

# 2019 Community Health Needs Assessment Community Engagement Summary



Kaiser Foundation Hospitals  
Anaheim and Irvine Medical Centers

# Community Engagement Summary

Kaiser Permanente: Anaheim and Irvine Medical Centers CHNA 2019

## Overview

### 2019 Community Health Needs Assessment Approach

The purpose of the 2019 Community Health Needs Assessment (CHNA) was to engage community members in a collaborative process to identify and prioritize the most pressing health needs in their communities. Engagements with residents were guided by learning questions (see below). These questions were developed after reviewing existing secondary data regarding health outcomes and their contributing factors. For questions about the CHNA methodology, community engagement, and primary and secondary data analyses, please contact [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org).

#### Content Areas Identified

- Housing Insecurity
- Food Insecurity
- Asthma and Stroke Disparities
- Oral Health
- Mental Health/Suicide
- Older Adult Health

#### Data Collection Methodology

- Interviews with Subject Matter Experts
- Focus Groups with Residents who have Lived Experience
- Community Surveys

### Engagement Process

Individuals from a wide range of sectors were engaged during the CHNA process in order to gather a wide range of perspectives. Input was obtained from two groups of stakeholders: (1) **Subject Matter Experts** who had content knowledge about relevant learning questions; and (2) **Community Residents** living in the Kern region who could speak to the lived experience of issues identified in the strategic learning questions.

› **Subject Matter Experts.** SME interviews were conducted with medical doctors, behavioral health experts, community leaders, and staff members of community-based organizations.

› **Community Residents.** Residents were engaged through five focus group discussions and two surveys about 1) the greatest health and safety concerns in the general community and 2) the greatest health, housing, and educational needs among local community college students.

Engagement Type	Total	# of Participants
SME Interviews	18	20*
Focus Groups	11	131
Surveys	2	323

\*One interview included 3 SMEs.

### Learning Questions: At-a-Glance

- 1) How does crowded housing impact health outcomes?
- 2) How does housing insecurity impact health outcomes?
- 3) What is driving the high rate of asthma for the Black population in the service area?
- 4) What does food security look like in the service area?
- 5) What is contributing to the higher rates of death from stroke for the Black population in the service area?
- 6) How does the social predictor of low-income impact stroke outcomes?
- 7) What is the lived experience of teens who have attempted/are considering suicide?
- 8) What is the lived experience of those with a mental health diagnosis and their families? (suicide; gaps)
- 9) What are the unmet oral health needs in the service area?
- 10) What challenges do older adults face in the service area that compromise health outcomes?

## Learning Framework Summary

**Themes Across Engagements:** The key takeaways throughout discussions with community members and subject matter experts are highlighted below.

### Lived Experience of OC Residents

Many community members have difficulty locating and navigating support services and other resources

Lack of affordable housing leaves many residents at risk of homelessness and limits their ability to maintain their health and wellbeing

### Causes/Contributing Factors of Health Needs

Social isolation and loneliness contribute to poor mental health outcomes among older adults

Adverse Childhood Experiences (ACES) contribute to long lasting negative health outcomes

## Anaheim/Irvine

### Disparities in Need Across Race/Place

Black, Latino, and other minorities are more likely to suffer from chronic health conditions, have less access to care, and experience worse health outcomes.

Undocumented immigrants are more likely to live in crowded homes and neighborhoods and are less likely to seek health care for themselves and their children

### Resources & Opportunities

Shortages in adequate mental health screening and care provision indicate a need for tele-healthcare and the utilization of mobile apps/text messaging.

Low access to oral health care, especially among low-income minority children, indicates a need for the integration of primary and dental health care

### Desire for Integration of Health Maintenance, Follow-Up Care, and Supportive Services

Focus group and interview participants stressed a desire for more integrated and comprehensive health care services including access to oral and mental health care screening in primary care and pediatric office. Alternative more cost-effective screening strategies include telecare, mobile, or pop-up clinics. Other suggestions included nutritional counseling and clinical and rehabilitative care services in a central location for stroke patients. SMEs and community residents noted that such integration would address the reported difficulty navigating health maintenance, follow-up care, and supportive services. SMEs believe integration of care could greatly increase access to, and perceptions of, oral and mental health care as critical components of health care maintenance. A handful of focus group and interview participants also noted that mental health screening/care at primary/pediatric offices could help reduce stigma.

“When you have a family go into a doctor’s office and then they are referred to mental health services, getting them to go to another office is often a challenge. So, then the child or teen does not get the care they need. If it could just be taken care of there at the doctor’s office, I think there would be a higher level of engagement.”

- Subject Matter Expert

### **Housing Disparity Impacts Residents Orange County**

The lack of affordable, quality housing in Orange County was cited in nearly every interview and focus group engagement, including those that did not include any protocols with direct questions about the topic area. Notable information shared by one SME is that the average renter needs to earn nearly four times the state minimum wage to afford the average monthly rent in Orange County (\$1,889). Increases in rent inequitably impact low wage earners and those in the service sector that support the local economy and leave them at-risk of crowded living and housing insecurity. Community residents and local SMEs alike said that housing in North County is more likely to be older and in substandard conditions that are likely to negatively impact health outcomes. Community residents and SMEs also expressed a desire to see more cities across the county take responsibility for the development of permanent supportive, transitional, and general affordable housing to address homelessness in the county. Permanent supportive housing was cited by multiple SMEs as a significant cost-saving solution to street homelessness for the county.

“We have one family where twelve people were living in a two to three-bedroom apartment. When a child is living in chaos all the time and when you have that many people living in an environment with a lack of boundaries there is no place to get privacy it’s just living in chaos all the time.”

- Subject Matter Expert

### **Adverse Children Experiences (ACEs) Lead to Life-Long Negative Health Outcomes**

ACEs were repeatedly cited directly and indirectly by the community residents and local SMEs engaged for the 2019 CHNA. ACEs can be summarized as any trauma, stressful event, household dysfunction, witness of domestic/community violence, and experiencing abuse/neglect. ACEs were referenced as a factor that can explain health disparities across race and place for asthma and stroke in the Anaheim/Irvine Service Areas; with SMEs citing clear evidence that low-income, Black and Hispanic/Latino children have been found to experience more ACEs. ACEs were reported to be linked to health outcomes such as obesity, diabetes, and stroke and are increasingly found to contribute to higher rates of asthma in lower income, minority populations. Deeper inquiry is needed to better understand the breadth and depth of ACEs in Orange County.

“This living arrangement in itself can be traumatic. When you are witnessing discord in your family life every day, and that is how you are used to seeing people function, that is not beneficial to a child and it may stunt their development. They are not getting proper attention to their needs”

- Subject Matter Expert

### **Opportunities for Increased Collaboration Across Cities through Orange County Board of Supervisors**

SMEs across focus groups and interviews shared challenges implementing policy changes to improve access to affordable housing, tenant protections/code enforcement/zoning laws, and food security. SMEs identified opportunities for increased collaboration among the Orange County Board of Supervisors with the 34 cities comprising Orange County to implement policy changes that will address local housing issues such as increasing and equitably dispersing the development of affordable housing stock and transitional shelters. SMEs reported difficulty navigating 34 different city governments to address policy concerns related to the identified social predictor of health needs for the service area.

## Housing and Related Health Outcomes

Interview and focus group participants were asked to discuss insights and lived experiences with crowded housing, housing insecurity, and homelessness including: (1) primary health concerns, (2) conditions of housing and neighborhoods, (3) perceived health effects of conditions, (4) resources available to address related concerns, (5) barriers to accessing care and housing assistance, and (6) services/interventions they would like available to address the issues.

A voluntary Resident Wellbeing survey was administered to Orange County residents with the help of the identified access point organizations providing direct services to low-income, disadvantaged populations, the homeless and those at risk of housing and food insecurity. Residents were asked targeted questions about housing security, housing conditions, food security, and health concerns.

### How does crowded housing and housing insecurity impact health outcomes in the service area?

#### Asthma

In the focus groups and interviews, a predominant theme that emerged was the negative health impacts due to housing conditions in the service area; asthma, in particular, was commonly cited. This informed and built upon other engagements planned for understanding the county's race-based asthma disparity. Three of the six housing subject matter experts (SMEs) cited asthma as one of the primary health effects experienced by those living in crowded environments. Likewise, community residents with lived experience shared struggles with asthma that they attribute to housing conditions

SMEs indicated that older homes, rental properties, and North County residences, are both more affordable and more likely to be in substandard condition and therefore contain asthma triggers including: molds, dust mites, tobacco smoke, rodents, and cockroaches. Pollution sources such as freeways, busy roadways, and factories, were also cited as known asthma triggers and factors that reduce the value of properties in Orange County. Individuals who live in and seek out these properties are more likely to be exposed to these hazards. The low-income residents surveyed were more likely to report exposure to mold where they live; and those experiencing homeless were more likely to report having been exposed to mold, cockroaches, dust, and tobacco smoke.

Community residents and SMEs cited excessive wear-and-tear, maintenance challenges, and landlord neglect in crowded homes as conditions that increase the likelihood of exposure to known asthma triggers; particularly mold from old and overused plumbing and poorly maintained weather proofing structures. Two focus group participants shared worsening asthma symptoms due to their home environment. A 63-year-old woman with frequent asthma attacks and hospitalizations attributed the severity of her symptoms to her poorly maintained apartment. Another woman shared her son's frequent attacks and reliance on a nightly breathing machine due to indoor tobacco smoke from other residents.

#### Learning Questions

1. How does crowded housing impact health outcomes in the service area?
2. How does housing insecurity impact health outcomes in the service area?

#### Contributing Data

- **SME interviews**
  - 5 interviews conducted with 5 people
- **Survey**
  - 1 survey completed by 271 people
- **Focus Groups**
  - 6 focus groups conducted with 56 people

“This family they had ten people in one apartment. All the people had so much stress. But they don’t do anything about [it], because they have nowhere else to go.”

- Community Resident, Anaheim

### **Mental Health**

Overall, residents and SMEs alike shared that crowded housing and housing insecurity have substantial impacts on mental health. The primary mental health problems cited by residents living in crowded homes, neighborhoods and communities were anxiety, panic attacks, and stress. Nearly all of the residents engaged shared stories of the daily, chronic stress and anxiety experienced in cramped quarters. The lack of privacy, conflicts around property and food theft, and the inability to utilize the kitchen or certain rooms leaves individuals and families in a heightened state of stress with little time or space for self-care or adequate nutrition. Many individuals choose to eat outside the home in order to avoid the stress of trying to divide kitchen space.

SMEs also pointed to poor mental health as both a contributing factor to and consequence of chronic homelessness. Individuals experiencing homelessness were characterized as being in a chronic state of PTSD due to life on the streets and one SME said that it is quite common for housing insecure individuals to start out with a minor mental illness and to deteriorate significantly in as little as one year. Bipolar disorder, depression, and mild schizophrenia were cited as the most common mental health diagnoses experienced by individuals experiencing homelessness population. In addition to the cited mental health challenges, other primary health concerns for individuals experiencing homelessness are automobile and pedestrian accidents, untreated wounds, diabetes, and congestive heart failure.

“Not only does [homelessness] take a toll on our society but it has a terrible impact on individuals. The average length of life expectancy is eight-three years, but for our clients that our homeless the average life expectancy is forty-three-years.”

- Subject Matter Expert

### **Other Learnings/Emergent Themes**

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#### **“NIMBYism” and Opportunities for Collaboration with the Orange County Board of Supervisors**

A common theme expressed by community and organizational leaders was “NIMBYism” or “Not-In-My-Backyard” syndrome, where residents and leaders in certain cities resist affordable housing developments and homelessness solutions in their communities. SMEs identified opportunities to enhance collaboration with Orange County Board of Supervisors and the 34 cities to implement policy changes that will address local housing issues.

#### **Sexual Abuse and Violence**

Crowded home environments were found to have high prevalence of sexual abuse and violence. Three community residents shared personal stories of their children being sexually abused by individuals renting rooms. One woman shared the tragic experience of a neighbor whose daughter was killed by a man renting a room in their home who then turned the gun on himself and committed suicide.

#### **Parking**

Congested parking also emerged as a significant source of stress and conflict for individuals living in crowded homes and neighborhoods. Community members from the cities of Santa Ana and Fullerton said ‘every square inch’ of properties in their neighborhoods are covered with cars; leaving children with few green spaces, inciting violent conflicts over parking spaces, and forcing residents to park illegally and incur citations. The daily struggle with parking was one of the many anxiety-provoking experiences shared by focus group participants.

## **Resources**

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Cited resources included: Trellis International, Mercy House, The Kennedy Commission, OC Fair Housing Council, Jamboree Housing, Illumination Foundation, Isaiah House, OC United Way/United to End Homelessness, 211 OC, OCHCA CHAT-H public nurses/ intensive case management for street homeless.

## **Areas for Further Action**

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Support for the development of increased affordable housing stock includes: supporting efforts to change local zoning laws and due to new policies, such as AB 448 (OC Housing Trust) and CA Propositions 1 and 2, fairly appropriate funding to increase the stock of affordable housing and permanent supportive housing across all 34 cities in Orange County.

To address crowded housing challenges suggestions included: support of tenant protections, increased pressure on cities to perform proactive home inspections/housing code enforcement and the implementation and support of home visit programs that couple asthma clinical care with home inspections and patient education.

# Asthma

Nationwide, communities of color are more likely to have, be hospitalized for, and die from asthma. Though Black individuals make up a small portion of the service area population, making it difficult to source valid data on contributing factors specific to the region, this race-based asthma disparity is clearly prevalent in Orange County.

Two subject matter experts, a public health executive and a medical doctor, were asked directly about (1) factors that might explain why Black populations are disproportionately affected, (2) the environmental factors that contribute to asthma for all populations, and (3) existing resources, strategies, and best practices to address the disparity. The Resident Wellbeing survey allowed community residents to indicate their relative concern with and exposure to asthma triggers, providing additional insight and a comprehensive perspective on the upstream factors that may contribute to the disparity experienced by black residents in the service area.

## What is driving the high rate of asthma for the black population in the service area?

### ACEs and Asthma

ACEs were cited by both of the SMEs as one piece of the puzzle regarding race-based asthma disparities in the service area. While deeper inquiry is needed to determine the scope in Orange County, SMEs highlighted both emerging evidence on ACEs and asthma and clear evidence that Black populations have historically been exposed to more ACEs and chronic stress in their communities and home.

### Lived Environment: Income, Housing and Air Quality

Both SMEs cited and shared clear evidence on the connection between housing condition and air quality in low-income neighborhoods and the onset and worsening of asthma symptoms. The average income for Black individuals is higher in Orange County than in other California counties but on a statewide scale, Black individuals disproportionately live in low-income neighborhoods and homes. SMEs noted this is one of the factors that may be driving the high rates of asthma for this population. However, income alone cannot fully explain local race-based health disparities.

### Learning Questions

3. What is driving the high rate of asthma for the Black population in the service area?

### Contributing Data

- **SME interviews**
  - 2 interviews with 2 people
- **Survey**
  - 1 survey conducted with 271 people

60% of residents are either somewhat, moderately, or very concerned about **asthma**

201 residents were surveyed

### “Genetics Load the Gun, Environment Pulls the Trigger”

Both SMEs cited and shared data about a genetic link predisposing Black individuals to asthma incidence, hospitalization, and death. Most notably, emerging data suggests that genetics might impact the effectiveness of certain asthma medications, such as Albuterol. They also cited that genetics act in concert with access to care and environmental triggers.

### Resources

In addition to the housing and tenant protections cited in the “Housing” section of this engagement summary, the following resources were identified and address the asthma disparity in Orange County: CHOC’s Breathmobile Asthma Clinic, Regional Asthma Management and Prevention (RAMP), California

Breathing, the Occupational Safety and Health Administration (OSHA) and The California Health Interview Survey (CHIS).

### **Areas of Further Action**

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Suggestions to improve asthma due to living conditions included advocacy around tenant protections, as well as implementing home visits and education as part of routine asthma care. Prevention-oriented services such as home visit programs have been implemented by some counties and healthcare providers throughout the state. These have decreased asthma-related hospitalizations and medical costs. One SME emphasized a need for hospitalization, incidence, and zip code data to address housing conditions. She also suggested gathering neighborhood data to truly understand the role living environments play on the high rate of asthma for the Black population in the service area.

## Food Insecurity

To gather data and learn about the breadth and depth of food security in the service area, SMEs were asked to discuss: (1) broadly, food insecurity in the service area, (2) causes and contributing factors, (3) communities most impacted, and (4) existing strategies and challenges, and (5) resources.

Community residents were surveyed about specific food security concerns over the last twelve months including: (1) having enough to eat, (2) worries regarding food supply, (3) perceived affordability, (4) skipping or reducing meals when hungry, and (5) reliance on food banks.

### What does food security look like in Orange County?

#### Less About Supply

Orange County is fortunate to have an ample distribution of grocery stores selling fresh produce in most cities, including in predominantly low-income neighborhoods such as those in Santa Ana and Anaheim, and a large network of emergency food providers and food pantries. SMEs discussed their involvement in policy, advocacy, and research collaboratives, noting this as another strength of the county. Nearly all community residents surveyed reported that fresh fruits and vegetables were available at community stores near them and over three-quarters of those surveyed regularly buy fresh fruits and vegetables.

#### Learning Questions

4. What does food security look like in the service area?

#### Contributing Data

- **SME interviews**
  - 2 interviews conducted with 3 people
- **Survey**
  - 1 survey conducted with 271 people

“Ultimately food insecurity in OC is created by lack of affordable housing and lack of living wage ordinances.”

- Subject Matter Expert

#### An Access Problem: Undocumented Immigrant Families

Because people receiving Supplemental Security Income (SSI) are now able to apply for CalFresh, the program has become accessible to more individuals in need. However, undocumented immigrant families who are income eligible are not applying for and are canceling benefits because they do not want it to be associated with their household. This puts individuals at increased risk of nutritional inadequacy and increasing the cost-burden on low-wage earning households.

#### Mental Health and Adequate Nutrition

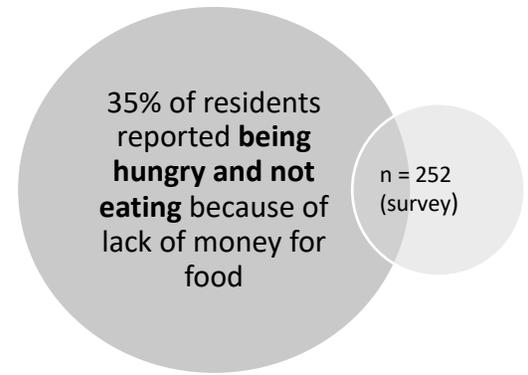
SMEs spoke about the role that mental health issues, particularly depression, can play in dietary choices and eating habits. They explained how nutritional inadequacy contributes to depression and anxiety symptoms in adults due to fluctuations in blood sugar. Likewise, one SME noted higher levels of depression and ADHD in children with poor nutrition.

“There is always going to be that question, was she really depressed or was this a chemical imbalance from her diabetes? She was a type one diabetic and she also worked night shifts. What impact did her blood sugar have on her mental health? She overdosed on pain killers and sleep medication. She was twenty-five years old.”

-Survivor of Suicide Loss

### Connection to the Lack of Affordable Housing

SMEs explained that families and individuals under financial pressure forgo basic nutrition and health maintenance. Residents living in motels and crowded homes generally rely on dining out, because they lack or have limited access to cooking facilities and food storage. This adds to living costs, creating a cycle of financial pressure. Individuals experiencing homelessness and very low-income residents (those making less than \$20,000 per year) were more likely to report reducing the size of or skipping meals, being hungry, or not eating. This put them at risk for chronic malnutrition which, according to the SMEs interviewed, can lead to or worsen depression and other conditions such as diabetes, stroke, and heart disease.



### Resources

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The available resources currently working to address food security in the service area include: Orange County Waste Not, Want Not, SeniorServ Meals on Wheels, Orange County Food Access Coalition, Second Harvest of Orange County, the Real Meals Project, Healthier Food Drive, the Emergency Meal Swipe Program at the University of California, Irvine, the Harvest Club of Orange County, new CalFresh restaurant benefits, as well as a host of community kitchens including Southwest Community Center, Mary’s Kitchen, and Isaiah House.

### Opportunities for Further Action

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Experts recommended nutritional counseling and education for individuals with chronic conditions such as stroke, cardiovascular disease, diabetes, and obesity. Advocacy efforts around living wage ordinances, affordable housing, and protections for undocumented immigrants were also suggested.

## Stroke

To gather data about the lived experience of stroke survivors and their caregivers and upstream factors that may contribute to the higher rates of death from stroke for Black residents in the service area, focus group participants were asked to discuss: (1) primary health concerns, (2) services they are aware of to address those concerns, (3) unmet needs of stroke survivors and their caretakers, (4) resources available to assist with stroke recovery, (5) accessibility of stroke care/rehabilitative services in the community, (6) barriers to accessing care, (7) how services can be improved, and (8) the resources or interventions they would like to see in the service area.

SMEs were asked about (1) predominant trends related to stroke outcomes, (2) which communities are most affected, (3) contributing environmental factors (4) barriers and challenges to improving stroke outcomes, (5) resources available, (6) strategies and programs being implemented to address stroke in Orange County, and (7) any additional programs/systems they would like to see implemented in the county. The Resident Wellbeing survey administered in Orange County allowed individuals to rank health concerns including stroke and other heart diseases.

### **What is contributing to racial disparity and how does income impact outcomes in the service area?**

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#### **Lack of Integrated and Accessible Follow-Up Care**

Stroke survivors, caregivers, and SMEs expressed a desire for insurance-covered or affordable services including: a nutritionist, pelvic health care, physicians, mental health therapists, and occupational therapists. Stakeholders reported that these services are limited, difficult to navigate in the service area, and expensive. According to SMEs, some of the contributing factors that lead to the income and racial disparities in stroke include: lack of affordable integrated and accessible acute intensive and long-term rehab programs and the cost of quality medications to prevent stroke re-occurrence.

*“I took it upon myself to be a resource person. There is currently no mechanism for providing patients with options after their insurance covered care runs out.”*

- Focus Group, Irvine

#### **Inequities Regarding Access to Timely Care**

A medical doctor stressed that time is key for outcomes and survival. He noted that if someone from a poor neighborhood is having stroke symptoms, they usually have to travel further to get to a hospital than those in wealthy neighborhoods.

#### **Learning Questions**

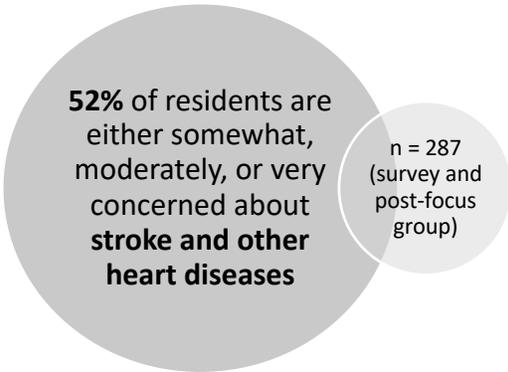
5. What is contributing to the higher deaths from stroke for the black population?
6. How does the social predictor of low-income impact stroke outcomes in the service area?

#### **Contributing Data**

- **SME interviews**
  - 2 interviews conducted with 2 people
- **Survey**
  - 1 survey conducted with 271 people
- **Focus Groups**
  - 1 focus groups conducted with 18 people

## Secondary Health Concerns

SMEs noted that Black individuals are less able to mitigate risk as a result of historic and systemic social, economic, and environmental inequalities. The medical doctor (SME) interviewed indicated that this population has a higher risk of hypertension that is more difficult to treat and higher than average rates of diabetes. Low-income individuals of all racial and ethnic backgrounds have increased risk for malnutrition, which can lead to or worsen diabetes. SMEs cited reliance on low cost, low-nutrient food increases the possibility of obesity, another known stroke risk factor.



52% of residents are either somewhat, moderately, or very concerned about stroke and other heart diseases

n = 287  
(survey and post-focus group)

## Adverse Childhood Experiences (ACEs)

Multiple sources said that ACEs increase risk for chronic diseases, including stroke.

## Other Learnings/Emergent Themes

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### Caregiver and Survivor Mental Health

Caregivers and SMEs alike shared the trauma that results from witnessing a stroke and how taxing it is to adapt to the increased demands and limitations of the stroke survivor. Caregivers have high rates of PTSD and anxiety, and both caregivers and stroke survivors experience high rates of depression. Mental health of survivors and caregivers is not well addressed by the health system and experts insist that improvements in this area will lead to better outcomes for stroke survivors. Group therapy, support groups, mindfulness meditation, and relaxation techniques were all cited as important strategies for prevention and stroke recovery.

### Trend: Strokes Occurring at Younger Ages

SMEs noted a trend in medical literature and anecdotally in their practice an increased incidence of stroke in the middle-aged, working population. One of the individuals who participated in the focus group suffered her first stroke at the age of 35. The consequences of this are income losses and increased spouse/caregiver burden.

“Strokes are happening in their prime earning years. They have to go on disability and lose their job, lose their insurance.”

-Subject Matter Expert

### Optimism from Success of Current Knowledge and Therapies

SMEs shared positive reflections on progress in treating and preventing stroke, including positive outcomes from catheter-based interventions for acute stroke as well as diminished rates of women experiencing stroke as a result of high dose contraceptives.

## Resources

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Stroke survivors in the focus group stated that they had attended **Chapman University Stroke Recovery Boot Camp**. Additional resources they utilized included the **Goodwill Fitness Center** (a 12,000 square foot adaptive gym), and support groups; all of which were available to them after their insurance coverage ended.

Other resources identified through all of the engagements include:

### OC Stroke Society

**OC Stroke Rehab Network (OCSRN)**: facilitates and hosts annual stroke rehab workshops, continuing education courses for clinicians, a stroke awareness picnic for survivors and caregivers; and multiple support groups.

**TeleRehab:** a game-based, remote physical therapy and mental health program being piloted by one of the SMEs.

**Stroke Neurology Receiving Center (SNRC) and Emergency responder training:** includes a dedicated medical director, an emergency-medicine physician on-site and requires an on-call neurologist, neurosurgeon and radiologist. Orange County's Health Care Agency designated UC Irvine Medical Center a Stroke Neurology Receiving Center and there is a network of five other such sites offering high-level neurovascular care and stroke education classes for paramedics and ambulance drivers.

### **Opportunities for Further Action**

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Community members suggested:

**Increased education and awareness about resources:** a desire for more information about their conditions, how to better care for themselves, and the resources available to them in their communities.

**Integrated care and better follow-up care:** the need for health care navigators, long-term care and rehabilitative services, and additional support groups/socialization opportunities.

**Desire for increased awareness:** more educational campaigns to raise awareness about strokes and the people who have them, as they felt there are many negative perceptions about stroke victims.

**Other suggestions included:** a mobile pop-up clinic (a cost-effective strategy to address disparities across race and place); public stroke risk factor education; and electronic, individualized information and education for stroke patients, and nurse visits at home to ensure that medications were being taken correctly.

## Mental Health and Suicide

Anaheim and Irvine Service Area residents with lived experience with mental health diagnoses, suicidality, and suicide loss, as well as SMEs representing local prevention and intervention organizations across the county, were engaged to humanize the local statistics that demonstrate an increase in suicide in the service area, particularly for teens and middle-aged/senior men.

Engaging individuals who have recently attempted or were considering suicide proved challenging given the priority to protect client privacy and the therapeutic process of recovery. One suicide attempt survivor and 12 individuals who had lost a family member to suicide (survivors of suicide loss) shared their personal experiences. Three additional focus groups were conducted to learn about broad gaps in mental health illness prevention and intervention.

### What is the lived experience of individuals and families impacted by mental health illness and suicide in the service area?

#### The Role of Social Media

Nearly all of the residents and SMEs engaged on the topic of mental health and suicide discussed the role of smart phones and social media. Teen focus group participants shared the pervasiveness of peer-to-peer bullying on social media as well as the related negative impacts on social self-esteem. SMEs noted the correlation between daily time spent on the internet and suicidality. Counselors and teachers shared that they witness addiction-like behaviors/withdrawals, decreased focus and attention, and increased irritability and anxiety on high school campuses, which they attribute to smart phone/social media dependence. Emphasis was placed on the “like” feature on social media platforms and its impact on the developing teenage brain.

#### Alcohol

Community residents cited alcohol abuse as being a factor impacting suicidality. Alcohol reduces inhibitions and increases impulsivity, which are risk factors for suicide attempts.

#### Serious Shortage of Beds

All SMEs pointed to the shortage of public and private hospital beds available to treat psychiatric conditions and suicidality. One high school mental health professional shared that they are seeing two patient hospitalizations per week, which highlights the demand among teens at just one school site. Other SMEs shared that this is a countywide public health problem. CHOC Hospital recently added 12 beds to address the youth psychiatric hospital demand.

67% of residents are either somewhat, moderately, or very concerned about mental health

n = 291  
(survey and post-focus group)

#### Learning Questions

7. What is the lived experience of those that have attempted/are considering suicide?
8. What is the lived experience of those with a mental health diagnosis and their families in the service area (individuals impacted by suicide, gaps)?

#### Contributing Data

- **SME interviews**
  - Total of 4 interviews conducted across 6 people
- **Survey**
  - Total of 1 survey conducted across 271 people
- **Focus Groups**
  - Total of 4 focus groups conducted with 47 people

## **Challenges with HIPAA and FERPA**

Three SMEs and one survivor of suicide loss shared that HIPAA and FERPA present limitations on prevention, due to limits on what can be shared with parents from confidential medical appointments. One survivor of suicide loss shared the story of her son's therapist who regretted not calling her and informing her of her son's suicidal thoughts. She said this therapist now disregards HIPAA if she thinks a patient is critical and shares concerns with loved ones to help prevent death by suicide in her clients.

## **Stigma and Misinformation**

Nearly all residents engaged on the topic said that stigma and misinformation about mental health and suicidality limit prevention, intervention, and recovery efforts.

“I feel like I just abandoned him, but I didn't realize all the signs...Stigma thing has been a real hard thing for me to deal with. I still feel like it makes me feel like a completely deficient parent.”

- Survivor of Suicide Loss

## **Other Learnings/Emergent Themes**

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### **Misuse of Prescription Drugs**

An emerging theme was the misuse of prescription drugs, specifically Xanax and Opioids. Several high school teachers, counselors, and administrators who participated in one of the focus groups on mental health in the service area shared stories of Xanax abuse and they expressed that this is a larger problem that reaches beyond the anecdotal experiences witnessed on their school campuses. SMEs and data from the OC Health Care Agency indicate that older adults are the population of greatest concern regarding opioid abuse, hospitalizations, and deaths.

### **Loneliness and Isolation: Suicide and the Opioid Epidemic**

Community members discussed the role of social isolation and loneliness and how these factors contribute to addiction relapse, opioid use, and overdose rates, as well as to suicidality. Because of the powerful role of social isolation and loneliness cited, SMEs and focus group participants expressed that group therapy and other opportunities for increased social connection represent potent opportunities for recovery from these conditions.

### **Vaping and Teens**

Local high school students, teachers, counselors, administrators, and mental health professionals shared concerns about prolific dependence on tobacco and THC vape products. The adult participants noted particular concern about the impacts on teen mood (increased anxiety and irritability) as well as vaping advertisements targeting teens through social media.

## **Resources**

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Selected resources include: OC Links, TIP, CAT, the American Foundation for Suicide Prevention (AFSP) OC chapter, CHOC, Be Well OC, Saddleback Church Suicide Loss and Prevention initiatives, OC Department of Education Student Mental Health, San Clemente Wellness and Prevention Center, Western Youth Services, Council on Aging initiatives addressing loneliness and isolation in seniors, and the OC Health Care Agency's opioid abuse prevention initiatives led by Dr. Nichole Quick and Dr. Eric Handler.

## **Opportunities for Further Action**

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Continued efforts to increase the number of psychiatric beds available in the service area, follow-up care, and suicide prevention and sensitivity training were recommended by nearly all focus group participants. Parent education and social-emotional education for parents, educators, and children on school campuses was also cited as a need. Other suggestions include: The Interactive Screening Program (ISP) web platform to screen

mental health conditions, workplace suicide prevention programs, EMDR (eye movement desensitization and preprocessing) therapy, teen-facilitated/peer-to-peer prevention efforts, and more group therapy to address issues of social isolation and loneliness that accompany conditions like suicidality and depression. One focus group participant, a survivor of suicide loss, suggested regular preventative “check-ups for the neck up” in primary care. Another suggestion was to put suicide prevention information/phone numbers on ID cards at middle schools, high schools, and colleges and universities.

## Oral Health

Oral Health was identified as a regional gap by several reports shared through the OC Healthier Together Collaborative. The OC Health Care Agency (OCHCA) Oral Health Work Group recently completed an Oral Health Strategic Plan for 2018-2022 which, in addition to the one SME interview and questions in the Resident Wellbeing survey informed many of the learnings regarding unmet oral health needs in the service.

### What are the unmet oral health needs in the service area?

#### Utilization of Services

The majority of community residents surveyed said oral health care is a concern, yet according to the OCHCA Oral Health Strategic Plan 2018-2022, less than one in three OC residents have visited the dentist in the past year. The primary reasons cited in the report for not visiting the dentist were cost, lack of awareness that MediCal does cover dental, and difficulty finding a dentist. The SME explained that so few people know about DentiCal (MediCal covered dental care) due to the low percentage of dentists in Orange County that accept patients with DentiCal. The SME stated that DentiCal has a poor reputation among dentists, has such low returns, and requires so much paperwork that dentists report it being easier to do pro bono dental work for needy populations. In Orange County, 10% of dentists accept DentiCal, compared to 20% of dentists statewide.

#### Pediatric Needs

The SME noted that dental disease is the top chronic disease found in children nationwide, more common than obesity and asthma, and is easily prevented with regular, appropriate care. The California State oral health goal for children is for less than 25% of kids to have active decay cavities. According to the SME, 60% of the new patients seen at OC Healthy Smiles for Kids have decay.

#### Racial/Ethnic Disparities

According the OCHCA Oral Health Strategic Plan for 2018-2022, national data from 2016 shows tooth decay is declining overall, but that Hispanic/Latino, Black/African-American and Asian children have higher rates of dental disease.

#### Cost

According to the local SME interviewed, cost is the biggest predictor of adults not seeking dental care for themselves or their children.

#### Older Adults

A local SME explained that there is a lack of dental health resources for low-income seniors and that the health care facilities in OC that do provide free or low-cost dental care to adults are struggling to meet the demand. This was further supported by data in the OCHCA Oral Health Strategic Plan 2018-2022.

**58%** of residents are either somewhat, moderately, or very concerned about **oral health**

#### Learning Questions

9. What are the unmet oral health needs in the service area?

#### Contributing Data

- **SME interviews**
  - 1 interview conducted with 1 person
- **Survey**
  - 1 survey conducted with 271 people

## **Special Needs**

Oral health care is the number one unmet health need for children with special needs. Many of these children end up in emergency rooms with oral abscesses and other infections, according to the SME interview.

## **Other Learnings/Emergent Themes**

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### **CA Proposition - 56 Tax to Increase Streams of Funding**

A large portion of the Proposition 56 tax is allocated to oral health and has led to the county's Oral Health Needs Assessment. The county received preliminary funds for that report and will now receive more to address the gaps discovered through that report.

### **Tele-dentistry**

Tele-dentistry was suggested as a portable, cost-effective solution to address unmet oral health needs. Tele-dentistry, according to the SME, includes a portable dental chair and a suitcase with water, suction, and other dental equipment. It is administered by registered dental hygienists in alternative practice (RDHAPs), which was cited as the dental equivalent of a nurse practitioner. RDHAPs go to schools, community sites, like Boys and Girls Clubs, and primary care offices to provide critical, interim therapeutic care and restorations for people who otherwise might not get dental care. RDHAPs also take pictures/images, collect diagnostic records, and provide preventative procedures. When more complex dental treatment is needed, patients are referred to a dentist.

### **Resources**

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OC Healthy Smiles for Kids mobile clinic and tele-dentistry programs, Lestonnac Free Clinic, Share Our Selves, Hurtt Family Clinic, and well as "Smiles California," a public campaign spearheaded by Delta Dental that uses state grant money to raise public awareness and encourage more providers to sign up and accept DentiCal patients.

### **Opportunities for Further Action**

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Stakeholders recommended additional PR and information disseminated to the public about the importance of dental care, prevention behaviors, and to inform them about DentiCal. Other recommendations included: co-location of medical and dental services, integration of dental care screening in primary care using tele-dentistry, regular and systematic data collection, and evaluation regarding local dental health needs.

## Older Adults

In order to answer the learning question about the growing older adult population (defined as individuals aged 65 or older) in Anaheim and Irvine Service Areas, three SME interviews and one focus group with older adult residents at an affordable housing complex were conducted. In addition, insights were gleaned from CHNA engagements in other content areas including mental health, oral health, and housing and food security.

### **What challenges do older adults face in the service area that compromise health outcome?**

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#### **Transportation**

Transportation reportedly affects all aspects of older adults' lives in the service area. While Orange County has substantial public transportation resources like OCTA Access, it was reported that city level transportation services vary by geographic location and may be less accessible to older adults in certain areas of the service area. Cities in South County tend to provide greater access to transportation for seniors and are often facilitated through city-funded senior centers, which are more prevalent in South County than North County.

A lack of reliable transportation inhibits older adults' ability to attend doctor appointments and buy fresh produce to maintain a healthy lifestyle; it also puts them at risk of loneliness, isolation, and depression.

The focus group participants shared their strategies to navigate public transportation limitations, which included use of taxis, walking, and having designated friends and family drive them to appointments and the grocery store. One resident used ABRAZAR, a senior transportation service she learned about through the manager at her apartment complex, which offers seniors six rides per month and is exclusively for medical visits.

#### **Isolation/Loneliness**

All of the older adults engaged through the focus group shared an interest in increased opportunities for socializing. It was reported by SMEs that approximately 20% of individuals over 65 in the service area are living alone. It was also reported that the high cost of housing is driving families and children of older adults out of the county, leaving many older adults with limited social connections or systems of support.

Isolation and loneliness were cited by SMEs as risk factors for mental illness, suicidality, substance use and abuse, and poor outcomes related to other chronic diseases for this population. SMEs reported that this is due to the impact that a lack of social networks have on one's ability to access resources and care. It was also attributed to decreased motivation for self-care that results from social isolation. Different minority communities, including Hispanic/Latino, Vietnamese, and other Asian populations were reported to experience less isolation and loneliness due to cultural norms of multi-generational family living.

#### **Learning Questions**

10. What challenges do older adults face in the service area that compromise health outcomes?

#### **Contributing Data**

- **SME interviews**
  - 3 interviews conducted with 3 people
- **Focus Groups**
  - 1 focus group conducted with 10 people

## **Economic Security**

Due to the high cost of living reported in the service area and heavy reliance on social security as a sole source of income, SMEs reported an increase in economically insecure older adults in the region. SMEs noted increases in the number of food and housing insecure seniors. Anecdotal cases of community members having to choose between food and medication were shared by two SMEs. Food insecurity was noted as a particular concern for individuals with conditions that require special diets including: diabetes, heart conditions, hypertension, and congestive heart failure. One SME reported a stigma among older adults around the issue of economic security, which inhibits older adults from asking for help.

## **Overwhelm Navigating Services**

A focus group participant shared that difficulty navigating insurance coverage and costs posed the greatest challenge to accessing care. SMEs noted that while there are many resources available for older adults in Orange County, it is difficult for older adults to navigate and select the best options. Some senior apartments and adult board and care and day care centers were reported to have on-site case managers to help seniors access services.

## **Other Learnings/Emergent Themes**

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### **High Rates of Suicide and Opioid Dependence**

SMEs and focus group participants from the engagements around suicide in the service area shared anecdotal evidence that older adults, particularly white males, have higher rates of suicide in the county. One SME from the OC Health Care Agency noted a connection between suicide and opioid abuse indicating the common factor driving these local epidemics is social isolation and loneliness. An OC Health Care Agency & Sheriff-Coroner Report, *Drug & Alcohol Morbidity in Orange County 2017*, indicates that while the highest rates of opioid related deaths from 2011-2015 were for individuals 45-64, it is an increasing problem for individuals over 65. Half of all opioid deaths among people aged 65 and older between 2014-2016 were ruled suicides. The top cities of concern were Dana Point, Laguna Beach, Laguna Woods, San Clemente, and Costa Mesa.

### **Projected Growth of Population**

The following projections were cited for this population in the service area: By 2020, 24% of OC residents will be over age the 65. By 2040 this population is projected to nearly double. One in four residents in Orange County will be 65 or older. Older adults were said to be the fastest and only growing population in Orange County. One SME interviewed believes local hospitals are going to be pushed to capacity due to the increases in a population that historically has high medical needs.

“So my concern is as you look what’s happening in the homelessness crisis today –this is a precursor to what’s going to happen to older adults in OC. Think of 800,000 more seniors in the county. The hospitals are going to be flooded.”

- Subject Matter Expert

### **Oral Health**

Focus group participants and two SMEs shared that there are not enough preventative dental care services available to older adults in Orange County.

## **Resources**

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SafeRx OC, ABRAZAR, Council on Aging (provides a health insurance advocacy program, friendly visitor programs, ombudsman services to advocate for older adults at assist living services), SeniorServ (provides adult day care, friendly visitor, and Meals on Wheels for North Central OC), Age Well Services in South County, OC Office on Aging (provides an information and referral assistance hotline and chronic disease management courses), OC Aging Services Collaborative (35 local members), Caregiver Resource Center in Fullerton, Alzheimer’s OC, and the OC Strategic Plan on Aging

## Opportunities for Further Action

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Oral health care for low-income, older adults: An SME shared a promising program to reach this population called the **virtual dental home (VDH)**. VDH was reported to be similar to tele-dentistry but is more extensive and specifically caters to the unique oral health care needs of older adults.

Use of **technology for food delivery** (more successful for older adults aged 65 – 75 and less helpful to those aged 75 – 85 who are less comfortable with technology).

**Deeper inquiry into understanding the breadth and depth of social isolation** in Orange County.

**Support for caregivers of those with Alzheimer’s** – specifically resource navigation and mental health support. **Increased public education on Alzheimer’s**.

Lastly, SMEs emphasized the need for **increased coordination** across stakeholders and a centralization of resources to improve health outcomes for older adults.

“Older adults are the fast growing, and the only growing, population in Orange County. So, my concern is as you look what’s happening in the homelessness crisis today –this is a precursor to what’s going to happen to older adults in OC. Think of 800,000 more seniors in the county. The hospitals are going to be flooded.”

-Subject Matter Expert