

# MemorialCare Orange Coast Medical Center

## Community Health Needs Assessment

### 2022



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## Executive Summary

MemorialCare Orange Coast Medical Center (OCMC) is a member of MemorialCare, an integrated, nonprofit health system headquartered in Orange County, California. Orange Coast Medical Center is the only nonprofit hospital in Fountain Valley, California. The hospital is home to the MemorialCare Cancer Institute, MemorialCare Breast Center, MemorialCare Imaging Center, MemorialCare Heart & Vascular Institute, MemorialCare Surgical Weight Loss Center, MemorialCare Joint Replacement Center, Childbirth Center, Digestive Care Center, and Spine Health Center.

### Community Health Needs Assessment

OCMC has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs.

### Service Area

OCMC is located at 9920 Talbert Avenue, Fountain Valley, California. The service area is located in Orange County and includes 25 ZIP Codes, representing 13 cities or communities. OCMC determined the service area by averaging total inpatient ZIP Codes from 2018-2020. This service area represents 87% of total inpatient ZIP Codes of patient origin.

**Orange Coast Medical Center Service Area**

Cities	ZIP Codes
Anaheim	92801, 92804
Buena Park	90620
Costa Mesa	92626, 92627
Cypress	90630
Fountain Valley	92708
Garden Grove	92840, 92841, 92843, 92844, 92845
Huntington Beach	92646, 92647, 92648, 92649
Midway City	92655
Santa Ana	92703, 92704, 92706, 92707
Seal Beach	90740
Stanton	90680
Tustin	92780
Westminster	92683

## **Methodology**

### Secondary Data

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, maternal and infant health, leading causes of death, disability and disease, COVID-19, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Orange County and California.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

### Primary Data

Eighteen (18) interviews were conducted for the OCMC CHNA from November 2021 to January 2022 via Zoom. Interview participants included a broad range of stakeholders concerned with the health and wellbeing of community members and who shared reflections on residents' health issues and needs.

## **Significant Community Needs**

Significant needs were identified through a review of the secondary health data and validation through stakeholder surveys. The identified significant needs included:

- Access to care
- Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver, stroke)
- COVID-19
- Economic security
- Food security
- Housing and homelessness
- Mental health
- Overweight/obesity
- Preventive practices (vaccines and screenings)
- Senior health
- Substance use

## **COVID-19**

COVID-19 continues to have an unprecedented impact on the health and well-being of

the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to health care, preventive screenings, disease maintenance, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

### **Prioritization of Health Needs**

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Access to care, housing and homeless, mental health, chronic disease and senior health were ranked as the top five priority needs in the service area.

### **Report Adoption, Availability and Comments**

This CHNA report was adopted by the MemorialCare Orange Coast Medical Center Board of Directors on June 13, 2022. This report is widely available to the public on the hospital's web site at [www.memorialcare.org/about-us/community-benefit](http://www.memorialcare.org/about-us/community-benefit). Written feedback on this CHNA can be sent to: [communitybenefit@memorialcare.org](mailto:communitybenefit@memorialcare.org).

# Introduction

## Background and Purpose

MemorialCare is an integrated, nonprofit health system headquartered in Orange County, California. MemorialCare includes top hospitals – Orange Coast Medical Center, Saddleback Medical Center, Long Beach Medical Center and Miller Children’s & Women’s Hospital Long Beach; MemorialCare Medical Group and Greater Newport Physicians; MemorialCare Research, MemorialCare Select Health Plan and numerous convenient outpatient ambulatory surgery, medical imaging, urgent care, breast health, physical therapy, dialysis and primary care and specialty care centers.

OCMC is the only nonprofit hospital in Fountain Valley, California. The hospital is home to the MemorialCare Cancer Institute, MemorialCare Breast Center, MemorialCare Imaging Center, MemorialCare Heart & Vascular Institute, MemorialCare Surgical Weight Loss Center, MemorialCare Joint Replacement Center, Childbirth Center, Digestive Care Center, and Spine Health Center.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

## Service Area

OCMC is located at 9920 Talbert Avenue, Fountain Valley, in Orange County. The service area is located in Orange County and includes 25 ZIP Codes, representing 13 cities or communities. OCMC determined the service area by averaging total inpatient ZIP Codes from 2018-2020. This service area represents 87% of total inpatient ZIP Codes of patient origin.

**Orange Coast Medical Center Service Area**

Cities	ZIP Codes
Anaheim	92801, 92804
Buena Park	90620
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Cypress	90630
Fountain Valley	92708



Cities	ZIP Codes
Garden Grove	92840, 92841, 92843, 92844, 92845
Huntington Beach	92646, 92647, 92648, 92649
Midway City	92655
Santa Ana	92703, 92704, 92706, 92707
Seal Beach	90740
Stanton	90680
Tustin	92780
Westminster	92683

**Orange Coast Medical Center Service Area Map**



### Project Oversight

The Community Health Needs Assessment process was overseen by:  
 Beth Hamblton  
 Senior Program and Community Outreach Liaison  
 MemorialCare Orange Coast Medical Center

## **Consultants**

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Melissa A. King, PhD, MPA and JuHyun Y. Šakota, MPA of People's Health Solutions to complete the data collection. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

[www.bielconsulting.com](http://www.bielconsulting.com) + [www.peopleshealthsolutions.com](http://www.peopleshealthsolutions.com)

## **CHNA Approval**

This CHNA report was adopted by the MemorialCare Orange Coast Medical Center Board of Directors on June 13, 2022.

## **Data Collection Methodology**

### **Secondary Data Collection**

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, maternal and infant health, leading causes of death, disability and disease, COVID-19, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Orange County and California.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), and state comparisons, the data source, data year and an electronic link to the data source.

Analysis of secondary data includes reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and county levels.

### **Significant Community Needs**

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to care
- Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver, stroke)
- COVID-19
- Economic security
- Food security
- Housing and homelessness
- Mental health
- Overweight/obesity
- Preventive practices (vaccines and screenings)
- Senior health
- Substance use

### **Primary Data Collection**

OCCMC conducted interviews with community stakeholders to obtain input on significant community needs, barriers to care and resources available to address the identified

health needs. Eighteen (18) phone interviews were conducted from November 2021 to January 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Orange County, who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 1 lists the stakeholder interview respondents, their titles and organizations. Attachment 2 provides stakeholder responses to the interview overview questions.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at [www.memorialcare.org/about-us/community-benefit](http://www.memorialcare.org/about-us/community-benefit). To date, no comments have been received.

## Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

COVID-19 and mental health had the highest scores for severe and very severe impact on the community. Chronic disease, housing and homelessness and mental health were the needs with the highest scores for worsened over time. Housing and homelessness, mental health, economic insecurity, food insecurity and substance use had the highest scores for insufficient resources available to address the need.

<b>Significant Health Needs</b>	<b>Severe and Very Severe Impact on the Community</b>	<b>Worsened Over Time</b>	<b>Insufficient or Absent Resources</b>
Access to care	53.9%	30.8%	46.2%
Chronic diseases	76.9%	69.2%	30.8%
COVID-19	92.3%	7.7%	15.4%
Economic insecurity	76.9%	53.9%	53.9%
Food insecurity	53.8%	46.2%	53.9%
Housing and homelessness	76.9%	69.2%	84.6%
Mental health	84.6%	69.2%	76.9%
Overweight and obesity	53.9%	53.9%	23.1%
Preventive practices	53.8%	23.1%	15.4%
Senior health	69.2%	15.4%	23.1%
Substance use	53.8%	61.5%	53.9%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to care, housing and homeless, mental health, chronic disease and senior health were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

<b>Significant Needs</b>	<b>Priority Ranking (Total Possible Score of 4)</b>
Access to care	3.79
Housing and homelessness	3.57
Mental health	3.54
Chronic diseases	3.54
Senior health	3.50
Substance use	3.46
Economic insecurity	3.38
Food insecurity	3.38
Preventive practices	3.36
COVID-19	3.08
Overweight and obesity	3.07

Community input on these health needs is detailed throughout the CHNA report.

### **Resources to Address Significant Needs**

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 3.

### **Review of Progress**

In 2019, OCMC conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health care, preventive practices, chronic diseases, mental health/substance use, and overweight and obesity through a commitment of community benefit programs and resources. Target populations for community benefit efforts were seniors and the Vietnamese community. The impact of the actions that OCMC used to address these significant needs can be found in Attachment 4.

## Demographics

### Population

The population of the OCMC service area is 1,266,738.

### Population, by ZIP Code

Area	ZIP Code	Population
Anaheim	92804	22,488
Anaheim	92801	32,240
Buena Park	90620	52,641
Costa Mesa	92627	10,873
Costa Mesa	92626	64,871
Cypress	90630	16,812
Fountain Valley	92708	34,755
Garden Grove	92840	26,716
Garden Grove	92843	28,974
Garden Grove	92841	33,287
Garden Grove	92844	32,997
Garden Grove	92845	48,678
Huntington Beach	92647	26,396
Huntington Beach	92646	7,072
Huntington Beach	92648	25,236
Huntington Beach	92649	37,987
Midway City	92655	47,816
Santa Ana	92704	27,482
Santa Ana	92703	24,000
Santa Ana	92707	32,240
Santa Ana	92706	41,460
Seal Beach	90740	45,295
Stanton	90680	67,158
Tustin	92780	48,791
Westminster	92683	30,377
<b>OCMC Service Area</b>		<b>1,266,738</b>
<b>Orange County</b>		<b>3,192,521</b>
<b>California</b>		<b>39,740,046</b>

Source: Orange County's Healthier Together, Claritas, 2021. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

### Gender

In the OCMC service area, 49.7% of the population is male and 50.3% is female.

## Population, by Gender

	OCMC Service Area	Orange County	California
Male	49.7%	49.4%	49.7%
Female	50.3%	50.6%	50.3%

Source: Orange County's Healthier Together, Claritas, 2021. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

## Age

Children and youth, ages 0-17, make up 22.4% of the service area population, 62.6% are adults, ages 18-64, and 15% are seniors, ages 65 and older. The service area has a higher percentage of youth than the county (21.6%).

## Population, by Age

	OCMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
Ages 0-4	76,716	6.1%	185,640	5.8%	2,432,198	6.1%
Ages 5-17	206,153	16.3%	504,365	15.8%	6,522,118	16.4%
Ages 18-24	107,931	8.5%	286,888	9.0%	3,681,847	9.3%
Ages 25-44	356,902	28.2%	869,030	27.2%	11,247,139	28.3%
Ages 45-64	328,435	25.9%	844,187	26.4%	9,802,776	24.7%
Ages 65 and older	190,601	15.0%	502,411	15.7%	6,053,968	15.2%

Source: Orange County's Healthier Together, Claritas, 2021. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

## Race/Ethnicity

In the service area, 42.4% of the population is Hispanic or Latino. 28.4% of the population is White. Asians make up 24.5% of the population in the service area. Black/African Americans are 1.6% of the population. The remaining races/ethnicities comprise 3.1% of the service area population. The service area has a higher percentage of Hispanic/Latino and Asian residents than the county.

## Race/Ethnicity

	OCMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
Hispanic or Latino	537,522	42.4%	1,115,740	34.9%	16,124,059	40.6%
White	360,183	28.4%	1,223,157	38.3%	13,954,640	35.1%
Asian	310,877	24.5%	685,728	21.5%	5,928,068	14.9%
Other or Multiple	30,636	2.4%	100,297	3.1%	1,286,475	3.2%
Black/African American	19,914	1.6%	52,696	1.7%	2,149,325	5.4%
Native Hawaiian/Pacific Islander	5,292	0.4%	8,885	0.3%	141,136	0.4%
American Indian/Alaskan Native	2,314	0.3%	6,018	0.2%	156,343	0.4%

Source: Orange County's Healthier Together, Claritas, 2021. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

## Citizenship

In the service area, 34.6% of residents are foreign born and 44.1% of the foreign-born



residents are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

### Foreign Born Residents and Citizenship

	OCMC Service Area	Orange County	California
Foreign born	34.6%	30.1%	26.8%
Of foreign born, not a U.S. citizen	44.1%	45.4%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B05001, B05002. <http://factfinder.census.gov>

### Language

In the service area, 43.7% of residents, ages 5 and older, speak only English in the home. Spanish is spoken at home among 33.9% of residents. An Asian or Pacific Islander language is spoken at home among 18.3% of the service area population.

### Language Spoken at Home, Population 5 Years and Older

	OCMC Service Area	Orange County	California
Only English	43.7%	53.2%	55.3%
Spanish	33.9%	26.8%	29.8%
Asian/Pacific Islander Language	18.3%	14.4%	9.5%
Indo-European language	3.3%	4.8%	4.7%
Other language	0.8%	0.8%	0.8%

Source: Orange County's Healthier Together, Claritas, 2021. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

### Sexual Orientation

Among Orange County adults, 3.3% identify as gay, lesbian, or homosexual. 3.9% identify as bisexual.

### Sexual Orientation, Adults

	Orange County	California
Straight or heterosexual	90.1%	90.4%
Gay, lesbian, or homosexual	3.3%	3.3%
Bisexual	3.9%	3.3%
Not sexual/celebrate/none/other	2.7%	3.1%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

### Veterans

In the service area, 4.2% of the population, 18 years and older, are veterans.

### Veterans

	Percent
OCMC Service Area	4.2%
Orange County	4.4%
California	5.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B21001. <http://factfinder.census.gov>

## Social Determinants of Health

### Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county’s residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, income inequality, social support, and others. In 2021, Orange County ranked tenth among counties in California.

### Social and Economic Factors Ranking

	County Ranking (out of 57)
Orange County	10

Source: County Health Rankings, 2021. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was \$13,011 and for a family of four \$25,926. Among the service area population, 17.3% are living at or below the 100% poverty level, and 23.9% are living at or below the 200% poverty level (low income). The highest rate of poverty in the service area can be found in Midway City (54.3%). Santa Ana 92703 has the highest percentage of low-income residents, below 200% of the Federal Poverty Level (42.1%).

### Ratio of Income to Poverty Level

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Anaheim	92801	23.6%	29.4%
Anaheim	92804	18.1%	26.1%
Buena Park	90620	11.8%	15.9%
Costa Mesa	92627	16.4%	25.0%
Costa Mesa	92626	8.7%	17.4%
Cypress	90630	6.8%	14.4%
Fountain Valley	92708	9.4%	10.7%
Garden Grove	92841	29.0%	24.4%
Garden Grove	92844	23.8%	17.5%
Garden Grove	92840	15.4%	32.3%
Garden Grove	92843	15.3%	30.6%
Garden Grove	92845	3.1%	2.4%
Huntington Beach	92647	15.1%	17.8%

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Huntington Beach	92649	12.3%	11.2%
Huntington Beach	92646	6.3%	9.9%
Huntington Beach	92648	3.6%	9.9%
Midway City	92655	54.3%	11.2%
Santa Ana	92703	23.5%	42.1%
Santa Ana	92706	23.1%	28.9%
Santa Ana	92704	21.1%	35.4%
Santa Ana	92707	17.5%	31.3%
Seal Beach	90740	3.3%	3.8%
Stanton	90680	29.0%	29.6%
Tustin	92780	17.9%	17.4%
Westminster	92683	19.3%	24.9%
<b>OCMC Service Area</b>		<b>17.3%</b>	<b>23.9%</b>
<b>Orange County</b>		<b>13.8%</b>	<b>32.0%</b>
<b>California</b>		<b>17.6%</b>	<b>39.7%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B05010. <http://factfinder.census.gov>

In the service area, 17.5% of children live in poverty. 11.1% of seniors and 29.5% of female-headed households (HH) with children live in poverty. These rates of poverty are higher than county rates. Midway City has the highest percentage of children living in poverty (52%) and the highest percentage of poverty among female head of household with children (62.4%) in the service area. Garden Grove 92844 has the highest percentage of seniors living in poverty (22.4%) in the service area.

#### Poverty Levels, Children, Seniors, Female Head of Household with Children, by ZIP Code

	ZIP Code	Children Under 18 Years Old	Seniors	Female HH with Children
Anaheim	92801	23%	17.7%	36.6%
Anaheim	92804	19%	17.6%	35.0%
Buena Park	90620	12%	6.1%	26.2%
Costa Mesa	92626	10%	6.7%	17.1%
Costa Mesa	92627	17%	19.5%	17.2%
Cypress	90630	7%	6.1%	14.7%
Fountain Valley	92708	10%	8.3%	22.7%
Garden Grove	92840	16%	15.3%	30.1%
Garden Grove	92841	29%	21.7%	47.5%
Garden Grove	92843	16%	18.3%	28.2%
Garden Grove	92844	26%	22.4%	44.3%
Garden Grove	92845	4%	5.0%	9.6%

	ZIP Code	Children Under 18 Years Old	Seniors	Female HH with Children
Huntington Beach	92646	7%	5.0%	13.6%
Huntington Beach	92647	15%	12.9%	25.2%
Huntington Beach	92648	4%	5.4%	9.0%
Huntington Beach	92649	13%	5.4%	31.4%
Midway City	92655	52%	22.1%	62.4%
Santa Ana	92703	24%	19.6%	38.5%
Santa Ana	92704	22%	12.8%	33.4%
Santa Ana	92706	23%	12.5%	44.3%
Santa Ana	92707	19%	14.9%	31.6%
Seal Beach	90740	3%	8.9%	19.3%
Stanton	90680	29%	15.5%	39.7%
Tustin	92780	18%	14.8%	25.7%
Westminster	92683	19%	19.3%	28.7%
<b>OCMC Service Area</b>		<b>17.5%</b>	<b>11.1%</b>	<b>29.5%</b>
<b>Orange County</b>		<b>14.2%</b>	<b>9.2%</b>	<b>27.9%</b>
<b>California</b>		<b>18.1%</b>	<b>10.2%</b>	<b>33.1%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03, B17001. <http://factfinder.census.gov>

## Unemployment

The average unemployment rate in the service area was 4.8% between 2015 and 2019. Orange County's unemployment rate averaged 4.6% during the same period.

### Unemployment Rate

	Unemployment Rate
OCMC Service Area	4.8%
Orange County	4.6%
California	6.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://factfinder.census.gov>

## Households

The average median household income for the service area was \$83,902. This is lower than the median income for the county (\$98,086) and higher than the state (\$82,565). Household incomes ranged from \$40,059 in Midway City to \$95,046 in Huntington Beach.

### Median Household Income

	Median Household Income
Anaheim city	\$71,763
Buena Park city	\$78,932

	<b>Median Household Income</b>
Costa Mesa city	\$84,138
Cypress city	\$93,137
Fountain Valley city	\$93,075
Garden Grove city	\$69,278
Huntington Beach city	\$95,046
Midway City CDP	\$40,059
Santa Ana city	\$66,145
Seal Beach city	\$68,852
Stanton city	\$57,598
Tustin city	\$84,697
Westminster city	\$62,625
<b>OCMC Service Area*</b>	<b>\$83,902</b>
<b>Orange County</b>	<b>\$98,086</b>
<b>California</b>	<b>\$82,565</b>

Source: Orange County's Healthier Together, Claritas, 2021. [www.ohealthiertogether.org](http://www.ohealthiertogether.org). \*Average of median household income for the ZIP Codes within the service area

There are 385,223 households in the service area. 26.4% of households are 2-person households and 37.4% of households are 4 or more person households.

### Household Size

	<b>OCMC Service Area</b>	<b>Orange County</b>	<b>California</b>
1 person households	20.0%	21.3%	23.6%
2 person households	26.4%	28.9%	28.6%
3 person households	16.2%	16.8%	16.4%
4+ person households	37.4%	33.0%	31.4%

Source: Orange County's Healthier Together, Claritas, 2021. [www.ohealthiertogether.org](http://www.ohealthiertogether.org).

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Over half of Orange County renters (56.6%) spend 30% or more of their household income on housing. In the hospital service area, all ZIP Codes show residents to be cost burdened. In Garden Grove 92844, 69.7% of renters are spending more than 30% of their income on housing.

### Renters Spending More than 30% of Income on Housing

	<b>ZIP Code</b>	<b>Percent</b>
Anaheim	92801	59.3%
Anaheim	92804	59.9%
Buena Park	90620	56.9%

	<b>ZIP Code</b>	<b>Percent</b>
Costa Mesa	92626	49.7%
Costa Mesa	92627	50.4%
Cypress	90630	49.0%
Fountain Valley	92708	58.5%
Garden Grove	92840	55.2%
Garden Grove	92841	58.2%
Garden Grove	92843	55.4%
Garden Grove	92844	69.7%
Garden Grove	92845	61.5%
Huntington Beach	92646	51.0%
Huntington Beach	92647	52.3%
Huntington Beach	92648	48.6%
Huntington Beach	92649	40.8%
Midway City	92655	55.7%
Santa Ana	92703	61.4%
Santa Ana	92704	56.1%
Santa Ana	92706	63.1%
Santa Ana	92707	58.2%
Seal Beach	90740	41.9%
Stanton	90680	62.0%
Tustin	92780	55.1%
Westminster	92683	59.0%
<b>Orange County</b>		<b>56.6%</b>
<b>California</b>		<b>54.8%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04, <http://factfinder.census.gov>

### **Community Input – Economic Insecurity**

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- Unemployment occurring in the wake of the COVID-19 pandemic has had the waterfall effect of leading to loss of homes and loss of health coverage.
- People who have experienced loss of income since the start of the pandemic have experienced related stress and anxiety: For example, if they can't afford to buy groceries, they have to figure out how they're going to obtain them. If they can't pay their rent, they have to figure out how to make that happen, or how to obtain housing assistance.
- Individuals and families with low incomes face barriers to accessing basic food resources, and access to healthy foods and fruit/vegetable produce can be even

more challenging.

- Poverty among children in particular is often visible through a lack of food or healthy food. Many children are reliant on free food programs that are offered through schools.
- There is also a need for food banks and meal distribution programs, like mobile pantries that stop at senior living facilities, apartment complexes, or underserved neighborhoods.
- Those experiencing economic insecurity are less likely to engage in routine health check-ups, as they are in positions where their health cannot be prioritized. As a result, those without steady income are less likely to follow through with health care, eye exams, and dental appointments.
- Economic insecurity, and the stress that comes along with working multiple jobs to make ends meet, poses special challenges for parents. It is more difficult for them to focus on their children's activities, as well as what food they are eating and being fed, throughout the day. This in turn can pose a challenge to building healthy habits that in turn help prevent chronic disease.
- Families who are facing economic hardship, in particular those who have small children, have a harder time accessing health care. For example, it may be hard for a parent to take time off work, or to find childcare, so they can go to a medical appointment.
- Single mothers have a hard time finding jobs, as they need their children to be watched over while they work, but child care is very expensive, and many cannot afford it.
- For older adults, their income is fixed while the price of essentials, such as food and rent, keeps going up. Older adults who are renters are under enormous stress, because their income isn't going up to keep up with inflation and cost of housing.
- The ability to afford transportation is a major challenge. Seniors are more reliant on forms of transportation other than driving, but may not be able to afford the fares.
- A subgroup disproportionately affected by economic insecurity are individuals who are experiencing chronic homelessness and who have been on the streets for years or more. As a result of compounding trauma, people become more resistant to services, while at the same time experiencing increasingly poor health outcomes.
- People who do not speak English are disproportionately impacted by economic insecurity, given that language may pose a barrier to seeking work.
- High cost of living makes it difficult for individuals to meet their basic needs through a minimum-wage job. As a result, some people find themselves constantly on the move or in a period of transition as they look to find a job in an industry that pays a living wage.

## Seniors Living Alone

In the OCMC service area, Seal Beach has the highest percentage of seniors living alone (42.5%), followed by Midway City, which has 33.1% of its seniors living alone.

### Seniors, Ages 65 and Older, Living Alone

	ZIP Code	Percent Seniors*	Percent Seniors Living Alone*
Anaheim	92804	12.8%	17.3%
Anaheim	92801	11.0%	19.6%
Buena Park	90620	15.8%	12.8%
Costa Mesa	92626	14.2%	19.9%
Costa Mesa	92627	11.7%	32.9%
Cypress	90630	17.5%	17.1%
Fountain Valley	92708	22.3%	14.7%
Garden Grove	92845	19.8%	29.2%
Garden Grove	92841	15.4%	11.6%
Garden Grove	92844	14.1%	10.3%
Garden Grove	92840	13.4%	12.4%
Garden Grove	92843	12.4%	13.2%
Huntington Beach	92649	22.7%	24.2%
Huntington Beach	92646	22.4%	23.8%
Huntington Beach	92648	19.5%	27.1%
Huntington Beach	92647	15.3%	19.9%
Midway City	92655	16.8%	33.1%
Santa Ana	92706	11.1%	16.4%
Santa Ana	92704	10.0%	8.7%
Santa Ana	92707	8.8%	8.3%
Santa Ana	92703	8.7%	7.2%
Seal Beach	90740	46.4%	42.5%
Stanton	90680	13.3%	25.4%
Tustin	92780	12.4%	21.9%
Westminster	92683	17.5%	14.6%
<b>Orange County</b>		<b>15.7%</b>	<b>20.9%</b>
<b>California</b>		<b>15.2%</b>	<b>22.6%</b>

Source: Orange County's Healthier Together, \*Claritas, 2021 and \*U.S. Census American Community Survey five-year estimates 2015-2019. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

## Community Input – Senior Health

Stakeholder interviews identified the following issues, challenges and barriers related to senior health. Following are their comments edited for clarity:



- Older adults have had a harder time accessing COVID-19 testing and vaccines given that many do not drive or are not tech-savvy. They cannot go online to schedule an appointment or put their name on a waitlist. This has made partnerships with hospitals to book appointments and arrange transportation invaluable to the health and wellbeing of older adults.
- Economic issues are front and center for many seniors, given that they are retired or not able to work and their income is fixed, while the price of housing/rent and food and other goods continues to go up. Those who have lost a spouse, in addition to dealing with grief and loss, face the stress of moving from a two-person to a one-person household income.
- Older adults feel lonely and isolated.
- Seniors have difficulty accessing new communication technologies such as MyChart; they still rely on phones to communicate with providers.
- In the Vietnamese community there is a cultural barrier as elders tend to be prideful in that they wouldn't ask the kids to drive them around and there is a common mistrust in using Uber.
- Cultural and social barriers exist as there is a stigma in labeling yourself as a senior and accepting resources.
- Health care providers need to focus resources on creating a sense of community and care for the senior population. This would include weekly check-ins, daily activities (particularly for those experiencing a decline in mobility), and creating a safe environment and a sense of community.

In the service area, 6% of residents received SSI (Supplemental Security Income), 2.4% received Public Assistance, and 8.7% received Food Stamps/SNAP. These rates of public assistance are higher than county rates.

**Household Supportive Benefits**

	<b>OCMC Service Area</b>	<b>Orange County</b>	<b>California</b>
Households	383,817	1,037,492	13,044,266
Supplemental Security Income (SSI)	6.0%	4.4%	6.1%
Public Assistance	2.4%	1.9%	3.2%
Food Stamps/SNAP	8.7%	6.0%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://factfinder.census.gov>

**Food Insecurity**

Food insecurity is “a lack of consistent access to enough food for every person in a household to live an active, healthy life.” ([Feeding America](#), 2021) The percentage of people experiencing food insecurity in Orange County is 8.3%, which is lower than the state rate (10.2%). Feeding America projects that the overall food insecurity rate for Orange County has increased by 45% in 2020 due to the COVID-19 crisis.

## Food Insecurity

	Orange County	California
Overall food insecurity rate	8.3%	10.2%
Child food insecurity rate	10.1%	13.7%

Source: Feeding America, State-by-State Resource: The Impact of Coronavirus on Food Insecurity, 2019, <https://feedingamericaaction.org/resources/state-by-state-resource-the-impact-of-coronavirus-on-food-insecurity/>.

## Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity:

- Lack of access to food worsened during the pandemic. This discourages people from eating healthily. When you have food issues, you tend not to eat healthy. You eat what's less expensive.
- There is a lack of culturally-appropriate menus with regard to food assistance. This is especially true for our various diverse Vietnamese communities and other communities of different Asian ethnicities.
- Low-income families are most affected by food insecurity.
- There is a lack of knowledge of where to obtain food resources.
- Food banks don't always have the healthiest or freshest ingredients. And there is a lack of transportation to food banks. This is a particular concern for people with chronic disease. Someone with diabetes may not be able to obtain the food necessary to maintain healthy glucose levels.
- Most schools do not qualify for federal funding in the summer, so they aren't able to provide meals for students during summer months.
- Patients who lack access to food are most likely to return to the hospital post-surgery because nutritional needs required for surgery recovery are not met.

## Educational Attainment

In the service area, 20.8% of adults have not graduated from high school, 21.3% of area adults are high school graduates. 36.7% of adults in the service area hold college degrees. The service area has lower education rates than the county and the state.

## Educational Attainment, Adults, Ages 25 Years and Older

	OCMC Service Area	Orange County	California
Population 25 years and older	868,164	2,215,628	27,103,883
Less than 9 <sup>th</sup> grade	11.9%	7.8%	9.1%
Some high school, no diploma	8.9%	6.4%	7.4%
High school graduate	21.3%	17.2%	20.7%
Some college, no degree	21.1%	20.0%	21.0%
Associate degree	7.7%	7.8%	7.9%
Bachelor's degree	20.7%	26.3%	21.1%

	OCMC Service Area	Orange County	California
Graduate or professional degree	8.3%	14.5%	12.8%

Source: Orange County's Healthier Together, Claritas, 2021. [www.ochealthiertogether.org](http://www.ochealthiertogether.org).

High school graduation rates are the number of high school graduates who graduated four years after starting ninth grade. In Orange County, the high school graduation rate is 89.7%, which is higher than the state average (84.5%). The county rate does not meet the Healthy People 2030 objective for a 90.7% high school graduation rate.

### High School Graduation Rates

	Percent
Orange County	89.7%
California	84.5%

Source: California Department of Education, 2018-2019 Four-Year Cohort Graduation Rates. <http://dq.cde.ca.gov/dataquest/>

### Homelessness

The U.S. Department of Housing and Urban Development (HUD) conducts an annual Point-in-Time count (PIT) of homeless, with data reported by Continuums of Care. On any given night, there are 6,860 residents experiencing homelessness in Orange County. Between 2017 and 2019, homelessness has increased in the county, and most increase comes from unsheltered homelessness.

### Homeless Annual Count, Santa Ana/Anaheim/Orange County CoC

Year of Count	Total Homeless	Sheltered	Unsheltered
2017	4,792	46%	54%
2019	6,860	42%	58%

Source: HUD Continuum of Care Homeless Assistance Programs Homeless Population and Subpopulations, 2017 and 2019. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

The Point In Time count in Orange County focused on the sheltered homeless. In 2020 there were 3,017 homeless persons and in 2021 there were 2,441 sheltered homeless persons. It is difficult to draw conclusions regarding homelessness in the county. The number of people in shelters can change due to many reasons. Given the impact of COVID on homeless shelter capacity, it is expected to see fewer numbers of sheltered homeless persons and it is likely that unsheltered homelessness increased.

### Sheltered PIT Count, Orange County, 2020-2021 Comparison

Year of Count	Sheltered Persons
2020	3,017
2021	2,441

Source: Orange County HMIS, 2021 Sheltered Point-In-Time Homeless Count Overview. <http://ochmis.org/wp-content/uploads/2021/05/2021-PIT-Report.pdf>

Among the sheltered homeless population, 6.6% are veterans, 4.2% are youth, 17.7% are chronically homeless, 12.1% are seniors and 11.8% are homeless as a result of domestic violence.

### Sheltered Homeless, by Subpopulations

Year of Count	Veterans	Youth	Chronically Homeless	Seniors	Domestic Violence
2020	4.3%	4.2%	27.3%	10.7%	8.7%
2021	6.6%	4.2%	17.7%	12.1%	11.8%

Source: Orange County HMIS, 2021 Sheltered Point-In-Time Homeless Count Overview. <http://ochmis.org/wp-content/uploads/2021/05/2021-PIT-Report.pdf>

In Orange County, 4.5% of students in public schools are experiencing homelessness.

### Students Experiencing Homelessness

	Percent
Orange County	4.5%
California	3.1%

Source: California Department of Education Enrollment Multi-Year Summary by Grade, 2020-2021. Accessed August 24, 2021. <https://dq.cde.ca.gov/dataquest/dqcensus/EnrGrdYears.aspx>

### Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments edited for clarity:

- Neighborhoods do not want people who are unhoused living in their area. Resistance toward housing unsheltered individuals mostly comes from stigma toward unhoused people with serious mental health or substance use conditions.
- There is little available in the way of rent assistance. The Orange County Housing Authority is not accepting new names. There is a lack of opportunities for matching people with shared housing programs or room rental opportunities for those on very limited budgets.
- There are high rates of housing insecurity in the Huntington Beach area where there is a high density of multi-family homes.
- Compounding issues such as loss of job/income and mental health concerns (e.g., anxiety, depression) during COVID-19 have exacerbated housing instability. While at one time many people would have depended on family and friends for support, caregiver burnout has occurred and agencies have had to step in when family members have to step back.
- Most of the time, it is the Police Department that responds to calls related to persons who are homeless.
- Unsheltered people gravitate toward Orange County because of the weather, so there is a high number of unsheltered people and a low number of resources.
- There is a lack of support for navigating resources, especially since so many are

now found online, and people who are unsheltered may not have access to technology.

- Many unsheltered people distrust providers and become resistant to services, as they have been left behind by the system so many times that they don't see it as being viable. They see constant referrals to services, but never any direct links, or attempts to provide actual care.
- The freeway project on the 405 during 2020 has dispersed a lot of the unhoused population.
- There is a lack of support staff at shelters and housing facilities. There is a need for staff to assist clients with tasks such as obtaining documentation and applying for resources.
- Transportation is a barrier to health care access among individuals experiencing housing instability or homelessness.
- The best approach to supporting the health of people who are unsheltered is helping them obtain permanent supportive housing, where there are services/resources on-site.
- More recuperative care beds are needed for those who need ongoing medical support, but do not need to be hospitalized.
- Engage patient navigators and housing navigators, who can help address the various social and economic issues that people are facing and help them obtain housing.

## Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Crime statistics indicate Orange County has lower rates (230 per 100,000 persons) of violent crime than the state (438 per 100,000 persons).

### Violent Crime Cases and Rate, per 100,000 Persons

	Total Cases	Rate
Orange County	7,340	230
California	173,864	438

Source: California Department of Justice, Office of the Attorney General, 2020. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>. Accessed on August 9, 2021. Population data from Claritas, 2021.

There were 341 domestic violence calls per 100,000 persons in Orange County, which is lower than the state rate of 404 calls per 100,000 persons.

### Domestic Violence Calls and Rate, per 100,000 Persons

	Total Calls	Rate
Orange County	8,452	341
California	169,362	404

Source: California Department of Justice, Office of the Attorney General, 2021. <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>. Accessed on August 9, 2021. Population data from Claritas, 2021.

## Access to Health Care

### Health Insurance

Health insurance coverage is considered a key component to accessing health care. The Healthy People 2030 objective is for 92.1% of the population to have health insurance coverage. Among service area residents, 90.6% of the population have health insurance. And 98.6% of seniors have access to health insurance.

### Insurance Coverage

	Total Population	Children, 0-18	Adults, 19-64	Seniors, 65 and Older
OCMC Service Area	90.6%	96.1%	86.8%	98.6%
Orange County	92.4%	96.7%	89.3%	98.9%
California	92.5%	96.7%	89.3%	98.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B27010, <http://factfinder.census.gov>

In the service area, health insurance coverage ranged from 90.5% in Irvine 92780 to 99.5% in Laguna Woods.

### Insurance Coverage, by ZIP Code

	ZIP Code	Percent
Anaheim	92804	88.3%
Anaheim	92801	86.8%
Buena Park	90620	93.9%
Costa Mesa	92626	91.9%
Costa Mesa	92627	85.3%
Cypress	90630	94.6%
Fountain Valley	92708	94.8%
Garden Grove	92845	96.2%
Garden Grove	92844	92.1%
Garden Grove	92841	92.0%
Garden Grove	92843	91.0%
Garden Grove	92840	90.9%
Huntington Beach	92649	96.4%
Huntington Beach	92646	95.8%
Huntington Beach	92648	95.0%
Huntington Beach	92647	93.3%
Midway City	92655	96.6%
Santa Ana	92706	86.4%
Santa Ana	92704	85.7%
Santa Ana	92707	85.4%

	ZIP Code	Percent
Santa Ana	92703	84.0%
Seal Beach	90740	97.0%
Stanton	90680	91.4%
Tustin	92780	90.5%
Westminster	92683	93.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B27010, <http://factfinder.census.gov>

In Orange County, 60.2% of the population has employment-based health insurance. 16.8% are covered by Medi-Cal and 15.9% of the population has coverage that includes Medicare. Orange County has higher rates of employment-based and private purchase insurance than found in the state.

### Insurance Coverage, by Type of Coverage

	Orange County	California
Employment-based	60.2%	54.0%
Medi-Cal	16.8%	16.8%
Medicare & Others	13.1%	11.5%
Privately purchased	6.0%	5.2%
Medicare & Medicaid	1.4%	3.4%
Medicare only	1.4%	1.7%
Other public	1.1%	0.9%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary Emergency Room (ER) visits. In Orange County, 89.3% of the population reported a regular source for medical care. The source of care for 74.2% of residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 13% in the county, while 10.7% of county residents have no regular source of care.

### Usual Sources of Care

	Orange County	California
Have usual place to go when sick or need health advice	89.3%	88.9%
Doctor's Office /HMO/Kaiser Permanente	74.2%	66.1%
Community clinic/government clinic/community hospital	13.0%	20.7%
ER/Urgent Care	0.5%	0.8%
Some other place/no one place	1.6%	1.2%
No usual source of care	10.7%	11.1%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

Accessing health care can be affected by the availability of providers in the community. According to the [2021 County Health Rankings](#), Orange County ranks 17 out of 58

among California counties for clinical care, which includes health insurance coverage, ratios of population-to-care providers and preventive screening practices, among others.

When availability of health care providers in Orange County is compared to the state, the county has relatively good access to primary care physicians (1 doctor per 1,010 residents) and dentists (1 dentist per 870 residents). The ratio of population to mental health providers (1 mental health provider to 340 residents) in Orange County indicates the county has fewer providers than the state ratio.

### Ratio of Population to Health Care Providers

	Orange County	California
Primary care physicians	1,010:1	1,250:1
Dentists	870:1	1,150:1
Mental health providers	340:1	270:1

Source: County Health Rankings, 2018.

<http://www.countyhealthrankings.org/app/california/2017/rankings/orange/county/outcomes/overall/snapshot>

Delayed care may indicate reduced access to care. 13.8% of county residents reported delaying or not seeking medical care. 7.5% reported delaying or not getting prescription medication in the last 12 months.

### Delay of Care

	Orange County	California
Delayed or didn't get medical care in last 12 months	13.8%	14.4%
Delayed or didn't get prescription medicine in last 12 months	7.5%	9.3%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care. In Orange County, 17.7% of residents visited an ER in the past 12 months. Seniors in the county visited the emergency room at a higher rate (21.2%) than other age groups.

### Use of Emergency Room

	Orange County	California
Visited ER in last 12 months	17.7%	21.5%
0-17 years old	12.6%	18.7%
18-64 years old	18.7%	22.0%
65 and older	21.2%	24.3%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Dental Care

In Orange County, adults and children tend to have a better access to dental care than



compared to the state overall. 62.1% of adults and 71.1% of children had visited a dentist in the past 6 months.

#### Time Since Last Dental Visit, Adults, Ages 18 and Older

	Orange County	California
6 months ago, or less	62.1%	57.2%
More than 6 months up to 1 year ago	16.4%	15.2%
More than 1 year up to 2 years ago	9.5%	10.0%
More than 2 years ago	11.2%	14.9%
Never been to dentist	0.9%	2.7%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

#### Time Since Last Dental Visit, Children, Ages 0-17

	Orange County	California
6 months ago, or less	71.1%	70.8%
More than 6 months up to 1 year ago	13.7%	15.2%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- Lack of insurance and high cost of health care are primary barriers to access.
- It is hard to access health care due to a lack of primary care clinicians such as nurse practitioners, and wait times are even longer for specialists.
- Mobility issues and transportation are major barriers to access, even in cases where a person has health insurance (Medi-Cal/Medicare) and a primary care clinician.
- Access must mean more than just linking people to health care; access also means ensuring there is continuity of care. The pandemic is challenging health care providers to improve their management abilities: creating access to the types of care people need, when they need it, and ensuring people have the insurance benefits needed to continue care.
- Since COVID-19, many seniors who would normally have stayed overnight in the hospital or gone to skilled nursing for recovery, are being sent directly home, so as to free up room in facilities. While skilled nursing has its place, some seniors may actually be better off at home given the proper amount of in-home health care and support.
- Cultural barriers present in older generations who believe that the doctor is an authoritarian figure and not to be questioned. This may result in having no second opinion.
- Patients who are not English speakers have issues accessing health care, especially Spanish and Vietnamese speakers.
- There is a lack of education on cultural inclusivity in health care.

- Today it is possible for hospitals and clinics to bill Medicare for telemedicine and home visitation, something far less common prior to the pandemic. These represent barriers and opportunities for access for seniors, who are less tech-savvy than younger generations.
- Schools no longer offer annual health screenings and check-ups. Afterschool programs have stepped in to offer these services. But they face the barrier of children dropping out of the program, either due to transportation issues or housing instability, so staff can't check in on their healthy development.
- Economically disadvantaged individuals may not have cell phones or computers, and may not know about what resources are available to them at local libraries. Those who are aware may not have the technological skills to be able to use these services.
- There is a lack of education about what health care services are available in the community.
- There is a need for targeted, cross-sector programs with components that address holistic needs (housing, insurance, health care, social services, etc.).

## Maternal and Infant Health

### Births

On average, from 2014 to 2018, there were 14,704 births in the OCMC service area.

### Delivery Paid by Public Insurance or Self-Pay

Mothers in the OCMC service area were more likely to deliver without private health insurance (484 per 1,000 live births), compared to the county (423 per 1,000 live births) and the state (499 per 1,000 live births).

#### Delivery Paid by Public Insurance or Self-Pay, Rate per 1,000 Live Births

	OCMC Service Area	Orange County	California
Delivery paid by public insurance or self-pay	484	423	499

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

### Health Status

Over 93% of women in Orange County were in good to excellent health before pregnancy. 20.3% of pregnant women in Orange County had inadequate weight gain and 35.3% had excessive weight gain during pregnancy. 11.7% of Orange County women experienced food insecurity during pregnancy.

#### Health Status Before and During Pregnancy

	Orange County	California
Good to excellent health before pregnancy	93.3%	92.0%
Inadequate weight gain during pregnancy	20.3%	18.2%
Excessive weight gain during pregnancy	35.5%	41.2%
Food insecurity during pregnancy	11.7%	15.6%

Source: California Department of Public Health, Maternal Infant Health Assessment, 2013-2015.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotBy>

### Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 125 per 1,000 live births. This rate of late entry into prenatal care translates to 12.5% of women entering prenatal care late or not at all, while 87.5% of women entered prenatal care on time.

#### Mother Received Late Prenatal Care, Rate per 1,000 Live Births

	OCMC Service Area	Orange County	California
Late Prenatal Care (After 1st Trimester)	125	125	162

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

## Teen Birth Rate

The teen birth rate among females, ages 15-19, in the OCMC service area is 16.1 per 1,000 females. This is a higher rate compared to the county (12.2 per 1,000 females, ages 15-19) and lower than the state rate (17.3 per 1,000 females, ages 15-19).

### Teenage Mothers, Ages 15-19, Birth Rate, per 1,000 Females

	OCMC Service Area	Orange County	California
Births to teen mothers	16.1	12.2	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

## Mother Smoked Regularly During Pregnancy

In the service area, the rate of mothers who smoked during pregnancy was 8 per 1,000 live births, which is lower than the county rate (9 per 1,000 live births) and the state rate (16 per 1,000 live births).

### Mothers Who Smoked Regularly During Pregnancy, Rate per 1,000 Live Births

	OCMC Service Area	Orange County	California
Smoked during pregnancy	8	9	16

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

## Premature Birth

In the service area, the rate of premature birth, occurring before the start of the 38<sup>th</sup> week of gestation, was 81 per 1,000 live births. This rate of premature birth was higher than the county rate (76 per 1,000 live births) and lower than the state rate (85 per 1,000 live births).

### Premature Birth, Before Start of 38<sup>th</sup> Week, Rate per 1,000 Live Births

	OCMC Service Area	Orange County	California
Premature birth	81	76	85

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

## Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The service area rate of babies born at low birth weight is 65 per 1,000 live births (6.5%).

### Low Birth Weight (<2,500g) Births, Rate per 1,000 Live Births

	OCMC Service Area	Orange County	California
Low birth weight	65	62	69

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

## Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in Orange County is 3.2 per 1,000 live births. This rate is lower than the California rate of 4.2 per 1,000 live births. Orange County fares better than the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

### Infant Mortality Rate, per 1,000 Live Births

	Rate
Orange County	3.2
California	4.2

Source: California Department of Public Health, 2017 <https://letsgethealthy.ca.gov/goals/healthy-beginnings/reducing-infant-mortality/>

## Breastfeeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at OCMC indicated 94.9% of new mothers breastfeed and 71.2% breastfeed exclusively. The rates of breastfeeding are higher than the average rates among hospitals in the county and state.

### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Orange Coast Medical Center	1,369	94.9%	1,026	71.2%
Orange County	31,757	93.9%	22,333	66.0%
California	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at OCMC. White mothers had the highest rate of breastfeeding initiation (96%) and Black/African American mothers had the highest rate of in-hospital breastfeeding initiation (95.8%). Multiple race (82.2%) and White (81.2%) mothers had the highest rate of exclusive breastfeeding. Asian mothers had the lowest rate of exclusive breastfeeding (65%).

### In-Hospital Breastfeeding, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Asian	685	94.5%	471	65.0%
White	295	95.5%	251	81.2%
Latino/Hispanic	285	95.3%	217	72.6%
Multiple races	42	93.3%	37	82.2%
Black/African American	23	95.8%	19	79.2%

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Other*	*	*	*	*
<b>Orange Coast Medical Center</b>	<b>1,369</b>	<b>94.9%</b>	<b>1,026</b>	<b>71.2%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. \*Data not shown for <10 events.  
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

## Leading Causes of Death

### Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area was 579.3 per 100,000 persons, which was higher than the Orange County rate (537.9 per 100,000 persons) and lower than the state rate (614.4 per 100,000 persons).

### Mortality Rate, Age-Adjusted, per 100,000 Persons, Five-Year Average

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Mortality rate	7,269	579.3	537.9	614.4

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.*

### Leading Causes of Death

The top five leading causes of death in the service area are heart disease, cancer Alzheimer’s disease, stroke and lung disease. The service area rates of death exceeded the county rates for all leading causes of death except for suicide.

### Leading Causes of Death, Age-Adjusted, Rates per 100,000 Persons

	OCMC Service Area		Orange County	California	Healthy People 2030 Objective
	Number	Rate	Rate	Rate	Rate
Heart disease	2,004	141.1	128.9	142.7	No Objective
Ischemic heart disease	518	91.1	82.8	88.1	71.1
Cancer	1,911	135.2	128.7	139.6	122.7
Alzheimer’s disease	551	38.8	37.4	35.4	No Objective
Stroke	537	38.0	35.6	36.4	33.4
Chronic Lower Respiratory Disease	421	30.1	26.3	32.1	Not Comparable
Unintentional injuries	369	27	24.9	31.8	43.2
Diabetes	249	17.6	13.7	21.3	Not Comparable
Pneumonia and Influenza	232	17.6	14.7	14.8	No Objective
Liver Disease	179	12.4	10.4	12.2	10.9
Kidney Disease	155	10.9	9.8	8.5	No Objective
Suicide	125	9.2	9.7	10.5	12.8

	OCMC Service Area		Orange County	California	Healthy People 2030 Objective
	Number	Rate	Rate	Rate	Rate
Homicide	37	2.9	2.1	5.0	5.5
HIV	18	1.3	0.9	1.9	No Objective

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 91.1 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 38 deaths per 100,000 persons in the service area. These rates did not meet the Healthy People 2030 objectives of 71.1 ischemic heart disease deaths and 33.4 stroke deaths per 100,000 persons.

### Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Ischemic heart disease	518	91.1	82.8	88.1
Stroke	537	38.0	35.6	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## Cancer

In the service area, the age-adjusted cancer mortality rate is 135.2 per 100,000 persons. This rate is higher than the county rate (128.7 per 100,000) and did not meet the Healthy People 2030 objective of 122.7 deaths from cancer per 100,000 persons.

### Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Cancer	1,911	135.2	128.7	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

In Orange County, the rate of death from cancer (131.2 deaths per 100,000 persons) is lower than the state cancer death rate (140 deaths per 100,000 persons). Rates of death from some cancers are higher, including: ovarian cancer, leukemias, brain and nervous system cancers and melanoma of the skin.

### Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Orange County	California
Cancer all sites	131.2	140.0
Lung and bronchus	25.8	28.0



	Orange County	California
Breast (female)	18.6	19.3
Prostate (males)	17.9	19.8
Colon and rectum	10.9	12.5
Pancreas	10.0	10.3
Ovary (females)	7.1	6.9
Liver and intrahepatic bile duct	7.0	7.7
Cervical and uterine (female)*	6.0	7.2
Leukemia, all	6.0	5.8
Non-Hodgkin lymphoma	4.9	5.2
Brain and other nervous system	4.6	4.3
Urinary bladder	3.8	3.8
Stomach	3.7	3.9
Kidney and renal pelvis	2.9	3.3
Esophagus	2.9	3.1
Myeloma	2.7	2.9
Melanoma of the skin	2.4	2.1

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2014-2018. <https://explorer.ccrca.org/application.html>

\*Cervix Uteri, Corpus Uteri and Uterus, NOS

### Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 30.1 per 100,000 persons. This is higher than the county rate (26.3 per 100,000 persons) but lower than the state rate (32.1 per 100,000 persons).

#### Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease	421	30.1	26.3	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

### Alzheimer's Disease

The mortality rate from Alzheimer's disease is 38.8 deaths per 100,000 persons. This is higher than the county rate (37.4 deaths per 100,000 persons) and the state rate (35.4 deaths per 100,000 persons).

#### Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Alzheimer's disease	551	38.8	37.4	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## Diabetes

The age-adjusted mortality rate from diabetes in the service area is 17.6 deaths per 100,000 persons. This is higher than the county rate (13.7 per 100,000 persons) and lower than the state rate (21.3 deaths per 100,000 persons).

### Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Diabetes	249	17.6	13.7	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 27 deaths per 100,000 persons. This rate is higher than the county rate (24.9 per 100,000 persons) and lower than the state rate (31.8 per 100,000 persons). The service area meets the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

### Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Unintentional injuries	369	27.0	24.9	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 16.6 per 100,000 persons. This rate is lower than the county (14.7 per 100,000 persons) and state (14.8 per 100,000 persons) rates.

### Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Pneumonia and Influenza	232	16.6	14.7	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## Liver Disease

The death rate from liver disease in the service area is 12.4 deaths per 100,000 persons. This is higher than the county (10.4 per 100,000 persons) and state (12.2 per 100,000 persons) rates. The death rate from liver disease exceeds the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

### Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Liver Disease	179	12.4	10.4	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

### Kidney Disease

The death rate from kidney disease is 10.9 deaths per 100,000 persons. This is higher than the county (9.8 per 100,000 persons) and the state (8.5 deaths per 100,000 persons) rates.

### Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Kidney Disease	155	10.9	9.8	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

### Suicide

The suicide rate in the service area is 10.9 deaths per 100,000 persons. This rate is higher than the county rate (9.7 per 100,000 persons), but meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

### Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Suicide	111	10.9	9.7	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

### Homicide

The homicide rate in the service area is 2.9 deaths per 100,000 persons. This rate is higher than the county rate (2.1 deaths per 100,000 persons) but lower than the state rate (5 deaths per 100,000 persons) rates. The rate meets the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

### Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Homicide	37	2.9	2.1	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## HIV

The rate of HIV deaths in the service area is 1.3 deaths per 100,000 persons. This is higher than the county rate (0.9 deaths per 100,000 persons) and lower than the state rate (1.6 deaths per 100,000 persons).

### HIV Mortality Rate, Age-Adjusted, per 100,000 Persons

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
HIV	18	1.3	0.9	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

## Disability and Disease

### Health Status

Among the Orange County population, 12.1% reported being in fair or poor health, comparable to the state rate of 12.5%.

### Health Status, Fair or Poor Health

	Orange County	California
Persons with fair or poor health	12.1%	12.5%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Disability

Among adults in Orange County, 24.0% were identified as having a physical, mental or emotional disability. This was lower than the state disability rate (29.7%). 24% of county adults could not work for at least 30 days due to illness, injury, or disability.

### Disability, Adults

	Orange County	California
Adults with a disability <sup>+</sup>	24.0%	29.7%
Couldn't work for 30 or more days due to injury, illness, or disability*	3.7%	2.4%

Source: California Health Interview Survey, \*2016, \*2019. <http://ask.chis.ucla.edu>

In Orange County, 4.5% of the population had an ambulatory difficulty that limited physical activity. 2.5% of the population had a hearing difficulty, 2.2% had a self-care difficulty, and 1.5% of Orange County residents had a vision difficulty.

### Health Status Disabilities

	Orange County	California
Persons with ambulatory difficulty	4.5%	5.8%
Persons with hearing difficulty	2.5%	2.9%
Persons with self-care difficulty	2.2%	2.6%
Persons with vision difficulty	1.5%	2.0%
Persons with cognitive Difficulty	3.4%	4.3%

Source: Orange County's Healthier Together, US Census Bureau American Community Survey, 2015-2019.

[www.ochealthiertogether.org](http://www.ochealthiertogether.org)

### Diabetes

Among adults in Orange County, 7.1% have been diagnosed with diabetes compared to 10% of adults in the state. In the service area, the rates of adults with diabetes ranged from 7.2% in Huntington Beach 92648 and 92649 to 11.9% in Garden Grove 92844.

### Diabetes, Adults

	ZIP Code	Percent
Anaheim	92804	11.2%
Anaheim	92801	11.2%

	ZIP Code	Percent
Buena Park	90620	11.0%
Costa Mesa	92627	8.3%
Costa Mesa	92626	7.9%
Cypress	90630	9.5%
Fountain Valley	92708	9.5%
Garden Grove	92844	11.9%
Garden Grove	92843	11.8%
Garden Grove	92841	11.5%
Garden Grove	92840	11.4%
Garden Grove	92845	8.8%
Huntington Beach	92647	8.6%
Huntington Beach	92646	7.3%
Huntington Beach	92648	7.2%
Huntington Beach	92649	7.2%
Midway City	92655	11.4%
Santa Ana	92707	11.7%
Santa Ana	92704	11.6%
Santa Ana	92703	11.5%
Santa Ana	92706	11.0%
Seal Beach	90740	8.3%
Stanton	90680	11.6%
Tustin	92780	9.8%
Westminster	92683	11.3%
<b>Orange County</b>		<b>7.1%</b>
<b>California</b>		<b>10.0%</b>

Source: Orange County's Healthier Together, California Health Interview Survey, 2017-2018. <http://www.ochealthiertogether.org>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. For all diabetes indicators, hospitalization rates were lower in Orange County than in California.

#### Diabetes Hospitalization Rates\* for Prevention Quality Indicators

	Orange County	California
Diabetes long term complications	88.3	97.1
Diabetes short term complications	44.3	60.9
Lower extremity amputation among patients with diabetes	23.4	29.6
Uncontrolled diabetes	29.0	30.5

Source: California Office of Statewide Health Planning & Development, 2019. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> \*Risk-adjusted (age-sex) annual rates per 100,000 persons.

## Heart Disease

For adults in Orange County, 5.7% have been diagnosed with heart disease. Among these adults, 76.4% have a disease management care plan developed by a health care professional.

### Heart Disease, Adults

	Orange County	California
Diagnosed with heart disease <sup>+</sup>	5.7%	7.0%
Has a disease management care plan <sup>*</sup>	76.4%	78.2%

Source: California Health Interview Survey, <sup>+</sup>2019, <sup>\*</sup>2017-2018. <http://ask.chis.ucla.edu>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The PQIs related to heart disease are congestive heart failure and hypertension. The rates of hypertension (39.8 per 100,000 persons) and congestive heart failure (286 per 100,000 persons) were lower in the county than in the state.

### Heart Disease PQI Hospitalization Rates\*, per 100,000 Persons

	Orange County	California
Congestive heart failure	286.0	355.0
Hypertension	39.8	43.4

Source: California Office of Statewide Health Planning & Development, 2019. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> <sup>\*</sup>Risk-adjusted (age-sex) annual rates per 100,000 persons.

## High Blood Pressure

A co-morbidity factor for diabetes, heart disease and stroke is hypertension (high blood pressure). In Orange County, 26.8% of adults have been diagnosed with high blood pressure. Of those adults, 71.5% take medication to control their hypertension. The Healthy People 2030 objective is to reduce the proportion of adults with high blood pressure to 27.7%. Orange County meets the objective.

### High Blood Pressure

	Orange County	California
Ever diagnosed with hypertension <sup>+</sup>	26.8%	29.8%
Takes medicine for hypertension <sup>*</sup>	71.5%	70.7%

Source: California Health Interview Survey, <sup>+</sup>2018, <sup>\*</sup>2017. <http://ask.chis.ucla.edu>

## Cancer

In Orange County, the five-year, age-adjusted cancer incidence rate was 402.1 per 100,000 persons, which was higher than the state cancer incidence rate (394.5 per 100,000 persons). The top three cancers by incidence were female breast, prostate, and lung and bronchus cancers.

### Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons

	Orange County	California
<b>Cancer all sites</b>	<b>402.1</b>	<b>394.5</b>
Breast (female)	128.6	122.2
Prostate (males)	94.0	91.7
Lung and bronchus	38.0	40.0
Colon and rectum	32.0	34.8
Melanoma of the Skin	30.1	23.1
Corpus Uteri (females)	25.7	26.6
Non-Hodgkin lymphoma	19.4	18.3
Thyroid	15.1	13.1
Kidney and renal pelvis	13.2	14.7
Leukemia	12.7	12.4
Pancreas	11.8	11.9
Ovary (females)	11.6	11.1
Urinary bladder	8.6	8.7
Liver and bile duct	8.6	9.7
Stomach	7.2	7.3
Cervix uteri (females)	6.5	7.4
Brain and other nervous system	6.0	5.9
Testis (males)	5.9	6.2
Myeloma	5.9	6.0

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2014-2018 <https://explorer.ccrca.org/application.html> Rates are age-adjusted to the 2000 U.S. Standard Population.

### Asthma

In Orange County, 14.8% of the population has been diagnosed with asthma. Among those with an asthma diagnosis, 36.9% take daily medication to control asthma symptoms, which is lower than the state rate (43%). Among youth, ages 0-17, 12.8% have been diagnosed with asthma. 31.8% of people with asthma had asthma attack in the past months, which is higher than the state rate of 29.5%.

### Asthma

	Orange County	California
Diagnosed with asthma, total population	14.8%	15.2%
Diagnosed with asthma, ages 0-17	12.8%	12.3%
Takes daily medication to control asthma, total population	36.9%	43.0%
Had asthma attack in the past 12 months, total population	31.8%	29.5%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

In the service area, the rates of adults with asthma ranged from 10.2% in Santa Ana 92703 to 13.8% in Huntington Beach 92646 and 92648.



### Asthma, Adults, by ZIP Code

	ZIP Code	Percent
Anaheim	92804	12.4%
Anaheim	92801	12.0%
Buena Park	90620	12.4%
Costa Mesa	92627	13.4%
Costa Mesa	92626	13.4%
Cypress	90630	12.7%
Fountain Valley	92708	12.5%
Garden Grove	92845	13.7%
Garden Grove	92841	11.8%
Garden Grove	92840	11.7%
Garden Grove	92844	11.0%
Garden Grove	92843	11.0%
Huntington Beach	92646	13.8%
Huntington Beach	92648	13.8%
Huntington Beach	92649	13.5%
Huntington Beach	92647	13.4%
Midway City	92655	11.4%
Santa Ana	92706	11.5%
Santa Ana	92707	11.1%
Santa Ana	92704	10.7%
Santa Ana	92703	10.2%
Seal Beach	90740	13.2%
Stanton	90680	11.9%
Tustin	92780	12.4%
Westminster	92683	11.7%
<b>Orange County</b>		<b>15.4%</b>
<b>California</b>		<b>16.0%</b>

Source: Orange County's Healthier Together, California Health Interview Survey, 2017-2018. <http://www.ochealthiertogether.org>

Prevention Quality Indicators (PQIs) related to asthma includes chronic obstructive pulmonary disease (COPD) and asthma in younger adults. Hospitalization rates for COPD were lower in the county (153.2 per 100,000 persons) than the state (220.2 per 100,000 persons). Hospitalization rates for asthma in younger adults were lower in the county (16.3 per 100,000 persons) than the state (19.7 per 100,000 persons).

### Asthma Hospitalization Rates\* for PQIs, per 100,000 Persons

	Orange County	California
COPD or asthma in older adults (ages 40+)	153.2	220.2
Asthma in younger adults (ages 18-39)	16.3	19.7

Source: California Office of Statewide Health Planning & Development, 2019. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> \*Risk-adjusted (age-sex) annual rates per 100,000 persons.

## Chronic Diseases among Seniors

More than half of Medicare beneficiaries, ages 65 and older, in Orange County utilized medical services to treat hypertension (high blood pressure) and hyperlipidemia (high blood cholesterol). Arthritis (34.1%) and diabetes (26.5%) are the next most common chronic diseases among Medicare beneficiaries.

### Top Ten Chronic Diseases among Medicare Beneficiaries in Orange County

	Orange County	California
Hypertension	56.4%	53.0%
Hyperlipidemia	53.4%	45.3%
Arthritis	34.1%	31.2%
Diabetes	26.5%	27.2%
Ischemic heart disease	26.4%	24.7%
Chronic kidney disease	25.4%	24.3%
Depression	15.7%	16.2%
Heart Failure	13.7%	13.9%
Alzheimer's disease/dementia	12.0%	10.5%
Osteoporosis	10.6%	7.8%

Source: Centers for Medicare and Medicaid Services, 2018. [www.ochealthiertogether.com](http://www.ochealthiertogether.com)

## Community Input – Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic diseases. Following are their comments edited for clarity:

- Health care visits for preventing and managing chronic diseases and conditions, including heart disease, liver, stroke, and diabetes, were underutilized and in some cases unavailable over the past two years as a result of the COVID-19 pandemic. Agencies have been encouraging people to resume routine visits and refocus on chronic disease self-management.
- Burden on caregivers can be very high for patients living with chronic diseases. Providing respite care for caregivers is important.
- Education is key in preventing and managing chronic diseases and conditions, along with access to free/affordable screenings.
- First responders respond to many calls for people with diabetes who have not managed their blood sugar. Education on managing blood sugar levels could help prevent emergencies and more serious conditions.
- Preventive education could help people identify signs of chronic disease sooner.
- Disparities in income and education affect access to care, healthy living through the food and built environments and capacity for disease self-management.
- Asthma is a serious issue among children/youth, particularly those living in very high-density urban neighborhoods with environmental pollutants (where there is dumping or where air quality is low due to pollution from highways). Asthma is going

untreated among children/youth in the community.

- Low income is a barrier to chronic disease management, as individuals may not be able to afford health care services or the medications prescribed to them. Many do not have reliable transportation and cannot afford taxis or ride shares to travel to and from appointments.
- People with diabetes, who face economic hardship and/or have few neighborhood outlets for healthy foods, have a harder time finding food that fits their diets.
- People with language barriers have greater challenges accessing information and education on how to manage chronic diseases.
- There are high costs associated with treatment of chronic diseases, most notably cancer.
- Social isolation has impacted and led to increased rates of diseases such as dementias and Alzheimer's.

## COVID-19

In Orange County, there have been 511,255 confirmed cases of COVID-19, as of January 28, 2022. This was a lower rate of infection (160.4 cases per 1,000 persons) than the state rate (194.9 cases per 1,000 persons). Through January 28, 2022, 6,038 county residents had died due to COVID-19 complications. The rate of deaths in the county (1.89 per 1,000 persons) is lower than the state rate (1.99 per 1,000 persons).

### COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 1/28/22

	Orange County		California	
	Number	Rate	Number	Rate
Cases	511,255	160.4	7,706,395	194.9
Deaths	6,038	1.89	78,825	1.99

Source: California for All, Tracking COVID-19 in California, accessed on January 29, 2022. <https://covid19.ca.gov/state-dashboard/>  
Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data.

The number of Orange County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine is 2,452,568, or 81% of that population. This is lower than the 81.6% statewide COVID-19 vaccination rate for those ages 5 and older. Among seniors, 92.1% have received at least one vaccine dose, which is higher than the statewide rate of 91.1% for seniors. For adults, ages 18 to 64, the county rate of any level of vaccination is 86.1%, compared to 87.2% statewide. For children, ages 5 to 17, the rate of at least partial vaccination is 50.4%, compared to 51.8% for children in the state.

### COVID-19 Vaccination, Number and Percent, by Age, as of 1/28/22

	Orange County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population, ages 5-11	24,190	8.9%	63,292	23.3%	329,427	9.4%	846,322	24.1%
Population, ages 12-17	16,696	6.7%	159,082	63.4%	261,703	8.3%	2,026,547	64.0%
Population, ages 18-64	139,925	7.1%	1,557,053	79.0%	2,216,824	9.1%	19,130,031	78.2%
Population, ages 65+	37,335	7.0%	454,995	85.1%	526,979	8.1%	5,417,725	83.0%

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group>. Updated January 29<sup>th</sup>, 2022 with data through January 28, 2022.

In Orange County, Hispanic/Latino residents appear to be underrepresented among the number of vaccines administered compared to the corresponding vaccine-eligible population. While they represent 35.4% of the vaccine eligible population, only 26.4% have received a vaccination.

## COVID-19 Vaccinations, by Race, as of 1/25/2022

	Percent of Vaccines Administered*	Percent of Vaccine Eligible Population
White	42.7%	41.8%
Latino	26.4%	35.4%
Asian	25.8%	18.2%
Multiracial	2.9%	2.5%
Black	1.6%	1.5%
Native Hawaiian/Pacific Islander	0.5%	0.3%
American-Indian/Alaska Native	0.2%	0.2%

Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 26<sup>th</sup>, 2022 with data from January 25<sup>th</sup>. <https://covid19.ca.gov/vaccination-progress-data/> \*Where race/ethnicity was known.

## COVID-19 Vulnerability and Recovery Index

The COVID-19 Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability. The Index is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of FPL, percent of population in overcrowded housing units, population ages 75 and older living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates.

ZIP Codes in the 0 to 19<sup>th</sup> percentile are in the ‘Lowest’ Vulnerability and Recovery Index category, those in the next-highest quintiles are ‘Low’, then ‘Moderate’, while those in the 60<sup>th</sup> to 79<sup>th</sup> percentile are ‘High’ and 80<sup>th</sup> percentile and above are ‘Highest’ in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19 on the population.

OCCMC area ZIP Codes were within ‘Lowest’ to ‘Highest’ levels of vulnerability and recovery. Within the service area, Santa Ana 92703 ranked the highest in vulnerability, at 82.8% of California ZIP Codes.

## Vulnerability and Recovery Index, by ZIP Code

	ZIP Code	Index	Risk Score	Severity Score	Recovery Need
Anaheim	92801	70.4	70.8	70.6	68.7
Anaheim	92804	60.4	64.4	67.9	53.6
Buena Park	90620	38.5	31.1	54.8	31.7
Costa Mesa	92627	52.3	48.2	52.3	55.2
Costa Mesa	92626	26.1	26.2	27.2	27.4
Cypress	90630	20.6	22.3	22.4	19.5
Fountain Valley	92708	20.5	14.6	30.9	20.4
Garden Grove	92843	72.5	76.4	79.7	60.4
Garden Grove	92841	63.9	67.5	62.9	62

	ZIP Code	Index	Risk Score	Severity Score	Recovery Need
Garden Grove	92844	52.7	57.0	54.3	46.8
Garden Grove	92840	51.1	55.6	49.9	48.3
Garden Grove	92845	15.9	15.5	24.3	12.3
Huntington Beach	92647	33.8	28.4	37.7	37.2
Huntington Beach	92649	16.8	20.5	17.7	14.6
Huntington Beach	92648	14.7	13.1	16.6	16
Huntington Beach	92646	13.9	16.6	13.9	13.6
Midway City	92655	70.1	72.8	68.7	66.6
Santa Ana	92703	82.8	85.0	76.2	81.2
Santa Ana	92706	74.1	79.7	60.1	76.6
Santa Ana	92707	66.7	78.2	56.2	63.3
Santa Ana	92704	65.3	77.5	56.7	61.4
Seal Beach	90740	17.4	15.0	30.3	10.9
Stanton	90680	64.0	61.1	73	60
Tustin	92780	42.1	44.9	38.2	43.4
Westminster	92683	45.6	45.3	51.9	40

Source: Advancement Project California, Vulnerability and Recovery Index, published February 3, 2021, accessed on September 1, 2021. <https://www.racecounts.org/covid/covid-statewide/#statewide-index>

### Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- Older adults, as well as people with limited mobility, have had challenges accessing medical care. For older adults who are not tech or internet-savvy, an inability to obtain health information from reliable sources has created vulnerability to rumors and contributed to a climate of fear vs. caution. It has also created a barrier for seniors to communicate with health providers online or obtain test results via a mobile app.
- Misinformation has been spread throughout the senior community, since seniors obtain the majority of their COVID-19 information through the television.
- The requirement to register with an email address or phone number is a challenge to COVID-19 mitigation and prevention, particularly among older adults without cell phones or computers.
- Transportation is another impediment to COVID-19 mitigation and prevention. Efforts to deliver test kits, vaccines, and health information via mobile units or pop-ups to senior housing or unhoused individuals have helped reach populations who don't have the means to seek information about COVID-19, obtain tests, or register for the vaccine.
- "Rumors spread faster than facts." Our world is "deeply divided" and "public health has become extremely political."
- Lack of access to reliable information sources have created barriers to receiving current and accurate information about COVID-19. Depending upon where a person lives, they may think the vaccine is a preventive health measure or something that is

going to harm them.

- COVID-19 exposed the fact that people don't necessarily trust the medical community, which becomes a challenge in providing proper care and disease containment. Misinformation from the internet, word-of-mouth, or social media are countering the work of the medical community trying to provide guidance to stop the spread of COVID-19.
- There are barriers to receiving current and accurate information about vaccinations in particular. Misinformation, social influence, and employer politics are all barriers.
- Misinformation about COVID-19 discourages people, including health care workers, from obtaining vaccinations.
- Employment policies, such as time off for recovery from vaccination, can create either an incentive or disincentive to vaccinate.
- People who live in multigenerational or multi-family households face specific challenges to COVID-19 mitigation, which have been addressed through efforts such as neighborhood health outreach and communication campaigns.
- People facing housing insecurity face particular barriers to COVID-19 prevention. Achieving quarantine or isolation is next to impossible for those renting a room in a multi-family home or who are highly mobile.
- Among Vietnamese Americans in particular, there is a lack of understanding and accurate information as it relates to COVID-19. For those old enough to have fled violence and left Vietnam during the war, being told to stay home and facing a lack of food and household goods triggered complex trauma and anxiety in that it felt like war was coming again.
- To combat misinformation in the Vietnamese community, there is a need for trusted community leaders and peers to deliver COVID-19 communications.
- Health care providers have an opportunity to deploy their assets in a more targeted way to "move the needle" on COVID-19 health outcomes by using data. For example, pinpointing where there are high positivity and low vaccination rates by census tract and ZIP Code, and then working with organizations such as schools and businesses to deliver health information in culturally-appropriate ways.
- Since public entities such as Counties don't have the resources or finances to do all that they want to in responding to the COVID-19 pandemic, leveraging and building community partnerships is essential (between hospitals, federally-qualified health centers, culturally-specific providers, etc.) This means not just aligning tactics, but also aligning strategies and building a collaborative where each entity contributes their comparative strength.
- With regard to new variants of COVID-19, there is a need to be able to quickly activate community partnerships and target areas with high positivity rates.
- Older adults and people with comorbidities are affected by COVID-19 the most.

## Health Behaviors

### Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Orange County was ranked the 4<sup>th</sup> healthiest among California counties.

### Health Behaviors Ranking

	County Ranking (out of 58)
Orange County	4

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

### Overweight and Obesity

In Orange County, 31.3% of the adult population reported being overweight and 20.9% were obese. Overall, adults in Orange County were less likely to be overweight or obese compared to the state rate. Among older adults, 16.8% reported being obese.

### Overweight or Obese, Adults, Ages 20 and Older

	Orange County	California
Overweight (BMI 25.0-29.99)	31.3%	32.4%
Obese (BMI 30 or over)	20.9%	27.3%
Overweight or Obese (BMI 25 or over)	52.2%	59.7%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Obesity, Seniors

	Orange County	California
Obese, adults, ages 65 and older	16.8%	23.3%

Source: Orange County's Healthier Together, California Health Interview Survey, 2017-2018. <http://www.ochealthiertogether.org>

Between 2015 and 2019, the percentage of adults who are obese in Orange County ranged between 19% and 23.5%. The percentage decreased between 2015 and 2018, and there was a slight uptick between 2018 and 2019. The rate of obesity in the county is less than the state rate.

### Obesity, Adults, 2015 – 2019

	2015	2016	2017	2018	2019
Orange County	23.5%	23.3%	20.1%	19.4%	20.9%
California	27.9%	27.9%	26.4%	27.1%	27.3%

Source: California Health Interview Survey, 2015, 2016, 2017, 2018, 2019. <http://ask.chis.ucla.edu>

Latino adults were more likely to be overweight or obese compared to other



race/ethnicities in Orange County. Asians in Orange County had the lowest rates of overweight and obesity (26.1%).

### Overweight and Obese, Adults, by Race/Ethnicity

	Orange County	California
Black/African American	44.1%*	65.9%
White	56.8%	57.6%
Latino	61.8%	72.8%
Asian	26.1%	36.5%
<b>Total Adult Population</b>	<b>52.2%</b>	<b>59.6%</b>

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu> \*Statistically unstable due to small sample size.

### Fresh Fruits and Vegetables

More than half of children and teens in Orange County (55.1%) consumed two or more servings of fruit in a day. This is lower than the state rate (64.5%). While 81.5% of adults responded they are always able to find fresh fruits and vegetables in their neighborhood, only 55.7% considered they were always affordable.

### Access to and Consumption of Fresh Fruits and Vegetables

	Orange County	California
Children and teens who had two or more servings of fruit in the previous day	55.1%	64.5%
Always able to find fresh fruits and vegetables in the neighborhood	81.5%	79.1%
Fresh fruits and vegetables are always affordable in the neighborhood	55.7%	52.3%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu>

### Physical Activity

87.4% of Orange County children and teens visited a park, playground or open space in the last month.

### Physical Activity, Children and Teens

	Orange County	California
Visited a park, playground or open space in the last month	87.4%*	81.4%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu> \*Statistically unstable due to small sample size.

Among adults in Orange County, 77.3% exercised for 20 minutes or longer three or more days a week.

### Physical Activity, Adults

	Orange County	California
Exercises for at least 20 minutes three or more days a week	77.3%	76.6%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu>

### Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to

overweight and obesity. Following are their comments edited for clarity:

- For children/youth, the overuse of electronic devices during the pandemic contributed to a more sedentary lifestyle. Children are spending more time at home and have less opportunities for longer periods of exercise and movement, as evidenced for example by decreases in participation rates. There is a concern that there is going to be a decline in sports participation among youth.
- School-aged children need to have access to information on healthy eating to help them build a healthy lifestyle and prevent diabetes and obesity.
- Providers are seeing more children with diabetes.
- Increases in obesity are related in part to the increased rates of mental and behavioral health conditions seen since the onset of COVID-19.
- Limited access to grocery stores selling fresh produce presents a barrier to preventing diabetes and other forms of metabolic syndrome. As an example, there was a client for whom the closest grocery store was miles away and required multiple bus rides over the course of a day. “They’re not choosing to have diabetes.”
- Healthier food options are more likely to cost more, and so people who are economically disadvantaged may choose unhealthier food options that are less costly.
- There is a lack of education that makes a clear connection between overall wellbeing and nutrition. There needs to be more of a focus on how a lack of nutrition negatively affects a person’s health in various ways.
- Some parents lack education on healthy nutritious meals for their children and are unaware of how harmful certain food choices can be for their children’s’ health.
- Vietnamese communities, and particularly children, are impacted by overweight and obesity due in part to language barriers in obtaining resources for a healthy lifestyle
- It is important for health providers to be mindful of the fact that patients tend to feel shameful when discussing their nutrition and weight. It should not be the very first thing to discuss with patients.
- Many adults face disability and limited mobility as a result of diabetes. Not being mobile results in obesity. We lack programs geared toward older adults with limited mobility.

## Mental Health

### Mental Health Indicators

In Orange County, 12.1% of adults experienced serious psychological distress in the past year. 19.5% of adults needed help for emotional, mental health, alcohol or drug issues. However, 46.9% of those who sought or needed help did not receive treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

### Mental Health Indicators, Adults, Ages 18 and Older

	Orange County	California
Adults who likely had serious psychological distress during past year	12.1%	12.6%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	19.5%	21.7%
Adults who sought/needed help but did not receive treatment	46.9%	45.6%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

In Orange County, 7.4% senior adults needed help for emotional, mental health, alcohol or drug issues. However, 44% of those who sought or needed help did not receive treatment.

### Mental Health Indicators, Adults, Ages 65 and Older

	Orange County	California
Seniors who needed help for emotional-mental and/or alcohol-drug issues in past year	7.4%	9.3%
Seniors sought/needed help but did not receive treatment	44.0%	35.2%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

The percentage of Orange County adults who ever seriously considered committing suicide was 15.7%. 6.4% of seniors had seriously contemplated suicide.

### Seriously Thought about Committing Suicide

	Orange County	California
Adults, ages 18-64 who ever seriously thought about committing suicide	15.7%	15.8%
Seniors, ages 65 and older, who ever seriously thought about committing suicide	6.4%	6.9%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- Stigma, in particular judgments and beliefs about accessing mental health care, is a barrier to mental health. People tend to be reluctant to admit to themselves or share

with a trusted family member, friend, or provider that they need mental health services, unlike with physical health issues.

- Knowledge of mental health coverage is a barrier in that people may not know what services are available or what is covered by Medicare/Medi-Cal and other health insurance.
- Primary care clinicians' knowledge and attitudes toward mental health, as well as their skills in addressing mental health concerns, are another level of barrier to mental health. Some clinicians aren't responsive or brush it off when patients share that they've been feeling depressed or anxious.
- Older adults, particularly those who once relied upon senior and other community centers for socialization and recreation, have faced devastating social isolation since COVID-19.
- For various Asian communities, and in particular Vietnamese, mental health carries enormous stigma and there is a need for community leadership to offer education.
- Lack of awareness of and lack of access to mental health care, in part due to lack of a bicultural and bilingual workforce with mental health competencies.
- Some do not seek or are not receptive to help for a mental health issue, in part because of stigma and in part because they do not recognize the signs or symptoms.
- The Police and Fire Departments are often the default first-responders for mental health crises.
- There have been increased mental health needs during the pandemic, but the trend toward online services has posed a challenge for those with limited technological ability.
- There is an uptick in need for services to support mental health and wellbeing (not just treatment of diagnosable conditions) among youth. Youth face stressors such as education, paying off school loans, socialization, looking for a job, and trying to stay above water. As a result, health becomes a low priority. There is a need to normalize seeking support for mental health, including maintenance of wellbeing and addressing low-acuity needs.

## Substance Use and Misuse

### Cigarette Smoking

In Orange County, 5% of adults smoke cigarettes, which is lower than the state rate of 6.7%. The county smoking rate meets the Healthy People 2030 objective of 5%.

#### Cigarette Smoking, Adults

	Orange County	California
Current smoker	5.0%	6.7%
Former smoker	19.5%	19.5%
Never smoked	75.5%	73.8%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

Teens in Orange County are more likely to have smoked with an electronic cigarette (vaporizer) (4%) than a regular cigarette (1%). Among 11<sup>th</sup> graders in Orange County, 2% had smoked a cigarette and 13% had used an e-cigarette (vaping) one or more days in the past 30 days.

#### Smoking, Teens

	7 <sup>th</sup> Graders	9 <sup>th</sup> Graders	11 <sup>th</sup> Graders
Smoked cigarette one or more days in the past 30 days	1%	1%	2%
Used e-cigarette one or more days in the past 30 days	4%	9%	13%

Source: California Healthy Kids Survey, 2017-2019. <https://calschls.org/reports-data/public-dashboards/secondary-student/>

### Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. 35.5% of Orange County adults had engaged in binge drinking in the past year.

#### Alcohol Consumption, Binge Drinking, Adults

	Orange County	California
Reported binge drinking in the past year	35.5%	34.7%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

Among Orange County teens, 6.2% reported having an alcoholic drink and 2.6% engaged in binge drinking in the past month. The rate of binge drinking was the highest among 11<sup>th</sup> graders.

#### Alcohol Consumption Binge Drinking, Teens

	7 <sup>th</sup> Graders	9 <sup>th</sup> Graders	11 <sup>th</sup> Graders
Reported binge drinking one or more days in the past 30 days	1%	3%	7%

Source: California Healthy Kids Survey, 2017-2019. <https://calschls.org/reports-data/public-dashboards/secondary-student/>

10% of 11<sup>th</sup> grade students in Orange County reported they had used prescription drugs for recreational purposes. 12% had used marijuana and 3% had used inhalants.

### Drug Use, 11<sup>th</sup> Graders

	Orange County	California
Prescription drugs for recreational purposes	10%	11.4%
Marijuana	12%	16%
Inhalants	3%	5%

Source: California Healthy Kids Survey, 2017-2019. [www.ohealthiertogether.com](http://www.ohealthiertogether.com)

### Opioid Use

The rate of hospitalizations due to an opioid overdose was 7.4 per 100,000 persons in Orange County. This was lower than the state rate (9.7 per 100,000 persons). Opioid overdose deaths in Orange County increased between 2017 and 2020 - from 7.5 per 100,000 persons to 15.4 per 100,000 persons. The rate of opioid prescriptions in Orange County decreased from 429.7 per 1,000 persons to 294.3 per 1,000 persons between 2017 and 2020. This rate was lower than the state rate of opioid prescriptions (333.3 per 1,000 persons).

### Opioid Use

	Orange County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	7.4	9.7
Age-adjusted opioid overdose deaths, per 100,000 persons	15.4	13.2
Opioid prescriptions, per 1,000 persons	294.3	333.3

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

### Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- Substance use in Asian communities (especially among the Vietnamese community) is well-hidden and acknowledged as part of the culture.
- Lung cancer rates are high in the Vietnamese community due to smoking.
- Seniors are misusing prescription medicine such as pain medication.
- We lack effective rehabilitation programs, as many lack evidence-based approaches. Current programs (many of which are based on 12-step programs) don't always work for clients who might not see a higher power guiding their decisions.
- There needs to be more of a preventive focus on addressing issues that lead to substance use in the first place.
- There has been an increase in alcohol consumption since the start of the pandemic.

- There is a lack of affordable substance use disorder treatment programs, as many treatment centers are not attached to a medical group or a hospital, meaning they have a higher cost.
- The disease does not discriminate. It is easier for someone of a higher socioeconomic status to work their way through rehabilitation from drug and alcohol addictions than someone from an underserved community who may have difficulty accessing resources even if they are available.
- Some rehabilitation centers view people with substance use conditions as income/profit, rather than a person really struggling with addiction, a disease. A shift in dynamics and mentality needs to happen.

## Preventive Practices

### Immunization of Children

California law mandates kindergarten students be up-to-date on vaccines that help prevent communicable childhood diseases, such as whooping cough, measles and polio. Most Orange County school districts have high rates of compliance with childhood immunizations upon entry into kindergarten. Orange County’s immunization rate (95.7%) was higher than the state rate (94.8%).

#### Required Immunizations for Kindergarten

	Immunization Rate
Orange County	95.7%
California	94.8%

Source: California Department of Health Immunization Branch, 2018. [www.ochealthiertogether.com](http://www.ochealthiertogether.com)

### Flu Vaccine

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In Orange County, 40.9% of residents have received a flu shot, which did not meet the Healthy People 2030 objective. Children, ages 0-17, in Orange County were less likely to receive a flu shot (37%) compared to children throughout the state (49.6%). Seniors have the highest rate of obtaining flu shots (68.4%).

#### Flu Vaccine in Past 12 months

	Orange County	California
Vaccinated for flu	40.9%	44.8%
Vaccinated for flu, ages 0-17	37.0%	49.6%
Vaccinated for, ages 18-64	36.5%	37.7%
Vaccinated for flu, ages 65 and older	68.4%	69.3%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women between the ages of 50 and 74 to have a mammogram in the past two years. In Orange County, 81% of women in this age group have obtained a mammogram in the past two years.

#### Mammograms, Women, Ages 50-74

	Orange County	California
Received mammogram in the past 2 years	81.0%	82.9%

Source: California Health Interview Survey, 2015-2016. <http://ask.chis.ucla.edu>

### Colorectal Cancer Screening

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer (cancer of the colon or rectum) is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC



estimates if adults, ages 50 or older, had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Recommended screening procedures include one of the following: Fecal occult blood tests (FOBT) annually, flexible sigmoidoscopy every 5 years; double-contrast barium enema every 5 years, or colonoscopy every 10 years. In Orange County, 69.1% of adults, ages 50 to 75, were compliant with the recommended screening practices for colorectal cancer. This rate was lower than Healthy People 2030 target of 74.4%.

### Colon Cancer Screening, Adults, Ages 50-75

	Orange County
Colorectal cancer screening	69.1%

Source: CDC PLACES Data Portal, County Data 2020 Release, estimates for 2018. <https://www.cdc.gov/places/>

### Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- Transportation is a key barrier to people scheduling and following through on screenings such as colonoscopy. This disproportionately impacts older adults and people with disabilities. There is a need for health care providers to help schedule transportation.
- Preventive medicine, including cancer screening, was underutilized and in some months unavailable over the past two years as a result of the COVID-19 pandemic. Over the past five months, agencies have been encouraging people to resume their screening practices.
- Vietnamese, Chinese, and Korean communities obtain health information from newspapers, radio, television. However, not all articles or programming are evidence-based. There is an opportunity to communicate accurate health messages through traditional media and faith communities, including churches and temples.
- Vietnamese, Chinese, Korean, and other Asian communities have a dual focus on traditional and Western medicine. There is a need for trusted community leaders who can communicate that people don't have to choose one over the other, and not to postpone treatment or vaccinations.
- For religious reasons, some people do not obtain health care unless it's urgent, if at all.
- Hours of business operation can be a challenge to receiving proper preventive care, especially for people working long hours and varying shifts.
- Social narratives around COVID-19 have created a mistrust of vaccines.
- Many individuals have difficulty navigating the complex medical system, including finding, seeking assignment to, and scheduling an appointment with a primary care clinician.
- Health conditions occurring in older adults are sometimes a delayed response to

issues or behaviors that could be addressed when people are younger and healthier. Reaching young adults with health campaigns is a strategy for preventing major illness later in life.

## Attachment 1: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Sue Allie	Community Member	Volunteer and Retired Businessperson
Margaret Bredehoft, DrPH	Chief of Public Health Services and County Public Health Director	Orange County Health Care Agency
Cheryl Brothers	Community Member	Former Fountain Valley Mayor and Councilmember
John Paul Bryan	Grants and Data Manager	Mercy House
Helene M. Calvet, MD, BS	Deputy County Health Officer	Orange County Health Care Agency
Tony Coppolino	Retired Fire Chief	City of Fountain Valley
Art Groeneveld	Chief Executive Officer	Boy and Girls Club of Huntington Valley
Cordell Hagmann	Grant Writer	Mercy House
Mark Johnson, EdD	Superintendent	Fountain Valley School District
Lalita Komanapalli, MD, FACP	Clinic Medical Director	MemorialCare Medical Group
Becky Nguyen	Director	Vietnamese American Cancer Foundation
Darla Olson	Vice President, Advancement	Meals on Wheels Orange County
Robin Philips, RN, MSN, BSN, PHN	Nurse Navigator, Oncology Services	MemorialCare Orange Coast Medical Center
David Truong	Business Owner, Community Member	Mimi's Jewelry, Inc.
Anza Vang, MPH, MCR	Deputy Chief of Public Health Services - Strategy and Development	Orange County Health Care Agency
Jenni Worsham	Community Services Manager	City of Fountain Valley, Fountain Valley Senior & Community Center
Sarah Wu, MSW, LCSW	Licensed Clinical Social Worker	MemorialCare Orange Coast Medical Center
Michelle Yerke, MSW	Social Services Supervisor	City of Huntington Beach

## Attachment 2: Community Stakeholder Interview Responses

Interview participants were asked to name some of the major health issues affecting individuals in Orange County. Responses included:

- The COVID-19 pandemic is a major health issue.
- Challenges facing our communities include how do we recover from COVID-19 and how do we better position ourselves to manage communicable disease control and surveillance.
- There is an increase in speech delays among preschoolers and in ADHD among children/youth overall.
- Substance use and serious mental health conditions, especially among people experiencing homelessness.
- Opioid addiction is a health issue that is affecting the community.
- Drug and alcohol use is an issue, regardless of socioeconomic status. Underserved parts of the community are less likely to have access to resources to find a way to get through it.
- Health conditions secondary to overuse of technology, such as weight gain and low mood secondary to physical inactivity (now that we're working from home and sitting 12 hours per day) and early hearing decline and loss (e.g., in early twenties) due to use of electronic hearing devices (e.g., earbuds) at high volumes.
- Children and youth are more disengaged socially and less physically active now that constant use of electronic devices has become the norm.
- Diseases with more common onset in childhood: diabetes, allergies, obesity.
- Obesity is a major health issue affecting children.
- Chronic health conditions, particularly diabetes and heart disease.
- Diabetes relating to mental and behavioral health issues (e.g., stress eating), economic issues such as inadequate access to healthy food, and behaviors such as sedentary lifestyle.
- Chronic health conditions such as chronic obstructive pulmonary disease (COPD), heart and lung disease, cancer, and diabetes affect older adults. And chronic diseases affecting the brain health of older adults, including dementias and Alzheimer's.
- Cognitive and mobility decline in seniors has increased due to the higher periods of isolation from the pandemic lockdown, which often led to depression.
- Falls are a hazard for older adults.
- Cancer is a major concern, as well as related preventive health measures, such as annual physicals and screenings.
- Equity in health outcomes among people of different races, ethnicities, ages, abilities, socioeconomic groups, neighborhoods, etc. The COVID-19 pandemic has challenged us to redefine what equity means and address disparities among

subpopulations not focused on before (those in congregate living situations in homes, dormitories, correctional facilities, long-term care).

- Accessing health care in a timely manner (making an appointment to see a doctor) has been a challenge for the community.
- If people do not have jobs, they most likely do not have health coverage. Similarly, even those with those jobs cannot afford health insurance.
- Housing instability is a major health issue, as homelessness leads to a decline in mental health, chronic diseases, and overall wellbeing.

Interview participants were asked about the most important socioeconomic, racial, behavioral, or environmental factors contributing to poor health in the area. Their responses included:

- There is a lack of affordable housing and housing instability will continue to grow as rental assistance policies implemented during COVID-19 begin to sunset.
- People living in encampments may be in close proximity to hazardous freeway traffic and pollution.
- Economic conditions (unemployment, loss of income, etc.) have led to housing instability, lack of access to food/nutrition, and mental illness.
- Lack of income and social connection creates a gap in access to mental health care.
- Lower-income families have less access to child health care.
- People with limited incomes may be less likely to engage in preventive care, especially routine eye and dental exams, which may be seen as lower-priority.
- There is loneliness and isolation among older adults
- Age, especially combined with other socioeconomic factors, is an important factor contributing to poor health. The older a person becomes, the higher the risk is for experiencing health issues, particularly with decreased mobility and cognitive decline.
- There is an increasing need for transportation services among an aging population.
- Food insecurity and a lack of nutrition education. There is a need not only for access to food, but also access to healthy food.
- Built environment, particularly lack of space for COVID-19 mitigation and recovery among unsheltered individuals.
- Cultural factors, since the Western medical paradigm does not meet the needs of all, and can lead to mistrust and reluctance to engage with the health care system.
- Language, as there is a lack of resources for people who do not speak English. This is specifically affecting Latino/Hispanic and Vietnamese populations.

Who are some populations in the area who are not regularly accessing health care and social services and why? Responses included:

- Senior populations due to lack of transportation and outreach.

- One of the main reasons that seniors do not regularly access health care and social services is lack of transportation. They do not have the means to travel to their appointments. Some seniors are not able to drive anymore, and some may have relied on a spouse who is no longer capable to drive them. Others may not have sufficient strength and mobility to take public transportation.
- People who speak primary languages other than English: Providers should offer services in more than one language.
- People who do not speak English or have English as a second language are not regularly accessing health care and social services. Some may not know what resources are available to them. Others may not be sure if a translator will be available for them if they go to a doctor's office.
- Vietnamese, Latino/Hispanic, and people of various African descents due to language, financial, and racial barriers. There is a lack of resources that meet the specific needs of the diverse groups and cultures within these broad populations.
- There is a lack of tailored and culturally-specific resources for diverse African American populations, and experiences of racism in health care service delivery.
- Populations who have low incomes and cannot afford health care or insurance.
- People with disabilities and lower mobility, given difficulties traveling to appointments.
- Individuals without documentation who fear facing legal repercussions should they attempt to access health care.
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) members of our community, many of whom fear working with a doctor who might be homophobic. There is a lack of providers who reflect the understanding and life experiences of the LGBTQ+ community.
- Youth, due to limited finances and lack of health care knowledge.
- Transition-age youth, and the broader 17- to 35-year-old demographic, are accessing health care at low rates. This is a concern given the many developmental changes occur during this time. One barrier is moving from having health insurance coverage through parents' health plans and having to make the switch to individual plans.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- For those who have contracted COVID-19, there will be the residual physical impact.
- It has led to a decline in preventive practices, with many believing that health issues outside of COVID-19 are not of as high priority.
- Health care providers are seeing proportionally more patients being diagnosed with cancer in recent months, since many didn't receive screening during COVID-19.
- People are behind on routine health maintenance due to difficulty accessing care.

- People with chronic diseases have taken fewer preventive measures, and, as a result, there has been a worsening of chronic conditions.
- More complicated health conditions that require in-person visits to diagnose have in some cases gone undetected.
- During the pandemic, people have experienced delays for emergency care and surgeries. Postponed or cancelled elective procedures/surgeries will have lasting impact on health conditions of the communities.
- Emergency rooms have experienced an influx of COVID-19 patients, leading to longer wait-times and limited availability.
- Increased rates of mental health and substance use conditions (alcohol sales increased due to COVID-19).
- Increased mental health conditions among seniors in particular due to high vulnerability and fear of COVID-19, and increased isolation and loss of loved ones.
- Social isolation has led to increasing rates of mental health conditions and overall declines in health among seniors.
- Children and youth have experienced a lot of variation in schedule, and only intermittent connection with peers, when what young people need is a sense of stability.
- Children's health has been compromised as school programs (free lunch programs and after-school programs that keep children active and social) have been affected.
- Lack of access to food worsened during the pandemic, which discourages people from eating healthy options.
- The state budget has not rebounded, and many people have lost their jobs. The economic impact of COVID-19 has been huge.
- People who are undocumented are particularly affected, because they do not have access to government subsidies/COVID-19 relief.
- People who have lost their jobs have had to cut back on spending, and this includes the ability to afford medications and transportation to appointments.
- Increased rates of unemployment have led to loss of health insurance.
- The pandemic exacerbated housing instability, making it more difficult for social service providers to reach children and families.
- The pandemic has led to higher rates of housing instability and homelessness.
- There is a growing need for economic and home health support among older adults and those with disabilities or chronic illness, particularly due to caregiver burnout. Where once caregivers may have been able to supplement, they now may have more limited resources and/or fear exposing family members to COVID-19.
- Many local businesses and offices have shut down, as health providers transition to reliance on virtual appointments, which are not equally accessible to all people.
- Stay-at-home orders have led to higher rates of intimate partner violence and child abuse and neglect.

### Attachment 3: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Orange County at <https://www.211oc.org/>.

Significant Needs	Community Resources
Access to care	211 Orange County CalFresh/CalWorks Chrysalis Orange County Fountain Valley Regional Hospital Fountain Valley Urgent Care Hoag Mobile Medical Services LGBT Center at Orange County Medi-Cal/Medicare Mercy House Huntington Beach Orange Coast Medical Center Orange County Social Services Agency Refugee Health Assessment Program Telehealth
Chronic diseases	American Cancer Society (ACS) American Cancer Society (ACS) Orange County Leukemia Lymphoma Society (LLS) Orange County <a href="#">Orange County Healthier Together</a>
COVID-19	Asian Pacific Islander Task Force City of Huntington Beach partnership with Oak View community (multilingual service outreach and health communication) Korean Community Services (KCS) Health Center (FQHC) Memorial Care Hospital drive-through testing ohealthinfo.com (including the “Chatbox” feature) Rite Aid, CVS, and Walgreens (pharmacies for vaccination) Southland Integrated Services Incorporated (FQHC)
Economic security	Community Action Partnership (including utility assistance) Huntington Beach Navigation Center Orange County Social Services Agency
Food security	Assistance League Boys & Girls Clubs of Huntington Valley Family Resource Center <a href="#">Community Action Partnership of Orange County Food Bank</a> Fountain Valley Senior Center Huntington Beach Kiwanis and Rotary Clubs Meals on Wheels of Orange County Rotary School lunch programs <a href="#">Second Harvest Food Bank of Orange County</a> Seniors First SNAP/CalFresh USDA Farmers to Families
Housing and homelessness	Boys & Girls Clubs of Huntington Valley Family Resource Center <a href="#">Huntington Beach Navigation Center</a> on Beach Blvd Huntington Youth Shelter Mercy House Huntington Beach Whole Person Care Program



<b>Significant Needs</b>	<b>Community Resources</b>
Mental health	<p><u>Be Well Orange County</u> (including specifically new Center in Irvine and collaboration with City of Garden Grove)</p> <p><u>Care Solace</u> (concierge service)</p> <p>College Hospital Costa Mesa</p> <p>Local school counselors</p> <p>Mental Health First Aid</p> <p>National Alliance on Mental Illness</p> <p>Westminster Community Care Center</p>
Overweight/obesity	<p><u>Overeaters Anonymous</u> - Orange County</p> <p><u>Solera</u> - Through health insurance</p> <p><u>Taking Off Pounds - TOPS</u></p>
Preventive practices	<p>MemorialCare Community Hospital Locations</p> <p>Rite Aid, CVS, and Walgreens</p> <p>Vietnamese American Cancer Foundation</p>
Senior health	<p><u>Alzheimer's Family Center</u> in Huntington Beach</p> <p>Fountain Valley Senior Center</p> <p><u>Hop On</u> program (Senior transportation service for Fountain Valley)</p> <p><u>Huntington Beach Senior Center</u> (Senior Center in Central Park)</p> <p>Meals on Wheels Adult Day Care Center (Orange County and Santa Ana)</p> <p>MemorialCare Orange Coast Medical Center</p> <p><u>Surf City Seniors on the Go!</u> - Transportation service for seniors</p> <p>Telehealth</p>
Substance use	<p>Alcoholics Anonymous</p> <p>Korean Community Services (KCS) Health Center (FQHC)</p> <p>Opioid Safety Initiative</p> <p>Southland Integrated Services Incorporated (FQHC)</p>

## **Attachment 4: Report of Progress**

OCMC developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed: access to health care, preventive practices, chronic diseases, mental health/substance use, and overweight and obesity through a commitment of community benefit programs and charitable resources. Target populations for community benefit efforts were seniors and the Vietnamese community.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

### **Access to Care and Preventive Health Care**

#### Response to Need

##### [Vietnamese Community Outreach Coordinator](#)

OCMC supported a Vietnamese Community Outreach Coordinator who organized and directed free community education and health screenings. The Coordinator also assisted with securing medical transportation for the elderly in the Vietnamese community. Programs were conducted in Vietnamese and included: sessions on lung cancer, colorectal cancer, Parkinson's disease, depression, sepsis, syncope and collapse, diabetes, sleep apnea and frequent urination, maternal child health baby care basics, and breastfeeding.

##### [Local Radio, Cable TV and Internet Outreach](#)

OCMC also offered a targeted health outreach program to the Vietnamese community on local radio and cable TV. Information was presented weekly on a variety of topics. Radio listeners called-in with questions. An estimated 8.1 million people listened to and watched these presentations. The hospital also presented health education and prevention messages to the Vietnamese community through a variety of social media and newsletters. OCMC developed a [Vietnamese language website](#) to better serve Vietnamese speaking community members.

##### [Community Outreach and Screenings](#)

Before the onset of COVID-19, OCMC hosted or participated in community health fairs and prevention-focused activities, including the Fall Festival for Life. The events provided health education, screening, resources and referrals. The hospital offered flu shots for Vietnamese community members, body composition screening, Hepatitis B & C screenings, breast exam screening, blood pressure checks and pulmonary

screenings for 2,230 persons.

### Education Classes

OCMC's prenatal, childbirth and parenting classes assisted over 3,000 parents-to-be and provided advice, strategies, and tools for parents and families. Classes included baby care basics, breastfeeding, childbirth series, and infant CPR and safety. In addition, Maternal Child Health offered a breastfeeding clinic that provided support for 845 persons. Additionally, community classes were presented that focused on injury prevention.

### City of Fountain Valley's Hop On! Senior Transportation Program

The OCMC grant program supported the City of Fountain Valley's Hop On! Senior Transportation Program. The Senior Transportation program provided access to care and socialization engagement opportunities seven days a week, 8 am to 7 pm, to seniors who live in Fountain Valley and are 60 years and older. Participants utilized the transportation service for appointments with doctors, dentists, physical therapy, medical treatments, mental health counseling and the pharmacy. The transportation service also brought seniors to the grocery store, the senior center and places for personal care. As a result of the program in FY20: 900 seniors registered for the program, 3,506 trips were provided, and 44% of riders were ages 80 years and older. In FY21, Hop On! provided 983 medical trips, 1,071 shopping trips, and 509 trips for personal care. These opportunities were critical for seniors to remain mobile and keep their social independence with friends and family and reduce feelings of isolation, loneliness and many other life-prolonging benefits.

### Supportive Services

The hospital offered transportation to 2,224 riders to increase access to health care and support services. OCMC provided durable medical equipment, infusion services, home health support and pharmacy assistance to 62 individuals who could not afford the cost of these services. A social work support line assisted 360 persons with health care guidance and referrals to services.

## **Chronic Diseases**

### Response to Need

#### Senior Outreach Coordinator

OCMC supported a Senior Outreach Coordinator who collaborated with local agencies and organizations to assist older adults in securing needed services. This included coordinating free medical transportation program for seniors, free health screenings, flu clinics, health education and disease prevention classes, socialization and enrichment events, and directly assisting seniors and their families, as needed.

- In FY20, 1,046 seniors received transportation services for medical appointments, 1,085 seniors attended health and wellness education classes, injury prevention and balance improvement classes were provided to 252 persons, 565 seniors participated in socialization, physical activity and nutrition enrichment activities.
- Classes in FY21 included: Advanced Care Planning, Becoming a Dementia Friends Champion, Bloomin' Zoomin', COVID-19 Isolation Depression, Embrace Your Age, Fall Prevention and Balance Improvement, Five Wishes Advanced Directive, Heart Healthy You!, Homelessness 101, Is Low Back Pain Keeping You Down?, Joint Pain Treatment Options, Meal Planning for Seniors, Mindfulness, New Year Be Healthy!, Staying Healthy in this Time of COVID, Understanding Diabetes, Understanding Social Security, What is Dementia Friends, Your Heart Health, and Zoom Training for Seniors. 388 senior class encounters were reported.

#### Vietnamese American Cancer Foundation

The OCMC grant program supported the Vietnamese American Cancer Foundation. The program increased cancer awareness and knowledge for 776 community members through a combination of webinars, one-on-one phone education, and mini-workshops held virtually and drive-in. Additional outcomes included:

- 470 individuals received reminders and referrals to schedule a routine cancer screening with their primary care practitioner or at community clinics.
- Through health navigators, individuals, especially seniors, were trained on using new communication technologies which help with tele-health services.
- 470 individuals were referred to community and public services, including health insurance, screening and diagnostic services, consultation with specialists, in home support services, legal aid, food distribution, nutrition consultation, translation and explanation services, transportation, financial assistance with rent and groceries, mental health services and pandemic related services.
- 178 cancer patients and survivors were navigated to meet their financial, social, medical and emotional support needs during treatment and survivorship.

#### Education Classes and Support Groups

OCMC provided a variety of health education classes and special events that focused on chronic disease prevention, management and treatment. Presentations on heart disease, cancer, joint disease, dementia, Parkinson's disease, smoking cessation and other disease-related topics reached 1,390 community residents. The hospital provided support groups to assist persons experiencing a chronic disease, their families and caregivers. Support groups for prostate cancer, bereavement, lung disease, and

Parkinson's disease reached 680 persons.

### Cancer Support

Oncology social workers assisted 54 people with counseling for cancer-related questions and concerns. The Look Good Feel Better cancer program supported 61 persons, 11 women with breast cancer received a breast prosthesis and 136 women with cancer received wig fittings at the wig bank. These services were made available to the community free- of- charge.

### Parkinson's Disease Support

OCMC provided a variety of health education classes, support groups and special events that focused on Parkinson's disease. Offerings included disease support groups provided for individuals with movement disorders, early disease onset and for caregivers. In addition, Parkinson's classes included wellness recovery and loud crowd classes. Over 8,300 encounters were provided.

## **Mental Health and Substance Use**

### Response to Need

#### Education Classes and Support Groups

A number of education classes were presented that focused on mental health topics. Support groups reached 233 persons and included: isolation and depression in seniors, bereavement and mindfulness.

### Whole Person Care Pilot

OCMC is a participating hospital in the Orange County Whole Person Care (WPC) Pilot. The program coordinates physical, behavioral health, and social services in a patient-centered approach with the goals of improved health and well-being through more efficient and effective uses for Medi-Cal beneficiaries struggling with homelessness. Through this program, 963 individuals were connected to wraparound services including recuperative care, coordinated entry into supportive housing, linkages to mental health and substance use disorder treatment, and a Community Referral Network.

### Behavioral Health Integration Program

MemorialCare recognized that both physical and mental health should be coordinated in primary care settings. As a result, the Behavioral Health Integration program was launched in 2018. The project has grown to include nine MemorialCare Medical Group Primary Care sites of care throughout our service areas. The primary care physicians are equipped to screen for mental health conditions and coordinate care options for patients with behavioral health needs. Patients are responding favorably on patient satisfaction surveys to the behavioral health coordinated model of care.

The program included:

- An embedded clinical social worker at each location
- Instant referral to needed services
- Access to a trained psychiatrist via Telehealth
- Tele-video visits to patients enrolled in the program
- Online patient self-management tools through SilverCloud

### SilverCloud

In response to the unprecedented need for mental health and mental wellbeing services during the pandemic, MemorialCare offers a free online resource to the entire community. SilverCloud, an on-demand, virtual mental health platform offers digital behavioral health care via evidence-based content, programs and support. The online psychoeducational and therapeutic program aims to help manage anxiety, depression, stress and sleep. Using a blend of online programs – complete with interactive tools and tactics – the platform is customizable and designed to meet a person’s unique mental health goals. The program does not require a doctor’s order, can be completed at any pace by participants and is accessible any time on smartphone, tablet and computer devices. Over a two-year study period, 80% of patients in the program achieved remission from depression within 90 days.

### Be Well OC Mental Health and Wellness Campus

MemorialCare believes that caring for our mental health is equally as important as treating our physical health. We partnered with Be Well OC in opening a mental health and wellness campus in Orange. The 60,000 square foot state-of-the-art facility, which opened in January 2021, provides best-in-class mental health and substance use disorder services to all Orange County residents who are referred for care. The first of three planned campuses, the facility in Orange features a crisis stabilization center for mental health needs, and a recovery station for substance use disorders. Other services include: withdrawal management, adult residential treatment, and an integrated support center.

## **Overweight and Obesity**

### Response to Need

#### Meals on Wheels

The OCMC grant program supported Meals on Wheels Orange County (MOWOC) Senior Nutrition Program. MOWOC provided Meals on Wheels and Lunch Café services to reduce hunger and loneliness for at-risk older adults by delivering three meals a day, five days a week, to frail, homebound older adults. In addition, Lunch Cafés offered nutritious lunches to more active but isolated older adults through local senior centers. However, due to the pandemic, the Lunch Café program was reimagined into a Grab &

Go Solution, where older adults 60+ or their surrogates picked up a week's worth of frozen meals at a senior center near them. If the older adult did not have a surrogate and could not get to the senior center, frozen meals were delivered to their homes.

As a result of the program in FY20: 76 new unduplicated seniors were added to the Meals on Wheels program and, as a result, 100% had reduced nutritional risk scores, 2,435 unduplicated homebound seniors received 634,163 meals delivered by a driver who completed regular in-person safety checks, and 7,642 unduplicated seniors attended the Lunch Café or received meals through the Grab & Go meal service. The program improved the health and wellbeing of seniors: 84% of 102 homebound adults surveyed reported the program had been extremely important in maintaining their overall health, 74% of 646 Lunch Café participants reported that the meals were nutritious and helped keep them healthy, 86% of participants indicated that MOW services were extremely important to maintaining their independence at home, and 58% of the 339 Lunch Café participants reported socialization and meals as their favorite aspects of the program. In FY21, 794,852 meals were served to 1,738 unduplicated frail, homebound older adults. In addition, 1,439,709 Grab & Go meals were provided to an estimated 12,500 seniors. Additionally, seniors were provided wellness checks and case management services to help them maintain their independence.

### Triple Play Program

The grants program also supported the Boys & Girls Clubs of Huntington Valley's (BGCHV) Triple Play Program, a healthy lifestyles programming for at-risk youth. The program operated daily at all the Club's school-age branches. Children participated in daily fitness challenges, cooking and nutrition classes, and programming that encouraged good mental health and developing positive relationships with peers and adults. BGCHV implemented the Mind and Heart Social Emotional Learning (SEL) curriculum daily in the kindergarten program at three branches, and expanded the program to 1st and 2nd graders, nearly doubling the targeted number of youths who participated in the SEL curriculum. The four school-age branches offered weekly programming for 4th-8th graders, including Smart Girls, Passport to Manhood, SMART Moves, and mentoring programs. These programs gave youth a safe place to talk with adults and each other about making healthy choices, avoiding drugs and alcohol, understanding their changing bodies, and positive relationships. As a result of the program: youth completed daily fitness challenges, learned good nutrition in cooking classes in a teaching kitchen, and learned about mental health. BGCHV tracked 6,200 youth encounters for the Triple Play program, 204 kindergarteners and 210 1st and 2nd graders participated in the Mind and Heart social emotional learning curriculum, and 852 children in 4th- 8th grade participated in healthy lifestyles programming and drug prevention curriculum through programs like Smart Girls, Passport to Manhood, Smart

Moves, and mentoring.

### Breastfeeding

Breastfeeding in infancy is known to help reduce overweight and obesity later in life. OCMC provided breastfeeding classes and a breastfeeding clinic available to new mothers.

### Community Support

Additionally, OCMC provided financial support to a number of community organizations, including: The Boys & Girls Club of Huntington Valley, Fountain Valley Community Foundation, Fountain Valley Kiwanis Club, Huntington Beach Council on Aging, Isojiro Oka Elementary School, the City of Huntington Beach and the Special Olympics Southern California to support healthy eating and physical activity for seniors and youth in the hospital service area.