MemorialCare Saddleback Medical Center

Implementation Strategy

FY2026-FY2028

MemorialCare™
Saddleback Medical Center

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Introduction

MemorialCare is a nonprofit integrated health system that includes leading hospitals – Saddleback Medical Center, Long Beach Medical Center, Miller Children's & Women's Hospital, and Orange Coast Medical Center; award winning medical groups – MemorialCare Medical Group and Greater Newport Physicians MemorialCare, Select Health Plan, and outpatient health centers, urgent care centers, imaging centers, breast centers, surgical centers, physical therapy centers and dialysis centers throughout Orange and Los Angeles Counties.

MemorialCare Saddleback Medical Center (SMC) is a full service, nonprofit hospital with 248 licensed beds. The hospital provides a wide range of services and innovative specialty programs through its Centers of Excellence, which include the MemorialCare Heart & Vascular Institute, the MemorialCare Cancer Institute, the MemorialCare Breast Center, the MemorialCare Joint Replacement Center, Spine Health Center, robotic-assisted surgery program and The Women's Hospital.

In 2025, SMC conducted a Community Health Needs Assessment (CHNA) in compliance with state and federal regulations guiding tax-exempt hospitals, assessing the significant health needs for the hospital's service area. California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to identified community health needs.

The CHNA and Implementation Strategy help guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with organizations that share a mission to improve health. This Implementation Strategy explains how SMC plans to address the significant health needs identified by the CHNA.

Report Adoption, Availability and Comments

This Implementation Strategy was adopted by the Board of Directors on June 9, 2025. The CHNA and Implementation Strategy are available at www.memorialcare.org/about-us/community-benefit .

Public comment on the CHNA and Implementation Strategy is encouraged as community input is used to inform and influence this work. Written comments can be submitted to communitybenefit@memorialcare.org.

Definition of the Community Served

SMC is located at 24451 Health Center Drive, Laguna Hills, California 92653. The service area is in Orange County and includes 27 ZIP Codes, representing 17 cities or communities. For the purposes of this report, inpatient admissions were calculated over three years 2021-2023 (calendar years) and 85% of total inpatient ZIP Codes were used to determine the service area.

Saddleback Medical Center Service Area

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

Significant Health Needs

SMC's CHNA incorporated demographic and health data collected from a variety of local, county and state sources to present community demographics, social drivers of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate.

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

- Access to care
- Chronic diseases
- Economic insecurity

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

Prioritized Health Needs the Hospital Will Address

This Implementation Strategy details how SMC plans to address the significant health needs identified in the 2025 CHNA. The hospital plans to build on previous CHNA efforts and existing initiatives, while also considering new strategies and efforts to improve health.

SMC examined the identified significant health needs and prioritized them with community stakeholder input. Stakeholders included a broad range of key informants and residents in the service area who spoke about the issues and needs in the communities served by the hospital. Once the CHNA was completed, the hospital convened the Community Benefit Oversight Committee (CBOC) on April 10, 2025, to discuss and prioritize the significant health needs. Prior to the meeting, the committee received the 20252 CHNA and had an opportunity to review the CHNA findings.

The CBOC applied the following criteria to the significant health needs to determine the priority health needs SMC will address in the Implementation Strategy.

- Existing infrastructure: There are programs, systems, staff, and support resources in place to address the issue.
- Established partners: There are established relationships with community partners to address the issue.
- Ongoing investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

Results of the prioritization process were compiled, and priority health needs identified. As a result of this process, SMC will address the following significant health needs with a focus on older adults, the social drivers of health, and health equity:

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

Strategies to Address Prioritized Health Needs

For each health need the hospital plans to address, the Implementation Strategy describes the following: actions the hospital intends to take, including programs and resources it plans to commit; anticipated impacts of these actions; and planned collaboration between the hospital and other organizations.

Access to Health Care

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

Strategies

1. Provide financial assistance through free and discounted care for health care services, consistent with the hospital's financial assistance policy.
2. Provide transportation support to increase access to health care services.
3. Provide low-income residents with low-cost or no-cost pharmacy assistance.
4. Offer health education, community outreach, and support services that reduce barriers to care and increase access to health care.
5. Provide social work management, supplies, and home care services for high-risk seniors.
6. Provide grant funding and in-kind support to increase access to health care.
7. Work in collaboration with community agencies to address the health care needs of older adults.
8. Work in collaboration with community agencies to address the impact that the social drivers of health and health equity have on health care access.

Anticipated Impact

- Increase access to health care and reduce barriers to care.
- Provide financial assistance to qualified patients.
- Support access to health care services by providing transportation assistance.
- Increase awareness of the impact that the social drivers of health and health equity have on access to health care services.

Planned Collaborative Partners

- Community clinics
- Community-based organizations
- Laguna Woods Village
- MemorialCare Medical Group
- Orange County Health Care Agency
- Schools and school districts
- Senior services
- Transportation services

Behavioral Health (Mental Health and Substance Use)
Goal: Increase access to mental health and substance use services in the community.

Strategies

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

Anticipated Impact

- Increase the availability of mental health and substance use services in community settings through collaboration with community partners.
- Improve screening and identification of mental health and substance use needs.
- Improve coordination among providers and community resources and programs.
- Increase awareness of the impact that the social drivers of health and health equity have on behavioral health issues.

Planned Collaborative Partners

- Community clinics
- Community-based organizations
- Family Resource Centers
- MemorialCare Medical Group
- Orange County Health Care Agency, Behavioral Health Services
- Schools and school districts
- Senior centers

Chronic Diseases

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

Strategies

1. Offer health education workshops and presentations on chronic disease prevention, treatment, and management.
2. Host health and wellness fairs for older adults, including screenings.
3. Provide support groups to assist those with chronic diseases and their families.
4. Provide public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic diseases.
5. Provide grant funding and in-kind support for chronic disease prevention and treatment.
6. Work in collaboration with community agencies to address chronic disease prevention and treatment among older adults.
7. Work in collaboration with community agencies to address the impact that the social drivers of health and health equity have on chronic diseases.

Anticipated Impact

- Increase the identification and treatment of chronic diseases.
- Increase public awareness of chronic disease prevention.
- Increase compliance with chronic disease prevention and management recommendations.
- Improve healthy eating and increase physical activity among community members.
- Increase awareness of the impact that the social drivers of health and health equity have on chronic disease.

Planned Collaborative Partners

- Alzheimer's Association Orange County Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Community-based organizations
- Community clinics
- Laguna Woods Village
- Orange County Aging Services Collaborative
- Orange County Health Care Agency
- Orange County Office on Aging
- Schools and school districts
- Skilled Nursing Facilities

- Senior Centers

Preventive Practices
Goal: Improve community health through preventive health practices.

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

Anticipated Impact
- Increase availability and access to preventive care services.
- Increase compliance with preventive care recommendations (screenings, immunizations, injury prevention, and lifestyle and behavior changes).
- Increase awareness of the impact that the social drivers of health and health equity have on access to preventive practices.

Planned Collaborative Partners
- Community clinics
- Community-based organizations
- Family Resource Centers
- Laguna Woods Village
- Orange County Health Care Agency
- Orange County Office on Aging
- Schools and school districts
- Senior Centers
- Skilled Nursing Facilities

Evaluation of Impact

SMC is committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Implementation Strategy. We have implemented a system for the collection and documentation of tracking measures, such as the number of people reached/served, and collaborative efforts to address health needs. In addition, through our grants program, we track and report program outcomes. An evaluation of the impact of SMC's actions to address these significant health needs will be reported in the next scheduled CHNA.

Health Needs the Hospital Will Not Address

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