

Community Benefit Report

Hoag Memorial Hospital Presbyterian

2011

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Hoag Memorial Hospital Presbyterian Community Benefit Plan Update 2011

Table of Contents

| | |
|--|-----------|
| Executive Summary | 1 |
| Introduction | 2 |
| History | 2 |
| Hoag Hospital Irvine | 3 |
| Mission, Vision, and Core Values | 4 |
| Community Benefit Philosophy | 5 |
| Community Benefit Subcommittee | 6 |
| Service Objectives | 6 |
| Primary Initiatives for FY 2012 | 6 |
| Community Health Needs Assessment | 7 |
| Hoag Hospital Newport Beach | 7 |
| Hoag Hospital Irvine | 10 |
| Department of Community Health Programs | 13 |
| Community Case Management | 13 |
| Mental Health and Psychotherapy | 14 |
| Health Ministries | 15 |
| Project Wipeout | 16 |
| Other Hoag Community Benefit Activities | 17 |
| The Mary & Dick Allen Diabetes Center | 17 |
| OB Education | 19 |
| Project Sun Safe | 19 |
| Hoag Community Health Associates | 20 |
| Share Our Selves Free Clinic | 20 |
| Alzheimer's Family Services Center | 21 |
| Newport Mesa Unified School District-HOPE Clinic | 24 |
| YMCA of Orange County | 25 |
| Orange County Department of Education Medical Officer | 27 |
| Oak View Mobile Health Program | 28 |
| Senior Transportation | 28 |
| Appendices | 29 |
| Appendix A Hoag Hospital Charity and Discount Policy | |
| Appendix B Hoag Hospital Quantifiable Community Benefit for FY2011 | |
| Appendix C Hoag Hospital Community Benefit Expenditures by Program | |

Executive Summary

The Community Health department at Hoag Memorial Hospital Presbyterian was established in 1995. Since its beginning 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, led by its Director, Gwyn Parry, MD, is responsible for the coordination of Hoag's Community Benefit reporting, and provides free programs to assist the underserved in the community. These include Community Case Management, Mental Health and Psychotherapy Services, and Health Ministries Coordination. In addition to these services, many other Hoag departments provide community health services including education and support groups which are free to the community. Hoag also has substantial relationships with local colleges and universities to invest in the education of various health professions.

Community Benefit grants support Hoag Health Associates- organizations that provide a broad range of services, including the following:

- Free medical and dental care
- Adult day care and education for persons who suffer from Alzheimer's disease or mild dementia, with support and education for their caregivers and families
- Transportation services for local senior centers

Finally, Hoag provides uncompensated care (charity) to patients who are unable to pay for the full cost of their care. These expenditures amounted to over \$35 million in Fiscal Year 2011 (October 1, 2010 through September 30, 2011.) 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 FY2011 amounted to over \$50 million.

This report provides detailed descriptions of Hoag's Community Benefit programs and services, and includes quantifiable data for expenditures by these programs in Fiscal Year 2011.

Introduction

The Hoag Memorial Hospital Presbyterian Community Benefit Program was formalized in 1995 and has grown significantly since that time. We have served over eighty not-for-profit 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 is a full-service, not-for-profit hospital of 498 licensed beds. It's located on Pacific Coast Highway in Newport Beach, California, 34 miles southeast of Los Angeles. Accredited by Det Norske Veritas Healthcare, Inc. (DNV) and designated as a Magnet® Hospital by the American Nurses Credentialing Center (ANCC), Hoag offers a comprehensive mix of health care services. These include specialty institutes in cancer, heart and vascular, neurosciences, orthopedics and women's health.

In 2010, Hoag grew from a single coastal hospital in Newport Beach into a larger health care network, opening acute care hospitals Hoag Hospital Irvine and Hoag Orthopedic Institute. Hoag also continued its expansion into the community by opening new Hoag Urgent Care Centers. To date, there are seven Hoag Health Centers and five Hoag Urgent Care Centers offered throughout Orange County. Hoag currently employs over 5,300 dedicated, highly skilled individuals and is fortunate to have a strong volunteer program composed of 1,400 participants who provide over 100,000 hours of annual support.

Over the years, Hoag has received many accolades and achievements as a top hospital in Southern California. In 2011, Hoag was again named the "most preferred hospital" by Orange County residents based on a consumer study by National Research Corporation, and was again selected by Orange County Register readers as "Best Hospital in Orange County," a title Hoag has been awarded for 15 of the 16 years the poll has been taken.

History

Hoag was opened in 1952 as a community partnership between the Presbyterian Churches of the Los Ranchos Presbytery and the George Hoag Family Foundation, a private charitable foundation.

As a not-for-profit institution, ownership and board election remain vested equally in the corporate members: the 58 Presbyterian churches of the Los Ranchos Presbytery and the charitable George Hoag Family Foundation. Governance is provided by a Board of Directors comprised of sixteen voting members who serve overlapping three-year terms. Board membership consists of twelve individuals elected at large, and an additional three voting members who are elected from the active medical staff. The hospitals' Chief Executive Officer is also seated on the board as a voting member. An annual meeting at the end of the fiscal year provides the corporate members the opportunity for the election/re-election of directors for the ensuing year.

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. Most of the funds expended upon Hoag's Community Benefit Program are from operating income. Nursing professorship grants and our Cell Biology work in primary clinical research are funded by transfers from the hospital foundation.

Hoag Hospital Irvine

Hoag achieved another milestone in its 55-year history by opening Hoag Hospital Irvine (HHI) on September 1, 2010. HHI is an acute care general hospital offering residents of Irvine and the surrounding communities a variety of inpatient and outpatient services, as well as a fully staffed emergency room dedicated to improving the flow of patient care.

HHI is an 84-bed hospital which boasts two fully modernized operating rooms for both inpatient and outpatient surgeries. The beautifully remodeled hospital features new radiology equipment including MRI, CT, nuclear medicine, ultrasound, and Interventional Suite. In addition there are new cardiac catheterization labs, as well as new laboratory equipment including chemistry analyzers, hematology analyzers and blood banking equipment.

With experienced and dedicated physician leadership in concert with advanced technology, HHI offers patients the same quality care they've come to know from Hoag's Newport Beach campus.

Hoag Hospital Irvine is located at 16200 Sand Canyon Ave., Irvine, CA, right off the 405 freeway at Sand Canyon.

For more information, visit www.hoag.org.

Mission, Vision, and Core Values

Hoag's Mission

Our mission as a not-for-profit, 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 healthcare 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.

Physicians Partnership

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 Philosophy

We are encouraged by the better angles of our nature and the disposition of our hearts to think favorably of our fellows, regardless of their circumstances, and to do them good: improving and sustaining their health and the quality of their lives and thus benefiting all.

The Department of Community Health provides direct services and collaborates with other not-for-profit community-based organizations to promote the health of our communities. The department coordinates Hoag's Community Benefit activities, driven by the health needs of our surrounding communities, which are regularly reviewed in an ongoing manner.

Hoag's Community Benefit Program is guided by five Core Principles:

1. *Emphasis on Disproportionate Unmet Health-Related Needs (DUHN)* - We concentrate on residents who have a high prevalence of severity for a particular health concern; and on residents with multiple health problems and limited access to timely high quality health care.
2. *Emphasis on Primary Prevention* – We focus on program activities that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve health status and quality of life in local communities.
3. *Build a Seamless Continuum of Care* – We work to develop and sustain operational linkages between clinical services and community health improvement activities to manage chronic illnesses among uninsured and publicly insured populations.
4. *Build Community Capacity* – We target our charitable resources to mobilize and strengthen existing effective community health services.
5. *Emphasis on Collaborative Governance* – We emphasize *Networking* to exchange information; *Coordination* of synergistic activities; *Cooperation* in sharing resources; and *Collaboration* to enhance the combined capacity of our community health partners.

The department provides services which are unduplicated in the community. These currently include mental health services, case management, and the coordination of faith-based nursing. In order to promote effective access to health care and related services, the department works in collaboration with a number of not-for-profit community based organizations to provide insurance coverage as well as free services to underserved and vulnerable residents, many of whom are undocumented.

Charity care is an integral component of the benefit that Hoag provides to the community. The current hospital Charity Care and Self Pay Discount Policy provide assistance on a sliding scale for uninsured and self-pay patients with family incomes up to 400% of the Federal Poverty Level. The Federal Poverty Level is defined as a minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. For a family of four, the current annual Federal Poverty Level in FY2011 was \$22,050. The current Charity Care and Self-Pay Discount Policy is provided in Appendix A. In FY2011 the hospital served 9,851 Charity Care cases. Appendix B provides a summary of the quantifiable Community Benefit provided by Hoag in FY2011 (October 1, 2010 through September 30, 2011). Appendix C provides a detailed breakdown of the Community Benefit expenditures by program.

Community Benefit Subcommittee

The role of the Community Benefit Subcommittee (CBSC) 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 Hospital.

The CBSC functions as a subcommittee of the Governance Committee of the Hoag Memorial Hospital Presbyterian Board of Directors. CBSC has the primary responsibility of ensuring that Hoag 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. The committee ensures that Hoag is in full compliance with federal and state regulations governing non-profit hospital organizations pertaining to community benefit and health-related activities.

The CBSC 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 CBSC 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 education programs and services.
- **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.

Primary Initiatives for FY 2012

- Continue to provide and expand Community Health services, with an emphasis upon health promotion and disease prevention activities.
- Sustain Community Health collaborations.
- Promote the expansion of Community Benefit services for those less fortunate.

Community Health Needs Assessment

California Community Benefit legislation, with specified exceptions, requires that not-for-profit hospitals conduct a community health needs assessment every three years. The community health needs assessment involves the identification of both unmet health-related needs and existing community assets. Hoag meets this requirement with the Orange County Health Needs Assessment (OCHNA), a collaborative partnership of hospitals and other public and private health-related organizations in the county. Hoag's participation with the OCHNA ensures the continued viability of this vital source of community health data, which all Orange County hospitals, as well as other organizations, may use to determine priority health concerns. To learn more about OCHNA, please visit www.ochna.org

OCHNA conducted 2 separate health needs assessments for Hoag Newport Beach and Hoag Irvine. To access the needs assessment reports in its entirety, please visit www.hoag.org/about/community-health/community-health-reports. Below are the main findings from each report.

Hoag - Newport Beach

Access to Health Care: A Decade of Gains Lost in the Recent Economic Recession

From 1998 through 2007 Orange County demonstrated measurable improvements (reductions) in the number of adults and children without health coverage, dropping from a high of just under 15% to a low of 9 % for adults and 11% to a low of less than 4% for children. With the economic downturn that started in mid 2007 and continued into 2009, the gains of the last 10 years have been completely erased. Overall the uninsured population in Orange County has more than doubled from 2007 to 2009 for both adults (increasing from 9% to 20%), which is higher than it was in 1998, and children (increasing from under 4% to just over 10%), which is now just under the uninsured rates of 1998. Ethnic/minority populations throughout OC have experienced the largest losses of health care coverage, with almost one in three Hispanic/Latinos (32%) having no health care coverage; Hispanic children are over four times (16%) more likely than white children (3%) to be without health care coverage; and just over 43% of Latino adults and 15% of all Asians are without coverage health care coverage.

Lack of Health Coverage in the Hoag Service Area (ACS 2009)

Compared to Orange County, there was a greater proportion of children (0-17) and non-elderly adults (18-64) in the Hoag service area that were without any form of health care coverage in 2009.

- **Orange County: 10%** of children and **23%** of non-elderly adults were without any form of health care coverage.
- **Hoag Service Area: 13%** of children and **27%** of non-elderly adults were without any form of health care coverage.

Uninsured rates are even worse in cities that have higher proportions of low-income and minority populations; these cities have seen their unemployment rates more than double from 2007 to 2009. The countywide unemployment rate increased from an average of **4%** in 2007 to **10%** in September 2010.

- **Santa Ana:** **47%** of Adults (18-64) and **20%** of children (0-17) are uninsured; rate of unemployment rose from **6%** in 2007 to **15%** as of September 2010.
- **Garden Grove:** **35%** of Adults (18-64) and **13%** of children (0-17) are uninsured; rate of unemployment rose from **5%** in 2007 to **12%** as of September 2010.
- **Costa Mesa:** **28%** of Adults (18-64) and **12%** of children (0-17) are uninsured; rate of unemployment rose from 4% in 2007 to **9%** as of September 2010.
- **Westminster:** **21%** of Adults (18-64) and **9%** of children (0-17) are uninsured; rate of unemployment rose from 4% in 2007 to **11%** as of September 2010.

Body Weight, Obesity, and Chronic Diseases

Any effort to increase the quality of life and health of patients over time must consider increasing healthy eating, physical activity and healthy weight a priority, the first step to reducing and controlling chronic disease such as diabetes and heart disease. The percentage of Orange County children and adults who are either overweight or obese has continued to rise over the last years, similar to state and national rates. The Hoag service area did slightly better than county rates, but still had significant number of both children and adults who are at an unhealthy weight according to the 2007 OCHNA survey. For both Orange County and the Hoag service area, there was a gender difference among adults, showing men as significantly more likely than women to be overweight or obese; the gender disparity applied to children as well.

- **Orange County:** **31%** of children were overweight or at risk for being overweight; **54%** of adults were overweight or obese.
- **Hoag Service Area:** **29%** of children were overweight or at risk for being overweight; **50%** of adults were overweight or obese.

The impact of obesity on health overall is dramatic, especially compared to those with a healthy body weight:

Orange County (OCHNA 2004):

- **13%** of overweight/obese adults reported having **diabetes**, compared to only **1%** of healthy weight adults.
- **33%** of overweight/obese adults reported **high blood pressure** and **27%** reported **high cholesterol**, compared to only **13%** and **16%** respectively of healthy weight adults.
- **23%** of overweight/obese adults had **arthritis**, compared to **15%** of healthy weight adults.

Hoag Service Area (OCHNA 2004):

- **15%** of overweight/obese adults reported having **diabetes**, compared to only **1%** of healthy weight adults.
- **33%** of overweight/obese adults reported **high blood pressure** and **30%** reported **high cholesterol**, compared to only **11%** and **13%** respectively of healthy weight adults.
- **23%** of overweight/obese adults had **arthritis**, compared to **15%** of healthy weight adults.

The fiscal impact of health problems related to obesity is just as dramatic. According to the California Center for Public Health Advocacy, it is estimated that California spent over \$41 billion on obesity related health care in 2006, with Orange County representing over \$3 billion of those costs.

Diabetes and Other Chronic Conditions

Adults who have been diagnosed with one chronic disease, such as diabetes, are at greater risk for additional chronic diseases than those who do not have diabetes.

Orange County (OCHNA 2004):

- Of Orange County adults who reported having diabetes, **40%** also had arthritis. In contrast, **17%** of Hoag service area adults without diabetes had arthritis.
- **62%** of adults with diabetes also had high blood pressure; among those without diabetes, **21%** had high blood pressure.
- **24%** of adults with diabetes also had heart disease; only **4%** of those without diabetes reported having heart disease.
- Nearly **17%** of adults with diabetes were also diagnosed with cancer, compared to **7%** of adults without diabetes who were diagnosed with cancer.

Hoag Service Area (OCHNA 2004):

- Of Hoag service area adults who reported having diabetes, **45%** also had arthritis. In contrast, **17%** of Hoag service area adults without diabetes had arthritis.
- **65%** of adults with diabetes also had high blood pressure; among those without diabetes, only **19%** had high blood pressure.
- **27%** of adults with diabetes also had heart disease; only **4%** of those without diabetes reported having heart disease.
- Nearly **19%** of adults with diabetes were also diagnosed with cancer, compared to **6%** of adults without diabetes who were diagnosed with cancer.

The average cost of a hospital stay for an individual admitted with diabetes in 2007 was approximately \$16,454. Of the 10 most costly health conditions, four (heart disease, diabetes, hypertension and hyperlipidemia) are often linked to obesity, poor nutrition and lack of exercise.

Mental and Behavioral Health

The last decade saw some increases in the proportion of those with mental health coverage, rising along with general health care coverage rate. As coverage substantially decreased in 2008 and 2009, mental health coverage also would have decreased, leaving many with no access to needed mental health services.

Orange County (OCHNA 2007):

- An estimated **6%** of Orange County children between 6 and 17 years have been diagnosed with a mental or behavioral health problem.
- **8%** of parents with children (6-17) had sought out advice from their primary care physician regarding their child's emotional or behavioral problem.
- **16%** of adults expressed concerns about their own mental and emotional health in the previous year.

Hoag Service Area (OCHNA 2007):

- An estimated **7%** of Hoag service area children between 6 and 17 have been diagnosed with a mental or behavioral health problem.
- **9%** of parents with children (6-17) had sought out advice from their primary care physician regarding their child's emotional or behavioral problem.
- **16%** of adults expressed concerns about their own mental and emotional health in the previous year.

Hoag - Irvine

From 1990 to 2000, the City of Irvine's population grew by over 18 percent; a more pronounced growth of over 50 percent occurred in the following decade (2000 to 2010). A major economic center for the region, Irvine's population is expected to further increase over the next five years.

The City of Irvine differs from Orange County in numerous ways, especially with respect to its socioeconomics. The median annual household income of Irvine grew dramatically in a decade, from **\$72,978** to **\$95,501** in 2010, when six out of ten Irvine ZIP codes had higher average and median incomes than the county as a whole. Irvine has high educational attainment—almost all adults 25+ years earned their high school degree. Over **60%** of Irvine 25+ year olds had at least a bachelor's degree, compared to a countywide percent of about **35%**. Irvine's employment picture has also been more favorable compared to Orange County and the rest of California. Nevertheless, the city has been touched by the sustained economic downturn, as suggested by unemployment and poverty trends. Despite generally having lower poverty levels than all of Orange County, Irvine has experienced a gradual increase in the size of this struggling group since 2007.

Socioeconomic Variations between Race/Ethnic Groups

The City of Irvine is notable for its cultural richness, being about one-third Asian and home to a large Iranian American community. An examination of key socioeconomic variables by ethnicity provides a nuanced understanding of Irvine demographics and may illuminate groups with more health needs.

- The college completion rate varied from **93%** for Chinese adults (18+) to **64%** for Japanese adults.
- Regarding annual household income, Korean and Iranian adults (18+) were more likely to have incomes below \$50,000 compared to Chinese or white adults: **39%** of Korean adults and **45%** of Iranian adults were in this income category, compared to **17%** of Chinese adults and **20%** of white adults.

Access to Health Coverage: Adults (18+) and Children (0-17)

- **9%** of adults did not have health care coverage, as estimated by the City of Irvine Needs Assessment. Koreans and Iranians had the highest percentages of uncovered adults. The 2009 American Community Survey (ACS) estimated that **10%** of adults had no health care coverage.
- Adults with a high school education or less were much more likely to be without coverage than adults with at least some college.
- Lower income levels were correlated with lower rates of health care coverage. **21%** of adults in households with annual incomes of \$25,000 or less lacked coverage, whereas **2%** of adults in households of annual incomes above \$50,000 lacked coverage.
- The 2009 ACS estimated that **8%** of employed adults 18+ and **30%** of unemployed adults 18+ did not have health care coverage.
- The needs assessment determined that **7%** of children did not have health care coverage. The 2009 ACS estimated a similar percent of uninsured children (**7%**).
- **3%** of CalOptima Medi-Cal members resided in the City of Irvine as of August 2010. **26%** of Chinese and almost **10%** of Korean CalOptima Medi-Cal members resided in Irvine.

Receiving Medical Care: Adults (18+)

- Most adults (**90%**) visited a doctor or other health care provider within the last year; **74%** of adults visited one within the past 6 months, and **16%** visited one sometime between the last 6-12 months.
- **10%** of adults had not visited a doctor or other health care provider in over a year or have never been for treatment. Of those, **71%** did not go for a doctor visit because there was no reason. **12%** did not go because they either did not have health coverage or could not afford to go.
- **55%** of adults indicated that either they or another member of their household spoke a language at home other than English. Of those, **57%** used a language other than English to communicate with their health care provider (Mandarin, Cantonese, Spanish, Korean, Farsi, or Japanese).
- **4%** did not have a usual place of care; over **one in four** of those adults did not have a medical home due to lack of coverage or the cost of medical care.
- **28%** of adults used the ER at least once in the past 12 months. Of those adults, **55%** had been to the ER once, **32%** had been twice, and **13%** had been between 3 and 8 times.

Healthy Weight of Adults (18+)

- **62%** of adults perceived themselves to be about the right weight, **5%** felt they were underweight, and **33%** indicated that they were overweight.
- When calculating BMI from reported weight and height, **38%** of adults were overweight or obese, and **59%** of adults were at normal weight. There were higher percentages of overweight and obese men than women. Whites and Iranians had the highest percentages of overweight or obese adults, followed by Chinese.
- The City of Irvine met the **Healthy People 2020** Objectives for both normal weight adults and obese adults.
- The actual weight status of adults, based on their BMI, was not always aligned with their self-perceived weight status. Of adults who felt that they were about the right weight, **82%** did have normal weight BMI, but **2%** were underweight, and **16%** were overweight or obese.
- **14%** of adults did not exercise as part of their weekly routine.
- **34%** of adults did not eat five servings of fruits/vegetables a day, the most common reason being that it was not a part of their daily routine or something that they gave much thought to.

Healthy Weight and Health Conditions/Concerns for Children

- The needs assessment asked parents about the weight status of their children. **87%** of children ages 2-17 were perceived to be about the right weight by their parents, **3%** were perceived to be underweight, and **10%** were perceived to be overweight.
- According to the OCHNA 2007 survey, **63%** of Irvine children had a healthy weight BMI, and **34%** had BMI in the overweight/obese categories. In Orange County, **60%** of children had a healthy weight BMI, and **31%** had BMI in the overweight/obese categories.
- **54%** of children ages 6-17 in Irvine engaged in at least 30 minutes of vigorous exercise, such as running, biking, swimming, or sports, for less than 5 times in the past week.

Child Health Concerns (0-17)

City of Irvine adults with children in the household were asked whether their child(ren) had certain health conditions or concerns:

- The two most common conditions were eye/vision problems and ADD/ADHD.
- Over **one in ten** parents reported that their child(ren) experienced stress, depression, or emotional problems.
- **One in ten** parents reported that their child(ren) had severe allergies.

Adult Health Status and Conditions (18+)

- **64%** of adults reported having excellent or very good health, and **10%** reported having fair or poor health. With regard to age, seniors (65+) were most likely to rate their own health as fair or poor, compared to adults in the 18-44 and 45-64 groups. With regard to race/ethnicity, Koreans were the most likely to rate their own health as fair or poor, followed by Iranians.
- The most common health conditions among adults were related to vision and the back or neck.
- Almost **one in five** adults experienced depression, anxiety, or emotional problems.
- **26%** of adults required frequent medical care for their condition or concern.
- Overweight/obese adults were more likely to report the following condition/concerns than normal weight adults: high cholesterol, hypertension/high blood pressure, arthritis, diabetes, heart problems, walking problems, and lung/breathing problems.

Activities to Stay Healthy (18+)

- Adults in the City of Irvine reported they routinely engage in many activities and behaviors to stay physically and mentally healthy.
- **88%** of adults get regular exercise, **87%** eat a healthy diet, **65%** drink herbal or green teas, and **65%** avoid fast food.
- **80%** of adults take medication as prescribed, and **71%** take supplements or vitamins.
- **78%** get regular medical check-ups, and **75%** get regular dental appointments.
- **96%** socialize with friends/family, and **79%** take trips, getaways, or vacations.
- To meet their spiritual needs, **55%** of adults meditate/pray and **47%** go to a place of worship (e.g., church, temple, and synagogue).
- **13%** of adults attend health seminars, and **8%** attend community health fairs.

Adult Interest in Health Information (18+)

Adults reported they were *very* or *somewhat interested* in attending workshops/seminars or reading written material about a number of health topics:

- Over **half** of adults were interested in topics on *nutrition/diet* and *exercise/active lifestyles*, **34%** were interested in *health fairs*, **21%** were interested in *parenting classes*, **19%** were interested in *anger/stress* topics, and **17%** were interested in *depression/mental health* topics.

Health Disparities between Race/Ethnic Groups in the City of Irvine

Of the ethnicities highlighted in this study, Koreans and Iranians had the lowest rates of health care and dental coverage. These two ethnicities also had the lowest annual household income levels. In addition, Koreans and Iranians were most likely to rate their own health as fair or poor, and least likely to get regular dental appointments and take medication as prescribed. Koreans, both adults and children, had the lowest coverage rates for all types of coverage- health care, dental, vision, prescription drug, and mental health.

Department of Community Health Programs

The department of Community Health provides direct Community Benefit service programs and coordinates Community Benefit reporting at Hoag Hospital. This section of the report provides information for each of the Community Health programs and achievements in FY2011: October 1, 2010- September 30, 2011.

Community Case Management

Community Case Management provides assistance to low income residents assisting them with access to local health care services. Many local residents may not use available resources due to language barriers, lack of insurance, and lack of awareness about existing health care resources. Bilingual Case Managers work with the Share Our Selves Medical and Dental Clinic (SOS) to assess each patient's eligibility for funding resources, including MediCal and Medical Services Initiative Program (MSI). If the patient is eligible for insurance, the Case Manager coordinates the application process and connects the patient to a variety of health care providers, thus providing a seamless continuum of care from onset of illness to recovery.

During FY 2011, Community Case Management

- assisted 2656 SOS patients who were referred for hospital services
- provided 517 SOS patients with insurance eligibility screening and application process, of which 200 were eligible for either MSI or Medi-Cal
- coordinated 260 referrals from Hoag to SOS for care after hospitalization
- provided 202 hospital days to SOS patients needing specialty care, with over 90 receiving surgical services during this reporting period.

Community Case Management also works closely with several community programs to improve access to health care services for low-income residents in Orange County.

- In collaboration with the Mary & Dick Allen Diabetes Center at Hoag Hospital, 162 newly diagnosed persons received free diabetes education, of which 10 pregnant women received specialized gestational diabetes education through the Sweet Success program.
- AccessOC is a low-risk, outpatient surgery program, which mobilizes medical volunteers to provide free surgery to low-income uninsured patients. Hoag is one of 6 hospitals that participate in this program.
- In partnership with local senior centers, Case Management provided a personal alert (Lifeline) system for homebound older adult residents. Hoag paid for the installation and monthly services for 7 individuals in this program during FY2011.
- Collaborated with medical equipment providers to get a donated Pacemaker for a SOS patient in need of a replacement and a WoundVac for another SOS patient needing specialty care for a wound that was not healing.

Case management is an educational process, to provide an increased awareness of the services available and to offer preventive health tips. Case management also supports the hospital staff providers, who call upon Case Managers to assist with community resources and referrals for patients with complicated circumstances with limited access.

Contact: Susan Johnson, RN, MPH at (949)764-6953 or Susan.Johnson2@hoag.org

Mental Health and Psychotherapy Program

The Mental Health and Psychotherapy Program was founded to provide free bilingual bicultural services to people who otherwise could not obtain mental health services. The majority of the program's clients are low-income and uninsured. The number of clients who are underinsured continued to grow this past year. These clients have limited health insurance with no mental health/behavioral health benefits or they have benefits but can no longer afford the co-payments and/or deductibles.

During FY 2011, the program employed seven full-time bilingual Master's prepared social workers. These social workers provided mental health services to 712 clients in the form of psychotherapy, resource brokering, and/or case management. In addition, the program offered psychotherapeutic and psychoeducational groups to 890 participants. All services were offered on a voluntary basis and at no charge. A review of client demographics found that the majority of the clients seen through the Mental Health and Psychotherapy Program were female (81%), Hispanic (86%), and 74% indicated a language other than English as their primary language. The average age of the clients was 34. Forty-one percent of the clients had at least a high-school education. Sixty-six percent of the clients reported having an annual household income below \$20,000 and a total of 85% of the clients reported annual incomes of less than \$30,000. The average number of sessions completed was 9.4.

The program has proven to be highly efficient and effective. The program utilized a clinical assessment tool (DASS) to measure levels of depression, anxiety, and stress in clients. According to pre and post test scores, clients who participated in either individual or group psychotherapy saw a statistically significant decline in depression (average of 6 point reduction), anxiety (average of 5 point reduction), and stress (average of 5 point reduction) scores. The program also implemented a self esteem tool (Rosenberg) on a pre and post test basis. Across the board for individual and group psychotherapy, there was an average 5 point improvement in self esteem ratings.

In FY 2011 the program provided a supervised clinical internship program for six MSW (Master of Social Work) students from the University of Southern California and from California State University at Fullerton. The program provided consultation, support, and education to paraprofessionals at partner agencies such as Girls Incorporated and the Newport Mesa Unified School District. This support included telephone consultation, workshops, and in-service education during FY 2011. In addition to support for the staff of partner agencies, the Mental Health and Psychotherapy Program offered several different psychotherapeutic and psychoeducational groups and workshops for the partner agency clients. These efforts allow our partner agencies to offer mental health services at no cost to their clientele and all services are provided in-kind to the not-for profit agencies. Some examples include: a cancer support group, depression support groups, self esteem groups, and stress management workshops. Groups were also offered for parents, families, and adult couples struggling with relationship issues.

During FY 2011, the program continued its support to the Mary and Dick Allen Diabetes Center at Hoag Hospital and the Share Our Selves Free Medical and Dental Clinic. The Mental Health and Psychotherapy Program is responsible for all the mental health services being provided to the patients of these programs.

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Health Ministries

The Health Ministries Program, established in 1987, supports 25 faith based wellness programs within 9 denominations throughout the Orange County service area. The Parish/Faith Community Nurse (PN/FCN) provides intentional care of the spirit by implementing an integrative model of health & wellness, which incorporates the physical, emotional and spiritual needs of a person. During FY 2011, the program was honored this year by the Newport Mesa Irvine Interfaith Council for its innovative and inclusive work in the field of health, wellness and spirituality.

The Health Ministries program, coordinated by a Hoag Registered Nurse (RN), provides leadership, expertise and resources necessary to support existing church partnerships and to promote expansion of the model to other Faith Communities. Each of our faith based partners has a RN within the church who administers the program along with a health ministry team to more than 15,000 church members. The nurses generously donated nearly 3,000 hours with a volunteer value of \$70,000 to their church communities. The nurses provide care and attention through one to one, group or community health activities. Each FCN works independently within their congregation and community creating programs specific to the needs, beliefs and practices unique to their faith population. Collectively, the FCNs reached out to more than 50,000 individuals through programs such as Flu Vaccination & Blood Pressure Screening Clinics; Blood Donation Services; Health Fairs; Disaster Preparedness Training; disease prevention– proper hand washing technique; health education classes; health and spiritually based newsletter articles, blogs & Facebook postings; case management & advocacy services to assist individuals & families in accessing health care services; health counseling & referrals; home visits to congregants, and many more invaluable & intangible services to our many faith community members here in Orange County. The FCN attend monthly Hoag Health Ministries Meetings, giving them the opportunity to network and share best practices with their peers. Hoag health experts and speakers from local agencies provide valuable resources and education for the nurses.

The program participates in a number of collaborative efforts with other not-for-profit agencies. Collaborative efforts with Alzheimer's Family Services Center in Huntington Beach have produced in-depth education of dementia prevention along with earlier identification and treatment by bringing educational programs into the congregations. Collaborative efforts with our Community Counseling Services have led to Social Workers providing free counseling and support groups to low- income and uninsured clients within a number of our faith congregations.

Nearly 10,000 doses of preventive Flu Vaccine were given by the FCNs at their churches and in collaboration with the City of Irvine, Irvine Unified School District, several Senior Centers, and Share Our Selves and other community clinics. Within the churches, 170 people have been trained in life-saving CPR. Automated External Defibrillators have been provided to 15 churches with the accompanying necessary training to church staff and members. If you are called to this ministry and would like to bring this program to your faith based organization, please feel to contact us. We welcome all faiths to join our team of volunteers.

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Project Wipeout

The mission of Project Wipeout is to educate and raise awareness on injury prevention at the beach, particularly neck and spinal cord injuries, by distributing beach safety information locally and nationwide.

Project Wipeout:

- Emphasizes education on drowning and neck and spinal cord injury prevention
- Focuses on those most at risk children and young people between the ages of 16 and 30
- Participates in community events and provides free beach safety educational presentations and materials to schools and community organizations
- Collaborates with members of Lifeguard and Fire Departments, teachers, parents and committed volunteers to broaden public access to our beach safety message.

Project Wipeout's intent is to provide basic information on the types of injuries that occur, how they happen, and what to do to protect against them. This information is disseminated via presentations, videos, and printed materials at schools, community events, lifeguard training, and seminars. More than 30,000 copies of Project Wipeout brochures, coloring books and activity books are distributed annually through community events and at elementary, junior high and high schools.

Print materials are also used at presentations given by local lifeguards, which feature Project Wipeout's video (mandatory viewing for trainees in Orange County's junior guard programs). It is also being used throughout the U.S. and by lifeguard departments as far away as England and Australia, and it is seen by thousands of elementary, junior high and high school children every year.

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Other Hoag Community Benefit Activities

Hoag's commitment to Community Benefit is best exemplified by the dedication of an entire department to the coordination and provision of Community Benefit programs. The hospital's Community Benefit activities are not limited to the department of Community Health, however. Other hospital departments provided a wide range of Community Benefit activities in FY2011, including health professions education, clinical research, support groups and many more. This section of the report features a discussion of some examples of the Community Benefit activities that were provided by other hospital departments in the current reporting period.

The Mary & Dick Allen Diabetes Center

About eight percent of Americans have diabetes. One quarter of these individuals are undiagnosed. The total estimated cost of diabetes in the United States in 2007 was \$174 billion, including \$116 billion in excess medical expenditures and \$58 billion in reduced national productivity (Diabetes Care, March 2008). While diabetes alone is ranked as the sixth leading cause of death in the U.S., it also indirectly contributes to deaths by other causes, including cardiovascular disease, stroke and kidney disease (National Vital Statistics Report, CDC, 2006). Diabetes is also closely linked to other serious medical outcomes, including kidney failure, blindness, and leg and foot amputations.

Since its opening in June, 2009, the Mary & Dick Allen Diabetes Center has made a positive difference in the lives of many men, women and children with diabetes in the community. There have been many successes, particularly in providing greater access to care for children, supporting healthy pregnancies and providing culturally sensitive education for adults with, and at risk for, diabetes. Below are a few program highlights from FY 2011:

Diabetes Self-Management Training/Education (DSMT/E)

Diabetes Self-Management Training/Education (DSMT/E) and Medical Nutrition Therapy (MNT) remain the core functions of the Center. The Center saw an overall increase in both group and individual patient visits. While individual visits remain important, the evidence indicates that group visits produce better outcomes so the Center is working to increase the proportion of group visits.

Gestational Diabetes (Sweet Success)

As with DSME, gestational diabetes patient care is more effective in groups. As a consequence, the Center is working to increase the proportion of group visits when appropriate for the patients. However, mother-baby follow-up visits are individual by nature so the opportunity for increasing group visits is somewhat limited. In FY 2011, the Center cared for 30 unfunded gestational diabetes patients through their pregnancies.

CHOC Children's Services at the Allen Diabetes Center

The Center has partnered with CHOC (Children's Hospital of Orange County) to provide bilingual clinical services, education, and support for children diagnosed with diabetes, and outreach, educational screening for children considered at risk for developing diabetes. In FY 2011 approximately 14 % of CHOC medical visits and diabetes education visits were unfunded.

Diabetes Nursing Conference

Nearly 100 nurses, pharmacists and other clinicians attended the 2011 Diabetes Nursing Conference, “Diabetes: What’s New, What’s Next” held at the Center. Rated as “excellent” by the majority of the attendees, topics included “From Research to Practice,” “Diabetes and Sleep Disorders” and a panel discussion on “Young Adulthood and Type 1.”

Several important new services are also underway at the Center unique for diabetes care:

Herbert Family Program for young Adults with Type 1 Diabetes Mellitus

Goal: To be operational by June 2012

Key findings from a survey of young adults [Ages 18 to 30s] with Type 1 diabetes mellitus who are transitioning from pediatric endocrinology care to adult care reveal that they have special needs that are often neglected. As an example, they require psycho-social support, assistance with identifying resources, and the ability to link to each other and to the Center via the online communication channels they are already using, including social media. Plans are underway to create a website and to provide information through social media. The Center is forming a working group that includes educators, volunteers and marketing personnel to develop and implement key initiatives.

Ueberroth Family Program for Women with Diabetes

Goal: To be recognized by January 2013 as the leading center in Orange County for women with diabetes and pregnancy

Under the oversight of Allyson Brooks, M.D., executive medical director, Hoag Women’s Health Institute, and with the active participation of primatologist, Anna Galyean, M.D., medical advisor to Sweet Success, as well as nurse practitioners and diabetes educators, the program will build on its current success in providing perinatology services to a growing number of women with pre-conceptual and gestational diabetes. The program includes life-long follow up of women who develop gestational diabetes to help prevent development of Type 2 diabetes, or to maintain good control of it. The Center will develop communication channels compatible with smart technology commonly used by patients.

Staged Approach to Serving Under-Served Populations

Cultural differences, educational challenges and socio-economic status are barriers to care that result in the under-serving of patients and families impacted by diabetes.

Spanish-Speaking Population

Goal: Target for establishing a robust collaboration with SOS in October 2012.

South Asian Population Using a culturally sensitive approach, the aim is to inform this affluent, educated community about diabetes prevention and control.

Goal: Target for full implementation of the program for South Asian population is January 2013.

Contact: Kris Iyer, MD at 949-764-6204 or Kris.Iyer@hoag.org

OB Education

Hoag's philosophy is that with every birth of a child, there is also the birth of a new family. Through a variety of educational classes and support services, Hoag OB Education supports families throughout the exciting journey of pregnancy and parenthood. OB Education provides a multitude of educational and support programs at a minimal cost. Our comprehensive selection of prenatal classes include: Prepared Childbirth, Breastfeeding, Breastfeeding Clinic, Baby Care Basics, and Baby Saver. OB Education also provides specific education for all demographics including mothers over the age of 35, mothers of multiples and a cesarean birth class. Other programs offered at no cost to the community include the car seat class, Great Expectations, and the Post-Partum Adjustment Support Group. This support group is highly attended and facilitated by a Licensed Clinical Social Worker (LCSW) to provide ongoing support, education and an opportunity to discuss the new challenges of parenthood. Supports persons and babies are welcome. Our newest program is the Pregnancy After Loss (PAL) Support Group, which was identified as a need throughout our community. This program supports bereaved parents who are now ready to welcome a baby into their family by addressing their specific needs. Hoag Babyline is an information hotline for parents that operates five days a week and is answered by an OB Education registered nurse with special expertise and knowledge about pregnancy (before, during and after), as well as baby care and breastfeeding. The Babyline staff serves as a key resource for new and expectant parents. The Babyline is available to the community at large Monday through Friday from 9am – 5:45pm. This hotline receives over 10,000 calls yearly.

Contact: Gabi Shaughnessy at 949-764-8130 or Gabi.Shaughnessy@hoag.org

Project Sun Safe

Project Sun Safe was developed at the Hoag Cancer Institute in 2003, as an educational safety program for all ages. Project Sun Safe's mission is to increase awareness of skin cancer prevention on a local, regional and national level through complimentary school presentations and community events. Project Sun Safe aims to educate the community about sun safety and teach that protection and prevention go hand in hand. The following information is provided through the program at live presentations to schools, community fairs, health fairs, lifeguard training, youth groups and community organizations.

- SPF 45 Sun Screen Packet
- SPF 45 Sun Screen Tube (junior lifeguards only)
- Literature
- Pencil

Each year approximately sixty presentations are provided and it is estimated that nearly twenty thousand people are affected by this program directly and indirectly. By partnering with members of lifeguard, fire departments, teachers, parents and committed volunteers, we broaden public access to our skin cancer prevention message. During FY2011, Project Sun Safe trained approximately 2100 junior lifeguards from Newport Beach and Huntington Beach Lifeguard Programs.

Contact: Stacy Wilton at 949-764- 8539 or Stacy.Wilton@hoag.org

Hoag Community Health Associates

The principal strategy of the Department of Community Health is to not “reinvent the wheel” with respect to providing necessary community health programs and services. We work closely with a broad array of community based not-for-profit organizations, and provide grant funding to some organizations whose services are consistent with our priorities. Further, we sometimes act as a fiscal intermediary for third party foundation funds. This collaboration enables us to participate in the follow-up process, by providing guidance and monitoring for grantees. This section of the report provides descriptions of some of our most important community health associates and their achievements in FY2011.

Share Our Selves Free Clinic (SOS)

Hoag Hospital’s Department of Community Health and Share Our Selves Health Center have nurtured a unique partnership since 1984, when the mission of SOS expanded to include free medical care with Dr. Donald Drake, former Chief of Staff at Hoag Hospital, acting as the Medical Director. Today, Hoag employs the SOS Chief Medical Officer, SOS Medical Director, and a part-time Internist for the Health Center. Additionally, Hoag provides all hospital-based services such as laboratory, radiology, cardiology and emergency room admittance to uninsured SOS patients, free of charge. This partnership between SOS and Hoag demonstrates a replicable and sustainable model for the healthcare industry to follow and truly expands access to all levels of health care for the entire community.

For fiscal year 2011, SOS provided care to 6,713 low-income, uninsured and/or underinsured individuals during 18,644 provider encounters. Over 40 percent of SOS patients are shared with Hoag, either starting at Hoag and receiving follow up care at SOS, or starting at SOS and referred to Hoag for advanced diagnostics and treatment. This arrangement ensures continuity of care by leveraging a seamless discharge planning process and follow up care made feasible by the existing and integrated relationship. SOS and Hoag utilize ER Connect, a web-based system and are part of a Health Information Exchange platform allowing for linkage of Hoag discharged patients to SOS as their medical home. Each month SOS refers 120 uninsured patients to volunteer specialty providers within the Hoag network for care covering the full spectrum of medical specialists. The SOS Patient Advocate is the vital link between the SOS patient and the outside medical provider, establishing a seamless continuum of care by coordinating appointments between medical offices.

The SOS - El Sol Wellness Center provides comprehensive health care to the El Sol Science and Arts Academy students and families. With the generous support from Hoag, the Wellness Center opened in 2010 and is located on the El Sol Science and Arts Academy campus in downtown Santa Ana. The City of Santa is a Federally-Designated Medically Underserved community and is one of the most densely populated cities in the nation with over 250,000 low-income Latino residents – a population disproportionately affected by poor health.

In 2011, the Wellness Center in collaboration with University of California Irvine’s Nursing Science Program was awarded a \$1.5 million dollar Health Resources and Services Administration (HRSA) grant to establish the Wellness Center as Orange County’s first nurse-managed clinic. Additionally, the Wellness Center in collaboration with Healthy Smiles for Kids Orange County was one of twelve clinics nationally to receive the Children’s Oral Healthcare Access Program funding through HRSA.

This funding provides for full scope oral healthcare within the school-based clinic. The extensive and integrated services that the Wellness Center provides supports families by promoting health and family stability. Dr. Margarita Pereyda, a Hoag employee, is the Chief Medical Officer of the SOS Clinic and SOS-El Sol Wellness Center.

The extensive and overlapping funding that Hoag provides has allowed for SOS and other community based organizations to provide exceptional care with a collaborative spirit that is a model in efficient, effective and respectful healthcare. Karen McGlenn, SOS Executive Director, praises this extensive hospital-health center connection, saying that “this relationship creates a community where healthcare for all becomes the focus of service and sets the standard for others to follow suit.” The relationship between SOS and Hoag makes an incredible seamless system of care available to both SOS and Hoag patients, a tremendous statement of caring and belief in the importance of access to care for everyone, regardless of ability to pay.

Contact: Margarita Pereyda, MD at (949) 270-2110 or mpereyda@shareourselves.org

Alzheimer’s Family Services Center

Alzheimer’s disease (AD) is a fatal disease that devastates families, places a heavy burden on our already strained healthcare system, and costs billions of dollars for treatment and care each year. Unless there is a cure, the national tide of aging Baby Boomers is expected to yield a doubling of those affected by AD and, correspondingly, a tripling of those caring for a loved one with the disease. In Orange County alone, the number of caregivers and seniors affected by Alzheimer’s disease will grow to approximately 400,000 by 2030. For the last 31 years, Alzheimer’s Family Services Center has been equipping families with the time off, coping skills, and knowledge they need to keep loved ones at home for as long as possible.

In 1980, a small group of visionary community leaders, committed to ending the practice of leaving confused, forgetful elders alone to pace hospital halls, founded Alzheimer’s Family Services Center (AFSC). Our founders welcomed a handful of elders to a parish hall to enjoy days filled with meaningful, pleasurable activities. What began three decades ago in a church as an all-volunteer effort is now a state-of-the-art, dementia-specific facility where persons with Alzheimer’s disease or another dementia receive compassionate care, and families can access much-needed support and education. AFSC’s services are designed to promote the continued dignity and personhood of individuals across the course of dementia and ensure families have access to the resources they need to provide the best possible care for loved ones.

Licensed by the California Department of Public Health, AFSC was one of the first Alzheimer’s Day Care Resource Centers in California and remains the only one in Orange County. AFSC’s expert staff is equipped to provide compassionate care for persons from the earliest to most advanced stages of dementia. Grounded in the latest research and clinical guidelines, AFSC’s services include:

Dementia-Specific Adult Day Health Care (ADHC) – Memory impaired seniors, from the earliest to most advanced stages of dementia, receive compassionate, individualized care daily at AFSC’s homelike, dementia-specific facility. Participants benefit from medical, rehabilitative, psychosocial, and nutritional ADHC services based on an individualized plan of care within the context of a stimulating recreational program. AFSC maintains a 1:5 staff-to-participant ratio, far exceeding the minimum ADHC regulatory requirement of 1:16 and the average 1:7 at other centers. Staff members successfully draw out each participant’s remaining strengths through a variety of activities, ranging

from word games to art therapy. Customized care is further available via two innovative tracks of programming: (1) the “New Connections Club” for active early-stage individuals with the desire, insight, physical capacities, and remaining cognitive abilities to engage in a physically and mentally challenging set of research-based therapeutic activities, and (2) the “Friendship Club” for persons as they progress from the early into the moderate and severe stages of dementia. All care is provided under the supervision of a medical director and coordinated with each participant’s primary care physician. Adult day health care services are available Monday through Friday, 7:30 a.m. – 5:30 p.m., with participants receiving breakfast, lunch, and a snack as part of the daily fee.

Supportive Care Management – AFSC’s care management support helps keep families together for as long as possible, as adult day health care, in and of itself, represents only a partial solution to the challenges of eldercare. At AFSC, caregivers of enrolled participants as well as nearly 500 callers annually receive intensive support to manage the medical, psychosocial, and behavioral complications of dementia from a 5-member care management team of social workers. Callers benefit from information and referral plus ad hoc telephone and in-person counseling. In some high-risk cases (e.g., living alone), our social workers may reach out with a relationship-building home visit.

Support Groups – Caregivers community-wide have access to a free support group offered twice monthly by AFSC in collaboration with the Alzheimer’s Association of Orange County. Support groups represent an important vehicle for caregivers to gain knowledge, skills, and support from their peers as well as a professional leader.

Short-Term Counseling – Short-term counseling provides an “extra boost” when a caregiver needs focused support to develop and implement solutions for problems in care. Individual, family, and couples counseling is available to help address problems such as family conflicts over care, negative emotions, depression, unhealthy caregiving styles, and difficult transitions (e.g., placing a loved one in long-term care). We offer counseling services in multiple formats (i.e., session-by-session or in tailored packages of individual or family sessions that combine support and education to address specific needs). With support from the Archstone Foundation, AFSC recently expanded its counseling services to meet the needs of underserved caregivers age 65-plus. AFSC will help older adult caregivers, age 65-plus, with symptoms of depression develop the coping skills they need to manage their own mental health and continue care for a memory-impaired loved one through “Achieving Emotional Well-Being,” a 12-week set of 50-minute psycho-educational sessions using the evidence-based Illness Management and Recovery Model.

Community Education & Outreach – Dementia education and outreach services are designed to improve community health by addressing the lack of accurate information about dementia diagnosis, treatment, and available care-related services among at-risk seniors, caregivers, and health care professionals. Education and outreach efforts range from classes for health care professionals to participation in health fairs and large community events that reach caregivers and at-risk seniors countywide.

All services are provided by an expert staff of 40 professionals rich in cultural, linguistic, and professional diversity. In FY 2011, AFSC was able to reach 6,563 unduplicated individuals, as follows:

- 214 unduplicated elders received dementia-specific adult day health care.
- 356 caregivers of enrolled adult day health care participants benefitted from one-on-one care management support.

- 663 callers benefitted from information and referral, supportive telephone and in-person counseling, and/or relationship-building home visits.
- 114 caregivers learned from each other through 91 support group sessions, led by one of AFSC's dementia care experts.
- 47 unduplicated attendees were served through *JumpStart*, an innovative psychoeducational program for individuals with early memory loss and their care partners.
- 2,506 caregivers, at-risk seniors, and health care professionals gained knowledge and skills via 86 educational sessions.
- 2,663 community members learned about dementia and available services via 210 outreach activities.

Beneficiaries of AFSC's high-quality programs provided highly positive evaluation feedback:

- 94% of caregivers responding to the FY 10-11 adult day health care program survey rated the care management and support they received at AFSC as very good or excellent ($\underline{m} = 4.6$, on a scale of 1, poor, to 5, excellent).
- 100% of caregivers responding to the FY 10-11 support group survey reported being better able to manage a loved one's care ($\underline{m} = 4.5$, on a scale of 1, strongly disagree, to 5, strongly agree), feeling less stressed ($\underline{m} = 4.2$) as a result of attending, and gaining a better understanding of a loved one's condition through information received ($\underline{m} = 4.6$).
- 95% of FY 10-11 *JumpStart* survey respondents reported that they would use the information presented in the program's education workshops ($\underline{m} = 4.7$, on a scale of 1, strongly disagree, to 5, strongly agree).
- 97% of individuals attending education activities reported both increased knowledge ($\underline{m} = 4.5$, on a scale of 1, strongly disagree, to 5, strongly agree) about Alzheimer's disease, and 98% reported the intent to implement strategies learned ($\underline{m} = 4.5$).

Deeply embedded within the Orange County community, AFSC has also developed a network of partnerships to advance its mission. Notably, AFSC is affiliated with the Hoag Neurosciences Institute and engaged in joint efforts to improve early identification of memory loss as well as hospital and post-discharge care of patients with dementia. Currently, AFSC is collaborating with Hoag on the reputable, new OC Vital Aging Program, designed to promote long-term brain health through education, risk factor management, and early intervention against medical conditions that impair memory. Similarly, for the UCI Institute of Memory Impairments and Neurological Disorders, AFSC provides a link to critical community-based services that families need. Through its community-wide efforts, AFSC is transforming dementia care from a "nothing can be done" to a proactive approach—one family at a time.

Hoag Hospital owns the AFSC facility and provides it at no charge, including maintenance services as specified in the lease, to the agency. Additionally, the hospital provides annual operating and transportation grants, and in-kind services such as consultation in nursing and compliance-related issues to the center.

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Newport Mesa Unified School District

Hoag Hospital collaborates with the Newport Mesa Unified School District providing a grant to support staffing at the HOPE Clinic, a school based health center. The HOPE Clinic is a program of Health Services and participates in the Child Health and Disability Prevention Program and the Vaccines for Children Program. Children and families who receive services at the clinic are not charged. Health promotion and well child exams are the cornerstone of the program.

The primary focus is to promote wellness and prevent illness through periodic well child exams and routine immunizations. Services are at no cost to families and provided by a bilingual Spanish-speaking staff. Other services include TB screening and testing for students, staff and school volunteers. The clinic also does developmental screening, vision and hearing screenings, dental screening and fluoride application for students. The clinic makes referrals and connect students and their families to resources in our community. The clinic staff are district employees and are familiar with district services and school requirements. One of the clinic's strengths is that the staff knows school requirements and are able to assist families in meeting those requirements for school participation.

The HOPE Clinic is unique in that it is a school based health center located in a community school setting. It is housed on a campus with an elementary school, district run preschool, a Head Start Program, an adult education center run by the district, two after school programs including the Boys and Girls Club and Save Our Youth (SOY) an after school program to prevent gang involvement, and the community theatre. The HOPE Clinic is staffed with Nurse Practitioners, a supervising physician, an Office Assistant, Health Assistants, and an Ameri-Corps VISTA Volunteer.

During 2010/2011 most program components remained the same and others changed. However, as a result of support from collaborative partners such as Hoag Hospital, the HOPE Clinic was able to tailor services in response to community needs. Dr. Riba's Health Club continued to offer a specialty program addressing childhood obesity, nutrition, and fitness for children and families but their service has been reduced to one day per week. The Orange County Health Care Agency continued to offer the Women, Infant, & Children (WIC) nutrition program. The Children's Health Initiative of Orange County provided an insurance application assistant one day per week. The Reach out and Read Program continued to provide books for our younger patients but they were unable to continue sending a reader for the children.

During the 2010 - 2011 school year the clinic did a total of 1259 physical exams and gave a total of 1857 vaccines to children in our district. The clinic also did a total of 1584 TB tests for district employees and volunteers in the district. The clinic did a total of 978 developmental assessments for children 0 – 5 years and parents were given anticipatory guidance. Eight hundred and seventy three (873) students received referrals and resources for services including dental, vision, hearing, mental health issues, speech, and Regional Center referrals. The clinic was very involved in the Pertussis (Tdap) campaign to fulfill the new school requirement. The clinic had extended hours and summer clinics were provided to ensure that students would meet this requirement. Approximately 1123 children and their families received the flu vaccine.

Contact: Audrey Scott at 714-392-9872 or ascott@nmusd.us

YMCA

In FY2011, the YMCA of Orange County received a grant from Hoag that enabled the Y to provide fitness, nutrition and lifestyle changing programming to at-risk and special need populations in Orange County. These programs were conducted through Dr. Riba's Fit-Club™ YMCA Program in Santa Ana, New Horizons program for Orange County adults with special needs and the YMCA Foster Care Youth Mentoring Program serving current and former foster youth throughout Orange County. Below is a brief description of each program:

- 1. Dr. Riba's YMCA Fit-Club™** - The goal of the Fit Club™- YMCA Program was to prevent and treat childhood obesity and prevent the onset of type 2 diabetes through health and nutrition education, cooking demonstrations, and physical activity. The program targeted 100 at-risk children between the ages of 4 and 18 years living in Orange County, California. The after school program was implemented throughout the 2010-2011 school year at the SOY facilities in Costa Mesa; it began in September and ended in June, concurrent with the academic school year calendar. We also began collaborating with Newport Mesa Unified School District's Project Success after-school program at Pomona and Rea Elementary Schools. This year our summer program ran for six weeks and expanded to the new Santa Ana Family YMCA Aquatics Center and Speed Soccer Arena, in addition to being held at SOY in Costa Mesa. The program sought to reach 100 students; it succeeded in serving over 550. We reached 224 students through Project Success' Fit Club™ program at Rea and Pomona Elementary Schools, 80 through SOY Fit Club™, 45 through Teen Fit Club™, and 217 in our summer programs at SOY and YMCA. The program also produced positive results in the areas of fitness, weight management, and nutritional knowledge:

After School Session (November 2010 – June 2011)

- 56% of the obese and 45% of the overweight Fit Club™ participants decreased their BMI
- 31% of the overweight participants experienced a decrease in BMI enough to change to the normal weight category.
- The fitness levels for all children in the program increased for all measures with the Mile Run Walk, Sit Ups, and Push Ups reporting significant differences.

Summer Session (July – August, 2011)

- 36% of the obese and 32% of the overweight Fit Club™ participants decreased their BMI
- There were statistically significant ($p < 0.05$) increases in fitness levels for sit-ups, push-ups, sit-reach, and the mile run among all participants.
- Fit Club™ participants also significantly increased their Nutrition Knowledge

- 2. YMCA Foster Care Youth Mentoring Programs**-provide support for abused and neglected youth who have been removed from their home by the court and placed under the protection of the state. Children in the Foster Care System have suffered abuse and neglect that often results in lasting harmful physical and emotional issues. YMCA mentoring programs help youth overcome these challenges by building strong, consistent relationships with volunteers who serve as a role model, guiding them through life transitions and sharing experiences that engage them in new or positive activities. The fitness portion of the Mentoring Program involved two parts:

- 1) Implementation of a new “Strong Living” Workshop series for volunteers and children as well as members of the foster care families served by our programs
- 2) The incorporation of a regular fitness component into monthly YMCA FunDays

In 2011, the Y held two Strong Living Workshops which provided parents, volunteers and children with a safe, educational activity that encouraged them to engage in relationship building and skill development while exploring topics addressing the risks of poor health and the benefits of healthy lifestyles. During one of our FunDays, children and mentors focused on healthy eating habits and learned about healthy lifestyle practices together. Different workshops were held to teach parents and volunteers about sleep, stress, exercise, and implementing physical activity into busy schedules. A total of 72 families and volunteers took part in the informational sessions and activities.

3. **New Horizons Program** – Since 1974, the YMCA New Horizons Program has been providing social and recreational services for adolescents and adults with developmental disabilities. New Horizons offers a place to make new friends in an atmosphere of acceptance while gaining social skills, motor skills, language skills, camping and travel skills and group sharing. Each week, 45 adults with developmental disabilities attend on a Thursday, Friday, or Saturday for an evening of recreation, a special overnight camping trip or community excursion. Unfortunately, poor nutrition and the sedentary lifestyle that many of these adults experience at home mean that a high number qualify as overweight or obese, making them at risk for diabetes, heart disease and other chronic health-conditions. Although the faces change from event to event, most of the adults in the group spend anywhere from 8 to 24 hours each month involved with the program. Staff members maintain close communication with parents, speaking up to three times weekly to coordinate activities or convey information. This strong involvement and deliberate parental engagement provides opportunity to impact the day-to-day nutrition and fitness choices of each participant. In 2011, we continued to implement the Fitness and Healthy Lifestyle Component into the New Horizons program. The three tiered fitness component included:
 - 1) a stretching and exercise portion added at the start and finish of each regularly scheduled event
 - 2) a weekly take-home activity
 - 3) a Fit Club program that would introduce an optional training night once a week

By implementing a Fitness and Healthy Lifestyle Component into the New Horizons program, we were able to see a positive impact on the health of our participants through a decreased BMI, as well as through their questionnaire results. Our year end BMI data shows that 47% of our participants showed improvement in their BMI results, suggesting improvement toward optimal health.

Contact: Liz Martinez at 714-508-7639 or lmartinez@ymcaoc.org

Orange County of Department of Education (OCDE) Medical Officer

Hoag joined the Orange County Children and Families Commission and the County of Orange Health Care Agency, Health Services, Prevention & Intervention Division in a unique partnership in order to secure medical expertise on behalf of Orange County students. Each agency joined a select group of health and community partners who have volunteered their expertise to serve as advisors for this effort. The goal was to advance student wellness and in doing so, support the OCDE goal of ensuring a world class education where every student succeeds. After an extensive search, Dr. Marc Lerner, a long-time Orange County pediatrician and educator, was selected as the inaugural OCDE medical officer. One of the first actions of the medical officer was to join members of the existing OCDE mental health and wellness teams to create a new unit, the OCDE Center for Healthy Kids & Schools. The Center's educators, nutritionists, counselors and health professionals offer consultation on youth-related medical and health issues for the education community. The Center's comprehensive approach to health and wellness programming has been reflected in a series of activities in its first six months. A partial list includes:

1. The Center's OC Schools Campaign supported school nurses and the County Health Care agency in a successful effort to provide newly mandated pertussis vaccinations to 7th to 12 grade students for the start of the 2011 school year. 229,486 of 230,571 (99.85%) eligible students received a Tdap or completed a medical exemption or personal belief exemption (1.72%) and met the requirement of this new legislation
2. The Center staff completed a series of actions to address concussions for students. Notification materials were built with the support of the Center for Disease Control's Injury Prevention Center. English and Spanish materials were made available to OC Districts so that schools can meet the notification and signature requirements of California's new law (AB 25). At a second program, OCDE Center for Healthy Kids & Schools staff joined with the Community Affairs team of the Anaheim Ducks and the Saskatchewan Brain Injury Association in a student learning program, "Protect Your Melon" that brought messages on bike and sport helmets to 11,000 students at a program at the Honda Center.
3. The medical officer and Center leadership are completing the planning phase for a year-long OCDE 'Focus On' Childhood Obesity Campaign to address healthy eating and movement for students.
4. The OCDE Medical Officer served as Vice Chairman of the Orange County American Academy of Pediatrics (AAP) Chapter Mental Health Committee. He planned and delivered programs as part of a Chapter / CalOptima mental health initiative. Approximately 500 physicians attended educational and presentations and received resources to meet the mental health needs of children and families in Orange County. Approximately 150 non-physician health care providers and 75 parents attended the educational presentations. Topics ranged from 'Depression in Young Children', to 'ADHD -the new AAP National Guidelines'.
5. The medical officer led the 5th annual Holiday Developmental /Behavioral Screening Program at Christmas Event at UCI Family Health Center; Over 600 children were screened for developmental delays and/or autism at program, held in association with the local American Academy of Pediatrics chapter and with partners from Help Me Grow OC and the OC Regional Center.

Contact: Marc Lerner, MD at 714- 327-8186 or mlerner@ocde.us

Oak View Mobile Health Program

Oak View is a one-square mile neighborhood, nestled in the middle of Huntington Beach. Along social, economic, education and health indicators, Oak View is very disadvantaged relative to the rest of the city. It is a densely populated neighborhood of approximately 10,000 residents, 92% of whom are Latino, and 31% of families live below poverty levels. The mission of the Oak View Renewal Partnership (OVRP) is to narrow the cultural, social, educational, health and economic gap between the Oak View Community and the remainder of Huntington Beach; and to serve as a model for community development.

Since March 2010, Hoag has supported an innovative approach to community wellness through the Oak View Mobile Health Program. OVRP facilitated a strategic partnership with Healthy Smiles for Kids and Orange County Rescue Mission's Hurtt Family Clinic. This partnership established a resource offering comprehensive health services, operating side by side for the first time. Though Healthy Smiles and Hurtt Family Clinic have served the county for many years, they had never integrated their mobile services to target the same community concurrently.

Today, the Oak View Mobile Health Clinic operates on the Ocean View High School campus once a month, serving over 35 clients each clinic day. In FY 2011, over 400 dental and medical services were rendered, and both clinics operated at full capacity. The local schools, family resource center, branch library and other community-based organizations support the clinic with outreach and referral activities. Furthermore, a certified farmer's market, which is also facilitated by OVRP, now operates adjacent to the mobile clinics. As a result of Hoag's generous support and the synergy of these multi-faceted wellness programs, we have created a healthier Oak View community.

Contact: Iosefa Joey Alofaituli at 714-596-7063 or iosefa.ovrp@gmail.com

Senior Transportation

The Community Benefit Program collaborates with seven community senior centers for transportation services for their program participants. These organizations offer a broad range of services including congregate meals, health screenings, educational, social and physical activities for their participants. In providing transportation services for seniors, we assist them in their efforts to sustain good mental and physical health, and to maintain their independence. The seniors use the transportation services to attend doctor appointments, shop and do errands, and participate in group social activities. The seven organizations served are: Alzheimer's Family Services Center; Costa Mesa Senior Center; Huntington Beach Council on Aging; Irvine Adult Day Center; Newport Beach's Oasis Senior Center; Age Well Senior Services, and Laguna Beach Seniors. Total Hoag expenditures on transportation for approximately 119,500 senior passenger trips in FY 2011 was \$424,185.

Appendices

Appendix A **Hoag Hospital Charity Care and Self Pay Discount Policy (p30)**

Appendix B **Hoag Hospital Quantifiable Community Benefit for FY2011 (p34)**

Appendix C **Hoag Hospital Community Benefit Expenditures by Program (p35)**

Appendix A

| | | |
|---|---------------------------------------|---|
| HOAG MEMORIAL HOSPITAL PRESBYTERIAN | Number: 9.10 | Page: Page - 17 - of 5 |
| HOSPITAL POLICY | Effective Date: 01/23/09 | |
| | Supersedes (Date): 04/08/08 | |
| | Original Date: 12/01/70 | |
| Signatures of Policy Reviewers (*as required): | | |
| Director | Executive Director | Sr. Vice President & CFO |
| _____ Kevin Don | _____ Bret Kelsey | _____ Jennifer Mitzner |
| President & CEO: | | |
| _____ Richard Afable, MD | _____ | _____ |
| Title/Subject: Charity Care and Self Pay Discount Payment Policy | | |

1.0 PURPOSE:

- 1.1 A significant component of Hoag Hospital's mission is to provide care for patients in times of need. Hoag provides charity care as a benefit to our community as a not-for-profit hospital. Hoag is committed to assisting low-income and/or uninsured eligible patients residing within its community through well-communicated and appropriately implemented discount payment and charity care programs. All patients will be treated fairly, with dignity, compassion, and respect.
- 1.2 Financial assistance policies must balance a patient's need for financial assistance with the hospital's broader fiscal stewardship.
- 1.3 Outside debt collection agencies and the hospital's internal collection practices will reflect the mission and vision of the hospital.
- 1.4 Financial assistance provided by Hoag Hospital is not a substitute for personal responsibility. It is the responsibility of the patient to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their individual ability to pay.

2.0 POLICY:

- 2.1 Hoag Hospital provides financial assistance to patients who do not have insurance coverage at family income levels up to four times the Federal Poverty Income Guidelines. The Hospital gives consideration to eligible patients residing within its community and to patients, whether or not they have insurance and regardless of income level if there are exceptional circumstances.
- 2.2 Business services staff will discuss program options with patients who have expressed a need for financial assistance in resolving their hospital bills. Qualifying patients are referred to MSI or Medi-Cal and those not eligible are reviewed for Patient Assistance under Charity Care. Adjustments are made based upon the patient's eligibility level in the programs.
- 2.3 Any patient seeking financial assistance (or the patient's legal representative) shall provide information concerning health benefits coverage, financial status, and any other information that is necessary to make a determination regarding the patient's status relative to the hospital's charity care policy, discounted payment policy, or eligibility for government-sponsored programs. Confidentiality of information and the dignity of the individual will be maintained for all that apply for charitable services.

- 2.4 Charity guidelines will be reviewed and adjusted annually according to the Federal Poverty Guidelines established by the Department of Health and Human Services (see FPL Table below).
- 2.5 Hoag Hospital will define the standards and scope of practices to be used by its outside (non-hospital) collection agencies, and will maintain written agreements from such agencies that they will adhere to such standards and scope of practices.
- 2.6 Hoag Hospital, or outside agencies operating on behalf of the hospital shall not, in dealing with low-income uninsured patients who are at or below 200% of the Federal Poverty level, use wage garnishments or foreclosure of liens on primary residences as a means of collecting unpaid hospital bills. This requirement does not preclude Hoag Hospital from pursuing reimbursement from third party liability settlement or tortfeasors or other legally responsible parties.
- 2.7 Patients who have an application pending for either government-sponsored coverage or for Hoag Hospital's own charity care and financial assistance, will not knowingly be referred to a collection agency prior to 120 days from the date of discharge or date of service.
- 2.8 At the time of billing, Hoag Hospital will provide to all low-income uninsured patients the same information concerning services and charges provided to all other patients who receive care at the hospital.
- 2.9 Patients who have been denied charity care or other discounts may appeal the denial, in writing, within 10 days of receiving the denial. The appeal should include supporting documentation and evidence as to why the appeal is being following address:

Hoag Memorial Hospital
 One Hoag Drive, P.O. Box 6100
 Newport Beach, CA 92658-6100
 Attention: Director PFS, Business Services

The patient's appeal will be considered and a response with the decision will be mailed to the patient within 10 days of receiving the appeal. All decisions of the Director will be considered final and additional appeals will not be permitted.

3.0 DEFINITION OF CHARITY CARE SERVICES AND PATIENT ASSISTANCE SERVICES:

- 3.1 Charity Care may be provided for the following:
 - 3.1.1 Patient services provided to uninsured patients who qualify for financial assistance based on the hospital's charity care policy.
 - 3.1.2 Underinsured patients who indicate an inability to pay their unpaid balance may be screened for possible financial assistance.
 - 3.1.3 Uninsured patients, who can pay for part of their care, but indicate an inability to pay the remainder.
- 3.2 Charity Care Excludes:
 - 3.2.1 Elective services are generally not eligible for consideration under the Charity Care program.
 - 3.2.1.1 Certain specialty services are excluded. Following are a few examples: CDU, cosmetic and gastric bypass services.

4.0 CHARITY CARE ELIGIBILITY REQUIREMENTS:

- 4.1 The following factors will be considered when determining the amount of charity write-off provided.
- 4.2 Patient should reside in hospital's primary or secondary service area or have received emergency or specialty services.
- 4.3 Uninsured patients at or below 400% of the Federal Poverty Income Guidelines are eligible to apply for financial assistance under Hoag Hospital's Charity Care Discount payment policy (see Table below).

- 4.4 Evidence of eligibility will be requested and must be provided if patient/family are available. Patients should be screened for charity care prior to admission, at time of admission, or as soon as possible following treatment.
- 4.5 Additional considerations will be made such as:
 - 4.5.1 employment status,
 - 4.5.2 family size,
 - 4.5.3 certain living expenses of a reasonable and necessary nature,
 - 4.5.4 amount and frequency of hospital and other health care bills, and
 - 4.5.5 assets and liabilities.
- 4.6 All payment resources must first be explored and applied to health care expenses including third party payers, Medicare, Medi-Cal, Cal-OPTIMA, MSI, and Victims of Crime.
 - 4.6.1 If a patient is eligible for Medi-Cal, any charges for Days of Service Not Covered by the patient's coverage may be written off to charity without a completed financial statement. This does not include any Share of Cost (SOC) amounts that the patient must pay before the patient is eligible for Medi-Cal.
 - 4.6.2 Patients unable to pay the total billing for specialty services not covered by their insurance may be considered for charity coverage for a portion of the cost.
 - 4.6.3 Patients unwilling to disclose any financial information during charity screening or Medicare/Medi-Cal screening will not be processed as charity care.

5.0 CHARITY CARE DISCOUNT:

| 2009 HHS Poverty Guidelines | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Up to 400% FPL = Discount to 125% of Medicare DRG Rate | | | | | |
| Up to 350% FPL = Discount to Medicare DRG Rate | | | | | |
| Up to 200% FPL = 100% Charity Write Off | | | | | |
| Size of Family | Gross Yearly 100% of FPL | Gross Yearly 200% of FPL | Gross Yearly 300% of FPL | Gross Yearly 350% of FPL | Gross Yearly 400% of FPL |
| 1 | \$10,830 | \$21,660 | \$32,490 | \$37,905 | \$43,320 |
| 2 | \$14,570 | \$29,140 | \$43,710 | \$50,995 | \$58,280 |
| 3 | \$18,310 | \$36,620 | \$54,930 | \$64,085 | \$73,240 |
| 4 | \$22,050 | \$44,100 | \$66,150 | \$77,175 | \$88,200 |
| 5 | \$25,790 | \$51,580 | \$77,370 | \$90,265 | \$103,160 |
| 6 | \$29,530 | \$59,060 | \$88,590 | \$103,355 | \$118,120 |
| 7 | \$33,270 | \$66,540 | \$99,810 | \$116,445 | \$133,080 |
| 8 | \$37,010 | \$74,020 | \$111,030 | \$129,535 | \$148,040 |
| For Each Add'l Person Add \$3,740 | \$3,740 | \$7,480 | \$11,220 | \$13,090 | \$14,960 |
| * Patients who qualify for Charity services but are >200% FPL will be given a 60% discount for Outpatient Services | | | | | |

6.0 SELF-PAY PATIENT DISCOUNTS ELIGIBILITY REQUIREMENTS:

- 6.1 Patients who do **NOT** qualify for Charity Care under Hoag Hospital's Charity program in accordance with Sections 4.0 and 5.0 above, and who do not have insurance or who have inadequate insurance coverage and are considered "Self-Pay" will be eligible for a Prompt Payment discount.
 - 6.1.1 Excludes cosmetic and other specified cash programs.
 - 6.1.2 Prompt Payment discount requires full payment is made at the time of service or within 30 days of discharge or date of service unless other arrangements have been made.
 - 6.1.3 Patients who qualify for a discount **MUST** make a full deposit of estimated charges at the time of, or prior, to receiving services in order to qualify for the discount.
 - 6.1.4 Unless other payment arrangements have been made, patients will be billed for the remainder of their balance due and the balance must be paid in full within 15 days of receipt of the bill. If payment is not received within 15 days, the discount will be removed and the full billed charges will be due and payable upon receipt.

7.0 SELF-PAY DISCOUNT:

- 7.1 35% off charges for Prompt Payment, as defined in section 6.0 above.

Multidisciplinary Review:

Review and/or input were given by the following: **Administration; Business Services**

Policy Originator: Business Services

Reference:

Filename: 9.10 Charity Care

Appendix B

Hoag Hospital Quantifiable Community Benefit Summary Trend FY 2011

A. Unreimbursed Cost of Direct Medical Care Services - Charity Care

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, charity care, and care provided to patients identified and referred by the SOS Free Medical and Dental Clinic and the Hospital's Community Case Management Program.

| | FY2011 | FY2010 |
|--|-----------------------|----------------------|
| Medical Services Indigent (MSI) | \$ 11,873,000 | \$ 7,585,000 |
| Charity Care | \$ 5,481,576 | \$ 7,261,307 |
| Community Case Management and SOS Free Clinic Referrals | \$ 1,655,131 | \$ 1,791,206 |
| MediCal/Cal Optima Cost of Unreimbursed Care | \$ 16,672,000 | \$ 9,907,000 |
| Medicare Cost of Unreimbursed Care | \$ 86,199,000 | \$ 66,068,000 |
| Total Cost of Unreimbursed Direct Medical Care Svcs | \$ 121,880,707 | \$ 92,612,513 |

B. Benefits for Vulnerable Populations

Definition: Services and support provided to at-risk seniors and children, the indigent, uninsured/underinsured and homeless to facilitate access to preventive and immediate medical care services.

| | | |
|--|---------------------|---------------------|
| Community Health Services | \$ 4,903,199 | \$ 4,251,994 |
| Health Profession Education | \$ 32,255 | \$ 23,281 |
| Subsidized Clinical Specialty Services | \$ 649,991 | \$ 1,183,364 |
| Cash and In-Kind Contributions | \$ 2,270,545 | \$ 1,220,833 |
| Community Building Activities | \$ 19,940 | \$ 20,596 |
| Community Benefit operations | \$ 793,615 | \$ 755,851 |
| Total Benefits for Vulnerable Populations | \$ 8,669,545 | \$ 7,455,919 |

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 | \$ 1,115,332 | \$ 1,265,705 |
| Health Profession Education | \$ 378,138 | \$ 542,625 |
| Subsidized Clinical Specialty Services | \$ 1,463,626 | \$ 1,928,356 |
| Cash and In-Kind Contributions | \$ 997,570 | \$ 1,097,313 |
| Community Building Activities | \$ 163,033 | \$ 200,593 |
| Foundation Expenditures for Community Benefit | \$ 2,024,877 | \$ 2,120,820 |
| Total Benefits for the Broader Community | \$ 6,142,576 | \$ 7,155,412 |

| | | |
|---|-----------------------|-----------------------|
| Total Community Benefit and Economic Value | \$ 136,692,828 | \$ 107,223,844 |
|---|-----------------------|-----------------------|

| | | |
|--|----------------------|----------------------|
| Total Community Benefit and Economic Value (excluding Medicare Cost of Unreimbursed Care) | \$ 50,493,828 | \$ 41,155,844 |
|--|----------------------|----------------------|

Notes:

1. Cost of care figures (section A) are estimated, based upon annualized results of 9 months of operations.
3. The 2011 Fiscal Year included 12 months: October 1, 2010 through September 30, 2011

Appendix C

Benefits for Vulnerable Populations

Net CB Expenditure

Community Health Improvement Services

| | |
|--|---------------------|
| Alzheimer's Family Services Center | \$ 1,191,620 |
| Community Case Management | \$ 186,711 |
| Community Mental Health Services | \$ 684,742 |
| Community Mobile Meals Programs | \$ 1,981 |
| El Sol/SOS Wellness Clinic | \$ 204,470 |
| Employees for Local Community Non-profits | \$ 808,384 |
| Lifeline | \$ 3,750 |
| Newport Community Counseling Center | \$ 10,000 |
| Newport Mesa Unified School District (HOPE Clinic) | \$ 250,000 |
| Oak View Community Center Mobile Clinic | \$ 30,550 |
| Senior Transportation (6 agencies) | \$ 424,185 |
| SOS Medical and Dental Clinic | \$ 1,106,806 |
| Total Community Health Services | \$ 4,903,199 |

Health Professions Education

| | |
|---|------------------|
| Social Work Internship Program | \$ 32,255 |
| Total Health Professions Education | \$ 32,255 |

Subsidized Clinical Specialty Services

| | |
|---|-------------------|
| ECU Call Panel | \$ 649,991 |
| Total Subsidized Clinical Specialty Services | \$ 649,991 |

Cash and In-Kind Contributions

| | |
|--|-----------|
| Academy of International Dance- Reading Program | \$ 10,000 |
| Access California Services | \$ 5,000 |
| Age Well Senior Services | \$ 60,000 |
| California Kids Healthcare Foundation | \$ 3,625 |
| Casa Teresa | \$ 25,000 |
| Children's Health Initiative of Orange County (One OC) | \$ 20,000 |
| City of HB-Services for Frail and Homebound Seniors | \$ 55,000 |
| Costa Mesa Senior Center | \$ 1,485 |
| Council on Aging Orange County | \$ 10,000 |
| Dr. Riba's Health Club (One OC) | \$ 41,000 |

Benefits for Vulnerable Populations (cont)**Net CB Expenditure*****Cash and In-Kind Contributions (Cont)***

| | | |
|--|-----------|------------------|
| Girls Inc | \$ | 30,000 |
| Healthy Smiles for Kids OC- Dental | \$ | 25,000 |
| Irvine Adult Day Health Services | \$ | 21,665 |
| Latino Health Access | \$ | 50,000 |
| March of Dimes | \$ | 25,000 |
| MOMS Orange County | \$ | 20,000 |
| Newport Mesa Schools Foundation | \$ | 5,000 |
| Oasis Senior Center | \$ | 1,505,000 |
| Orange County Department of Education- Medical Officer | \$ | 100,000 |
| PADRE Foundation | \$ | 87,770 |
| Providence Speech and Hearing | \$ | 115,000 |
| Someone Cares Soup Kitchen | \$ | 45,000 |
| Special Olympics Southern California | \$ | 10,000 |
| Sweet Success Express (SSEP) | \$ | 10,000 |
| Total Cash and In-Kind Contributions | \$ | 2,270,545 |

Community Building Activities

| | | |
|--|-----------|---------------|
| Project SEARCH | \$ | 19,940 |
| Total Community Building Activities | \$ | 19,940 |

Community Benefit Operations

| | | |
|---|-----------|----------------|
| Community Medicine Operations | \$ | 226,181 |
| Dedicated Staff | \$ | 567,434 |
| Total Community Benefit Operations | \$ | 793,615 |

Total Benefits for Vulnerable Populations \$ 8,669,545

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

| | | |
|---|-----------|------------------|
| Community Education and Outreach (various Hoag departments) | \$ | 415,770 |
| Enterostomal Outpatient Services | \$ | 3,233 |
| First Aid Stations at Community Events | \$ | 5,338 |
| Flu Immunization Clinic Expenses | \$ | 264,185 |
| Freedom from Smoking Program | \$ | 14,768 |
| Health Ministries Program | \$ | 189,137 |
| Madres Militares Support Group | \$ | 5,500 |
| OB Education Community Classes and Support Groups | \$ | 21,776 |
| Parkinsons Community Outreach Coordinator | \$ | 70,060 |
| Pastoral Care Bereavement Groups | \$ | 49,860 |
| Project Sun Safe | \$ | 6,913 |
| Project Wipeout | \$ | 68,792 |
| Total Community Health Services | \$ | 1,115,332 |

Health Professions Education

| | | |
|---|-----------|----------------|
| Cancer Center Social Work Internship | \$ | 11,451 |
| Clinical Care Extender Program | \$ | 171,072 |
| Diabetes Education Internship | \$ | 4,315 |
| Hospital Case Management Internships | \$ | 24,200 |
| Laboratory Internships | \$ | 60,600 |
| Pharmacy Student Clinical Rotations | \$ | 16,500 |
| Physical Therapy Internships | \$ | 90,000 |
| Total Health Professions Education | \$ | 378,138 |

Subsidized Clinical Specialty Services

| | | |
|---|-----------|------------------|
| Anticoagulation Clinic | \$ | 585,720 |
| CHOC Pediatric Diabetes Services at the Allen Diabetes Center | \$ | 645,175 |
| ETOH/Psych/Ancillary Patient Transfer Program | \$ | 232,731 |
| Total Subsidized Clinical Specialty Services | \$ | 1,463,626 |

Cash and In-Kind Contributions

| | | |
|--|----|--------|
| 211 Orange County | \$ | 50,000 |
| Alzheimer's Association | \$ | 50,000 |
| American Diabetes Association | \$ | 25,000 |
| American Heart Association | \$ | 32,500 |
| American Lung Association | \$ | 25,000 |
| Arthritis Foundation | \$ | 25,000 |
| CA-HI-NV Exchange Club of OC | \$ | 250 |
| Corona Del Mar Chamber of Commerce- Senior and Youth Program | \$ | 10,000 |
| Furniture Donations to Community Organization | \$ | 280 |
| Epilepsy Alliance of Orange County | \$ | 25,000 |
| Epilepsy Support Network | \$ | 25,000 |
| Families Forward | \$ | 16,190 |
| Family Service Team (One OC) | \$ | 7,500 |
| Food Donations | \$ | 14,190 |
| Goodwill of Orange County | \$ | 60,000 |

Benefits for the Broader Community (cont)**Net CB Expenditure****Cash and In-Kind Contributions (cont)**

| | | |
|--|-----------|----------------|
| Health Care Council | \$ | 6,000 |
| Human Options | \$ | 10,000 |
| Invest in Children Fund (One OC) | \$ | 10,000 |
| Irvine Children's Fund | \$ | 20,000 |
| Irvine Community Alliance Fund | \$ | 25,000 |
| Juvenile Diabetes Research Foundation | \$ | 15,000 |
| Kenya Medical Mission | \$ | 57,877 |
| Kiwanis Costa Mesa | \$ | 4,500 |
| Leukemia & Lymphoma Society | \$ | 5,000 |
| Mardan Foundation of Educational Therapy | \$ | 5,000 |
| National Parkinson Foundation Orange County-In Kind Lease | \$ | 29,424 |
| Newport Beach Police Explorer Program | \$ | 5,000 |
| Orange County Community Foundation | \$ | 5,000 |
| Orange County Human Relations Council | \$ | 25,400 |
| Orange County Immunization Coalition (OCIC) | \$ | 6,000 |
| Orange County United Way | \$ | 62,459 |
| Saint Joachim Catholic Church- Pastoral Services | \$ | 10,000 |
| UCI Institute of Memory Impairments and Neurological Disorders | \$ | 10,000 |
| UCI Paul Merage School of Business | \$ | 100,000 |
| YMCA of Orange County | \$ | 160,000 |
| Youth Employment Services | \$ | 30,000 |
| Total Cash and In-Kind Contributions | \$ | 967,570 |

Community Building Activities

| | | |
|--|-----------|----------------|
| Community Disaster Preparedness Planning | \$ | 64,514 |
| Health Funders Partnership of OC | \$ | 10,000 |
| Orange County Congregation Community Organizations (OCCCO) | \$ | 2,500 |
| Orange County Health Needs Assessment (OCHNA) | \$ | 86,019 |
| Total Community Building Activities | \$ | 163,033 |

Foundation Expenditures

| | | | |
|---|-------------------------|-----------|------------------|
| see summary on next page Expenditures | Total Foundation | \$ | 2,024,877 |
|---|-------------------------|-----------|------------------|

Total Benefits for the Broader Community \$ 4,087,699

Foundation Expenditures for Community Benefit**Net CB Expenditure*****Community Health Services***

| | | |
|---|-----------|-----------------------|
| Cancer Center Community Programs | \$ | 70,406 |
| Cancer Center Breast Care | \$ | 100,000 |
| Diabetes Center Community Programs | \$ | 600,000 |
| <i>Total Community Health Services</i> | \$ | <i>770,406</i> |

Health Professions Education

| | | |
|--|-----------|-----------------------|
| Nursing Professorships | \$ | 689,615 |
| <i>Total Health Professions Education</i> | \$ | <i>689,615</i> |

Clinical Research

| | | |
|---------------------------------------|-----------|-----------------------|
| Cancer Center Cell Biology Lab | \$ | 564,856 |
| <i>Total Clinical Research</i> | \$ | <i>564,856</i> |

Total Foundation Expenditures for Community Benefit \$ 2,024,877