MemorialCare™
Saddleback Medical Center



Annual Report and Plan for Community Benefit
MemorialCare Saddleback Medical Center
Fiscal Year 2026 (July 1, 2025 - June 30, 2026)
HCAI Hospital ID: 106301317

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

Contents

About Saddleback Medical Center 2

Mission and Values 4

Governance 4

Caring for our Community 6

Community Health Needs Assessment 9

Addressing Priority Health Needs 11

Financial Summary of Community Benefit 19

Community Benefit Plan FY27 20

- Significant Health Needs the Hospital Intends to Address 20
- Needs the Hospital Will Not Address 22

Contact Information 23

Appendix 1: Categorization of Community Benefit Programs 24

Appendix 2: Community Stakeholders 25

About Saddleback Medical Center

MemorialCare

MemorialCare is a nonprofit integrated health system with over 200 care locations, including four leading hospitals – Saddleback Medical Center, Long Beach Medical Center, Miller Children's & Women's Hospital, and Orange Coast Medical Center. MemorialCare includes award-winning medical groups, Select Health Plan, clinical institutes and research programs. In addition, the system has 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.

Saddleback Medical Center

Saddleback Medical Center (SMC) is a nonprofit hospital with 248-licensed beds. Located in Laguna Hills, Saddleback Medical Center has been caring for the southern Orange County community for more than 50 years. The hospital provides a wide range of services and innovative specialty programs through its Centers of Excellence, which include the MemorialCare Heart & Vascular Institute, the MemorialCare Cancer Institute, the MemorialCare Breast Center, the MemorialCare Joint Replacement Center, Spine Health Center, robotic-assisted surgery program and The Women's Hospital.

Awards

SMC is the recipient of the following awards and accolades:

- American Heart Association – July 2025
    - Get With The Guidelines®-Stroke Gold Plus with Target: Stroke Honor Roll Elite Plus with Target: Type 2 Diabetes Honor Roll
- California Maternal Quality Care Collaborative (CMQCC) - July 2025
    - MDC Superstar Award Medium Birth Volume Hospitals
- ASHE Energy to Care Sustained Performance Award – July 2025
    - Saddleback Cancer Institute
    - Saddleback Medical Office Tower
- Healthgrades
    - America's 250 Best Hospitals – January 2026
    - America's 100 Best Hospitals – October 2025
        - Gastrointestinal Care
        - Gastrointestinal Surgery
    - Excellence Awards - October 2025
        - Gastrointestinal Care
        - Gastrointestinal Surgery
        - Critical Care

    - Five-Star Awards – October 2025
        - Heart Failure
        - Heart Attack
        - Stroke
        - Chronic Obstructive Pulmonary Disease
        - Hip Fracture Treatment
        - Colorectal Surgeries
        - Treatment of GI Bleed
        - Treatment of Bowel Obstruction
        - Gallbladder Removal Surgery -
        - Respiratory Failure
        - Sepsis
        - Diabetic Hospitalizations -
    - Top Five in State – October 2025
        - #3 in California for Gastrointestinal Care
        - #5 in California for Gastrointestinal Surgery
    - Patient Safety Excellence Award
- Leapfrog Safety A Grade
    - Fall 2025
    - Spring 2026
- *Newsweek's* Best-in-State Hospitals – October 2025
- *OC Register's* Best of Orange County – September 2025
    - Voted No. 3 Best Hospital
- *OC Register's* Top Workplaces – December 2025
    - Ranked No. 18
- Vizient Birnbaum Quality & Accountability Leadership Award – September 2025
- Women's Choice Award – January 2026
    - Patient Safety
    - Heart Care
    - Stroke Care
    - Minimally Invasive Surgery
    - Obstetrics
    - Orthopedics
    - Knee and Hip Replacement

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 SMC CBOC include:

- Kim Branch-Stewart, Saddleback College
- Roneet Cooper, Saddleback Medical Center
- John Fay, MemorialCare Health System
- David Law, MD, Retired Physician
- Eric Nunez, Laguna Woods Village
- Kristen Pugh, MPA, MemorialCare Health System
- Donna Rane-Szostak, Community Member
- Jessica Reiter-Flax, San Clemente Village
- Kelli Ruiz, Saddleback Medical Center
- Suzie Swartz, Saddleback Valley Unified School District

Caring for our Community

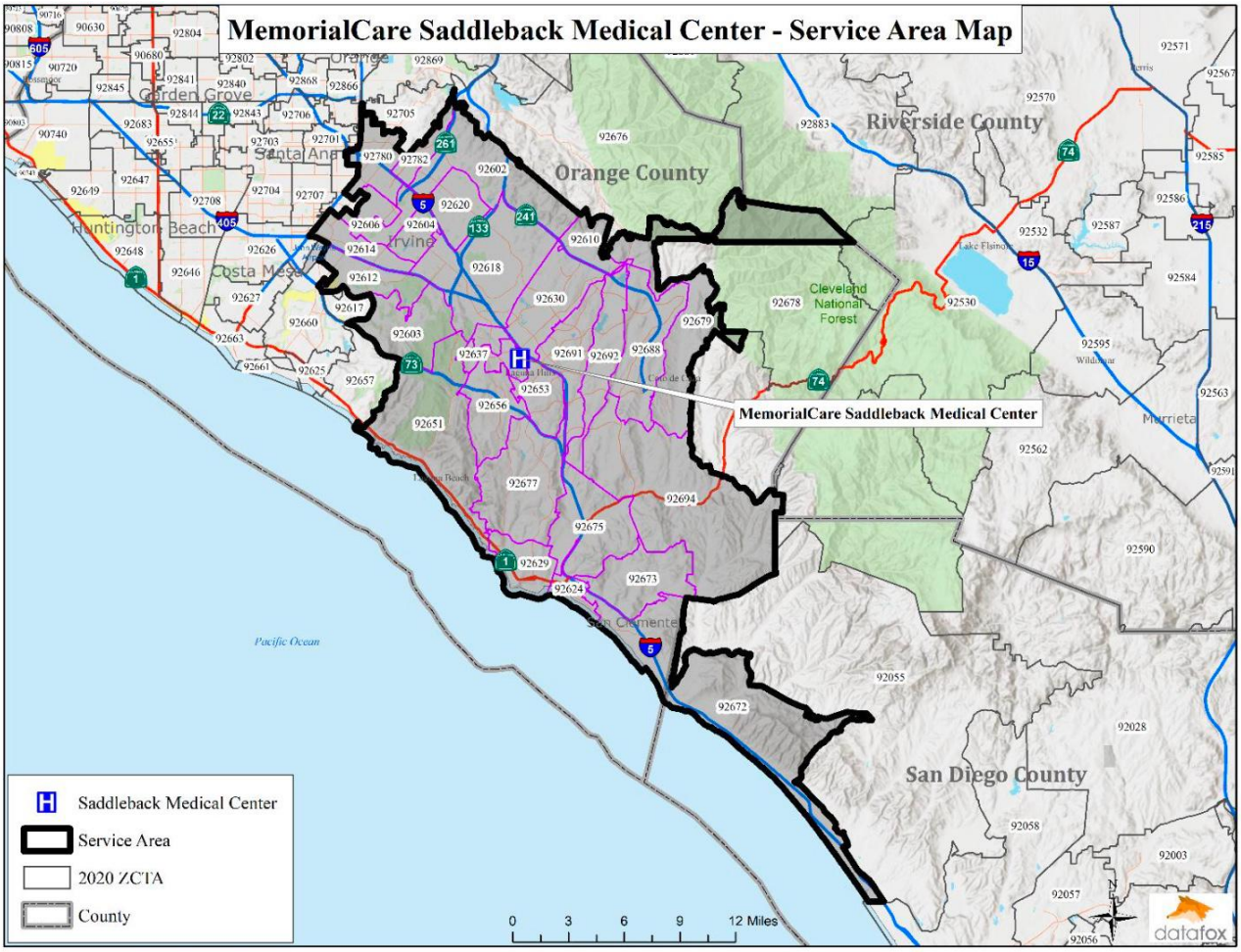
This report demonstrates tangible ways in which SMC fulfills its mission to improve the health and well-being of our community and provide extraordinary care. SMC provides financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services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

Service Area

SMC is located at 24451 Health Center Drive, Laguna Hills, in Orange County, California. The service area is in Orange County and includes 27 ZIP Codes, representing 17 cities or communities. Inpatient admissions were calculated over three years 2021-2023 (calendar years) and 85% of total inpatient ZIP Codes were used to determine the service area.

Saddleback Medical Center Service Area

Cities	ZIP Codes
Aliso Viejo	92656
Capistrano Beach	92624
Dana Point	92629
Foothill Ranch	92610
Irvine	92602, 92603, 92604, 92606, 92612, 92614, 92618, 92620
Ladera Ranch	92694
Laguna Beach	92651
Laguna Hills	92653
Laguna Niguel	92677
Laguna Woods	92637
Lake Forest	92630
Mission Viejo	92691, 92692
Rancho Santa Margarita	92688
San Clemente	92672, 92673
San Juan Capistrano	92675
Trabuco Canyon	92679
Tustin	92780, 92782



Community Snapshot

SMC conducted its most recent Community Health Needs Assessment (CHNA) in FY25. The population of the SMC service area is 978,615[1]. Children and youth make up 21.5% of service area population, 62.3% are adults, and 16.2% are seniors, ages 65 and older[2]. The service area has a higher percentage of seniors than found in the county (15.4%) and the state (14.9%). More than half of the population are White residents (51.7%). At 22.5% of the population, non-Latino Asian residents are the second largest race and ethnic group in the service area. Latino or Hispanic residents make up 18.4% of the population in the service area. Black or African American residents are 1.6% of the population. The remaining races and ethnicities comprise 5.8% of the service area population[3]. In the service area, 65% of residents speak English only in the home. Spanish is spoken in 11.3% of the homes in the service area. An Asian or Pacific Islander language is spoken in 14.3% of service area homes. 8% of residents in the service area speak an Indo-European

[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.

language in the home[4].

In the SMC service area, 5.4% of adults have not graduated high school. 65% of the population in the service area has graduated college, higher than the rate for the county (50.3%) and the state (43.9%)[5]. Among service area residents, 95.6% of the population have health insurance[6].

Vulnerable Populations

- In the service area, 11.8% of the population, ages five and older, speaks English "less than very well" and are considered linguistically isolated.[7]
- Among area residents, 8% are at or below 100% of the federal poverty level (FPL) and 16.7% are at 200% of FPL or below (low-income).[8]
- In the service area, 7.4% of children. 8.1% of seniors, and 20.6% 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 Orange County adults, 2.8% identify as gay, lesbian, or homosexual. 4.5% identify as bisexual[12]. 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.[13]
- Among the service area civilian population, 4.1% are veterans.[14]
- Among adults in the service area, 8.2% 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 SMC service area ZIP Codes have an HPI score for clean environment of 45.6%.[16]

[4] U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov/
[5] Ibid.
[6] Source: 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] California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. http://ask.chis.ucla.edu/
[13] California Health Interview Survey, 2019-2022 or ±2019-2023 combined. http://ask.chis.ucla.edu/
[14] U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov
[15] Ibid
[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.

SMC conducted targeted interviews to gather information and opinions from people who represent the broad interests of the community served by the hospital. Thirty-one (31) 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.

SMC 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 46 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, chronic disease, economic insecurity, and housing and homelessness ranked as the top five priority needs in the service area. Among community respondent surveys, access to health care, chronic disease, mental health, senior health, and housing and homelessness 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), SMC'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, SMC will focus its efforts on improving access to health care, addressing behavioral health needs, reducing the burden of chronic diseases, and promoting preventive practices with focus on senior care. 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, SMC engaged in activities and programs that addressed the priority health needs identified in the FY26-FY28 Implementation Strategy. SMC has committed to community benefit efforts that address access to health care, behavioral health (mental health and substance use), chronic diseases, and preventive care with a focus on older adults, the social drivers of health, and health equity. Selected activities and programs highlighting the hospital's commitment to the community 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

Camino Health Center

The SMC community benefit grant program supported Camino Health Center's Post-Hospital Outreach and Care Coordination Program, which improved transitions of care for patients discharged from hospitals and emergency departments by connecting them to timely primary care, Enhanced Care Management (ECM), and community-based support services. Care coordinators contacted discharged patients, scheduled follow-up visits, assessed social needs, and coordinated referrals to specialty care and community resources.

The program consistently connected 259 high-need patients to a medical home or ECM services. Patients enrolled in ECM received intensive support from community health workers and case managers who coordinated medical care while addressing barriers such as housing instability, transportation, food insecurity, and behavioral health needs. This integrated model reduced unnecessary emergency department utilization, strengthened continuity of care, and established relationships with primary care providers.

Financial Assistance

The Patient Financial Assistance Program was 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

SMC provided support and services for community residents by removing barriers to care and improving 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, open enrollment, advance directives, technology in health care, screenings and preventive care, flu prevention, maternal health, women's health, and brain health. Over 644,200 encounters occurred.

Newsletters

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 by the hospital. Newsletters were mailed to households, and the information was also posted on the website at https://www.memorialcare.org/blog. In FY26, *CareConnection* reached 1,860,203 community members.

Parent Education

Expectant parents were provided with education, advice, strategies, and tools through prenatal, childbirth and parenting classes, and 7,429 community encounters were provided. Topics included healthy pregnancy, childbirth, maternal support, childcare, and breastfeeding support. A postpartum support group provided 212 encounters. Breastfeeding support was provided by lactation experts through phone consultations for 4,510 encounters.

Social media postings, blogs, podcasts, and informational articles were presented on topics that included maternal health, breastfeeding resources, what to expect when pregnant, ask a midwife, and vaccinations reached 388,928 people.

Social Work Care Management

High-risk seniors were supported by a Licensed Clinical Social Worker. The Social Worker provided needed care management, supplies, and home care services based on an individualized discharge care plan for patients leaving hospital.

Social Drivers of Health Screening

SMC 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.

The Compassionate Care Program

The hospital offered services to increase access to care and support preventive health care. The Compassionate Care program provided home health medications, housing support, skilled nursing care, home health care, recuperative care and/or transportation for 80 community members. The Compassionate Care program also provided prescriptions to patients who could not afford the cost of the medication prior to discharge so they would be able to leave the hospital with their prescriptions.

FY26-FY28 Priority Health Need: Behavioral Health (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 and substance use issues and connected area residents with available resources. A bereavement support group offered 40 sessions and provided 321 encounters. An annual bereavement event reached 51 people.

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 is included in all the 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

Norooz Clinic Foundation

The SMC community benefit grant program funded accessible, high-quality mental health services and therapy for adults and children in Tustin, Irvine and Mission Viejo. Throughout the grant period, Norooz Clinic Foundation successfully implemented the Affordable Therapy for All program expanded access to affordable mental health care. Free and subsidized therapy and psychological testing services were provided to low- and no-income individuals, totaling 338 individual therapy, couples therapy, and psychological assessment sessions.

Norooz Clinic Foundation launched the "Prevention is Power" suicide prevention campaign, developing a free Suicide Prevention Toolkit in five languages to increase access to culturally responsive mental health resources. They also hosted four community suicide prevention webinars and launched a free weekly Persian Support Group in response to the needs of the Iranian community. In addition, they participated in and hosted 101 community outreach events, providing mental health education, reducing stigma, and increasing awareness of affordable, culturally responsive therapy and other behavioral health resources throughout Orange County. Additionally, they launched a Spanish-speaking support group.

Finally, they supervised 14 graduate-level behavioral health interns and provided 233 hours of clinical supervision. The project provided structured clinical training, supervision, and hands-on experience while increasing the availability of free, subsidized, and sliding-scale therapy for individuals and families facing financial barriers to mental health care.

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 causes of premature adult deaths. The hospital serves a community with a high percentage of seniors who suffer from dementia and Alzheimer's disease.

Response to Need

Health Education, Resources and Community Outreach

SMC provided health education classes, social media posts, blogs, podcasts, and articles in regional publications that focused on chronic disease prevention, management, and treatment. Over 390,000 community members were reached with presentations and information on cancer, early detection, breast self-exam, osteoporosis, nutrition, diabetes, heart disease, stroke, Alzheimer's disease, and other disease-related topics.

The Foundation of Laguna Woods Village

The SMC community benefit grant program provided funding to provide nine residents with hearing aids, to address hearing loss. Hearing loss can contribute to isolation and loneliness, limit one's ability to communicate, and restrict access to health care and other information. This grant helped restore the gift of hearing to economically at-risk residents in Laguna Woods Village.

San Clemente Village

The SMC community benefit grant program provided funding to San Clemente Village, an organization that offers programs and services that support seniors aging in place. San Clemente Village assisted 27 seniors and provided them with transportation to access health care

appointments and access to grocery stores or food pantries. This contributed to their overall health and wellbeing through socialization, as well as improved access to health care and basic needs.

Senior Programs

SMC provided a Senior Care advocate who supported senior adults in the community. Senior-focused activities included:

- The Laguna Woods Village Health Expo and San Clemente Galleria presentations provided 60 seniors with health information and resources.
- Balance classes engaged 159 seniors.
- Take Charge of Your Heart classes reached 96 community members.
- Education materials on brain health, brain games, end-of-life choices, Medicare coverage, and heat in older adults reached 1,123 seniors.

Support Groups and Counseling Services

Families, patients, and caregivers participated in both bereavement and cancer support groups, which resulted in 594 encounters. Some cancer support groups were offered in Spanish. In addition, 158 individuals were provided with oncology counseling and therapy sessions.

Other Community Benefit Services

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

Health Professions Education

Nursing Education

SMC provided precepting for 336 nursing students.

HELP Program

HELP is an evidence-based, innovative model of hospital care designed to prevent delirium and functional decline among patients. There were 356 nursing students trained in the HELP program to provide targeted interventions, which are Daily Visitation, Mealtime Assistance, Therapeutic Activities, Sleep Promotion, and Early Mobilization.

Other Health Professions Education

SMC staff provided precepting for 135 health professionals. Students were educated and performed their clinical hours and/or internship rotations in the following clinical areas:

- Certified Nursing Assistant
- Cardiovascular Technician
- Imaging
- Lab/Pathology
- Paramedic/Emergency Medical Technicians
- Physician Assistant
- Rehab Services (OT, ST, PT)
- Respiratory Therapy
- Sonographer
- Sterile Processing

Cash and In-Kind Donations

Cash Donations

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

In-Kind Donations

- SMC donated Personal Protective Equipment (PPE) to organizations in need.
- SMC employees represented the hospital on community boards and collaboratives that

focused on increased access to health and social services, and improved safety.

Community Benefit Grant Program

In FY26, SMC 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:

- Camino Health Center
    - The Post-Hospital Outreach and Care Coordination Program, improved transitions of care for 259 high-need patients discharged from hospitals and emergency departments by connecting them to timely primary care, Enhanced Care Management (ECM), and community-based support services.
- Norooz Clinic
    - Provided free and subsidized therapy and psychological testing services were provided to low- and no-income individuals, totaling 338 individual therapy, couples therapy, and psychological assessment sessions.
    - Launched the "Prevention is Power" suicide prevention campaign, developing a free Suicide Prevention Toolkit in five languages to increase access to culturally responsive mental health resources.
    - The clinic team attended and hosted 101 different events.
    - Started a Spanish-speaking support group.
    - Supervised 14 graduate level clinical interns. They completed 233 clinical supervision hours.
- San Clemente Village
    - Funded 27 senior memberships to support aging in place, including transportation to medical appointments and grocery stores, as well as educational programming, home safety risk assessments, computer assistance and home maintenance.
- The Foundation of Laguna Woods Village
    - Provided hearing aids to nine residents to address hearing loss and loneliness.

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

SMC staff participated in community coalitions to improve economic stability.

Community Support

SMC participated in a number of community-based committees and events focused on disaster preparedness in area cities and Orange County.

Economic Development

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

Workforce Development

Project A – Pulse®, the Medical Magnet Program at J Serra High School, offers students considering a career in a medical field, a four-year course of studies as well as clinical knowledge provided by practitioners. In FY26, 24 students participated in the student rotation at SMC. Additionally, 18 students from J Serra High School participated in the High School Career Experience at SMC.

Financial Summary of Community Benefit

SMC'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 SMC'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	$2,811,830	$0	$2,811,830
Medi-Cal Shortfall	$17,938,518	$0	$17,938,518
Other Means-Tested Government Programs (Indigent Care)	$0	$0	$0
Sum Financial Assistance and Means-Tested Government Programs	$20,750,348	$0	$20,750,348
Other Benefits			
Community Health Improvement Services	$926,159	$0	$926,159
Community Benefit Operations	$0	$46,805	$46,805
Health Professions Education	$0	$5,831,170	$5,831,170
Subsidized Health Services	$0	$0	$0
Research	$0	$0	$0
Cash and In-Kind Contributions	$110,153	$0	$110,153
Other Community Benefit	$0	$58,688	$58,688
Total Other Benefits	$1,036,312	$5,936,663	$6,972,975
Community Benefit Spending			
Total Community Benefit*	$21,786,660	$5,936,663	$27,723,323
Medicare (non-IRS)	$18,731,905	$0	$18,731,905
Total Community Benefit with Medicare	$40,518,565	$5,936,663	$46,455,228

*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

SMC 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
- 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. Provide social work management, supplies, and home care services for high-risk seniors.
6. Provide grant funding and in-kind support to increase access to health care.
7. Work in collaboration with community agencies to address the health care needs of older adults.
8. 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 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 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 Impact

Through the CHNA process, community stakeholders provided input on the community 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.

SMC 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 health needs. An evaluation of the impact of SMC's actions to address these significant health needs will be reported in the next scheduled CHNA.

Needs the Hospital Will Not Address

SMC 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, and preventive practices with a focus on senior care. 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, SMC will not address the remaining health need identified in the CHNA, which was overweight and obesity.

Contact Information

Saddleback Medical Center
24451 Health Center Drive
Laguna Hills, California 92653

Web Address
www.memorialcare.org/locations/saddleback-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
Advanced care planning
Baby Care Basics, childbirth classes, parenting
Behavioral Health Integration program
Behavioral health outreach, education and resources
Bereavement support group
Brain health, post stroke support groups, and education
Breast health, education and resources
Breastfeeding classes, support groups and consultation
Cancer screening, support groups, counseling and therapy sessions
Cardiovascular health information and resources
Caregiver support and education
Cash and in-kind donations to organizations serving vulnerable populations and improving community health
Chronic disease treatment and management education and resources
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 fairs, health education, preventive care, and healthy living
Maternal and infant health, and postpartum support group
Recuperative care, home health medications, skilled nursing care, and prescriptions prior to discharge
Safety and injury prevention, senior balance classes
Senior Care Advocate
Senior health education and outreach
Social drivers of health screening and referrals
Social work referrals and counseling
Support groups
Vietnamese community education and outreach
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: Certified Nursing Assistant, cardiovascular technician, imaging, lab/pathology, paramedic/Emergency Medical Technicians, pharmacy assistant, physician assistant, rehab services (OT, ST, PT), respiratory therapy, sonographer, sterile processing
HELP program training for nursing students
Nonquantifiable Benefits
Coalition Building
Community Support
Economic Development
Workforce 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, EdD	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