

# Community Health Needs Assessment 2016

**MemorialCare Health System**

**Saddleback Memorial Medical Center**

**Laguna Hills, California**

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## Introduction

### Background and Purpose

Saddleback Memorial Medical Center is a member of the MemorialCare Health system family. Saddleback Memorial Medical Center (Saddleback) offers high quality, compassionate care for patients and families at every stage of their lives. Its centers of excellence are renowned for prevention, diagnosis and treatment of cancer, heart disease, stroke, pulmonary disease, orthopedics and diabetes. In 2016, Saddleback Memorial was named one of Healthgrades America's 50 Best Hospitals. Only 1% of US hospitals achieve this honor reflecting consistent, sustained clinical performance and superior patient outcomes.

Saddleback has undertaken a Community Health Needs Assessment (CHNA) as required by federal law and state law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r) direct tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

The Community Health Needs Assessment is a primary tool used by Saddleback to determine its Implementation Strategy and community benefit plan, which outline how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the Saddleback service area.

### Service Area

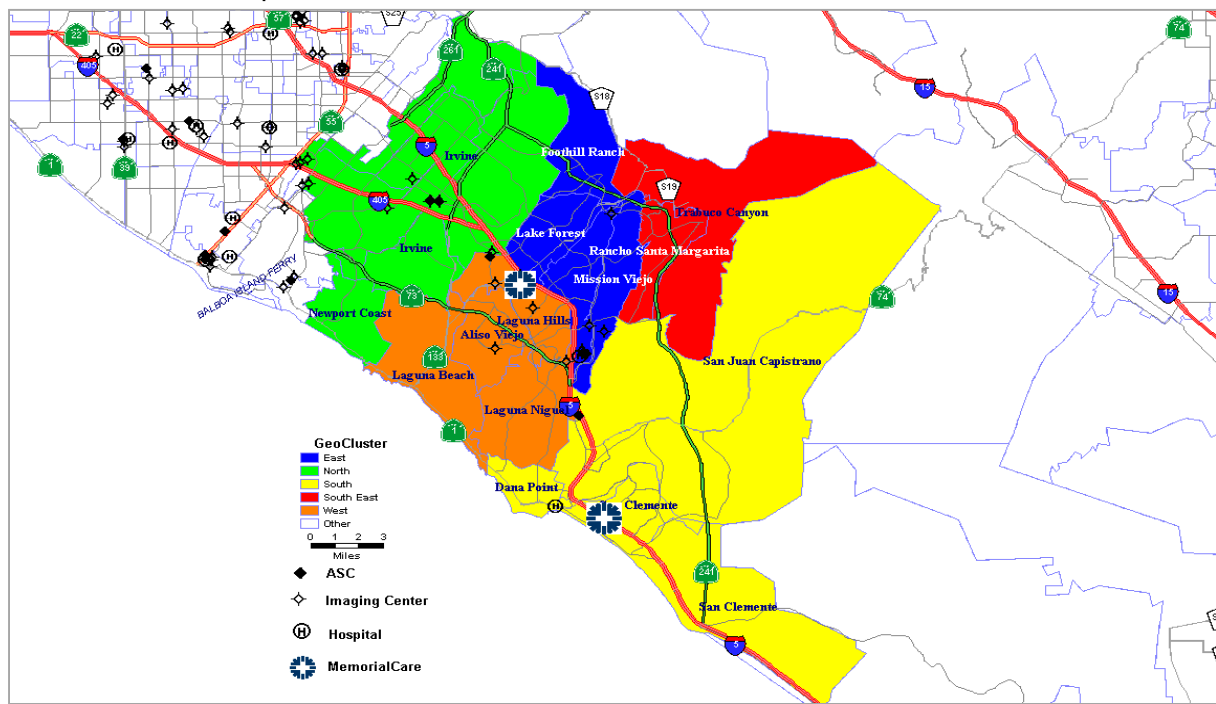
The Saddleback Memorial Medical Center campus is located at 24451 Health Center Drive, Laguna Hills, California 92653. The service area is located in Orange County and includes 21 zip codes, representing 16 cities or communities. Saddleback determines the service area by assigning zip codes based on patient origin for hospital discharges. Approximately 85% of admissions come from these zip codes. The Saddleback service area is presented below by community and zip code.

### Saddleback Memorial Medical Center Service Area

City	Zip Code
Aliso Viejo	92656
Capistrano Beach	92624
Dana Point	92629
Foothill Ranch	92610
Irvine	92603
Irvine	92604
Irvine	92606
Irvine	92620
Ladera Ranch	92694
Laguna Beach	92651
Laguna Hills	92653
Laguna Niguel	92677
Laguna Woods	92637
Lake Forest	92630
Mission Viejo	92691
Mission Viejo	92692
Rancho Santa Margarita	92688
San Clemente	92672
San Clemente	92673
San Juan Capistrano	92675
Trabuco Hills	92679

## Map

Map of the Saddleback Memorial Medical Center Service Area



## Project Oversight

The Community Health Needs Assessment process was overseen by:

Jan Gameroz, RN  
Manager Disease Management  
Saddleback Memorial Medical Center

## Author

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Community Health Needs Assessment. She was joined by Denise Flanagan, BA, Sandra Humphrey, and Sevanne Sarkis, JD, MHA, MEd. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. [www.bielconsulting.com](http://www.bielconsulting.com)

## Organizations and Partners

Saddleback Memorial acknowledges the organizations and agencies that contributed time and resources to assist with the conduct of this needs assessment. Special thanks

to Age Well Senior Services and the San Clemente Collaborative for hosting focus groups.

## Methods

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health access, birth characteristics, leading causes of death, chronic disease, mental health, health behaviors, and preventive practices. These data are presented in the context of Orange County and California State, framing the scope of an issue as it relates to the broader community.

Sources of data include U.S. Census Bureau American Community Survey, California Health Interview Survey, California Department of Public Health, California Department of Education, California Employment Development Department, Uniform Data System, California Cancer Registry, California Office of Statewide Health Planning & Development, Community Commons, County Health Rankings, California Department of Education, Orange County's Healthier Together, and others. When pertinent, these data sets are presented in the context of California State.

Secondary data for the hospital service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures the Saddleback community data findings with Healthy People 2020 objectives. Healthy People 2020 is a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

### Primary Data Collection

Targeted interviews and focus groups were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital.



## Interviews

Sixteen (16) interviews were completed during February and March, 2016. For the interviews, community stakeholders identified by Saddleback were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or regional, State or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.”

The identified stakeholders were invited by email to participate in a one hour 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.

## Focus Groups

Two focus groups were conducted in March 2016 that engaged 20 persons. The focus group meetings were hosted by trusted community organizations. An agency contact was available to answer any questions at each focus group. At the beginning of each focus group, the purpose of the focus group and the community assessment were explained, the participants were assured their responses would not be attributed to them as responses would be aggregated. The focus group discussions were voice recorded for ease of documenting the discussion.

Before beginning the discussion the facilitator asked for oral consent from each of the participants that they wished to participate in the focus group and agreed to be voice recorded. The focus group participants were asked to share their perspectives related to topics within the following areas:

- Biggest issues and health concerns facing the community.
- Issues, challenges, barriers faced by community members specific to the identified health needs.
- Special populations or groups that are most affected by a health need. Programs and resources available to address the health needs.
- How the hospital can help address the community needs.
- Other comments or concerns.

A list of the stakeholder interview respondents, their titles and organizations and the focus groups participants can be found in Attachment 1.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews and focus groups. These data were then used to help guide the interviews and focus groups. The needs assessment interviews and focus groups were structured to obtain greater depth and richness of information and build on the secondary data review. During the interviews and focus groups, participants were asked to identify the major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

### **Information Gaps**

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Primary data collection and the prioritization process were also subject to limitations. Themes identified during interviews were likely subject to the experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. In compliance with these regulations, the previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <http://www.memorialcare.org/content/community-benefit> . Public comment was requested on these reports. To date, no written comments have been received.

## Identification of Significant Health Needs

### Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

### Significant Health Needs

The following significant health needs were determined:

- Access to health care
- Alzheimer's disease
- Cancer
- Dental health
- Heart disease
- Lung disease (asthma, COPD)
- Mental health
- Overweight and obesity
- Substance abuse (drugs/alcohol/tobacco)

### Resources to Address Significant Needs

Through the interview and focus group process, community stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 2.

## Priority Health Needs

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

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- 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 (Survey Monkey) in advance of the interview. The stakeholders were asked to rank each identified health 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.

Mental health and substance abuse had the highest scores in the survey. This indicated severe impact in the community, a worsening of the issues over time and a shortage or absence of resources available in the community to address these needs. Overweight and obesity was rated as having a severe or very severe impact on the community. Alzheimer’s disease and dental health also rated high on insufficient resources available to address the need. These results are listed in the table below.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absence of Resources
Access to health care	44.4%	25.0%	44.4%
Alzheimer’s disease	33.3%	33.3%	66.7%
Cancer	20.0%	0%	40.0%
Dental health	37.5%	12.5%	66.7%
Heart disease	50.0%	0%	33.3%
Lung disease	42.9%	25.0%	33.3%
Mental health	88.9%	88.9%	100%
Overweight and obesity	71.4%	16.7%	42.9%
Substance abuse	66.7%	75.0%	87.5%

The survey respondents, focus group attendees and interviewees were asked to rank order the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Mental health, substance abuse, access to health care and dental health were ranked as the top five health needs in the service area. The calculations of

the community input resulted in the following prioritization of the significant health needs:

Significant Health Need	Priority Ranking (Total Possible Score of 4)
Mental health	3.70
Substance abuse	3.70
Access to health care	3.56
Dental health	3.30
Overweight and obesity	3.13
Alzheimer's disease	3.07
Heart disease	3.04
Lung disease	2.79
Cancer	2.46

### Impact Evaluation

In 2013, Saddleback Memorial conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2013 CHNA, Saddleback chose to address access to health care, and chronic disease management and prevention. The evaluation of the impact of actions the hospital used to address these priority health needs can be found in Attachment 3.

## Demographics

### Population

The population of the Saddleback Memorial Medical Center service area is 849,890.

#### Population by Zip Code

Geographic Area	Number
92602 – Irvine	28,712
92603 – Irvine	23,491
92604 – Irvine	27,846
92606 – Irvine	22,931
92610 – Foothill Ranch	10,921
92612 – Irvine	31,186
92614 – Irvine	25,633
92618 – Irvine	21,358
92620 – Irvine	43,458
92624 – Capistrano Beach	7,111
92629 – Dana Point	26,738
92630 – Lake Forest	62,267
92637 – Laguna Woods	17,072
92651 – Laguna Beach	24,950
92653 – Laguna Hills	29,452
92656 – Aliso Viejo	52,232
92657 – Newport Beach	11,881
92672 – San Clemente	41,828
92673 – San Clemente	33,581
92675 – San Juan Capistrano	38,156
92677 – Laguna Niguel	65,536
92679 – Trabuco Hills	33,438
92688 – Rancho Santa Margarita	45,519
92691 – Mission Viejo	48,409
92692 – Mission Viejo	47,475
92694 – Ladera Ranch	29,249
SMMC Service Area	849,890
Orange County	3,160,437
California	38,822,536

Source: Orange County's Healthier Together, Claritas, 2015. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

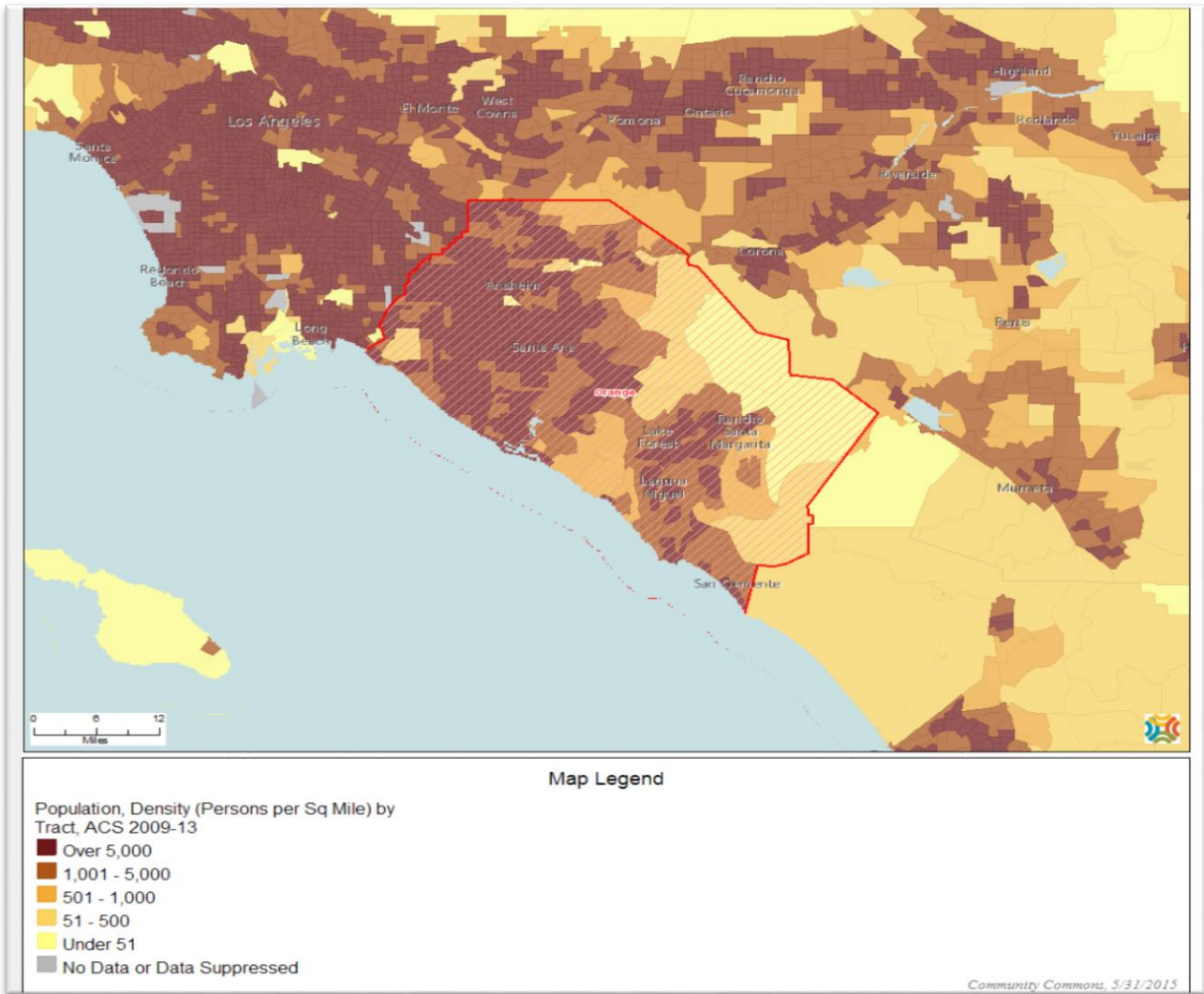
Orange County has experienced a 5% growth in population from 2010 to 2015. This surpasses the state population growth rate of 4.2%.

### Population Growth, 2010-2015

Geographic Area	Current Population Estimate	Percent Population Change (2010-2015)
Orange County	3,160,437	5.0%
California	38,822,536	4.2%

Source: Orange County's Healthier Together, Claritas, 2015. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

### Population Density Orange County, California



## Gender

In the service area, 51.1% of the population is female and 48.9% are males.

### Population by Gender

Gender	SMMC Service Area	Orange County	California
Male	48.9%	49.5%	49.7%
Female	51.1%	50.5%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Children and youth make up 22.1% of service area population, 63.7% are adults, and 14.2% are seniors. The service area has a higher percentage of seniors than found in the county (13.1%) and the state (12.9%).

### Population by Age

Age Groups	SMMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	47,625	5.6%	194,117	6.1%	2,539,809	6.5%
Age 5-17	140,636	16.5%	539,379	17.1%	6,746,796	17.4%
Age 18-24	80,637	9.5%	313,465	9.9%	3,948,943	10.2%
Age 25-44	216,177	25.4%	866,368	27.4%	10,756,523	27.7%
Age 45-64	244,514	28.8%	833,163	26.4%	9,831,320	25.3%
Age 65+	120,301	14.2%	413,945	13.1%	4,999,145	12.9%
Total	849,890	100.0%	3,160,437	100.0%	38,822,536	100.0%

Source: Orange County's Healthier Together, Claritas, 2015. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

## Race/Ethnicity

In the service area, more than half of the population (69.4%) is White. At 17.2% of the population, Asians are the second largest race/ethnic group in the service area. Latinos or Hispanics make up 15.7% of the population in the service area. The remaining races/ethnicities comprise 5.8% of the service area population.

### Race/Ethnicity

Race/Ethnicity	SMMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
White	499,881	69.4%	1,323,581	42.9%	14,905,601	39.2%
Asian	140,008	17.2%	569,625	18.5%	5,062,736	13.3%
Hispanic or Latino	127,437	15.7%	1,050,771	34.0%	14,534,449	38.2%
Other or Multiple	30,684	3.8%	80,283	2.6%	1,126,005	3.0%
Black/African American	12,825	1.6%	47,072	1.5%	2,155,929	5.7%
American Indian/AK Native	1,658	0.2%	6,264	0.2%	145,736	0.4%
Native HI/Pacific Islander	1,558	0.2%	8,735	0.3%	136,464	0.4%



Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

## Citizenship

In the Saddleback service area, 24.1% of residents are foreign born and 9.9% are not citizens. This is a lower percentage of foreign born residents and those who are not citizens than found in the country and state.

### Foreign Born Residents and Citizenship

Citizenship	SMMC Service Area	Orange County	California
Foreign born	24.1%	30.3%	27.0%
Not a U.S. citizen	9.9%	14.9%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## Language

The service area has a higher percentage of those who only speak English (69.5%) than do the county (54.4%) or state (56.2%). An Asian or Pacific Islander language is spoken in 11.1% of service area homes. Spanish is spoken in 10.6% of the homes in the service area, well below the percentage spoken in the rest of the county (26.5%) or state (28.7%). Residents in the service area speak a higher percentage of other Indo-European languages than in the county or state.

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

Language	SMMC Service Area	Orange County	California
Speaks only English	69.5%	54.4%	56.2%
Speaks Asian/Pacific Islander language	11.1%	14.0%	9.7%
Speaks Spanish	10.6%	26.5%	28.7%
Speaks other Indo-European language	7.5%	4.2%	4.4%
Speaks other language	1.2%	0.9%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

Among students enrolled in county school districts, 15.9% are English learners, lower than the percentage of English learners in the county (26%) and state (22.3%).

## English Learners

Geographic Area	Percent
SMMC Service Area	15.9%
Orange County	26.0%
California	22.3%

Source: California Department of Education DataQuest, 2014-2015 Language Group Data. <http://dq.cde.ca.gov/dataquest/>

## Veterans

In the service area, 6.7% of the population, 18 years and older, are veterans.

### Veterans

Geographic Area	Percent
SMMC Service Area	6.3%
Orange County	5.4%
California	6.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## Social and Economic Factors

### 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's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for that county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, social support, and others. In 2015, Orange County ranked seventh, putting the county in the top 20% of all California counties on social and economic factors. This ranking has remained the same for the past four years.

### Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014 (the most recent year for available data), the federal poverty level (FPL) for one person was an annual income of \$11,670 and for a family of four was \$23,850. Among area residents, 7.9% are at or below 100% of the federal poverty level (FPL) and 17.6% are at 200% of FPL or below (low-income). These poverty levels are below county and state averages.

### Ratio of Income to Poverty Level

Geographic Area	Below 100% Poverty	Below 200% Poverty
SMMC Service Area	7.9%	17.6%
Orange County	12.8%	29.9%
California	16.4%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

Examining poverty levels by community paints an important picture of the population within the hospital service area. 8.2% of children in the service area live in poverty. For seniors in the service area, 7.1% live in poverty. These rates of poverty are less than the county and state rates.

### Poverty Levels of Children and Seniors

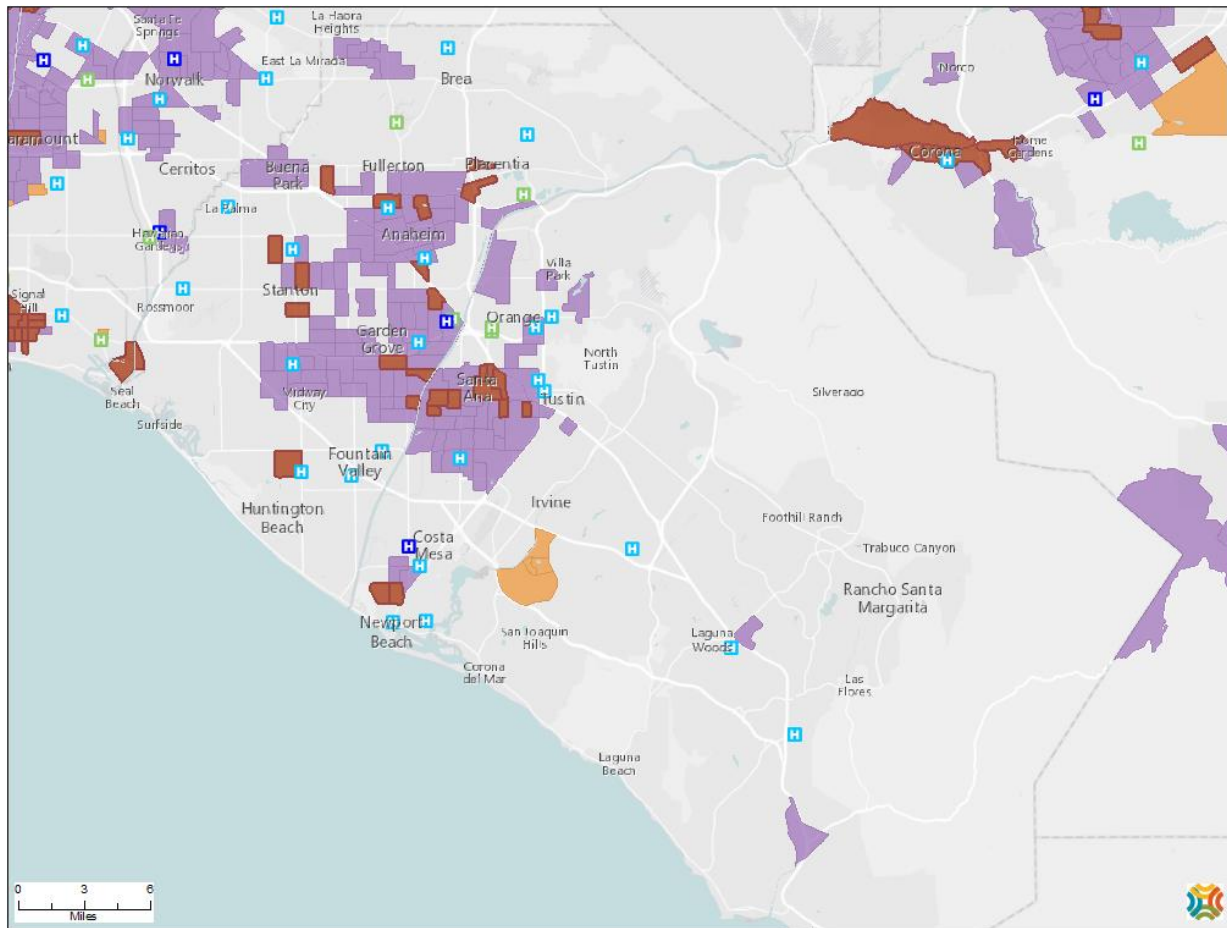
Geographic Area	Children Under 18	Seniors
SMMC Service Area	8.2%	7.1%
Orange County	17.6%	8.7%
California	22.7%	10.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

## Vulnerable Populations

Poverty and education attainment are two indicators that are predictive of at-risk or vulnerable populations. Visualization of vulnerable populations is provided in the following map. Communities where 30% or more of the residents are in poverty are shown as orange on the map. Communities where 25% or more of the residents do not have a high school education are shown as purple on the map. The overlap of high poverty and low education attainment is depicted as brown on the map. The brown areas indicate communities with vulnerable populations and are clustered primarily in the north central part of the county.

**Vulnerable Populations Footprint for Orange County**



**Map Legend**

Hospitals by Location, POS 2014

- H Public
- H Private
- H Other

■ Vulnerable Populations Footprint, ACS 2009-13

*Community Commons, 7/31/2015*

## Households

The median household income for the service area is \$97,867. This is higher than the median income for the county (\$75,998) and state (\$61,489).

### Median Household Income

Geographic Area	Median Household Income
SMMC Service Area	\$97,867
Orange County	\$75,998
California	\$61,489

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

There are 301,992 occupied housing units in the hospital service area. The service area percentage of 1, 2 and 3-person households is higher than that of the county or state. The service area has a lower percentage of 4-person households (25.3%) than does the county (31.4%) or state (29.5%).

### Household Size

Household Size	SMMC Service Area	Orange County	California
1 person households	24.3%	21.3%	24.1%
2 person households	33.2%	30.3%	30.0%
3 person households	17.2%	17.0%	16.5%
4+ person households	25.3%	31.4%	29.5%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2501. <http://factfinder.census.gov>

In the service area, residents receive lower rates of supportive benefits than found in the county or state. 2.7% of service area households receive SSI benefits, 1.7% receives cash public assistance income and 2.1% of residents receive food stamp benefits.

### Household Supportive Benefits

Benefits	SMMC Service Area	Orange County	California
Households	301,992	1,002,285	12,617,280
Supplemental Security Income (SSI)	2.7%	4.2%	6.2%
Public Assistance	1.7%	2.4%	4.0%
Food stamps/SNAP	2.1%	5.7%	8.7%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

Food insecurity is the lack of access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. Food security is access to sufficient, safe and nutritious food. This indicator was asked of adults ages 18+ with

an income < 200% FPL. Among low-income adults in Orange County, 35.8% reported food insecurity, which is lower than the state rate of 38.4%.

### Low-Income (<200 FPL) Adults with Food Insecurity

Geographic Area	Percent
Orange County	35.8%
California	38.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Free or Reduced Price Meals

The number of students eligible for the free or reduced price lunch program is one indicator of the socioeconomic status within a region. The area rate of eligibility among area schools was 26.3% in the 2014-2015 school year, lower than the county (49%) and state (58.6%) rates.

### Eligibility for Free or Reduced Price Meals Program

Geographic Area	Percent Eligible Students
SMMC Service Area	26.3%
Orange County	49.0%
California	58.6%

Source: California Department of Education DataQuest, 2014-2015. <http://dq.cde.ca.gov/dataquest/>

### Unemployment

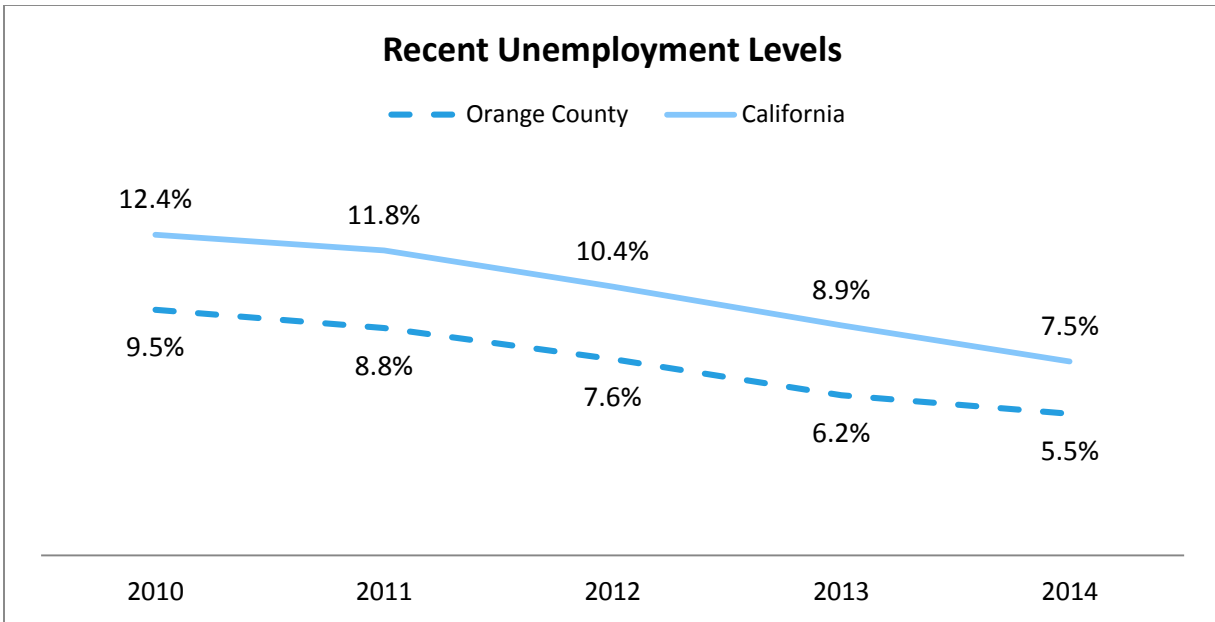
The unemployment rate in the service area was 4.5% in 2014. Orange County's unemployment rate averaged 5.5% in 2014. Orange County ranks fifth in unemployment levels among California counties, with the first-ranked county having the lowest unemployment. Rates have dropped steadily over the past five years.

### Unemployment Rate, 2014 Average

Geographic Area	Percent
SMMC Service Area*	4.5%
Orange County	5.5%
California	7.5%

Source: California Employment Development Department, [Labor Market Information, 2014](#). Not seasonally adjusted.

\* No data available for Capistrano Beach, Foothill Ranch, Ladera Ranch or Trabuco Hills.



Source: California Employment Development Department, [Labor Market Information, 2010-2014](#).

### Educational Attainment

In the service area, 12.6% of adults are high school graduates, lower than the rate for the county (17.8%) or the state (20.7%). 61.7% of the population in the service area has graduated college, higher than the rate for the county (45.1%) and the state (38.8%).

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

Education	SMMC Service Area	Orange County	California
Population 25 years and older	558,816	2,043,735	24,865,866
Less than 9 <sup>th</sup> grade	2.8%	8.8%	10.1%
Some high school, no diploma	2.6%	7.1%	8.4%
High school graduate	12.6%	17.8%	20.7%
Some college, no degree	20.3%	21.1%	22.0%
Associate degree	8.4%	7.8%	7.8%
Bachelor degree	33.2%	24.2%	19.6%
Graduate or professional degree	20.1%	13.1%	11.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1501. <http://factfinder.census.gov>

Of the population age 25 and over, only 5.4% in the service area have not attained a high school diploma.

### Population, 25 Years and Older, with No High School Diploma

Geographic Area	Percent
SMMC Service Area	5.4%
Orange County	15.9%
California	18.5%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1501. <http://factfinder.census.gov>

High school graduation rates are the number of high school graduates that graduated four years after starting ninth grade. In the service area, the high school graduation rate is 95.7%, which is higher than both the county (88.6%) and the state (80.9%). The county rate exceeds the Healthy People 2020 objective for high school graduation of 82.4%.

### High School Graduation Rates, 2013-2014

Geographic Area	Percent
SMMC Service Area	95.7%
Orange County	88.6%
California	80.9%

Source: California Department of Education DataQuest, Cohort Outcome Data for Class of 2013-14. <http://dq.cohode.ca.gov/dataquest/>

### Homelessness

The US Department of Housing and Urban Development (HUD) conducts an annual 'point-in-time' count of homeless, with data reported by Continuums of Care (CoC). Among Smaller City, County, and Regional CoCs, the Santa Ana/Anaheim/Orange County CoC counted 3,833 homeless persons in January 2014. Recent trends show that rates of homelessness are declining in Orange County, along with the percentage of homeless who are unsheltered.

### Homeless Annual Count, Santa Ana/Anaheim/Orange CountyCoC, 2010 to 2014

Year of Count	Total Homeless	Sheltered	Unsheltered
2010	8,333	31.3%	68.7%
2011	6,939	38.4%	61.6%
2012	7,010	39.1%	60.9%
2013	4,251	60.5%	39.5%
2014	3,833	56.2%	43.8%

Source: HUD Annual Homeless Assessment Report, 2014; HUD PIT Counts by CoC. <https://www.hudexchange.info/resource/4074/2014-ahar-part-1-pit-estimates-of-homelessness/>



Among school-aged children, 6.5% of public school enrollees in Orange County were recorded as being homeless at some point during the 2013-2014 school year, according to the California Department of Education; this rate is higher than the California average of 4.8% (Source: kidsdata.org, January 2015).

## Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Crime statistics indicate that the rate of violent crime in the service area is 93.8 per 100,000 persons. Orange County has lower rates of violent crime than the state, with 199.7 crimes per 100,000 persons, nearly half the California rate of 393.3.

### Violent Crimes, per 100,000 Persons, 2014

Geographic Area	Number	Rate
SMMC Service Area *	797	93.8
Orange County	6,257	199.7
California	151,425	393.3

Source: US Department of Justice, Federal Bureau of Investigation, 2012.

<http://www.ucrdatatool.gov/Search/Crime/Local/LocalCrime.cfm>

\* No data available for Capistrano Beach, Foothill Ranch, Ladera Ranch or Trabuco Hills.

Calls for domestic violence are categorized as with or without a weapon. The majority of domestic violence calls in the service area did not involve a weapon (91.8%), which was lower than the county average (85.7%).

### Domestic Violence Calls, 2014

Geographic Area	Total	Without Weapon	With Weapon
SMMC Service Area *	2,573	91.8%	8.2%
Orange County	7,928	85.7%	14.3%
California	155,965	57.3%	42.7%

Source: California Department of Justice, Office of the Attorney General, 2014. <http://oag.ca.gov/crime/cjsc/stats/domestic-violence>

\* No data available for Capistrano Beach, Foothill Ranch, Ladera Ranch or Trabuco Hills.

The 2015 Orange County Community Indicators report noted that in the 10-year period from 2004 to 2013, child abuse reporting increased 9% while confirmed reports of abuse (substantiated allegations) fell 43%. Over the same 10-year period, entries to foster care fell 42% (<http://ocgov.com/about/infooc/facts/indicators>).

## Community Input – Social and Economic Factors

Stakeholder interviews and focus groups identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:

- Poverty is one of most important socioeconomic drivers. Poverty is directly related to chronic diseases, poverty and educational attainment are major

predictors of one's future health and wellbeing. Many behaviors like drugs, smoking, physical activity, are heavily influenced by our environments and socioeconomic status.

- People on waiting lists for Section 8 housing have been waiting for 6 years and they are homeless. An elderly person doesn't really go to a shelter. We have one shelter in Orange County in Laguna Beach and it only has 63 beds. People need to come at night and leave in the early morning; realistically, an elderly person cannot handle that schedule.
- People feel we are paying for the care of the undocumented and low income: that bill has to be paid by someone.
- Mental health is the biggest thing we see because there isn't somewhere to put them. For instance, a gentleman was here, he wasn't on his medications, he was nonsensical, and he wanted to get arrested because if he went to jail he knew he could get stabilized. It was the only way he knew.
- Seniors on limited incomes cannot afford some medications.
- Financial issues. There aren't enough doctors to meet the needs of those on Medi-Cal so the wait times are ridiculous. That is why the ED becomes so overcrowded and health care costs go up.
- Financial issues and a lack of resources. We see a lot of people with financial issues. That is their priority. They are worried about paying their rent. Their health issues become a lower priority.
- A lot of people do their grocery shopping at the 99 cent store.
- Some of the immigrant issues that prevent people from trying to access services. They aren't included in Covered CA because they aren't eligible if they are undocumented.
- Orange County doesn't have any sub-acute beds anywhere. The options are for a person to go home or go to a skilled nursing home. When they go home, they aren't receiving care that is adequate to their needs. Home care doesn't cover 24-7.
- Income level is one of the biggest factors that affects people in every way. They live under stress and this impacts how they behave.
- Laguna Hills is located near the toll way and there are environmental concerns about congestion on 1-5 freeway and air quality. There is concern about water quality and interest in assuring our regulatory agencies are doing their job to ensure that our water is safe and free from chlorine, lead, and dangerous chemicals. We purchase our water from regional water agencies – we don't have our own water we have to buy it.
- We have a lot of kids on free and reduced meals. We have families that speak about 80 different foreign languages: Asian, Hispanic, Russian, Pakistani, Indian, all over the world. This can result in some cultural gaps, and not having the

knowledge and resources about where to turn. As a school district, we don't have all the means to fill these gaps.

- People don't have enough to live on so people always ask for supplemental care like food and rental assistance. Lack of affordable housing, we see that a lot.
- There is an increasing number of homeless. Rent is so expensive and emergency crisis services are so difficult to access. Programs fill a niche and can't broaden their reach to help people losing their housing. Lack of affordable housing is really critical in this County so people are going without other necessary services.
- There are a lot of social services in Central and North County, but South Orange County lacks services. People have to go to Santa Ana to help and public transportation is limited.
- Seniors are a growing population and it's going to get bigger. Focusing resources where the population is going is critical.

## Health Access

### Health Insurance

Health insurance coverage is considered a key component to accessing health care. The service area insurance rate is 90.6%. Among children in the service area, 95.1% have insurance coverage, and 87.3% of non-senior adults are insured. Nearly all seniors are insured (98.5%). In Orange County, 83.9% of the total civilian non-institutionalized population is insured, similar to the state rate of 83.3%.

According to the 2015 Orange County Community Indicators report, in the six-month period between October 1, 2013 and March 31, 2014, 131,804 Orange County residents enrolled in a Covered California health plan (<http://ocgov.com/about/infooc/facts/indicators>).

### Insurance Coverage by Age Group

Geographic Area	Total Population	Children, 0-17	Adults, 18-64	Seniors, 65+
SMMC Service Area	90.6%	95.1%	87.3%	98.5%
Orange County	83.9%	92.6%	78.0%	98.1%
California	83.3%	92.5%	76.9%	98.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701. <http://factfinder.census.gov>

In the Saddleback service area, health insurance coverage ranges from a low of 60.3% of adults with insurance in Ladera Ranch (92694), to a high of 99.8% of adults with insurance in Laguna Woods (92637).

### Insurance Coverage

Geographic Area	Percent
92602 – Irvine	71.6%
92603 – Irvine	72.4%
92604 – Irvine	77.3%
92606 – Irvine	73.9%
92610 – Foothill Ranch	70.9%
92612 – Irvine	86.6%
92614 – Irvine	75.1%
92618 – Irvine	75.7%
92620 – Irvine	71.6%
92624 – Capistrano Beach	80.8%
92629 – Dana Point	81.0%
92630 – Lake Forest	76.2%
92637 – Laguna Woods	99.8%
92651 – Laguna Beach	83.6%
92653 – Laguna Hills	79.0%
92656 – Aliso Viejo	72.6%
92657 – Newport Beach	76.8%
92672 – San Clemente	77.1%

Geographic Area	Percent
92673 – San Clemente	69.1%
92675 – San Juan Capistrano	73.0%
92677 – Laguna Niguel	78.1%
92679 – Trabuco Hills	71.8%
92688 – Rancho Santa Margarita	69.4%
92691 – Mission Viejo	78.1%
92692 – Mission Viejo	76.9%
92694 – Ladera Ranch	60.3%
SMMC Service Area	90.6%
Orange County	96.8%
California	80.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701. <http://factfinder.census.gov>

In Orange County, 49.9% of the population has employment-based health insurance. 19.4% are covered by Medi-Cal and 11.3% 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

Insurance Coverage	Orange County	California
Total Insured	88.8%	88.1%
Employment-based	49.9%	44.8%
Medi-Cal	19.4%	22.5%
Medicare and others	7.6%	9.0%
Private purchase	7.6%	6.4%
Medicare and Medi-Cal	3.1%	3.0%
Other public	0.6%	1.0%
Medicare	0.6%	1.4%
No Insurance	11.2%	11.9%

Source: California Health Interview Survey, 2014. <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 ER visits. A total of 86.5% reported a regular source for medical care. The source of care for 70.3% of Orange County is a doctor's office, HMO, or Kaiser. This is higher than the state rate (60.7%). Clinics and community hospitals are the source of care for 15.3% in the county, while 13.5% of county residents have no regular source of care.

## Sources of Care

Sources of Care	Orange County	California
Have usual place to go when sick or need health advice	86.5%	85.8%
Dr. office/HMO/Kaiser Permanente	70.3%	60.7%
Community clinic/government clinic/community hospital	15.3%	23.0%
ER/Urgent Care	0.1%	1.4%
Other	0.7%	0.7%
No source of care	13.5%	14.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Accessing health care can be affected by the number of providers in a community. According to the 2015 County Health Rankings, Orange County ranks 18 out of 58 California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among others. The ratio of county population to health care providers indicates there are more primary care physicians and dentists, but fewer mental health providers for its population when compared to California.

## Ratio of Population to Health Care Providers

Providers	Orange County	California
Primary Care Physicians	1,063:1	1,294:1
Dentists	987:1	1,291:1
Mental Health Providers	511:1	376:1

Source: County Health Rankings, 2015.

<http://www.countyhealthrankings.org/app/california/2015/rankings/orange/county/outcomes/overall/snapshot>

Delayed care may also indicate reduced access to care; 11.3% of county residents reported delaying or not seeking medical care and 10.8% reported delaying or not getting their prescription medication in the last 12 months.

## Delay of Care

Delay of Care	Orange County	California
Delayed or didn't get medical care in last 12 months	11.3%	11.3%
Delayed or didn't get prescription medicine in last 12 months	10.8%	8.7%

Source: California Health Interview Survey, 2014. <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; 14.4% of residents in Orange County visited an ER over the period of a year. Seniors visited the emergency room at higher rates (23.8%) than other age groups.



## Use of Emergency Room

ER Use	Orange County	California
Visited ER in last 12 months	14.4%	17.4%
0-17 years old	17.0%	19.3%
18-64 years old	11.8%	16.5%
65 and older	23.8%	18.4%
<100% of poverty level	16.1%	20.6%
<200% of poverty level	15.0%	19.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Community Input – Access to Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to access to care:

- The cost of health care, on the individual's side, it's very expensive. Many people start by purchasing policies and after 6 months, they drop their policies because between the deductible and co-pays it is too expensive. People don't believe something catastrophic will happen. This will have a profound effect on the average income family if they have to purchase their own insurance now that it's mandated.
- Transportation in South Orange County. If you don't have a car, the bus system keeps cutting routes so it takes a long time just to get to the other side of the freeway.
- If you don't have insurance, it's really hard to get the medications you need.
- Some eligibility can be so strict that people who need help cannot access anything because they don't fit under funding priorities or a certain grant. So it can be hard to help someone because they don't fit certain criteria.
- Do community clinics have enough capacity to deal with the uninsured population? There are issues getting the word out about accessing care. With the undocumented there is a fear of deportation or having to prove citizenship. And for really low income – even a small co-pay is a barrier.
- Also transportation and cultural competency are barriers to care when we have such broad diversity of languages and cultures.
- When people have issues that require a subspecialist, there may be specialists who do not accept Medi-Cal.
- Access to care has improved with the Affordable Care Act. Even so, we deal with families who are unaware of coverage they can get, they figure they don't have the right papers as far as immigration, so their only option is the Emergency Room.
- In the past few years, real effort has been made to put out more documents and education for families to know about health care insurance and clinics in the



area. But that's another barrier – transportation to clinics becomes an additional barrier and they end up back in the ED.

- Barriers to access are complicated. Resources are not easy to access, confused by care, care is expensive. For the low income and homeless it is so complicated that they don't bother. Having a one-stop shop to get signed up is really helpful and we try to do that and educate people, but for a lot of people, it's just too complicated.
- Cost, accessibility, homeless and people trying not to get homeless. They are under significant stress, and have lower cognitive ability. Because of cost, the only seek care if something is an emergency. A lot give up and live with what is going on until they end up in the hospital.
- Doctors think if they've put someone in home health care that everything's going to be okay. But the home health nurses are in and out in 15-20 minutes. Physical therapy is in and out. Nobody looks at the whole picture of what's going on in the home.
- Physicians write prescriptions and assume that the individual can afford them and have the means to pick them up. For the elderly, their dollars are being stretched so they are mimicking more of a poor society.
- Covered CA is not strong enough. People still continue to go to ED, which drives cost up. The average clinic cost is \$165 and that needs to get paid somewhere. There are very few free clinics in our area.
- Hospitals are so focused on the disease process; they don't focus on the social model of the whole-life impact.
- There are problems accessing care for the homeless or those lower income persons who don't make a living wage to afford such a luxury as health care.
- There are cultural beliefs around health care, how people access care, how soon they access care, and language barriers around those care needs.

## Dental Care

In Orange County, less than 1% of adults (0.7%) have never been to the dentist compared with 2.2% at the state level. 78.1% of adults have been to a dentist in the past two years.

### Time since Last Dental Visit, Adult

Adults Dental Care	Orange County	California
Less than 6 months to 2 years ago	78.1%	79.7%
More than 2 years to more than 5 years	21.2%	18.1%
Never been to dentist	0.7%	2.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Orange County, 1.8% of teens have never been to the dentist. 98% of teens have been to a dentist in the past two years.

### Time since Last Dental Visit, Teens

Teens Dental Care	Orange County	California
Less than 6 months to 2 years ago	98.0%	94.7%
More than 2 years to more than 5 years	0.2%	3.5%
Never been to dentist	1.8%	1.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among children in Orange County, 88.7% had been to the dentist in the last two years. 11.3% of children in the county had never been to the dentist.

### Time Since Last Dental Visit, Children, Ages 2-11

Children Dental Care	Orange County	California
Less than 6 months to 2 years ago	88.7%	83.8%
More than 2 years to more than 5 years	0%	0.9%
Never been to dentist	11.3%	15.3%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Community Input – Dental Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to dental care:

- We often see people who need lots of dental work done but they can't afford it, even if they have dental insurance.
- If you don't have insurance, your only recourse is County and they will only offer to extract your tooth.
- Dental care is not included in Medicare. This is a big issue because it's expensive. It is prohibitive if a person does not have insurance. People go without care and have to get teeth pulled and this impacts nutrition and general health.
- It is too expensive to go for preventive dental care and people are afraid of the dentist. It is the last thing on people's list to go to the dentist. So when they do go it's usually a crisis situation.
- For adults, it's difficult to find low-cost dental services.
- It's extremely difficult to do any type of preventive care. For children, there are quite a few programs like Healthy Smiles, to connect at all levels, but over age 18, there are extremely limited resources in community prevention, treatment and follow up.
- Middle population that has work benefits and this is a covered benefit, they are ok. The population that suffers the most is the senior population. There is no

benefit for seniors and it wreaks havoc later on in years because couldn't afford it earlier on.

- For a lot of families that don't have regular checkups, there is a disconnect between oral health and overall health.
- In Orange County, we have a large push about the importance of water conservation.... not so much with dental care and health.
- Diet has a huge impact on the dental status of very young children.
- Early prevention and early treatment including basic examinations are really important especially at the pre-school level. There are economic barriers to accessing dental care.

## Birth Characteristics

### Births

In 2012, there were 8,995 births in the hospital service area. 49.5% of births were to mothers who were White, 20.9% were Hispanic or Latino, and 17.4% of births were to Asian women.

### Teen Birth Rate

Teen birth rates in the service area occurred at a rate of 21.1 per 1,000 births (or 2.1% of total births). This rate is lower than the teen pregnancy rate found in the county (4.7%) or the state (7% of total births).

### Births to Teenage Mothers (Under Age 20)

Geographic Area	Births to Teen Mothers	Live Births	Percent
SMMC Service Area	190	8,995	2.1%
Orange County	1,876	40,083	4.7%
California	35,281	503,788	7.0%

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

### Prenatal Care

Pregnant women in the hospital service area entered prenatal care early – within the first trimester - at a rate of 93.2%. The service area exceeded the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester.

### Early Entry into Prenatal Care (In First Trimester)

Geographic Area	Early Prenatal Care	Live Births*	Percent
SMMC Service Area	8,325	8,937	93.2%
California	412,679	492,643	83.6%

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

\*Births in which the first month of prenatal care is unknown are not included in the tabulation.

When prenatal care rates are examined by zip code, rates ranged from a low of 84.2% receiving early prenatal care in Irvine (92612), to a high of 96.8% receiving early prenatal care in San Clemente (92673).

### Early entry into Prenatal Care (in First Trimester)

Geographic Area	Percent
92602 – Irvine	96.5%
92603 – Irvine	92.2%
92604 – Irvine	85.0%
92606 – Irvine	90.5%
92610 – Foothill Ranch	96.2%
92612 – Irvine	84.2%

Geographic Area	Percent
92614 – Irvine	91.0%
92618 – Irvine	92.4%
92620 – Irvine	92.2%
92624 – Capistrano Beach	93.6%
92629 – Dana Point	92.3%
92630 – Lake Forest	90.5%
92651 – Laguna Beach	91.0%
92653 – Laguna Hills	92.1%
92656 – Aliso Viejo	95.6%
92657 – Newport Beach	94.4%
92672 – San Clemente	89.2%
92673 – San Clemente	96.8%
92675 – San Juan Capistrano	88.4%
92677 – Laguna Niguel	93.5%
92679 – Trabuco Hills	94.9%
92688 – Rancho Santa Margarita	94.0%
92691 – Mission Viejo	91.0%
92692 – Mission Viejo	92.6%
92694 – Ladera Ranch	95.9%
Orange County	88.3%

Source: Orange County's Healthier Together, California Department of Public Health, 2013. <http://www.ochealthiertogether.org>

### Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The hospital service area has a lower rate of low birth weight babies (6.5%) when compared to the state (6.7%). The rate of incidence of low birth weight is lower than the Healthy People 2020 objective of 7.8%.

### Low Birth Weight (Under 2,500 g)

Geographic Area	Low Birth Weight	Live Births	Percent of Live Births
SMMC Service Area	582	8,995	6.5%
California	33,723	503,257	6.7%

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

## Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the service area is 2.4 deaths per 1,000 live births. This rate is lower than the California rate of 4.5 as well as the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

### Infant Mortality Rate, 2013

Geographic Area	Infant Deaths	Live Births	Rate
SMMC Service Area	22	8,995	2.4
California	2,247	503,788	4.5

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.asp>

## Breastfeeding

Breastfeeding 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 Saddleback Memorial Medical Center indicate 93.2% of new mothers use some breastfeeding and 60.2% use breastfeeding exclusively.

### In-Hospital Breastfeeding

Geographic Area	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Saddleback Memorial Medical Center	2,272	93.2%	1,468	60.2%
Orange County	33,720	93.9%	22,898	63.8%
California	396,602	92.9%	275,706	64.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2013  
<https://www.cdph.ca.gov/data/statistics/Documents/MO-MCAH-HospitalTotalsReport2013.pdf>

## Mortality/Leading Causes of Death

### Mortality Rates

The top five leading causes of death in Orange County are 1) cancer, 2) heart disease, 3) Alzheimer’s disease, 4) stroke, and 5) lung disease. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. Death counts and death rates are averages for the three-year period, 2011-2013.

The cancer death rate is 145.1 per 100,000 persons, lower than the state average and the Healthy People 2020 objective of 161.4. The heart disease mortality rate in the county is 101.3 per 100,000 persons, lower than the state rate (104.3) and the Healthy People 2020 objective of 103.4 deaths per 100,000 persons. The death rate due to Alzheimer’s disease ranked third at 38.4, which is higher than the state rate. The death rate due to stroke was 35.2 per 100,000 persons, which exceeded the Healthy People 2020 objective of 34.8. The liver disease death rate in Orange County was 10.3 per 100,000 persons, this exceeds the Healthy People 2020 objective of 8.2 per 100,000 persons.

### Mortality Rates, Age Adjusted, per 100,000 Persons, 2011-2013

Causes of Death	Orange County		California	Healthy People 2020
	Number	Rate	Rate	Rate
Cancer	4,458	145.1	150.9	161.4
Heart disease	3,111	101.3	104.3	103.4
Alzheimer’s disease	1,154.7	37.6	30.9	No Objective
Stroke	1,081.7	35.2	35.7	34.8
Chronic Lower Respiratory Disease	950	30.9	35.0	No Objective
Unintentional injuries	695	22.6	28.4	36.4
Pneumonia and influenza	555.7	18.1	16.3	No Objective
Diabetes	470.3	15.3	20.7	No Objective
Liver disease	315.7	10.3	12.3	8.2
Suicide	306	10.0	10.4	10.2

Source: California Department of Public Health, 2011-2013. <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>

In the service area, there were a total of 4,706 deaths in 2012. 52.5% of the deaths were among females and 47.5% were male.

Cancer, heart disease and Alzheimer’s disease were the top three leading causes of death in the service area. When compared to the state, the service area has higher

death rates for the top three causes of death and for suicide. Crude rates are subject to wide variation due to variations in median age from zip code to zip code.

### Mortality Rates, per 100,000 Persons, 2012

Causes of Death	SMMC Service Area		California
	Number	Rate	Rate
Cancer	1,221	259.4	237.2
Heart disease	1,197	254.4	243.5
Alzheimer's disease	362	76.9	48.0
Stroke	268	56.9	59.9
Chronic Lower Respiratory Disease	219	46.5	53.3
Unintentional injuries	164	34.8	44.3
Pneumonia and influenza	112	23.8	24.0
Suicide	94	20.0	15.9
Diabetes	77	16.4	32.5
Liver disease	56	11.9	19.2

Source: California Department of Public Health, 2012. [www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx](http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx)

### Cancer

The five-year average cancer mortality rate for all cancer sites in Orange County was 143.6 per 100,000 persons, statistically significantly lower than the California rate.

Mortality in the county from digestive system, respiratory system, and breast cancers were also significantly lower than the state rates.

### Cancer Mortality Rates, per 100,000 Persons, 2009-2013

Cancer Sites	Orange County		California
	Number	Rate	Rate
Cancer, all sites	21,983	143.6	152.1
Digestive system	5,935	38.4	41.6
Respiratory system	5,018	33.4	35.8
Breast	1,677	10.7	11.5
Female genital	1,226	14.3	14.9
Male genital	1,209	19.9	21.0
Urinary system	1,119	7.3	7.7
Leukemia	1,001	6.6	6.5
Lymphoma	887	5.9	6.0

Source: California Cancer Registry, Cancer Surveillance Section, California Department of Public Health, 2009-2013.

<http://www.cancer-rates.info/ca/>

### Community Input – Alzheimer's Disease

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to Alzheimer's disease:

- An issue is people who might live alone and are diagnosed with mild dementia or cognitive limitations and want to live independently and think they don't need any



help. One of the biggest challenges is getting people to accept they need a little bit of help.

- Doctors don't screen for it, they don't necessarily know how to screen for it or know what to do with someone with this diagnosis. Often there is not enough training to know what to do when they see it in a patient. Also, they don't know where to send someone once they see Alzheimer's Disease.
- Mainly this is a disease of those 65 years and older. Orange County seems to be more impacted than other counties in California.
- It's a frightening disease, and people will resist getting a diagnosis if they suspect they have it.
- There are a few select programs to help people, some day programs, but not enough for the number of people that need it. Also, there is a huge economic impact for lost productivity with spouses or adult children as caretakers, it's a growing problem in this county.
- Hospitals don't seem to know to treat patients with dementia. That patient is going to behave even more differently when you put them into the acute care setting, taking them out of their home, which is complex enough for them.
- In Orange County, Whites have higher rates of Alzheimer's disease than other groups. Some social determinates of health can impact the expression of this disease. We find that connectedness and support may actually help to stave off Alzheimer's disease.
- The biggest problem is identifying it in the early stages and second is maintaining adult day care centers. They are all struggling. Saddleback closed theirs. Medicare does not cover it, Medi-Cal does.
- Seeing more prevalence of it. If a person is diagnosed with Alzheimer's disease, the hospital will have a lot of resources to identify and treat and care and connect readily to a lot of resources. The problem is those who are not quite there, like dementia or those mimicking Alzheimer's. There are not enough resources to bridge the gap.
- Another big need is spousal support. We have no place to direct them. Pretty prevalent issue. Lack of mental health services. Again for caregiver support – if you are a caregiver and your spouse is disabled, there is a lot of backend support. But leading up to the actual diagnosis and the different levels of dementia, the acute chronic issues, there are not enough resources to transition to care or treatment.
- Denial of having an issue and not recognizing that the beginning stages of Alzheimer's might be compared to the natural aging process.

## Chronic Disease

### Health Status

Among the Orange County population, 17.4% reported being in fair or poor health. This rate is slightly higher than the California rate of 17%.

#### Health Status, Fair or Poor Health

Health Status	Orange County	California
Persons with fair or poor health	17.4%	17.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Diabetes

Diabetes is a growing concern in the community; 7.1% of adults in Orange County have been diagnosed with diabetes, and 9.2% have been diagnosed as pre-diabetic. Among adults with diabetes, 51.2% are very confident they can control their diabetes; 12.2% of adults in Orange County are not confident that they can control/manage their diabetes.

#### Adult Diabetes

Diabetes	Orange County	California
Diagnosed pre/borderline diabetic	9.2%	10.5%
Diagnosed with diabetes	7.1%	8.9%
Very confident to control diabetes	51.2%	56.5%
Somewhat confident	36.6%	34.7%
Not confident	12.2%	8.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the service area, those reporting the rates of adults with diabetes show lower rates than the county rate of 7.1% of adults with diabetes with one exception: 7.7% of adults in San Juan Capistrano (92675) have diabetes.

#### Adults with Diabetes

Geographic Area*	Percent
92602 – Irvine	5.5%
92603 – Irvine	5.4%
92604 – Irvine	6.2%
92606 – Irvine	5.7%
92612 – Irvine	4.8%
92614 – Irvine	5.2%
92618 – Irvine	4.8%
92620 – Irvine	6.3%
92629 – Dana Point	5.8%
92630 – Lake Forest	6.8%
92651 – Laguna Beach	4.8%

Geographic Area*	Percent
92653 – Laguna Hills	6.3%
92656 – Aliso Viejo	5.3%
92672 – San Clemente	5.4%
92673 – San Clemente	6.3%
92675 – San Juan Capistrano	7.7%
92677 – Laguna Niguel	6.1%
92679 – Trabuco Hills	5.5%
92688 – Rancho Santa Margarita	5.5%
92691 – Mission Viejo	7.0%
92692 – Mission Viejo	6.5%
Orange County	7.1%

Source: Orange County's Healthier Together, California Health Interview Survey, 2011-2012. <http://www.ochealthiertogether.org>

\* No data available for Zip Codes 92610, 92624, 92637, 92657, 92674 and 92694.

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 indicators, hospitalization rates were lower for Orange County than for California.

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

Prevention Quality Indicators (PQI)	Orange County	California
Diabetes long term complications	92.4	107.4
Diabetes short term complications	39.9	56.1
Lower-extremity amputation among patients with diabetes	11.3	16.1
Uncontrolled diabetes	7.7	9.2

Source: California Office of Statewide Health Planning & Development, 2013.

[http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

\*Risk-adjusted (age-sex) annual rates per 100,000 population.

#### Heart Disease

For adults in Orange County, 6.3% have been diagnosed with heart disease. Among these adults, 57% are very confident they can manage their condition but 13.7% were not confident they could control their heart disease. 62.9% have a disease management care plan developed by a health care professional.

## Adult Heart Disease

Heart Disease	Orange County	California
Diagnosed with heart disease	6.3%	6.1%
Very confident to control condition	57.0%	53.6%
Somewhat confident to control condition	29.3%	34.9%
Not Confident to control condition	13.7%	11.5%
Has a disease management care plan	62.9%	67.1%

Source: California Health Interview Survey, 2014. <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 three PQIs related to heart disease are hypertension, heart failure, and angina without procedure. In 2013, rates of hypertension, Congestive Heart Failure and Angina were lower in the county than in the state.

## Hospitalization Rates\* for Prevention Quality Indicators – Heart Disease

Prevention Quality Indicators (PQI)	Orange County	California
Congestive Heart Failure	213.2	292.0
Hypertension	22.5	33.3
Angina without procedure	8.5	16.9

Source: California Office of Statewide Health Planning & Development, 2013.

[http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

\*Risk-adjusted (age-sex) annual rates per 100,000 population.

## High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Orange County, 27.8% of adults have been diagnosed with high blood pressure, and of those, 75% take medication to control their hypertension. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%.

## High Blood Pressure

Blood Pressure	Orange County	California
Ever diagnosed with hypertension	27.8%	28.5%
Takes medicine for hypertension	75.0%	68.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Community Input – Heart Disease

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to heart disease:

- There is a population who doesn't believe medications are helpful and decide not to use medications or use them sporadically. That causes a lot of problems and results in more trips to the hospital.

- Healthy living, diet, and exercise are all very interrelated.
- The assumption is heart disease is a male dominated disease. But research shows it's a huge female issue as well.
- For the younger population, there is denial about heart disease. Stress and hypertension may not have symptoms, so prevention is important. People become more aware as they get older.
- Heart disease creeps into people's lives because when they do go to doctor it's usually a bigger issue than it might have been.
- A problem is women who go undiagnosed. Men tend to get annual checkups. And get medications and women tend to not get the examinations that they need.

## Cancer

In Orange County, the five-year, age-adjusted, cancer incidence rate is 418.6 per 100,000 persons, statistically significantly lower than the California average (424.9 per 100,000 persons). Rates for cancers of male genital, digestive system, female genital and urinary system were all significantly lower than the state average. Cancers of the breast, skin, and endocrine system/thyroid had modest but significantly higher rates.

### Cancer Incidence, per 100,000 Persons, Age Adjusted, 2008-2012

Cancer Sites	Orange County	California
All sites	418.6	424.9
Male genital	127.6	133.7
Digestive system	76.4	81.1
Breast, either sex	67.4	65.3
Respiratory system	49.0	51.2
Female genital	45.1	47.6
Urinary system	30.2	33.5
Skin	28.4	23.0
Lymphoma	21.1	21.3
Endocrine system/thyroid	14.3	12.7
Leukemia	12.5	12.5
Oral Cavity and pharynx	10.6	10.4
Brain and nervous system	6.4	6.1

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2008-2012. <http://www.cancer-rates.info/ca/>

## Community Input – Cancer

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to cancer:

- If you live alone, transportation can be an issue if you are weakened by treatments.

- There is a real lack of specialty care. So for instance, we offer skin cancer screenings two times a year. When we get a diagnosis, now what? The only next step is to connect them with Camino Clinic as their medical home and then they try to find a specialist to care for them.
- Cancer deaths have been slowly going down, still some gaps with access to care. Also, so many of the screening guidelines are changing that doctors and patients do not know what to do.
- When undergoing treatment, cancer impacts productivity and lost wages.
- Treatment is available, but there are gaps and if you are uninsured, some cancers are not as covered as others, such as lung cancer, colon, etc.
- It's eye opening to see the lack of regular checkups among people holding down two jobs and family life.
- Fear and lack of preventive health care. Not going for mammograms or colonoscopies. Big thing is fear of cancer.
- More cities should be focused on full shade in parks, public facilities, etc. it should be part of public planning, more like Australia.
- For oncology patients, if their housing is unstable, they cannot get treatment. We have 12-15 women right now who are receiving cancer treatment because they have housing. If they did not have housing, they couldn't receive treatment.
- Barriers to cancer treatment are transportation, housing, child care, and complete care.
- With expanded Medi-Cal, families have to wait longer to get services they need. Cancer is very time sensitive.
- Lack of access to health care and health screenings. Even when people have insurance, they put their heads in the sand and the results can be a late diagnosis or it's a devastatingly long haul.

## Asthma

In Orange County, 14.6% of the population has been diagnosed with asthma. 95.8% have had symptoms in the past year, and 53.9% take daily medication to control their asthma. Among county youth, 10.9% have been diagnosed with asthma, and 35.9% have visited the ER as a result of their asthma.

## Asthma

Asthma	Orange County	California
Diagnosed with asthma, total population	14.6%	14.0%
Diagnosed with asthma, 0-17 years old	10.9%	14.5%
ER visit in past year due to asthma, total population	12.1%	9.6%
ER visit in past year due to asthma, 0-17 years old	35.9%	13.9%
Takes daily medication to control asthma, total population	53.9%	44.2%
Takes daily medication to control asthma, 0-17 years old	6.2%	39.0%
Had asthma symptoms in the past 12 months	95.8%	88.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the service area, the rate of adults with asthma is lower than the county rate of 15.6%.

## Adults with Asthma

Geographic Area*	Percent
92602 – Irvine	11.8%
92603 – Irvine	11.8%
92604 – Irvine	12.2%
92606 – Irvine	11.2%
92612 – Irvine	12.3%
92614 – Irvine	12.3%
92618 – Irvine	11.7%
92620 – Irvine	11.4%
92629 – Dana Point	12.1%
92630 – Lake Forest	11.8%
92651 – Laguna Beach	11.5%
92653 – Laguna Hills	11.2%
92656 – Aliso Viejo	12.1%
92672 – San Clemente	12.3%
92673 – San Clemente	11.5%
92675 – San Juan Capistrano	10.9%
92677 – Laguna Niguel	12.1%
92679 – Trabuco Hills	10.7%
92688 – Rancho Santa Margarita	12.5%
92691 – Mission Viejo	12.4%
92692 – Mission Viejo	11.4%
Orange County	15.6%

Source: Orange County's Healthier Together, California Health Interview Survey, 2011-2012. <http://www.ochealthiertogether.org>

\* No data available for Zip Codes 92610, 92624, 92637, 92657, 92674 and 92694.

The Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) or Asthma in Older Adults, and Asthma in Younger Adults.

In 2013, hospitalization rates for COPD and younger adult asthma were lower in the county than the state.

### Asthma Hospitalization Rates\* for Prevention Quality Indicators (PQI)

Prevention Quality Indicators (PQI)	Orange County	California
COPD or asthma in older adults	256.3	329.9
Asthma in younger adults	15.2	26.4

Source: California Office of Statewide Health Planning & Development, 2013.

[http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

\*Risk-adjusted (age-sex) annual rates per 100,000 population.

### Community Input – Lung Disease (Asthma and COPD)

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to lung disease:

- There is a relatively new recommendation for former smokers to obtain a low dose CT scan to pick up early lung cancer. The reality is it will probably pick up things that aren't cancer and people will have to get biopsies and worry. Ordering a CT scan can cost a lot of money – no group is covering this screening at the state or federal level, so this may be a barrier.
- There are unknown chemicals that are in the fumes for those engaged in vaping and those around that individual.
- There is an advertisement where kids are looking at candy but it's really e-cigs. Really huge looming threat. They took everyone by surprise and we need to get on top of it.
- For parents, it would be helpful to be able to have some way to communicate with one another to learn about things like childhood diabetes and asthma. Support groups for parents would be helpful. Many of our parents are very savvy and will access the Internet and support, but those not as well educated or who don't have that access readily available to them, there seems to be a bit of a void.
- High stress is a big problem; this may be contributing to high asthma.
- It is an economic concern for some students to be able to have an inhaler at home as well as at school.
- We are pretty lucky here in Orange County we have reasonable air quality. Some areas are impacted with contamination.
- Medicare guidelines have such strict parameters and if you fall outside of that and need oxygen it may cost almost \$1,000 per month.
- Throughout our entire district we have kids who are not getting their health needs met because parents are too busy or really don't have that much money and are just getting by. We only have 2 full-time nurses for 30,000 students.



**Disability**

Among adults in Orange County, 27.3% had been identified as having a physical, mental or emotional disability. This rate is lower than the state rate of disability (28.5%). 4.6% of adults could not work for at least a year due to physical or mental impairment.

**Population with a Disability**

Disability	Orange County	California
Adults with a disability	27.3%	28.5%
Couldn't work due to impairment	4.6%	5.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Mental Health

### Mental Health Indicators

In Orange County, 6.3% of adults experienced serious psychological distress in the past year. 14.9% of adults saw a health care provider for emotional, mental health, alcohol or drug issues, however, 55.3% of those who sought or needed help did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment (35.4% who do not receive treatment). 11.1% of adults took prescription medicine for emotional/mental health issues in the past year.

#### Mental Health Indicators, Adults

Mental Health	Orange County	California
Adults who has likely had serious psychological distress during past year	6.3%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	14.9%	15.9%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	9.9%	12.0%
Adults who sought/needed help but did not receive treatment	55.3%	56.6%
Adults who took prescription medicine for emotional/mental health issue in past year	11.1%	10.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Orange County, 33.1% of teens needed help for an emotional or mental health problem and 15.1% received counseling.

#### Mental Health Indicators, Teens

Mental Health	Orange County	California
Teens who needed help for emotional/mental health problems in past year	33.1%	23.2%
Teens who received psychological/emotional counseling in past year	15.1%	11.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Orange County, 7.7% of adults had seriously considered suicide. This is similar to the state rate (8%).

#### Thought about Committing Suicide

Suicide	Orange County	California
Adults who ever seriously thought about committing suicide	7.7%	7.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Community Input – Mental Health

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to mental health:

- There are not enough mental health beds or money so the most severe cases are put on psychiatric holds. But others who could benefit from treatment, we don't have much to give them. By the time they get to the hospital, they are stabilized, medicated, and released and it starts again two weeks later and they end up back at the hospital.
- Mental health can be a big problem in our community. With the older population, perhaps they never got diagnosed and they are somewhat in denial about what they need and often they don't access programs they need. Medical compliance is one of them.
- If you need a psychiatric hold, there are a lot of barriers to that. Once on hold, there are not enough hospital beds.
- Culturally, some groups have a belief that there is no such thing as a mental illness or they believe it's a private, family issue.
- There is a stigma attached to mental health, especially in the older population. They don't want to share they have mental health issues in their family.
- There are big issues with mental health and it is an increasing problem. With substance abuse, we are seeing it in our youth, more prescription drug overdoses, and seeing heroin overdose.
- People are embarrassed; people do not want to admit it's in their families. But it's in everyone's families.
- We started a community clinic for counseling, domestic violence, crisis intervention, lot of family issues, parenting, and couples therapy. We are always full and typically have a waiting list. It's something we started because we saw such a huge need.
- Many elderly displaced and homeless are mentally ill. Those who hang out in the elderly center, under bridges, in parking lots, they numbers have increased over the years. The centers try to feed them but they don't have the resources for grooming and incontinence, etc. We know that over 36% of homeless are elderly. Most have been homeless for quite awhile already.
- A number of elderly have their adult kids in their 30s and 40s living with them. And often we see they need protection from their own children. The adult kids take money, the house, etc. it's an increasing problem. The sheriff will place them with adult protective services. Often the son or daughter has an alcohol or drug issue, and the sheriff puts them in a mandatory treatment center.
- Right now we are just putting Band-Aids on the problem of mental health.
- We are in a crisis. It's an epidemic; there is very little access to care, there is zero prevention and actual treatment options are few and far between. The time it takes to get linked to the mental health system, even if you have funding, is terrible. There are not enough providers.

- Organizations that serve this population are tapped out. These people need jobs and social services. I don't think there are enough resources to diagnose clearly so people are undiagnosed or on incorrect medications or aren't being closely monitored, or people don't like medication side effects and how their body responds and they can't get back into doctor to get new medications.
- There is not a very straightforward pathway for patients who have identified mental health issues to find help in a safe manner. It is such a large problem with a lot of agencies involved but no real leader. Access points are hospitals, police departments, but there are no beds in Orange County to take care of them when they need it. County has ignored this issue for as long as it's ignored the homeless. No one chooses to have mental health problems.
- It is affecting all of our students. We did a district needs assessment and found it's affecting all ages of students. We added 30 school counselors. We went from 16 to 46 positions in one year. It's really our effort to look at prevention as well as responsive services. So our counselors are in elementary middle through high school.

### **Community Input – Accessing Mental Health Care**

Stakeholders were asked what needs to happen in the community to help people access mental health care. Their responses included:

- The medical model of mental illness needs to be more widely promoted, it's still stigmatized overall. If you know you have a problem or even know that a service is available, you may not access it because of the stigma.
- Additional funds. Making sure it is covered under all insurance programs.
- Have services available in all languages and being culturally sensitive is really important.
- We've gone some distance to help make mental health more of an issue in society so we hear and read more about it and that is making some impact. But we need more of it. Sometimes if we can intervene early on we have an opportunity to prevent long-term situations. With the homeless, the leading factors are drugs and alcohol and mental health.
- Need to have clinics that are open and accessible after hours.
- There needs to be a place to take people to be assessed. There are holds for 72 hours and then no place to go after that. Also, helping people to maintain their medications, especially if they don't have family around, is also an issue.
- Develop an initiative to emphasize mental health in a new light. For instance, develop programs to learn more about mindfulness and keeping your brain sharp and connecting with nature and finding joy in life. Remove the stigma associated with it, so people who need help don't feel as if they are weak or strange. Rather it is to their benefit to seek help.

## Health Behaviors

### Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California’s 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 8 puts Orange County in the top 20% of California counties for health behaviors. This ranking has been stable for the past three years.

### Overweight and Obesity

In Orange County, 41.9% of the adult population reported being overweight. The county adult rate of overweight exceeds the state rate of 35.5%. 12.7% of teens and 12.8% of children in the county are overweight.

#### Overweight

Age Groups	Orange County	California
Adult (ages 20+ years)	41.9%	35.5%
Teen (ages 12-17 years)	12.7%	16.3%
Child	12.8%	13.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The Healthy People 2020 objectives for obesity are 30.5% of adults and 16.1% of teens. In Orange County, 18.2% of adults and 16.6% of teens are obese.

#### Obese

Age Groups	Orange County	California
Adult (ages 20+ years)	18.2%	27.0%
Teen (ages 12-17 years)	16.6%	14.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the service area, the rates of adults who are obese range from 13.5% in Irvine (92612) to 26.1% in San Juan Capistrano (92675). The county rate for obese adults is 18.2%.

#### Adults who are Obese

Geographic Area*	Percent
92602 – Irvine	18.2%
92603 – Irvine	15.1%
92604 – Irvine	17.5%
92606 – Irvine	18.0%
92612 – Irvine	13.5%
92614 – Irvine	17.2%
92618 – Irvine	17.5%

Geographic Area*	Percent
92620 – Irvine	17.9%
92629 – Dana Point	20.1%
92630 – Lake Forest	23.6%
92651 – Laguna Beach	16.2%
92653 – Laguna Hills	21.5%
92656 – Aliso Viejo	19.3%
92672 – San Clemente	21.1%
92673 – San Clemente	22.0%
92675 – San Juan Capistrano	26.1%
92677 – Laguna Niguel	19.4%
92679 – Trabuco Hills	21.0%
92688 – Rancho Santa Margarita	22.8%
92691 – Mission Viejo	21.6%
92692 – Mission Viejo	20.1%
Orange County	18.2%

Source: Orange County's Healthier Together, California Health Interview Survey, 2011-2012. <http://www.ochealthiertogether.org>

\* No data available for Zip Codes 92610, 92624, 92637, 92657, 92674 and 92694.

When adult obesity levels are tracked over time, the county has experienced a variable trend, increasing over time. California has seen a small but measurable increase in rates of obesity.

### Adult Obesity, 2005-2013

Geography	2005	2007	2009	2011	2013
Orange County	17.3%	18.5%	17.3%	24.2%	20.8%
California	21.2%	22.6%	22.7%	25.1%	24.7%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011, 2013. <http://ask.chis.ucla.edu>

Adult overweight and obesity by race and ethnicity indicate high rates among Latinos (75.3%) and African Americans (71.4%). Whites also report higher levels of overweight and obesity (60.2%) compared with state averages (58.9%). Asians in Orange County have the lowest rates of overweight and obesity (36.5%).

### Adult Overweight and Obesity by Race/Ethnicity

Race/Ethnicity	Orange County	California
Latino	75.3%	73.2%
African American	71.4%	71.2%
White	60.2%	58.9%
Asian	36.5%	43.7%
Total Adult Population	60.1%	62.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement or at high risk (overweight/obese). Among school districts in the service area, 10.9% of 5<sup>th</sup> grade students and 7.8% of 9<sup>th</sup> graders tested as needing improvement or at high risk for body composition.

### 5<sup>th</sup> and 9<sup>th</sup> Graders, Body Composition, Needs Improvement + High Risk

Geography	Fifth Grade	Ninth Grade
SMMC Service Area	10.9%	7.8%
Orange County	18.3%	12.8%
California	21.0%	16.8%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2013-2014.

<http://data1.cde.ca.gov/dataquest/>

### Fast Food

In Orange County, 20.2% of children and 29.2% of adults consume fast food three to four times a week. This rate of fast food consumption is higher than the state rate.

### Fast Food Consumption

Fast Food Consumption	Orange County	California
Children who were reported to eat fast food 3-4 times a week	20.2%	14.6%
Adults who reported eating fast food 3-4 times a week	29.2%	22.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Soda Consumption

14.2% of children in Orange County consume at least two sodas or sweetened drinks a day. Among county adults, 6.7% drank at least seven sodas or sweetened drinks weekly; 63.3% of adults drank no soda or sweetened drinks.

### Soda or Sweetened Drink Consumption

Soda or Sweetened Drink Consumption	Orange County	California
Children reported to drink at least 2 sodas or sweetened drinks a day*	14.2%	14.2%
Adults who reported drinking at least 7 sodas or sweetened drinks weekly^	6.7%	10.1%
Adults who reported drinking no soda or sweetened drinks weekly^	63.3%	61.4%

Source: California Health Interview Survey, \*2012, ^2014. <http://ask.chis.ucla.edu>

## Fresh Fruits and Vegetables

58.8% of children and teens in Orange County consume two or more servings of fruit in a day. Adults (86.6%) report that they could usually or always find fresh fruits and vegetables in the neighborhood. And 80.2% of adults reported the fruits and vegetables were always or usually affordable.

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

Fresh Fruits and Vegetables	Orange County	California
Children and teens who reported eating 2 or more servings of fruit in the previous day	58.8%	63.3%%
Adults who reported finding fresh fruits and vegetables in the neighborhood always or usually	86.6%	86.7%
Adults who reported fresh fruits and vegetables were always or usually affordable in the neighborhood	80.2%	78.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Physical Activity

For school-aged children in Orange County, 25.5% engage in physical activity for at least one hour a day, 7 days a week, which is less than the state rate of 32.8%. 92.8% of Orange County teens and children visited a park, playground or open space in the last month.

### Physical Activity, Children and Teens, Ages 6-17

Physical Activity	Orange County	California
Activity available one hour or more per day, 7 days per week	25.5%	32.8%
Visited a park, playground or open space in the last month	92.8%	83.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among adults in Orange County, 15.4% are sedentary and do not participate in leisure time physical activities. This rate compares favorably to the Healthy People 2020 objective of 32.6%.

### Adults who are Sedentary

Physical Activity	Orange County	Healthy People 2020 Objective
Adults (ages 20+) who did not participate in any leisure-time physical activities during past month	15.4%	32.6%

Source: Centers for Disease Control and Prevention, 2012. Accessed from [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

One of the components of the physical fitness test for students in schools is measurement of aerobic capacity through run and walk tests. 82.3% of 5<sup>th</sup> grade students and 80.8% of 9<sup>th</sup> graders in the service area meet the Healthy Fitness Zone standards for aerobic capacity.



## 5<sup>th</sup> and 9<sup>th</sup> Grade Students, Aerobic Capacity, Healthy Fitness Zone

School District	Fifth Grade	Ninth Grade
SMMC Service Area	82.3%	80.8%
Orange County	70.2%	72.0%
California	63.4%	63.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2013-2014.  
<http://data1.cde.ca.gov/dataquest/>

### Community Input – Overweight and Obesity

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to overweight and obesity:

- When not working, your priority isn't how to eat healthy. People don't understand the severity of the choices they are making.
- The built environment and socioeconomics are huge issues that contribute to obesity. People do not have access to good quality affordable fruits and veggies.
- Lack of knowledge of healthy eating, lack of exercise, especially in the Latino culture. Kids eat potato chips and a cookie bar for lunch.
- We need a much bigger push in our district to get PE back into our curriculum. It got pushed out with high stakes standards and teachers not thinking they have enough time for both.
- Fresh nutritious food is difficult for a food pantry to afford and provide.
- Only 3 out of 14 senior centers have exercise equipment and someone to monitor them.
- A population that doesn't have money to spend on food has poorer food choices.
- Regardless of age, it's all about healthy food diet and exercise. If that is heeded, you don't have a problem. Kids shouldn't drink soda. Parents make their own choices, who are we to tell them differently. We can put tools in front of them but they have to take advantage of it.
- There are cultural barriers. Meals on Wheels doesn't serve the foods that Hispanic families want to eat.
- What is most affordable is not necessarily the healthiest food. The more processed and higher fat content there is, the more likelihood of childhood obesity.
- Often we need to make sure people have enough to eat. Underweight is often more the issue with elderly because they don't want to eat by themselves or prepare food by themselves or they have dental issues and don't want to chew. It may hard for them to get out to the store for food if they are homebound.

## HIV/AIDS

The 2015 County Health Rankings reports an HIV prevalence rate, or the number of persons living with a diagnosis of Human Immunodeficiency Virus (HIV) infection per 100,000 population. The Orange County rate was 259, lower than the California rate of 363. There were 6,478 documented cases of HIV/AIDS in the county in 2010.

## Sexually Transmitted Diseases

The rate of Chlamydia cases in Orange County is 296.6 per 100,000 persons. This rate represents a four-year high but remains below the California rate of 453.4. The county rate of Gonorrhea is 57.3 per 100,000 persons, also lower than the state rate of 116.8. Rates of Syphilis are slightly lower than the state rates.

### STD Cases, Rate per 100,000 Persons, 2014

STD	Orange County		California
	Cases	Rate	Rate
Chlamydia	9,292	296.6	453.4
Gonorrhea	1,796	57.3	116.8
Primary & Secondary Syphilis	205	6.5	9.9
Early Latent Syphilis	143	4.6	8.8

Source: California Department of Public Health, 2014. <http://www.cdph.ca.gov/data/statistics/>

## Cigarette Smoking

In Orange County, 10.8% of adults smoke cigarettes, lower than the state rate of 11.6% and the Healthy People 2020 objective of 12%.

### Cigarette Smoking, Adults

Smoking	Orange County	California
Current smoker	10.8%	11.6%
Former smoker	21.8%	22.4%
Never smoked	67.5%	66.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the service area, adults who smoke cigarettes range from a low of 6.9% in Trabuco Hills (92679) to a high of 14.7% in Irvine (91614). The rate of smoking among Orange County adults is 10.8%.

### Adults who Smoke

Geographic Area*	Percent
92602 – Irvine	12.0%
92603 – Irvine	10.4%
92604 – Irvine	13.2%
92606 – Irvine	13.2%

Geographic Area*	Percent
92612 – Irvine	11.5%
92614 – Irvine	14.7%
92618 – Irvine	11.3%
92620 – Irvine	12.3%
92629 – Dana Point	12.5%
92630 – Lake Forest	12.9%
92651 – Laguna Beach	8.8%
92653 – Laguna Hills	11.3%
92656 – Aliso Viejo	12.9%
92672 – San Clemente	11.4%
92673 – San Clemente	7.5%
92675 – San Juan Capistrano	10.7%
92677 – Laguna Niguel	11.1%
92679 – Trabuco Hills	6.7%
92688 – Rancho Santa Margarita	10.4%
92691 – Mission Viejo	12.7%
92692 – Mission Viejo	9.5%
Orange County	10.8%

Source: Orange County's Healthier Together, California Health Interview Survey, 2011-2012. <http://www.ochealthiertogether.org>

\* No data available for Zip Codes 92610, 92624, 92637, 92657, 92674 and 92694.

Among teens in Orange County, 5.5% smoke cigarettes and 3.2% have smoked an electronic (vaporizer) cigarette.

### Smoking, Teens

Smoking	Orange County	California
Current cigarette smoker	5.5%	3.1%
Ever smoked an e-cigarette	3.2%	10.3%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### 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. Among adults, 35.1% of county adults had engaged in binge drinking in the past year.

### Alcohol Consumption Binge Drinking, Adult

Alcohol Consumption	Orange County	California
Reported binge drinking in the past year	35.1%	34.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among Orange County teens, 17.6% had reported having an alcoholic drink and 1.9% had engaged in binge drinking in the past month.

### Alcohol Consumption and Binge Drinking, Teens

Alcohol Consumption	Orange County	California
Ever had an alcoholic drink	17.6%	22.5%
Reported binge drinking in the past month	1.9%	3.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

7.5% of teens in Orange County had tried marijuana, cocaine, sniffing glue, other drugs and 3.8% had used marijuana in the past year. These rates of reported drug use are less than state rates of teen drug use.

### Illicit Drug Use, Teens

Drug Use	Orange County	California
Ever tried marijuana, cocaine, sniffing glue, other drugs	7.5%	12.4%
Marijuana use in the past year	3.8%	8.6%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

### Community Input – Drugs, Alcohol and Tobacco Use

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to drugs, alcohol and tobacco usage:

- There is an abuse of pain medications. Often people will see several doctors and they get overmedicated.
- There aren't enough psychiatric and rehab treatment beds. Mission Hospital just started an outpatient adolescent treatment program and they hope to add some inpatient beds in the future because it's a real need.
- Drug prescription issues for the elderly. There are so many medications they are taking, are they taking as directed or the prescribed amount? Often they can't afford it so they split pills to make medications last longer, but they can have side effects and balance issues from that. Alcohol factors into that and mixing drugs and over-the-counter herbal remedies.
- In Orange County, e-cig use in youths doubled in the prior year and then doubled again the following year. The Sheriff's Office and Orange County Department of Education developed a program to educate school and elected officials about the issue, what the laws and health risks are, to get school districts to change laws to deal with it. They also did a campaign for parents and a youth focused campaign, and a website to get information out there.
- With Prop 47 there is little leverage to get people who are using drugs into services. It's taken away some of the legal ramifications like arrest and prison for possession – so now people get a ticket for possession or being high but there is

nothing that removes them from that situation or requires that they go to a place where they can't access that drug. So many of these people are on the street and their drug problems are worse and the homeless number has increased as well.

- A lot of families who call to access housing can't follow through because of their drug or alcohol issues. At least in the past when you were arrested for possession, you had an opportunity to withdraw and not be under the influence and we had the ability to provide intervention. We've lost that opportunity.
- Concern in our community that adults are not good examples to children in the community in their ability to curb alcohol use. Be mindful of driving and drinking – parents should set the example.
- Adults are not seeing it as a problem for young people to smoke pot or drink socially with friends or with parents. Often adults are providing the pot and alcohol to young people or even securing a medical marijuana card for their children. Lack of understanding by adults in general of strength of pot and street drugs.
- Ongoing need to understand abuse of prescription medications by adults and young people. Frequently young people will gain access to prescriptions and put it in the punch bowl at the party and not know what they are taking.
- Use of inhalants. AXE cologne – kids spray it in their elbow and huff it to get high. Can die first time they do it.

## Preventive Practices

### Immunization of Children

Most Orange County school districts have high rates of compliance with childhood immunizations upon entry into kindergarten, with the county rate similar to the state average. The schools in the service area have a lower rate of compliance when compared to the county or state.

#### Up-to-Date Immunization Rates of Children Entering Kindergarten, 2014-2015

Geographic Area	Immunization Rate
SMMC Service Area	82.6%
Orange County	90.1%
California	90.5%

Source: California Department of Public Health, Immunization Branch, 2014-2015.

<https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54>

### Flu Vaccine

46.4% of Orange County residents have received a flu shot. 60.4% of children, 0-17, and 74.6% of seniors in Orange County received flu shots. The Healthy People 2020 objective is for 70% of the population to receive a flu shot.

#### Flu Vaccine in Past 12 months

Vaccines	Orange County	California
Vaccinated for flu in past 12 months	46.4%	45.8%
Vaccinated for flu in past 12 months, 0-17	60.4%	53.7%
Vaccinated for flu in past 12 months, 18-64	36.7%	37.4%
Vaccinated for flu in past 12 months, 65+	74.6%	72.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Mammograms

In Orange County, 72.3% of women have obtained a mammogram in the past two years. This rate is less than the Healthy People Objective of 81% of women 50 to 74 years to have a mammogram within the past two years.

#### Mammograms

Mammograms	Orange County	California
Women ages 50-74 who reported having a mammogram in the past 2 years	72.3%	65.1%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

### Colorectal Cancer Screening

In Orange County, the rate of compliance for colorectal cancer screening is 80.8%, which exceeds the Healthy People 2020 objective for colorectal cancer screening of

70.5%. Of adults advised to obtain screening, 73.6% of county residents were compliant at the time of the recommendation.

**Colorectal Cancer Screening, Adults 50+**

Colorectal Cancer Screening	Orange County	California
Sigmoidoscopy, colonoscopy or fecal occult blood test	80.8%	78.0%
Compliant with screening at time of recommendation	73.6%	68.1%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu>

## Attachment 1. Community Interviewees and Focus Groups

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

### Interviewees

Name	Title	Organization
Helene Calvet, MD	Deputy County Health Officer	County of Orange Health Care Agency
Melody Carruth	City Council Member	City of Laguna Hills
Susie Caskey	Community Member	
Betty Curley	Social Services Manager	Laguna Woods Village
Carla DiCandia, MPA	Manager of Community Outreach	Mission Hospital
Marilyn Ditty	Chief Executive Officer	Age Well Senior Services
Christine Fincher	Administrative Manager	Office on Aging, Orange County
Paul Leon, RN, PHN	Chief Executive Officer	Illumination Foundation
Kristen Nelson	Principal	Las Palmas Elementary School
Mary Gray Perdue	Executive Director	Family Assistance Ministries
Dr. Wendy Pospichal	Executive Director, Student Intervention and Support Services	Capistrano Unified School District
Randy Smith	Chief Operating Officer	Camino Health Clinic
Suzie Swartz	Board of Directors	Saddleback Valley Unified School District
Erin Ulibarri, MPH	Administrative Manager	Office on Aging, Orange County
Margie Wakeham	Executive Director	Families Forward
Stacy Woodhart	Community Resource Manager	Saddleback Church PEACE Clinic

### Focus Groups

Focus Group Site	Number of Participants	Participants
San Clemente Collaborative	9 persons	Parents, community members, non-profit organization employees, city employees
Age Well Senior Services	11 persons	Case Managers and Care Managers in senior services and related services



## Attachment 2. Community Resources

Community resources to address the identified significant health needs are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Orange County 211 at <http://www.211oc.org/> and Orange County Healthier Together at [www.ochealthiertogether.org](http://www.ochealthiertogether.org).

Significant Health Needs	Community Resources
Access to health care	County Transportation Services, Camino Community Clinic, OC Access, Families Forward, Gilchrist House, PSHII Collaborative, Laguna Clinic, Western Youth Services, OC Links, Meals on Wheels, 211, Family Resource Center, Senior Health Outreach and Prevention Program (SHOPP), Caregiver Resource Center, Council on Aging, Age Well Senior Services
Alzheimer's disease	Laguna Woods Village, Alzheimer's Association Orange County, Aging Services Collaborative, Alzheimer's Family Services Huntington Beach, Adult Protective Services
Cancer	American Cancer Society, Komen Foundation, Every Woman Counts, YWCA, Northgate Market Mammograms, OC Women's Health Project, Planned Parenthood
Dental health	Change of Life Foundation, Share our Selves (SOS), Laguna Woods Village, Camino Clinic, Healthy Smiles, Mariners Church, Smile Care, Community Cares
Heart disease	American Heart Association, Stroke Foundation, Hurtt Family Health Clinic, Center City Health Clinic, Camino Health Clinic, Peace Clinic
Lung disease (asthma, COPD)	American Lung Association, CHOC Breath Mobile
Mental health	National Alliance on Mental Illness (NAMI), Saddleback Church, Jewish Family Services, Catholic Services, Older Adult Services, Laura's Law, Western Youth Services, San Clemente Episcopal Church, Camino Health Clinic
Overweight and obesity	Age Well Senior Services, Sally's Rides, Second Harvest, Silver Sneakers, Healthier Living, Healthy Communities, Senior Centers, Nifty after Fifty, Weight Watchers, Community Action Partnership OC, Orange County Nutrition and Physical Activity Collaborative (NuPAC), Dr. Patrice Riba, Orange County Healthcare Agency
Substance abuse (drugs, alcohol, tobacco)	AA, Saddleback Church, Office of Applied Studies (OAS), Sheriff Department, Community Coalition on Prescription Drug Abuse, New Directions for Women, Phoenix House, SMART Recovery, California Youth Services

## Attachment 3. Impact Evaluation

Saddleback Memorial Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources: access to health care, and chronic disease management and prevention. To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected health needs since the completion of the 2013 CHNA.

### **Access to Care**

#### Financial Assistance

The hospital provided financial assistance through free and discounted care for health care services, consistent with MemorialCare's financial assistance policy.

#### Transportation

Saddleback provided a cash grant to Age Well Senior Services to provide non-emergency transportation to South Orange County seniors. The service took seniors to medical and other appointments, which included dialysis, vision, dental, physical and occupational therapy, and to adult day care, to and from senior centers, from Newport Beach to San Clemente. 40,982 one-way trips were provided to seniors during the first 9 months of FY14.

#### Insurance Enrollment

To address health care access issues, Saddleback Memorial Medical Center also offered information and enrollment assistance in the Covered California health care exchange and other low-cost insurance programs.

- Senior Advocacy –329 older adults received assistance on a variety of insurance issues over the phone or in person at the Florence Sylvester Memorial Senior Center and assisted living facilities in the community. Twenty older adults were assisted with dual eligibility (Medicare/Medi-Cal).
- Over 300 older adults attended Medicare seminars at a variety of locations in the community.

### **Chronic Disease Management and Prevention**

### Tobacco Use Prevention Program (TUPP)

Free smoking cessation classes were provided at Saddleback Memorial during FY14. Daytime and evening classes were offered through a partnership with the Tobacco Use Prevention Program (TUPP), a grant-funded program through the Orange County Health Care Agency. Follow-up telephone calls are made to participants who complete the classes to ascertain whether the participants have remained tobacco-free. The TUPP director reported the following FY14 results:

- 15 attendees completed the 5 session classes.
- 30 days follow-up was conducted with 15 attendees. 7 out of the 15 attendees were tobacco free at 30 days follow-up

### Health Education and Support Groups

- Diabetes classes were offered monthly on diabetes related topics with 250 individuals attending.
- Cancer Support Group for people with cancer and their significant others. Eight people attended during FY 14.
- Over 1,600 persons attended health education classes on a number of topics focused on health promotion and disease prevention.
- Adult and infant CPR classes were taught to 793 persons.
- Free screenings and health awareness events were held at Saddleback Memorial to encourage healthy behaviors, improve preventive practices, and provide early detection of diseases. Over 2,000 persons were reached.
- Nineteen women participated in the Look Good Feel Better program, which is a partnership program with the American Cancer Society designed for women undergoing treatment for cancer.
- Heart Failure classes were held for the skilled nursing facility (SNF) staff at Palm Terrace one of the local Skilled Nursing Facilities (SNF). COPD lectures and pulmonary screenings were held in the community and at Saddleback Memorial Medical Center.

### Cancer Nurse Navigator

The Cancer Nurse Navigator (CNN) was an active member of the Orange County Cancer Coalition, supporting California and Orange County cancer control initiatives locally. Serving as a subject matter expert, the CNN responded to calls from the community and from the MemorialCare Website for cancer-related information. The Saddleback Memorial Cancer Program sponsored community health fairs specific to cancer awareness, prevention, and screening. The Cancer Nurse Navigator (CNN) participated in corporate and community events by providing printed resources and clinical expertise. In addition, the CNN promoted cancer screening and prevention

programs through telephone interviews, live and taped televised interviews and written articles.

### COPD Whiteboard Committee

The Chronic Obstructive Pulmonary Disease (COPD) Whiteboard Committee made up of physicians and other providers and health care professionals from Saddleback Memorial and from around the community, convened bimonthly during FY14 to address issues related to COPD, which is now the third leading cause of death in the United States. Taking a population health approach to this health issue, the committee identified prevention and early detection strategies as a first year project. COPD lectures and pulmonary screenings were held in the community and at Saddleback Memorial Medical Center. In addition to community screenings, hospitalized patients who meet certain criteria are screened to detect this disease as it is estimated that half of those with the disease, are unaware they have the disease at the earlier stages. Committee members developed similar and other programs at their facilities. During FY14 the committee developed an inhaler use protocol, as studies have revealed that COPD and other respiratory disease exacerbations can be prevented through the proper use of inhalers.

### Disease Management Program

Heart failure and Chronic Obstructive Pulmonary Disease (COPD) are two of the most common diagnoses for patients discharged from Saddleback Memorial. Patients who have frequent readmissions back to the hospital are at risk for a decrease in their quality of life and reduced functional status. The Disease Management (DM) Program was developed to provide a comprehensive and multidisciplinary approach to meet the needs of our patients and community, who are living with one or more of these and other chronic diseases. The Heart Failure and COPD program objective is to teach self-management skills specific to the condition, to improve functionality and quality of life by preventing hospital readmissions.

The Disease Management team consists of the of Community Outreach Manager, a Pulmonary Nurse Practitioner Coordinator, Heart Failure Nurse Practitioner Coordinator and two Telehealth Nurses. The nurse practitioners make home visits to perform assessments of the participant as well as an environmental assessment. The nurse practitioners also perform medication reconciliation. Intensive education, using the teach-back technique and coaching using motivational interviewing continues with the nurse practitioners through home visits and telephone calls, lasting as long as the participant needs these tools to learn the necessary self-management skills. As the participants progress through the program, the Telehealth RNs make follow-up phone

calls to reinforce the education on self-management skills. Over 144 participants were enrolled in the program during FY14. Over 243 participants were enrolled in the program during FY15.