



## COMMUNITY HEALTH NEEDS ASSESSMENT 2018



La Palma Intercommunity Hospital

La Palma Intercommunity Hospital endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.

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# 2018 LA PALMA INTERCOMMUNITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

## EXECUTIVE SUMMARY

### Process Overview

In accordance with requirements under the Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, La Palma Intercommunity Hospital (LPIH) 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 La Palma Intercommunity Hospital (LPIH) for around 1.2 million residents of the hospital service area located in a total of 7 zip codes (incorporated and unincorporated cities/communities), mostly in northwest Orange and southeastern Los Angeles Counties. This area is mostly built out, with minimal undeveloped portions. LPIH provides services to this geographically, economically, and ethnically diverse region.

La Palma Intercommunity Hospital contracted with KeyGroup (KEYGROUP) to conduct a Community Health Needs Assessment that complied with California's Senate Bill 697 (SB 697) and also meets requirements under the Patient Protection and Affordable Care Act. The process and the outcome of the CHNA are described in this report. To better understand the health needs in the hospital service area, KEYGROUP reviewed numerous state and county sources. A local literature review was conducted, and community assets and resources were documented.

KEYGROUP's research elicited 24 health needs as stated by focus groups, key informant interviews and surveys. In order to cut down the list of health needs, a multi-voting approach was executed with 34 participants in the prioritization meeting. The participants were instructed to identify and mark the most important health needs. This process streamlined the list to 15 top health needs. In the second round of the multi-voting process, the participants were asked to rank these health needs from 10 (being most important) to 6 (being least important). Using these rankings, each health need was assigned a point value. After the ranking process, only six

needs scored over 35 points, so the top six were selected as primary areas of concentration. These were submitted to the Steering Committee for final prioritization in terms of LPIH's response.

## **PRIMARY COMMUNITY NEEDS - SUMMARY OF FOCUS GROUP DELIBERATION**

A summary for each immediate health need deemed most important, and addressable by LPIH is provided below, listed in order from highest to lowest priority. Each issue includes a discussion of means by which LPIH can impact the conditions listed.

1. **Mental Health** – This issue received 64 points. Several respondents mentioned a limited supply of mental health services, as well as a historical lack of payment programs for mental health services. There was also a significant gap expressed between 5150 involuntary commitment services and voluntary commitment programs. This was Priority Area #4 in the *Orange County Health Improvement Plan 2017-2019*. LPIH and other Prime hospitals are currently leaders in serving inpatient mental health needs of clients, but the treatment of mental health conditions is evolving rapidly and programs must continually be reviewed in order to stay abreast of the changes. LPIH staff is actively reviewing changes in treatment methodologies and developing new programs to better serve the mental health needs of its communities.
2. **Training for Mental Health Services** - This issue is directly related to Issue #1, but highlights the need for education of first responders and clinicians as to the varying needs of subgroups in the mental health spectrum, including drug and alcohol abuse, misuse of prescription pharmaceuticals, medication compliance, interactions with homeless persons who may or may not be having mental health crises, and other issues. LPIH's staff can provide expert guidance to first responders in dealing with these various issues, in addition to serving as an institutional resource for those who require inpatient services.
3. **Housing for Homeless** - While hospitals are not housing providers, they can provide short-term shelter when medical crises occur to homeless individuals. LPIH has capacity to serve clients whose immediate needs involve housing with medical services, and will continue to work with longer-term housing providers to ease the transition to more stable environments. If reimbursement programs change to encompass housing solutions, LPIH is well-positioned to be a provider or coordinator in the referral process.
4. **Coordinating Transitions Between Care Levels** – As Social Determinants of Health become more recognized as important factors in maintaining residents in their homes, hospitals and other institutional providers must develop protocols to facilitate movement to and from hospitals, including coordination of services and transfer of patient information between providers. It is also important to be an advocate for highlighting high users of hospital services, and working with social service agencies and

first responders to coordinate services to prevent crises that cause these people to access health providers unnecessarily. LPIH can work with local agencies to develop the protocols that aid residents to recognize problems and solve them without resorting to emergency services.

5. **Veterans' Issues** – As more veterans return from active service, and older veterans age, the need for services among military retirees is increasing. The logical first responder to these needs in the Veterans' Administration healthcare system, but many veterans experience problems that bring them to other hospitals or service providers. LPIH can assist the veterans themselves as they appear at the hospital, and coordinate with VA and veterans' organizations in maintaining care for these patients following their acute episodes.
6. **Low Income Care Placement** - This issue revolved around worries that low-income clients would still have problems accessing hospital services due to deductibles and copays. The problem has morphed somewhat from lack of insurance as expressed in the last Community Health Needs Assessment in 2015, to problems paying deductibles, which under many Covered California plans may reach multiple thousands. Hospitals are addressing this by assisting clients in getting qualified for coverage they may not realize exists. The secretary of Health and Human Services has suggested that Medicare/Medicaid providers may be allowed in the future to provide financial housing assistance to ensure safe living conditions for low-income clients upon discharge from hospital care. LPIH will monitor this development, and participate in programs developed, to the extent allowed in developing/managing/financing placement alternatives to the extent allowed by regulations.

It is important to note that most of the issues raised above are not medical diagnoses, but instead are lifestyle and economic conditions which generated need for medical care. In order to bring attention to medical issues in the area, LPIH reviewed the *Orange County Health Improvement Plan 2017-2019 (OCHIP)*. This document outlines four **priority areas**, of which all are within the purview of services offered by LPIH. These priority areas are summarized here.

7. **Priority Area 1: Infant and Child Health** – This area is considered a relatively well-served function of hospitals with 86.1% of all mothers-to-be receiving prenatal care, although rates are lower in some ethnic groups. The first goal in this area is to increase the percentage of mothers-to-be receiving prenatal care to 90%, and reduce the differential among ethnic groups by 2%. The second goal is to increase the number of mothers breastfeeding at three months. Both goals have been met by LPIH clients in the past, but the service is being phased out, so new patients will be redirected to other community resources. Any deliveries coming to the emergency room will be served in the best possible manner, and referred to other providers as soon as they can be stabilized and safely transported.

8. **Priority Area 2: Older Adult Health** - By 2040, 1 in 4 residents of Orange County will be 65 or older. The public health system is challenged to meet the needs of this growing population. The OCHIP outlines two objectives to address the issue. First, to improve wellness and quality of life of older adults in the county, the OCHIP sets a goal of increasing utilization of Annual Wellness Visits by 5% each year. LPIH can assist in this objective by offering clients access to Annual Wellness Visits when they are seen for emergent health problems. Second, to reduce complications of chronic disease by increasing completion rates in chronic disease self-management program by 10%. LPIH can assist in this process by providing such programs both on site and in community settings.
9. **Priority Area 3: Obesity and Diabetes** – The OCHIP focuses on children, noting that 1 in 6 fifth graders is obese, but also notes that obesity rates overall have increased by 22.4% between 2005 and 2014. Goals set to address this issue include increasing the proportion of residents who are in a healthy weight category. This is to be accomplished by supporting community specific coalitions to implement collective impact approaches that includes multi-sector interventions. LPIH is currently involved in several of these activities and plans to continue its participation. A second goal is to reverse the trend of increasing incidence of diabetes among Orange County Adults. As with the previous goal, the OCHIP plan includes promotion and expansion of the availability and utilization of effective diabetes prevention and self-management programs by persons who are risk for diabetes and living with prediabetes, diabetes, or gestational diabetes.
10. **Priority Area 4: Behavioral Health** – This Area coincides well with issues raised by the Focus Group, as well as with LPIH’s goal of providing comprehensive services to residents with behavioral and mental health problems. Orange County’s hospitalization rates due to alcohol abuse and substance abuse were reported by OCHIP to be higher than the state average. Only half of Orange County adults who needed behavioral health services reports receiving them. The Goals outlined in the OCHIP document are congruent with plans in place and in process at LPIH. Specific goals include:
  - a. Reduce drug and alcohol abuse in Orange County. This includes programs to address underage substance abuse, reduce impaired driving collisions, reduce opioid-related visits to Orange County emergency rooms, and create a clearinghouse of resources to manage changes in marijuana laws. LPIH can be most effective in working with its medical staff to reduce opioid use to address this goal.
  - b. Increase the number of Orange County residents who experience emotional and mental wellbeing throughout their lifespan. The program strategy involves working with the Orange County Health Care Agency Behavioral Health Services (OCHCABHS) to publish a comprehensive assessment of the mental health system of care, needs and gaps. As LPIH develops



its new capabilities in inpatient mental health care, it will coordinate with OCHCABHS to ensure that services needed are made available at LPIH to the extent allowed.

### **Steering Committee Review**

The steering committee reviewed the priorities submitted and approved them, with particular emphasis on how the hospital could address specific needs in each category. Specific programs and services are itemized in the Implementation Plan, which is a separate document found elsewhere on the website. Committee members serve on the hospital board and oversee all operations of the hospital.

The Committee includes:

- Hassan Alkhouli, MD, Regional Chief Medical Officer – Physician Member
- Mylinh Bui, Regional Chief Financial Officer – Administrative Member
- H. Mark Fatemi, MD, Physician Member
- Alan Heilpern, MD, Physician Member
- Norman Kuo, MD, PhD, Physician Member
- Hilda Manzo-Luna, BSN, PHN, MSN, Chief Nursing Officer – Administrative Member
- Edward “Ed” Mirzabegian, Chief Executive Officer – Vice Chairman
- Brian O’Neal, Community Member
- Marlene Pritchard, Community Member
- Mark Scheier, MD, Physician Member
- Sami Shoukair, MD, Chief Medical Officer – Chairman

## **ACKNOWLEDGMENTS**

This CHNA 2018 is the result of the commitment and efforts of many individuals who contributed time, expertise and resources to create a comprehensive and effective community assessment. Special thanks go to the Steering Committee and the Advisory Committee members, the staff at La Palma Intercommunity 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.

## **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 healthcare department representatives, city government representatives, public health representatives, healthcare providers, service providers, realtors and minority group leaders. The tools utilized are summarized below.

### **Community Health Needs Survey**

A survey was disseminated to the community via online access through the Hospital's website as well as being distributed by the Steering Committee members across the community in English, Spanish, Korean, Mandarin Chinese and Vietnamese versions. The survey reached patients and community members of all ages and backgrounds. A total of 54 Surveys were collected. Copies of the survey forms are 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 La Palma Intercommunity 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, and a summary of results is discussed in the Key Findings Section of this report.

### **Key Stakeholders Interviews**

Extensive interviews with community leaders who 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.

Each person was asked to name up to five primary community health issues, and additional issues were solicited after discussion of the major items. Each respondent was then asked to discuss which of the issues named were most amenable to intervention by LPIH, and to discuss how those interventions could work. Finally, the respondents were asked to imagine being given power over all healthcare issues in their respective areas, and asked what two community health issues they would attempt to solve, and how they would solve them.

The needs expressed by these leaders were summarized and provided as supplements to the list of issues reviewed and prioritized by the focus group discussed below. 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 34 local community members, representing various city agencies, local clinics, ethnic groups, social service agencies, and community health providers. The group was first asked to provide opinions as to the most important community health needs in a “brainstorming” session. 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 24 possible issues to be addressed.

The ideas were then filtered to a total of six primary needs via a “place the dots” vote, using adhesive dots (six per participant) and allowing each member to place the dots next to issues they considered the most important. Six issues generated more than 15 responses each. These six were ranked in a second round of “place the dots”, using labels with values from 10 (most important) to 6 (least important), considering both their need in the community and the ability of LPIH 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 (PSA), 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. 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](http://www.ochealthiertogether.org)), the federal database *Healthy People 2020* ([www.healthindicators.gov](http://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 report titled *Orange County Health Improvement Plan 2017-2019 (OCHIT)* for countywide comparisons with local conditions surrounding LPIH. *Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans and has established nationally recognized benchmarks and progress monitoring. *Healthy People 2020* is the result of a multiyear process that reflects input from a diverse group of individuals and organizations, and much of its data is incorporated into *Orange County’s Healthier Together 2017/2019* report. Selected portions of this report are appended as attachments to this report.

## 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.

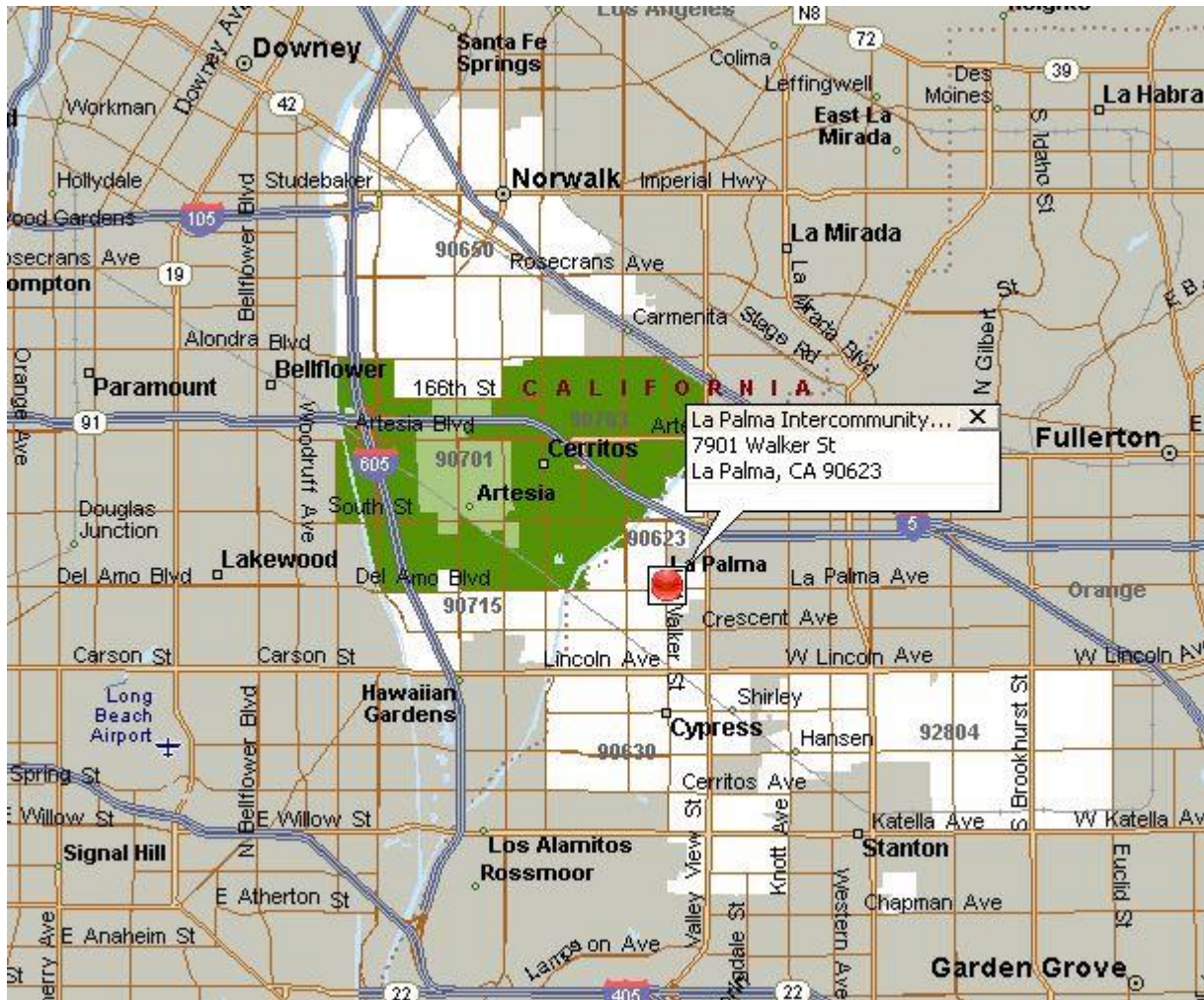
It is important to note that zip codes included in service areas may change from year to year, as physician providers change hospitals or retire, and payors change covered groups. In LPIH's case, data directly from the hospital was available for 2017, while information from area demographic and community providers may incorporate data from 2015 or 2016. The PSA and SSA described below reflects hospital data from 2017, while the detailed data on area populations uses a 2016 analysis of market areas. The year-to-year changes in areas are minimal, but the differences are noted.

In this case, eight zip codes were responsible for 54% of all 2017 discharges, and each contributed at least 3% of total discharges.

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 all zip codes and finding that only six contributed more than 2%, it was determined that this level would be the minimum level of contribution for the secondary market area. No other zip code was responsible for more than 1% of total discharges. It should be noted that several zip codes which are included in that list were geographically isolated (ex., Anaheim), and thus were of limited applicability in analyzing the local market for LPIH.

### Primary Service Area (PSA)

A PSA consisting of zip codes that generated 55% of all 2017 LPIH discharges is described on the adjacent map, and the included zip codes are outlined below. Zip codes with the brightest colors contributed the largest number of discharges..



Zip	City
90701	Artesia
90703	Cerritos
90630	Cypress
90623	La Palma
90715	Lakewood
92804	Long Beach
90650	Norwalk
90607	Whittier

In comparison to the 2016 PSA, zip code 90620 is not included (it is now in the SSA), and the Whittier Post Office Box (90607) zip code is included.



## Secondary Service Area (SSA)

The 2017 SSA zip codes which received another 12% of 2014 discharges are presented on the following map. They largely wrap around the PSA codes, and fill in the gaps in that map to some extent, but they also leave many more gaps. The zip codes presented are listed below.



Zip	City
90706	Bellflower
90620	Buena Park
90242	Downey
90716	Hawaiian Gardens
90638	La Mirada
90805	Long Beach

The PSA and SSA together comprise the Total Service Area (TSA), and account for 71% of all discharges recorded for 2017. Note that several zip codes included in the 2016 SSA have disappeared from the 2017 list. The deletions include 90503 (Torrance), 90621 (Buena Park portion), 90680 (Stanton), 90715 (Lakewood), 90723 (Paramount), and 90801 (Long Beach portion). Each of these zip codes still had discharges from the hospital in 2017, but the discharges represented less

than 1% of total discharges for the year.

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 LPIH's Service Area, as well as identifying potential partnerships with entities and community services to collaborate in addressing needs and deliver quality care

La Palma Intercommunity Hospital's Primary Service Area (PSA) is based on 2017 patient origin discharge data by zip code from the Hospital's internal data, latest OSHPD available discharge data (from 2015 or 2016, depending on variable), as well as geographic, competitive, and strategic factors important to the Hospital.

La Palma's location at the northwestern edge of Orange County presents problems in aggregating the entire service area for analysis, since different county agencies represent the eastern and western portions of the Primary Service Area.

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 LPIH'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.

The TSA is well supplied with alternative hospitals and allied healthcare providers, and LPIH's share of all discharges from the listed zip codes is only 5.14% of total discharges from the listed 2016 zip codes. Its market share has decreased marginally from 2013 to 2016, going from 5.37% in 2013 to 2015's 5.14%. It should be noted that hospitals outside the TSA account for just under 43% of all discharges to TSA zip codes. A list of all licensed hospitals, subacute care providers and clinics is included in the Appendix.

Of the seven hospitals that account for more than 5% of TSA discharges, two are Kaiser Foundation hospitals, which care for Kaiser members and collectively discharge just under 14% of all residents. West Anaheim Medical Center is the next-largest source of discharges, with 7.8%, followed by Los Alamitos Medical Center with 7.0%. AHMC Anaheim Regional Medical Center (6.7%) and Coast Plaza Hospital (6.2%) round out the list of largest providers.



		Discharge Cases							
		Count of Patient Discharges				Percentage of Market Share			
Rank	Facility Name	2013	2014	2015	2016	2013	2014	2015	2016
1	WEST ANAHEIM MEDICAL CENTER	2,513	2,793	2,796	2,546	7.59%	8.43%	8.42%	7.79%
2	LOS ALAMITOS MEDICAL CENTER	2,259	2,279	2,297	2,302	6.82%	6.88%	6.92%	7.05%
3	KAISER FOUNDATION HOSPITAL - ORANGE COUNTY - ANAHEIM	2,096	2,154	2,363	2,244	6.33%	6.50%	7.12%	6.87%
4	AHMC ANAHEIM REGIONAL MEDICAL CENTER	2,398	2,347	2,349	2,178	7.24%	7.09%	7.08%	6.67%
5	KAISER FOUNDATION HOSPITAL - DOWNEY	2,254	2,291	2,187	2,132	6.81%	6.92%	6.59%	6.52%
6	COAST PLAZA HOSPITAL	1,862	1,815	1,824	2,021	5.62%	5.48%	5.50%	6.19%
7	LA PALMA INTERCOMMUNITY HOSPITAL	1,777	1,682	1,718	1,679	5.37%	5.08%	5.18%	5.14%
8	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	1,302	1,456	1,557	1,571	3.93%	4.40%	4.69%	4.81%
9	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	1,132	1,192	1,161	1,096	3.42%	3.60%	3.50%	3.35%
10	LAKWOOD REGIONAL MEDICAL CENTER	880	858	871	957	2.66%	2.59%	2.62%	2.93%
	All Others	14,640	14,256	14,067	13,949	44.21%	43.04%	42.38%	42.69%
	<b>Grand Total</b>	<b>33,113</b>	<b>33,123</b>	<b>33,190</b>	<b>32,675</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

# COMMUNITY PROFILE

## Demographics

### Population Summary

La Palma Intercommunity Hospital Total Service Area (TSA) covered a population of approximately 891,000 in 2015, according to US Census estimates. Of that total roughly 40% comes from the nearby area defined as the Primary Service Area (PSA), with the remainder from scattered zip codes defined as the Secondary Service Area (SSA).

Data is provided for each zip code in the PSA and SSA as of 2015. It is consolidated for the TSA, and comparison figures are provided for Orange County, the State of California, and the United States. PSA zip codes are shown in green and the SSA zip codes are under orange headings.

City	Buena Park		La Palma		Cypress	La Mirada	Norwalk	Stanton	Artesia	Cerritos	Bellflower	Lakewood	Hawaiian Gardens	Paramont	Long Beach	Ananheim		Fullerton	Total Service Area	Orange Co. 2013 Est.	California 2013 Est.	U.S. 2013 Est.
Zip Code	90620	90621	90623	90630	90638	90650	90680	90701	90703	90706	90715	90716	90723	90805	92801	92804	92833	Total				
Population 2015 Estimates <sup>1</sup>	47,915	37,345	16,829	50,299	49,999	110,472	32,087	17,155	51,538	78,351	20,911	14,770	56,285	95,723	65,687	90,857	54,911	891,134	3,051,771	37,659,181	311,536,594	
Average Household Size <sup>2,4</sup>	3.37	3.38	3.06	3.02	3.11	3.83	3.48	3.51	3.61	3.21	3.33	4.03	3.87	3.56	3.51	3.46	3.23	3.45	3.02	2.94	2.58	
Age (%)	76.4%	72.6%	78.1%	76.2%	78.9%	72.4%																
0-17 <sup>2</sup>	23.6%	27.4%	21.9%	23.8%	21.1%	27.6%	27.2%	22.5%	20.5%	28.4%	25.7%	32.3%	32.6%	31.4%	29.1%	26.6%	26.1%	26.3%	24.0%	24.5%	23.7%	
65+ <sup>2</sup>	12.5%	8.3%	16.0%	13.0%	15.2%	9.9%	10.5%	13.6%	17.6%	8.6%	9.2%	7.6%	6.3%	6.7%	8.8%	10.0%	10.4%	10.8%	12.0%	11.8%	13.4%	
Race/Ethnicity (%)																						
White Alone	50.1%	35.8%	35.6%	52.4%	59.8%	49.5%	44.1%	38.8%	23.3%	42.2%	38.8%	45.2%	42.8%	31.5%	45.9%	45.4%	41.8%	42.5%	62.7%	62.3%	74.0%	
Black Alone	3.1%	4.4%	4.9%	3.0%	2.2%	4.1%	2.4%	3.5%	6.6%	13.4%	10.2%	3.5%	11.2%	19.9%	3.8%	3.1%	2.0%	6.0%	1.6%	6.0%	12.6%	
Asian Alone	27.0%	29.8%	50.1%	33.2%	18.5%	12.1%	24.2%	37.2%	61.9%	11.8%	27.0%	10.9%	3.0%	10.8%	16.8%	22.8%	35.9%	25.5%	18.3%	13.3%	4.9%	
All Other	19.9%	29.9%	9.4%	11.4%	19.6%	34.3%	29.3%	20.6%	8.2%	32.6%	24.0%	40.4%	43.0%	37.8%	33.5%	28.6%	20.4%	26.1%	17.4%	18.4%	8.5%	
Hispanic Origin	34.1%	47.3%	16.4%	18.7%	41.6%	71.1%	50.1%	36.6%	12.8%	53.6%	41.2%	77.8%	8.3%	56.8%	59.5%	47.5%	34.0%	41.6%	33.8%	37.9%	16.6%	
Spanish-Primary Language Spoken at Home (%) <sup>5</sup>	19.5%	37.4%	8.1%	10.6%	26.2%	56.3%	38.4%	27.1%	8.7%	40.9%	27.4%	67.2%	77.2%	46.5%	49.8%	37.5%	25.5%	35.5%	25.3%	28.8%	12.9%	
Asian or Pacific Island-Primary Language Spoken at Home (%) <sup>5</sup>	19.0%	27.3%	28.7%	23.5%	13.5%	9.4%	22.4%	22.6%	41.6%	9.1%	24.1%	11.5%	2.6%	10.2%	13.4%	19.4%	28.0%	19.2%	11.3%	9.6%	3.3%	
25+ with no High School diploma (%) 2014 <sup>5,4</sup>	13.4%	23.8%	7.5%	7.9%	11.9%	27.6%	28.4%	21.3%	7.0%	22.0%	18.7%	44.2%	43.0%	32.4%	26.4%	26.0%	14.8%	22.1%	15.4%	17.9%	13.1%	
% Persons in Poverty 2013 <sup>5,4</sup>	8.0%	17.1%	8.9%	6.6%	7.0%	12.9%	17.9%	13.7%	5.6%	17.1%	15.1%	24.5%	22.1%	22.8%	20.0%	17.8%	16.6%	14.9%	13.5%	16.4%	14.8%	
Female Headed HH with Children <18 (%) <sup>2</sup>	15.3%	8.5%	4.5%	6.0%	3.8%	7.8%	7.1%	5.8%	3.6%	11.0%	8.5%	10.1%	12.5%	14.4%	9.2%	4.6%	6.3%	8.2%	5.9%	7.2%	7.2%	

### Population by Age

The age distribution shown in both PSA and SSA skews younger than the County and State, particularly in the SSA. The youngest age cohort (27% under age 18) is larger than all comparable areas, with the difference most pronounced in the SSA. By contrast, the elderly

cohort (10% over 65) is smaller than in the larger areas, primarily because the SSA has a very low elderly component. The PSA elderly segment is within the range of the larger areas (12% vs. 11-13%).

## **SURVEY DATA SUMMARY**

In an attempt to reach out to the community and gather a better understanding of their service area needs, LPIH 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 Asian subgroups are present in the area, all of whom would have responded “Asian” to the list of ethnicity options despite significant differences among the various Asian subgroups.

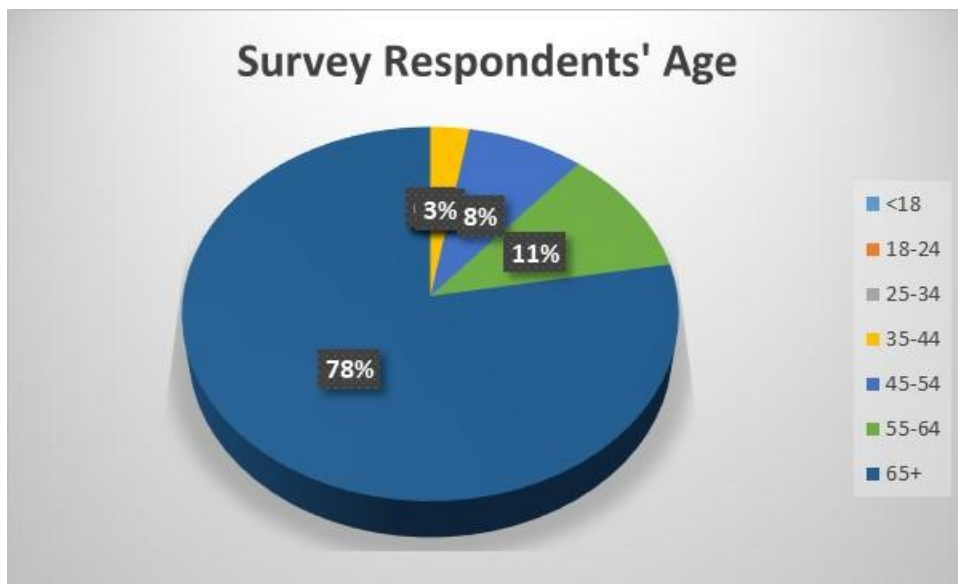
Aside from the English language surveys, only one ethnic group was represented in significant numbers. Korean language surveys accounted for 60% of all surveys incorporated in the analysis. A few survey items displayed significant differences between the Korean responses and all others. They included a lower percentage of homeownership (46% Asian vs. 66% other), a shorter tenure in the area – only 33% of the Korean respondents had been in the community for more than 20 years, vs. 66% of the others. The major findings are summarized below.

In similarity to the discharge data, the community respondents as a whole reside primarily in four of the zip codes that make up the PSA: La Palma (90623), Cypress (90630), Cerritos (90703) and Anaheim (92804). These zip codes represented over 55% of all respondents.

The surveys obtained from respondents in LPIH’s service area represent a much smaller sample than the discharge data, but provide a more detailed view of each respondent. Since the surveys are distributed by hospital personnel to their acquaintances and community contacts, they do not represent a true cross-section of the overall TSA population. But the answers provided give insight into some issues that are of interest in analyzing community health needs.

The highlighted items which follow are those where the survey responses deviated from total population data, or where the responses received indicate an area worthy of further analysis. The entire survey results are presented in a later section of the report.

### Survey Respondents' Age



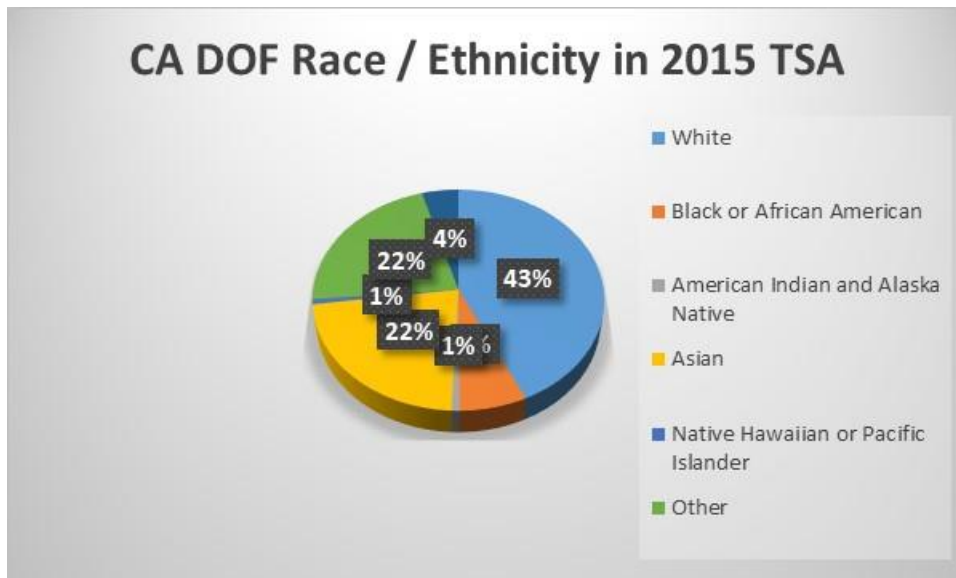
appropriate to look at all age groups in proper proportion.

From a planning perspective, the younger age cohort in the TSA data indicates a slightly greater need for services addressing this age group, while the relatively smaller elderly group will present fewer issues for this hospital. Since neither group is extremely different from county, state or national norms, the issues of both groups are important considerations, along with those of middle age residents.

Review of the surveys returned indicates that the survey sample was much more weighted toward elderly people, with 78% of respondents listing ages as 65 and over, and only 3% less than 18.

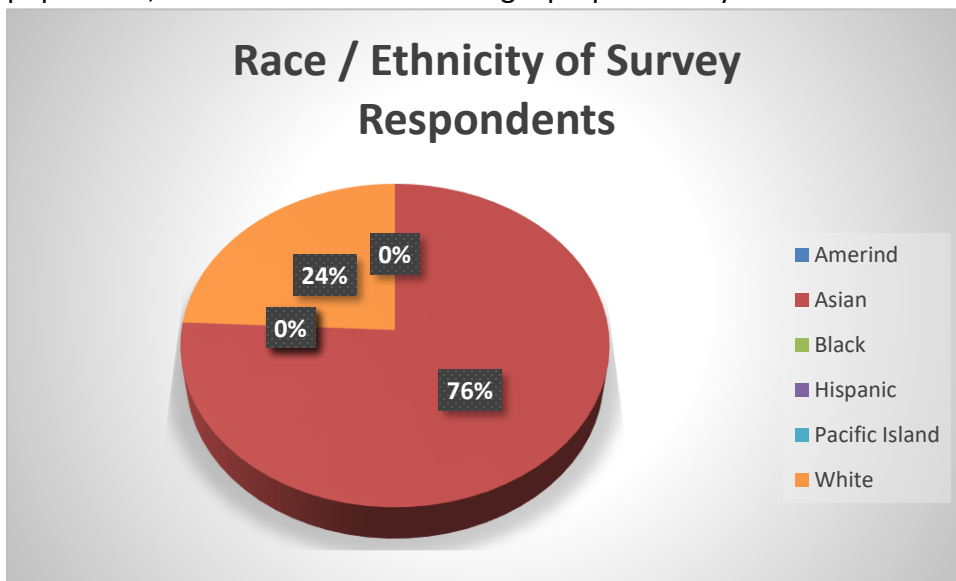
From an analysis perspective, this indicates that while the responses received have an elder age bias, the communities in the area are more age-disbursed and it is

**Population by Race/Ethnicity**



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 (43%) is 19% less than Orange County as a whole, and an even smaller percentage compared to California or the USA. All non-white ethnic categories exceed their Orange County and US counterparts. “Asian” residents at 22%, represent 7% more of the TSA, while “All Other” categories, which include “Other”, “Two or More Races”, and “American Indian and Alaska Natives” are 9% higher. African Americans represent only a small portion (6%) of the population, but are six times as large proportionally as African Americans in Orange County as a whole. The percentage of Latino/Hispanic origin residents (41%) is higher in the TSA than in Orange County, California, and the US.

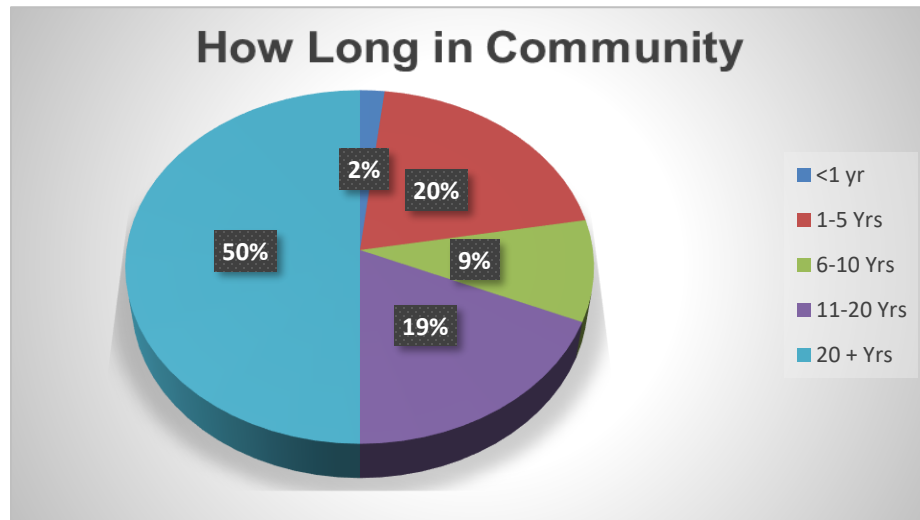
The percentage of Latino/Hispanic origin residents (41%) is higher in the TSA than in Orange County, California, and the US.



The survey results tell a different story about ethnicity in the area than do census reports. Survey respondents were overwhelmingly Asian (76%), with White respondents comprising the remainder of the surveys.

An important conclusion to be drawn from this population distribution is that LPIH serves a much more diversified population ethnically, and services to the various ethnic groups are an area for further discussion.

Several other items from the survey are considered primary questions, and they are presented first, with responses to all other questions following.

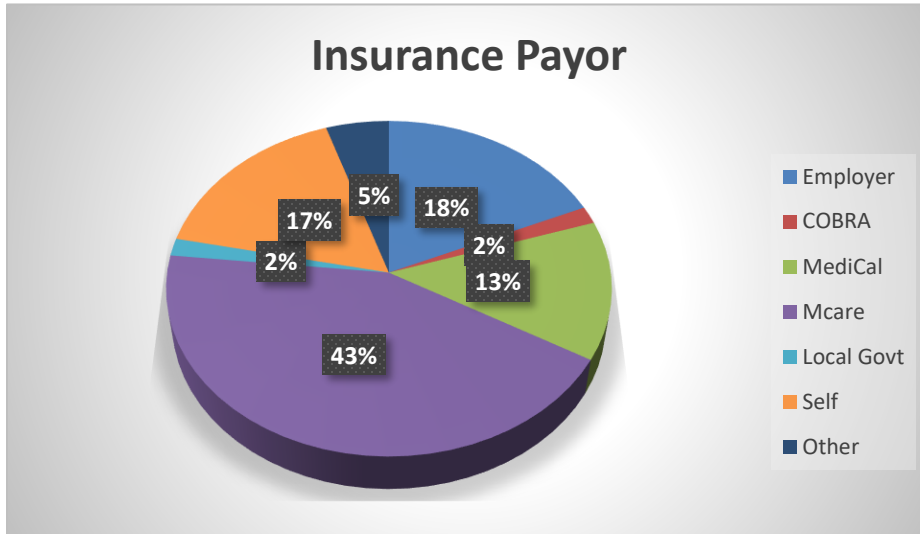


#### *Tenure in Community*

The largest portion of overall survey respondents have lived in the service area for 20 years and over (50%), with a wide distribution of other tenures. The other largest (20%) group had been in the area for 1-5 years. The smallest group (2%) have lived in the PSA for less than one year.

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

*Payment for Insurance*

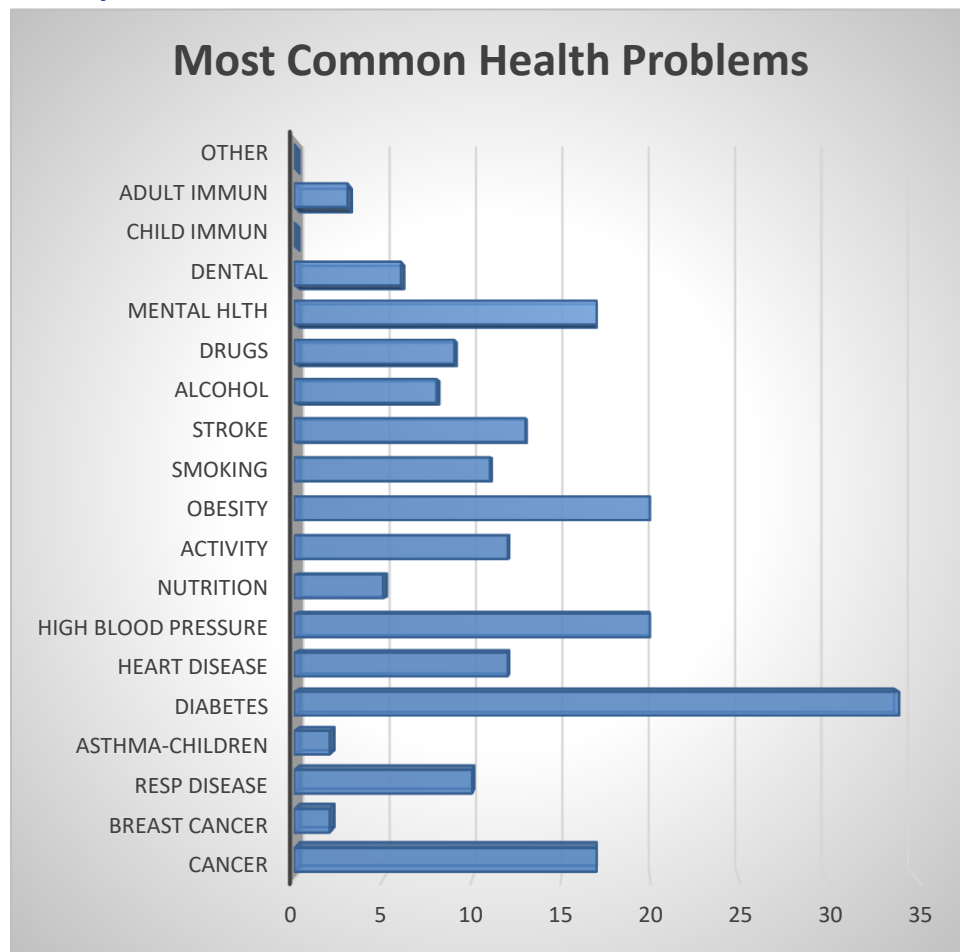


- Self-funded
- Other (please specify)

Over 98% 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 (44% together). The other primary payor was Employer (20%). The prevalence of insured residents is a marked change from data in the previous CHNA survey.

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

Primary Health Problems



When asked to name the greatest health problems in the community, the following were highlighted:

- Diabetes 34%
- High Blood Pressure 20%
- Obesity 20%
- Cancer 17%
- Mental Health 17%
- Stroke 13%
- Lack of Activity 12%
- Heart Disease 12%
- Smoking 11%

The emergence of diabetes as the most commonly cited health problem, and its dominance in the responses, indicates a growing awareness of the problem. Many of the other high-response issues are also diabetes related, indicating an area of opportunity for education.

28. Which four diseases/conditions do you believe are the most common in our community?

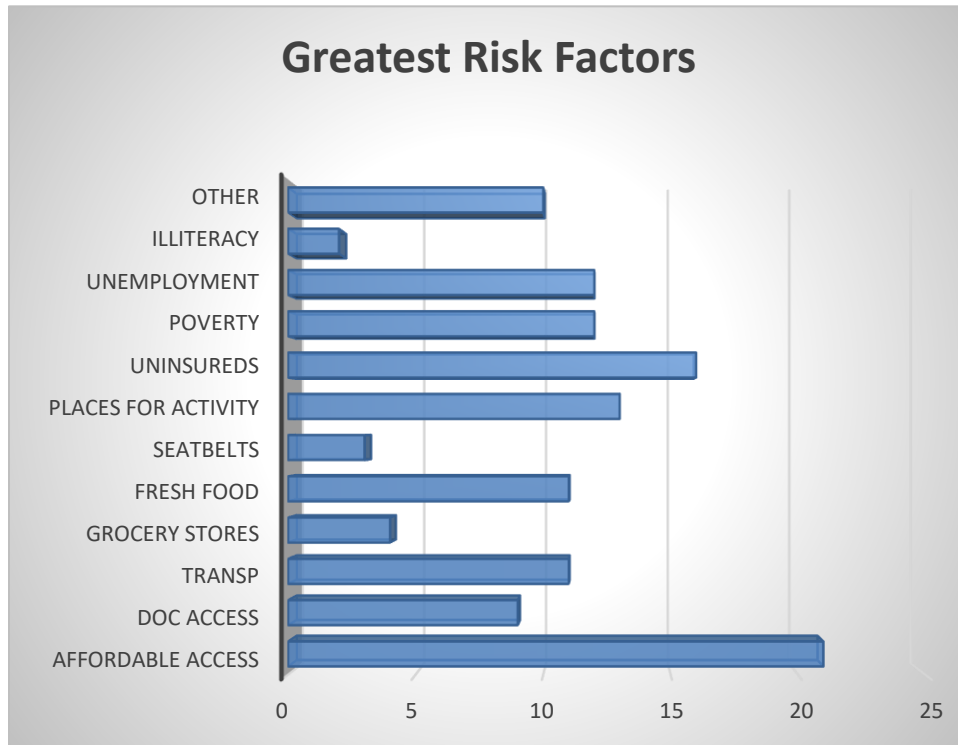
- Cancer-general
- Breast Cancer
- Respiratory diseases-adults
- Asthma-children
- Diabetes

- Heart disease
- High Blood Pressure
- Poor Nutrition
- Lack of physical activity
- Obesity
- Smoking



- Stroke
- Substance abuse- alcohol
- Substance abuse-drugs
- Mental Health Disorders
- Dental Problems
- Immunizations- children
- Immunizations- adults
- Other (please specify)

**Greatest Risk Factors**



When asked to list three behavioral risk factors are the most common in the community, the following were highlighted:

- Affordable Access to Health Care 21%
- High number of uninsured people 17%
- Lack of Safe Places for Activity 13%
- Unemployment 12%
- Poverty 13%
- Access to fresh food 11%
- Access to transportation 11%

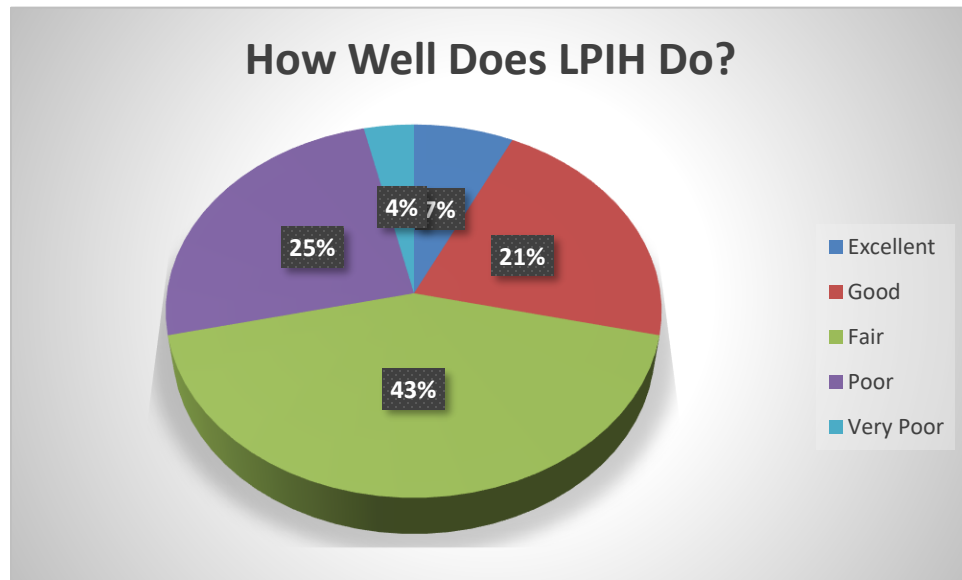
In contrast to the last survey, which highlighted uninsured residents, the most common complaint now focuses on the cost of care. This correlates to data reported by the Commonwealth Fund, which shows a decrease in uninsured California residents from 25% in 2012 to 10% in 2017, but a much smaller decrease in adults who went

without care due to cost (19% in 2012 to 14% in 2017).

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)

**Perception of La Palma Intercommunity Hospital**



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 LPIH, the responses broke down as shown to the left. While the “Fair” category got the largest shave of responses, “Poor and “Very Poor” combined were in a virtual tie with “Good” and “Excellent”.

32. How well does La Palma Intercommunity Hospital promote good health?

- Excellent
- Good
- Fair
- Poor

○ Very Poor

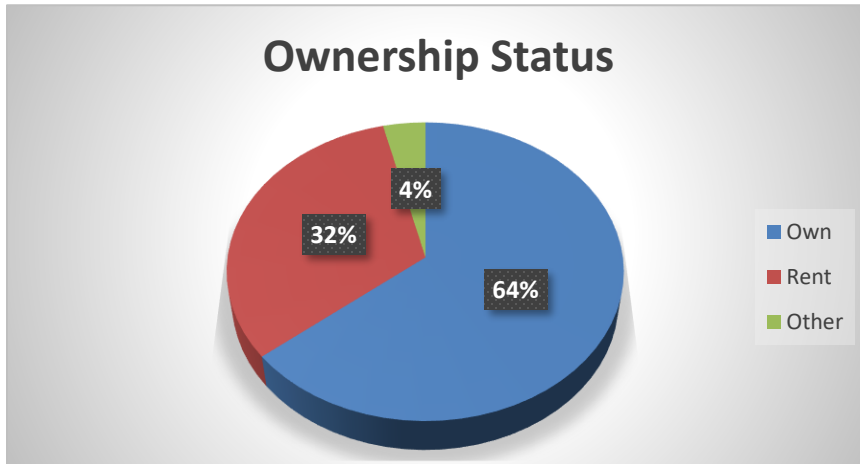
When asked what LPIH could do better to promote good health, the most common responses included:

- Increase Community Activities (including education and health fairs)
- Advertise more
- Improve Inpatient care (several 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)

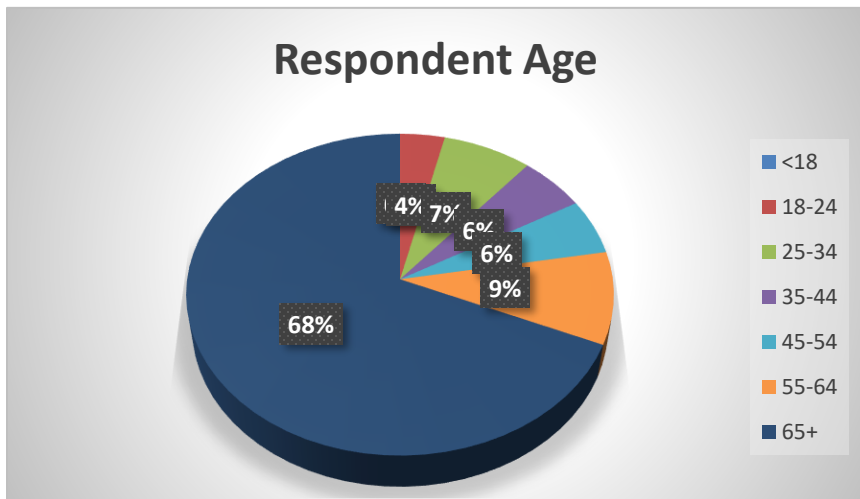
Finally, the most pressing health care needs for those in the community that took part in the survey were the following:

- Obesity education and treatment
- Diabetes management
- Education on diet and exercise
- Substance abuse
- Insurance affordability

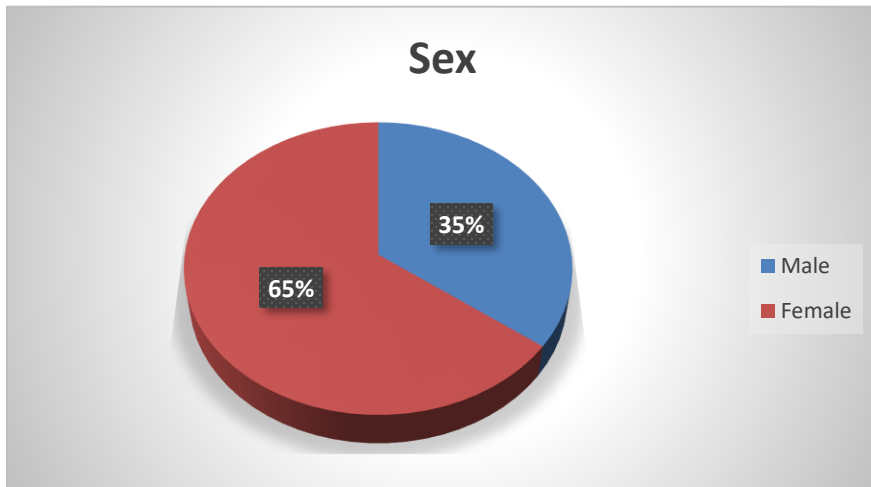
The rest of the questions on the survey are presented below, with the questions as posted on the survey, and the range of responses presented in the charts.



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

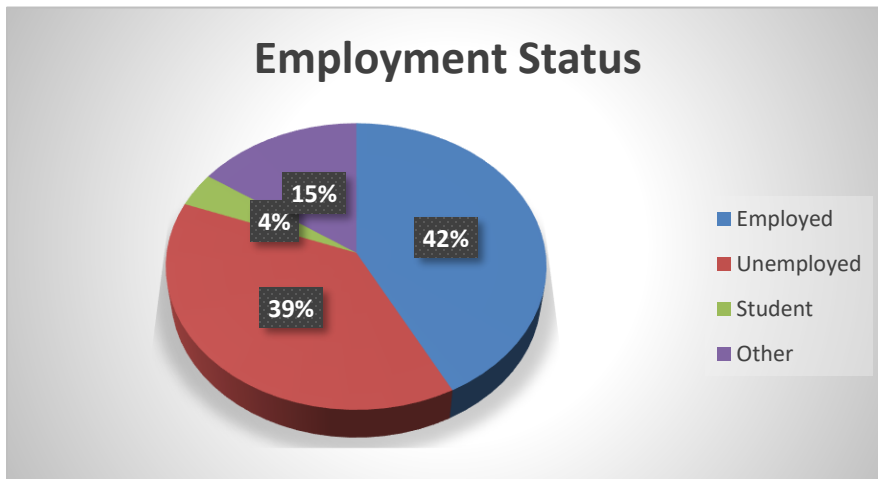


5. What is your age bracket?
- Under 18
  - 18 – 24
  - 25 – 34
  - 35 – 44
  - 45 – 54
  - 55 – 64
  - Over 65



Are you female or male?

- Male
- Female

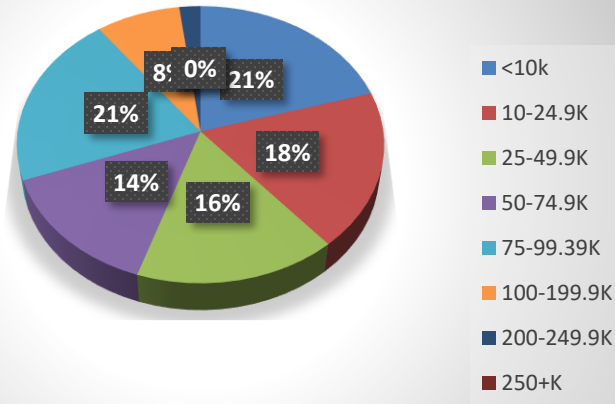


6. Are you currently employed?

- Yes
  - No
  - Full-time Student
- Other (please specify)

“Other” responses typically classed themselves as retired.

### Personal Income

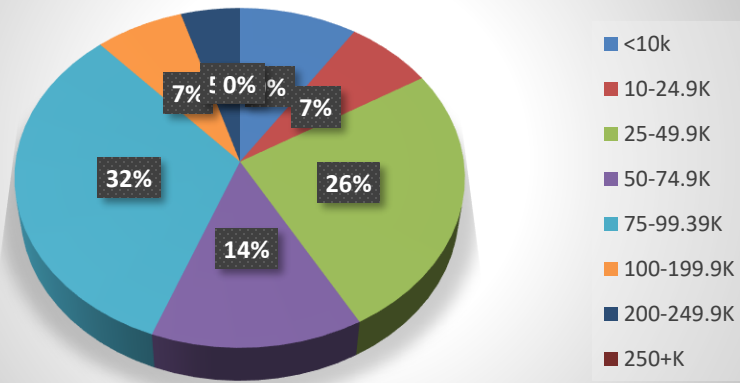


8A. What are your income and your total household income?

*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

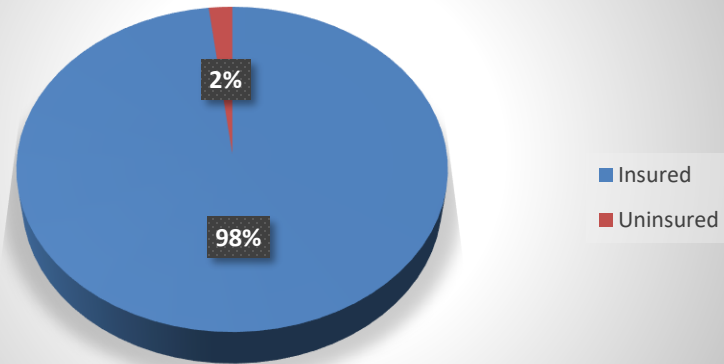
### Household Income



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

### Health Insurance Status

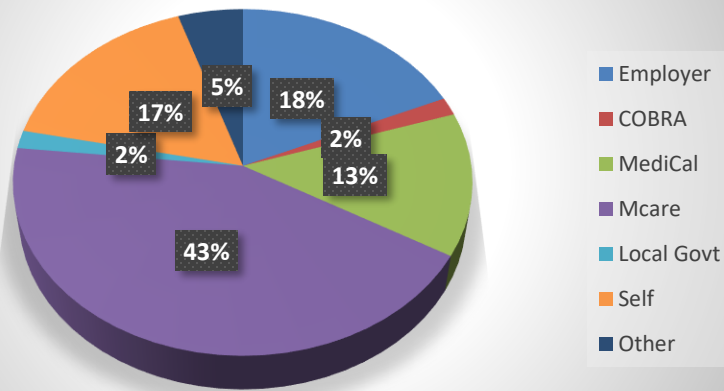


9. Do you currently have health insurance?

- Yes
- No

Note that only one respondent reported having no health insurance, and that person did not specify why.

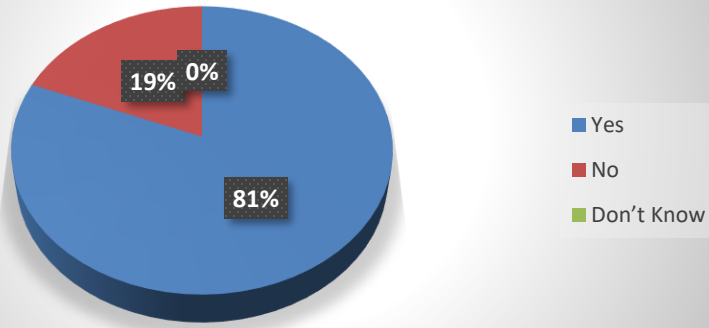
### Insurance Payor



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)

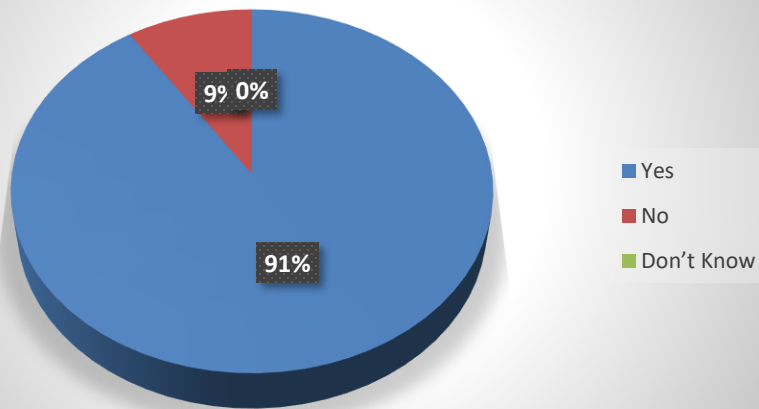
### General Health Exam



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

- Yes
- No
- Do not know

### Blood Pressure Check

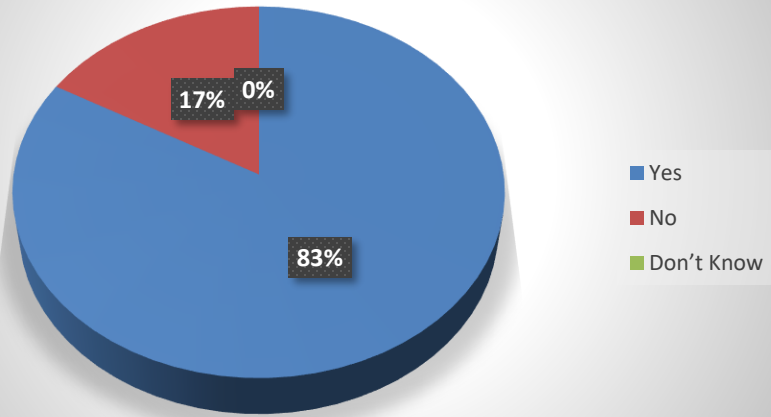


*Blood Pressure Check*

- Yes
- No
- Do not know



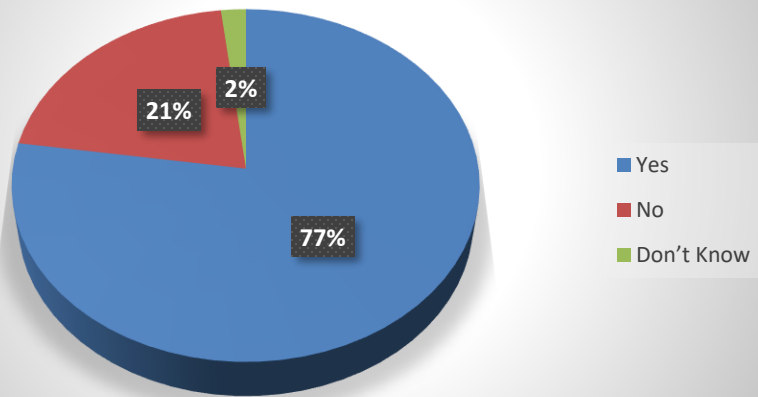
### Cholesterol Screening



### Cholesterol Check

- Yes
- No
- Do not know

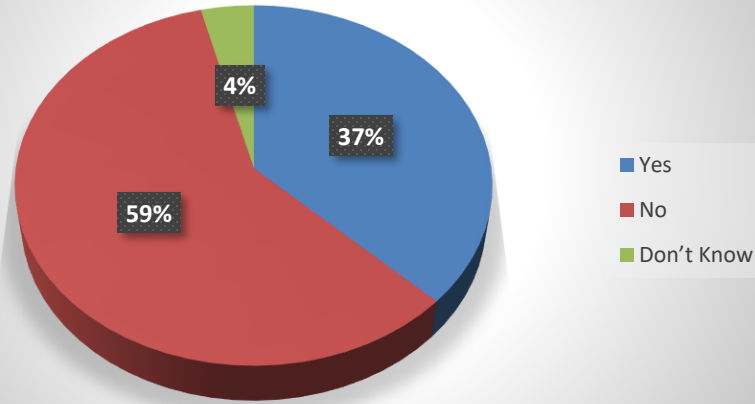
### Flu Shot



### Flu Shot

- Yes
- No
- Do not know

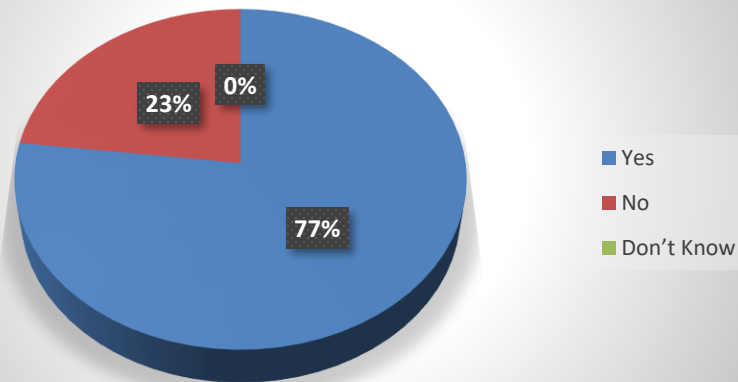
### Blood Stool Test



### Blood Stool Test

- Yes
- No
- Do not know

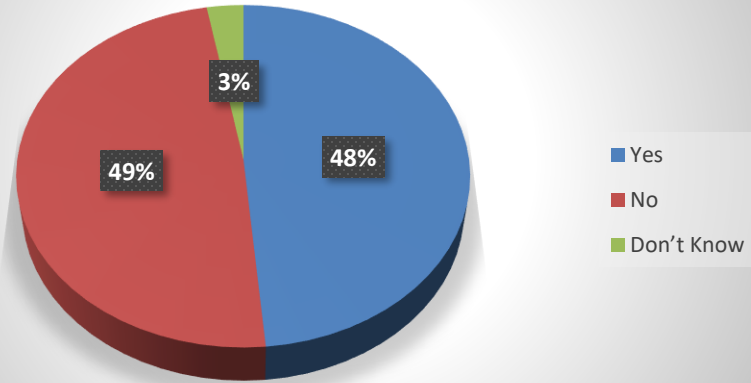
### Dental Exam



### Dental Exam/Teeth Cleaned

- Yes
- No
- Do not know

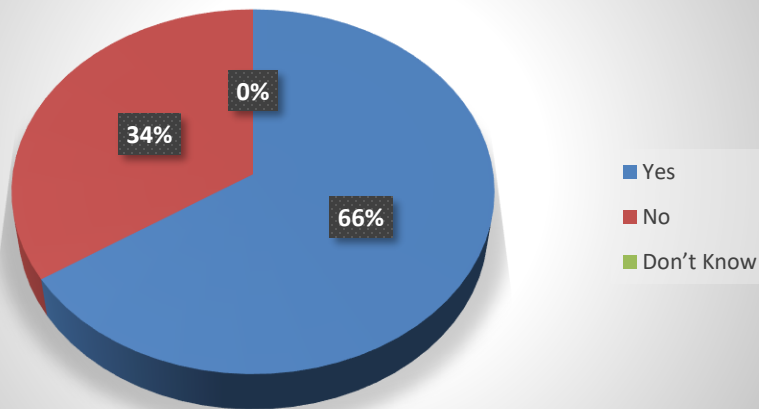
### Pap Test



*IF FEMALE: Pap Test*

- Yes
- No
- Do not know

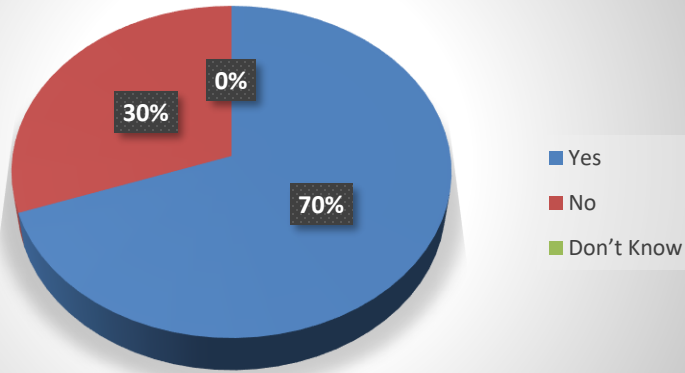
### Breast Exam



*IF FEMALE: Breast Exam by a Health Care Provider*

- Yes
- No
- Do not know

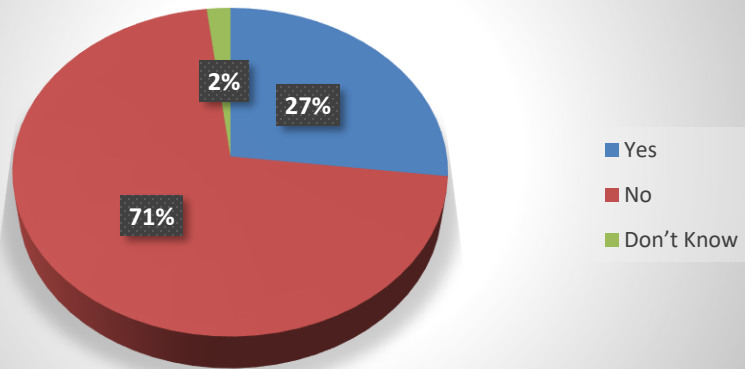
### Breast XRay / Mammogram



*IF FEMALE: Breast X-Ray or Mammogram*

- Yes
- No
- Do not know

### Hearing Test

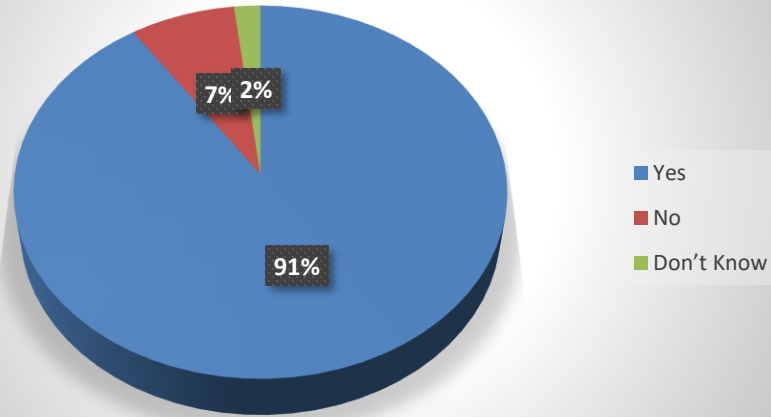


13. In the past 5 years, have you had a (fill in all that apply):

*Hearing Test*

- Yes
- No
- Do not know

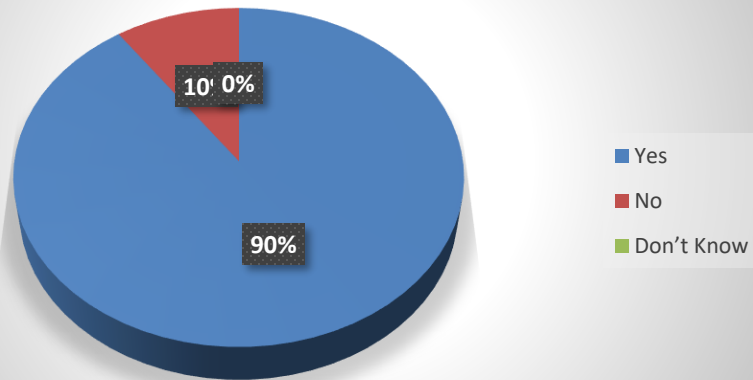
### Eye Exam



### Eye Exam

- Yes
- No
- Do not know

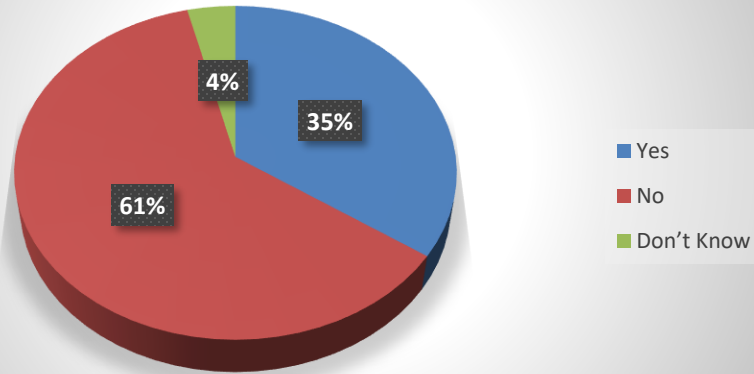
### Diabetes Check



### Diabetes Check

- Yes
- No
- Do not know

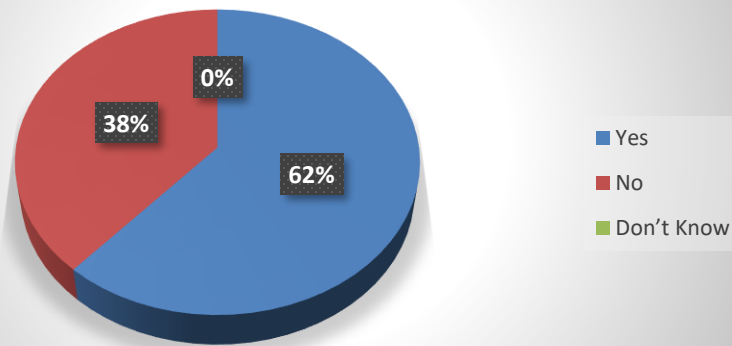
### Skin Cancer Check



### Skin Cancer Screen

- Yes
- No
- Do not know

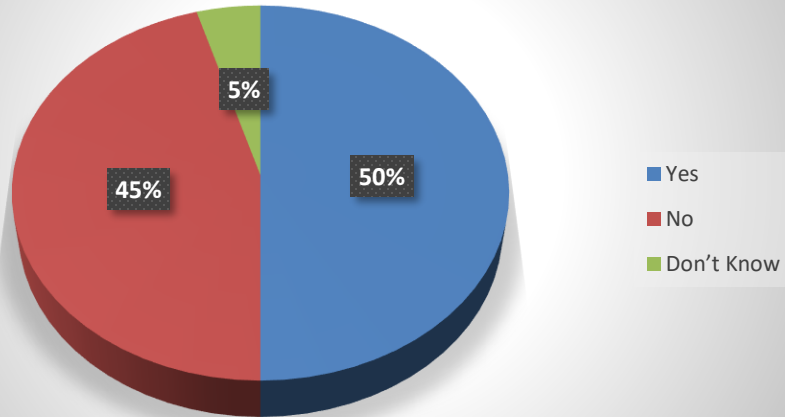
### Pneumonia Shot



### Pneumonia Shot

- Yes
- No
- Do not know

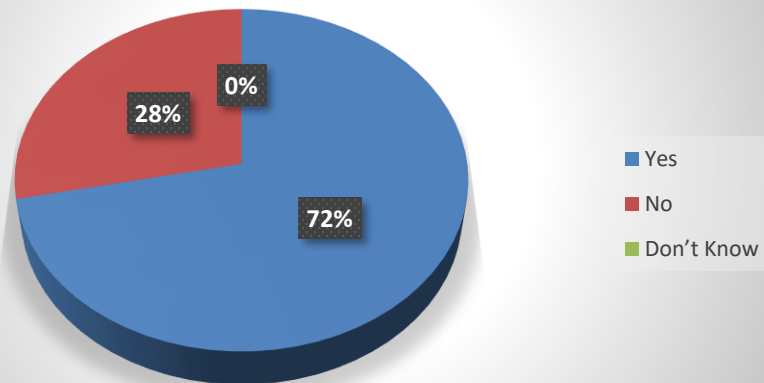
### Rectal Exam 40+



*IF AGE 40 or OLDER: Rectal Exam*

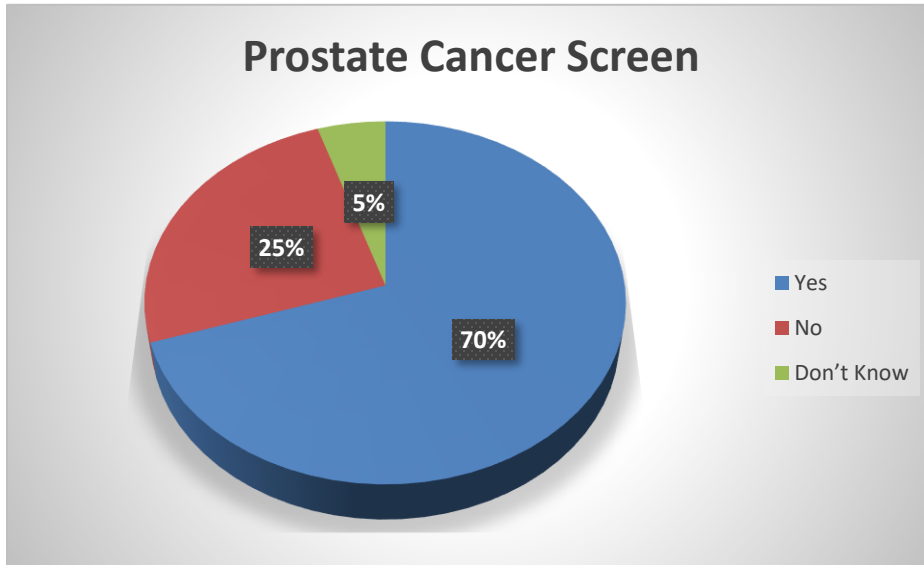
- Yes
- No
- Do not know

### Colonoscopy



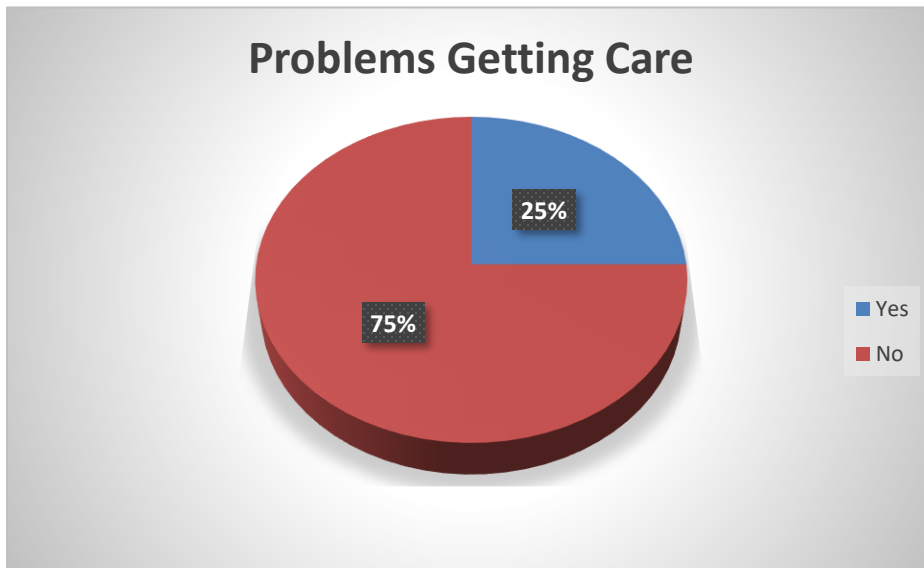
*IF AGE 50 or OLDER: A Colonoscopy*

- Yes
- No
- Do not know



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

- Yes
- No
- Do not know

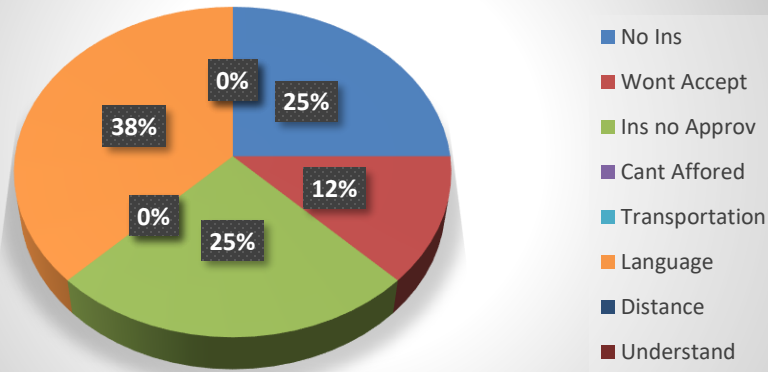


14. In the past 12 months, have you had problems getting needed health care?

- Yes
- No



## Reason for Problems Getting Care

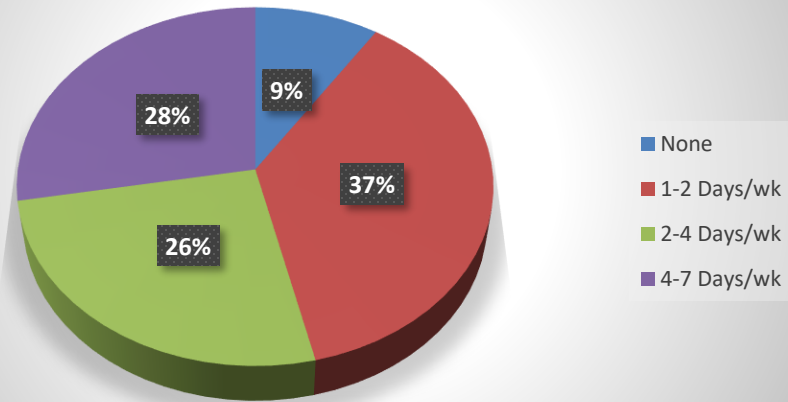


15. If yes, please provide the reason(s) for the difficulty in getting healthcare.

- Lack of insurance
- Health care provider would not accept 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

The high response rate to language issues presents an opportunity to better serve various ethnic groups whose primary language is not English.

## How Many Days/Week Exercise

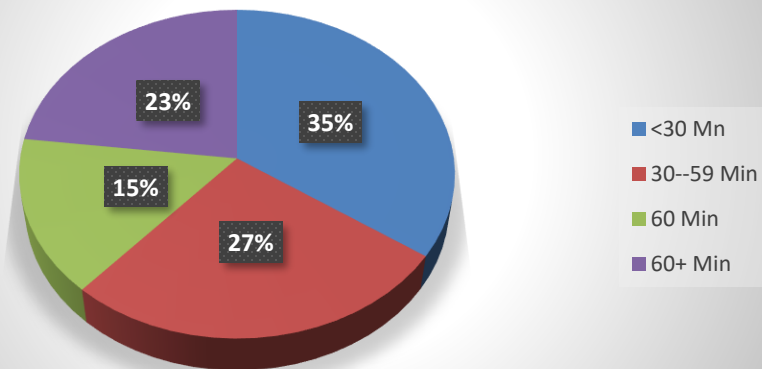


How many times a week do you exercise?

- 0
- 1-2
- 2-4
- 4-7

The high response rate for higher levels of exercise is a positive health indicator.

## How Long Are Exercise Periods

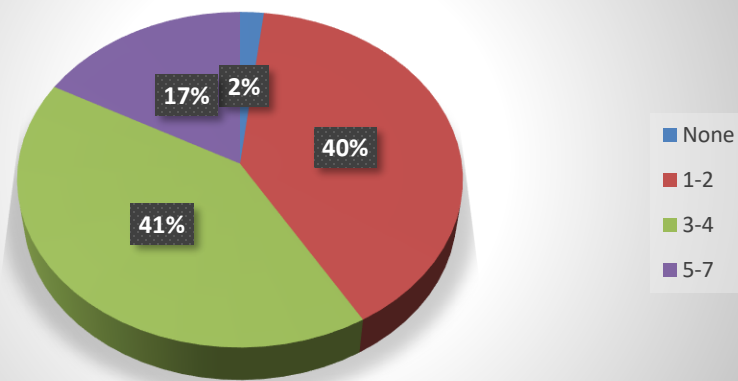


16. For about how long do you exercise?

- Less than 30 minutes
- 30 minutes
- 1 hour
- Over 1 hour

While most respondents indicate that they exercise, the relatively short amount of time spent by many is a matter of concern.

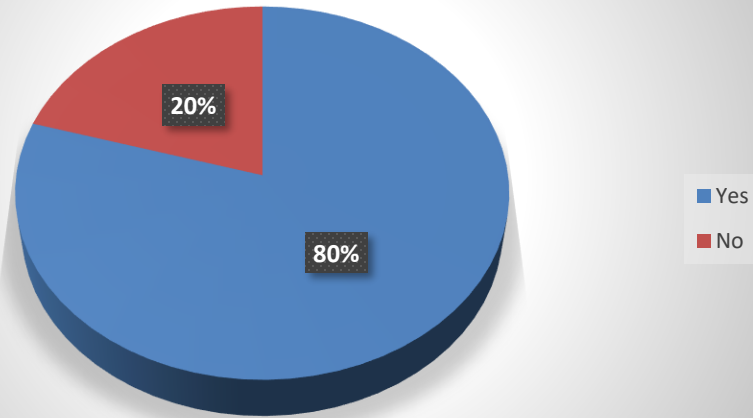
### Days / Week Eating Vegetables



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

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

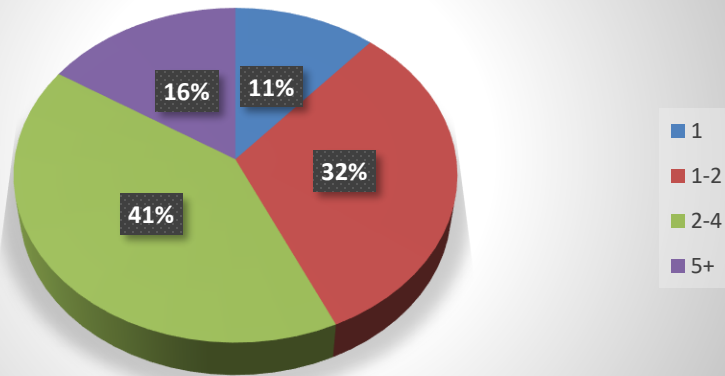
### Taking Meds



18. Are you on any medications?

- Yes
- No

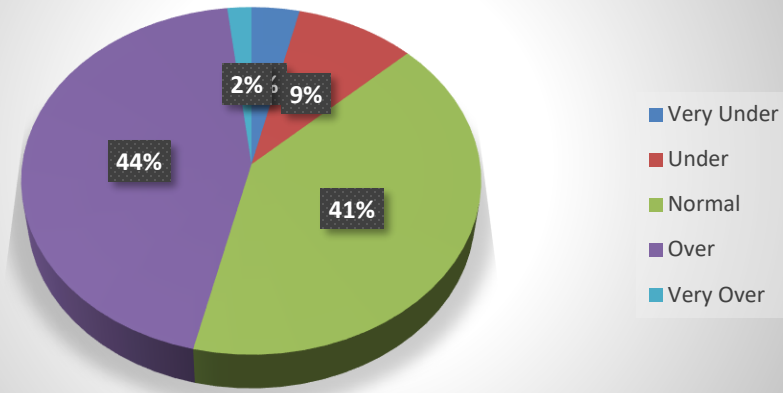
### If Taking Meds, How Many



19. If Yes, how many?

- Just one
- 1 to 2
- 2 to 4
- Over 5

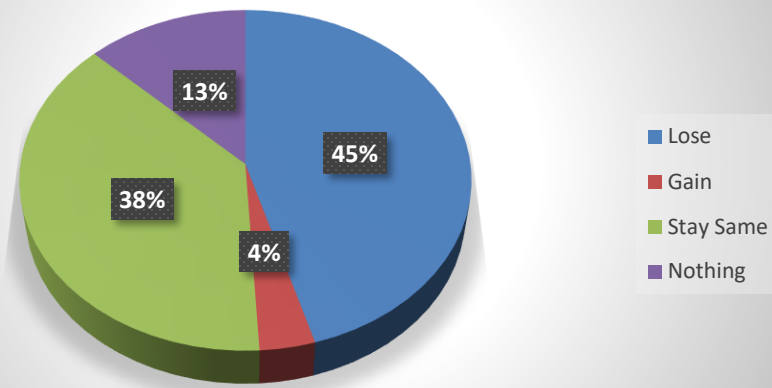
### Rate Your Weight



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

The overall feeling of respondents was that they were either normal or only slightly overweight.

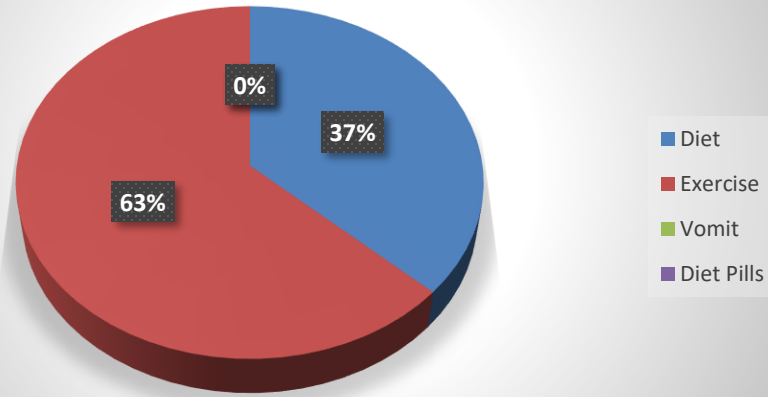
### Dealing with Weight



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

These responses echo the respondents' self-assessments, with most of those describing themselves as overweight working to slim down.

## Interventions to Deal with Weight

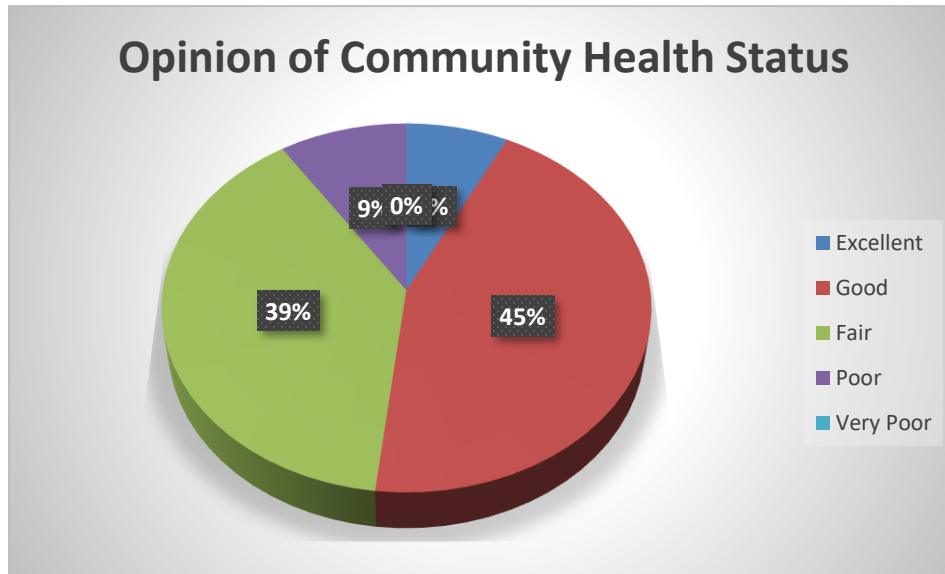


22. During the past 30 days, did you (Check all that apply):

- 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

Respondents trying to lose weight are uniformly working on healthy ways to achieve that goal.

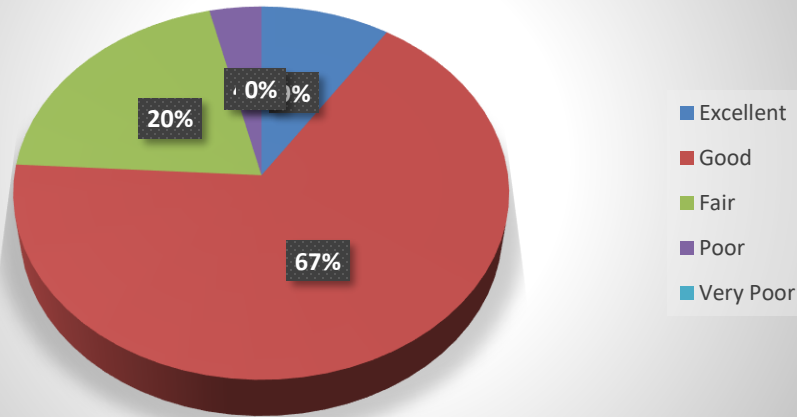
Community Information



23. How could you rate our community's overall health status?

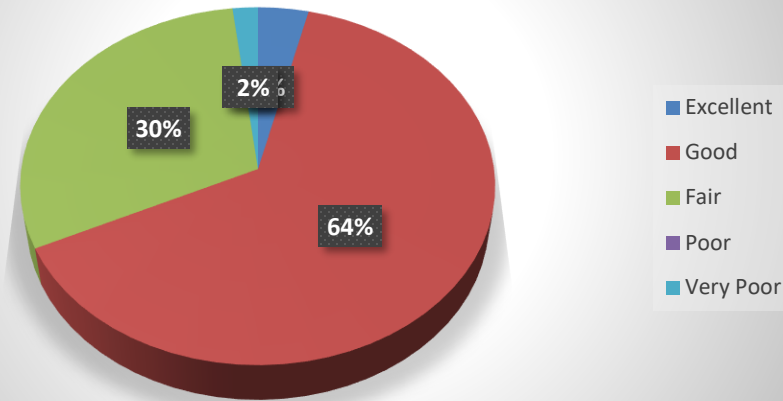
- Excellent
- Good
- Fair
- Poor
- Very Poor

### Opinion of Personal Health Status



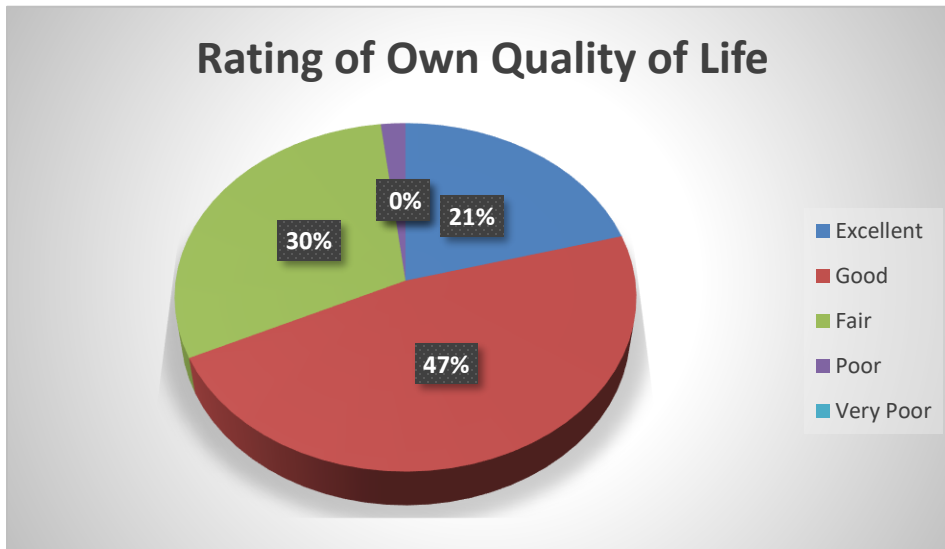
24. How would you rate your own health status?
- Excellent
  - Good
  - Fair
  - Poor
  - Very Poor

### Rating of Community's Quality of Life



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

### Key Stakeholder Interview Results

Interviews were conducted by phone with individuals who were unable to attend the focus group meeting, but who represented community organizations, government agencies and other parties with an interest in the health of the LPIH community.

Interviewees included:

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

Each of the interviewees was asked his or her opinion as to the greatest healthcare needs in the community, and what services and programs were available in the community. The interviews did not include requests to prioritize the needs stated.

These interviews resulted in different perceived issues. They are presented in alphabetical order below.

- Asbestos in Schools
- Diabetes
- Dental Care
- Diet
- Education (general & health related)
- Elderly care
- Fragmented Care
- Health information
- Health insurance
- Heart disease
- Homeless population
- Hypertension
- Lack of Safety-Net Services
- Lack of support for Community clinics
- Lack of Homeless Shelters
- Mental Health needs
- Non-English monolingual residents
- Obesity
- Pre- and Post-Natal care
- Poverty Pockets
- Undocumented residents with no insurance

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
- Counseling centers
- Fire/Police/City agencies

- Flu shot programs
- Health education
- Health fairs
- Hospitals
- MyHealthyOC.org
- Senior centers
- Social agencies

### Focus Groups Results

A focus group was held with invited representatives of La Palma and surrounding communities. Thirty-four 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 65 problems or concerns:

- Training for Mental Health
- Coordinating Transitions between Care Levels
- Housing for Homeless
- Low Income Care Placement
- Mental Health in General
- Mental Health in Homeless Population
- Opioid Addiction
- Veterans' Issues
- Access to Care
- Obesity
- Senior Care
- Coordination of Effort Among Non-Profits
- Outreach for Diverse Populations
- Agency Coordination for Homeless Services
- Non-Compliance with Medical Orders

- County Line Issues
- High Cost of Drugs
- Proper Utilization of Emergency Department Services
- Urgent Care Availability 24/7
- Diabetes
- More Licensed Board and Care Homes
- Bariatric Beds
- Homeless Nomenclature (renaming "homeless")
- Aging Population

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
- La Palma Intercommunity 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 them:

- Insufficient supply of low-cost, low-intensity care
- Lack of a “one-stop shop” for referrals
- Language barriers
- Immigration-status issues
- Lack of understanding of how health insurance works.

In the second round of prioritization, participants were provided with six 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 LPIH 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 LPIH to address those issues. Of all the options listed, only six garnered over 30 points. The six major issues are presented in descending order.

- Mental Health in General
- Training for Mental Health Services
- Housing for Homeless
- Coordinating Transitions between care levels
- Veterans Issues
- Low Income Care Placement

All six items in this list were considered important to address, and to varying extents, are addressable by LPIH. They are listed in the order of importance derived from the rankings of the focus group.

A summary for each immediate health need is provided below, listed in order from highest to lowest priority.

1. **Mental Health** – This issue received 64 points. Several respondents mentioned a limited supply of mental health services, as well as a historical lack of payment programs for mental health services. There was also a significant gap expressed between 5150 involuntary commitment services and voluntary commitment programs. This was Priority Area #4 in the *Orange County Health Improvement Plan 2017-2019*. LPIH and other Prime hospitals are currently leaders in serving inpatient mental health needs of clients, but the treatment of mental health conditions is evolving rapidly and programs must continually be reviewed in order to stay abreast of the changes. LPIH staff is actively reviewing changes in treatment methodologies and developing new programs to better serve the mental health needs of its communities.
2. **Training for Mental Health Services** - This issue is directly related to Issue #1, but highlights the need for education of first responders and clinicians as to the varying needs of subgroups in the mental health spectrum, including drug and alcohol abuse, misuse of prescription pharmaceuticals, medication compliance, interactions with homeless persons who may or may not be

having mental health crises, and other issues. LPIH's staff can provide expert guidance to first responders in dealing with these various issues, in addition to serving as an institutional resource for those who require inpatient services.

3. **Housing for Homeless** - While hospitals are not housing providers, they can provide short-term shelter when medical crises occur to homeless individuals. LPIH has capacity to serve clients whose immediate needs involve housing with medical services, and will continue to work with longer-term housing providers to ease the transition to more stable environments.
4. **Coordinating Transitions Between Care Levels** – As Social Determinants of Health become more recognized as important factors in maintaining residents in their homes, hospitals and other institutional providers must develop protocols to facilitate movement to and from hospitals, including coordination of services and transfer of patient information between providers. It is also important to be an advocate for highlighting high users of hospital services, and working with social service agencies and first responders to coordinate services to prevent crises that cause these people to access health providers unnecessarily. LPIH can work with local agencies to develop the protocols that aid residents to recognize problems and solve them without resorting to emergency services.
5. **Veterans' Issues** – As more veterans return from active service, and older veterans age, the need for services among military retirees is increasing. The logical first responder to these needs in the Veterans' Administration healthcare system, but many veterans experience problems that bring them to other hospitals or service providers. LPIH can assist the VA and veterans' organizations in coordinating care for these patients.
6. **Low Income Care Placement** - This issue revolved around worries that low-income clients would still have problems accessing hospital services due to deductibles and copays. The problem has morphed somewhat from lack of insurance as expressed in the last Community Health Needs Assessment in 2015, to problems paying deductibles, which under many Covered California plans may reach multiple thousands. Hospitals are addressing this by assisting clients in getting qualified for coverage they may not realize exists.

In addition to the top six issues raised by the focus group, LPIH reviewed the *Orange County Health Improvement Plan 2017-2019 (OCHIP)*. This document outlines four **priority areas**, of which all are within the purview of services offered by LPIH. These priority areas are summarized here.

7. **Priority Area 1: Infant and Child Health** – This area is considered a relatively well-served function of hospitals with 86.1% of all mothers-to-be receiving prenatal care, although rates are lower in some ethnic groups. The first goal in this area is to increase the percentage of mothers-to-be receiving prenatal care to 90%, and reduce the differential among ethnic groups by 2%. The

second goal is to increase the number of mothers breastfeeding at three months. Although LPIH is phasing out its maternity services, both of these goals can be addressed by LPIH as part of its ongoing education programs.

8. **Priority Area 2: Older Adult Health** - By 2040, 1 in 4 residents of Orange County will be 65 or older. The public health system is challenged to meet the needs of this growing population. The OCHIP outlines two objectives to address the issue. First, to improve wellness and quality of life of older adults in the county, the OCHIP sets a goal of increasing utilization of Annual Wellness Visits by 5% each year. LPIH can assist in this objective by offering clients access to Annual Wellness Visits when they are seen for emergent health problems. Second, to reduce complications of chronic disease by increasing completion rates in chronic disease self-management program by 10%. LPIH can assist in this process by providing such programs both on site and in community settings.
9. **Priority Area 3: Obesity and Diabetes** – The OCHIP focuses on children, noting that 1 in 6 fifth graders is obese, but also notes that obesity rates overall have increased by 22.4% between 2005 and 2014. Goals set to address this issue include increasing the proportion of residents who are in a healthy weight category. This is to be accomplished by supporting community specific coalitions to implement collective impact approaches that includes multi-sector interventions. LPIH is currently involved in several of these activities and plans to continue its participation. A second goal is to reverse the trend of increasing incidence of diabetes among Orange County Adults. As with the previous goal, the OCHIP plan includes promotion and expansion of the availability and utilization of effective diabetes prevention and self-management programs by persons who are risk for diabetes and living with prediabetes, diabetes, or gestational diabetes.
10. **Priority Area 4: Behavioral Health** – This Area coincides well with issues raised by the Focus Group, as well as with LPIH’s goal of providing comprehensive services to residents with behavioral and mental health problems. Orange County’s hospitalization rates due to alcohol abuse and substance abuse were reported by OCHIP to be higher than the state average. Only half of Orange County adults who needed behavioral health services reports receiving them. The Goals outlined in the OCHIP document are congruent with plans in place and in process at LPIH. Specific goals include:
  - a. Reduce drug and alcohol abuse in Orange County. This includes programs to address underage substance abuse, reduce impaired driving collisions, reduce opioid-related visits to Orange County emergency rooms, and create a clearinghouse of resources to manage changes in marijuana laws. LPIH can be most effective in working with its medical staff to reduce opioid use to address this goal.

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



## APPENDIX

Hospitals in Primary Service Area and Secondary Service Area

<b>Hospitals within Primary Service Area</b>		
<b>Name</b>	<b>Address</b>	<b>Description of Services Provided</b>
College Hospital	10802 College Pl. Cerritos, CA 90703	Acute Psychiatric
La Palma Intercommunity Hospital	7901 Walker St. La Palma, CA 90623	Primary Medical Services
Coast Plaza Hospital	13100 Stedebaker Rd. Norwalk, CA 90650	Primary Medical Services
Norwalk Community Hospital	13222 Bloomfield Ave. Norwalk, CA 90650	Primary Medical Services

<b>Hospitals within Secondary Service Area</b>		
<b>Name</b>	<b>Address</b>	<b>Description of Services Provided</b>
Kindred Hospital - La Mirada	14900 Imperial Hwy. La Mirada, CA 90638	Long Term Acute Care
Bellflower Medical Center	9542 Artesia Blvd. Bellflower, CA 90706	Acute Psychiatric
Gardens Regional Medical Center	Hawaiian Gardens, CA 90716	Primary and Specialty Medical Care Services
La Casa Psychiatric Health Facility	Long Beach, CA 90805	Psychiatric Health Facility (PHF)
AHMC Anaheim Regional Medical Center	111 W La Palma Ave. Anaheim, CA 92801	Primary and Specialty Medical Care Services
West Anaheim Medical Center	3033 W. Orange Ave. Anaheim, CA 92804	Primary and Specialty Medical Care Services

Community Clinics in the Primary and Secondary Service Areas

<b>Community Clinics within Primary Service Area</b>		
<b>Name</b>	<b>Address</b>	<b>Description of Services Provided</b>
Buena Park Community Clinic - BP	8332 Commonwealth Ave. Buena Park, CA 90621	Primary Care
JWCH Norwalk Regional Health Center	12360 Firestone Blvd. Norwalk, CA 90650	Primary Care and Mental Health
Korean Community Services	7212 Orangethorpe Ave. Buena Park, CA 90621	Primary Care and Mental Health
St. Jude Dental Clinic	7758 Knott Ave. Buena Park, CA 90620	Dental Services

## Community Clinics within Secondary Service Area

Name	Address	Description of Services Provided
Altamed Dental Group- Anaheim Lincoln	1814 W Lincoln Ave. Ananheim, CA 92801	Dental Services
Altamed Medical Group - Anaheim, Lincoln Ave	1814 W Lincoln Ave. Ananheim, CA 92801	Primary Care and Mental Health
Altamed Medical Group- Anaheim-Lincoln, West	1820 W Lincoln Ave. Ananheim, CA 92801	Primary Care and Mental Health
American Health Services At Hawaiian Gardens	21507 Norwalk Blvd. Hawaiian Gardens, CA 90716	Primary Care and Mental Health
Central City Community Health Center, Inc.	2237 W Ball Rd. Anaheim, CA 92804	Primary Care and Mental Health
Central City Community Health Clinic	12116 Beach Blvd. Stanton, CA 90680	Primary Care and Mental Health
The North Long Beach Children'S Clinic Family Hlth Ctr.	1060 E 70Th St. Long Beach, CA 90805	Primary Care
Children'S Dental Health Clinic- Bellflower	10005 Flower St. Bellflower, CA 90706	Pediatric Dental Services
Hawaiian Gardens Health Center	22310 Wardham Ave. Hawaiian Gardens, CA 90716	Primary Care
Hawaiian Gardens Medical And Mental Health Services	21619 Norwalk Blvd. Hawaiian Gardens, CA 90716	Primary Care and Mental Health
Livingstone Community Health Clinic - Korean	12362 Beach Blvd. Stanton, CA 90680	Primary Care and Mental Health
Sierra Health Center	501 S Brookhurst Rd. Fullerton, CA 92833	Primary Care
South Medical Clinic	1126 E South St. Long Beach, CA 90805	Primary Care - Pediatric
The Children'S Clinic Family Health Center In Bellflower	17660 Lakewood Blvd. Bellflower, CA 90706	Primary Care - Pediatric
Wesley Health Centers	14371 Clark Ave. Bellflower, CA 90706	Primary Care and Mental Health
West County Medical Corporation	100 E Market St. Long Beach, CA 90805	Substance Abuse Treatment

Specialty Clinics in the Primary and Secondary Service Areas

<b>Specialty Clinics within Primary Service Area</b>		
<b>Name</b>	<b>Address</b>	<b>Description of Services Provided</b>
Cerritos Dialysis	19222 Pioneer Blvd Cerritos, CA 90703	Dialysis
Firestone Blvd Dialysis	11913 Firestone Blvd Norwalk, CA 90650	Dialysis
La Palma Dialysis Center	5451 La Palma Ave La Palma, CA 90623	Dialysis
Norwalk Dialysis Center	12375 E Imperial Hwy Norwalk, CA 90650	Dialysis

## Specialty Clinics within Secondary Service Area

Name	Address	Description of Services Provided
Anaheim Dialysis	1107 W La Palma Ave. Ananheim, CA 92801	Dialysis
Anaheim West Dialysis	1821 W. Lincoln Ave. Anaheim, CA 92801	Dialysis
Bellflower Dialysis Center	15736 Woodruff Ave. Bellflower, CA 90706	Dialysis
Fmc Dialysis Services North Orange County	511 N Brookhurst St. Anaheim, CA 92801	Dialysis
Fmc Dialysis Services Of Bellflower	10116 Rosecrans Ave. Bellflower, CA 90706	Dialysis
Fmc Dialysis Services Of North Long Beach	145 W Victoria St. Long Beach, CA 90805	Dialysis
Fresenius Medical Care Orange County Home	1401 S Brookhurst Rd. Fullerton, CA 92833	Dialysis
Nephron Dialysis	5820 Downey Ave. Long Beach, CA 90805	Dialysis
Paramount Dialysis Center	8319 Alondra Blvd. Paramont, CA 90723	Dialysis
South Cerritos Dialysis	12191 226Th St. Hwaiian Gardens, CA 90716	Dialysis

## Home Health & Hospice Agencies in Primary and Secondary Service Areas

Home Health & Hospice Agencies within Primary Service Area				
Count	Name	Street Address	City	Zip
1	ACTIVE HOME HEALTH SERVICES, INC.	6131 ORANGETHORPE AVE	BUENA PARK	90620
2	CALM CARE, INC.	6888 LINCOLN AVE.	BUENA PARK	90620
3	GRACELAND HOSPICE CARE	6481 ORANGETHORPE AVE	BUENA VISTA	90620
4	PARAMOUNT HOME CARE	6131 ORANGETHORPE AVE	BUENA PARK	90620
5	RELIEF HOSPICE	8081 STANTON AVE	BUENA PARK	90620
6	SONORAN WINDS HOSPICE, INC.	6131 ORANGETHORPE AVE	BUENA PARK	90620
7	WESTERN HOME CARE, INC.	6131 ORANGETHORPE AVENUE	BUENA PARK	90620
8	LIVINGSTONE HOME HEALTH SERVICES, INC.	6301 BEACH BLVD., SUITE 212	BUENA PARK	90621
9	COVENANT HOSPICE	7872 WALKER STREET	LA PALMA	90623
10	EMC HOME HEALTH PROVIDERS, INC.	7851 WALKER ST	LA PALMA	90623
11	ALWAYS CARE HOSPICE, INC.	5300 ORANGE AVE	CYPRESS	90630
12	CARETECH HOME HEALTH, INC.	5252 ORANGE AVE.	CYPRESS	90630
13	GFK HOME HEALTH CARE	8891 WATSON ST	CYPRESS	90630
14	ST. LUKE'S HOME HEALTH SERVICES, INC.	5721 LINCOLN AVE	CYPRESS	90630
15	ABSOLUTE HOSPICE & PALLIATIVE CARE, INC.	12440 FIRESTONE BLVD.	NORWALK	90650
16	AMERICARE WEST HOME HEALTH SERVICES	12440 FIRESTONE BLVD	NORWALK	90650
17	AMICABLE HOMECARE, INC	13819 SAN ANTONIO DR	NORWALK	90650
18	DIVINE HOME HEALTH, INC.	14625 CARMENITA RD	NORWALK	90650
19	LEGACY HOME HEALTH CARE	12440 FIRESTONE BLVD	NORWALK	90650
20	MOTHER OF LOVE HOME HEALTH PROVIDERS, INC.	14625 CARMENITA RD	NORWALK	90650
21	PREMIUM HOME HEALTH, INC.	12241 FIRESTONE BLVD	NORWALK	90650
22	PREMIUM HOSPICE, INC	12241 FIRESTONE BOULEVARD	NORWALK	90650
23	AMARIS HOSPICE	17100 PIONEER BLVD	ARTESIA	90701
24	ASPEN HOME HEALTH & REHAB	17100 PIONEER BLVD	ARTESIA	90701
25	C V HOSPICE CARE	12140 ARTESIA BLVD	ARTESIA	90701
26	CLORAN HOME HEALTH SERVICES	11428 ARTESIA BLVD	ARTESIA	90701
27	D AND B HEALTH CARE PROFESSIONALS BURBANK, INC.	12140 ARTESIA BLVD	ARTESIA	90701
28	ERG HOME HEALTH PROVIDERS, INC.	11700 SOUTH ST	ARTESIA	90701
29	GENTLE HANDS, INC.	18331 GRIDLEY RD	CERRITOS	90701
30	HYGIEIA HOME HEALTH, INC.	17100 PIONEER BLVD	ARTESIA	90701
31	LA METROPOLITAN HOME HEALTH INCORPORATED	17100 PIONEER BLVD	ARTESIA	90701
32	PRUDENTIAL HOSPICE CARE	17100 PIONEER BLVD.	ARTESIA	90701
33	TOWER HEALTH AND PALLIATIVE CARE	11428 ARTESIA BLVD	ARTESIA	90701
34	TRANQUILITY HOSPICE, INC.	17100 PIONEER BLVD	ARTESIA	90701
35	ACE HEALTH SYSTEMS, INC.	11385 183RD STREET	CERRITOS	90703
36	ALLSTAR HOME HEALTH SERVICES	10900 EAST 183RD ST	CERRITOS	90703
37	ANGEL CITY FAMILY CARE SERVICES, INC.	12750 CENTER COURT DR., STE. 140	CERRITOS	90703
38	ANGEL CITY HOSPICE CARE, INC.	12750 CENTER COURT DR	CERRITOS	90703
39	CALCARE HOME HEALTH, INC.	10900 183RD ST	CERRITOS	90703
40	EAST WEST HOME HEALTH	16429 BERWYN RD	CERRITOS	90703
41	EAST WEST HOSPICE CARE, INC.	16435 BERWYN RD	CERRITOS	90703
42	EVERGREEN HOME HEALTH, INC.	17215 STUDEBAKER RD.	CERRITOS	90703
43	EVERGREEN HOSPICE CARE, INC.	17215 STUDEBAKER ROAD	CERRITOS	90703
44	FIRST CHOICE HOME HEALTH SERVICES, INC.	11829 SOUTH ST	CERRITOS	90703
45	HEALTH VIEW HOME HEALTH	17785 CENTER COURT DR N	CERRITOS	90703
46	HEART TO HEART CARE, INC.	18331 GRIDLEY RD	CERRITOS	90703
47	HOME CARE EXCELLENCE HEALTH SERVICES, INC.	10900 183RD ST	CERRITOS	90703
48	HOME REACH HOSPICE	11090 ARTESIA BLVD., STE. F	CERRITOS	90703
49	MIRACLE HOME HEALTH AGENCY, INC.	10945 SOUTH ST	CERRITOS	90703
50	NURSES PLUS HOSPICE	11100 ARTESIA BLVD., STE. G	CERRITOS	90703
51	PIONEER HOME HEALTH SERVICES, INC.	20110 PIONEER BLVD	CERRITOS	90703
52	PRIMARY CARE HOME HEALTH SERVICES	11110 ARTESIA BLVD	CERRITOS	90703
53	PRIVILEGE HOME SERVICES, INC	11395 183RD ST	CERRITOS	90703
54	PROVIDENCE TRINITYCARE HOSPICE-CERRITOS-BRANCH	17315 STUDEBAKER ROAD	CERRITOS	90703
55	RAE STAR HEALTH SYSTEMS, INC.	17215 STUDEBAKER RD	CERRITOS	90703
56	STELLAR HOME HEALTH	17777 CENTER COURT DR	CERRITOS	90703
57	URGENT HOME HEALTH CARE, INC.	17315 STUDEBAKER RD	CERRITOS	90703

<b>Home Health &amp; Hospice Agencies within Primary Service Area</b>				
<b>Count</b>	<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>
1	ALL SEASONS HEALTHCARE, INC.	16660 PARAMOUNT BLVD	PARAMOUNT	90723
2	ALTERNATIVE HEALTH CARE, LLC	14752 BEACH BLVD	LA MIRADA	90638
3	APA HOME HEALTH CARE SERVICES, INC.	12362 BEACH BLVD	STANTON	90680
4	APEX HOME HEALTH CARE SERVICES	8381 KATELLA AVE	STANTON	90680
5	APEX HOSPICE CARE, INC	8381 KATELLA AVE	STANTON	90680
6	ARCHANGEL HOME HEALTH INC.	16446 WOODRUFF AVE	BELLFLOWER	90706
7	B & F HOME HEALTH, INC.	1638 E ARTESIA BLVD	LONG BEACH	90805
8	CALIFORNIA NURSES HOME HEALTH SERVICES - BRANCH	320 N WILSHIRE AVE	ANAHEIM	92801
9	CARE CENTER HOME HEALTH, INC.	14762 BEACH BLVD	LA MIRADA	90638
10	EXTENDED HEALTH CARE - PARENT	1718 E ARTESIA BLVD	LONG BEACH	90805
11	HOSPICE CARE OF THE WEST, LLC - PARENT	505 N EUCLID ST	ANAHEIM	92801
12	IMMACULATE HEART OF MARY HOME HEALTH, INC.	10066 ROSECRANS AVE	BELLFLOWER	90706
13	ORANGE COUNTY CARE PROVIDERS, INC.	14700 FIRESTONE BLVD	LA MIRADA	90638
14	PRESBYTERIAN INTERCOMMUNITY HOSPITAL HOME HEALTH	15050 IMPERIAL HWY	LA MIRADA	90638
15	RELIANCE HOME HEALTH SERVICES	16660 PARAMOUNT BLVD	PARAMOUNT	90723
16	SALCARE HOME HEALTH SERVICES	15607 LAKEWOOD BLVD	PARAMOUNT	90723
17	STEWARD HOME HEALTH AGENCY, INC	16446 WOODRUFF AVE	BELLFLOWER	90706
18	STEWARD HOSPICE CARE INC	16446 WOODRUFF AVE	BELLFLOWER	90706
19	TESCA HOSPICE, INC.	8514 ARTESIA BLVD.	BELLFLOWER	90706
20	VALENTINE HEALTH CARE, INC.	16206 CLARK AVE	BELLFLOWER	90706
21	ZELOMARA NURSING CARE, INC.	8756 ARTESIA BLVD	BELLFLOWER	90706
22	ZELOMARA PLUS HOME HEALTH, INC.	12235 BEACH BLVD.	STANTON	90680



## Health Indicators for Orange County by Race

<b>Health Indicators by Race/Ethnicity for Orange County</b>				
<b>Health Indicator for Orange County</b>	<b>Hispanic</b>	<b>White</b>	<b>Black</b>	<b>Asian</b>
Life expectancy (2013) <sup>1</sup>	Men: <b>80.9</b> Women: <b>84.2</b>	Men: <b>78.6</b> Women: <b>83.0</b>	Men: <b>75.9</b> Women: <b>80.1</b>	Men: <b>82.4</b> Women: <b>86.0</b>
Percent with health insurance (2011) <sup>2</sup>	<b>68.5%</b>	<b>91.4%</b>	<b>84.1%</b>	<b>84.9%</b>
Percent living under 100% of Federal poverty level (2009-2011) <sup>2</sup>	Male: <b>17.8%</b> Female: <b>20.9%</b>	Male: <b>6.1%</b> Female: <b>6.9%</b>	Male: <b>11.3%</b> Female: <b>12.9%</b>	Male: <b>11.5%</b> Female: <b>12.2%</b>
% of adults age 25+ with high school diploma (2009-2011) <sup>2</sup>	Male: <b>57.0%</b> Female: <b>59.1%</b>	Male: <b>69.1%</b> Female: <b>95.4%</b>	Male: <b>94.2%</b> Female: <b>91.0%</b>	Male: <b>94.2%</b> Female: <b>83.9%</b>
% of households in crowded conditions (2009-2011) <sup>2</sup>	<b>30.8%</b>	<b>1.5%</b>	<b>6.5%</b>	<b>8.6%</b>
% of visits to the emergency department that were avoidable (2011) <sup>2</sup>	<b>50.7%</b>	<b>41.0%</b>	<b>42.6%</b>	<b>51.4%</b>
Birth Rate (# births / 1000 population) (2010) <sup>2</sup>	<b>18.7</b>	<b>8.8</b>	<b>11.1</b>	<b>12.1</b>
% received early prenatal care (2010) <sup>2</sup>	<b>86.9%</b>	<b>93.1%</b>	<b>86.7%</b>	<b>92.0%</b>
% of mothers with gestational diabetes (2010) <sup>2</sup>	<b>7.6%</b>	<b>5.4%</b>	<b>6.0%</b>	<b>10.7%</b>
% of births with low birth weight (2010) <sup>2</sup>	<b>5.8%</b>	<b>6.3%</b>	<b>12.3%</b>	<b>7.7%</b>
% of births that were preterm (2010) <sup>2</sup>	<b>8.8%</b>	<b>9.1%</b>	<b>13.5%</b>	<b>8.3%</b>
Infant mortality – rate per 1000 births (2010) <sup>2</sup>	<b>4.5</b>	<b>3.2</b>	*	<b>*2.0</b>
% of women with postpartum depression (2010-2011) <sup>2</sup>	<b>13.4%</b>	<b>11.9%</b>	*	<b>10.3%</b>
% of mothers exclusively breastfeeding for first 3 months (2010) <sup>2</sup>	<b>22.3%</b>	<b>47.6%</b>	*	<b>48.5%</b>
Births to teens - per 1000 births (2010) <sup>2</sup>	<b>44.3</b>	<b>6.6</b>	<b>18.7</b>	<b>3.2</b>
% of adults with diabetes (2011-12) <sup>2</sup>	Male: <b>9.3%</b> Female: <b>10.9%</b>	Male: <b>6.0%</b> Female: <b>5.7%</b>	Male: <b>*17.0%</b> Female: <b>*9.8%</b>	Male: <b>7.1%</b> Female: <b>*4.0%</b>
% of adults with hypertension (2011-12) <sup>2</sup>	Male: <b>24.1%</b> Female: <b>24.3%</b>	Male: <b>28.7%</b> Female: <b>27.7%</b>	Male: <b>*45.7%</b> Female: <b>*17.9%</b>	Male: <b>23.9%</b> Female: <b>18.7%</b>
% of adults age 20+ who are obese (2011-12) <sup>2</sup>	Male: <b>30.0%</b> Female: <b>39.8%</b>	Male: <b>25.6%</b> Female: <b>18.7%</b>	Male: <b>*45.6%</b> Female: <b>*35.3%</b>	Male: <b>*15.4%</b> Female: <b>*7.6%</b>
% of 11th graders who used alcohol in the past month (2009/10) <sup>2</sup>	Male: <b>36.2%</b> Female: <b>35.9%</b>	Male: <b>35.1%</b> Female: <b>37.1%</b>	Male: <b>34.1%</b> Female: <b>26.8%</b>	Male: <b>16.1%</b> Female: <b>16.0%</b>
<b>Citations</b>				
<b>1</b>	Life Expectancy in Orange County (2015).” Orange County Health Care Agency. Santa Ana, California, October 2015. <a href="http://www.ochealthinfo.com/pubs">www.ochealthinfo.com/pubs</a>			
<b>2</b>	County of Orange, Health Care Agency, Public Health Services. Orange County Health Profile 2013. December 2013. <a href="http://www.ochealthinfo.com/pubs">www.ochealthinfo.com/pubs</a>			
*	Estimate unstable			

### Leading Causes of Hospitalization – Primary and Secondary Service Areas

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

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

**Priority Summaries from the Orange County Health Improvement Plan 2017-2019**

This section contains the summarized priorities in the *Orange County Health Improvement Plan 2017-2019*. The entire document can be found at <http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=67342>.



# Orange County Health Improvement Plan 2017-19

An update to Orange County's 2014-16 health assessment and improvement plan.



# Executive Summary

## Priority Area 1: Infant and Child Health



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

**Goal 1:** Improve **birth outcomes** in Orange County

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

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

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

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

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

## Priority Area 2: Older Adult Health



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

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

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

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

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

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

## Priority Area 3: Obesity and Diabetes



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

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

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

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

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

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

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

## Priority Area 4: Behavioral Health



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

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

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

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

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

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

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



## La Palma Intercommunity Hospital Community Health Survey – English Version



July 6, 2018

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

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

If you have any questions, please call Frances at (714) 670-6025.

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

#### HEALTH HABITS

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

*General Health Exam*

- Yes
- No
- Do not know

*Blood Pressure Check*

- Yes
- No
- Do not know

*Cholesterol Check*

- Yes
- No
- Do not know

*Flu Shot*

- Yes
- No
- Do not know

*Blood Stool Test*

- Yes
- No
- Do not know

*Dental Exam/Teeth Cleaned*

- Yes
- No
- Do not know

*IF FEMALE: Pap Test*

- Yes
- No
- Do not know

*IF FEMALE: Breast Exam by a Health Care Provider*

- Yes
- No
- Do not know

*IF FEMALE: Breast X-Ray or Mammogram*

- Yes
- No
- Do not know

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

*Hearing Test*

- Yes
- No
- Do not know

*Eye Exam*

- Yes
- No
- Do not know

*Diabetes Check*

- Yes
- No
- Do not know

*Skin Cancer Screen*

- Yes
- No
- Do not know

*Pneumonia Shot*

- Yes
- No
- Do not know

*IF AGE 40 or OLDER: Rectal Exam*

- Yes
- No
- Do not know

*IF AGE 50 or OLDER: A Colonoscopy*

- Yes
- No
- Do not know

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

- Yes
- No
- Do not know

14. In the past 12 months, have you had problems getting needed health care?

- Yes
- No

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

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

How many times a week do you exercise?

- 0
- 1-2
- 2-4
- 4-7

16. For about how long do you exercise?

- Less than 30 minutes
- 30 minutes
- 1 hour
- Over 1 hour

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

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

18. Are you on any medications?

- Yes
- No

19. If Yes, how many?

- Just one
- 1 to 2
- 2 to 4
- Over 5

20. How would you describe your weight?

- Very underweight
- Slightly underweight
- About right
- Slightly overweight
- Very Overweight

21. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

22. During the past 30 days, did you (Check all that apply):

- Diet to lose weight or to keep from gaining weight
- Exercise to lose weight or to keep from gaining weight
- Vomit, or take laxatives to lose weight or to keep from gaining weight
- Take diet pills to lose weight or to keep from gaining weight

#### COMMUNITY INFORMATION

23. How could you rate our community's overall health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

24. How would you rate your own health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

25. How would you rate our community's overall quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

26. How would you rate your own quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

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

28. Which four diseases/conditions do you believe are the most common in our community?

- Cancer-general
- Breast Cancer
- Respiratory diseases-adults
- Asthma-children
- Diabetes
- Heart disease
- High Blood Pressure
- Poor Nutrition
- Lack of physical activity
- Obesity
- Smoking
- Stroke
- Substance abuse- alcohol
- Substance abuse-drugs
- Mental Health Disorders
- Dental Problems
- Immunizations- children
- Immunizations- adults
- Other (please specify)

29. Which three behavioral risk factors are the most common in our community?

- Access to affordable health care
- Access to physicians
- Inadequate transportation
- Lack of grocery stores
- Access to fresh, healthy food
- Wearing seatbelts
- Lack of safe places for physical activity
- High number of uninsured people
- Poverty
- Unemployment
- Illiteracy
- Other (please specify)

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

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

32. How well does La Palma Intercommunity Hospital promote good health?

- Excellent
- Good
- Fair
- Poor
- Very Poor

33. What could La Palma Intercommunity 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?



## Commonwealth Fund Report on Health Care Coverage in California

