



# 2022 Community Health Needs Assessment (CHNA) Overview



# Purpose

To identify community health assets and issues, determine and monitor the population's overall health, and assist CHOC's Board of Directors and leadership team in setting priorities and allocating resources

## Coverage Period

- 2022-2024

## Community Engagement

- Countywide survey
- Community meetings
- Focus groups
- Interviews

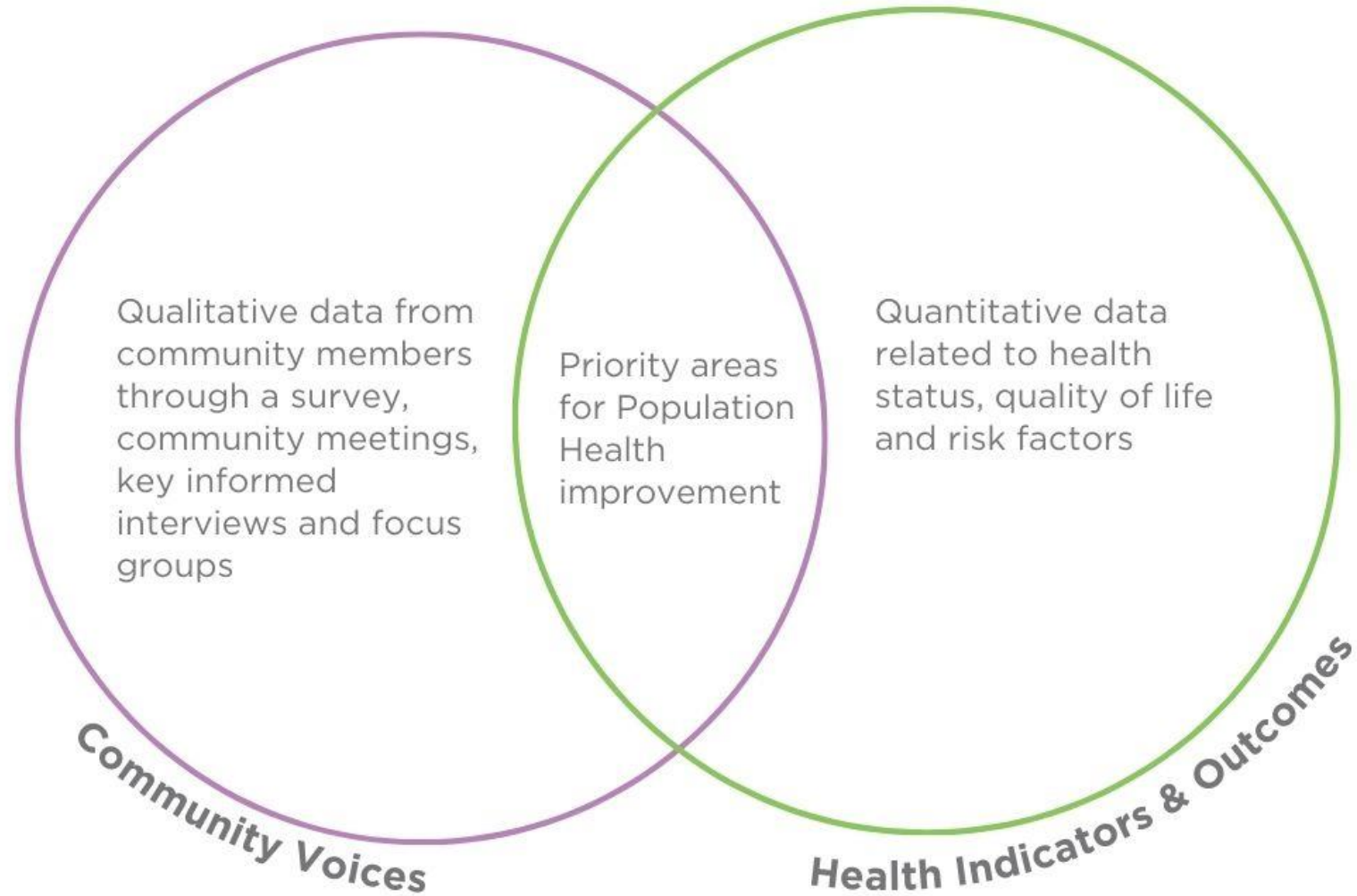


# CHNA Goals

- Determine community health needs and resources, including those related to pediatric inpatient and outpatient care
- Identify significant gaps hindering the provision of pediatric primary & specialty services
- Mitigate barriers to meeting the health and social needs of the community
- Meaningfully engage the Orange County community and build relationships with a broad and diverse group of stakeholders
- Comply with state and federal regulations requiring tax-exempt hospitals to conduct a CHNA every three years.



# CHNA Approach



# Community Survey Response

## 1,248 Community Survey Respondents

- Parent or caregiver **55%**
- Young adults (18-24 years) **17%**
- Service provider (social worker, school nurse, home visitor, school-based professional, etc.) **12%**
- Healthcare professional **11%**
- Foster parent **4%**

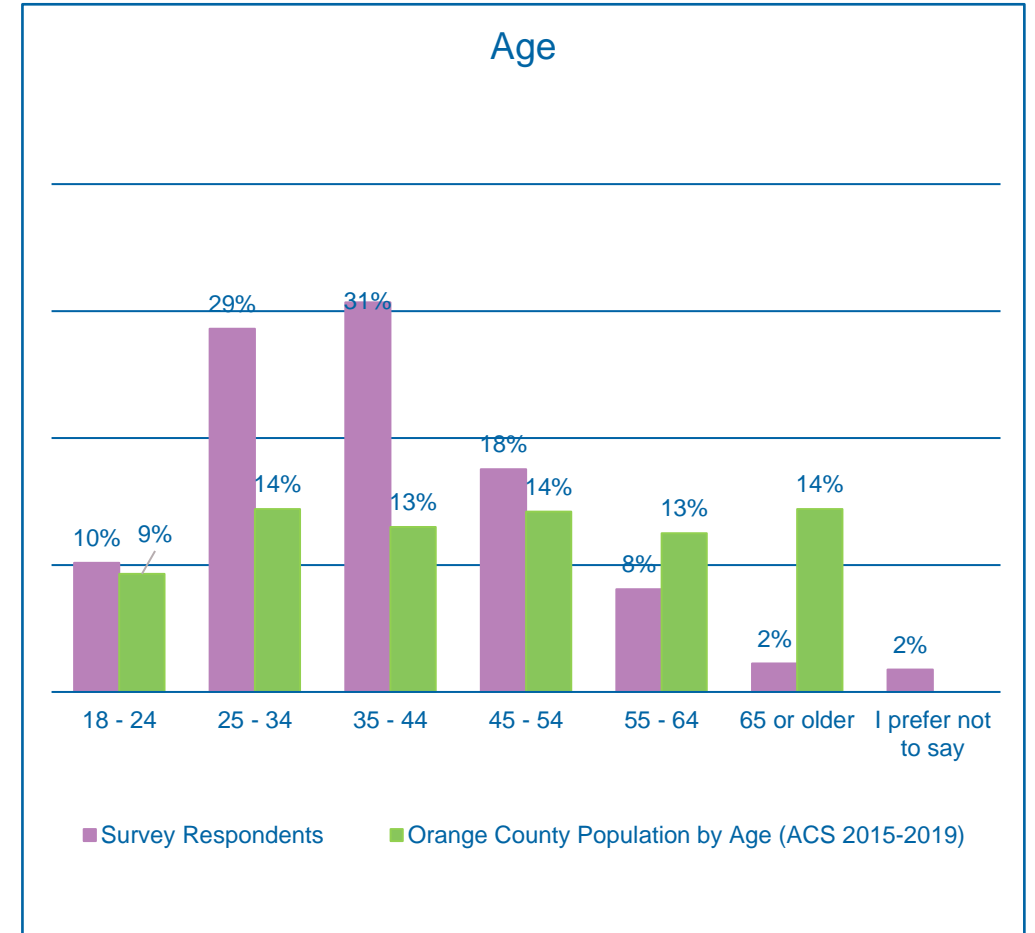
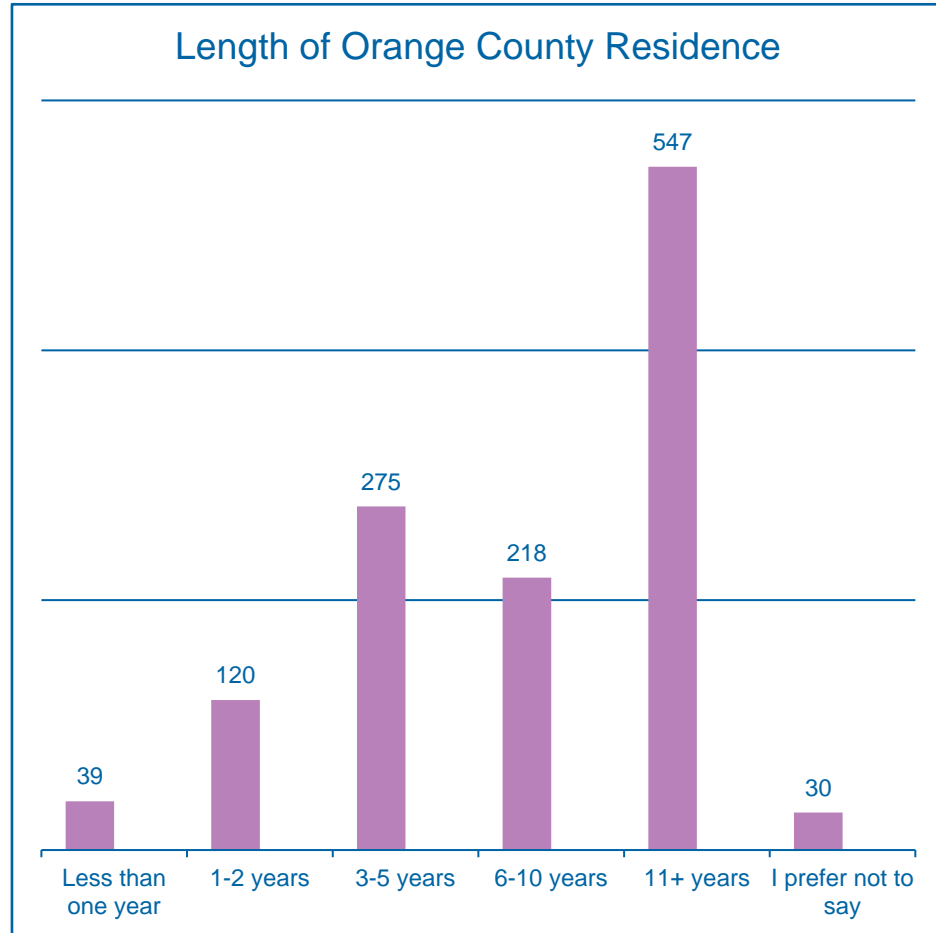
## 3 Focus groups

## 1 Town hall

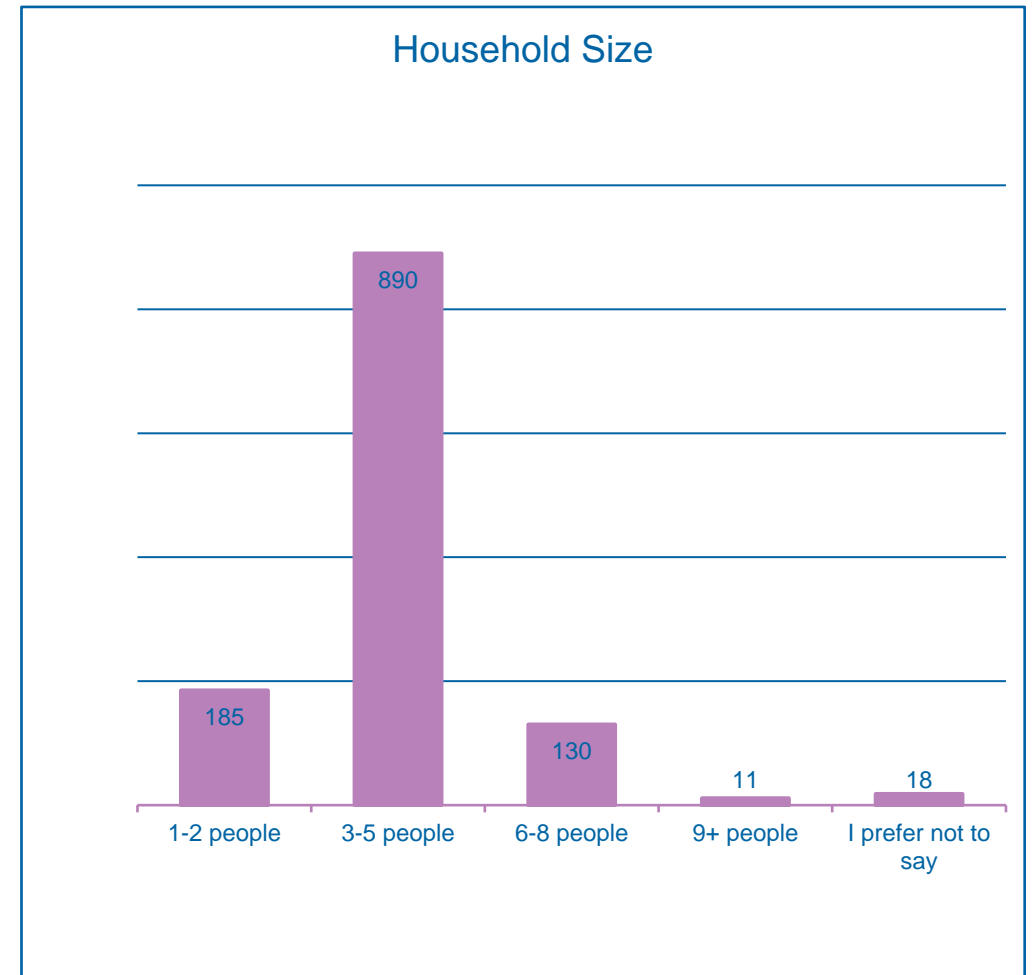
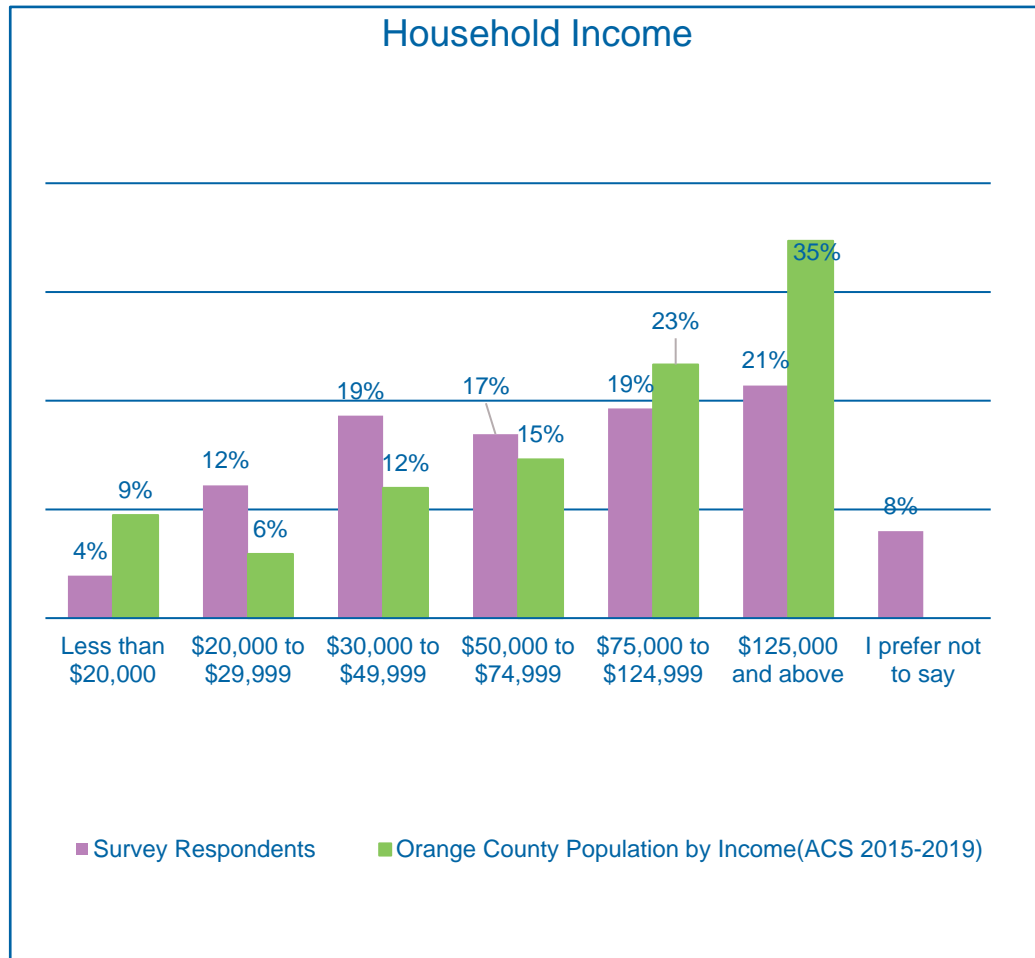
## 12 Key informant interviews



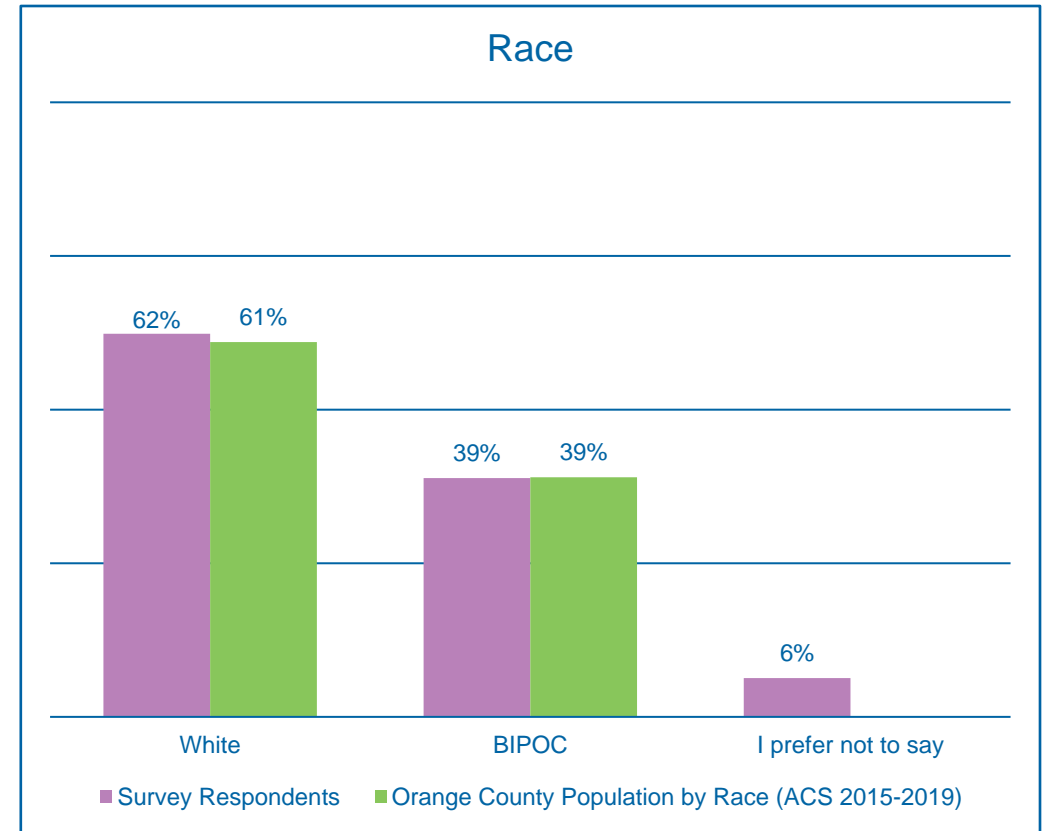
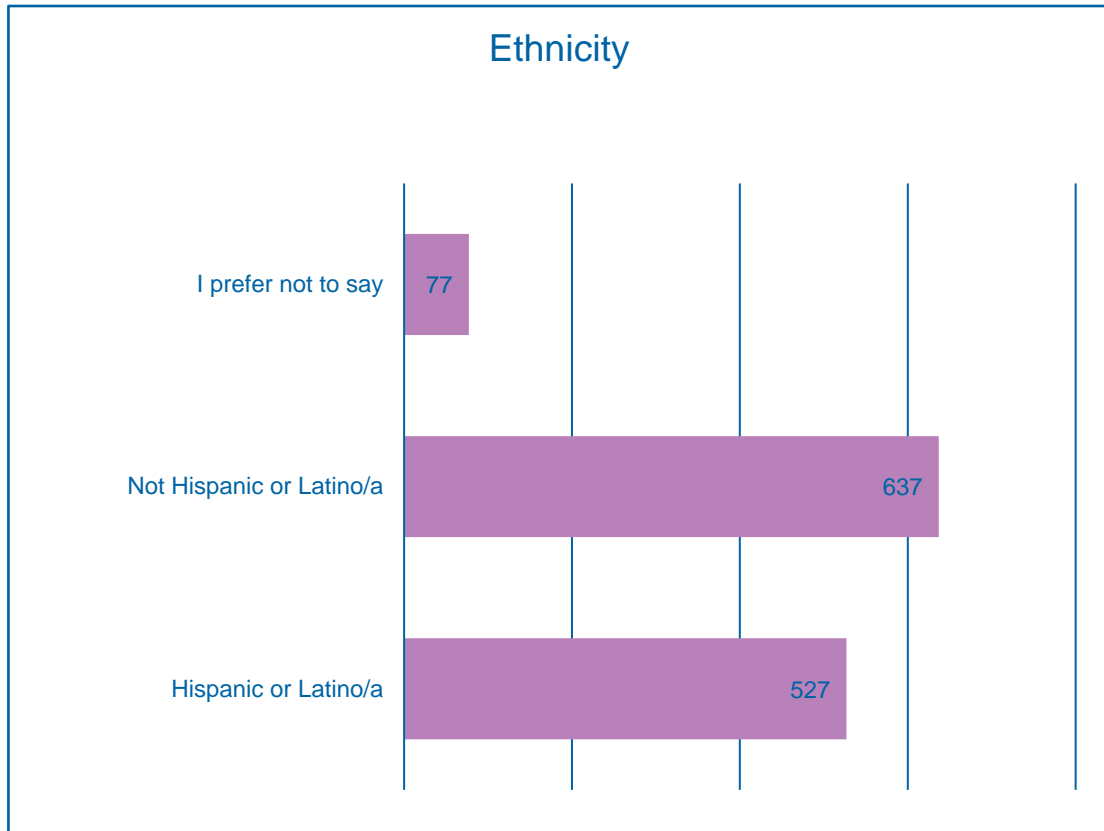
# Survey Respondent Demographics



# Survey Respondent Demographics



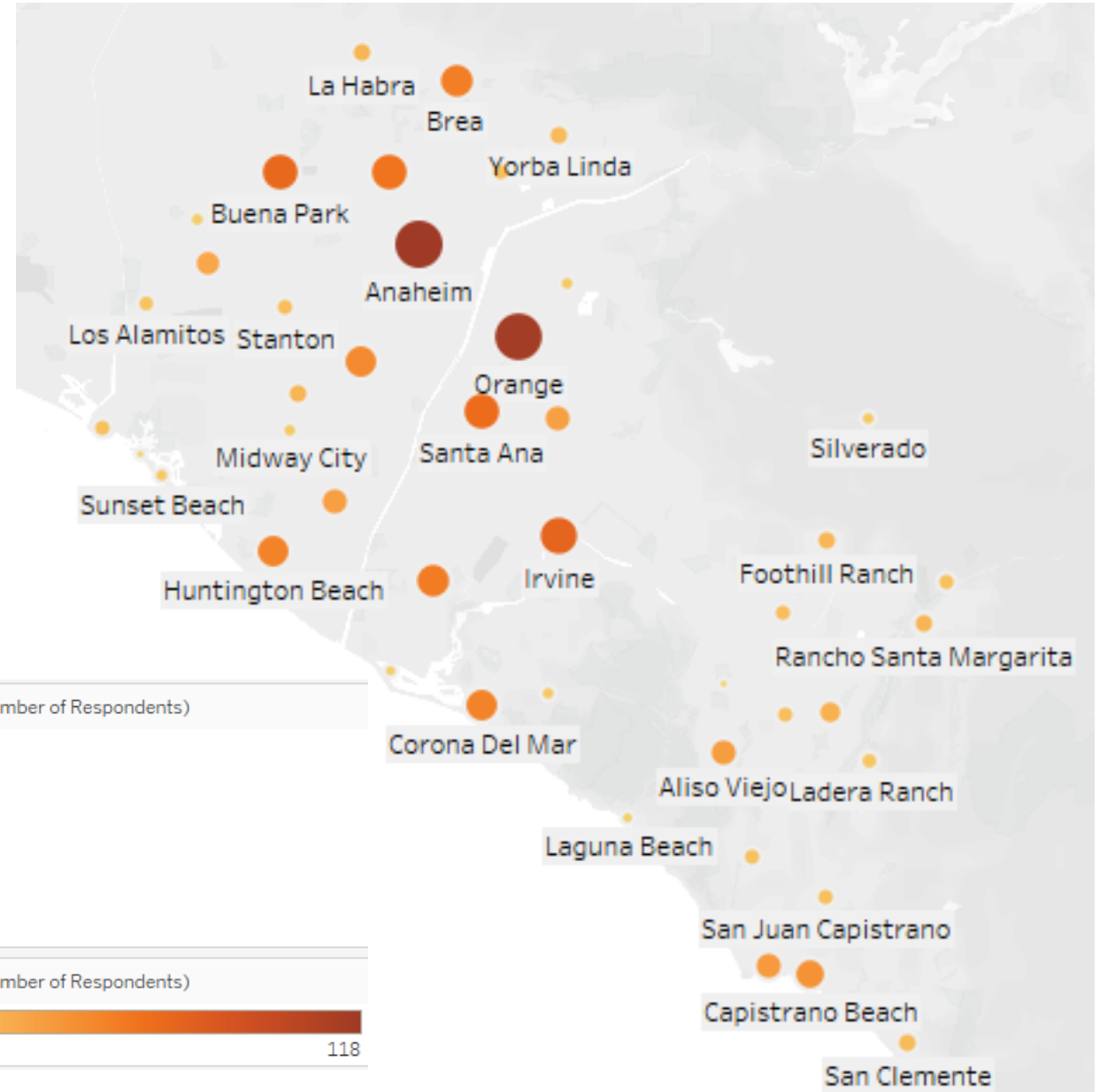
# Survey Respondent Demographics





# Survey Respondent Demographics: City of Residence

Cities with the 50+ Respondents	Number of Respondents
Anaheim	118
Orange	115
Irvine	69
Buena Park	66
Santa Ana	63
Fullerton	58
Costa Mesa	53
Brea	52



# Identified Health Priorities

1. Mental Health
2. Access to Care

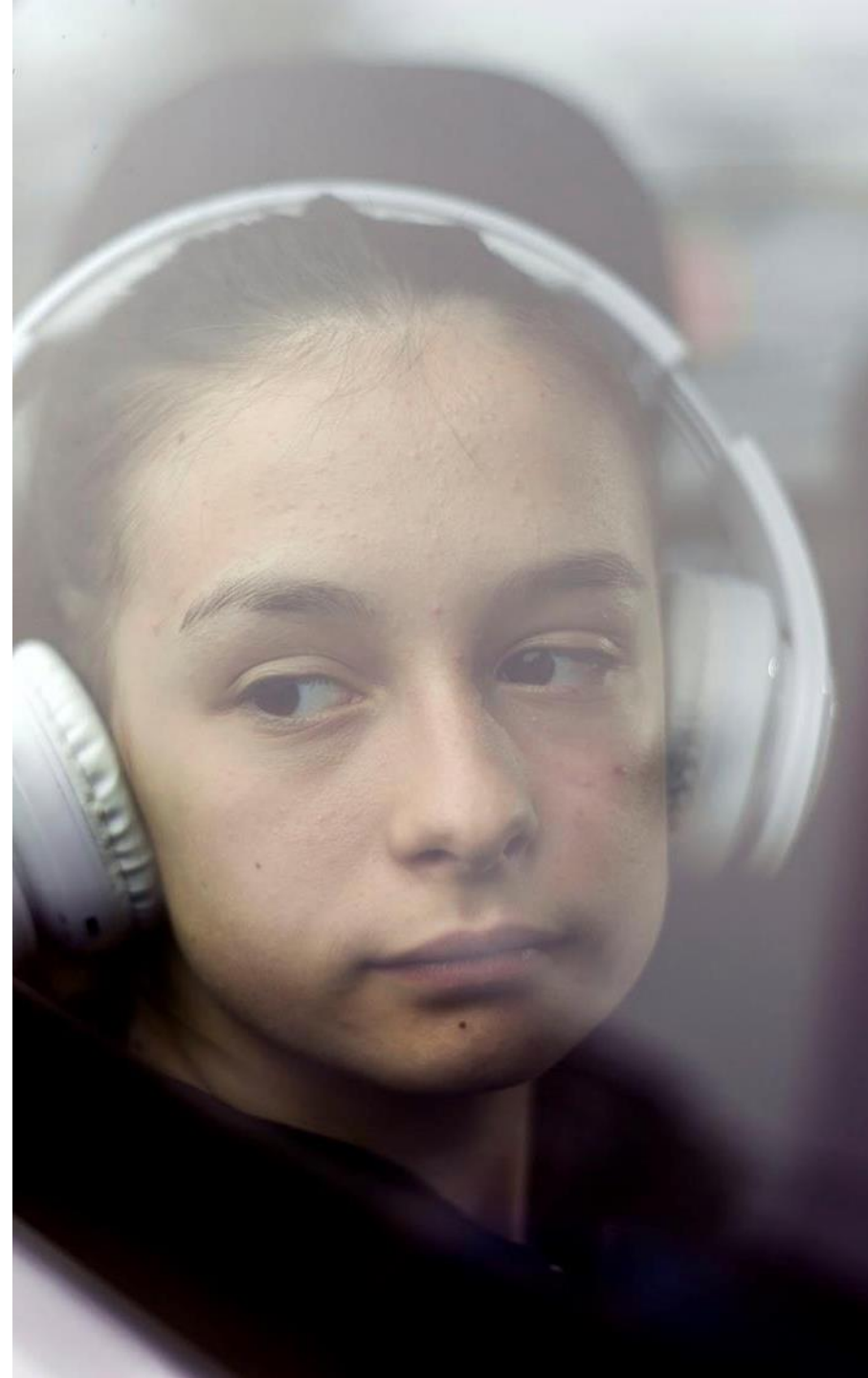
**Priorities selected based on:**

- Can the partnership and/or a single organization influence the issue?
- Is there existing community will and/or opportunity to leverage or influence the issue?
- Is measurable change possible within three years?








# Mental Health

- Number one problem impacting children's overall health
  - 52% selected Mental Health
- 50% increase in children presenting to CHOC Emergency Department in psychiatric crises since 2020
- In 2018-2020, in Orange County, suicide was the second leading cause of death among youth ages 10-19 years
- 153% increase in children with eating disorders requiring medical stabilization at CHOC since 2020



# Mental Health and Suicide Variables\*

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	Trend
Experienced persistent feelings of sadness or hopelessness	26.1	28.5	29.9	29.9	31.5	36.7	
Seriously considered attempting suicide	13.8	15.8	17.0	17.7	17.2	18.8	
Made a suicide plan	10.9	12.8	13.6	14.6	13.6	15.7	
Attempted suicide	6.3	7.8	8.0	8.6	7.4	8.9	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	1.9	2.4	2.7	2.8	2.4	2.5	



In wrong direction



No change



In right direction

# Depression

In 2017-2019, the percentage of students who reported experiencing depression-related feelings ranged from 24.6% among 7<sup>th</sup>-grade students to 34.6% among 11<sup>th</sup>-grade students and 36.4% for non-traditional school-based students. Orange County rates were lower than California.[1]

- The percentage of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup>-grade students who reported experiencing depression-related feelings had increased between 2011-2013 and 2017-2019, except for non-traditional students in California.[1]
- In 2017-2019, students of color were more likely to report depression-related feelings than their White classmates. African American/Black students in Orange County had higher rates of depression-related feelings compared to their peers in California.[1]
- Students who identified as gay, lesbian, or bisexual were more than twice as likely to report depression-related feelings than their heterosexual classmates (63.5% to 27.0%) in 2017-2019. This disparity is like what is experienced by students in California.[1]



[1] California Healthy Kids Survey [2] Three-year total number of deaths. As cited in the 28<sup>th</sup> Annual Conditions of Children's report, Orange County Healthcare Agency. [3] American Community Survey, Single Year Estimates, Table B01001.[4] OC Healthcare Agency. 2020 Drug and Alcohol Deaths Among Youths and Young Adults: The impact of Synthetic opioids during the pandemic.

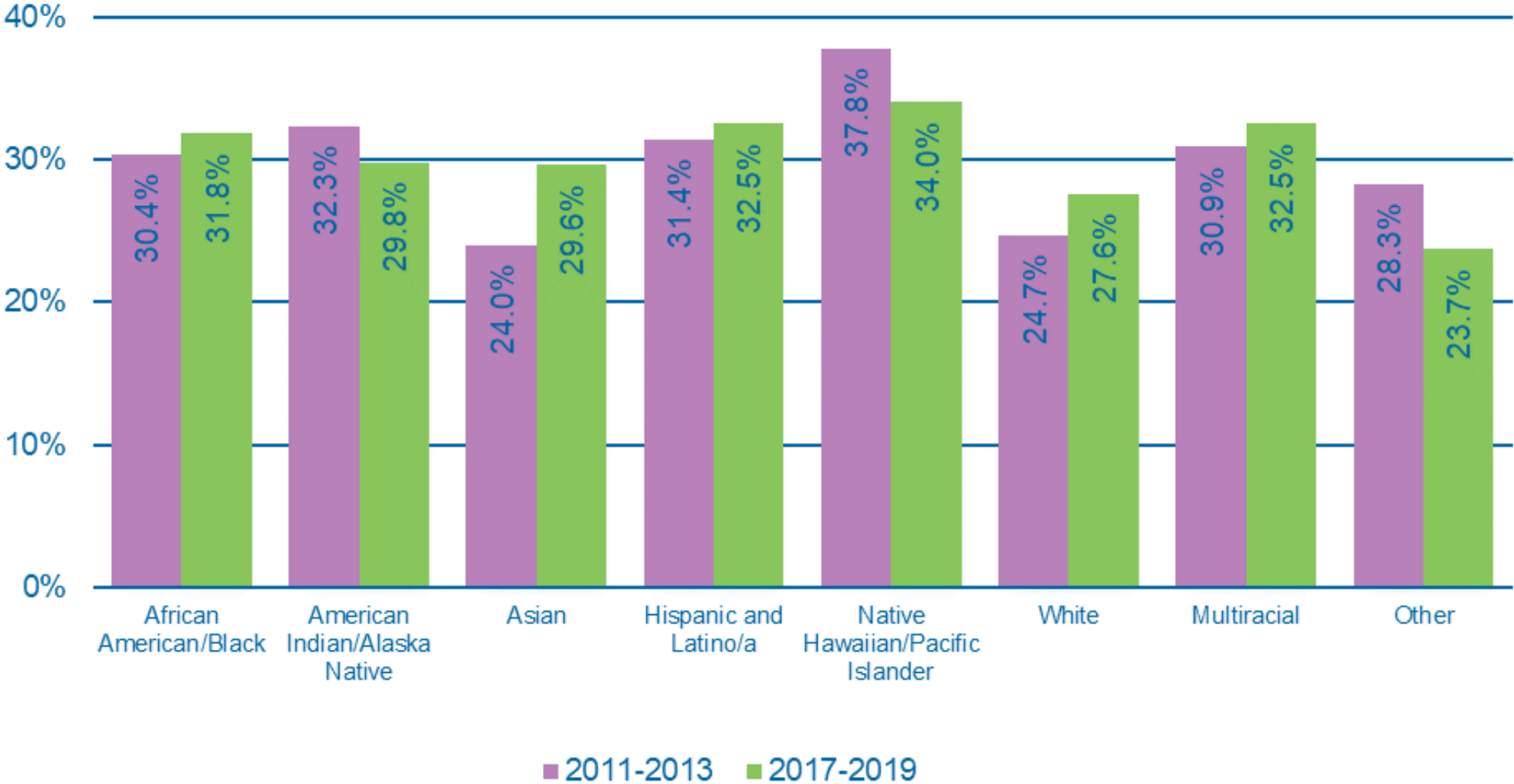


# Suicide

Deaths due to suicide, drug, and alcohol are increasing among youth in Orange County

- In 2018-2020, in Orange County, suicide was the second leading cause of death among youth ages 10-19 years, with 47 deaths.
- The number of deaths in Orange County due to suicide increased from 33 deaths in 2012-2014 to 47 deaths in 2018-2020 (despite a 6.1% decrease in the population ages 0-17 between 2012 and 2019).[2,3]
- Between 2019 and 2020, there was an 80% increase, from one to nine drug and alcohol-related deaths annually, for youth ages 10-17 years. Among young adults 18-24 years, it was a 15% increase from 34 to 85 deaths annually.[4]

# Students who Reported Experiencing Depression-Related Feelings, by Race and Ethnicity



[1] California Healthy Kids Survey [2] Three-year total number of deaths. As cited in the 28<sup>th</sup> Annual Conditions of Children’s report, Orange County Healthcare Agency. [3] American Community Survey, Single Year Estimates, Table B01001.. 15

# Hospitalization Related to Mental Illness

The hospitalization rate for serious mental illness increased 22.6%, from a low of 19.9 in 2016 to 24.4 per 10,000 children in 2020 (and a decrease from a rate of 28.0 per 10,000 children in 2019).[1]

- In 2020, Major Depression and Mood Disorders accounted for the majority (65%) of all such hospitalizations, followed by Bipolar (9.5%), Schizophrenia/ Psychoses (3%), and Schizoaffective Disorders (1.7%).[1]
- Most of these hospitalizations were covered by Medi-Cal (56%) and private insurance (42%). Since 2016, Medi-Cal has covered an increasing proportion of hospitalizations related to mental illness and substance use among youth.[1]

In 2020, the majority (66%) of the 2,155 pediatric (0-17 years) mental illness and substance use hospitalizations occurred in Orange County.[1]

- As a proportion of hospitalizations, Orange County hospitals were serving increasingly more Orange County youth between 2016 and 2019. However, this proportion decreased between 2019 and 2020, from 69.5% of hospitalizations to 66.0%. In 2020, the rest were children from neighboring counties of Los Angeles (23%), San Bernardino (1%), and San Diego (1%).[1]



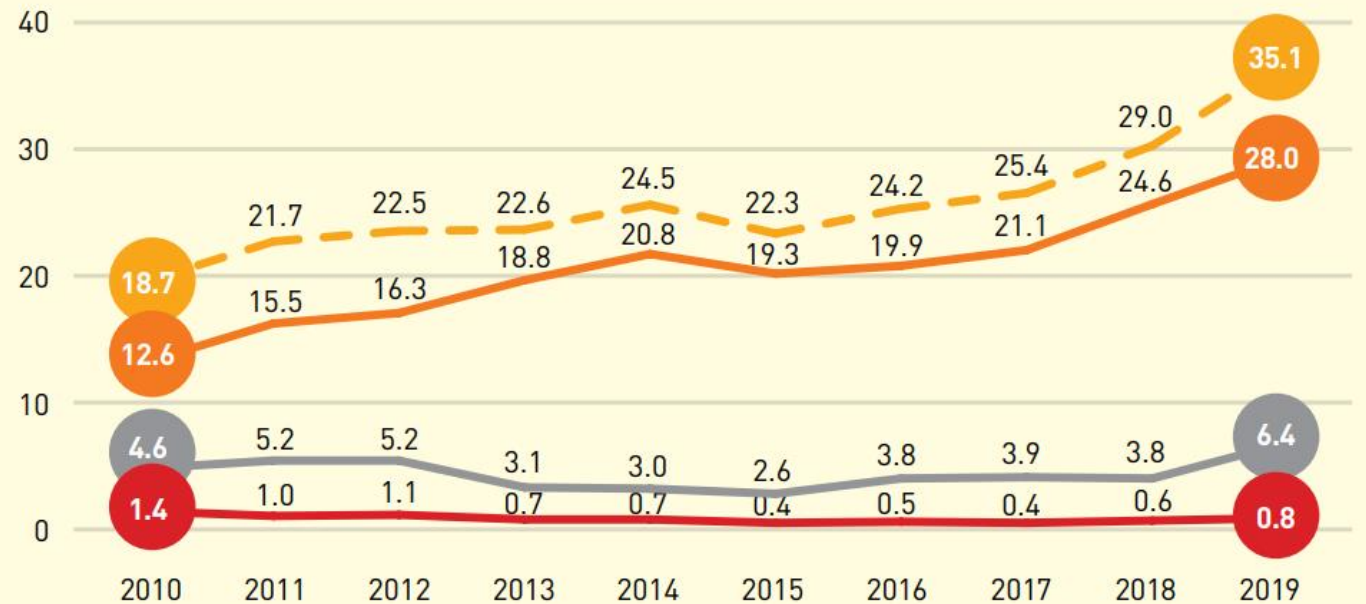
# Mental Health-Related Hospitalizations: Orange County

## Mental Health and Substance Abuse-Related Hospitalizations, Rate per 10,000 Children, 2010 to 2019

- Total
- Mental Illness
- Other
- Substance Abuse

**Note:** 'Other' includes mental disorders such as other unspecified mood disorders, conduct disorders and disorders related to sleep, eating, elimination and pain.

**Source:** Orange County Health Care Agency, Health Policy - Research



# Access to Care

- Nearly half of survey respondents (47%) reported avoiding or delaying needed healthcare services because of fear or discomfort.
- There's a need for improved access to pediatric services from diverse providers who understand the county's racial, cultural, and linguistic needs of children and families.
- Respondents commonly avoided or delayed healthcare because they worried that they or their children would be treated unfairly due to their ethnicity, insurance status, disability or income.
- Long wait times, need for weekend and evening appointments, and complicated health insurance forms were the top three barriers to accessing care.



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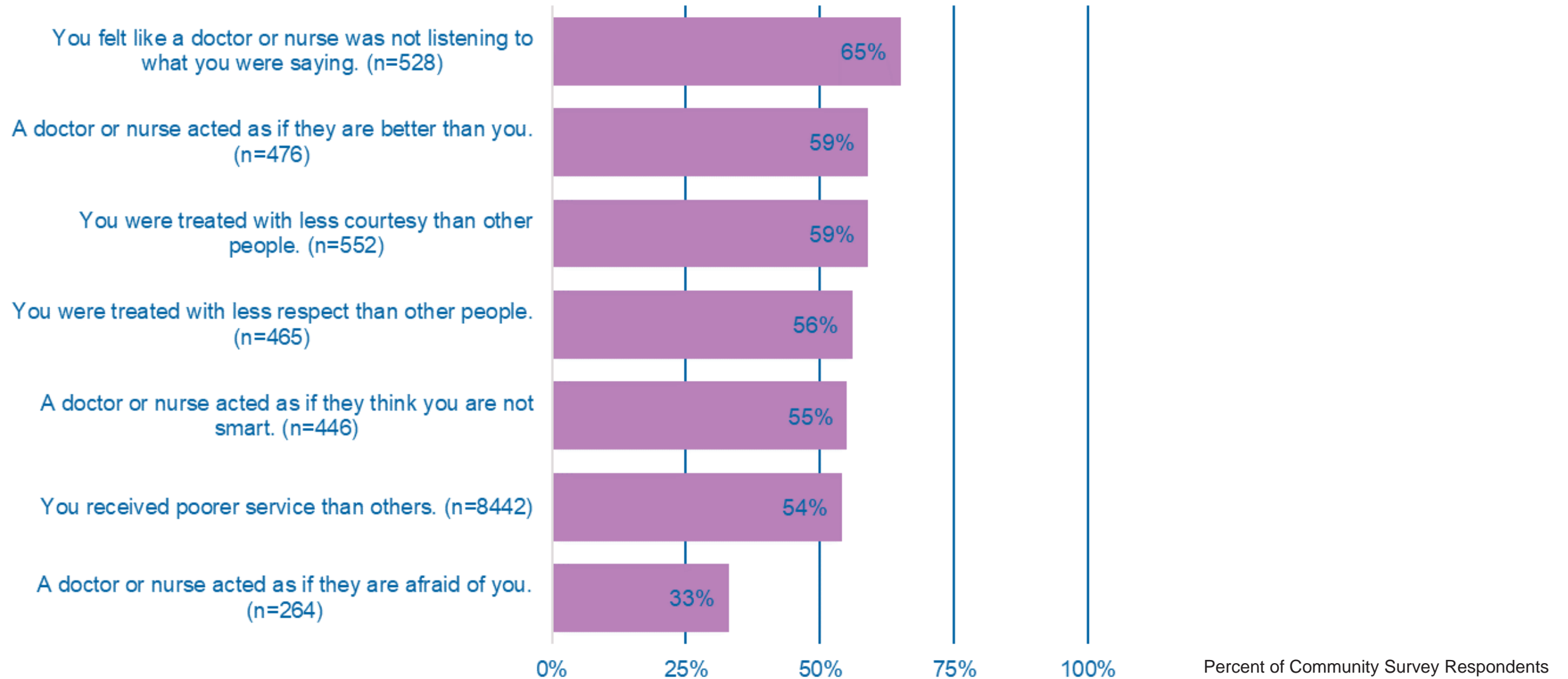
# Access to Care

- When asked to consider access, cost, availability, quality, and options in healthcare, 48% of respondents were either neutral or disagreed with the statement “I am satisfied with the healthcare system in my community.”
- Long wait times to get an appointment were the most common barrier to accessing care.
- Not finding a healthcare provider who understood, valued, and respected their culture, and not finding providers that looked like them, were among the top three barriers among BIPOC and LGBTQIA+ survey respondents.

Barriers to Getting Services	Black, Indigenous, People of Color (BIPOC) (n=786)	Hispanic or Latino/a (n=240)	LGBTQIA+ (n=148)	Caregivers of CSHCN (n=521)	All Respondents (n=786)
Long wait times to get appointment	37%	43%	22%	43%	43%
Needed evening or weekend appointments	27%	30%	13%	25%	28%
Application forms to get health insurance are too complicated	30%	31%	18%	26%	27%
Could not find a healthcare provider who understood, valued, and respected my culture	31%	23%	30%	24%	22%
Could not find providers who looked like me	15%	9%	21%	12%	11%

Pink font indicates one of the top 3 selected barriers for a priority population

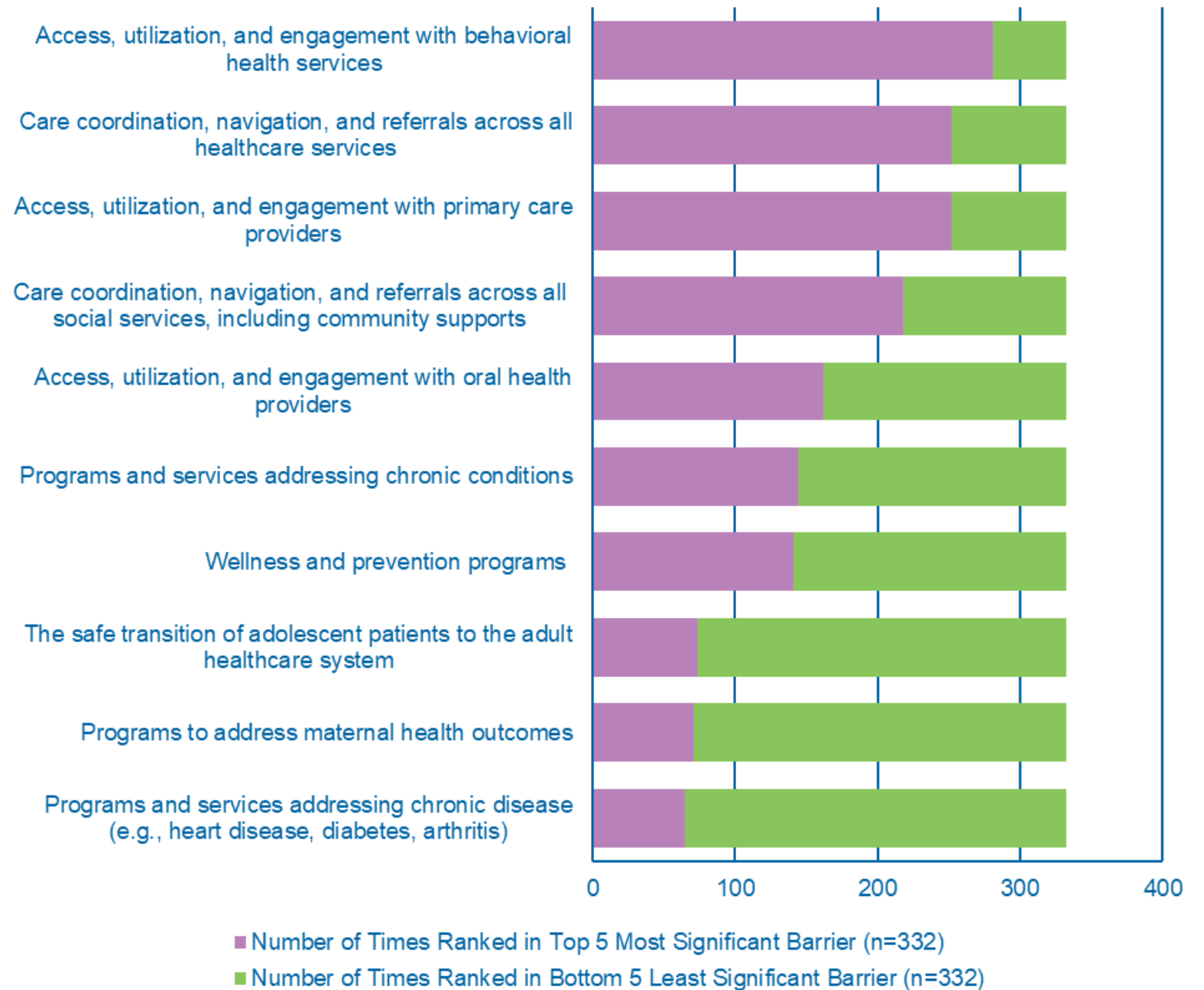
# How often did any of the following things happen to you while getting healthcare services for you or your child(ren)?



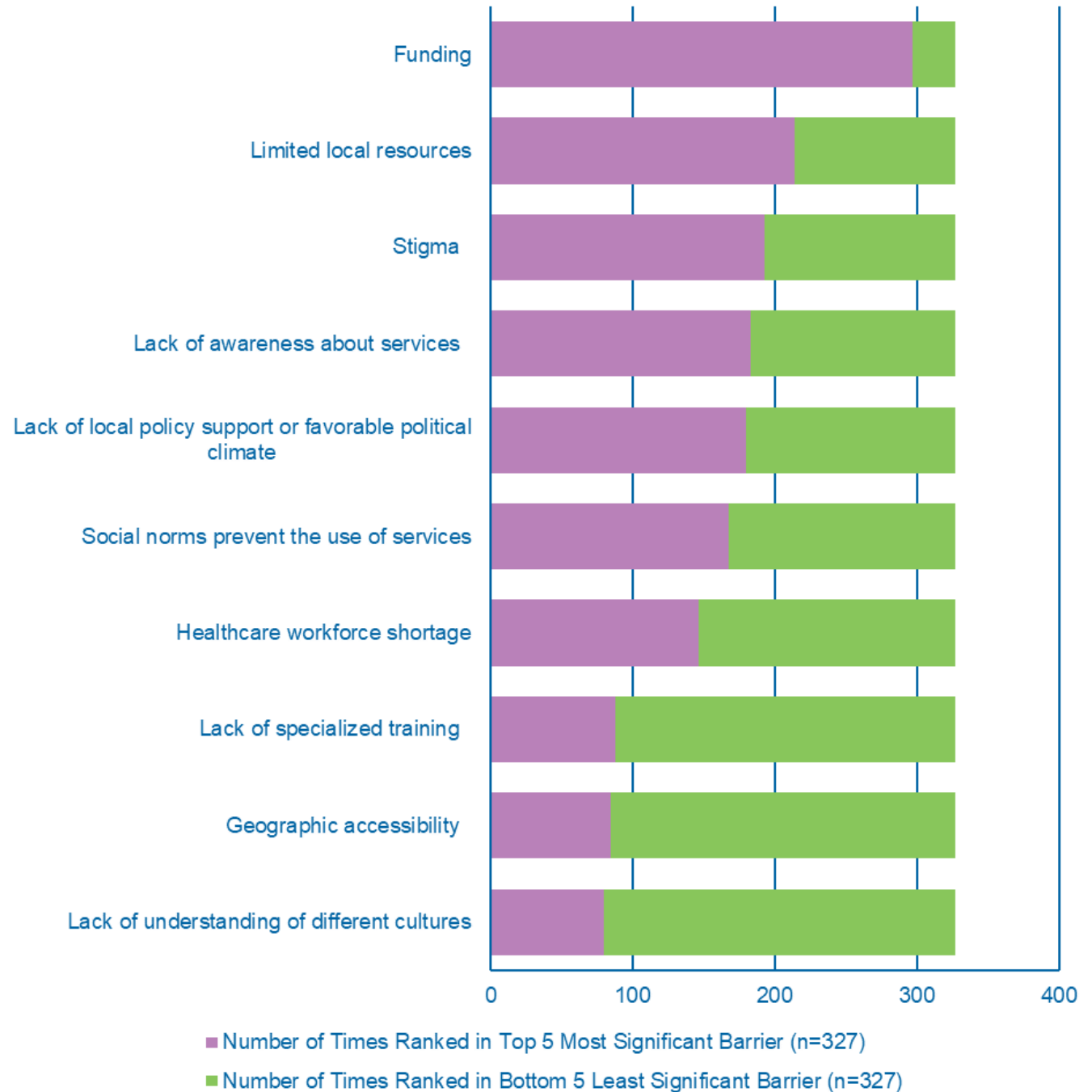
# Provider Perspectives on Access to Care

- Access to behavioral health services and primary care providers, care coordination and navigation, and referrals across all healthcare services were the top three areas providers reported that families experience barriers to accessing care.
- Nearly half of providers (41%, n=141) selected “mental health services, such as counseling” to be the number one service they would like to see in the communities where their patients live that DO NOT exist now or exist but not in the way or quantity needed to help people stay healthy.
- According to providers, the most significant barrier to having programs and resources that support the health and wellness of children and families was funding, followed by limited local resources, stigma, lack of awareness about services, and lack of local policy support.

Thinking of the children you work with (selected in the previous question), we would like you to rank the following areas where families experience barriers to accessing care. Please drag the services in rank order from the most significant barrier (1) to the least significant (10).



Following is a list of the most common barriers to having programs and resources in a community that support the health and wellness of children and families. Please rank these barriers from the most significant barrier (1) to the least significant (10).





# Access to Community-Based Care

- An estimate of 74.5% of Orange County children (0-18 years) had a doctor's office as a usual source of care to go to when they were sick or needed health advice in 2016-2020 with another 14.3% who went to a community clinic.[1]
- Among children without a doctor or community clinic as a usual source of care, 9.2% had no usual source of care, followed by an additional 1.2% who utilized the emergency room or urgent care, and 0.9% reported some other place or no one place.[1]
- According to the National Association of School Nurses, the ideal rate of nurses per 10,000 students is 13. In Orange County, the most common ratio was 4.3 nurses per 10,000 students.
  - The number of school nurses per 10,000 students ranges from 0 in Anaheim and OCDE/Special Education to 11.7 in Anaheim Elementary School.[2]

# Key Health Drivers

CHNA identified four **drivers of health to consider** when CHOC and other community organizations develop strategies in response to the identified health priorities (Mental Health and Access to Care):

- Access to Healthy and Affordable Foods
- Access to Early Learning Opportunities and Success in School
- Safe Neighborhoods
- Connectedness



# Healthy & Affordable Foods



CHNA identified two concerns:

- Declining participation in food assistance programs compared to state average
- Proximity and affordability of food for low-income children and families

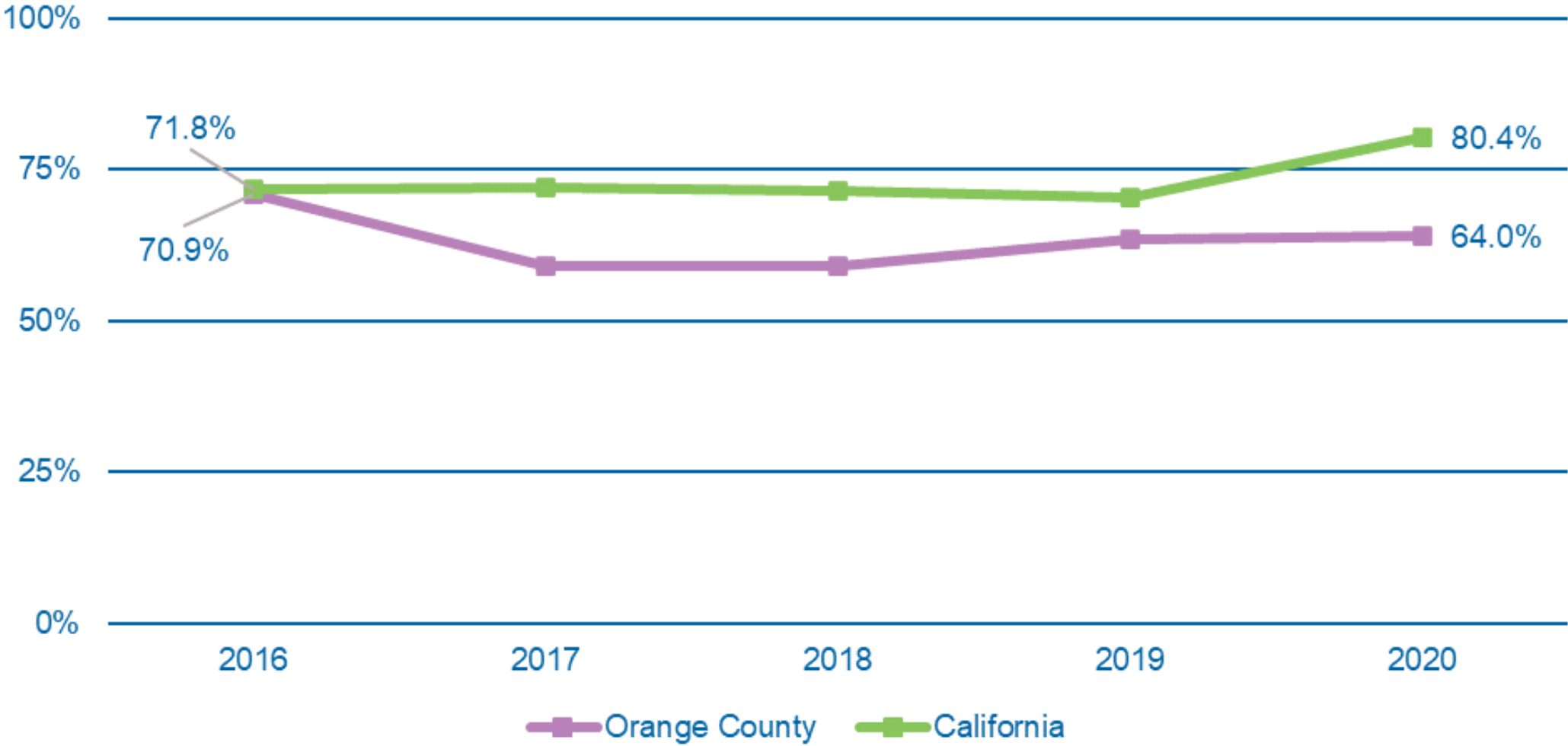
# Access to Food Concerns

- Healthy food and proximity to grocery stores was the third most selected characteristic considered essential for happy children and families (30% of survey respondents).
- Eating disorders and diabetes were among the top 10 health problems (15% and 16% of survey respondents, respectively).
- Poor eating habits (e.g., fast food, junk food) were among the top three harmful behaviors, factors, and conditions contributing to poor health outcomes (21% of survey respondents).

# Participation in Food Assistance Programs

- In 2019, 10% of Orange County children (70,970) experienced food insecurity.<sup>[1]</sup>
- Among these children, 73% are income-eligible for federal nutrition programs (incomes at or below 18% of poverty).<sup>[1]</sup>
- The rate of people in Orange County eligible and enrolled in the CalFresh benefit decreased 6.9 percentage points (70.9% to 64.0%) between 2016 and 2020, and was lower than in California.<sup>[2]</sup>

# Percent Of People In Orange County Who Are Eligible For CalFresh And Are Receiving That Benefit



[1] Hunger & Poverty in the United States | map the meal gap. (n.d.). Retrieved July 8, 2022, from <https://map.feedingamerica.org/>  
[2] California Department of Social Services, CalFresh County Data Dashboard, 2022.

# Proximity and Affordability of Food

- The percentage of residents with very low access to food in Orange County was 8.8% in 2019, up from 7.7% in 2015.[1]
- In 2019, the number of low-income individuals living in a food desert in Orange County was 33,752, an 11% increase from 30,386 in 2015.[2]
- Food affordability decreased between 2015 and 2019. The average meal cost in Orange County at \$3.51 was higher than in California at \$3.26. The average meal cost was increasing in both Orange County and California.[3]

	Low food access (within ½ mile from nearest supermarket)		Very low food access (within 1 mile from nearest supermarket)	
	2015	2019	2015	2019
<b>Orange County</b>	42.7	43.9	7.7	8.8
<b>California</b>	45.6	45.0	13.3	13.1
<b>United States</b>	50.6	50.2	21.4	21.2

# Early Learning Opportunities and Success in School



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CHNA identified two concerns:

- Low participation in childcare subsidies by eligible families
- Increased rates of chronic absenteeism



# Access to Learning Opportunities & Success in School Concerns

- “Ready to learn” was a predominant response to the fill- in- the- blank community survey question “children who are healthy are”
- 30% of survey respondents selected childcare/daycare assistance (including CCCAP) as the most commonly unmet need. Affordability is a significant barrier to childcare/preschool.
- One in five caregivers/parents ranked not completing high school as the fourth most harmful behavior, factor, and condition contributing to injuries, violence, and poor health outcomes.

# Access to Learning Opportunities & Success in School Concerns

- The average annual cost in Orange County for a family with two young children in full-time care is \$26,150. The share of median family income in Orange County for a family with children needed for childcare was 26%. “Affordable” is 10% of a family’s income.[1]
- More than half of Orange County children four years and younger were eligible for state or federal subsidies based on income. However, just 6% of eligible children were served.[1]
- In 2021, over 41,000 students (9.0%, n=41,532) of Orange County kindergarten students through high school were considered chronically absent and this rate was increasing since 2017 when it was 7.7% (n=38,360 students).[2]

# Safe Neighborhoods

CHNA identified two concerns:

- Decrease in the sense of being safe at school among students
- Increased community violence



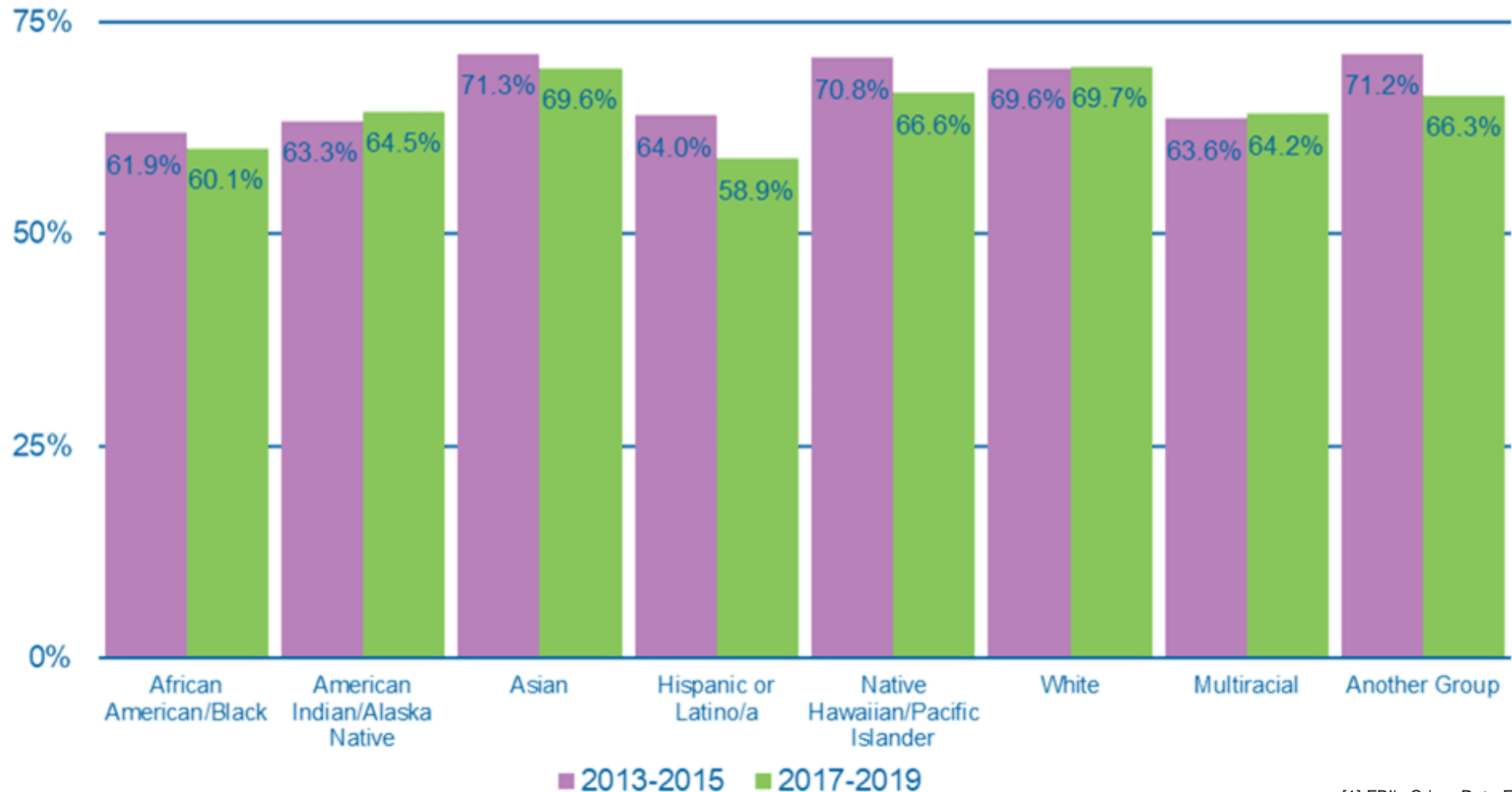
# Safe Neighborhoods Concerns

- One in three survey respondents rated “low crime and safe neighborhoods” as the second most essential characteristic of a happy, healthy, and thriving community for children and families.
- Bullying, including cyberbullying, was the number one ranked harmful behavior, factor, and condition contributing to injuries, violence, and poor health outcomes (29% of survey respondents).
- Community violence (e.g., gang violence, homicide) was the second most ranked harmful behavior, factor, and condition contributing to injuries, violence, and poor health outcomes (23% survey respondents).
- Injuries (physical or emotional) from domestic violence or abuse was ranked a top health problem most damaging to children’s health by one in five survey respondents.
- Generally, LGBTQIA+, Hispanic or Latin/a, BIPOC, and caregivers of CSHCN respondents were less likely to be satisfied with their community compared to all respondents.

# Safe Neighborhoods

- The reported violent crime rate in Orange County was lower than California in 2020, and has trended lower since 2016, with a second highest five-year rate of 224.1 per 100,000 residents in 2020. In Orange County, the violent crime rate per 100,000 has increased 2.1% from 219.5 in 2016.[1]
- Orange County experienced 112 reported hate crimes in 2020, a 35% increase from 2019. In the last five years, hate crimes have steadily risen with the largest jump occurring between 2016 to 2020.[2]
- Perceived rates of school safety were higher in Orange County as compared to California in 2017-2019. However, it had decreased between 2013-2015 and 2017-2019.[2]
- In Orange County, in 2017-2019:
  - Only 48.2% of Lesbian, Gay, and Bisexual (LGB) students reported their schools being safe or very safe compared to 66% of straight students.[3]
  - Students of color (African American/Black (60.1%), American Indian/Alaska Native (64.5%), Hispanic/Latino (58.9%)) were less likely to feel safe at school than their White classmates (69.7%).[3]
- Self-reported rates of bullying is lower in Orange County compared to California and decreased between 2013-2015 and 2017-2019.[3]
  - During both timeframes, over 50% of LGB students in Orange County reported bullying in the past year as compared to 24%-29% of students identifying as straight.[3]
  - Between 2019 and 2020, Waymakers and the Salvation Army served a total of 357 survivors of human trafficking. Of these, 28% were minors.[4]

# Percent of Students Who Reported Feeling Safe or Very Safe at School, by Race and Ethnicity



# Connectedness



## CHNA identified two concerns:

- Low levels of school and adult connectedness\* among vulnerable students, including Lesbian, Gay, and Bisexual students and BIPOC Students
- Increased self-reported use of social media and screen time among youth

\*Social connectedness is the measure of how people come together and interact, interrelate or share resources. It is the sense of belonging with others, and that someone is welcome and accepted as they are.

# Connectedness

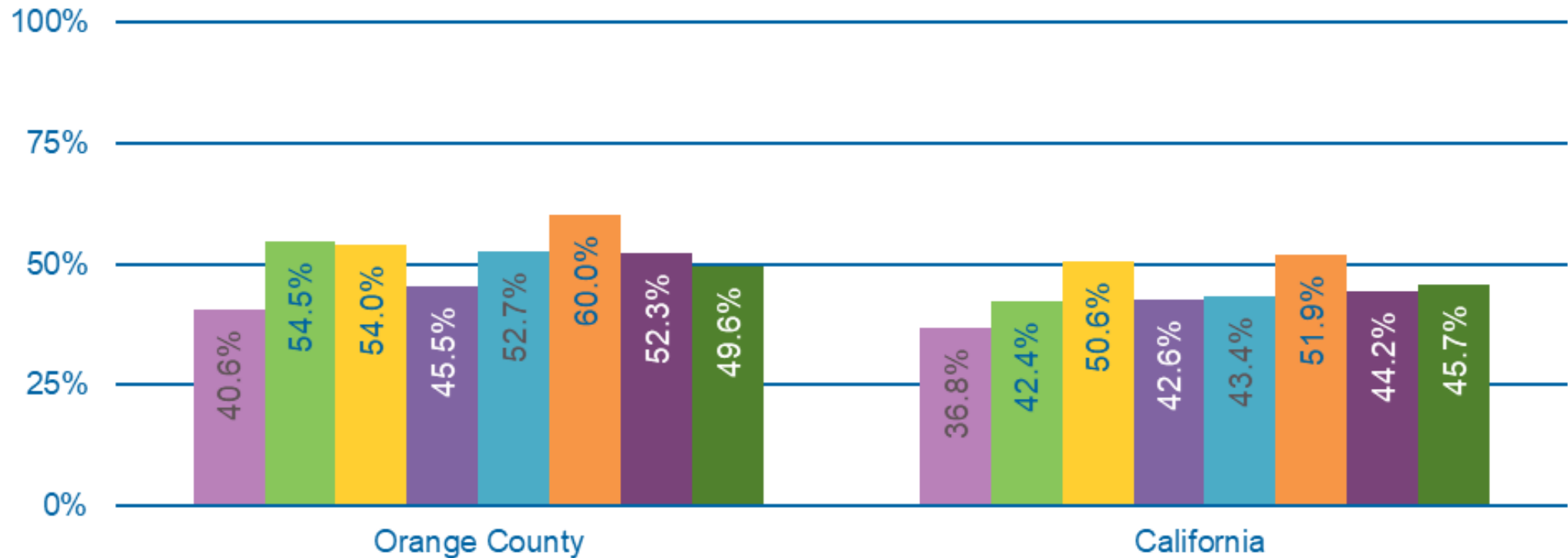
- One in 10 community respondents identified social isolation as a harmful behavior, factor, and condition contributing to poor health outcomes.
- More than half (54%) of survey respondents strongly or somewhat agreed with the statement, “there are networks of support for individuals and families during times of stress and need.”
- Generally, this was the same for the CHNA’s priority population, except for LGBTQIA+. More than half (55%) disagreed with this statement.
- Approximately one in seven survey respondents (15%) selected social media, including excessive or inappropriate use, and one in eight (12%) selected overuse of technology/excessive screen time as the top three harmful behaviors, factors, and conditions contributing to injuries, violence, and poor health outcomes for youth.
- Approximately one in four survey respondents (26%, n=352) selected bullying, including cyberbullying, as a top three harmful behaviors, factors, and conditions contributing to injuries, violence, and poor health outcomes.



# Connectedness: Secondary Data

- Orange County students were more likely to report feeling a high level of school connectedness in 2017-2019 as compared to 2013-2015, and more so than other students in California.[1]
  - Lesbian, Gay, and Bisexual and BIPOC students were less likely to feel a high level of school connectedness than their peers.
- Students with greater school connectedness are less likely to report experiencing depression-related feelings.[1]
  - One in five students (19.5%) with high level of school connectedness in Orange County experience depression-related feelings compared to one in two students (53.0%) with low levels of school connectedness.
- Levels of connectedness to adults at school vary by race/ethnicity and sexual orientation. In 2017-2019, 40.8% of White students reported high levels of connectedness compared to 27.5% of Hispanic or Latino/a and 31.3% of African American/Black students.[1]

# Percent of Students with High School Connectedness by Race and Ethnicity, Orange County & California



■ African American/Black  
■ Hispanic/Latino/a  
■ Multiracial

■ American Indian/Alaska Native  
■ Native Hawaiian/Pacific Islander  
■ Another Group

■ Asian  
■ White

# Connectedness, Social Media and Screen Time: Secondary Data



- In 2020, 47.7% of teens reported they “almost constantly” use the internet. This is compared to 27.7% in 2019.[1]
- Nearly one in four teens (23.6%) reported they “almost constantly” use computers/mobile devices for social media in 2020, which was an increase from 4.1% in 2019.[1]

# Key Challenge: Workforce

- Workforce shortages – in both physical and behavioral health - is a national, state and local crisis.
- Payers and providers need to work together to rebuild the workforce.
- The emerging workforce must reflect the communities served.
- There is a needed focus on building community capacity for prevention efforts.



# Next Steps

- Use CHNA findings to inform CHOC strategic plan and the CHNA Implementation Plan.
- Use CHNA findings to inform CHOC's Community Benefit Plan.



# CHNA Advisory Committee Membership

Katie Balderas, CalOptima

Dr. Coleen Cunningham, University of California, Irvine and CHOC

Alison Edwards, Orange County Human Relations

Kim Goll, First 5 OC

Dr. Olga Guijon, CHOC

Marie Jeannis, CalOptima

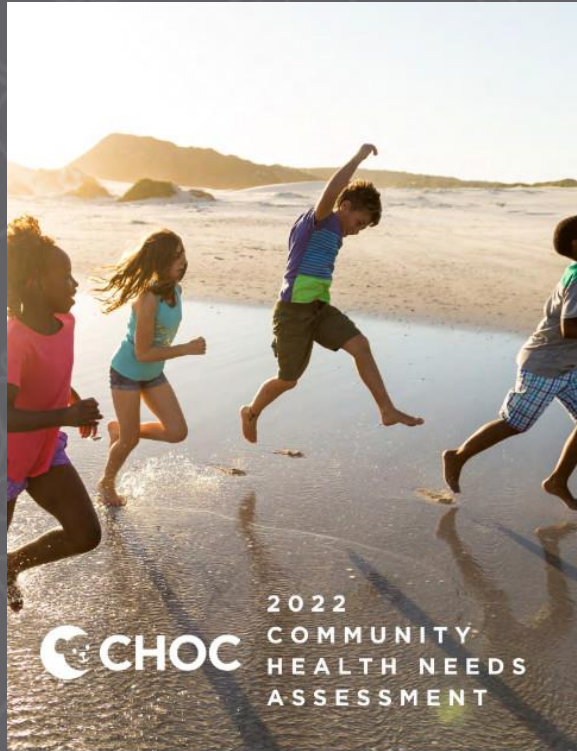
Dr. Candice Taylor Lucas, University of California, Irvine and CHOC

Dr. Christine Olmstead, Orange County Department of Education

Sandra Shultz, CHOC

Dr. Sharief Taraman, CHOC

Dr. Michael Weiss, CHOC



# *Community Health Needs Assessment.*

**LONG LIVE CHILDHOOD**

