



**Annual Report and Plan for Community Benefit
MemorialCare Orange Coast Medical Center
Fiscal Year 2024 (July 1, 2023 - June 30, 2024)**

Submitted to:
Department of Health Care Access and Information
Accounting and Reporting Systems Section
Sacramento, California
November 2024

Contents

About Orange Coast Medical Center.....	2
Mission and Values.....	4
Governance	4
Caring for our Community.....	6
Community Health Needs Assessment	9
Addressing Priority Health Needs	11
Other Community Benefit Services	18
Financial Summary of Community Benefit.....	21
Community Benefit Plan FY25	22
Significant Needs the Hospital Intends to Address	22
Evaluation of Impact.....	27
Needs the Hospital Will Not Address	27
Contact Information	28

About Orange Coast Medical Center

MemorialCare

MemorialCare is a nonprofit integrated health system that includes leading hospitals – Orange Coast Medical Center, Saddleback Medical Center, Long Beach Medical Center, and Miller Children’s & Women’s Hospital Long Beach, 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.

Orange Coast Medical Center

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

Awards

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

- *U.S. News & World Report* ranked Orange Coast among the top 12 hospitals in the Los Angeles Metro area and among the top 22 hospitals in California. *U.S. News* also recognized Orange Coast as “High-Performing” in 16 specialty categories:
 - Colon Cancer Surgery
 - Congestive Heart Failure
 - COPD
 - Diabetes
 - Geriatrics
 - Heart Attack
 - Heart Bypass Surgery
 - Kidney Failure
 - Knee Replacement
 - Leukemia, Lymphoma & Myeloma
 - Lung Cancer Surgery
 - Lung Surgery & Pulmonology
 - Neurology & Neurosurgery
 - Pneumonia
 - Stroke

- High-Performing in Maternity
- Healthgrades with Excellence Awards in two categories and Five-Star Rankings in four categories.
 - Excellence Awards: Critical Care, Coronary Intervention
 - Five Star Ratings: Coronary Interventional Procedures, Appendectomy, Total Knee Replacement, and Treatment of Heart Attacks
- OCMC was recognized as a Blue Shield Blue Distinction Center for Spine Surgery and Knee and Hip Replacement and a Blue Distinction PLUS Center for Maternity.
- Our employees recognized Orange Coast as a Top Place to Work for the 13th Consecutive Year, with special recognition for Training.
- Patients and the community have recognized OCMC as the No. 1 hospital in Orange County for the seventh consecutive year.
- Surgical Program Named American College of Surgeons Surgical Quality Partner.
- Cardiac Program Earned a Three-Star Rating from Society of Thoracic Surgeons.
- Aetna Named Orange Coast as an Institute of Quality for Orthopedic Care.
- Received California Maternal Quality Care Collaborative (CMQCC) Super Star Award.

Mission and Values

Mission

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

Vision

Exceptional People. Extraordinary Care. Every Time.

Values

The iABCs of MemorialCare

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

➤ **Integrity**

Always holding ourselves to the highest ethical standards and values. Doing the right thing, even when no one is watching.

➤ **Accountability**

Being responsible for meeting the commitments we have made, including ethical and professional integrity, meeting budget and strategic targets, and compliance with legal and regulatory requirements.

➤ **Best Practices**

Requires us to make choices to maximize excellence, and to learn from internal and external resources about documented ways to increase effectiveness and/or efficiency.

➤ **Compassion**

Serving others through empathy, kindness, caring and respect.

➤ **Synergy**

A combining of our efforts so that together we are more than the sum of our parts.

Governance

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

FY24 Board of Directors

Barry Arbuckle, PhD

Sharon Cheever, (MHS Board Chair)

Resa Evans

Thomas Feldmar, Vice Chair

Catherine Han, MD
Julio Ibarra, MD, Secretary
Lalita Komanapalli, MD
Rhonda Longmore-Grund
Frank Marino, MD
Michael Moneta, MD
Tam Nguyen, MD
Tom Rogers, Chair
Dale Vital
David Wolf

Community Benefit Oversight Committee

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

The members of the CBOC include:

- Sue Allie, Community Member
- Cheryl Brothers, Community Member
- Tony Coppolino, Community Member
- Beth Hambelton, Orange Coast Medical Center
- Erin Hotra-Shinn, Orange Coast Medical Center
- Marc Johnson, EdD, Community Member
- Marcia Manker, Orange Coast Medical Center and Saddleback Medical Center
- Kristen Pugh, MPA, MemorialCare Health System
- Jennifer Zouras, Community Member

Caring for our Community

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

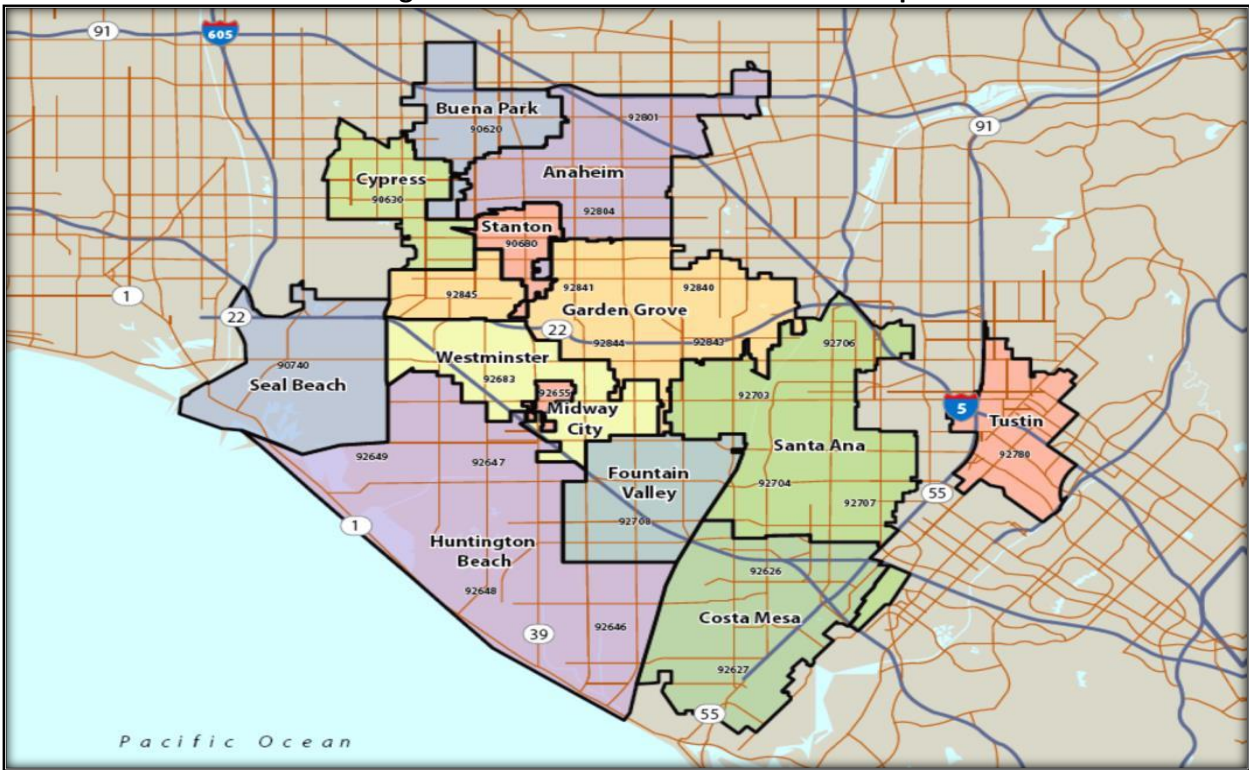
Service Area

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

Orange Coast Medical Center Service Area

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

Orange Coast Medical Center Service Area Map



Community Snapshot

(Based on data from the FY22 Community Health Needs Assessment.)

The population of the OCMC service area is 1,266,738¹. Children and youth make up 22.4% of service area population, 62.6% are adults, and 15% are seniors, ages 65 and older². In the service area, 42.4% of the population are Hispanic or Latino residents. White residents comprise 28.4% of the population. At 24.5% of the population, Asian residents are the third largest racial and ethnic group in the service area. The remaining races and ethnicities comprise 4.7% of the service area population³. 43.7% of residents speak English only in the home. Spanish is spoken in 33.9% of homes and an Asian or Pacific Islander language is spoken in 18.3% of service area homes. 3.3% of residents in the area speak an Indo-European language⁴.

In the OCMC service area, 20.8% of adults have not graduated high school, and 36.7% of the population has graduated college, lower than the rate for the county (48.6%) and the state (41.8%)⁵. Among service area residents, 90.6% of the population have health insurance⁶.

¹ Orange County's Healthier Together, Claritas, 2021. www.ochealthiertogether.org

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ U.S. Census Bureau, American Community Survey, 2015-2019, B27010. <http://factfinder.census.gov>

Vulnerable Populations

- Among area residents, 17.3% are at or below 100% of the federal poverty level (FPL) and 23.9% are at 200% of FPL or below (low-income).⁷
- In the service area, 17.5% of children live in poverty, 11.1% of seniors and 29.5% of female head of households with children live in poverty⁸.
- Between 2017 and 2019, homelessness increased in the county, with the largest increase coming from unsheltered homelessness. On any given night, there were 6,860 residents experiencing homelessness in Orange County. In Orange County, 4.5% of students in public schools were experiencing homelessness⁹.
- Among Orange County adults, 3.3% identify as gay, lesbian, or homosexual. 3.9% identify as bisexual¹⁰.
- Among adults in Orange County, 24.0% were identified as having a physical, mental or emotional disability. 3.7% of county adults could not work for at least 30 days due to illness, injury, or disability¹¹.

⁷ U.S. Census Bureau, American Community Survey, 2015-2019, B05010. <http://factfinder.census.gov>

⁸ U.S. Census Bureau, American Community Survey, 2015-2019, DP03, B17001. <http://factfinder.census.gov>

⁹ HUD Continuum of Care Homeless Assistance Programs Homeless Population and Subpopulations, 2017 and 2019. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

¹⁰ California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

¹¹ California Health Interview Survey, *2016, 2019. <http://ask.chis.ucla.edu>

Community Health Needs Assessment

Orange Coast Medical Center completed a Community Health Needs Assessment (CHNA) in FY22 as required by state and federal law. The CHNA is a primary tool used by the hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. The assessment incorporated components of primary data collection and secondary data analysis that focused on the health and social needs of the service area.

The CHNA examined up-to-date data sources for the service area to present community demographics, social determinants of health, health care access, maternal and infant health, leading causes of death, disability and disease, COVID-19, health behaviors, mental health, substance use, and preventive practices. When applicable, these data sets were presented in the context of Orange County and California and were compared to the Healthy People 2030 objectives (<https://odphp.health.gov/healthypeople>).

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

Priority Health Needs

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

The identified significant needs included (in alphabetical order):

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

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

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

The complete CHNA report and the prioritized health needs can be accessed at www.memorialcare.org/about-us/community-benefit. Feedback may be sent to: communitybenefit@memorialcare.org.

Addressing Priority Health Needs

In FY24, OCMC engaged in activities and programs that addressed the priority health needs identified in the FY23-FY25 Implementation Strategy. OCMC has committed to community benefit efforts that address access to health care, behavioral health, chronic diseases, overweight and obesity, and preventive practices with a focus on older adults, the social determinants of health and health equity. Selected activities and programs highlighting the hospital's commitment to community health are detailed below.

Priority Health Need: Access to Care and Preventive Practices

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

Response to Need

Financial Assistance

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

Health and Resource Fairs

OCMC participated in over 30 health fairs around Orange County, providing nearly 9,500 health education encounters and resources for community residents.

Health Education, Resources and Community Outreach

OCMC provided support and services for community residents that removed barriers to care and increased access to health care and preventive measures. General health and wellness education, social media postings, blogs, podcasts, and informational articles were presented on topics that included: women's health, cancer awareness, cardiac health, men's health, spine health, healthy habits, nutrition and exercise, maternal health, digestive health, gastroesophageal reflux disease (GERD), trauma, influenza, immunizations, advanced care planning, back to school basics and safety education. Over 282,255 community encounters were provided.

Parents-to-be were provided with education, advice, strategies, and tools through prenatal, childbirth and parenting classes. Topics included healthy pregnancy education, safety tips from pediatricians, baby care basics, childbirth, maternal support, childcare and breastfeeding support. Information was provided in English and Vietnamese and reached 2,897 community members. A breastfeeding clinic provided 293 encounters and breastfeeding education reached 2,382. Infant CPR and Safety reached 311 community members. 71 individuals participated in postpartum support.

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

Support Services

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

- Transportation was provided to 949 individuals who could not easily access medical care and appointments.
- Provided durable medical equipment, infusion services, home health support and medication prescriptions to individuals who could not afford the cost of these services.
- Provided clothing and transportation to people experiencing homelessness.
- Social Work support line assisted 405 community members.
- Provided home health infusions for patients without insurance and no means of payment.
- Provided skilled nursing care services for a patient without insurance and no means of payment.

Vietnamese Community Outreach

OCMC supported a Vietnamese Community Outreach Coordinator who organized and directed free community education, flu vaccine clinics, and health screenings in the Vietnamese community. The coordinator also assisted with securing medical transportation for the elderly in the Vietnamese community. Outreach included:

- An education series included presentations on heart problems, respiratory issues, pancreatic cancer, osteoporosis, hospice, kidney failure, thyroid disease, depression, and colorectal cancer. 652 Vietnamese community members participated in these classes.
- Offered free skin care screenings to 115 Vietnamese community members.
- Provided 70 flu vaccines.
- Vietnamese postpartum virtual support group supported 13 individuals.

- Hosted a Vietnamese language website to better serve Vietnamese speaking community members.
- Presented health education and prevention messages to the Vietnamese community through a variety of social media and newsletters. OCMC offered targeted health outreach to the Vietnamese community on local radio and cable TV. Information was presented weekly on a variety of topics. Radio listeners called in with questions.
 - Health focused Radio talk shows reached over 4,250,000
 - Health focused TV talk shows reached 2,600,000

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

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

Response to Need

Behavioral Health Education and Awareness

Outreach, education classes and support groups increased awareness of mental health issues and connected area residents with available resources. Mental health education included presentations on mental health awareness, prolonged grief, survivorship and beyond, and mindfulness and wellbeing.

Behavioral Health Integration Program

MemorialCare recognizes that physical and mental health should be coordinated in primary care settings. As a result, the Behavioral Health Integration (BHI) program includes all MemorialCare Medical Group Primary Care sites of care throughout our service area. Primary care practitioners screen for mental health conditions and coordinate care options for patients with behavioral health needs. The program includes:

- An embedded clinical social worker at each location
- Referral to needed services
- Access to a trained psychiatrist via telehealth
- Tele-video visits to patients enrolled in the program
- Online patient self-management tools through SilverCloud

Casa Teresa

The OCMC community benefit grant program supported Casa Teresa to assist pregnant women facing addiction and experiencing homelessness received shelter and other basic needs, case management, classes and supportive services, including visits with mental health professionals. Over seven months, they cared for 97 women, 24 children and 48 babies.

Hope Harbor

The OCMC community benefit grant program provided funding for Hope Harbor, a stabilizing, preventive-care program, providing temporary housing, mental healthcare, academic support, and basic necessities to at-risk teens in Orange County. 21 at-risk teens experiencing homelessness received:

- 6,612 nutritious meals
- 2,199 shelter nights
- 598 case management sessions
- 616 counseling sessions
- 2,039 transportation rides

SilverCloud

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

Priority Health Need: Chronic Diseases

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

Response to Need

Cancer Support Services

OCMC provided health and wellness education as well as support services related to cancer that were made available to the public. The Cancer Resource Center provided one-on-one counseling and phone counseling, free of charge to 165 individuals and provided resources to 660 individuals. Fall Festival for Life provided community education on health and wellness for 100 people. Support groups, free and open to the public, were provided for bereavement, cancer care, and women's cancer care.

The Look Good Feel Better program taught 46 women beauty techniques to help them manage their appearance as they underwent cancer treatment. 560 community members diagnosed with

cancer received referrals, resources, blankets, hats, and wigs through “The Warm Wishes program”. 323 individuals undergoing cancer treatment received free wigs from the hospital’s wig bank. Port pillows were provided to 130 people.

Health Education, Resources and Community Outreach

Health and wellness education was made available to the public on topics that included: cardiovascular health, cancer, safety, diabetes, medication management, nutrition, managing multimorbidity, and healthy habits reaching 30,802 community members.

- 3,814 community members participated in Diabetes Grocery Shopping and Fasting with Diabetes classes. 254 participated in Healthy Tips Nutrition education.
- Support groups for bereavement, cancer and Parkinson’s disease were provided with resources, education and support to individuals, families, and their caregivers.
- 220,262 encounters were provided on cardiac health awareness education, including heart risk assessment, heart health, atrial fibrillation treatment, stroke prevention and treatment, and advanced cardiac care.

Parkinson’s Disease Support

OCMC provided health education classes, support groups and special events that focused on Parkinson’s disease. Offerings included support groups provided for individuals with movement disorders and early disease onset. In addition, Parkinson’s classes included wellness recovery, exercise classes and LOUD Crowd (speech preservation) classes. 3,272 encounters were provided.

Senior Outreach Coordinator

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

OCMC supported senior-focused events:

- An education series geared towards seniors provided classes on essential tremors, fall prevention, food is medicine, intermittent fasting, dizziness, memory loss, emotional wellbeing, nutrition, health benefits of pickleball, and updates in cancer screenings. 543 seniors participated in the classes.
- Advanced Care planning for 178 individuals.
- Community health education on the importance of influenza vaccinations reached 14,431.
- A senior community health fair reached 100 seniors.

- An e-newsletter was sent to senior residents to notify them of free health classes, events, and lifestyles information.
- Medicare education classes assisted 259 seniors.
- Sweet-heart cardiovascular screenings were provided for 306 community members.
- Education on Alzheimer's prevention, research, early diagnosis and treatments, and maintaining a healthy brain was provided.
- Arthritis awareness month reached the community with arthritis information.
- Balance improvement and fall prevention classes reached senior adults.
- Provided 222 free medical transportation rides for seniors.

Priority Health Need: Overweight and Obesity

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

Response to Need

Breastfeeding

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

Health Education, Resources and Community Outreach

OCMC provided support and services for community residents that increased access to health care and preventive measures. Health and wellness education, social media postings, blogs, podcasts, and informational articles were presented on topics that included: healthy snacks, grocery shopping tips, evidence-based nutrition for the future, exercise, and weight loss. These programs provided 4,740 community encounters.

Meals on Wheels Orange County

The OCMC community benefit grant program provided funding for Meals on Wheels Orange County (MOWOC). The program provided home-delivered nutritious meals to homebound older adults. Services included meals delivered three meals a day, five days a week, along with nutrition education, case management services, and home safety checks.

- 3,998 older adults received 391,883 meals.
- To meet the diverse needs of the local Vietnamese population and those with restrictive diets, MOWOC provided:

- 11,859 Asian-inspired meals
- In addition, on a weekly basis, MOWOC provided 84 vegetarian meals, 101 lactose-free meals, and 200 Hispanic-inspired meals.

Orange County Rescue Mission

The OCMC community benefit grant program provided funding for the Orange County Rescue Mission's Village of Hope (VOH), a 258 bed 24-month transitional housing program for individuals and families experiencing homelessness. Services included safe shelter, nutritious meals, case management, mentorship, medical and dental care, and mental health services.

- 397 homeless individuals received 189,009 nutritious meals and 62,802 shelter nights.
- 397 homeless individuals received 1,095 medical and dental treatments.
- 258 homeless individuals received 3,005 mental health treatments.
- 101 homeless adults received 649 individual and group substance abuse recovery sessions.

Other Community Benefit Services

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

Health Professions Education

Continuing Medical Education (CME)

Eighteen CME lectures were offered throughout the year and were available to physicians and health care professionals in the community. There were 895 encounters by health professionals for these lectures.

Nursing Education

OCMC provided precepting for 24 nursing students. Additionally, 8 nursing students participated in a Community Health Preceptorship, and 8 nursing students worked on their leadership clinical hours.

Other Health Professions

OCMC provided clinical precepting for 33 health professionals. Students were precepted and performed their clinical hours and/or internship rotations for:

- Cardiopulmonary
- Cardiovascular technician
- Pharmacy
- Radiology
- Social work
- Speech therapy
- Surgical technician

Cash and In-Kind Donations

Cash Donations

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

In-Kind Donations

- OCMC provided in-kind donations of shoes, clothing, blankets, and hygiene kits for people experiencing homelessness.
- OCMC employees represented the hospital on community boards and collaboratives that focused on increased access to health and social services, and improved safety, as well as

Vietnamese and senior health issues.

Community Benefit Grant Program

In FY24, OCMC provided community benefit grant funds to support community-based organizations that addressed identified health needs and served vulnerable populations within the hospital service area. Grants were provided to:

- Casa Teresa
 - Pregnant women facing addiction and experiencing homelessness received shelter and other basic needs, case management, prenatal care, classes and supportive services, including visits with mental health professionals. Over seven months, Casa Teresa cared for 97 women, 24 children, and 48 babies, of those.
 - 90% of Casa Teresa residents moved into safe and stable housing
 - 90% improved their mental and physical health
 - 85% increased their knowledge of lactation and prenatal care
 - 90% improved their life skills and parenting skills
- Hope Harbor
 - Provided housing and support services for 21 homeless, at-risk teens.
 - 6,612 meals were served
 - 2,199 shelter nights were provided
 - 598 case management sessions were provided
 - 616 counseling sessions were provided
 - 2,039 transportation rides were provided to at-risk teens to needed services
- Meals on Wheels Orange County
 - Served 3,998 unduplicated older adults and delivered a total of 391,883 heart-healthy and diabetic-friendly meals through the Meals on Wheels program, all of which help to address the three biggest threats to older adults' health and wellbeing: malnourishment, isolation, and loss of independence.
- OC Rescue Mission
 - Provided nutritious meals, shelter and medical and dental care to 397 individuals and families experiencing homelessness through Village of Hope. In addition, 258 individuals received mental health treatments and 101 received substance use recovery services.

Community Benefit Operations

In FY24, community benefit operations included administrative support and community benefit consultants.

Community Building Activities

Economic Development

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

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

Financial Summary of Community Benefit

The OCMC financial summary of community benefit for FY24 (July 1, 2023 to June 30, 2024) is summarized in the table below. The Hospital's community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H. Costs are determined as part of the VHA Community Benefit package and are based on the Hospital's overall cost to charge ratio.

Community Benefit Categories	Net Benefit
Charity Care/Financial Assistance ¹²	\$2,125,430
Unpaid Costs of Medi-Cal ¹³	\$23,182,350
Education and Research ¹⁴	\$1,484,250
Other for the Broader Community ¹⁵	\$2,733,540
Total Community Benefit Provided Excluding Unpaid Costs of Medicare	\$29,525,570
Unpaid Costs of Medicare ¹³	\$17,919,340
Total Quantifiable Community Benefit	\$47,444,910

¹² Financial Assistance includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient's financial situation.

¹³ Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospital is reimbursed.

¹⁴ Costs related to health professions education programs and medical research that the hospital sponsors.

¹⁵ Includes non-billed programs such as community health education, screenings, support groups, support services, cash and in-kind donations and community benefit operations.

Community Benefit Plan FY25

As a result of the FY22 Community Health Needs Assessment (CHNA), Orange Coast Medical Center (OCMC) selected significant health needs it will address through its FY23-FY25 Implementation Strategy. The plan outlines the health needs the hospital will and will not address and the strategies it will use to address the selected health needs.

Significant Needs the Hospital Intends to Address

Orange Coast Medical Center intends to take actions to address the following health needs:

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

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

Priority Health Need: Access to Care

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

Strategies and Programs

Collaborations

Support collaborative efforts to address the health care needs of older adults. Ensure the OCMC Senior Liaison works with local organizations to assist older adults in securing needed services.

Community Support

Provide cash and in-kind donations to nonprofit community organizations dedicated to increasing access to health care, including social services and transportation support.

Financial Assistance

Provide financial assistance through free and discounted care for health care services, consistent with the hospital's financial assistance policy.

Social Determinants of Health and Health Equity

Collaborate with agencies to address the impact that social determinants of health and health equity have on health care access.

Transportation and Prescription Medication Support

Provide transportation support for patients who cannot access health services because of lack of transportation. Coordinate the free OCMC senior medical transportation program. Provide low-income residents with low-cost or no-cost pharmacy assistance.

Priority Health Need: Behavioral Health (Mental Health and Substance Use)

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

Strategies and Programs

Collaborations

Support multisector collaborative efforts to increase behavioral health awareness and access to behavioral health services, including older adults.

Community Support

Provide cash and in-kind donations to nonprofit community organizations dedicated to increasing behavioral health awareness and access to services.

Health Education and Awareness

Increase community awareness of prevention efforts and availability of resources to address mental health and substance use and misuse concerns. Offer community health education, lectures, presentations, and workshops focused on mental health and substance use topics.

Social Determinants of Health and Health Equity

Work in collaboration with community agencies to address the impacts that the social determinants of health and health equity have on behavioral health services.

Priority Health Need: Chronic Diseases

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

Strategies and Programs

Cancer Support

Provide support for persons with cancer and caregivers with exercise programs, education, counseling, peer mentoring, support groups and life coaches.

Collaborations

Support collaborative efforts to address chronic disease prevention and treatment among older adults.

Community Support

Provide cash and in-kind donations to nonprofit community organizations dedicated to chronic disease prevention and treatment.

Health Education and Screenings

Offer health education workshops and presentations on chronic disease prevention, treatment, and management. Provide wellness fairs for older adults, including screenings.

Media and Health Awareness

Provide public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic diseases.

Social Determinants of Health and Health Equity

Work in collaboration with community agencies to address the impacts that the social determinants of health and health equity have on chronic diseases.

Support Groups

Provide support groups to assist those with chronic diseases and their families.

Priority Health Need: Overweight and Obesity

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

Strategies and Programs

Collaborations

Support collaborative efforts to address healthy eating and physical activity among older adults.

Community Support

Provide cash and in-kind donations to nonprofit community organizations dedicated to promoting healthy eating and physical activity.

Health Education and Screenings

Offer community health education workshops and presentations focused on weight

management, healthy eating, and physical activity topics. Host health and wellness fairs that include screenings for Body Mass Index (BMI), blood pressure, and blood glucose.

Media and Health Awareness

Provide public health education in the media and community health awareness events to encourage healthy behaviors.

Nutrition

Provide support for services to improve senior nutrition. Provide support for educational outreach to children and their families on nutrition, healthy food choices, and physical activity.

Social Determinants of Health and Health Equity

Work in collaboration with community agencies to address the impacts that the social determinates of health and health equity have on overweight and obesity.

Priority Health Need: Preventive Practices

Goal: Improve community health through preventive health practices.

Strategies and Programs

Collaborations

Support collaborative efforts to provide preventive services to older adults.

Community Support

Provide cash and in-kind donations to nonprofit community organizations dedicated to increasing/expanding preventive health services.

Health Education and Awareness

Provide community health education and resources focused on healthy living and disease prevention.

Media and Health Awareness

Provide public health education in the media and community health awareness events to encourage healthy behaviors and promote preventive health care.

Screenings and Vaccines

Provide free health screenings to promote preventive care. Provide flu vaccinations, free to the public, in areas easily accessible to the public.

Social Determinants of Health and Health Equity

Work in collaboration with community agencies to address the impacts that the social determinants of health and health equity have on access to preventive services.

Evaluation of Impact

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

Needs the Hospital Will Not Address

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

Contact Information

Orange Coast Medical Center

9920 Talbert Avenue

Fountain Valley, CA 92708

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

Community Benefit Contact

Kristen L. Pugh, MPA

Vice President, Advocacy & Government Relations

MemorialCare Health System

kpugh@memorialcare.org