



# COMMUNITY HEALTH NEEDS ASSESSMENT

## 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

**Prime Healthcare: Saving Hospitals, Saving Jobs, Saving Lives**

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# 2015 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 new requirements under the Patient Protection and Affordable Care Act. The process and the outcome of the CHNA are described in this report. To better understand the health needs in the hospital service area, KEYGROUP reviewed numerous state and county sources. A local literature review was conducted, and community assets and resources were documented.

KEYGROUP's research elicited 66 health needs as stated by focus groups, key informant interviews and surveys. In order to cut down the list of 66 health needs, a multi-voting approach was executed with 15 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 1 (being least important). Using these rankings, each health need was assigned a point value. During the aggregation process, if

two health needs were a tie, each health need was discussed with the group in order to break the tie and rank accordingly. After the ranking process, six needs scored over 50 points, and the next highest item was only 32, 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.

1. **Seniors' Health** – This issue received the most top votes, and the highest overall score. The problem incorporates several other issues mentioned separately (and discussed in the following list), but as an overall category it was the most mentioned and considered the primary problem. Issues reported included isolation, transportation to services, age-related dementia, medication abuse both intentional and unintentional, and unsafe home environments. This issue was Priority Area #2 in the *Orange County Health Improvement Plan* for 2014-2016. LPIH currently has programs in place to assist seniors in dealing with transportation problems, age-related dementia and medication issues, and is actively seeking additional opportunities to improve these services.
2. **Mental Health** – This issue was a close second in 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* 2014-2016. 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.
3. **Diabetes** - Both adult and child diabetes rates in Orange County exceed state rates, and the disease was mentioned consistently as both a problem in itself and as a precursor to other problems such as heart disease, stroke, and other circulatory maladies. As an indicator of the severity of Diabetes in the La Palma area, the percentage of adults reporting having diabetes in 2011-2012 was 7.8%, slightly lower than the rate for Orange County at 8.4% and the US at 9.0%. Diabetes and Diet were combined as Priority Area #3 in the *Orange County Health Improvement Plan* for 2014-2016. Many of the issues identified in that document are

already being addressed by the hospital, and additional programs are in process to bring better health programs to many of the various ethnic communities that live in the hospital's service area.

4. **Obesity/Diet** – Obesity was mentioned as a core precursor for many chronic diseases including diabetes, hypertension, orthopedic issues, coronary problems and others. A need for dietary guidance and information among various ethnic groups was also noted, along with the high number of fast food outlets in the area. LPIH is assisting in bringing down the obesity rate by counseling clients on diet and exercise solutions for their weight issues, and by providing educational materials for various ethnic groups to highlight diet issues endemic to specific groups.
5. **Women's Health** – Another issue with several components, including pre- and post-natal care, breast and ovarian cancer, and a need for women-specific services. A related issue, Infant and Child Health, was Priority Area #1 in the *Orange County Health Improvement Plan* for 2014-2016. LPIH is already a major provider of pre-and post-natal care, and is exploring programs to better assist women and babies in maintaining health outside the hospital walls.
6. **Home Health / Preventive Care** – This issue was presented variously as an issue with coordination of care before and after hospitalizations, lack of education as to services available in the community and lack of a single-source coordination provider. The issue is becoming more important to hospitals as home-related hazards are often contributing factors to patients returning for care within 30 days of discharge. These readmits can be limited by careful monitoring of conditions in the discharge environment. LPIH has developed protocols to manage discharged patients, and is exploring additional opportunities to coordinate care with local social service agencies that focus on specific medical issues or safety concerns.

The hospital will focus on these needs in its continuing task of improving the overall health status of its community. Many of these issues are already being addressed, and continuing efforts to improve the hospital's and community's response to them will be part of LPIH's plans for continuing improvement over the next three years.

### 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 section of this report.

## **ACKNOWLEDGMENTS**

This CHNA 2015 is the result of the commitment and efforts of many individuals who contributed time, expertise and resources to create a comprehensive and effective community assessment. Special thanks go to the Steering Committee and the Advisory Committee members, the staff at 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.



## LA PALMA INTERCOMMUNITY HOSPITAL COMMUNITY INVOLVEMENT

La Palma Intercommunity Hospital is a 141 bed facility with over 400 employees and 300 physicians on staff. The hospital has been serving the city of La Palma and the surrounding communities since 1972. La Palma Intercommunity Hospital offers a wide range of healthcare services to meet the needs of the community. The continual upgrade of the facility and its technology reflects the hospital's serious commitment to excellence in healthcare delivery.

In 2015, the hospital was donated to the Prime Healthcare Services Foundation, converting it to a non-profit organization. Patients treated through La Palma Intercommunity Hospital receive the services of a large medical system in a smaller, more personal setting. La Palma Intercommunity Hospital is proud to be the community hospital for the residents of Los Angeles and Orange Counties for the past 40 years.

La Palma Intercommunity Hospital is proud to sponsor many community services, organizations and charity programs including, but not limited to the following:

- Cypress College Foundation
- Buena Park Chamber of Commerce
- Cypress Community Festival
- Cypress Senior Center
- Buena Park Senior Center
- Kennedy High School
- Whitney High School
- Community Care Health Centers of Orange County
- Cerritos Senior Center Health Fair
- American Red Cross
- City of La Palma Corporate Connection
- Bridge Publications Book Donation Orange County Public Library
- Boy Scouts of America Explorers
- Kiwanis Club of Greater Anaheim
- Soroptimist Artesia-Cerritos
- Steve Luther Elementary PTA
- Anaheim Community Foundation (Muzeo)

- Arthritis Foundation
- EMS "Ray of Life"
- Learning for Life "Explorers"
- YMCA of Orange County
- AYSO Region 54
- Clarendon Foundation
- La Palma Neighborhood Watch
- OC Fire Authority
- Orange County Professional Fire Fighters Association
- Philippine Medical Association
- City of La Palma – La Palma Days
- National Health Foundation – Hospital Hero Awards

La Palma Intercommunity Hospital offers a charity care program for those patients who meet the eligibility and are below the poverty line complying with the requirements of Health & Safety Code sections 127400 to 127446.

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

Recuperative Care services include but are not limited to:

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

## IMPLEMENTATION PLAN

LPIH already provides services meeting some of the needs expressed in the areas of community need listed. Staff will continue to enhance existing services while implementing new ideas and programs.

### Senior Services

LPIH currently provides a variety of services that support health for seniors. Among the programs and services already in place are:

- Support for social service agencies serving seniors in the community, including:
  - American Cancer Society
  - Cerritos Chinese American Senior Citizens Association
  - American Heart Association CPR classes
  - Flu Shot Program
  - Health Screenings
  - Cypress Senior Health Fair
  - Silverado Days Carnival Screening Announcements
- Social/nutrition/exercise programs for seniors
  - Meals on wheels prepared on site for distribution by local social service agencies
  - USDA Food distribution programs
  - Pool exercise programs – Older Adult Water Aerobics
  - Medications reconciliation programs
- Coordination of transportation services
  - Taxi vouchers to facilitate appointment attendance
  - Bus passes for outpatients needing regular visits
- Gero-Psych outpatient programs addressing seniors' mental health needs

Additional programs being explored include:

- Home safety inspections for clients making multiple visits to the Emergency Department (ED)
- Medication reconciliations upon discharge, and coordination with community physicians and healers
- Reaching out to ethnic services agencies to address needs of seniors in those communities

### Mental Health Services

The hospital currently is a provider of inpatient mental health services, and outpatient referrals. The programs involve multiple treatment modalities, including:

- Comprehensive medical and psychiatric assessments on admission
- Occupational therapy
- Recreational and physical therapy
- Family Visitation
- Nutritional counseling
- Extensive discharge planning and follow-up
- Intensive Outpatient Program
- Inpatient and partial hospitalization programs

Plans for future improvements in the programs include:

- Designation by OSHPD as a secure site for 5150-designated clients
- Improvements to care plans for 7-day and 30-day outpatient programs
- Enhancements to relationships with community providers to foster better coordination of care
- Stuttering support groups

### Diabetes

Programs to combat diabetes, both in children and adult-onset, are part of LPIH's current range of services. They include:

- Training programs in health services, with focus on inpatient care for common disease such as diabetes.
- Coordinating with the Illumination Foundation to work with homeless residents, many of whom are diabetic.
- Coordinating a food drive to obtain healthy food for low-income families.

- Working with admitted patients and clients presenting at the ED to address immediate diabetic complications, and provide work plans to manage their conditions upon discharge.

The hospital is working with local diabetes organizations and other healthcare providers to improve the continuum of care for people suffering from diabetes and its complications.

### Obesity/Diet

While the survey respondents for LPIH had a lower proportion of reported obesity than the OCHIT data reports for Orange County, there is still a large population with weight problems, and some respondents indicated that they live in an area with limited access to healthy food. This is an area that is largely outside the ability of a hospital to affect directly, so the focus has been on education and programs to promote healthy dining options. Many of the programs mentioned earlier include components related to the Obesity/Diet issue, including:

- The Water Aerobics program at the pool includes information on healthy diet and exercise regimens.
- Health Fair participation includes information on diet and exercise as complements to a healthy lifestyle, and the screenings offered provide alerts to clients that they need to adjust their habits.
- Health Fair participation also allows the hospital to promote healthy diet and exercise as a lifestyle.
- Work with diabetes patients includes designing protocols to help them lose weight and live a healthier lifestyle.

Each of these programs will be continued and expanded as new methodologies are developed and awareness of Obesity as a health issue grows.

### Women's Health

LPIH is a major provider of obstetrics services in the PSA, and the hospital excels in assisting mothers-to-be through the maternity process. In addition to providing a fully assisted process through the stages of pregnancy and new baby care, the hospital provides services to others involved in the process. Some educational programs offered to expectant mothers, labor partners and others involved in the maternity process include:

- Childbirth Preparation
- English/Korean/Spanish Maternity Tea & Orientation

- New Arrivals Hospital Orientation and Tour
- Prenatal & Mommy and Me Yoga

The hospital is constantly seeking new ideas and processes to make the path to new life more pleasant and healthful for all involved.

### Home Health/Preventive Care

Home Health providers are a separate group from hospitals, and LPIH maintains relationships with many home health agencies in the area to provide services to clients discharged from the hospital. Since these agencies are unique legal entities, LPIH has little ability to affect the way they provide services, except to limit discharges to agencies that generate higher-than-usual readmissions or get poor reviews from surveyors.

Preventive Care is a different issue, since it involves providing services to persons who are not yet inpatients or even outpatient clients of the hospital. There is a large subgroup of former patients, however, whose home environments present problems that may cause readmissions. Many of these environmental problems can be ameliorated or solved with minor adjustments to the client's home environment. Staff at LPIH is constantly on the lookout for signs that discharge environments may be toxic to their clients. Protocols are in place to address some of these issues, such as medication interferences, potentially dangerous hazards around the home, lack of supportive family members able to monitor care at home, or simple inability to understand directions for care. When these issues arise, solutions are developed and coordinated with appropriate providers. Since there are always new hazards being discovered, the process of developing protocols to remedy them is ongoing.

## **METHODOLOGY**

### Primary Data

This project concentrated its effort in gathering qualitative primary data through a series of contacts with key stakeholders that represent the community they are a part of, including government representatives, mayors, public health representatives, healthcare providers, 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 164 Surveys were collected. A copy of the survey form is included in the Appendix at the end of this report.

Primary survey distribution locations included churches, various local interest group meetings, 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 fifteen 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 65 possible issues to be addressed.

The ideas were then filtered to a total of six primary needs via a “place the dots” vote, using adhesive dots (six per participant) and allowing each member to place the dots next to issues they considered the most important. Six issues generated more than 15 responses each. These six were ranked in a second round of “place the dots”, using labels with values from 10 (most important) to 5 (least important), considering both their need in the community and the ability of 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. A primary source of data for the hospital’s PSA was data assembled by Speedtrack using OSHPD information submitted and proprietary to each hospital. This data allows each hospital to analyze its patient data in relation to a larger database of all Orange County hospitals and statewide statistics. It also serves as a provider of hospital-specific data to analyze in relation to other third-party benchmark data. Data was accessed by permission from Speedtrack and LPIH, and scrubbed of any patient-identifying information before being provided to KeyGroup.

Secondary data also served as benchmarking tools to address needs priority, processes and outcomes. Sources referenced include *Orange County’s Healthier Together* ([www.ochealthiertogether.org](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 2014-2016 (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* report. Selected portions of this report are appended as attachments to this report.



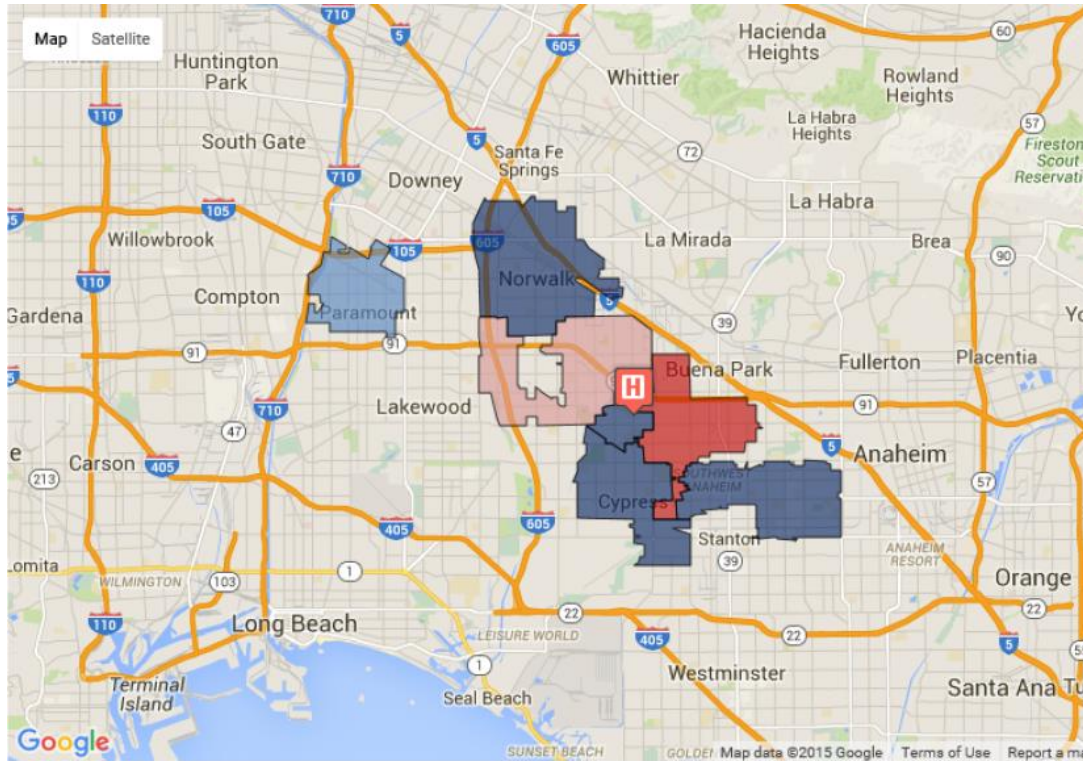
## **HOSPITAL AREA DEFINITION**

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. In highly populous urban areas such as the Los Angeles Basin, using very high percentage thresholds often results in a disjointed service area, as some isolated zip codes may have a high incidence of discharges while nearby areas show almost no activity. After reviewing discharge data for 75% of total discharges in 2014 for LPIH, it was determined that several zip codes which would be included in that list were geographically isolated (ex., Anaheim), and thus were of limited applicability in analyzing the local market for LPIH.

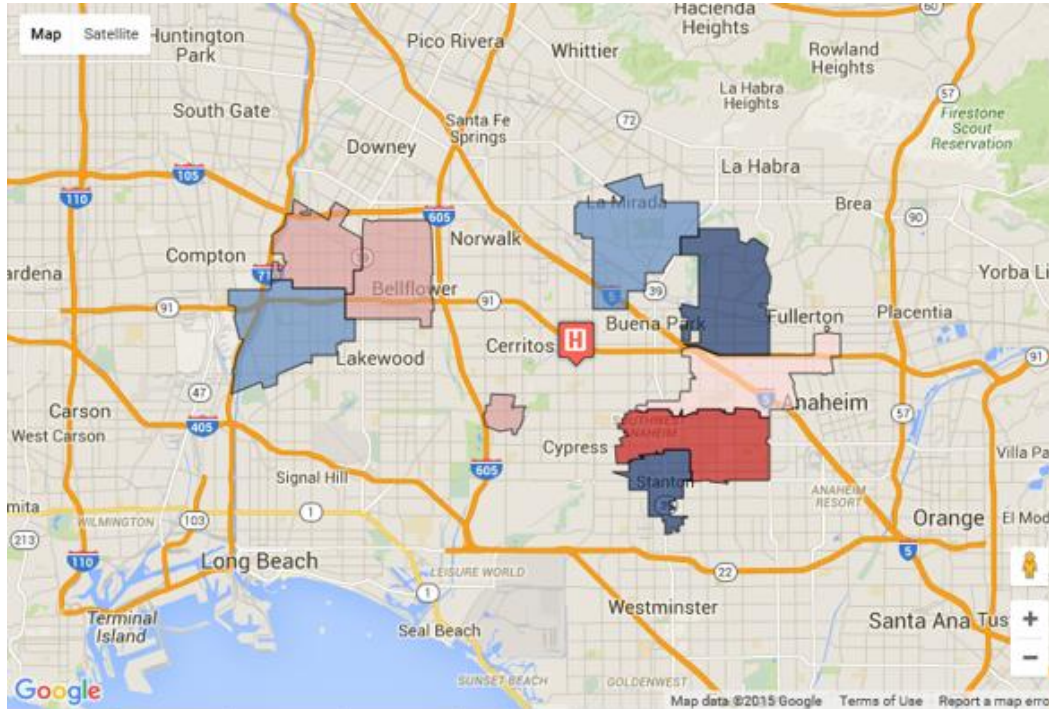
**Primary Service Area (PSA)**

A PSA consisting of zip codes that generated 50% of all 2014 LPIH discharges is described on the adjacent map, and the included zip codes are outlined below. As can be seen from the map, the zip codes from which the highest density of clients are drawn do not comprise a cohesive group.



City	Zip Codes
Artesia	90701
Buena Park	90620; 90621
Cerritos	90703
Cypress	90630
La Palma	90623
Lakewood	90715
Norwalk	90650

**Secondary Service Area (SSA)**



The SSA zip codes which received another 25% 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.

City	Zip Codes
Anaheim	92801; 92804
Bellflower	90706
Fullerton	92833
Hawaiian Gardens	90716
La Mirada	90638
Long Beach	90805
Paramount	90723
Stanton	90680

The PSA and SSA together comprise the Total Service Area (TSA), and account for 75% of all discharges recorded for 2014.

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 2014 patient origin discharge data by zip code from the Hospital's internal data, latest OSHPD available discharge data, as well as geographic, competitive, and strategic factors important to the Hospital.

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 5.78% of total discharges from the listed zip codes. Its market share has decreased marginally from 2011 to 2014, going from 5.95% in 2011 to last year's 5.78%. It should be noted that hospitals outside the TSA account for 44% 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 six 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 15% of all residents. Los Alamitos Medical Center is the next-largest source of discharges, with 8.6%. Coast Plaza Hospital (5.73%) and AHMC Anaheim Regional Medical Center (5.25%) round out the list of largest providers.

# COMMUNITY PROFILE

## Demographics

### Population Summary

La Palma Intercommunity Hospital Total Service Area (TSA) covers 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. It is consolidated for the TSA, and comparison figures are provided for Orange County, the State of California, and the United States. The Orange County, California, and USA data are for 2013, while the service area data is for 2015. PSA zip codes are shown in green and the SSA zip codes are under orange headings.

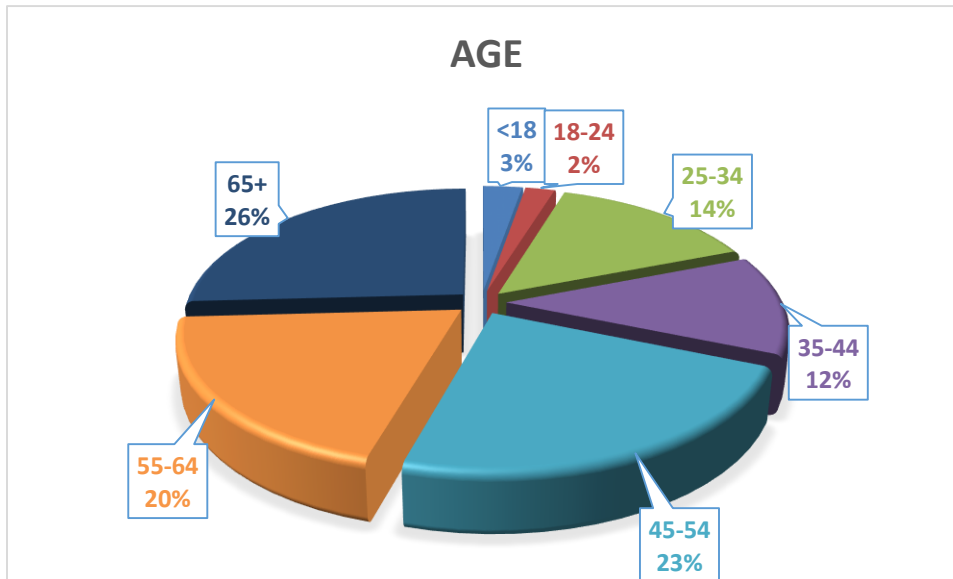
LA Palma Intercommunity Hospital																								
Total Service Area Indicators																								
		Hospital Total Service Area																						
City		Buena Park	La Palma	Cypress	La Mirada	Norwalk	Stanton	Artesia	Cerritos	Bellflower	Lakewood	Hawaiian Gardens	Paramont	Long Beach	Anaheim	Fullerton	PSA Total	SSA Total	Total Service Area (TSA)	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	PSA	SSA	TSA			
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	352,464	538,670	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	3.49	3.45	3.47	3.02	2.94	2.58
Age (%)																								
0-17 <sup>2</sup>		76.4%	72.6%	78.1%	76.2%	78.9%	72.4%												24.8%	28.3%	26.9%	24.0%	24.5%	23.7%
65+ <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%	24.8%	28.3%	26.9%	24.0%	24.5%	23.7%
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%	42.9%	43.1%	43.0%	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%	4.6%	8.3%	6.8%	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%	30.2%	16.9%	22.2%	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%	22.3%	31.6%	27.9%	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%	41.5%	46.5%	44.5%	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%	30.4%	43.8%	38.5%	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%	21.8%	14.1%	17.1%	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%	17.6%	26.6%	23.0%	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%	10.7%	18.4%	15.3%	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%	7.8%	9.1%	8.6%	5.9%	7.2%	7.2%

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

### Population by Age

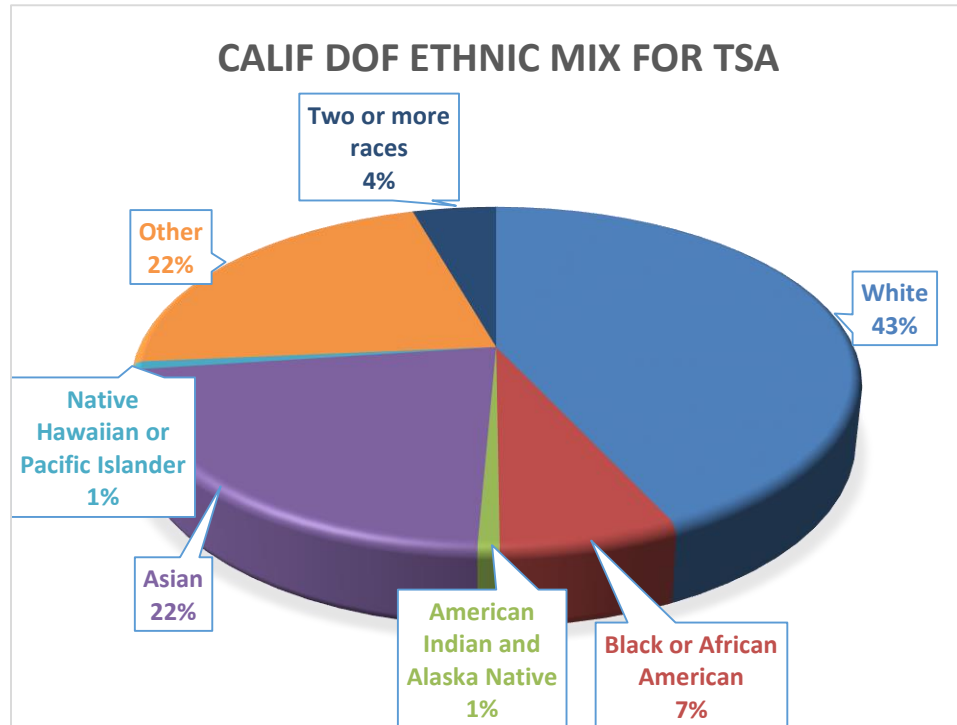
The age distribution shown in both PSA and SSA skews younger than the County and State, particularly in the SSA. The youngest age cohort (27% under age 18) is larger than all comparable areas, with the difference most pronounced in the SSA. By contrast, the elderly cohort (10% over 65) is smaller than 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%).

From a planning perspective, the younger age cohort 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.

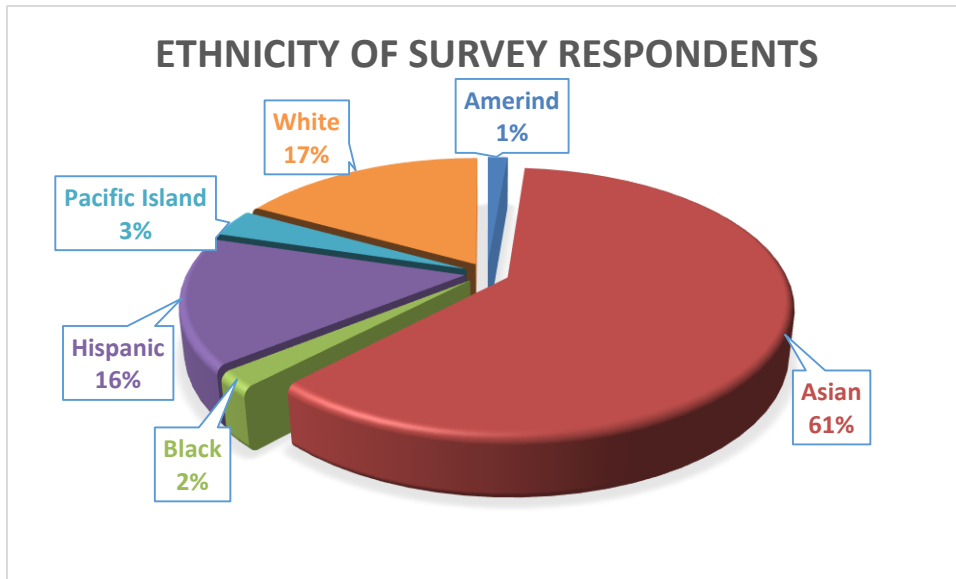


Review of the surveys returned indicates that the survey sample was much more weighted toward elderly people, with 25% of respondents listing ages as 65 and over, and only 3% less than 18.

**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 represent 4% more of the TSA, while "All Other" categories, which include "Other", "Two or More Races", and "American Indian and Alaska Natives" are 10% higher. African Americans represent only a small portion of the population, but are four times as large proportionally as African Americans in Orange County as a whole. The percentage of Latino/Hispanic origin residents 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 (61%), with White (17%) and Hispanics (16%) the only other groups with more than 5% of total respondents.

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 groups are an area for further discussion.

## PRIMARY DATA KEY FINDINGS

### Community Needs Survey Results

In an attempt to reach out to the community and gather a better understanding of their service area needs, 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. Sixty-one Korean language surveys were returned, accounting for 42% of all surveys incorporated in the analysis. A few survey items displayed significant

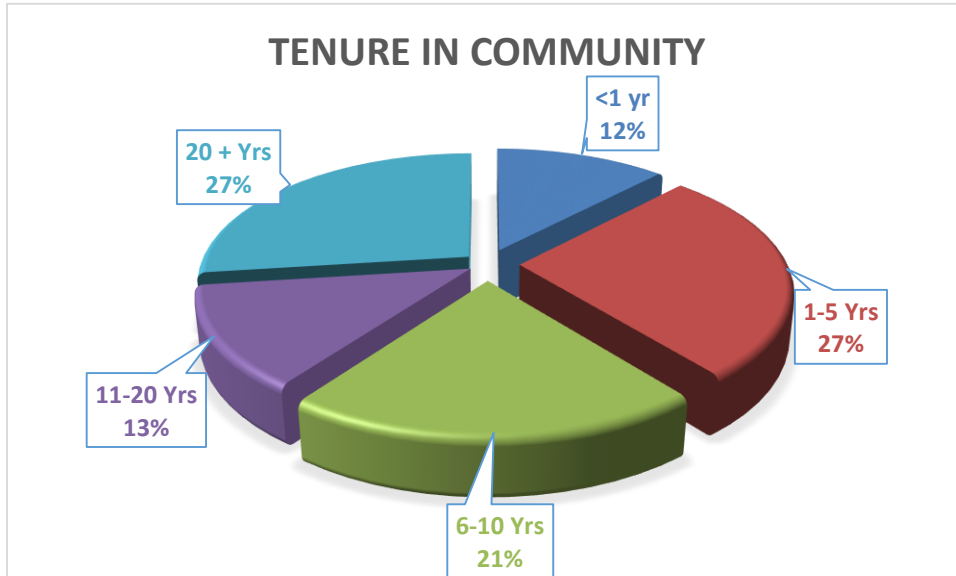


differences between the Korean responses and all others. They included a higher percentage of homeownership 39% Asian vs. 29% other) despite having a shorter tenure in the area – only 10% of the Korean respondents had been in the community for more than 20 years, vs. 23% of the others. The Korean respondents also were concentrated in two zip codes: Buena Park (90621) and Anaheim (92904). The major findings are summarized below.

In similarity to the discharge data, the community respondents as a whole reside primarily in five of the zip codes that make up the PSA: Buena Park (90620, 90621), La Palma (90623), Cypress (90630) and Cerritos (90703). These five zip codes represented over 52% of all respondents. The SSA contributed another 19% of responses mostly from the Korean contingent in 92804 (Anaheim). Slightly more than half of returned responses (54%) were on English language forms, 42% were in Korean, 3% were in Spanish and one form was returned in Chinese.

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

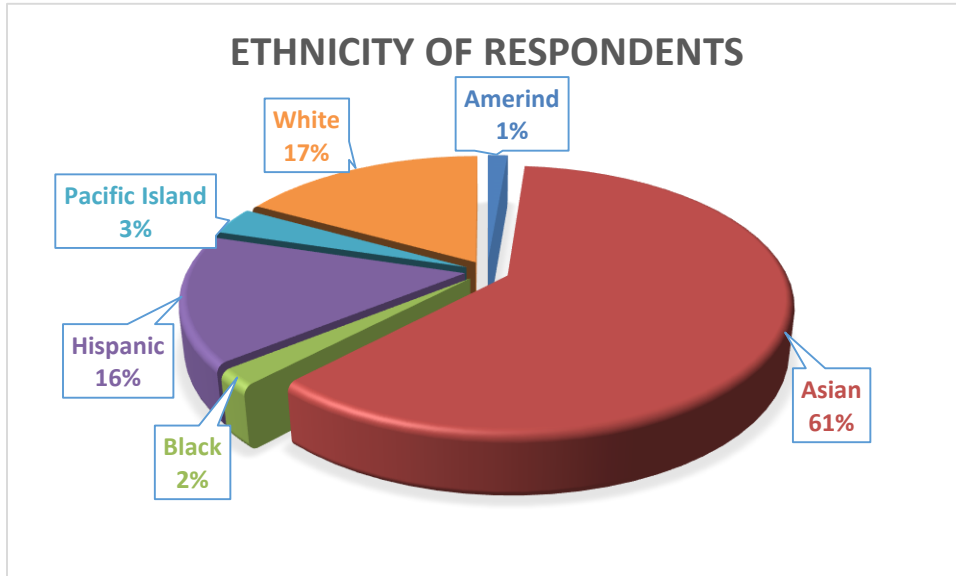
**Tenure in Community**



The largest portion of overall survey respondents have lived in the service area for 20 years and over (27%), with a wide distribution of other tenures. The other largest (27%) group had been in the area for 1-5 years. The smallest group (12%) 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

### Ethnicity of Respondents

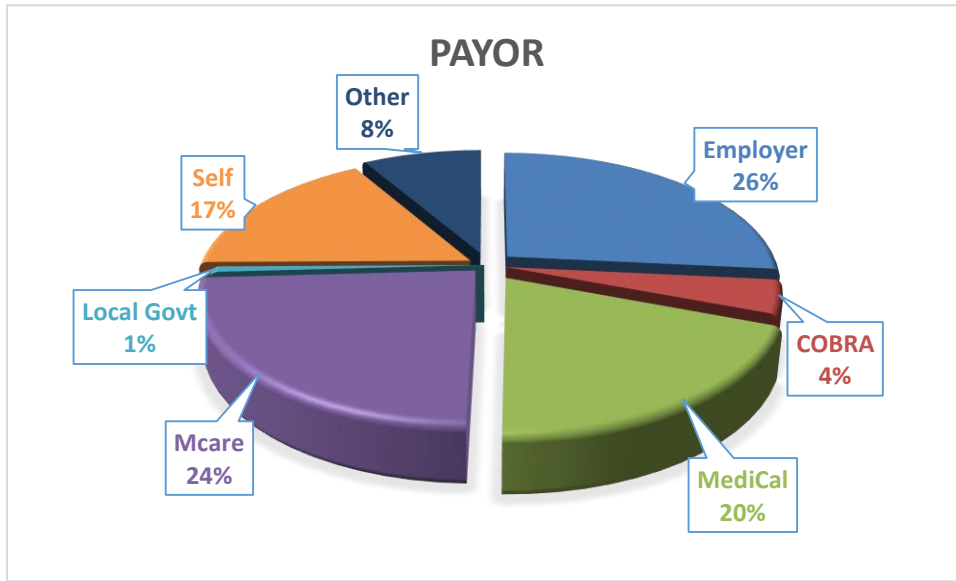


Driven largely by a large number of Korean-language surveys, the majority (61%) of respondents listed Asian as their ethnicity. White and Hispanic respondents were about even at 17% and 16% respectively, with all other ethnicities represented by 3% or less.

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)

*Payment for Insurance*

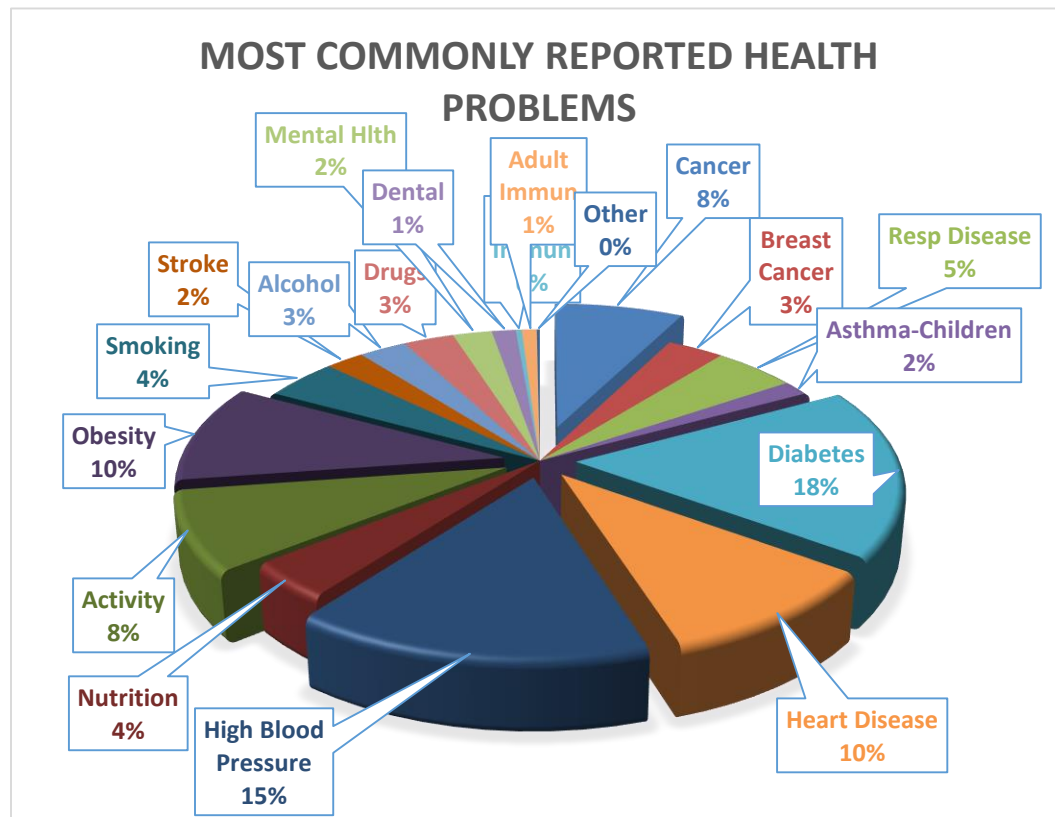


Over 89% replied they have insurance and those who have insurance were reported to be primarily on Medi-Cal and/or Medicare or similar government supplemented insurance (44% together). The other primary payor was Employer (20%).

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)

**Primary Health Problems**



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

- Diabetes 18%
- High Blood Pressure 15%
- Heart Disease 10%
- Obesity 10%
- Cancer 8%
- Lack of Activity 8%

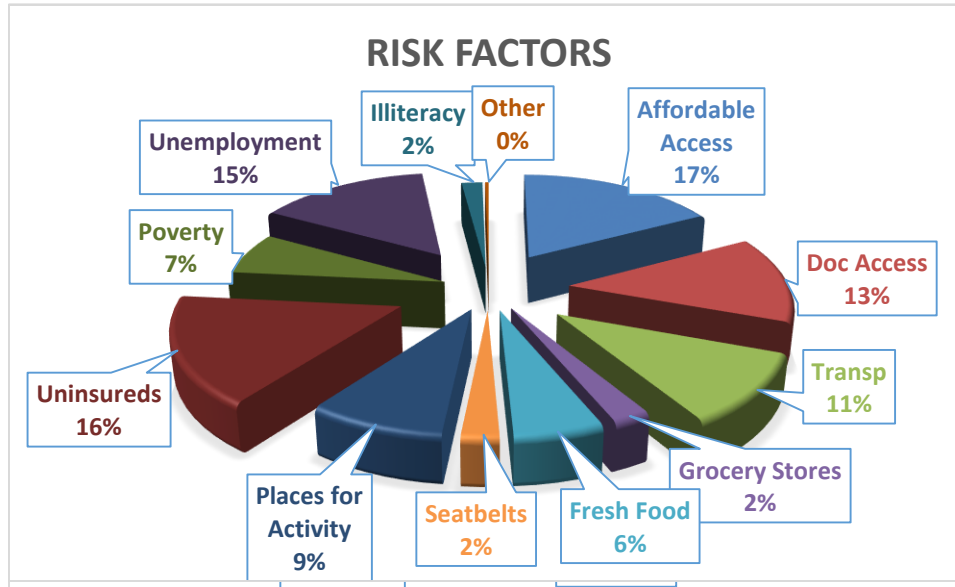
28. Which four diseases/conditions do you believe are the most common in our community?

- 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:

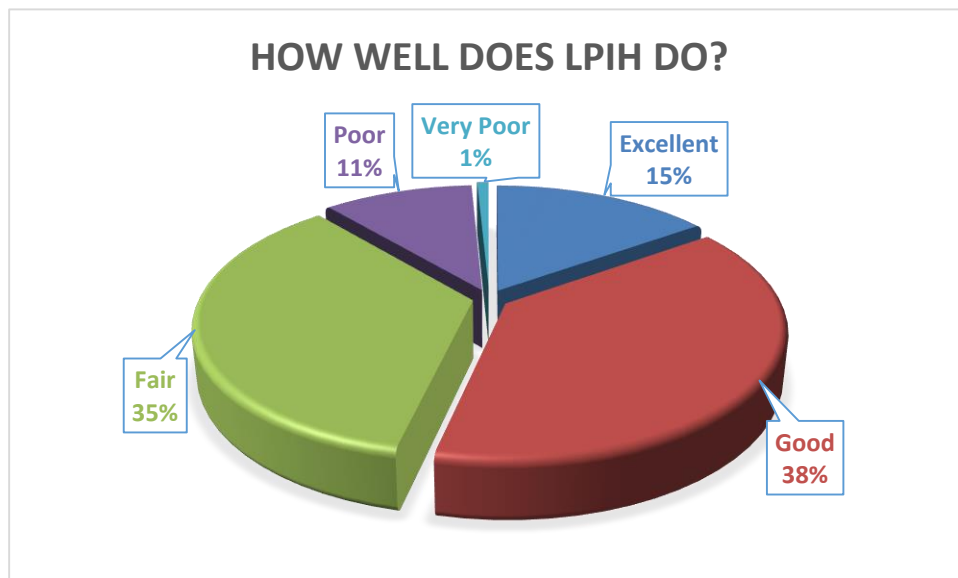
- Affordability of health insurance 17%
- High number of uninsured people 16%
- Unemployment 15%
- Access to physicians 13%
- Access to transportation 11%

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.

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

- Excellent
- Good
- Fair
- Poor
- Very Poor

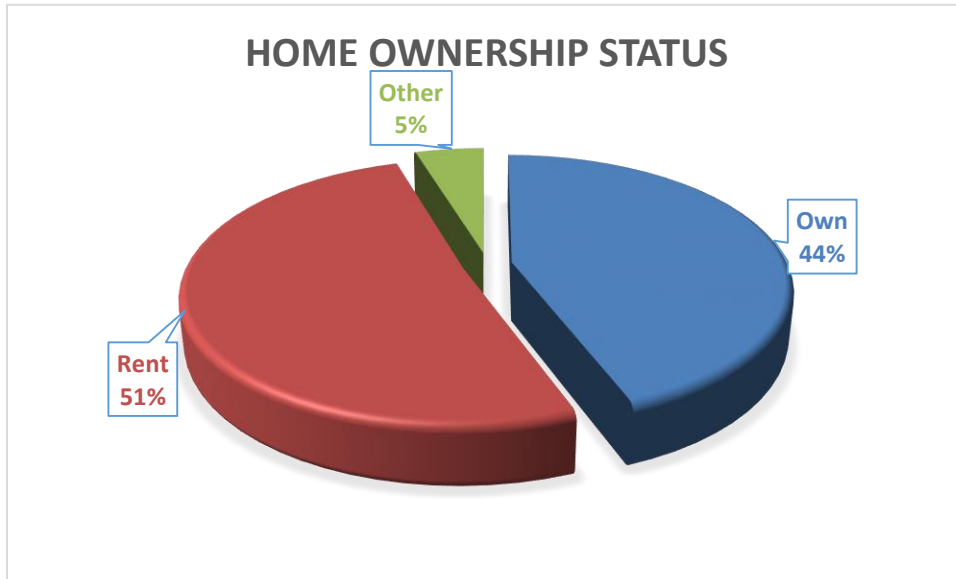
When asked what LPIH could do better to promote good health, the most common responses included:

- 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

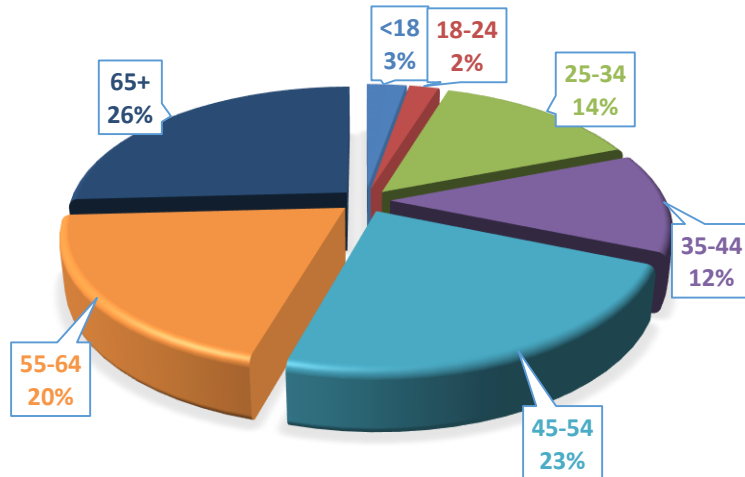
The rest of the questions on the survey are presented below, with the questions as posted on the survey, and the range of responses presented in the charts.



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



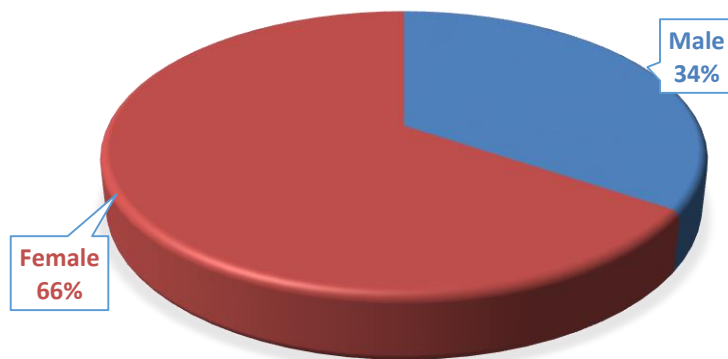
### AGE



5. What is your age bracket?

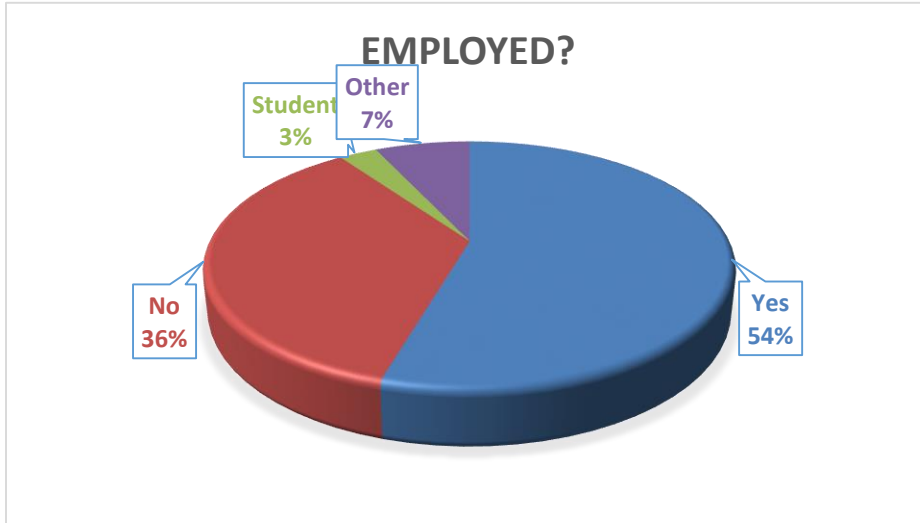
- Under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- Over 65

### SEX



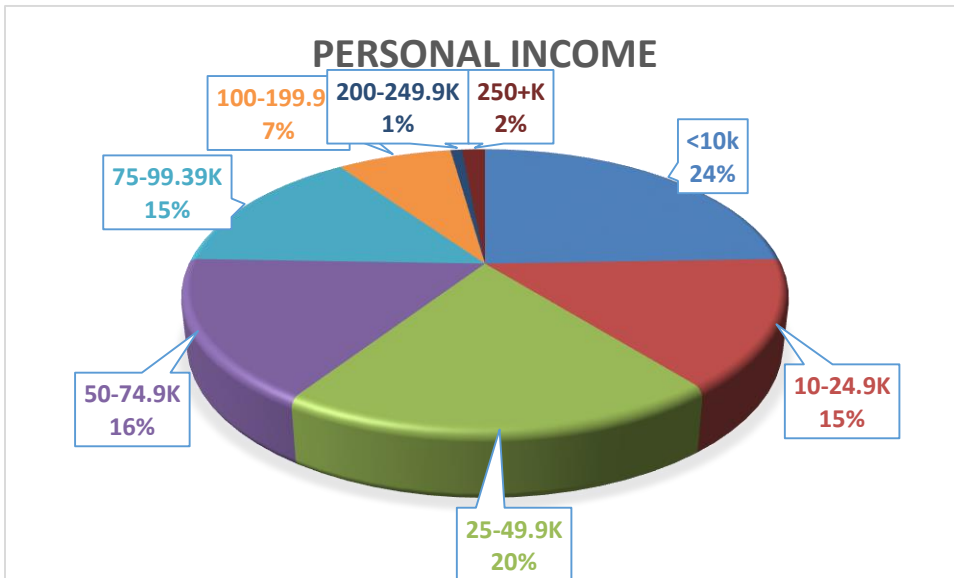
6. Are you female or male?

- Male
- Female



7. Are you currently employed?

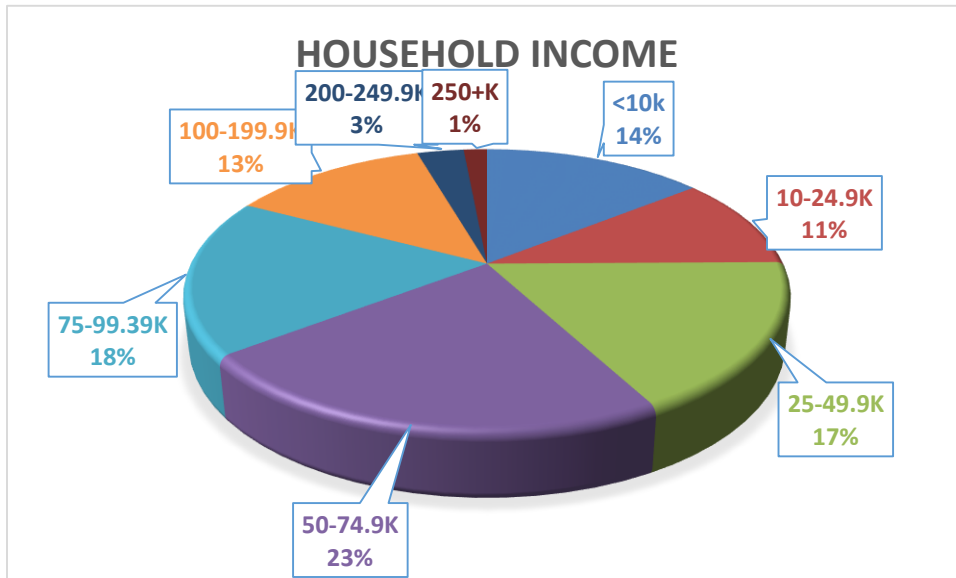
- Yes
- No
- Full-time Student
- Other (please specify)



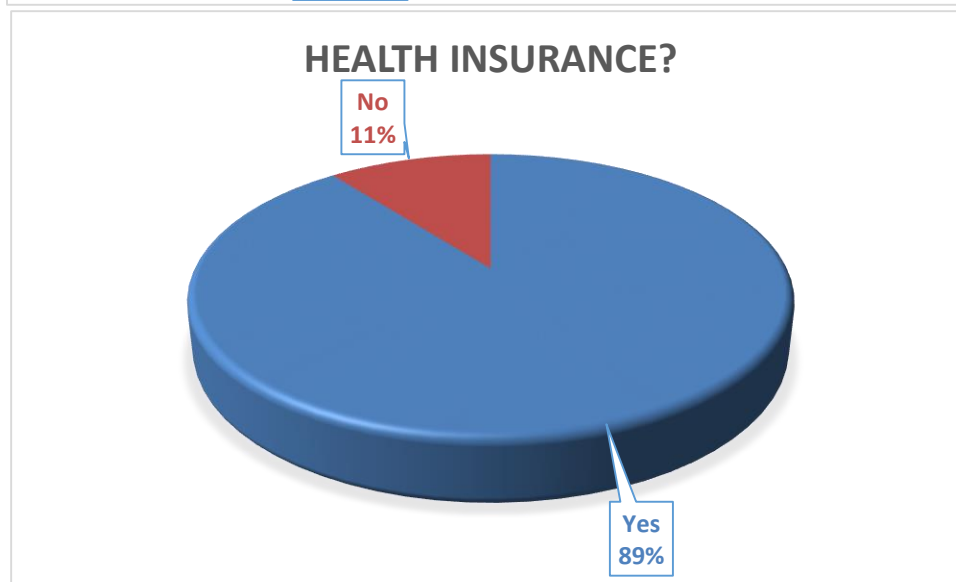
8A. What are your income and your total household income?

*Your income*

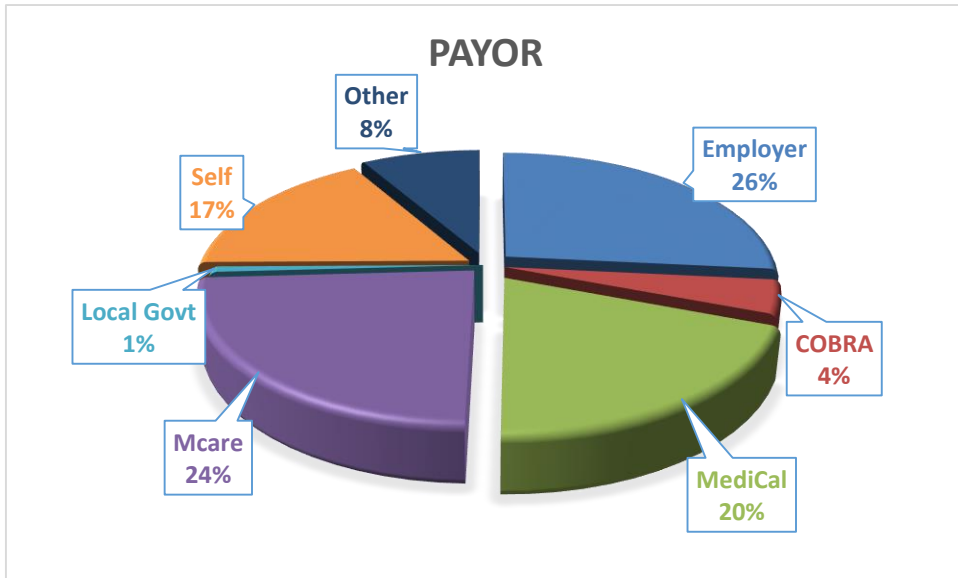
- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000



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

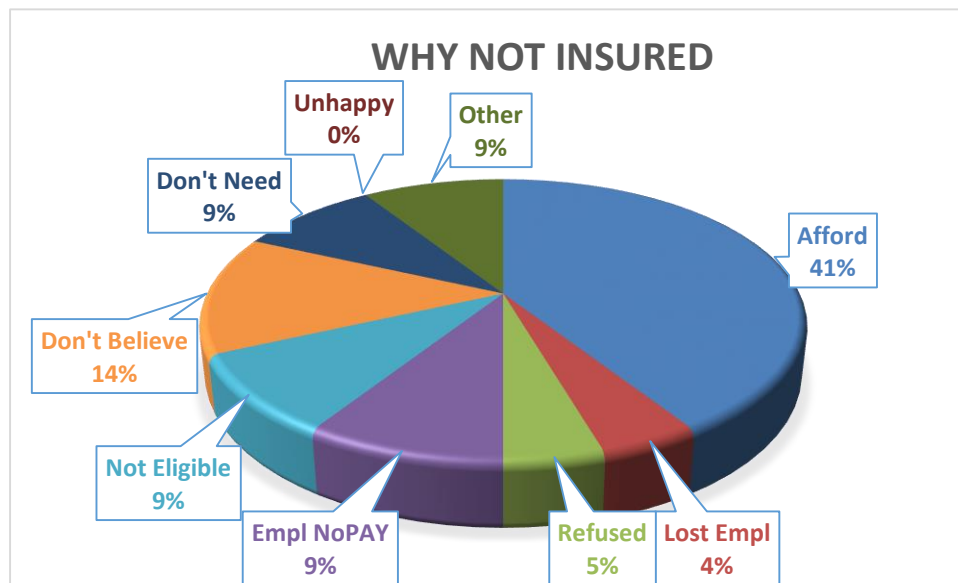


9. Do you currently have health insurance?
- Yes
  - No



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)



a. 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)

### GENERAL HEALTH EXAM



12. In the past 12 months, have you had a:

*General Health Exam*

- Yes
- No
- Do not know

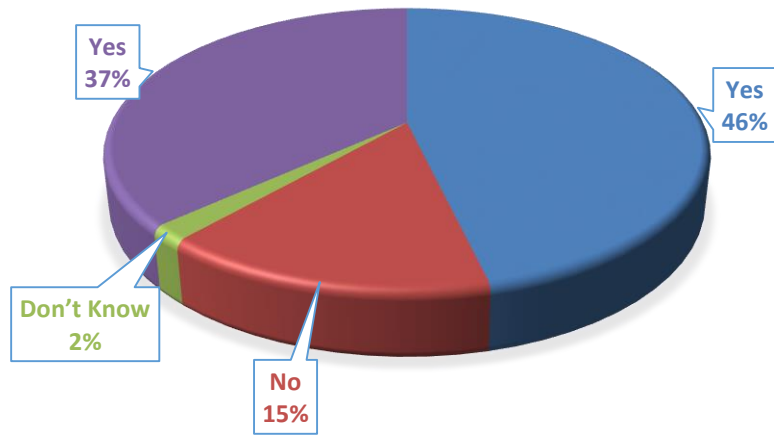
### BLOOD PRESSURE SCREENING



*Blood Pressure Check*

- Yes
- No
- Do not know

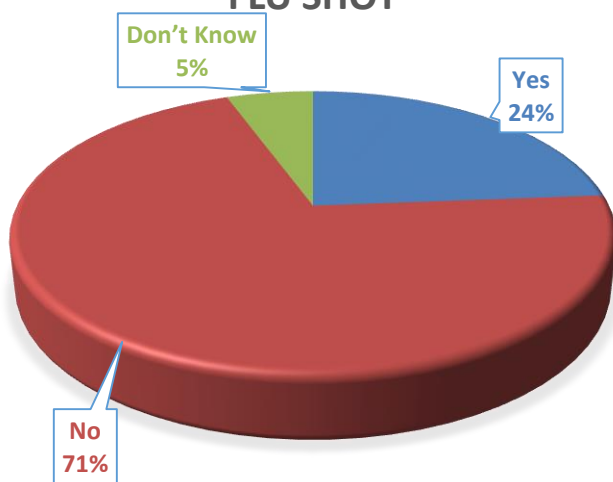
### CHOLESTEROL SCREENING



#### Cholesterol Check

- Yes
- No
- Do not know

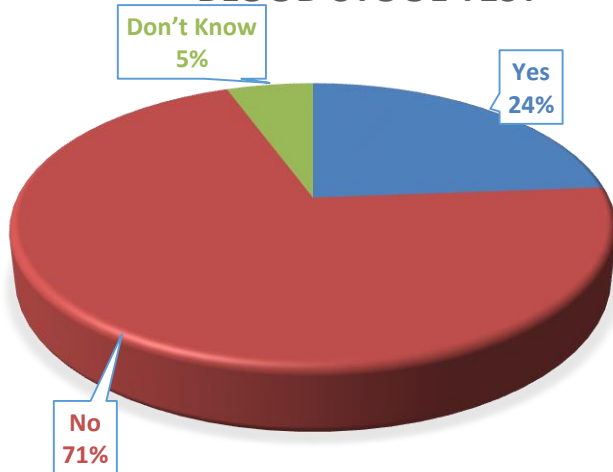
### FLU SHOT



#### Flu Shot

- Yes
- No
- Do not know

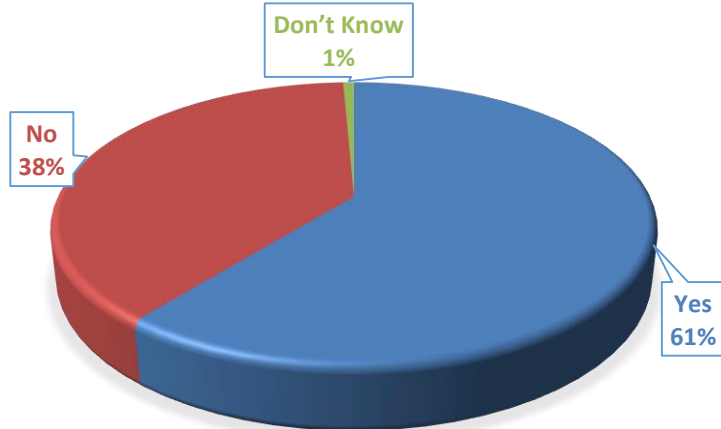
### BLOOD STOOL TEST



#### *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



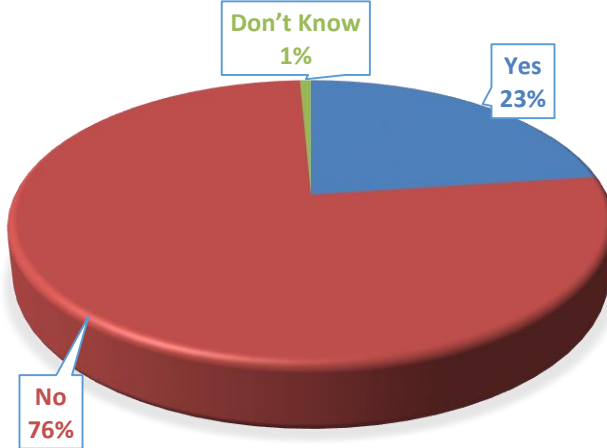
### BREAST XRAY/MAMMONGRAM



IF FEMALE: Breast X-Ray or Mammogram

- Yes
- No
- Do not know

### HEARING TEST

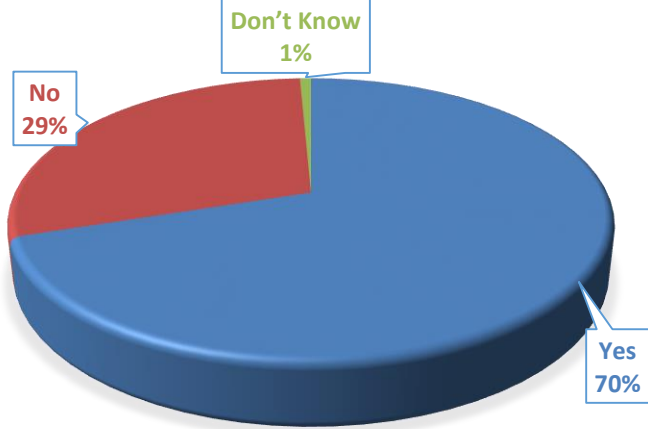


13. In the past 5 years, have you had a (fill in all that apply):

*Hearing Test*

- Yes
- No
- Do not know

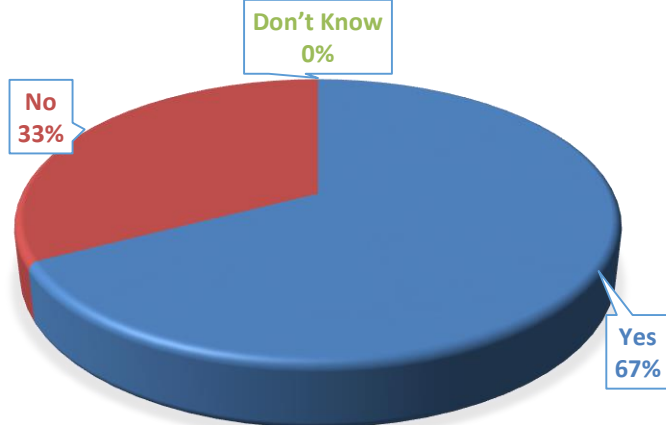
### EYE EXAM



#### Eye Exam

- Yes
- No
- Do not know

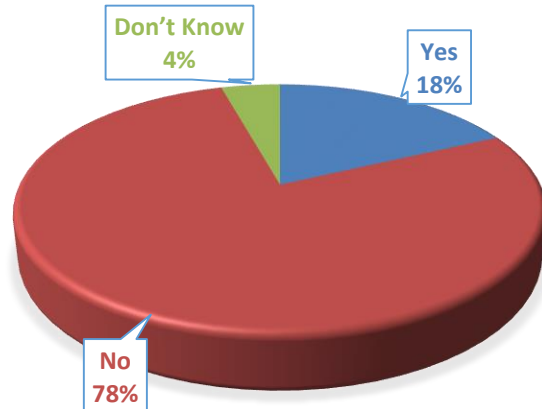
### DIABETES SCREENING



#### Diabetes Check

- Yes
- No
- Do not know

### SKIN CANCER SCREENING



#### *Skin Cancer Screen*

- Yes
- No
- Do not know

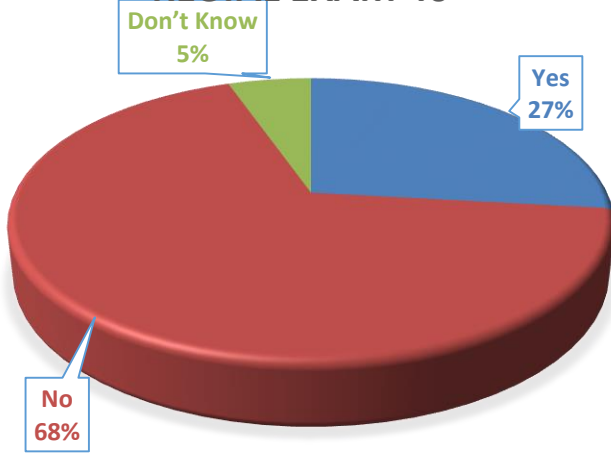
### PNEUMONIA SHOT



#### *Pneumonia Shot*

- Yes
- No
- Do not know

### RECTAL EXAM 40+



*IF AGE 40 or OLDER: Rectal Exam*

- Yes
- No
- Do not know

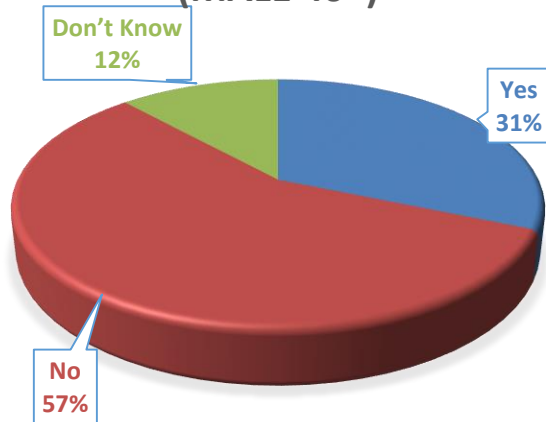
### COLONOSCOPY 50+



*IF AGE 50 or OLDER: A Colonoscopy*

- Yes
- No
- Do not know

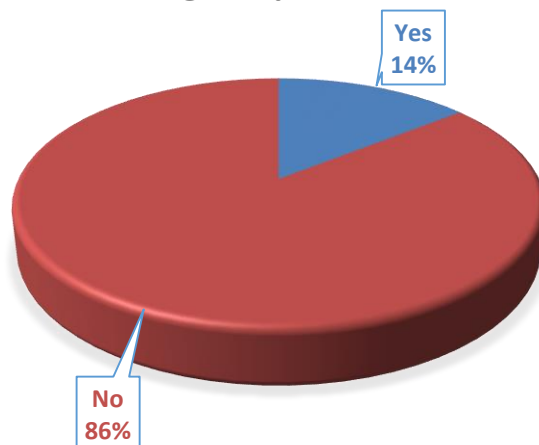
### PROSTATE CANCER SCREENING/PSA (MALE 40+)



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

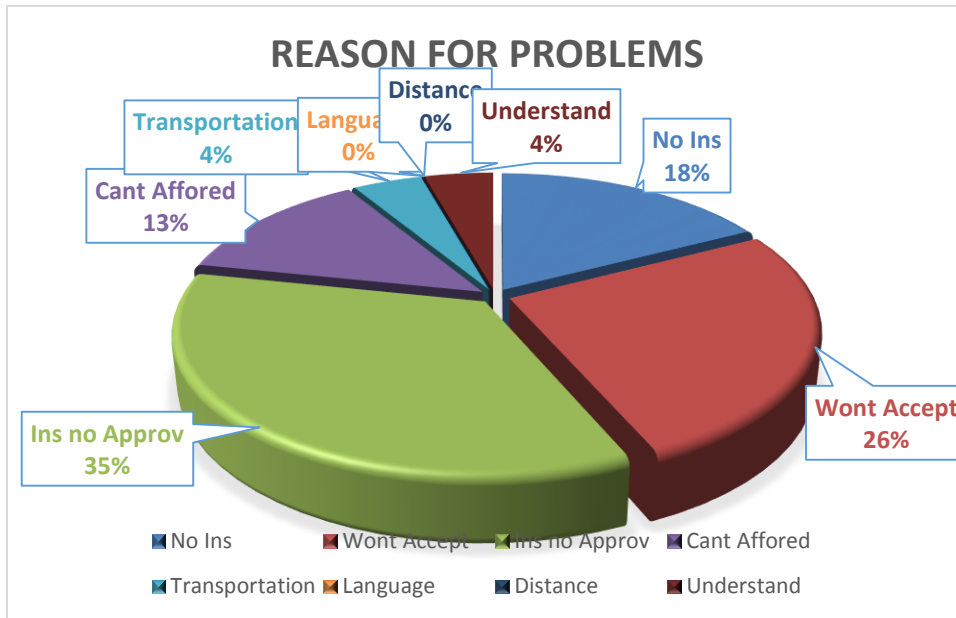
- Yes
- No
- Do not know

### HAVE YOU HAD PROBLEMS GETTING CARE?



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.

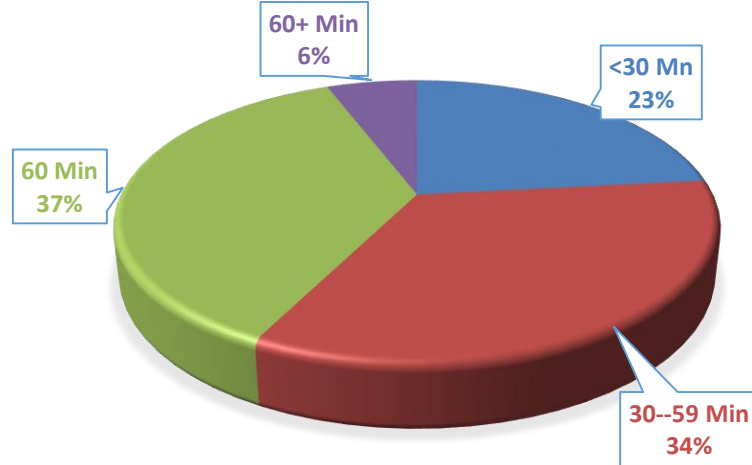
- Lack of insurance
- Health care provider would not accept insurance
- Insurance would not approve1 pay for care
- Cannot afford co-pay
- Lack of transportation
- Language barriers
- Travel distance to provider too great
- Cannot understand my doctor



How many times a week do you exercise?

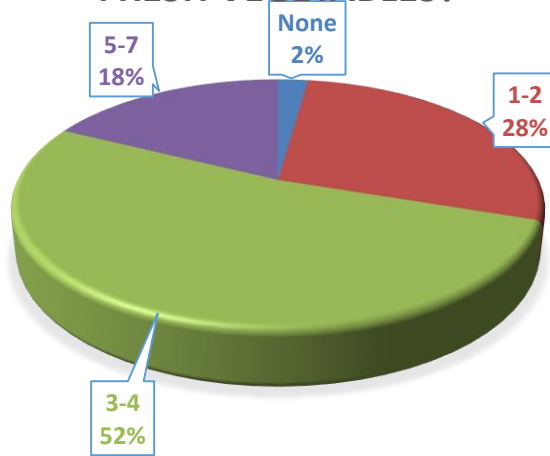
- 0
- 1-2
- 2-4
- 4-7

### HOW LONG DO YOU EXERCISE



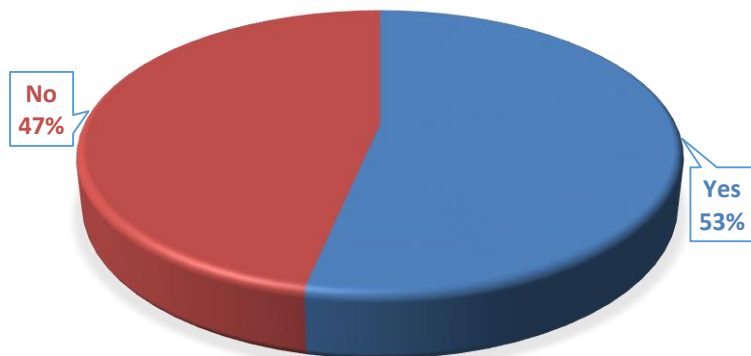
16. For about how long do you exercise?
- Less than 30 minutes
  - 30 minutes
  - 1 hour
  - Over 1 hour

### HOW MANY DAYS/WEEK DO YOU EAT FRESH VEGETABLES?



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

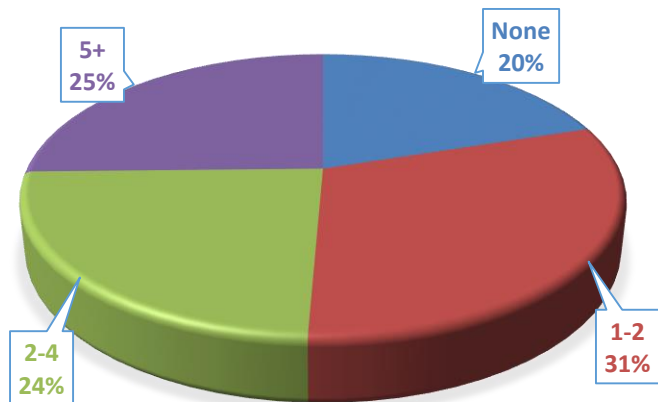
### TAKING ANY MEDICATIONS?



18. Are you on any medications?

- Yes
- No

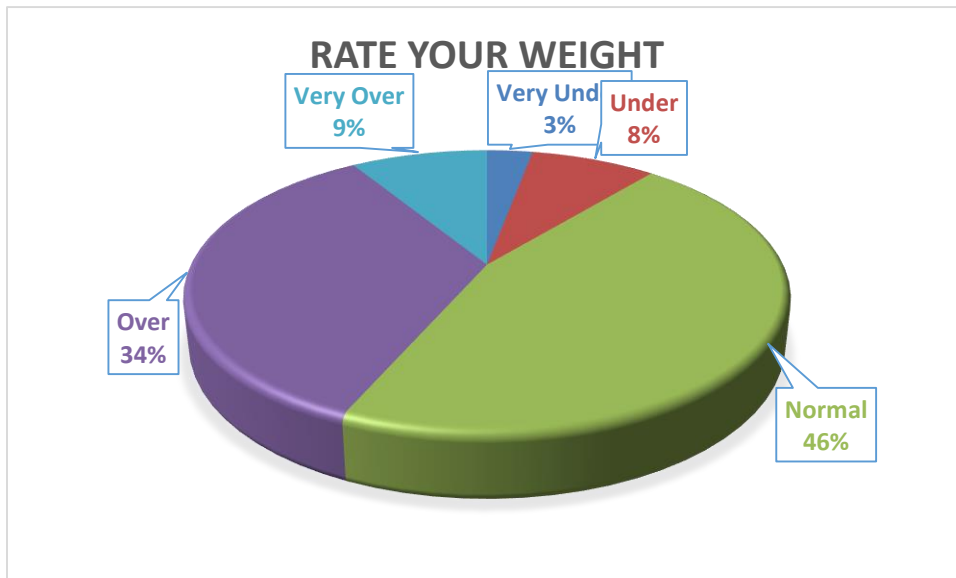
### HOW MANY MEDS



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

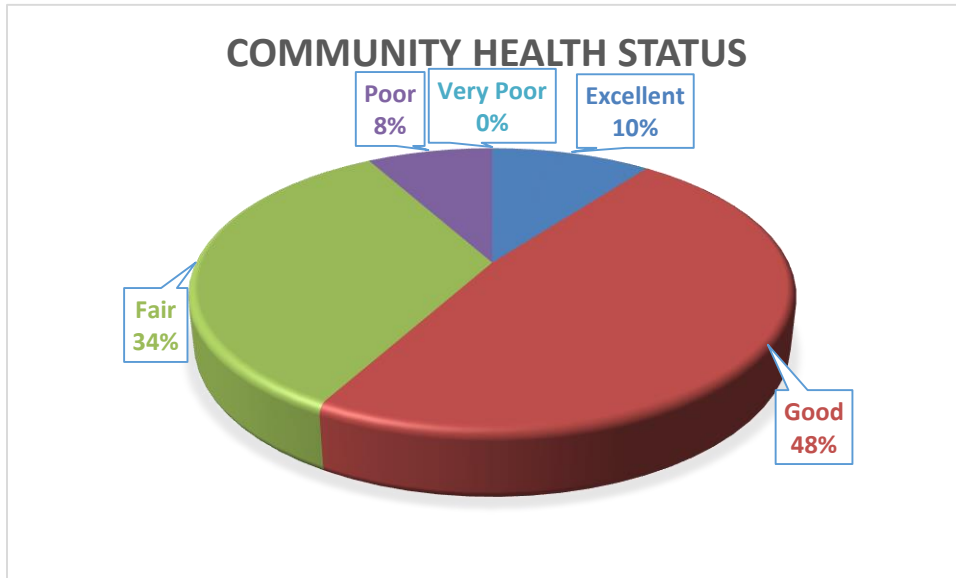
### COMMUNITY HEALTH STATUS



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

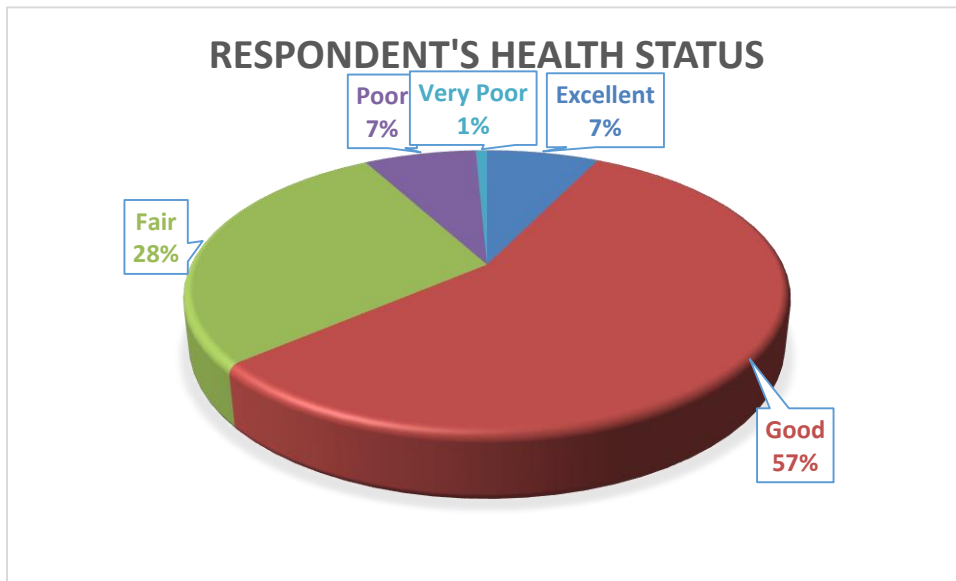
- Diet to lose weight or to keep from gaining weight
- Exercise to lose weight or to keep from gaining weight
- Vomit, or take laxatives to lose weight or to keep from gaining weight
- Take diet pills to lose weight or to keep from gaining weight

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

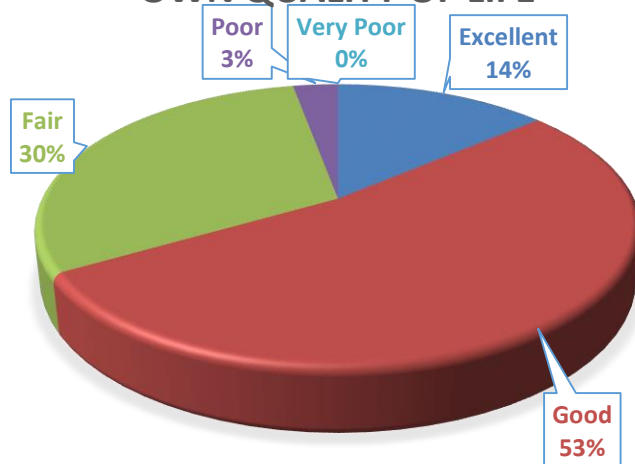
### COMMUNITY QUALITY OF LIFE



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

- Excellent
- Good
- Fair
- Poor
- Very Poor

### OWN QUALITY OF LIFE



How would you rate your own quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

### Key Stakeholder Interview Results

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

Interviewees included:

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

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. Fifteen 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:

- Diabetes
- Obesity
- Malnutrition
- Women's Health
- Drug Abuse
- Stroke
- Cardiac Disease
- Medication Issues
- Fall Safety
- Trauma
- Drowning
- Stabbings
- Gunshots
- Post-Natal Care
- Social Outlets for the Elderly
- Support Groups
- Rape
- Domestic Violence
- Mental Health Issues
- Senior Health
- Cancer
- Transportation
- Access to Doctors
- Uninsured Residents
- Patients' Rights

- Network Resources
- Language Barriers
- Recuperative Care
- Medical Rehab
- Drug Rehab
- Education regarding Physical Activity
- Safe Places for Physical Activity
- Environmental Safety
- Wheelchair Access
- Home Health Care
- Client Management Across Multiple Care Sites
- Post-Partum Depression
- Respite Care
- Respiratory Issues
- Latch Key Kids
- Concierge Services for Visitors
- Family Member Support
- Stress Management
- Hospice/Palliative Care
- Lupus
- Homeless Issues
- Veteran's Services
- Prison Outreach
- Vaccinations
- Prescreening
- Wellness Care
- Pastoral Care
- Underfunded Public Insurance
- Disaster Preparedness
- CERT Programs
- Public Relations with Hospital



- Sexually Transmitted Disease
- Asbestos in Schools
- Poverty Pockets
- Lack of Coverage for Undocumented
- Non-English Monolinguals
- Lack of Support for Outpatient Clinics
- Fragmented Care
- Pre-Natal Care
- Dental Services

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.

After further discussion, the focus group was asked to prioritize the concerns identified at the beginning of the discussion. To do this, each participant was provided six blue adhesive “dots” and instructed to place one on each of the items the participant considered most pressing. The fifteen issues that garnered more than three dots are listed below.

- Diabetes
- Obesity/Diet
- Women’s Health
- Home Health
- Mental Health
- Physical Activity
- Seniors’ Health
- Recuperative Care
- Postpartum Care
- Latchkey Kids
- Uninsured
- Language Barriers
- Trauma
- Domestic Violence
- Safety Net Services

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

In the second round of prioritization, participants were provided with six more yellow dots, each with a value from 6 to 10, with 10 being the most important. The participants were then asked to place their dots on the items they considered most important and most appropriate for 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 50 points, and none of the remainder accumulated more than 30 points. The six major issues are presented in descending order.

- Seniors’ Health
- Mental Health

- Diabetes
- Obesity/Diet
- Women's Health
- Home Health / Preventive Care

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. **Seniors' Health** – This issue received the most top votes, and the highest overall score. The problem incorporates several other issues mentioned separately (and discussed in the following list), but as an overall category it was the most mentioned and considered the primary problem. Issues reported included isolation, transportation to services, age-related dementia, medication abuse both intentional and unintentional, and unsafe home environments. This issue was Priority Area #2 in the *Orange County Health Improvement Plan* for 2014-2016. LPIH currently has programs in place to assist seniors in dealing with transportation problems, age-related dementia and medication issues, and is actively seeking additional opportunities to improve these services.
2. **Mental Health** – This issue was a close second in 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* 2014-2016. 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.
3. **Diabetes** - Both adult and child diabetes rates in Orange County exceed state rates, and the disease was mentioned consistently as both a problem in itself and as a precursor to other problems such as heart disease, stroke, and other circulatory maladies. As an indicator of the severity of Diabetes in the La Palma area, the percentage of adults reporting having diabetes in 2011-2012 was 7.8%, slightly lower than the rate for Orange County at 8.4% and the US at 9.0%. Diabetes and Diet were combined as Priority Area #3 in the *Orange County Health Improvement Plan* for 2014-2016. Many of the issues identified in that

document are already being addressed by the hospital, and additional programs are in process to bring better health programs to many of the various ethnic communities that reside in the hospital's service area.

4. **Obesity/Diet** – Obesity was mentioned as a core precursor for many chronic diseases including diabetes, hypertension, orthopedic issues, coronary problems and others. A need for dietary guidance and information among various ethnic groups was also noted, along with the high number of fast food outlets in the area. LPIH is assisting in bringing down the obesity rate by counseling clients on diet and exercise solutions for their weight issues, and by providing educational materials for various ethnic groups to highlight diet issues endemic to specific groups.
5. **Women's Health** – Another issue with several components, including pre- and post-natal care, breast and ovarian cancer, and a need for women-specific services. A related issue, Infant and Child Health, was Priority Area #1 in the Orange County Health Improvement Plan for 2014-2016. LPIH is already a major provider of pre- and post-natal care, and is expanding programs to better assist women and babies in staying health during the post-natal period.
6. **Home Health / Preventive Care** – This issue was presented variously as an issue with coordination of care before and after hospitalizations, lack of education as to services available in the community and lack of a single-source coordination provider. The issue is becoming more important to hospitals as home-related hazards are often contributing factors to patients returning for care within 30 days of discharge. These readmits can be limited by careful monitoring of conditions in the discharge environment. LPIH has developed protocols to manage discharged patients, and is exploring additional opportunities to coordinate care with local social service agencies that focus on specific medical issues or safety concerns.

## APPENDIX

### Steering Committee

- Dr. Prem Reddy, Chairman, Prime Healthcare Services Foundation
- Virg Narbutas, CEO, LPIH
- Kora Guoyavatin, CFO, LPIH
- Kristina Gritsutenko, Controller, LPIH
- Hilda Manzo-Luna, CNO, LPIH
- Becky Misa, ER Director, LPIH
- Janice Guico, Med/Tele Director, LPIH
- Natalia Ware, Case Management Director, LPIH
- Francis Goupil, Admin Assistant, LPIH

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

<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	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.	14626 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) <sub>2</sub>	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

<b>Leading Cause of Hospitalization - Primary Service Area - Health Indicator</b>				
<b>Rank</b>	<b>Hispanic</b>	<b>White</b>	<b>Black</b>	<b>Asian/Pacific Islander</b>
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
	Excludes Normal Newborns			

## Priority Area #1: Infant and Child Health

### Key Findings:

- ◆ While almost 90% of Orange County women who gave birth in 2010 received early prenatal care, subgroups, including Latinas and younger women, were less likely to do so.
- ◆ Despite health benefits to the mother and infant, less than one in five women who gave birth in 2011 exclusively breastfed their babies through 3 months after delivery.

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

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

**Highlighted Strategy:** Improve timeliness and quality of referrals and linkages between portals of entry for low-income women and prenatal care providers.

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

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

**Highlighted Strategy:** Maintain and disseminate a directory of lactation services in Orange County.

1. 5<sup>th</sup> Graders within healthy fitness zone for body composition

California Department of Education, Physical Fitness Test    56.7% (2012/13)    60% by 2020

2. All schools will have at least TBD of 5<sup>th</sup> Graders within healthy fitness zone for body composition.

California Department of Education, Physical Fitness Test  
TBD schools have TBD or more % of 5<sup>th</sup> Graders outside of healthy fitness zone.

La Palma Intercommunity Hospital Community Health Surveys- English Survey

June 24, 2013

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 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

La Palma Intercommunity Hospital  
Community Health Survey  
June 2015

- 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 approve<sup>1</sup> 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

La Palma Intercommunity Hospital  
Community Health Survey  
June 2015

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

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

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

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

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

32. How well does Huntington Beach Hospital promote good health?

- Excellent
- Good
- Fair
- Poor
- Very Poor

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

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

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

Orange County Health Improvement Plan Annual Report 2014-2016



2014-16

Orange County Health Improvement Plan

# 2014 Annual Report



[www.ochealthiertogether.org](http://www.ochealthiertogether.org)



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

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

### Orange County Public Health System



#### 2014 Accomplishments:

##### Key Strategies

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

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

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

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

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

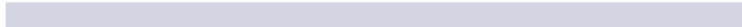
**2014 Progress:** In November 2014, [OCHealthierTogether.org](http://OCHealthierTogether.org) got a facelift when it was integrated with the Healthy Communities Institute platform. The platform tracks over 100 health and community health indicators to help better coordinate the use of data, plan for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

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

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

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

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



## Priority Area #1: Infant and Child Health



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

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

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

#### 2014 Accomplishments:

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

#### Key Strategies

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

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



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

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

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

**2014 Accomplishments:**

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

**Key Strategies**

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

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

**Priority Area #2: Older Adult Health**



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

**County.**

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

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

**Objective 1.3:** Reduce **social isolation** among older adults.

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

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

**2014 Accomplishments:**

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

**Key Strategies**

1. **Complete and disseminate Orange County Healthy Aging Initiative's Annual Wellness Visit toolkit to providers.**  
 2014 Progress: The Annual Wellness Toolkit has been distributed to over 130 providers and is in use by Memorial Care Health System.
2. **Improve understanding of older adult service system by conducting an assessment of existing services and needs for targeted older adult programs.**  
 2014 Progress: California State University at Fullerton has identified interns to lead an assessment of gaps and needs related to chronic disease self-management, medication management, and social isolation programs.

**Priority Area #3: Obesity and Diabetes**



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

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

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

**2014 Accomplishments:**

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

**Key Strategies**

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

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

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

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

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

**2014 Accomplishments:**

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



## Priority Area #4: Behavioral Health

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

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

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

### 2014 Accomplishments:

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

#### Key Strategies

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

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

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

**Objective 2.1:** By 2020, reduce adult alcohol misuse.

**Objective 2.1:** By 2020, reduce prescription drug misuse.

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

## 2014 Accomplishments:

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

### Key Strategies

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

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

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

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

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

### SUMMARY OF KEY HEALTH INDICATORS

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

Please note the following:

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

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

## SUMMARY OF KEY HEALTH INDICATORS

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

## SUMMARY OF KEY HEALTH INDICATORS

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



## SUMMARY OF KEY HEALTH INDICATORS

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

## SUMMARY OF KEY HEALTH INDICATORS

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

## SUMMARY OF KEY HEALTH INDICATORS

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

### Acronyms and Abbreviations

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

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

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