



**MemorialCare**<sup>™</sup>  
Orange Coast Medical Center



**Annual Report and Plan for Community Benefit  
MemorialCare Orange Coast Medical Center  
Fiscal Year 2022 (July 1, 2021 - June 30, 2022)**

Submitted to:  
Department of Health Care Access and Information  
Accounting and Reporting Systems Section  
Sacramento, California  
November 2022

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## About Orange Coast Medical Center

### MemorialCare

MemorialCare Orange Coast Medical Center (OCMC) is a member of MemorialCare, an integrated, nonprofit health system headquartered in Fountain Valley, California. MemorialCare is the largest health system headquartered in Orange County, California. MemorialCare includes top hospitals – Orange Coast Medical Center, Saddleback Medical Center, Long Beach Medical Center and Miller Children’s & Women’s Hospital Long Beach; MemorialCare Medical Group and Greater Newport Physicians; MemorialCare Research, MemorialCare Select Health Plan and numerous outpatient ambulatory surgery, medical imaging, urgent care, breast health, physical therapy, dialysis and primary care and specialty care centers.

### Orange Coast Medical Center

OCMC became a member of MemorialCare in January 1996. In May 1997, the hospital was granted nonprofit status retroactive to December 26, 1995, the date of incorporation. The hospital has 222 licensed beds and 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, Childbirth Center, Digestive Care Center, and Spine Health Center.

### Awards

Orange Coast Medical Center is the recipient of the following awards and accolades:

- *U.S. News & World Report* Best Hospitals
  - High Performance rankings in Cancer, Aortic Valve Surgery, Neurology & Neurosurgery, Pulmonology & Lung Surgery, Heart Attack, Heart Bypass Surgery, Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Colon Cancer Surgery, Diabetes, Kidney Failure and Pneumonia.
- Healthgrades 2022 honors
  - Excellence Award in Cardiac Surgery
  - Five- Star Recipient
    - Coronary Bypass Surgery
    - Hip Fracture Treatment
    - Total Knee Replacement
    - Treatment of Heart Attack
    - Treatment of Sepsis
- Consistently voted by *The Orange County Register’s* readers as Best of Orange County Hospital, ranking #1 for the past five years and a Top Workplace for the 12<sup>th</sup> time.

- Magnet® designated by American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® for nursing excellence.
- Diagnostic Imaging and Lung Cancer Screening Centers of Excellence award.
- American College of Radiology Breast Imaging Award.
- The Patient Safety Movement Foundation's 5-Star Hospital Award in recognition of MemorialCare's steadfast commitment to patient safety and quality of care. MemorialCare is one of only six health systems across the United States to receive the award.

## Mission and Values

### 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).

### Board of Directors

Barry Arbuckle, PhD

Sharon Cheever, Chair

Tom Rogers, Vice Chair

Thomas Feldmar, Secretary  
Resa Evans  
Julio Ibarra, MD  
Lalita M. Komanapalli, MD  
Joel Lautenschleger  
Michael Dean Moneta, MD  
Donna Rane-Szostak, EdD  
Dale Vital, RN  
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; assures 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 members of the CBOC include:

- Sue Allie, Community Member
- Cheryl Brothers, Community Member
- Tony Coppolino, Community Member
- Beth Hambelton, Senior Program and Community Outreach Liaison, Orange Coast Medical Center
- Erin Hotra-Shinn, Vice President, Strategy and Business Development, Orange Coast Medical Center
- Marc Johnson, Ed.D., Community Member
- Marcia Manker, Chief Executive Officer, Orange Coast Medical Center and Saddleback Medical Center
- Tam Nguyen, Community Member
- Robin Phillips, Oncology Nurse Navigator, Orange Coast Medical Center
- Kristen L. Pugh, Vice President, Advocacy & Government Relations, MemorialCare
- Jennifer Zouras, Community Member

## Caring for our Community

Orange Coast Medical Center recognizes its obligation to provide service above and beyond its role as a healing facility. In 1997, a group of physicians helped launch one new, unified brand name for a nonprofit integrated health system with hospitals and ambulatory sites of care. They knew they could help make clinical care across Orange County and Los Angeles County significantly better – by working together as a system. They created best practices and committed to using evidence-based medicine throughout a brand-new system, called MemorialCare. Since then, year over year, we have constantly raised the bar on how we work, the way we collaborate, and how we give our patients simply better care.

This report demonstrates tangible ways in which OCMC is fulfilling 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.

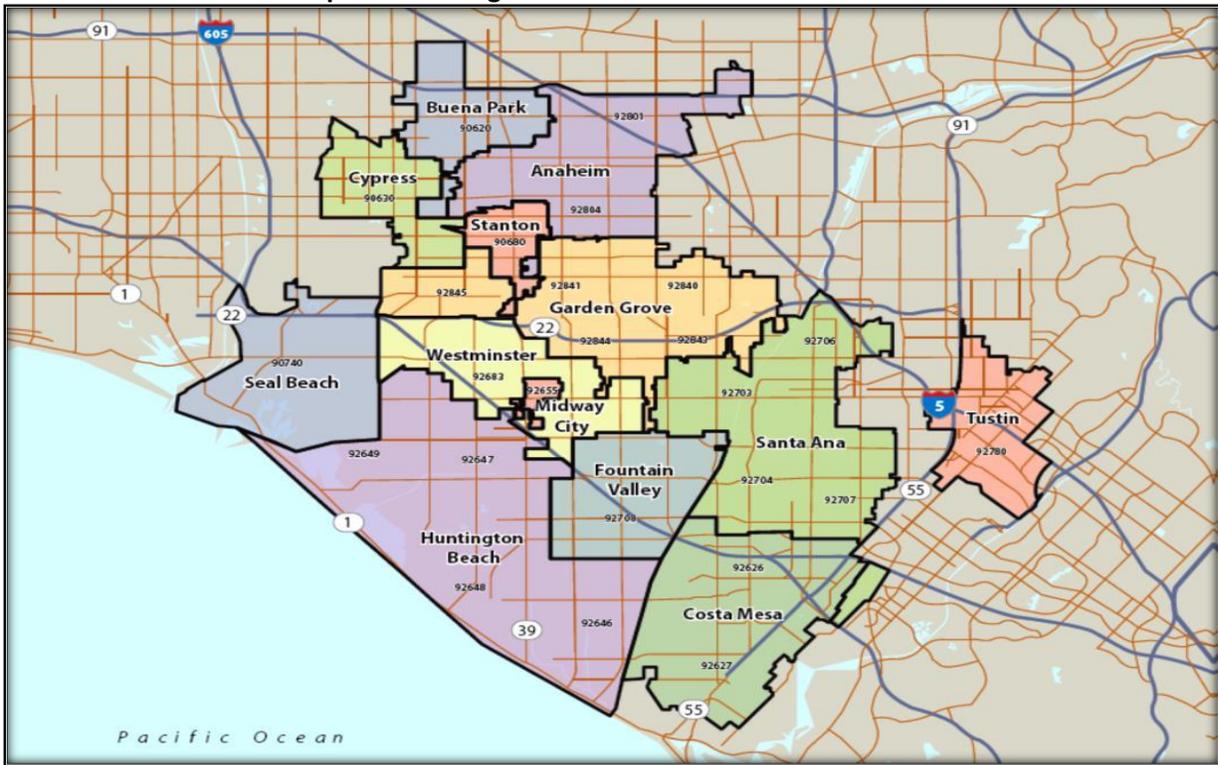
### Service Area

Orange Coast Medical Center is located at 9920 Talbert Avenue, Fountain Valley, in Orange County. The service area includes 25 Zip Codes, representing 13 cities or communities. This primary service area was determined by averaging total inpatient ZIP Codes from 2018-2020. This service area noted below represents 87% of total inpatient ZIP Codes of patient origin.

#### Orange Coast Medical Center Service Area

Geographic Areas	ZIP Codes
Anaheim	92801,92804
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	92703, 92704, 92706, 92707
Seal Beach	90740
Stanton	90680
Tustin	92780
Westminster	92683

Map of the Orange Coast Medical Center Service Area



### Community Snapshot

The population of the OCMC service area is 1,266,738. Children and youth make up 22.4% of service area population, 62.6% are adults, and 15% are seniors, ages 65 and older. The service area has a higher percentage of youth than found in the county (21.6%). In the service area, 42.4% of the population is Hispanic. Whites comprise 28.4% of the population. At 24.5% of the population, Asians are the third largest race/ethnic group in the service area. The remaining races/ethnicities comprise 4.7% of the service area population.

43.7% of residents speak English only in the home. Spanish is spoken in 33.9% of homes and an Asian or Pacific Islander language is spoken in 18.3% of service area homes. 3.3% of residents in the area speak an Indo-European language. Among area residents, 17.3% are at or below 100% of the federal poverty level (FPL) and 23.9% are at 200% of FPL or below (low-income). In the service area, 17.5% of children live in poverty, 11.1% of seniors and 29.5% of female head of households with children live in poverty. In the OCMC service area, 21.3% of adults are high school graduates, and 36.7% of the population has graduated college, lower than the rate for the county (48.6%) and the state (41.8%).

## Community Health Needs Assessment

Orange Coast Medical Center completed a Community Health Needs Assessment (CHNA) in Fiscal Year 2022 as required by state and federal law. 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 assessment incorporated components of primary data collection and secondary data analysis that focused on the health and social needs of the service area.

The CHNA examined up-to-date data sources for the service area to present community demographics, social determinates of health, health care access, maternal and infant health, leading causes of death, disability and disease, health behaviors, mental health, substance use, and preventive practices. When applicable, these data sets were presented in the context of Orange County, California and were compared to the Healthy People 2030 objectives.

Primary data were collected through targeted interviews, which were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Eighteen (18) interviews were completed from November 2021 to January 2022. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. This included input from the Orange County Health Care Agency.

### Priority Health Needs

Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

The identified significant needs included (in alphabetical order):

- Access to health care
- Chronic diseases
- COVID-19
- Economic insecurity

- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Senior health
- Substance use and misuse

The identified significant health needs were then prioritized with input from the community. The community stakeholders were asked to rank order the health needs according to highest level of importance in the community. Among key stakeholder interviewees, access to care, housing and homelessness, mental health, chronic diseases and senior health were ranked as the top five priority needs in the service area.

The complete CHNA report and the prioritized health needs can be accessed at [www.memorialcare.org/about-us/community-benefit](http://www.memorialcare.org/about-us/community-benefit). We welcome feedback on the Community Health Needs Assessment. Please send your feedback to: [communitybenefit@memorialcare.org](mailto:communitybenefit@memorialcare.org).

## Addressing Priority Health Needs

In FY22, Orange Coast Medical Center engaged in activities and programs that addressed the priority health needs identified in the FY20-FY22 Implementation Strategy. OCMC has committed to community benefit efforts that address access to health care, preventive practices, chronic diseases, overweight and obesity, and mental health/substance use. Target populations for community benefit efforts are seniors and the Vietnamese community. Selected activities and programs that highlight the hospital's commitment to community health are detailed below.

### Access to Care/Preventive Care

Access to care is a key determinant of health that provides preventive measures and disease management, reducing the likelihood of hospitalizations and emergency room admissions. Routine 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

#### [Health Education and Awareness](#)

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 topics were presented on topics that included: advanced directives, emergency preparation, fall prevention and balance, emotional wellness, and senior health, among others.

#### [Vietnamese Community Outreach](#)

OCMC supported a Vietnamese Community Outreach Coordinator who organized and directed free community education, flu vaccine clinics and health screenings in the Vietnamese community. The hospital participated in a health fair held at Dieu Ngu Temple. The Coordinator also assisted with securing medical transportation for the elderly in the Vietnamese community. A flu vaccine clinic was conducted for the Vietnamese community.

OCMC offered a targeted health outreach program 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. The hospital also presented health education and prevention messages to the Vietnamese community through a variety of social media and newsletters. OCMC developed a [Vietnamese language website](#) to better serve Vietnamese speaking community members.

### Maternal/Child Health

Prenatal, childbirth and parenting classes were open to the public and assisted parents-to-be and provided advice, strategies, and tools for parents and families. Classes included baby care basics, breastfeeding, childbirth series, and infant CPR and safety (car seats, drowning prevention, choking, dog bites and safety in the home). Information on breastfeeding and childbirth was provided in Vietnamese. Maternal Child Health offered a 14-session breastfeeding class. In addition, the Mother Baby Café provided a virtual community breastfeeding support group. The group asked questions and gained support on topics from pregnancy to weaning.

### Community Outreach

Using local and regional publications, OCMC reached community residents with messages on disease prevention and healthy lifestyles. Through social media platforms, the hospital reached community residents with messages on health topics, trends and concerns.

### Support Services

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

- Transportation was provided to persons who could not easily access medical care and appointments.
- Assisted uninsured or underinsured persons with health insurance enrollment.
- 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 and transportation to people experiencing homelessness.

### COVID-19

OCMC provided communitywide communications on COVID-19 prevention, testing and vaccines. Vaccine clinics provided the COVID-19 vaccine and vaccine booster to community residents.

### Wellist

Health information and community resources were made available to the public through a web-based portal and phone line that connects to professionals available in over 200 languages.

### City of Fountain Valley Senior Mobility Program

The OCMC grant program provided funding for the City of Fountain Valley's Senior Mobility Program. The program provided transportation to medical appointments, the senior center, grocery stores, and personal care businesses seven days a week, 8 am to 7 pm, to seniors who live in Fountain Valley and are 60 years and older. Information on the available transportation services were translated into Vietnamese to increase access to services.

The transportation service provided:

- 216 rides to the Senior Center to attend the Grab and Go meal program
- 647 medical trips
- 688 shopping trips
- 372 trips for personal care

## **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**

### Senior Outreach Coordinator

OCCMC supported a Senior Outreach Coordinator who collaborated with local agencies and organizations to assist older adults in securing needed services. This included coordinating free medical transportation program for seniors, free health screenings, flu clinics, health education and disease prevention classes, socialization and enrichment events, and directly assisting seniors and their families, as needed.

### Health Education and Support Groups

Seniors received health education at the Huntington Beach, Newport Beach and Fountain Valley Senior Expo Health Fairs. Health and wellness education was available to the public on topics that included: back pain, healthy lungs, palliative care, stroke, cardiovascular health, cancer, cholesterol, sepsis, COVID, emotional wellness, colon cancer, emergency preparation, hepatitis, and fall prevention. Support groups for bereavement, cancer and Parkinson's disease provided resources, education and support to individuals, families and their caregivers. Education and social media posts focused on smoking cessation.

### Parkinson's Disease Support

Provided health education classes, support groups and special events that focused on Parkinson's disease. Offerings included disease support groups provided for individuals with movement disorders, early disease onset and for caregivers. In addition, Parkinson's classes included wellness recovery, exercise classes and LOUD Crowd (speech preservation) classes.

### Cancer Care

The Cancer Resource Center provided one-on-one counseling and phone counseling, free of charge. A podcast was available for persons with cancer. The Look Good Feel Better program

taught women beauty techniques to help them manage their appearance as they underwent cancer treatment. Additionally, community members received referrals, resources, blankets, hats and wigs through the Warm Wishes program. Support groups, free and open to the public, were provided for bereavement, cancer care, and women's cancer care.

### Screenings

The hospital provided free screenings and associated health information throughout the hospital service area, including:

- Blood pressure screening to African Americans in Irvine
- Clinical breast exams for Vietnamese women
- Skin cancer screening and colorectal screening
- Cardiac screening

### Vietnamese American Cancer Foundation Cancer (VACF) Navigation and Survivorship Program

The OCMC grant program provided funding for the Vietnamese American Cancer Foundation's Cancer Navigation and Survivorship Program. The program alleviated health disparities by addressing cultural, linguistic, and socioeconomic barriers the community faces using lay patient navigators. VACF increased cancer awareness for 993 individuals through seminars, webinars, group calls, and one-on-one calls. Also, 473 individuals received community resources navigation, screenings, public service referrals and linkages to care. Most program participants were low-income, Vietnamese speaking adults, ages 40-65, who were new immigrants.

### **Mental Health and Substance Use**

Positive mental health is associated with improved health outcomes. Indicators and contributors to poor mental health include poverty and low-levels of education. The need to access mental and substance use services was noted as a high a priority among community members.

### **Response to Need**

#### Behavioral Health Integration Program

MemorialCare health system recognized that both physical and mental health should be coordinated in primary care settings. As a result, the Behavioral Health Integration program was launched in 2018. The project has grown to include nine MemorialCare Medical Group Primary Care sites of care throughout our service areas. The primary care physicians are equipped to screen for mental health conditions and coordinate care options for patients with behavioral health needs. The program included:

- An embedded clinical social worker at each location
- Instant referral to needed services

- Access to a trained psychiatrist via Telehealth
- Tele-video visits to patients enrolled in the program
- Online patient self-management tools through SilverCloud

### [SilverCloud](#)

In response to the unprecedented need for mental health and mental wellbeing services during the pandemic, MemorialCare offered a free online resource to the entire community. SilverCloud is an on-demand, virtual mental health platform that offers digital behavioral health care via evidence-based content, programs and support. The online psychoeducational and therapeutic program aims to help manage anxiety, depression, stress and sleep. Using online programs, the platform is customizable and designed to meet a person's unique mental health goals. The program does not require a doctor's order, can be completed at any pace by participants and is accessible any time on smartphone, tablet and computer devices.

### [Be Well OC Mental Health and Wellness Campus](#)

MemorialCare partnered with Be Well OC to open a mental health and wellness campus in Orange. The 60,000 square foot state-of-the-art facility, which opened in January 2021, provides best-in-class mental health and substance use disorder services to all Orange County residents who are referred for care. The first of three planned campuses, the facility in Orange features a crisis stabilization center for mental health needs, and a recovery station for substance use disorders. Other services include withdrawal management, adult residential treatment, and an integrated support center.

### [Mental Health Awareness](#)

Outreach and education classes were presented to increase awareness of mental health issues and connect area residents with available resources.

### **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 a healthy body weight.

### **Response to Need**

#### [Boys & Girls Clubs of Huntington Valley Triple Play](#)

The OCMC grant program provided funding for the Boys & Girls Clubs Triple Play Program. This included 162 children participating in programming designed to address social determinants of

health for children at risk for mental health challenges and childhood obesity. Children were provided with healthy meals, nutrition education, and grocery store gift cards. In addition, children learned social competence skills and were provided a safe place to play outside in organized sports games for at least 30 minutes a day. The students were primarily, low-income with Spanish as the primary language spoken at home. Approximately 25% of participating youth were experiencing homelessness.

### 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.

### Health Education, Screenings and Outreach

Provided sessions to community residents that focused on disease prevention related to healthy eating and active living. Topics included cardiac care, cancer prevention and cholesterol awareness. Blood pressure, cancer, heart disease and blood sugar screenings were provided.

## Community Benefit Services Summary FY22

### Accomplishments in FY22 (July 1, 2021 to June 30, 2022)

Community benefit services promote health and healing and are focused on addressing the identified unmet health needs of the community. For a program or service to be considered a community benefit it must: improve access to health care; or enhance the health of the community; or advance medical or health care knowledge; or reduce the burden of government or other nonprofit community efforts. Due to COVID-19, some of our annually supported programs and events were postponed. Other programs were transferred from in person events to virtual meetings to allow for social distancing.

### Community Health Improvement Services

*Definition: activities carried out to improve community health, available to the public, which address a community need.*

### Community Health Education

- Health and wellness education reached 1,528 individuals on topics that included: back pain, healthy lungs, palliative care, stroke, cardiovascular health, cancer, cholesterol, sepsis, COVID, emotional wellness, colon cancer, emergency preparation, fall prevention, mental health, social gathering and hesitancy and advance care planning. Also provided were education sessions on various topics specifically focused on seniors.
- Childbirth, baby care, breastfeeding and infant CPR and safety classes were provided, free-of-charge, to 2,041 persons. Classes were conducted in English and Vietnamese.
- Support groups, free and open to the public, were provided for bereavement, postpartum women, and persons experiencing cancer.
- Educated the public on emergent issues through social media. Posts included Smoking Cessation, Mental Health Awareness, Heart Disease Prevention, the Importance of Breast Cancer Screening, and Colorectal and Skin Cancer Screenings.
- The Look Good Feel Better program taught 41 women beauty techniques to help them manage their appearance as they underwent cancer treatment.
- Hosted a [Vietnamese language website](#) to better serve Vietnamese speaking community members.
- Provided education and exercise classes focused on Parkinson's disease. Offerings included: disease support groups for individuals with movement disorders, early disease onset and for caregivers. In addition, Parkinson's classes included: wellness recovery, and loud crowd classes. 2,692 encounters were provided.

- 2,025 seniors received health education at the Huntington Beach, Newport Beach and Fountain Valley Senior Expo Health Fairs.
- 220 Vietnamese community members received health education at the Dieu Ngu Temple Health Fair.
- Offered a targeted health outreach program to the Vietnamese community on local radio and cable TV. Information on a variety of topics was presented weekly on local access channels. Radio listeners called-in with questions. It is estimated that there were over 830,000 encounters for these presentations.
- The *MemorialCare 55+ Program* newsletter was mailed to senior residents to notify them of free health classes, events, and lifestyles information. This information was also posted at [www.memorialcare.org](http://www.memorialcare.org).
- The *Care Connection* triannual newsletter was mailed to area residents to provide preventive care information and notify them of free classes, screenings, and support groups held at the hospital and in the community. The information was also posted at [www.memorialcare.org](http://www.memorialcare.org).
- In recognition of American Heart Month, offered complimentary cardiac screenings, including cholesterol and glucose, blood pressure and body composition testing for 25 people.
- Offered free blood pressure screenings and information to African American community members in Irvine.
- Provided free clinical breast exams for 42 Vietnamese women and discussed hepatitis B, and C as well as surgical treatments for liver and colorectal cancer for 80 Vietnamese community members.
- Provided skin cancer screenings and colorectal screening education to 101 individuals.

### **Community-Based Clinical Services**

- Provided over 16,000 COVID-19 vaccines to community members.
- Provided 130 flu vaccines for the Vietnamese community.
- Offered a breastfeeding clinic that assisted 288 women.
- The Cancer Resource Center provided one-on-one counseling to 63 persons, free of charge and provided resources via phone to 225 individuals.

### **Health Care Support Services**

- The Community Resource Center provided access to online health and wellness information, and printed health information.
- Social Workers provided 203 individuals with information, support and referrals to services.

- Infusion services, medications, recuperative care, durable medical equipment and home health services were provided to increase access to support services for vulnerable populations.
- 39 community members diagnosed with cancer received referrals, resources, blankets, hats and wigs through “The Warm Wishes program”. Also, 56 individuals undergoing cancer treatment received free wigs from the hospital’s wig bank.
- Port pillows were provided to 72 oncology patients.
- Persons with cancer received free wig fittings, resources, referrals, blankets, and hats.
- People experiencing homelessness were provided with clothing and transportation.
- Patient Financial Services assisted low-income individuals to enroll in health insurance programs, regardless of where they received care.
- The hospital provided 610 transportation rides, including Uber, bus passes, and cab rides for people to access health care services.
- The Senior Outreach Coordinator collaborated with local agencies and organizations to assist older adults in securing needed services. This included coordinating the free medical transportation program for seniors. 480 transports were provided.
- MemorialCare hosted the Wellist online platform that connected the public to health information and certified local resources, free of charge.
- SilverCloud was available as an online educational and therapeutic program to help manage anxiety, depression, stress, and trouble sleeping. Available in English and Spanish.

### **Health Professions Education**

*Definition: education programs for physicians, nurses, nursing students, and other health professionals.*

#### **Continuing Medical Education (CME)**

Sixteen CME lectures were offered throughout the year and were available to physicians and health care professionals in the community. There were 918 encounters by health professionals for these lectures.

#### **Nursing Education**

OCMC provided precepting for 16 nursing students and 5 nurses participated in an MSN Leadership Preceptorship. In addition, OCMC hosted educational presentations on oncology topics that reached 67 nurses.

#### **Other Health Professions**

OCMC provided clinical precepting for 32 health professions. Students were precepted and

performed their clinical hours and/or internship rotations for cardiopulmonary, cardiovascular technician, pharmacy, radiology, social work, sterile processing technician and surgical technician.

### **Cash and In-Kind Donations**

*Definition: funds and in-kind services donated to community groups and nonprofit organizations.*

#### **Cash Donations**

Funds were donated to nonprofit community groups and local organizations. The support of these organizations furthered the medical center's mission and addressed the community health needs identified through the CHNA.

#### **In-Kind Donations**

OCMC provided in-kind donations of shoes, clothing, blankets and hygiene kits for people experiencing homelessness. OCMC employees represented the hospital on community boards and collaboratives that focused on increased access to health and social services, improved safety, Vietnamese and senior health issues. Additionally, KN95 masks were donated to Ukraine.

#### **Grant Program**

In FY22, OCMC provided \$50,000 in 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:

- Boys & Girls Clubs of Huntington Valley
  - Triple Play Program
- City of Fountain Valley
  - Senior Transportation program
- Vietnamese American Cancer Foundation (VACF)
  - Cancer Navigation and Survivorship Program

### **Community Benefit Operations**

*Definition: direct and indirect costs associated with assigned staff, community health needs assessments, community benefit planning, tracking, reporting, evaluating and operations.*

In FY22, community benefit operations included:

- Community benefit staff salary, benefits and expenses
- Administrative support for community benefit
- Community benefit consultants

### **Community Building Activities**

Definition: *activities that support community assets by offering the expertise and resources of the hospital organization. These activities may address the root causes of health problems or the determinants of health, such as education, homelessness, poverty and the environment.*

### **Economic Development**

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

- Fountain Valley Chamber of Commerce
- Huntington Beach Chamber of Commerce
- Orange County Business Council

## Financial Summary of Community Benefit

The Orange Coast Medical Center financial summary of community benefit for FY22 (July 1, 2021 to June 30, 2022) 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 determined as part of the VHA Community Benefit package and are based on the Hospital's overall cost to charge ratio.

Community Benefit Categories	Net Benefit
Charity Care/Financial Assistance <sup>1</sup>	\$2,043,000
Unpaid Costs of Medi-Cal <sup>2</sup>	\$18,351,000
Education and Research <sup>3</sup>	\$939,000
Other for the Broader Community <sup>4</sup>	\$1,344,000
<b>Total Community Benefit Provided Excluding Unpaid Costs of Medicare</b>	<b>\$22,677,000</b>
Unpaid Costs of Medicare <sup>3</sup>	\$16,911,000
<b>Total Quantifiable Community Benefit</b>	<b>\$39,588,000</b>

<sup>1</sup> Financial Assistance includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient's financial situation. Financial Assistance or Charity Care does not include costs for patients who had commercial insurance but could not afford their out-of-pocket costs.

<sup>2</sup> Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospital is reimbursed.

<sup>3</sup> Costs related to the health professions education programs and medical research that the hospital sponsors.

<sup>4</sup> Includes non-billed programs such as community health education, screenings, support groups, support services, cash and in-kind donations and community benefit operations.

## Community Benefit Plan FY23

### Significant Needs the Hospital Intends to Address

The hospital convened the Community Benefit Oversight Committee in April 2022, to discuss and prioritize the significant health needs identified in the CHNA. The Community Benefit Oversight Committee applied the following criteria to the significant needs to determine the priority health needs the hospital will address in the Community Benefit Plan.

- Existing infrastructure: There are programs, systems, staff, and support resources in place to address the issue.
- Established relationships: There are established relationships with community partners to address the issue.
- Ongoing investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus area: Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission. The need was identified as a priority in the previous Implementation Strategy.

As a result of this prioritization process, OCMC intends to take actions to address the following health needs that were identified in the FY22 CHNA and detailed in the FY23-FY25 Implementation Strategy (Community Benefit Plan):

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

Using the lens of the social determinants of health and health equity, OCMC will provide attention to senior health, food insecurity as well as bringing community awareness to housing and homelessness as applied to these priority health needs.

### Access to Care

**Goal:** Increase access to programs that support prevention and health maintenance and decrease barriers to care for vulnerable populations.

### 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. Ensure the Senior Liaison works with local organizations to assist older adults in securing needed services and coordinates the free senior medical transportation program.
4. Provide low-income residents with low-cost or no-cost pharmacy assistance.
5. Provide grant funding and in-kind support to increase access to health care, including transportation support.
6. Work in collaboration with community agencies to address the health care needs of older adults.
7. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on health care access.

### **Behavioral Health (mental health and substance use and misuse)**

**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, community lectures, presentations and workshops focused on mental health and substance use topics.
3. Support multisector collaborative efforts to increase access to behavioral health services.
4. Provide grant funding and in-kind support to increase behavioral health awareness and access to behavioral health services.
5. Work in collaboration with community agencies to address the behavioral health care needs of older adults.
6. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on accessing behavioral health services.

### **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 for older adults, including screenings.
3. Provide support groups to assist those with chronic diseases and their families.

4. Provide public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic diseases.
5. Provide grant funding and in-kind support for chronic disease prevention and treatment.
6. Work in collaboration with community agencies to address chronic disease prevention and treatment among older adults.
7. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on chronic diseases.

### 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, 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 public health education in the media and community health awareness events to encourage healthy behaviors.
5. Provide grant funding and in-kind support to promote to promote healthy eating and physical activity.
6. Provide support for services to improve senior nutrition.
7. Work in collaboration with community agencies to address healthy eating and physical activity among older adults.
8. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on chronic diseases.

### Preventive Practices

**Goal:** Improve community health through preventive health practices.

#### Strategies

1. Provide free health screenings.
2. Provide vaccines in the community (COVID-19 and flu).
3. Provide education and resources focused on healthy living and disease prevention.
4. Provide public health education in the media and community health awareness events to encourage healthy behaviors and promote preventive health care.
5. Provide grant funding and in-kind support to increase/expand preventive health

services.

6. Work in collaboration with community agencies to provide preventive care services to older adults.
7. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on access to preventive practices.

### **Evaluation of Impact**

OCMC is committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Implementation Strategy. We have implemented a system for the collection and documentation of tracking measures, such as the number of people reached/served, and collaborative efforts to address health needs. In addition, through our grants program, we track and report program outcomes. 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**

Since OCMC cannot directly address all the health needs present in the community, we will concentrate on those health needs that can most effectively be addressed given our areas of focus and expertise. Taking existing hospital and community resources into consideration, OCMC will not directly address the remaining health need identified in the CHNA, which was economic insecurity.

## Contact Information

Orange Coast Medical Center

9920 Talbert Avenue

Fountain Valley, CA 92708

<https://www.memorialcare.org/locations/orange-coast-medical-center>

## Community Benefit Contact

Kristen L. Pugh, MPA

Vice President, Advocacy & Government Relations

MemorialCare Health System

[kpugh@memorialcare.org](mailto:kpugh@memorialcare.org)