

HEALTH MANAGEMENT ASSOCIATES

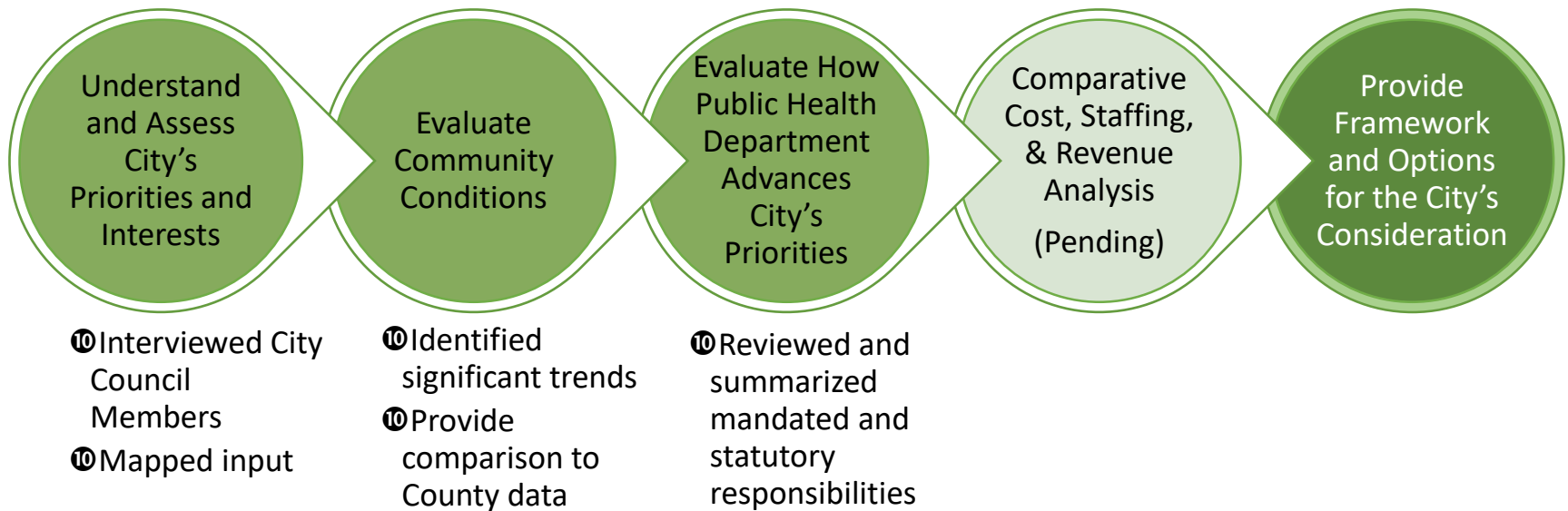
CITY OF SANTA ANA FEASIBILITY AND FISCAL EVALUATION SERVICES FOR A MUNICIPAL PUBLIC HEALTH AGENCY

INTERIM REPORT TO CITY COUNCIL

FEBRUARY 15, 2022



■ Feasibility Analysis and Fiscal Evaluation Project Plan



City Council members expressed commitment to supporting residents' health needs and emphasized City's unique value in understanding and meeting resident needs

ASSETS

- Recognition of the important role of public health education in improving health outcomes
- **Strong understanding of Santa Ana residents and how to effectively support their health needs**
- Demonstrated responsiveness during COVID-19 crisis
- Commitment to informed decision making and an appreciation for a comprehensive and informed process
- Shared goal of taking better care of the health and well-being of the residents of Santa Ana

CHALLENGES

- Lack of knowledge of public health requirements and associated financial operational, policy requirements necessary to operate
- **Unclear whether having a municipal public health department would solve the underlying problems which lead to disparities and inequalities**

OPPORTUNITIES

- Opportunity to tailor public health education messages to unique needs and context of Santa Ana residents
- **Provide more timely responses and with more nuanced approaches to Santa Ana resident needs**
- Improve /develop services and interventions that work for their residents, understanding the City's unique population and needs

RISKS

Ability to access and secure funds

- Capacity to develop required infrastructure
- **Impact of public health department on other City priorities, budget and resources**
- Insufficient capacity to address underlying inequities

Understand
and Assess
City's Priorities
and Interests



Community Conditions Assessment

■ Assessment Focused on Social Determinants of Health

- + Social determinants of health (SDOH) represent the conditions in the environments where people are born, live, work, play, worship and age that affect a wide range of health functioning and quality-of-life outcomes and risks
- + Examples of SDOH
 - + Healthy Behaviors – Rates of smoking, access to nutritious foods, physical activities
 - + Exposure to violence, racism, and discrimination
 - + Living Conditions – Safe housing, water, air
 - + Economic Conditions – Income, job opportunities, education
- + Significant research has been done linking the impact of SDOH to quality of life, health disparities, and life expectancies
- + These factors increased risk of exposure and severity of the most recent COVID experience

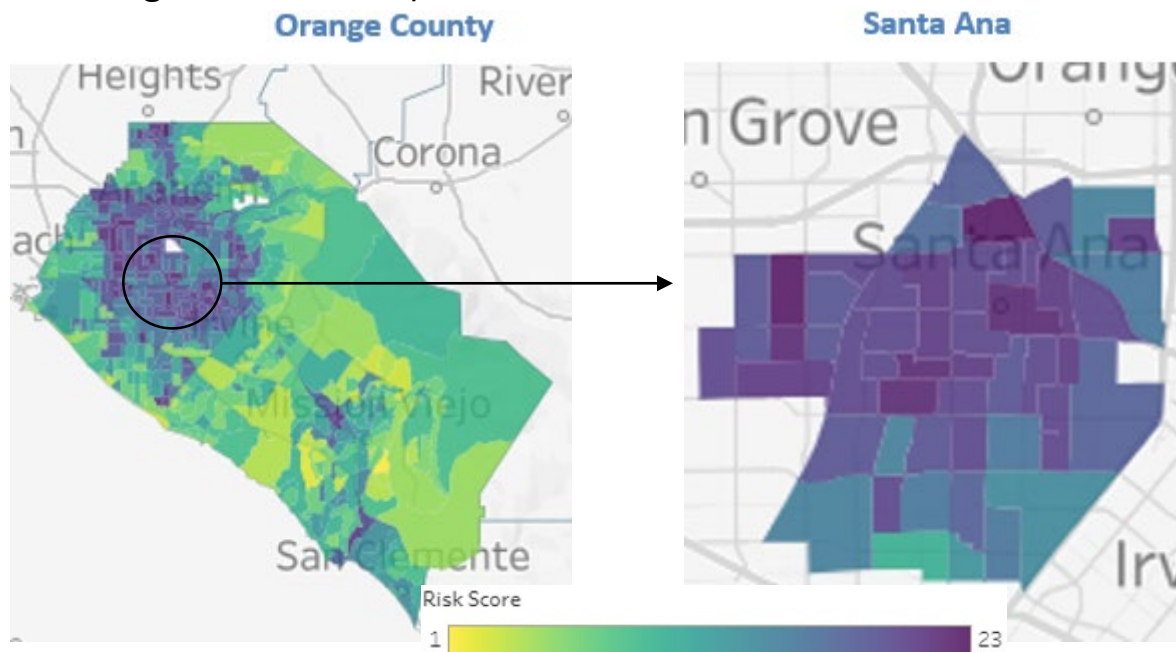
■ Community Assessment Key Findings

- + Multiple health disparities among people who reside in the City of Santa Ana
- + Historically, people of color experience greater obstacles in acquiring and maintaining health, wealth, and opportunity. City of Santa is minority majority locale, with predominantly Hispanic residents, and has the second largest population of foreign-born residents in the county.
- + Santa Ana residents have, on average, less education and lower income than the Orange County population in general. These differences are significant in comparison to other Orange County cities.
- + Santa Ana residents fare far worse than comparison cities in several health outcomes including rates of Type-2 Diabetes, Childhood Obesity and Maternal Health indicators such as pre-term birth rates and pregnancies among adolescents.
- + COVID-19 pandemic **has exacerbated** and highlighted these **disparities**.

■ Santa Ana COVID-19 Risks

Given population health conditions, communities in Santa Ana are at a greater risk of not only contracting COVID-19, but also experiencing severe symptoms and death.

- + Orange County COVID-19 Vulnerability Map generates a risk score to illustrate how likely a population is to be affected by COVID-19
 - + Santa Ana produced some of the highest risk scores in the county (darker colors indicate higher risk scores)



Understand
and Assess
City's
Priorities and
Interests

Evaluate
Community
Conditions

Evaluate How
Public Health
Department
Advances
City's
Priorities

Comparative
Cost, Staffing,
& Revenue
Analysis
(Pending)

Provide
Framework
and Options
for the City's
Consideration

Statutory and Regulatory Analysis

■ Statutory and Regulatory Analysis

Key Questions per Scope of Work

- + How are public health functions organized in California?
- + What are the mandates of public health departments?
- + What are related public health regulations and funding streams?

To what degree does a public health function advance the City's priorities and interests?
At what cost and impact?

■ Overview of Public Health in California

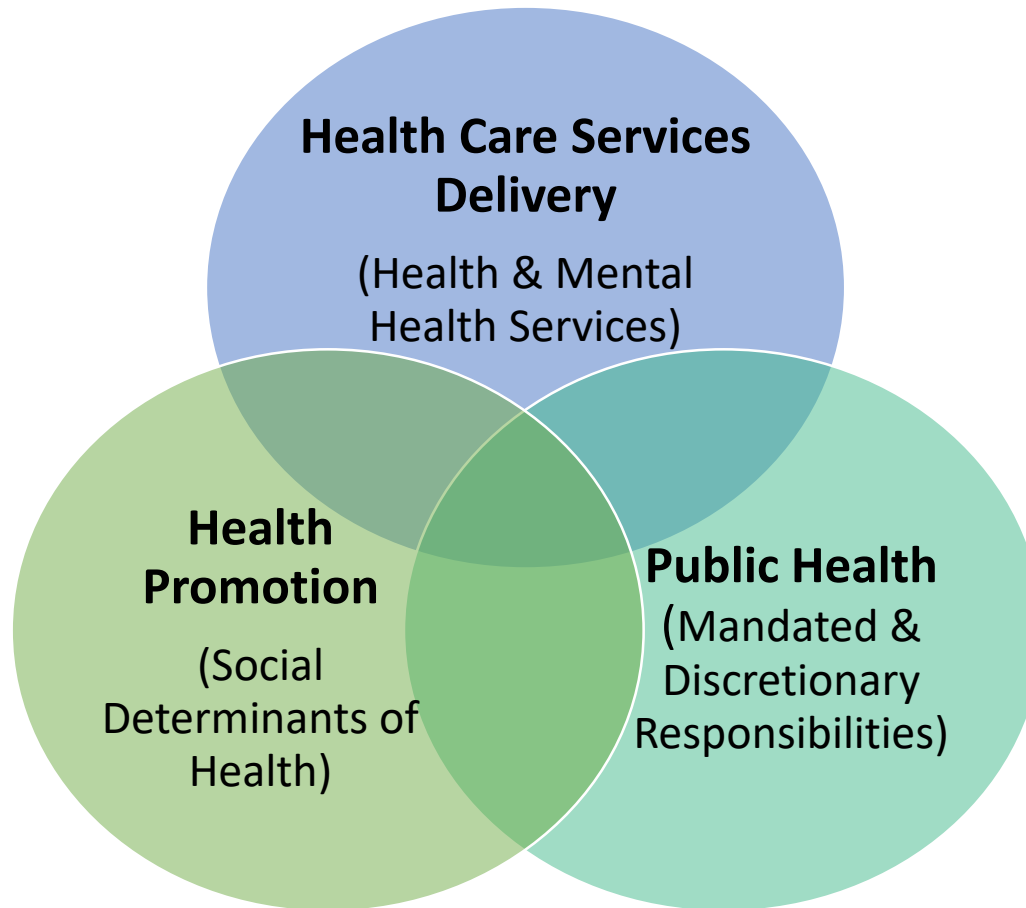
Public health is organized and managed through State and local agencies

- + Responsibilities are delineated in California statute, primarily the Health and Safety Code and California Code of Regulations Title 17
- + CA Department of Public Health has ultimate authority for interpretation regarding California's public health laws
- + Range of responsibilities include monitoring, inspection, public education, crisis response

Counties fulfill public health responsibilities for most jurisdictions

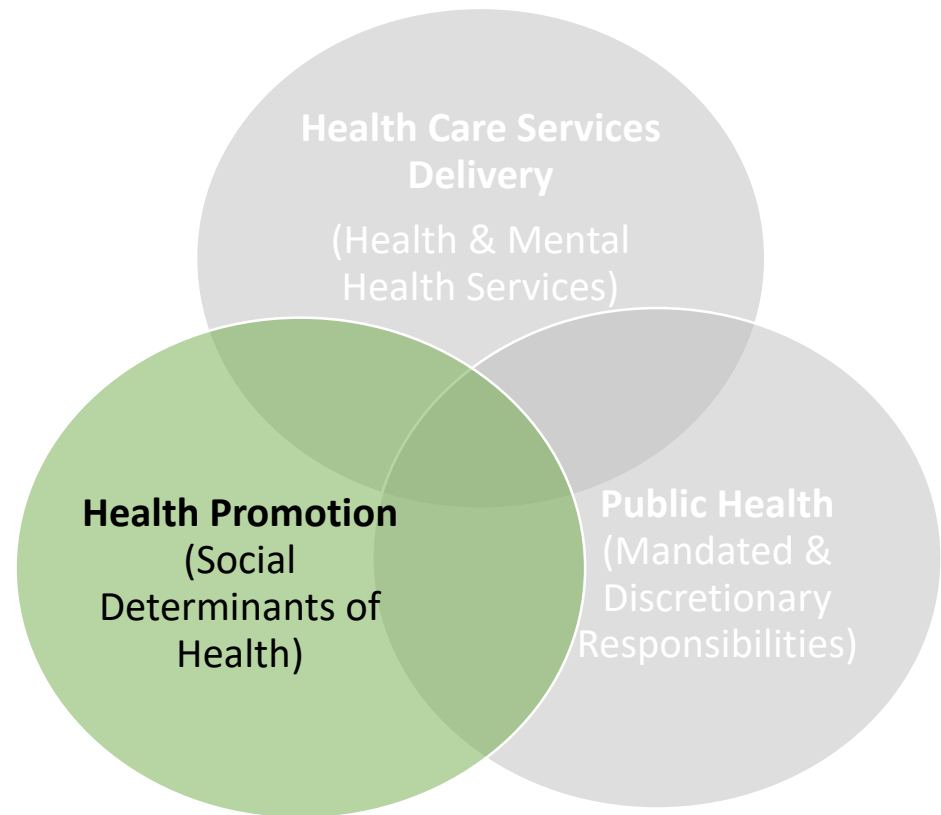
- + In Orange County, public health duties are embedded within Health Care Agency (HCA)
- + HCA has additional responsibilities for mental and behavioral health services, public guardian, and operation of some direct clinical services

How do Santa Ana's interests align with California's mandated public health responsibilities?

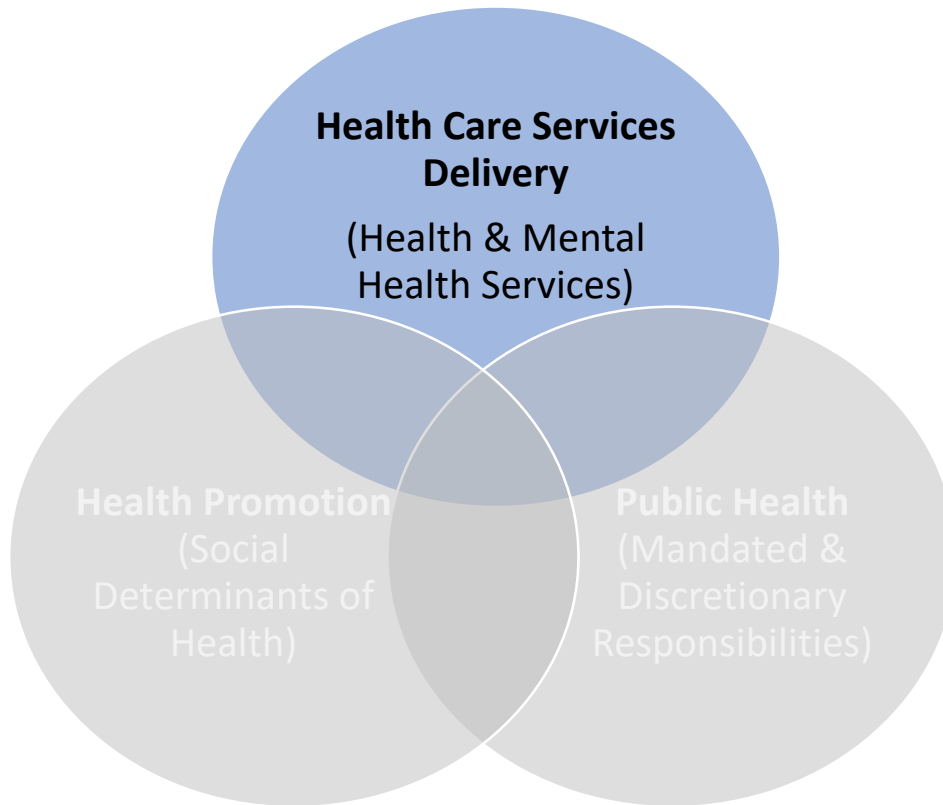


■ Context for Public Health: Health Promotion

- + **Promoting healthy conditions in the environments where people live that affect a wide range of health functioning and quality-of-life outcomes**
- + Examples include safe housing, transportation, exposure to violence, racism, and discrimination, access to education, job opportunities, nutritious foods, physical activities, and safe water and air
- + Overlaps with public health functions related to community education, promoting healthy lifestyles, housing inspections, and tobacco control

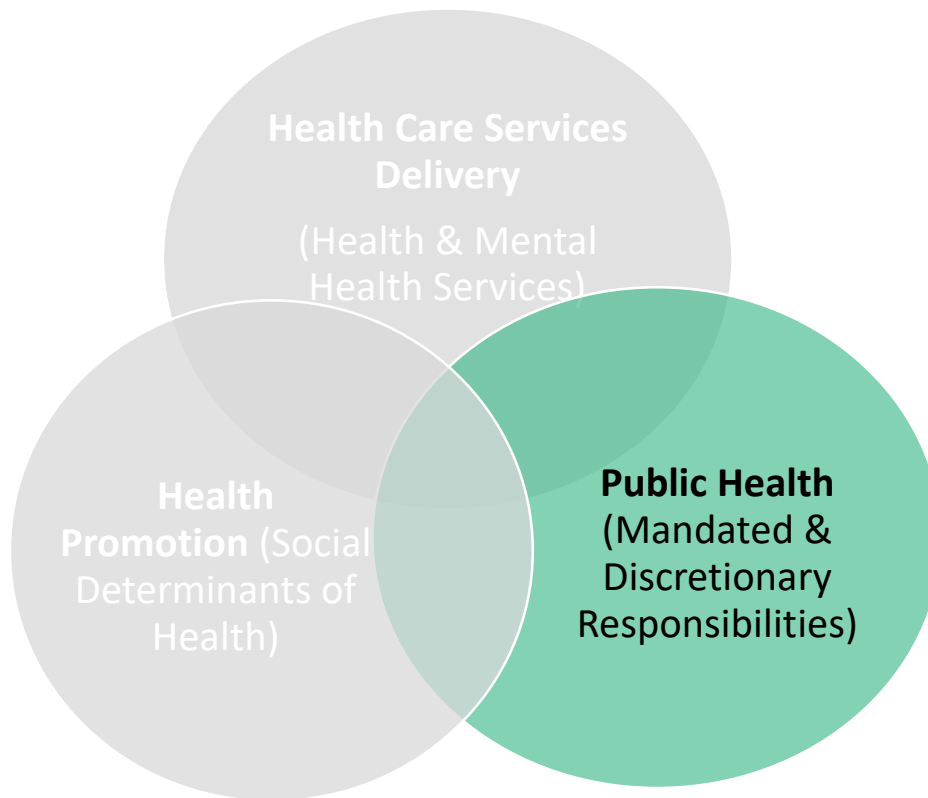


■ Context for Public Health: Health Care Services Delivery



- + **Delivery of physical and mental health services funded through public and private sources**
- + Publicly funded health care services are provided through Medi-Cal (CA version of Medicaid)
- + In Orange County, the Medi-Cal delivery model is comprised of two primary entities:
 - + CalOptima organizes physical health care
 - + OC Health Care Agency organizes mental health and substance use disorder care
- + Public duties overlap in terms of promoting access, education and referral to health care services

■ Context for Public Health: Public Health Responsibilities



- + **Reduction and containment of diseases and health threats within the public domain**
- + Within this scope are diverse and specific responsibilities for monitoring, reporting, and responding to disease threats, particularly communicable disease and taking actions to limit and mitigate the impact on the public
- + Reporting requirements are specified by format and time requirements
- + Inspection requirements specified by facility, conditions, and scope of review

Public Health Responsibilities: Four Domains

See Appendix for detailed review of each domain including statutory provisions and potential funding sources

Health Assessment & Epidemiology (Reportable Conditions & Diseases)

- Vital statistics (birth and death records)
 - Reportable disease conditions
 - Assessment of morbidity, mortality and health risks
-
- All mandated responsibilities with specific reportable diseases, methods and timeframes
 - Subsidized by State funds

Health Protection – Environment (Inspection & Investigation)

- Inspection and investigation (food, vector, tattoo, recreational water, water, solid waste, jails, hazardous waste, hazardous materials)
 - Vector-borne disease
 - Lead poisoning, monitoring, and reporting
-
- Specific inspections requirements by facility type and/or material
 - Mandated and discretionary responsibilities
 - Fees/State funding

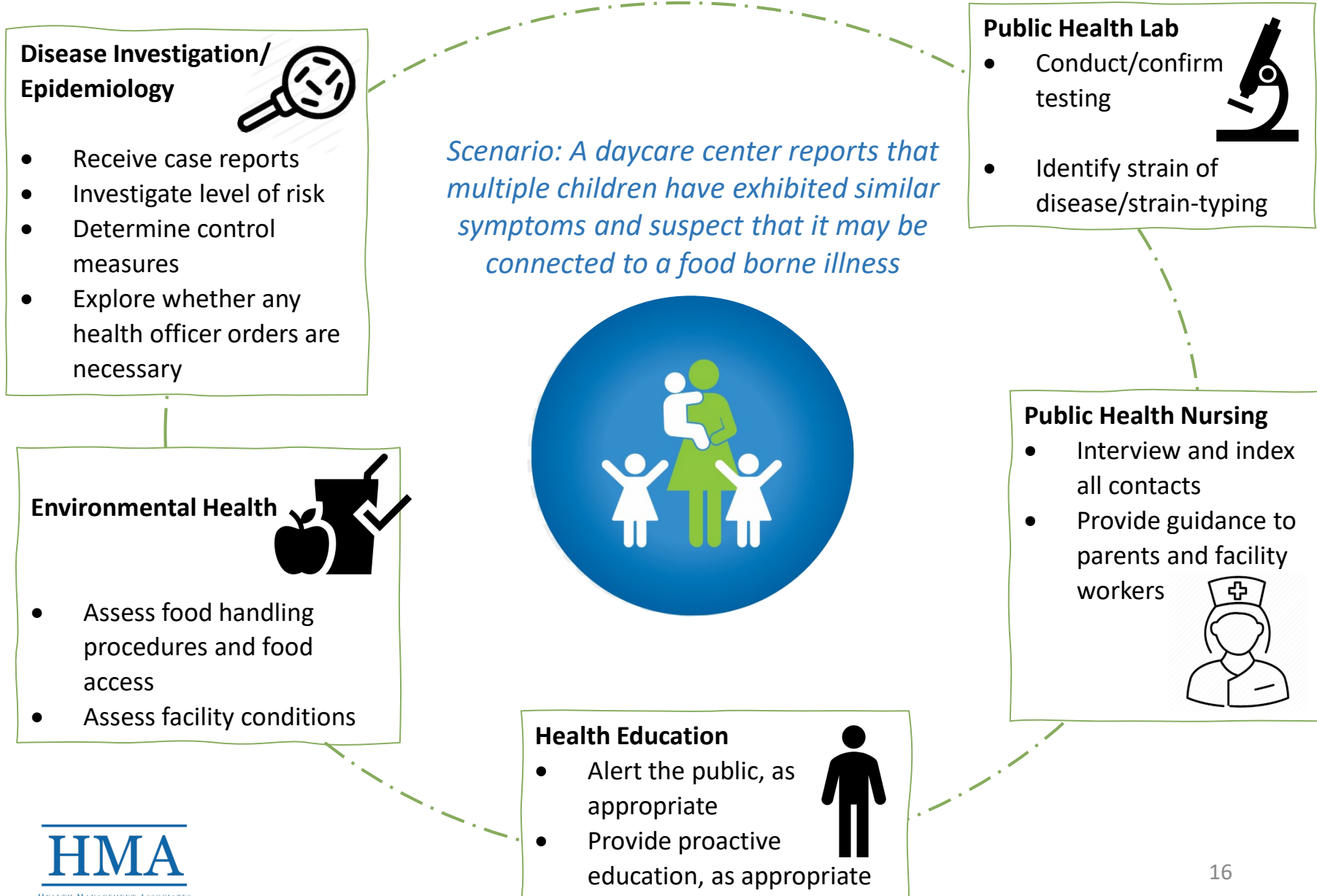
Health Prevention - Communicable Disease (Monitoring & Response)

- Immunizations
 - Public health laboratory
 - Communicable disease control and investigation (including STDs and TB)
 - Communicable disease outbreak response
-
- Mandated and discretionary responsibilities
 - Specialized staffing for public health labs
 - Fees/State funding

Health Promotion – Maternal & Child Health (Public Education & Coordination)

- Maternal child health
 - Public health education
 - Public health nursing
 - Tobacco prevention and control
-
- Largely mandated responsibilities
 - State and grant funding
 - Discretion on the level of services provided

Execution of Public Health responsibilities requires mobilizing a coordinated, simultaneous response



■ Review of Public Health Responsibilities

- + City's priorities align strongest with Public Health responsibilities in terms of Health Promotion including community education

- + Assuming this responsibility, requires City to assume additional complex responsibilities in terms of:
 - + Inspection
 - + Investigation
 - + Monitoring and Reporting
 - + Operations of a Public Health Lab

- + State is currently reviewing requirements for creation of municipal public health functions, and we anticipate that the State is unlikely to allow **limited scope** public health functions

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graph LR; A((Understand and Assess City's Priorities and Interests)) --> B((Evaluate Community Conditions)); B --> C((Evaluate How Public Health Department Advances City's Priorities)); C --> D((Comparative Cost, Staffing, & Revenue Analysis (Pending))); D --> E((Provide Framework and Options for the City's Consideration));
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Understand
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Evaluate
Community
Conditions

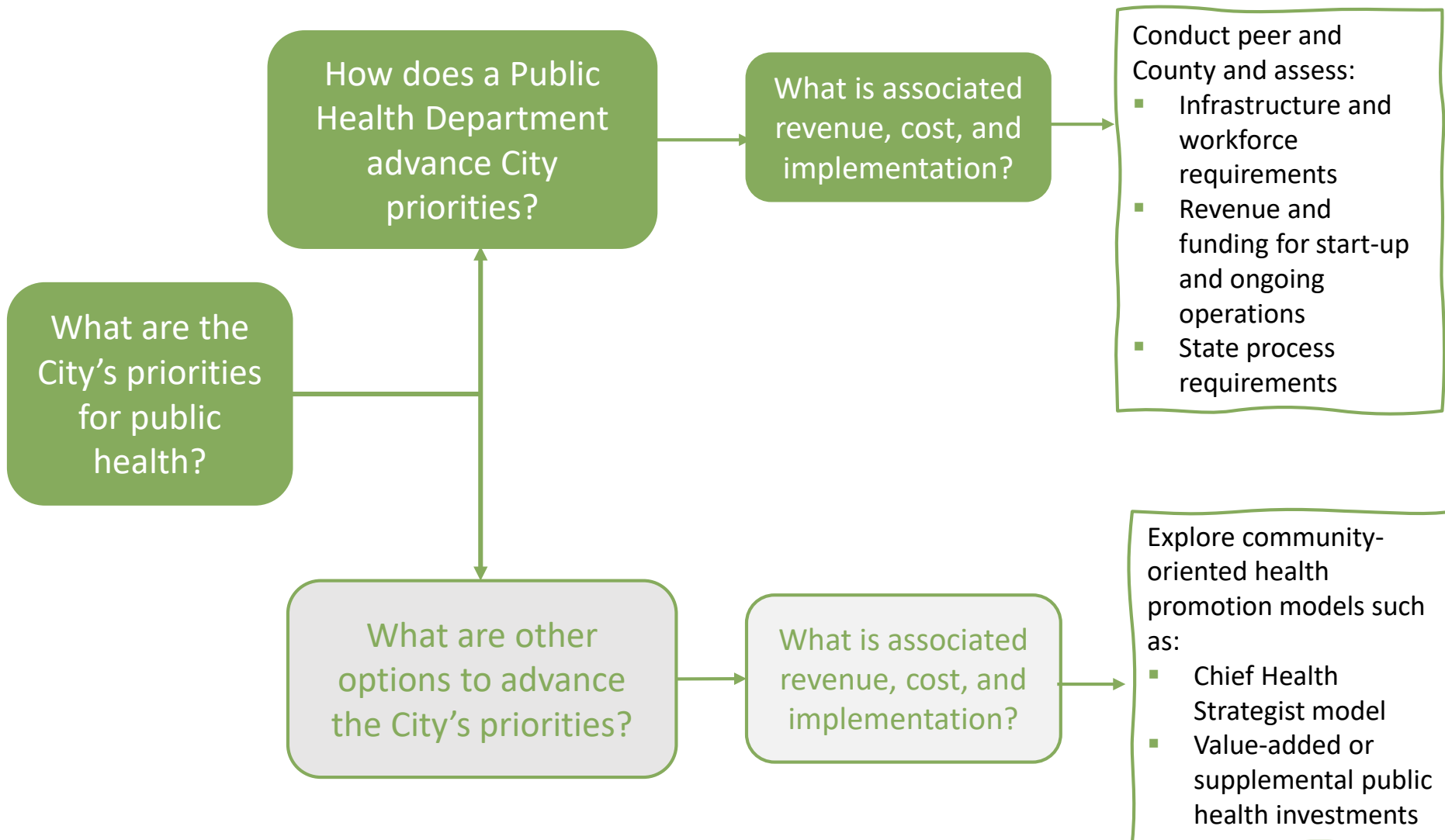
Evaluate How
Public Health
Department
Advances
City's
Priorities

Comparative
Cost, Staffing,
& Revenue
Analysis
(Pending)

Provide
Framework
and Options
for the City's
Consideration

Proposed Framework

Discussion of Assessment Framework and Options



■ Next Steps

- + Receive direction from the City Council on further analysis
- + Complete analysis based on City Council direction
- + Prepare draft and final report

Appendix

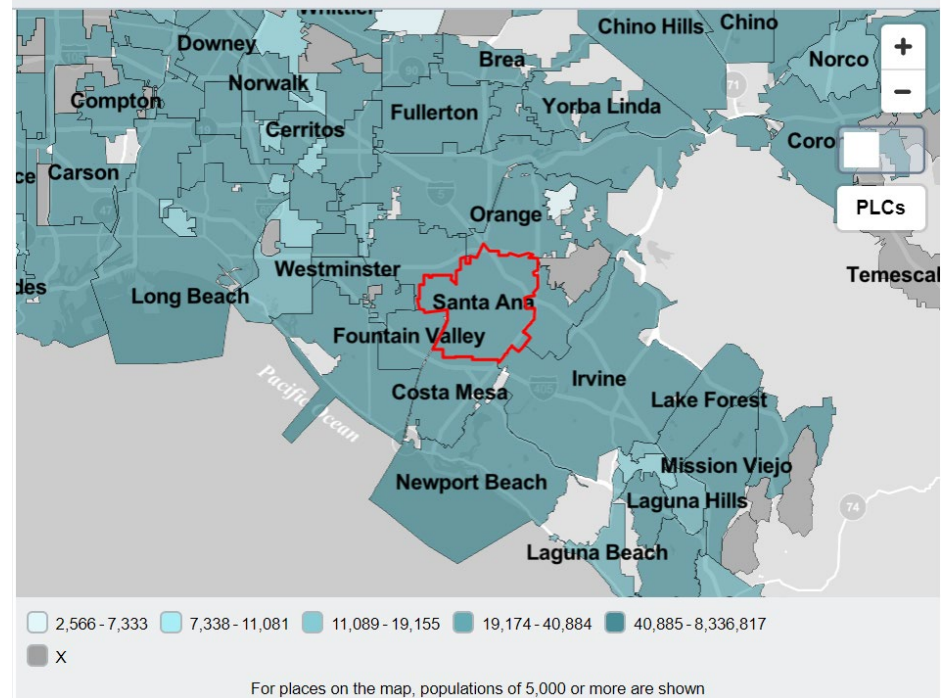
Detailed Analysis of Statutory & Regulatory Requirements

■ Community Assessment Data Sources

- + Collected and synthesized quantitative data from the latest public available sources including:
 - + California Department of Education – Physical Fitness Test
 - + California Department of Finance Projections
 - + California Department of Public Health and California Conference of Local Health Officers – 2020 County Health Status Profiles
 - + California Employment Development Department (EDD) Labor report
 - + California Health Interview Survey (CHIS)
 - + Centers for Disease Control and Prevention (CDC) various databases
 - + Substance Abuse and Mental Illness (SAMHSA), National Survey on Drug Use and Health (NSDUH)
 - + The Orange County Equity Map (OC Equity Map)
 - + Orange County Health Care Agency Life Expectancy Report
 - + United States Census Bureau American Community Survey (ACS)

City of Santa Ana: Summary Profile

- + Santa Ana is second most populous City in OC and 13th in the State with a population of approximately 332,000
- + Younger population than OC overall
 - + 26% under 17 vs. OC at 22%
 - + Only 10% above 65 vs. OC at 15%
 - + Multi-generational families
- + More diverse population
 - + 78% Hispanic vs. County at 34%



■ Social Determinants of Health: Healthy Behaviors

Obesity rates in Santa Ana are some of the highest in the county. Obesity has a high correlation to diabetes, which over time can lead to a variety of additional heart complications and decreases overall life expectancy.

- + In 2018, 49.4% of teens were overweight or obese and 28.4% of adults were obese*
- + Santa Ana school district has some of the highest rates of obesity in 5th and 9th graders in Orange County**
- + Obesity during childhood has a 70% likelihood of continuing into adulthood. This type of consistent weight gain from childhood to adulthood may increase individual's risk for chronic diseases such as cardiovascular diseases and diabetes
- + In 2018, the prevalence of diabetes is significantly higher in Santa Ana (11.4%) than in Orange county (8.9%) and California (10.6%)

PERCENTAGE OF OVERWEIGHT OR OBESE STUDENTS BY SCHOOL DISTRICT IN ORANGE COUNTY, 2019



Social Determinants of Health: Economic Conditions

Santa Ana fares lower than the County average on key socioeconomic indicators, particularly housing related costs and educational outcomes.

Socioeconomics

Median Household Income

American Community Survey, 2012-16

\$54,062 ●



Renters Spending 30% or More of Household Income on Rent

American Community Survey, 2012-16

64.9% ●



Persons Living Below Poverty Level

American Community Survey, 2012-16

21.2% ●



Homeownership

American Community Survey, 2012-16

43.1% ●



Education

Persons 25+ with a H.S. Diploma

American Community Survey, 2013-17

56.4% ●



Persons 25+ with a Bachelors

American Community Survey, 2013-17

13.2% ●



This gauge shows how Santa Ana compares to other CA counties or CA census places. Gauge is at green when the city is in the top 50%, yellow when between 25-50%, and red when in the lowest 25%.



This arrow shows how Santa Ana compares to the U.S. value. Green indicates better than the U.S. value and red indicates worse the U.S. value.

● Measures marked with this red dot indicate the city has a rate or proportion that is at least 10% worse than Orange County's average.

Social Determinants of Health: Healthy Behaviors

Santa Ana's rates of pre-term births and adults who are obese, who smoke, and who lack access to health insurance are at least 10% worse than Orange County.

Health

Life Expectancy

OC Health Care Agency, 2013

81.0
years



Adults with Health Insurance

American Community Survey, 2013-17

70.3% ●



Early Prenatal Care

OC Master Birth File, 2017

85.1%



Pre-term Births

OC Master Birth File, 2017

8.1% ●



Adults who are Obese

California Health Interview Survey, 2013-14

25.5% ●



Adults with Diabetes

California Health Interview Survey, 2013-14

8.8%



Adults who Smoke

California Health Interview Survey, 2013-14

11.4% ●



Alcohol & Other Drug Collision Rate

CHP Statewide Integrated Traffic Records System, 2018

46.9 per
100,000



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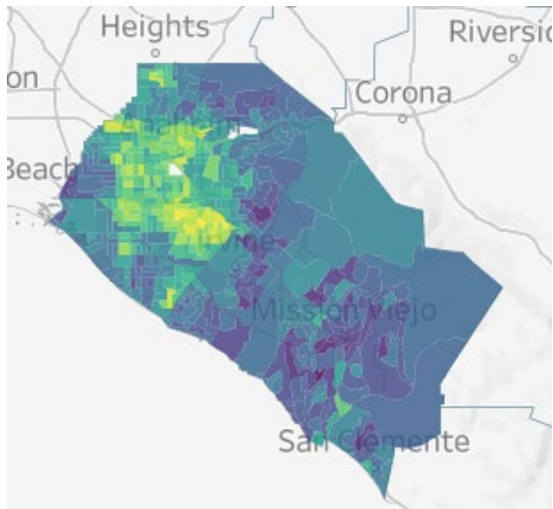
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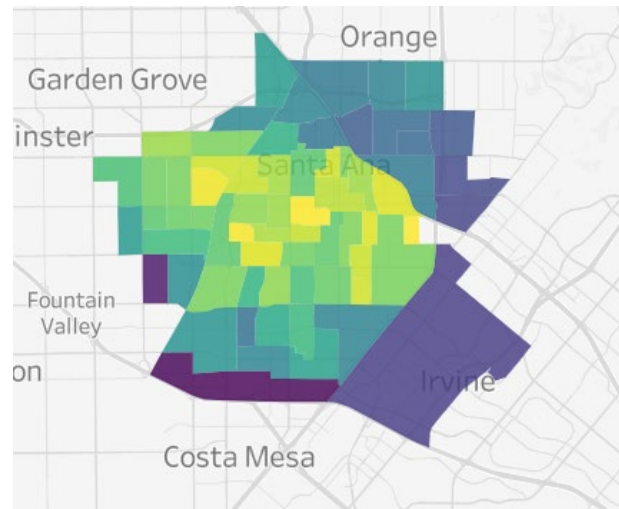
■ Social Determinants of Health: Poverty & Social Progress

- + Overall, the City of Santa Ana has far more children living in poverty (26.6%) than Orange County (15.2%) and the State (19.5%)
- + Additionally, residents may have few opportunities for economic progress as measured by the Social Progress Index:
 - + Analyzes gaps and opportunities within neighborhoods by understanding the relationship between social progress and economic development. Composite score accounting for data around basic human needs, foundations of wellbeing / quality of life, and resources for upward opportunity
 - + Lighter colors (yellow and green) have lower calculated Social Progress Scores; Darker Colors (blue and purple) have higher calculated scores

Orange County



Santa Ana



Social Progress Index

23.84  65.06

Santa Ana COVID-19 Risk/Vulnerabilities

38 of the most vulnerable Census Tracts in OC are within Santa Ana's boundaries.

Planning Mobile PODs based Vulnerability Index

City	# of Census Tracts in Most Vulnerable Quartile	Number of 65+ in 25% Most Vulnerable Census Tracts	POD Events (diads w/2nd dose) to Get to 25% of 65+	Target	Total Individuals to be Vaccinated via HCA Mobile PODs
GROUP 1 CITIES					
Santa Ana	38	19,756	10	25%	5,000
Anaheim	31	22,289	11	25%	5,500
Garden Grove	15	11,406	6	26%	3,000
GROUP 2 CITIES					
Fullerton	10	6,190	3	24%	1,500
Westminster	8	7,148	3	21%	1,500
Buena Park	7	5,828	3	26%	1,500
Orange	7	5,208	3	29%	1,500
Stanton	7	5,073	3	30%	1,500
GROUP 3 CITIES					
La Habra	6	3,081	1	16%	500
Costa Mesa	5	2,776	1	18%	500
Tustin	5	2,571	1	19%	500
Huntington Beach	4	3,796	2	26%	1,000
Lake Forest	2	2,282	1	22%	500
San Juan Capistrano	2	2,666	1	19%	500
Fountain Valley	1	504	1	99%	500
Laguna Hills	1	1,597	1	31%	500
Placentia	1	805	1	62%	500
SUBTOTAL	150	102,976	52		26,000

■ Rates of COVID-19 in Santa Ana

The City of Santa Ana had the highest concentration of COVID-19 cases in Orange County (as 12/1/21 – 50,173 cases). Santa Ana had approximately 15% of the reported cases across the County, while representing only 10% of the County population.

