



Photo Credit: LPIH

2021

La Palma Intercommunity Hospital Community Health Needs Assessment

- Orange County, California -

*Paper copies of this document may be obtained at: La Palma Intercommunity Hospital
7901 Walker St., La Palma, CA 90623 or by phone 714.670-7400 or via the hospital website
lapalmaintercommunityhospital.org*

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Perspective / Overview

About La Palma Intercommunity Hospital

Founded in 1972, La Palma Intercommunity Hospital is a 141-bed, not for profit, acute-care community hospital, and member of the Prime Healthcare Foundation, a 501(c)3 public charity.

We believe exceptional healthcare should be a part of every community. As the only hospital in La Palma, La Palma Intercommunity Hospital is proud to be the community hospital serving the residents of La Palma, as well as nearby communities in Orange and Los Angeles Counties, for the past 46 years. With nearly 300 physicians and more than 400 healthcare and other professionals on staff, our highly qualified team is committed to providing outstanding service in a safe, comfortable and caring environment.

Recognized by Healthgrades as one of America's 100 Best Hospitals 17 times in 5 different clinical categories since 2014, patients treated at La Palma Intercommunity Hospital benefit from the expertise of a large hospital system in a smaller, more personal setting.

Mission

To deliver compassionate, quality care to patients and better healthcare to communities.

Values

Quality

- We are committed to always providing exceptional care and performance.

Compassion

- We deliver patient-centered healthcare with compassion, dignity, and respect for every patient and their family.

Community

- We are honored to be trusted partners who serve, give back, and grow with our communities.

Physician-Led

- We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

Creating a Culture of Health in the Community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website:

<http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Orange County, California.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2021 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for La Palma Intercommunity Hospital (LPIH).

La Palma Intercommunity Hospital, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

- ✓ Starting on May 1, 2022, this report is made widely available to the community via La Palma Intercommunity Hospital's website <https://www.lapalmaintercommunityhospital.com> and paper copies are available free of charge at La Palma Intercommunity Hospital, 7901 Walker Street, La Palma CA 90523 or by phone (714)670-74000.
- ✓ La Palma Intercommunity Hospital's board of directors approved this assessment on April 14, 2022.

PROJECT GOALS

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making, and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Ayman Mousa, CEO La Palma Intercommunity Hospital

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Cristal Gonzalez, Manager Marketing, La Palma Intercommunity Hospital

”

Community

Input and Collaboration

Data Collection and Timeline

In February 2022, La Palma Intercommunity Hospital began a Community Health Needs Assessment for Orange County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in February and March 2022.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on March 7 and 8, 2022.
- A Community Health Summit was conducted on March 24, 2022, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.



Photo Credit: LPIH

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Participants

Thirty-nine individuals from twenty-two community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Orange County. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the Orange County Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
24/7 Care at Home	Home Health/Hospice	Focus Group/Interviews
Anaheim Terrace SNF	Seniors	Focus Group/Interviews
Citizen	Huntington Beach	Focus Group/Interviews
City Net	All	Focus Group/Interviews
City of Huntington Beach	Social Services	Focus Group/Interviews
CNI College	Academia - diverse students	Focus Group/Interviews, Summit
Community Action Partnership of OC	Low income	Focus Group/Interviews
Community Volunteer - Kiwanis	Community	Focus Group/Interviews
Garden Park Care	Seniors	Focus Group/Interviews
GG Chamber of Commerce	Businesses	Focus Group/Interviews
Golden West College	Minorities, Student population	Focus Group/Interviews, Summit
Home Health & Hospice, Behavioral health	Seniors	Focus Group/Interviews, Summit
Huntington Beach Fire Department	City of Huntington Beach	Focus Group/Interviews, Summit
La Palma Intercommunity Hospital	All	Focus Group/Interviews, Summit
Huntington Valley Health Care Center	Seniors	Focus Group/Interviews
LaPalma Intercommunity Hospital	All, low income	Focus Group/Interviews
Memorial Care	Community	Focus Group/Interviews
Pelican Ridge Sumak	Seniors	Focus Group/Interviews
Prime Healthcare	All	Focus Group/Interviews, Summit
resident	Huntington Beach	Focus Group/Interviews
The Hills Post Acute	Seniors	Focus Group/Interviews, Summit
West Coast University	All	Focus Group/Interviews, Summit

In many cases, several representatives from each organization participated.

Community Engagement and Transparency

Many members of the community participated in focus group, individual interviews, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through interviews, focus groups and the community health summit. Agencies representing these population groups were intentionally invited to the focus group, interviews and summit.

Input of those with Expertise in Public Health

Orange County's Healthier Together initiative is comprised of 40 agencies including the Orange County Health Care Agency. We utilized their 2019 community health assessment priorities to assist with selection of the 2021 priority list.



Photo Credit: LPIH

Community Selected for Assessment

Orange County was the primary focus of the CHNA due to the service area of La Palma Intercommunity Hospital. Used as the study area, Orange County provided 30% of January 1, 2021, through December 31, 2021, inpatient discharges. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which La Palma Intercommunity Hospital draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under La Palma Intercommunity Hospital's Financial Assistance Policy.

La Palma Intercommunity Hospital Study Area - 2021

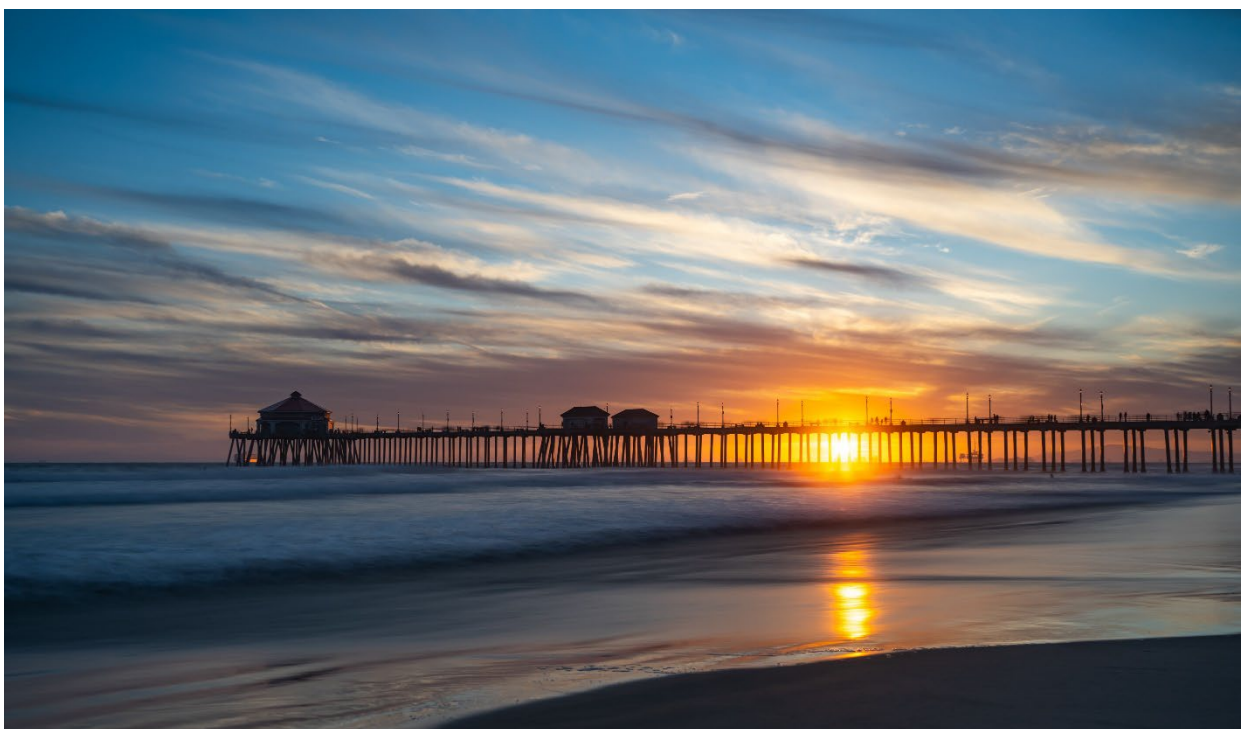
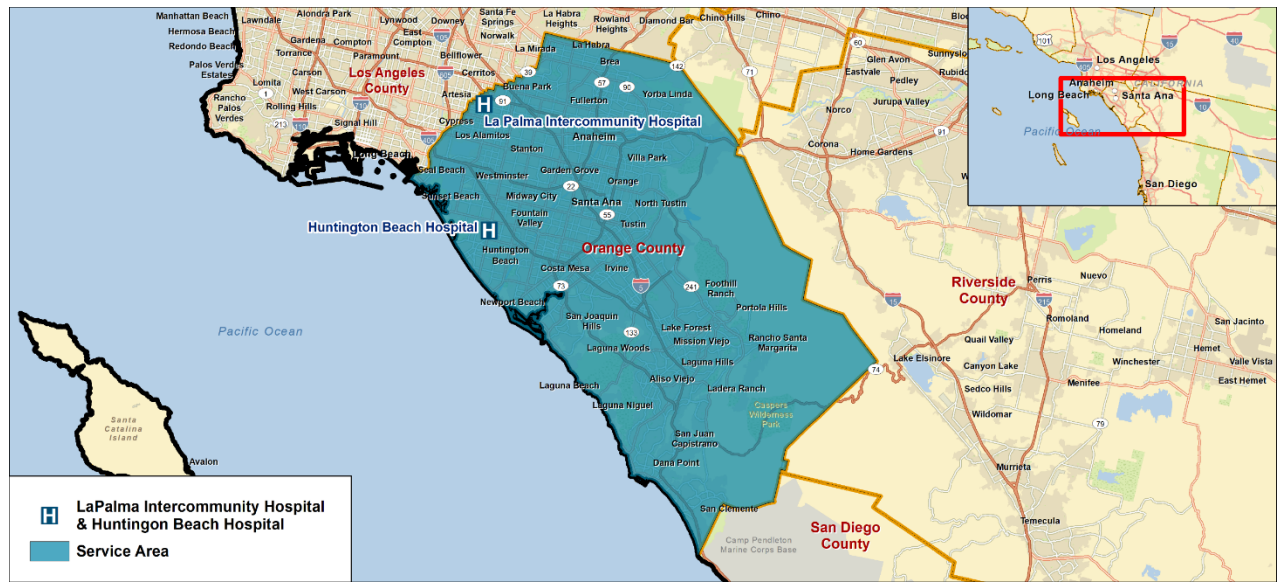


Photo Credit: LPIH

Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, focus groups, and interviews, the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Substance misuse
2. Housing (affordable) and access to health for unhoused population
3. Mental Health
4. Diabetes
5. Education (as a means of escaping poverty and improve health)

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Focus groups and individual interviews with community members
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences

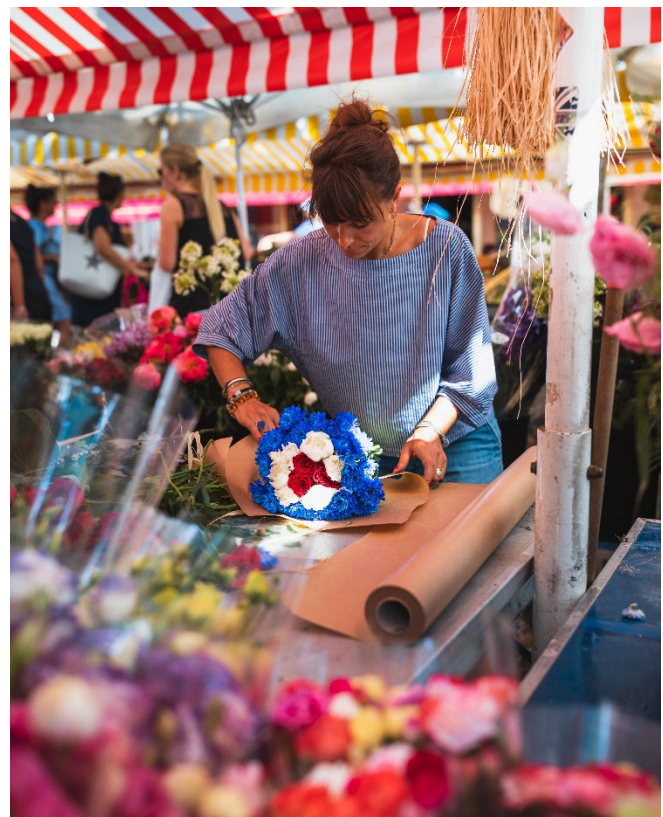


Photo Credit: LPIH

Description of the Communities Served

Demographics

The table below shows the demographic summary of Orange County compared to California and the U.S.

	Orange County	California	USA
Population	3,195,159	39,476,705	333,934,112
Median Age	37.8	36.6	38.8
Median Household Income	\$97,972	\$80,044	\$64,730
Annual Pop. Growth (2021-2026)	0.50%	0.52%	0.71%
Household Population	1,047,779	13,283,432	126,470,675
Dominant Tapestry	Enterprising Professionals (2D)	Urban Villages (7B)	Green Acres (6A)
Businesses	167,286	1,596,957	12,013,469
Employees	1,641,250	16,540,983	150,287,786
Health Care Index*	126	113	100
Average Health Expenditures	\$7,862	\$7,042	\$6,237
Total Health Expenditures	\$8.2 B	\$93.5 B	\$788.8 B
Racial and Ethnic Make-up			
White	56%	54%	69%
Black	2%	6%	13%
American Indian	1%	1%	1%
Asian/Pacific Islander	22%	15%	6%
Other	15%	18%	7%
Mixed Race	5%	6%	4%
Hispanic Origin	34%	40%	19%

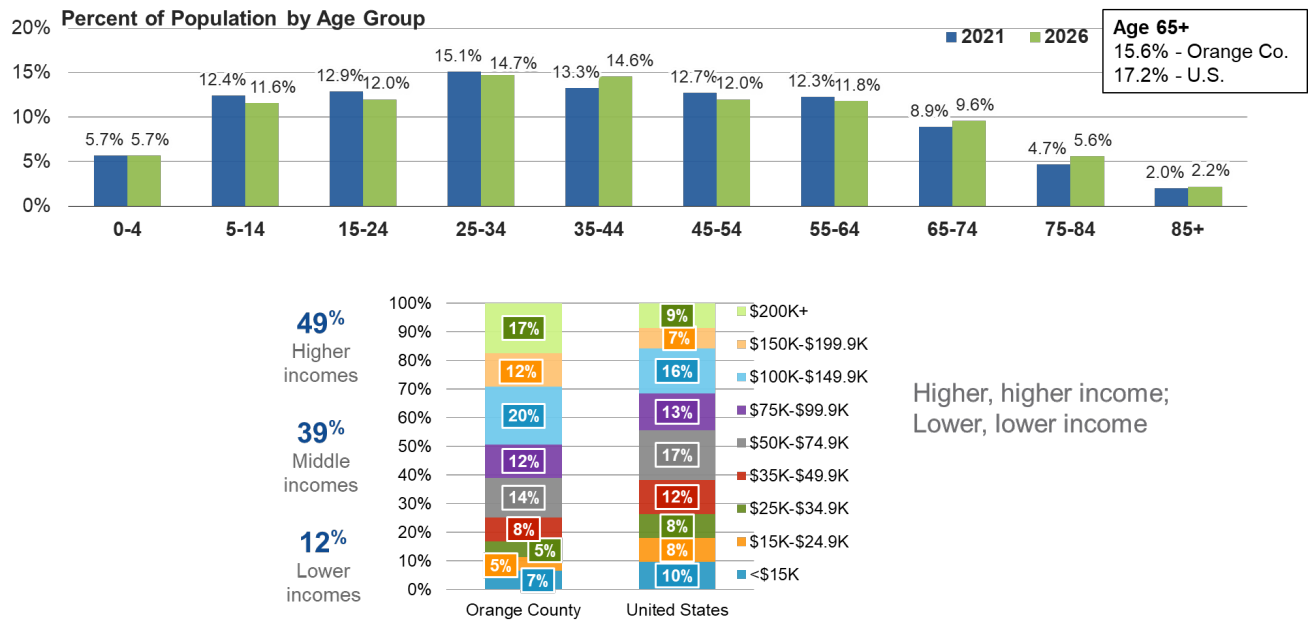
Source: Esri

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Demographics, cont.

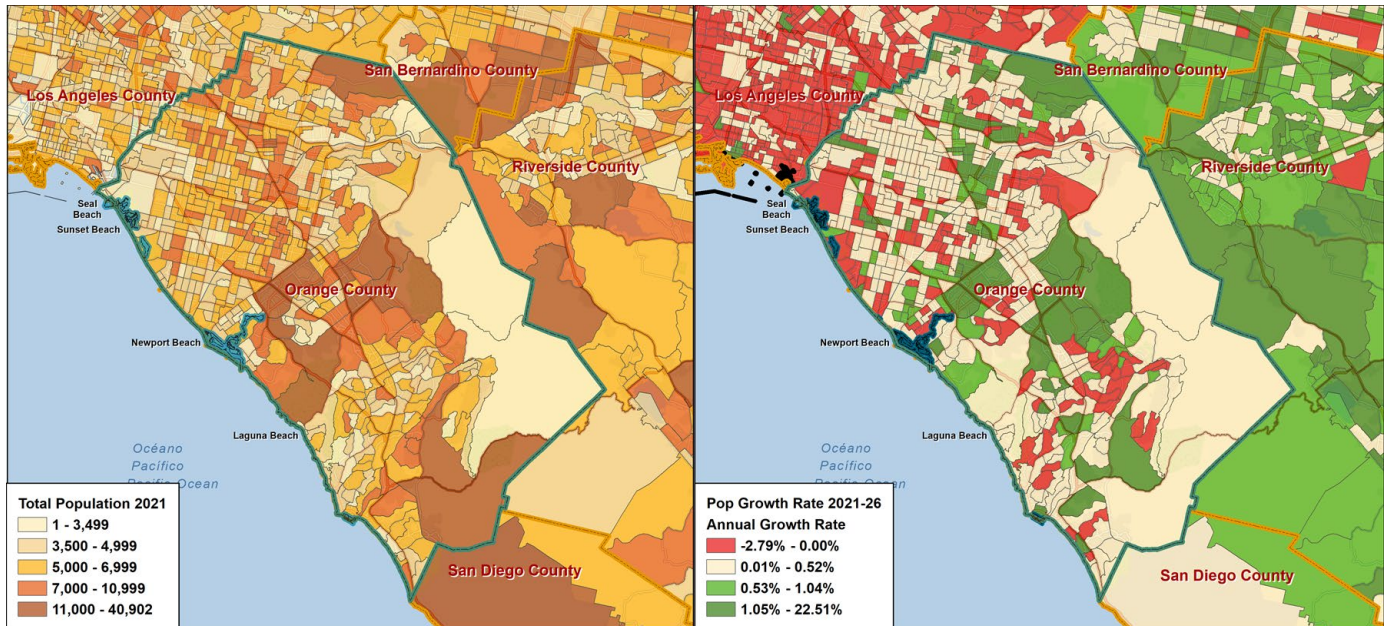
Orange County



Source: Esri

- The population of Orange County is projected to increase from 2021 to 2026 (.50% per year). California is projected to increase 0.51% per year. The U.S. is projected to increase 0.71% per year.
- Orange County had a higher median age (37.8 median age) than CA (36.6) but lower than the U.S. (38.8). In Orange County the percentage of the population 65 and over was 15.6%, lower than the U.S. population 65 and over at 17.2%.
- Orange County median household income at \$97,972 was higher than CA (\$80,044), and the U.S. (\$64,730). The rate of poverty in Orange County was 9.5% which was lower than CA (11.8%) and the U.S. (12.3%).
- The household income distribution of Orange County was 49% higher income (over \$100,000), 39% middle income, and 12% lower income (under \$25,000).
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Orange County was 126, indicating 26% more spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Orange County was 56% White, 2% Black, 1% American Indian, 34% Hispanic origin, 5% mixed race, 22% Asian/Pacific Islander, and 15% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

2021 Population by Census Tract and Change (2021-2026)



Source: Esri

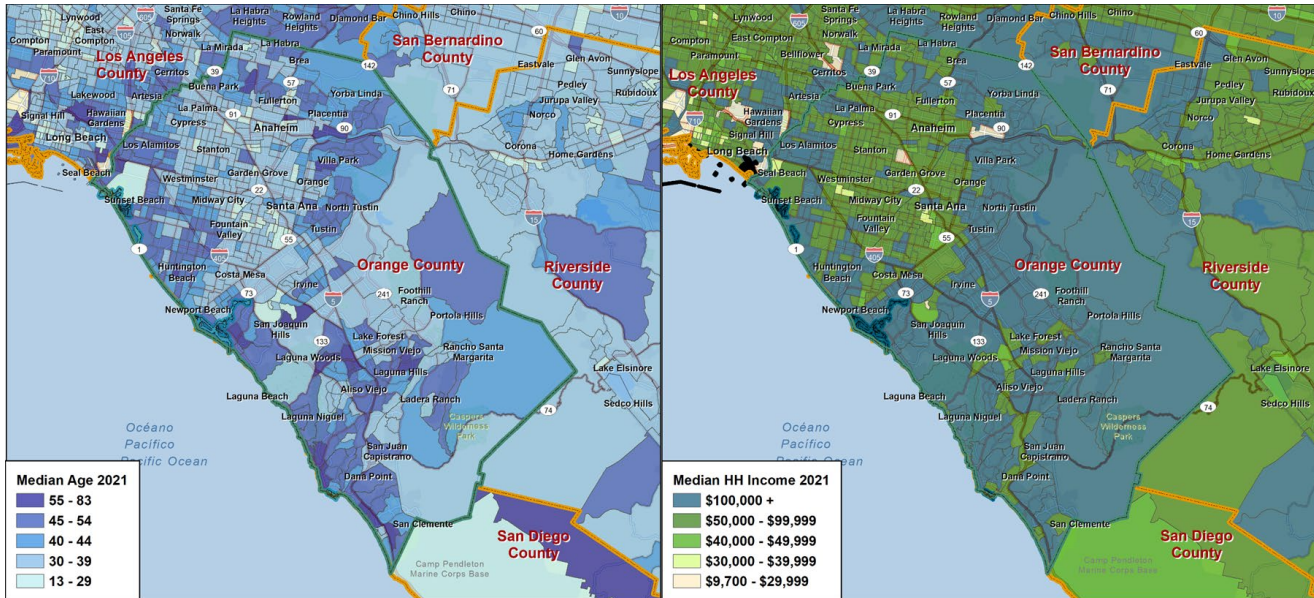
Red is population decline
 Yellow is positive up to the CA growth rate
 Green is greater than the CA growth rate
 Dark green is twice the CA growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The census tracts closest to LA County are smaller geographically than the larger tracts in the more rural areas of the county.

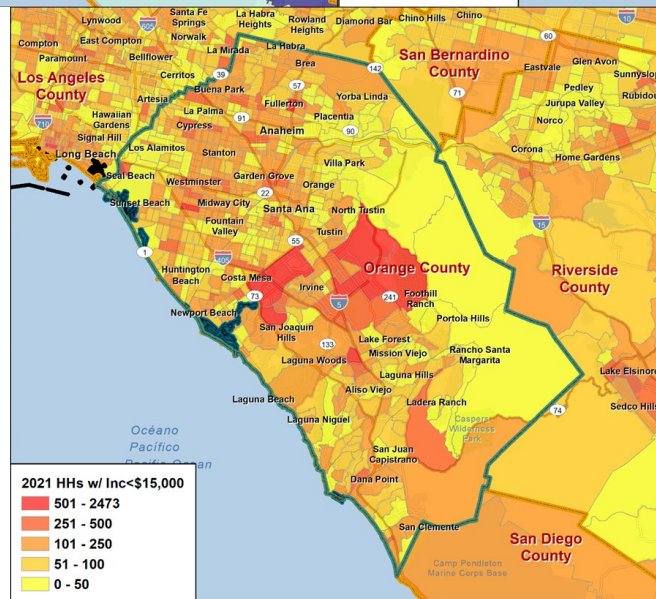
Orange County's population was projected to increase from 2021 to 2026, 0.50% per year. There is significant variation in population declines and projected increases throughout the county.

Demographics, cont.

2021 Median Age & Income



Source: Esri



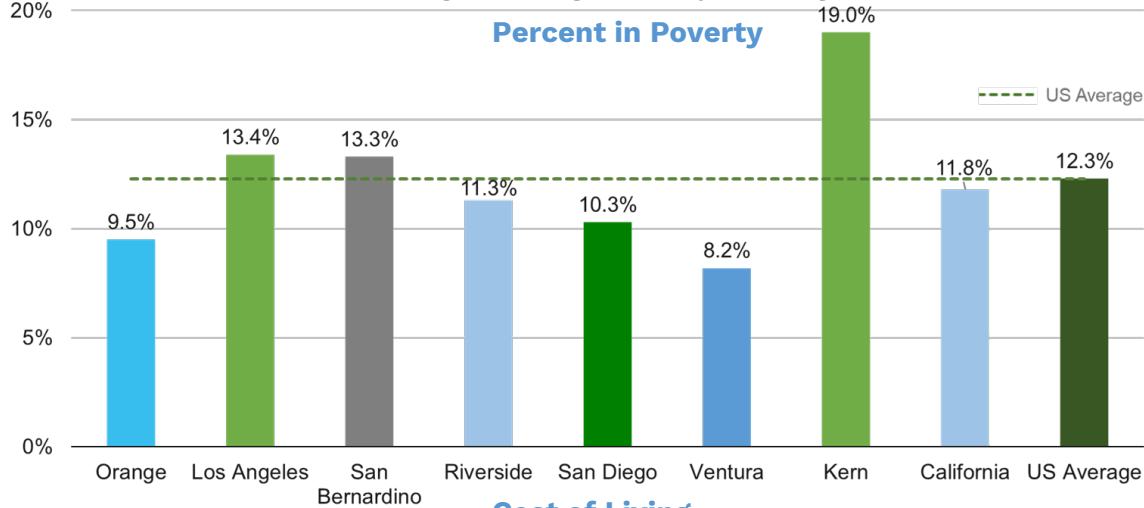
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract south of Seal Beach with a low median age and the tract north of Seal Beach with a high median age.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The lower income census tracts in yellow or light green can have different health status than those census tracts in dark blue.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. The census tract east of Fullerton has numerous households making less than \$15,000 per year.

Demographics, cont.

Orange County's 2019 poverty percentage was 9.5% compared to California at 11.8% and the U.S. at 12.3%. The cost of living in Orange County was higher than CA and the U.S.



Cost of Living

	Orange County	California	US
Overall	167.7	149.9	100
Grocery	105.1	105.1	100
Housing	308.2	239.1	100
Median Home Cost	\$869,600	\$684,800	\$291,700
Utilities	98.6	102.4	100
Transportation	115.2	133.1	100
Miscellaneous	104.6	103.7	100

100 index = National Average

https://www.bestplaces.net/cost_of_living/county/California/Orange

The total of all the cost-of-living categories weighted subjectively as follows: housing (30%), food and groceries (15%), transportation (10%), utilities (6%), health care (7%), and miscellaneous expenses such as clothing, services, and entertainment (32%). State and local taxes are not included in any category. The overall index for transportation costs, including gasoline, commuting, and auto insurance

Business Profile

51.4% percent of employees in Orange County were employed in:

- Retail Trade (12.4%)
- Professional, Scientific & Tech Services (10.1%)
- Manufacturing (9.7%)
- Health Care & Social Assistance (9.7%)
- Accommodation & Food Service (9.5%)

Source: Esri

Retail offers health insurance at a lower rate than healthcare, public administration, and educational services.

Orange County's December 2021 preliminary unemployment was 3.7% compared to 5.8% for California and 3.9% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

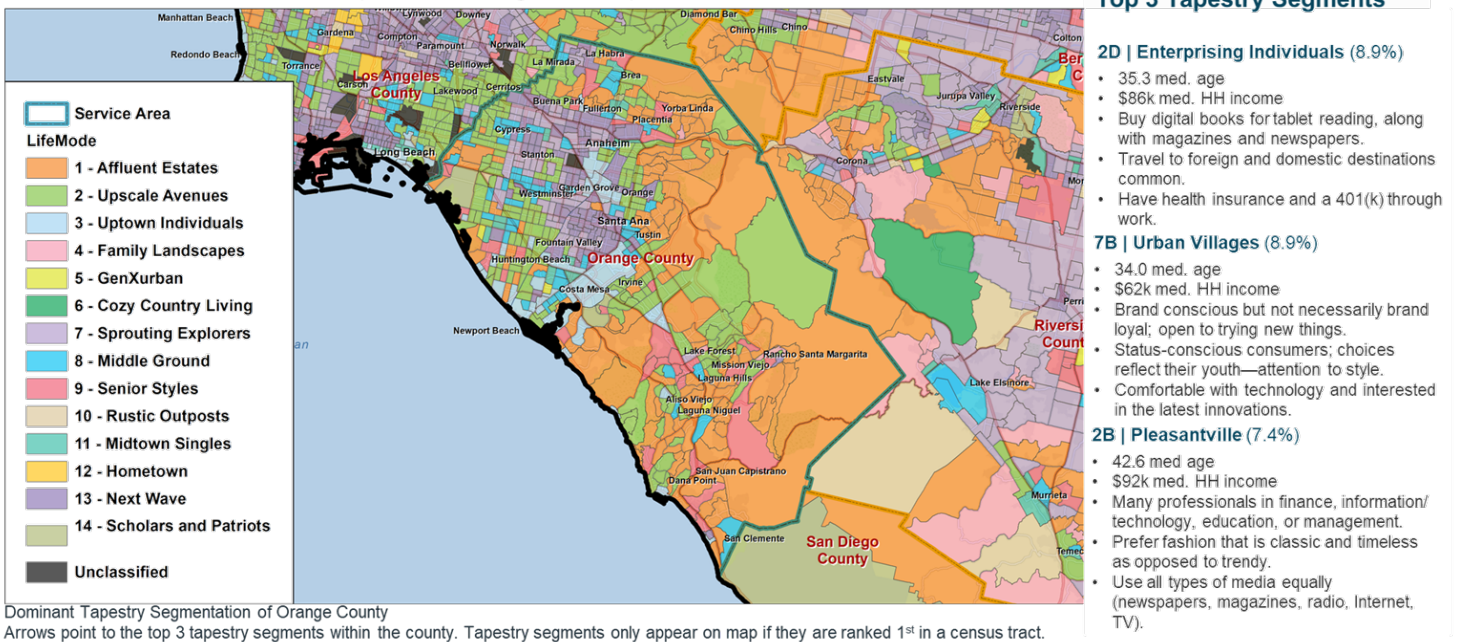
Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. Fifty-three percent of Orange County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were Middleburg (29%), Southern Satellites (25%), and Green Acres (15%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm>. Analyzing the Tapestry Segments in the study area helps determine health habits and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 25.2% of total households.



Source: Esri

Interview and Focus Group Results

Interviews

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews and focus groups on September 10, 2021, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

1. How do you define health?

- Physical, emotional, psychological
- Being physically healthy, keeping active. People are more private could about their mental health
- Whatever people say it is. The highest level of function possible. psychological, physical, emotional balance.
- Multifaceted, physical, mental, social, spiritual health, all inter-related
- Housing is health
- Anything that impacts quality of life
- Ability for people to continue their daily activities

2. For the purposes of this Community Health Needs Assessment, the community is Orange County, generally, how would you describe the community's health?

- Healthy
- The community is pretty healthy
- In the city, good health, however room for improvement
- People are sicker due to delaying care
- COVID made people's health worse
- Drugs have harmed well-being
- Overall aging and out of shape

3. What are the most significant health issues for the community today?

- Mental health – depression due to COVID, unhoused with mental health issues, dementia and Alzheimer's disease, hard to place patients, mental health and drug issues go hand in hand
- Access to care – primary care and post-hospital care, non-English speakers
- Chronic diseases – diabetes, heart disease, respiratory disease
- Cultural issues – Hispanic, Korean, East Indian less trusting

4. What are the most significant health issues facing various populations including medically underserved and low-income populations?

- Access to care – long waits to access care, using ER for primary care, transportation for older adults
- Misinformation and lack of trust – reticent to give personal information, education on insurance available
- Substance misuse – drugs and alcohol
- Mental health
- Chronic diseases – diabetes, CHF, renal failure, undiagnosed cancer

Interview and Focus Group Results, cont.

5. What are the most significant health issues facing the minority populations?

- Language barriers
- Chronic diseases – some populations have higher risk for diabetes, hypertension
- Immigration status – lack of trust

6. What are the most important health issues facing children?

- Mental health – stress, anxiety, isolation, bullying, social media
- Childhood trauma
- Access to care – pediatric services not available at all hospitals, dental, vaccinations
- Substance Use – drugs, vaping, marijuana
- Diet, nutrition, exercise – game playing, sedentary, expensive healthy food, cheap unhealthy food
- Others – short attention spans, instant gratification

7. What are the most important health issues facing seniors?

- Isolation, anxiety, fear, socialization – drug and alcohol consumption, depression
- Financial insecurity – cost of healthcare, home ownership, high taxes, older homeless women
- Chronic diseases – cardiovascular (heart) health, dementia, cancer, diabetes
- Varied health – some are very healthy and active

8. The community performed a CHNA in 2019 and identified priorities for health improvement

Huntington Beach

- a. Mental health
- b. Community education/awareness of services
- c. Older adult health
- d. Substance abuse

La Palma

- a. Senior's health
- b. Mental health
- c. Diabetes
- d. Obesity/diet
- e. Home health/preventative care

What has changed most related to health status in the last three years?

- None are better
- All are still issues
- Due to COVID, most have gotten worse
- Unhoused population especially seniors are additional

9. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- We can be better prepared next time
- Need more health resources outside the hospital
- Need preparation for the next disaster, such as an earthquake
- Wearing masks helps prevent a range of illnesses
- Exposed cultural value differences globally
- Thinking as a community is beneficial more so than individuals
- People need a medical home

Interview and Focus Group Results, cont.

10. What behaviors have the biggest impact on community health?

- Substance misuse – drug use, driving while intoxicated
- Burn out lifestyle – technology, news, overworked, culture
- Nutrition – fresh fruit and vegetables
- Exercise – sedentary lifestyle
- Others – delayed care

11. What environmental factors have the biggest impact on community health?

- Safe places to exercise – gang activity, those with mental health issues in parks
- Commute times – traffic, transportation
- Air quality - wildfires
- Healthcare professional shortage – nurses, physicians, EMTs
- Fast food - prolific
- Housing – need stable housing

12. What do you think the barriers will be to improve health in the communities?

- Cost/money – lower cost healthcare, lawsuits, to have weight loss, diabetes, exercise classes and programs
- Transportation
- Culture - negativity, slow down, immediate gratification
- Clinical staffing – retiring physicians and clinicians
- Unhoused population

13. What community assets support health and wellbeing?

- Great places to exercise
- Many services for seniors
- Community-focused services and organizations
- Resources for the unhoused
- EMS, Fire Department, hospitals
- Others – learn what needs there are, Disneyland educating on trafficking

14. If you had a magic wand, what improvement activity should be a priority for Orange County to improve health?

- Increase access to preventive, urgent care, nutritionists, remove complications to access healthcare, make insurance uniform with free gym memberships and transportation
- Increase information and education on health, screenings and insurance. Communicate like AARP
- Add facilities and programs for behavioral health and substance misuse so all people can receive treatment
- Decrease violence
- Provide housing for those with no housing
- Provide preschool and Head start for low income (but raise the income limit)
- Others – disaster drills, ask the front-line people how to fix things, return to a sense of normalcy, spread kindness

Health Status Data, Rankings and Comparisons

Health Status Data

Based on the 2021 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Orange County ranked 6th out of 58 California counties ranked for health outcomes (1= the healthiest; 58 = unhealthiest), and 9th for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Orange County were higher adult smoking, lower high school completion, higher severe housing problems, and lower mental health providers. The areas of strength were lower percentage of physical inactivity and higher percentage with access to exercise opportunities, lower teen births, lower uninsured, lower population per primary care physicians and dentists, lower preventable hospital stays, higher percentage of flu vaccinations, higher percentage of some college, lower percentage of unemployment, lower percentage of children in poverty, lower violent crime rate and lower injury death rate.

When analyzing the health status data, local results were compared to California, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Orange County's results were worse than CA and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in California and eventually the nation, Orange County must close several lifestyle gaps. For additional perspective, California was ranked the 25th healthiest state out of the 50 states. (Source: 2019 America's Health Rankings; lower is better) California strengths were low percentage of housing with lead risk, low prevalence of excessive drinking, low racial gap in high school graduation. California challenges were high prevalence of 2+ adverse childhood experiences, high prevalence of multiple chronic conditions, high economic hardship index score.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and interviews. If a measure was better than California, it was identified as a strength, and where an indicator was worse than California, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

² *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of California's counties every year since 2003.*

Comparisons of Health Status

In most of the following graphs, Orange County will be blue, California (CA) will be red, U.S. grey and the 90th percentile of counties in the U.S. gold.

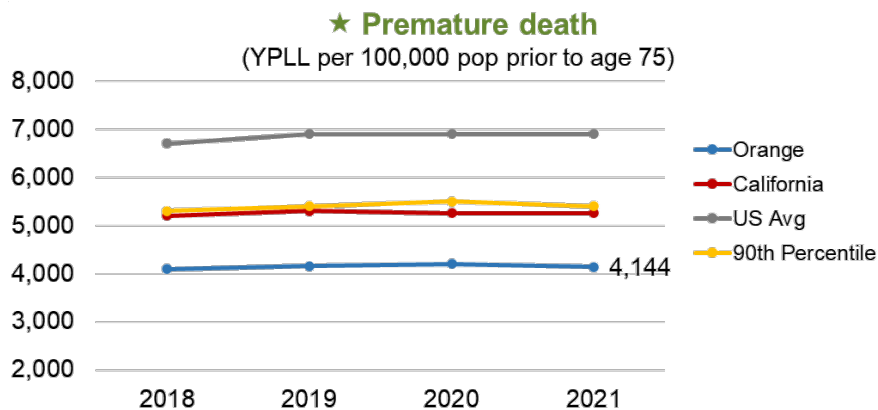
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Orange County ranked 6th in health outcomes out of 58 California counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, a 25-year-old is killed in an accident, equates to 50 years of potential life lost prior to age 75. Orange County ranked 5th in length of life in CA. Orange County lost 4,144 years of potential life per 100,000 population which was lower than CA and the U.S.

Orange County residents can expect to live 4 years less than the average U.S. resident.



★ Life Expectancy
(Average number of years a person can expect to live)

2017-2019		Orange County 2017-2019	
Orange County	83.2	American Indian & Alaska Native	83.5
California	81.7	Asian	88.1
US Avg*	78.8	Black	81.0
90th Percentile	81.1	Hispanic	84.7
		White	81.7

*US is 2019 data; due to Covid and impacts of Covid, life expectancy in the US decreased 1.87 years in 2020.

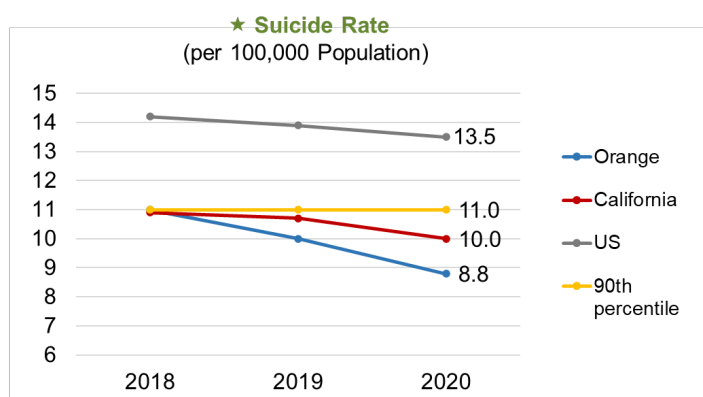
Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

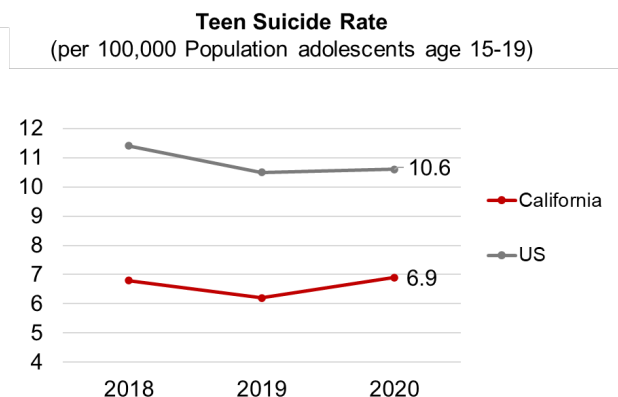
Cause of Death	Orange County	California	US
Heart Disease	131.8	144.0	168.2
Cancer	121.5	130.3	144.1
COVID-19	63.3	68.7	85.0
Alzheimer's	41.9	40.6	32.4
Accidents (Unintentional Injuries)	34.2	44.1	57.6
Strokes	34.9	39.1	38.8
Respiratory Diseases	22.2	28.1	36.4
Diabetes	17.1	25.4	24.8
Liver Disease	11.4	13.9	13.3
Hypertension and Hypertensive Renal Disease	9.4	13.2	10.1
Influenza and Pneumonia	12.9	13.2	13.0
Nephritis, nephrosis	10.7	9.6	12.7
Parkinson disease	10.3	9.3	9.9
Suicide	8.8	10.0	13.5

Age-adjusted rates per 100,000 population.
 Orange County, CA, US data from 2020.
 Rates that appear in red for a county denote a higher value compared to state data.
 Age Adjustment Uses 2000 Standard Population.

Rates in red had death rates higher than CA. The leading causes of death in Orange County were heart disease, cancer, followed by Alzheimer's Disease, strokes, accidents, and respiratory diseases. The COVID death rate is not age adjusted and is a calculation of deaths per population per 100,000 population.



Age-adjusted rates per 100,000 population.
 Orange County, California, and US data are from individual years.
 Age Adjustment Uses 2000 Standard Population.



Crude rates per 100,000 population.
 California, and US data are from individual years.
 Age Adjustment Uses 2000 Standard Population.

Orange County's suicide rate was below CA and the U.S., and the trend is down. Teen suicide rate in CA increased in 2020.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

Length of Life **STRENGTHS**

- Orange County had longer life expectancy at 83.2 years than CA 81.7 and the U.S. at 78.8
- Orange County had lower death rates of the top 14 causes with the exceptions of Alzheimer's Disease, nephritis/nephrosis, and Parkinson's disease.
- Orange County had lower number of years of potential life lost prior to age 75 than CA and the U.S.

Length of Life **OPPORTUNITIES**

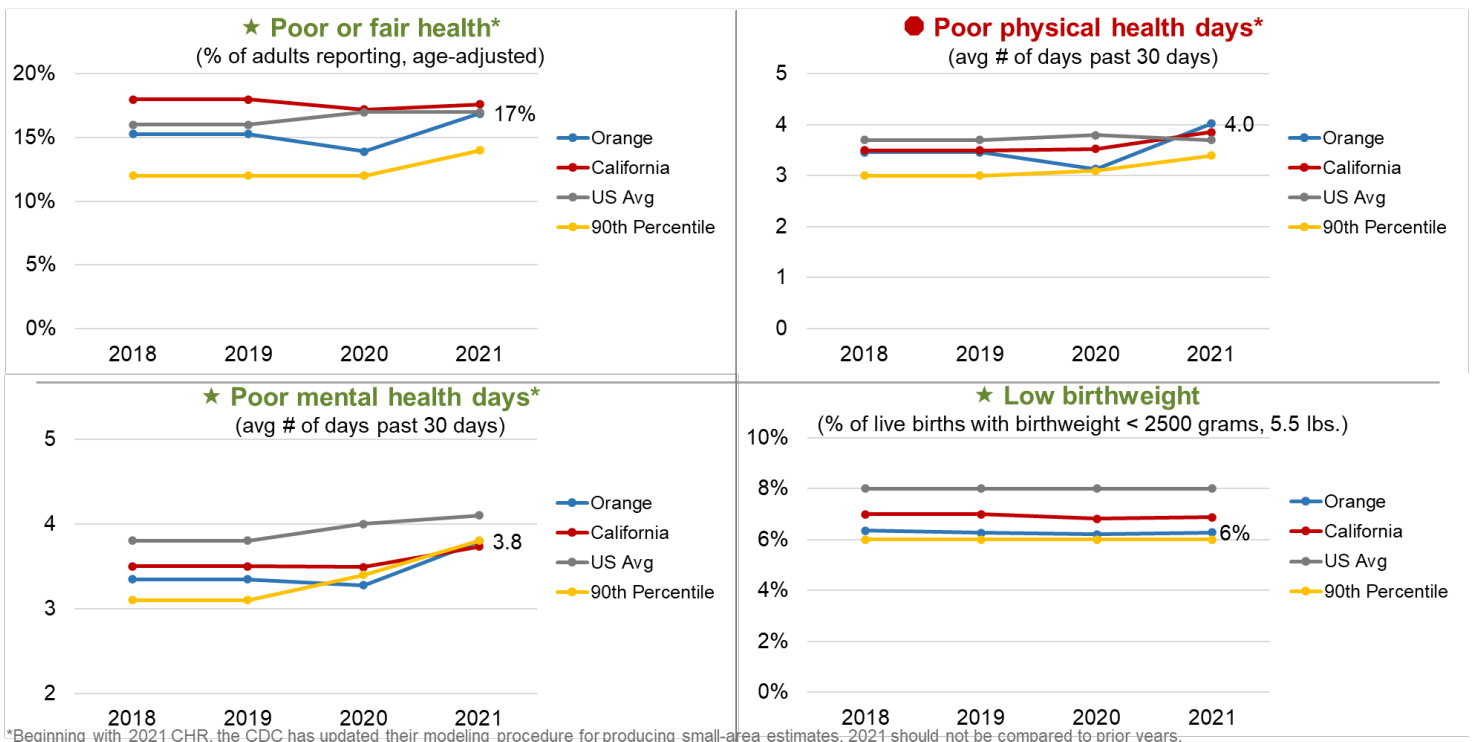
- Orange County had a higher death rates for Alzheimer's Disease, nephritis/nephrosis, and Parkinson's Disease than CA. Alzheimer's Disease and Parkinson's Disease had higher death rates than the U.S. also.
 - The black population has a lower life expectancy than the Hispanic or white life expectancies.
 - California's teen suicide rate increased in from 2019 to 2020.
-



Photo Credit: LPIH

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Orange County ranked 10th in quality of life out of 58 California counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2018
 Source: County Health Rankings: National Center for Health Statistics – Natality files (2013–2019)

Quality of Life STRENGTHS

- Orange County had a lower percentage of adults reporting poor or fair health than CA at 17% and equal to the U.S.
- Orange County had a lower percentage of low birthweight babies at 6% than CA and the U.S.

Quality of Life OPPORTUNITIES

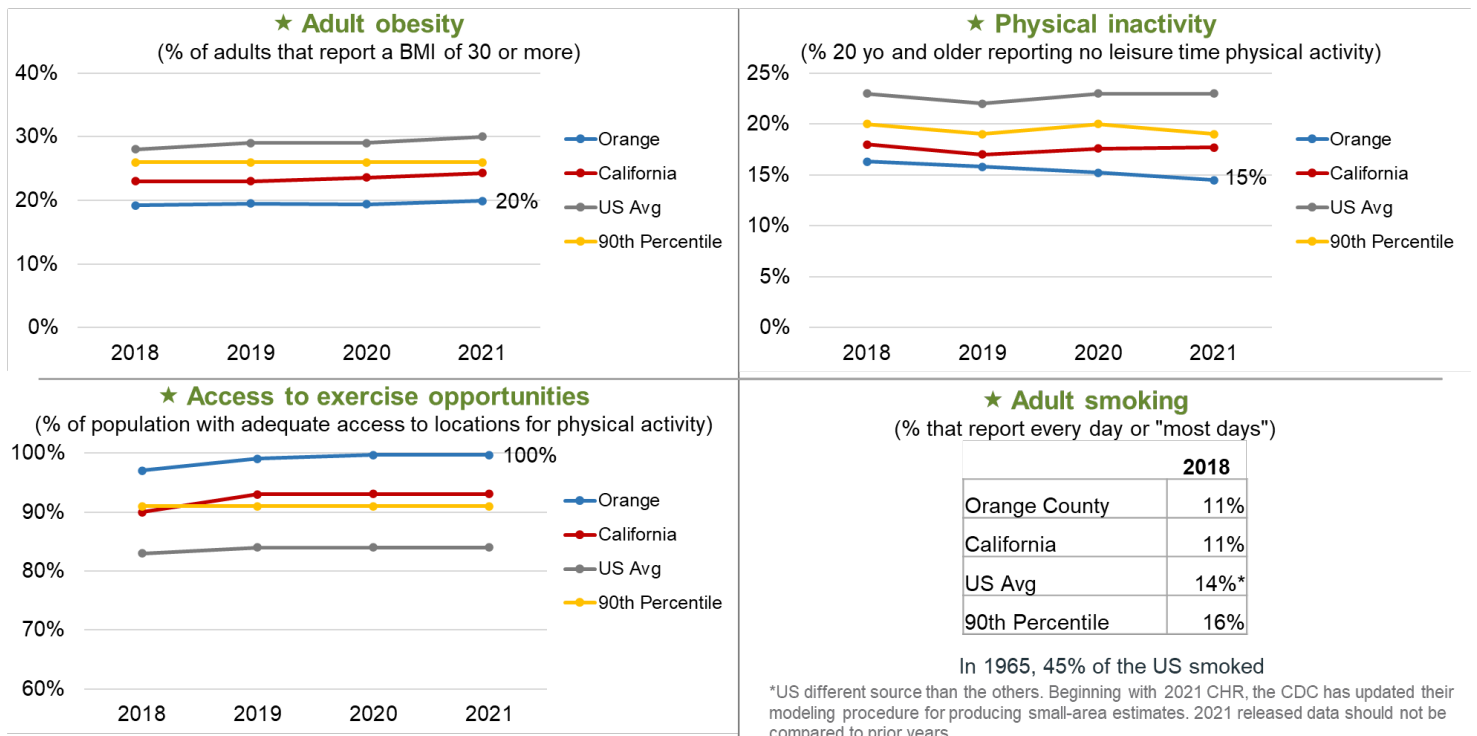
- Orange County had the same average number of poor mental health days in the last 30 days as CA at 3.8 and fewer than the U.S. with 4.1.
- Orange County had a higher average number of poor physical health days at 4.0 than CA and the U.S. at 3.8.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Orange County ranked 9th in health factors out of 58 California counties.

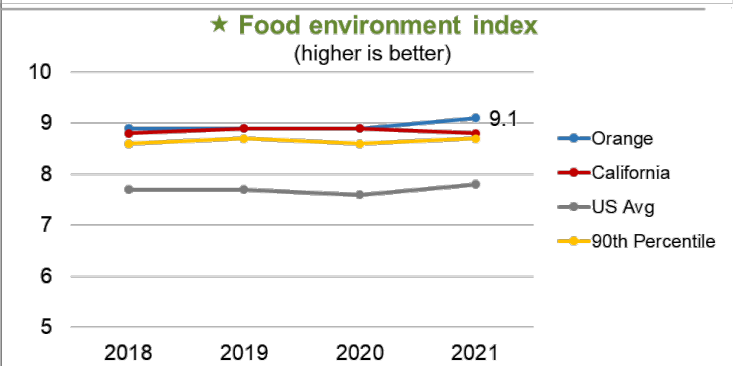
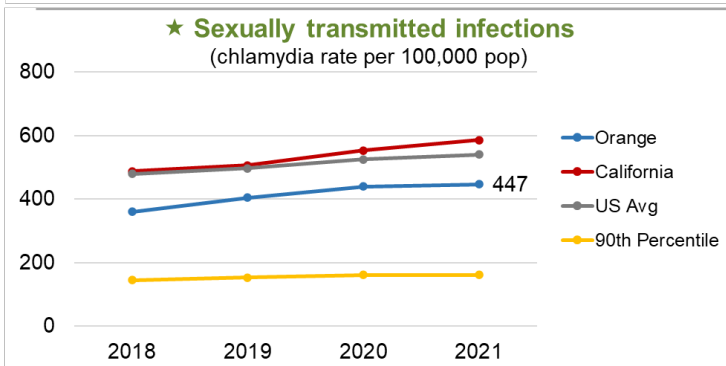
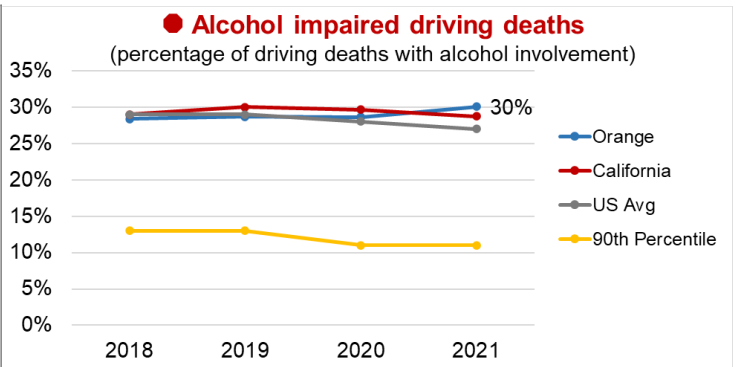
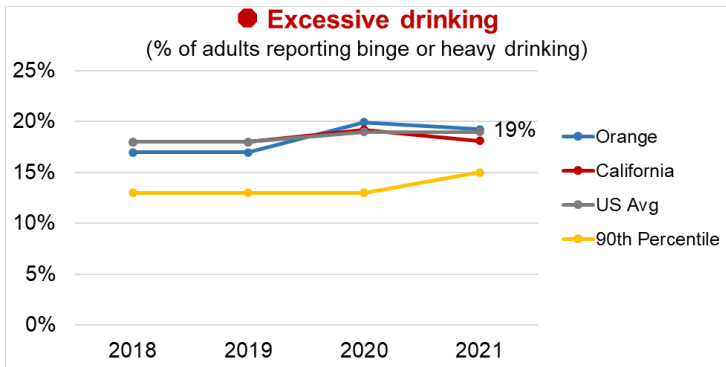
Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Orange County ranked 4th in health behaviors out of 58 counties in California.



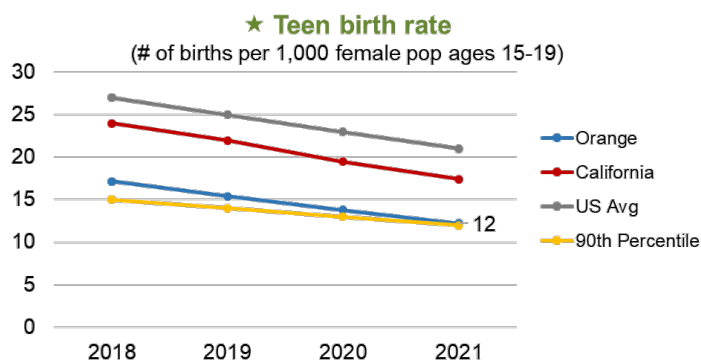
Source: Obesity & Physical Inactivity – CHR, United States Diabetes Surveillance System, 2017
 Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2019. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)
 Source: Smoking – CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

Health Behaviors, Cont.



Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018
 Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2015-2019
 Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018
 Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate
(# of births per 1,000 female pop ages 15-19)

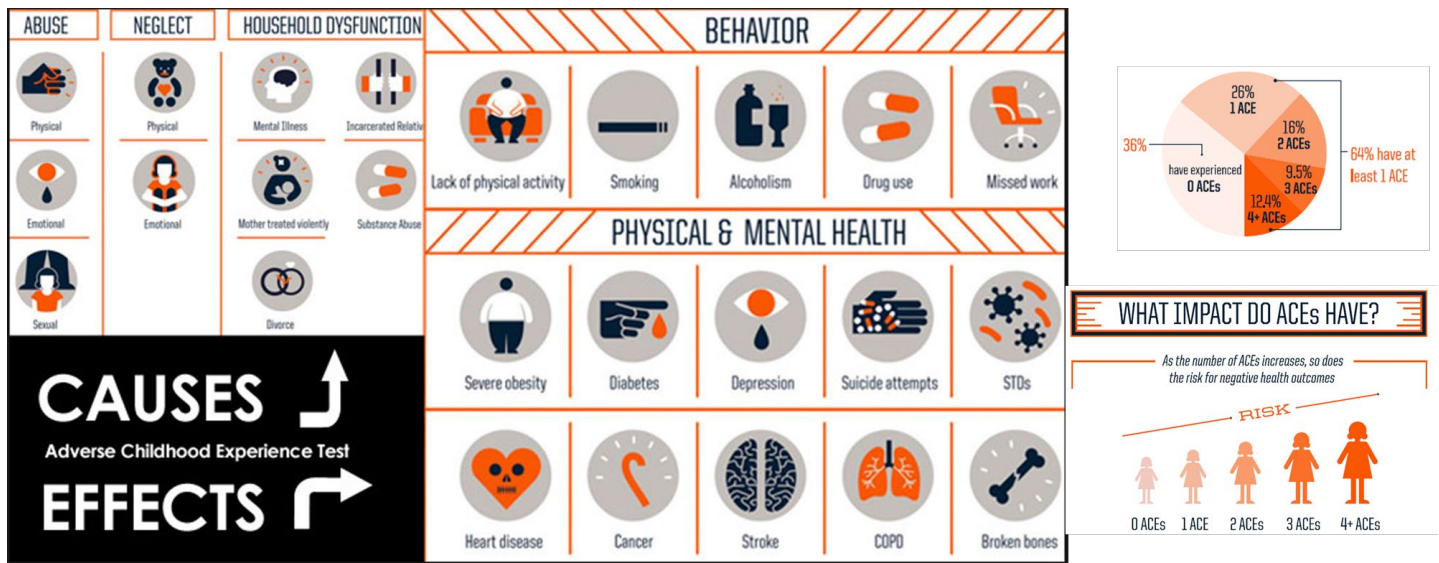
Orange County	2021
Asian	1
Black	10
Hispanic	23
White	3

Source: Teen birth rate - CHR; National Center for Health Statistics - Natality files, 2013-2019

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes. According to the CDC, “Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.” ACEs are strongly associated with social inequities. While present in all populations, females, LGBTQ+, people of color, and those experiencing income disparities are at a greater risk of experiencing multiple ACEs.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
California	58%	26%	16%

<https://www.childhealthdata.org/browse/survey/results?q=4783&r=1&r2=6>

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Orange County. However, California had a higher percentage of youth with no ACEs and higher percentages of youth with 1 ACE but lower percentage of youth with 2 or more ACEs.

Health Behaviors STRENGTHS

- Adult obesity in Orange County was 20%, lower than CA at 24% and the U.S. at 30%. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension, and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was lower in Orange County at 15% than in CA at 18% and the U.S. at 23%.
- One hundred percent of Orange County had access to exercise opportunities compared to 84% of the US and 93% of CA.
- Eleven percent of Orange County smoked, the same as CA and lower than the U.S. at 14%.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Orange County (447) than CA (585) and the U.S. (540).
- The food environment index was higher (better) in Orange County (9.1) than CA (8.8) and the U.S. (7.8).
- The teen birth rate in Orange County was 12 births per 1,000 female population ages 15-19, lower than CA at 17 births, and the U.S. at 21 births per 1,000. The trend has decreased since 2018.

Health Behaviors OPPORTUNITIES

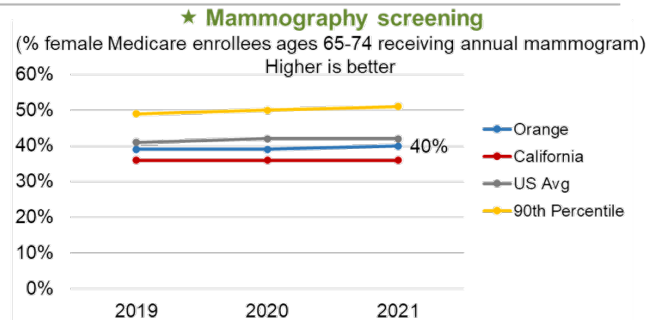
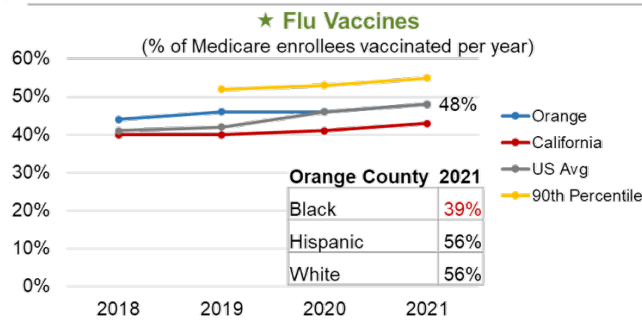
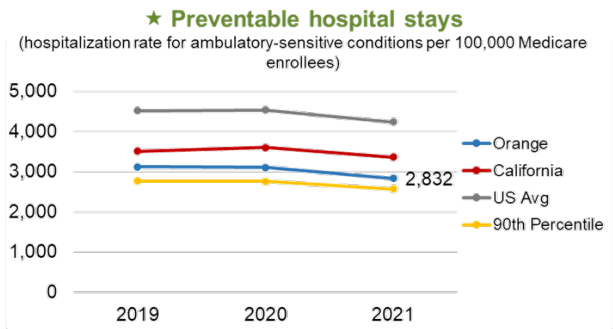
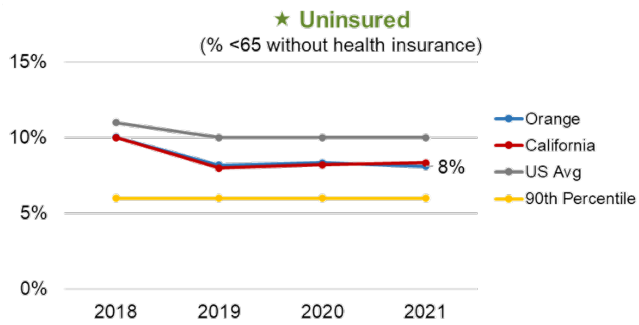
- Nineteen percent of Orange County reported binge or heavy drinking higher than CA and same as the U.S. (19%).
- Alcohol impaired driving deaths were higher in Orange County (30%) than in CA and the U.S. both at 29% and 27% respectively.
- The teen birthrate was higher among Hispanics at 23 births per 1,000 female population ages 15-19.



Photo Credit: LPIH

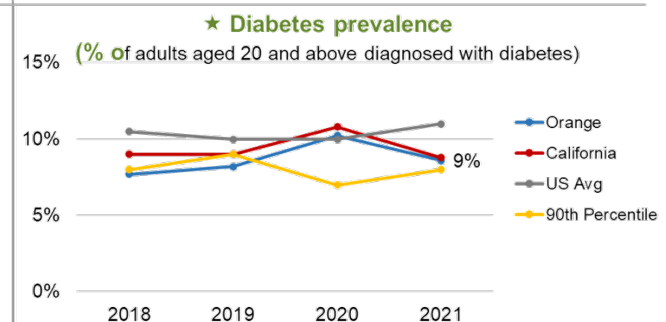
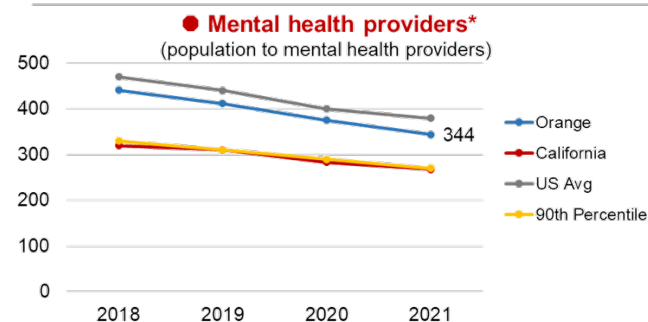
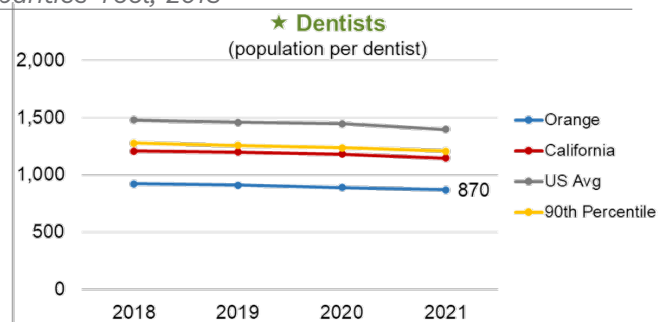
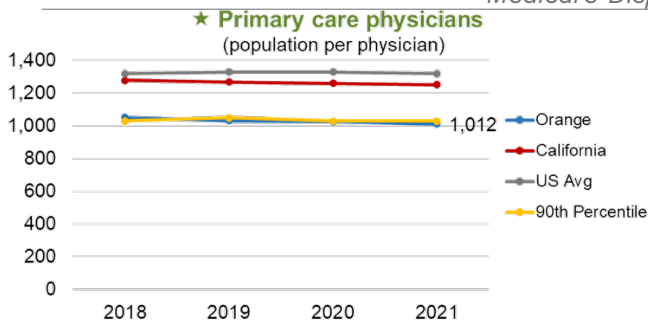
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Orange County ranked 17th in clinical care out of 58 California counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2018

Source: Preventable hospital stays, mammography screening, flu vaccinations - CHR, CMS Mapping Medicare Disparities Tool, 2018



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2018

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2019

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2019

Source: Diabetes prevalence - U.S. Diabetes Surveillance System, 2017

Clinical Care, cont.

CA had a lower vaccination percentage among children 19-35 months old than the U.S.

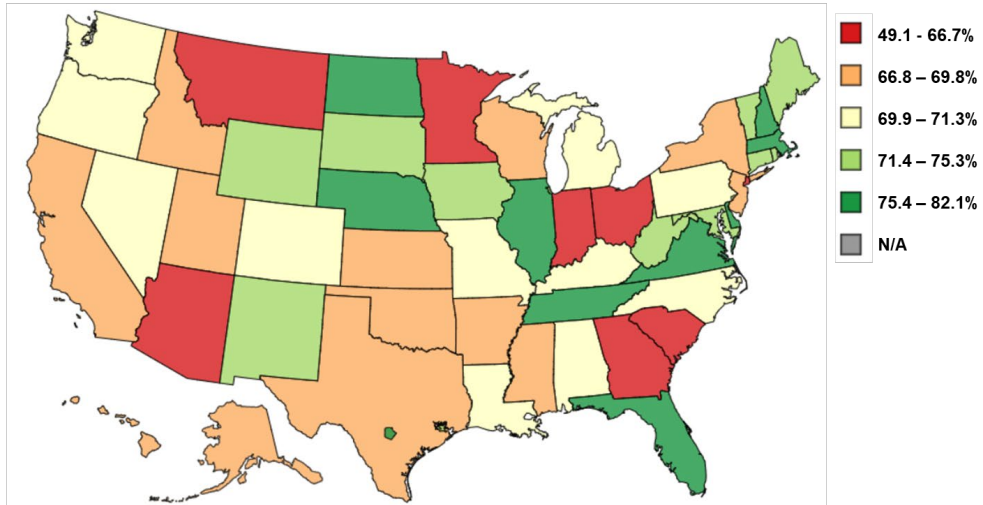
Vaccination Coverage Among Children

Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state
National Immunization Survey-Child (NIS-Child), 2017

United States
70.4 %

California ●
68.6%

71% of the total residents of Orange County are fully vaccinated for Covid 19. ★
CA = 71%
US = 65%
3/18/2022

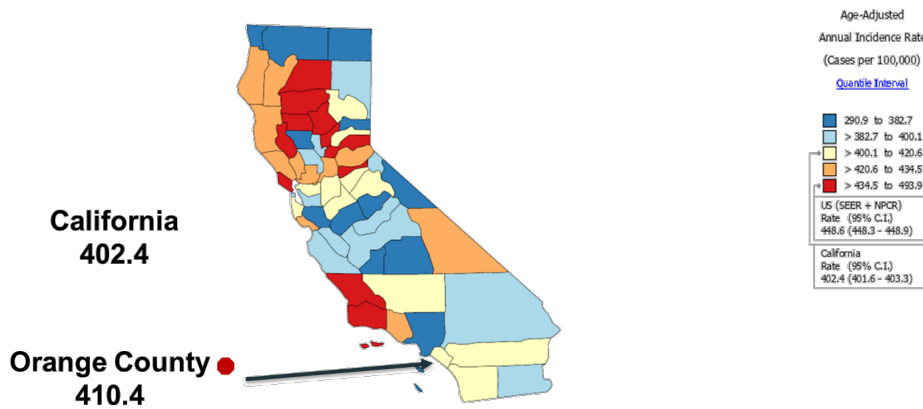


Combined 7 vaccine series (4:3:1:3*3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

Cancer Incidence Rates – CA Counties

Incidence Rates[†] for California by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages



Notes:
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER Stat. Population counts for denominators are based on Census populations as modified by NCI.
The 1999-2018 US Population Data File is used for SEER and NPCR incidence rates.
Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)
Data for the United States does not include data from Puerto Rico

Cancer incidence rates (cases per 100,000 population) were higher in Orange County (410.4) than in CA at 402.2 but lower than the U.S. (449).

Clinical Care STRENGTHS

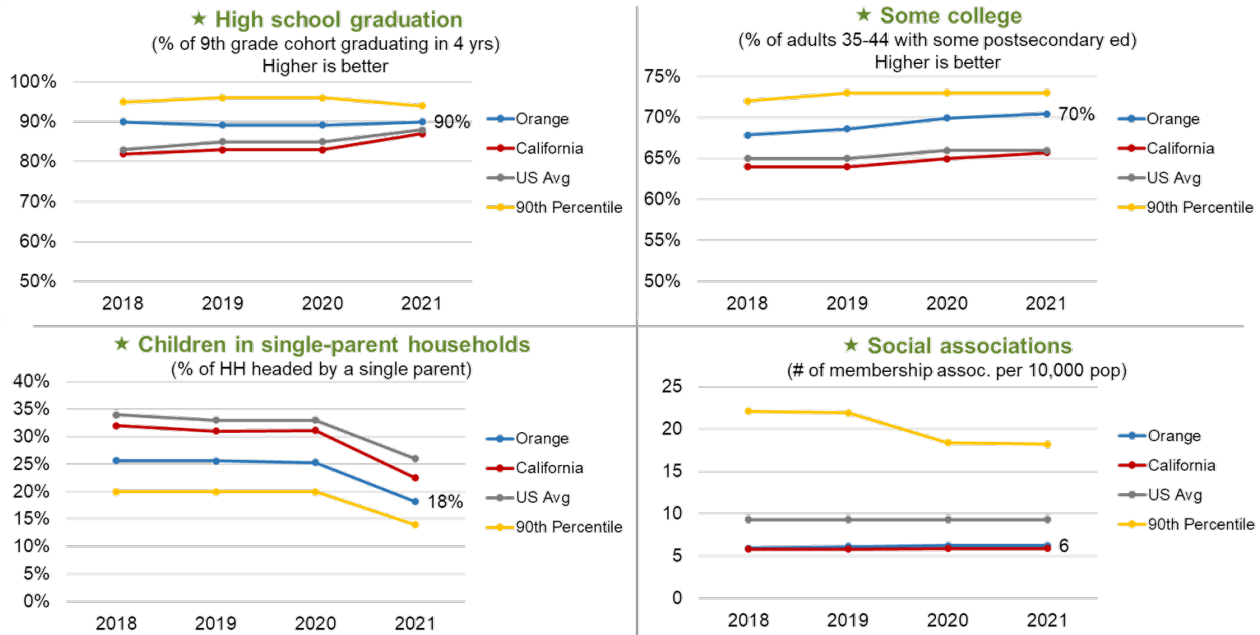
- The percent of population under sixty-five without health insurance was 8% in Orange County, the same as CA and lower than the U.S. at 10%.
- The percent of Medicare enrollees with flu vaccines per year was higher in Orange County at 48% than CA (43%) and the same as the U.S. (48%).
- Preventable hospital stays in Orange County were 2,832 per 100,000 Medicare enrollees which was lower than CA (3,358) and the U.S. (4,236). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- Mammography screening was higher in Orange County at 40% than CA at 36% and lower than the U.S. at 41%.
- COVID-19 vaccinations were the same in Orange County as CA at 71% and higher than the U.S. at 65%
- The percentage of adults with diabetes in Orange County was 9%, the same as CA (9%) and lower than the U.S. (11%).
- The population per primary care physician was at 1,012 in Orange County lower than CA (1,254) and the U.S. (1,320).
- The population per dentists was 870 in Orange County lower than CA (1,149) than the U.S. (1,400).

Clinical Care OPPORTUNITIES

- The population per mental health provider was 344 in Orange County higher than CA (270) but lower than and the U.S. (380).
- The cancer incidence rate in Orange County was 410.4 cases per 100,000 population which was higher than CA (402.4), and lower than the US (449).
- The percentage of vaccination coverage amount children 19-35 months was lower in CA at 68.6% than the U.S. at 70.4%.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Orange County ranked 10th in social and economic factors out of 58 California counties.

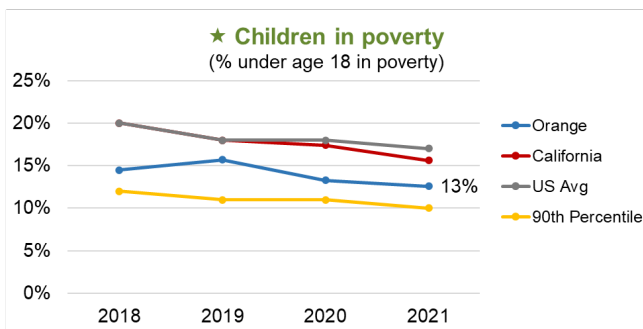


Source: High School graduation – CHR, American Community Survey, 5-yr estimates, 2015-2019

Source: Some college CHR; American Community Survey, 5-year estimates, 2015-2019.

Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2019

Source: Social associations - CHR; County Business Patterns, 2018

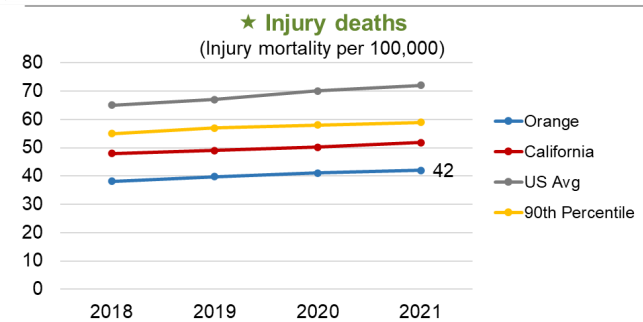


Children in poverty

(% under age 18 in poverty)

Orange County	2021
American Indian & Alaska Native	23%
Asian	10%
Black	14%
Hispanic	21%
White	7%

49% of children are eligible for free or reduced-price lunches 2020-2021, compared to 59% for CA



Injury deaths

(Injury mortality per 100,000)

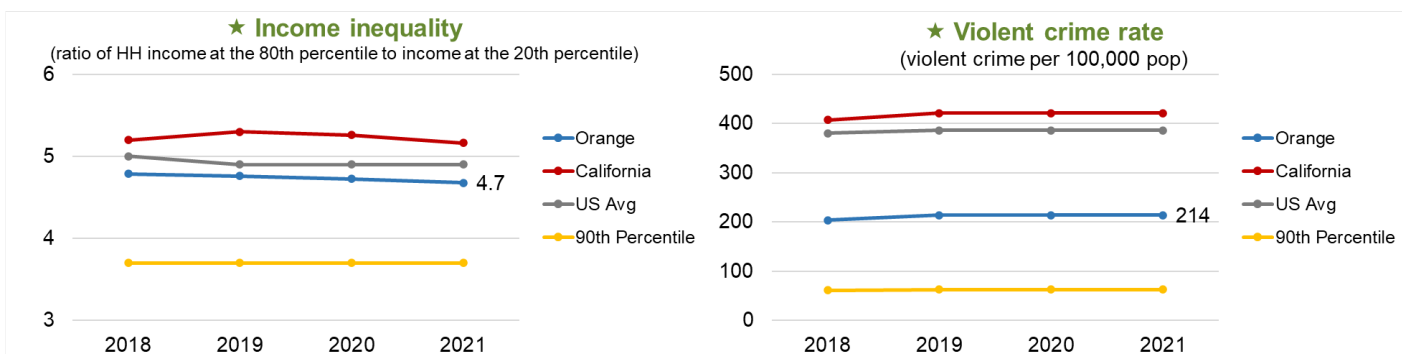
Orange County	2021
American Indian & Alaska Native	50
Asian	23
Black	46
Hispanic	29
White	62

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2015-2019.

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2015-2019.

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors Cont.



Social & Economic Factors STRENGTHS

- The high school graduation rate was higher in Orange County at 90% than CA (88%) and the U.S. (88%).
- Seventy percent of Orange County adults had some postsecondary education which was higher than CA and the U.S. (66%).
- The percentage of children in single-parent households was 18% in Orange County, lower than CA (23%) and the U.S. at 26%.
- The children in poverty rate was lower for Orange County at 13% than CA at 16% and the U.S. (17%).
- Injury deaths were lower in Orange County at 42 per 100,000 population than CA (52) and the U.S. (72). White injury deaths were higher at 62 than Hispanic deaths at 29 and Asian deaths at 23 per 100,000 population and the trend is increasing.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Orange County at 4.7 than CA at 5.2 and the U.S. at 4.9.
- The violent crime rate in Orange County was 214 violent crimes per 100,000 population, which was lower than in CA at 421 and the U.S. at 386.
- The poverty estimates for 2019 showed Orange County at 9.5%, lower than CA (11.8%) the U.S. (12.3%).
- The median household income in Orange County was \$97,972, higher than CA at \$80,044 and the U.S. at \$64,730.

Social & Economic Factors OPPORTUNITIES

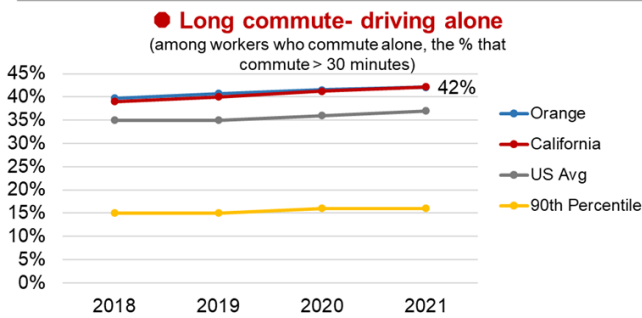
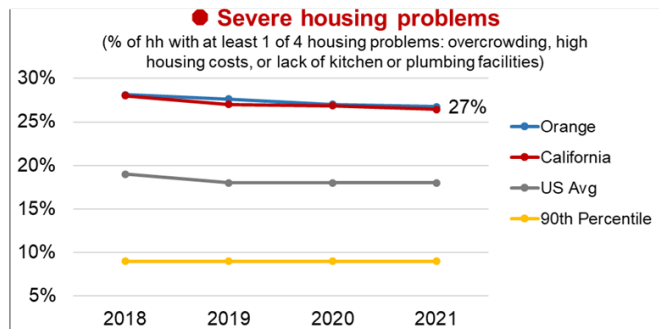
- Social associations were the same Orange County at 6 memberships per 10,000 population as CA at 6 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations
- Higher percentage of Hispanic (21%) and American Indian and Alaska native (23%) children were in poverty than children in general in the county at 13%.

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Orange County ranked 46th in physical environment out of 58 California counties.



Source: EPA Safe Drinking Water Information System.



★ Broadband access
(% of households with broadband internet connection)

Orange County	2021
Orange County	91%
California	87%
US Avg	83%
90th Percentile	86%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2018. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2012–2016. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2014–2018. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2015–2019

Physical Environment STRENGTHS

- Broadband access was higher in Orange County at 91% than CA (87%) and the U.S. (83%).

Physical Environment OPPORTUNITIES

- Orange County had the same percentage of severe housing problems as CA at 27% than and higher than the U.S. at 18%.
- Orange County reported drinking water violations in 2021.
- 42% of workers in Orange County who commute alone commute over 30 minutes, the same as CA and higher than the US the U.S. at 37%.

There were Four Broad Themes that Emerged in this Process:

- Orange County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
 - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Orange County has many assets to improve health.
-



Photo Credit: LPIH

Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude / scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room.

1. Substance misuse
2. Mental health
3. Housing (affordable)/access to health for unhoused population
4. Diabetes
5. Education

Community Health Summit Brainstorming

Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, we discussed what might be done to improve the health issue. Below are notes from the brainstorming.

Significant Health Need 1: Substance Misuse

- Schools are a good place to start to decrease substance misuse. Schools provide continuous education, support and resources to keep kids off drugs
 - Renew the DARE program
- Limit access to substances
- Substance abuse is a symptom of the loss of values and parental supervision
 - Some parents enable their children to use drugs
- The La Palma Police Department is partnering with La Palma Hospital to educate kids about results of using drugs

Resources/Collaborators Needed: La Palma Police Department, Huntington Beach Police Department, schools

Significant Health Need 2: Housing

- Increase affordable housing
- Decrease homeless children
- Provide healthcare for the unhoused populations
 - Go to them, meet them where they are
 - Partner with Be Well to get patients care outside the hospital

Resources/Collaborators Needed: Project HOPE, Illumination Foundation, Be Well OC

Significant Health Need 3: Mental Health

- Provide counselors in early elementary school
- Western civilization romanticizes individualism as opposed to community which can negatively impact mental health
- Focus on counselling students in college
- Utilize filters for kids using electronic media. Some online media promotes violence and supports bullying.

Resources/Collaborators Needed: Elementary schools, colleges, parents

Significant Health Need 4: Diabetes

- Educate people on the causes and results of diabetes
 - Hold health fairs for screening, testing
 - Teach kids about nutrition and exercise
 - Fast foods are cheap and unhealthy but healthier food is more expensive
-

Significant Health Need 5: Education

- The way to health is through income and education
- Improve our education system
 - Writing skills
 - Communication and interpersonal skills
- Improve teaching

Resources/Collaborators Needed: schools, colleges, parents



Impact of 2019 CHNA and Implementation Plan

Impact

Covid-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to Covid.

Impact Since Previous CHNA		
Significant Health Need Identified in Preceding CHNA	Hospital Outreach	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Community Outreach	Partnering with more organizations	New relationships with colleges, community centers .etc
	Sponsoring events	Continued and develop community sponsorships
	Identify community issues and assist	Vaccination clinics, health clinics assistance for seniors
Significant Health Need Identified in Preceding CHNA	Mental Health	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Develop mental health assistance	Inpatient trainings	Staff development
	External mental health trainings	Partner with local centers and SNF's
PET team	Develop regional PET Team	ongoing
City partnership	Assist with community programs	Work with law enforcement and city on mental health

Impact of 2019 CHNA and Implementation Plan, cont.

Impact		
Significant Health Need Identified in Preceding CHNA	Opioids	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Education	Staff and community education, and patient assistance	Ongoing, working with Nursing schools and City
Assistance	Opioid assistance	Education for patients, protocols to assist
Significant Health Need Identified in Preceding CHNA	Obesity/Diabetes	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Community Outreach	Partnering with more organizations for education	Online discussions, patient education, speaking engagement
	Education for patients	Assessments, dietician discussions, self management program
Significant Health Need Identified in Preceding CHNA	Mental Health	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Develop mental health assistance	Inpatient trainings	Staff development
	External mental health trainings	Partner with local centers and SNF's
PET team	Develop regional PET Team	ongoing
Significant Health Need Identified in Preceding CHNA	Opioids	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Education	Staff and community education, and patient assistance	Ongoing, working with Nursing schools and City
Assistance	Opioid assistance	Education for patients, protocols to assist

Community Health Needs Assessment for Orange County

*Completed by La Palma Intercommunity Hospital in partnership
with:*

Stratasan



Appendix

Community Asset Inventory

The document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 20 of the Community Health Needs Assessment.

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Substance Misuse

Straight Talk Counseling
5712 Camp Street
Cypress, CA 90630
(714) 828-2000

Alternative Options Counseling Center
Inc
17326 Edwards Road
Cerritos, CA 90703
(562) 921-5701

Tobacco

California Tobacco QuitLine
1-800-784-8669

California Smoker's Helpline
1-800-300-8086

Mental Health Resources

Family Wellness Center Inc
7872 Walker Street
La Palma, CA 90623
(714) 562-0642

Housing/Access to Health Care for Unhoused Population

Hospitals

La Palma Intercommunity Hospital
7901 Walker Street
La Palma, CA 90623
(714) 670-7400

Joshua Medical Center
7872 Walker Street
La Palma, CA 90623

Kaiser Permanente La Palma Medical
Offices
5 Centerpointe Drive
La Palma, CA 90623
(833) 574-2273

Free/Low Income Housing

Camden Place Apartments
4500 Mentecito Drive
La Palma, CA 90623
(714) 865-2511

Casa La Palma Apartments
7799 Valley View Street
La Palma, CA 90623
(949) 852-0700

Casa La Palma Apartments
2701 La Palma Avenue #30
La Palma, CA 90623
(714) 630-2230

Nova La Palma Apartments
7777 Valley View Street
La Palma, CA 90623
(714) 523-7171

Seasons La Palma
7061 Walker Street
La Palma, CA 90623
(714) 690-9830

Health Department

Long Beach Health Department
2525 Grand Avenue STE 183
Long Beach, CA 90815
(562) 570-4000

Insurance Assistance

Covered California Insurance Agent
1 Centerpointe Drive #375
La Palma, CA 90623
(626) 523-1682

Diabetes

La Palma Intercommunity Hospital
7901 Walker Street
La Palma, CA 90623
(714) 670-7400

Joshua Medical Center
7872 Walker Street
La Palma, CA 90623

Kaiser Permanente La Palma Medical
Offices
5 Centerpointe Drive
La Palma, CA 90623
(833) 574-2273

LaPalma Physical Therapy
7851 Walker St, Suite #202
La Palma, CA 90623

John F. Kennedy High School
8281 Walker Street
La Palma, CA 90623
(714) 220-4101

Aquinas International Academy
6 Centerpointe Drive
La Palma, CA 90623
(714) 667-3334

Beacon Day School
24 Centerpointe Drive
La Palma, CA 90623
(714) 288-4200

Education

Los Coyotes Elementary School
8122 Moody Street
La Palma, CA 90623
(714) 228-3260

Miller Elementary School
7751 Furman Road
La Palma, CA 90623
(714) 228-3270

Steve Luther Elementary School
4631 La Palma Avenue
La Palma, CA 90623
(714) 220-6918

Walker Junior High School
8132 Walker Street
La Palma, CA 90623
(714) 220-4051

Sources

Substance Misuse Resources

<https://www.lapalmaintercommunityhospital.com/>

Mental Health Services

<http://www.joshuamedical.com/>

Housing/access to health care for unhoused population

<https://www.lapalmaintercommunityhospital.com/>

<http://www.joshuamedical.com/>

<https://healthy.kaiserpermanente.org/southern-california/facilities/La-Palma-Medical-Offices-100108>

Diabetes

<https://www.lapalmaintercommunityhospital.com/>

Education

<https://www.cityoflapalma.org/274/Schools>

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:
La Palma Intercommunity Hospital Marketing Department