



Hoag Memorial Hospital Presbyterian

Newport Beach, Irvine, and Hoag Orthopedic Institute

Community Health Needs Assessment, 2019



Acknowledgments

EVALCORP would like to acknowledge a number of individuals for contributing their time and input to supporting the development of this Community Health Needs Assessment.

To begin, we would like to thank Hoag Memorial Hospital Presbyterian for their partnership throughout the community health needs assessment process. In particular, we would like to acknowledge Community Health Director, Michael Rose, DrPH, LCSW, Community Health Manager, Minzah Malik, MPH, MBA, and Community Benefit Special Projects Specialist, Lauren Tabios, MPH who provided collaboration and support.

EVALCORP would also like to thank the community partners for assisting us throughout the data collection process.

- Access California Services
- Alzheimer’s Family Center
- American Legion
- CalOptima
- Cambodian Family
- Community Health Initiatives of Orange County
- Council on Aging
- First 5 Orange County
- Girls Inc.
- Human Options
- Illumination Foundation
- Jamboree Housing
- Kids Healthy
- MOMs Orange County
- NAMI
- Newport Mesa Unified School District – Hope Clinic
- Omid Multicultural Institute for Development (OMID)
- Orange County Asian Pacific Islander Community Alliance
- Orange County Human Relations
- Orange County MECCA
- Orange County United Way
- Orange County Women’s Health Project
- Radiant Health Centers
- Second Harvest Food Bank
- Share Ourselves
- University of California, Irvine

Lastly, we would like to express our utmost gratitude to the community members who shared their stories with us through our many data collection efforts.

Table of Contents

SECTION I: OVERVIEW	
A. Purpose of the Community Health Needs Assessment	1
Internal Revenue Service Regulations.....	1
Collaborative Process.....	1
B. Hoag Memorial Hospital Presbyterian	2
Description	2
About Community Benefit.....	2
Hoag Service Area	3
Service Area Map	4
Demographic Profile within the Service Area.....	5
SECTION II: METHODS.....	
A. Primary Data Collection.....	6
B. Secondary Data Collection	7
Limitations	7
SECTION III: SECONDARY DATA	
A. Orange County and Hoag Community Demographics.....	8
B. Social Determinants of Health.....	12
C. Homelessness.....	16
D. Unemployment	17
E. Healthcare Access	18
F. Prenatal Care.....	21
G. Mortality Rates.....	22
H. Chronic Diseases	22
I. Adults with Disabilities	28
J. Mental Health & Substance Use Among Youth	29
K. Environmental Conditions	30
SECTION IV: PRIMARY DATA	
A. Health Needs Identified.....	32
B. Impacts of COVID	33
SECTION V: APPENDICES.....	
Appendix A – Key Stakeholder Interview Protocol.....	35
Appendix B – Focus Group Protocol.....	38
Appendix C – Community Member Survey	41
Appendix D – Provider Survey.....	48
Appendix E – Secondary Data Sources	52

SECTION I: OVERVIEW

A. Purpose of the Community Health Needs Assessment

Internal Revenue Service Regulations

In 1969, the Internal Revenue Service (IRS), defined the Community Benefit Standard for charitable tax-exempt hospitals as relieving the burden of governments by promoting general welfare in a community. In California, the 1994 California Community Benefit Legislation (SB 697) required all private non-profit hospitals to assume a social obligation to provide community benefits in the public interest in exchange for their tax-exempt status.

More recently, the Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, introduced new requirements for nonprofit hospitals to maintain their tax-exempt status. Included in the new regulations of the Internal Revenue Code is a requirement that all nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

Both the CHNA Reports and resultant IS Plans for Hoag Memorial Hospital Presbyterian are available publicly at: <https://www.Hoag.org/about-Hoag/community-benefit/reports/>

Collaborative Process

Joint CHNA The IRS regulations allow for the conduct of joint Community Health Needs Assessments (CHNA) when hospitals define their service area communities the same. In compliance with these regulations, this CHNA was conducted jointly by Hoag Hospital Newport Beach, Hoag Hospital Irvine and Hoag Orthopedic Institute. Project Oversight of the Community Health Needs Assessment process was overseen by: Minzah Malik, MPH, MBA Manager, Community Benefit Program and Lauren Tabios, MPH Specialist of Grants & Special Projects.

B. Hoag Memorial Hospital Presbyterian

Description

Hoag Memorial Hospital Presbyterian (Hoag) is a nonprofit regional health care delivery network that has been operating in Orange County, California since 1952. The regional network consists of two acute-care hospitals, 12 urgent care center, and nine health centers. Each year Hoag serves more than 480,000 patients (for both inpatient and outpatient services).

Hoag offers a variety of health care services including five specialized care institutes for cancer, heart and vascular, neurosciences, women’s health, and orthopedics. Orthopedic services are offered through Hoag’s affiliate Hoag Orthopedic Institute, which consists of an orthopedic hospital and two ambulatory surgical centers.

Mission

To provide the highest quality health care services to communiites we serve

Vision Statement

Hoag is a trusted and nationally recognized health care leader

Core Values

Excellence
Respect
Integrity
Patient Centeredness
Community Benefit

About Community Benefit

Hoag established the Department of Community Health in 1995 to support its vision of a healthy Orange County and has since provided millions of dollars in support of health care for the county’s vulnerable populations.

The Department of Community Health is led by its Director, Michael Rose DrPH, LCSW. The department is responsible for the coordination of Hoag’s Community Benefit Program and provides services to assist the low-income and vulnerable community. The program focuses on two primary strategies (see below):

1. Provide necessary healthcare-related services that are not already available in the community.
2. Provide financial support to existing community based nonprofit organizations which provide healthcare and related social services to address and support community health needs.

The Community Health department provides direct services to the community through:

- Community Case Management,
- Mental Health and Psychotherapy Services, and
- Health Ministries/Parish Nursing.

Many other departments within Hoag provide free community health services including education and support groups. Additionally, Community Benefit collaborates with more than 60 community-based nonprofit providers to deliver health related programs and services throughout the county by offering:

- Free and discounted care
- Care for low-income and vulnerable populations
- Services designed to improve community health and increase access to health care

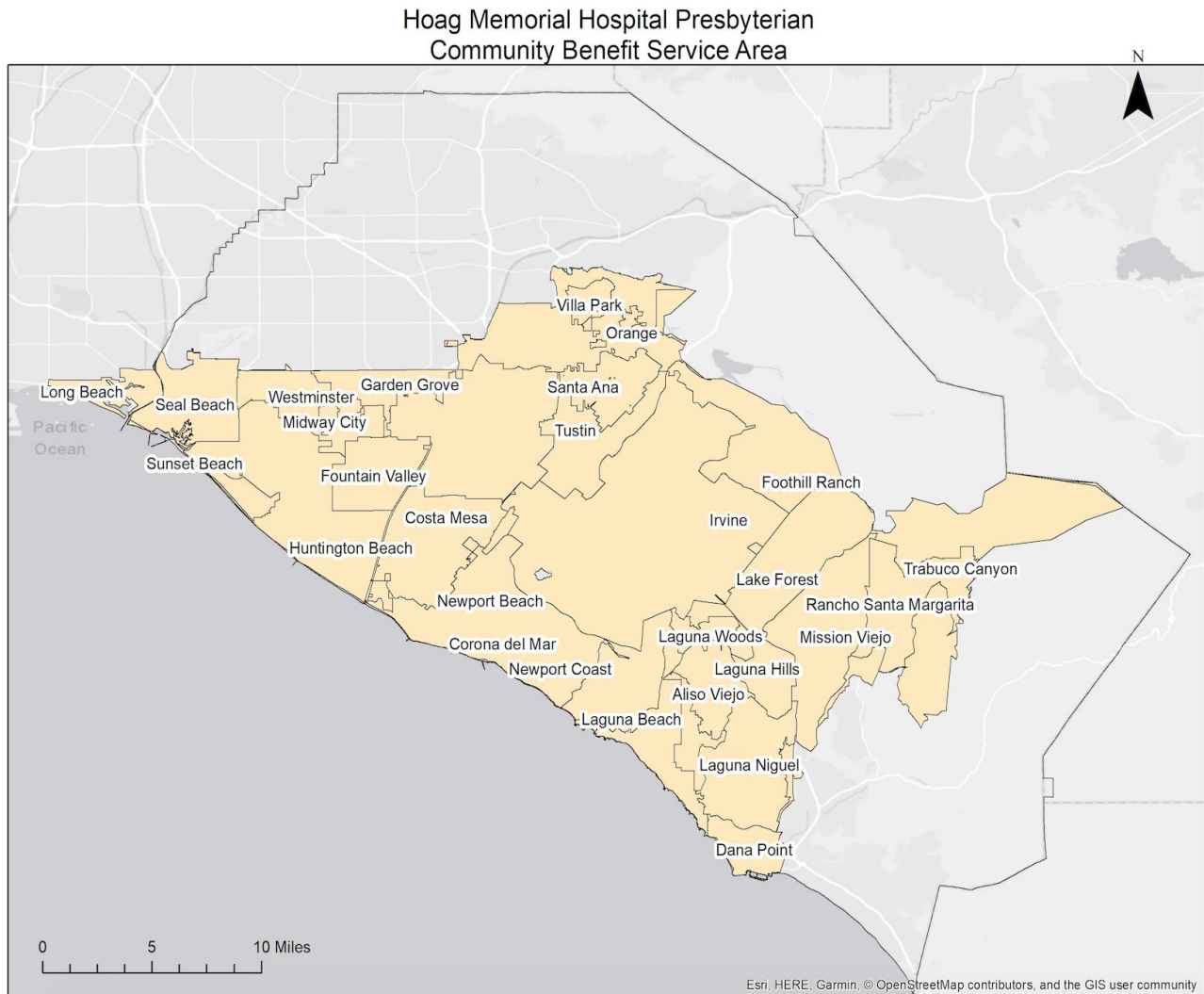
Hoag Service Area

Hoag’s service area includes 53 zip codes (See **Table 1.** below) spanning 27 cities and unincorporated communities in both Orange County and Los Angeles County (one zip code is located in Long Beach).

Table 1. Hoag Service Area	
Zip Code(s)	City/Unincorporated Area
92656	Aliso Viejo
92625	Corona Del Mar
92626, 92627	Costa Mesa
92629	Dana Point
92610	Foothill Ranch
92708	Fountain Valley
92843, 92844	Garden Grove
92646, 92647, 92648, 92649	Huntington Beach
92602, 92603, 92604, 92606, 92612, 92614, 92617, 92618, 92620	Irvine
92651	Laguna Beach
92653	Laguna Hills
92677	Laguna Niguel
92637	Laguna Woods
92630	Lake Forest
90803	Long Beach
92655	Midway City
92691, 92692	Mission Viejo
92660, 92661, 92662, 92663	Newport Beach
92657	Newport Coast
92866, 92867, 92868, 92869	Orange
92688	Rancho Santa Margarita
92701, 92703, 92704, 92705, 92706, 92707	Santa Ana
90740	Seal Beach

Table 1. Hoag Service Area	
Zip Code(s)	City/Unincorporated Area
90742	Sunset Beach
92679	Trabuco Canyon
92780, 92782	Tustin
92861	Villa Park
92683	Westminster

Service Area Map

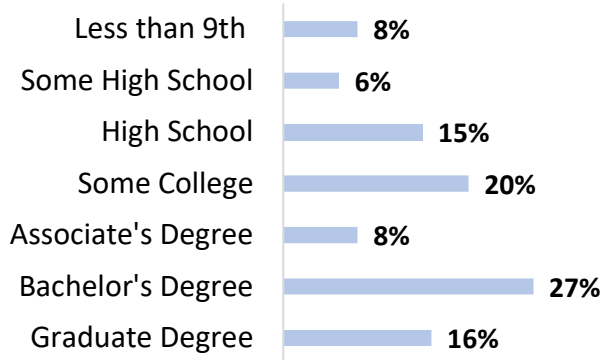


Demographic Profile within the Service Area

1,991,457

Service Area Population

Educational Attainment for Residents 25+

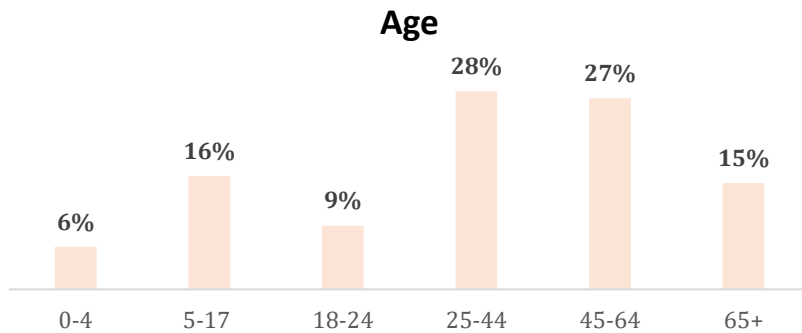


6% of households receive SNAP benefits.

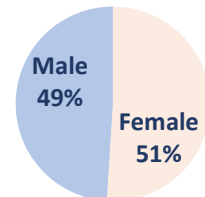
11% of residents live 100% below the Federal Poverty

\$93,000 Median Household Income

5% of the civilian labor force (16 and older) are unemployed.

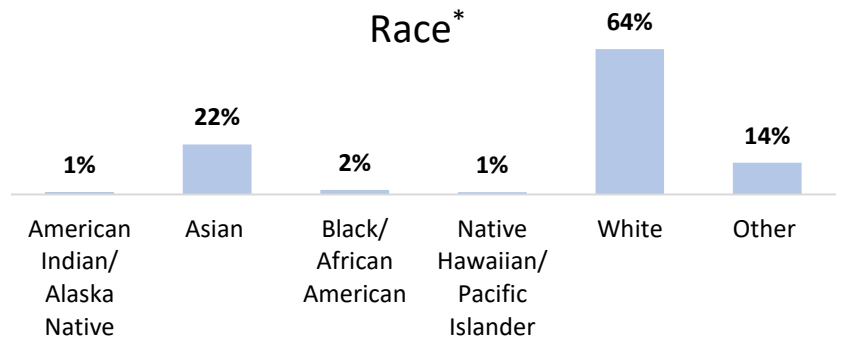


Gender



31% Identify as Hispanic/Latino

5% of residents (18+) are veterans



*Percentages exceed 100% because respondents could select more than one response option.

SECTION II: METHODS

EVALCORP utilized a mixed-methods approach to conduct the community health needs assessment. The following data sources informed this report:

A. Primary Data Collection

- **Key Stakeholder Interviews (KSIs).** Semi-structured interviews were conducted with 21 individuals. Interviewees were selected in collaboration with Hoag Hospital Community Benefit staff. Interviews were conducted to obtain information about the health needs of Orange County residents from a systems-level perspective. Participating interviewees represented the following:
 - Health educators/service providers (n=18)
 - Medical Research (n=1)
 - Community Organizing (n=1)
 - Local Funding Agency (n=1)

Interviewees provided information about: (1) health priorities; (2) causes and contributing factors of poor health; (3) access to and availability of service provision; (4) their strengths as service providers; and (5) recommendations and strategies for improving the provision of health services to Orange County residents.

- **Provider Survey.** The Provider Survey was developed and administered online by EVALCORP during March and April 2020 to individuals at over 170 organizations/ departments that provide or fund health services to community members. The survey was distributed to a wide range of county, private, and non-profit agencies who serve residents of Orange County. During the two-month survey administration timeframe, a total of 140 responses were collected and used for analysis. The purpose of the survey was to obtain providers' perspectives and experiences regarding priority health needs, and the availability and provision of health services throughout Orange County.
- **Community Member Survey.** The Community Survey was developed by EVALCORP and distributed online from July 1 through August 10, 2020 to community members via 18 community-based agencies. The survey was distributed through a wide range of county, private, and non-profit agencies who serve residents of Orange County. During the five-week survey administration timeframe, a total of 548 responses were collected.
- **Focus Groups.** Focus groups were conducted to assess current mental and behavioral health needs, access to care, availability of existing resources, and needs can be addressed within Orange County. All focus groups used a semi-structured protocol and were facilitated in one of the following languages: Spanish, English, Vietnamese, or Cambodian (Khmer). Focus groups were purposively sampled to represent a variety of ages from youth to older adults, race/ethnicities, and vulnerable or underserved populations (e.g., LGBTQ+

and veterans). Eight focus groups were successfully conducted with a total of 54 participants in attendance across the eight sessions. **Table 2** provides further details about each of the focus groups.

Table 2. Focus Groups Completed

Focus Group Type	# Participants	Coordinating Agency	Language
Older Adult	7	Council on Aging	Vietnamese
Cambodian	6	Cambodian Family	Cambodian
Teens	8	Girls Inc.	English
Persian	8	OMID	English
Veterans	4	American Legion Post 133	English
Hispanic/Latina women	10	MOMs Orange County	Spanish
LGBTQ+	5	Radiant Health Centers	English
LGBTQ+	6	Radiant Health Centers	Spanish

B. Secondary Data Collection

Multiple secondary data sources specific to the geographic areas served by Hoag hospital were reviewed to provide information about the hospital’s service area population and baseline health indicators. When data specific to these zip codes and cities were not available, data sources that provide information at the County-level are reported. Sources used in this report reference data collected between 2015 to 2019 and are cited throughout the report, when appropriate. Sources used for the development of the secondary data are referenced within each respective data point.

Limitations

Despite best efforts in ensuring a comprehensive and representative engagement across stakeholder groups, due to budget and time constraints, not every stakeholder group rising in the service area is reflected in the primary data. As is the nature of qualitative data collection, participation varied across initiatives resulting in small sample sizes among specific subpopulations. The data gathered through these engagements represent the lived experiences of those who participated. Responses were coded and summarized according to themes identified by the evaluator and using best practices for analyzing qualitative data. This type of qualitative data analysis yields important findings that complement quantitative data analysis.

For quantitative data in the report, wherever possible, secondary data were drawn from the zip codes specific to Hoag’s service area. However, in circumstances where these data were not attainable by zip code, data from Orange County were included instead. In addition, while the demographic information presented describes residents who live within Hoag’s service area, residents outside the designated service area seek access to health care services within and are likely not represented in the secondary data. Further, when secondary data collection occurs and how recent the data sources are available varies across sources. Nonetheless, best efforts were made to ensure data collection was representative of the community to inform future collaborative efforts to address health needs across the region.

SECTION III: SECONDARY DATA

A. Orange County and Hoag Community Demographics

Geographical Hoag Area/Service Area

Hoag Hospital service area covers 54 zip codes (**Table 3**) where most of its patients live – covering the County of Orange and a portion of Long Beach, zip code 90803 – which is the only zip code outside the boundaries of Orange County.

Table 3. Population by Zip Code & City

Zip Code	City	Population
90740	Seal Beach	24,494
90742	Sunset Beach	699
90803	Long Beach*	32,389
92602	Irvine	26,044
92603	Irvine	19,650
92604	Irvine	28,819
92606	Irvine	24,694
92610	Foothill Ranch	32,362
92612	Irvine	26,676
92614	Irvine	17,086
92617	Irvine	43,316
92618	Irvine	48,952
92620	Irvine	12,148
92625	Corona Del Mar	50,541
92626	Costa Mesa	63,212
92627	Costa Mesa	26,744
92629	Dana Point	61,304
92630	Lake Forest	16,228
92637	Laguna Woods	55,893
92646	Huntington Beach	62,718
92647	Huntington Beach	46,890
92648	Huntington Beach	34,406
92649	Huntington Beach	24,746
92651	Laguna Beach	29,986
92653	Laguna Hills	8,415
92655	Midway City	52,124
92656	Aliso Viejo	9,670
92657	Newport Coast	36,906
92660	Newport Beach	3,225
92661	Newport Beach	2,606
92662	Newport Beach	21,572

Zip Code	City	Population
92663	Newport Beach	66,406
92677	Laguna Niguel	32,579
92679	Trabuco Canyon	91,376
92683	Westminster	45,178
92688	Rancho Santa Margarita	50,782
92691	Mission Viejo	47,576
92692	Mission Viejo	90,340
92701	Santa Ana	53,565
92703	Santa Ana	70,595
92704	Santa Ana	46,470
92705	Santa Ana	35,083
92706	Santa Ana	61,026
92707	Santa Ana	57,416
92708	Fountain Valley	61,660
92780	Tustin	22,704
92782	Tustin	5,872
92843	Garden Grove	44,628
92844	Garden Grove	36,913
92861	Villa Park	15,017
92866	Orange	27,693
92867	Orange	46,036
92868	Orange	23,878
92869	Orange	14,149
HOAG Service Area		1,991,457
Orange County		3,164,182
California		39,512,233

Population

Orange County is the 47th largest county in California in terms of geographic area. In 2018, the Orange County population was 3.16 million people (3,164,182). Between 2013 and 2018, the total population of Orange County increased by 112,411, which indicates a population growth rate of 3.7% during the five-year period. In general, Orange County's population growth rate is comparable to the state population growth of 3.9%.

Table 4. Population Growth in Orange County and California, 2013-2018

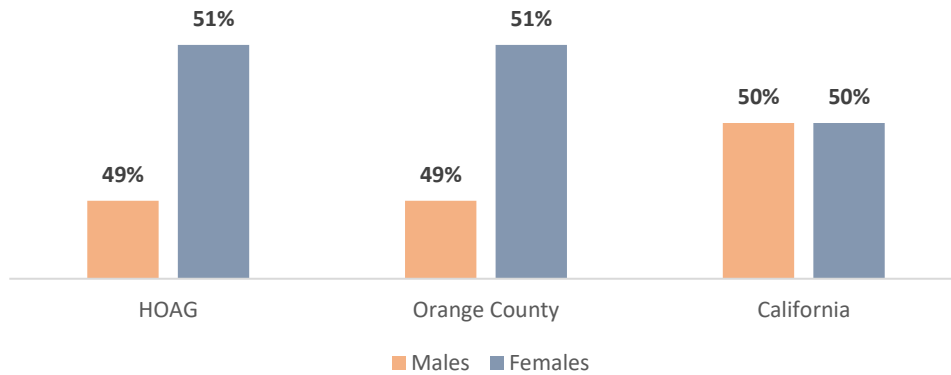
	Current Population Estimate	Percent Population Change
Orange County	3,164,182	3.7%
California	39,148,760	3.9%

U.S. Census Bureau, American Community survey, 2018 5-year estimates

Gender

From the total Orange County population, Hoag Hospital serves approximately 2M people (1,977,308). Females comprised a slightly higher percentage (51%) of the total population served by Hoag Hospital compared to males (50%). These numbers are similar across Orange County and California (**Figure 1**).

Figure 1. Population by Gender



Source: U.S Census Bureau, American Community Survey, 2018 5-year estimates, DP05

Age

In 2018, the median age of Orange County residents was 38 years (see **Table 5**). It is expected that the adult population 18 years and older will increase by 4.4% (107,213) by 2023 (0.9% growth rate per year).

The age distribution of the Hoag service area is 22% children and youth, 64% adults, and 14% seniors 65 and older. **Table 5** details the age distribution of community members in the Hoag service area compared to Orange County and California.

Table 5. Age Distribution

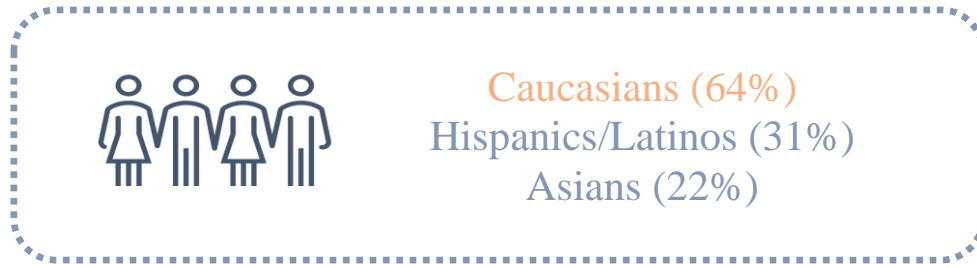
Age	Hoag Service Area		Orange County		California	
	Population	%	Population	%	Population	%
0-4	114,956	6%	188,956	6%	2,480,679	6%
5-17	316,922	16%	522,232	17%	6,592,976	17%
18-24	186,602	9%	301,482	10%	3,856,220	10%
25-44	550,949	28%	869,040	27%	11,089,177	28%
45-64	535,758	27%	841,984	27%	9,814,251	25%
65+	286,270	14%	440,488	14%	5,315,457	14%
Total	1,977,308	100%	3,164,182	100%	39,148,760	100%

Sources: U.S. Census Bureau, American Community survey, 2018 5-year estimates
 State of California Department of Finance <http://www.dof.ca.gov/forecasting/demographics/projections/>

The senior population in the Hoag service is comparable across Orange County and California in general (14% respectively). The percentage of youth and young adults is slightly lower compared to the county and state level.

Race and Ethnicity

In 2018, the three major racial and ethnic groups in the Hoag service area were:



Asians comprised 22% of the total Hoag service area. These figures are lower than the proportion of the population in **Orange County** pertaining to these racial and ethnic groups except for **Black or African Americans (2%)**. **Table 6** displays the race and ethnicity proportions of Hoag, Orange County, and California.

Table 6. Race and Ethnicity Proportions within Hoag service area, Orange County, and California*

Race/Ethnicity	Hoag Service Area		Orange County		California	
	Population	%	Population	%	Population	%
Caucasian	1,283,496	64%	2,062,435	65%	25,093,593	64%
Hispanic or Latino	610,805	31%	1,080,195	34%	15,221,577	39%
Black or African American	43,636	2%	76,853	2%	2,753,574	7%
Asian	443,576	22%	707,741	22%	6,431,018	16%
Native Hawaiian or Pacific Islander	12,113	1%	21,293	0.7%	316,802	0.8%
Some other race	275,334	14%	399,263	12%	5,867,118	15%
American Indian/Alaskan Native	21,174	1%	35,412	1%	757,628	2%

Source: U.S. Census Bureau 2018 5-year estimates

*Percentage exceed 100%; due to rounding.

Citizenship

In the Hoag service area, 34% of the population was born in a country other than the U.S. Of this group, 40% are not U.S. citizens. The foreign-born population in the Hoag service area is comparable to that of Orange County (30%) and the state (27%) (**Table 7**).

Table 7. Foreign Born Population and U.S. Citizenship

	Hoag Service Area	Orange County	California
Foreign born	34%	30%	27%
Not a U.S. citizen	40%	43%	49%

Source: U.S. Census Bureau, American Community Survey, 2018 5-year estimates

Language

The U.S. Census Bureau defines those with “limited English” as the population 5 years and older who speak English “less than very well.” The percentage of the population in the Hoag service area who fall within this category of English proficiency is 18%, which is slightly comparable to that of the county (18%). From those with limited English skills, the predominant language within the Hoag service area is Spanish (53%), followed by Asian and Pacific Islander languages (39%). See **Table 8**.

Table 8. Limited English-Speaking Population

	Hoag	Orange County	California
Limited English	18%	18%	17%
Spanish	53%	35%	38%
Asian and Pacific Islander	39%	50%	45%
Other Indo-European	6%	24%	29%
Other languages	2%	25%	32%

Source: U.S. Census Bureau, American Community Survey, 2018 5-year estimates

English Learners

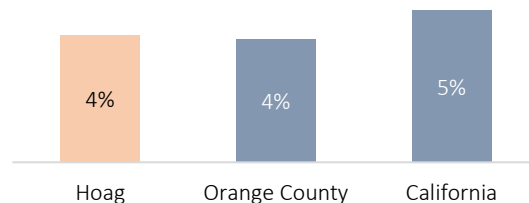
As of 2020, 22% of public-school students were English language learners in Orange County which is slightly higher than the state’s 19%. This represents the number of public-school students who speak a language other than English at home and that do not have the necessary speaking, listening, reading, and writing English language skills to excel in regular educational settings.

Veterans

Information regarding veteran status in a community can help determine demand for related programs and services.

The percentage of the veteran population is comparable across the Hoag service area (4%), Orange County (4%), and California (5%). See **Figure 2**.

Figure 2. Veteran Status



Source: U.S. Census Bureau, American Community Survey, 2018 5-year

B. Social Determinants of Health

Socioeconomic Factors

Social determinants of health are a set of cultural, social, economic, and environmental variables affecting health outcomes. County Health Rankings measures four health factor areas to understand the health outcomes of a community including: health behaviors, clinical care, social and economic factors (education, employment, income, family and social support, and community safety), and physical environment. Counties are graded by the health factor rank, with the best health factor score for a top-ranked county equal to 1. These rankings display disparities in health opportunities within and between counties.

In 2020, of the 58 counties measured in California, Orange County was ranked 8th on social and economic factors and in clinical care.

Household size and Median Household Income

There are a total of 676,685 occupied housing units in the service area of which 32% are 2 person households, which is comparable to the county states’ of 31% (**Table 9**). In general, the average household size in the Hoag service area is 2.84 which is slightly lower than the average household size in the county (3.02) and the state’s average (2.96).

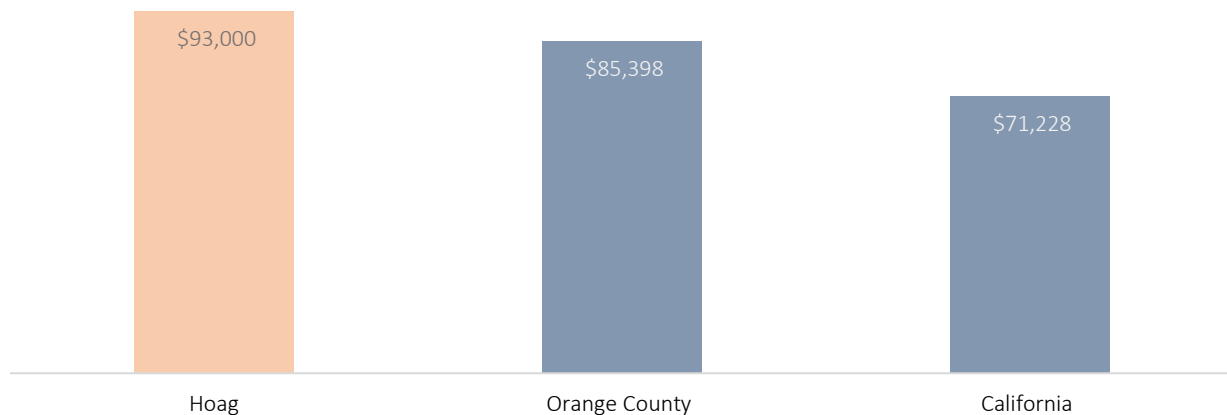
Table 9. Household Size per number of people

	Hoag Service Area	Orange County	California
1 person households	23%	21%	24%
2 person households	32%	31%	31%
3 person households	17%	18%	17%
4+ person households	28%	31%	29%

Source: U.S Census Bureau, American Community Survey, 2018 5-year estimates

One of the most influential social determinants of health is income. A household’s income will determine a family’s ability and resources to access health care or continue receiving it. The following chart displays a comparison of the median household income in the Hoag service area, Orange County, and California (**Figure 3**).

Figure 3. Median Household Income



Source: U.S Census Bureau, American Community Survey, 2018 5-year estimates

Housing Affordability

Housing affordability can impact a family’s economic stability and ability to pay for basic needs including healthcare. Orange County has been ranked in the country’s top ten least affordable urban areas where only 21% of households are able to afford the minimum monthly rent. Additionally, 81% of very low-income households (i.e., a family of 4 is considered very low income if their median household income is less than \$51K/year) spend more than half of their income on housing costs, compared to 1% of moderate-income households.

Supportive Benefits

Food insecurity is characterized as the lack of food consumption or disruption of eating routines due to the lack of money or other resources. Food insecurity can be acute or long term and can be influenced by a variety of factors including income, employment, race or ethnicity, and disability. In Orange County, 31% of adults experience food insecurity which is lower than the state rate of 37%. Food supportive assistance programs such as the Supplemental Nutrition Assistance Program (SNAP), are designed to reduce barriers to food access. A comparable percentage of residents in the Hoag service area and Orange County received supportive benefits between 2013 and 2018. These numbers are lower compared to the state (see **Table 10**).

Table 10. Types of Supportive Benefits

	Hoag Service Area	Orange County	California
Households	671,828	1,032,373	13,157,873
Supplemental Security Income (SSI)	4%	4%	6%
Public Assistance	2%	2%	3%
Food stamps/SNAP	6%	6%	8%

Source: U.S Census Bureau, American Community Survey, 2018 5-year estimates

Free and Reduced-Price Meals

Although all students are able to participate in school nutrition programs, students with family earnings below 130% of the federal poverty line are eligible for free meals and those with incomes between 130% and 185% of the poverty line are eligible for reduced price meals (Source: PPIC). According to state legislation, all public schools are required to provide all children in need with at least one nutritionally sufficient meal per school day. Between 2018 and 2019, the percentage of children eligible for free or reduced-price meal programs in Orange County, was 10% lower (49%) than in the state (59%) (**Table 11**).

Table 11. Children Eligible for Free and Reduced Meals

	Children Eligible	Percent of Children Eligible
Orange County	233,739	49%
California	3,675,129	59%

Sources: California Department of Education, Selected county Level Data 2018-2019;

<https://dq.cde.ca.gov/dataquest/cbeds2.asp?cYear=2018-19&FreeLunch=on&cChoice=CoProf1&TheCounty=30%2CORANGE&cLevel=County&cTopic=FRPM&myTimeFrame=S&submit1=Submit>

Poverty

As of 2018, 11% of the Hoag service area population was living 100% below the federal poverty level which was comparable to that of the county in (11%) and state (12%). In the Hoag service area, 29% of the population under 18 years were living below 100% the federal poverty level. The following table displays the distribution by age among those who were living 100% below the federal poverty level as of 2018 (**Table 12**).

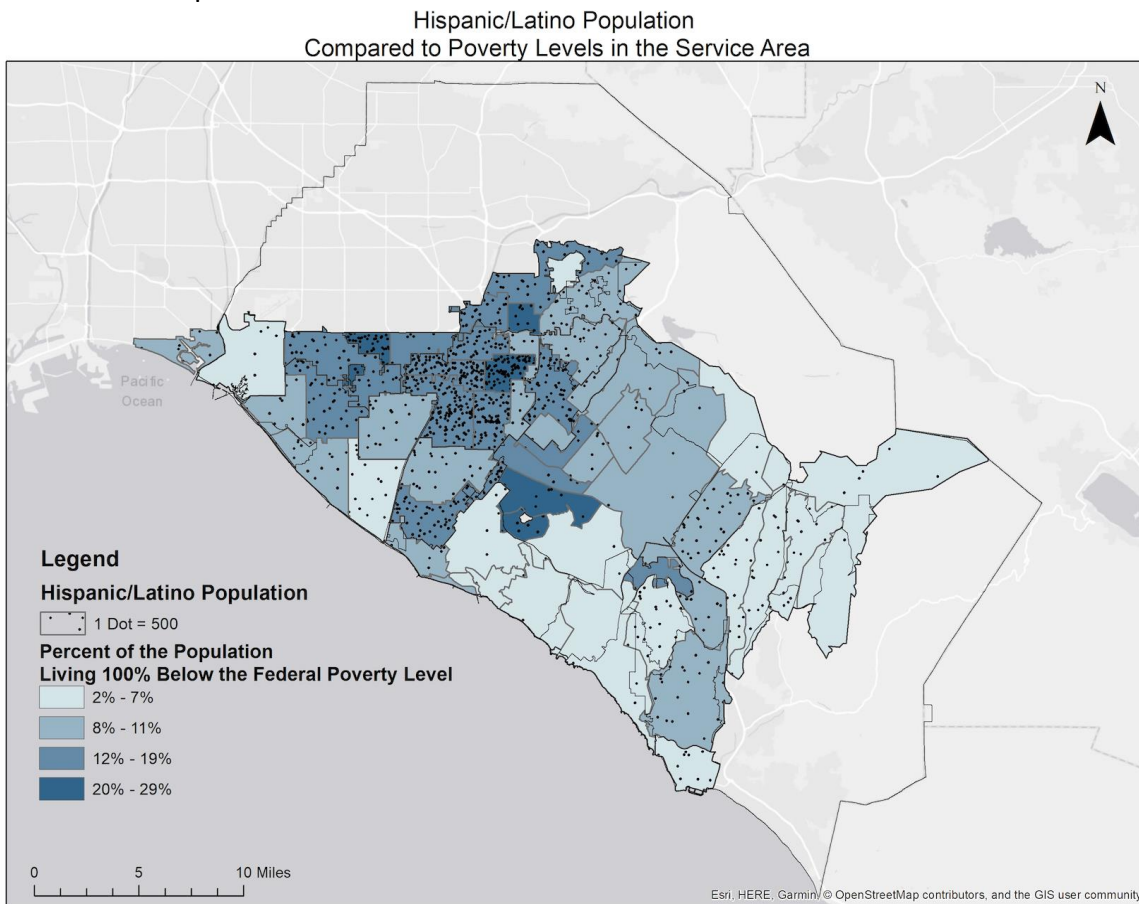
Table 12. Percent of Population Living 100% Below the Federal Poverty Level

	Population below the poverty line	Under 18	18-64	65+
Hoag Service Area	11%	29%	64%	12%
Orange County	11%	15%	11%	9%
California	12%	16%	11%	10%

Source: U.S Census Bureau, American Community Survey, 2018 5-year estimates

Additionally, data outlined in the 2019 - An Equity Profile of Orange County Report found that people of color are more likely to be in poverty or among the working poor. Poverty was found to be highest among Latinos and Native Americans; with Latinos having the highest share of working poor.

The map below illustrates the percent of the population living 100% below the federal poverty level within each zip code.



29%
of female
householders are
single mothers

In Orange County, of the estimated 741,721 families living in the county, 8% were living 100% below the federal poverty level, of which 19% of households were female only households. Of those households, 29% were single mothers with children under 18 years of age.

Poverty and Educational Attainment

According to the Bureau of Labor Statistics (BLS), those whose highest level of education is high school, earn less than those with a higher educational degree (e.g., at least a bachelor’s degree). Therefore, those with a higher degree are less likely to experience poverty or to live below the poverty line. In the service area, 15% of the population over 25 years of age graduated from high school and 43% obtained a bachelor’s degree or higher. Although the percentage of high school graduates in the service area is lower than that in the county (17%) and the state (21%), the percentage of the population 25 years and over who received a bachelor’s degree or higher is greater (43%) than in the county (40%) and the state (33%) (**Table 13**).

Table 13. Education Attainment

	Hoag	Orange County	California
Less than 9th grade	8%	8%	9%
Some high school, no diploma	6%	7%	8%
High school graduate or equivalent	15%	17%	21%
Some college, no degree	20%	20%	21%
Associates degree	8%	8%	8%
Bachelor’s degree	27%	26%	21%
Graduate or professional degree	16%	14%	12%

Source: U.S Census Bureau, American Community Survey, 2018 5-year estimates

Education attainment information reported in the An Equity Profile of Orange County Report, 2019 showed, that “Latinos, who will account for an increasing share of the region’s workforce, are still less prepared for the future economy than their white and Asian American counterparts. Only 9% of Latino immigrants have a bachelor’s degree or higher, while 53% have less than a high school degree. African Americans, Native Americans, and Pacific Islanders lag far behind in educational attainment as well.”

C. Homelessness

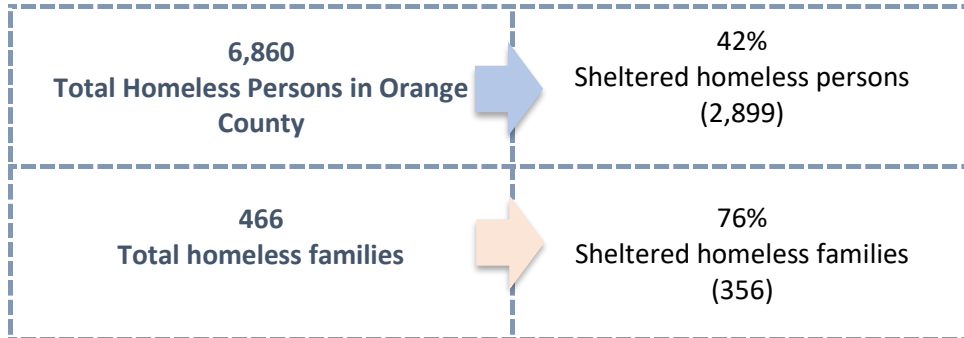
The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night during the last 10 days of January. The sheltered count must occur on an annual basis, and includes clients in Emergency Shelter, Transitional Housing, and Safe Haven projects. Continuum of Cares (COCs) also must conduct a count of unsheltered homeless persons every other year. The COC Homeless Population and Subpopulation reports are published and made available by the United States Department of Housing and Urban Development (HUD) each year and show Point in Time (PIT) data for Orange County year by year. Outlined in **Table 14** are the 2019 PIT homeless counts.

Table 14. Orange County Point in Time Homelessness Count (2019)

	Sheltered*	Unsheltered	Total
Total homeless persons	2,899	3,961	6,860
Families (adults and children)	356	110	466

* Includes Emergency, Transitional, and Safe Haven Housing

Of the total number of homeless persons in Orange County, 42% were in emergency shelters and 57% were unsheltered. Additionally, there were a total of 466 estimated homeless families in 2019 of which 76% were sheltered.



In 2019, about 17% of homeless households in emergency shelters had at least one child under the age of 18 and among unsheltered homeless households, about 1.6% had at least one child under the age of 18 (Table 15).

Table 15. California Point in Time Homelessness Count (2019)

	Sheltered		Unsheltered	Total
	Emergency	Transitional ****		
Households without children*	18,075	6,538	94,883	119,496
Households with at least one adult and one child**	3,751	1,763	1,530	7,044
Households with only children***	177	45	686	908
Total homeless households	22,003	8,346	97,099	127,448
Total homeless persons	30,723	12,123	108,432	151,278

*This category includes single adults, adult couples with no children, and groups of adults.

**This category includes households with one adult and at least one child under age 18.

***This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

**** Includes safe haven housing.

D. Unemployment

Average Unemployment Rate

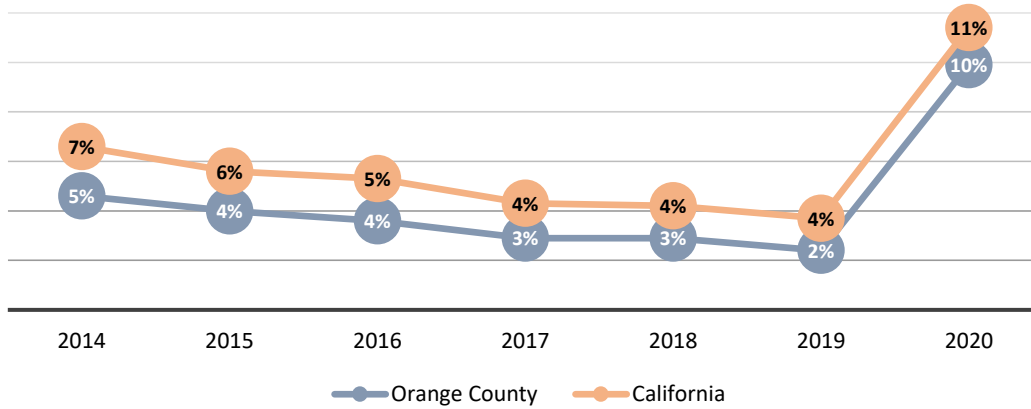
The unemployment rate in the Hoag service area is lower compared to Orange County and the state (Table 16). Additionally, the unemployment rate in Orange County and California has increased since 2019 (Figure 4).

Table 16. Unemployment Rates, 2018

	Percent
Hoag Service Area	4.9%
Orange County	5.1%
California	6.7%

Sources: U.S. Census Bureau, American Community Survey, 2018 5-year estimates; Employment Development Department of the State of California, Unemployment Rates and Labor Force data, 2014-2020.

Figure 4. Unemployment Rate from 2014 to 2020



E. Healthcare Access

People with health insurance are more likely to obtain the medical care they need. Additionally, health insurance data helps ensure that healthcare programs are delivering the health care outcomes expected of improving people’s health. From the civilian non-institutionalized population within the Hoag service area, 91% of residents are insured. **Table 17** displays the breakdown of uninsured individuals, and coverage by type of insurance in Orange County and California.

Table 17. Health Insurance Coverage

Type of Health Insurance Coverage	Orange County	California
	3,168,000	38,885,000
Uninsured	5%	7%
Medicare & Medicaid	4%	5%
Medicare & Others	10%	9%
Medicare only	2%	2%
Medicaid	24%	25%
Employment-based	48%	45%
Privately purchased	7%	6%
Other	0%	1%

Source: California Health Interview Survey, 2018

Sources of Care

People with access to medical facilities as well as primary care providers are more likely to have routine preventive visits and are also more likely to live longer (source:

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>. Among Orange County residents, 49% reported

a doctor’s office/HMO/Kaiser as their usual source of care, which is comparable to the state of 47%. Additionally, 23% reported having no usual source of care which is higher than the state’s rate of 19% (**Table 18**).

Table 18. Type of Usual Source of Care

	Orange County	California
Doctor’s office/HMO/Kaiser	49%	47%
Community Clinic/government clinic/community hospital	27%	31%
ER/Urgent care	1%	2%
No usual source of care	23%	19%

Source: California Health Interview Survey, 2018

The number of providers available in a community can affect the level of health care access to individuals. Orange County was ranked 21 out of 58 counties for access to clinical care, which include access to primary care physicians by the County Health Rankings for the State of California. The following table (**Table 19**) displays the ratio of population to health care providers including primary care physicians, dentists, and health care providers as of 2020.

Table 19. Ratio of Population to Health Care Providers

	Orange County	California
Primary Care Physicians	1,030:1	1,260:1
Dentists	890:1	1,180:1
Mental Health Providers	370:1	280:1

Source: County Health Rankings for the State of California

Other barriers to health care access include delay of care, cost, and ability to find adequate medical care. In 2018, 9% of residents indicated their medical care was delayed and 63% reported that their delayed care was due to either medical care costs or lack of insurance. Additionally, 14% reported having difficulty finding primary care or specialty care (**Table 20**).

Table 20. Delay Care and Difficulty Finding Care

	Orange County	California
Delayed or did not get other medical care	9%	11%
Delayed care due to cost or lack of insurance	63%	44%
Delayed care or did not get medicine	8%	9%
Difficulty finding primary care	3%	6%
Difficulty finding specialty care	11%	14%

Source: California Health Interview Survey, 2018

Use of the Emergency Room

The number of people who visited an Emergency Room in Orange County in 2018 was lower (18%) than the numbers reported by the state (21%). Those 65 years and over reported the highest percentage of ER visits (21%) followed by adults between the ages of 18 and 64 (19%), which is comparable to the state’s averages of 24% and 22% respectively.

Table 21. Emergency Room Visits (CHIS 2018)

	Orange County	California
Visited ER in the last 12 months	18%	21%
0-17 years old	13%	19%
18-64 years old	19%	22%
65 and older	21%	24%

Source: California Health Interview Survey, 2018

Dental Care

In Orange County, 1% of adults reported not having ever visited a dentist compared the state level (3%). Additionally, 62% of adults reported that their last dental visit occurred more than 6 months ago (Table 22).

Table 22. Time Since Last Dental Visit among Adults

	Orange County	California
Never been to the dentist	1%	3%
6 months ago, or less	62%	57%
More than 6 months ago up to 1 year ago	16%	15%

Source: California Health Interview Survey, 2018

The percentage of children in Orange County who indicated never being to a dentist before (10%) is lower compared to the state (15%).

Table 23. Time Since Last Dental Visit among Children

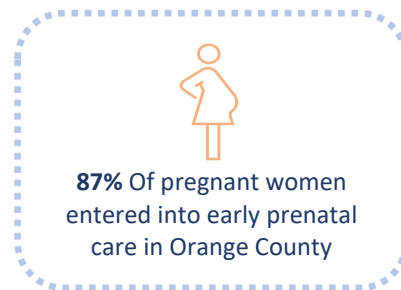
	Orange County	California
Never been to the dentist	10%	15%
6 months ago, or less	71%	71%
More than 6 months ago up to 1 year ago	14%	11%

Source: California Health Interview Survey, 2018

F. Prenatal Care

Early Entry into Prenatal Care and Low Birth Weight

According to the Orange County’s Health Status profile, between 2015 and 2017, 87% of pregnant women entered into early prenatal care during the first trimester. This is slightly lower than the county’s rate of 89% but higher compared to the states 83%.



Low birth weight infants may be more at risk for health conditions relative to infants of average weight. Some newborns may become sick in the first days of life, develop infections, or experience longer-term health problems (source: <https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action>). In Orange County, between 2015-2017, 6% of infants experienced low weight at birth. This is slightly lower than the state rate of 7%

Breastfeeding

As indicated on the California In-Hospital Breastfeeding Newborn Screening Test Form, breastfeeding rates at Hoag Hospital indicate that 96% of mothers use some form of breastfeeding which is higher than at the state level of 93% (Table 24).

Table 24. In-Hospital Breastfeeding Statewide, County and Hospital Occurrence, 2018

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	%	Number	%
Hoag Hospital	6,084	96%	4,747	75%
Orange County	32,441	94%	23,009	67%
California	366,592	93%	274,331	70%

Teen Pregnancy

The birth rate among teenagers between the ages of 15 and 19 in Orange County (10.8) is lower compared to the state’s rate of 15.7.

Table 25. Teen Birth Rate (Orange County vs. California)

	Orange County	California
Births (per 1,000 females) to Mothers aged 15-19	10.8	15.7

Sources: California Health Interview Survey, 2018; U.S. Census Bureau, American Community Survey, 2018 5-year estimates

G. Mortality Rates

Leading Causes of Death

The top three leading causes of death in Orange County and California are: heart disease, cancer, and Alzheimer’s. The following table illustrates the death rates for the top four leading causes of death in the county and at the state level.

Table 26. Leading Causes of Death (2017-2019)

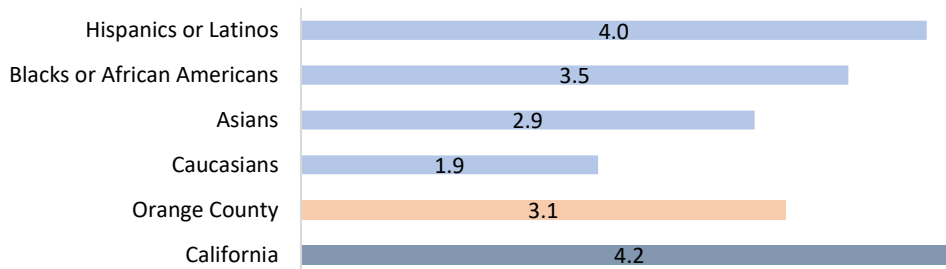
Cause of Death	Orange County		California	
	Cases	Rate*	Cases	Rate*
Heart Disease	4,913	153.9	62,547	139.7
Cancer	4,711	147.6	59,962	135.0
Alzheimer’s	1,426	44.7	16,627	37.1
Stroke	1,384	43.4	16,457	37.0

Sources: Orange County’s Healthier Together (2017); Centers for disease Control and Prevention, California Health Indicators (2018). *Crude rates per 100,000 population.

Infant mortality rate

In 2017 the infant mortality rate in Orange County was 3.1 deaths per 1,000 live births. This rate is lower than the state’s rate of 4.2. The Hispanic population reported a higher infant mortality rate than any other ethnic and racial groups, followed by Black or African Americans.

Figure 5. Infant Mortality Rate by Race and Ethnicity



Source: California Department of Public Health, County Health Status Profiles, 2015-2017

H. Chronic Diseases

Health Status

In Orange County, 14% of residents reported being in poor or fair health. This is slightly lower than the state’s percentage of 4% (Table 27).

Table 27. Health Status*

Health Status	Orange County	California
Poor	3%	4%
Fair	11%	14%
Good	27%	29%
Very good	34%	30%
Excellent	23%	25%

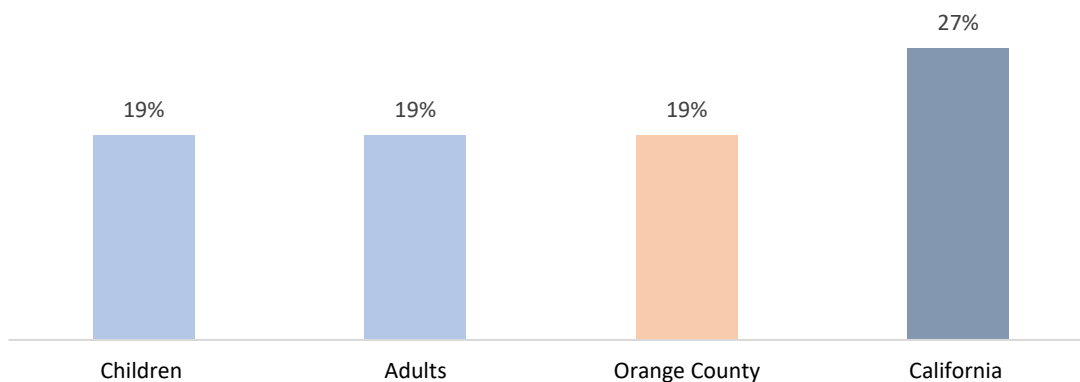
*Includes adults, teens, and children.

Source: California Health Interview Survey, 2018

Obesity

The percentage of residents that are obese in Orange County is lower (19%) than the state level (27%) and the rates for adults 18 and over are comparable to those for children between 0 and 17 years of age (**Figure 6**).

Figure 6. Obesity by Age Group*



*California Health Interview Survey, 2018

Diabetes

In Orange County, 7% of adults reported having been diagnosed with diabetes (**Table 28**). This is lower than the state level (10%). Among adults, 53% were diagnosed with diabetes between the ages of 50 and 69 (**Table 29**).

Table 28. Diabetes Among Adults

	Orange County	California
Ever diagnosed with diabetes	7%	10%
Ever told has pre- or borderline diabetes	13%	16%
Very confident to control and manage diabetes	57%	60%
Somewhat confident to control and manage diabetes	33%	33%

Source: California Health Interview Survey, 2018

Table 29. Age when First Diagnosed with Diabetes

	Orange County	California
20-29	15%	8%
30-39	8%	17%
40-49	15%	20%
50-59	21%	23%
60-69	32%	19%
70 years or older	9%	8%

Source: California Health Interview Survey, 2018

Hospitalization Rates due to Diabetes

Hospitalization rates due to diabetes among adults are slightly lower in Orange County (12.6) than at the state level (15.8). See **Table 30**.

Table 30. Hospitalization Rates due to Diabetes

	Age-adjusted Rate
Orange County	12.6
California	15.8

Source: Orange County Healthier Together. Rates per 10,000 population.

Preventable Hospitalizations Due to Diabetes in Children

Hospitalizations are potentially preventable through access to high quality outpatient care. The short-term related preventable hospitalization rates among children between the ages of 6 and 17 are slightly higher in Orange County (14.4) than at the state level (13.1).

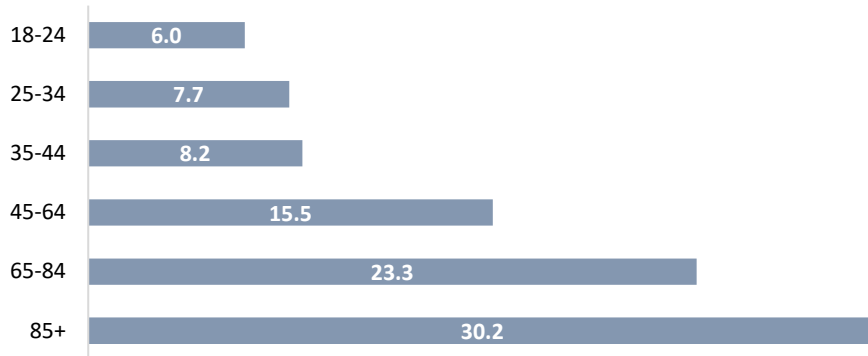
**Table 31. Hospitalization for Short-Term Complications due to Diabetes
Counts and Rates Among Children 6-17**

	Cases	Risk-Adjusted Rate
Orange County	68	14.4
California	829	13.1

Source: CHHS Open Data, 2018 Rates of Preventable Hospitalizations (Age<18). Rates per 100,000 state/county population

The following chart displays hospitalization rates due to diabetes among adults in Orange County:

**Figure 7. Hospitalization Rate Due to Diabetes by Age - Orange County
(per 10,000 population)**



Source: CHHS Open Data, 2018 Hospitalization Rates Due to Diabetes Adults

Heart Disease

In 2018, the percentage of people with heart disease in Orange County was 7% which is comparable to the state’s average of 7%.

Table 32. Heart Disease (Orange County vs. California)

	Orange County	California
Ever diagnosed with heart disease	7%	7%
Provided with heart disease management plan	82%	80%

Source: California Health Interview Survey, 2018

The hospitalization rates due to heart failure or hypertension are lower in Orange County compared to the state’s rates. The following table compares the hospitalization rates for the two above mentioned heart complications adjusted by age between 2016 and 2018.

Table 33. Age-Adjusted Hospitalization Rate

Heart Complication	Orange County	California
Hospitalization Rate due to Heart Failure	7.5	10.5
Hospitalization Rate due to Hypertension	2.7	3.5

Source: Orange County Healthier Together, 2016-2018

High Blood Pressure Prevalence

In Orange County the high blood pressure prevalence is slightly lower than the state level. Among adults, those 65 and over experience the condition at higher rates (58%) followed by those between 45 and 64 (31%) (Figure 8).

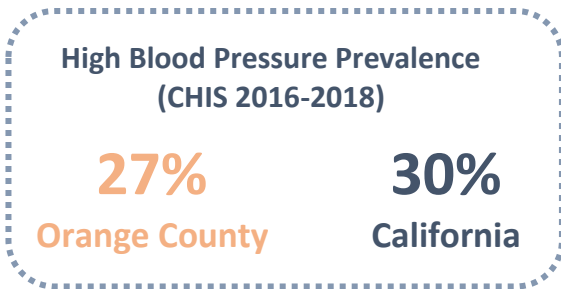
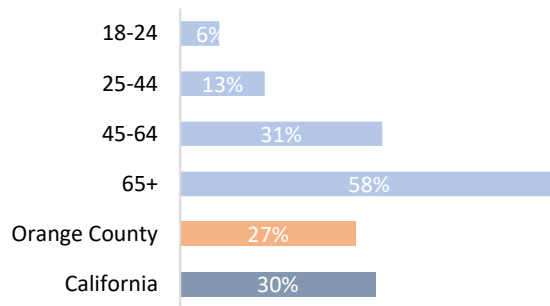


Figure 8. High Blood Pressure Prevalence by Age



Cancer

Invasive Cancer Incidence Rates are comparable in Orange County and California.

Table 34. Invasive Cancer Incidence Rates

	Age-Adjusted Rate
Orange County	394.93
California	393.75

Source: California Cancer Registry, 2013-2017 Incidence Rates per 100,000. Based on Dec 2019 data. Excludes cases reported by the Department of Veterans Affairs <https://www.cancer-rates.info/ca/>

Cancer Mortality Rates

Cancer mortality rates in Orange County are lower (133.36) compare to the state's rate of 142.03. Additionally, between the years of 2016 and 2018, mortality rates due to lung cancer were higher (24.1) compared to colorectal cancer (10.7) and breast cancer rates (17.8).

Table 35. Mortality Rates by Type of Cancer

Type of Cancer	Age-Adjusted Rates	
	Orange County	California
Cancer Mortality Rates*	133.36	142.03
Mortality Rate due to Breast Cancer**	17.8	18.6
Mortality Rate due to Colorectal Cancer**	10.7	12.2
Mortality Rate due to Lung Cancer**	24.1	25.8

*Based on 1988-2017 death master files. Excludes cases reported by the Department of Veterans Affairs.

**Measurement period: 2016-2018.

Rates per 100,000 population

Asthma

In 2018, 11% of the Orange County population had asthma. This is lower than the state’s rate of 16% (Table 36).

Table 36. Asthma Diagnosis among Adults and Children

Ever diagnosed with asthma	Orange County	California
Adults (18+)	12%	16%
Children (0-17)	7%	15%

Source: California Health Interview Survey, 2018

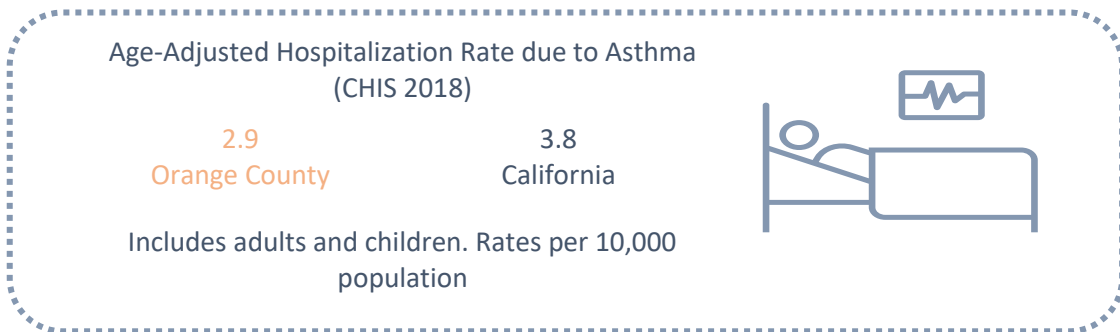


Figure 9. Age-Adjusted ER Rate due to Adult Asthma by Age (per 10,000 population)

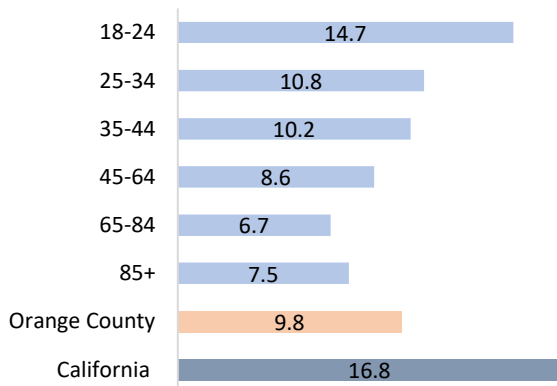
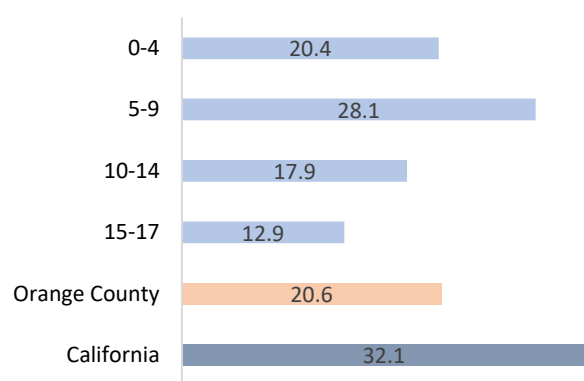


Figure 10. Age-Adjusted ER Rate due to Pediatric Asthma by Age (per 10,000 population)



Smoking Rates

The California Health Interview Survey (CHIS) gathers self-reported data from children (0-11 years of age), adolescents (12-17 years of age), and adults (18 years and older) throughout the state on health and health behaviors.

In Orange County, 69% of adults reported being non-smokers. This is slightly higher than the states 67%. Adult smoking behaviors are included in Table 37.

Table 37. Adult Smoking Behaviors

	Orange County	California
	2,448,000	29,699,000
Current Smoker	9%	11%
Former Smoker	22%	22%
Never Smoked*	69%	67%

*Includes those who smoked less than 100 cigarettes

Source: California Health Interview Survey, 2018

HIV/AIDS

In 2018, 46% of the Orange County population reported having tested themselves for HIV. This is lower than the state’s percentage of 51%. The incidence rate for HIV in Orange County (9.5) is lower than the statewide incidence (12.9).

Table 38. Rate of Persons living with HIV

	Rate
Orange County	226.9
California	342.9

Source: California Department of Public Health: Measurement Period 2018 – number of individuals living with HIV per 100,000 population.

Sexually Transmitted Diseases

The rate of syphilis and gonorrhea cases across Orange County is lower than the rates reported at the state level. Chlamydia cases in Orange County occurred at a lower incidence rate compared to California (**Table 39**).

Table 39. Rate of Sexually Transmitted Diseases

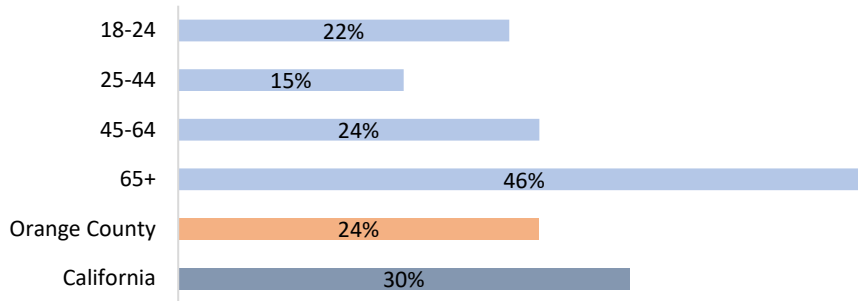
STD	Rate	
	Orange County	California
Chlamydia	443.8	583.0
Gonorrhea	120.8	199.4
Syphilis	23.9	19.1

Source: California Department of Public Health, STD Control Branch. Measurement Period: 2018. Incidence rate in cases per 100,000 population.

I. Adults with Disabilities

In 2016, 24% of the population in Orange County had a disability status due to physical, mental, or an emotional condition. This is lower than the state’s rate of 30%. The age group most affected by a disability were those 65 years and older (**Figure 11**).

Figure 11. Adults with Disability (CHIS 2018)



J. Mental Health & Substance Use Among Youth

The California Healthy Kids Survey (CHKS) gathers self-reported data from youth in grades 7th, 9th, and 11th on school climate, substance use, mental and behavioral health characteristics among other things. The following metrics are from the 2017-18 and 2018-19 administrations of California Healthy Kids Survey (CHKS) for participating schools within the county.

In Orange County, 35% of 11th grade students reported experiencing chronic sadness or hopelessness in the past 12 months. Students in the 9th and 11th grade also reported comparable rates (15%) of considering suicide in the past 12 months from when the survey was administered by CHK (Table 40).

Table 40. Mental/Behavioral Health Indicators for Orange County Students Grades 7, 9, and 11

	% Within the Past 12 Months		
	7 th	9 th	11 th
Experienced Chronic Sadness/Hopelessness, Past 12 Months	25%	30%	35%
Considered Suicide, Past 12 Months	13%	15%	15%

Students in Orange County reported low past 30-day substance use rates (Table 41).

Table 41. Past 30-Day Substance Use for Orange County Students Grades 7, 9, and 11

	% Past 30-Day Use		
	7 th	9 th	11 th
Any Alcohol or Drug	5%	11%	19%
Marijuana	3%	7%	12%
Binge Drinking	1%	3%	7%
Cigarette	1%	1%	2%
E-Cigarette	4%	9%	13%

More than 50% of students in all surveyed grade levels indicated moderate or great perceived risk of harm from all of the substances listed below for both occasional and daily use (**Table 42**).

Table 42. Perceived Risk of Harm from Substance Use for Orange County Students Grades 7, 9, and 11

	% Moderate or Great Perceived Risk		
	7th	9th	11 th
Alcohol, Occasional Use	54%	58%	58%
Binge Drinking	68%	76%	81%
Marijuana, Occasional Use	65%	65%	58%
Marijuana, Daily	70%	73%	72%
Cigarettes, Occasionally	62%	70%	74%
Cigarettes, Pack or More Daily	70%	79%	84%
E-Cigarettes, Occasionally	61%	62%	64%
E-Cigarettes, Daily	69%	74%	79%

Among students in Orange County, older students were more likely to report that it is fairly or very easy to access substances. E-cigarettes were perceived to be the easiest to access for all substances and all grades levels (**Table 43**).

Table 43. Perceived Ease of Access to Substances for Orange County Students Grades 7, 9, and 11

	% Fairly or Very Easy to Access		
	7th	9th	11 th
Alcohol	26%	49%	62%
Marijuana	18%	45%	62%
Cigarettes	22%	39%	49%
E-Cigarettes	29%	55%	67%

K. Environmental Conditions

Access and Affordability of Fresh Fruits and Vegetables

In Orange County, 56% of the population reported always being able to afford fresh fruits and vegetables in their neighborhood which is marginally higher compared to the affordability reported at the state level of 52% (**Table 44**).

Table 44. Perceived Ease of Access to/and Affordability of Fresh Fruits and Vegetables

How often able to find/afford fresh fruits and vegetables in neighborhood	Orange County		California	
	Access	Affordability	Access	Affordability
	2,448,000	2,358,000	29,699,000	28,492,000
Always	82%	56%	79%	52%
Usually	8%	31%	10%	29%
Sometimes	6%	13%	7%	17%
Never	4%	0%	4%	2%

Source: California Health Interview Survey, 2018

Fast Food

Fast food consumption can have a great impact on a population’s health status overall. In Orange County, 19% of the population reported having consumed fast food four or more times a week. This is higher than the state rate of 14%.

Table 45. Fast Food Consumption

Fast Food consumption in the past week	Orange County	California
	2,878,000	37,371,000
No times	33%	32%
One time	20%	26%
Two times	19%	17%
Three times	9%	11%
Four or more times	19%	14%

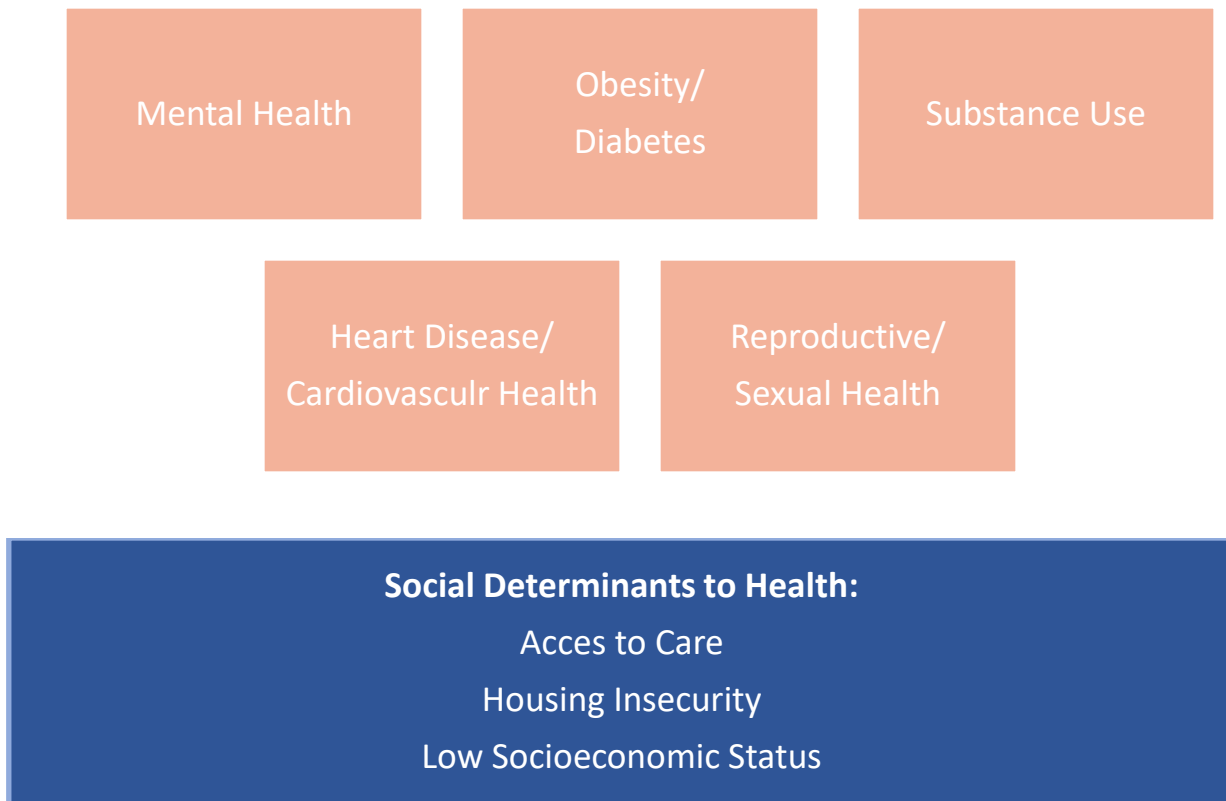
Source: California Health Interview Survey, 2016

SECTION IV: PRIMARY DATA

This section highlights the emergent themes across the primary data collected. Detailed reports summarizing findings from each type of primary data collection activity (i.e., key stakeholder interviews, focus groups, provider survey, and community member survey) have been developed separately and were used to inform this section.

A. Health Needs Identified

Across community members and local health experts the top themes that emerged were:



Social Determinants to Health. Community members and experts engaged in the CHNA process were asked to describe what they believed to be contributing to the health concerns. The top emergent themes were: (1) difficulty accessing appropriate resources and care, (2) homelessness/housing insecurity, (3) low socioeconomic status, and (4) poor health behaviors (i.e., lack of exercise, poor diet, etc.).

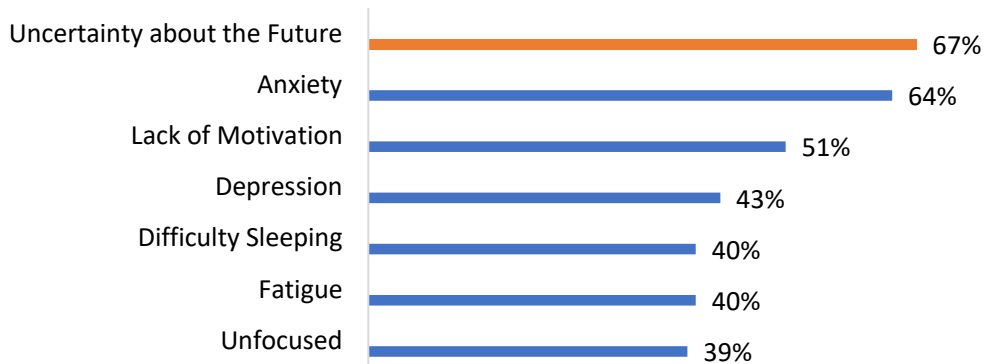
B. Impacts of COVID

Due to the unprecedented current climate, community members were asked to share the extent to which living through a global pandemic has impacted their lives. Across community members who participated in the survey, **46% indicated being very concerned about COVID; and 36% were extremely concerned**. Among those who expressed being very concerned about COVID, 47% believed to be at increased risk for contracting the virus. Outlined below are additional findings obtained across the 519 community members living in the Hoag service area who completed the survey.

Social distancing or self-isolation. Respondents were asked to indicate whether social distancing or self-isolation due to COVID-19 was having a negative impact on their mental health and if they had experienced increases in any of the listed symptoms as a result of their concern or worry about COVID-19 (**Figure 12**). As shown to the right, nearly one in five community members reported a major negative impact due to social distancing.

COVID-19 Impact on Mental Health (n=517)
57% Minor Negative Impact
18% Major Negative Impact
25% No Impact

Figure 12. Increased Symptoms (n=481)



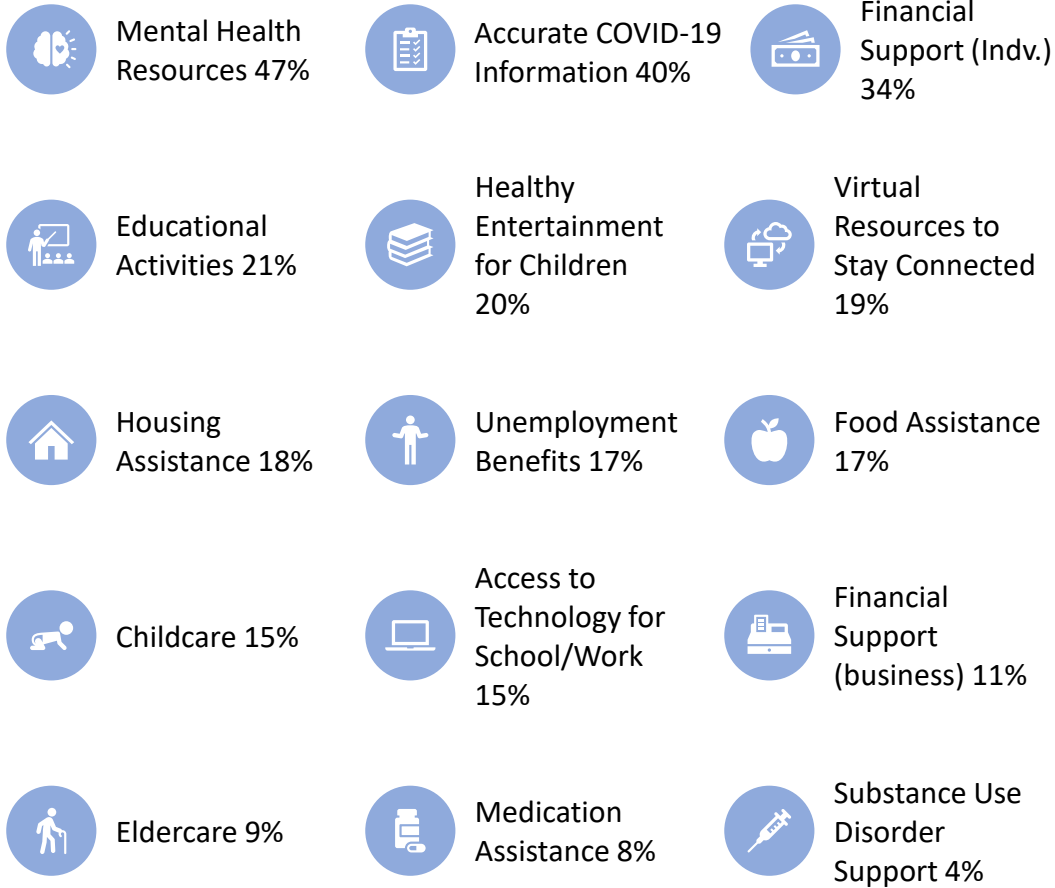
Percentages exceed 100% because respondents could select more than one response option.

Challenges Related to COVID. Community members were also asked to describe what, if any, challenges they experienced due to the COVID-19 pandemic; and what areas of support would be most useful to them and their household during the pandemic. Outlined in **Table 52** are the challenges experienced.

Table 51. Challenges Experienced due to COVID-19* (n=299)	
	%
Increased financial stress	63%
Difficulty accessing healthcare	37%
Reduced hours or pay at work	30%
Difficulty accessing food/other necessities	29%
Job loss	18%
Furlough	14%
Difficulty accessing medications	13%
Housing instability	11%

Percentages exceed 100% because respondents could select more than one response option.

Areas of Needed Support During COVID-19 Pandemic (n=452)



Appendix A – Key Stakeholder Interview Protocol

Community Health Needs Assessment Key Stakeholder Interview Protocol - Overview and Informed Consent

[THE FOLLOWING IS TO BE READ AT THE START OF EACH INTERVIEW]

Hello, my name is XXXX and I am with EVALCORP. We have been contracted by Hoag Hospital to conduct their Community Health Needs Assessment for Orange County – this is a process they have to engage in every 3 years, per IRS regulations. The objective of the community health needs assessment is to inform strategic planning to address community health needs and primary concerns.

The purpose of today’s interview with you is to identify:

- Countywide health priorities,
- Any unmet health needs, and
- Any gaps in service provision.

Please know that your participation is voluntary. **All of the information collected through the interviews will be reported in aggregate form – that is, nothing you say will be quoted or attributed to you directly without your explicit permission.**

The interview is expected to take approximately 45 minutes to complete.

Thank you in advance for your participation -- your time and responses are greatly appreciated.

Do you have any questions of me before we begin?

Proceed to begin interview →

Key Stakeholder Interview Guide

Date: _____

Interviewer Initials: _____

Respondent: _____

Agency: _____

Position or Title: _____

I. Respondent Background Information

1. What is your current role at [Agency]?
2. How long have you been in this role?
3. What types of health-related services does your agency offer?
4. Which populations do you work with most?
5. Which geographic areas does your agency serve?

II. Health in Orange County

1. What are the most pressing health related concerns or needs you're seeing in the communities you work in? Why?
2. Which populations/communities are most affected by these?
3. What are some factors that contribute to poor health in the communities you work in?
4. Specifically, can you talk about what root causes or social determinants contribute to poor health (i.e., environment, hereditary factors, lack of education, etc.)?
5. Do these factors vary by population or region?
6. How accessible is health care in the communities you work in?
7. What are the biggest challenges community members face when trying to access healthcare?
8. How can access to healthcare be improved in the communities you work in?
9. What would you say are your organization's greatest strengths or assets in addressing health needs?
10. Are there services you offer that community members may not know about or could use more promotion/awareness?
11. In your opinion, what do you think a hospital's role should be in supporting the community it serves beyond providing health care to patients within the hospital?

- a. Is there anything a hospital should be doing to understand and/or address any unmet needs of the community?
12. Is there anything else you would like to share with us that we haven't already talked about that would be helpful for understanding the health needs in the communities you work in?
13. Before we close, we'd like to get your thoughts on community groups you think should be included in a series of focus groups we'll be conducting as part of this process. Do you have any specific recommendations for groups we should reach out to, for example: underserved populations, low-income communities, at risk-groups, etc.? The group would be asked to provide their experience with accessing healthcare, their primary health concerns, gaps in resources, etc.

Thank you again for your participation. Your feedback is extremely helpful.

Appendix B – Focus Group Protocol

Community Focus Group Protocol

[THE FOLLOWING IS TO BE READ TO PARTICIPANTS AT THE START OF THE FOCUS GROUP]

Introduction

Good [*morning/afternoon/evening*] and welcome. My name is [*Insert Name*] and I work with EVALCORP Research & Consulting. I am here today on behalf of Hoag Hospital. The hospital is conducting a community health needs assessments. The information that is gathered here today will provide Hoag with useful information as they consider planning for services and programs that benefit and help the community. I will be the moderator/facilitator for this focus group.

As moderator/facilitator, my job is to ask all of you a series of questions, and ensure that we get through everything we have planned for today on time. Assisting me as a note taker is [*Insert Name*], who will make sure we capture the conversation and the information you provide.

With your permission, we would like to record our conversation for transcription purposes to ensure that we capture everything as said. We value your input and want to make sure we don't miss anything important that you share. Each recording will be held in the strictest confidence and will not be shared with anyone outside of our project staff. Do we have your permission to record your interview?

Purpose of Focus Group

We would like to hear your perspectives and opinions about the health needs of community members in Orange County.

The information you share with us will help shape how health services and resources are provided countywide.

Our goal today is to learn more about:

1. Health services that currently exist;
2. unmet health needs; and
3. barriers that limit people from accessing and/or locating services.

There are no right or wrong answers to the questions. People may have different points of view, but all responses are valid and equally important. Please feel free to share your point of view, even if it differs from what others have said. We want to hear from each of you. We ask that you let everyone have a chance to talk. I will make sure that you each have a chance to express your thoughts.

Timing

We expect this conversation to last about 60 - 90 minutes.

Participation/Confidentiality

Your participation is completely voluntary. Your identity will be kept confidential and your input will be shared anonymously. That means nothing you say will be personally linked to you in any reports that result from this focus group. All of the comments today will be put together as a summary and no one's name will be tied to what they have said.

Ground Rules

In order to ensure that everyone has an equal opportunity to communicate and participate in a respectful atmosphere, I'd like to share some ground rules for us to keep in mind during the focus group.

1. All ideas are welcome – there are no right or wrong answers
2. One person speaks at a time, please don't interrupt someone who is speaking
3. Please speak only for yourself

Are there any other ground rules that we should add to the list?

Time for Questions

Does anyone have any questions before we begin? [*Respond to questions*]

If there are no other questions, let's go ahead and get started.

Participant Introductions

In order for us to get to know each other better, I'd like to start by going around the room and asking you to please share your first name and how long you've lived in the Orange County.

Focus Group Items

Health Needs

Let's begin by discussing health issues in your community.

1. In your opinion, what are the most important health concerns in your community?
 - a. Are there certain groups or populations more affected than others?
 - i. If yes, please elaborate.
2. What do you think contributes the most to poor health in your community?
3. How has the COVID pandemic impacted any health concerns?

Available Resources and Ideas for Increasing Access

Now we are going to talk about resources for help with health needs.

4. What resources or services are available in the community you live in to help address health needs?
 - a. How did you learn about them?
5. How easy or hard it is to access healthcare in your community?
6. What prevents people from getting healthcare?
7. How can healthcare services be made more accessible?
8. Are there any additional resources needed specific to the COVID pandemic?

Closing Question(s)

9. Is there anything else you would like to share with us about health issues within your communities?

Appendix C – Community Member Survey

Hoag Hospital Community Survey

Thank you for your participation today. We are asking community members to complete this survey to provide your valuable feedback on Hoag Hospital’s Community Health Needs Assessment. We will be asking questions about 4 topics: COVID-19, physical health, mental health, and your demographic information. Your responses will be anonymous.

Part 1. COVID-19

In this first section, we’d like to better understand how COVID-19 is impacting individuals and communities. As such, the following questions are specific to COVID-19/Coronavirus/Novel Coronavirus.

1. How concerned do you feel about the COVID-19 pandemic?
 - Not at all concerned
 - A little concerned
 - Very concerned
 - Extremely concerned

 2. Do you feel that you are at greater risk of becoming severely ill from COVID-19?
Yes No
 - a. Please indicate from the list below why you feel that you are at greater risk of becoming severely ill from COVID-19. (select all that apply)
 - I identify as a racial/ethnic minority
 - I am immunocompromised (i.e. have a weakened immune system)
 - I have a chronic health condition
 - I live in crowded housing
 - I am an essential worker
 - I am an older adult
 - Other (please specify): _____
-
3. Is social distancing or self-isolation having a negative impact on your mental health?
 - Yes, Major Impact
 - Yes, Minor impact
 - No impact
-
4. Please indicate if you have experienced increases in any of the following symptoms related to concern or worry about COVID-19?
 - Anxiety
 - Depression
 - Difficulty sleeping
 - Fatigue

- Lack of motivation
 - Loneliness
 - Unfocused
 - Uncertainty about the future
5. Have you experienced any of the following as a result of COVID-19?
- Difficulty accessing food/other necessities
 - Difficulty accessing healthcare
 - Difficulty accessing medications
 - Furlough
 - Housing instability
 - Increased financial stress
 - Job loss
 - Reduced hours or pay at work
6. What areas of support would be the most useful to you and your household during this pandemic?
(select all that apply)
- Childcare
 - Eldercare
 - Educational activities/schoolwork assistance
 - Financial resources/support for individual families
 - Financial resources for small businesses
 - Food assistance
 - Healthy, in-home entertainment for children in my household
 - Housing assistance
 - Internet/computers to complete work/schoolwork
 - Mental health and wellness resources
 - Prescription/medical supplies assistance
 - Resources for communicating virtually with family, friends, colleagues, etc.
 - Support for substance use disorders
 - Unemployment benefits
 - Updates on testing locations, number of cases, etc.
 - Other (please specify) _____

*For the next sections, we want to learn about mental and physical health concerns within your community pre COVID-19. So please answer the next set of questions based on your experiences **before** the current pandemic*

Part 2. Physical Health

7. How would you rate your current health?
- | | | | | |
|-----------|------|------|------|------------|
| Excellent | Good | Fair | Poor | Don't know |
|-----------|------|------|------|------------|
8. Do you have health insurance?
- | | |
|-----|----|
| Yes | No |
|-----|----|

- b. What type of insurance do you have?
 Private Medicare MediCal/Cal Optima
9. To what extent do you feel comfortable managing your health?
 Very Somewhat A little Not at all
10. How do you try to stay healthy? (select all that apply)
- Eat well (including fruits and vegetables)
 - Drink at least eight 8oz of water per day
 - Exercise frequently (3-5 times a week)
 - Sleep 7-8 hours every night
 - Visit my doctor for frequent check-ups (e.g. Annual physical, vaccines)
 - Nothing
 - Other: _____
11. If you were feeling sick, what would you do? (select all that apply)
- Go to the Emergency Room
 - See a doctor
 - Sleep it off
 - Take over the counter (OTC) medicine
 - Use home remedies
 - Visit an Urgent Care
 - Not know what to do
 - Not do anything
 - Other: _____
12. How comfortable are you choosing appropriate medical services based on symptoms and the situation?
- Very Somewhat A little Not at all
13. Please indicate the top three health concerns in your community.
- Alzheimer's/Dementia
 - Bone and Muscular Health
 - Cancer
 - Diabetes/Obesity
 - Heart Disease
 - Injury/Violence
 - Mental/Behavioral Health
 - Men's Health
 - Oral Health
 - Sexually Transmitted Diseases
 - Substance Abuse
 - Woman's Health
 - Other (please specify): _____

14. What problems do you think are contributing the **most** to health issues in your community? (please choose **up to three**)

- Abusive relationships/domestic violence
- Diet
- Difficulty accessing resources/services
- Exercise
- Homelessness/Housing Insecurity
- Isolation
- Lack of prevention programs
- Low Income
- Neighborhood violence and safety
- Physical Environment (e.g. toxins, air pollution)
- Substance use
- Traumatic Childhood Experiences (I.e. abuse, parental substance use or incarceration)
- Unaware of available resources
- Unemployment or lack of job opportunities
- Other (please specify): _____

15. In the past, what has prevented you from seeking medical care? (please choose **up to three**)

- Lack of information about where to get help
- High cost of services/copays
- Lack of health insurance/coverage
- Staff do not understand different cultures or backgrounds
- Staff do not speak the same language as me/my family or do not have translation available
- Lack of transportation
- Service locations are too far away
- Appointments are not available at convenient times
- Lack of childcare/caregiver relief
- Other (please specify): _____

Part 3. Mental and Behavioral Health

16. Please indicate the **top mental or behavioral health** concern in your community (please choose **up to three**).

- Aging
- Anxiety
- Alcoholism/Substance Use
- Bullying
- Chronic Stress
- Depression
- Grief/Loss
- Isolation/Loneliness

- Loss of purpose
- Self harm
- Suicide or Thought of Suicide
- Trauma
- Other: _____

17. What problems do you think are contributing the **most** to mental/behavioral health issues in your community? (please choose **up to three**)

- Abusive relationships/domestic violence
- Bullying
- Caregiving Responsibilities (e.g., caring for older family, children, etc.)
- Financial stress
- Homelessness
- Immigration-related stressors
- Isolation or lack of community
- Lack of support for gender, sexual orientation, and/or cultural expression
- Neighborhood violence and safety
- Political climate
- Social Media use
- Stigma and discrimination
- Traumatic Childhood Experiences (I.e. abuse, parental substance use or incarceration)
- Unemployment or lack of job opportunities
- Other (please specify): _____

18. In your community, which of the following do you think are the **biggest** barriers to accessing **mental and behavioral health care**? (please choose **up to three**)

- Lack of information about where to get help
- High cost of services/copays
- Lack of health insurance
- Staff do not understand different cultures or backgrounds
- Staff do not speak the same language as me/my family or do not have translation available
- Lack of transportation
- Service locations are too far away
- Appointments are not available at convenient times
- Lack of childcare/caregiver relief
- Stigma against mental illness or getting help
- Other (please specify): _____

Part 3. Almost done! Please tell us a little about yourself....

19. What is the zip code where you live? (dropdown list)

20. Which gender do you most identify with?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Gender Non-conforming
- Another Gender Identity (please specify): _____
- Prefer not to answer

21. How old are you?

- 18-25 26-34 35-50 51-65 65+

22. What is your race/ethnicity?

- Asian
- Black/African American
- Hispanic/Latino
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Multi-racial
- Other: _____

23. Do you believe you experience discrimination because of your race/ethnicity?

- All the time Sometimes Never

24. What is your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Queer
- Questioning or unsure
- Another: _____

25. What is the highest level of education you have completed?

- Less than High School
- High School/GED
- Some College
- Associate's
- Bachelor's
- Graduate Degree

26. Tell us a little bit about where you live:

- In my own home or apartment
- In a relative's home
- With multiple families/people unrelated to me
- In campus/dormitory housing
- In a foster home

- Homeless or in a shelter
- Other: _____

27. Are you currently employed?

- Yes, part-time
- Yes, full-time
- Not employed - but looking for work
- Not employed - not actively looking for work

28. Prior to COVID-19, did you have difficulties or were you worried about paying your rent/mortgage?

Yes No

29. Are you a recipient of food benefits/SNAP?

Yes No

Appendix D – Provider Survey

Community Health Needs Assessment Provider Survey

Introduction

The purpose of this survey is to hear feedback and recommendations from a broad range of people, agencies, and systems who work in the healthcare field. Your feedback will allow us to further strengthen healthcare services countywide.

Please take a few minutes to complete all questions and provide responses that best fit your experiences and beliefs. Thank you in advance for your time. All responses are anonymous.

Preliminary Questions

Please tell us a little about the work you do and populations you serve.

1. What is your Field of Work?

- Counseling/Therapy
- Medical Treatment/Healthcare Services
- Substance Use Prevention or Treatment
- Public Health
- Social Services
- Community-based Organization/Non-profit
- Pre-K through 12 Education
- College/Graduate Education
- Law Enforcement/Probation/Justice System
- Other (please specify): _____

2. What is your agency/organization? (Dropdown list with write-in option)

3. What cities does your agency serve? (select all that apply)

- Aliso Viejo Corona Del Mar Costa Mesa Dana Point
- Fountain Valley Huntington Beach Irvine Laguna Beach
- Laguna Hills Laguna Niguel Laguna Woods Lake Forest
- Long Beach Midway City Mission Viejo Newport Beach
- Orange Rancho Santa Margarita Santa Ana Seal Beach
- Trabuco Canyon Tustin Villa Park Westminster
- All of the above

4. Do you provide direct services in your professional role (work directly with patients, clients, or consumers of health services)?

- Yes, all the time
- Yes, some of the time
- No, but others in my organization/agency do
- No, I do not work directly with patients, clients, or consumers of health services

5. Which age groups do you work with most often? (select all that apply)

- Children (age 0-5)
- Children (age 6-15)
- Transitional Age Youth (TAY) (ages 16-25)
- Adults (ages 26-59)
- Older Adults (age 60 and older)

6. Which of the following populations do you work with? (select all that apply)

- General population
- Youth in foster care
- Persons who identify as LGBTQ+
- Persons experiencing onset of serious psychiatric illness
- Persons with disabilities (e.g., mobility, hearing, speech, learning, developmental, chronic health conditions like HIV or diabetes, etc.)
- Persons who are low-income
- Immigrants
- Currently/previously incarcerated
- Persons experiencing homelessness
- Family members, support persons, or caregivers of individuals with mental health conditions
- Veterans
- Ethnic minorities (please specify): _____
- Other underserved populations (please specify): _____
- None of the above

Healthcare Service Provision

Please take a moment to think about the people and communities you serve. Please answer the following questions thinking about the strengths, gaps, and greatest needs regarding health in the communities you serve.

7. Overall, how available are healthcare services in the region/communities that you serve?

- Not available at all
- Available, but insufficient to meet the need
- Sufficiently available to meet the need

8. Please indicate up to three of the most pressing health issues you are seeing in the communities you serve.

- Alzheimer's/Dementia
- Bone and Muscular Health
- Cancer
- Diabetes/Obesity
- Heart Disease
- Injury/Violence

- Men's Health
- Mental Health
- Oral Health
- Sexually Transmitted Diseases
- Substance Abuse
- Vision/Hearing
- Women's Health
- Other (please specify): _____

9. Please prioritize up to three factors from the list below that you believe are contributing to poor health outcomes in the communities you serve.

- Abusive relationships
- Adverse Childhood Experiences (ACES)
- Diet
- Exercise
- Educational attainment
- Homelessness/Housing Insecurity
- Isolation
- Low Income
- Neighborhood violence and safety
- Physical Environment
- Substance use
- Unemployment or lack of job opportunities
- Other (please specify): _____

10. Please rate how much of a barrier each of the items below is to accessing healthcare in the communities you serve:

Item	Not a Barrier at All	Somewhat of a Barrier	A Major Barrier	I Don't Know
Lack of knowledge of available services in the community				
Cost of services				
Insurance coverage				
Lack of culturally appropriate services				
Lack of language assistance				
Inadequate medical staff skills/qualifications (poor quality of care)				
Inadequate capacity to assist clients (lack of staff, space, or other resources)				
Lack of transportation				
Distance to available services				
Appointment availability				
Hours of operation				
Limited walk-in availability				
Lengthy wait times in lobby to see provider				
Lack of childcare/caregiver relief				
Other				

a. If you selected "other," please specify: _____

11. In your opinion, what do you think a hospital's role should be in supporting the community it serves beyond providing health care to patients within the hospital?
12. Is there anything a hospital should be doing to understand and/or address any unmet needs of the community?
13. What recommendations or suggestions do you have to better meet the health needs in the communities you serve?

Appendix E – Secondary Data Sources

California Cancer Registry

California Department of Public Health: CA Births by County and Month

California Housing Partnership

California Health Interview Survey (CHIS)

California Healthy Kids Survey (CHKS)

CDC National Center for Health Statistics

County Health Rankings and Roadmaps

CHHS Open Data

Data Quest: California Department of Education

Employment Development Department State of California

HealthData.gov: Live Birth Profiles by County

Orange County Healthier Together

Orange County Health Status Report

Orange County Equity Report

Office of Disease Prevention and Health Promotion (ODPHP)

Public Policy Institute of California

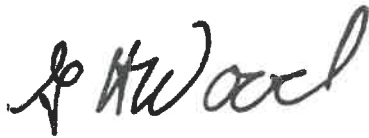
Point in Time County (PIT)

U.S. Census Bureau American Community Survey

State of California Department of Finance

2019 COMMUNITY HEALTH NEEDS ASSESSMENT GOVERNANCE APPROVAL

This Community Health Needs Assessment (CHNA) was adopted by the Board of Directors of Hoag Memorial Hospital Presbyterian on November 5-6, 2020.



11/06/20

Chair, George H. Wood

Date

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