



HHF Founder & Executive Director Denise Redeker finishing her first 5K with her new heart

Case for Support 2025

Summary

HHF is a 501(c)(3) nonprofit, public benefit, direct service organization which helps heart transplant recipients from San Francisco Bay Area hospitals pay for post-transplant temporary recovery housing near the hospital when their doctors require it, their insurance doesn't cover it, and they can't afford it. No one else in Northern California helps heart transplant patients the way we do. HHF is funded entirely by donations and grants.

Need for Change / Opportunity for Social Impact

Heartfelt Help Foundation (HHF) was formed in 2020 by Denise Redeker following her struggles to locate, afford, and retain required near-hospital temporary recovery housing after her heart transplant in 2018. She also inadvertently overheard a conversation between a nurse and a hospital social worker about postponing a heart transplant until the candidate bolstered his personal finances to pay for required after-transplant recovery housing near the hospital that insurance wouldn't cover.¹ Another person told Denise that his daughter recovered from her heart transplant while living in their car because their insurance didn't include recovery housing, they couldn't afford a nearby hotel, and the hospital offered no housing assistance other than referral to a homeless shelter. Denise committed her second chance at life to bridging these gaps.

According to the US Centers for Disease Control and Prevention (CDC), the relationship between income and health is well established. Lower socioeconomic status is associated with higher risk of developing and dying from cardiovascular disease.² Heart transplant is a potential treatment, not a cure, for end-stage heart disease or sudden heart failure. The procedure saves thousands of lives every year. The number of people who have received a heart transplant with its intense surgery and recovery processes has consistently increased. Ongoing improvement of the sciences indicates the number will continue to rise. What's not commonly known is that a medically required core component of after-hospital recovery is temporary housing near the hospital until the recipient is stable enough to return home.³ Frequently, this cost is not

¹ KFF Health News reported a similar situation then added, "It happens every day," said Arthur Caplan, a bioethicist at the New York University Langone Medical Center. "You get what I call a 'wallet biopsy.'" <https://kffhealthnews.org/news/no-cash-no-heart-transplant-centers-require-proof-of-payment/>

² Additionally, "Heart transplant patients who live in socioeconomically disadvantaged areas are more likely to experience post-surgical complications and die within five years than patients who live in more advantaged areas, even when those patients were transplanted at topnotch high-volume hospitals." [Heart transplant patients from deprived areas face higher risk for postoperative complications, earlier death](#)

³ Stanford Hospital's Heart Transplant Program says, "After your heart transplant, we ask you to stay within a 30-minute drive of Stanford for three months for your follow-up care." Actual durations depend on recovery progress. <https://stanfordhealthcare.org/medical-clinics/heart-transplant-program.html>

covered by private, public, or government insurance.⁴ This uninsured expense can be a great hardship, unattainably costly, or adversely impactful on recovery for people who simultaneously suffer financial distress *and* end-stage heart disease or heart failure. Some people don't have the means to pay for both their home and temporary living expenses along with the many other uninsured transplant-related costs.

Denise was deeply moved by the conversation because the person was an inpatient with little way to raise the money personally, and certainly not quickly. She later learned he was a 40-year-old widower with three dependent children, only modest resources, and no family or friends able to support him. Denise soon held a fundraiser at her home which raised \$12,000 to help him and a second patient pay for good quality temporary recovery housing.

The months immediately following a transplant are fragile for recipients.⁵ As such, doctors require them to relocate and live within a few minutes of their transplant hospital for follow-up care and emergencies for at least one and often several months. Doctors rarely can forecast one's hospital discharge more than a day or two in advance nor can they predict much in advance the discharge date to go home (the lodging duration), because both depend on recovery progress. These unknowns prevent people from securing favorable housing types, locations, and rates on their own. Moreover, doctors require recovery to a higher level of stability when people live far away or have a complicated condition.

RC lived in Hawaii and needed a new heart but there's no transplant hospital there. Because home was too far away to arrive in time when "the call" came, he had to relocate to San Francisco while waiting. A family member was able to host him for several months but moved away while he was in the hospital. He was a modest wage earner who had been unable to work as his heart deteriorated. After discharge, his doctors required him to remain nearby until he was especially stable because transplant specific care wasn't available at home. HHF helped him pay for the 6½ months of recovery housing he needed.

⁴ Insurance covers nearly all *medical* services and products for the transplant, but this housing is a hotel or apartment, not a medical rehabilitation facility. Milliman Research estimated that in 2020 (the most recent survey available), the billed medical charges for a heart transplant would be \$1,664,800. <https://www.milliman.com/-/media/milliman/pdfs/articles/2020-us-organ-tissue-transplants.ashx>

⁵ The fragility results from a combination of the heart acclimating in its new home, the large chest incision and separated sternum are early in their healing, deep immunosuppression that creates high risk of infection from touching, breathing, or consuming contaminants, dysfunction of other organs, side effects of the many new medications, mobility limitations and imbalance, and post-traumatic stress.

The San Francisco Bay Area hospitals that refer patients to HHF are among the best in the nation and people come from all over the country to receive “the gift of life.” However, after discharge, they must stay temporarily in some of the highest cost-of-living regions in the country.⁶ Lodging is charged on a daily basis, so a longer recovery has a higher total cost. Large uninsured expenses can exhaust people’s resources. Some people don’t have the funds to even begin paying the uninsured expenses.⁷

SM was age 22 when she finally received simultaneous transplants of her heart and liver at a SF Bay Area hospital. At birth, doctors found she had only half a working heart. Throughout her life, she endured multiple procedures, heart surgeries, complications, and many sets of multiple months in hospitals. Treatments for her heart damaged her liver. She lived in Nevada where there were no transplant facilities. When transplants were the only realistic treatment remaining, her condition was so uniquely complicated that transplant hospitals in other states would not accept her. She spent a year and a half as an inpatient waiting for and recovering from the transplants. Charges for her most recent medical care totaled over \$7 million. Her parents traveled between the hospital and home to monitor, comfort, and advocate for her, to care for her twin sister at home, and for one parent to continue working to maintain their health insurance. They depleted their resources during many years of unreimbursed medical-related expenses and travel. After the transplants, HHF helped them pay for two months of recovery lodging which their insurance wouldn’t pay.

People enter the heart transplant process from all walks of life. Some enter in financial distress due to one or more of the many possible and realistic no-fault factors.⁸ Fortunately, the lifesaving surgery is extended to more than just those who can afford the uninsured expenses, but some people need financial help as they begin their second chance at life.

⁶ The university-affiliated Stanford Guest House near the hospital advertises “below-market rates” and charges recovering patients \$254/night+15% tax for 2 beds, no kitchen. HHF does not refer people there.

⁷ *Financial Toxicity: Heart Patients Struggle With Care Costs, Lost Wages* (2019) “In our study, >70% of the heart disease patients reporting difficulty or inability to pay medical bills over the last year were actually insured,” Khurram Nasir, MD said. He explained that shifts toward higher premiums, coinsurance, and deductibles are forcing patients with insurance to shoulder a high burden of care costs. <https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.119.042159>

⁸ The many situations include low wage employment, unemployment from disability as their hearts declined, forfeited employment to care for a child with a fatal heart condition, modest and dwindling savings, debt from medical care in the months or years before the transplant, large copayments and deductibles, costs for treatment or pharmaceuticals that exceeded insurance coverage, costs for medical-related travel, costs for medical equipment or supplies, and family and friends unable to provide support.

TW is the single parent of an infant daughter who needed a new heart at nine months old. She left her modest-wage job to be with her daughter for the 341 days they spent together in the hospital before and after surgery. While in the hospital, TW continued studying toward becoming a nurse. Recovery lodging wasn't covered by their insurance and was unaffordable for them. A large patient support organization affiliated with the hospital featured the child's medical miracle in one of its monthly magazines but didn't offer to help them pay for the required after-hospital recovery lodging. HHF paid for the 2½ months they needed.

Organizational Overview

Heartfelt Help Foundation 'makes housing happen' for heart transplant recipients who cannot afford it on their own.

A hospital social worker wrote to HHF, "It is imperative that AW and her family receive the necessary support to remain in [city near the hospital] to remain compliant with our program requirements and maintain the delicate health of AW post-transplant." The medical team required AW to live nearby for more than four months. This was a family of five with one modest income and neither parent able to work because mom was in a high-risk pregnancy and dad was monitoring AW (age 5) in the hospital and her younger brother. During AW's six-month hospitalization, the parents exhausted their paid leave and vacated their residence because they couldn't pay the rent without income. They all lived in the hospital. After discharge, the hospital-affiliated support organizations didn't offer to help them pay for a hotel where all five could be together for the recovery period.⁹ HHF made housing happen for them, totaling nearly \$20,000.

Hospital social workers refer patients to HHF when hospital-affiliated lodging is unavailable, impractical, or inappropriate. HHF fosters relationships with near-hospital lodging providers to identify suitable sites that accommodate unique needs of patients and their caregiving family, have availability on short notice for long durations, and allow flexible length stays. HHF negotiates reduced rates to responsibly use the funds entrusted to us.

⁹ During AW's hospitalization, the hospital's charity paid one month's rent and provided \$50/week for all of them together to use in the cafeteria.

In addition, from her first-hand experience, Denise educates the public about organ donation and transplant, and mentors transplant patients to help them navigate their transplant journey and make the best of the life changes that come with being a heart transplant recipient.

HH, age 13, lived on the east coast. Her heart issue was so complicated that only a SF Bay Area hospital would consider her. That meant relocating to Northern California for evaluation and hopefully a transplant. Insurance didn't cover the relocation, and the hospital-affiliated support organizations didn't help with the travel or with finding or paying for a suitable local residence. Denise found an apartment where the owner, recognizing the family's medical and financial challenges, significantly discounted the rent to a rate the parents could afford.

The outcome from HHF is that people in financial need receive essential help, promptly when and where necessary. HHF helps position people to have close access to follow-up or emergency medical care. HHF enables people to begin their second chance at life in a place that facilitates steady and reliable recovery,¹⁰ of the same quality used by people with larger resources. HHF ensures equity and access. With HHF support, transplant recipients are not forced by their financial weakness to stay in accommodations which could risk, impede, or reverse their recovery while they're fragile.¹¹ People return home with a new lease on life from the surgery, and, following HHF support, can become as strong physically, financially, and emotionally as possible since initial recovery was not inhibited by their financial limits. They are better prepared to serve their families, communities, employers, and peers as Transplant Thrivers, not mere survivors.

JJ received a new heart at age 18 after receiving a new kidney and a new liver in previous years. His mother, a single parent and modest wage earner, had medical insurance but it didn't cover non-medical expenses like recovery housing, even though his doctors required it. She

¹⁰ Temporary housing facilitates recovery when it is clean, safe, private, individualized for the patient's condition, and able to accommodate mobility restrictions, the mandatory caregiver (who might be other than the recipient's partner) and sibling(s) if the recipient is a child. Additionally, it should include a kitchen (to minimize exposure to a possibly contagious public, control meal costs, and enable cooking of healthy meals in a confirmed clean environment) and also allow flexible duration for changes in the recovery period.

¹¹ HHF support means people don't have to spend their month(s) of early recover in a basic bed-and-chair motel room, a series of low-end room rentals as available, an unsafely distant location, a unit lacking disability accommodations, someplace shared with other people, a homeless shelter, or a vehicle.

depleted her resources around the prior transplants. HHF paid for the three months of recovery housing JJ needed.

Suite-type hotels currently are the only realistic option for post-hospital recovery because they offer a reasonable combination of quality, availability, flexibility, and price. We pre-screen hotels to best serve our beneficiaries, and we negotiate price reductions to efficiently use donated funds. Payments go directly to the lodging providers, never to patients.

HHF is fully inclusive and enthusiastically serves a broadly diverse population where financial ability and medical requirements collide. We help adults as well as families of pediatric patients. Our only qualifiers are referral by a hospital social worker, lack of insurance for recovery lodging, and need for financial assistance to pay for it. We charge no fee to anyone for anything.

HHF focuses contributions on supporting patients. No one at HHF takes any kind of pay, salary, or stipend. Everyone volunteers. We carefully control our few and small administrative expenses, and specific sponsors cover fundraising expenses. Our main constraint is having sufficient funds to support the number of referrals we receive and the extent of help each person needs.

Our visions:

- Our top priority is achieving consistent, stable, and sufficient funding so we can reliably support every qualified heart recipient without exhausting our resources and having to decline someone who needs help.
- Next, we aim to someday help heart recipients who are unable to pay travel costs for return trips to their transplant medical team for specialized checkups or for procedures by experts after they've returned home far away.
- We also see the need for a separate, parallel funding stream to help qualified patients or parents of pediatric patients when, because of the transplant, they can't pay critical living expenses and are at risk of life-impacting consequences. For example, some people suffer slow or complicated recoveries and are unable to return to work as soon or as fully as planned, and therefore temporarily need a hand in paying for rent, utilities, medications, groceries, or car repair.¹²

Each form of support is important because transplant patients in financial despair can lack equity in and access to the healthcare they need and suffer life threatening

¹² March 2025 Update: A biotech firm directed a grant for HHF to begin these two types of support. We named the new parallel program "Axel's Helping Hand" in honor of an infant who was unable to return home after receiving his heart transplant. We now seek funds for both it and for recovery lodging.

consequences.¹³ The United Network for Organ Sharing, who maintains the nationwide organ transplant list, says, *“There are multiple non-medical costs that you should account for when planning for your organ transplant surgery. The cost for housing prior to and after your organ transplant can be one of the most expensive non-medical costs you encounter. If you don’t live close to your transplant center, lodging can be essential to access your medical care.”* Medical insurance is unlikely to expand to more often cover temporary recovery housing, since it is a non-medical cost. Therefore, HHF made this our first focus.

Financial Summary

Since inception in 2020, HHF has helped 36 heart transplant recipients pay for over 1,500 days of temporary recovery lodging near their hospitals, totaling over \$190,000.

One patient’s required housing totaled about \$20,000, two people’s housing needs were about \$17,000 each, two about \$10,000, four were over \$8,000, and six exceeded \$5,000. Seventeen people needed support totaling \$3,000 or less because their insurance helped them with the cost, or they only needed help for transitional stays, not full recoveries. Two patients needed support for 4 and 6 months before being allowed to return home, one needed help for nearly 100 days, and five people needed help for 2 months or more. Altogether, the average need has been 43 days.

Thus far, 75% of HHF’s beneficiaries live in Northern California; the others came here for the hospitals’ expertise.

We’ve supported the parent(s) of 15 children who received new hearts (41% of our beneficiaries), including ones 8 and 19 months old. Our average support for these parents was about \$8,500. We expect the average outlay per person will continue to increase as social workers refer patients, especially children, with more difficult, longer, complicated, and sensitive recoveries who might recover best in private lodging that HHF provides, instead of communal living facilities that sometimes are available through the hospitals.

Lodging rates have risen and remain a primary challenge. Our long-term average room rate has been about \$125, for a 1–2-bedroom suite or apartment with kitchen. HHF began in the Covid era when hotel rates were artificially low, now they’ve rebounded. When seeking individualized, private lodging for expected long durations, HHF

¹³ Funding travel expenses for people unable to afford a long drive or overnight stay, on top of possibly unpaid time off work and other expenses or losses, is not merely financial support, it is life support because a transplant specialist’s examination and aftercare are more likely to detect organ rejection and other life-threatening situations early enough to implement a successful action plan. Likewise, uninterrupted access to anti-rejection medications is critical for transplant recipients who need them daily for their whole lives, not just the immediate post-surgery period.

Heart transplant patients from deprived areas face higher risk for postoperative complications, earlier death UCLA School of Medicine, published Sept 2024 in the *Journal of Heart and Lung Transplantation*.

negotiates significant discounts with hoteliers, yet Silicon Valley tech businesses and tourism provide profits when we seek their charitable partnership.

HHF's revenue has been over \$50,000 for each of the past three fiscal years (June to May). We're on track for a similar total this year. We've paid nearly all of that for lodging due to few and small administrative expenses and our all-volunteer structure. For 2025, we predict the same. To provide adequate financial support to our beneficiaries, ongoing contributions must be equally substantial. More would be needed to implement our extended visions.

To supply HHF's funding needs, we market and solicit through a website, subscription newsletters, social media, podcast appearances, speaking engagements, in-person and virtual fundraising events, applications for grants, sponsorships, and partnerships, and donation requests to curated individuals.

Grants, gifts, awards, and investor participation in large and recurring sums are crucial to help satisfy the needs of the heart transplant community's most vulnerable members.

2025 Program Goals and Evaluation

HHF will measure its success across these key dimensions:

- Raise and maintain sufficient funds to meet the needs of qualified applicants
- Disburse funds on behalf of qualified patients for the highest possible benefit
- Secure and strengthen strategic partnerships with individuals, businesses, and hospitals
- Pursue grants, gifts, and awards with focus on developing relationships that result in recurring contributions on a regular basis
- Increase donations from non-grant, non-event sources such as social media
- Expand and strengthen the partnership network of lodging providers to obtain deeper discounts and broader diversity of locations
- Mentor transplant candidates and recipients to help them have the best outcomes possible for them in their second chances at life
- Educate the public about organ donation and transplant
- Increase the number of volunteer Directors and volunteer staff to match the growth in responsibilities for fundraising, administration, and serving beneficiaries

Heartfelt Help Foundation thanks you for your time and consideration.

For more information contact

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Tax ID #85-0941720