain management during birth. Information was provided in English and Vietnamese and reached over 315,000 community members.

A breastfeeding clinic provided 499 encounters, breastfeeding support groups reached 211 individuals, breastfeeding education reached 225 individuals, and 26 individuals participated in a postpartum support group. Infant CPR and Safety reached 138 community members.

MemorialCare provided anytime, anywhere education for expectant mothers through YoMingo®, a maternity education app, available in 18 languages. YoMingo® provides evidence-based information on prenatal care, labor and birth, postpartum, breastfeeding, and newborn care, including numerous educational videos. The app also provides information on available classes, a kick counter, contraction timer, personal journal, feeding log, and immunization log. In FY26, 339 individuals accessed the app.

The *CareConnection* quarterly newsletter was made available to community residents to provide health education messages and notify the community of free classes, support groups, and screenings offered at the hospital and in the community. Newsletters were mailed to households, and the information was also posted on https://www.memorialcare.org/blog.

Screenings

Provided community wide preventive screenings.

- Blood pressure screening was provided for 204 people in conjunction with California State University Long Beach (CSULB) and the Huntington Beach Senior Center.
- Cancer screenings for lung, colorectal and breast cancer were provided for 50 people in the City of Fountain Valley.

Social Drivers of Health Screening

OCMC screened patients for Social Drivers of Health (SDOH), determining if community members needed referrals and resources. To support community members in need of assistance with SDOH, MemorialCare supported the website FindHelp.org, a free web-based platform that connected individuals with location-based community programs offering free or reduced-cost services including food, housing, health care, and transportation.

Support Services

The hospital offered services to increase access to care and support preventive health care.

- Transportation was provided to 644 individuals who could not easily access medical care and appointments.
- Provided durable medical equipment, infusion services, home health support, and medication prescriptions to individuals who could not afford the cost of these services.

- Provided clothing, shoes, hygiene kits, blankets, and transportation to people experiencing homelessness.
- The Social Work support line assisted 264 community members, which included information on supportive services and/or referrals.

Vietnamese Community Outreach

OCMC supported a Vietnamese Community Outreach Coordinator who organized and directed free community education and health screenings in the Vietnamese community. Outreach included:

- Hosted a Vietnamese language website to better serve Vietnamese speaking community members.
- Presented an education series on diabetes, hypertension, sleep apnea, stroke, lymphoma, heart disease, Alzheimer's disease, and wound care. The series reached over 1,400 Vietnamese community members.
- Offered free cancer screenings and flu shots to 243 Vietnamese community members.
- Offered breastfeeding support, childcare basics and maternal health education.
- Presented health education and prevention messages to the Vietnamese community through social media and newsletters. OCMC offered targeted health outreach to the Vietnamese community on local radio and cable TV. Information was presented weekly on a variety of topics. Radio listeners called in with questions. Health focused radio and TV talk shows reached over three million listeners.

FY26-FY28 Priority Health Need: Behavioral Health (includes Mental Health and Substance Use)

Positive mental health is associated with improved health outcomes. The need to access mental and behavioral health services was noted as a high priority among community members.

Response to Need

Behavioral Health Education and Awareness

Outreach, education classes and support groups increased awareness of mental health issues and connected area residents with available resources. A bereavement support group and survivorship support group met.

Behavioral Health Integration Program

MemorialCare recognizes that physical and mental health should be coordinated in primary care settings. As a result, the Behavioral Health Integration (BHI) program includes all MemorialCare Medical Group Primary Care sites of care throughout our service area. Primary care practitioners

screen for mental health conditions and coordinate care options for patients with behavioral health needs. The program includes:

- An embedded clinical social worker at each location.
- Referral to services needed.
- Telehealth visits to patients enrolled in the program.
- Online patient self-management tools.

Casa Teresa

The OCMC community benefit grant program supported Casa Teresa to assist pregnant women facing addiction and experiencing homelessness to receive shelter and other basic needs, case management, pre and/or postnatal care, classes and supportive services, and visits with mental health professionals, including counseling and support for trauma and substance use disorders. Over the grant period, Casa Terea cared for 42 women, 16 babies and 2 children.

As a result of this program, 75% of the women and children were transitioned to stable housing and increased their self-sufficiency. They accessed prenatal care and improved their knowledge of life and parenting skills.

FY26-FY28 Priority Health Need: Chronic Diseases

Chronic diseases are long-term medical conditions that tend to progressively worsen. Chronic diseases, such as cancer, heart disease, diabetes and lung disease, are major causes of disability and death. Chronic diseases are also the major causes of premature adult deaths.

Response to Need

Alzheimer's Orange County

The OCMC community benefit grant program assisted Alzheimer's Orange County (AlzOC) to implement the Alzheimer's Multicultural Outreach and Education Program, which expanded access to dementia-related education, support, and individualized guidance for underserved communities in Orange County. AlzOC provided 85 education classes reaching 1,957 attendees, 53 support groups reaching 220 attendees, and 550 care consultations/helpline calls, for a total of 2,727 direct service contacts. This included free culturally and linguistically responsive education; offering support groups to reduce caregiver isolation; strengthening one-on-one care consultation and helpline support; collaborating with trusted community partners; and meeting families in accessible formats and settings. These strategies helped families better understand dementia, recognize warning signs, learn caregiving approaches, and connect with appropriate services.

Cancer Support Services

OCMC provided health and wellness education as well as support services related to cancer that were made available to the public. Provided over 340,000 community encounters to access cancer education and treatment information on early detection, cancer prevention, nutrition, and care during chemotherapy and radiation.

- A cancer survivorship event reached 76 people with information, resources and awareness related to cancer survival.
- A skin cancer lecture and breast cancer awareness event reached 746 people.
- The Cancer Resource Center provided one-on-one counseling and phone counseling free of charge to 555 individuals, providing information and resources.
- The Shine a Light on Lung Cancer event engaged 150 people.
- Support groups, free and open to the public, were provided for bereavement, survivorship, cancer care, men's cancer care, and women's cancer care.
- The Look Good Feel Better program taught 44 women beauty techniques to help them manage their appearance as they underwent cancer treatment.
- The Warm Wishes program provided 612 community members, who were diagnosed with cancer with referrals, resources, blankets, hats, and wigs. Port pillows were provided to 315 people, 5 individuals received breast prosthetics, and 215 individuals undergoing cancer treatment received free wigs from the hospital's wig bank.
- Cancer screening was offered in the Vietnamese community for liver, breast and skin cancer.

Health Education, Resources and Community Outreach

Health and wellness education was made available to the public on topics that included: heart disease, stroke, cancer, chronic disease management, movement disorders, neurological conditions, surgical weight loss, liver disease, osteoporosis, safety, diabetes, Alzheimer's disease, nutrition, and healthy habits. The information reached over 600,000 community members.

The Better Breathers Club met twice a month and provided health education sessions focused on disease management techniques.

Parkinson's Disease Support

OCMC provided health education classes, support groups and special events that focused on Parkinson's disease. Offerings included support groups provided for individuals with movement disorders and early disease onset. In addition, Parkinson's classes included wellness recovery,

exercise classes, caregiver support, and LOUD Crowd (speech preservation) classes, which resulted in 4,413 encounters. Lectures on topics such as early detection, essential tremors, signs and symptoms of Parkinson's provided over 195,000 encounters.

Senior Care

OCMC supported senior-focused events:

- An education series geared toward seniors provided classes on chronic diseases, health issues and health prevention reached 400 seniors.
- Educational materials on Medicare and advance directives reached 723 community members.
- An *e*-newsletter was sent to senior residents to notify them of free health classes, events, and lifestyle information.
- Blood pressure screenings were provided at the Huntington Beach Senior Center.

Vital Access Care Foundation (VACF) dba the Vietnamese American Cancer Foundation

The OCMC community benefit grant program provided funding for VACF's Continuum of Cancer Care program, which offered culturally and linguistically responsive services to 91 Vietnamese and other underserved Orange County residents by reducing barriers to cancer screening, treatment, and survivorship. They partnered with volunteer licensed professionals from the community, utilizing the Community Health Worker (CHW) model, and provided peer-led patient navigation and support. Participants received health education, care coordination, referrals, language assistance, transportation assistance, and connections to mental health and community resources.

The program provided access to a weekly culturally appropriate food pantry to address food insecurity and support patients and their families, improving access to care across the cancer care continuum. A total of 338 culturally appropriate food portions were provided to cancer patients and their families to help meet their nutritional needs during treatment and recovery. Additionally, they provided 1,274 transportation trips to medical appointments for cancer patients in active treatment who have limited resources, including trips for laboratory work, chemotherapy, and radiation therapy.

FY26-FY28 Priority Health Need: Overweight and Obesity

Overweight and obesity affect a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. Physical activity plays a key role in levels of overweight and obesity, and in the development and management of chronic diseases. Healthy eating and nutrition programs also promote healthy body weight.

Response to Need

Breastfeeding

Breastfeeding in infancy is known to help reduce overweight and obesity later in life. OCMC provided breastfeeding classes, breastfeeding counseling, and a breastfeeding clinic available to the public at no cost, reaching 935 new mothers.

Community SeniorServ, Inc. dba Meals on Wheels Orange County

The OCMC community benefit grant program provided funding for the Senior Nutrition Program to meet the evolving nutrition, health, and social support needs of older adults across Orange County. From November 2025 through June 2026, Meals on Wheels Orange County (MOWOC) delivered 318,675 meals to 891 homebound seniors through Meals on Wheels home delivery meal program, which provided three heart-healthy, diabetic-friendly meals each day, five days a week, along with wellness checks, nutrition education, and connection to case management when needed.

MOWOC's congregate Lunch Café provided 155,943 meals to 6,373 older adults at senior and community centers, including 2,694 Lunch Café SELECT meals to 335 participants, creating welcoming settings where seniors received nutritious meals and meaningful opportunities for connection.

MOWOC also continued advancing Cultural Healthy Options for Independent Community Elders (CHOICE), a community-based model that expanded access to nutritious meals through partnerships with trusted community-based organizations and approved restaurants to better meet older adults' cultural preferences and reduce barriers to participation. What began as a pilot project evolved into a scalable strategy for reaching historically underserved populations by offering culturally familiar services in spaces where seniors already felt safe and connected. CHOICE provided 12,835 meals, including 8,695 To-Go meals and 4,140 Restaurant meals to 712 older adults. Together, these strategies helped reduce food insecurity, malnutrition, and isolation while strengthening MOWOC's continuum of care model so older adults received healthy meals and the ongoing support needed to remain safe, independent, and connected.

Health Education, Resources and Community Outreach

OCMC provided support and services for community residents that increased access to care and preventive measures. Health and wellness education, social media postings, blogs, podcasts, and informational articles were presented on topics that included: nutrition, exercise, surgical weight loss, and obesity.

Other Community Benefit Services

OCMC provided community benefit services in addition to those programs that focused on addressing priority health needs.

Health Professions Education

Continuing Medical Education (CME)

Twenty-three CME lectures were offered throughout the year and were available to physicians and health care professionals in the community. There were 1,432 encounters by health professionals for these lectures.

Nursing Education

OCMC provided precepting for 27 nursing students. Additionally, 7 nursing students participated in a Community Health Preceptorship, and 26 nursing students worked on their leadership clinical hours.

Other Health Professions

OCMC provided clinical precepting for 27 health professionals. Students were precepted and performed their clinical hours and/or internship rotations for:

- Cardiopulmonary
- Cardiovascular technician
- Imaging
- Lactation Consultation
- Pharmacy
- Respiratory therapy
- Social work
- Speech language pathologist
- Surgical technician

Cash and In-Kind Donations

Cash Donations

OCMC supported community organizations through cash donations that addressed identified community health needs, health equity, and the social drivers of health.

In-Kind Donations

- OCMC provided in-kind donations of shoes, clothing, blankets, and hygiene kits for people experiencing homelessness.

- The hospital donated Personal Protective Equipment (PPE) to organizations in need.
- OCMC employees represented the hospital on community boards and collaboratives that focused on increased access to health and social services, and improved safety, addressing vulnerable populations.

Community Benefit Grant Program

In FY26, OCMC provided community benefit grant funds to support community-based organizations that addressed identified health needs and served vulnerable populations within the hospital service area. Grants were provided to:

- Alzheimer's Orange County
  - Helped families better understand dementia, recognize warning signs, learn caregiving approaches, and connect with appropriate services.
  - Provided 85 education classes reaching 1,957 attendees, 53 support groups reaching 220 attendees, and 550 care consultations/helpline calls, for a total of 2,727 direct service contacts.
- Casa Teresa
  - Pregnant women facing addiction and experiencing homelessness received shelter and other basic needs, case management, prenatal care, classes and supportive services, including visits with mental health professionals. Casa Teresa cared for 42 women, 16 babies and 2 children.
- Meals on Wheels Orange County (MOWOC)
  - MOWOC delivered 318,675 meals to 891 homebound seniors through our Meals on Wheels home delivery meal program, which provided three heart-healthy, diabetic-friendly meals each day, five days a week, along with wellness checks, nutrition education, and connection to case management when needed.
- Vital Access Care Foundation
  - Assisted 91 Vietnamese cancer patients receive culturally, linguistically and equitable cancer support services, case management and patient navigation services. Provided 1,274 transportation trips to appointments. Also provided 338 culturally appropriate food portions were provided to cancer patients and their families to help meet their nutritional needs during treatment and recovery.

Community Benefit Operations

In FY26, community benefit operations included administrative support and community benefit consultants. Support was provided for the completion of the FY25 Community Benefit Report.

Community Building Activities

Coalition Building

OCMC staff supported a policy organization to address improved health and safety.

Economic Development

The hospital supported economic development groups that focused on issues that impacted community health improvement and safety.

Financial Summary of Community Benefit

OCMC's financial summary of community benefit for FY26 (July 1, 2025 to June 30, 2026) is summarized in the table below. The Hospital's community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H. Costs are based on OCMC's overall cost-to-charge ratio. Appendix 1 lists the community benefit programs by category.

Financial Assistance and Means-Tested Government Programs	**Vulnerable Populations**	**Broader Community**	***Total***
Traditional Charity Care	$2,436,970	$0	$2,436,970
Medi-Cal Shortfall	$26,351,650	$0	$26,351,650
Other Means-Tested Government Programs (Indigent Care)	$0	$0	$0
Sum Financial Assistance and Means-Tested Government Programs	$28,788,620	$0	$28,788,620
Other Benefits			
Community Health Improvement Services	$629,332	$0	$629,332
Community Benefit Operations	$0	$47,743	$47,743
Health Professions Education	$0	$1,846,003	$1,846,003
Subsidized Health Services	$0	$0	$0
Research	$0	$0	$0
Cash and In-Kind Contributions	$354,563	$0	$354,563
Other Community Benefit	$0	$18,491	$18,491
Total Other Benefits	$983,895	$1,912,237	$2,896,132
Community Benefit Spending			
Total Community Benefit*	$29,772,515	$1,912,237	$31,684,752
Medicare (non-IRS)	$20,747,712	$0	$20,747,712
Total Community Benefit with Medicare	$50,520,227	$1,912,237	$52,432,464

*Sum of Financial Assistance, Means-Tested Government Programs and Other Benefits.

Community Benefit Plan FY27

The Community Benefit Plan describes the actions the hospital intends to take, including programs and resources it plans to commit, to address the priority significant health needs identified in the FY26-FY28 Implementation Strategy.

Significant Health Needs the Hospital Intends to Address

OCMC will address the following significant health needs with a focus on older adults, the social drivers of health, and health equity.

- Access to health care
- Behavioral health (mental health and substance use)
- Chronic diseases
- Overweight and obesity
- Preventive practices

FY26-FY28 Priority Health Need: Access to Health Care

Goal: Increase access to health care for the medically underserved.

Strategies

1. Provide financial assistance through free and discounted care for health care services, consistent with the hospital's financial assistance policy.
2. Provide transportation support to increase access to health care services.
3. Provide low-income residents with low-cost or no-cost pharmacy assistance.
4. Offer health education, community outreach, and support services that reduce barriers to care and increase access to health care.
5. Support a Vietnamese Community Outreach Coordinator to direct free community education, flu vaccine clinics, and health screenings in the Vietnamese community.
6. Host a Vietnamese language website to serve Vietnamese speaking community members.
7. Provide social work management, supplies and prescriptions.
8. Provide grant funding and in-kind support to increase access to health care.
9. Work in collaboration with community agencies to address the health care needs of older adults.
10. Work in collaboration with community agencies to address the impact that the social drivers of health and health equity have on health care access.

FY26-FY28 Priority Health Need: Behavioral Health (Mental Health and Substance Use)

Goal: Increase access to mental health and substance use services in the community.

Strategies

1. Increase community awareness of prevention efforts and availability of resources to address mental health and substance use and misuse concerns.
2. Offer community health education, lectures, presentations and workshops focused on mental health and substance use topics.
3. Participate in health and wellness fairs that include information on behavioral health resources.
4. Support multisector collaborative efforts to increase access to behavioral health services.
5. Provide grant funding and in-kind support to increase behavioral health awareness and access to behavioral health services.
6. Provide mental health support for at-risk seniors.
7. Work in collaboration with community agencies to address the impact that the social drivers of health and health equity have on accessing behavioral health services.

FY26-FY28 Priority Health Need: Chronic Diseases

Goal: Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment education.

Strategies

1. Offer health education workshops and presentations on chronic disease prevention, treatment, and management.
2. Host health and wellness fairs, including screenings.
3. Provide cancer support services, which include health and wellness education as well as support services related to cancer including nutritional counseling.
4. Senior outreach liaison to work with local agencies and organizations to assist older adults in securing needed services, as well as health screenings and disease prevention classes.
5. Provide support groups to assist those with chronic diseases and their families.
6. Provide public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic diseases.
7. Provide grant funding and in-kind support for chronic disease prevention and treatment.
8. Work in collaboration with community agencies to address chronic disease prevention and treatment among older adults.
9. Work in collaboration with community agencies to address the impact that the social drivers of health and health equity have on chronic diseases.

FY26-FY28 Priority Health Need: Overweight and Obesity

Goal: Reduce the impact of overweight and obesity on health and increase the focus on healthy eating and physical activity.

Strategies

1. Offer health education workshops and presentations focused on weight management, breastfeeding, healthy eating, and physical activity topics.
2. Host health and wellness fairs that include screenings for BMI, blood pressure, and blood glucose.
3. Provide support for educational outreach to children and their families on nutrition, healthy food choices, and physical activity.
4. Provide grant funding and in-kind support to promote healthy eating and physical activity.
5. Provide support for services to improve senior nutrition.
6. Work in collaboration with community agencies to address healthy eating and physical activity among older adults.
7. Work in collaboration with community agencies to address the impact that the social drivers of health and health equity have on chronic diseases.

FY26-FY28 Priority Health Need: Preventive Practices

Goal: Improve community health through preventive health practices.

Strategies

1. Provide free health screenings.
2. Provide education and resources focused on healthy living and disease prevention.
3. Provide public health education in the media and community health awareness events to encourage healthy behaviors and promote preventive health care.
4. Provide grant funding and in-kind support to expand preventive health services.
5. Work in collaboration with community agencies to provide preventive care services to older adults.
6. Work in collaboration with community agencies to address the impact that the social drivers of health and health equity have on access to preventive care.

Evaluation of Effectiveness

Through the CHNA process, community stakeholders provided input on the health needs impacting the community, prioritization of the needs, and resources to address the needs. Appendix 2 identifies the community groups and local officials that were consulted.

OCMC will monitor and evaluate the programs and activities outlined above. The hospital has implemented a system to collect and document tracking measures, such as the number of people reached or served, and collaborative efforts to address the health needs. An evaluation of the impact of OCMC's actions to address these significant health needs will be reported in the next scheduled CHNA.

Needs the Hospital Will Not Address

OCMC cannot address all the health needs present in the community, but it will concentrate on those priority health needs that it can most effectively address given its areas of focus and expertise: access to health care, behavioral health needs, chronic diseases, preventive practices, and overweight and obesity. These efforts will be guided by a commitment to advancing health equity and addressing social drivers of health, including economic security, housing, food access, transportation, and environmental conditions. Taking existing hospital and community resources into consideration, OCMC is choosing to address all the significant health needs identified in the CHNA, which include the social drivers of health and senior health.

Contact Information

Orange Coast Medical Center
9920 Talbert Avenue
Fountain Valley, CA 92708

Web Address
https://www.memorialcare.org/locations/orange-coast-medical-center

Community Benefit Contact
John Fay, MSG
Manager, Community Impact & Advocacy
MemorialCare Health System
jfay@memorialcare.org

Appendix 1: Categorization of Community Benefit Programs

Medical Care Services
Charity care/financial assistance
Medi-Cal shortfall
Medicare shortfall (non-IRS)
Other Benefits for Vulnerable Populations
Advance care planning
Baby care basics, childbirth classes, maternal and infant health, and postpartum support group and education
Behavioral health education and outreach
Bereavement support group
Breast health
Breastfeeding classes, support groups and consultation
Cancer screening, support groups, education, outreach, and resources
Cash and in-kind donations to organizations serving vulnerable populations and improving community health
Chronic disease screening and flu clinic
Community benefit grant program to organizations serving vulnerable populations to address priority health needs, health equity and the social drivers of health
Community outreach on access to care, health insurance and financial assistance
Community outreach, health education, and screenings on chronic diseases, preventive care, and healthy living
Nutrition and healthy eating information and resources
Parkinson's disease support groups, education and exercise classes
Safety and injury prevention classes and CPR
Senior health education and outreach
Social drivers of health screening and referrals
Social work referrals and counseling
Transportation support
Vietnamese community health education, outreach, screenings, TV and radio health education
Other Benefits for the Broader Community
Community benefit operations
Health Research, Education and Training Programs
Clinical precepting for nursing students
Clinical precepting for other health professionals: cardiopulmonary, cardiovascular technician, imaging, lactation consultation, pharmacy, respiratory therapy, social work, speech language pathologist, and surgical technician
Continuing Medical Education
Nonquantifiable Benefits
Coalition Building
Economic Development

Appendix 2: Community Stakeholders

Name	Title	Organization
Elizabeth Andrade, MBA	Executive Director	211 Orange County
Ameera Basmadji	Fund Development Director	Access California Services
Pooja Bhalla, DNP, RN	Chief Executive Officer	Illumination Foundation
Sandra Crandall	Board of Trustees President	Fountain Valley School District
Allison Cuff	Community Liaison	Jamboree Housing Corporation
Ben Dieterle, MPA	Community Services Supervisor	City of Fountain Valley
Krista Driver, PsyD	Chief Executive Officer	Mariposa Women & Family Center
Justin Fleming, MPA, CTO, EMT-P	Division Chief	Huntington Beach Fire Department
Mary Ann Foo, MPH	Executive Director	Orange County Asian and Pacific Islander Community Alliance (OCAPICA)
Nancy Galeana	Program Director of Community Care	Waymakers Huntington Beach Youth Shelter
Art Groeneveld	Chief Executive Officer	Boys & Girls Clubs of Huntington Valley
Claudia Keller, MPA	Chief Executive Officer	Second Harvest Food Bank of Orange County
Alejandro Lupercio, LNHA, MBA	Vice President of Social Services	Meals on Wheels Orange County
Andrea McCartney	Village of Hope Manager	Orange County Rescue Mission
Patty Barnett Mouton, MSGc	Vice President, Outreach & Advocacy	Alzheimer's Orange County
Becky Nguyen, MPA, MPH	Executive Director	Vital Access Care Foundation
Hang Nguyen	Executive Director	Center for Community Advancement (BPSOS-CCA)
Darla Olson	Chief Development Officer	Meals on Wheels Orange County
Steve Pitman, JD	President of Board of Directors	National Alliance of Mental Illness (NAMI) Orange County
Hiram Rodriguez	Associate Director Food Bank	Community Action Partnership of OC
Michaell Silva Rose, DrPH, LCSW	Chief Health Equity Officer	CalOptima
Laura Rubio, Ed.D	Director of Student Services	Tustin Unified School District
Dr. Almaas Shaikh, MD, MPH, FACS	Deputy Health Officer	Orange County Health Care Agency
Raquel Williams, LCSW	Executive Director	Thrive Together OC
Lisa Wood	Chief Executive Officer	Casa Teresa
Philip Yaeger	Chief Executive Officer	Radiant Health Centers
Cindy Young, MPH, RD	Director of Strategic Partnerships	BreastfeedLA: Breastfeeding Task Force of Greater Los Angeles
Michelle Yerke, MSG	Social Services Supervisor	City of Huntington Beach