Orange County’s
HEALTHIER TOGETHER

2014-16
Orange County Health Improvement Plan

2015 Annual Report

www.ochealthiertogether.org
The Orange County Health Improvement Plan (OCHIP) was published in May 2014 for the time period January 2014-December 2016. This report reflects the work done on the OCHIP between January and December 2015. Much of the work done focused on assessing current systems and developing strategies to address the system. Due to timing of the difference in timing of these activities and delays in reporting of performance measures, outcomes cannot yet be evaluated. Objectives and targets for performance measures are shown for informational purposes.

Orange County Public Health System

2015 Accomplishments:

Key Strategies

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

   **2015 Progress:** The Orange County’s Healthier Together Health Improvement Partnership (HIP) has continued to in its capacity to lead community health assessment and planning activities for Orange County. At the end of 2015, there were 42 members representing 35 organizations, compared to 35 members representing 29 organizations at the beginning of the year. The HIP held three meetings in 2015 to discuss updates on the OCHIP and plans for the next assessment and plan. Meeting highlights and materials are posted on the HIP Meetings Webpage.

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

   **2015 Progress:** The OCHealthierTogether.org website was launched in June 2014 to share progress on the Orange County Healthier Together initiative. In 2015, the website continued to provide updates on each of the four health priority areas and the public health system. In 2015, the website had 15,193 users with 53,160 pageviews. HIP partners, including Children and Families Commission of Orange County, St. Jude Hospital, UCI School of Public Health, and California State University of Fullerton, Department of Human Services, have put links to the website on their web pages. By the end of 2015, the website averaged over 7,000 pageviews a month.

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

   **2015 Progress:** In 2015, over 30 new indicators were added on the OC Health Dashboard and trend, geographic, and demographic indicators were added to existing indicators. The dashboard now has over 200 health, social, and economic indicators for Orange County to help better coordinate the use of data, plan for health, and track progress in improving Orange County’s health.
Goal 1: Improve birth outcomes in Orange County

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

<table>
<thead>
<tr>
<th>Performance Measure(s)</th>
<th>Baseline</th>
<th>Updates</th>
<th>2016 Target</th>
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<tbody>
<tr>
<td>Number of women receiving prenatal care in the first three months of pregnancy</td>
<td>2010 Latinas: 86.9% African Americans: 86.7% &lt;20 year olds: 74.3% 20-24 year olds: 85.4%</td>
<td>2013 Latinas: 87.0% African Americans: 84.7% Pacific Islander: 67.3% &lt;15 year olds: 47.1% 15-17 year olds: 69.9% 18-19 year olds: 74.6% 20-24 year olds: 83.1%</td>
<td>10% increase for each group with disparities</td>
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2015 Accomplishments:

Planning: The Orange County Perinatal Council (OCPC) is the acting work group coordinating efforts around the Infant and Child Health section of the OCHIP.

Key Strategies

1. Identify barriers to prenatal care for women who are less likely to receive early prenatal care

2015 Progress: OCPC adapted CalOptima’s prenatal care barrier analysis and developed a survey tool to better understand barriers to care. The survey was initiated in December 2015 to selected Comprehensive Perinatal Services Program (CPSP) and CalOptima providers within target ZIP codes with lower prenatal care rates.

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

2015 Progress: OCPC worked with CalOptima to update a Prenatal Tip Sheet used by community partners to communicate consistent messages regarding the importance of early prenatal care; the Tip Sheet is included in all Medi-Cal and CalOptima new members application packets. OCPC continued to develop a provider-friendly referral guide for public health programs serving at-risk pregnant clients in Orange County. OCPC is working with Orange County Department of Education (OCDE) stakeholders to develop a survey to find out about barriers to referral to PHS programs and services.
Goal 2: Improve **infant and child health outcomes in Orange County**.

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

<table>
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<tr>
<td>Percentage of newborns exclusively breastfeeding through 3 months</td>
<td>31.5% (2012)</td>
<td>No updated data</td>
<td>34% by 2016</td>
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</tbody>
</table>

*Data Source: CDPH Maternal and Infant Health Survey*

**2015 Accomplishments:**

**Planning:** The **Orange County Perinatal Council (OCPC)** is the acting work group coordinating efforts around the Infant and Child Health section of the OCHIP. OCPC combined strategies 2 and 5 in the OCHIP to focus on identifying needs focusing on workplace policies supporting lactation.

**Key Strategies**

1. **Identify ways to promote, support, and leverage WIC’s efforts to support breastfeeding.**
   
   **2015 Progress:** OCPC continued [www.Myhealthoc.org](http://www.Myhealthoc.org) outreach to share WIC platform through opportunities including OCPC partners, Child Health and Disability Prevention (CHDP) Program, Provider Information Notice, Head Start, Nutrition and Physical Activity Coalition (NuPac), Community Perinatal Network Directors, and for March of Dimes Comenzando Bien Training.

2. **Explore community-capacity needs identified to promote workplace policies and practices supporting lactation.**
   
   **2015 Progress:** OCPC assessed breastfeeding policies of moderate and large businesses and identified a preliminary list of businesses to survey.

3. **Maintain and disseminate a directory of lactation services.**
   
   **2015 Progress:** OCPC has updated the Breastfeeding Resource Guide and sent the guide to all OCPC partners for dissemination.

4. **Promote and support laws and policies increasing the number of hospitals with infant feeding policy and increasing the number of “baby friendly” hospitals.**
   
   **2015 Progress:** OCPC is working on a breastfeeding consortium led by the Perinatal Network to support progress toward “Baby Friendly” status for hospitals.
Priority Area #2: Older Adult Health

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

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

Objective 1.2: Reduce health complications of chronic diseases and social isolation among older adults.

Objective 1.3: Reduce the risk for abuse and neglect of older adults.

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<tr>
<td>Data Source: Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td></td>
<td></td>
<td>TBD in 2016</td>
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2015 Accomplishments:

Planning: The Orange County Healthy Aging Initiative (OCHAI) is the acting work group coordinating efforts around the Older Adult Health section of the OCHIP. Objectives 1.2 and 1.3 have been combined to better understand the current service system to reduce chronic disease and social isolation among older adults. Activity on Objective 1.4 has been postponed to focus on 1.2 and 1.3.

Objective 1.1 Key Strategies

1. Complete and disseminate Orange County Healthy Aging Initiative’s Annual Wellness Visit toolkit to providers.

2015 Progress: OCHAI distributed about 200 Annual Wellness Toolkits (AWV) and recorded almost 2,200 hits to the online AWV Toolkit in 2015. The committee administered a survey to assess the Toolkit; the survey had limited response but indicated positive feedback for the AWV. According to CMS, between 2013 and 2014, there has been a 5% increase in the number of AWV conducted (35,783 in 2013 and 37,596 in 2014). The committee is requesting information for 2015, with hopes that it has reached a target of a 10% increase to 41,355 AWV for the year.

Objective 1.2 Key Strategies

1. Promote evidence-based programs and promising practices for disease-self management.

2015 Progress: In order to determine need for services, California State University at Fullerton and Office on Aging distributed a survey to assess the range of evidence-based older adult programs addressing chronic disease and social isolation in Orange County. A summary report of the survey will be provided in June 2016. OCHAI has initiated an evaluation of the Chronic Disease Self-Management Program (CDSMP).
Priority Area #3: Obesity and Diabetes

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

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

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<tr>
<td>5th Graders within healthy fitness zone for body composition</td>
<td>56.7% (2012/13)</td>
<td>63.4% (2013/14)</td>
<td>60% by 2020</td>
</tr>
<tr>
<td>Data Source: California Department of Education, Physical Fitness Test</td>
<td>64.1% (2014/15)</td>
<td>Methodology change in 2013/14</td>
<td></td>
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2015 Accomplishments:

Planning: The Obesity Work Group formed to act as the work group coordinating efforts around Goal 1 to increase the proportion of Orange County residents who are in a healthy weight category. The work group includes members from a cross section of community and city collaboratives working to address obesity and other chronic disease concerns in Orange County.

Key Strategies

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

   The Alliance for a Healthier Orange County (AHOC) held an Active Transportation Forum featuring local and national speakers to discuss ways to increase walking and biking as modes of transportation in Orange County.

2. **Work with neighborhood and community-based programs and providers to target interventions for populations at greater risk.**

   2015 Progress: The Obesity Work Group met to review data and prioritize four cities for collective action: Anaheim, Santa Ana, La Habra, and Fullerton. A meeting with information on collective impact is planned for March 2016.

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

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

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<tr>
<td>% Adults reporting having diabetes</td>
<td>7.4% (2011-12)</td>
<td>7.1% (2014)</td>
<td>TBD</td>
</tr>
<tr>
<td>Data Source: California Health Interview Survey</td>
<td></td>
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2015 Accomplishments:

Planning: The American Diabetes Association has formed the Orange County Diabetes Collaborative; the collaborative acts as the work group coordinating efforts around Goal 2 to reverse the trend of increasing rates of diabetes among Orange County residents.

Key Strategies

1. **Work with health care providers to increase identification of and interventions for pre-diabetes and gestational diabetes**

   The Orange County Diabetes Collaborative reviewed data regarding diabetes standards and outcomes. The group is working on ways to partner with CalOptima to engage networks to implement best practices in diabetes prevention and management.

2. **Promote availability and use of effective diabetes self-management education program by persons with pre-diabetes, diabetes, and gestational diabetes**

   The work group conducted a survey of diabetes programs in Orange County to better understand the current system of care and exploring 211OC as a platform for sharing resources.

Priority Area #4: Behavioral Health

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

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

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

2015 Accomplishments:

Planning: An ad-hoc work group including Orange County Health Care Agency, CalOptima, and various hospitals have been working together to create a work group to address items in the OCHIP.

Key Strategies

1. **Conduct a current review of current tools and capacities related to mental health services.**

   **2015 Progress:** Orange County Health Care Agency, Behavioral Health Services through Mental Health Services Act (MHSA) will be establishing a contract to assess the community-wide mental health care system, needs, and gaps. The group is also working on an assessment of healthcare provider practices and needs around behavioral health screening and referral/linkages.

2. **Identify and address data gaps related to population health, particularly at the sub-county level.**
**Goal 2: Reduce alcohol and drug misuse in Orange County.**

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

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

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<tr>
<td>1. % of adults binge drinking in past month</td>
<td>33.5% (2011)</td>
<td>31.6% (2012)</td>
<td>TBD</td>
</tr>
<tr>
<td>2. 11th graders reporting alcohol use in past month</td>
<td>28.0% (2011/12)</td>
<td>28.6% (2011-2013)</td>
<td>TBD</td>
</tr>
<tr>
<td>3. 11th graders who ever used recreational prescription drugs</td>
<td>17.1% (2011-2013)</td>
<td>Methodology change</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**2015 Accomplishments:**

**Planning:** Orange County Health Care Agency Public Health Services, Behavioral Health Services, CalOptima, and key partners have worked as an ad hoc group to address this priority area.

**Key Strategies**

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

   **2015 Progress:** Orange County Health Care Agency’s Alcohol and Drug Education and Prevention Team (ADEPT) partnered with Orange County community colleges to provide presentations focusing on strategies adults can use to prevent high-risk drinking. The Orange County DUI Task Force coordinated a countywide forum addressing the issues of underage drinking. Community Service Programs conducted impaired driving prevention activities, including educating adults on responsible social host practices and training alcohol establishment owners and servers on responsible beverage service. Orange County National Council on Alcoholism and Drug Dependence provided underage drinking prevention services, which included educating adults and parents on prevention actions they can take to reduce underage drinking and partnering with school staff and community youth leaders on effective youth development strategies.

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

   **2015 Progress:** Interested in utilizing social marketing and health communication practices as part of our comprehensive approach to promote health, there are three new multi-media campaigns on the prevention of underage drinking, impaired driving, and prescription drug abuse. The Orange County Prescription and Over the Counter Prevention Coalition continues to promote the “Monitor, Secure, and Destroy” campaign, which addresses safe disposal methods.