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COMMUNITY HEALTH NEEDS ASSESSMENT 2025

Hoag Memorial Hospital Presbyterian
Newport Beach, Irvine and Hoag Orthopedic Institute

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Executive Summary

Hoag Memorial Hospital Presbyterian (Hoag) is a pillar of excellence in Orange County, recognized as the region's top-ranked hospital by US News and World Report for 2025-2026. With a legacy rooted in community initiative since its founding in 1952, Hoag has evolved from a modest facility with 75 beds and 68 physicians into a world-class health care system, now the sixth largest employer in Orange County. Today, Hoag's robust network includes two acute-care hospitals, 18 urgent care centers, 13 health and wellness centers, 7 specialized institutes, and an expansive team of approximately 1,700 physicians, 9,000 employees, and 1,500 volunteers. Annually, Hoag provides care to over 450,000 patients, offering specialized services across seven major institutes that address heart and vascular care, orthopedics, cancer, women's health, digestive health, and neurosciences.

Hoag's mission, vision, and values are foundational to its operations and community engagement. As a nonprofit, faith-based hospital, Hoag is dedicated to providing the highest quality health care services to the communities it serves, guided by the principles of excellence, respect, integrity, patient centeredness, and community benefit. Its vision is to remain a trusted and nationally recognized leader in health care, continually empowering individuals and communities to achieve their best health and live their best lives.

As part of Hoag's commitment to addressing the broader health needs of Orange County, it conducts a Community Health Needs Assessment (CHNA) every three years. The CHNA is a rigorous and inclusive process, designed to identify and prioritize the most pressing health challenges facing the community. This includes access to care, mental and behavioral health, chronic and acute diseases, health behaviors, and other contributing factors such as housing, education, and financial stability. The resulting CHNA provides a roadmap for targeted strategies and programs that aim to foster a healthier, more resilient Orange County.

Methodology and Community Engagement

To conduct its CHNA, Hoag worked with their consultant partner Charitable Ventures to design a methodology that adhered to all requirements for CHNAs, followed best practices for community engagement, aligned with Hoag's approach and philosophy, and recognized the uniqueness of the Orange County community. The CHNA methodology used both qualitative and quantitative data, drawing from a variety of primary and secondary sources. Quantitative data about the community and Hoag hospital usage was incorporated into an interactive map available here.

In addition, ten focus groups and five interviews were conducted to engage the community, stakeholders, and key informants and gain actionable information on community needs. This data was then analyzed, generating a list of identified needs for Hoag to prioritize.

Identified Needs

The Hoag Service Area covers Orange County with primary service areas centered around Newport Beach/Costa Mesa, Irvine, and South County. Residents in the Service Area face a complex array of health-related challenges, including persistent barriers to healthcare access, an aging population, and mental and behavioral health and substance abuse concerns.

Through the qualitative data gathering process, community members and healthcare professionals alike identified significant issues with **accessibility**, such as shortage of providers (especially specialists), insurance limitations, high costs, complexity in navigating the healthcare system, transportation difficulties, language and cultural barriers, and immigration-related fears.

Mental and behavioral health needs are pronounced across all age groups, with stress, depression, and substance abuse prominent among youth and adults. Stigma, limited provider availability, and language barriers hinder effective treatment. Substance use compounds these issues, and while substance abuse rates have stabilized, opioid-related incidents remain elevated compared to a decade ago.

The **older adult population** is expanding rapidly and faces distinct health concerns including Alzheimer's Disease, dementia, arthritis, cancer, and heart disease. This population often struggles with inadequate access to care, high co-pays, and lack of transportation, resulting in increased emergency room use.

While these three concerns were identified most frequently through the CHNA process, other issues persist. Housing instability and the high cost of living are major stressors, particularly for low-income and immigrant residents. Homelessness exacerbates mental and physical health issues and leads to overutilization of emergency services.

Chronic conditions such as high blood pressure, diabetes, and obesity are becoming more prevalent, especially among Latino and lower-income populations. County data show increases in obesity and diabetes rates over the past five years, with notable disparities by race/ethnicity and geography.

Recent policy changes, including the 2025-2026 federal budget bill, threaten to further reduce insurance coverage and put additional strain on emergency departments and hospital resources. Geographic differences within Orange County reveal areas with more acute gaps in service and different needs in regions like South County and Irvine. These factors must be considered in developing a comprehensive implementation plan to address community needs.

2026 - 2028 Priorities

Hoag leadership evaluated the identified needs from the CHNA process and selected **Access to Care, Mental and Behavioral Health**, and **Older Adults** as priorities for 2026-2028. These priorities were determined based on quantitative data, qualitative contributions from focus groups and interviews, and analysis of recent trends affecting Orange County's health environment. The selection criteria included prevalence, community impact, and potential for improvement through targeted interventions.

Access to Care and Mental and Behavioral Health were also priorities in Hoag's 2019 and 2022 CHNAs and remain areas of focus. Older Adults has been added as a new priority, reflecting demographic changes in Orange County and aligning with Hoag's strategic direction. The implementation plan, which will be developed in the coming months, will focus on addressing these issues, leading to a healthier and thriving Hoag Community.

Section 1: Overview

Hoag Background

Hoag Memorial Hospital Presbyterian (Hoag) is a world class health care system centered on two acute-care hospitals – Hoag Hospital Newport Beach, which opened in 1952, and Hoag Hospital Irvine, which opened in 2010. Originating when community members identified a need for a hospital in the coastal Orange County area, Hoag Memorial Hospital Presbyterian in Newport Beach started with 75 beds and 68 physicians. From those humble beginnings, Hoag has grown into a centerpiece of the County's healthcare system and was again recognized in 2025-2026 by the US News and World Report as the top ranked hospital in the County. Hoag is the 6th largest employer in Orange County.

Hoag's two acute-care hospitals are augmented by 18 urgent care centers and 13 health and wellness centers strategically located throughout Orange County. The Hoag network consists of 1,700 physicians, and the organization is supported by 9,000 employees and 1,500 volunteers. Hoag has seven specialized institutes in the areas of heart and vascular, cancer, women's health, digestive health, neurosciences, and orthopedics through Hoag's affiliate, Hoag Orthopedic Institute, which consists of an orthopedic hospital and five ambulatory surgical centers. Hoag empowers people, partners, and the community they serve to achieve their best health, live their best lives, and do their best work, annually treating over 450,000 patients.

The Mission, Vision, and Values of Hoag

MISSION

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

VISION

Hoag is a trusted and nationally recognized health care leader.

VALUES

- Excellence
- Respect
- Integrity
- Patient Centeredness
- Community Benefit

The Community Health Needs Assessment

As part of its commitment to addressing the broader health concerns of the community, Hoag participates in the Community Health Needs Assessment (CHNA) process. The CHNA is a requirement for nonprofit hospitals to ensure that hospitals remain attuned to the evolving needs of the populations they serve. The CHNA process has its roots in both federal and state legislation, most notably the Affordable Care Act (ACA) at the federal level and Senate Bill 697 in California. The ACA mandates that nonprofit hospitals conduct a CHNA every three years, engage community stakeholders, and devise strategies to address identified priorities, thereby fostering an inclusive, proactive, and effective approach to community well-being.

California's SB 697, enacted in 1994, further requires annual reporting of these activities and underscores the importance of involving local groups and government officials in addressing pressing health concerns. The CHNA not only identifies key health challenges—such as access to care, health behaviors, health conditions, and chronic diseases—but also can consider the social and environmental determinants that influence health, like housing, education, and financial stability. This robust assessment process supports nonprofit hospitals like Hoag as they develop targeted strategies and programs that address the most significant needs and supports a healthier and stronger community.

While hospitals are free to create a customized approach that is grounded in the specifics of the hospital and community, the CHNA report must describe the community served, detail the methodology underlying the assessment, and identify and prioritize the community's health needs. The process created by Hoag and their consultant partners Charitable Ventures for the 2025 CHNA meets all requirements on both SB 697 and the ACA while also recognizing the uniqueness of Orange County's communities. This CHNA was adopted by the Board of Directors of Hoag Memorial Hospital Presbyterian in November 2025.

Brief Summary of the Previous CHNA

Hoag's most recent CHNA was completed in 2022 and is available on their website at https://www.hoag.org/about-hoag/community-benefit/reports/.

The prioritized needs of the 2022 CHNA process were Access to Care, Mental and Behavioral Health, and Cancer/Chronic Disease. The 2022 CHNA was reviewed as background context in the preparation of this report, and this report contains an evaluation of Community Benefit work done in fulfillment of the plan. However, this 2025 CHNA was an independent study and not based on nor an update to the 2022 report.

To offer the public a means to provide written input on the CHNA reports, Hoag offers a public email for direct contact: CommunityBenefit@Hoag.org. At the time the 2025 CHNA report was completed, Hoag had not received written comments about the 2022 CHNA report. Hoag will continue to accept submissions and make sure that all relevant feedback is reviewed and addressed by the Department of Community Health.

Community Benefit

Founded in 1996, Hoag's Department of Community Health oversees Hoag's Community Benefit efforts and serves as the lead for the CHNA process. As a critical part of Hoag's mission to deliver high quality health care to its communities, Community Benefit seeks to enhance the community's health through administering diverse programs through the Department of Community Health housed at the Melinda Hoag Smith Center for Healthy Living (MHSCHL). A few of their core programs include Mental Health, Case Management and Outreach, and Community Nurse Navigation. The Department also partners closely with nonprofit community-based organizations, other hospitals, and government agencies to promote health, especially to those traditionally underserved.

The Community Health staff were closely involved in the preparation of this report, including:

- **Minzah Malik**, MPH, MBA, Executive Director
- **Cecilia Cardenas**, MPH, Supervisor, Community Benefit Program
- **Susan Martinez**, MPH, Senior Community Health Specialist

Evaluation of the CHNA Implementation

Hoag's annual Community Benefit report for 2023 and 2024 highlights a significant investment of more than $177 million in community benefit initiatives. This total includes both program expenses and in-kind resources, reflecting Hoag's ongoing commitment to improving the health and well-being of the communities it serves. The investment was strategically allocated across a wide range of services and partnerships, addressing critical needs such as access to care, mental health support, preventive health and education, and social services.

Table 1: Community Benefit Expenditures, 2023-2024.

Category	2023 Expenditures	2024 Expenditures	Total
Charity Care and MediCal Unreimbursed Costs	70,370,881	80,424,858	150,795,739
Benefits for Vulnerable & Broader Populations	12,495,621	14,180,555	26,676,176
Total	82,866,502	94,605,413	177,471,915

Source: Hoag Community Benefit Reports, 2023, 2024

While final figures for 2025 will not be available until early 2026, preliminary insights from Community Benefit staff suggest that expenditures are trending similarly to previous years, with an anticipated slight increase. This projection reflects Hoag's continued dedication to sustaining and growing its investment in community health initiatives."

The majority of this funding, approximately $150 million dollars, was in Charity Care and MediCal unreimbursed expenses. Hoag has a well-defined policy on Charity Care and unreimbursed billing, which is publicly available on their website. The current hospital Charity Care and Self Pay Discount Policy provides assistance on a sliding scale for uninsured and self-pay patients with family incomes up to 400% of the Federal Poverty Level.

The second largest portion of their Community Benefit spending, representing almost $27 million in expenditures, was in Benefits for Vulnerable & Broader Populations. Benefits for the Vulnerable Populations includes "services and support provided to at-risk seniors and children, the indigent, uninsured/underinsured and homeless to facilitate access to preventative and immediate medical care services." Benefits for the Broader Population includes "Health education, prevention and screening programs, information and referral services, and supportive services available to community residents. "

The increase from 2023 to 2024 is consistent with trends for Community Benefit investments, which have increased steadily since 2020, as noted in the chart below.

Table 2: Community Benefit Investment, 2020-2024.

	2024	2023	2022	2021	2020
Total Community Benefit Investment	$94,605,413	$82,866,502	$78,769,215	$74,345,692	$70,168,038

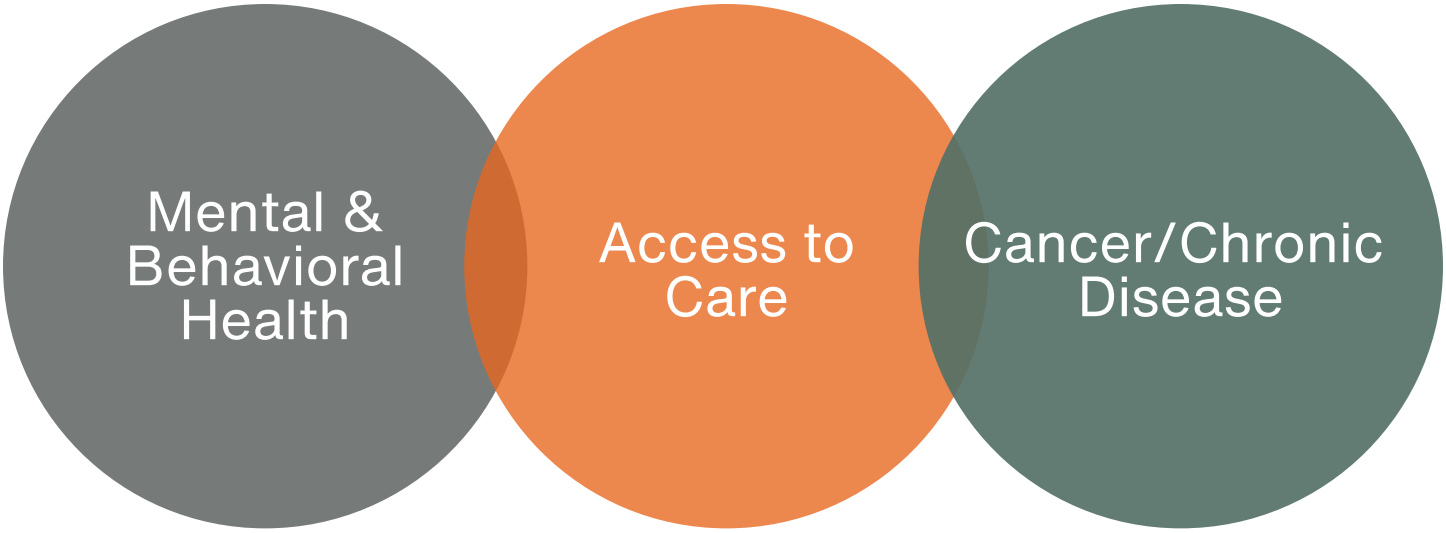
One of the ways Hoag advances community health is by supporting local nonprofits through grantmaking—strengthening those who are deeply connected and responsive to the needs of the underserved.

The Community Benefit Grants program provides funding to Orange County based nonprofit community organizations that address the health and social service- related needs of the community, in alignment with the CHNA priority focus areas. The invitation-based process ensures that grants go to organizations that are well positioned to increase access to care.

The Melinda Hoag Smith Center for Healthy Living (MHSCHL), is located across the street from the Newport Beach hospital campus. The MHSCHL serves as a “one-stop shop” community health center, with over 20 nonprofit organizations collaborating to provide a broad range of free services for the community. During the qualitative data gathering process for this CHNA, the MHSCHL was often cited by community members and nonprofit leaders as a successful model whose substantial impact could be emulated in other service areas. Programs at the MHSCHL include Mental Health, Case Management and Outreach, Community Nurse Navigation, health education and integrative wellness classes.

Implementation of 2023-2025 Priority Areas

The priorities identified in the 2022 CHNA were **Mental and Behavioral Health**, **Access to Care**, and **Cancer/Chronic Disease**. The work of Community Benefit addressed all three of these priority health needs effectively, with an emphasis on access to care. The MHSCHL served as a valuable resource to address health access concerns through culturally and linguistically competent services.



Below is a summary of outcomes for the identified strategies in 2023 and 2024 (2025 not reflected):

Mental Health and Behavioral Health

1. Provide mental health care services through Hoag's Mental Health Program primarily focused on the low-income population.

- 8,628 mental health therapy sessions were conducted.
- 4,743 individuals participated in mental health groups and workshops.
- Provided 973 individual yoga therapy sessions.

2. Provide funding and/or in-kind support to community nonprofit organizations that focus on mental health that goes beyond our scope of care.

- $2,775,000 was awarded in grants to organizations that focus on mental health programming.

3. Provide workforce development opportunities (internships, internal and external professional development) for the mental health profession.

- 2,549 individuals were provided with professional training and workforce development.
- The Center hosted and provided 36 Master of Social Work (MSW) students and 4 Bachelor of Science in Human Services (BS) students with supervised clinical internship training.

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

- Provided psychiatric services to 230 individuals.
- Launched a new service line to enhance mental health services through care coaching encompassed by 3 new MSW staff.
- Expanded service line language to include Farsi in addition to Spanish and English.

Access to Health Care

1. Provide financial assistance through free and discounted care for health care services, consistent with the hospital's financial assistance policy.
- Provided $11,850,141 in Charity Care Services.
- Provided $138,945,598 in MediCal Unreimbursed Care.

2. Offer information and enrollment assistance for no cost and low-cost insurance programs.
- 347 individuals received health benefits enrollment through on-site partner, Community Health Initiative of OC (CHIOC).
- MHSCHL's case management and outreach team provided resource brokering and case management services to 8,742 individuals.

3. Provide funding and/or in-kind support to community clinics.
- Provided $4,916,085 to Share Ourselves, a Federally Qualified Health Center (FQHC) to expand their clinic to increase access to healthcare.
- Provided $430,000 to local community clinics.

4. Provide funding and/or in-kind support to community nonprofit organizations that reduce barriers to accessing care.
- Through Hoag's Grants Program, $7,130,075 was awarded to organizations focused on access to health care.
- In partnership with Second Harvest, 13,859 individuals received food through our monthly distribution.
- In partnership with Community Action Partnership (CAPOC) 356,023 diapers were provided to 3,097 families.

5. Provide partners space and resources at the Melinda Hoag Smith Center for Healthy Living.
- The MHSCHL provides physical space for meetings, workshops, office use, and conferences to over 25 local nonprofit organizations serving the local community.
- In partnership with Families Forward and Share Ourselves, $167,410 was provided in emergency housing assistance.
- 397 individuals received free legal assistance in partnership with Public Law Center.
- Provided free after school programming to 714 children.
- $138,063 was saved by 84 individuals through free financial coaching.
- A total debt reduction of $294,717 was done by 84 individuals through free financial coaching.

6. Provide transportation support for seniors to increase access to health care services.
- $275,000 was provided through the Grants Program to 5 local senior centers to support their transportation programs.

7. Collaborate with Share Our Selves to provide orthopedic care to the under-served (HOI).
- Initiative is still ongoing.

8. Provide in-kind clinics to young athletes during fall sports (HOI).
- Initiative is still ongoing.

Cancer/Chronic Disease Strategies

1. Provide funding and/or in-kind support to community clinics.

- Provided Alzheimer's Family Center and Alzheimers Orange County with $2,211,466 to support their services for individuals living with Alzheimers.
- Provided $2.2M to CHOC to fund the Pediatric Diabetes Services at Hoag's Allen Diabetes Center.

2. Provide funding and/or in-kind support to community nonprofit organizations that focus on cancer/chronic disease prevention and management.

- $1.1M was awarded to organizations that focus on cancer/chronic disease prevention and management through our Grants Program.

3. Provide partners with space and resources at the Melinda Hoag Smith Center for Healthy Living.

- Partnered with CHOC to provide 98 children with health classes utilizing their PODER (Prevention of Obesity and Diabetes through Education and Resources) program.
- In partnership with Cancer Kinship, a monthly women's cancer support group was held at the MHSCHL with a total of 180 participants.

4. Offer chronic disease prevention, management, education, care navigation, screenings and support groups.

- 1,685 nurse navigation one-on-one sessions were held by the community nurse navigators.
- 238 health education classes were facilitated by the community nurse navigators.
- Invested $483,556 in community flu immunization clinics.
- To meet the growing demand, two additional nurse navigators were hired in 2024, bringing it to a team of 3.
- A total of 43 children were screened with a total of 83 referrals made in partnership with Family Support Network. The children are screened for mental, dental, vision, speech & language, BMI, fine/gross motor skills, and hearing concerns.
- 120 individuals received a free mammogram screening.

5. Continue to provide wellness and prevention programs to vulnerable communities.

- The MHSCHL community nurse navigators hosted monthly chronic disease management classes and "Ask a Nurse" workshops/sessions at 4 community-based sites.
- 22,615 individuals attended our integrative wellness classes including Yoga, Zumba/Zumbini, Pilates, Tai Chi, Ballet, Jazz, Hip-Hop, Drumming, Balance & Stretching, Body Conditioning, and Creative Movement.
- 1,708 individuals participated in monthly exercise classes and weekly walking groups hosted by MHSCHL Promotoras at the Oak View Family Resource Center in Huntington Beach.

Over the past few years, the healthcare industry has had to navigate changing circumstances as the world adjusted to the “new normal” post-pandemic.

The Department of Community Health, through the MHSCHL, had to also adjust their mode of delivery service to include virtual modalities. In addition, they had to standardize and streamline processes and procedures to better respond to the growing needs of the community. They also implemented outcome measures to better quantify service delivery and metrics.

Process improvement measures also included strengthening partnerships and increasing outreach. These changes and lessons learned will aid Hoag as they navigate changing healthcare landscape.

Assessment Team

To conduct the CHNA, Hoag contracted with Charitable Ventures, a regional nonprofit specializing in incubation and social impact consulting. Charitable Ventures (CV) was founded in 2007 and works closely with social sector partners to highlight the needs of the communities, and the solutions that can address them. CV has conducted CHNA for hospitals across California and has led community-focused assessment processes around child abuse, immigration, youth services, older adults, food insecurity, nonprofit needs, the 2020 census, and much more.

The team leading this process comprises:

- **Anne Olin**, MA
- **Paul Bonfanti**, MPA
- **Jack Toan**, MBA
- **Jacqueline Tran**, DrPH,MPH
- **Limor Zimskind**, MA, MPP

Community Health Committee

The Community Health Committee (CHC) is responsible for establishing, implementing, and monitoring policies and procedures to provide oversight and governance for activities related to the Community Benefit Program at Hoag. As a committee of the Hoag Board of Directors, the CHC's main duty is to ensure that Hoag meets its legal and ethical obligations to the community by supporting health-related programs for underserved groups. The CHC ensures that Hoag complies with all applicable federal and state regulations governing non- profit hospital organizations in relation to Community Benefit and health activities, and it holds ultimate responsibility for the CHNA process.

In accordance with Hoag's guidelines, the CHC oversees that Community Benefit activities and this CHNA are:

- Developed through engagement with community groups and local governmental officials to identify and prioritize community needs and include ways to evaluate the plan's effectiveness;
- Aligned with the mission, vision, and strategic objectives/initiatives of the Hospital;
- Consistent with the Hospital's stated values and foundational principles; and
- Developed with input from the community, Board, Administration, and Medical Staff leadership, as relevant.

The CHC consists of Hospital Board members and other members of the community and receives support from senior management staff within the Community Health department.

The members of the Community Health Committee in 2025 are:

- **Dan Young**, Chair
- **William "Kurt" Armstrong**, MD
- **Vicki Booth**, Chair-Elect

Section 2: The Hoag Community

Hospital Service Area and Community Served

Hoag is a health care system that serves Orange County and beyond, seeing patients from all 34 cities in calendar year 2024.

As part of this CHNA, Charitable Ventures has created a series of interactive maps that depict critical information about the population of the service area and the demographics of Hoag patients. Metrics on these maps include race/ethnicity, insurance status, household size, income, education, and food insecurity of all residents, as well as the age, gender, language, race/ethnicity of Emergency Room patients and the reason for their visit. These maps can be accessed here.

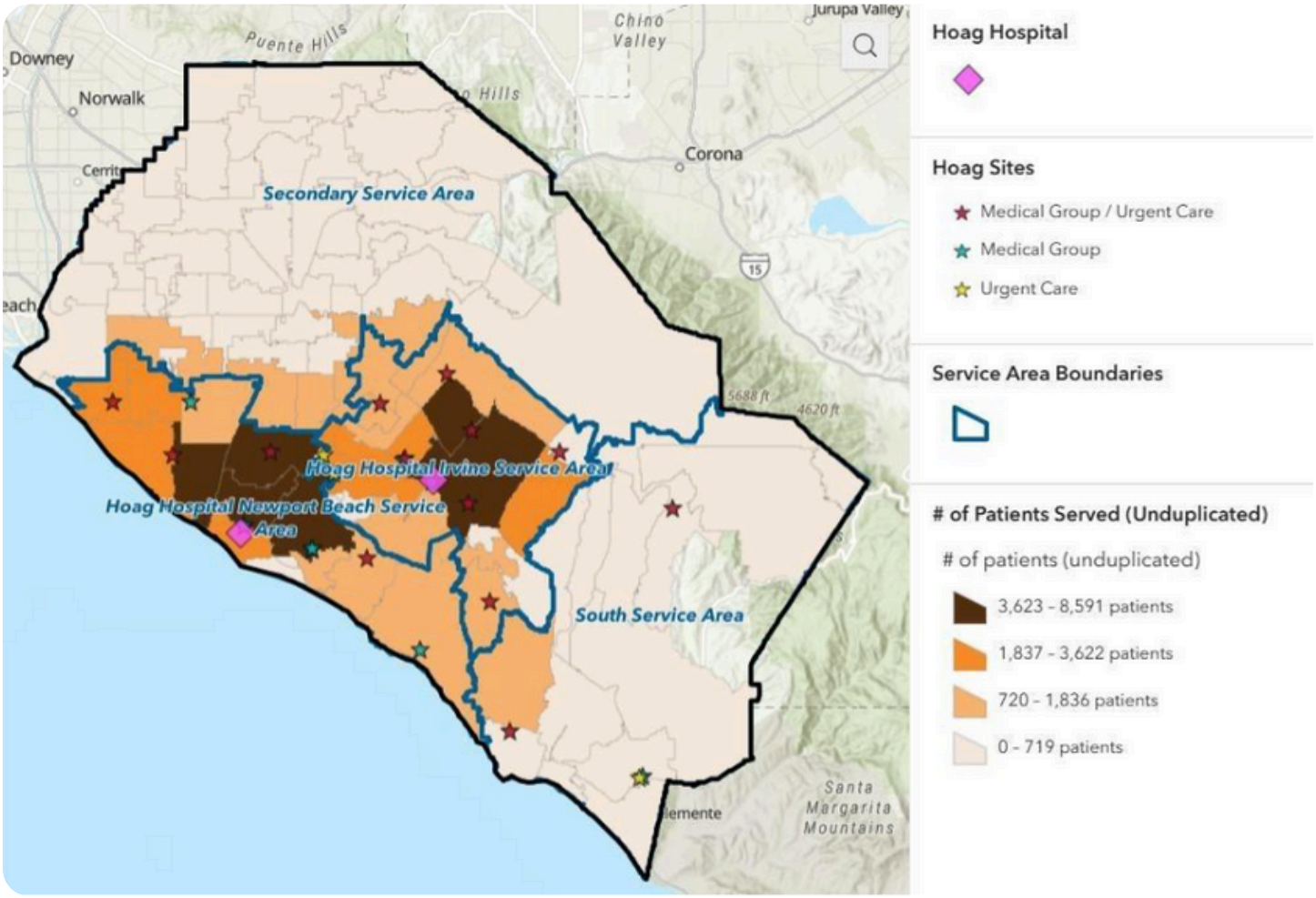
While Hoag is committed to serving all, there are areas of the County in which Hoag serves more patients, largely due to proximity and long existing usage patterns. In 2024, there were 148,413 visits to Hoag's two emergency rooms, representing 100,065 patients. Approximately 60% of these visits come from one of four cities: Irvine, Costa Mesa, Huntington Beach, or Newport Beach. 75% were from the top ten cities. 89% of visits come from Orange County.

The chart below shows the top ten cities for Emergency Room visits, and unique patients.

Table 3: ER Patients and Visits by City, 2024

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

Figure 1: Emergency Room Utilization, by Zip Code



Recognizing these usage patterns, Hoag has designated three Primary Service Areas–their traditional service area around the Newport Beach hospital, a service area around their newer Irvine area, and a South County service area in which they are expanding.

The four cities in which they receive the majority of their patients are the centerpieces of the Irvine and Newport Beach service areas. Hoag defines the remainder of Orange County as a Secondary Service Area.

Each of their three Primary Service Areas has substantial demographic differences from the County as a whole, and as demonstrated in the qualitative data collection, each has unique needs. In the identified needs section, these regional differences will be further explored and will inform the action plan accordingly.

Figure 2: Hoag Hospital Service Area Map

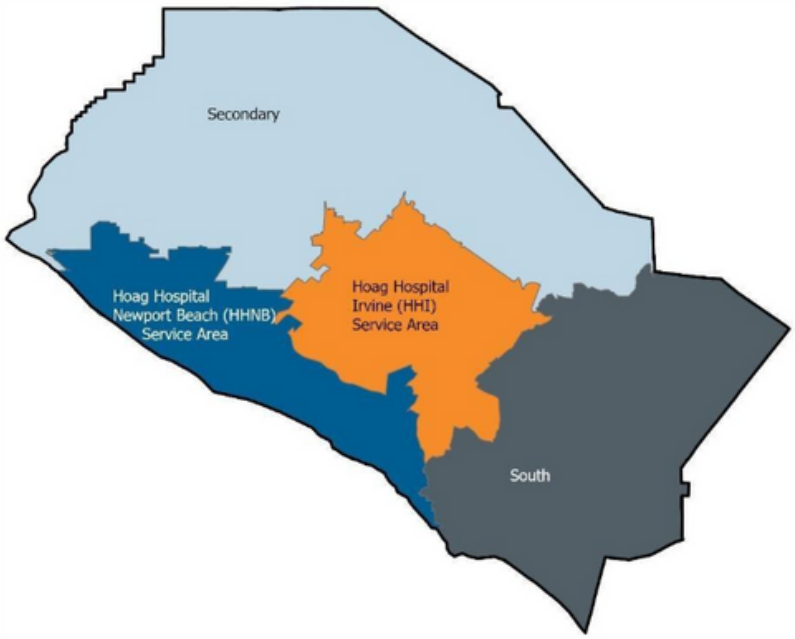


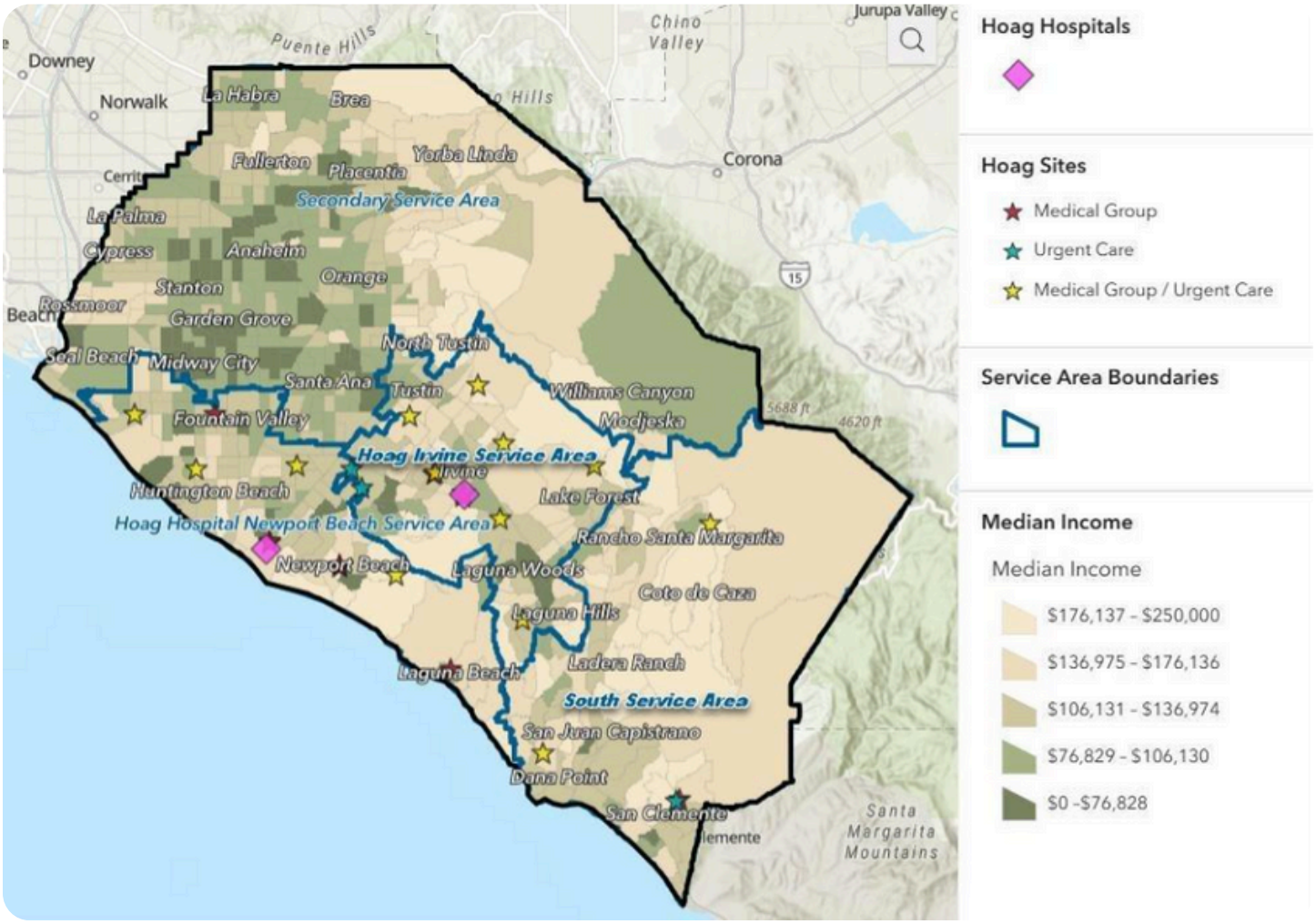
Table 4: Demographic Overview of Hoag Service Areas

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

As noted in Table 4, the primary service areas tend to have higher income than the county total. However, there are lower-income pockets in each service area. Notably, in the Newport Beach service area parts of Costa Mesa, Fountain Valley, and Huntington Beach.

Irvine service area's two lowest income areas have mitigating factors. One is the older adult community of Laguna Woods and the second is centered around student housing in UC Irvine. South service area's lowest income communities primarily house service workers and are in San Juan Capistrano and San Clemente.

Figure 3: Median Income, by Zip Code

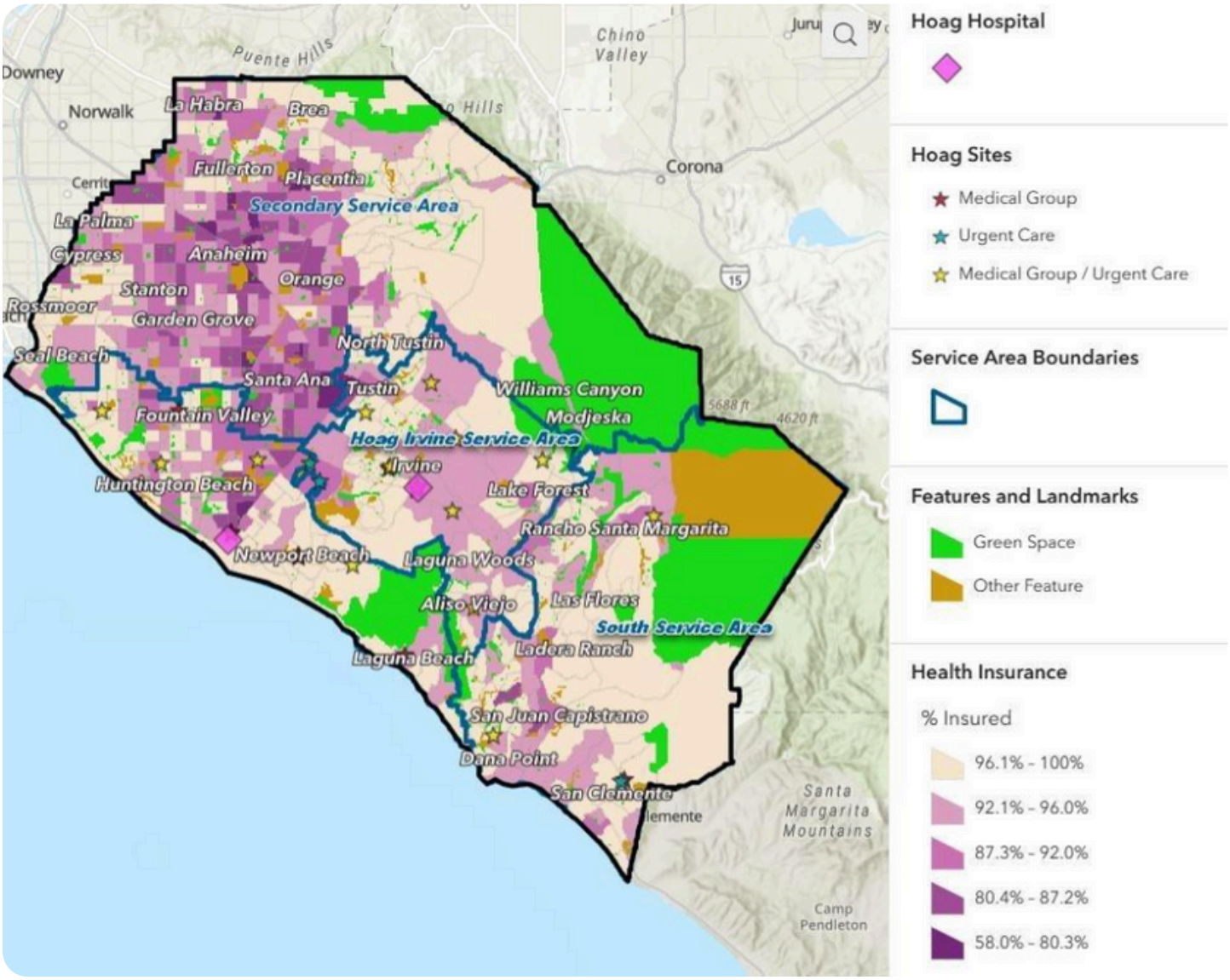


The large majority of residents (91.4%) in Orange County are insured.[2] In reviewing Figures 3 and 4, the percentage uninsured has a negative correlation with income (e.g., the lower the median income in a zip code, the lower the proportion of residents with health insurance). One of the pockets of relatively low insurance coverage is in west side Costa Mesa, located walking distance from Hoag's Newport Beach campus.

This report closely assesses emergency ulitization and access, so it is important to be aware of where uninsured patients live, and what their health care options are.

[2]American Community Census, 5-year estimates, 2023, Table S2701

Figure 4: Health Insurance Coverage, by Zip Code



Section 3: Methodology

Methodological Approach

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

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

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

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

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

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

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

Quantitative Analysis

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

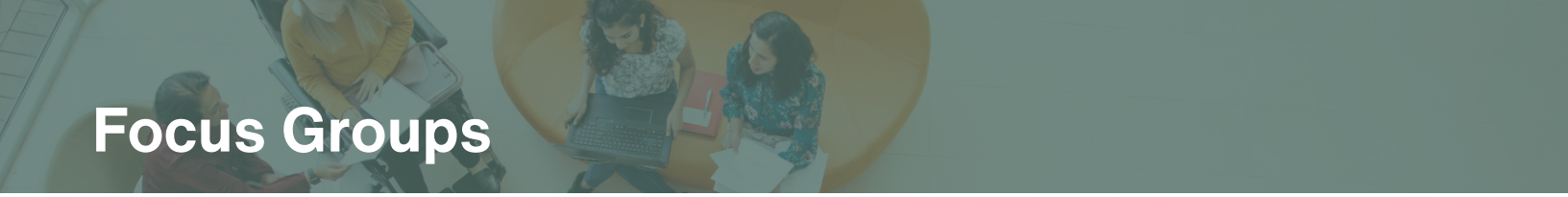
In addition to the analysis of Census and Hoag emergency room utilization data, Charitable Ventures conducted a literature review of recent needs assessments, strategic plans, and community reports to better understand the health needs of Orange County. These included Hoag's previous CHNA, other regional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

Key Informant Interviews

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

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

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



Focus Groups

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

Focus group conversations were productive, insightful, and passionate, while remaining very respectful. In all the focus groups, the attendees seemed to understand the purpose of the session. The health care and nonprofit providers brought a broad mindset to the focus groups and were able to both discuss their own perspectives and those of their constituencies, clients, and/or patients. While many nonprofit providers were more focused on their area of expertise, no one provider dominated the conversation. In part due to the facilitation framework and the work of the facilitator, the discussion moved quickly between topics and focus areas, preventing excessive focus on any one issue. Community participants were engaged and interested in discussing their immediate health concerns and were often able to also present the perspectives of their neighbors, friends, and community.

Focus Group Protocols

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

Table 5: Focus Group, by Type and Details

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

Three focus groups with 35 individuals were conducted among nonprofit partners. Two focus groups with 16 individuals were conducted with Hoag Healthcare staff. Five community focus groups were conducted with 51 participants across Irvine, Newport and Lake Forest (South County).

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

Focus of Discussions

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

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

Participant Demographics

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

Data Limitations and Information Gaps

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

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

- Although most indicators are relatively stable from year to year, some indicators, such as the percentage of uninsured individuals, are rapidly evolving. Consequently, the most current available data (2023) may not accurately represent present conditions.

- Significant changes in the political and social climate at the national, state, and county levels occurred in 2025. This report primarily reflects the reality at the time of data collection and reporting. While efforts were made to account for these changes and to make reasonable projections, there remains the possibility of future shifts.

- Reporting data at the county or city level may obscure inequities within communities. Similarly, data reported by race can mask disparities among racial and ethnic subgroups. Where feasible, we have disaggregated data by geography and race to provide greater detail.

- Data obtained from listening sessions may be subject to bias, depending on the willingness of individuals to participate and on whether respondents are representative of the broader population. The reliability of data collected through interviews and surveys depends on the consistent interpretation of questions by all respondents and the honesty with which individuals provide their answers. While the facilitators worked to prevent these issues, they cannot be fully eliminated.

- The English-language community focus group experienced low attendance, which may have resulted in an overrepresentation of the views of those present.

Section 4: Identified Health Issues

The qualitative and quantitative collection and analysis process, focus groups, and interviews unearthed the following significant health issues.

Top Identified Needs:

Access to Care

- Lack of Providers
- Insurance Concerns
- Cost of Services/Treatments
- System Navigation
- Transportation
- Language and Culture
- Immigration Concerns
- Access to Care for Youth
- Emergency Room (ER) Utilization
- Impacts of the 2025-2026 Budget Bill

Mental and Behavioral Health

- Including Substance Abuse

Older Adults

Other Identified Needs

- Housing Concerns
- High Blood Pressure
- Diabetes
- Obesity

Unique Geographic Challenges by Service Area

Top Identified Needs

Access to Care

A consistent concern across all groups was barriers to medical care causing a lack of equitable and timely access for residents. This was discussed in every session and was usually a key focus of discussion. Access barriers lead to people not seeking or receiving necessary care, and delaying both prevention and intervention, resulting in less healthy individuals and communities.

Through focus groups, interviews, and research, ten different contributors to a lack of access to care were identified: 1) Lack of providers; 2) insurance concerns; 3) cost of services/treatments; 4) the complexity of navigating the system; 5) transportation; 6) language and culture; 7) immigration concerns; 8) youth specific issues; 9) Emergency Room Utilization; and 10) recent developments in the political sphere that may affect access.

1. Lack of Providers

Many respondents talked about the difficulty in finding providers who take on new patients. While this is true of general practitioners, it is most acute for specialists. Mental health and oncology were highlighted as two areas with particularly long waits to see providers. As a result, residents may not be able to get the care they need in a timely fashion, leading to worsening conditions, preventive care being deferred, and overutilization of emergency services. The healthcare provider groups added context, discussing the difficulty in recruiting and retaining qualified health professionals due to the high cost of living and housing in Orange County.

Quantitative data, to the extent that it is available, do not indicate that a shortage of primary care providers is a significant issue. According to County Health Rankings, Orange County has 1 provider for every 1,000 residents, a better rate than the state (1 for every 1,230) or national average (1 for every 1,330 residents). This may be skewed somewhat by Orange County's size, affluence, and reputation as a destination–neighboring inland counties of Riverside (1:2,160) and San Bernardino (1:1,700) and patients from those counties may compete for the time of providers. It also does not demonstrate alignment between what insurances providers accept and what residents have. In addition, as detailed later in the report, there may be misalignment between language needs and availability, as these providers may not speak the right languages for some of the county's diverse residents. It does indicate relatively fewer mental health providers, with a rate of 1:250 compared to 1:210 for the state. According to CalHHS, none of the primary service areas of Hoag are currently considered Health Professional Shortage Areas, although Orange County has Health Professional Shortage Areas and Mental Health Professional Shortage Areas in Anaheim and Santa Ana, within Hoag's Secondary Service Area.

2. Insurance Concerns

Respondents identified limited acceptance of Medi-Cal as a significant barrier to healthcare access, alongside issues with outdated provider networks, where doctors who had opted out were not accurately removed from lists. Concerns were also raised about perceived discriminatory treatment, with Medi-Cal patients reportedly experiencing longer wait times and inferior service compared to those with private insurance. Additionally, gaps in coverage and complexities within the system were highlighted. The "cliff effect," where small income increases led to the loss of Medi-Cal eligibility, created financial strain. Patients also faced confusion due to fragmented billing processes and unexpected charges. Pre-authorization delays frequently obstructed timely treatment, and high copayments deterred individuals from seeking care, even among those who had insurance.

According to US Census Estimates, in 2023, 6.8% of Orange County residents were uninsured, with 18.5% on Medicaid and 11.2% on Medicare. The uninsured rate in the past ten years has fallen from 21% due to the implementation of Covered California and the Affordable Care Act. As will be discussed later, there are concerns that implementation of the 2025 Federal Budget Act may increase the rate of uninsured by 2027.

3. Cost of Services/Treatment

Closely tied in with insurance issues, cost was regularly cited as a reason why residents delay or eschew treatment or preventative services.

4. Complexity in Navigating the System

Navigating the healthcare and hospital system poses significant challenges. The complexity of the system, from understanding insurance coverage to managing fragmented billing processes, often leaves residents feeling overwhelmed and confused. Language difficulties exacerbate these challenges, making it harder for patients to access information, understand medical instructions, or communicate effectively with providers. This is especially pronounced in communities where culturally and linguistically competent services are scarce, such as Farsi, Chinese, or Korean-speaking populations. Nonprofit focus group participants commented on how hard it is for themselves, with high familiarity with health care, to navigate the system, so it is particularly difficult for those with language, education, or knowledge barriers.

5. Transportation

Many community and nonprofit participants identified transportation as a barrier to services. Orange County is a car-driven culture but for those patients who lack cars, getting to appointments can be difficult. This is particularly serious in South County and for older adults, who have more appointments and may not drive. South County challenges include it being more spread out with less public transportation, and the lack of services often forcing trips to Central Orange County.

6. Language and Culture

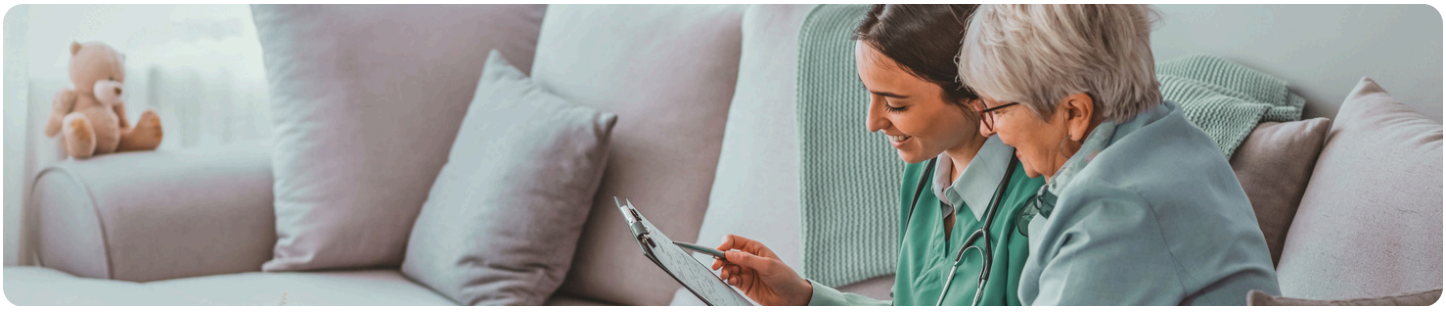
Language barriers were highlighted by participants at the Farsi and Chinese focus groups, who spoke extensively about having trouble finding culturally and linguistically competent services. In particular, it was noted that language access may be available for primary care but less so with specialty and ancillary care (e.g. imaging, diagnostics, etc.) This exacerbated the lack of providers and system navigation issues. Notably, one participant in the Farsi group said once they resigned themselves to not having a Farsi provider, they were able to get care, but they were sufficiently fluent in English for this to be possible. Nonprofit participants discussed similar issues with other languages, such as Korean or Vietnamese. The Spanish language groups mentioned this as a concern but not as strongly, indicating that there is relatively less of a lack of access for Spanish speakers.

According to a 2021 report from California Health Care Foundation, only 5% of physicians in Orange County were Latino but 22% spoke Spanish. There is more diversity in the Registered Nurse Population, with 9% Latino, 29% Asian (including 19% Filipino), 4% African-American, and 11% Multiracial.

7. Immigration Concerns

Driven by recent events and policy changes, immigration status related concerns are growing in importance. Undocumented or mixed status families are reluctant to pursue treatment that may draw attention, require their identity, or may mark them as a public charge. Note that most of the focus groups occurred in April and May before ICE increased their public deportation activity, so this may be an even greater issue than captured in the focus groups. In addition, since the focus groups, the federal government has demanded states such as California turn over insurance data, further compounding the threat for undocumented families.

Data on the size of the undocumented population is difficult to gather accurately. According to the 2025 Orange County Equity profile, there are approximately 198,000 undocumented immigrants currently living in Orange County, with an additional 272,000 individuals living in mixed-status households. Among these, 208,000 are citizens with an additional 64,000 long term permanent residents. Twenty-one percent of children under the age of 18 have at least one undocumented parent.



8. Access to Care for Youth

Access issues also exist for Orange County's youth. As an example, Hoag has been conducting in-kind sports physical clinics for student athletes at local high schools for several years. These clinics are very well attended and student athletes have needed additional sports related diagnostic services and treatments including x-rays, bracing, activity modification, and physical therapy. However, staff have identified an inability to follow-up with these students due to a gap in the continuum of care. Furthermore, youth who lack a primary care physician, necessary insurance coverage, the ability to pay for ongoing care, or available specialist services may not be able obtain additional care. As a result, some may lose the opportunity to continue their active lifestyle, which can contribute to stress, obesity, and other health issues.

The 2024 California Children's Report Card supports the finding of acute access issues for young people. This report gave a "D+" for Health Care Access and Accountability, citing inequities across the care system and growing wait times to see specialists. For some services such as neurology, gastroenterology, or medical genetics, wait times (in days) have more than doubled in three years. Preventative Care received a "D", with only 42% of children in Medi-Cal receiving preventative care. Additionally, only 26% of children received timely developmental screening and 29% had a timely visit to an eye doctor. Mental Health access received a "D+" with 46% of parents reporting they could not get mental health support for their child. While these grades are concerning, they also present an opportunity for Hoag to make significant impact.

9. Emergency Room (ER) Utilization

Intertwined with access issues, overuse of Emergency Services arose in almost every session. Because residents are deferring treatment or skipping preventive care, they are often not seeking medical attention until an issue becomes an emergency. In addition, because the emergency room is often viewed as a cheaper or safer place to receive treatment (because they cannot turn patients away due to a lack of ability to pay), some residents are going to it for issues that would not warrant emergency care and could better be treated by a general practitioner or urgent care. For individuals experiencing homelessness, the ER is often their only option, and this population usually presents with difficult conditions and compounding needs. Finally, some residents may not know what can be treated by a primary care provider or urgent care and are defaulting to the emergency room.

Table 6 below presents the top 10 reasons for Hoag ER visits in 2024, by age group. Seniors (adults ages 65 years and older) have a much higher rate of visiting the ER for septicemia and UTIs, while children younger than age 18 years were more likely to access Hoag's ER care for injuries and sprains. Adults ages 18 to 64 years visited Hoag ER for abdominal or chest pain at higher rates than other age groups. While this data alone does not allow us to definitively say which of these visits did not require the ER, there is potential for further analysis to fully illustrate this issue.

Table 6: Reasons for Hoag Emergency Room Visits, by Age Range (January 1 - December 31, 2024)

Reason for ER Visit	Age Range			Overall
	<18	18-64	65+	
Abdominal pain and other digestive/abdomen signs and symptoms	5.6%	7.0%	3.5%	5.6%
Nonspecific chest pain	1.3%	5.5%	3.9%	4.6%
Septicemia	0.3%	1.7%	5.5%	2.9%
Superficial injury; contusion, initial encounter	6.0%	2.3%	2.6%	2.7%
Sprains and strains, initial encounter	4.1%	2.7%	1.1%	2.3%
Musculoskeletal pain, not low back pain	2.0%	2.3%	2.0%	2.2%
Respiratory signs and symptoms	2.7%	1.9%	2.2%	2.1%
Headache; including migraine	1.1%	2.6%	1.3%	2.0%
Urinary tract infections	0.8%	1.6%	3.1%	2.1%
Skin and subcutaneous tissue infections	1.2%	2.2%	1.7%	1.9%
All other visits	74.5%	70.2%	73.0%	71.5%
Number of Visits	**10,914**	**75,522**	**45,710**	**132,146**

Emergency services utilization was discussed differently by health care professionals and community residents. For the providers, they focused more on the crowded emergency rooms and the inability to prioritize or triage patients effectively. They were very aware that this led to a worse experience for patients and also focused on the difficulties it presented for hospital operations. For the community and nonprofit representatives, they discussed experienced long wait times and perceived some providers rushed when they finally were treated. There was widespread concern that the treatment they received was not adequate and resulted in worsening health outcomes. In some cases, there was a lack of interpretation/translation or cultural competency, and some patients reported going home with inadequate or unclear discharge instructions, also worsening outcomes.

10. Impacts of the 2025-2026 Budget Bill

In early July 2025, after the focus group and interview process concluded, Congress passed an omnibus budget and policy bill informally known as the "One Big Beautiful Bill." While the complexity of the bill and the speed with which it was passed complicate a thorough analysis of its effects, it is generally acknowledged that the bill will result in cuts to Medicaid, Medicare, and other safety net programs. As Hoag assesses the community need over the next three years, it is important to consider and predict some of the effects of this bill. Based on research by both Hoag and the consultant performing this analysis, the following could occur:

Loss of Insurance Coverage: There is universal agreement that the budget bill will result in some people losing their public insurance coverage as the government institutes additional documentation or work requirements. However, there is not a lot of clarity on how many people will be affected. CalOptima currently provides coverage for almost 900,000 residents, so even if a fraction of their members lose their coverage it could have massive effects on both those who lose coverage and the health care system in general.

Increased Usage of Emergency Department: If a substantial number of people lose their insurance coverage, they will likely not obtain care for prevention or minor issues. As a result, more people may turn to the emergency room as their only source of care, further exacerbating the already significant access issues noted earlier.

Increases in Charity Care and Unbilled Medicare Costs for Hoag: As people lose their ability to pay for care and turn to the emergency department, Hoag could face a large increase in Charity Care and unbilled Medicare costs. This will put financial and workload burdens on Hoag as it adapts to serve these patients.

Reevaluating Strategy: With these changing circumstances, Hoag will need to reevaluate their current models, priorities, and initiatives. Hoag may need to focus funding on addressing access concerns and awareness of health care options, including promoting Federally Qualified Health Centers as a viable option. It may also lead to prioritizing services that provide navigation services to help patients and clients understand the changing health system.

Immigration Status Effects: The budget bill also significantly increases the amount of money available for immigration enforcement and deportation. This will likely lead to more enforcement activity, as Southern California has been heavily targeted over the last several months. As a result, it is likely to worsen the concerns that undocumented, mixed-status, and even legal permanent resident and citizen immigrant families have with seeking health or other supportive services. These increases and effects are immediate, unlike some of the Medicare cuts.

Timeline

It should be noted that many of the most effects of the H.R. 1 bill on healthcare will not be imminent. Prohibitions against Medicare service for “unlawfully present aliens” do not take effect until October 1, 2026. Work requirements take effect on January 1, 2027, as do many other provisions. Some cost-sharing and verification requirements do not start until January 1, 2028. As a result, the immediate effect of these changes may be based on perceptions of cuts or misunderstanding of timelines. The timeline also raises the possibility that some provisions may be changed before they take effect. Regardless, these changes and how they affect community needs must be considered as part of this plan.

Top Identified Needs

Mental and Behavioral Health

The most consistently discussed issue across the focus groups and interviews was Mental and Behavioral Health. All 10 focus groups and five interviewees discussed this topic extensively in their sessions and identified it as a high priority. However, the discussion itself took different forms and covered many associated topics. There was general agreement that this was a significant issue for every segment of the population, and that it was a growing concern. Many participants referred to the lingering effects of the pandemic as the source for increased mental health issues. Some participants, particularly those in the community groups, focused on stress and depression as manifestations of mental health issues. Participants identified compounding factors such as economic pressure, growing fears around immigration issues and legal status, and perceptions of a more tense social environment.

Validating this finding, data also shows mental health is a substantial issue. Mental health hospitalizations in Orange County are at 34.9 per 10,000 residents, with 33.7 for youth and 29.7 for seniors, according to the 2025 OC Community Indicators report. These rates, which reflect 2022 data, represent slight increases over the past three years but show significant improvement over 2012.

There are many barriers to addressing mental and behavioral health concerns. Participants identified a shortage of mental health providers, a concern that will be described further in this report. In addition, stigmas around mental health and seeking help still exist. While stigmas are present for all groups, participants highlighted certain demographics for their high stigma. Men, particularly Hispanic men, and Asian and Asian-Americans were identified as having the greatest reluctance to identify or admit a problem and seek mental health services.

Some of the community groups spent time on the importance of mental and behavioral health among youth— both teens and young adults. While younger people may be more open to thinking and talking about mental health, they were also affected by the pandemic in unique ways, as it contributed to losing key milestones or the ability to connect with peers. In addition, social media was often cited for its deleterious effects on young people, by encouraging withdrawal, increasing insecurity by creating unrealistic standards, and whipping up other negative emotions through algorithms that maximize profit instead of wellbeing.

Participants in a few of the focus groups as well as interviewees mentioned seniors as a group that has mental and behavioral health concerns but is often overlooked.

Substance Abuse

Substance abuse was also raised in almost every session and is closely connected to these concerns. Participants pointed to substance use as both a symptom of and an exacerbating factor of mental health concerns. Participants were concerned about individuals, particularly youth, turning to substances as a form of self-medication or escape from stress, economic pressures, or other fears. Providers cited substance abuse as a contributor and comorbidity for other health issues. Many participants pointed to barriers around services for substance abuse prevention or treatment, including cost, lack of providers, and stigma.

According to the 2025 Orange County Indicators report, substance abuse hospitalizations for all residents in 2022 (the most recent year available) were 13.5 per 10,000 residents, 20.0 for adults, and 6.9 for seniors. These numbers are down slightly from the previous year but have been relatively consistent since 2018. More promisingly, as the chart below indicates, the rates of opioid related incidents have decreased significantly between 2021 and 2022, although they are still much higher than 10 years ago.

Table 7: Substance-Related Hospitalization Rates in Orange County, by Year

All rates are out of 100,000 people	2021	2022
Opioid related hospitalization rate	92.5	87.5
Opioid related ER Visit rate	40.1	35.1
Opioid related death rate	23.2	20.2

Source: 2024-2025 Orange County Community Indicators Report

Top Identified Needs

Older Adults

Another area discussed in almost all the sessions was the unique challenges of the aging population in Orange County. This was a particularly strong theme among the interviewees, several of whom spent much of their time discussing issues facing seniors. Many of the trends in access appear to be exacerbated for older adults. There is a perceived lack of specialists, such as gerontologists and oncologists, and little focus on preventative care for seniors. Seniors also overuse emergency services when a dedicated specialist is not available. For many immigrant seniors, they have performed physically demanding work for their whole lives and are now facing long-term health consequences. For undocumented immigrants, having no insurance or inadequate savings further limits access. Older adults also may require solutions to address dementia care, hospice services, and end-of-life planning, many of which are lacking in the county. Participants stressed the importance of shifting focus from reactive treatment to proactive, long-term support for aging individuals. These concerns call for collaborative interventions and the implementation of comprehensive, community-level strategies to enhance the quality of life for seniors while alleviating the strain on healthcare systems.

According to 2023 Census estimates, there are 529,832 people 65 years and older in Orange County, representing 16.9% of the population. Of these, 228,509 (7.3%) are 75 and older. This population is growing both in absolute terms and as a percentage of Orange County and is projected to continue growing over the next twenty years.

In 2025, the OC Office on Aging conducted a needs assessment, in which they surveyed 5,657 older adults (defined as 55 years and older). The top age-related health concerns were (in order of frequency) Alzheimer's Disease and Dementia, Arthritis, Cancer, Heart Disease and Stroke, Emotional Well-Being, Diabetes and Obesity, and Falls. Notably, concerns about Diabetes among the Latino population was double that of the general population (26% compared to 13%). Alzheimer's Disease and Dementia also emerged as the top concern from the Provider's survey.

Respondents also indicated high co-pays, inability to obtain appointments, a lack of home care, no transportation, and not knowing "where to go to get help" were barriers to getting health care services. These results are similar to issues identified in this CHNA process.

These were the dominant needs in the focus groups and interviews. However, there were additional needs that arose in enough groups to warrant mention.

Top Identified Needs

Other Identified Issues

Housing

Housing concerns were frequently raised by the nonprofit and resident groups and mentioned in interviews. The high cost of housing was cited as a major economic stressor, often causing healthcare to be deprioritized and contributing to anxiety and mental health issues.

Interviewees cited housing as a social determinant of health, pointing to the CalAIM program as one approach to explicitly link health and housing.

Affordability is a major issue–according to the California Housing Partnership, 121,434 low-income households do not have affordable access to homes, and 81% of families in the Extremely Low Income category are paying more than half of their income on housing.

Homelessness and housing insecurity were also a concern, as homelessness intensifies mental and physical health issues and can result in high ER usage, especially for chronically homeless individuals.

Orange County's 2024 Point In Time Count counted 7,322 individuals experiencing homelessness, but given that was a single day count, it certainly underestimated how many individuals experience homelessness in a given year. According to the Family Solutions Collaborative, there were between 409 and 523 families experiencing homelessness each month in 2024.

High Blood Pressure, Diabetes, and Obesity

Three specific health conditions came up frequently in sessions: High Blood Pressure, Diabetes, and Obesity. There was general agreement that these are all growing in prevalence and seriousness, and recognition that all are preventable. High Blood Pressure was usually seen as tied to stress, while most understood the connection between nutrition and diabetes and obesity. When food insecurity was discussed, it was often in conjunction with obesity and diabetes, as participants pointed to residents choosing unhealthy cheap and fast options due to financial and time pressures. In some cases, respondents called for increased education around healthy food choices, or expansion of food pantry services (which include fresh healthy items).

According to California Health Interview Survey (CHIS) 2023 estimates, 23.2% of Orange County adults identified as obese (a BMI of 30.0 or more) and another 31.5% were overweight (25-29.9 BMI). This is up from 19.4% and 30.8%, respectively, in 2018 and represents an increase of almost 4 percentage points in just 5 years.

Being overweight is a particularly serious issue among Latinos, with estimates of 73% being overweight or obese, also a significant increase from 2018. According to the 2025 Conditions of Children Report, obesity rates in children (5th graders specifically were much higher for Latinos (27.2%), Pacific Islanders (27.0%), and Filipinos (16.6%), compared to Whites (8.5%) and other Asians (7.9%). There is also a correlation between socioeconomic status and obesity. For all adults below the poverty level, obesity was higher at 27.1%, although the percentage of those overweight was lower at 26.6%.

Table 8: Percentage of Adults Overweight or Obese in Orange County, by Race/Ethnicity, 2023

Race/Ethnicity	% obese	% overweight	% normal or underweight
White (not-Latino)	19.6%	36.4%	56.0%
Latino	39.4%	33.4%	27.2%
Asian/Asian-American	7.9%	21.7%	70.5%

Source: California Health Information Survey. Note: sample sizes for other race/ethnicities are too small for reliable data

It should be noted that despite the rising levels of obesity, Orange County is still below the state average of 29.2%.

According to CHIS, in 2023, 31.0% of Orange County residents reported being diagnosed with high or borderline high blood pressure. This is up from 28.8% in 2019 but lower than the state average of 35.0%. High blood pressure is an especially pressing concern for older adults–affecting 55.6% of those 65 and older–an increase from 50.5% in 2019.

By race/ethnicity, high blood pressure is a more serious issue for White (non-Latino) residents.

Table 9: Percentage with High Blood Pressure in Orange County by Race/Ethnicity, 2023

Race/Ethnicity	% ever diagnosed with high blood pressure
White (non-Latino)	34.4%
Latino	31.9%
Asian/Asian-American	25.6%

Source: California Health Information Survey Note: sample sizes for other race/ethnicities are too small for reliable data

Diabetes is a growing problem in Orange County. Per the 2023 California Health Interview Survey, 11.6% of Orange County residents have ever been diagnosed with diabetes. This rate is up from 7.3% in 2018. Diabetes rates are higher for non-white residents, with Latino residents suffering the highest rate. While the rate of diabetes for Asian-Americans is not much higher than whites according to CHIS, research from the federal Office of Minority Health indicates several disparities related to Asians and diabetes.

From 2017-2018, people of South Asian descent were 70 percent more likely to be diagnosed with diabetes, as compared to non-Hispanic whites. Filipinos and South Asians, in particular, experience a higher burden of diabetes compared to other Asian subgroups. Additionally, Asian Americans, despite typically having lower BMIs, are at increased risk for diabetes, suggesting that other factors like body composition and genetics play a role.

Table 10: Percentage of Adults Ever Diagnosed with Diabetes in Orange County by Race/Ethnicity, 2023

Race/Ethnicity	% ever diagnosed with diabetes
White (non-Latino)	9.9%
Latino	15.7%
Asian/Asian-American	10.1%

Source: California Health Information Survey. Note: sample sizes for other race/ethnicities are too small for reliable data

Diabetes disproportionately affects lower income individuals, with 18.1% of those below the poverty level reporting a diabetes diagnosis. Obesity and diabetes also affect regions of the county differently. According to the Orange County Community Health Improvement Plan 2024-2026 update, both diabetes and obesity are more prevalent in parts of north and central Orange County, suggesting important county disparities in these key public health challenges.

The state average of 11.8% is very similar to Orange County's.

Geographic Differences

Focus groups were intentionally conducted in three main geographic areas: Costa Mesa/Newport Beach, Irvine, and South County, to explore differences between these Hoag service areas. While many themes were consistent throughout each focus group, there were some unique perspectives among the regions.

In South County, particularly in the San Juan Capistrano area, residents face unique hurdles such as limited healthcare facilities, providers, and nonprofit agencies, creating service deserts that require significant travel to access care. While Hoag is expanding into South County, and their presence is welcomed, they have not yet been able to expand broadly enough to significantly address these barriers. Compounding these access issues is the economic stress caused by the high cost of living, which contributes to housing insecurity and forces many families to make difficult financial choices. As mentioned earlier, transportation barriers further exacerbate the problem, as inadequate public transit connectivity makes it challenging for individuals without personal vehicles to reach healthcare facilities, particularly for older adults who may no longer drive or families with small children. In addition, while there is disparity all over Orange County, it is particularly acute in South County as there is a substantial gap in wealth, outcomes, and experiences between the more affluent, often whiter population and

the less affluent largely Hispanic and immigrant populations. The resource gaps hit this population hardest as wealthier residents have the means to seek assistance from other parts of the county.

On the other hand, in Irvine, the healthcare landscape is shaped by its rapidly growing population. As Hoag expands into this area, there is a perception that Hoag services are still largely centered in Newport Beach and Costa Mesa, and a hope for centers such as the Melinda Hoag Smith Center for Healthy Living to be duplicated in Irvine.

Irvine hosts a diverse immigrant population with varying needs. Immigrants often struggle with integrating into the healthcare system due to language and cultural barriers, as well as unfamiliarity with navigating insurance processes. Due to the exceptionally high cost of living, middle-class families in Irvine face socioeconomic challenges. These include insurance eligibility, housing challenges, and rising costs in healthcare.

Costa Mesa is the area where the MHSCHL has the largest and strongest footprint, due to its location. Latino families called out their appreciation and comfort with the Center as a community hub, providing strong community networks that foster support and communication. However, persistent access barriers continue to affect the Latino population, creating disparities in healthcare outcomes. Many Latino families live in multigenerational and/or mixed status households, which introduces family dynamics and immigration concerns that influence healthcare decisions and priorities. Additionally, some respondents raised concerns about gang resurgence in certain parts of Costa Mesa, contributing to safety issues that deter residents from accessing public spaces where resources are provided.

Community Assets and Strengths

In all focus group sessions, participants were asked to identify community assets and strengths that could be leveraged to address the needs identified above.

Hoag Hospital was identified as an asset by all groups. The hospital itself was often praised, and the Melinda Hoag Smith Center for Healthy Living was cited for its effective "one-stop shop" model, which simplifies access to a variety of services. South County respondents looked forward to and welcomed the expansion of Hoag into South County, hoping that this model would be emulated. Health care providers also expressed pride in Hoag's place in the community, with one member saying they were lucky to work for Hoag because of the interdisciplinary team working to get people the right holistic care. Interviewees also expressed gratitude for Hoag's work and partnership.

Community-based organizations (CBOs) emerged as a crucial strength within the healthcare landscape. These organizations maintain robust partnerships with Hoag and others that are already providing comprehensive, wraparound services to the community. Many specific CBOs were cited as building deep trust within the community and offering essential cultural and linguistic capabilities. Navigation services provided by models such as Family Choice, Families Together, and the Share Ourselves Clinics that provide essential services such as dental care, optometry, basic healthcare, and food pantry resources were highlighted by community residents. Transportation programs like those provided by CalOptima and the American Cancer Society, which include volunteer driver initiatives, were recognized as critical for addressing access barriers. As trusted conduits to the community with specialized strengths and relationships, nonprofits provide unique ways for Hoag to leverage their resources and create stronger networks.

Technology and communication strategies also play a vital role in community outreach. Platforms like WeChat have proven highly effective for disseminating health information within the Chinese community. Vietnamese radio stations were mentioned as a key, and successful, way to reach the Vietnamese community. Social media platforms such as Facebook and Instagram are effective, if users recognize they cater to different demographics, with Facebook engaging individuals aged forty years and above and Instagram appealing to younger populations. Community events, including resource fairs and tabling initiatives, have generated strong participation and can serve as ways to educate residents about services and prevention.

Opportunities

Focus group respondents were also asked to identify opportunities or ideas that Hoag might implement to address community health and well-being. Many recommended the geographic expansion of services. As noted in the geographic differences section, most hospital resources are concentrated in Newport and Costa Mesa, leaving other rapidly growing areas such as Irvine with less access. To better meet the needs of these communities, respondents suggested that Hoag Hospital consider expanding its services and facilities to these underserved regions. Creating centralized locations for families, similar to existing centers like the Melinda Hoag Center, would benefit local residents. Additionally, respondents suggested increasing access to essential items such as diapers and car seats be prioritized to further support families.

Other recommendations were centered around improving access to treatments and preventive health measures. Continued investment in telehealth services could mitigate barriers—such as transportation or scheduling challenges—so that everyone can still receive the care they need. Expanding preventative health care offerings, including community-based events that provide free blood pressure checks, haircuts, and other wellness services, would promote greater well-being. Frequent biometric screenings, possibly incentivized through discounts or complimentary services like flu shots, can encourage community members to prioritize preventive care. Making it easier to schedule urgent care appointments is also vital for timely access to medical attention.

Finally, some participants recommended strengthening education and cultural competency within the healthcare system. This is particularly relevant given the complexity of the system was an oft-cited issue, and the changes around DEI and immigration. Providing education on how the American healthcare system operates will help residents—particularly those from countries with different healthcare models, such as many in Irvine—navigate available resources more effectively. Enhancing cultural understanding and communication will foster greater trust and utilization of health services across diverse communities.

Geographically, the Hoag hospitals are in crucial locations, as they tend to be unserved by other medical assets. Hoag Newport Mesa is the closest ER to Newport Beach and Costa Mesa, and Hoag Irvine is one of only 2 in Irvine. The lack of hospitals in the expansive South service area is also notable, and while there are no plans for Hoag to build a new hospital, there may be gaps to address.

Table 11: Location of Hospitals with Emergency Departments, Orange County

City	Service Area	Count
Anaheim	Secondary	4
Orange	Secondary	3
Fountain Valley	Secondary	2
Irvine *	Irvine	2
Santa Ana	Secondary	2
Garden Grove	Secondary	1
Mission Viejo	South	1
Huntington Beach	Newport Beach	1
La Palma	Secondary	1
Newport Beach *	Newport Beach	1
Tustin	Secondary	1
Placentia	Secondary	1
Laguna Hills	South	1
Fullerton	Secondary	1
Los Alamitos	Secondary	1
Laguna Beach	Newport Beach	1

*** A Hoag Hospital is located in this city**

Source: OC Health Department, List of Emergency Hospitals
https://ochealthinfo.com/providers-partners/emergency-medical-services/ems-system-providers/ems-hospitals

There is also an opportunity for more FHQCs and Comprehensive Health Centers in the primary Hoag service areas. As the table below demonstrates, most of the 69 FHQCs and Comprehensive Health Centers in Orange County are in the Secondary service area for Hoag, with only 8 in Newport Beach, 7 in South County, and 3 in Irvine.

Table 12: FHQCs and Comprehensive Health Centers in Orange County, by City

City	Service Area	Count
Santa Ana	Secondary	18
Orange	Secondary	8
Garden Grove	Secondary	7
Tustin	Secondary	5
San Juan Capistrano	South	5
ullerton	Secondary	5
Anaheim	Secondary	5
Huntington Beach	Newport Beach	3
Newport Beach	Newport Beach	3
Lake Forest	Irvine	3
Buena Park	Secondary	2
Costa Mesa	Newport Beach	2
San Clemente	South	2
Stanton	Secondary	1

Source: California Department of Health Care Access and Information, FHQC Public List

The opportunities identified here will be incorporated whenever possible in the implementation plan, as Hoag can leverage the experience, skills, and partnerships they have built over the past decades to best take advantage of the opportunities to improve community health.

Section 5: Prioritized Health Needs

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

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

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

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

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

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

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

Section 6: Conclusion and Next Steps

The next three years will present both profound challenges and unique opportunities as the community navigates a radically changing health care landscape. Health needs are expected to grow substantially as hospitals predict their Emergency Department and Charity Care usage to increase over the next year. To effectively navigate these changes, Hoag will be required to understand and connect with the community to better respond and adapt to their needs. The priorities highlighted by this CHNA—Access to Care, Mental and Behavioral Health, and Older Adults—are interconnected, linked to other needs, and may present differently for different service populations.

Hoag Hospital has a critical role in addressing these health priorities and is aware that they cannot address them alone. Hoag's position in Orange County as a trusted community partner and leading health care provider gives access to relationships and assets that can be leveraged to develop broader collaborations around community health. In some cases, Hoag will be the leader in these efforts; in others, it should strategically seek out existing initiatives that it can support and align with. As the next step in this process, Hoag will develop a comprehensive implementation plan that will reflect and utilize the findings of this CHNA, ongoing community engagement, and real-time monitoring of a rapidly changing landscape.

The implementation plan will need to address the largest challenge of the next three years--bridging the gap between community and the health care system in an environment of greater scarcity. This will require new pathways for underserved communities to access health care. This may take the form of more partnerships with Community Based Organizations, strategic capacity building for providers of health care, leveraging other investments and initiatives, and/or empowering and equipping more organizations to lead health equity efforts. It may involve exploring critical questions, such as:

- What is the intersection between community capacity-building and access to quality healthcare?
- What does the current ecosystem of organizations surrounding Hoag look like—and who is missing?
- What bridges are currently lacking between the community and the health system?
- What are the short-term fixes versus long-term investments needed to strengthen these pathways?

This will all need to be grounded in the values of Hoag: Excellence, Community Benefit, Integrity, Respect, and Patient Centeredness. While there will be both ongoing and new challenges in the years ahead, Hoag is uniquely positioned to partner with residents, providers, government agencies, funders, and other stakeholders. These partnerships will help overcome these challenges and result in stronger, happier, and healthier community.

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Organizations Participating in the CHNA Process

Alzheimer's Family Center
Big Brothers Big Sisters of Orange County and the Inland Empire
CalOptima
Cambodian Family
Camino Health Center
Cancer Kinship
Charitable Ventures
City of Costa Mesa
City of Irvine
Clinic in the Park
Community Action Partnership Orange County
Community Health Initiative of Orange County
Council on Aging
County of Orange Social Services Agency
Families Forward
Family Assistance Ministries
Friendship Shelter
Girls Inc. OC
Human Options
Korean Community Services
Latino Health Access
Mercy House
MOMS OC
Multi-Ethnic Collaborative of Community Agencies
NAMI Orange County
Omid Institute
Orange County Asian and Pacific Islander Community Alliance
Orange County Chinese Community Service
Orange County Health Care Agency
Orange County United Way
Pacific Islander Health Partnership
Project Youth OC
Providence Health
Public Law Center
Radiant Health Centers
South Coast Chinese Cultural Association
South County for All
South County Outreach
Susie Q Center
Unidos South OC