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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Orange County Health Improvement Plan Annual Report 2014-2016

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

HBH 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 INVOLVEMENT

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.

<table>
<thead>
<tr>
<th>City</th>
<th>Zip Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huntington Beach</td>
<td>92647; 92648</td>
</tr>
<tr>
<td>Westminster</td>
<td>92683</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>City</th>
<th>Zip Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaheim</td>
<td>92804</td>
</tr>
<tr>
<td>Fountain Valley</td>
<td>92708</td>
</tr>
<tr>
<td>Fullerton</td>
<td>92832</td>
</tr>
<tr>
<td>Huntington Beach</td>
<td>92649; 92646</td>
</tr>
<tr>
<td>Midway City</td>
<td>92655</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>City</th>
<th>Midway City</th>
<th>Westminster</th>
<th>Fountain Valley</th>
<th>Anaheim</th>
<th>Fullerton</th>
<th>Primary Service Area</th>
<th>Secondary Service Area</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code</td>
<td>92646</td>
<td>92647</td>
<td>92648</td>
<td>92649</td>
<td>92683</td>
<td>92708</td>
<td>92804</td>
<td>92832</td>
</tr>
<tr>
<td>Population</td>
<td>56,067</td>
<td>58,342</td>
<td>46,029</td>
<td>33,153</td>
<td>9,137</td>
<td>90,037</td>
<td>90,857</td>
<td>25,955</td>
</tr>
<tr>
<td>Average Household Size</td>
<td>2.59</td>
<td>2.87</td>
<td>2.31</td>
<td>2.34</td>
<td>3.52</td>
<td>3.40</td>
<td>3.46</td>
<td>3.01</td>
</tr>
<tr>
<td>Age (%): 0-17</td>
<td>20.4%</td>
<td>23.9%</td>
<td>18.3%</td>
<td>25.1%</td>
<td>23.3%</td>
<td>21.2%</td>
<td>26.6%</td>
<td>5.4%</td>
</tr>
<tr>
<td></td>
<td>16.6%</td>
<td>11.2%</td>
<td>5.8%</td>
<td>17.0%</td>
<td>12.9%</td>
<td>14.3%</td>
<td>17.4%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Race/Ethnicity (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Alone</td>
<td>79.5%</td>
<td>65.3%</td>
<td>78.9%</td>
<td>80.2%</td>
<td>31.6%</td>
<td>34.0%</td>
<td>53.8%</td>
<td>45.4%</td>
</tr>
<tr>
<td>Black Alone</td>
<td>0.8%</td>
<td>1.5%</td>
<td>0.8%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>0.9%</td>
<td>1.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>11.9%</td>
<td>14.1%</td>
<td>11.4%</td>
<td>10.4%</td>
<td>49.3%</td>
<td>49.6%</td>
<td>35.4%</td>
<td>22.8%</td>
</tr>
<tr>
<td>All Other</td>
<td>7.8%</td>
<td>19.1%</td>
<td>9.0%</td>
<td>8.7%</td>
<td>18.3%</td>
<td>15.5%</td>
<td>9.8%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>12.2%</td>
<td>28.5%</td>
<td>14.3%</td>
<td>13.5%</td>
<td>29.1%</td>
<td>23.5%</td>
<td>14.2%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Spanish-Primary Language Spoken at Home (%)</td>
<td>6.0%</td>
<td>20.2%</td>
<td>8.9%</td>
<td>7.1%</td>
<td>21.5%</td>
<td>18.1%</td>
<td>9.6%</td>
<td>37.5%</td>
</tr>
<tr>
<td>25+ with no High School diploma (%) 2014</td>
<td>4.4%</td>
<td>13.7%</td>
<td>5.7%</td>
<td>5.0%</td>
<td>32.0%</td>
<td>25.4%</td>
<td>10.1%</td>
<td>26.0%</td>
</tr>
<tr>
<td>% Persons in Poverty 2013</td>
<td>5.7%</td>
<td>12.8%</td>
<td>9.2%</td>
<td>6.8%</td>
<td>19.9%</td>
<td>16.7%</td>
<td>7.9%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Female Headed HH with Children &lt;18 (%)</td>
<td>3.8%</td>
<td>6.2%</td>
<td>4.6%</td>
<td>3.7%</td>
<td>6.1%</td>
<td>5.3%</td>
<td>4.1%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

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.
Review of the surveys returned indicates that the survey sample was much more weighted towards 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.

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

**Community Needs Survey Results**

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

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

The 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.
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.

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.
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.
When asked to list three behavioral risk factors that are 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%
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.

Do you own or rent your residence?
- Own
- Rent
- Other (please specify)
5. What is your age bracket?
- Under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 44
- 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.
6. Are you female or male?
   - Male
   - Female

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

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%.

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
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)
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 Check**
- Yes 98%
- No 2%
- Do not know 0%

**Cholesterol Check**
- Yes 92%
- No 8%
- Do not know 0%
**Flu Shot**
- Yes
- No
- Do not know

**Blood Stool Test**
- Yes
- No
- Do not know
Dental Exam/Teeth Cleaned
- Yes
- No
- Do not know

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

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

PAP TEST
- Yes 54%
- No 46%
- Don't Know 0%
If female: Breast exam by a health care provider
- Yes
- No
- Do not know

If female: Breast x-ray or mammogram
- Yes
- No
- Do not know
In the past 5 years, have you had a (fill in all that apply):

- **Hearing Test**
  - Yes
  - No
  - Do not know

- **Eye Exam**
  - Yes
  - No
  - Do not know
<table>
<thead>
<tr>
<th>Diabetes Check</th>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
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<tbody>
<tr>
<td></td>
<td>76%</td>
<td>22%</td>
<td>2%</td>
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</table>

**SKIN CANCER SCREENING**

<table>
<thead>
<tr>
<th>Skin Cancer Screen</th>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56%</td>
<td>42%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Pneumonia Shot
- Yes
- No
- Do not know

IF AGE 40 or OLDER: Rectal Exam
- Yes
- No
- Do not know
**IF AGE 50 or OLDER: A Colonoscopy**
- Yes
- No
- Do not know

**IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA**
- Yes
- No
- Do not know
14. In the past 12 months, have you had problems getting needed health care?
   - Yes
   - No

15. If yes, please provide the reason(s) for the difficulty in getting healthcare.
   - Lack of insurance
   - Health care provider would not accept your insurance
   - Insurance would not approve1 pay for care
   - Cannot afford co-pay
   - Lack of transportation
   - Language barriers
   - Travel distance to provider too great
   - Cannot understand my doctor
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%

16. For about how long do you exercise?
- Less than 30 minutes
- 30 minutes
- 1 hour
- Over 1 hour
17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?
   - 0 days a week
   - 1-2 days a week
   - 3-4 days a week
   - Over 5 days a week

18. Are you on any medications?
   - Yes
   - No
19. If Yes, how many?
- 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.
21. Which of the following are you trying to do about your weight?
   - Lose weight
   - Gain weight
   - Stay the same weight
   - I am not trying to do anything about my weight

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

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 for community clinics
- Fragmented Care
- Lack of Homeless Shelters
- Mental Health needs
- Pre- and Post-Natal care
- Obesity
- Diabetes
• Dental Care  
• Diet  
• Education (general & health related)  
• Elderly care  
• Health information  
• Health insurance  
• Heart disease  
• Hypertension

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

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

The interviewees were invited to join focus groups, but declined, so their answers were added to the list of issues presented in the brainstorming portion of the focus group process to assure that their input was addressed in the prioritization process. Most expressed willingness to serve as advisors to HBH in the process of developing programs, and to work with HBH on implementation of programs to meet community needs. Several invited HBH staff to join their organizations to better coordinate services between providers.
Focus Groups Results
A focus group was held with invited members of the Huntington Beach community. 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:
  o Rogers Senior Center blood pressure checks and Thanksgiving meals programs
  o Huntington Beach Coordinating Council Senior Expo
  o Fountain Valley Senior Center Senior Expo
  o Silver Anchor Auxiliary
  o 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 in Primary and Secondary Market Area

### Hospitals within Primary Service Area

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services Provided</th>
</tr>
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<tbody>
<tr>
<td>Huntington Beach Hospital</td>
<td>Huntington Beach, CA 92647</td>
<td>Primary and Specialty Medical Care Services</td>
</tr>
<tr>
<td>Kindred Hospital Westminster</td>
<td>Westminster, CA 92683</td>
<td>Long Term Acute Care</td>
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### Hospitals within Secondary Service Area

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<th>Name</th>
<th>Address</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fountain Valley Regional Hospital &amp; Medical Center</td>
<td>17100 Euclid St. Fountain Valley, CA 92708</td>
<td>Primary and Specialty Medical Care Services</td>
</tr>
<tr>
<td>Orange Coast Memorial Medical Center</td>
<td>9920 Talbert Ave. Fountain Valley, CA 92708</td>
<td>Primary and Specialty Medical Care Services</td>
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## Community Clinics within Primary Service Area

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<th>Name</th>
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<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>AltaMed Medical Group - Huntington Beach Community Clinic</td>
<td>8041 Newman Ave. Huntington Beach, CA 92647</td>
<td>Primary Care and Dental Services</td>
</tr>
<tr>
<td>Planned Parenthood/Orange &amp; San Bernardino Co.</td>
<td>14372 Beach Blvd. Westminster, CA 92683</td>
<td>Reproductive Health</td>
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## Community Clinics within Secondary Service Area

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central City Community Health Center, Inc.</td>
<td>2237 W Ball Rd. Anaheim, CA 92804</td>
<td>Primary Care</td>
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<tr>
<td>Horizon Pregnancy Center</td>
<td>1561 Springdale St. Huntington Beach, CA 92649</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>North Orange County Regional Health Foundation</td>
<td>901 W Orangethorpe Ave Fullerton, CA 92832</td>
<td>Primary Care</td>
</tr>
<tr>
<td>St. Jude Neighborhood Health Center</td>
<td>731 S Highland Ave. Fullerton, CA 92832</td>
<td>Primary Care</td>
</tr>
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</table>
**Specialty Clinics in Primary and Secondary Market Areas**

### Specialty Clinics within Primary Service Area

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAI - Goldenwest - Westminster</td>
<td>15330 Goldenwest, St. Westminster, CA 92683</td>
<td>Dialysis</td>
</tr>
<tr>
<td>RAI - Hospital Circle - Westminster</td>
<td>290 Hospital Circle Westminster, CA 92683</td>
<td>Dialysis</td>
</tr>
<tr>
<td>Westminster South Dialysis</td>
<td>14014 Magnolia St. Westminster, CA 92683</td>
<td>Dialysis</td>
</tr>
</tbody>
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### Specialty Clinics within Secondary Service Area

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fountain Valley Regional Dialysis Center</td>
<td>17150 Euclid Ave. Fountain Valley, CA 92708</td>
<td>Dialysis</td>
</tr>
<tr>
<td>Fullerton Dialysis</td>
<td>238 Orangefair Mall Fullerton, CA 92832</td>
<td>Dialysis</td>
</tr>
<tr>
<td>Huntington Beach Dialysis</td>
<td>16892 Bolsa Chica St. Huntington Beach, CA 92649</td>
<td>Dialysis</td>
</tr>
<tr>
<td>RAI - Newhope - Fountain Valley</td>
<td>17197 Newhope St. Fountain Valley, CA 92708</td>
<td>Dialysis</td>
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</table>
### Home Health & Hospice Agencies within Primary Service Area

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1 HOME HEALTH CARE</td>
<td>5011 ARGOSY AVE.</td>
<td>HUNTINGTON BEACH</td>
<td>92649</td>
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<tr>
<td>BEST GOLDEN CARE HOSPICE, INC.</td>
<td>11745 EDINGER AVE.</td>
<td>FOUNTAIN VALLEY</td>
<td>92708</td>
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<tr>
<td>HOSPICE OF ORANGE COUNTY, INC.</td>
<td>10840 WARNER AVE.</td>
<td>FOUNTAIN VALLEY</td>
<td>92708</td>
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<tr>
<td>LIFESAVERS' HOME HEALTH SERVICES</td>
<td>903 W WILSHIRE AVE.</td>
<td>FULLERTON</td>
<td>92832</td>
</tr>
<tr>
<td>MORECARE PALLIATIVE AND HOSPICE, INC.</td>
<td>11770 WARNER AVE.</td>
<td>FOUNTAIN VALLEY</td>
<td>92708</td>
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<tr>
<td>SUNRISE HOME HEALTH CARE, LLC</td>
<td>10840 WARNER AVE.</td>
<td>FOUNTAIN VALLEY</td>
<td>92708</td>
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### Health Indicators for Orange County by Race/Ethnicity

#### Huntington Beach Hospital

**Health Indicators by Race/Ethnicity for Orange County**

<table>
<thead>
<tr>
<th>Health Indicator for Orange County</th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy (2013)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men: 80.9</td>
<td>Men: 78.6</td>
<td>Men: 75.9</td>
<td>Men: 82.4</td>
<td></td>
</tr>
<tr>
<td>Women: 84.2</td>
<td>Women: 83.0</td>
<td>Women: 80.1</td>
<td>Women: 86.0</td>
<td></td>
</tr>
<tr>
<td>Percent with health insurance (2011)</td>
<td>68.5%</td>
<td>91.4%</td>
<td>84.1%</td>
<td>84.9%</td>
</tr>
<tr>
<td>Percent living under 100% of Federal poverty level (2009-2011)</td>
<td>Male: 17.8%</td>
<td>Male: 6.1%</td>
<td>Male: 11.3%</td>
<td>Male: 11.5%</td>
</tr>
<tr>
<td>Female: 20.9%</td>
<td>Female: 6.9%</td>
<td>Female: 12.9%</td>
<td>Female: 12.9%</td>
<td></td>
</tr>
<tr>
<td>% of adults age 25+ with high school diploma (2009-2011)</td>
<td>Male: 57.0%</td>
<td>Male: 69.1%</td>
<td>Male: 94.2%</td>
<td>Male: 94.2%</td>
</tr>
<tr>
<td>Female: 59.1%</td>
<td>Female: 95.4%</td>
<td>Female: 91.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of households in crowded conditions (2009-2011)</td>
<td>30.8%</td>
<td>1.5%</td>
<td>6.5%</td>
<td>8.6%</td>
</tr>
<tr>
<td>% of visits to the emergency department that were avoidable (2011)</td>
<td>50.7%</td>
<td>41.0%</td>
<td>42.6%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Birth Rate (# births / 1000 population) (2010)</td>
<td>18.7</td>
<td>8.8</td>
<td>11.1</td>
<td>12.1</td>
</tr>
<tr>
<td>% received early prenatal care (2010)</td>
<td>86.9%</td>
<td>93.1%</td>
<td>86.7%</td>
<td>92.0%</td>
</tr>
<tr>
<td>% of mothers with gestational diabetes (2010)</td>
<td>7.6%</td>
<td>5.4%</td>
<td>6.0%</td>
<td>10.7%</td>
</tr>
<tr>
<td>% of births with low birth weight (2010)</td>
<td>5.8%</td>
<td>6.3%</td>
<td>12.3%</td>
<td>7.7%</td>
</tr>
<tr>
<td>% of births that were preterm (2010)</td>
<td>8.8%</td>
<td>9.1%</td>
<td>13.5%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Infant mortality – rate per 1000 births (2010)</td>
<td>4.5</td>
<td>3.2</td>
<td>*</td>
<td>*2.0</td>
</tr>
<tr>
<td>% of women with postpartum depression (2010-2011)</td>
<td>13.4%</td>
<td>11.9%</td>
<td>*</td>
<td>10.3%</td>
</tr>
<tr>
<td>% of mothers exclusively breastfeeding for first 3 months (2010)</td>
<td>22.3%</td>
<td>47.6%</td>
<td>*</td>
<td>48.5%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Births to teens - per 1000 births (2010)</td>
<td>44.3</td>
<td>6.6</td>
<td></td>
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</tr>
<tr>
<td>% of adults with diabetes (2011-12)</td>
<td>18.7</td>
<td>3.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adults with hypertension (2011-12)</td>
<td>9.3%</td>
<td>10.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adults age 20+ who are obese (2011-12)</td>
<td>24.1%</td>
<td>24.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of 11th graders who used alcohol in the past month (2009/10)</td>
<td>36.2%</td>
<td>35.9%</td>
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</tr>
</tbody>
</table>

Citations

Life Expectancy in Orange County (2015).” Orange County Health Care Agency. Santa Ana, California, October 2015.

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www.ochealthinfo.com/pubs

Estimate unstable
Leading Causes of Hospitalization and Death by Race/Ethnicity
<table>
<thead>
<tr>
<th>Rank</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian/Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pregnancy Childbirth and the Puerperium</td>
<td>Musculoskeletal System and Connective Tissue Diseases and Disorders</td>
<td>Pregnancy Childbirth and the Puerperium</td>
</tr>
<tr>
<td>2</td>
<td>Digestive System Diseases and Disorders</td>
<td>Circulatory System Diseases and Disorders</td>
<td>Circulatory System Diseases and Disorders</td>
</tr>
<tr>
<td>3</td>
<td>Circulatory System Diseases and Disorders</td>
<td>Digestive System Diseases and Disorders</td>
<td>Digestive System Diseases and Disorders</td>
</tr>
<tr>
<td>4</td>
<td>Musculoskeletal System and Connective Tissue Diseases and Disorders</td>
<td>Pregnancy Childbirth and the Puerperium</td>
<td>Nervous System Diseases and Disorders</td>
</tr>
<tr>
<td>5</td>
<td>Newborns and Neonate Conditions Began in Perinatal Period</td>
<td>Infectious and Parasitic Diseases</td>
<td>Respiratory System Diseases and Disorders</td>
</tr>
<tr>
<td>6</td>
<td>Respiratory System Diseases and Disorders</td>
<td>Respiratory System Diseases and Disorders</td>
<td>Infectious and Parasitic Diseases</td>
</tr>
<tr>
<td>7</td>
<td>Infectious and Parasitic Diseases</td>
<td>Mental Diseases and Disorders</td>
<td>Musculoskeletal System and Connective Tissue Diseases and Disorders</td>
</tr>
<tr>
<td>8</td>
<td>Mental Diseases and Disorders</td>
<td>Nervous System Diseases and Disorders</td>
<td>Newborns and Neonate Conditions Began in Perinatal Period</td>
</tr>
<tr>
<td>9</td>
<td>Nervous System Diseases and Disorders</td>
<td>Kidney and Urinary Tract Diseases and Disorders</td>
<td>Kidney and Urinary Tract Diseases and Disorders</td>
</tr>
<tr>
<td>10</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Endocrine Nutritional and Metabolic Diseases and Disorders</td>
</tr>
</tbody>
</table>

Excludes Normal Newborns
<table>
<thead>
<tr>
<th>Rank</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian/Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pregnancy Childbirth and the Puerperium</td>
<td>Musculoskeletal System and Connective Tissue Diseases and Disorders</td>
<td>Pregnancy Childbirth and the Puerperium</td>
</tr>
<tr>
<td>2</td>
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<td>Circulatory System Diseases and Disorders</td>
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<td>Pregnancy Childbirth and the Puerperium</td>
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</tr>
<tr>
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<td>Respiratory System Diseases and Disorders</td>
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</tr>
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<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Mental Diseases and Disorders</td>
<td>Kidney and Urinary Tract Diseases and Disorders</td>
</tr>
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<td>9</td>
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</tr>
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<td>Infectious and Parasitic Diseases</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Newborns and Neonate Conditions Began in Perinatal Period</td>
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Excludes Normal Newborns
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<thead>
<tr>
<th>Rank</th>
<th>Leading Cause of Death - Hispanic</th>
<th>Primary Service Area - Health Indicator</th>
<th>White</th>
<th>Asian/Pacific Islander</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td>Respiratory System Diseases and Disorders</td>
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</tr>
<tr>
<td>3</td>
<td>Nervous System Diseases and Disorders</td>
<td>Circulatory System Diseases and Disorders</td>
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</tr>
<tr>
<td>4</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Digestive System Diseases and Disorders</td>
<td>Nervous System Diseases and Disorders</td>
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</tr>
<tr>
<td>5</td>
<td>Newborns and Neonate Conditions Began in Perinatal Period</td>
<td>Nervous System Diseases and Disorders</td>
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</tr>
<tr>
<td>6</td>
<td>Endocrine Nutritional and Metabolic Diseases and Disorders</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Kidney and Urinary Tract Diseases and Disorders</td>
<td>Kidney and Urinary Tract Diseases and Disorders</td>
<td>Myeloproliferative Diseases and Poorly Differentiated Neoplasms</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Circulatory System Diseases and Disorders</td>
<td>Musculoskeletal System and Connective Tissue Diseases and Disorders</td>
<td>Endocrine Nutritional and Metabolic Diseases and Disorders</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Myeloproliferative Diseases and Poorly Differentiated Neoplasms</td>
<td>Multiple Significant Trauma</td>
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<tr>
<td>10</td>
<td>Skin Subcutaneous Tissue and Breast Diseases and Disorders</td>
<td>Injuries Poisonings and Toxic Effects of Drugs</td>
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### Leading Causes of Death by Race/Ethnicity

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<tbody>
<tr>
<td>1</td>
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<td>Infectious and Parasitic Diseases</td>
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</tr>
<tr>
<td>2</td>
<td>Circulatory System Diseases and Disorders</td>
<td>Respiratory System Diseases and Disorders</td>
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<td>3</td>
<td>Respiratory System Diseases and Disorders</td>
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<tr>
<td>4</td>
<td>Nervous System Diseases and Disorders</td>
<td>Nervous System Diseases and Disorders</td>
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<td>5</td>
<td>Myeloproliferative Diseases and Poorly Differentiated Neoplasms</td>
<td>Digestive System Diseases and Disorders</td>
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<td>6</td>
<td>Digestive System Diseases and Disorders</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
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</tr>
<tr>
<td>7</td>
<td>Newborns and Neonate Conditions Began in Perinatal Period</td>
<td>Kidney and Urinary Tract Diseases and Disorders</td>
<td>Kidney and Urinary Tract Diseases and Disorders</td>
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</tr>
<tr>
<td>8</td>
<td>Hepatobiliary System and Pancreas Diseases and Disorders</td>
<td>Injuries Poisonings and Toxic Effects of Drugs</td>
<td>Multiple Significant Trauma</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Human Immunodeficiency Virus Infections</td>
<td>Musculoskeletal System and Connective Tissue Diseases and Disorders</td>
<td>Injuries Poisonings and Toxic Effects of Drugs</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Endocrine Nutritional and Metabolic Diseases and Disorders</td>
<td>Myeloproliferative Diseases and Poorly Differentiated Neoplasms</td>
<td>Factors on Health Status and Other Contacts With Health Services</td>
<td></td>
</tr>
</tbody>
</table>
Sample Survey Forms - English Language

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 cooperation.

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?
○ Male
○ Female

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

8. 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

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

9. Do you currently have health insurance?
○ Yes
○ 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)?
○ Cannot afford insurance
○ Lost employment
○ Insurance company refused coverage for health reasons
○ Employer does not pay for insurance
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
13. In the past 5 years, have you had a (fill in all that apply):

- **Hearing Test**
  - Yes
  - No
  - Do not know

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

- **Diabetes Check**
  - Yes
  - No
  - Do not know

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

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

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.
Huntington Beach Hospital
Community Health Survey
June 2015

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

How many times a week do you exercise?
- 0
- 1-2
- 3-4
- 5-7

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

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

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

19. If Yes, how many?
- Just one
- 2 to 3
- 4 to 5
- Over 5

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

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

COMMUNITY INFORMATION

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

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

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

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

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

28. Which four diseases/conditions do you believe are the most common in our community?
- Cancer-general
- Breast Cancer
- Respiratory diseases-adults
- Asthma-children
- Diabetes
- Heart disease
- High Blood Pressure
- Poor Nutrition
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?
2014-16
Orange County Health Improvement Plan

2014 Annual Report

www.ochealthiertogether.org
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 OCHHealthierTogether.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, OCHHealthierTogether.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 80% of pregnant women in all demographic or geographic subgroups in Orange County will receive early prenatal care.

<table>
<thead>
<tr>
<th>Performance Measure(s)</th>
<th>Data Source</th>
<th>2011 Baseline</th>
<th>2015 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of women receiving prenatal care in the first three months of pregnancy</td>
<td>Orange County, Maternal Birth Fizz</td>
<td>&lt;20 year olds: 74.3%</td>
<td>85.4% increase for each group with disparities</td>
</tr>
</tbody>
</table>

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 OCCHIP.

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.
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%.

<table>
<thead>
<tr>
<th>Performance Measure(s)</th>
<th>Data Source</th>
<th>2012 Baseline</th>
<th>2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of newborns exclusively breastfeeding through 3 months</td>
<td>CSPH Maternal and Infant Health Survey</td>
<td>31.5%</td>
<td>44% by 2020</td>
</tr>
<tr>
<td>2. Demographic subgroups with disparity in percentage of newborns exclusively breastfeeding through 3 months</td>
<td>CSPH Maternal and Infant Health Survey</td>
<td>Latinos: TBD</td>
<td>All subgroups will have at least TBD percentage of newborns exclusively breastfeeding through 3 months</td>
</tr>
</tbody>
</table>

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 OCHP.

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.
2014 Accomplishments:

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

Key Strategies:
1. Complete and disseminate Orange County Healthy Aging Initiative’s Annual Wellness Visit toolkit to providers.
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.

<table>
<thead>
<tr>
<th>Performance Measure(s)</th>
<th>Data Source</th>
<th>2012/13 Baseline</th>
<th>2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 5th graders within healthy fitness zone for body composition</td>
<td>California Department of Education, Physical Fitness Test</td>
<td>18.7% (2012/13)</td>
<td>80% by 2020</td>
</tr>
<tr>
<td>2. All schools will have at least TBD of 5th graders within healthy fitness zone for body composition</td>
<td>California Department of Education, Physical Fitness Test</td>
<td>TBD schools have TBD or more % of 5th Graders outside of healthy fitness zone.</td>
<td>TBD</td>
</tr>
</tbody>
</table>

June 2015
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 H&AL 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.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Local Source</th>
<th>2011-12 Baseline</th>
<th>2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults reporting having diabetes</td>
<td>California Health Interview Survey</td>
<td>7.4%</td>
<td>TBD</td>
</tr>
</tbody>
</table>

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.

June 2015
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:

Plannings: 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.

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

June 2015
2014 Accomplishments:

Planning: Orange County Health Care Agency, Public Health Services, Behavioral Health Services, and CalOptima have been working together to create a workgroup to address items in the OCHIP. At this time, collaboratives such as the Orange County Prescription and Over the Counter 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 drinking 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.
### 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 [UH] 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.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>OC</th>
<th>CA</th>
<th>US</th>
<th>Trend</th>
<th>Sub-Group Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary Measures of Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy</td>
<td>81.9</td>
<td>Not available</td>
<td>78.7</td>
<td>+0.3% per year ◆</td>
<td></td>
</tr>
<tr>
<td>Average life expectancy at birth of residents in 2016 per Death File</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td><strong>Social and Economic Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>12.9</td>
<td>16.5</td>
<td>15.9</td>
<td>+7.8% per year ◆</td>
<td></td>
</tr>
<tr>
<td>% of population living under 50% of federal poverty level in 2011 per US Census Bureau</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Latino minorities: 17.8%</td>
<td>10.2%</td>
<td>14.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>African Americans: 17.3%</td>
<td>11.6%</td>
<td>16.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Santa Ana: 22.4%</td>
<td>22.4%</td>
<td>22.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Garden Grove: 22.8%</td>
<td>22.8%</td>
<td>22.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Westminster: 19.1%</td>
<td>19.1%</td>
<td>19.1%</td>
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</tr>
<tr>
<td></td>
<td>Fullerton: 15.9%</td>
<td>15.9%</td>
<td>15.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Latino males: 17.0%</td>
<td>10.2%</td>
<td>14.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>African American males: 16.7%</td>
<td>11.6%</td>
<td>16.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Santa Ana: 22.1%</td>
<td>22.1%</td>
<td>22.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Garden Grove: 22.5%</td>
<td>22.5%</td>
<td>22.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Westminster: 19.0%</td>
<td>19.0%</td>
<td>19.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fullerton: 15.8%</td>
<td>15.8%</td>
<td>15.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school diploma</td>
<td>84.0</td>
<td>81.1</td>
<td>85.9</td>
<td>+0.3% per year ◆</td>
<td></td>
</tr>
<tr>
<td>% of individuals 15 and older who had a high school diploma or equivalent in 2011 per US Census Bureau</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SUMMARY OF KEY HEALTH INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>OC</th>
<th>CA</th>
<th>US</th>
<th>Trend</th>
<th>Sub-Group Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social and Economic Indicators (Continued)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowded living</td>
<td>9.7%</td>
<td>3.3%</td>
<td>3.3%</td>
<td>+1.5% per year +1.0 (2005-2011)</td>
<td>Latinos: 30.9% Pacific Islanders: 20.8% Santa Ana: 33.5% Stanton: 22.5% La Habra: 22.0% Anaheim: 15.9% Garden Grove: 16.6% Westminster: 12.7% Buena Park: 12.6%</td>
</tr>
<tr>
<td>Violent crime</td>
<td>21.3 per 10,000</td>
<td>41.1 per 10,000</td>
<td>28.6 per 10,000</td>
<td>-4.1% per year -4.0 (2002-2011)</td>
<td>Demographic comparison not shown as population size may impact crime rate.</td>
</tr>
<tr>
<td><strong>Health Care Access and Utilization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td>82.7%</td>
<td>81.9%</td>
<td>84.9%</td>
<td>+0.3% per year +0.4 (2008-2011)</td>
<td>Latinos: 60.7% APIs: 31.0% Puerto Ricans: 4.8% 65+ year old: 81.6% 18-49 year old: 49.4% Santa Ana: 66.7% Anaheim: 49.2%</td>
</tr>
<tr>
<td>Avoidable emergency department visits</td>
<td>44.6%</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Latinos: 60.7% APIs: 31.0% Puerto Ricans: 4.8% 65+ year old: 81.6% 18-49 year old: 49.4% Santa Ana: 66.7% Anaheim: 49.2%</td>
</tr>
<tr>
<td>Dental visits - Children</td>
<td>92.2%</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>None</td>
</tr>
<tr>
<td>Dental visits - Adults</td>
<td>75.2%</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>African Americans: 45.5%</td>
</tr>
<tr>
<td><strong>Maternal, Child, and Adolescent Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality [LH]</td>
<td>3.8 per 1,000</td>
<td>4.7 per 1,000</td>
<td>6.5 per 1,000</td>
<td>-1.7% per year -0.7 (2001-2010)</td>
<td>Latinos: 4.6</td>
</tr>
<tr>
<td>Preterm births [LH]</td>
<td>8.9%</td>
<td>9.9%</td>
<td>12.0%</td>
<td>-0.7% per year -0.6 (2001-2010)</td>
<td>African Americans: 15.5% 15-30 year olds: 20.4% 40+ year olds: 14.4</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>6.4%</td>
<td>6.8%</td>
<td>8.2%</td>
<td>+0.5% per year +0.5 (2001-2010)</td>
<td>APIs: 7.7% African Americans: 12.5% 20 year olds: 7.8% 25-39 year olds: 7.9% 40-64 year olds: 10.9%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>10.0%</td>
<td>22.4%</td>
<td>Not available</td>
<td>Not comparable - methodology change</td>
<td>Latinos: 31.5%</td>
</tr>
</tbody>
</table>

57 * Reference Documents 80 * Orange County Health Improvement Plan

Huntington Beach Hospital Community Needs Assessment, 2015
## SUMMARY OF KEY HEALTH INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>OC</th>
<th>CA</th>
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<th>Trend</th>
<th>Sub-Group Disposition</th>
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<tbody>
<tr>
<td><strong>Immunizations [LHI]</strong>&lt;br&gt;% of kindergarteners with up-to-date immunizations per Kindergarten Assessment Records&lt;br&gt;Capistrano USD: 75.4%&lt;br&gt;Laguna Beach USD: 77.0%</td>
<td>89.3%</td>
<td>90.3%</td>
<td>Not available</td>
<td>-0.4% per year (2008-2012)</td>
<td>&lt;br&gt;Latino: 44.6%&lt;br&gt;Santa Ana: 51.5%&lt;br&gt;Ladera: 61.2&lt;br&gt;Le Filere: 52.9&lt;br&gt;Steele Canyon: 52.7&lt;br&gt;Costa Mesa: 51.3&lt;br&gt;Tustin: 54.9</td>
</tr>
<tr>
<td><strong>Births to Teens</strong>&lt;br&gt;Rate of births to teens 15-19 years of age per 1,000 per 2010 Births&lt;br&gt;Function</td>
<td>22.4 per 1,000</td>
<td>21.5 per 1,000</td>
<td>24.2 per 1,000</td>
<td>-4.0% per year (2005-2010)</td>
<td>&lt;br&gt;Latino: 22.7&lt;br&gt;Santa Ana: 19.6&lt;br&gt; unconformable 5.0%</td>
</tr>
<tr>
<td><strong>Chronic Diseases and Conditions</strong>&lt;br&gt;Diabetes&lt;br&gt;% adults reporting having diabetes per 2013-2014 DHIS</td>
<td>7.4%</td>
<td>8.4%</td>
<td>9.0%</td>
<td>Not comparable – methodology change</td>
<td>&lt;br&gt;Latino males: 9.3%&lt;br&gt;Latino females: 10.9%&lt;br&gt;45-64 year old: 11.6%&lt;br&gt;65 year old: 16.0%</td>
</tr>
<tr>
<td><strong>High blood pressure</strong>&lt;br&gt;% adults reporting having been diagnosed with hypertension per 2011-2012 DHIS</td>
<td>25.4%</td>
<td>27.2</td>
<td>30.8%</td>
<td>Not comparable – methodology change</td>
<td>&lt;br&gt;White males: 28.7%&lt;br&gt;White females: 26.5%&lt;br&gt;45-64 year old: 33.3%&lt;br&gt;65 year old: 38.5%</td>
</tr>
<tr>
<td><strong>Child (5th Grade) body composition [LHI]</strong>&lt;br&gt;% 5th graders within healthy fitness range per 2012/13 DHIS</td>
<td>56.7%</td>
<td>53.2%</td>
<td>Not comparable</td>
<td>-1.2% per year (2010/11-2012/13)</td>
<td>&lt;br&gt;Latino: 44.6%&lt;br&gt;Santa Ana: 41.1%&lt;br&gt;Orange: 36.6%</td>
</tr>
<tr>
<td><strong>Adolescent (9th Grade) body composition [LHI]</strong>&lt;br&gt;% 9th graders within healthy fitness range per 2013/14 DHIS</td>
<td>65.3%</td>
<td>58.9%</td>
<td>Not comparable</td>
<td>-1.5% per year (2010/11-2012/13)</td>
<td>&lt;br&gt;Latino: 65.8%&lt;br&gt;Santa Ana: 57.9%&lt;br&gt;Orange: 53.6%</td>
</tr>
<tr>
<td><strong>Adult obesity [LHI]</strong>&lt;br&gt;% adults reporting being obese per 2011-2012 DHIS</td>
<td>23.8%</td>
<td>25.4%</td>
<td>27.8%</td>
<td>Not comparable – methodology change</td>
<td>&lt;br&gt;Latino females: 33.8%&lt;br&gt;45-64 year old: 27.0%</td>
</tr>
<tr>
<td><strong>Asthma hospitalizations in children</strong>&lt;br&gt;Rate of hospitalizations due to asthma in children under 5 per 1,000 per 2010 DHIS</td>
<td>19.3 per 10,000</td>
<td>Not available</td>
<td>Not available</td>
<td>-2.4% per year (2003-2010)</td>
<td>&lt;br&gt;White: 22.5</td>
</tr>
<tr>
<td><strong>Chronic Diseases Deaths</strong>&lt;br&gt;Heart Disease deaths&lt;br&gt;Rate of deaths per 100,000 population due to ischemic heart disease per 2010 Death File</td>
<td>100.1 per 100,000</td>
<td>100.5 per 100,000</td>
<td>113.6 per 100,000</td>
<td>-5.0% per year (2005-2010)</td>
<td>&lt;br&gt;White males: 152.1</td>
</tr>
</tbody>
</table>
# SUMMARY OF KEY HEALTH INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>OC</th>
<th>CA</th>
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<th>Trend</th>
<th>Sub-Group Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic Diseases Deaths (Continued)</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke) deaths</td>
<td>35.8 per 100,000</td>
<td>36.4 per 100,000</td>
<td>35.1 per 100,000</td>
<td>-3.9% per year ●</td>
<td>None</td>
</tr>
<tr>
<td>Alzheimer’s Disease deaths</td>
<td>34.2 per 1,000</td>
<td>29.0 per 1,000</td>
<td>25.1 per 1,000</td>
<td>+12.5% per year ●</td>
<td>White females: 42.7</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases (CLRD) deaths</td>
<td>32.1 per 100,000</td>
<td>35.5 per 100,000</td>
<td>42.2 per 100,000</td>
<td>-2.0% per year ●</td>
<td>White females: 91.6, white males: 52.6</td>
</tr>
<tr>
<td><strong>Cancer Deaths</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lung cancer deaths</td>
<td>33.8 per 100,000</td>
<td>36.0 per 100,000</td>
<td>47.6 per 100,000</td>
<td>-2.5% per year ●</td>
<td>White females: 55.2</td>
</tr>
<tr>
<td>Colorectal cancer deaths</td>
<td>13.9 per 100,000</td>
<td>13.8 per 100,000</td>
<td>15.8 per 100,000</td>
<td>-1.5% per year ●</td>
<td>White females: 14.7, Asian males: 15.0</td>
</tr>
<tr>
<td>Female breast cancer deaths</td>
<td>20.8 per 100,000</td>
<td>20.0 per 100,000</td>
<td>22.1 per 100,000</td>
<td>-1.1% per year ●</td>
<td>White: 23.6</td>
</tr>
<tr>
<td>Prostate cancer deaths</td>
<td>20.4 per 100,000</td>
<td>20.9 per 100,000</td>
<td>21.9 per 100,000</td>
<td>-1.5% per year ●</td>
<td>White: 25.0</td>
</tr>
<tr>
<td><strong>Communicable Diseases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>24.1 per 100,000</td>
<td>43.0 per 100,000</td>
<td>46.0 per 100,000</td>
<td>+5.0% per year ●</td>
<td>Females 15-24 years: 162.6, Males: 15-29 years: 161.6, females 25-44 years: 355.5, Santa Ana: 479.2, Anaheim: 696.4, Stanton: 264.0, Garden Grove: 561.4, Costa Mesa: 201.0, Los Alamitos: 297.0, Orange: 293.2, Fullerton: 298.0</td>
</tr>
</tbody>
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## SUMMARY OF KEY HEALTH INDICATORS

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</tr>
<tr>
<td>(Continued)</td>
<td></td>
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</tr>
</tbody>
</table>
| HIV – New Cases            | 9.8 | 13.2| 15.6| -5.0% per year -1.7 (2006-2011) | White males: 10.2
Latino males: 26.2
AI/An males: 28.0
25-29 year olds: 20.6
30-39 year olds: 22.7
Legume Beach: 33.7
Santa Ana: 21.1
Alhambra: 14.1
Orange: 12.0
Westminster: 11.9
Brea Park: 11.2 |
| HIV – Living Cases         | 219.6| 259.7| Not Available | +3.7% per year +54.0 (2008-2011) | White males: 45.5
Latino males: 45.5
AI/An males: 90.3
AI/An females: 43.1
25-39 year olds: 242.3
40-59 year olds: 493.1 |
| **Injuries and Accidents** |     |     |     |         |                       |
| Injury deaths              | 31.1| 41.8| 57.9| -1.0% per year -3.1 (2001-2010) | All males: 37.4
Huntington Beach: 37.4 |
| Unintentional injury deaths| 18.9| 25.7| 36.0| -1.7% per year -5.4 (2001-2010) | White males: 36.1
white females: 15.8
45-64: 25.0
65+ years: 52.2 |
| **Health Behaviors**       |     |     |     |         |                       |
| Physically Inactive        | 21.1| 20.4| 23.9| +2.0% per year +1.9 (2005-2010) | Not available |
| Adult smoking              | 12.0| 12.8| 21.2| Not comparable – methodology change | Male: 15.5
20-44 year olds: 14.0 |
| Adolescent smoking         | 15.0| Not available | Not available | -5.1% per year -0.7 (2005/06-2009/10) | White males: 17.2
white females: 24.8
AI/An males: 23.9
AI/An females: 16.3
Lagune Beach USD: 28.0
Newport-Mesa USD: 30.1
Brea-Olinda USD: 17.7
Capitola USD: 17.0
Orange USD: 16.5 |
## SUMMARY OF KEY HEALTH INDICATORS

### Health Behaviors (Continued)

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</tr>
</thead>
<tbody>
<tr>
<td>Adult binge drinking [LTH]</td>
<td>14.9%</td>
<td>15.8%</td>
<td>15.1%</td>
<td>-2.6% per year ●</td>
<td>-0.8 (2006-2010) Not available</td>
</tr>
<tr>
<td>Adolescent alcohol use [LTH]</td>
<td>31.9%</td>
<td>-</td>
<td>-</td>
<td>+1.8% per year ●</td>
<td>1.6 (2005/06-2009/10) White males: 35.1% White females: 27.5% Latino males: 36.3% Latino females: 35.9% Hawaiian/Other: 30.6% Laguna Beach USD: 47.7% Capistrano USD: 37.2%</td>
</tr>
<tr>
<td>Adolescent drug use [LTH]</td>
<td>20.5%</td>
<td>-</td>
<td>-</td>
<td>-2.3% per year ●</td>
<td>-2.6 (2005/06-2009/10) All males: 23.7% White males: 35.5% Latino males: 26.6% Af Am male: 34.4% Pl male: 25.0% Laguna USD: 29.6% Newport-Mesa USD: 27.6% Capistrano USD: 25.0% Orange USD: 23.2% Baldwin USD: 25.0% Tustin USD: 21.9%</td>
</tr>
<tr>
<td>Drug induced deaths</td>
<td>10.3 per 100,000 population per 2013 Death File</td>
<td>-</td>
<td>-</td>
<td>Not available All males: 11.8 White males: 25.5 White females: 13.4</td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
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<th>Sub-Group Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicides [LTH] Rate of suicide per 100,000 per 2013 Death File</td>
<td>8.5 per 100,000</td>
<td>9.7 per 100,000</td>
<td>12.1 per 100,000</td>
<td>No change</td>
<td>All males: 15.5 White males: 19.3 Asian males: 9.7</td>
</tr>
<tr>
<td>Depression % adults reporting Major Depressive Episode per 2013 National Survey on Drug Use and Health</td>
<td>Not available</td>
<td>Not available</td>
<td>6.6%</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Mental diseases and disorders hospitalizations</td>
<td>59.2 per 10,000</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>White males: 79.3 White females: 66.0 Af Am males: 70.3 Af Am females: 74.7</td>
</tr>
</tbody>
</table>

### 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
- CHS = California Health Interview Survey
- CMHC = California Master Health Care Survey
- Death File = Orange County Master Death File
- DHS = Department of Health Services
- DPH = Department of Public Health
- HIV = Human Immunodeficiency Virus
- MIA = Maternal and Infant Health Assessment
- mMRI = Modified Racial/Ethnic Environments Index
- OCDE = Orange County Department of Education
- OCHCA = Orange County Health Care Agency
- OCCHO = Orange County Health Needs Assessment
- OSHPD = Office of Statewide Health Planning and Development
- SWTRRS = Statewide Integrated Traffic Records System
- US = United States
- USD = Unified School District
CITATIONS

Infant and Child Health Plan


Older Adult Health Plan

1. The Power of Preventing Chronic Disease...The Public Health Challenge of the 21st Century; National Center for Chronic Disease Prevention and Health Promotion, 2009.
CITATIONS


Obesity and Diabetes Plan


Behavioral Health Plan


Selecting Priorities


