



Section F

Service Needs of Special Populations

SPECIAL POPULATION ASSESSMENTS ADOLESCENTS/TEENS AND OLDER ADULTS

Adolescents & Teens

The conditions and gaps in providing services to the adolescent population, especially adolescents in the Target Population in Orange County, represent a significant opportunity for the Coalition. However, this is a special population with special needs that are best addressed through a team approach— involving individuals and entities with specific skills in working with these populations.

Actions to Fill Gaps in Services to Adolescents & Teens

- The Coalition should assume a leadership role in establishing a concerted and collaborative effort to design and execute a comprehensive series of solutions to meet the wide range of health care needs of this population.

- The Coalition should become one of the principal advocates for addressing the health care needs of this under-served group working with others who are specifically prepared to interact with Adolescents and Teens.
- The Coalition should seize a leadership role for obtaining funding for the outreach, education and provision of medical care to these vulnerable individuals.
- In light of the large number of adolescents in the vulnerable under-served population, the Coalition should initiate an expanded collaborative outreach to both genders to fully serve the sex education, STD/pregnancy prevention, and obstetrical needs of this group.
- Community Clinics should seek innovative and creative solutions to introduce and effect change in adolescent use of preventive health services, including assumption of a leadership role in establishing collaborative solutions with schools, churches and community organizations.

- The Coalition should have a special focus on Latino adolescents due to the expected explosion of Adolescents and Teens of this ethnic population. Outreach to this population must be culturally competent in order to be successful.

Overview

Adolescents and teens, those between the ages of thirteen and nineteen, currently make up about twenty percent (20%) of both the population of Orange County based on 2000 census data and the Target Population as defined in this report. Future trend projections (Orange County 2001 Community Indicators) suggest that these age segments will become a far more significant portion of the population for ethnic groups other than White, non-Hispanic populations over the next two decades. These growth trends increase the importance of identifying and adopting solutions to meet the health care needs of this population, especially since available data suggests these population segments are currently under-served and under-targeted. The needs and gaps in service identified below are gathered from interviews with Community Clinic executives, key community stakeholders and other community leaders, and *pmpm*[®] analysis of independently published research.

Current Services

Information from various data sources, including the Orange County Health Needs Assessment and the Community Clinic's reported clinical utilization data to the Office of Statewide Health Planning and Development (OSHPD)¹ appears to confirm that these population groups are generally low utilizers of health care services. Though the general health status of these age groups may be the largest single influence on the low utilization of health care services, other factors, such as cost, availability of funding assistance and limited access appear to also contribute to these low rates. Even among the Community Clinics, general medical services provided to adolescent populations represent less than nine percent (9%) of the general medical services provided to all patients. Importantly, there are some areas of focus where it appears the health care needs of this adolescent population are not being met.

¹ Note: OSHPD reporting captures Adolescents as those between the ages of 13 – 19 which precludes direct correlation to census segmentation.

Preventive Services

There is wide disparity in the provision of health services to adolescents by clinic and by region. In the area of preventive health services, sixty four percent (64%) of the preventive services in the Central Region were provided to adolescents. Two clinics however, UCI Family Health Center Santa Ana and Clinica CHOC Para Ninos, performed the vast majority of these Central Region preventive services. The percentage of preventive health services provided to adolescents in the other regions ranged from 12.3% in the North Region to 6.4% in the South Region. Some of the preventive health services provided in the Western Region, unfortunately, were not captured in the 2000 OSHPD reports, so it was not possible to include these services by volume in the Region's service profile. This should be remedied in the reporting for 2001.

Family Planning and Maternity Services

In the area of family planning services, the regional variation of family planning services provided to adolescents as a percentage of all family planning services ranged from a high of 38% in the North Region to a low of 20% in the Central Region. Family planning services to adolescents in the Western and South Regions was 26% and 22% respectively. Maternity care and delivery services provided to adolescents was approximately 20% of all clinic maternity care and delivery services.

HIV Services

More startling was the number of encounters for adolescent HIV services throughout the county, but especially in the Central Region. Of the nearly 3,200 HIV services encounters provided to adolescents, approximately 89% were for Central Region adolescent patients. This represented more than 40% of all HIV services in the Central Region. The percentage of HIV services provided to adolescents, as a percentage of all HIV services, was <2% in the North, 13% in the South and nearly 17% in the West.

Other Health Needs

Among the other key challenges and unmet health care needs of the adolescent population identified by existing research and interviews with clinic and community leaders were:

- Substance abuse education, counseling and care
- Smoking, obesity and other lifestyle factors education and counseling
- Dental care and prevention
- Behavioral health care
- Self-esteem and decision-making skills
- Opportunities to evaluate and implement life choices

Sex Education, Counseling, And Related Health Care Services

Throughout this assessment of health care needs and gaps in services, we were continually confronted with the issues surrounding sex education, counseling, and related health care services. The adolescent population of Orange County is not unlike their counterparts in other areas of this state. They are maturing and beginning to develop sexually and actively participate in sexual activities. The 1999 California Youth Risk Behavior Survey findings show that a substantial percentage of high school students are sexually active (40%) and a smaller, but significant percentage, have had multiple sex partners (12%). Unfortunately, many are engaging in these activities without a solid fact-based foundation.

Community and health care leaders interviewed were nearly unanimous in their expression of the need for greater and more effective sex education for adolescent populations. Education and prevention are critical to reducing teen pregnancy and teen births. One interview respondent allowed us to review a sampling of the questions asked by a group of adolescents about sexual activities. Some of the questions were frighteningly simple and others were extremely complex and thought provoking. Importantly, even those with differing religious and moral views relative to the content of the messages that may be conveyed did not disagree on the importance of establishing a comprehensive and collaborative sex education strategy to include not only adolescents, but their parents as well.

Sex Education, Counseling, And Related Health Care Services (continued)

Using demographic trends projected by DHS (52% growth in the female adolescent population) at current birth rates, we might expect almost 5,500 teen births in Orange County by the year 2010. This is not just a problem for the teens and their children, but a countywide problem that has serious economic implications. The public costs involved in supporting the families created by teen births represent a significant public burden. A report from the Anne F. Casey Foundation identifies an expected average public cost of \$17,000 per year in some form of support for each family that begins with a birth to a teenager.² Based on cost estimates in a 1996 Urban Institute Study, at current birth rates we are looking at a cost of over \$61,000,000 annually in public funds to support the children teens in the Orange County. That cost estimate is expected to grow to over \$93,000,000 annually by the end of the decade. This economic cost could be significantly reduced through aggressive teen educational programs and access to contraception.

An extension of the need for education, was the perceived need for preventive health care education and services dealing with sexually transmitted diseases, including HIV. The Orange County Health Needs Assessment specifically addressed the perceived need for these services, particularly in the case of female adolescents who may be more vulnerable to sexually transmitted diseases. The findings of the OCHNA pointed to a greater tendency of female adolescents to have multiple sex partners, to engage in sexually risky behaviors and to be unable to negotiate safer sex practices with their partners. This becomes important because women are more likely to suffer more frequent and more serious complications than men, including pelvic inflammatory disease (PID) which can lead to infertility and potentially fatal ectopic pregnancy.³ Education, prevention and early detection of sexually transmitted diseases are a crucial need for the adolescents as they establish the foundation for adulthood.

Of particular concern in the area of STD is chlamydia, which is a problem of near epidemic proportions among teens. Chlamydia is often not diagnosed in young women and can lead to serious reproductive problems if untreated. Orange County had 4,577 documented cases of chlamydia diagnosed in 2000; one third of which were diagnosed among teens aged 15 - 19. It appears that many more cases went undiagnosed. Although the overall rate per 100,000 population is lower than the rate in the State of California, the number of diagnosed cases in Orange County has increased by almost seventy percent (70%) in the last five years. The rate of increase for the State of California was only slightly above fifty

² When Teens Have Sex: Issues and Trends; The Annie E. Casey Foundation , 1998

³ Tracking The Hidden Epidemics, Trends In STD's In The United States 2000; Centers for Disease Control and Prevention

Sex Education, Counseling, And Related Health Care Services (continued)

percent (50%) over the same period. Additional resources should be targeted to provide outreach education to young people to provide information about how to prevent the spread of Chlamydia, and where to be tested and obtain treatment as needed.

Not unexpectedly for sexually active adolescents, there are several zip codes within the county with very high rates of births to adolescents. Included among these communities, those with the highest birth rates (>85/1000) are Anaheim (zip codes 92801, 92802 & 92805), Costa Mesa (92627), Fullerton (92831 92832), Irvine (92618), Santa Ana (92701, 92703, 92704, 90705, 92706 & 92707) and Stanton (92841).⁴ Several other communities have only marginally lower birth rates to adolescents and also deserve focus. Though some recent data sources suggest some decline in the teen birth rates on a statewide basis, it does not appear that a material change in the teen birth rate has occurred in Orange County that might alter concerns about the nature of this issue.

There also appear to be wide disparities in the birth rates among adolescents of differing ethnic groups, with birth rates for Latino adolescent mothers significantly higher than other ethnic populations. Given the ethnic composition of Orange County and the demographics of the Target Population there are serious implications on the need for ethnically sensitive and culturally appropriate sex education, pregnancy prevention and maternity services. As reported earlier, more than 25% (15,444 encounters) of the family planning services and 20% (2,669 encounters) of the maternity care/delivery services provided at Community Clinic sites were provided to adolescents.

It is important that sexually active adolescents have access to education and prevention services, but it is **critical** that these adolescents have access to early and adequate prenatal care for their own health and the health of their child. Current research suggests that nearly 70% of infant mortality is related to conditions of low birth weight. Early prenatal care has been repeatedly confirmed as the most important ingredient in a healthy mother and newborn. There does not appear to be a shortage of available prenatal care in the County and many Community Clinics have additional capacity in this area. The key issue is that adolescents are not accessing these services. Greater efforts are necessary to reach teens with information about the value of prenatal care and the locations where they can receive quality prenatal care. In

⁴ Source: Orange County Health Needs Assessment 2000, page 71 and Orange County Vital Statistics 1994-96

Sex Education, Counseling, And Related Health Care Services (continued)

light of the large number of adolescents in the vulnerable under-served population, expanded collaborative outreach is required to fully serve the obstetrical needs of this group.

Behavioral Health

Behavioral health issues are an especially important focus for adolescent populations who are at a vulnerable and uncertain period in the developing lives. The percentage of adolescents served by HCA/Behavioral Health - Children & Youth Services for behavioral health care has grown by 150% over the period from FY94/95 to FY99/00.⁵ There was wide disparity in the range of mental health services provided by Community Clinics by region and by type of service. Overall, 17% of the mental health services provided by the Community Clinics were provided to adolescents. On a regional basis, clinics in the Western Region provided more than 2,000 encounters of mental health services to adolescents, while clinics in the North Region provided nearly 1,300 encounters. Clinics in the other two regions provided fewer than 200 encounters of mental health services to adolescents combined. While current research suggests that mental health services are difficult to obtain for all population segments, our analysis and the responses from community and health care leaders confirms that for those without financial resources adequate mental health services are virtually impossible. Community Clinics and other health care providers need to work collaboratively with the Health Care Agency to support HCA initiatives and participate in the active expansion of mental health services for adolescents.

⁵ Orange County Health Needs Assessment

Older Adults

There is a significant gap in the services provided to older adult populations and the estimated need of this population segment for health care services. Community Clinic services to older adults currently represents less than 2% of clinics' services to all patients. This represents less than 1% of the County's estimated older adult population. Current estimates of under-served patients do not include those older adults with Medicare coverage who have severe financial constraints that inhibit their access to needed and appropriate care.

Actions to Fill Gaps in Services to Older Adults

- The Coalition should participate in a collaborative approach to meeting the health care needs of these vulnerable older adult populations, that includes the Community Clinics, local hospitals/health systems and key older adult advocates, such as the Office on Aging. Such an initiative should produce material health improvement benefits to the Target Population older adults while reducing the aggregate financial costs to provide appropriate care for previously unseen and untreated patients.

- The collaborative initiative should focus on strengthening the linkage between the physical health and mental health components, particularly in the areas of Alzheimer's and dementia, of older adult health needs.
- The collaborative initiative should evaluate alternative solutions to the transportation barriers experienced by older adults, including expansion of mobile services for older adults and other outreach and communication strategies.
- There should be a focus on increasing community awareness and attention on the pharmacological challenges of older adults and building collaborative solutions to reduce prescription abuse and misuse.
- Specific efforts should be undertaken to document the uninsured older adult population and clarify specific health care needs.

Overview

Older adult populations, those 65 years and older, represent slightly more than nine percent (9%) of the population of Orange County and, on a gender basis, are divided sixty percent (60%) female and forty percent (40%) male. Based on analysis of several documents, including the Orange County Health Needs Assessment 2000, “The State of Health Insurance in California: Recent Trends, Future Prospects” prepared by the UCLA Center for Health Policy Research, and “Aging Latinas Study” prepared by Latino Health Access, we have attempted to quantify the gaps in the health care service needs for the Orange County older adult populations. There are well documented, clear challenges associated with the health care needs of older adults. These challenges include confronting conditions resulting from multiple diagnoses, natural deterioration in health status, and the compounding effect of health, lifestyle, and environmental factors.

Often these challenges fail to receive the full attention of providers of care to under-served populations because there is a presumption that older adults are fully covered by Medicare. In the past, those who have been able to enroll in the many health plans offering low, or no, cost Medicare +Choice (HMO) benefit plans, were able to obtain a complete array of health care services, usually including prescription drugs. Many older adults, with only basic Medicare coverage, had significant financial contributions to access a comparable range of services. Recent withdrawals of many health plans from the Medicare +Choice markets have resulted in contraction of the number and type of benefit plans available for older adults. While basic coverage is still available through Medicare, it has serious financial consequences for the many older adults living at or below key Federal Poverty Level thresholds. These changes in benefit plan availability, combined with increasing budgetary pressure to rein in Federal costs create a significant gap in service access and availability.

Uninsured Older Adults

Overlooked by most analysts is a segment of the population who are not eligible for Medicare and cannot afford to purchase coverage independently. Based on use of the UCLA research on uninsured populations, we estimate that slightly more than one percent (1%) of Orange County’s older adult population is uninsured. This would mean that about 3,000 Orange County older adults are without any type of health care coverage.

Uninsured Older Adults (continued)

It should be noted however that this estimate of the uninsured older adult population is challenged by some leaders in Orange County. They believe this estimate under-represents the actual number of uninsured older adults. For example, the Orange County Health Needs Assessment reports that twelve percent (12%) of the older adult population are uninsured. This would translate into more than 35,000 Orange County older adults without coverage. Given our work in other areas and the demographic composition of the county, we instinctively believe that the number of uninsured older adults in Orange County could be materially higher than the UCLA research suggests. There is also some evidence in recent research (Orange County Long-Term Care Multilingual Senior Needs Assessment Telephone Survey: January 2002) that there may be significant ethnic variation in the percentage of older adults who are uninsured. Importantly, there is no definitive source of information on uninsured and underinsured older adult populations in Orange County. Additional efforts should be undertaken to document the uninsured older adult population and clarify specific health care needs.

Though the number of uninsured older adults represents only a small percentage of the total uninsured population in Orange County, they represent a more significant portion of the need for expanded health care services to address chronic illnesses and the conditions associated with aging. Based on the older adult population's higher service utilization rates it would appear there is a significant unmet need for services to uninsured older adults. Currently the Community Clinics are providing services to less than 2,600 patients age 65 and older. This represents 1.8% of their total patient base.

Older Adult Concentration by Community

The following charts identify, on a regional basis, areas with high concentrations and/or large numbers of older adults. The demographic information used to prepare these charts has been summarized by the age categories over age 65 by community. We are not able however to correlate income by age as the database captures income information by household and is not cross tabulated by other demographic factors.

North Region Older Adult Concentrations

<u>Community</u>	<u>Population Age 65 and Older</u>	<u>% of Population ≥ Age 65</u>
Anaheim	32,240	9.3%
Buena Park	7,678	9.7%
Fullerton	14,689	11.4%
La Habra	8,324	12.3%

Central Region Older Adult Concentrations

<u>Community</u>	<u>Population Age 65 and Older</u>	<u>% of Population ≥ Age 65</u>
Orange	14,294	10.6%
Santa Ana	25,583	6.9%

South Region Older Adult Concentrations

<u>Community</u>	<u>Population Age 65 and Older</u>	<u>% of Population ≥ Age 65</u>
Aliso Viejo	5,741	14.4%
Costa Mesa	10,273	9.3%
Irvine	10,290	6.9%
Laguna Hills⁶	18,339	37.0%

⁶ Approximately 50% of the households in this community are at an income level equal to or less than 250% of the FPL

Western Region Older Adult Concentrations

<u>Community</u>	<u>Population Age 65 and Older</u>	<u>% of Population ≥ Age 65</u>
Fountain Valley	5,811	14.4%
Garden Grove	17,469	10.1%
Huntington Beach	20,096	10.5%
Los Alamitos	3,428	16.4%
Seal Beach⁷	9,717	40.4%

Many of the communities identified above have also been identified in Section G of this report for further detailed market analysis to determine precise unmet health care needs. When these analyses are undertaken some special focus on the needs of older adult populations should be specifically included.

Health Care Needs

The overall health care needs of older adult populations are principally driven by the complex interactions of multiple symptoms, multiple diagnoses. Chronic illnesses, including cardiovascular, respiratory, hypertensive, diabetic and arthritic conditions, requiring frequent and regular care characterize the environment of many older adults. Complicating the effect of these chronic medical conditions are the other natural effects of aging, including dementia, Alzheimer's and other health and lifestyle changes. These other health and lifestyle changes include pharmacological dependence, nutrition, mobility, frailty and social isolation. The challenge for health care providers is to allow sufficient symptomatic exploration to appropriately identify the specific causes for an older adult's health problems and monitor treatment approaches. Left untreated, the chronic conditions of older adult patients can have catastrophic consequences requiring long term, uncompensated hospitalization.

Compounding the issues surrounding health care services to older adult populations, especially those without coverage, are limitations on access to Geriatric specialists and barriers in the lack of home nursing resources.

⁷ Approximately 40% of the households in this community are at an income level equal to or less than 250% of the FPL

Health Care Needs (continued)

Two other older adult health issues that have important implications for Community Clinics, the Health Care Agency and other health care providers are the linkages between prescription usage, mental health conditions and a older adult's physical health. Prescription abuse and misuse appear to be consistent issues for older adult populations. Medication overuse, drug interactions, self-medication, sharing of medications and unlicensed pharmacy usage regularly surface when examining older adult health issues. Pharmacological misuse can have serious implications for the health status of older adults.

Mental health conditions may be an under-reported issue for older adults, especially when chronic or complex health problems may be present. Dementia, Alzheimer's, depression, loneliness and isolation are major challenges for older adults. Concerns for safety, housing, nutrition and other quality of life issues appear to increase the anxiety and frustration for older adults. The lack of a comprehensive medical – psychiatric interface is a major gap for older adult populations.

Barriers to Access

Key among the critical barriers to accessing health care services that impact older adult populations are:

- Transportation is significant barrier, especially for the frail elderly and those without private transportation
- High percentages of non-White ethnic group older adults are monolingual and face severe limitations in accessing services and understanding treatment instructions and procedures.
- Cost is a major barrier for older adults without health coverage or the independent means to pay for needed services, especially in obtaining needed specialty services.
- Limited public emphasis on collaborative health care solutions for vulnerable older adult populations, perhaps driven by misconceptions regarding the comprehensiveness of Medicare coverage
- Lack of user-friendly, easily understood prescription instructions, particularly for non-English speaking older adults