HUNTINGTON BEACH
HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT

MISSION

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

VISION

Huntington Beach Hospital is consistently at the forefront of evolving national healthcare reform. Our organization provides an innovative and integrated healthcare delivery system. We remain ever cognizant of our patients' needs and desires for high quality affordable healthcare.

VALUES

- **Compassion:**
  We provide an environment that is caring and conducive to healing the whole person physically, emotionally and spiritually. We respect the individual needs, desires and rights of our patients.
- **Quality:**
  We believe in continuous quality of care and performance improvement as the foundation for preserving and enhancing healthcare delivery. Effective communication and education of our patients, physicians, staff and the community we serve are essential elements of this process.
- **Comprehensive:**
  We are committed to an integrated healthcare delivery system that encompasses the entire spectrum of healthcare delivery. This continuum of care encompasses all aspects of an individual's healthcare.
- **Cost-Effectiveness:**
  We offer high quality healthcare that is accessible and affordable

Prime Healthcare- Saving Hospitals, Saving Jobs, Saving Lives

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2015 HUNTINGTON BEACH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

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 ACA. 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.

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. Using these rankings, each health need was assigned a point value, and ranked accordingly. These ranked needs were then submitted to the Steering Committee of the hospital for final prioritization in terms of HBH's response. HBH plans to participate in the solutions proposed, and to provide hospital-specific services meeting the needs outlined.

ACKNOWLEDGMENTS

This CHNA 2015 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.

HUNTINGTON BEACH HOSPITAL COMMUNITY INVOVLEMENT

Huntington Beach Hospital is a 131 bed facility with over 500 employees and 300 physicians on staff. The hospital has been serving Huntington Beach and the surrounding communities since 1967. Huntington Beach Hospital offers a wide range of healthcare services to meet the needs of the community. The continual upgrade of the facility and its technology reflects the hospital's serious commitment to excellence in healthcare delivery.

In 2012, the hospital was donated to the Prime Healthcare Services Foundation, converting it to a non-profit organization. Patients treated through Huntington Beach Hospital receive the services of a large medical system in a smaller, more personal setting. Huntington Beach Hospital is proud to be the community hospital for the residents of Huntington Beach and the surrounding communities for the past 40 years.

HBH offers a charity care program for those patients who meet the eligibility and are below the poverty line complying with the requirements of Health & Safety Code sections 127400 to 127446. In 2014, HBH incurred over $10 million in charity care and no insurance write-off.

Direct Education Support
- American Career College -Cardiopulmonary Students
- Coastline Regional Occupational Center— Health Occupation Students
- Concorde Career College-Licensed Vocational Nursing Students
- Orange Coast Community College— Cardiopulmonary Students
- Orange Coast Community College— Radiology Technician Students
- Santa Ana College/Rancho Santiago— Pharmacy Technician Students
- Stanbridge College— Licensed Vocational Nursing Students
- West Coast University - Registered Nursing Students

Social Service and Healthcare Agency Support
- Base Hospital for Orange County Emergency Medical Services
  - We are part of the 6 Base-Hospitals within Orange County that coordinate EMS response within the community.
  - Benefits to the community include being part of the Emergency Receiving Centers, meaning we help provide coverage to many geographic areas of the county and facilitates rapid transport of patients to the most appropriate facility for their medical needs.
  - Providing Full Time staff for MICN 24/7 radio calls, a Base-Coordinator; and an Assistant Pre-Hospital Coordinator to coordinate EMS system within the county

- Orange County Circle of Friends
- Huntington Beach Coordinating Council
- Huntington Beach Council on Aging
- Surf City Providers

Community Activities Sponsored
- Rodgers Senior Center free blood pressure checks first Tuesday of the month
- Cypress Health Fair
- Constable Classic Police Association Tournament
- Buena Park Senior Health Expo
- American Red Cross Blood Drive
- Huntington Beach Council On Aging (HBCOA) Senior Saturday
- Golden West College Chefs for Scholarships
- Boys and Girls Club Gala
- Surf City Providers Bi-Monthly meeting
- Great Balls of Fire Firefighters Tournament
- Spurgeon Award Luncheon Explorer Program
- Annual Drive Through Flu Clinic
- Provision of Thanksgiving Meals to homebound Seniors in HB in coordination with Rodgers Senior Center and HBCOA

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 164 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 5

(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.

COMMUNITY HEALTH NEEDS ASSESSMENT- PRIMARY COMMUNITY NEEDS

Summary of Focus Group Deliberation

1. **5150 Access** – Many attendees reported being affected by the lack of capacity to deal with people either in Emergency Departments or encountered in the community who were considered dangers to themselves or others due to mental breakdowns. This standard of imminent danger is defined in Section 5150 of California's Welfare and Institutions Code and allows designated law and medical personnel to hold persons meeting the standard for 72 hours involuntarily. The problem mentioned is that there are very few hospital beds that provide the level of security needed to hold Section 5150 persons. This issue tied for the most top votes with Mental Health, a closely related issue. HBH is in the process of licensing a locked unit to accommodate 5150 patients and expects to be deeply involved in further efforts to deal with this issue. This issue was included in Priority Area #4 in the *Orange County Health Improvement Plan* 2014-2016. HBH is already a part of the existing network of providers with a mental health unit, and is in the process of expanding its efforts to accommodate the needs of clients seeking mental health treatments. An application for a secure ward to accommodate committed clients is currently in process.

2. **Mental Health** – As noted above, this issue was tied with 5150 access as the most commonly listed top issue. It is broader than the 5150 issue, since it includes three problems in addition to the problem of placing 5150 clients. The first additional problem involves payment for care for people voluntarily committed to non-locked facilities. While mental health care is a mandatory covered service under ACA regulations, payors have been limiting compensation for inpatient services, and many potential clients find that the treatment process is essentially a private-pay encounter. The second problem involves the definitions of mental issues, and getting clients and/or their families to admit to having a treatable problem. Finally, there was reported to be a significant gap between 5150 involuntary commitment services and voluntary commitment programs, since each service is funded by a different source and there is little communication between the two operations. As is the case with 5150 access, this issue was included in Priority Area #4 in the *Orange County Health Improvement Plan* 2014-2016, and HBH's existing programs and planned expansions will allow greater participation in addressing the problem. Details are provided in the Implementation Plan which follows this Summary

3. **Community Education** – Issues related to education included problems addressing various ethnic and language subgroups, and lack of a single source for data on community resources. HBH has provided substantial support for community education efforts, in the form of financial and staff support for community health fairs, and education programs. Given the ethnic diversity found in the hospital's service area, additional attention to specific ethnic group needs will be a paramount concern. These efforts will continue and be augmented by new programs. While the *Orange County Health Improvement Plan* 2014-2016 does not include this issue as a priority, its four priority programs all include education planks, and HBH's programs address those issues.

4. **Homeless Access** – Growth in numbers of homeless residents in Huntington Beach was mentioned as a demand issue, and the fact that many of the homeless presented with multiple health/substance abuse/environmental problems that were beyond the ability of a single entity to resolve. And similarly to the Community Education issue, the lack of a single clearinghouse to provide referrals or coordinate care was listed as a problem. This problem was presented as being particularly acute in Huntington Beach, and thus is more pressing for HBH than for Orange County as a whole. While hospitals are not appropriate locations for housing, the issue of persons presenting with multiple mental-and physical-health problems faces all hospitals, and HBH's status as a primary provider of mental health services makes it a prime candidate for coordinating services both in and out of the hospital. HBH's protocols for managing the presenting problems of homeless persons, and coordination with other local providers to direct homeless persons to appropriate services are constantly being reviewed and improved as new services and methodologies are developed.

5. **Awareness of Services** – This issue is closely related to Community Education, in that several agency representatives noted that their organizations provided support services for various specific ailments (Alzheimer's, Cancer, Manic Depression, etc.), but that neither local hospitals nor local social service agencies were aware of their existence, and thus were unable to refer potential

clients. Some resources currently exist, and others will be needed to augment what is available. HBH will work with community providers to increase availability of resources, and to make their availability known in the community.

6. **Substance Abuse** – In addition to the usual problems associated with street drug abuse, it was noted that a rising percentage of substance abuse clients at local Emergency Departments were presenting with prescription drug complications, either from abuse of their own prescriptions or use of drugs obtained legally by members of their households. Another issue was the change in types of street drugs being abused, with declines in heroin use, and increases in incidence of methamphetamine intake. These issues are one of the focuses in Priority Area #4 in the *Orange County Health Improvement Plan* 2014-2016. As the character of substance abuse clients changes, providers must adapt their treatment protocols to deal with the changes. HBH's position as a primary provider of emergent care for abuse crises makes it an important factor in the community.

These six issues are the ones determined by the process to be the most important and best-addressed by HBH, and were presented to the Hospital's steering committee for final review. The results of that review, and a summary of Implementation Plans are outlined below.

Steering Committee Prioritization Process

The HBH Steering Committee reviewed the priorities, 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.

All issues related to mental health were brought under the **Mental Health** topic, Including:

- 5150 Access
- Mental Health, and to lesser extents
- Homeless Access and
- Substance Abuse

As was noted earlier, HBH is already deeply involved in the care of persons with mental health issues, and is in the process of expanding its capabilities to care for clients admitted under 5150 auspices. Facilities with HBH's range of services are rare in Orange County, and the hospital will continue its leadership in treatment of these issues.

The Steering Committee noted that homeless issues and substance abuse problems were beyond the ability of any acute care facility to fully address, since they involve lifestyle changes that the clients must make of their own volition. HBH has extensive relationships with government, medical and social organizations dealing with the lifestyle portions of these issues, and will continue to improve its coordination with those agencies. But it is an inappropriate use of hospital resources to attempt to provide extended care beyond addressing the medical traumas that bring these people to the hospital, and referrals to more appropriate providers following

immediate treatment are the best options once patients are stabilized. HBH will continue to work within the community to provide both direct services and coordination of care for affected individuals. Specific programs and services are itemized in the Implementation Plan section of this report.

Community Education and **Awareness of Services** issues are also combined to allow the Steering Committee to address some additional issues not highlighted by the Focus group. The OCHIP report includes education and awareness sections in several of its Priority statements, and HBH will continue its programs of education and outreach in order to better inform community members of health options and programs available to them. Existing and planned programs are outlined in the Implementation Plan section.

The consolidation of the focus group's topics made possible the addition of a new issue, in line with OCHIP priorities. As a current provider of extensive services to the seniors in the community, the Committee elected to add **Older Adult Health** to its list of issues. With the hospital's existing program for gero-psychiatric care, this area is an appropriate concentration. The Implementation Plan lists programs that address OCHIP Senior Health goals.

Thus these three issues are considered the appropriate areas of concentration for HBH's continuing efforts to improve community health:

- Mental Health
- Community Education / Awareness of Services and
- Older Adult Health

They will be the focus of HBH's efforts in addressing community needs over the next three years.

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
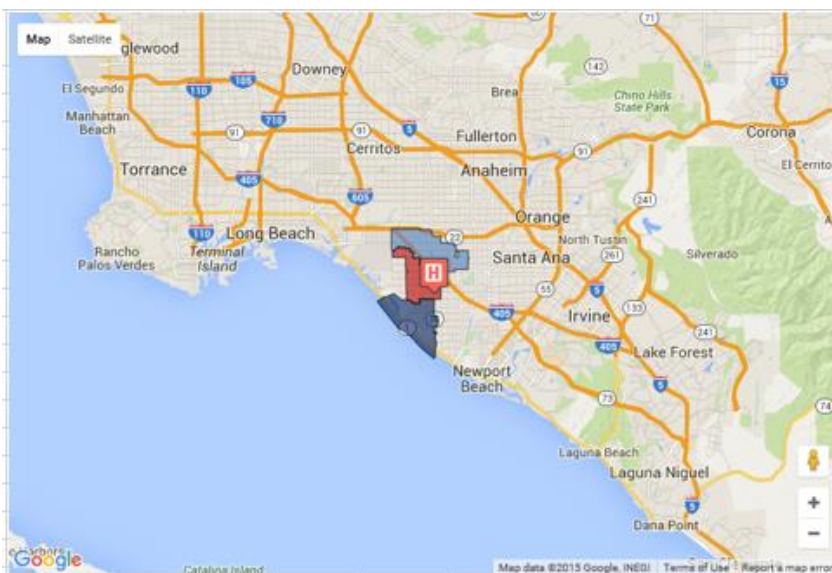
A PSA consisting of 50% of all HBH discharges is described on the adjacent map, using the following zip codes.

City	Zip Codes
Huntington Beach	92647; 92648
Westminster	92683

Secondary Service Area Map
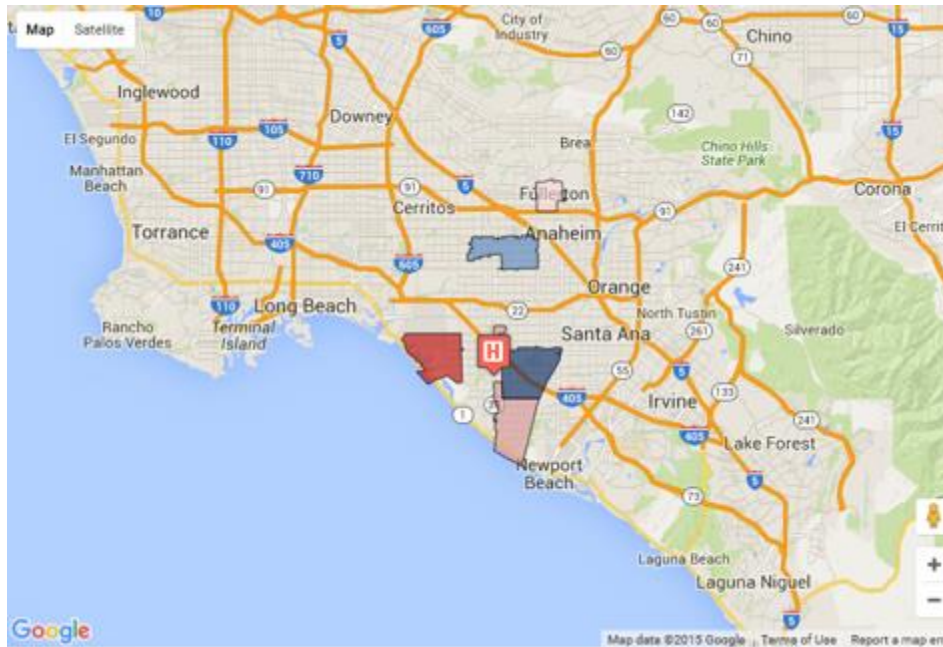
To provide additional understanding of the area served by HBH, the following zip codes make up another 25% of the total 2014 discharges. The scattered locations are typical of a populous area. High discharge numbers from distant zip codes typically represent utilization by physicians who are large-scale 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 2015 (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 2015. 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														
City	**Huntington Beach**				Midway City	Westminster	Fountain Valley	Anaheim	Fullerton	Primary Service Area	Secondary Service Area	Total Service Area	Orange Co. 2013 Est.	California 2013 Est.	U.S. 2013 Est.
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 6% 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%
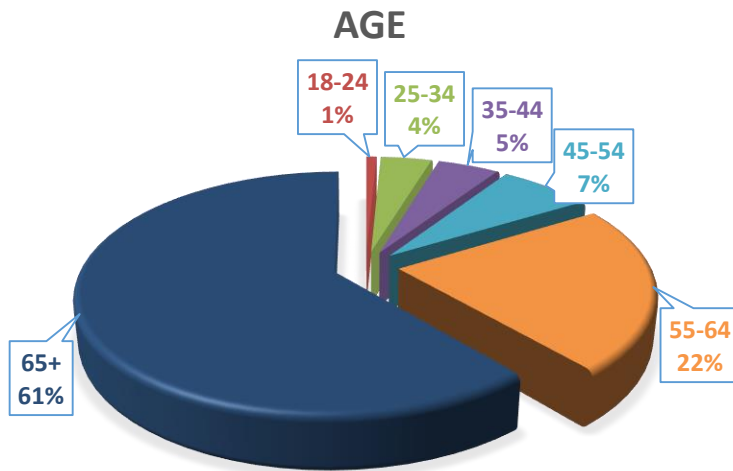
Review of the surveys returned indicates that the survey sample was much more weighted toward elderly people, with 61% of respondents listing ages as 65 and over, and no respondents less than 19. This reflects the hospital's range of services, which include many programs of interest to seniors.

ETHNICITY OF SURVEY RESPONDENTS

- Amerind — 1%
- Asian — 12%
- Black — 1%
- Hispanic — 10%
- Pacific Island — 1%
- White — 75%
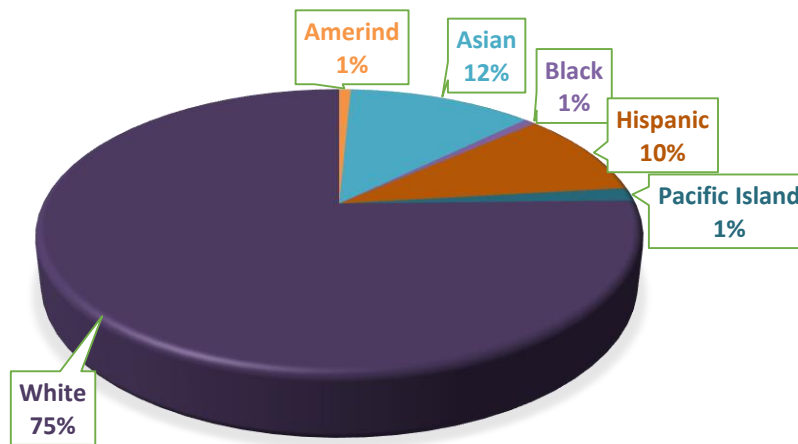
Population by Race/Ethnicity
The survey results tell a different story about ethnicity in the area than do the discharge results for the Hospital. Survey respondents were overwhelmingly white, with Asians (12%) and Hispanics (13%) the only other groups with more than 1% of total respondents.

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%

American Indian and Alaska Native 1%

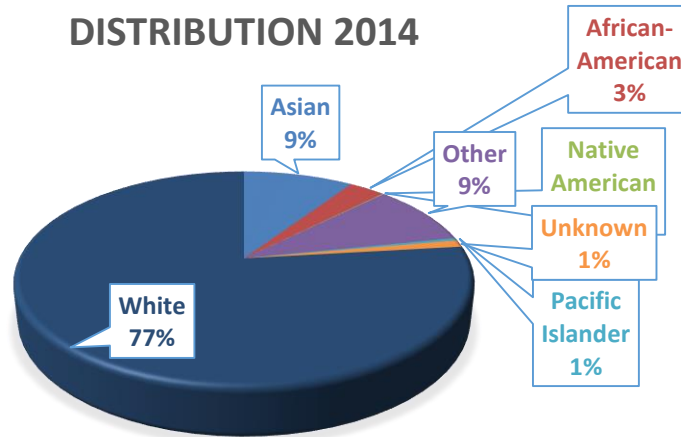**Black or African American** 2%

White 57%
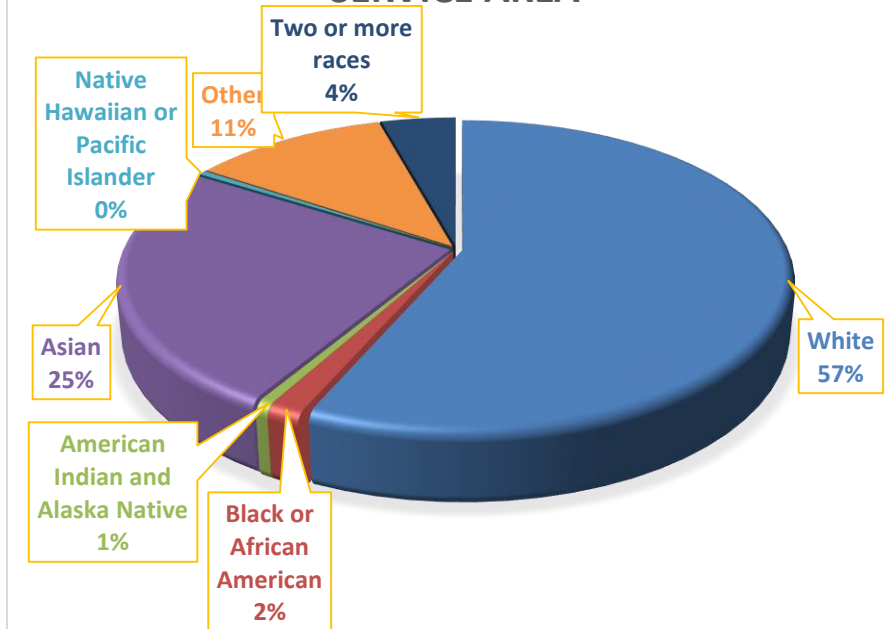
The TSA population as analyzed by the California Department of Finance (”DOF”) is significantly more mixed ethnically than Orange County, California, and especially the USA as a whole. The percentage of "white only " residents in the TSA (57%) is 5% less than Orange County as a whole, and an even smaller 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

- African-American 3%
- Asian 9%
- Other 9%
- Native American
- Unknown 1%
- Pacific Islander 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.

TENURE IN COMMUNITY

- <1 yr 2%
- 1-5 Yrs 9%
- 6-10 Yrs 8%
- 11-20 Yrs 13%
- 20 + Yrs 68%
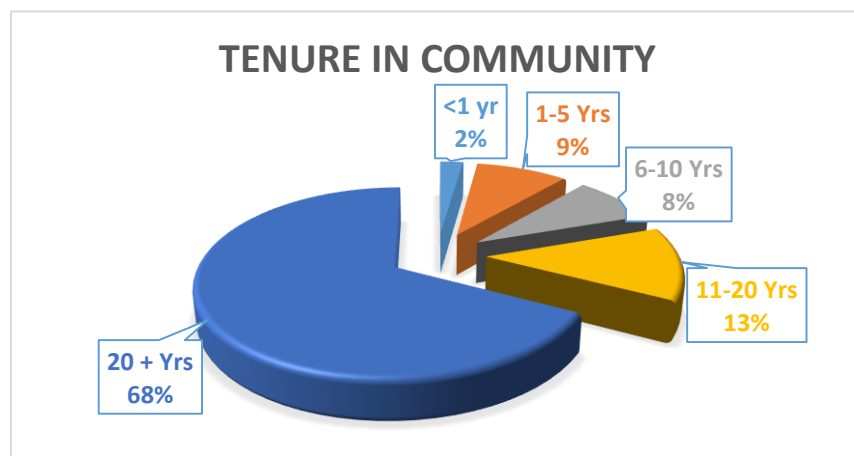
The majority of the community members have lived in the service area for 20 years and over (67%). Only 2% of the members have lived in the PSA for less than one year.

ETHNICITY

- Amerind 1%
- Asian 12%
- Black 1%
- Hispanic 10%
- Pacific Island 1%
- White 75%
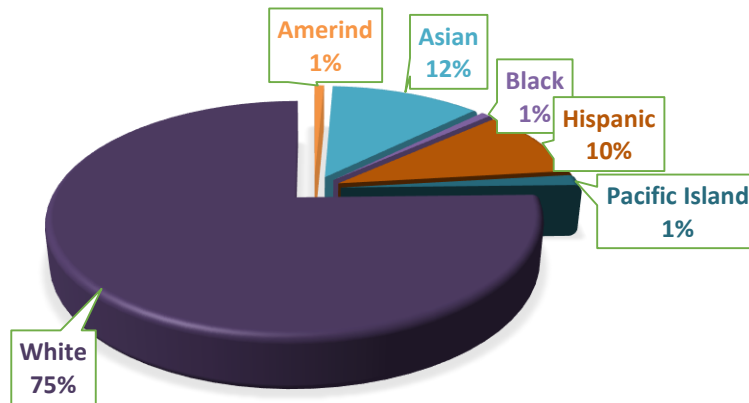
Over 75% of those who took the survey describe themselves as White. Over 75% were female and 65% were not currently employed. It is reasonable to assume that many of the over-65 residents who listed themselves as unemployed were actually retired, although that was not an option on the survey instrument.

PAYOR

- Other 5%
- Self 18%
- Local Govt 2%
- Employer 23%
- COBRA 2%
- MediCal 9%
- Mcare 41%
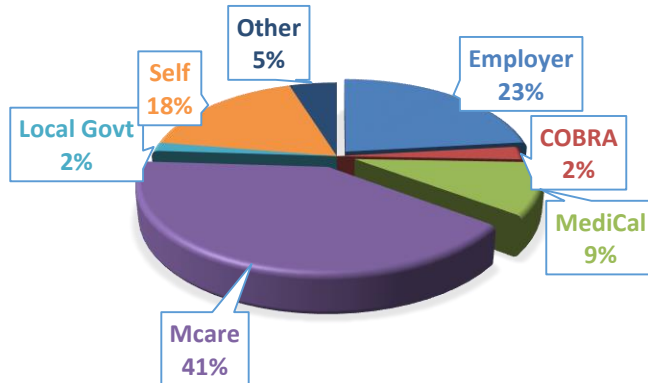
Over 97% replied they have insurance and those who have insurance were reported to be primarily on Medi-Cal and/or Medicare or similar government supplemented insurance (50%). The other primary payor was Employer. This percentage of insured persons is significantly higher than the Orange County average reported in the OCHIP (76.6%), although some SSA zip codes reported insurance rates lower than the county average.

MOST COMMON HEALTH PROBLEMS
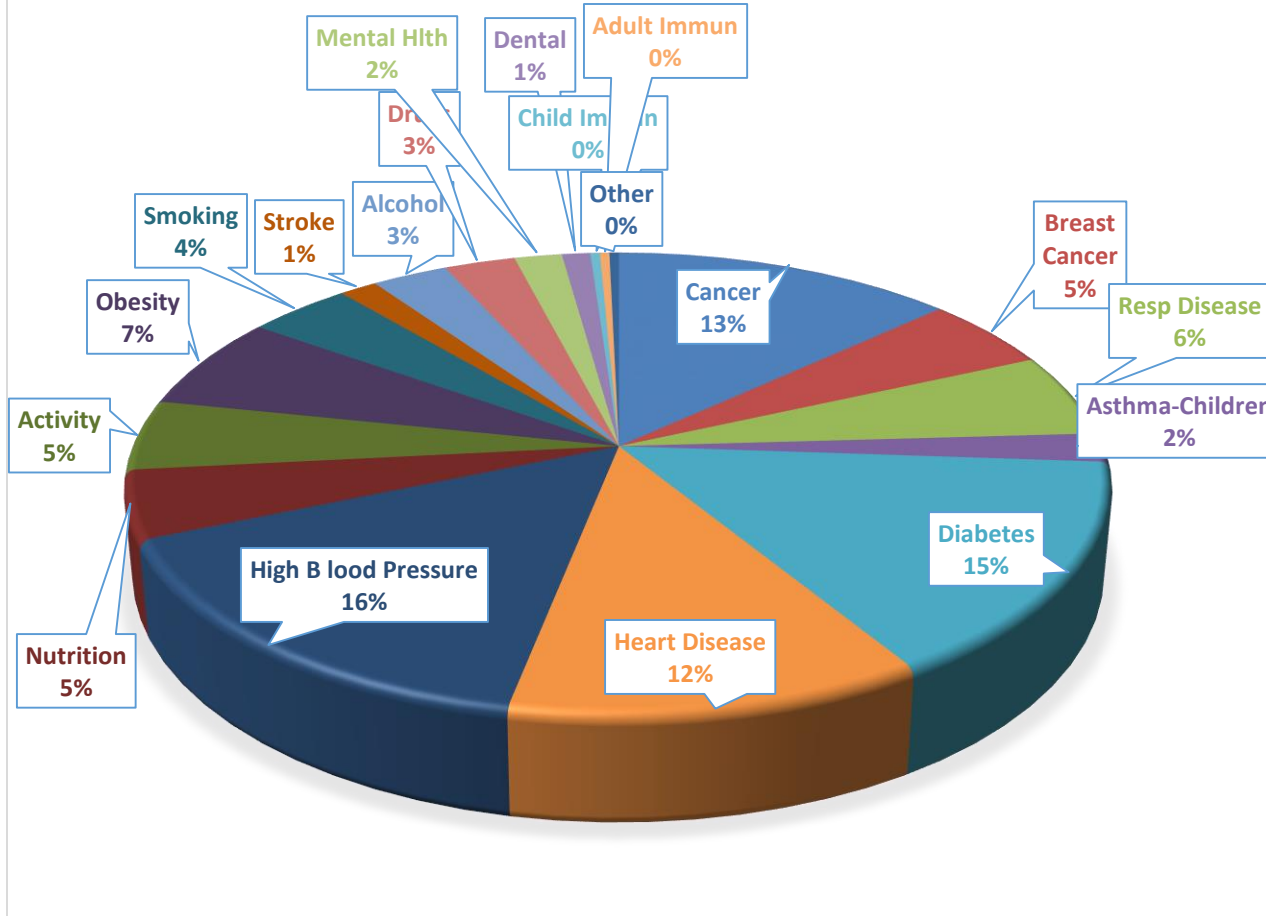
When asked what the greatest health problems in the community are, the following problems were highlighted:

- High Blood Pressure   16%
- Diabetes   15%
- Cancer-general   13%
- Heart disease 12%

It is interesting to note that Mental Health issues were listed by only 2% of community respondents, while it was one of the focus group's primary issues.

GREATEST RISK FACTORS

Illiteracy 5%
Other 3%
Affordable Access 17%
Doc Access 7%
Unemployed 13%
Poverty 9%
Transportation 11%
Uninsureds 13%
Grocery Stores 1%
Fresh Food 8%
Places for Activity 7%
Seatbelts 6%
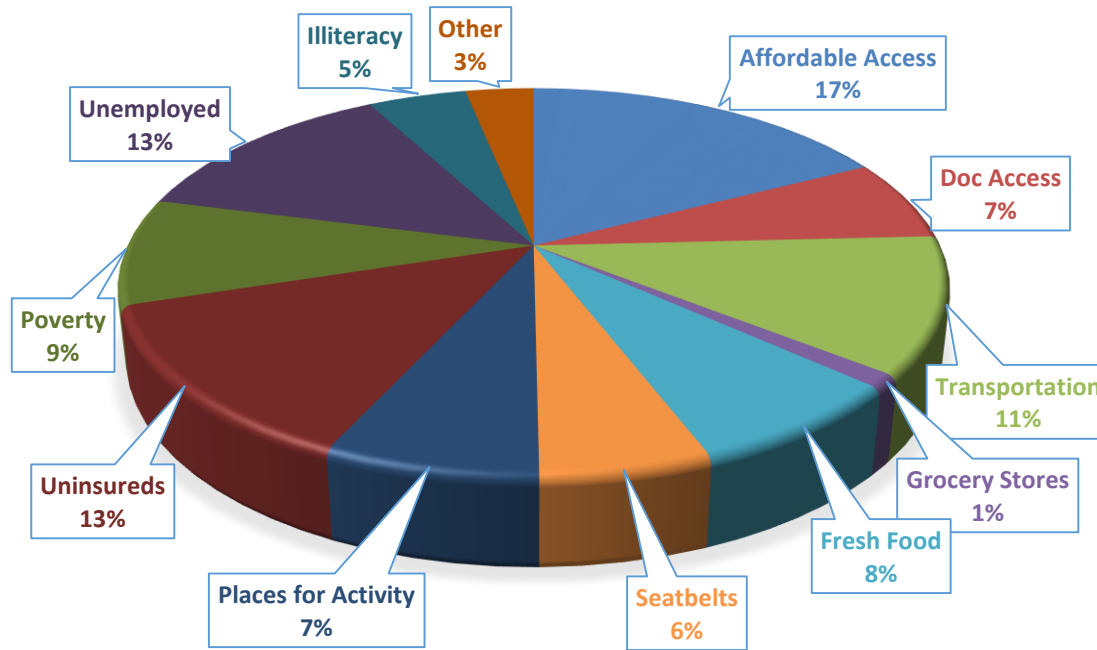
When asked to list three behavioral risk factors that uare the most common in the community, the following were highlighted:

- Affordability of health insurance 17%
- Unemployment 13%
- High number of uninsured people 13%
- Access to transportation 11%

HOW WELL DOES HBH DO?

Poor 2%
Very Poor 1%
Fair 16%
Excellent 27%
Good 54%
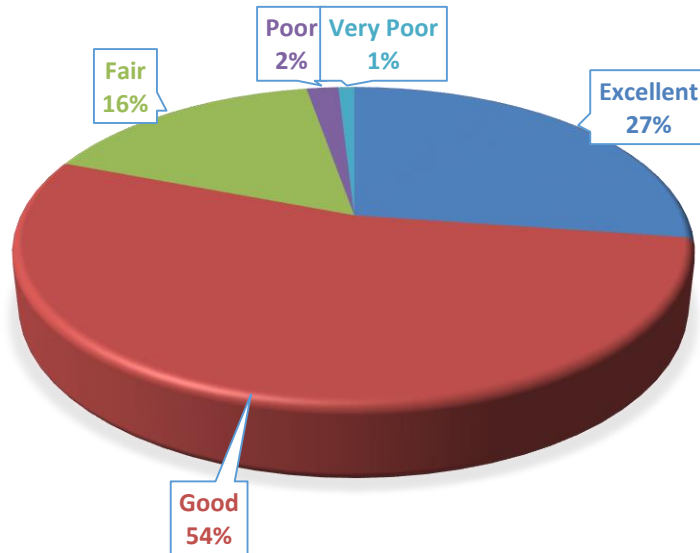
The surveyed community also felt that a variety of clinics and programs were doing a good job in promoting health for the community. When asked specifically about Huntington Beach Hospital, the responses broke down as shown to the left.

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.

OWN/RENT HOME

Other
1%

Rent
24%

Own
75%

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

AGE

18-24 1%
25-34 4%
35-44 5%
45-54 7%
55-64 22%
65+ 61%
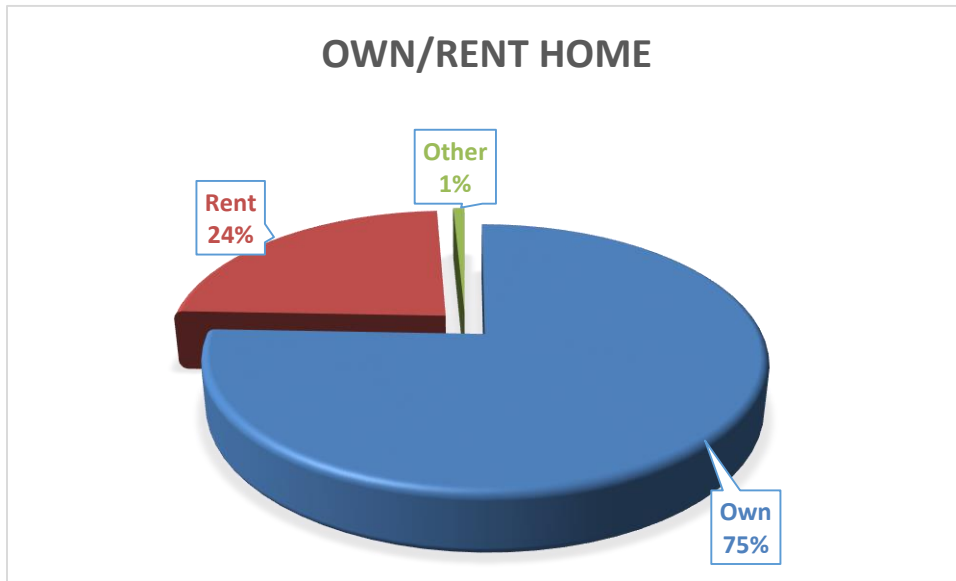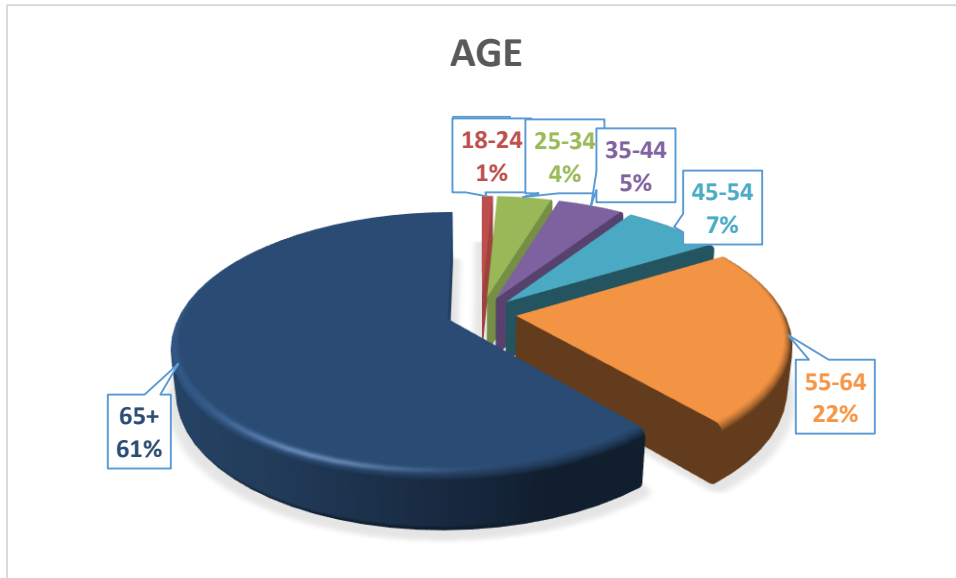
5. What is your age bracket?
   ○ Under 18
   ○ 18 – 24
   ○ 25 – 34
   ○ 35 – 44
   ○ 45 – 54
   ○ 55 – 64
   ○ Over 65

HBH total service area indicators showed lower percentages of 65+ residents, with only 11% of discharges reporting age greater than 65. Hospital discharge data, however, shows 57.8% of all discharges as Medicare.

SEX

Male 28%
Female 72%
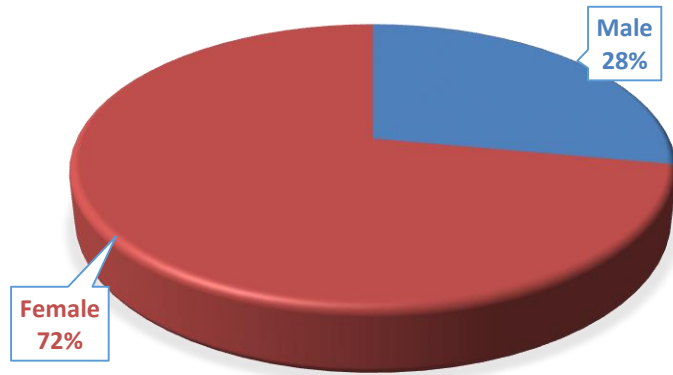
6. Are you female or male?
   ○ Male
   ○ Female

EMPLOYED?

Studen 2%
Other 4%
Yes 29%
No 65%
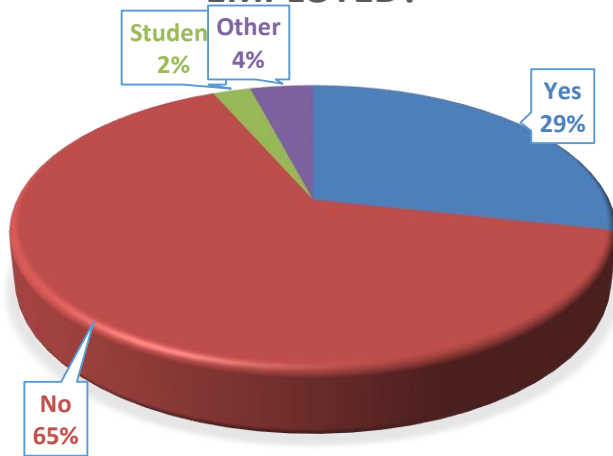
7. Are you currently employed?
   ○ Yes
   ○ No
   ○ Full-time Student
   ○ Other (please specify

PERSONAL INCOME

- 200-249.9K 3%
- 250+K 1%
- 10-24.9K 21%
- 25-49.9K 26%
- 50-74.9K 18%
- 75-99.39K 13%
- 100-199.9K 18%

HOUSEHOLD INCOME

- 200-249.9K 6%
- 250+K 5%
- <10k 4%
- 10-24.9K 14%
- 25-49.9K 19%
- 50-74.9K 19%
- 75-99.39K 11%
- 100-199.9K 22%
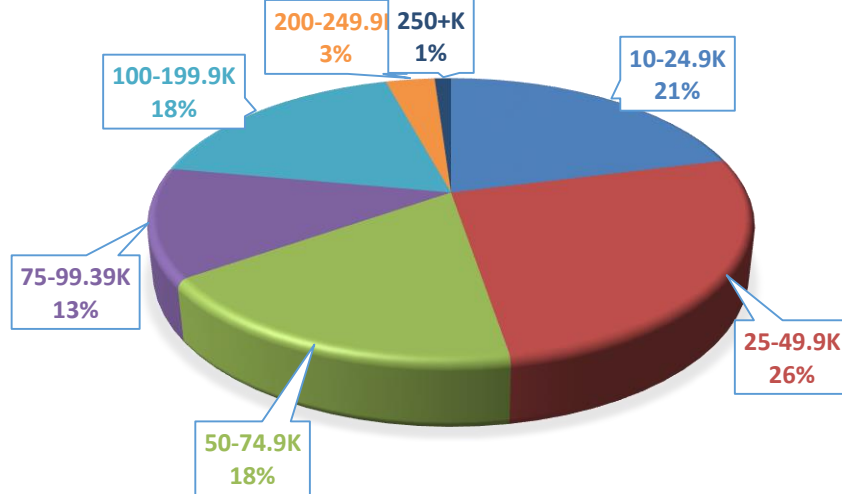
8A. What are your income and your total household income?

Your income
- ○ Under $10,000
- ○ $10,000 to $24,999
- ○ $25,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $199,999
- ○ $200,000 to $249,999
- ○ Over $250,000
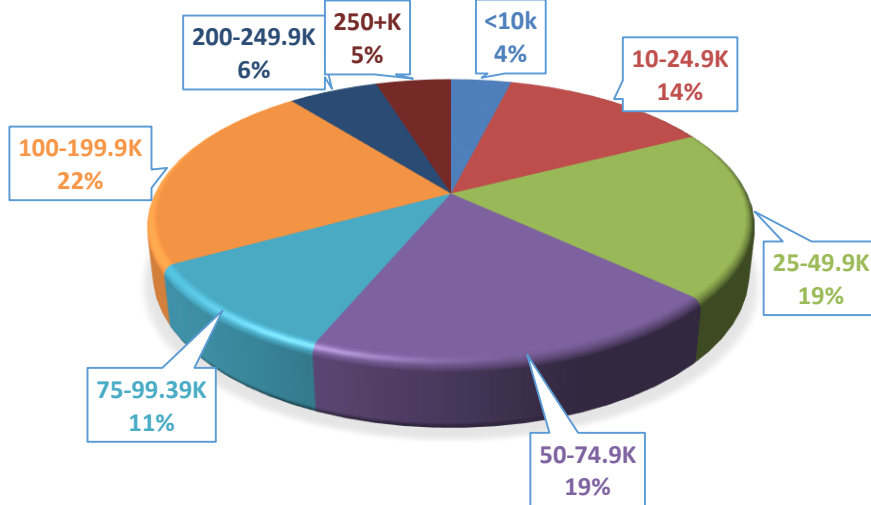
8B. *Total household*
- ○ Under $10,000
- ○ $10,000 to $24,999
- ○ $25,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $199,999
- ○ $200,000 to $249,999
- ○ Over $250,000

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 44%.

HEALTH INSURANCE?

No
3%

Yes
97%

PAYOR

Other
5%

Self
18%

Local Govt
2%

Employer
23%

COBRA
2%

MediCal
9%

Mcare
41%
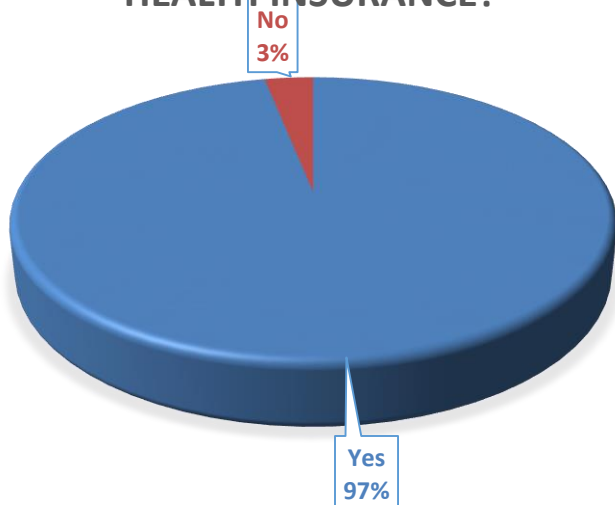
9. Do you currently have health insurance?
○ Yes
○ No

OCHIP data indicates an Orange County rate of 76.6%
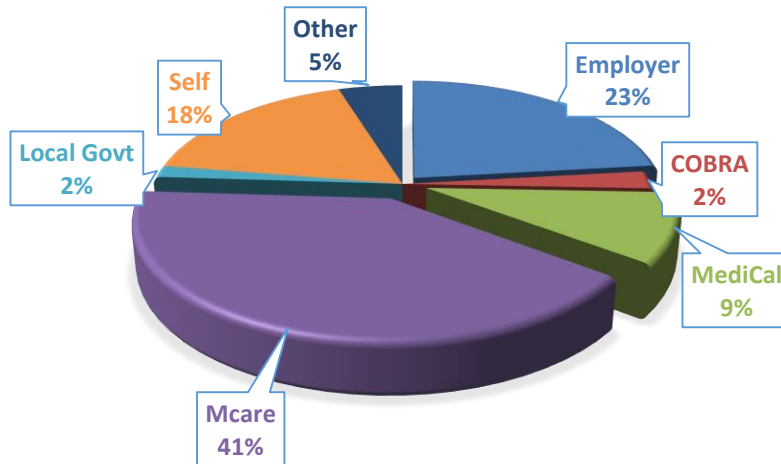
10. Who pays for your health insurance (Check all that apply)?
☐ Current employer (HMO, PPO)
☐ Former employer (COBRA)
☐ State government (Medi-Cal)
☐ National government (Medicare, Medicaid)
☐ Local government
☐ Self-funded
☐ Other (please specify)

WHY NOT INSURED

Other
9%

Afford
8%

Unhappy
9%

Lost Empl
13%

Don't Need
9%

Refused
0%

Don't Believe
0%

Not Eligible
22%

Empl NoPAY
30%

GENERAL HEALTH EXAM

No
9%

Yes
91%
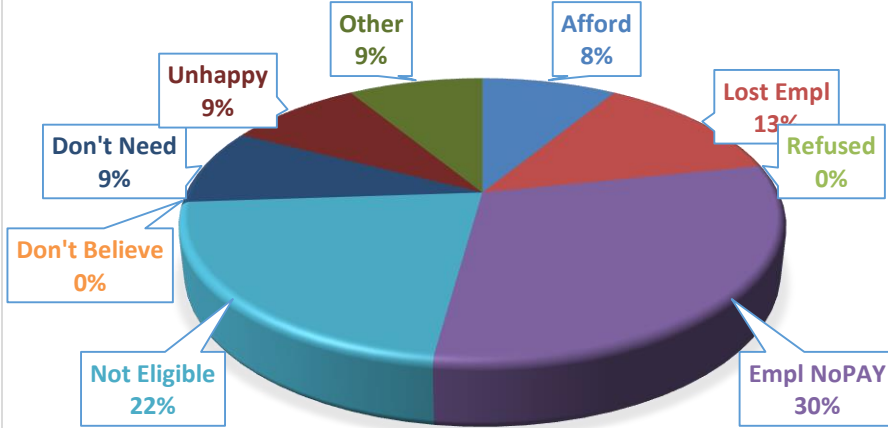
11. Why do you currently not have health insurance (Check all that apply)?
- ○ Cannot afford insurance
- ○ Lost employment
- ○ Insurance refused coverage – health reasons
- ○ Employer does not pay for insurance
- ○ Not eligible for employer-paid insurance
- ○ Do not believe in insurance
- ○ Do not need insurance
- ○ Dissatisfied with previous insurance plan or provider
- ○ Other (please specify)
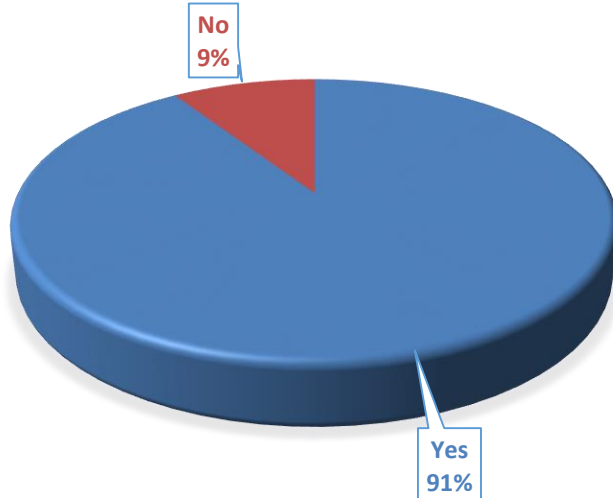
In the past 12 months, have you had a:
General Health Exam
- ○ Yes
- ○ No
- ○ Do not know

BLOOD PRESSURE SCREENING

Don't Know
0%

Yes
98%

Blood Pressure Check
- ○   Yes
- ○   No
- ○   Do not know

CHOLESTEROL SCREENING
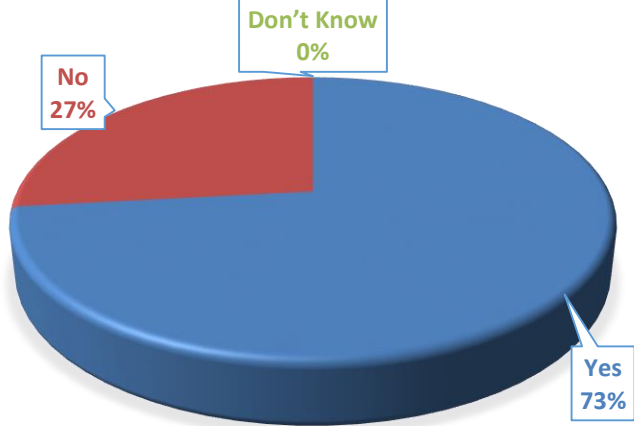
No
8%

Don't Know
0%

Yes
92%

Cholesterol Check
- ○   Yes
- ○   No
- ○   Do not know

FLU SHOT

Don't Know
0%

No
27%

Yes
73%

Flu Shot
○   Yes
○   No
○   Do not know

BLOOD STOOL TEST

Don't Know
3%

Yes
43%

No
54%

Blood Stool Test
○   Yes
○   No
Do not know

DENTAL EXAM

No 13%

Don't Know 0%

Yes 87%
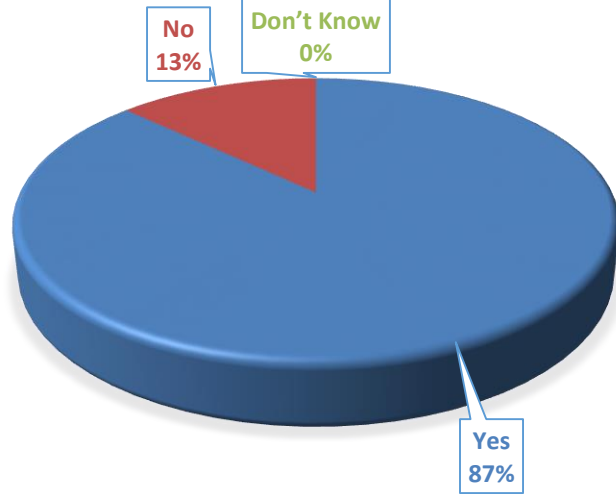
Dental Exam/Teeth Cleaned
- ○ Yes
- ○ No
- ○ Do not know

PAP TEST

Don't Know 0%

No 46%

Yes 54%

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

BREAST EXAM

Don't Know
0%

No
16%

Yes
84%
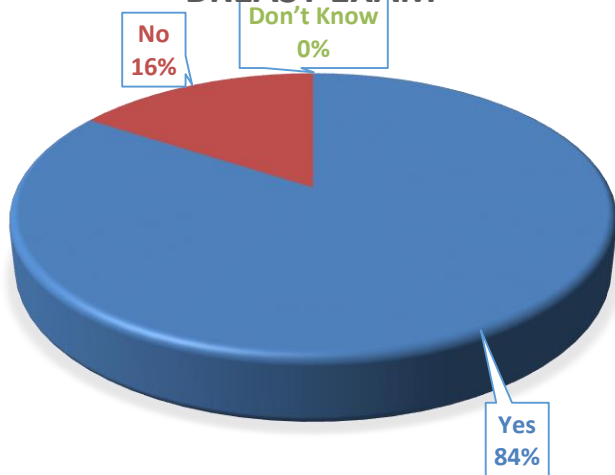
IF FEMALE: Breast Exam by a Health Care Provider
○   Yes
○   No
○   Do not know

BREAST XRAY/MAMMOGRAM

Don't Know
4%

No
24%

Yes
72%
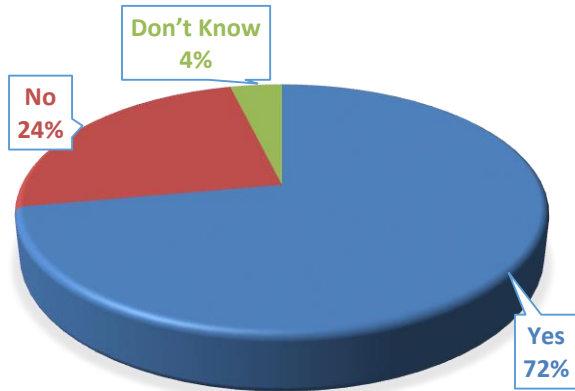
IF FEMALE: Breast X-Ray or Mammogram
○   Yes
○   No
○   Do not know

HEARING TEST

Don't Know
2%

Yes
41%

No
57%

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

Hearing Test
○ Yes
○ No
○ Do not know

EYE EXAM

No
11%

Don't Know
0%

Yes
89%

Eye Exam
○ Yes
○ No
○ Do not know

DIABETES SCREENING

Don't Know
2%

No
22%

Yes
76%
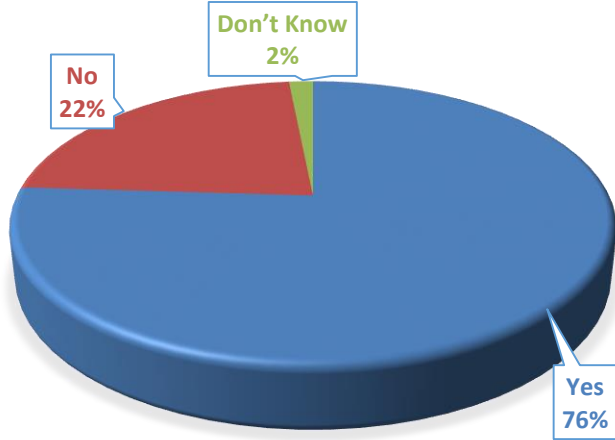
Diabetes Check
- ○   Yes
- ○   No
- ○   Do not know

SKIN CANCER SCREENING

Don't Know
2%

No
42%

Yes
56%

Skin Cancer Screen
- ○   Yes
- ○   No
- ○   Do not know

PNEUMONIA SHOT

Don't Know
6%

Yes
44%

No
50%

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

RECTAL EXAM 40+

Don't Know
7%

Yes
53%

No
40%

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

COLONOSCOPY 50+

Don't Know 3%

No 34%

Yes 63%
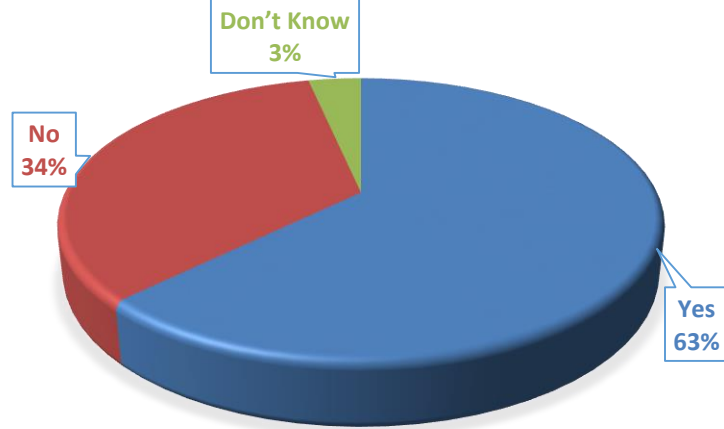
IF AGE 50 or OLDER: A Colonoscopy

○   Yes

○   No

○   Do not know

PROSTATE CANCER SCREENING/PSA (MALE 40+)

Don't Know 12%

No 21%

Yes 67%
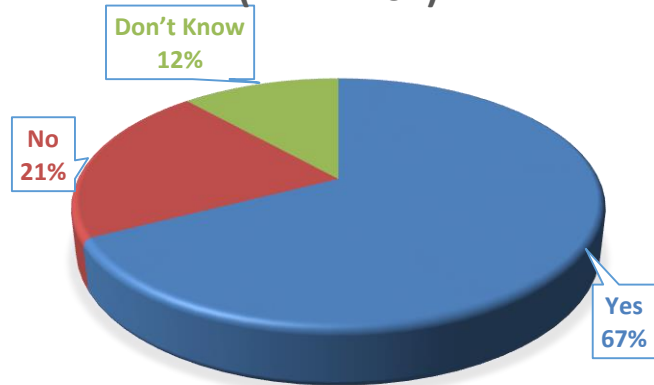
IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA

○   Yes

○   No

○   Do not know

HAVE YOU HAD PROBLEMS GETTING CARE?

Yes
4%

No
96%

REASON FOR PROBLEMS

Understand
0%

Language
25%

Ins no Approv
25%

Trans
0%

Cant Affored
50%
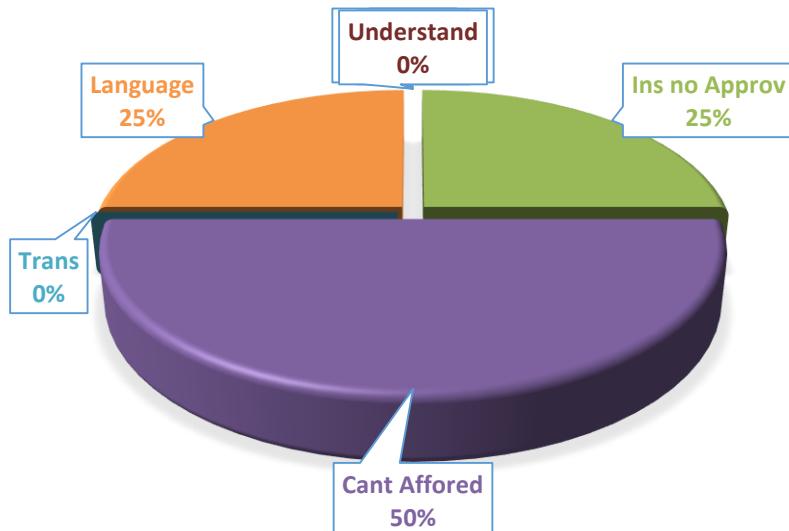
14.   In the past 12 months, have you had problems getting needed health care?
○   Yes
○   No

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 DAYS/WEEK DO YOU EXERCISE?

None 2%
1-2 24%
4-7 35%
2-4 39%
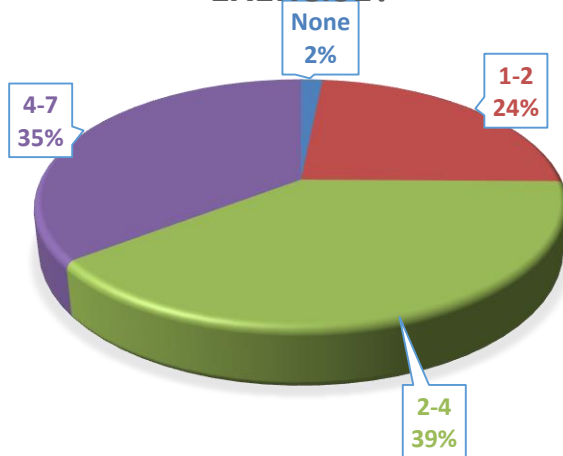
15A. How many times a week do you exercise?
- ○ 0
- ○ 1-2
- ○ 2-4
- ○ 4-7

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

HOW LONG DO YOU EXERCISE?

60+ Min 14%
<30 Mn 24%
60 Min 31%
30--59 Min 31%
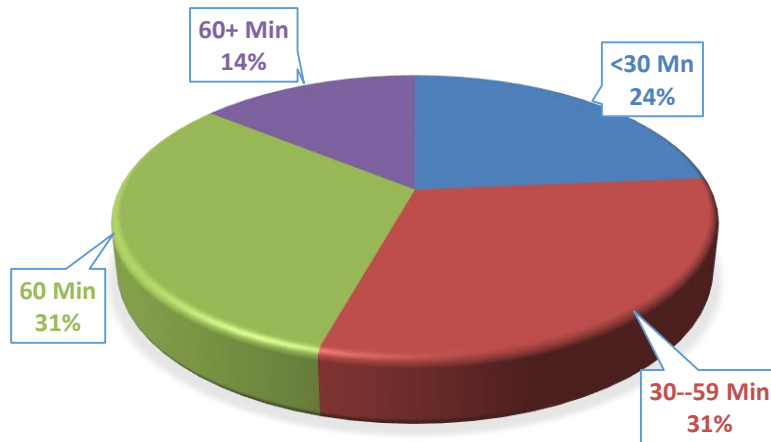
16. For about how long do you exercise?
- ○ Less than 30 minutes
- ○ 30 minutes
- ○ 1 hour
- ○ Over 1 hour

HOW MANY DAYS/WEEK DO YOU EAT FRESH VEGETABLES?

None
5%

5-7
33%

1-2
25%

3-4
37%
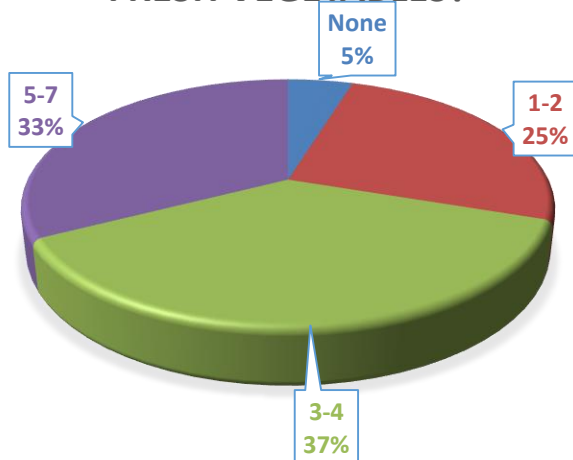
17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?
- ○ 0 days a week
- ○ 1-2 days a week
- ○ 3-4 days a week
- ○ Over 5 days a week

TAKING ANY MEDICATIONS?

No
24%

Yes
76%
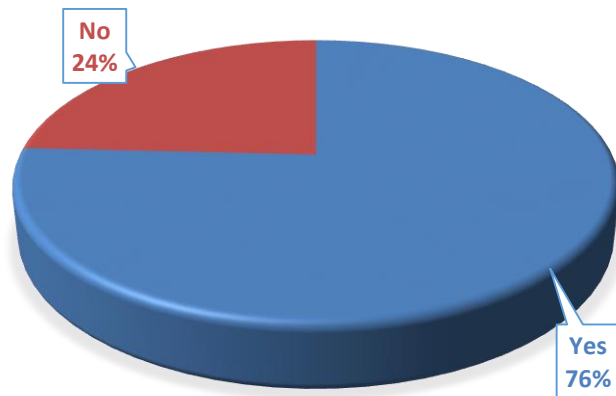
18. Are you on any medications?
- ○ Yes
- ○ No

HOW MANY MEDS

5+
18%

None
21%

1-2
21%

2-4
40%

RATE YOUR WEIGHT

Very Over
8%

Very Und
0%

Under
5%

Normal
33%
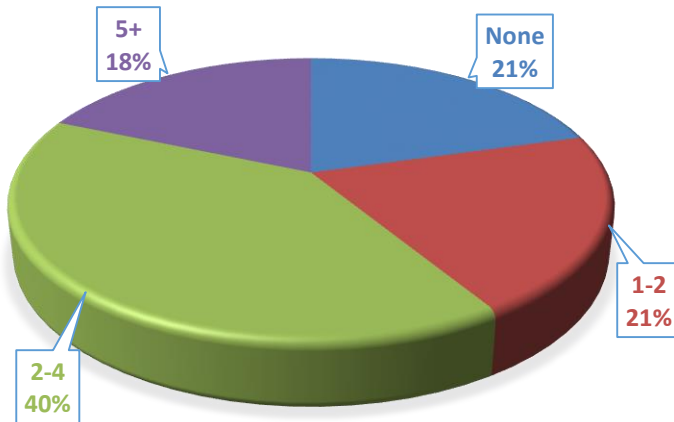
Over
54%

19. If Yes, how many?
    ○ None
    ○ 1 to 2
    ○ 2 to 4
    ○ Over 5
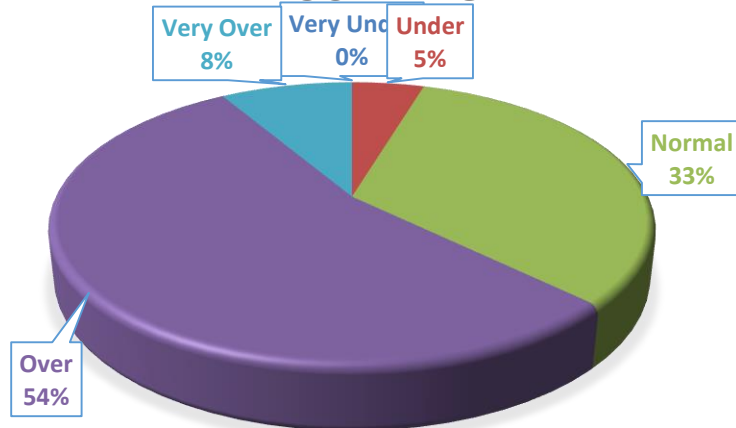
20. How would you describe your weight?
    ○ Very underweight
    ○ Slightly underweight
    ○ About right
    ○ Slightly overweight
    ○ Very Overweight

OCHIP survey reported 60.1% of adults listed themselves as overweight or obese, very similar to the survey response.

WHAT DO YOU WANT TO DO ABOUT YOUR WEIGHT?

- Nothing 15%
- Stay 26%
- Gain 3%
- Lose 56%
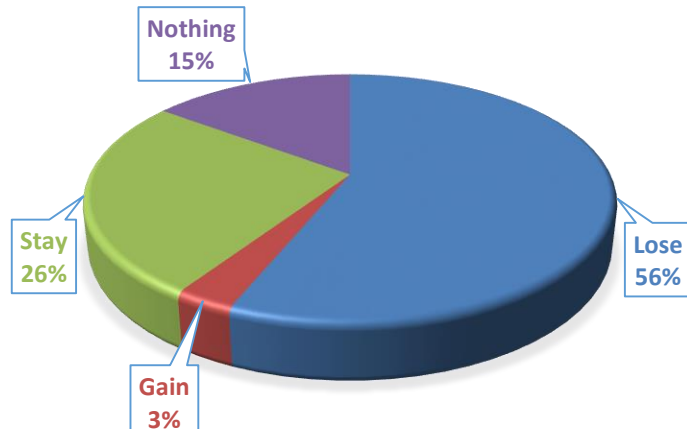
WHAT CHANGES ARE YOU MAKING ABOUT YOUR WEIGHT?
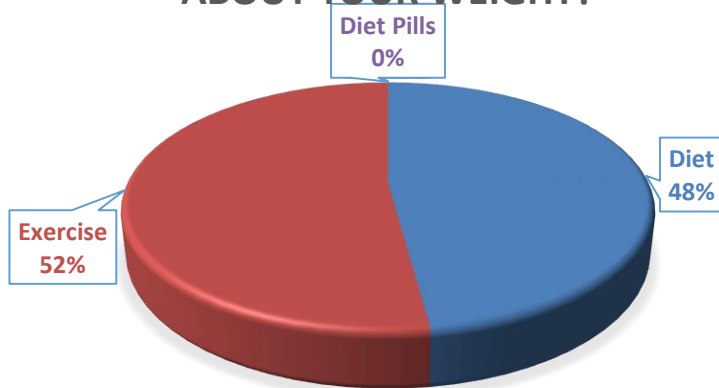
- Diet Pills 0%
- Exercise 52%
- Diet 48%

21. Which of the following are you trying to do about your weight?
- O   Lose weight
- O   Gain weight
- O   Stay the same weight
- O   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

COMMUNITY HEALTH STATUS
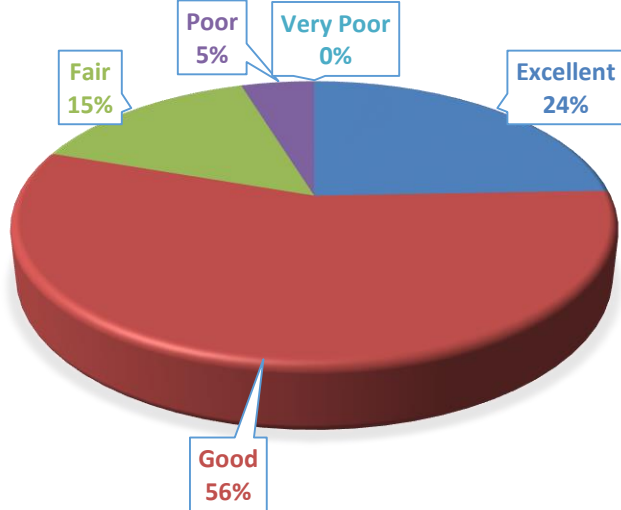
Poor
5%

Very Poor
0%

Fair
15%

Excellent
24%

Good
56%

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

RESPONDENT'S HEALTH STATUS

Fair
9%

Very Poor
0%

Excellent
21%
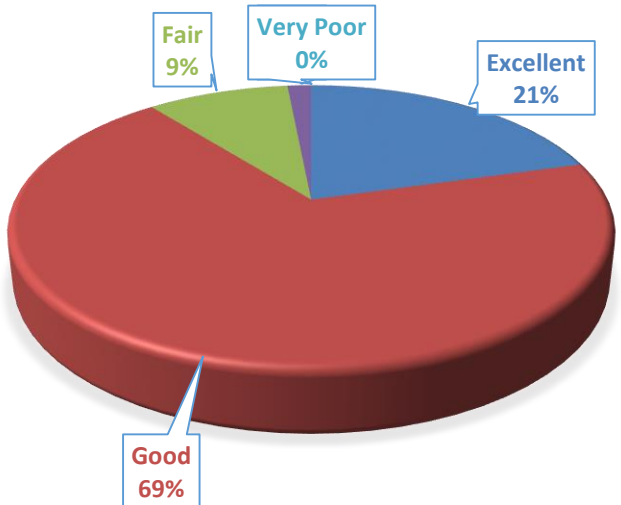
Good
69%

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

COMMUNITY QUALITY OF LIFE
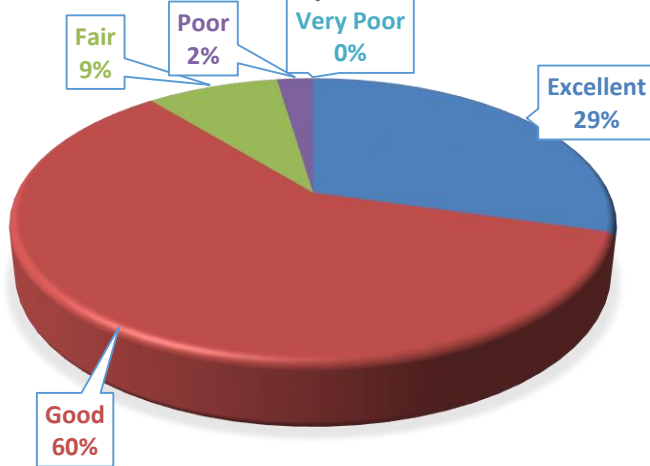
Fair
9%

Poor
2%

Very Poor
0%

Excellent
29%

Good
60%

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

OWN QUALITY OF LIFE

Fair
7%

Very Poor
1%

Excellent
28%
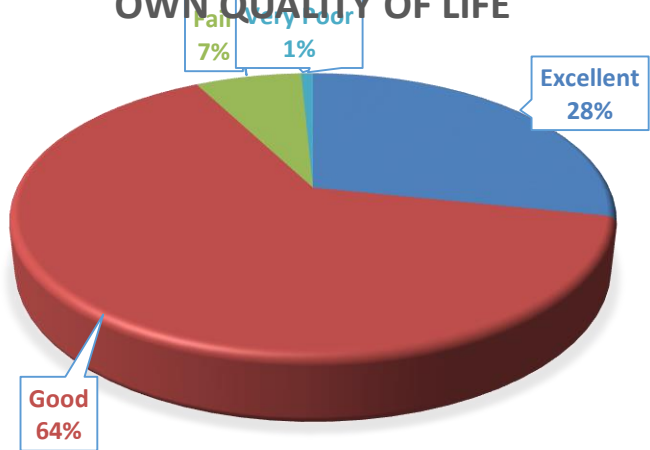
Good
64%

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:
- John Gilwee, Director of Government Healthcare Programs, UC Irvine
- Ron DiLuigi, President, MOMS (former Vice President of Advocacy and Government Affairs for St. Joseph Health.)
- Ellen Ahn, Director, Korean Community Services
- Pam Pimentel, Chief Executive Officer, MOMS
- Mark Refowitz, Director, Orange County Healthcare Agency
- David Souleles, Deputy Agency Director, Public Health Services at County of Orange
- Tricia Nguyen, Executive Director, Vietnamese Community of Orange County
- Candace Gomez, Executive Director, Program Implementation, CalOptima
- Ladan Khamseh, Executive Director of Operations, CalOptima

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 forcommunity 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. Ten 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 29 problems or concerns:

- Mental Health Issues
- 5150 Access
- Mental Health with Medical Complications
- Homeless populations
- Substance Abuse (Alcohol, Heroin/meth, and prescription drugs)
- Undocumented residents with no insurance
- Specialty Referrals for low-income patients
- Chronic Illnesses (Diabetes, COPD, cardiac)
- Frail Homebound Seniors
- Transportation needs
- Students over 25 without insurance
- Community Education
- Dementia
- Diabetes
- Obesity
- Health literacy
- Awareness of Services
- Insurance contracts and coverage
- Cancer
- COPD
- Asbestos in schools
- Poverty pockets in area
- Dental Services for low-income patients
- Lack of Safety-net services
- Non-English monolinguals
- Lack of support for Outpatient clinics
- Fragmented Care

- Lack of Shelters for homeless
- Pre- and Post-natal care

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.

After further discussion, the focus group was asked to prioritize the concerns identified at the beginning of the discussion. To do this, each participant was provided six blue adhesive "dots" and instructed to place one on each of the items the participant considered most pressing. The seven issues that garnered more than three dots are listed below.
- 5150 Access
- Mental Health
- Homeless Access
- Substance Abuse

- Community Education
- Awareness of Services
- Frail Homeowners

These issues were recorded and all 7 identified issues were presented to the prioritization group later in the process.

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.

- 5150 Access
- Mental Health
- Community Education
- Homeless Access
- Awareness of Services
- Substance Abuse
- Frail Homeowners

The first five items in this list were considered the most important to address, and to varying extents, are addressable by HBH. As was noted in the summary, the Steering Committee elected to adjust the final listing to three primary issues.

Services for **5150** clients are a different issue from general mental health problems, since 5150 clients are committed involuntarily, and require higher security accommodations. HBH is in the process of developing a unit to provide those services, and as that capability comes online, new relationships with referral sources and follow-up service providers will need to be developed and expanded. HBH will be a natural leader in serving this population once the program is in place, and it will be advantageous to coordinate services with other community providers who deal with mental health clients who present a danger to themselves or others. The existence of a secure unit for 5150 patients in addition to the existing voluntary services already in place will make HBH a leader in serving mental health clients of all types. This issue, along with Mental Health, and to a lesser extent Homeless Issues and Substance Abuse problems, were consolidated by the Steering Committee into the broad Mental Health category.

Since the hospital already provides inpatient **Mental Health** services, it is a natural location for expansion of these services as they become more mainstream under ACA guidelines. Several interviewees also stressed the need for coordination between outpatient providers and their patients, and inpatient services. Additional concerns were expressed regarding treatment of patients with mental health complications in Emergency Departments. This was Priority Area #4 in the *Orange County Health Improvement Plan* 2014-2016. Mental health issues are one of the evolving concerns of the Affordable Care Act, and as more insurance coverage is provided for mental health services, demand will increase. It is also important to be part of the process of caring for persons with mental health issues, so that progression to and from institutional care is handled smoothly, to allow clients to find treatment in the most appropriate setting. Mental health programs are evolving rapidly as provisions of the ACA make mental health services part of the basic complement of health conditions which must be covered by all insurers, and HBH's existing expertise in mental health treatment modalities makes it a prime candidate for greater involvement with other community providers to expand services. There is ample opportunity for HBH staff to improve coordination with community-based providers to facilitate the transitions between providers and treatment locations. The Implementation Plan section listed existing Mental Health services, and outlined additional opportunities for greater participation in the community's mental health progress.

Community Education programs already exist but are difficult to publicize since many people most in need of education are not reachable by normal means: they may not watch network TV or read general circulation newspapers, although they probably have access to other sources of information. As was outlined in the Steering Committee Summary, this category was combined with Awareness of Services. The Implementation Plan section outlined the programs and services already in place to meet these needs, as well as listing additional plans for community outreach and education. It will be the hospital's task to find and use those sources to disseminate educational services. The need for community education programs is particularly acute in non-English-speaking parts of the community. Educational materials and advertising in specific language directories and news outlets will be crucial to serving these communities.

Homeless Access is less directly related to HBH's core business, but the hospital serves a portion of this population through emergency department treatment and occasional admissions. Since many of these clients may have multiple problems when encountered, the hospital will need to develop protocols to address their immediate issues, as well as possible additional acute or chronic problems that may have contributed to the presenting problem. As was noted in the Implementation section, the hospital is limited in its ability to address the issue directly, since it is not a housing provider. HBH will continue to provide immediate services to homeless clients presenting at the hospital, and assure that clients are made aware of the availability of transitional programs, services, and housing options. This will entail coordinating with various community social service agencies, mental health providers, and outpatient medical care sites, and continuing to monitor programs being designed elsewhere in the community to address the homeless issue.

Awareness of Services is closely related to community education, but it is more hospital-centric, in that it involves making the community aware of what the hospital can and cannot provide. Community education programs have been developed to address underserved populations and the hospital actively promotes its inpatient and outpatient opportunities at various community events. The Implementation Plan itemizes existing programs, and includes information on what services the hospital can provide, as well as providing referral to other sources of services not available at HBH.

Substance Abuse services involve programs related to mental health, 5150 services, community education, and several other medical issues, and the Steering Committee elected to include this in the Mental Health category. Substance abuse issues are often accompanied by other trauma and/or mental health issues, so coordination with community providers and social service agencies working in the field is an essential element in providing services to this group, and HBH's position as a first-encounter location means it sees all sorts of combinations of physical problems with mental health issues. Protocols developed to work with various combinations of presenting problems can be shared with other providers, and staff will stay current on continuing research into substance abuse issues.

Frail Homeowners are the final issue considered primary by the focus group. The number of residents fitting this category is expected to grow as the baby boom population ages in the area. Much of the need experienced by this population involves finding ways to bring care to the home, as well as arranging transportation to and from medical providers. The OCHIP report includes a Priority Health Area labeled **Older Adult Health**, and the Steering Committee elected to adopt this as a third major issue for HBH to address. Specific goals outlined by the OCHIP include:

- Promotion of Evidence –Based programs for disease self-management
- Increasing participation in existing medication management programs and identification of additional needs and gaps
- Coordinating efforts to identify and eliminate elder abuse.
- Increase availability of Evidence-Based Programs for chronic disease management
- Address data gaps including depression and chronic diseases in older adults
- Strengthen collaborations between academic institutions and healthcare providers
- Expand planning and coordination efforts to include broader-based networks encompassing faith-based organizations, non-governmental organizations, senior housing managers, etc.

HBH already has many of the relationships and arrangements with non-hospital providers, and will have the ability to expand these ties as more adults reach retirement age. These adults present both a challenge due to increased need for health care, and an

opportunity as potential volunteers and/or employees serving their peers. Although the hospital can act as a locus for high-intensity services, much of the work will need to be distributed to local social services providers. It is also important for HBH to work with in-home service providers to assure that patients discharged from the hospital receive adequate support in their post-discharge locations so that they don't become re-admits to the hospital. HBH staff can be catalysts for programs to deliver needed services.

IMPLEMENTATION PLAN

HBH already provides services in each of the three areas of concentration selected by the Steering Committee, and will continue to enhance existing services while implementing new ideas and programs.

Mental Health Services
HBH is one of Orange County's hospitals with an existing designated Acute Psychiatric wing providing 23 beds. Additional beds are in the designation process to allow the hospital to operate a locked unit for patients admitted under the state's 5150 designation, which will allow the hospital to offer a comprehensive range of inpatient services for mental health. HBH currently provides services reaching out to community resources and linking clients with appropriate providers. Among the programs and services available:

- Inpatient mental health care in a designated wing
- Gero-psych services both inpatient and outpatient
- Referral services to community mental health and social services providers to provide continuity of services on discharge
- Referrals to step-down residential treatment providers for clients needing additional institutional care following acute episodes
- Development of care protocols for clients discharged from inpatient services
- For clients with transportation problems, taxi vouchers and bus passes

HBH has ongoing programs to interact with other providers to enhance coordination of services. Planned incremental services over the next year include:
- Designation by OSHPD of HBH's program for 5150 Inpatient Psychiatric Hold clients, which will allow the hospital to provide secure care for designated patients, and add to the list of psychiatric services available in one facility.
- Continuing to work with local social service providers to better integrate services for homeless and substance abuse clients to aid in their return to full function in the community.
- Explore additional coordination opportunities with residential providers to assist clients in transitioning back to the community.

Community Education / Awareness

HBH's services in the community have been varied. They include sponsorships of various community activities, providing support for social service and healthcare agencies, and direct education programs offered both in the hospital and at other sites.

HBH recuperative program is available for patients. The program is targeted for homeless members who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be hospitalized.

Recuperative Care services include but are not limited to:

- Housing in a motel;
- Nurse-provided medical oversight;
- Case management/social services; food and supplies;
- Warm handoff to safe housing and shelters; and
- Communication and follow up with referring hospitals.

We will extend efforts to make the homeless patients aware and utilize Recuperative Care services through Case Management and Social Services worker. Our challenges is that the homeless do not want to voluntarily participate in Recuperative Care.

Plans for Continuing Education and Awareness
- Continue to support the organizations listed.
- Find and support two new community organizations' health fairs/education programs in local ethnic communities.
- Develop speaker's bureau to provide education at community business and social organization meetings.

Older Adult Health
The *Orange County Health Improvement Plan* identified Older Adult Health as a Priority Area #2 in its goals for a healthier Orange County. HBH has been actively working with older residents in several health-related areas, including:

- Gero-psych services
- Chronic Disease Management
- Coordination of care upon discharge from hospital
- Education focused on the needs of the elderly

- Direct involvement with seniors' groups, including;
  - Rogers Senior Center blood pressure checks and Thanksgiving meals programs
  - Huntington Beach Coordinating Council Senior Expo
  - Fountain Valley Senior Center Senior Expo
  - Silver Anchor Auxiliary
  - Orange County Circle of Friends

Plans for additional programs include:

- Provide education and updates on affordable care and healthcare coverage
- Developing and disseminating evidence-based programs for chronic disease management.
- Increase preventive screening programs for chronic diseases of the elderly.
- Expand health fair access to the community
- Provide Flu shot to the community members

Join the ORANGE COUNTY COMMUNITY HEALTH PLANNING ADVISORY GROUP and participate in the development of the next OCHIP document, particularly in the area of Older Adult Services.

APPENDIX

Steering Committee
- Dr. Prem Reddy, CEO, Prime Healthcare Foundation
- Edward Mirzabegian CEO, Huntington Beach Hospital
- Kora Guoyavatin CFO, Huntington Beach Hospital
- Kristina Gritsutenko Controller, Huntington Beach Hospital
- Jude Levasseur CNO, Huntington Beach Hospital
- Curtis Thompson, Behavioral Health Director, Huntington Beach Hospital
- Vicky Silva, Case Management Director, Huntington Beach Hospital
- Courtney Kou, Med/Tele Director, Huntington Beach Hospital
- Julia Showalter, Infectious Disease, Huntington Beach Hospital
- Candace Bartsch, Community Relations Director, Huntington Beach Hospital
- Laurie McClelland, Admin Assistant, Huntington Beach Hospital
- Roxanne Contreras, Admin Assistant, Huntington Beach Hospital

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 (2015)." Orange County Health Care Agency. Santa Ana, California, October 2015.

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

	Huntington Beach Hospital		
	Leading Causes of Hospitalization by Race/Ethnicity		
	Leading Cause of Hospitaliaztion - Secondary 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	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		

Rank	Huntington Beach Hospital		
	Leading Causes of Hospitalization by Race/Ethnicity		
	Leading Cause of Hospitaliaztion - Primary 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	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		
	Huntington Beach Hospital		
	Leading Causes of Death by Race/Ethnicity		
	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 - Hispanic	Secondary Service Area - Health Indicator 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 *A Prime Healthcare Services 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

O Yes
O No
O Do not know

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

Eye Exam
O Yes
O No
O Do not know

Diabetes Check
O Yes
O No
O Do not know

Skin Cancer Screen
O Yes
O No
O Do not know

Pneumonia Shot
O Yes
O No
O Do not know

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

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

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

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

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

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

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

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

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

18. Are you on any medications?
- O Yes
- O No

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

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

21. Which of the following are you trying to do about your weight?
- O Lose weight
- O Gain weight
- O Stay the same weight
- O 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 2014-2016

Orange County's
HEALTHIER TOGETHER

2014-16
Orange County Health Improvement Plan

2014 Annual Report

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HEALTHIER
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Orange County Health Improvement Plan 2014-16
Annual Report 2014

The *Orange County Health Improvement Plan* (OCHIP) was published in May 2014 for the time period January 2014-December 2016. This report reflects the work done on the OCHIP as of December 2014. As this is the first year of the plan and the report, much of the work done focused on setting up systems that will sustain and monitor the work identified in the plan. In addition, outcomes cannot yet be evaluated; objectives and targets for performance measures are shown for informational purposes.

Orange County Public Health System ⚙

2014 Accomplishments:

Key Strategies

1. *Formalize the structure of the Community Health Planning Advisory Group as a planning body focusing on long-term public health planning and monitoring of the Orange County Health Improvement Plan.*

   2014 Progress: The Orange County Community Health Planning Advisory Group was the ad-hoc group responsible for coordinating and completing the Orange County Health Improvement Plan. The Advisory Group met on December 11, 2014 and formally approved the *Orange County's Healthier Together* Health Improvement Partnership to lead community health assessment and planning activities for Orange County. At its first meeting, 35 members representing 29 organizations were inaugurated into the Health Improvement Partnership.

2. *Create a website to communicate events and community health planning efforts with the community and key partners.*

   2014 Progress: Orange County launched the OCHealthierTogether.org website in June 2014 to share our progress on the *Orange County Healthier Together* initiative. The website provides updates on each of the four health priority areas and the public health system.

3. *Create a web-based platform for health indicators accessible to the community and health planners.*

   2014 Progress: In November 2014, OCHealthierTogether.org got a facelift when it was integrated with the Healthy Communities Institute platform. The platform tracks over 100 health and community health indicators to help better coordinate the use of data, plan for health, and track progress in improving Orange County's health.

4. *Establish a core set of standard indicators and a mechanism to assure availability in the future of robust data for use in Orange County health planning.*

   2014 Progress: Forty-six select indicators were used for the Community Health Status Assessment during the community health assessment process in March 2013. In December 2013, 75 indicators inclusive of the 46 select indicators were published in the *Orange County Health Profile* for use in community health planning. The Health Improvement Partnership's Health Assessment and Data Work Group was formed to review and monitor data for use in Orange County health planning.

5. *Engage 2-1-1 and key partners to determine opportunities for expansion and improvement of referral and linkage system.*

    2014 Progress: 2-1-1 Orange County was a vital partner in the launch of OCHealthierTogether.org. 211OC is featured in the image gallery of the OCHealthierTogether.org and direct links to 211OC resources are provided through a common search for health indicators. OC Links, the information and referral line for Orange County Health Care Agency Behavioral Health Services, was also featured on the website. A representative from 211OC became a member of the Health Improvement Partnership in December 2014.

Priority Area #1: Infant and Child Health

Goal 1: Improve birth outcomes in Orange County

Objective 1.1: By 2020, reduce disparities in early prenatal care by ensuring that at least 90% of pregnant women in all demographic or geographic subgroups in Orange County will receive early prenatal care.

Performance Measure(s)	Data Source	2011 Baseline	2016 Target
1. Number of women receiving prenatal care in the first three months of pregnancy	Orange County Master Birth Files	Latinas: 86.9% African Americans: 86.7% <20 year olds: 74.3% 20-24 year olds: 85.4%	10% increase for each group with disparities

2014 Accomplishments:

Planning: The Orange County Perinatal Council (OCPC) has agreed to take on the responsibilities of coordinating efforts around the Infant and Child Health section of the OCHIP.

Key Strategies

1. *Improve timeliness, quality, and number of referrals and linkages between portals of entry for low-income women and prenatal care providers.*

    2014 Progress: OCPC has developed a tip sheet with key messages on prenatal care. OCPC, Orange County Health Care Agency Family Health, and Social Services Agency are working together to include the tip sheet in all CalOptima new prenatal member and Medi-Cal application packets through Social Services Agency.

Orange County's
HEALTHIER
T❂GETHER

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

Objective 2.1: By 2020, increase the proportion of mothers exclusively breastfeeding at 3 months by 10%.

Performance Measure(s)	Data Source	2012 Baseline	2016 Target
1. Percentage of newborns exclusively breastfeeding through 3 months	CDPH Maternal and Infant Health Survey	31.5%	34% by 2020
2. Demographic subgroups with disparity in percentage of newborns exclusively breastfeeding through 3 months	CDPH Maternal and Infant Health Survey	Latinas: TBD Mothers 20-24 year old: TBD	All subgroups will have at least TBD percentage of newborns exclusively breastfeeding through 3 months

2014 Accomplishments:

Planning: The Orange County Perinatal Council (OCPC) has agreed to take on the responsibilities of coordinating efforts around the Infant and Child Health section of the OCHIP.

Key Strategies

1. *Maintain and disseminate a directory of lactation services in Orange County.*

   2014 Progress: Orange County Health Care Agency, Public Health Services, Family Health has updated the list of Child Health and Disability Prevention and Comprehensive Perinatal Services Program providers.

Priority Area #2: Older Adult Health

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

Objective 1.1: Increase early identification of conditions and safety risks that commonly affect older adults.

Objective 1.2: Reduce health complications of chronic diseases among older adults.

Objective 1.3: Reduce social isolation among older adults.

Objective 1.4: Reduce the risk for abuse and neglect of older adults.

Performance Measure(s)	Data Source	Baseline	2016 Target
1. To be determined based on assessment findings.	TBD	TBD	TBD

2014 Accomplishments:

Planning: The Orange County Healthy Aging Initiative (OCHAI) has agreed to take on the responsibilities of coordinating efforts around the Older Adult Health section of the OCHIP.

Key Strategies

1. *Complete and disseminate Orange County Healthy Aging Initiative's Annual Wellness Visit toolkit to providers.*

   2014 Progress: The Annual Wellness Toolkit has been distributed to over 130 providers and is in use by Memorial Care Health System.

2. *Improve understanding of older adult service system by conducting an assessment of existing services and needs for targeted older adult programs.*

   2014 Progress: California State University at Fullerton has identified interns to lead an assessment of gaps and needs related to chronic disease self-management, medication management, and social isolation programs.

Priority Area #3: Obesity and Diabetes

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

Objective 1.1: By 2020, increase the proportion of children and adolescents who are in a healthy weight category and reduce disparities in subgroups with lower rates of healthy weight.

Performance Measure(s)	Data Source	2012/13 Baseline	2016 Target
1. 5th Graders within healthy fitness zone for body composition	California Department of Education, Physical Fitness Test	56.7% (2012/13)	60% by 2020
2. All schools will have at least TBD of 5th Graders within healthy fitness zone for body composition.	California Department of Education, Physical Fitness Test	TBD schools have TBD or more % of 5th Graders outside of healthy fitness zone.	TBD

2014 Accomplishments:

Planning: In September 2014, the work group that created the Obesity and Diabetes work plan met to discuss creation of a steering committee to coordinate activities for this priority area. Members of the work group, including from Orange County Health Care Agency Public Health Services and Alliance for a Healthier Orange County have been identified and are currently pulling together the steering committee. The committee would include the many entities that already conduct work to address obesity and diabetes and perform the various strategies outlined in the plan.

Key Strategies

1. *Promote and expand existing environmental efforts such as HEAL Cities, The Wellness Corridor, and increasing joint-use agreements.*

   2014 Progress: The work group created for the Obesity and Diabetes priority area allowed Orange County to hold meetings with key partners to coordinate Orange County's application of two national grants: the BUILD (Bold, Upstream, Integrated, Local Data Driven) Health Challenge and the Centers for Disease Control and Prevention's (CDC) PICH (Partnership to Improve Community Health) grant. In fall 2014, Community Action Partnership for Orange County was awarded the CDC PICH grant (OC PICH). The grant's goal is to help improve health and reduce chronic diseases in targeted cities of Anaheim, Garden Grove, and Santa Ana. The project builds upon the Orange County Health Improvement Plan by supporting healthier environments like community gardens, physical education in schools, and promoting active transportation. The Boys and Girls Club of Garden Grove applied for the BUILD grant and have made it past Round One of the review process.

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

Objective 2.1: By 2020, stabilize the rates of diabetes among Orange County residents.

Performance Measure(s)	Data Source	2011-12 Baseline	2016 Target
1. % Adults reporting having diabetes	California Health Interview Survey	7.4%	TBD

2014 Accomplishments:

Planning: The Orange County Chapter of the American Diabetes Association (ADA) has held two planning meetings with key community partners to discuss formation of a coalition to implement the Orange County Health Improvement Plan's goal to reverse the trend of increasing diabetes. The ADA is continuing to work assessing the needs related to diabetes in Orange County and bringing together the first coalition to address diabetes in Orange County.

Priority Area #4: Behavioral Health

Goal 1: Increase the proportion of Orange County residents who experience emotional and mental wellbeing through the lifespan.

    Objective 1.1: Improve understanding of mental health needs, gaps, and resources.

    Objective 1.2: Improve provider capacity to integrate behavioral health into health assessments and services.

2014 Accomplishments:

Planning: Orange County Health Care Agency Public Health Services, Behavioral Health Services, and CalOptima have been working together to create a work group to address items in the OCHIP.

Key Strategies

1. *Promote county-wide concept of wellness that includes behavioral health.*

2014 Progress: CalOptima partnered with community-based organizations and agencies to host a series of 11 different no-cost, education and awareness community forums on behavioral health services throughout Orange County. The forums focused on behavioral health benefits covered by Medi-Cal, information on how to maintain those benefits through the new Medi-Cal renewal process as well as information on how to reduce the stigma of mental illness through cultural competency and sensitivity. The forums attracted more than 400 representatives from more than 100 different organizations and agencies. Orange County Health Care Agency's Health Officer has been working with Kaiser Permanente to integrate mental health screenings for 11-year olds who have a medical visit.

Goal 2: Reduce alcohol and drug misuse in Orange County.

    Objective 2.1: By 2020, reduce adult alcohol misuse.

    Objective 2.1: By 2020, reduce prescription drug misuse.

Performance Measure(s)	Data Source	Baseline	2016 Target
1. % of adults binge drinking in past month	Behavioral Risk Factor Surveillance System	14.9% (2010)	TBD
2. 11th graders reporting alcohol use in past month	California Healthy Kids Survey	28.0% (2011/12)	TBD
3. 11th graders who used prescription pain medication to get 'high' or for reason other than prescribed during the past 30 days	California Healthy Kids Survey	Unavailable - Changed question 2013/14	TBD

2014 Accomplishments:

Planning: Orange County Health Care Agency Public Health Services, Behavioral Health Services, and CalOptima have been working tougher to create a work group to address items in the OCHIP. At this time, collaboratives such as the Orange County Prescription and Over the Count Prevention Coalition and DUI Task Force have implemented several strategies for this goal.

Key Strategies

1. *Promote and expand existing efforts to educate the public about alcohol misuse (e.g. Community Services Program-Positive Actions toward Health and Orange County DUI Task Force).*

   2014 Progress: Orange County Health Care Agency's Alcohol Drug Education and Prevention Team (ADEPT), the University of Alabama, and Orange Coast Community College District partnered together to implement the *"Less Than You Think"* social marketing campaign to address adult high risk drinking behavior. The College's Health and Wellness Center and faculty provided support for this month-long campaign. Community Services Program implemented impaired driving prevention activities in six new cities. Orange County National Council on Alcoholism and Drug Dependence and ADEPT collaborated to provide alcohol prevention education and discuss effective actions to reduce underage drinking with school staff, community youth leaders and parents.

2. *Expand community campaigns addressing the consequences of prescription drug misuse.*

   2014 Progress: The Orange County Prescription and Over the Counter Prevention Coalition has continued to promote the *"Monitor, Secure, and Destroy"* campaign, which addresses safe disposal methods. Three educational workshops and campaign materials have been given to physicians through a partnership with the Orange County Medical Association. The US Drug Enforcement Administration conducted a National Take Back Event in April 2014 with local police departments, Kaiser Permanente Hospitals, the Orange County Probation Department, and the Orange County Sheriff's Department. Thirty-two sites in Orange County provided a drop-off facility for community members to properly dispose of unwanted, expired or unused medications, over 7,000 pounds of medication was collected during the countywide event. Orange County Health Care Agency Behavioral Health Services also funded a new awareness campaign to raise awareness about the importance of securing prescription medications.

Orange County Health Improvement Plan 2014-2016 Summary of Key Health Indicators

SUMMARY OF KEY HEALTH INDICATORS

This table provides an overview of the indicators reviewed as part of the Community Health Status Assessment. A full account of these and other key health indicators are published in the Orange County Health Profile.

Please note the following:
- ❖ Indicator column: [LHI] indicates *Healthy People 2020* leading health indicator.
- ❖ OC column: ! indicates Orange County rate or proportion is at least 10% worse than California.
- ❖ Trend column:
  - ❖ Percent in the top line indicates the average **percentage** change per year.
  - ❖ Number in the second line indicates the **numeric** increase (+) or decrease (-) in the indicator over the period shown.
  - ❖ ● indicates improvement and ● indicates worsening of the indicator over the period shown.
  - ❖ ! indicates that the indicator is trending at an average of at least 1% worse per year with at least four known data points.
- ❖ Sub-Group Disparities column: Groups shown are sub-groups with rates or proportions that are at least 10% worse than Orange County as a whole.

Indicator	OC	CA	US	Trend	Sub-Group Disparities
Summary Measures of Health					
Life expectancy Average life expectancy at birth of residents in 2010 per Death File	81.9	Not available	78.7	+0.3% per year ● +2.0 (2001-2010)	None
Social and Economic Indicators					
Poverty % of population living under 100% of federal poverty level in 2011 per US Census Bureau	12.9%	16.6%	15.9%	+7.8% per year ●! +4.1 (2005-2011)	Latino males: 17.8% Latina females: 20.9% PI males: 14.7% PI females: 17.5% <18 year olds: 16.3% Santa Ana: 21.1% Stanton: 19.0% Costa Mesa: 16.3% Garden Grove: 15.8% Anaheim: 15.5% Westminster: 15.1% Fullerton: 15.0%
High school diploma % of individuals 25 and older who had a high school diploma or equivalent in 2011 per US Census Bureau	84.0%	81.1%	85.9%	+0.3% per year ● +1.4 (2005-2011)	Latino males: 57.0% Latina females: 59.1% Santa Ana: 52.5% Stanton: 66.2% Garden Grove: 72.7% Anaheim: 73.8% Westminster: 74.4%

SUMMARY OF KEY HEALTH INDICATORS

Indicator	OC	CA	US	Trend	Sub-Group Disparities
Social and Economic Indicators (Continued)					
Crowded living % of housing units that have more than one person per room in 2011 per US Census Bureau	9.7% ❗	8.3%	3.3%	+1.9% per year ●❗ +1.0 (2005-2011)	Latinos: 30.8% Pacific Islanders: 20.8% Santa Ana: 33.5% Stanton: 22.3% La Habra: 20.9% Anaheim: 18.8% Garden Grove: 16.6% Westminster: 12.7% Buena Park: 12.0%
Violent crime Rate of violent crimes per 10,000 in 2011 per US Department of Justice	21.3 per 10,000	41.1 per 10,000	38.6 per 10,000	-4.1% per year ● -6.9 (2002-2011)	Geographic comparison not shown as population size may impact crime rate.
Health Care Access and Utilization					
Health insurance coverage % of residents who reported having health insurance per 2011 US Census Bureau	82.7%	81.9%	84.9%	+0.3% per year ● +0.5 (2009-2011)	Latinos: 68.5% Santa Ana: 65.7% Stanton: 71.9%
Avoidable emergency department visits % of ED visits that could have been avoided per 2011 OCHCA	44.6%	Not available	Not available	Not available	Latinos: 50.7% APIs: 51.4% <1 year olds: 68.6% 1-17: 49.2% Santa Ana: 49.7% Anaheim: 49.2%
Dental visits - Children % of children 12-17 who had seen a dentist in the last year per 2007 OCHNA	92.2%	Not available	Not available	Not available	None
Dental visits - Adults % of adults who had seen a dentist in the last year per 2007 OCHNA	75.2%	Not available	Not available	Not available	African Americans: 45.3%
Maternal, Child, and Adolescent Health					
Infant mortality [LHI] Rate of deaths of infants under one year of age per 1,000 per 2010 Birth File	3.8 per 1,000	4.7 per 1,000	6.5 per 1,000	-1.7% per year ● -0.7 (2001-2010)	Latinos: 4.5
Preterm births [LHI] % infants born between 17 and 37 gestational age per 2010 Birth File	8.9%	9.9%	12.0%	-0.7% per year ● -0.6 (2001-2010)	African Americans: 13.5% 35-39 year olds: 10.6% 40+ year olds: 14.4%
Low birth weight % infants weighing less than 5 pounds, 8 ounces per 2010 Birth File	6.4%	6.8%	8.2%	+0.9% per year ● +0.5 (2001-2010)	APIs: 7.7% African Americans: 12.3% <20 year olds: 7.3% 35-39 year olds: 7.9% 40+ year olds: 10.3%
Exclusive breastfeeding % mothers exclusively breastfeeding at 3 months per 2011 MIHA	19.0% ❗	23.1%	Not available	Not comparable – methodology change	Latinas: 11.5%

SUMMARY OF KEY HEALTH INDICATORS

Indicator	OC	CA	US	Trend	Sub-Group Disparities
Immunizations [LHI] % of kindergarteners with up-to-date immunizations per Kindergarten Assessment Results	89.3%	90.3%	Not available	-0.4% per year ● -3.6 (2003-2012)	Capistrano USD: 75.4% Laguna Beach USD: 77.9%
Births to Teens Rate of births to teens 15-19 years of age per 1,000 per 2010 Birth File	22.4 per 1,000	31.5 per 1,000	34.2 per 1,000	-4.0% per year ● -12.8 (2001-2010)	Latinos: 44.3 18-19 year olds: 37.4 Santa Ana: 53.5 Anaheim: 41.2 La Habra: 32.9 Stanton: 32.7 Garden Grove: 27.9 Costa Mesa: 25.6 Tustin: 24.9
Chronic Diseases and Conditions					
Diabetes % adults reporting having diabetes per 2011-12 CHIS	7.4%	8.4%	9.0%	Not comparable – methodology change	Latino males: 9.3% Latina females: 10.9% 45-64 year olds: 11.6% 65+ year olds: 16.0%
High blood pressure % adults reporting having been diagnosed with hypertension per 2011-12 CHIS	25.4%	27.2	30.8%	Not comparable – methodology change	White males: 28.7% 45-64 year olds: 33.5% 65+ year olds: 58.5%
Child (5th Grade) body composition [LHI] % 5th graders within healthy fitness zone per 2012/13 OCDE	56.7%	53.2%	Not comparable	-1.2% per year ● -1.4 (2010/12-2012/13)	Latinos: 44.8% Santa Ana USD: 41.1% Orange USD: 50.6%
Adolescent (9th Grade) body composition [LHI] % 9th graders within healthy fitness zone per 2012/13 OCDE	65.3%	58.9%	Not comparable	-1.5% per year ● -2.0 (2010/12-2012/13)	Latinos: 56.0% Santa Ana USD: 53.6%
Adult obesity [LHI] % adults reporting being obese per 2011-12 CHIS	23.8%	25.4%	27.8%	Not comparable – methodology change	Latina females: 39.8% 45-64 year olds: 27.0%
Asthma hospitalizations in children Rate of hospitalizations due to asthma in children under 5 per 10,000 per 2010 OSHPD	19.3 per 10,000	Not available	Not available	-2.4% per year ● -5.4 (2001-2010)	Whites: 22.3
Chronic Diseases Deaths					
Heart Disease deaths Rate of deaths per 100,000 population due to ischemic heart disease per 2010 Death File	100.1 per 100,000	104.5 per 100,000	113.6 per 100,000	-5.0% per year ● -81.7 (2001-2010)	White males: 151.1

SUMMARY OF KEY HEALTH INDICATORS

Indicator	OC	CA	US	Trend	Sub-Group Disparities
Chronic Diseases Deaths (Continued)					
Cerebrovascular Disease (Stroke) deaths Rate of deaths per 100,000 population due to cerebrovascular disease per 2010 Death File	35.8 per 100,000	36.4 per 100,000	39.1 per 100,000	-3.9% per year ● -19.6 (2001-2010)	None
Alzheimer's Disease deaths Rate of deaths per 1,000 population due to Alzheimer's disease per 2010 Death File	34.2 per 1,000 !	29.0 per 1,000	25.1 per 1,000	+12.1% per year ●! +17.8 (2001-2010)	White females: 42.2
Chronic Lower Respiratory Diseases (CLRD) deaths Rate of deaths per 100,000 population due to CLRD per 2010 Death File	32.1 per 100,000	35.5 per 100,000	42.2 per 100,000	-2.0% per year ● -7.2 (2001-2010)	White females: 41.6 White males: 39.6
Cancer Deaths					
Lung cancer deaths Rate of deaths per 100,000 population due to lung cancer per 2010 Death File	33.8 per 100,000	35.0 per 100,000	47.6 per 100,000	-2.5% per year ● -9.6 (2001-2010)	White females: 35.2
Colorectal cancer deaths Rate of deaths per 100,000 population due to colorectal cancer per 2010 Death File	12.9 per 100,000	13.8 per 100,000	15.8 per 100,000	-1.5% per year ● -2.0 (2001-2010)	White females: 13.7 Asian males: 15.6
Female breast cancer deaths Rate of deaths per 100,000 female population due to breast cancer per 2010 Death File	20.8 per 100,000	20.0 per 100,000	22.1 per 100,000	-1.1% per year ● -2.2 (2001-10)	Whites: 23.6
Prostate cancer deaths Rate of deaths per 100,000 male population due to prostate cancer per 2010 Death File	20.4 per 100,000	20.5 per 100,000	21.9 per 100,000	-1.5% per year ● -3.1 (2001-2010)	Whites: 23.0
Communicable Diseases					
Chlamydia Rate of diagnosed Chlamydia infection per 100,000 population per 2011 OCHCA	241.3 per 100,000	438.0 per 100,000	426.0 per 100,000 (2010)	+3.0% per year ●! +51.3 (2002-2011)	Females 15-24 years: 1623.5 Males 15-24 years: 491.4 Females 25-44 years: 355.3 Santa Ana: 475.2 Anaheim: 396.4 Stanton: 364.0 Garden Grove: 306.6 Costa Mesa: 301.0 Los Alamitos: 297.0 Orange: 293.2 Fullerton: 293.0

SUMMARY OF KEY HEALTH INDICATORS

Indicator	OC	CA	US	Trend	Sub-Group Disparities
Communicable Diseases (Continued)					
HIV – New Cases Rate of new cases of HIV per 100,000 population per 2011 OC HIV Registry	9.8 per 100,000	13.2 per 100,000	15.8 per 100,000	-3.0% per year ● -1.7 (2006-2011)	White males: 15.2 Latino males: 26.2 Af Am males: 28.0 19-24 year olds: 20.6 25-39 year olds: 22.7 Laguna Beach: 33.7 Santa Ana: 21.1 Anaheim: 14.1 Orange: 12.0 Westminster: 11.9 Buena Park: 11.2
HIV – Living Cases Rate of individuals living with HIV at year's end per 100,000 population per 2011 OC HIV Registry	219.6 per 100,000	299.7 per 100,000	Not Available	+3.7% per year ●! +34.0 (2006-2011)	White males: 443.3 Latino males: 452.6 Af Am males: 988.3 Af Am females: 431.3 25-39 year olds: 242.1 40-59 year olds: 493.1
Injuries and Accidents					
Injury deaths Rate of deaths due to injury per 100,000 population per 2010 Death File	31.1 per 100,000	41.5 per 100,000	57.9 per 100,000	-1.0% per year ● -3.1 (2001-2010)	All males: 46.1 Huntington Beach: 37.4
Unintentional injury deaths Rate of deaths due to unintentional injury per 100,000 population per 2010 Death File	18.9 per 100,000 (Male: 26.8; Female: 12.0)	25.7 per 100,000	38.0 per 100,000	-1.7% per year ● -3.4 (2001-2010)	White males: 36.1 White females: 15.3 45-64: 26.0 65+ years: 53.2
Health Behaviors					
Physically inactive % adults reporting no leisure-time activity in last 30 days 2010 per BRFSS	21.1%	20.4%	23.9%	+2.0% per year ●! +1.9 (2005-2010)	Not available
Adult smoking % adults who currently smoke per 2011-12 CHIS	12.0%	13.8%	21.2%	Not comparable – methodology change	Males: 15.5% 18-44 year olds: 14.0%
Adolescent smoking Proportion of 11th graders who report having smoked a cigarette in the past 30 days per 2009/10 CHKS	13.0%	Not available	Not available	-5.1% per year ● -0.7 (2005/06-2009/10)	White males: 17.2% White females: 14.3% Af Am males: 23.5% PI males: 18.5% Laguna Beach USD: 23.8% Newport-Mesa USD: 20.1% Brea-Olinda USD: 17.7% Capistrano USD: 17.4% Orange USD: 14.1%

SUMMARY OF KEY HEALTH INDICATORS

Indicator	OC	CA	US	Trend	Sub-Group Disparities
Health Behaviors (Continued)					
Adult binge drinking [LHI] % adults binge drinking in past month per 2010 BRFSS	14.9%	15.8%	15.1%	-2.6% per year ● -0.8 (2008-2010)	Not available
Adolescent alcohol use [LHI] % 11th graders reporting alcohol use in past month per 2009/10 CHKS	31.9%	Not available	Not available	+1.6% per year ● +1.9 (2005/06-2009/10)	White males: 35.1% White females: 37.1% Latino males: 36.2% Latina females: 35.9% Newport-Mesa USD: 50.4% Laguna Beach USD: 47.7% Capistrano USD: 37.2%
Adolescent drug use [LHI] % 11th graders reporting drug use in past month per 2009/10 CHKS	20.5%	Not available	Not available	-2.3% per year ● -2.6 (2005/06-2009/10)	All males: 23.7% White males: 26.5% Latino males: 26.6% Af Am males: 34.4% PI males: 25.0% Laguna USD: 29.8% Newport-Mesa USD: 27.6% Capistrano USD: 25.0% Orange USD: 23.1% Anaheim USD: 23.0% Tustin USD: 22.9%
Drug-induced deaths Crude rate per 100,000 population per 2010 Death File	10.3 per 100,000	Not available	Not available	Not available	All males: 13.8 White males: 23.8 White females: 13.4
Mental Health					
Suicides [LHI] Rate of suicides per 100,000 per 2010 Death File	8.5 per 100,000	9.7 per 100,000	12.1 per 100,000	No change	All males: 13.6 White males: 19.3 Asian males: 9.7
Depression % adults reporting Major Depressive Episodes per 2011 National Survey on Drug Use and Health	Not available	Not available	6.6%	Not available	Not available
Mental diseases and disorders hospitalizations Crude rate per 10,000 population per 2010 OSPHD	39.2 per 10,000	Not available	Not available	Not available	White males: 58.3 White females: 66.0 Af Am males: 78.3 Af Am females: 74.7

Acronyms and Abbreviations

Af Am – African-American
API – Asian and Pacific Islander
Birth File – Orange County Master Birth File
BRFSS – Behavioral Risk Factor Surveillance System
CDC – Centers for Disease Control and Prevention
CHIS – California Health Interview Survey
CHKS – California Healthy Kids Survey
Death File – Orange County Master Death File
Dept. – Department
ED – Emergency Department
HIV – Human Immunodeficiency Virus

MIHA – Maternal and Infant Health Assessment
mRFEI – Modified Retail Food Environment Index
OCDE – Orange County Department of Education
OCHCA – Orange County Health Care Agency
OCHNA – Orange County Health Needs Assessment
OSPHD – Office of Statewide Health Planning and Development
PI – Pacific Islander
SWITRS – Statewide Integrated Traffic Records System
US – United States
USD – Unified School District

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