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# Hoag Memorial Hospital Presbyterian Community Benefit Report 2025

January 1st, 2025 — December 31st, 2025

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California Department of Health Care Access and Information (HCAI)

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[www.hoag.org](http://www.hoag.org)

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# Table Of Contents

## Executive Summary

### Chapter I: History and Community Benefit Structure

Introduction	1
History	2
Mission, Vision, and Core Values	3
Community Benefit Impact Overview	4
Department of Community Health	6
Community Benefit	7
Community Health Committee	8

### Chapter II: Community Health Needs Assessment 2025

Overview	9
Methodology	11
Priority Health Issues	16
Implementation Strategy 2023-2025	19

### Chapter III: Community Health Programs Housed at the Melinda Hoag Smith Center for Healthy Living (MHSCHL)

Overview	23
Mental Health	24
Case Management & Outreach	27
MHSCHL Nonprofit Partner Organizations	29
Grants Program	32
Community Nurse Navigation Program	33
Project Wipeout	34

### Appendices

Appendix A Hoag Hospital Charity and Discount Policy	36
Appendix B Hoag Hospital Quantifiable Community Benefit for CY2025	52
Appendix C Hoag Hospital Community Benefit Expenditures by Program	53

# Executive Summary

The Community Health department at Hoag Memorial Hospital Presbyterian was established in 1996. Since its inception the program has focused on two principal strategies:

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

The Department of Community Health spearheads the organizations' efforts in the community, providing several flourishing outreach programs. The department functions with the same vision of promoting population-based health efforts. Housed within the Melinda Hoag Smith Center for Healthy Living (MHSCHL), the department focuses its efforts on improving health and well-being by providing services to the vulnerable and at-risk surrounding community. Programs include mental health services, case management and outreach, community nurse navigation, professional training and development, health education and wellness programs, community-based program grants, and many more programs and services through our collaborative partnerships. In addition to these services, many other Hoag departments also provide community health services including education and support groups which are free/and or low cost to the community.

Hoag provides uncompensated care (charity) to patients who are unable to pay for the full cost of their care. These expenditures amounted to approximately \$5.5 million during CY 2025 (January 1, 2025 through December 31, 2025). Hoag's charity care and self-pay discount policy states that self-pay and uninsured patients who are unable to pay for the full cost of their care may qualify for charity or discounts on a sliding scale for incomes up to 400% of the federal poverty level.

Total quantifiable Community Benefit expenditures (excluding Medicare Cost of Unreimbursed Care) for CY2025 amounted to over \$92 million.

This report provides detailed descriptions of Hoag's Community Benefit programs and services and includes quantifiable data for expenditures by programs during CY 2025.

# Chapter 1: History & Community Benefit Structure:

## Introduction

The Hoag Memorial Hospital Presbyterian Community Benefit Program was formalized in 1996 and has grown significantly since that time. We have served over 100 nonprofit community organizations in a variety of health and social service categories. We continue to emphasize the development of sustained collaborative relationships and the provision of unduplicated services to disadvantaged residents in our community as core elements of the program.

Hoag's nonprofit regional health care delivery network consists of two acute-care hospitals – Hoag Hospital Newport Beach, which opened in 1952, and Hoag Hospital Irvine, which opened in 2010 – in addition to 17 urgent care centers and 13 health and wellness centers and has delivered a level of personalized care that is unsurpassed among Orange County's health care providers. Renowned for its excellence, specialized health care services and exceptional physicians and staff, Hoag is admired as one of California's leading hospitals. It is one of the county's largest employers with approximately 9,000 employees and 1,500 volunteers. Hoag's network of more than 1,700 physicians represents 52 different specialties.

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

To further Hoag's commitment to provide comprehensive care to the communities we serve, Hoag Medical Group was established in 2012 with the core values of excellence, innovation, and compassion. The physician group comprises specialists and subspecialists in internal medicine, family medicine, pediatrics, geriatrics, acupuncture, neuromusculoskeletal, endocrinology, genetics, rheumatology, diabetes, allergy & immunology, and HIV medicine.

Hoag was once again the highest ranked hospital in Orange County in the 2025-2026 *U.S. News & World Report*. This marks the ninth consecutive year that Hoag has achieved this level of recognition. The organization was ranked the #4 hospital in the Los Angeles Metro Area and the #9 hospital in California. Additionally, Hoag was ranked #29 nationally in Orthopedics. Additional rankings included high performing (top 10%) in five adult specialties, including Gastroenterology & GI Surgery; Geriatrics; Neurology & Neurosurgery; Pulmonary & Lung Surgery; and Urology, as well as high performing in 20 common adult procedures and conditions.

# History

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

The George Hoag Family Foundation and the Association of Presbyterian Members represent the two founding organizations of the hospital and continue to provide leadership, ensuring Hoag remains a beacon of excellence in Orange County healthcare.

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

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

# Mission, Vision, and Core Values

## **Hoag's Mission**

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

## **Vision Statement**

Hoag is a trusted and nationally recognized health care leader

## **Core Values**

Excellence

Respect

Integrity

Patient Centeredness

Community Benefit

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

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

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

### ***People***

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

### ***Physician Partnerships***

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

### ***Strategic Growth***

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

### ***Financial Stewardship***

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

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

Improve the health of vulnerable populations in Orange County.

# Community Benefit Impact Overview

hoag<sup>®</sup>

## 2025 Impact Report



**4,716**

Total hours of one-on-one therapy provided to **549** clients



**1,624**

Participants in Mental Health Community Workshops & Groups



**4,124**

Case Management Appointments



**2,324**

Walk-in Encounters



**8,975**

Door to Door Promotores Outreach Contacts



**867**

One-on-One Nurse Navigation Sessions provided



**2,104**

Participants in health education classes & groups



**13,144**

Individuals Participated in Wellness Classes



**827**

Individuals received professional development training



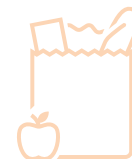
**707**

Individuals utilized the Farsi service-line



**130,470**

Diapers Distributed to **1,515** Households



**6,131**

Individuals Received Food Assistance



## 2025 Partner Highlights



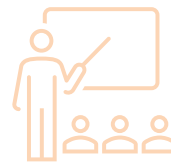
**164**

Individuals received health benefits enrollment assistance through **CHIOC**



**321**

Individuals Received Legal Assistance through **Public Law Center**



**970**

Financial coaching appointments through **United Way-SparkPoint OC**



**112**

Children received car seats through **Clinic in the Park**



**\$79,989**

Emergency Housing/ Rental Assistance provided to 31 families through **Families Forward & Share Ourselves**



**\$74,233**

Saved by 50 individuals through financial coaching program through **United Way**



**108**

Individuals participated in children's health classes through **PODER**



**2,101**

Children participated in after-school education through **Girls Inc.**



**105**

Individuals Received **CPR** Certifications



**\$108,779**

Total debt reduction by 50 individuals through financial coaching program through **United Way**



**331**

Individuals participated in parenting development classes through **MOMs OC**



**211**

Encounters with a housing navigator through **Families Forward**

# Department of Community Health

Hoag's mission as a nonprofit, faith-based hospital is to provide the highest quality health care services to the communities we serve. The Department of Community Health was established in 1995, to focus on two principal strategies:

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

The Department of Community Health is responsible for the coordination of Hoag's Community Benefit Program and provides programs and services to improve the health of vulnerable populations. Community Benefit is embedded into the foundation of the hospital's guiding principles as one of Hoag's Core Values. Since its founding, the hospital has welded a strong commitment to the community that it serves, including the provision of services for those who constitute a more vulnerable, at-risk population.

Housed within the Melinda Hoag Smith Center for Healthy Living (MHSCHL), the department focuses its efforts on improving the health of the community. The direct services and programs to the community include: mental health services; case management and outreach; community nurse navigation and health coaching; health education and wellness programs; community-based program grants, and more through collaborative partnerships with nonprofit partner organizations.

Charity care/Financial Assistance Program (FAP) is an integral component of the benefit that Hoag provides to the community. The current hospital Charity Care and Self Pay Discount Policy provides assistance on a sliding scale for uninsured and self-pay patients with family incomes up to 400% of the Federal Poverty Level. The current Charity Care and Self-Pay Discount Policy is provided in Appendix A. Appendix B provides a summary of the quantifiable Community Benefit provided by Hoag in CY 2025 (January 1, 2025, to December 31, 2025). Appendix C provides a detailed breakdown of the Community Benefit expenditures by program.

Hoag's Community Health programs often serve as the "safety net to the safety net", filling gaps in services and resources to prevent any individual or family from falling through the cracks during a time of need. Hoag's commitment to serving the underserved and vulnerable populations highlights Hoag's investment in the community.

# Community Benefit

## Requirements

Nonprofit hospital organizations are subject to a number of regulations to maintain their tax-exempt status. These include the following requirements:

### **1969 IRS Ruling 69-45:**

- 1) Operation of an emergency room open to all
- 2) A governance board composed of community members
- 3) Use of surplus revenue for facilities improvement, patient care, medical training, education, and research
- 4) Inpatient hospital care for all persons in the community, including those covered by Medicare and Medicaid
- 5) An open medical staff policy

### **IRS Form 990 Schedule H:**

- an annual report of community benefit activities in:
- 1) Charity Care
  - 2) Bad Debt
  - 3) Unreimbursed Cost of Governance Programs
  - 4) Other activities that Benefit the Community

### **Affordable Care Act:**

- 1) Conduct a community health needs assessment (CHNA) every three years
- 2) Develop and adopt an implementation strategy to address the needs
- 3) Establish a written financial assistance policy (FAP) to describe who is eligible for charity care and how to apply
- 4) Cap charges to patients eligible for charity care
- 5) Make reasonable efforts to determine if a patient is eligible for charity care prior to billing/collections

### **SB 697:** Community Benefit legislation in California

- 1) Conduct a community needs assessment every three years
- 2) Develop a community benefit plan in consultation with the community
- 3) Submit a Community Benefit report to California's Department of Health Care Access and Information (HCAI) annually

Community Benefits are hospital funded programs or activities that:

- Relieve/reduce government burden
- Improve access to health services
- Advance health knowledge
- Respond to an identified community need, placing particular focus on issues facing the underserved populations

# Community Health Committee

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

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

The CHC ensures that Community Benefit activities are:

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

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

## ***Service Objectives***

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

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

# Chapter II: Community Health Needs Assessment 2025

## Overview

Hoag conducts a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax-exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years. The 2025 CHNA was completed for the 3-year period 2026-2028. 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 and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

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

Both the CHNA Report and the Implementation Strategy (IS) for Hoag Memorial Hospital Presbyterian are publicly available at: <https://www.hoag.org/reports/>.

## Community Served

Hoag is a health care system that serves Orange County and beyond, seeing patients from all 34 cities in calendar year 2024. As part of this CHNA, Charitable Ventures has created a series of interactive maps that depict critical information about the population of the service area and the demographics of Hoag patients. Metrics on these maps include race/ethnicity, insurance status, household size, income, education, and food insecurity of all residents, as well as the age, gender, language, race/ethnicity of Emergency Room patients and the reason for their visit. These maps can be accessed here. While Hoag is committed to serving all, there are areas of the County in which Hoag serves more patients, largely due to proximity and long existing usage patterns. In 2024, there were 148,413 visits to Hoag's two emergency rooms, representing 100,065 patients. Approximately 60% of these visits come from one of four cities: Irvine, Costa Mesa, Huntington Beach, or Newport Beach. 75% were from the top ten cities. 89% of visits come from Orange County. The chart below shows the top ten cities for Emergency Room visits, and unique patients.

City	Unique Patients	%	Total Visits	%
Irvine	23,804	24%	34,885	24%
Costa Mesa	13,653	14%	21,766	15%
Huntington Beach	11,588	12%	17,672	12%
Newport Beach	10,068	10%	16,091	11%
Santa Ana	4,473	4%	6,584	4%
Tustin	2,985	3%	4,382	3%
Lake Forest	2,034	2%	2,869	2%
Anaheim	1,749	2%	2,589	2%
Fountain Valley	1,459	1%	2,319	2%
Mission Viejo	1,403	1%	1,996	1%

**Patients Serviced by Hoag Memorial Hospital Presbyterian**

**Figure 2: Hoag Hospital Service Area Map**



**Table 4: Demographic Overview of Hoag Service Areas**

	Race / Ethnicity			Avg Household Size	High School Diploma or Higher	Median Household Income
	Asian	Hispanic	White			
Irvine Service Area	36%	19%	41%	2.62	95%	\$121,628
Newport Beach Service Area	15%	22%	60%	2.45	94%	\$122,356
South County Service Area	10%	21%	66%	2.65	95%	\$146,176
Secondary Service Area (Remainder of OC)	25%	47%	31%	3.17	83%	\$101,411
Orange County Total	23%	35%	41%	2.86	88%	\$112,794

# Methodology

Charitable Ventures (CV) designed a methodological approach to this Community Health Needs Assessment (CHNA) based on four pillars:

- 1.The statutory requirements for CHNAs as laid out in the Affordable Care Act and SB 697;
- 2.Best practices around conducting CHNAs, as and other responsive community-based research;
- 3.CV's own experience from having done CHNAs for a dozen hospitals in the past and substantial community outreach and assessment; and
- 4.The goals and focus areas of Hoag Hospital.

The result was a comprehensive approach to this needs assessment, based on proven methodologies that were customized and responsive to the uniqueness of Orange County and Hoag's community.

Our work on this CHNA uses a grounded, mixed methods approach, framed within the social ecological model and an understanding that health and well-being for an individual takes place within a much larger framework and that external and internal forces impact health and wellbeing. Within this understanding, the study engaged with individuals themselves, including those who are within the community as well as community and systems representatives. The focus of this study is to identify what is happening within the community and opportunities for Hoag to effect positive changes to benefit the health and wellness of its service area's residents.

In keeping with the methodological framework Charitable Ventures did not start with a specific theoretical model, but was informed by several models, including:

- Social Cognitive Theory,
- Stages of Change (readiness to act)/Transtheoretical Model,
- Health Belief Model,
- Theory of Planned Behavior and,
- Social Determinants of Health.

Drawing on all these theories allows better understanding of individual factors, social and environmental influences, and the impacts of policies and systems, leading to a complete picture of needs in the community.

## Quantitative Analysis

As an initial phase in the needs assessment process, Charitable Ventures conducted quantitative analysis to identify community needs at the county, service area, and community levels, using Census and hospital emergency room utilization data. By leveraging Census data, demographic patterns such as age, income levels, household composition, and racial/ethnic distributions were identified across multiple geographic levels. Whenever possible, the analysis went down to the city, zip code, or census tract level. Hospital emergency room utilization data were provided by Hoag and analyzed by CV for differences with national standards or across service areas and zip codes. This analysis provided insight into patterns of healthcare utilization, and highlighted areas with high incidences of preventable visits and proxy indicators of unmet health needs or barriers to care. In turn, these data informed decisions on which micro communities (such as language, ethnicities, and geographic areas) to target for the focus groups. This data is presented in detail on the interactive maps [here](#).

In addition to the analysis of Census and Hoag emergency room utilization data, Charitable Ventures conducted a literature review of recent needs assessments, strategic plans, and community reports to better understand the health needs of Orange County. These included Hoag’s previous CHNA, other regional hospitals’ CHNAs, the County’s Community Health Improvement Plan, the 2025 Conditions of Children Report, the 2024-2025 Orange County Community Indicators Report, the California Health Interview Survey, and numerous other sources, which are listed in the appendix.

## **Key Informant Interviews**

To gain expert perspectives on the health challenges and the resources available within the community to address those health challenges, five key informant interviews were conducted. These interviews included professionals from diverse sectors, ensuring a multifaceted understanding of community health dynamics. The interviews were all conducted by a single expert interviewer to ensure consistency. Charitable Ventures, with the collaboration of Hoag staff, developed an interview protocol, but the interviewer was free to explore other topics as the interview naturally evolved.

The interviewee list was created by Hoag and Charitable Ventures, and includes the following roles:

- Executive Director, Medi-Cal/CalAIM, CalOptima
- Chief of Health and Wellness, City of Irvine
- Chief Medical Officer, Orange County Health Care Agency
- Assistant Deputy Director, Behavioral Health Services, Orange County Health Care Agency
- Medical Director, Orange County Social Services Agency

## **Focus Groups**

In addition to interviews with experts, ten focus groups were conducted between April and June 2025 throughout the county to capture the voices and perspectives of a broad swath of stakeholders and community members. Participants were made up of community members, Hoag medical providers, and nonprofit leadership. For the community focus groups, participants were recruited to ensure participation of members of medically underserved, low-income, and minority populations in the community served by the hospital facility. Demographic information about the participants is provided on page 26. The nonprofit participants are listed in the appendix, and all represent and serve low-income, medically underserved, and/or minority populations in the Hoag service area. The groups also included health care consumers and consumer advocates, local government officials, health care providers and community health centers, and health insurance and managed care organizations, and many other areas of expertise. These focus groups provided valuable grassroots-level insights and allowed for the identification of trends across different demographics and sectors, while addressing statutory requirements of the CHNA process.

Focus group conversations were productive, insightful, and passionate, while remaining very respectful. In all the focus groups, the attendees seemed to understand the purpose of the session. The health care and nonprofit providers brought a broad mindset to the focus groups and were able to both discuss their own perspectives and those of their constituencies, clients, and/or patients. While many nonprofit providers were more focused on their area of expertise, no one provider dominated the conversation. In part due to the

facilitation framework and the work of the facilitator, the discussion moved quickly between topics and focus areas, preventing excessive focus on any one issue. Community participants were engaged and interested in discussing their immediate health concerns and were often able to also present the perspectives of their neighbors, friends, and community.

### Focus Group Protocols

Focus groups were facilitated by a team of two staff, with one serving as facilitator and the other as notetaker and logistics support. Due to the need to conduct sessions in the language, it was not possible to have the same team for each group. However, a consistent team was used for each language; that is, all six English groups were conducted by the same team members, and both Spanish groups used a dedicated duo. For focus groups with other priority language groups, Charitable Ventures partnered with trusted messengers to recruit for, and in the Farsi and Mandarin groups, facilitate the sessions to ensure that participants were comfortable and could be candid and that the sessions were conducted in a linguistically and culturally sensitive manner. The focus group protocol, created by Charitable Ventures in consultation with Hoag staff, was consistent across each type of group (that is, there was one protocol for community, one for health providers, and one for nonprofits). The facilitator was free to deviate from the protocol as appropriate. The table below provides details on the focus groups.

Group	Date	Location	# of Attendees
Nonprofit Provider 1	4/21/2025	Lake Forest	14
Nonprofit Provider 2	4/22/2025	Santa Ana	11
Nonprofit Provider 3	4/30/2025	Newport Beach	10
Health Provider 1	5/13/2025	Irvine	7
Health Provider 2	5/15/2025	Newport Beach	9
Community 1 (Spanish Language)	4/30/2025	Lake Forest	12
Community 2 (Farsi Language)	5/3/2025	Irvine	15
Community 3 (Mandarin Language)	5/18/2025	Irvine	11
Community 4 (Spanish Language)	5/21/2025	Newport Beach	10
Community 5 (English Language)	6/4/2025	Lake Forest	3
Total Attendees			102

Three focus groups with 35 individuals were conducted among nonprofit partners. Two focus groups with 16 individuals were conducted with Hoag Healthcare staff. Five community focus groups were conducted with 51 participants across Irvine, Newport and Lake Forest (South County). Based on data gathered in the quantitative process, it was determined to have in language sessions in Spanish, Farsi, and Mandarin. With approximately 25% of the population speaking Spanish as a first language, Spanish language sessions were a clear priority. Approximately 17% of the population of Irvine is ethnically Chinese, so to reach this group a Mandarin language focus group was conducted in Irvine. There are approximately 32,000 Persian Americans in Orange County, with Irvine and Anaheim having the highest concentrations. To ensure Hoag heard their needs, a Farsi-language session was also held. Other languages that were considered were Korean, Vietnamese, and Hindi, but there were not large enough concentrations of those populations. Nonprofits that serve those ethnic groups were intentionally included in the nonprofit focus groups to ensure their perspectives were included.

## **Focus of Discussions**

The two Hoag Health Providers focus groups offered perspectives on clinical care and patient needs, shedding light on barriers to accessing healthcare services. The three nonprofit focus groups represented a range of non-profit and advocacy groups addressing specific health and social issues. Their input highlighted the importance of partnerships in addressing systemic health challenges, access to care, and social determinants of health such as housing and economic stability. Finally, the five community focus groups included diverse community members who shared their lived experiences with healthcare access, chronic disease management, and wellness programs. Their feedback underscored localized health concerns and the need for culturally competent care.

Attendance was good for every focus group except the English Language community group. Despite efforts by the consultant, Hoag, and other partners, recruitment was difficult for this group and the group was even rescheduled to a later date due to lack of attendance. There were also several no-shows for the eventual session, which led in part to the low number. It is possible that many potential participants preferred in-language sessions or were less enthusiastic about sharing their opinions. However, given the large number of nonprofit and health care providers who participated, there was representation of the needs of this group.

## **Participant Demographics**

The focus group participants were 86% female and 14% male. Forty-five percent identified as Hispanic/Latino, with another 31% identifying as Middle-Eastern / North African, 22% Asian and 2% White (non-Hispanic and non-MENA). Seventy-five percent of participants were between the ages of 30 and 59 years, with 23% ages 60 years or older and 2.5% younger than age 30. Almost half (49%) reported having Medi-Cal with an additional 10% on Medicare. Only one person (2%) was uninsured.

## **Data Limitations and Information Gaps**

While every effort was made to select and gather data that accurately reflect the community and service area, certain inherent limitations and gaps remain, as outlined below:

- Not all data were readily available, necessitating the use of proxy measures in some instances or resulting in the absence of data altogether. For example, community-level data on the incidence of mental health or substance use are limited.

- Although most indicators are relatively stable from year to year, some indicators, such as the percentage of uninsured individuals, are rapidly evolving. Consequently, the most current available data (2023) may not accurately represent present conditions.
- Significant changes in the political and social climate at the national, state, and county levels occurred in 2025. This report primarily reflects the reality at the time of data collection and reporting. While efforts were made to account for these changes and to make reasonable projections, there remains the possibility of future shifts.
- Reporting data at the county or city level may obscure inequities within communities. Similarly, data reported by race can mask disparities among racial and ethnic subgroups. Where feasible, we have disaggregated data by geography and race to provide greater detail.
- Data obtained from listening sessions may be subject to bias, depending on the willingness of individuals to participate and on whether respondents are representative of the broader population. The reliability of data collected through interviews and surveys depends on the consistent interpretation of questions by all respondents and the honesty with which individuals provide their answers. While the facilitators worked to prevent these issues, they cannot be fully eliminated.
- The English-language community focus group experienced low attendance, which may have resulted in an overrepresentation of the views of those present.

# Priority Health Issues

Members of the Community Health Committee and the Department of Community Health reviewed all of the identified needs from the CHNA process, and have selected Access to Care, Mental and Behavioral Health, and Older Adults as their top priorities for 2026-2028. These selected priorities reflect a careful synthesis of quantitative data, qualitative input from focus groups and interviews, and close observation of recent trends shaping the health landscape of Orange County. Each priority was chosen because of its prevalence, its broad impact on individual and community health, and its potential to benefit from targeted interventions. Two of the priorities, Access to Care and Mental and Behavioral Health, were also priorities in Hoag's 2019 and 2022 CHNAs, and while Hoag has made demonstrable impacts in each, they remain high priority needs. Older Adults is a new prioritized need—one that is growing in Orange County as a whole and consistent with Hoag's focus.

**Access to Care:** Access to care consistently emerged as a very significant concern across all groups engaged in discussions. Residents, healthcare professionals, and staff at nonprofit organizations all cited the challenge of timely, affordable, and equitable access to medical services. Barriers included a lack of available providers—especially specialists—insurance complexities, high costs, language and cultural differences, transportation limitations, and fears related to immigration status. Quantitative data reinforces these concerns: despite Orange County's relatively high provider-to-resident ratios, patients still experience significant delays. Additionally, language and insurance mismatches persist, making the healthcare system difficult to navigate—especially for immigrant, low-income, and non-English-speaking populations. The anticipated effects of the 2025-2026 budget bill, including cuts to Medicaid and Medicare, further threaten coverage for vulnerable groups, pushing more people to rely on emergency services and reducing opportunities for prevention and early intervention.

**Mental and Behavioral Health:** Mental and behavioral health needs have intensified across all demographics, with stress, anxiety, depression, and substance abuse frequently cited in community conversations. Participants in every focus group and interview highlighted the lingering effects of the pandemic, economic pressures, and evolving social dynamics as major contributors to declining mental and behavioral health. Data corroborate these findings, showing rising rates of mental health hospitalizations and persistent shortages of qualified providers. Stigma remains a significant barrier—one focus groups highlighted especially for men, Asian-American and Hispanic communities, and older adults—preventing many from seeking or receiving appropriate support. The intersection between mental and behavioral health and other issues, such as substance abuse and homelessness, amplifies the urgency for comprehensive solutions.

**Older Adults:** Orange County's older adult population is rapidly expanding, now representing nearly 17% of residents, with especially high rates among those 75 years and older. Older adults face distinct challenges: a shortage of gerontologists and other specialists, limited access to preventative and home-based care, transportation difficulties, and heightened vulnerability to chronic illness, dementia, and social isolation. Participants in the needs assessment described how seniors, particularly those who are immigrants or living on low incomes, struggle to navigate the healthcare system and frequently defer care due to high costs or lack of insurance. This leads to overutilization of emergency departments and worsens outcomes for both individuals and the system. The multi-dimensional nature of aging—spanning physical and mental health and social issues—requires coordinated, long-term strategies, which have historically been lacking.

While these three issues were identified as the highest priorities, the CHNA revealed a range of concerns, including chronic conditions like diabetes, high blood pressure, and obesity, and chronic diseases. These issues were acknowledged as important, but the collective input of stakeholders and data analysis highlighted that these areas did not carry the same urgency, scale, or direct connection to equity as the prioritized needs. As a

result, they are not directly prioritized in this report but will be addressed in connection to the three prioritized needs.

Focusing on root drivers like access to care and mental and behavioral health indirectly supports progress in other areas. For instance, improvements in access to care can facilitate better management of chronic diseases, preventive services, and health education, creating ripple effects that benefit nutrition, exercise, preventive health, and beyond. Similarly, fostering robust mental and behavioral health resources lays the groundwork for healthier families and communities, which supports other facets of well-being.

Hoag reviewed and discussed the findings from the CHNA with the Board of Directors, the Community Health Committee, and Senior leadership. The identified community health needs that Hoag felt could have the most impact was access to care, mental and behavioral health, and older adults.

### **Addendum: Food Security (May 2026)**

In 2026, in response to the rapidly evolving needs of the community, the Hoag Community Health Committee and Board reviewed data from the Community Health Needs Assessment (CHNA) and identified the importance of adding Food Security as a fourth Prioritized Health Need. Food insecurity— defined as not having access to enough food or sufficient nutritious food to lead a healthy life—emerged during the qualitative data collection process as a community issue and was highlighted in all interviews and the majority of the community and provider focus groups. Their responses tied food security to health in three predominant ways.

Respondents pointed to the high cost of living, particularly food, housing, and utilities, as forcing more households to make difficult tradeoffs that can undermine health and well-being. Some residents reported spending high amounts on basic necessities that they delay or forgo health care, especially preventative services, exacerbating the access issues identified in the CHNA.

In addition, food access was mentioned as a barrier. Across community groups, healthy food was consistently perceived as more expensive, leading many households to rely on lower-cost, calorie-dense options that are damaging to long-term health. Participants further described structural barriers to accessing nutritious food, including limited availability of nearby markets, transportation challenges, and mobility constraints. The US Department of Agriculture’s Food Access Research Atlas identifies potential “food deserts”—locations where there are no nearby supermarkets and/or a high percentage of people do not have vehicle access—in parts of Orange County. Without ready access to affordable, nutritious food, residents are forced to make sub-optimal choices.

Lastly, reliance on cheaper, less nutritious food choices was also identified as a compounding factor in many of the health issues identified in the CHNA. These included high blood pressure, obesity, diabetes, and conditions such as cancer and heart disease. There is also evidence that poor diet can exacerbate mental health conditions and worsen anxiety, stress, and depression.

In the initial 2025 CHNA findings, food security was identified as a contributing factor to our existing priority areas which include access, mental and behavioral health and older adults. The most recent data available indicates 13.9% of Orange County residents and 12.9% of children were food insecure in 2023. However, those numbers are expected to rise—as a comparison, national rates have risen in 2025 and were as high as 16% in November 2025, according to a Purdue University study. As a result, food banks and pantries are consistently seeing rising demand for food. While community resources like pantries and food banks were frequently cited as a successful intervention by CHNA participants, evidence is mounting that community need may surpass the

ability of these providers to respond. Second Harvest Food Bank reported a 17.6% increase in the amount of food they distributed in 2025 and pantries across the County saw commensurate spikes in visits. 2-1-1 Orange County has seen an 86% increase in food pantry and emergency food referral requests since 2022, with the highest number of requests coming from Anaheim, Santa Ana, Garden Grove, Irvine, Orange, Huntington Beach, and Fullerton.

There is a parallel support system for older adults, who often rely on congregate or delivered meals served by nonprofits or cities. However, as much of the food support system for all these groups draws on federal funding, there are concerns that decreases in federal funding or changes around eligibility (as noted on page 34 of the main CHNA report) will exacerbate these challenges. According to the Orange County Social Services Agency, on April 1st, 2026 “certain classes of non-citizens previously eligible for CalFresh will no longer qualify” and will lose their CalFresh benefits at their next renewal date. On June 1, “able-bodied” adults who are not caring for a child under the age of 14 will be subject to work requirements to remain eligible. These changes will have a profound impact on community needs and the load on the support system.

Recognizing that food security is closely linked to physical and mental health—and that it both affects and is affected by access to health care— Hoag has prioritized this as a critical need for its 2026-2028 community health initiatives. As rising costs and limited access to nutritious foods drive households toward difficult tradeoffs and poorer health outcomes, the downstream impacts on chronic disease and mental health will continue to grow without support and collaborative partnerships across Orange County.

This addendum was approved by the Hoag Board of Directors in May 2026 and has been added to the Community Health Needs Assessment in April 2026.

# Implementation Strategy 2026 - 2028

The Implementation Strategy (IS) was developed with input from the Community Health Committee and the Department of Community Health. For each health need that Hoag plans to prioritize, the IS describes the initiatives and strategies, including programs and resources it plans to utilize.

## **Access to Care**

### *Strategies*

1. Provide financial assistance for health care services, consistent with the hospital's financial assistance policy.
2. Offer information and enrollment assistance for no cost and low-cost insurance programs.
3. Provide funding and/or in-kind support to community clinics.
4. Provide funding and/or in-kind support to community nonprofit organizations that reduce barriers to accessing care.
5. Provide partners with space and resources at the Melinda Hoag Smith Center for Healthy Living.
6. Hoag Orthopedic Institute will provide community education related to arthritis & fall prevention.
7. Provide screenings and access to flu vaccines at no cost.
8. Provide resource brokering and case management services.
9. Provide wellness and prevention programs to vulnerable communities.

### *Expected Outcomes for this health need*

- Increase access to primary and specialty care services.
- Bridge gaps, improve referrals and increase coordination among health care providers and community resources and programs.
- Leverage Hoag assets to build capacity among community clinics and community organizations to improve access to care.
- Support community wide public health groups.

## **Mental and Behavioral Health**

### *Strategies*

1. Provide mental health services primarily focused on vulnerable populations in various languages.
2. Provide funding and/or in-kind support to community nonprofit organizations that focus on mental health that goes beyond our scope of care.
3. Provide workforce development opportunities (internships, internal and external professional development) for the mental health profession.

4. Use existing pathways to expand our continuum of care for mental health

*Expected Outcomes for this health need*

- Increase access and remove barriers to mental health care services in community settings.
- Provide culturally and linguistically appropriate mental health services.
- Bridge gaps, improve referrals and increase coordination among mental health care providers and community resources and programs.
- Leverage Hoag assets to build capacity among community clinics and community organizations to improve access to mental health care.

**Older Adults**

*Strategies*

1. Provide funding and/or in-kind support to senior transportation programs.
2. Provide funding and/or in-kind support to community nonprofit organizations that focus on older adults.
3. Provide "Ask the Nurse" one on one nurse navigation sessions in senior settings.
4. Offer chronic disease prevention, management, education, care navigation, screenings and support groups at the Melinda Hoag Smith Center for Healthy Living and local senior centers.

*Expected Outcomes for this health need*

- Improve individuals' compliance with chronic disease prevention and management recommendations.
- Increase community awareness of disease prevention strategies.
- Leverage Hoag assets to build capacity among community clinics and community organizations to improve chronic disease management for older adults.
- Provide access to needed health promotion resources for vulnerable populations.

**Food Security**

*Strategies*

1. Provide funding and/or in-kind support to community-based organizations focused on addressing food insecurity.
2. Partner with Second Harvest Food Bank to host monthly on-site food distributions.
3. Provide nutrition education classes to the community.

*Expected Outcomes for this health need*

- Expanding reach and access by increasing capacity among food community resources.
- Address immediate food insecurity needs.
- Provide culturally and linguistically appropriate nutrition education to promote healthy eating.

## Planned Collaboration

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

- Federally Qualified Health Centers (FQHCs)
- OC Publicly Funded Health Insurance Plan – Cal Optima
- Orange County Health Care Agency
- Community health centers and community clinics
- Community-based organizations
- Faith based organizations
- Family resource centers
- Local municipalities
- Mental health associations
- School districts and schools
- Local food banks
- Senior centers

## Evaluation of Impact

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

The reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. An evaluation of the impact of the Hoag's' actions to address these significant health needs will be reported in the next scheduled CHNA.

## Other Identified Health Needs

Knowing that there are not sufficient resources to address all the identified community health needs, Hoag chose to concentrate on those health needs that can be addressed effectively given the facilities' areas of focus and expertise. This Implementation Strategy is not exhaustive of everything Hoag does to enhance the health of the community. Hoag will continue to look for opportunities to address community needs where it can appropriately focus on those needs.

The following community health needs identified in the 2025 CHNA will not be prioritized, however an explanation is provided below on various efforts that address these needs:

- **Housing Concerns** – Hoag partners with Share Our Selves and Families Forward to provide rental and motel assistance to those eligible applicants. Families Forward has a housing navigator that is available to clients from the Melinda Hoag Smith Center for Healthy Living. Hoag also partners with Serving People In Need (SPIN) to provide guided assistance to permanent housing placement.
- **Diabetes, Obesity, & High Blood Pressure** – Hoag provides financial support and in-kind space to CHOC's Pediatric Diabetes and Endocrine Program at the Mary and Dick Allen Diabetes Center. In addition, Hoag also supports the Pediatric and Adolescent Diabetes Research and Education Foundation. They provide health education classes to children and families on how to prevent diabetes. The community nurse navigators host monthly support groups on topics such as lifestyle and nutrition, diabetes, and no sugar to educate individuals about healthy habits.

## **Report Adoption and Comments**

This Implementation Strategy was adopted by the Board of Directors of Hoag Memorial Hospital Presbyterian in May 2026. The Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) are available on the Hoag website at [www.hoag.org/reports](http://www.hoag.org/reports). To request a paper copy without charge, provide feedback or comments on the CHNA or IS Report, or any additional inquiries, please email [CommunityBenefit@hoag.org](mailto:CommunityBenefit@hoag.org).

# Chapter III: Community Health Programs Housed at the Melinda Hoag Smith Center for Healthy Living

## Overview

### **Mission**

To promote the health and wellbeing of the underserved community by delivering integrative programming and engaging collaborative partnerships.

### **Vision**

Empower the underserved community to attain the highest level of health and well-being. Provide culturally sensitive services and resources that enable prevention, address the root causes of disease and improve health outcomes.

### **Guiding Principles**

Access to the highest level of care

Prevention of chronic conditions through intervention and education.

Provide culturally sensitive services and resources that address social and health needs

Offer integrative approach to care that meet the needs of the whole person

Build capacity within our nonprofit partner organizations

The Melinda Hoag Smith Center for Healthy Living (MHSCHL) is a one-stop-shop for health and social services, offering a range of free health and wellness programs under one roof. Through a transformational gift from the George Hoag Family Foundation, the MHSCHL has served as a recognized community resource for the vulnerable populations and a collaborative partner for nonprofit agencies.

Hoag provides nonprofit partners with physical space and resources at the MHSCHL. This allows for over 20 nonprofit partner agencies to collaborate and offer a full range of health and social services under one roof. This integrated, holistic model serves as a trusted resource for vulnerable and under-resourced communities.

The MHSCHL facilitates the hospital's delivery and provision of community benefit, playing a key role in the hospital's efforts to address health disparities and improve community well-being, continuously evolving to meet the changing health needs of those it serves.

### **Integrative Health Classes**

The MHSCHL offers free health and wellness classes to promote healthy habits, reduce stress, support mental health, and build community. These classes can help prevent or manage chronic conditions and improve overall health outcomes.

Wellness programs are often out of reach for lower-income families. Through philanthropic support, the MHSCHL provides a wide array of wellness classes to help reduce health disparities. Classes include: Yoga, Pilates, Zumba, Zumbini (parent & me), Hip Hop, Drumming, Tai Chi, Body Conditioning, and Balance & Stretching. This wide array of specialized wellness classes addresses different aspects of physical, mental, and social health.

# Mental Health

The Mental Health Program was established to address barriers to mental health care for underserved populations. The program primarily serves low-income individuals and families who are uninsured or underinsured and experience limited access to behavioral health services. Now in its 28th year, the program continues to contribute to improved health outcomes and overall, well-being within the surrounding underserved community.

The program serves children and adults experiencing mild to moderate mental health symptoms, including emotional distress, personal and family stressors, and relationship challenges. Evidence-based psychotherapy services are provided to individuals and families at no cost, ensuring access to care for those who might otherwise be unable to obtain mental health services.

The program offers individual, couple, family, and group psychotherapy. Services are delivered by bilingual and bicultural staff to ensure culturally and linguistically appropriate care in English, Spanish, and Farsi. Psychiatry services are available to established clients when clinically indicated. Research supports the effectiveness of combining psychotherapy with psychotropic medication for the treatment of many psychiatric conditions. When medication is recommended, clients receive education regarding their diagnosis, treatment options, and the risks and benefits of medication management. Clients are connected to case management services to support access to prescribed medications and assist with continuity of care. When appropriate, referrals to yoga therapy are provided to complement treatment plans and support holistic wellness.

## Support

Clients present with a mild to moderate level of distress/symptomatology. Our therapists specialize in treating:

- Depression
- Grief and loss
- Anxiety
- Trauma and abuse
- Self-esteem issues
- Poor family functioning
- Issues related to high stress levels
- Parenting
- Relationship issues
- Perinatal mental health
- Child specific issues utilizing play therapy



4,636

Mental Health Therapy Sessions

Additionally, psychotherapeutic and psycho educational groups and workshops are provided to nonprofit partner agency clients, MHSCHL specific clients, in addition to the community. This collaborative effort allows for the nonprofit partner agencies to offer mental health services through MHSCHL clinicians.



1,987

Participants in Mental Health Community Workshops & Groups

Some of the groups include:

- Depression Support Groups
- Self-Esteem Groups
- Stress Management Workshops
- Anxiety Management
- Vicarious Trauma and Compassion Fatigue
- Social Skills Groups
- Healing Men and Trauma
- Mental Health 101
- Coping Skills Groups for both Children & Adults
- Grief
- Generational Trauma
- Relationship Groups

### **Community Partnerships**

The mental health program has fostered a close, collaborative and direct referral network with neighboring school districts. Additionally, the team provides community presentations on varying mental health topics at school districts and colleges in Orange County including:

- Newport Mesa Unified
- Tustin Unified
- Santa Ana Unified
- Orange Unified
- Huntington Beach Union High
- Orange County Department of Education
- Laguna Beach School District
- Capistrano Unified
- University of California, Irvine
- Goldenwest College

Hoag's mental health staff also serve as members of various county-wide and school district collaboratives. These include:

- Newport Mesa Unified School District (NMUSD) Mental Health Task Force
- Newport Mesa Unified School District (NMUSD) Community Collaborative and School Attendance Review Board
- Santa Ana Unified School District Community Collaborative
- Orange County Families and Communities Together (FaCT) Leadership Council

## Professional Development

The Mental Health program provides professional development trainings with continuing education credits to mental health professionals at no cost. In 2025, the mental health program provided 16 professional training and workforce development courses to 827 nonprofit partners and professionals. Some of the trainings include:

- ASIST for suicide assessment and intervention
- Attachment Theory
- Law and Ethics
- Internal Family Systems Theory
- Mental Health First Aid classes
- Mental Health and Nutrition
- EMDR Part I and II
- Grief and Trauma



**827**

provided professional  
development training

## Education

The MHSCHL is an Intern Training center that works in partnership with many universities at the Master's and Bachelor's levels, such as:

- University of Southern California
- University of California, Los Angeles
- University of California, Irvine
- Columbia University
- California State University, Dominguez Hills
- California State University, Fullerton
- California State University, Los Angeles
- California State University, Long Beach
- Azusa Pacific University

In 2025, the mental health program provided supervised clinical internship training for 10 Master of Social Work (MSW) students, a Bachelor of Social Work (BSW) student and two yoga therapy students.

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Esteban Juarez, LCSW at 949-764-5947 or [esteban.juarez@hoag.org](mailto:esteban.juarez@hoag.org)**

## Case Management & Outreach

The Center offers short-term case management services to individuals and families residing in Orange County. The case management team uses a holistic biopsychosocial approach to assess and understand each client's unique circumstances and identify unmet health and social needs. Through individualized support plans and resource coordination, the MHSCHL case managers help clients and families navigate complex health and social service needs with confidence. The goal is to empower people with the tools, knowledge, and connections they need to achieve stability and overall well-being. In addition to wraparound case management services, the MHSCHL team actively engages the community through outreach, presentations, and tabling at local events, raising awareness and connecting residents to the Center's programs, services, and resources.

### Basic Needs Screening Tool

Meeting basic needs is the foundation of health, stability, and well-being. To ensure individuals and families receive the support they need to live with dignity and security, the MHSCHL, guided by direct services of Hoag's Community Health Department and that of its partnering agencies, launched a basic needs screening tool in June 2024. This screening tool helps identify essential needs such as food, shelter, healthcare, education, and social services, while also uncovering barriers to access. By systemically assessing these needs, the MHSCHL case management team can better prioritize support, connect clients to the right resources, and deliver timely, meaningful assistance.

The result: more coordinated care, more efficient use of resources, and stronger pathways to well-being.

### Promotores Program/Community Engagement

Promotores, the Spanish term for *community health workers*, play a vital role in strengthening community engagement and expanding access to care. As trusted members of the communities they serve, Promotores build meaningful relationships, empower individuals through health education, and support prevention efforts that help reduce health disparities.

Grounded in cultural understanding and lived experience, Promotores take a proactive, grassroots approach—meeting people where they are, listening to their needs, and connecting them to essential resources and programs. Through advocacy and education, they not only support individuals and families, but also help build stronger, healthier, and more resilient communities.

Hoag's Promotores Program serves as a critical bridge for low-income and underserved families and utilizes a variety of tools to strengthen the connection to resources available at the Melinda Hoag Smith Center for Healthy Living. Culturally responsive and community-based engagement efforts of the Promotores include:

- Door-to-door outreach and community events
- Case management and resource coordination
- Health education, peer support, and health literacy
- Enrollment assistance, advocacy, and care navigation
- Home visits and accompaniment to appointments

Hoag's Promotores team operates at two sites: the Melinda Hoag Smith Center for Healthy Living focusing on the Costa Mesa area, and the Oak View Family Resource Center focusing on the Huntington Beach area.

In 2025, the Promotores conducted 8,975 outreach contacts in Costa Mesa. Some of the outreach events in 2025 included:



8,975

Promotores Outreach  
Contacts in Costa  
Mesa

#### School Events:

- District English Learner Advisory Committee (DELAC) meetings, Open Houses, Back to School Nights, Health Fairs, Day of Dialogue Fountain Valley High School, Health & Pathways Fair-Cal State Fullerton, Irvine Valley College-Health and Wellness Fair

#### Nonprofit agency events:

- Waymakers Backpack event, Families Forward Back to School events, Big Brothers Big Sisters Mental Health Summit, Cinco de Mayo and Trunk or Treat, in partnership with Oak View Elementary

#### Community Events

- Car Seat Safety Workshop, Costa Mesa Senior Center Health Expo, Corona Del Mar Senior Center Mental Health Fair, NMUSD Back to School Kick-Off Expo

## Health Education

Hoag's Promotores Team, trained by the American Foundation for Suicide Prevention, deliver the *Talk Saves Lives* presentation in both English and Spanish. This educational session provides an approachable overview of suicide prevention, including common risk factors, warning signs, and protective factors. Designed for non-clinical staff, volunteers, and caregivers, the presentation equips participants with practical knowledge to recognize signs of risk, respond appropriately, and support a healthier, safer community.

## Support

The Promotores create welcoming spaces where community members can connect, support one another, and access helpful resources. Their peer-led support groups are designed around a variety of activities, all with a shared goal: fostering connection, wellness, and a strong sense of community.

Examples of past and ongoing groups include:

- Pasitos Sanos: a walking group that promotes physical activity while strengthening social connections
- Peer-led Exercise Group: wellness classes such as Zumba & Stretching that encourage healthy movement and community engagement
- Cafecitos: an ongoing workshop series that shares information about community resources while creating a space to discuss and address local needs
- Peer-led Book Club: supportive reading book group focused on self-improvement and personal growth through shared reading and discussion.

Contact: Stephanie Cariker, LCSW at 949-764-6571 or [stephanie.cariker@hoag.org](mailto:stephanie.cariker@hoag.org)

# MHSCHL Nonprofit Partner Organizations

The MHSCHL's partner network serves to meet and address the social determinants of health and provide complementary services and resources in partnership with Hoag.

## Professional Network Resource Exchange

The Professional Network Resource Exchange (PNRE) is a monthly meeting facilitated by Hoag that provides nonprofit agencies opportunities to meet, network, and update one another about services and programs. PNRE offers a space for like-minded individuals to come together and build a sense of community, from a provider perspective. The network helps to empower professionals as it offers the opportunity for an immediate exchange of resources and cross-referrals with key players in the field. It is a collaborative endeavor between Hoag and various nonprofits in Orange County focusing on whole person care, increasing access to services, and elevating the community.

Additionally, PNRE serves as a learning hub. Each meeting hosts a forum for speakers to share information on current trends and issues affecting the community. On average, more than 30 nonprofit agencies attend the monthly PNRE meeting. Some of the forum topics can include available mental health resources, social services and changes in p, food insecurity, and increasing access to services for Medi-Cal eligible Orange County residents.

## Partnerships

- Bi-monthly food distribution of fresh produce and groceries in partnership with Second Harvest Food Bank
- Monthly diaper and pull-up distribution in partnership with Community Action Partnership of Orange County
- Emergency housing assistance in partnership with Families Forward and Share Ourselves
- Health and wellness classes for adults and children in English and Spanish in partnership with various organizations such as Be the Change Yoga
- Health education workshops that include Prevention of Obesity and Diabetes through Education and Resources (PODER) in partnership with CHOC
- Family legal services, including cases related to dissolution, child custody, adoption, guardianship, conservatorship, victims of crime and domestic violence, in partnership with the Public Law Center (PLC)
- Enrollment assistance with Medi-Cal, CalFresh, CalWorks and Covered California applications in partnership with Community Health Initiative of Orange County (CHIOC)
- Free financial coaching for families and individuals in partnership with United Way of Orange County's SparkPoint program

	<b>Big Brothers Big Sisters</b>	provide mentorship opportunities for all youth
	<b>Cancer Kinship</b>	provide mentorship, education and support for cancer patients
	<b>CHOC PODER</b>	provide health and education on Obesity and Diabetes
	<b>Community for Innovation, Entrepreneurship, Leadership &amp; Opportunities (CIELO)</b>	provide entrepreneurship and small business development
	<b>Clinic in the Park</b>	provide free safety equipment for families
	<b>Community Action Partnership of OC (CAPOC)</b>	provide diapers for distribution
	<b>Community Health Initiative of Orange County (CHIOC)</b>	provide enrollment assistance in social service programs
	<b>Council on Aging</b>	provide Balance and Stretching wellness classes
	<b>Families Forward</b>	provide Emergency Housing Assistance
	<b>Girls Inc.</b>	provide after school programming focused on STEM classes for boys and girls
	<b>Human Options</b>	provide domestic violence prevention and intervention services
	<b>MOMs OC</b>	provide newborn and pregnancy education and wellness classes for parent and baby
	<b>Newport Mesa Family Resource Center</b>	provide social and supportive services for children and families
	<b>National Alliance on Mental Illness (NAMI)</b>	provide mental health support groups and classes

	<b>Olive Crest</b>	provide parenting classes
	<b>Project Youth, OC Bar Foundation</b>	provide youth diversion programs
	<b>Project Self- Sufficiency (PSS)</b>	provide support and resource links for single parents enrolled in college
	<b>Public Law Center (PLC)</b>	provide family law services and counseling
	<b>The Purpose of Recovery</b>	peer and family recovery support
	<b>Second Harvest Food Bank</b>	provide food for distribution
	<b>Serving People in Need (SPIN)</b>	provide model programs to address homelessness
	<b>Share Ourselves</b>	provides full scope primary care, general and specialty dental services and emergency housing assistance
	<b>United Way Orange County</b>	free tax prep assistance and SparkPoint financial literacy program

# Grants Program

Each year, Hoag’s Community Benefit Grants Program provides program grants to nonprofit community organizations that strive to meet the health and social service-related needs of the Orange County community, with an emphasis on low income and vulnerable populations. Funding requests must address one or more of the priority focus areas and demonstrate reportable outcomes. Grant proposals are accepted on an invitation-only basis.

The eligibility criteria include:

- Organization must have operations in Orange County, CA
- Must be 501(c)(3) tax exempt organization, local government entity, or education institution
- Services are provided to disadvantaged and/or underserved populations
- Services must align with at least one of the identified priority focus areas
- Services are provided within the geographic boundaries of Orange County, CA



**\$8.3M**

Community Benefit  
Grants to Local Non-  
profits

The Priority Focus Areas for the Community Benefit Grants Program for CY25 were:

1. Access to Health Care
2. Behavioral and Mental Health
3. Cancer/Chronic Disease

CY25 included a 12-month grant cycle from January 1, 2025 – December 31, 2025. Organizations that receive funding are required to submit a progress report, as well as a final outcomes report. In 2025, total Community Benefit grants to local nonprofits was a total of approximately \$8.3M.

# Community Nurse Navigation Program

Community Nurse Navigators (CNN) focus on prevention and management of chronic diseases in the underinsured and uninsured community. The team is comprised of three individuals, two who are bilingual and bicultural in Spanish. This team of three helps individuals and families navigate health systems to focus on whole-person care through:

- Clinical Support
- Individual care coordination
- Resource brokering, and linkage
- Patient advocacy
- Health Literacy
- Chronic disease prevention and management

Additionally, the CNN nurses serve as a compassionate guide, providing health coaching and support through each step of the care continuum. Community nurse navigators provide one-on-one health related case management and facilitate health and wellness workshops and programming at the Melinda Hoag Smith Center for Healthy Living, as well as various community and senior centers.

## Health and Wellness Coaching

The CNN Program includes individual health and wellness coaching that focuses on serving underinsured and uninsured individuals to help evaluate and address different aspects of their lifestyles. Health coaching is designed for individuals living with one or more chronic conditions and are seeking an improved health status.



867

Nurse Navigator  
Sessions

## Health Education

The CNN Team conducts wide range of health education class series with topics that range from chronic disease management and prevention to other specific broader health topics specific to the needs of the community. Some of the health education topics from 2025 include:



2,104

Participants in-  
Health Education  
classes & groups

- Cardiac Health
- Stroke Prevention
- Diabetes
- Alzheimer's & Dementia
- Mental Health
- Brain Health
- Cancer
- Women's Health
- Nutrition
- Fall Risk
- Managing Chronic Conditions
- Men's Health

## Support

The Community Nurse Navigators also offer health support groups that can range from general health to managing chronic diseases and provide social support for one another.

Contact: Cecilia Cardenas, MPH at 949-764-5321 or [cecilia.cardenas@hoag.org](mailto:cecilia.cardenas@hoag.org)

# Project Wipeout

Hoag’s Project Wipeout program was created to provide beach and water safety information to the nearby beach communities after seeing an increased incidence of spinal cord injuries in the Hoag Emergency Department. The program’s mission has evolved to inspire water safety culture at the beach and beyond through education and community outreach, as well as through partnership with local lifeguard agencies throughout Orange County. Education efforts have focused on general beach and water safety and overall injury prevention, such as:

- Drowning Prevention
- Beach Hazards
- Rip Current Safety
- Escape
- Best Practices in the Water
- Sun Protection

## Annual Lifeguard Education Conference

Project Wipeout hosts an annual education symposium for local lifeguards. The conference is a continuing education and training opportunity for lifeguards to learn from physicians, nurses, and other health and life-saving experts on a variety of topics related to professional ocean lifeguards. In 2025, the Lifeguard Conference returned to an in-person event, with 300 seasonal and full-time lifeguards in attendance.



Lifeguard Education Conference at Orange Coast College

## Training Opportunities

Project Wipeout coordinates with the Orange County lifeguard agencies to facilitate trainings on various topics that are often integrated into lifeguard training modules. The trainings are coordinated after lifeguard agencies share a gap in current training offerings, often indicating a need for trainings in social and mental-health related topics. In Spring of 2025, Project Wipeout partnered with the Huntington Beach Fire Department to provide a spinal fracture injury training to 55 lifeguards at the MHSCHL.

## Collaborations

Project Wipeout partners and collaborates with members of the beach safety community, which includes lifeguard and fire departments throughout Orange County, the California Surf Life Saving Association (CSLSA) and other lifesaving agencies.

Additionally, Project Wipeout works closely with the Orange County Lifeguard Chief’s Association, the Orange County Drowning Prevention Taskforce, the California Water Safety Coalition, Newport Mesa Unified School District’s Water Safety Committee, and other county- wide and southern California collaborative entities.

In 2025, Project Wipeout collaborated with the City of Costa Mesa to host its first annual spring break swim week, Camp Splashdown. A total of 18 children were provided with free swimming lessons and out of the water education from the Newport Beach lifeguards, the Costa Mesa Fire Department and Hoag’s Oncology Institute.

## Project Wipeout Advisory Committee

Project Wipeout coordinates a collaborative of Orange County lifeguard agencies, the Project Wipeout Advisory Committee (PWAC). The mission of the Project Wipeout Advisory Committee is to aid Hoag’s Community Benefit Program in implementing Project Wipeout programming, with the representatives from each agency serving as consultants on strategies, programmatic activities, and technical education content. The PWAC meets at the MHSCHL for strategic program planning. The PWAC is comprised of the following marine safety, lifeguard agencies:

- City of Seal Beach
- City of Huntington Beach
- Huntington State Beach
- San Clemente State
- City of Newport Beach
- City of Laguna Beach
- Crystal Cove State Park
- Doheny State Beach
- Lake Mission Viejo
- OC Lifeguards
- City of San Clemente
- Bolsa Chica State Beach

## Education and Outreach

Project Wipeout frequently attends community events to help provide beach and pool safety education. In 2025, they partnered with Hoag’s Oncology Institute to provide STEM education to 700 Junior Lifeguards. The program incorporated best practices related to sun protection and skin cancer prevention. In addition, Project Wipeout led the initiatives for the Huntington Beach Ranger program, a partnership with Oak View Elementary, that focused on water safety education for 58 students. Oak View is one of the lowest income neighborhoods in the city of Huntington Beach.

**Contact: Cecilia Cardenas, MPH at 949-764-5321 or [cecilia.cardenas@hoag.org](mailto:cecilia.cardenas@hoag.org)**

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Owner Kathleen Graham:  
EXEC DIR  
REVENUE  
CYCLE :  
PATIENT  
ACCOUNTING  
- FULL



Area (Category) Revenue Cycle  
Applicability Hoag Memorial Hospital Presbyterian, Hoag Clinic, and Hoag Orthopedic Institute

## Financial Assistance Program Policy (FAP)

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### PURPOSE:

The purpose of this policy is to ensure a fair, non-discriminatory, effective, and uniform method for the provision of financial assistance to eligible individuals who are unable to pay in full or part for medically necessary medical care. This policy describes the Hoag Financial Assistance Program (FAP), and outlines Hoag's operational guidelines in relation to the availability of and eligibility for financial assistance, including charity care and discounted payment, for patients who demonstrate financial need as explained below.

### SCOPE:

This policy applies to Hoag Memorial Hospital Presbyterian and its wholly owned subsidiaries, and Hoag Orthopedic Institute (collectively, "Hoag").

## **AUTHORIZED PERSONNEL:**

Financial Assistance Specialist, Business Office Manager, Self-Pay Manager, Supervisor Self-Pay/Charity, Self-Pay Collectors, Financial Councilors, PAS Supervisors, Insured and Uninsured Patients

### **1. POLICY:**

- A. Hoag seeks to address patient's health care and financial needs while remaining committed to the stewardship of Hoag resources. To ensure that Hoag obtains appropriate reimbursement for services provided, several payment options and programs are available to support the needs of uninsured and underinsured patients who demonstrate financial need.
- B. Hoag's Financial Assistance Program is widely publicized, including on the Hoag website, Conditions of Admissions, in postings throughout the Hospital and outpatient departments, and through notices and information given to patients at time of treatment, following discharge, or upon patient request.
- C. Patient billing processes shall remain in compliance with applicable laws and regulations, and Hoag policies relevant to patient financial assistance:
  - I. All Hoag patients receive information about Hoag's Financial Assistance Program at the time care is provided, at discharge, and/or when services are billed.
  - II. All Hoag patients may apply for financial assistance, with eligibility for assistance based on demonstrated financial need.
  - III. Access to necessary care shall in no way be affected by whether financial assistance eligibility exists; medically necessary care will always be provided to the extent Hoag can reasonably do so.
  - IV. The need for financial assistance is a sensitive and deeply personal issue for patients. All Hoag employees will maintain confidentiality of requests for financial assistance, the information obtained in the application process, and the approval or denial of financial assistance.
  - V. To help ensure that patients' post-acute and follow-up health care needs are fully supported, Hoag provides information to those without third-party insurance coverage about applying for government-sponsored programs such as Medicare, Medicaid, Medi-Cal, the Healthy Families Program (CA), and coverage available through Covered California (CA), as well as other state or county-funded health coverage options. While patients are encouraged to explore and apply for these programs, participation is not required. Hoag offers assistance throughout the application process and will follow through to acceptance or denial to help patients navigate their coverage options with confidence.

### **2. LIST OF PROFESSIONALS SUBJECT TO HOAG'S FAP:**

- A. Emergency Medicine physicians who provide services to patients in the Hoag Emergency Department at either Hoag Hospital campus, are required by law to provide discounts to uninsured patients and patients with High Medical Costs who are at or below 400% of the federal poverty level. In addition, Hoag maintains a list of physicians, medical groups, and other health care providers who provide services to Hoag patients, indicating those who offer

discounted care through the Hoag Financial Assistance Program. Hoag will provide this list to any patient who requests a copy. The provider list may be located on Hoag's website: [www.hoag.org/billing-information/financial-assistance-charity-care](http://www.hoag.org/billing-information/financial-assistance-charity-care)

### 3. BILLING PROCESS AND DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE:

- A. It is the expectation that the patient's estimated cost or liability will be collected in full, prior to or at the time of service. If a patient has insurance coverage for the service, their co-pay or other payment responsibility will be requested at time of service and insurance will be billed. If a patient states they have no insurance coverage and cannot pay in full at time of service, payment options and programs will be offered and will be consistent with the sequential order as outlined below:
  - I. Full payment will be requested.
  - II. Hoag will offer a reasonable payment plan based on the estimated cost for care, and a deposit payment will be requested, if Hoag and the patient agree on a reasonable payment plan. Health saving account may be considered in payment plan negotiation.
  - III. Hoag will assist patients in determining eligibility for government-funded programs including, but not limited to:
    - a. Medicare
    - b. Medi-Cal (CA)
    - c. Covered California
    - d. Other State and County funded health coverage programs.
  - IV. When a payment solution cannot be found in Stages I - III above, then the patient's options for charity care or discounted payment should be considered. Pending applications for government-funded health program will not preclude the patient's eligibility for discounted care.

**Important:** If at any time, a patient requests information, or an application for Hoag financial assistance, it is promptly provided to the patient.

### 4. FINANCIAL ASSISTANCE PROGRAM OVERVIEW:

- A. The Financial Assistance Program at Hoag ensures that medically necessary health care is provided at discounted or no cost to uninsured and under-insured patients who meet financial eligibility requirements. Any uninsured or underinsured patient who is unable to pay for their Hoag bill and whose income meets the Federal Poverty Level (FPL) guidelines set forth below will be considered eligible for assistance through the Hoag Financial Assistance Program in accordance with those guidelines. Additionally, patients who incur qualified High Medical Costs may be deemed eligible for financial assistance.
- B. Hoag aspires to provide health care services in the communities it serves with the utmost dignity and compassion for each patient and family in its care. In a confidential and caring environment, patients are provided financial assistance to pay their Hoag bills, which ensures access to necessary health care services. This support is seen as an essential element in fulfilling their human dignity and enabling them to live more healed, more whole, and more capable of contributing to the common good.

## **5. COMPLETION OF THE FAP APPLICATION:**

- A. Upon a patient's request, a Financial Assistance Program (FAP) application will be provided. Designated personnel will assist patients in completing the Financial Assistance application and determining eligibility for charity care, discounted payment, or government-funded programs, if applicable. Financial Assistance notices printed in English and Spanish are also placed in the public admission areas at Hoag. Interpretation services are available to address any questions or concerns and to assist in the completion of the Financial Assistance application.
- B. A patient, or patient representative, who requests a discount, charity care, or other assistance in meeting their financial obligation to Hoag shall make every reasonable effort to provide Hoag with documentation of income and health benefits coverage. If the person requests charity care or a discount and fails to provide information that is reasonable and necessary for Hoag to make a determination, Hoag may consider that failure in making its determination.
- C. Upon establishing full or partial eligibility under the Financial Assistance Program, the terms of assistance established will be valid for six (6) months from the date of the eligibility letter. Additionally, other pre-existing patient account outstanding balances at the time of eligibility determination will be included as eligible, excluding exceptions set forth in this policy. After six (6) months, a patient will need to reapply for consideration under the Financial Assistance Program. Discounts under the Financial Assistance Program will only apply to hospital services for which financial assistance was requested and approved, and other hospital services provided within six (6) months following such approval.
- D. Hoag financial systems will be updated to reflect the charity care or discounted amount using the designated adjustment code for the full or partially approved amount.

## **6. PATIENT BILLING:**

- A. Statements mailed to the patient will include a clear and concise notice advising the patient of the Hoag Financial Assistance Program and the appropriate contact information.
  - I. This notice shall also:
    - a. Advise the patient that they may be eligible for programs such as Medicare, Medi-Cal (CA), Covered California or other state or county funded health coverage programs.
    - b. Offer assistance to the patient to apply for any of these programs and that Hoag will provide the patient with an application.
- B. Patients in the process of qualifying for government financial assistance or the Financial Assistance Program will not be assigned to collections prior to 180 days from the date of initial post-discharge/treatment billing.
- C. If a patient is attempting to qualify for eligibility under the Financial Assistance Program and is attempting in good faith to settle an outstanding bill with Hoag by negotiating an extended payment plan or by making regular partial payments of a reasonable amount, Hoag shall not send the unpaid bill to any collection agency or other assignee, unless that entity has agreed to comply with guidelines outlined in California Health and Safety Code Section 127400 et seq.
- D. Insured or uninsured patients, who at the sole discretion of Hoag are reasonably cooperating

to settle an outstanding hospital bill by making regular and reasonable payments towards their outstanding hospital bill, will not be sent to an outside collection agency if doing so would negatively impact the patient's credit.

- E. Any extended payment plan may be declared no longer operative after 90 consecutive days without payment. Before declaring the extended payment plan no longer operative, Hoag shall make a reasonable attempt to contact the patient by telephone and to give notice in writing that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. Prior to the extended payment plan being declared inoperative, Hoag shall attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient. Hoag shall not refer to the collection agency or commence a civil action against the patient or responsible party for nonpayment at any time within 180 days after the initial post-discharge billing or prior to the time the extended payment plan is declared to be no longer operative.
- F. Patients who communicate that they have an appeal for coverage of services pending will not be forwarded to collections until the final determination of that appeal is made.

## **7. APPLYING FOR FINANCIAL ASSISTANCE**

- A. Patients may apply for financial assistance by submitting a completed Financial Assistance Program Application. Financial Assistance Program applications are available by visiting Hoag.org, emailing [PFS@hoag.org](mailto:PFS@hoag.org) or by connecting with Patient Financial Services at 949-764-8400.
  - I. The Financial Assistance Program application form may be submitted prior to service, during a patient stay, or after services are completed and the patient has been discharged.
  - II. In general, a Financial Assistance Program application will be accepted if submitted more than 240 days after the initial post-discharge billing, at any time of receipt of recent pay stub or income tax return except as otherwise provided by 26 C.F.R. § 1.501(r)6(c).
  - III. Hoag will provide assistance with completion of an application for the Financial Assistance Program as needed and will also provide guidance and/or direct assistance to patients as necessary to facilitate completion of government low-income program applications when the patient may be eligible.
  - IV. In the case of patients who have submitted an incomplete application Hoag will:
    - a. Notify the patient in writing that their Financial Assistance Program application is incomplete, including the list of outstanding items and information.
    - b. Offer assistance with the completion of the application; and
    - c. After such assistance is provided, allow the patient thirty (30) days to complete and resubmit the application with the additional information and items required and resubmit it.
- B. As part of the Financial Assistance Program application, the patient must provide copies of the following:
  - I. Two (2) pay stubs for each wage earner, or a 1040 tax return for the year in which

the patient was first billed or for the 12 months preceding the billing date, including all applicable schedules and attachments.

- II. Copy of your most recent canceled rent check, lease agreement or mortgage payment.
  - III. Written statement from a family member or friend who is providing your room and board and/or income, if applicable.
  - IV. If uninsured, patients are encouraged to explore eligibility for government-funded programs. These may include, but are not limited to: Medicare, Medi-Cal (CA), Covered California, and other state and county-funded health coverage programs.
  - V. In cases where documentation is unavailable, the patient's income may be verified by having the patient sign the Financial Assistance application attesting that the income information provided is accurate, if other submitted proof of income cannot be verified or is incomplete.
  - VI. Patients applying for discounted payment only are required to provide two (2) pay stubs or a 1040 tax return. They may provide additional information to demonstrate financial eligibility.
- C. Hoag relies on the fact that information presented by the patient is complete and accurate. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, inaccurate or incomplete information has been given. In addition, Hoag reserves the right to seek all remedies, including but not limited to civil and criminal damages from those who have provided false, inaccurate or incomplete information in order to qualify for the Financial Assistance Program.

**8. INCOME QUALIFICATIONS:**

- A. Uninsured patients with a family income at or below 400% of the current federal poverty level (FPL) who are unable to pay for medical care or under-insured patients who's annual out of pocket cost incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 month who are unable to pay for medical care may qualify for financial assistance. Based on income alone, without consideration of monetary assets, patients may be eligible for either charity care, which covers services at no cost, or discounted care, which offers reduced charges but is not free. The level of assistance provided depends on the criteria outlined below.

<b>If the income % of FPL is:</b>	<b>And the Patient is:</b>	<b>Then:</b>
200% or Less	Uninsured or Insured	Full Financial Assistance, entire (100%) patient liability portion of the bill for services, will be written off.
201% - 400%	Uninsured	Partial Financial Assistance, the patient payment obligation will be a 50% of the gross amount the Medicare program would have paid for the services.

201% - 400%	Insured	The patient obligation will be reduced by the insurance payments:	
		If the amount paid by the insurance exceeds what Medicare would have paid:	Then Full Financial Assistance, the entire (100%) patient liability portion of the bill for services, will be written off.
		If the Medicare payment rate is greater than the HMO/PPO rate for services rendered:	Then the patient payment obligation will be based on the HMO/PPO payment rate (deductible, copay, coinsurance, etc.), then there is no discount.
201% - 400%	Insured yet services are NOT covered by the payer	The following will apply:	
		If the patient ordinarily would be responsible for the full billed charges:	Then Partial Financial Assistance, the total patient payment obligation will be based on the Medicare, Medi-Cal, or other government-sponsored health program payment rate that would have applied had the service been covered.

**AUTOMATIC CLASSIFICATION FOR CHARITY CARE:**

- B. Under the following special circumstances, patient may be deemed eligible for charity care without absolute requirement for submission of a financial assistance application:

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

bill	issues a billing statement
Access to Care	Is treated through an Access to Care Program

**9. OTHER SPECIAL CIRCUMSTANCES:**

- A. Patients who are in bankruptcy proceedings may have their debt discharged by the court. Hoag staff can validate this status by obtaining from the patient a legal document showing discharge for accounts not yet in collection. Hoag’s external collection agency may also determine that a patient’s debt has been discharged through bankruptcy.
- B. Patients who are eligible for FPL - qualifying programs such as Medi-Cal, Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payment for services is not made by the FPL-qualifying program. Patient account balances resulting from non-reimbursed charges are eligible for charity care write off. Medi-Cal Share of Cost obligations are not eligible for charity write off or the discount program..
- C. Specifically included, but not limited to, are eligible charges related to the following:
  - I. Denied inpatient stays for medically necessary services.
  - II. Denied inpatient days of care; charges related to days exceeding a length of stay limit.
  - III. Eligible non-covered services.
  - IV. Denied IP Treatment Authorization Request (TAR).
  - V. Denials due to restricted coverage, including Medi-Cal Restricted Aid Codes (i.e., Patients that may only have pregnancy or emergency benefits, but receive other hospital care).
  - VI. Out-of-State Medicaid claims with "no payment" (i.e., Out-of State Medicaid claims that cannot be billed due to lack of a provider agreement with the applicable state).

**10. PRESUMPTIVE CHARITY:**

- A. Hoag recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Hoag, in certain instances, may make reasonable assumptions based on the Automated Predictive Scoring Tool (ASPT) to qualify patients for Charity Care. ASPT predicts the likelihood of a patient qualifying for Charity Care based on publicly available data sources. ASPT provides estimates of the patient's likely socio-economic standing, as well as the patient's household income and size.
- B. **QMB patients:** Qualified Medicare Beneficiaries: Eligible for charity write off when no secondary or Medi-Cal information is obtainable or balance after secondary other than SOC: Medicare providers and suppliers may not bill people in the QMB program for Medicare deductibles, coinsurance or co-pays, but state Medicaid programs may pay for those costs. Under some circumstances, federal law lets states limit how much they pay providers for Medicare cost sharing. Even when Medicare allows cost sharing, people in the QMB program have no legal obligation to pay Medicare providers Part A or Part B cost-sharing.

## 11. CATASTROPHIC MEDICAL EXPENSES

- A. Hoag at its discretion, may grant charity care or discounted care in the event of a catastrophic medical expense. These patients will be handled on an individual basis.

## 12. APPROVAL LEVELS:

- A. Financial assistance determinations will be made only by approved Hoag personnel according to the local levels of authority.
- B. **Notification of Determination**
  - I. Patients will receive notification of Hoag's determination within 30 days of submitting the completed FAP application and supporting documentation.
- C. **Patient Disputes**
  - I. A decision about eligibility for the FAP is determined after the application is reviewed for eligibility based on criteria contained in this policy. Financial assistance shall not be provided on a discriminatory or arbitrary basis; however Hoag retains full discretion to establish eligibility criteria based on sufficient evidence and information provided by the patient or guarantor.
- D. In the event of a dispute, a patient or guarantor may seek review from Hoag management or the Executive Director of Revenue Cycle via email at [PFS@hoag.org](mailto:PFS@hoag.org) or in writing by providing additional information to support the dispute at:

Hoag Memorial Hospital Presbyterian  
Attn: Executive Director of Revenue Cycle  
2975 Red Hill Avenue, Suite 200  
Costa Mesa, CA 92626

## 13. CASH DISCOUNT

- A. Hoag Hospital
  - I. A 35% discount will be given to patients paying cash for services, without requiring evidence of eligibility for the Financial Assistance Program, excluding services only available at a cash rate to all patients. Services with a cash rate are excluded from this discount. Payment is expected at the time of service.
- B. Hoag Clinic
  - I. A 35% discount will be given to patients paying cash for services, without requiring evidence of eligibility for the Financial Assistance Program ,excluding services only available at a cash rate to all patients. Services with a cash rate are excluded from this discount. Payment is expected at the time of service.

## 14. DEFINITIONS:

TERM	DEFINITION
Affordable Care Act (ACA)	A federal mandate that aims to increase the quality and

	afford-ability of health insurance.
Amounts Generally Billed (AGB)	A Hoag facility may determine AGB for any emergency or other medically necessary care provided to a FAP-eligible individual by using the billing and coding process the Hoag facility would use if the FAP-eligible individual were a Medicare fee-for-service or Medicaid beneficiary. AGB for the cost of care is the amount the Hoag facility determines would be the total amount Medicare or Medicaid would allow for the care (including both the amount that would be reimbursed by Medicare or Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).
Automatic Predictive Scoring Tool (APST)	An electronic payment assistance ranking score that estimates the patient's Federal Poverty Level (FPL) percentage and assists in evaluating and determining eligibility criteria.
Charity Care (Full Financial Assistance)	Free care where the patient is not expected to pay anything at all.
Covered California	California's Health Insurance Marketplace program provides assistance and shopping for affordable health care and possibly financial assistance. Covered California will also assist in determining qualifications for Medi-Cal.
Deposit	When payment arrangements are made, the first installment payment is considered the deposit. The deposit is negotiated, starting at 50% of the total estimated patient liability.
Discounted Payment	Any charge for care that is reduced but not free.
Emergency Physician	A physician who is credentialed by a hospital and either employed or contracted by the hospital to provide emergency medical services in the emergency Department of the hospital. "Emergency physician" does not include a physician specialist who is called into the emergency department of a hospital or who is on staff or has privileges at the hospital outside of the emergency department.
Essential Living Expenses (CA)	Expenses for any of the following: rent or house payment and maintenance; property taxes; food; utilities and telephone; medical expenses; health and life insurance; childcare; auto expenses, including insurance, installment payments.
Excluded services	If service deemed not medically necessary; cosmetic, Hoag for Her Center for Wellness
Federal Poverty Level (FPL)	The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and

	Human Services under authority of the subsection (2) of Section 9902 of Title 42 of the United States Code. The dollar amounts may be found at <a href="https://aspe.hhs.gov/topic/proverty-eecon">https://aspe.hhs.gov/topic/proverty-eecon</a>
Financial Assistance Program	Financial Assistance Program available to patients unable to pay for their care for any services at Hoag.
Financially Qualified Patient	A patient who is both of the following:  A patient who isa self-pay patient or a patient with high medical costs; and A patient who has a family income that does not exceed 400% (percent) of the federal poverty level.
Government -Funded Insurance Programs	The following are included in the "government-funded insurance programs" (but is not limited to):  <ul style="list-style-type: none"> <li>· Medicare</li> <li>· Presumptive Eligibility (Medi-Cal)</li> <li>· Medi-Cal (CA)</li> <li>· Covered California (CA)</li> <li>· Out of State Medicaid</li> </ul>
Health Insurance Marketplace	A component of the Affordable Care Act (ACA) is the Health Insurance Marketplace (formally known as Exchange). Each state is mandated to have this online venue for customers and small businesses to compare and purchase insurance coverage options and to learn if they are eligible for federal insurance subsidies.
High Medical Cost	Annual out-of-pocket costs incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months. Out-of-pocket costs means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months. Out-of-pocket expenses means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

HMO/PPO Payment Rates	The average amount of payment Hoag would receive from all contracted HMOs/PPOs for providing services. This rate, represented as a percentage of total billed charges, is Hoag- specific and updated periodically.
Household Income or Patient's Family Income	The wages and fringe benefits in the form of money, property or services. Generally, gross income includes everything received as payment for personal services, such as federal taxable wages, self-employment income, Social Security Income, retirement or pension income, investment income, rental and royalty income.
Insured Patient	A patient who has a third-party payer for all or a portion of their medical expenses.
Medi-Cal (CA)	Medi-Cal is California's federally funded health insurance programs that pay for a variety of medical services for children and adults who have limited resources and low income. Under ACA, Medi-Cal has expanded who may be eligible.
Medically Necessary Services	Services or supplied determined to be proper and needed for the diagnosis, direct care or treatment of the medical condition and meet the standards of good medical practice in the medical community.
Medical Payment Rates	The average amount of payment Hoag would receive from Medicare for providing services. This rate is Hoag specific and updated periodically.
Medicare	Medicare is a federally funded health insurance program for qualified people aged 65 or older. Certain people younger than 65 also qualify based on disabilities or renal disease. This program helps with the cost of health care but does not cover all medical expenses or the cost of long-term care. It is not based on a low-income. It is not part of the Health Insurance Marketplace, but there are some coverage changes as a result.
Out of Pocket Expense	Any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.
Out of State Medicaid	Hoag will bill for Out of State Medicaid provided a contract is approved by the state and/or obtained through an outsourced vendor.
Partial Financial Assistance	The patient does not qualify for Full Financial Assistance (free care) but is eligible for a discount and may be expected to pay only a portion of the bill.
Patient	The party who is financially responsible for the services provided.
Patient's Family (Household)	For patients 18 years of age and older, the family includes

	<p>the patients spouse, registered domestic partner and dependent children under 21 years of age, whether living at home or not. Includes dependent children of any age if those children are disabled.</p> <p>Patients (1) under 18 years of age or (2) who are 18 to 20 years of age and are a dependent child, included other dependent children of the patient's parents or caretakers relatives if those other children are disabled.</p>
Payment Arrangements/Installment Plans	A plan negotiated and agreed to by Hoag and the patient sets the terms of extended payment for services provided by Hoag. Any pre-service payment plan is based on an estimate and the financial counselors and/or schedulers coordinate payment through self -pat supervisor as Final terms are set up after final bill.
Presumptive Charity (APST, SOS, Teen Proviacy, and La Amistad programs)	Share ourselves program (SOS), Teen Private , and La Amistad have been pre-determined to meet the program guidelines as these individuals were deemed to be at or below the 200% FPL. SOS, and La Amistad complete their own screening and approval. APST is a patient account scoring mechanism. APST score is evaluated bi-annually and calibrated to reflect the charity care policy of Hoag for evaluation an eligibility criteria.
Reasonable Payment Plan (CA)	If Hoag and the patient/guarantor cannot agree on payment terms, Hoag shall create and offer a reasonable payment plan. Monthly payments pursuant to a reasonable payment cannot exceed more than 10% of the patient's family income, excluding deductions for essential living expenses.
Uninsured or Self-Pay Patient	A patient who has no third-party payer for any portion of their medical expenses including a patient whose benefits under all potential sources of payment have been exhausted. No compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third-party liability as determined and documented by the hospital. No Medi-Cal/Medicaid coverage or patients who qualify but who do not receive coverage for all services or for the entire stay.

**PLAIN LANGUAGE SUMMARY: HOAG NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE**

**MISSION:** Our mission as a non-profit, faith-based hospital is to provide the highest quality health care services to the communities we serve. Hoag is committed to working with our patients through any financial issues, including finding ways to make medical care more affordable. Hoag offers financial assistance for medically necessary care to eligible patients who do not have the financial ability to pay

for their medical bills. If you're having trouble paying for all or some of your health care, we encourage you to talk with one of our Financial Counselors or someone in our business office about how we can help you.

### **WHAT IS THE PATIENT FINANCIAL ASSISTANCE PROGRAM?**

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

Our Financial Counselors will review your eligibility for Medicare, Healthy Families Program, Medi-Cal, or other coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care. If you already have coverage through one of these programs, please notify our Financial Counselors immediately. Patients ineligible for government assistance may still qualify for discount or charity programs available through Hoag. You may also be referred to [www.OCGOV.com](http://www.OCGOV.com) for local assistance.

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

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

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

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

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

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

Free or Discounted Care: For those who qualify for financial assistance, free or discounted care is available. The amount discounted is determined by your family income as compared to the Federal Poverty Level (FPL). Free care is offered to patients with family income of 200% or less of FPL and discounted care is offered to patients with family income of 201% to 400% of FPL.

A patient who is eligible for financial assistance from Hoag may not be charged more than the amount generally billed for emergency or other medically necessary care.

### **HOW AND WHEN TO APPLY**

Please contact our Financial Counselors immediately after discharge or completion of services by calling 949-764-5564 or by e-mail at [FC@hoag.org](mailto:FC@hoag.org).

If you have questions or would like to receive a financial assistance application form, please contact:

- By telephone: 949-764-8413
- On our website at [hoag.org](http://hoag.org)
- By visiting in person at one of the following locations:

Hoag Hospital- Newport Beach Cashier's Office One Hoag Drive Newport Beach, CA 92662 Hours: Monday through Friday 8:30am to 4:30pm or by email at FC@Hoag.org	Hoag Hospital- Irvine Cashier's Office 16200 Sand Canyon Ave Irvine, CA 92618 Hours: Monday through Friday 8:30am to 4:30pm or by email at FC@Hoag.org	Patient Financial Services Attn: Charity Care Specialist 2975 Red Hill Ave., Suite 200 Costa Mesa, CA 92626 Hours: Monday through Friday 8:30am to 4:30pm or by email at <a href="mailto:PFS@Hoag.org">PFS@Hoag.org</a>
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We are committed to making information about the Hoag Financial Assistance Program available in the communities we serve in a manner that is easy to understand. In addition to English, this summary, Hoag Financial Assistance Policy, and Hoag Financial Assistance Application form, are available in other languages, including Arabic, Chinese, Farsi, Korean, Spanish and Vietnamese. Please visit [hoag.org](http://hoag.org)

**CONFIDENTIALITY**

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

**Reference:** n/a

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

Internal Revenue Code Section 501©; 26 C.F.R. 1.501(r) (1)-1.501(r) (7); California Health & Safety Code

**Title and version of IFU:** n/a

**All Revision Dates**

5/26/2026, 3/3/2026, 5/20/2025, 4/7/2025, 12/19/2024, 5/20/2024, 12/29/2023, 5/19/2021, 1/15/2020

**Approval Signatures**

Step Description	Approver	Date
VP Approval	Andrew Guarni: VP EX AND CFO : ADMINISTRATION - FULL TIME - 08HR	5/26/2026
VP of Hoag Clinic Approval	Michael Gam: VP AND CFO HOAG CLINIC : HOAG CLINIC ADMINISTRATIO	5/21/2026
Policy Management Approval	Anna Do: CORPORATE COMPLIANCE ASSOCIATE : CORPORATE COMPLIA	5/21/2026
Owner Approval	Kathleen Graham: EXEC DIR	5/21/2026

## Applicability

Hoag Clinic, Hoag Memorial Hospital Presbyterian, Hoag Orthopedic Institute

## Appendix B

### Hoag Hospital Quantifiable Community Benefit for CY2024

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

*Definition: The direct cost of medical care provided by Hoag; consists of unreimbursed costs (calculated utilizing cost-to-charge ratios) of providing services to the county indigent population and charity care.*

	CY2024	CY2025
Charity Care	\$ 6,844,154	\$ 5,522,834
MediCal/Cal Optima Cost of Unreimbursed Care	\$ 73,580,704	\$ 71,490,983
Medicare Cost of Unreimbursed Care	\$ 169,164,837	\$ 179,074,665
<b>Total Cost of Unreimbursed Direct Medical Care Svcs</b>	<b>\$ 249,589,695</b>	<b>\$ 256,088,482</b>

#### B. Benefits for Vulnerable Populations

*Definition: Services and support provided to the indigent, uninsured/underinsured, racial and ethnic groups experiencing disparate health outcomes, and socially disadvantaged groups to facilitate access to preventive and immediate medical care services.*

Community Health Services	\$ 2,329,729	\$ 2,785,721
Subsidized Clinical Specialty Services	\$ 113,330	\$ 42,847
Cash and In-Kind Contributions	\$ 7,309,152	\$ 7,548,577
Community Benefit Operations	\$ 1,310,585	\$ 1,604,407
<b>Total Benefits for Vulnerable Populations</b>	<b>\$ 11,062,796</b>	<b>\$ 11,981,552</b>

#### C. Benefits for the Broader Community

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

Community Health Services	\$ 366,655	\$ 494,963
Health Profession Education	\$ 307,765	\$ 537,641
Subsidized Clinical Specialty Services	\$ 44,980	\$ 72,400
Cash and In-Kind Contributions	\$ 2,398,359	\$ 2,033,790
<b>Total Benefits for the Broader Community</b>	<b>\$ 3,117,759</b>	<b>\$ 3,138,794</b>

Total Community Benefit and Economic Value	263,770,250	271,208,828
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<b>Total Community Benefit and Economic Value (excluding Medicare Cost of Unreimbursed Care)</b>	<b>94,605,413</b>	<b>92,134,163</b>
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**Notes:** \*The CY 2025 year included 12 months: January 1, 2025-December 31, 2025

## Appendix C

### Hoag Hospital Community Benefit Expenditures by Program

#### Benefits for Vulnerable Populations

#### Net CB Expenditure

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

Case Management and Outreach-Community Health	\$	344,956
Community Nurse Navigation-Community Health	\$	547,396
Mental Health Center-Community Health	\$	1,893,369
<b><i>Total Community Health Services</i></b>	<b>\$</b>	<b>2,785,721</b>

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

ECU Call Panel Fees for Uninsured Patients (Southern CA Hospitalists)	\$	42,847
<b><i>Total Subsidized Clinical Specialty Services</i></b>	<b>\$</b>	<b>42,847</b>

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

Access California Services	\$	78,000
American Academy of Pediatrics: Clinic in the Park	\$	50,000
Bracken's Kitchen	\$	78,000
Cancer Kinship	\$	35,000
CHOC Foundation-Pediatric Diabetes Services at the Allen Diabetes Center	\$	1,196,300
CIELO (Community for Innovation, Entrepreneurship, Leadership & Opportunities)	\$	38,000
Community Action Partnership of Orange County	\$	50,000
Community Health Initiative of OC	\$	195,000
Community Senior Serve Inc	\$	75,000
Epilepsy Support Network	\$	35,000
Families Forward	\$	303,000
Girls Inc	\$	120,000
Human Options	\$	75,000
Hurtt Family Health Clinic	\$	202,000
In-Kind Equipment Donations	\$	164,203
In-Kind Food Donations	\$	41,664
In-Kind Nonprofit Board Participation	\$	18,340
Korean Community Services	\$	50,000
Laguna Beach Community Clinic	\$	55,000
Latino Health Access	\$	103,000
Lestonnac Free Clinic	\$	1,551,320
LGBTQ Center OC	\$	50,000

MOMS Orange County	\$	103,000
National Alliance of Mental Health (NAMI)	\$	250,000
NMUSD Back to School Resource Fair	\$	8,970
Orange County Asian and Pacific Islander Community	\$	50,000
Orange County Community Housing Corporation	\$	25,000
Orange County United Way	\$	100,000
Pediatric Adolescent Diabetes Research Education Foundation	\$	58,000
Phoenix House Orange County Inc	\$	175,000
Public Law Center	\$	125,000
Radiant Health Centers/formerly AIDS Service Foundation	\$	25,000
Save Our Youth (SOY)	\$	50,000
Second Harvest Food Bank	\$	85,000
Serving People in Need (SPIN)	\$	50,000
Share Ourselves Corporation	\$	1,689,480
South County Outreach	\$	30,000
The Cambodian Family	\$	50,000
The Purpose of Recovery	\$	25,000
Vital Access Care Foundation (formerly Vietnamese American Cancer Foundation)	\$	50,000
Young Lives Redeemed	\$	35,000
<b>Total Cash and In-Kind Contributions</b>	<b>\$</b>	<b>7,548,577</b>

**Community Benefit Operations**

Community Health Department Operations	\$	1,013,913
Community Health Needs Assessment (Charitable Ventures)	\$	64,550
Dedicated Staff	\$	525,944
<b>Total Community Benefit Operations</b>	<b>\$</b>	<b>1,604,407</b>

**Total Benefits for Vulnerable Populations \$ 11,981,552**

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

Community Education and Outreach (various Hoag departments)	\$	328,989
Community Flu Immunization Clinics	\$	128,680
Project Wipeout	\$	37,294
<b>Total Community Health Services</b>	<b>\$</b>	<b>494,963</b>

**Health Professions Education**

ATP Clinic Preceptorship	\$	1,500
Care Management MSW Internship	\$	17,062
Cristo Rey Work Study	\$	12,759
Health Scholars Program	\$	234,000
HOI Internship	\$	46,610
Maternal Mental Health Intern	\$	7,500
Pelvic Health Program Internship	\$	36,400
Pharmacy Clinical Rotation	\$	1,050
Rehabilitation/Physical Therapy Internship	\$	167,960
Sterile Processing Internship	\$	12,800
<b>Total Health Professions Education</b>	<b>\$</b>	<b>537,641</b>

**Subsidized Clinical Specialty Services**

Care Management: ETOH/Psych/Ancillary Patient Transfer Program	\$	72,400
<b>Total Subsidized Clinical Specialty Services</b>	<b>\$</b>	<b>72,400</b>

**Cash and In-Kind Contributions**

AED Donations	\$	10,944
Age Well Senior Services	\$	75,000
Alzheimer's Family Center	\$	250,000
Alzheimer's Family Center-Transportation	\$	50,000
Alzheimer's Orange County	\$	75,000
ASPIRE Scholarships	\$	5,900
Big Brother Big Sisters Of Orange County	\$	50,000
City of Costa Mesa-Transportation	\$	50,000
City of Huntington Beach-Transportation	\$	50,000
City of Newport Beach-Oasis Senior Center-Transportation	\$	50,000
Community Disaster Preparedness/Readiness	\$	4,396
Council on Aging Orange County	\$	135,000
Crime Survivors Inc	\$	25,000
High School Sports Physicals	\$	16,614
In-Kind Office Lease/Meeting/Parking Space for Non-Profits	\$	744,459
Laguna Beach Seniors (The SusiQ)	\$	25,000
Orange County Grantmakers (Charitable Ventures)	\$	20,700
Orange County Human Relations/Groundswell	\$	75,000
Project Youth OC (Orange County Bar Foundation)	\$	100,000
South County Community Health Initiatives	\$	220,777
<b>Total Cash and In-Kind Contributions</b>	<b>\$</b>	<b>2,033,790</b>

**Total Benefits for the Broader Community \$3,138,794**

*Prepared By:*

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