

Creating A Healthy and Resilient Orange County

Health Funders Partnership of Orange County

Report of the September 2018 Convening



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The Health Funders Partnership of Orange County

Established in 1999, the Health Funders Partnership of Orange County (HFPOC) is a collaborative of funders working together for the health and well-being of Orange County (OC) residents. HFPOC's mission is

Improving health and wellness of the Orange County community by enhancing the impact and efficiency of health philanthropy.

The Partnership has three strategic focus areas that guides its work through 2020 to improve the health and wellness of the Orange County community:

1. Promoting Integrative Health and Wellness
2. Strengthening Orange County's Health Care Safety Net
3. Increasing Health Care Access and Coverage

For over 20 years the transformational work of the Partnership has set a standard for health philanthropy in Orange County. The Partnership plays a unique and critical role in Orange County philanthropy by building on its Partners' traditional grant-making; and creating collaborative and innovative opportunities to improve the health of Orange County residents.

Champions of the Orange County Safety Net

The Partnership supports efforts to strengthen the safety net system to ensure that it is able to provide quality, accessible, and effective care and services to all Orange County residents. They accomplish this by funding the work of various community organizations and incubating new programs and initiatives.

Building Organizational and Community Capacity

The Partnership promotes community-driven solutions to promote a healthy Orange County. They support and empower organizations and collaboratives working to address Orange County's most pressing health issues.

Raising Awareness and Educate on Issues of Health and Well-Being

The Partnership serves as a convener of Orange County's funding and health care safety net. They educate, inform policy and systems change, and elevate best practices. The Partnership regularly hosts convenings to bring together safety net providers and thought leaders to develop solutions for Orange County.¹

¹ <http://www.hfpoc.org>; The Health Funders Partnership of Orange County

Orange County at a Glance

Orange County, California, is a diverse cultural and socio-economic county that consists of 34 cities and covers nearly 800 square miles along the coast of Southern California. As of 2018, it has an estimated population of over 3.2 million residents. There is no racial/ethnic majority: 41% are non-Hispanic White, 35% are Hispanic, 19% are Asian, and less than 2% are Black. Thirty percent (30%) of residents are foreign-born, 54% of these are U.S. citizens. Nearly half (46%) of the County's residents over age five speaks a language other than English at home.²

In terms of education, 40% of adults have a Bachelor's degree or higher, while 15% of adults over 25 have less than a high school diploma. The average household income in 2016 was \$83,837; yet nearly 17% of children live in poverty and nearly 50% of children qualify for free or reduced-priced lunches. This income disparity is amplified by the high cost of housing; the median cost of a single family home was \$785,500 in December 2017 and the average rent for a two-bedroom dwelling was nearly \$1,900 in 2018. According to the OC Community Indicators Report 2018, "when the cost of housing is factored in, poverty among Orange County children jumps to 24.6%."²

Orange County also contains significant economic and social disparities. Those in greatest need are largely (but not exclusively) concentrated in the central portion of the County. It is also an aging community. It is projected that the percentage of residents over 64 years old will jump from approximately 15% in 2018 to 26% by 2040. A complete picture of the Orange County demographics can be found in the 2018 OC Community indicators report.²

Health in Orange County

When considered as a whole, Orange County appears to have excellent health. According to the Robert Wood Johnson County Health Rankings, in 2018 Orange County ranked 6th in overall health compared to 57 California counties, the highest rank of any Southern California county.³ However, a review of local health indicators highlights disparities. As examples:

- Health Insurance: 82.8% of adults have health insurance; yet only 66.1% of adults in Santa Ana have coverage.
- Adults with Diabetes: The percentage of adults with diabetes continues to increase. Nearly 8 percent (7.9%) have been diagnosed with diabetes; but 10.7% of Latino adults have a diabetes diagnosis, 35.44% higher than the overall rate.
- Emergency Department (ED) Visits due to Vaccine Preventable Pneumonia and Influenza: In 2013-15, Orange County had a rate of 6.9 ED visits per 10,000 population; the rate for Blacks was 75% higher at 12.1, and the rate for Latinos was nearly 32% higher at 9.1.
- Coronary Heart Disease: The 2014-2016 death rate due to coronary heart disease was 80.4 deaths per 100,000; however the rate for males is 32.35% higher at 106.4 per 100,000; the rates for Blacks is 113.6 per 100,000; and the rate for Pacific Islanders is 187.7 per 100,000.⁴

² <http://www.ocgov.com/about/infooc/facts/indicators>; 2018 OC Community Indicators Report.

³ www.countyhealthrankings.org; County Health Rankings and Road Maps; A Robert Wood Johnson Foundation Program.

⁴ www.ochealthiertogether.org; Orange County Healthier Together

Of significant concern is the increase in death and injury due to suicide and substance abuse, particularly opioids. According to the 2018 OC Community Indicators Report, the drug-induced death rate grew by 35% between 2006 (8.4 per 100,000) and 2015 (11.3 per 100,000); and deaths due to chronic liver disease and cirrhosis (associated with alcohol abuse) rose 21% from 8.5 per 100,000 to 10.3 per 100,000. Suicide deaths increased 16% between 2006 and 2015, from 8.4 per 100,000 to 9.7 per 100,000. As compared to 2006, Orange County's emergency department visit rate for opioid overdose or abuse increased 215% and hospitalizations increased 45%.^{3,5}

For a comprehensive profile on health and health behaviors, as well as links to additional Orange County health-related reports, please refer to the Orange County's Healthier Together at www.ochealthiertogether.com.

The 2018 Convening: Creating A Healthy and Resilient Orange County

On September 18, 2018, the HFPOC brought together more than 150 individuals at the Beckman Center in Irvine, to explore and discuss the relationship of health and resiliency. The purpose of the half-day meeting was to learn more about the significance of resilience as it relates to health care and “engage in a robust discussion on how we can work together in innovative ways to create a resilient and healthy community in today's climate.” Participants included foundations and other funders, representatives from Orange County hospitals and health care organizations, public health organizations, universities, local government, and community-based organizations.



Resilience and Health

The topic of “resilience” was chosen by the HFPOC due to the growing recognition that resilience is key to protecting and promoting health and wellbeing at the individual, organizational and community level.⁶ Social conditions, including exposure to adverse experiences, trauma and crisis, are root causes of many health problems. Resilience is the “successful adaptation to life tasks in the face of social disadvantage or highly adverse conditions.”⁷ It is a concept based in social sciences such as psychology, social work, child development, and criminology. It differs from coping, as it implies advancement; a resilient individual or community becomes stronger after an adverse event. Fostering the resiliency of individuals, organizations, and communities to withstand adverse conditions mitigates the impact of those conditions and promotes health and well-being. The development of resilience at an early age improves health and wellbeing from a life course perspective.⁷

⁵ <http://www.ochealthinfo.com/about/admin/pubs/od>; 2017 Drug and Alcohol Morbidity and Mortality in Orange County; County of Orange, Health Care Agency

⁶ <https://nationalresilienceinstitute.org>; The National Resilience Institute.

⁷ https://www.gcph.co.uk/assets/0000/4198/Resilience_for_public_health_2014.pdf; Resilience for Public Health. 2014. Seaman, McNeice, Yates and McLean.

Developing resiliency requires a focus on strengths and assets. The promotion of resiliency requires the development of individual skills and the provision of social and environmental supports through interpersonal relationships that create a sense of belonging to the community. It respects the ability of individuals and communities to identify their own goals and calls for service providers to be partners and mentors within communities.⁷

Keynote

Peter Long, Ph.D., President and CEO of Blue Shield of California Foundation, delivered the keynote address. In 2013, the Foundation provided \$34 million in grants to 326 organizations focused on improving health care access, effectiveness, and affordability, with a targeted effort to end domestic violence.⁸ Dr. Long provided an overview of some of the progress made in California where 93% of state residents are now insured, virtually every child has access to health insurance, and one-in-three residents is enrolled in Medi-Cal. He noted though, that access to health insurance is not the same as access to healthcare. Many residents are unable to navigate the health care system, others cannot afford their share of health care costs, and others are afraid of seeking care due to stigma and immigration concerns.

Dr. Long spoke to health disparities that exist, such as the fact that the maternal mortality rate has significantly improved in California, but the rate for African Americans is four times greater than the general population. He acknowledged the complexity of such issues and that the promotion of optimal health requires a focus on root causes. Success requires an integrated approach that includes health, behavioral health, social services, etc. Providers and funders must clearly define success and utilize solid metrics for both understanding needs and evaluating success. He called on funders and providers to focus on impact, not just service delivery; reminding the audience that this requires long term funding commitments, support for the resiliency of organizations, and collaborative multi-sector approaches.

Dr. Long described the Foundation's work with partners on the California Accountable Communities for Health initiative, which is working with select California communities to address complex health and social issues. The initiative focuses on prevention of root causes of health and social concerns and problems, with a belief that, in addition to improvements in health and well-being, a successful strategy will result in economic savings across multiple sectors. These savings can be reinvested into these communities. The initiative's approach is community-based, multi-sector, and long term in nature.

Finally, Dr. Long touched on how organizations who are working to improve health can remain resilient by remaining flexible and adaptable to whatever obstacles may come their way. Organizations can continue to thrive in even adverse environments through innovation and supportive working environments.

⁸ <https://blueshieldcafoundation.org>

Summary of the Breakout Sessions

After the keynote presentation, three breakout sessions focused on the role of trauma in resilience, community resilience, and health equity. Each session gave participants the opportunity to learn about the work of local organizations and discuss opportunities for fostering resiliency in Orange County. Each session lasted about 75 minutes, with time split fairly evenly between panelist presentations and participant discussion.

Exploring Trauma and Resilience

Moderator: Cathleen Otero, Orange County Community Foundation

Panelists: Pamela Pimentel, MOMS Orange County; Ignacio Rios, Resilience OC; Lorry Leigh Belhumeur, Western Youth Services

This session focused on the impact of adverse childhood experiences (ACE) on development, health and well being throughout the life course.⁹ Panelists briefly discussed research (specifically the Adverse Childhood Experiences Study, or ACES), the value of assessing for ACE to understand the source of trauma experienced by individuals and communities, and science-based interventions that can be used when assisting children and adults.



Key Points from the Presentations and Discussion

- Panel members focused on the impact of trauma to health and well-being and the value of improving resiliency of families and youth to mitigate that impact.
- The ACES demonstrates the value of integrating ACE assessments into school and community settings in order to identify the degree of trauma experienced by individuals. Once identified, neuroscience-informed interventions can be used to mitigate the trauma.
- Resilience takes a life course perspective placing value on maternal health/wellbeing and early childhood development. By strengthening the mother, baby, and young child, children can grow up to be more resilient in the face of stressors and adversities.
- An ACE perspective shifts provider and institutional thinking from “what is wrong with you” to “what has happened to you.” The approach recognizes that trauma often underlies social issues and behaviors.
- Positive relationships and safe spaces (physical and emotional) are key to resiliency work. Providers must “start where the individual is” and focus on partnering, mentoring, skill building, supporting individual goals, imparting hope, exhibiting humility, etc.
- Western Youth Services provides an ACE train-the-trainer program. Approx. half the participants attending the breakout session indicated they are integrating ACE perspectives and assessments into their service delivery models.

⁹ <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>; U.S. Substance Abuse and Mental Health Services Administration.

Suggestions for Promoting Resiliency that Emerged from the Discussion

- Efforts should be made to increase multi-sector awareness of ACES, the impact of trauma, and the power of resiliency.
- More people should be trained in ACE assessment and science-based interventions.
- In organizations where training has occurred, ACE needs to be more fully integrated into day-to-day programs/practices.
- Funders and organizations should support more neighborhood-based safe spaces for people to meet and receive support.
- Local residents and promotoras can be utilized to assist community members in navigating health and social service systems.

Building Community Resiliency

Moderator: Jason Lacsamana, St. Joseph Providence

Panelists: Amy Buch, Orange County Health Care Agency; Sandra Viera, The Prevention Institute; Steven Kim, Project Kinship

This session focused on the application of resiliency at a community level. Similar to work with individuals, community resilience focuses on strengths, support, and empowerment. Long term investments, partnerships, and multi-sector approaches to community concerns and development are central to success in addressing complex social issues, including health promotion.

Key Points from the Presentations and Discussion

- Community resilience was defined (from Wikipedia) as the “sustainability of the community to utilize available resources to respond to, withstand, and recover from adverse situations.”
- Resiliency shifts the focus from what is wrong in a community to what has happened to a community, and what - from the perspective of community members - is needed.
- It is important for all stakeholders to “look through the same lens” and have a common understanding of issues and needs.
- Resiliency work focuses on building capacity and leadership in communities as well as providing resources, rather than just delivering services.
- It is helpful to look at how social/health issues in a community may be related; and recognize that they may have common root causes. “A good solution solves many problems.”
- Community resilience reflects the individual resilience of its members. A strategic approach to enhancing resilience is multilevel.
- Developing community resilience is long-term work. Funders (and others) need to focus on long-term, rather than short-term, outcomes.
- Metrics for evaluation may be challenging but are needed.
- Resilient communities must have residents and people with lived experience working in the community and involved in decision-making.
- Working with communities to build resilience requires developing trust, having humility, being patient, taking the lead from residents, etc. It is not a linear process; it may be messy.

Suggestions for Promoting Community Resilience

- Overall there is a need to increase awareness of the importance of resiliency at a community level. It is not a commonly understood or practiced approach.
- It would be helpful to create (physical) space and opportunities for community residents and other (multi-sector) stakeholders to make connections and work together to address community concerns and goals.
- Funders and providers should support more dialogue and discussion (i.e. assessment and planning) at the community level AND funding of the initiatives that emerge from those discussions.
- Additional training and mentoring opportunities are needed for community members to develop skills around assessment, planning, advocacy, etc.
- Priority should be given to supporting organizations working inside the community.

Advancing Health Equity

Moderator: Jane Chai, Orange County Health Care Agency

Panelists: Marco Angulo, Serve the People; Nancy Mejia, Latino Health Access; Sora Tanjasiri, University of California, Irvine

This session focused on the topic of health equity as there is a strong nexus between resiliency and health equity. Achievement of health equity requires resiliency in individuals and communities. Both concepts recognize social conditions and adverse experiences are often the root causes of health problems. Solutions require empowerment at the individual and community level and collaborative multi-sector approaches focused on impact, not simply service delivery.

Key Points from the Presentations and Discussion

- Creating health equity requires a holistic view of the individual and consideration of the social determinants of health. Cross-sector relationships and partnerships are critical to achieving health equity.
- Access to healthcare is not just about having health insurance or a provider. It must be geographically and culturally accessible.
- Care coordination and integration are important to reducing barriers to care and increasing health equity. Services should be community-based and when possible, integrated/co-located with other services.
- Decision makers need to utilize processes that engage the community in decision-making.
- Workforce development, organizational capacity, and diversity are important issues in increasing health equity.
 - Nonprofits have challenges in hiring and maintaining a competent work force due to lower salaries and benefits (often a result of inadequate funding).
 - Promotoras and community health workers can be hired and trained as navigators to expand the “bandwidth” of professionals in health systems.
- Practical barriers - such as long waits, transportation, fears around immigration status - limit access and impede health equity.
- Policy work is core to creating equity. As an example, the America Hospital Association developed and promotes a health equity pledge (*Equity of Care*) that asks hospitals to

commit to 1) collect data on population at a granular level; 2) cultural competency training; and 3) governing leadership diversity.

- Organizational/sectorial silos create barriers. Organizations need to work collaboratively to serve communities.
- Restrictions in funding to community-based organizations stymie innovation.
- There is a lack of information sharing/knowledge among providers about available resources. As an example, many people do not know that Alzheimer's Orange County has navigators and consultations available to assist people in navigating their health care.
- There is a continued need to develop cultures within organizations that promotes health equity and a need for funding of that work.

Suggestions for Advancing Health Equity

- Funders and organizations should promote cross-sector work including support for co-located services.
- More effort should be made to hire and train more community members as health (and social) system navigators.
- It may be helpful to create a (virtual) clearinghouse (or similar mechanism) for organizations to share ideas, successes, and resources in Orange County.
- Promotion of the adoption and implementation of the AHA *Equity of Care* pledge in Orange County hospitals would increase policies and practices that support health equity.

Common Themes from Workshops

Two primary themes emerged from the workshops. First, there is a need to advance our recognition that social and health issues are often rooted in trauma and adverse conditions. These root issues lead to multiple social and health concerns throughout the life course. Addressing root issues requires a multi-sector collaborative approach that focuses on what has happened to the person/community, not what is wrong with them.

Second, organizations and institutions serving communities need to shift from “providing services to the community” to “partnering with the community.” This requires building supportive relationships with residents and community stakeholders and assuring communities have neighborhood level safe spaces to meet and to receive services and resource assistance. Along with this, improving access to care requires providing community-based, culturally appropriate support.

Discussion and Next Steps

The purpose of the convening was ultimately to identify ways in which “we can work together in innovative ways to create a resilient and healthy community in today's climate.” After the convening a presentation was made at the Orange County Health Improvement Partnership (HIP) in order to gather additional community input and promote alignment with other countywide initiatives.

Under the leadership of the Orange County Health Care Agency, the HIP is an open and voluntary collective of organizations and individuals that conducts a comprehensive community health needs assessment and develops the Orange County Health Improvement Plan (OCHIP) every three years. The HIP also supports ongoing workgroups actively addressing the OCHIP's goals and objectives. In addition to goals and objectives focused on specific health topics, the 2017-19 OCHIP includes two "areas of interest" the HIP is exploring: social determinants of health and health equity, both of which align with the topic of resiliency. The HIP's work in these two areas is emerging and the HFPOC has an opportunity to contribute and shape the focus of this work as the HIP enters its new assessment and planning phase in 2019 and develops its 2020-22 Health Improvement Plan.

Many HIP members attended the convening and spoke favorably of the discussions that took place. Some concern was raised there may have been too much focus on ACES at the exclusion of other trauma-informed approaches. A particular concern voiced was that ACES is focused on identification of trauma that has already taken place rather than its prevention. Suggestions were made to promote "trauma informed" strategies focused on prevention, such as "social inoculation" and asset building as identified in the research of the Search Institute. An additional concern was expressed regarding the need to move forward more quickly to address the mental health needs (and reduce the number of suicides) of teenagers.

After consideration of the discussions and emerging needs and initiatives, the HFPOC has determined that the most effective and efficient approach to future work is to collaborate with the HIP and promote ongoing work in the area of resiliency in two phases. During 2019, the HFPOC will work closely with the HIP during its assessment and planning year. The HFPOC will also engage in a series of workshops to advance the overall understanding and application of trauma informed strategies and community engagement that can be used by various types of organizations in the county to improve health and well being. This will improve the capacity of funders and organizations to prevent and address trauma and community engaged health care, and promote resiliency. Once the 2020-22 OCHIP is established, the HFPOC will identify additional initiatives that support the capacity of organizations to promote resiliency and implement other upstream approaches that improve health and well being. Based upon the HIP's community health needs assessment, and consistent with the role and mission of the HFPOC, this may be in the form of additional capacity-building support to organizations and communities, or a initiative directed to a specific community or issue. Additional information regarding the HFPOC's specific activities is provided by www.hfpoc.org.

Health Funders Partnership of Orange County Current Funding Partners



This report was written for the Health Funders Partnership Orange County by Donna S. Fleming, D.P.A., M.S.W., L.C.S.W., December 2018.

