COMMUNITY HEALTH NEEDS ASSESSMENT, 2018

Huntington Beach Hospital

Huntington Beach Hospital endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.

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2018 HUNTINGTON BEACH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Process Overview

In accordance with requirements under the Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, Huntington Beach Hospital (HBH) has prepared a Community Health Needs Assessment (CHNA), which nonprofit hospital organizations must prepare every three years to satisfy requirements under section 501(c) 3 of the Internal Revenue Code. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts, as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

A Community Health Needs Assessment (CHNA) was directed by Huntington Beach Hospital (HBH) for around 478,000 residents of the hospital service area located in a total of 9 zip codes (incorporated and unincorporated cities/communities), mostly in southwest Orange County. This area is mostly built out, with minimal undeveloped portions. HBH provides services to this geographically, economically, and ethnically diverse region.

Huntington Beach Hospital contracted with KeyGroup (KEYGROUP) to conduct a Community Health Needs Assessment that complied with California's Senate Bill 697 (SB 697) and also meets new requirements under the Patient Protection and Affordable Care Act. The process and the outcome of the CHNA are described in this report. To better understand the health needs in the hospital service area, KEYGROUP reviewed numerous state and county sources. A local literature review was conducted, and community assets and resources were documented. Health providers in Orange County have been developing programs to address health needs countywide, and a summary of this process is contained in the *Orange County Health Improvement Plan* 2014-2016 (OCHIP), along with various reports that provided input to that document. HBH plans to participate in the solutions proposed, and to provide hospital-specific services meeting some of the needs outlined.

KEYGROUP's research elicited 34 health needs as stated by focus groups, key informant interviews and surveys. In order to cut down the list of 34 health needs, a multi-voting approach was executed by a focus group with 10 participants in the prioritization meeting. The participants were instructed to identify and mark the most important health needs. This process streamlined the list to 7 top

health needs. In the second round of the multi-voting process, the participants were asked to rank these health needs from 10 (being most important) to 1 (being least important). Using these rankings, each health need was assigned a point value, and ranked accordingly. A summary for each immediate health need is provided below, listed in order from highest to lowest priority. These ranked needs were then submitted to the Steering Committee of the hospital for final prioritization in terms of HBH's response.

PRIMARY COMMUNITY NEEDS – SUMMARY OF FOCUS GROUP DELIBERATION

1. **Hospital Outreach** – HBH has been successful in getting clients to come to the hospital, but several participants noted that it has been viewed by some parts of the community as remote. HBH is close to several low-income areas in Huntington Beach, but representatives of those communities noted that their residents ten to bypass HBH in favor of other hospitals further away.
   a. The hospital's current management is in the process of outreach to the area communities that have historically bypassed the hospital to serve them better.
   b. A list of community organizations will need to be developed to provide targeted groups for further interaction and addressing of unique issues.

2. **Mental Health** – While mental health care is a mandatory covered service under ACA regulations, payors have only recently begun providing adequate compensation for inpatient services. HBH has been in the forefront of developing services for behavioral health clients, and currently operates one of the few secured behavioral health facilities licensed to provide care for those admitted under involuntary criteria (often designated as 5150 clients after the state's defining legislation). This leadership is expected to continue.
   a. HBH is continuing to provide a comprehensive array of inpatient services for behavior and mental health clients, while working with public health and social services agencies to develop plans to address these issues before they become acute.
   b. Opportunities exist to coordinate with public health agencies, first responders and social services providers to identify high utilizers of mental health services and develop methods to serve these people in their homes.

3. **Opioids** - Prescription opioid abuse has emerged as a significant problem nationwide, and focus group members noted that it is growing as an issue in the area. A compounding problem is the proliferation of related opioid compounds both natural and man-made. While HBH does not prescribe, its medical staff is involved with the supervision and management of clients use of prescription opioids.
   a. The hospital is actively working with its medical staff to develop protocols to protect patients from overuse, and is reaching out to community organizations to assist them in working with community members' substance abuse problems.

b. HBH's education programs at community sites provide opportunities to emphasize avoiding the risks of opioid abuse, as well as to discuss other substance abuse issues.

4. **Caregiver Education** – Many hospital clients complete their course of recovery in venues other than the hospital, whether in nursing facilities or, increasingly, at home. The caregivers for these patients may have limited or no formal caregiving training. Since the outcomes for these patients are dependent on the ability of the caregivers to deal with the problems that arise, training is a crucial element of the recovery process. Although home health agencies can provide in-home services, the most intimate care is often provided by family members or other lay people. The course of recovery is thus dependent on people with no formal training, who can be taught the basics of care needed to assure full recovery.
    a. HBH is currently working with its referral sources to assure that the care provided in step-down environments is fully adequate to allow patients to continue their recovery.
    b. As new home and community-based treatment programs are developed, HBH will have opportunities to explore new protocols for educating lay caregivers in managing recovery processes for patients in their care, with emphasis on empowering caregivers to identify risks and conditions that could negatively impact the course of care.

5. **Grants** – The process of research and development for new methodologies in treatment often involves philanthropic organizations. HBH has not historically sought grants, but has contacts within its ownership foundation as well as with outside funders to provide seed money for caregiving innovations.
    a. HBH entertains solicit ideas for innovations in care from its staff, as well as from local service agencies, and champion ideas presented that merit research.
    b. Community groups are well positioned to find grant opportunities and HBH can work with them on new programs. Some of these organizations may have requests for funding that the hospital can facilitate.

6. **Dental** – As more people gain health insurance, one health category not normally covered is dental care.
    a. Since many clinical providers of dental care now have contracts with MediCal or other payors to provide services, HBH is well positioned to develop a list of referral resources to provide to hospital clients who have dental issues in addition to the problems that caused them to see hospital care.
    b. Where possible, HBH is currently assisting patients in obtaining healthcare coverage that will include dental services, and guiding them through the application processes needed to qualify them.

7. **Dementia / Alzheimer's Disease** – This issue often presents itself at HBH has an emergency admission for injury sustained as a result of faulty memory or other mental process.
    a. HBH's primary responsibility for clients with dementia symptoms is to properly diagnose and confirm that the problem is long-term as opposed to acute in nature.
    b. In its role as a clearinghouse for behavioral and substance abuse issues, HBH staff is accustomed to discerning subtle clues for longer-term mental issues.
    c. HBH is well-positioned to act as a referral source to organizations specializing in caring for these clients.
    d. HBH is continuing to work with local agencies and providers to make sure that clients are referred to appropriate providers for long-term care.

These seven issues are the ones determined by the focus group process to be the most important to the community. It should be noted that several of them are only marginally addressable by any hospital, although HBH will continue to meet the immediate needs of patients who present at the hospital with these needs, and find appropriate referral sources to directly address their core issues.

PRIORITY NEEDS AS OUTLINED BY THE ORANGE COUNTY HEALTH IMPROVEMENT PLAN 2017-2019

As a secondary review of community needs, a county-wide statement of community health priorities was reviewed. The *Orange County Health Improvement Plan 2017-2019 (OCHIP)* is a publication produced by a coalition of healthcare providers and other interested parties. This publication is produced every three years, and outlines county-wide needs as perceived by the participants. The four primary **Priority Areas** developed by the OCHIP are discussed below and addressed as they are considered appropriate areas for HBH consideration.

These priority areas are summarized here.

8. **Priority Area 1: Infant and Child Health** – This area is considered a relatively well-served function of local hospitals with 86.1% of all mothers-to-be receiving prenatal care, although rates are lower in some ethnic groups. The area is not one in which HBH participates, however, since the hospital does not offer maternity services. Any maternity cases presenting at the emergency room will be served in the best possible manner, and referred to other providers as soon as they can be stabilized and safely transported.

9. **Priority Area 2: Older Adult Health** - By 2040, 1 in 4 residents of Orange County will be 65 or older. The public health system is challenged to meet the needs of this growing population. The OCHIP outlines two objectives to address the issue.

   a. First, to improve wellness and quality of life of older adults in the county, the OCHIP sets a goal of increasing utilization of Annual Wellness Visits by 5% each year. HBH is currently assisting in this objective by offering clients access to Annual Wellness Visits when they are seen for emergent health problems.

   b. Second, to reduce complications of chronic disease by increasing completion rates in chronic disease self-management program by 10%. HBH is assisting in this process by providing such programs both on site and in community settings.

   c. As new socially based programs are developed, HBH can act as a referral source to appropriate care providers to maintain continuity of services for patients as they move their care to home-based sites.

10. **Priority Area 3: Obesity and Diabetes** – The OCHIP focuses on children, noting that 1 in 6 fifth graders is obese, but also notes that obesity rates overall have increased by 22.4% between 2005 and 2014. Two goals have been set to address these conditions.

    a. The first goal involves increasing the proportion of residents who are in a healthy weight category. This is to be accomplished by supporting community specific coalitions to implement collective impact approaches that includes multi-sector interventions. HBH's continuing participation in community programs, health fairs and onsite education programs will be used to advocate for better nutrition and exercise.

    b. A second goal is to reverse the trend of increasing incidence of diabetes among Orange County Adults. As with the previous goal, the OCHIP plan includes promotion and expansion of the availability and utilization of effective diabetes prevention and self-management programs by persons who are risk for diabetes and living with prediabetes, diabetes, or gestational diabetes. HBH's current activities include diabetes workshops presented on-site and at community venues and health fairs.

11. **Priority Area 4: Behavioral Health** – This Area coincides well with issues raised by the Focus Group, as well as with HBH's goal of providing comprehensive services to residents with behavioral and mental health problems. Orange County's hospitalization rates due to alcohol abuse and substance abuse were reported by OCHIP to be higher than the state average. Only half of Orange County adults who needed behavioral health services reports receiving them. The Goals outlined in the OCHIP document are congruent with plans in place and in process at HBH. Specific goals include:

    a. Reduce drug and alcohol abuse in Orange County. This includes programs to address underage substance abuse, reduce impaired driving collisions, reduce opioid-related visits to Orange County emergency rooms, and create a clearinghouse of

resources to manage changes in marijuana laws. HBH is working with its medical staff to reduce opioid use to address this goal. Programs are currently in place to provide substance abuse education in schools and colleges.

b. Increase the number of Orange County residents who experience emotional and mental wellbeing throughout their lifespan. The program strategy involves working with the Orange County Health Care Agency Behavioral Health Services (OCHCABHS) to publish a comprehensive assessment of the mental health system of care, needs and gaps. As HBH expands its capabilities in inpatient mental health care, continued coordinate with OCHCABHS will be required to ensure that services needed are made available at HBH to the extent allowed,

Steering Committee Prioritization Process

The HBH Steering Committee reviewed the priorities listed above, and after discussion of those items, concluded that they fit largely into three categories. Most of the priorities align with priorities developed by the *Orange County Health Improvement Plan,* and the Steering Committee elected to consolidate several issues to more closely reflect those priorities.

ACKNOWLEDGMENTS

This CHNA 2018 is the result of the commitment and efforts of many individuals who contributed time, expertise and resources to create a comprehensive and effective community assessment. Special thanks go to the Steering Committee and the Advisory Committee members, the staff at Huntington Beach Hospital, Community leaders and organizations that participated in our interviews and members of the community that took the survey and shared their experiences and information for the benefit of this assessment.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

Primary Data

This project concentrated its effort in gathering qualitative primary data through a series of contacts with key stakeholders that represent the community they are a part of, including government representatives, mayors, public health representatives, healthcare providers, community service providers, and minority group leaders. Three methodologies were utilized in order to provide a large sampling of views from various portions of the HBH service area. All three methods were then presented to a focus group of community and healthcare industry representatives. The tools utilized are summarized below.

Community Needs Survey

A survey was disseminated to the community in English, Spanish, Korean, Mandarin Chinese, and Vietnamese versions. The survey reached patients and community members of all ages and backgrounds. A total of 54 Surveys were collected. A copy of the English version of the survey is included in the Appendix at the end of this report.

Primary survey distribution locations included churches, various local interest group meetings, health fairs and waiting rooms at Huntington Beach Hospital. Respondents were allowed to select the language in which they wished to respond, although the questions were the same in all languages.

All information was collected and analyzed. Key findings from this process include the fact that the two primary issues identified by survey respondents were Obesity and Diabetes (neither of which were among top six issues identified by the final focus group), and that diet and exercise were the next most common issues cited. Substance abuse and homeless issues followed, often expressed as mental health problems.

Key Stakeholders Interviews

Extensive interviews with community leaders that would be able to address and further describe the needs of the community were conducted. Community and government representatives were interviewed either in person or by telephone, including representatives of the Cities of Buena Park, Cerritos and Huntington Beach. Local health agency representatives included directors of CalOptima, and the Orange County Health Care Agency. Representatives of various ethnic and social groups as well as local healthcare providers also participated.

The needs expressed by these leaders were summarized and provided as supplements to the list of issues reviewed and prioritized by the focus group listed earlier. The primary issues with multiple mentions were mental health, obesity/diet, and homeless issues. A list of individuals interviewed and their organizations is in the Appendix at the end of this report.

Focus Group

A community focus group was also conducted. The group consisted of ten local community members, representing various city agencies, local clinics, ethnic groups, and community health providers. The group was asked to provide opinions as to the most important community health needs in a "brainstorming" session at first. These ideas were listed in a series of flip chart pages. Ideas provided by the Key Informant interviews and survey results were added to the list of possible community health issues resulting in over 40 possible issues to be addressed.

The ideas were then filtered to a total of six primary needs via a "place the dots" vote, using adhesive dots (six per participant) and allowing each member to place the dots next to issues they considered the most important. Six issues generated more than 15 responses each. These six were ranked in a second round of "place the dots", using labels with values from 10 (most important) to 6 (least important), considering both their need in the community and the ability of HBH to address them. Focus group questions concentrated on daily health behaviors, perceived quality of care, access to healthcare, social behaviors and health problems of concern. The overall findings of this focus group are reported in the Key Findings section of this report.

Secondary Data

Available secondary data was used extensively to gather quantitative and qualitative information on the Primary Service Area, health and quality of life indicators, currently available services, evidence-based prevalence of diseases and conditions, and established adverse health factors at the community and County level. A primary source of data for the hospital's PSA was data assembled by Speedtrack using OSHPD information submitted and proprietary to each hospital. This data allows each hospital to analyze its patient data in relation to a larger database of all Orange County hospitals and statewide statistics. It also serves as a provider of hospital-specific data to analyze in relation to other third-party benchmark data. Data was accessed by permission from Speedtrack and HBH, and scrubbed of any patient-identifying information before being provided to KeyGroup.

Secondary data also served as benchmarking tools to address needs priority, processes and outcomes. Sources referenced include *Orange County's Healthier Together (www.ochealthiertogether.org),* the federal database *Healthy People 2020 (www.healthindicators.gov).* The *Healthier Together* site (OCHT) site is a compilation of data from a consortium of Orange County hospitals and affiliated healthcare providers, and it provides benchmark health status data for countywide comparisons with local conditions surrounding HBH.

HOSPITAL AREA DEFINITION

The term "Service Area" refers to the geographic area from which a health care provider draws the majority of its patients. Defining a Service Area enables further investigation of demographic, economic, competitive, and other trends that may affect future demand for, and utilization of, the provider's services.

The definition of a geographic Service Area generally derives from a variety of considerations including historical patient origin statistics, management and physician interviews, the location of competing hospitals and area travel patterns. Though Service Area definitions may vary considerably, it is hoped that a Primary Service Area (PSA) will represent at least 50% of total patient discharges from the defined hospital. In highly populous urban areas such as the Los Angeles Basin, using very high percentage thresholds often results in a disjointed service area, as some isolated zip codes may have a high incidence of discharges while nearby areas show almost no activity. After reviewing discharge data for 75% of total discharges in 2014 for HBH, it was determined that several zip codes which would be included in that list were geographically isolated (ex., Fullerton and west Anaheim), and thus were of limited applicability in analyzing the local market for HBH.
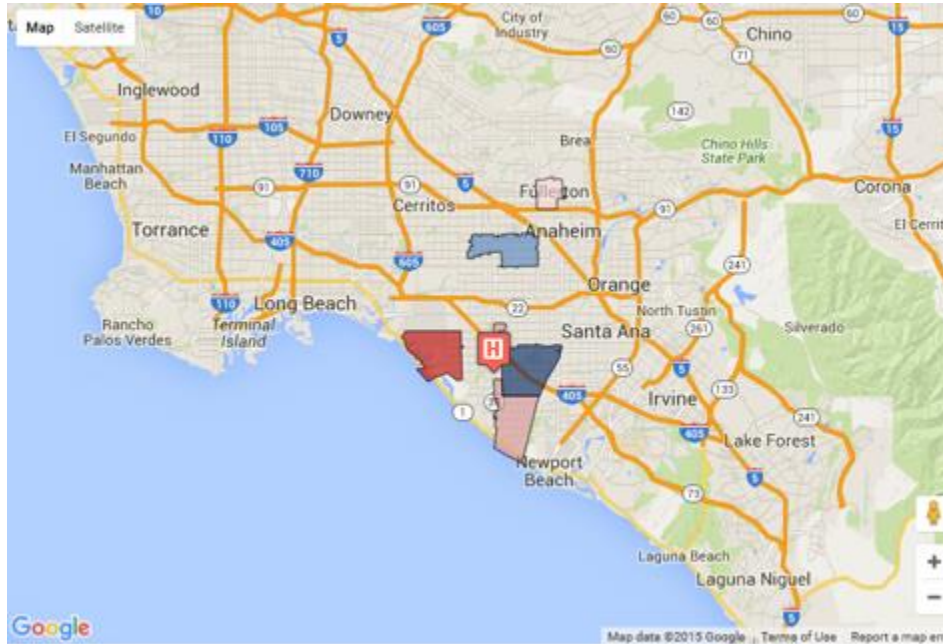
Primary Service Area Map
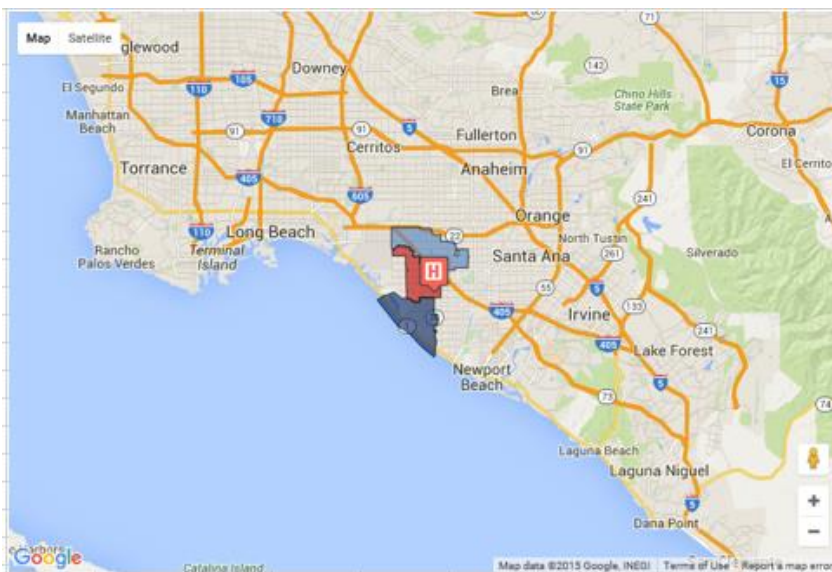
A PSA consisting of 50% of all HBH discharges is described on the adjacent map, using the following zip codes.

City	Zip Codes
Huntington Beach	92647; 92648
Westminster	62683

Secondary Service Area Map

To provide additional understanding of the area served by HBH, the following zip codes make up another 25% of the total 2014 discharges. The scattered locations are typical of a populous area. High discharge numbers from distant zip codes typically represent utilization by physicians who are large-scale admitters to the hospital despite their relative distance.

City	Zip Codes
Anaheim	92804
Fountain Valley	92708
Fullerton	92832
Huntington Beach	92649; 92646
Midway City	92655

The Service Area definition is typically the first step in developing a community health needs assessment. In brief, the various steps in this analysis include:

• Definition of the Primary Service Area
• Assessment of demographic and economic trends in the Primary Service Area
• Assessment of the competitive environment (other healthcare facilities, service providers)
• Performing a Competitive Market Analysis of other healthcare entities that represent at least 5% market share of HBH's Service Area, as well as identifying potential partnerships with entities and community services to collaborate in addressing needs and deliver quality care

Huntington Beach Hospital's Primary Service Area (PSA) is based on 2014 patient origin discharge data by zip code from the Hospital's internal data, latest OSHPD available discharge data, as well as geographic, competitive, and strategic factors important to the Hospital.

Huntington Beach's location at the south edge of Orange County allows for a relatively compact Primary Service Area, as shown in the previous maps.

The majority of the hospital's service area is located in Orange County. Orange County does not analyze data by specific planning areas, but does provide various data items by city. Since HBH's service area spreads over several cities, this methodology is difficult to process for the defined Primary Service Area. For purposes of the analysis, the primary comparison area will be the entire County of Orange, with data from specific zip codes used as available.

COMMUNITY PROFILE

Demographics

Population Summary

Huntington Beach Hospital Total Service Area (TSA) covers a population of approximately 475,000 in 2018 (USA Census Estimate). Of this total roughly 42% are in the PSA and the remainder are in the SSA. The following table summarizes several demographic issues.

Data is provided for each zip code in the PSA and SSA. It is consolidated for the TSA, and comparison figures are provided for Orange County, the State of California, and the United States. The Orange County, California, and USA data are for 2013, while the service area data is for 2018. PSA zip codes are shown in green and the SSA zip codes are under orange headings.

Huntington Beach Hospital
Total Service Area Indicators

		Hospital Total Service Area									Primary Service Area	Secondary Service Area	Total Service Area	Orange Co. 2013 Est.	California 2013 Est.	U.S. 2013 Est.
City		Huntington Beach				Midway City	Westminster	Fountain Valley	Anaheim	Fullerton						
Zip Code		92646	92647	92648	92649	92655	92683	92708	92804	92832						
Population [1]		56,067	58,542	46,029	33,153	9,137	96,820	59,037	90,857	25,955	201,391	274,206	475,597	3,051,771	37,659,181	###########
Average Household Size [2,4]		2.59	2.87	2.31	2.34	3.52	3.40	2.95	3.46	3.01	3.00	3.00	3.00	3.02	2.94	2.58
Age (%)																
0-17 [2]		20.4%	23.9%	18.3%	18.3%	25.1%	23.3%	21.2%	26.6%	5.4%	22.3%	18.9%	20.4%	24.0%	24.5%	23.7%
65+ [2]		16.6%	11.2%	5.8%	17.0%	12.9%	14.3%	17.4%	10.0%	9.4%	11.5%	11.8%	11.6%	12.0%	11.8%	13.4%
Race/Ethnicity (%)																
White Alone		79.5%	65.3%	78.9%	80.2%	31.6%	34.0%	53.8%	45.4%	56.2%	53.4%	49.3%	51.0%	62.7%	62.3%	74.0%
Black Alone		0.8%	1.5%	0.8%	0.7%	0.8%	0.9%	1.0%	3.1%	2.5%	1.0%	1.7%	1.4%	1.6%	6.0%	12.6%
Asian Alone		11.9%	14.1%	11.4%	10.4%	49.3%	49.6%	35.4%	22.8%	10.2%	30.5%	20.2%	24.6%	18.3%	13.3%	4.9%
All Other		7.8%	19.1%	9.0%	8.7%	18.3%	15.5%	9.8%	28.6%	31.2%	15.1%	16.8%	16.0%	17.4%	18.4%	8.5%
Hispanic Origin		12.2%	28.5%	14.3%	13.5%	29.1%	23.5%	14.2%	47.5%	55.3%	22.9%	27.5%	25.5%	33.8%	37.9%	16.6%
Spanish-Primary Language Spoken at Home (%) [5]		6.0%	20.2%	8.9%	7.1%	21.5%	18.1%	9.6%	37.5%	40.4%	16.6%	20.3%	18.7%	26.3%	28.8%	13.1%
25+ with no High School diploma (%) 2014 [5,4]		4.4%	13.7%	5.7%	5.0%	32.0%	25.4%	10.1%	26.0%	22.0%	17.5%	14.8%	16.0%	15.4%	17.9%	13.1%
% Persons in Poverty 2013 5 [5,4]		5.7%	12.8%	9.2%	6.8%	19.9%	16.7%	7.9%	17.8%	17.3%	13.9%	11.1%	12.2%	13.5%	16.4%	14.8%
Female Headed HH with Children <18 (%) [2]		3.8%	6.2%	4.6%	3.7%	6.1%	5.3%	4.1%	4.6%	7.0%	5.4%	4.0%	4.6%	5.9%	7.2%	7.2%

1 California Department of Finance Census Projections 2015 projection
2 2010 Census Demographics - U.S. Census Bureau (Zip-Codes.com)
3 2013 Persons in Poverty U.S. Census Bureau, QuickFacts
4 2013 Household Size, U.S. Census Bureau, American FactFinder
5 City-Data.com

Population by Age

The age distribution shown in both PSA and SSA is similar to the County and State, although the youngest age cohort is smaller than in the larger areas by nearly 4% for the TSA overall and nearly 2% in the PSA. The 65+ age cohort is very similar to the comparable areas. From a planning perspective, this indicates somewhat less need for services for younger populations, with a greater demand coming from middle-age residents.

AGE

- 18-24 — 1%
- 25-34 — 4%
- 35-44 — 5%
- 45-54 — 7%
- 55-64 — 22%
- 65+ — 61%
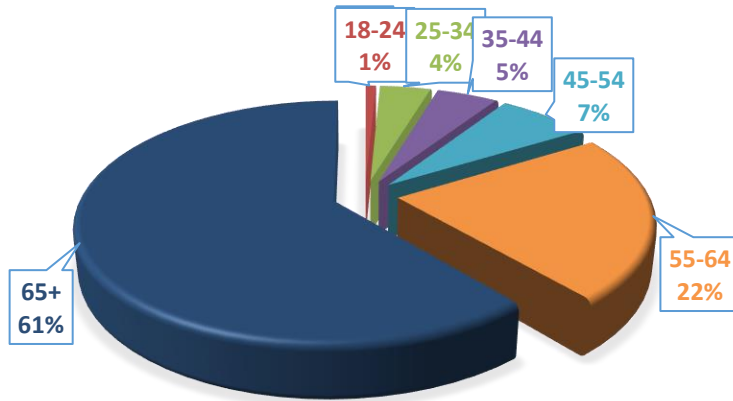
Review of the surveys returned indicates that the survey sample was much more weighted toward elderly people, with 61% of respondents listing ages as 65 and over, and no respondents less than 19. This reflects the hospital's range of services, which include many programs of interest to seniors.
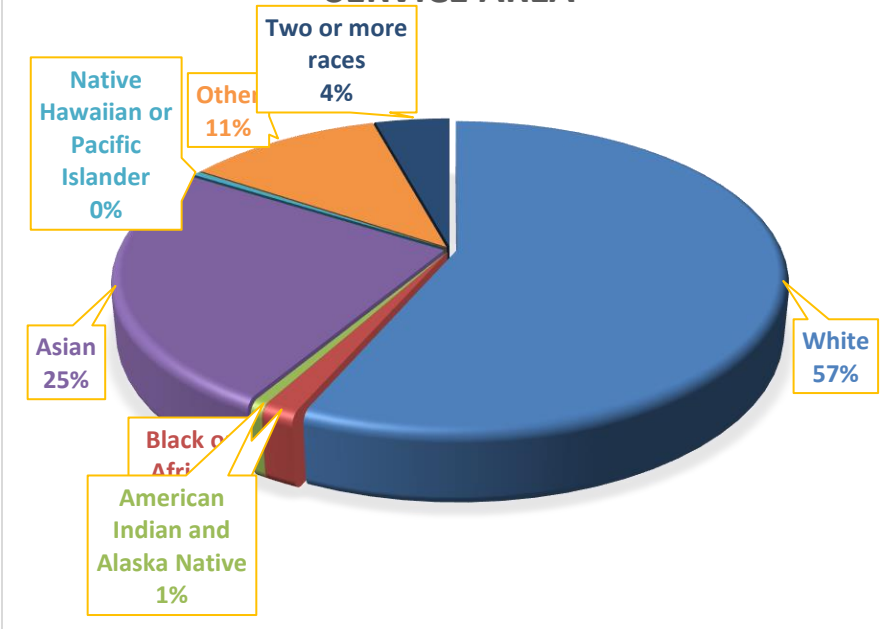
ETHNICITY OF SURVEY RESPONDENTS

- Amerind — 1%
- Asian — 12%
- Black — 1%
- Hispanic — 13%
- Pacific Island — 1%
- White — 75%
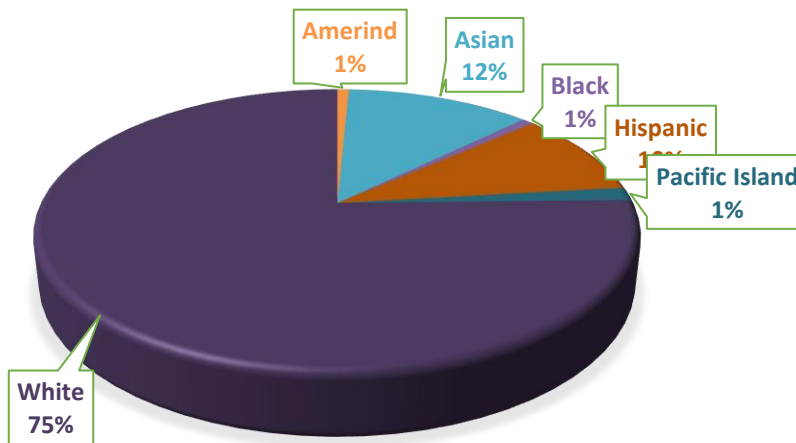
Population by Race/Ethnicity

The survey results tell a different story about ethnicity in the area than do the discharge results for the Hospital. Survey respondents were overwhelmingly white, with Asians (12%) and Hispanics (13%) the only other groups with more than 1% of total respondents.

The demographics of HBH's discharge data indicate that the hospital's client mix was much more distributed, as is shown in the following breakdown.

CALIFORNIA DEPT OF FINANCE ETHNICITY BREAKDOWN- PRIMARY SERVICE AREA

- Two or more races 4%
- Native Hawaiian or Pacific Islander 0%
- Other 11%
- Asian 25%
- Black or Afri...
- American Indian and Alaska Native 1%
- White 57%

The TSA population as analyzed by the California Department of Finance ("DOF") is significantly more mixed ethnically than Orange County, California, and especially the USA as a whole. The percentage of "white only " residents in the TSA (57%) is 5% less than Orange County as a whole, and an even smaller percentage compared to California or the USA. Larger proportions of the population are found in the "Asian alone", while "All Other" categories, which include "Other", "Two or More Races", and "American Indian and Alaska Natives" nearly match Orange County rates. It is interesting to note that the percentage of all non-white ethnic categories is higher in the SSA compared to the PSA. Also notable is that the percentage of Latino/Hispanic origin residents is lower than the percentages in both Orange County and California, although greater than the USA overall.

A third way to parse the ethnic distribution of the hospital's community is to analyze the discharge data for the hospital itself. This method ignores the limits of the hospital's service areas, since it includes all clients discharged from the hospital, regardless of their zip code of origin. The distribution skews more heavily toward the white population, with smaller portions of Asian and Other clients.

HOSPITAL DISCHARGE DATA ETHNIC DISTRIBUTION 2014

Asian
9%

African-
American
3%

Other
9%

Native
American

Unknown
1%
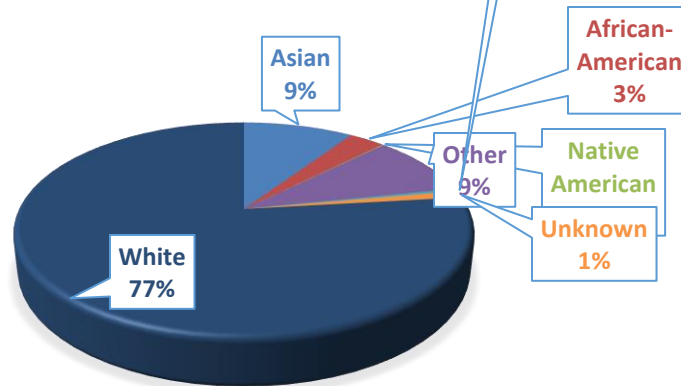
White
77%

An important conclusion to be drawn from this population distribution is that while HBH occupies an area with diversified population ethnically, additional opportunities exist to serve clients from non-white ethic groups. This area will be further discussed.

PRIMARY DATA KEY FINDINGS

Community Needs Survey Results

In an attempt to reach out to the community and gather a better understanding of their service area needs, Huntington Beach Hospital reached out to its patients and community in general through a community needs survey, distributed in five languages (English, Spanish, Korean, Vietnamese, and Mandarin Chinese) to be able to capture and represent as many groups as possible. It should be noted that the surveys did not differentiate among the various Asian groups, and that many other Asian subgroups are present in the area, all of whom would have responded "Asian" to the list of ethnicity options. Although a few non-English surveys were returned, none of the non-English language surveys had enough responses to justify separate analysis. Here is the summary of the major findings.

In contrast to the discharge data, the community respondents reside primarily in the four zip codes that make up Huntington Beach (92646, 92647, 92648, and 92649) which represented over 65% of all respondents. The primary language of the respondents was English accounting for over 97% of all surveys.
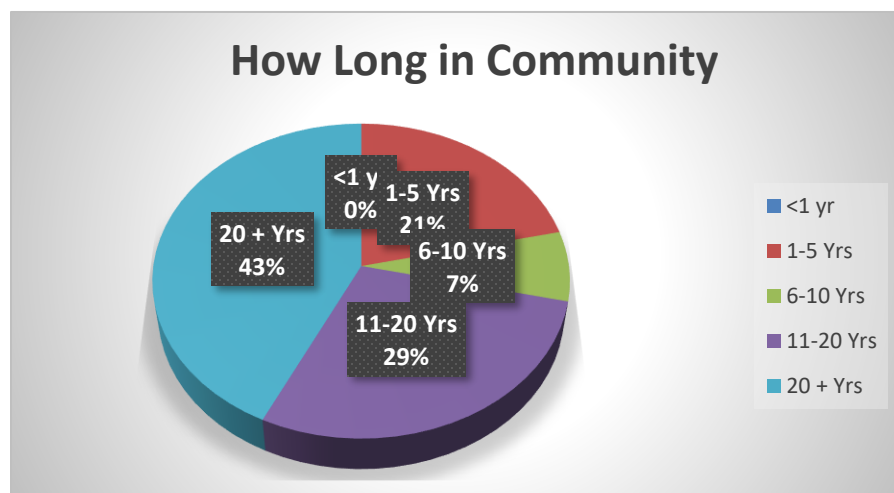

The largest portion of the community members have lived in the service area for 20 years and over (43%). No respondents had lived in the PSA for less than one year.

Respondent Age

Legend:
- <18
- 18-24
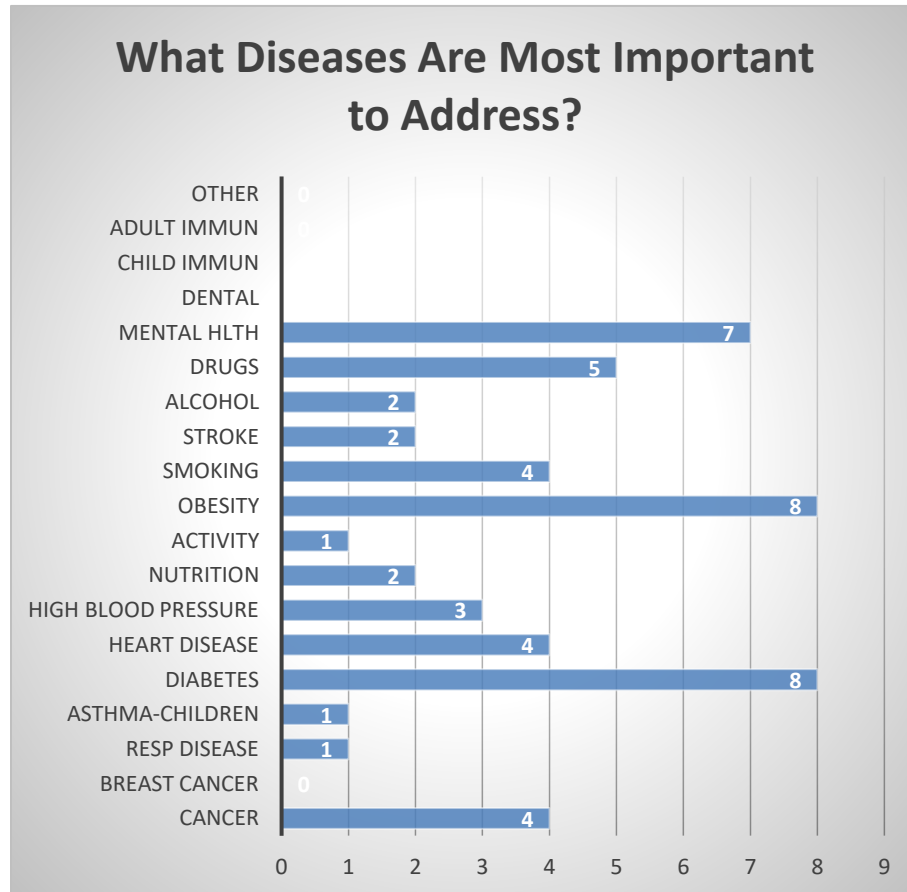- 25-34
- 35-44
- 45-54
- 55-64
- 65+

0% 14%
14%
65%
0%
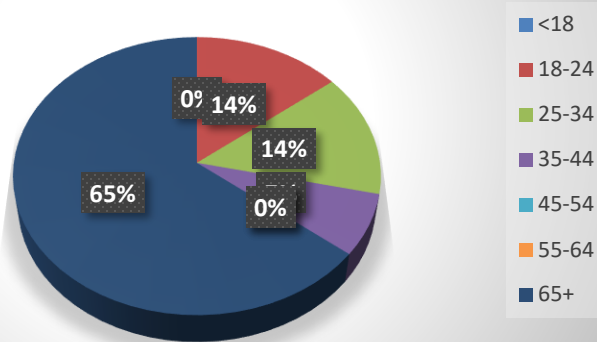
Over 65% of those who took the survey describe themselves as White. 57% were female and 36% were not currently employed. It is reasonable to assume that many of the over-65 residents who listed themselves as unemployed were actually retired, although that was not an option on the survey instrument.

Health Insurance Payor

Legend:
- Employer
- COBRA
- MediCal
- Mcare
- Local Govt
- Self
- Other

0 8%
25%
0%
59%
0%
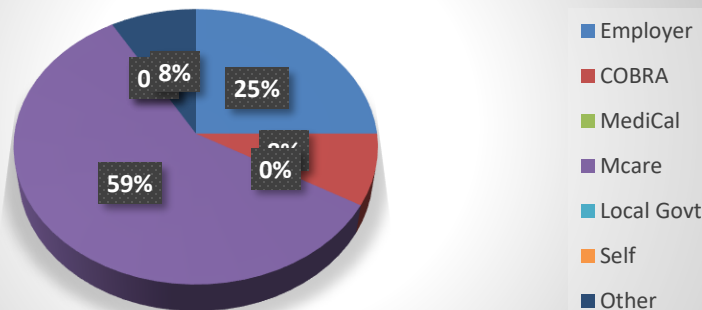
Over 92% replied they have insurance and those who have insurance were reported to be primarily on Medi-Cal and/or Medicare or similar government supplemented insurance (59%). The other primary payor was Employer. This percentage of insured persons is significantly higher than the Orange County average reported in the OCHIP (76.6%), although some SSA zip codes reported insurance rates lower than the county average.

When asked what the greatest health problems in the community are, the following problems were highlighted:

What Diseases Are Most Important to Address?

Category	Value
OTHER	0
ADULT IMMUN	0
CHILD IMMUN	
DENTAL	
MENTAL HLTH	7
DRUGS	5
ALCOHOL	2
STROKE	2
SMOKING	4
OBESITY	8
ACTIVITY	1
NUTRITION	2
HIGH BLOOD PRESSURE	3
HEART DISEASE	4
DIABETES	8
ASTHMA-CHILDREN	1
RESP DISEASE	1
BREAST CANCER	0
CANCER	4

- Obesity   80%
- Diabetes   80%
- Mental Health   70%
- Drugs   50%

No other issues were mentioned by over half the respondents.

Greatest Risk Factors
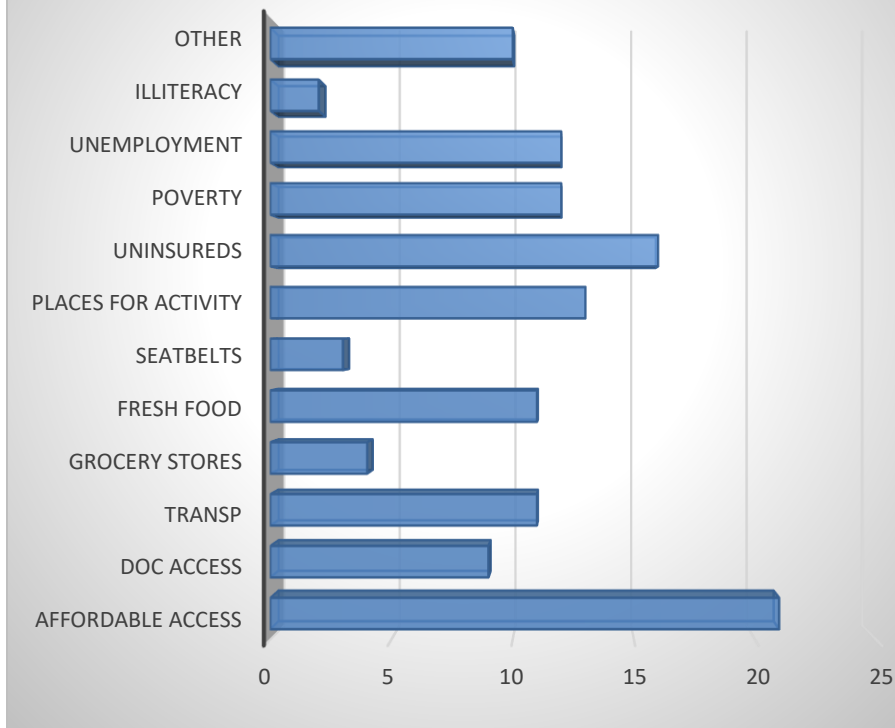
When asked to list three behavioral risk factors that are the most common in the community, the following were highlighted most often:

- Affordability of health insurance   20%
- High number of uninsured people   17%
- Safe Places for Activities   13%
- Unemployment   12%
- Poverty   12%

The affordability issue is of interest, since the issue of uninsured residents has subsided from the rate noted in the last needs assessment. The availability of MediCal coverage under the Affordable Care Act has significantly decreased the number of people uninsured, but for those in Covered California plans, the high deductibles are still considered barriers to access. According to the Commonwealth Fund's *The State of Health Care Coverage & Access in California*, the percentage of unisured adults decreased from 25% in 2013, to 10% in 2017. But the percentage of adults who went without care because of cost showed a much smaller decrease, from 19% to 14% over the same period.

How Good Is Hospital At Promoting Health?

18% 0% 18%

37%

27%

- Excellent
- Good
- Fair
- Poor
- Very Poor
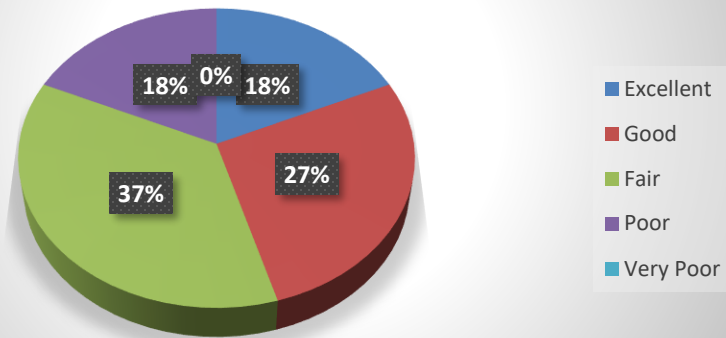
The surveyed community also felt that a variety of clinics and programs were doing a good job in promoting health for the community. When asked specifically about Huntington Beach Hospital, the responses broke down as shown to the left, with the largest portion indicating a Fair job being done, and the Good response was the second largest.

When asked what Huntington Beach Hospital could do better to promote good health, the most common responses included:
- Increase Community Activities (including education and health fairs)
- Advertise more
- Improve Inpatient care (specific complaints about episodes of care)
- Provide free specific screenings for various ailments and/or general health status
- "Hospital is doing a good job" (i.e., no suggestions)

Finally, the most pressing health care needs for those in the community that took part in the survey were the following:
- Obesity education and treatment
- Diabetes management
- Education on diet and exercise
- Substance abuse
- Insurance affordability

The rest of the questions on the survey are presented below, with the questions as posted on the survey, and the range of responses presented in the charts. Where OCHIP data was available for comparison, it is quoted.
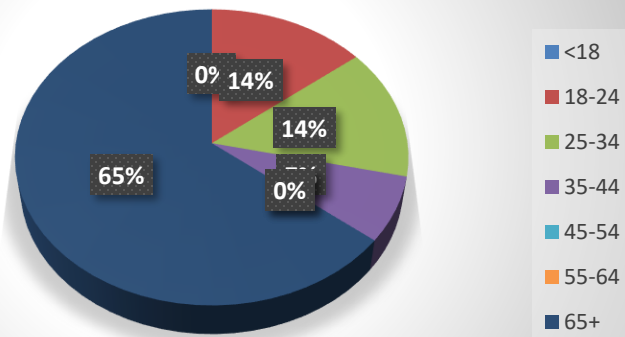
Ownership Status

- 4%
- 32%
- 64%
- ■ Own
- ■ Rent
- ■ Other
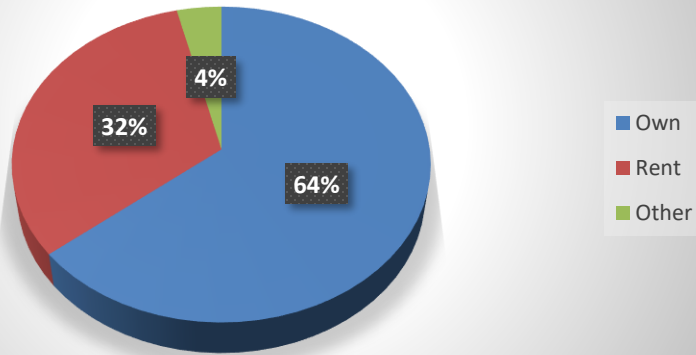
Do you own or rent your residence?
- ○   Own
- ○   Rent
- ○   Other (please specify)

Respondent Age

- 0% 14%
- 14%
- 65%
- 0%
- ■ <18
- ■ 18-24
- ■ 25-34
- ■ 35-44
- ■ 45-54
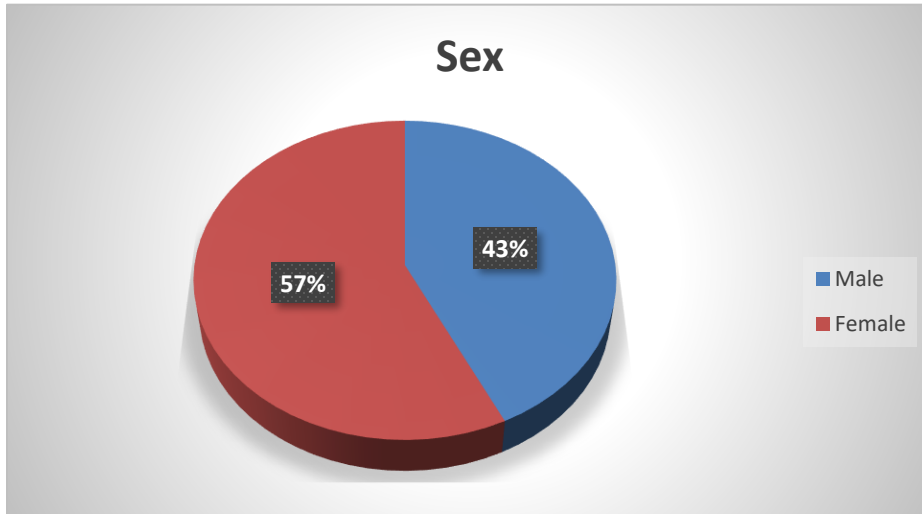- ■ 55-64
- ■ 65+

5.   What is your age bracket?
- ○   Under 18
- ○   18 – 24
- ○   25 – 34
- ○   35 – 44
- ○   45 – 54
- ○   55 – 64
- ○   Over 65

Survey respondents were substantially older than residents of either HBH's total service area or hospital discharge data. Only 11% of discharges in the TSA reported age greater than 65. Hospital discharge data, however, shows 57.8% of all discharges as Medicare.

Sex

6. Are you female or male?
    O   Male
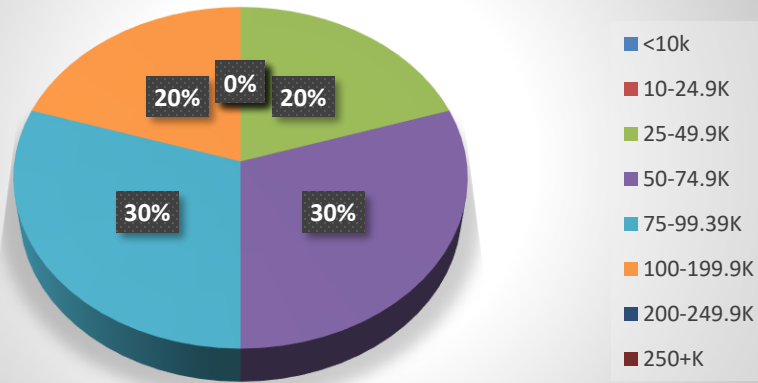   O   Female

Employment Status
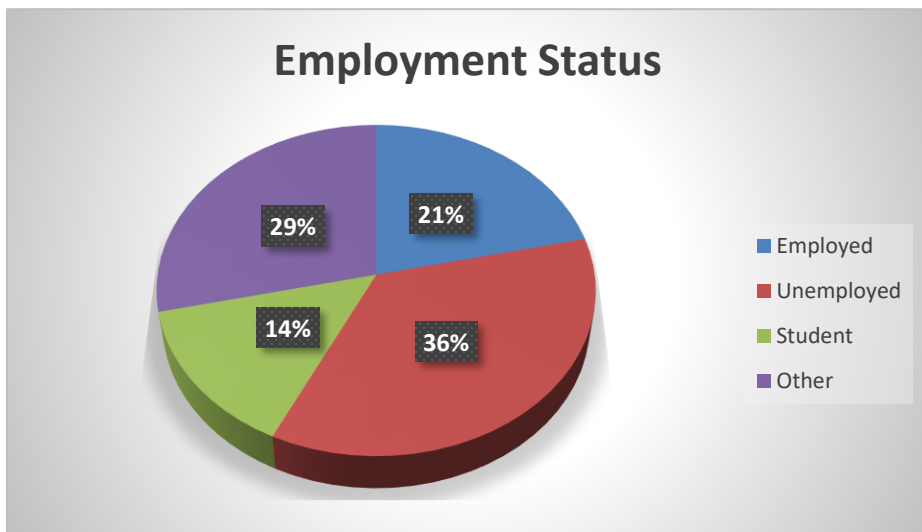
7. Are you currently employed?
    O   Yes
    O   No
    O   Full-time Student
    O   Other (please specify

The high proportion of unemployed residents reflects the large number of retired respondents, since the survey does not offer a "retired" option.

Personal Income

■	<10k
■	10-24.9K
■	25-49.9K
■	50-74.9K
■	75-99.39K
■	100-199.9K
■	200-249.9K
■	250+K

Values shown on chart: 17%, 0%, 16%, 17%, 33%, 17%

Household Income

■	<10k
■	10-24.9K
■	25-49.9K
■	50-74.9K
■	75-99.39K
■	100-199.9K
■	200-249.9K
■	250+K

Values shown on chart: 20%, 0%, 20%, 30%, 30%
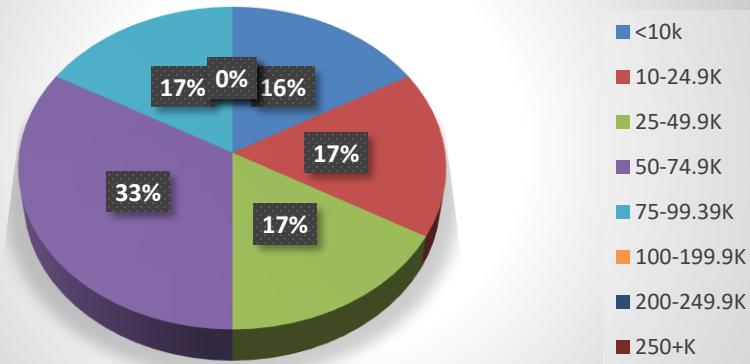
8A.   What are your income and your total household income?

Your income

O   Under $10,000
O $10,000 to $24,999
O $25,000 to $49,999
O $50,000 to $74,999
O $75,000 to $99,999
O $100,000 to $199,999
O $200,000 to $249,999
O   Over $250,000

8B.   *Total household*

O   Under $10,000
O $10,000 to $24,999
O $25,000 to $49,999
O $50,000 to $74,999
O $75,000 to $99,999
O $100,000 to $199,999
O $200,000 to $249,999
O   Over $250,000

OCHIP data indicates a median household income for Orange County of $75,422. The percentage of survey respondents reporting incomes above that figure was approximately 50%.
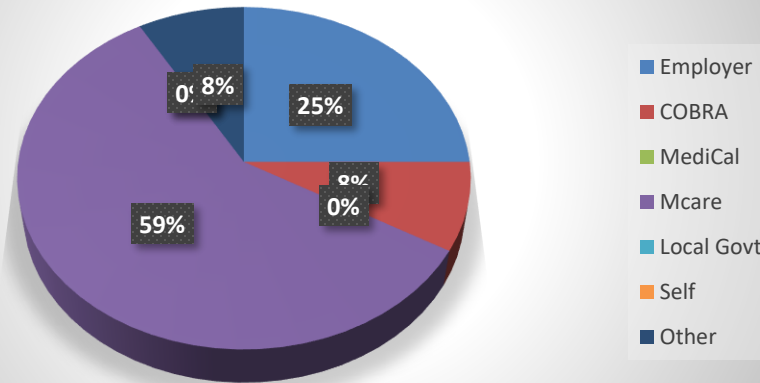
Health Insurance Status
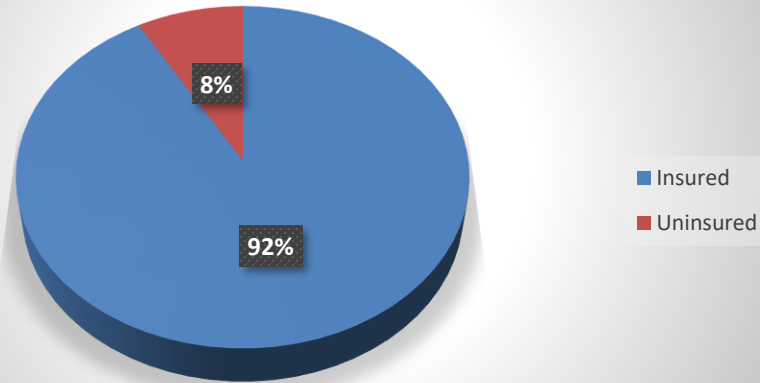
9.   Do you currently have health insurance?
○   Yes
○   No

OCHIP data indicates an Orange County rate of 76.6%

Health Insurance Payor

Who pays for your health insurance (Check all that apply)?
☐   Current employer (HMO, PPO)
☐   Former employer (COBRA)
☐   State government (Medi-Cal)
☐   National government (Medicare, Medicaid)
☐   Local government
☐   Self-funded
☐   Other (please specify)

In keeping with the high percentage of elderly respondents, the primary payor listed was government.

10. The question regarding why respondents lack insurance was not meaningful in this case, since only one respondent claimed to be uninsured, and did not list a reason.

Why do you currently not have health insurance (Check all that apply)?

- O Cannot afford insurance
- O Lost employment
- O Insurance refused coverage – health reasons
- O Employer does not pay for insurance
- O Not eligible for employer-paid insurance
- O Do not believe in insurance
- O Do not need insurance
- O Dissatisfied with previous insurance plan or provider
- O Other (please specify)

General Health Exam?
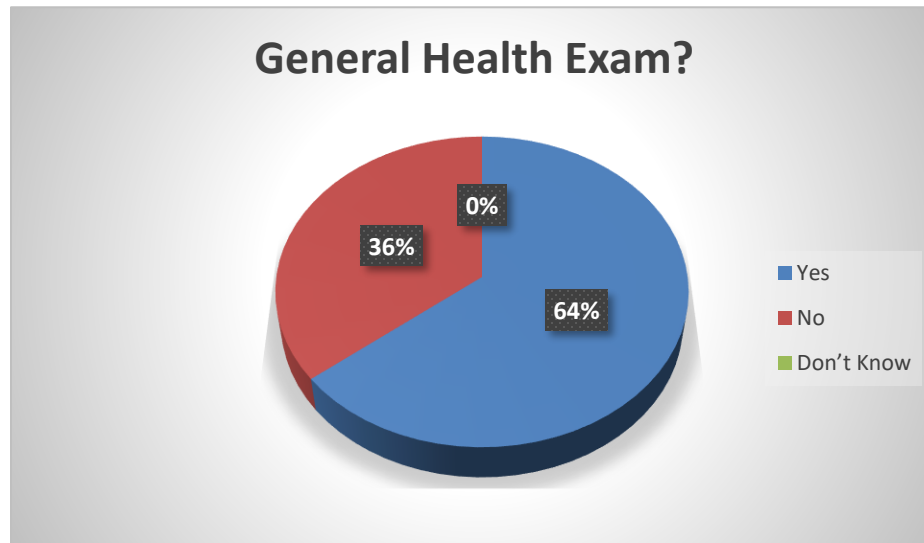
In the past 12 months, have you had a:

General Health Exam

- O   Yes
- O   No
- O   Do not know

Blood Pressure Screening
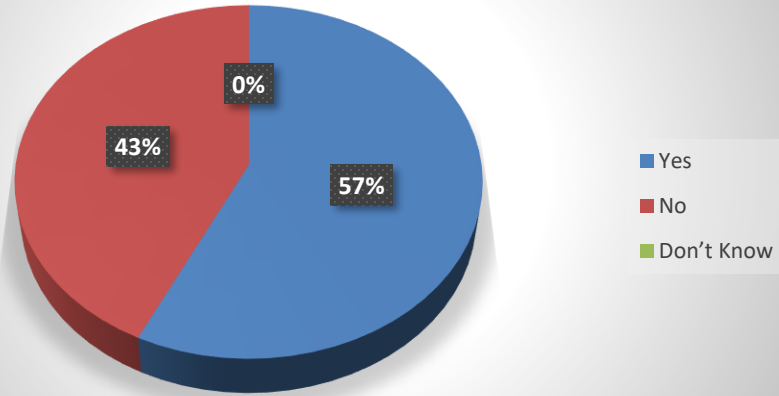

Blood Pressure Check
- Yes
- No
- Do not know

Legend:
- Yes
- No
- Don't Know

Values: 0%, 29%, 71%
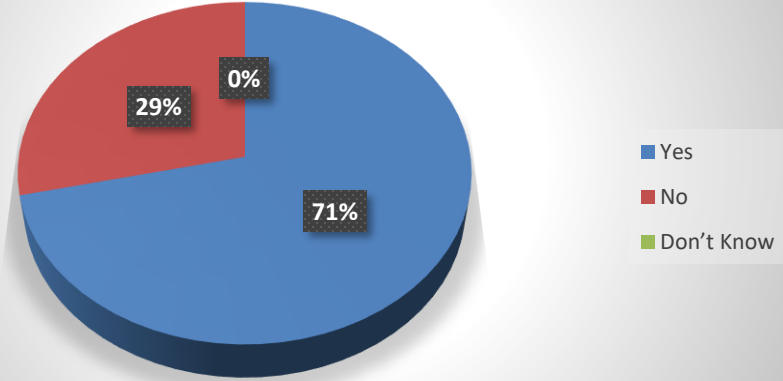
Cholesterol Screening

Cholesterol Check
- Yes
- No
- Do not know

Legend:
- Yes
- No
- Don't Know

Values: 0%, 50%, 50%
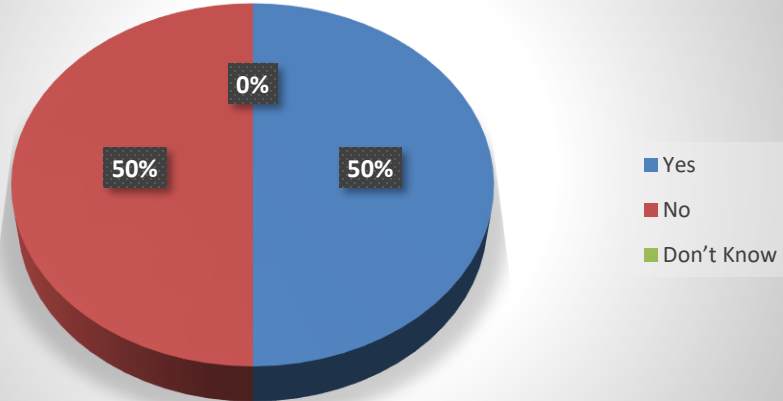
Flu Shot

Flu Shot
○　　Yes
○　　No
○　　Do not know

Blood Stool Test

Blood Stool Test
○　　Yes
○　　No
Do not know

Dental Checkup

- 0%
- 43%
- 57%
- Yes
- No
- Don't Know

Dental Exam/Teeth Cleaned
○   Yes
○   No
○   Do not know

Pap Test

- 13%
- 0%
- 87%
- Yes
- No
- Don't Know

IF FEMALE: Pap Test
○   Yes
○   No
○   Do not know

Breast Exam

0% 12%

88%

- Yes
- No
- Don't Know

IF FEMALE: Breast Exam by a Health Care Provider
- ○ Yes
- ○ No
- ○ Do not know

Breast XRay / Mammogram

0%

25%

75%

- Yes
- No
- Don't Know
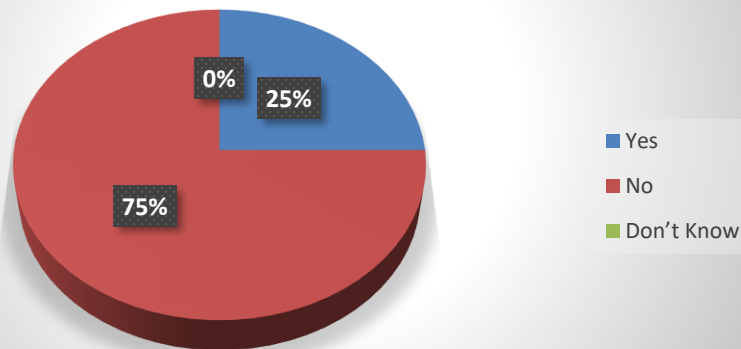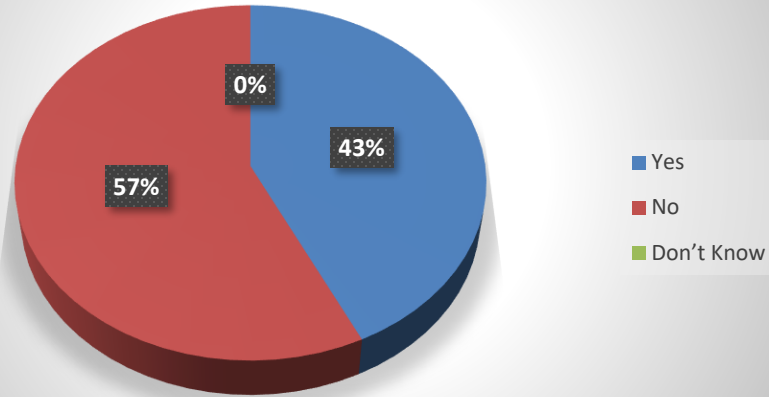
IF FEMALE: Breast X-Ray or Mammogram
- ○ Yes
- ○ No
- ○ Do not know
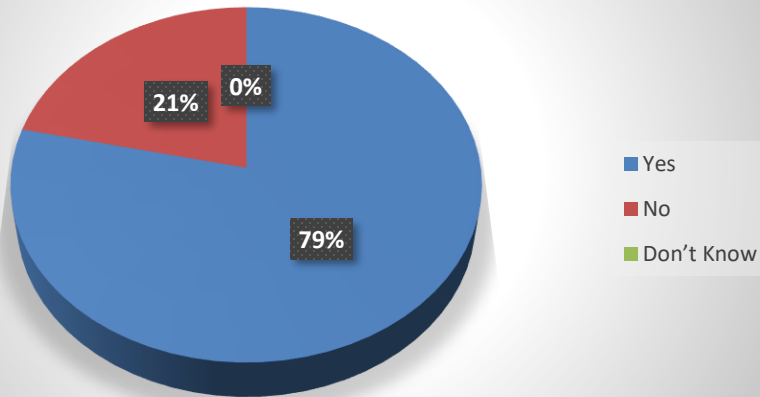
Hearing Test

In the past 5 years, have you had a (fill in all that apply):
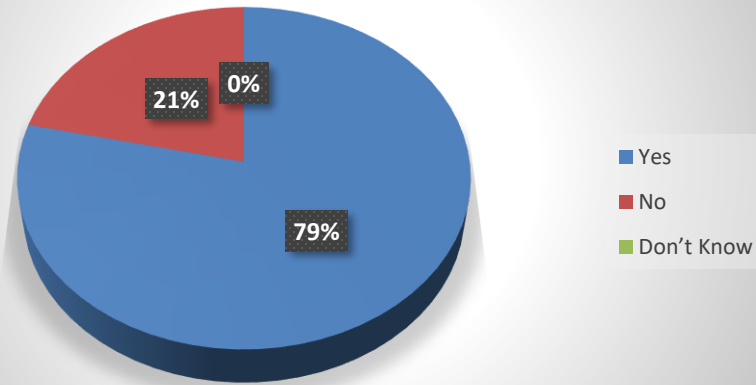*Hearing Test*
- ◯   Yes
- ◯   No
- ◯   Do not know

Eye Exam

Eye Exam
- ◯ Yes
- ◯ No
- ◯ Do not know

Diagnosis Check *(chart)*

Diabetes Check
- Yes
- No
- Do not know

Pie chart — Diabetes Check:
- Yes: 79%
- No: 21%
- Don't Know: 0%

Skin Cancer Exam *(chart)*

Skin Cancer Screen
- Yes
- No
- Do not know

Pie chart — Skin Cancer Exam:
- Yes: 36%
- No: 64%
- Don't Know: 0%
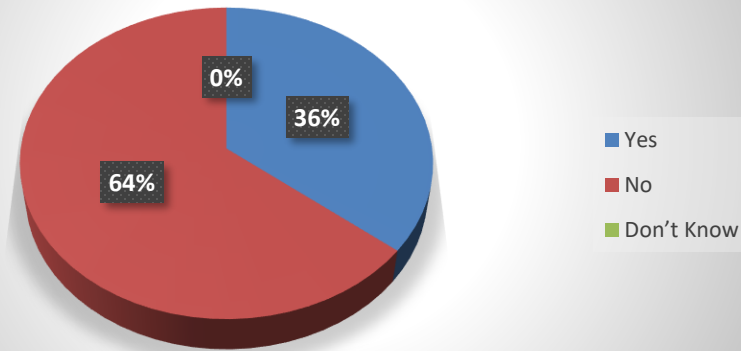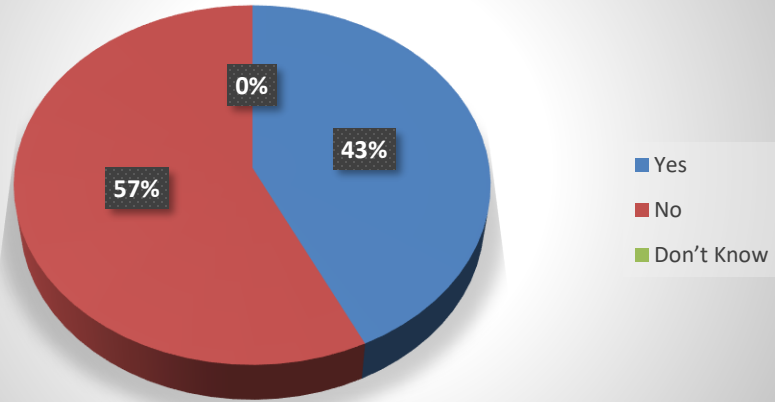
Pneumonia Shot

Pneumonia Shot
- ○   Yes
- ○   No
- ○   Do not know

Rectal Exam
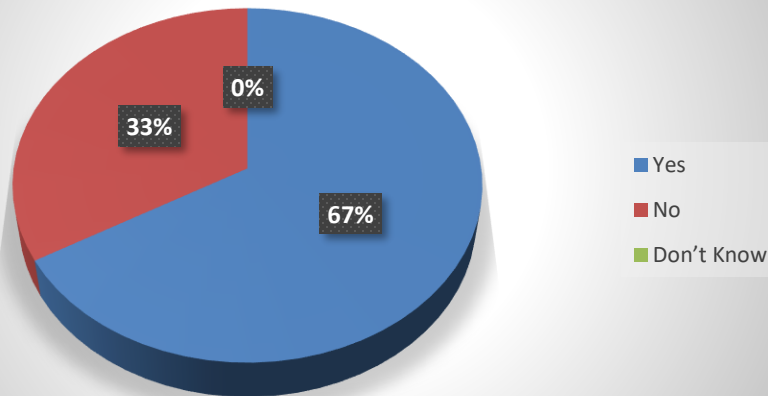
IF AGE 40 or OLDER: Rectal Exam
- ○   Yes
- ○   No
- ○   Do not know

Colonoscopy

- 89% Yes
- 11% No
- 0% Don't Know
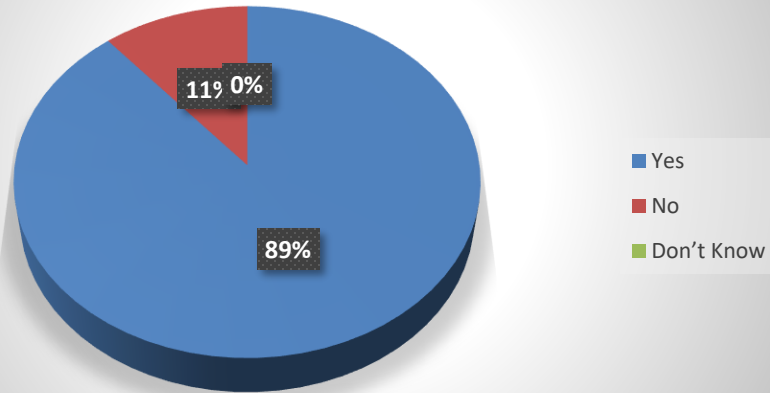
IF AGE 50 or OLDER: A Colonoscopy

- ○   Yes
- ○   No
- ○   Do not know

Prostate Cancer Screen
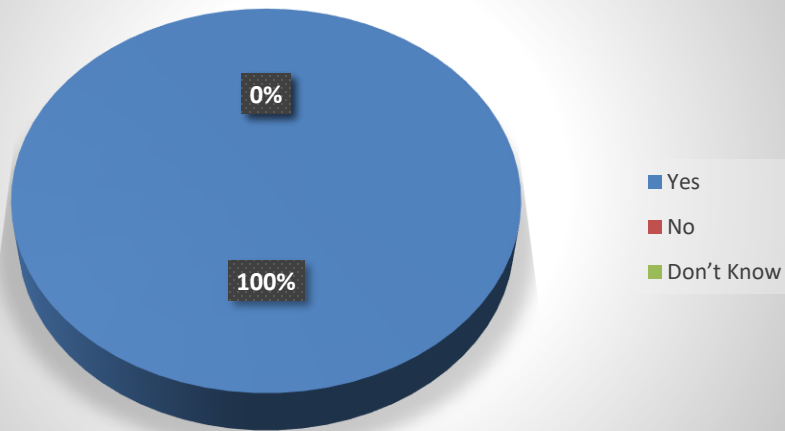
- 100% Yes
- 0% No
- Don't Know

IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA

- ○   Yes
- ○   No
- ○   Do not know

Problems Getting Care

- **0%**
- **100%**

Legend:
- Yes
- No
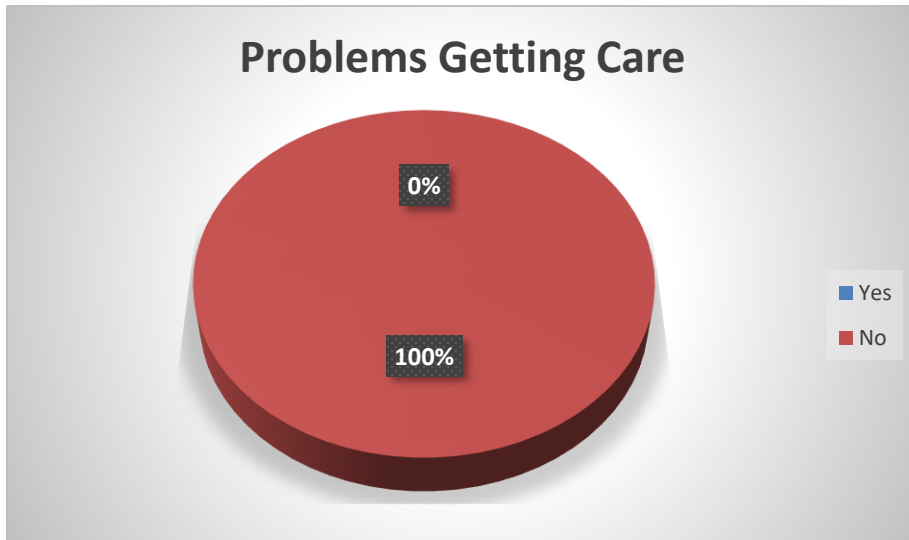
14. In the past 12 months, have you had problems getting needed health care?
- ○ Yes
- ○ No

15. If yes, please provide the reason(s) for the difficulty in getting healthcare. NO RESPONSE
- ○ Lack of insurance
- ○ Health care provider would not accept your insurance
- ○ Insurance would not approve1 pay for care
- ○ Cannot afford co-pay
- ○ Lack of transportation
- ○ Language barriers
- ○ Travel distance to provider too great
- ○ Cannot understand my doctor

How Often Do I Exercise?

- 14% None
- 36% 1-2 Days/wk
- 21% 2-4 Days/wk
- 29% 4-7 Days/wk
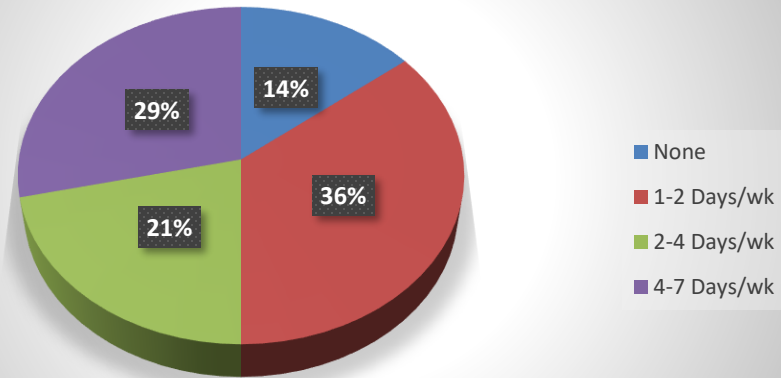
15A. How many times a week do you exercise?
- ○ 0
- ○ 1-2
- ○ 2-4
- ○ 4-7

OCHIP data reports adults classed as "sedentary" are 15.4%

Length of Exercise

- 23% <30 Mn
- 46% 30--59 Min
- 16% 60 Min
- 15% 60+ Min
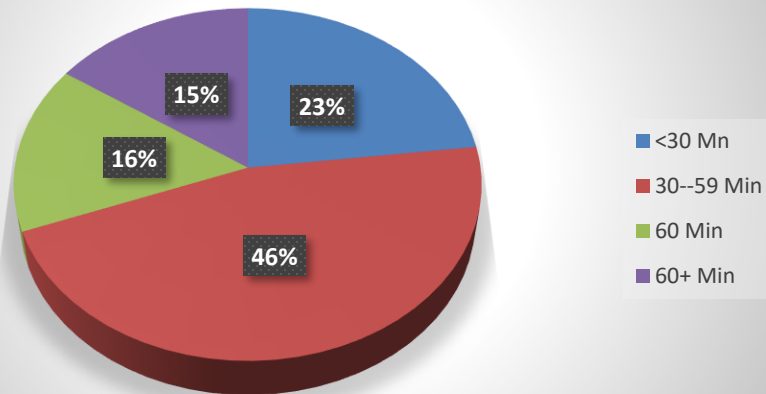
16. For about how long do you exercise?
- ○ Less than 30 minutes
- ○ 30 minutes
- ○ 1 hour
- ○ Over 1 hour

How Often Do I Eat Vegetables?
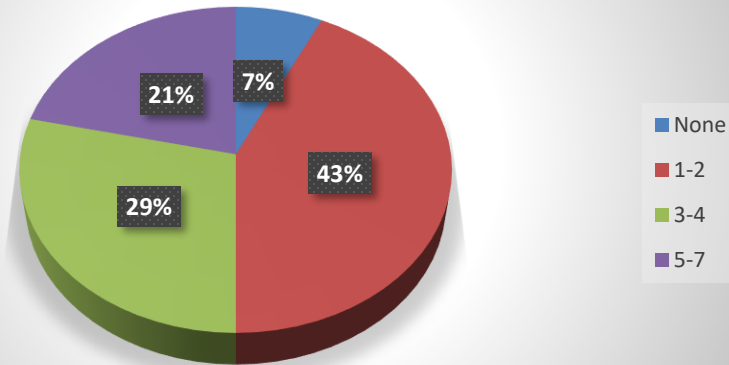
7%
21%
43%
29%

- None
- 1-2
- 3-4
- 5-7

17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?

- ○   0 days a week
- ○   1-2 days a week
- ○   3-4 days a week
- ○   Over 5 days a week

Taking Medications?

36%
64%

- Yes
- No
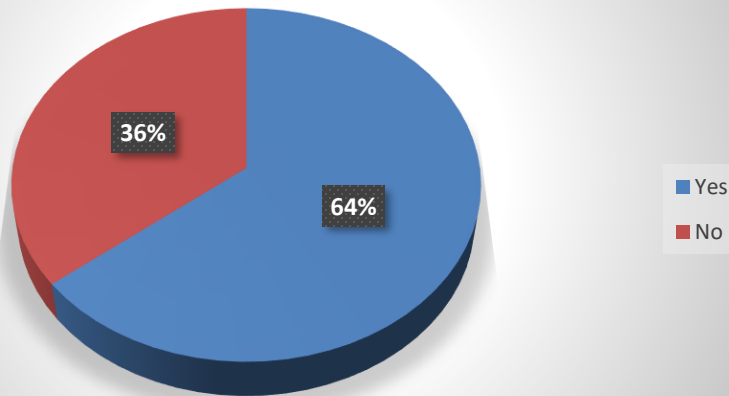
Are you on any medications?

- ○   Yes
- ○   No

If Taking Meds, How Many?

Legend:
- 1
- 1-2
- 2-4
- 5+

Values: 0%, 22%, 33%, 45%
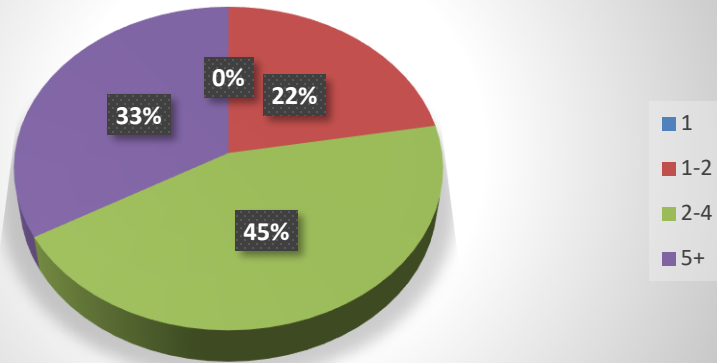
18. If Yes, how many?
- ○ None
- ○ 1 to 2
- ○ 2 to 4
- ○ Over 5

How Do You Consider Your Weight?

Legend:
- Very Under
- Under
- Normal
- Over
- Very Over

Values: 7%, 7%, 36%, 50%
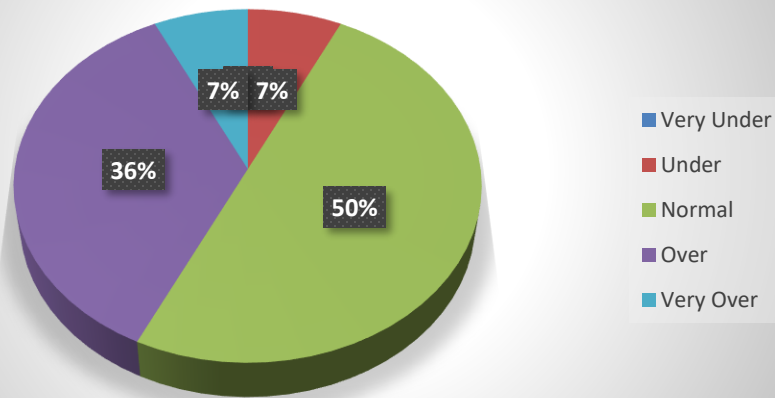
19. How would you describe your weight?
- ○ Very underweight
- ○ Slightly underweight
- ○ About right
- ○ Slightly overweight
- ○ Very Overweight

OCHIP survey reported 60.1% of adults listed themselves as overweight or obese, while only 43% of survey respondents reported being overweight.

What Do You Want to Do About Your Weight?
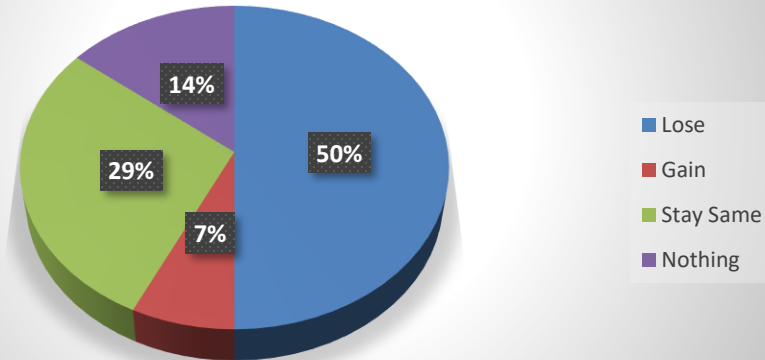
Legend:
- Lose
- Gain
- Stay Same
- Nothing

(14%, 50%, 7%, 29%)

What Interventions Have You Tried?

Legend:
- Diet
- Exercise
- Vomit
- Diet Pills

(0%, 45%, 55%)

20.   Which of the following are you trying to do about your weight?
○   Lose weight
○   Gain weight
○   Stay the same weight
○   I am not trying to do anything about my weight
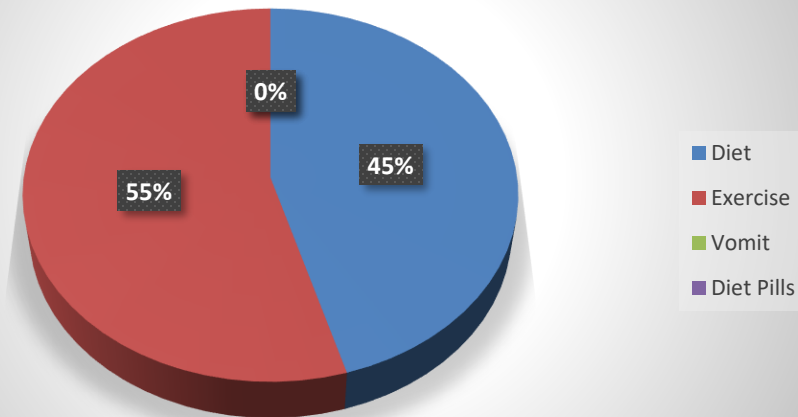
21.   During the past 30 days, did you (Check all that apply):
☐   Diet to lose weight or to keep from gaining weight
☐   Exercise to lose weight or to keep from gaining weight
☐   Vomit, or take laxatives to lose weight or to keep from gaining weight
☐   Take diet pills to lose weight or to keep from gaining weight

The interventions cited by respondents are the ones considered healthy, a good sign.

How Is Your Community's Health Status?

Legend:
- Excellent
- Good
- Fair
- Poor
- Very Poor

0% | 29% | 36% | 28%
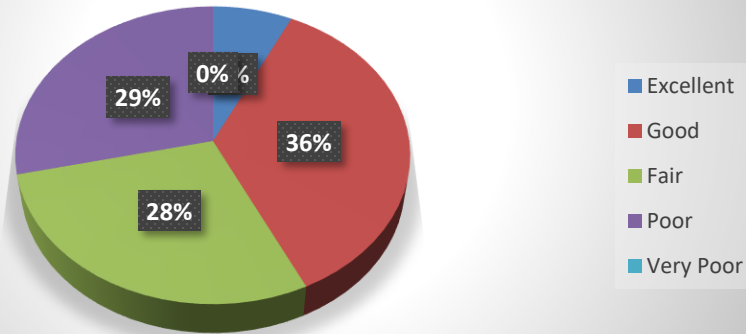
22. How could you rate our community's overall health status?
   - ◯ Excellent
   - ◯ Good
   - ◯ Fair
   - ◯ Poor
   - ◯ Very Poor

How Is Your Personal Health Status?

Legend:
- Excellent
- Good
- Fair
- Poor
- Very Poor

7 0% | 14% | 79%
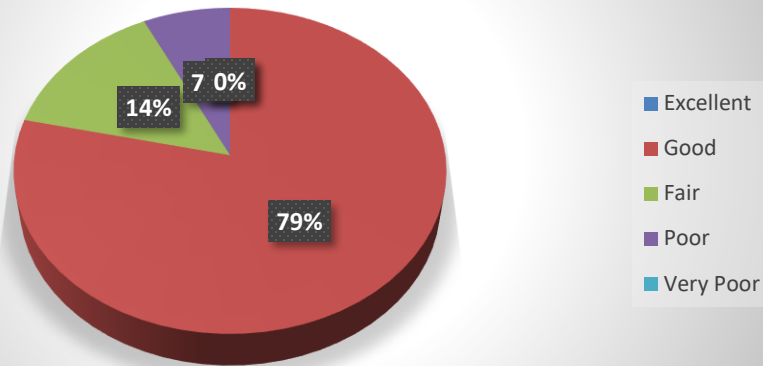
23. How would you rate your own health status?
   - ◯ Excellent
   - ◯ Good
   - ◯ Fair
   - ◯ Poor
   - ◯ Very Poor

Rate Your Community's Quality of LIfe
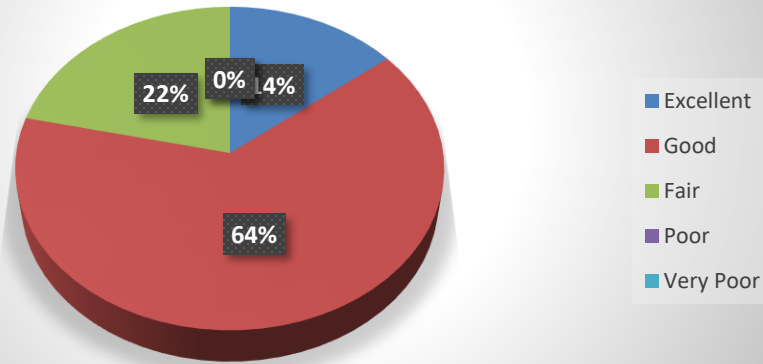
- Excellent
- Good
- Fair
- Poor
- Very Poor

4%
0%
22%
64%

24. How would you rate our community's overall quality of life?
- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ Very Poor

Rate Your Own Quality of Life

- Excellent
- Good
- Fair
- Poor
- Very Poor

28%
0%
29%
43%
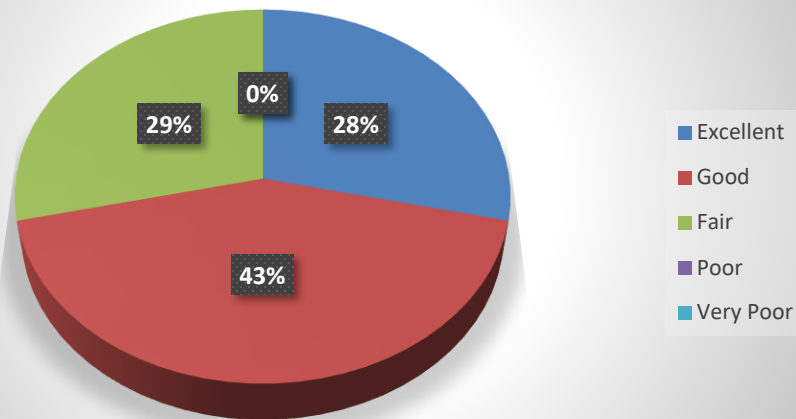
How would you rate your own quality of life?
- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ Very Poor

Interview Results

Interviews were conducted primarily by phone with individuals representing community organizations, government agencies and other parties with an interest in the health of the HBH community.

Interviewees included:
- Isabel Becerra, CEO, Orange County Coalition of Community Clinics
- Jacob Sweidan, M.D., Pediatric & Neonatology Medical Group of Orange County
- Cheryl Meronk, Director of Strategic Development, CalOptima
- Denise Fennesy, REHS, Chief of Operations, Orange County Department of Regulatory/Medical Health

Each of the interviewees was asked his or her opinion as to the greatest healthcare needs in the community, and what services and programs were available in the community. The interviewees were asked to list their three most important needs.

These interviews resulted in different perceived issues. They are presented below.
- Asbestos in Schools
- Poverty Pockets
- Homeless population
- Undocumented residents with no insurance
- Lack of Safety-Net Services
- Non-English monolingual residents
- Lack of support for community clinics
- Fragmented Care
- Lack of Homeless Shelters
- Mental Health needs
- Pre- and Post-Natal care
- Obesity

- Diabetes
- Dental Care
- Diet
- Education (general & health related)
- Elderly care
- Health information
- Health insurance
- Heart disease
- Hypertension

In addition, respondents were asked to outline some of the resources available to residents to maintain or improve health. Respondents provided multiple providers and opportunities. They are listed here.

- Community clinics
- MyHealthyOC.org
- Counseling centers
- Fire/Police/City agencies
- Flu shot programs
- Health education
- Health fairs
- Hospitals
- Senior centers
- Social agencies

The interviewees were invited to join focus groups, but declined, so their answers were added to the list of issues presented in the brainstorming portion of the focus group process to assure that their input was addressed in the prioritization process. Most expressed willingness to serve as advisors to HBH in the process of developing programs, and to work with HBH on implementation of programs to meet community needs. Several invited HBH staff to join their organizations to better coordinate services between providers.

Focus Groups Results

A focus group was held with invited members of the Huntington Beach community. 27 invitees attended the meeting, representing local colleges, city agencies, various community social service agencies and healthcare providers. The meeting was held at the Hospital.

The group identified 25 problems or concerns:
- Opioids
- Outreach to culturally unique communities
- Hospital out into community
- Mental Health -Adult / Child / Older / PTSD
- Mental Health
- Dental
- Dementia / Alzheimer's
- Grants to fund community outreach
- Community Outreach
- Dealing with reputation/awareness of changes
- Community Relations
- Jobs - Employment
- Healthy Food
- Obesity
- Emergency Preparation
- Coordination among hospitals
- Resource centers / clearing house
- Collaboration w/EMS services
- Healthcare career path education
- Diabetes
- Food Deserts
- Diet Consult
- Information clearing house (OC Resource Center @ St Jude)
- Need continuing "touches"
- Lay community reps

The group also was able to identify a variety of resources to assist residents in achieving and maintaining health. Among the services and programs mentioned were:

• Alta Med Healthcare
• Huntington Beach Hospital
• Several nearby hospitals
• Skilled Nursing Facilities
• Senior Housing complexes
• Library resources
• Recreation Center
• Seniors Center
• Youth Center
• Health Fair
• Summer Camps
• After-school programs

While many resources are available, many barriers still exist to access, among those listed:

• Insufficient supply of low-cost, low-intensity (i.e., clinical) care
• Lack of a "one-stop shop" for referrals
• Language barriers
• Immigration-status issues
• Lack of understanding of how health insurance works.

In the second round of prioritization, participants were provided with six more yellow dots, each with a value from 6 to 10, with 10 being the most important. The participants were then asked to place their dots on the items they considered most important and most appropriate for HBH to address. The item most important to each participant would get a 10 dot, and in descending order, the other items could be prioritized. The process yielded the following order of importance, and ability of HBH to address those issues. They are presented in descending order.

- Hospital Outreach
- Mental Health
- Opioids
- Caregiver Education
- Grants
- Dental
- Dementia / Alzheimer's

The six items in this list were considered the most important to address, and to varying extents, are addressable by HBH. These issues were outlined at the beginning of the report.

APPENDIX

Steering Committee

- **Hassan Alkhouli, MD,** Regional Chief Medical Officer – Chairman
- **Mark Bell, MD,** Physician Member
- **David Bloom, MD,** Physician Member
- **Mylinh Bui,** Regional Chief Financial Officer – Administrative Member
- **Khaled Chan, MD,** Chief of Staff – Physician Member
- **Patricia Cody, RN, MBA,** Chief Nursing Officer – Administrative Member
- **Cathy Green,** Community Member
- **Robert Handy,** HB Chief of Police – Community Member
- **Michael Mahdad, MD,** Physician Member
- **Joseph Nassir, MD,** Physician Member
- **Paul QaQundah, MD,** Physician Member
- **Richard M. Rowe, PharmD,** Chief Executive Officer – Administrative Member
- **Timothy Ryan, Esq.,** Community Member
- **David Segura,** HB Fire Chief – Community Member

Executive Leadership

- Richard M. Rowe, PharmD, **Chief Executive Officer**
- Patricia Cody, RN, MBA, **Chief Nursing Officer**
- Mylinh Bui,. **Regional Chief Financial Officer**

Medical Leadership

- Hassan Alkhouli, MD, **Regional Chief Medical Officer**
- Khaled Chan, MD, **Chief of Staff**

Hospitals in Primary and Secondary Market Area

Hospitals within Primary Service Area

Name	Address	Description of Services Provided
Huntington Beach Hospital	Huntington Beach, CA 92647	Primary and Specialty Medical Care Services
Kindred Hospital Westminster	Westminster, CA 92683	Long Term Acute Care

Hospitals within Secondary Service Area

Name	Address	Description of Services Provided
Fountain Valley Regional Hospital & Medical Center	17100 Euclid St. Fountain Valley, CA 92708	Primary and Specialty Medical Care Services
Orange Coast Memorial Medical Center	9920 Talbert Ave. Fountain Valley, CA 92708	Primary and Specialty Medical Care Services

Community Clinics within Primary Service Area

Name	Address	Description of Services Provided
AltaMed Medical Group - Huntington Beach Community Clinic	8041 Newman Ave. Huntington Beach, CA 92647	Primary Care and Dental Services
Planned Parenthood/Orange & San Bernardino Co.	14372 Beach Blvd. Westminster, CA 92683	Reproductive Health

Community Clinics within Secondary Service Area

Name	Address	Description of Services Provided
Central City Community Health Center, Inc.	2237 W Ball Rd. Anaheim, CA 92804	Primary Care
Horizon Pregnancy Center	1561 Springdale St. Huntington Beach, CA 92649	Reproductive Health
North Orange County Regional Health Foundation	901 W Orangethorpe Ave Fullerton, CA 92832	Primary Care
St. Jude Neighborhood Health Center	731 S Highland Ave. Fullerton, CA 92832	Primary Care

Specialty Clinics within Primary Service Area

Name	Address	Description of Services Provided
RAI - Goldenwest - Westminster	15330 Goldenwest, St. Westminster, CA 92683	Dialysis
RAI - Hospital Circle - Westminster	290 Hospital Circle Westminster, CA 92683	Dialysis
Westminster South Dialysis	14014 Magnolia St. Westminster, CA 92683	Dialysis

Specialty Clinics within Secondary Service Area

Name	Address	Description of Services Provided
Fountain Valley Regional Dialysis Center	17150 Euclid Ave. Fountain Valley, CA 92708	Dialysis
Fullerton Dialysis	238 Orangefair Mall Fullerton, CA 92832	Dialysis
Huntington Beach Dialysis	16892 Bolsa Chica St. Huntington Beach, CA 92649	Dialysis
RAI - Newhope - Fountain Valley	17197 Newhope St. Fountain Valley, CA 92708	Dialysis

Home Health & Hospice Agencies within Primary Service Area

Name	Street Address	City	Zip
247 HOME CARE	13800 ARIZONA STREET	WESTMINSTER	92683
AMERICAN NURSING HOME HEALTH CARE - BRANCH	18600 MAIN ST	HUNTINGTON BEACH	92648
BRIGHTSTAR HOME HEALTH	16152 BEACH BLVD.	HUNTINGTON BEACH	92647
MAXCARE HOSPICE	13800 ARIZONA ST.	WESTMINSTER	92683
MEDICAL DIAGNOSTIC SERVICES OF ORANGE COUNTY INC.	17682 BEACH BLVD	HUNTINGTON BEACH	92647
NEW LIFE HOME HEALTH SERVICES	17111 BEACH BLVD.	HUNTINGTON BEACH	92647

Home Health & Hospice Agencies within Primary Service Area

Name	Street Address	City	Zip
A-1 HOME HEALTH CARE	5011 ARGOSY AVE.	HUNTINGTON BEACH	92649
BEST GOLDEN CARE HOSPICE, INC.	11745 EDINGER AVE.	FOUNTAIN VALLEY	92708
HOSPICE OF ORANGE COUNTY, INC.	10840 WARNER AVE	FOUNTAIN VALLEY	92708
LIFESAVERS' HOME HEALTH SERVICES	903 W WILSHIRE AVE.	FULLERTON	92832
MORECARE PALLIATIVE AND HOSPICE, INC.	11770 WARNER AVE	FOUNTAIN VALLEY	92708
SUNRISE HOME HEALTH CARE, LLC	10840 WARNER AVE.	FOUNTAIN VALLEY	92708

Huntington Beach Hospital

Health Indicators by Race/Ethnicity for Orange County

Health Indicator for Orange County	Hispanic	White	Black	Asian
Life expectancy (2013) [1]	Men: **80.9** Women: **84.2**	Men: **78.6** Women: **83.0**	Men: **75.9** Women: **80.1**	Men: **82.4** Women: **86.0**
Percent with health insurance (2011) [2]	**68.5%**	**91.4%**	**84.1%**	**84.9%**
Percent living under 100% of Federal poverty level (2009-2011) [2]	Male: **17.8%** Female: **20.9%**	Male: **6.1%** Female: **6.9%**	Male: **11.3%** Female: **12.9%**	Male: **11.5%** Female: **12.2%**
% of adults age 25+ with high school diploma (2009-2011) [2]	Male: **57.0%** Female: **59.1%**	Male: **69.1%** Female: **95.4%**	Male: **94.2%** Female: **91.0%**	Male: **94.2%** Female: **83.9%**
% of households in crowded conditions (2009-2011) [2]	**30.8%**	**1.5%**	**6.5%**	**8.6%**
% of visits to the emergency department that were avoidable (2011) [2]	**50.7%**	**41.0%**	**42.6%**	**51.4%**
Birth Rate (# births / 1000 population) (2010) [2]	**18.7**	**8.8**	**11.1**	**12.1**
% received early prenatal care (2010) [2]	**86.9%**	**93.1%**	**86.7%**	**92.0%**
% of mothers with gestational diabetes (2010) [2]	**7.6%**	**5.4%**	**6.0%**	**10.7%**
% of births with low birth weight (2010) [2]	**5.8%**	**6.3%**	**12.3%**	**7.7%**
% of births that were preterm (2010) [2]	**8.8%**	**9.1%**	**13.5%**	**8.3%**
Infant mortality – rate per 1000 births (2010) [2]	**4.5**	**3.2**	*****	***2.0**
% of women with postpartum depression (2010-2011) [2]	**13.4%**	**11.9%**	*****	**10.3%**

% of mothers exclusively breastfeeding for first 3 months (2010) [2]	22.3%	47.6%	*	48.5%
Births to teens - per 1000 births (2010) [2]	44.3	6.6	18.7	3.2
% of adults with diabetes (2011-12) [2]	Male: **9.3%** Female: **10.9%**	Male: **6.0%** Female: **5.7%**	Male: ***17.0%** Female: ***9.8%**	Male: **7.1%** Female: ***4.0%**
% of adults with hypertension (2011-12) [2]	Male: **24.1%** Female: **24.3%**	Male: **28.7%** Female: **27.7%**	Male: ***45.7%** Female: ***17.9%**	Male: **23.9%** Female: **18.7%**
% of adults age 20+ who are obese (2011-12) [2]	Male: **30.0%** Female: **39.8%**	Male: **25.6%** Female: **18.7%**	Male: ***45.6%** Female: ***35.3%**	Male: ***15.4%** Female: ***7.6%**
% of 11th graders who used alcohol in the past month (2009/10) [2]	Male: **36.2%** Female: **35.9%**	Male: **35.1%** Female: **37.1%**	Male: **34.1%** Female: **26.8%**	Male: **16.1%** Female: **16.0%**

Citations

Life Expectancy in Orange County (2018)." Orange County Health Care Agency. Santa Ana, California, October 2018.

www.ochealthinfo.com/pubs

County of Orange, Health Care Agency, Public Health Services. Orange County Health Profile 2013. December 2013.

www.ochealthinfo.com/pubs

Estimate unstable

Leading Causes of Hospitalization and Death by Race/Ethnicity

Rank	Leading Cause of Hospitaliaztion - Secondary Service Area - Health Indicator		
	Hispanic	**White**	**Asian/Pacific Islander**
1	Pregnancy Childbirth and the Puerperium	Musculoskeletal System and Connective Tissue Diseases and Disorders	Pregnancy Childbirth and the Puerperium
2	Digestive System Diseases and Disorders	Circulatory System Diseases and Disorders	Circulatory System Diseases and Disorders
3	Circulatory System Diseases and Disorders	Digestive System Diseases and Disorders	Digestive System Diseases and Disorders
4	Musculoskeletal System and Connective Tissue Diseases and Disorders	Pregnancy Childbirth and the Puerperium	Nervous System Diseases and Disorders
5	Newborns and Neonate Conditions Began in Perinatal Period	Infectious and Parasitic Diseases	Respiratory System Diseases and Disorders
6	Respiratory System Diseases and Disorders	Respiratory System Diseases and Disorders	Infectious and Parasitic Diseases
7	Infectious and Parasitic Diseases	Mental Diseases and Disorders	Musculoskeletal System and Connective Tissue Diseases and Disorders
8	Mental Diseases and Disorders	Nervous System Diseases and Disorders	Newborns and Neonate Conditions Began in Perinatal Period
9	Nervous System Diseases and Disorders	Kidney and Urinary Tract Diseases and Disorders	Kidney and Urinary Tract Diseases and Disorders
10	Hepatobiliary System and Pancreas Diseases and Disorders	Hepatobiliary System and Pancreas Diseases and Disorders	Endocrine Nutritional and Metabolic Diseases and Disorders
	Excludes Normal Newborns		

Huntington Beach Hospital
Leading Causes of Hospitalization by Race/Ethnicity

	Huntington Beach Hospital		
	Leading Causes of Hospitalization by Race/Ethnicity		
	Leading Cause of Hospitaliaztion - Primary Service Area - Health Indicator		
Rank	**Hispanic**	**White**	**Asian/Pacific Islander**
1	Pregnancy Childbirth and the Puerperium	Musculoskeletal System and Connective Tissue Diseases and Disorders	Pregnancy Childbirth and the Puerperium
2	Digestive System Diseases and Disorders	Circulatory System Diseases and Disorders	Circulatory System Diseases and Disorders
3	Circulatory System Diseases and Disorders	Digestive System Diseases and Disorders	Digestive System Diseases and Disorders
4	Newborns and Neonate Conditions Began in Perinatal Period	Pregnancy Childbirth and the Puerperium	Respiratory System Diseases and Disorders
5	Musculoskeletal System and Connective Tissue Diseases and Disorders	Respiratory System Diseases and Disorders	Nervous System Diseases and Disorders
6	Respiratory System Diseases and Disorders	Infectious and Parasitic Diseases	Infectious and Parasitic Diseases
7	Nervous System Diseases and Disorders	Nervous System Diseases and Disorders	Musculoskeletal System and Connective Tissue Diseases and Disorders
8	Hepatobiliary System and Pancreas Diseases and Disorders	Mental Diseases and Disorders	Kidney and Urinary Tract Diseases and Disorders
9	Kidney and Urinary Tract Diseases and Disorders	Kidney and Urinary Tract Diseases and Disorders	Hepatobiliary System and Pancreas Diseases and Disorders
10	Infectious and Parasitic Diseases	Hepatobiliary System and Pancreas Diseases and Disorders	Newborns and Neonate Conditions Began in Perinatal Period
	Excludes Normal Newborns		

Rank	Leading Cause of Death - Primary Service Area - Health Indicator		
	Hispanic	White	Asian/Pacific Islander
	Huntington Beach Hospital Leading Causes of Death by Race/Ethnicity		

Rank	Hispanic	White	Asian/Pacific Islander
1	Infectious and Parasitic Diseases	Infectious and Parasitic Diseases	Infectious and Parasitic Diseases
2	Respiratory System Diseases and Disorders	Respiratory System Diseases and Disorders	Respiratory System Diseases and Disorders
3	Nervous System Diseases and Disorders	Circulatory System Diseases and Disorders	Circulatory System Diseases and Disorders
4	Hepatobiliary System and Pancreas Diseases and Disorders	Digestive System Diseases and Disorders	Nervous System Diseases and Disorders
5	Newborns and Neonate Conditions Began in Perinatal Period	Nervous System Diseases and Disorders	Digestive System Diseases and Disorders
6	Endocrine Nutritional and Metabolic Diseases and Disorders	Hepatobiliary System and Pancreas Diseases and Disorders	Hepatobiliary System and Pancreas Diseases and Disorders
7	Kidney and Urinary Tract Diseases and Disorders	Kidney and Urinary Tract Diseases and Disorders	Myeloproliferative Diseases and Poorly Differentiated Neoplasms
8	Circulatory System Diseases and Disorders	Musculoskeletal System and Connective Tissue Diseases and Disorders	Endocrine Nutritional and Metabolic Diseases and Disorders
9		Myeloproliferative Diseases and Poorly Differentiated Neoplasms	Multiple Signficant Trauma
10		Skin Subcutaneous Tissue and Breast Diseases and Disorders	Injuries Poisonings and Toxic Effects of Drugs

Huntington Beach Hospital
Leading Causes of Death by Race/Ethnicity

Rank	Leading Cause of Death - Secondary Service Area - Health Indicator		
	Hispanic	White	Asian/Pacific Islander
1	Infectious and Parasitic Diseases	Infectious and Parasitic Diseases	Infectious and Parasitic Diseases
2	Circulatory System Diseases and Disorders	Respiratory System Diseases and Disorders	Nervous System Diseases and Disorders
3	Respiratory System Diseases and Disorders	Circulatory System Diseases and Disorders	Circulatory System Diseases and Disorders
4	Nervous System Diseases and Disorders	Nervous System Diseases and Disorders	Respiratory System Diseases and Disorders
5	Myeloproliferative Diseases and Poorly Differentiated Neoplasms	Digestive System Diseases and Disorders	Digestive System Diseases and Disorders
6	Digestive System Diseases and Disorders	Hepatobiliary System and Pancreas Diseases and Disorders	Hepatobiliary System and Pancreas Diseases and Disorders
7	Newborns and Neonate Conditions Began in Perinatal Period	Kidney and Urinary Tract Diseases and Disorders	Kidney and Urinary Tract Diseases and Disorders
8	Hepatobiliary System and Pancreas Diseases and Disorders	Injuries Poisonings and Toxic Effects of Drugs	Multiple Significant Trauma
9	Human Immunodeficiency Virus Infections	Musculoskeletal System and Connective Tissue Diseases and Disorders	Injuries Poisonings and Toxic Effects of Drugs
10	Endocrine Nutritional and Metabolic Diseases and Disorders	Myeloproliferative Diseases and Poorly Differentiated Neoplasms	Factors on Health Status and Other Contacts With Health Services

Sample Survey Forms - English Language

HUNTINGTON BEACH HOSPITAL	COMMUNITY HEALTH SURVEY	KEYGROUP

September, 2015

Huntington Beach Hospital has engaged **KEYGROUP** to gather information about day-to-day living habits that may affect your health and some questions about the care that is provided in the community you live. Your participation is voluntary. The survey will only take about 15-20 minutes and your answers will be kept strictly confidential.

This information will be very important to determine which services are provided and assess the health needs of your community. We are grateful for your time and co-operation.

If you have any questions, please contact Roxanne at (714) 843-5003.

Thank You.

GENERAL INFORMATION

1. What zip code do you live in?

2. How long have you lived in the community?
   - ○ Less than one year
   - ○ 1 to 5 years
   - ○ 6 to 10 years
   - ○ 11 to 20 years
   - ○ More than 20 years

3. Do you own or rent your residence?
   - ○ Own
   - ○ Rent
   - ○ Other (please specify)

4. What is your age bracket?
   - ○ Under 18
   - ○ 18 – 24
   - ○ 25 – 34
   - ○ 35 – 44
   - ○ 45 – 54
   - ○ 55 – 64
   - ○ Over 65

5. How would you describe yourself? (Choose one or more from the following racial groups)
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White (non-Hispanic)

6. Are you female or male?
O Male
O Female

7. Are you currently employed?
O Yes
O No
O Full-time Student
O Other (please specify)

8. What are your income and your total household income?
Your income
O Under $10,000
O $10,000 to $24,999
O $25,000 to $49,999
O $50,000 to $74,999
O $75,000 to $99,999
O $100,000 to $199,999
O $200,000 to $249,999
O Over $250,000

Total household
O Under $10,000
O $10,000 to $24,999
O $25,000 to $49,999
O $50,000 to $74,999
O $75,000 to $99,999
O $100,000 to $199,999
O $200,000 to $249,999
O Over $250,000

9. Do you currently have health insurance?
O Yes
O No (Skip to Question 11)

10. Who pays for your health insurance (Check all that apply)?
☐ Current employer (HMO, PPO)
☐ Former employer (COBRA)
☐ State government (Medi-Cal)
☐ National government (Medicare, Medicaid)
☐ Local government
☐ Self funded
☐ Other (please specify)

11. Why do you currently not have health insurance (Check all that apply)?
O Cannot afford insurance
O Lost employment
O Insurance company refused coverage for health reasons
O Employer does not pay for insurance

○ Not eligible for employer-paid insurance
○ Do not believe in insurance
○ Do not need insurance
○ Dissatisfied with previous insurance plan or provider
○ Other (please specify)

HEALTH HABITS

12. In the past 12 months, have you had a (fill in all that apply):

General Health Exam
○ Yes
○ No
○ Do not know

Blood Pressure Check
○ Yes
○ No
○ Do not know

Cholesterol Check
○ Yes
○ No
○ Do not know

Flu Shot
○ Yes
○ No
○ Do not know

Blood Stool Test
○ Yes
○ No
○ Do not know

Dental Exam/Teeth Cleaned
○ Yes
○ No
○ Do not know

IF FEMALE: Pap Test
○ Yes
○ No
○ Do not know

IF FEMALE: Breast Exam by a Health Care Provider
○ Yes
○ No
○ Do not know

IF FEMALE: Breast X-Ray or Mammogram

○ Yes
○ No
○ Do not know

13. In the past 5 years, have you had a (fill in all that apply):

Hearing Test
○ Yes
○ No
○ Do not know

Eye Exam
○ Yes
○ No
○ Do not know

Diabetes Check
○ Yes
○ No
○ Do not know

Skin Cancer Screen
○ Yes
○ No
○ Do not know

Pneumonia Shot
○ Yes
○ No
○ Do not know

IF AGE 40 or OLDER: Rectal Exam
○ Yes
○ No
○ Do not know

IF AGE 50 or OLDER: A Colonoscopy
○ Yes
○ No
○ Do not know

IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA
○ Yes
○ No
○ Do not know

14. In the past 12 months, have you had problems getting needed health care?
○ Yes
○ No

15. If yes, please provide the reason(s) for the difficulty in getting healthcare.

○ Lack of insurance
○ Health care provider would not accept your insurance
○ Insurance would not approve1 pay for care
○ Cannot afford co-pay
○ Lack of transportation
○ Language barriers
○ Travel distance to provider too great
○ Cannot understand my doctor

How many times a week do you exercise?
○ 0
○ 1-2
○ 2-4
○ 4-7

16. For about how long do you exercise?
○ Less than 30 minutes
○ 30 minutes
○ 1 hour
○ Over 1 hour

17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?
○ 0 days a week
○ 1-2 days a week
○ 3-4 days a week
○ Over 5 days a week

18. Are you on any medications?
○ Yes
○ No

19. If Yes, how many?
○ Just one
○ 1 to 2
○ 2 to 4
○ Over 5

20. How would you describe your weight?
○ Very underweight
○ Slightly underweight
○ About right
○ Slightly overweight
○ Very Overweight

21. Which of the following are you trying to do about your weight?
○ Lose weight
○ Gain weight
○ Stay the same weight
○ I am not trying to do anything about my weight

22. During the past 30 days, did you (Check all that apply):
☐ Diet to lose weight or to keep from gaining weight
☐ Exercise to lose weight or to keep from gaining weight
☐ Vomit, or take laxatives to lose weight or to keep from gaining weight
☐ Take diet pills to lose weight or to keep from gaining weight

COMMUNITY INFORMATION

23. How could you rate our community's overall health status?
○ Excellent
○ Good
○ Fair
○ Poor
○ Very Poor

24. How would you rate your own health status?
○ Excellent
○ Good
○ Fair
○ Poor
○ Very Poor

25. How would you rate our community's overall quality of life?
○ Excellent
○ Good
○ Fair
○ Poor
○ Very Poor

26. How would you rate your own quality of life?
○ Excellent
○ Good
○ Fair
○ Poor
○ Very Poor

27. What do you see as the greatest health problems in our community?

28. Which four diseases/conditions do you believe are the most common in our community?
☐ Cancer-general
☐ Breast Cancer
☐ Respiratory diseases-adults
☐ Asthma-children
☐ Diabetes
☐ Heart disease
☐ High Blood Pressure
☐ Poor Nutrition

☐ Lack of physical activity
☐ Obesity
☐ Smoking
☐ Stroke
☐ Substance abuse- alcohol
☐ Substance abuse-drugs
☐ Mental Health Disorders
☐ Dental Problems
☐ Immunizations- children
☐ Immunizations- adults
☐ Other (please specify)

29. Which three behavioral risk factors are the most common in our community?
☐ Access to affordable health care
☐ Access to physicians
☐ Inadequate transportation
☐ Lack of grocery stores
☐ Access to fresh, healthy food
☐ Wearing seatbelts
☐ Lack of safe places for physical activity
☐ High number of uninsured people
☐ Poverty
☐ Unemployment
☐ Illiteracy
☐ Other (please specify)

30. Who in our community does a good job of promoting health?

31. Who in our community does not promote good health?

32. How well does Huntington Beach Hospital promote good health?
○ Excellent
○ Good
○ Fair
○ Poor
○ Very Poor

33. What could Huntington Beach Hospital do better to promote good health?

34. If you were in charge of improving health in our community, what would you do first?

35. What is the most pressing health care related need for you, your family or our community?

Orange County Health Improvement Plan Annual Report 2017-2019 Executive Summary

Executive Summary

Orange County's Healthier Together is a community-wide initiative that aligns public and private resources within the public health system to improve health for *all* communities in Orange County. This plan is an update of the Orange County Health Improvement Plan 2014-16 and highlights key areas for action to improve health in Orange County. The plan is guided by the *Orange County's Healthier Together* Health Improvement Partnership (HIP), a partnership of 35 organizations including health care providers, academic institutions, collaboratives, community-based organizations, and other government programs.

This plan was informed by a year-long community health assessment process that found that while Orange County's health as a whole, continues to fare well compared to other areas, health disparities exist between different demographic and geographic populations in the county. Based on these findings, the HIP determined to continue efforts in the four priority health areas in the Orange County Health Improvement Plan 2014-16: 1) Infant and Child Health; 2) Older Adult Health; 3) Obesity and Diabetes; and 4) Behavioral Health, and improvements for the Orange County Public Health System. The HIP also identified three new areas of interest for exploration in 2017-19: 1) Access to Health Care; 2) Oral Health; and 3) Social Determinants of Health. The following summary provides key findings, goals, objectives, and one highlighted strategy for each area.

New Areas of Interest

Access to Health Care

Key Findings: Significant changes in access to health care occurred in recent years under the Affordable Care Act (ACA); and even more significant changes may occur in the next few years under a new administration. The instability of the system, health care economics, and traditional barriers to access, call for vigilance in monitoring and responding to emerging issues.

↳ Next Step: Develop ad-hoc group to monitor potential changes to the health care system, and explore and address barriers to access and care issues.

Oral Health

Key Findings: Oral health is an important aspect of a person's overall health and wellbeing. However, little local data exists regarding the oral health or access of oral health services in Orange County.

↳ Next Step: Develop ad-hoc group to review existing data and resources, and determine potential next steps.

Social Determinants of Health

Key Findings: Economic stability, education, affordable housing, and safety can greatly impact health. Orange County's key indicators show disparities between different groups of people in many of these conditions; highlighting the need for collaborative work across sectors to improve the health and wellbeing of residents.

↳ Next Step: Identify topics of interest and invite external experts to provide trainings and/or share information at Health Improvement Partnership meetings and determine potential next steps.

Executive Summary

Priority Area 1: Infant and Child Health

Key Findings: In 2014, 86.1% of mothers received early prenatal care, with lower rates among racial/ethnic minorities. Despite benefits to the mother and infant, only 1 in 4 women exclusively breastfed their babies through the first 3 months.

Goal 1: Improve birth outcomes in Orange County

Objectives: 1) Increase rate of pregnant women who receive early prenatal care to 90%; 2) Increase rates of early prenatal care of groups with disparities by 2%.

↪Highlighted Strategy: Create targeted interventions that address barriers to prenatal care based on identified barriers for women less likely to receive early prenatal care.

Goal 2: Improve infant and child health outcomes in Orange County.

Objective: Increase the proportion of mothers exclusively breastfeeding at 3 months.

↪Highlighted Strategy: Promote and support policies increasing the number of hospitals with infant feeding policy supporting breastfeeding and 'baby friendly' designation.

Priority Area 2: Older Adult Health

Key Findings: By 2040, 1 in 4 residents of Orange County will be 65 or older. The public health system is challenged to meet the needs of this growing population.

Goal 1: Improve wellness and quality of life of older adults in Orange County.

Objective: Increase early identification of conditions that commonly affect older adults by increasing utilization of the Annual Wellness Visits by 5% each year.

↪Highlighted Strategy: Increase consumer outreach and education about the Annual Wellness Visit.

Objective: Reduce complications of chronic disease by increasing completion rates in chronic disease self-management program by 10%.

↪Highlighted Strategy: Develop a lay leader recruitment program among senior/health providers.

Priority Area 3: Obesity and Diabetes

Key Findings: Almost 1 in 6 fifth-grade students in Orange County is obese, with the highest rates in Anaheim, Buena Park, La Habra, and Santa Ana. Rates of diabetes have increased by 22.4% between 2005 and 2014.

Goal 1: Increase the proportion of residents who are in a healthy weight category.

Objectives: Increase proportion of children and adolescents who are in the healthy weight category 1) by 5% in all Orange County; and 2) by 10% in Anaheim, Buena Park, La Habra, and Santa Ana.

↪Highlighted Strategy: Support community specific coalitions to implement collective impact approaches that includes multi-sector interventions.

Executive Summary

Goal 2: Reverse the trend of increasing rates of diabetes among residents.

Objective: Stabilize the increasing rates of diabetes among Orange County adults.

↳Highlighted Strategy: Promote and expand the availability and utilization of effective diabetes prevention and self-management programs by persons who are risk for diabetes and living with pre-diabetes, diabetes, or gestational diabetes

Priority Area 4: Behavioral Health

Key Findings: Orange County's hospitalization rates due to alcohol abuse and substance abuse were higher than the state average. Only half of Orange County adults who needed behavioral health services reports receiving them.

Goal 1: Reduce alcohol and drug misuse in Orange County.

Objectives: 1) Reduce underage drinking among 11th graders with highest need by 5%. 2) Reduce impaired driving collisions in cities with highest rates or collisions by 5%. 3) Reduce opioid-overdose Emergency Department visits by 5%. 4) Create a clearinghouse of resources for informed policy-making around implementation of marijuana laws.

↳Highlighted Strategies: 1) Promote the use of best and promising practices for substance abuse prevention in targeted communities. 2) Promote the adoption of conditional use permit policies for targeted jurisdictions that require responsible beverage service training and other interventions that will reduce impaired driving. 3) Promote use of safe prescribing guidelines and practices by health care providers. 4) Disseminate information to the community on new marijuana laws and their potential impact on health.

Goal 2: Increase the proportion of Orange County residents who experience emotional and mental wellbeing through the lifespan.

Objective: Develop a comprehensive assessment of the mental health system of care, needs, and gaps.

↳Highlighted Strategy: Working with OC Health Care Agency Behavioral Health Services, publish a comprehensive assessment of the mental health system of care, needs, and gaps.

Orange County Public Health System

Key Findings: The *Orange County's Healthier Together* Health Improvement Partnership and OC Dashboard have helped increase collaboration and capacity for community health planning. Coordination across the system and focus on social determinants of health and health disparities are still key areas for improvement.

↳Highlighted Strategy: Engage community partners in sectors such as public safety, parks and recreation, transportation, and business to identify and support opportunities to promote health and other mutually beneficial goals that address social determinants of health.
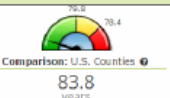
Orange County Health Improvement Plan 2017-2019 Summary of Key Health Indicators

Summary of Key Health Indicators

The table below provides an overview of key health indicators for Orange County reviewed by the Health Improvement Partnership as part of the **Community Health Status Assessment** at meeting on March 10, 2016 based on data retrieved from the OC Dashboard as of March 1, 2016. A full and current account of these and other key health indicators are available on the OC Dashboard.

Notes
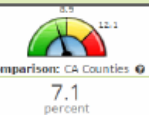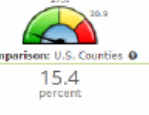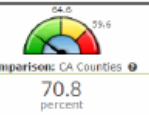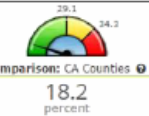
- ❖ Indicator column: [LHI] indicates *Healthy People 2020* leading health indicator.
- ❖ Orange County column: Gauge shows comparison to California or U.S. Counties. Gauge is at green when Orange County is in the top 50%, **yellow** when Orange County is between 25-50%, and red when Orange County is in the lowest 25%.
- ❖ Trend column: The Mann-Kendall statistical test for trend was used to determing trending. Dark green arrow indicates trending in good direction. Dark red arrow indicates trending in bad direction. Orange and lighter green indicate less statistically significant trends.
  - ♦ Percent in the top line indicates the average **percentage** change per period.
  - ♦ Number in the second line indicates the **numeric** increase (+) or decrease (-) in the indicator over the period shown.
- ❖ Sub-Group Disparities column: Groups shown are sub-groups with rates or proportions **at least 10% worse** than Orange County as a whole. Sub-groups shown in red would be in the lowest 25% compared to California or U.S. based (see Orange County column).

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Summary Measures of Health			
Life expectancy for females Average life expectancy at birth of residents in 2010 per CDPH	Comparison: U.S. Counties ❔ 78.8 78.4 83.8 years	↑ +0.3% per year +0.8 (2007-2010)	Not available on OC Dashboard
Life expectancy for males Average life expectancy at birth of residents in 2010 per CDPH	Comparison: U.S. Counties ❔ 75.6 73.0 80.1 years	↑ +0.5% per year +1.1 (2007-2010)	Not available on OC Dashboard
Health Care Access and Utilization			
Adults with health insurance % of adults 18-64 years who reported having any type of health insurance per 2010/14 ACS	Comparison: U.S. Counties ❔ 79.4 74.3 78.0 percent	Trend not available +0.7% per period +1.1 (2008/12-2010/14)	Santa Ana: 58.1% Stanton: 64.6% Buena Park - 90621: 68.1% Stanton - 90680: 65.6% Sunset Beach - 90742: 68.7% Costa Mesa - 92627: 66.0% Santa Ana - 92701: 49.1%, 92703: 51.4%, 92704: 62.8%, 92706: 61.4%, 92707: 60.4% Anaheim - 92801: 66.4%, 92802: 65.4%, 92805: 62.5% Fullerton - 92832: 69.3% Orange - 92866: 66.2%

Summary of Key Health Indicators

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Health Care Access and Utilization (continued)			
Children with health insurance [LHI] % of children 0-17 years who reported having any health insurance per 2014 ACS	95.4 / 92.9 Comparison: U.S. Counties ❷ **95.0** percent	↑ +1.3% per year +4.8 (2010-2014)	American Indian / Alaska Native: 73.3%
Preventable ER visits Average annual age-adjusted ER visit rate for avoidable diagnoses per 10,000 people, per 2011/13 OSHPD	377.6 / 469.1 Comparison: CA Counties ❷ **233.0** ER visits/10,000 population	Trend not available +3.0% per period +13.1 (2009/11-2011/13)	20-24 year old: 272.6 85+ year old: 506.8 Females: 292.6 Black or African American: 477.7 White, non-Hispanic: 262.7
Cancer			
Death rate due to Lung Cancer [LHI] Age-adjusted rate of deaths per 100,000 population due to lung cancer 2011/13 CDPH Death File	35.6 / 41.5 Comparison: CA Counties ❷ **31.6** deaths/100,000 population	↓ -2.9% per period -4.2 (2007/09-2011/13)	Not available on OC Dashboard
Death rate due to Colorectal Cancer [LHI] Age-adjusted rate of deaths per 100,000 population due to colorectal cancer per 2011/13 CDPH Death File	13.5 / 15.2 Comparison: CA Counties ❷ **12.2** deaths/100,000 population	↓ -1.5% per period -0.8 (2007/09—2011/13)	Not available on OC Dashboard
Death rate due to Breast Cancer [LHI] Age-adjusted rate of deaths per 100,000 female population due to breast cancer per 2011/13 CDPH Death File	20.3 / 21.8 Comparison: CA Counties ❷ **18.4** deaths/100,000 females	↓ -2.1% per period -1.7 (2007/09-2011/13)	Not available on OC Dashboard
Death rate due to Prostate Cancer [LHI] Age-adjusted rate of deaths per 100,000 male population due to prostate cancer per 2011/13 CDPH Death File	20.4 / 23.2 Comparison: CA Counties ❷ **19.2** deaths/100,000 males	↓ -2.1% per period -1.8 (2007/09-2011/13)	Not available on OC Dashboard

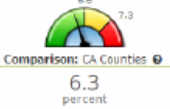Orange County Health Improvement Plan 2017-19 ◆ Reference Documents ◆ 43

Summary of Key Health Indicators

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Diabetes 🍎			
Adults with Diabetes % adults reporting having diabetes per 2014 CHIS	8.9 / 12.1 Comparison: CA Counties ⓘ **7.1** percent	⬆ +2.5% per year +1.3 (2005-2014)	45-64 years old: 8.3% 65+ years old: 23.8% Anaheim: 8.2% Buena Park: 8.0% Garden Grove: 8.8% La Habra: 8.3% Santa Ana: 10.0% Seal Beach: 7.9% Stanton: 8.4% Westminster: 8.7%
Exercise, Nutrition, and Weight 🍎			
Adults who are sedentary [LHI] % adults (ages 20+) reporting no leisure-time activity in last 30 days per 2012 Centers for Disease Control	27.6 / 20.9 Comparison: U.S. Counties ⓘ **15.4** percent	Trend not available -2.5% per year -0.4 (2011-2012) Change in methodology between 2010-2011	Female: 16.9%
5th grade students who are at a healthy weight or underweight % 5th graders within HealthyFitness Zone for body composition per 2013/14 OCDE	61.0 / 56.4 Comparison: CA Counties ⓘ **63.4** percent	⬆ +3.0% per period +5.3 (2010/11-2013/14)	Native Hawaiian/Pacific Islander: 47.4% Hispanic: 51.1%
9th grade students who are at a healthy weight or underweight % 9th graders within Healthy Fitness Zone for body composition per 2013/14 OCDE	64.6 / 59.6 Comparison: CA Counties ⓘ **70.8** percent	= +1.7% per period +3.5 (2010/11-2013/14)	Native Hawaiian/Pacific Islander: 58.4% Hispanic: 60.7%
Adults who are obese [LHI] % adults reporting being obese per 2014 CHIS	29.1 / 34.3 Comparison: CA Counties ⓘ **18.2** percent	⬇ +0.6% per year +0.9 (2005-2014)	45-64 years old: 30.2% Latino: 24.1% White: 20.4%

Summary of Key Health Indicators

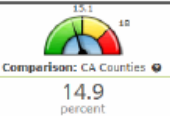| Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Heart Disease and Stroke 🍎			
High blood pressure prevalance [LHI] % adults reporting having been diagnosed with hypertension per 2014 CHIS	Comparison: CA Counties ❓ 27.8 percent	↑ +2.2% increase +4.6 (2005-2014)	25-64 years old: 38.3% 65+ years old: 65.2% White: 32.6%
Coronary heart disease deaths [LHI] Age-adjusted rate of deaths per 100,000 population due to coronary heart disease per 2011/13 CDPH Death File	Comparison: CA Counties ❓ 98.8 deaths/100,000 population	↓ -8.8% per period -21.0 (2007/09-2011/13)	Not available on OC Dashboard
Cerebrovascular Disease (Stroke) deaths [LHI] Age-adjusted rate of deaths per 100,000 population due to cerebrovascular disease per 2011/13 CDPH Death File	Comparison: CA Counties ❓ 34.7 deaths/100,000 population	↓ -1.6% per period -2.4 (2007/09-2011/13)	Not available on OC Dashboard
Immunization & Infectious Diseases			
Chlamydia incidence rate Rate of diagnosed Chlamydia infection per 100,000 population per 2014 CDPH STD Control Branch	Comparison: CA Counties ❓ 296.6 cases/100,000 population	↑ +3.4% per year +42.9 (2009-2014)	Female: 396.1 Black or African American: 385.1 Native Hawaiian/Pacific Islander: 408.0
HIV/AIDS prevalence Number of individuals living with HIV per 100,000 population per 2014 OCHCA Disease Control & Epidemiology	Comparison: Prior Value ❓ 183.9 cases/100,000 population	↑ +4.1% per year +20.1 (2011-2014)	Black or African American: 610.1 Hispanic or Latino: 249.0

Summary of Key Health Indicators

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Kindergartners with required immunizations % of kindergarteners with up-to-date immunizations per Kindergarten Assessment Results per 2014 CDPH Immunizations Branch	Comparison: CA Counties 90.7 / 85.6 **90.1** percent	= +0.3% per year +1.1 (2010-2014)	Capistrano: 79.1% Laguna Beach Unified: 79.9% Saddleback Valley Unified: 80.5%
Maternal, Fetal, and Infant Health			
Infant mortality [LHI] Rate of deaths of infants under one year of age per 1,000 per 2013 CDPH Death File	Comparison: CA Counties 4.6 / 5.9 **3.3** deaths/1,000 live births	↓ -4.9% per year -0.8 (2009-2013)	Anaheim: 4.0 Fullerton: 3.9 Huntington Beach: 4.2 Santa Ana: 3.6 Tustin: 5.4 Westminster: 6.3
Preterm births [LHI] % infants born less than 37 weeks gestational age per 2013 Lucile Packard Foundation for Children's Health	Comparison: CA Counties 8.4 / 9.4 **7.8** percent	↓ -4.3% per year -1.6 (2009-2013)	Costa Mesa: 8.8% Cypress: 9.0% Laguna Hills: 8.7% Lake Forest: 9.8% Mission Viejo: 9.6% Rancho Santa Margarita: 8.8% Santa Ana: 8.8%
Low birth weight [LHI] % infants weighing less than 5 pounds, 8 ounces (2500 grams) per 2013 CDPH	Comparison: CA Counties 6.6 / 7.3 **6.3** percent	↓ -1.1% per year -0.3 (2009-2013)	<15 years old: 22.2% 15-17 years old: 7.4% 35-39 years old: 7.3% 40-44 years old: 9.7% 45+ years old: 17.9% Asian: 7.2% Black: 9.5% Two or more races: 7.0% Cypress: 7.1% Huntington Beach: 6.9% Lake Forest: 7.9% Mission Viejo: 7.3% Stanton: 7.1% Westminster: 7.8%
Infants exclusively breastfed % infants exclusively breastfed for first three months of life per 2012 MIHA CDPH	Comparison: CA State Value 26.5 / 31.5 **31.5** percent	Trend not available -6.5% per year -4.7 (2010-2012)	Not available on OC Dashboard

Summary of Key Health Indicators

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Maternal, Fetal, and Infant Health (continued)			
Pediatric asthma hospitalization rate Rate of average annual age-adjusted hospitalizations under 18 years per 10,000 per 2011/13 OSHPD	7.6 15.0 Comparison: CA Counties ❓ **6.8** hospitalizations/10,000 population under 18 years	Trend not available -9.0% per period -1.5 (2009/11-2011/13)	0-4 years old: 13.5 5-9 years old: 7.8 Male: 8.5 Black or African American: 16.4
Teen birth rate Rate of births to teens 15-19 years of age per 1,000 per 2011/13 CDPH	25.4 34.1 Comparison: CA Counties ❓ **18.6** live births/1,000 females aged 15-19	⬇ -6.9% per period -7.1 (2007/09-2011/13)	Anaheim: 28.6 Costa Mesa: 20.5 La Habra: 23.9 Santa Ana: 39.0
Mental Health			
Death rate due to suicide [LHI] Age-adjusted death rate per 100,000 due to suicide per 2011/13 CDPH	12.5 20.7 Comparison: CA Counties ❓ **9.6** deaths/100,000 population	⬆ +2.9% per period +1.0 (2007/09-2011/13)	Not available on OC Dashboard
Age-adjusted hospitalization rate due to mental health Age-adjusted hospitalization rate adults 18+ years due to mental health per 10,000 per 2011/13 OSHPD	38.1 47.5 Comparison: CA Counties ❓ **38.1** hospitalizations/10,000 population 18+ years	Trend not available -0.3% per period -0.2 (2009/11-2011/13)	18-24 years old: 48.9 85+ years old: 58.8 Black or African American: 77.5 White, non-Hispanic: 55.6 Anaheim- 92802: 42.4, 92804: 89.3, 92805: 133.6
Adults needing help with behavioral health issues % of adults that felt there was a time in the past 12 months when they needed to see a professional because of problems with their mental health emotions or use of drugs/alcohol per 2014 CHIS	15.1 18 Comparison: CA Counties ❓ **14.9** percent	⬆ +5.5% per year +2.7 (2009-2014)	Female: 17.0% Latino: 18.2%

Summary of Key Health Indicators

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Mental Health (continued)			
Adults needing and receiving behavioral health care services % of adults needing care for emotional or mental health or substance abuse issues who stated that they did obtain help for those issues in the past year per 2013/14 CHIS	Comparison: CA State Value 50.6 percent	↓ -1.4% per year -5.3 (2007-2014)	None
Oral Health			
Children who visited a dentist % of children who had seen a dentist in the last year per 2013-2014 CHIS	Comparison: CA State Value 78.7 percent	Trend not available	Data indeterminate
Dentist rate Rate of dentists per 100,000 population per 2013 County Health Rankings	Comparison: U.S. Counties 101 dentists/100,000 population	Trend not available +4.3% per year +8.0 (2010-2013)	Not available on OC Dashboard
Older Adult Issues			
Alzheimer's Disease or dementia among older adults Percentage of Medicare beneficiaries 65 and older treated for Alzheimer's disease or dementia per 2014 CMS	Comparison: U.S. Counties 11.7 percent	↑ +0.1% per year +0.1 (2008-2014)	Not available on OC Dashboard
Prevention and Safety			
Death rate due to unintentional injuries [LHI] Age-adjusted rate of deaths due to unintentional injury per 100,000 population per 2011/13 CDPH Death File	Comparison: CA Counties 22.0 deaths/100,000 population	↓ -1.1% per period -1.0 (2007/09-2011/13)	Not available on OC Dashboard

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Summary of Key Health Indicators

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
Substance Abuse			
Adults who smoke [LHI] % adults who currently smoke per 2014 CHIS	12.4 / 16.4 Comparison: CA Counties 10.8 percent	↓ -2.6% per year -2.8 (2005-2014)	25-44 years old: 18% Male: 14.3% White: 14.4%
Adult binge drinking % adults binge drinking on one or more occasions in the past year per 2014 CHIS (male binge drinking is defined as 5+ drinks on one occasion, female binge drinking is 4+ on one occasion)	32.9 / 38.1 Comparison: CA Counties 33.5 percent	↑ +2.4% increase +1.1 (2007-2014)	18-24 years old: 43.8% 25-44 years old: 41.7% Male: 40.7% Latino: 40.2%
Adolescent alcohol use % 11th graders reporting alcohol use in past month per 2011/13 CHKS	33.7 / 29.9 Comparison: CA Counties 28.6 percent	Not available on OC Dashboard	Capistrano Unified: 33.7% Huntington Beach Union High: 32.4% Laguna Beach Union High: 47.6% Los Alamitos Unified: 39.0% Newport-Mesa Unified: 36.4% Orange Unified: 31.6%
Death rate due to drug use [LHI] Age-adjusted death rate due to drug use per 100,000 population per 2011/13 CDPH Death File	14.4 / 19.2 Comparison: CA Counties 10.4 deaths/100,000 population	↑ +1.8% per period +0.7 (2007/09-2011/13)	Not available on OC Dashboard
Adolescent smoking Proportion of 11th graders who report having smoked a cigarette in the past 30 days per 2011/13 CHKS	11.4 / 13.6 Comparison: CA Counties 10.4 percent	Not available on OC Dashboard	Capistrano Unified: 13.6% Huntington Beach Union High: 11.5% Laguna Beach Unified: 21.3% Newport-Mesa Unified: 11.6% Orange Unified: 14.5% Saddleback Valley Unified: 13.1%
11th graders who have ever used recreational prescription drugs % of 11th grade students who have reported ever using prescription drugs for recreational purposes per the 2011/13 CHKS	19.9 / 22.7 Comparison: CA Counties 17.1 percent	Not available on OC Dashboard	Capistrano Unified: 19.9% Laguna Beach Unified: 22.5% Los Alamitos: 19.3% Orange Unified: 21.8% Placentia-Yorba Linda Unified: 20.0% Saddleback Valley Unified: 22.1%

Summary of Key Health Indicators

Indicator	Orange County (compared to Calif. or US)	Trend	Sub-Group Disparities (10% worse than OC average)
11th graders who use marijuana % of 11th grade students who used marijuana one or more times during the past 30 days per the 2011/13 CHKS	23.2 / 27.4 Comparison: CA Counties ❓ **19.1** percent	Not available on OC Dashboard	Capistrano Unified: 23.7% Huntington Beach Union High: 21.1% Laguna Beach Unified: 24.2% Los Alamitos Unified: 24.9% Orange Unified: 24.0% Saddleback Valley Unified: 21.1%
Social and Economic Indicators			
People living below poverty level % of population living below the federal poverty level per 2010/14 ACS	16.0 / 20.3 Comparison: U.S. Counties ❓ **12.8** percent	↑ +6.7% per period +3.2 (2005/09-2010/14)	Under 24 years old: 16.8-19.8% American Indian / Alaska Native: 18.8% Black or African American: 15.0% Hispanic or Latino: 20.4% Anaheim: 16.9% Costa Mesa: 15.1% Fullerton: 17.3% Garden Grove: 16.9% San Juan Capistrano: 14.6% Santa Ana: 22.1% Stanton: 21.8% Westminster: 17.8%
High school diploma % of individuals 25 and older who had a high school diploma or equivalent per 2010/14 ACS	86.4 / 80.7 Comparison: U.S. Counties ❓ **84.0** percent	↑ +0.2% per period +0.7 (2006/10-2010/14)	Hispanic or Latino: 59.9% Anaheim: 75.5% Garden Grove: 73.8% Santa Ana: 54.1% Stanton: 66.7% Westminster: 75.3%
Severe housing problems % of households with overcrowding, high housing costs, lack of kitchen, or lack of plumbing per 2007/11 County Health Rankings	13.8 / 16.6 Comparison: U.S. Counties ❓ **28.8** percent	Trend not available +1.1% per period +0.3 (2006/10-2007/11)	Not available on OC Dashboard
Violent crime rate Rate of violent crimes per 100,000 per 2013 California Department of Justice	285.3 / 521.8 Comparison: CA Counties ❓ **194.9** crimes/100,000 population	↓ -4.4% per year -88.1 (2006-2013)	Not available on OC Dashboard

Data retrieved from OC Dashboard as of March 1, 2016

Acronyms and Abbreviations

ACS – American Community Survey
AIDS – Acquired Immune Deficiency Syndrome
CDPH – California Department of Public Health
CHIS – California Health Interview Survey
CHKS – California Healthy Kids Survey
CMS – Centers for Medicare and Medicaid Services
HIV – Human Immunodeficiency Virus

LHI – *Healthy People 2020* Leading Health Indicator
MIHA – Maternal and Infant Health Assessment
OC – Orange County
OCDE – Orange County Department of Education
OCHCA – Orange County Health Care Agency
OSHPD – Office of Statewide Health Planning and Development
US – United States