

Orange Coast Memorial Medical Center

Community Health Needs Assessment

2013

Table of Contents

Executive Summary	4
Service Area.....	4
Data Collection	4
Overview of Key Findings	5
Identification and Prioritization of Health Needs.....	11
Process and Criteria Used for Prioritization of Health Needs	12
Introduction.....	14
Background and Purpose	14
Service Area.....	14
Map.....	15
Author.....	15
Methods	17
Secondary Data Collection	17
Primary Data Collection.....	17
Information Gaps	18
Health Care Facilities and Community Resources	18
Demographics.....	19
Population.....	19
Race/Ethnicity	21
Citizenship	21
Language.....	22
Veterans	23
Social and Economic Factors.....	24
Social and Economic Factors Ranking	24
Poverty.....	24
Households	25
Free or Reduced Price Meals.....	26
Unemployment.....	27
Educational Attainment	28
Homelessness	28
Crime and Violence.....	29

Health Access	31
Health Insurance Coverage	31
Medical Services Initiative Program (MSI)	33
Sources of Care	33
Use of the Emergency Room	34
Access to Primary Care Community Clinics	36
Underserved Areas	37
Delayed Care	37
Dental Care	37
Birth Characteristics.....	38
Births	38
Teen Birth Rate.....	38
Prenatal Care	38
Low Birth Weight	39
Infant Mortality	40
Breastfeeding.....	41
Mortality/Leading Causes of Death	42
Life Expectancy	42
Mortality Rates.....	42
Chronic Disease	44
Health Status.....	44
Diabetes.....	44
Heart Disease	45
High Blood Pressure	45
Cancer.....	46
Asthma.....	46
Tuberculosis.....	46
Disability.....	47
Health Behaviors	48
Health Behaviors Ranking	48
Overweight and Obesity	48
Fast Food.....	49

Soda Consumption.....	49
Fresh Fruits and Vegetables	49
Physical Activity.....	50
Park Space.....	51
Community Walkability	51
HIV/AIDS	52
Sexually Transmitted Diseases.....	52
Teen Sexual History.....	53
Cigarette Smoking.....	53
Alcohol and Drug Use.....	53
Mental Health.....	54
Immunization of Children	55
Flu and Pneumonia Vaccines.....	55
Mammograms	56
Pap Smears.....	56
Colorectal Cancer Screening	56
Stakeholder Interviews	57
Focus Group	73
Attachment 1. Benchmark Comparisons	76
Attachment 2. Interviewee Names, Roles and Organizations.....	77
Attachment 3: Health Care Facilities and Community Resources.....	78

Executive Summary

Orange Coast Memorial has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) 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 Orange Coast Memorial to determine its community benefit plan, which outlines 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 service area.

Service Area

Orange Coast Memorial Medical Center is located at 9920 Talbert Avenue Fountain Valley, California 92708. The service area is located in Orange County and includes 24 zip codes, representing 13 cities or communities.

Orange Coast Memorial Service Area

City	Zip Code
Anaheim	92804
Corona del Mar	92625
Costa Mesa	92626, 92627
Cypress	90630
Fountain Valley	92708
Garden Grove	92840, 92841, 92843, 92844, 92845
Huntington Beach	92646, 92647, 92648
Los Alamitos	90720
Newport Beach	92660, 92663
Santa Ana	92703, 92704, 92707
Seal Beach	90740
Tustin	92780
Westminster	92683

Data Collection

This community health needs assessment includes collection and analyses of secondary and primary data.

Secondary Data

This report examines up-to-date data sources for the service area to present community demographics, social and economic factors, health access, birth characteristics, leading causes of death, chronic disease, and health behaviors. When applicable, these data sets are presented in the context of California and compared to the Healthy People 2020 objectives.

Primary Data

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. Fourteen interviews were completed from August through November, 2012. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations. Additionally, input was obtained from the Orange County Health Care Agency. One focus group was conducted in November 2012. The focus group engaged 13 senior residents and was held at the Center at Founders Village Senior and Community Center in Fountain Valley.

Overview of Key Findings

This overview summarizes significant findings drawn from an analysis of the data from each section of the report. Full data descriptions, findings, and data sources follow in the full report.

Community Demographics

- The population of the Orange Coast Memorial service area is 1,183,451.
- Children and youth, ages 0-17, make up 24.2% of the population; 63.7% are adults, ages 18-64; and 12.1% of the population are seniors, ages 65 and over. The population in the Orange Coast Memorial service area tends to be older than the Orange County population as a whole.
- 39.3% of the residents are White; 36.8% are Hispanic/Latino; 19.8% are Asian; 1.2% are African American; and 2.9% are American Indian/Alaskan Native/Native Hawaiian or other race/ethnicity.
- English is spoken in the home among 49.1% of the service area population. Spanish is spoken at home among 29.8% of the population; 17.4% of the population speak and Asian language; and 2.8% of the population speaks an Indo-European language at home.

Social and Economic Factors

- Among the residents in the Orange Coast Memorial service area, 12.6% are at or below 100% of the federal poverty level (FPL) and 31.8% are at 200% of FPL or below. These rates of poverty are higher than found in the county where 10.9% of residents are at poverty level and 27.3% are at 200% of FPL or below.
- In the service area, 17.2% of children, under age 18 years, are living in poverty.
- The median household income in the area ranges from \$50,595 in Garden Grove 92844 to \$113,054 in Newport Beach 92660.
- The unemployment rate of service area cities shows a diverse range from 4.8% in Los Alamitos to 13.7% in Santa Ana. Orange County has an unemployment rate of 8.7%.

- In the 2010/11 school year, 90% of the total number of 12th graders graduated from Orange County high schools, which is higher than the state rate of 84%.
- The 2011 Orange County Point-in-Time Homeless Census and Survey estimated 6,939 homeless individuals during the point-in-time count. It was further estimated that 18,325 persons experience homelessness annually in the county. Of the homeless, 62% are unsheltered and 38% are sheltered.

Health Access

- Health insurance coverage is considered a key component to access health care. 78.3% of the total population in the Orange Coast Memorial service area has health insurance. Seal Beach has the highest health insurance rate (93.5%) and Santa Ana has the lowest rate of health insurance (65.7%).
- 88.7% of children under age 18 have health insurance coverage in the service area. Fountain Valley has the highest health insurance rate among children (97.7%), and Santa Ana has the lowest percentage of children with health insurance (82.8%).
- There were 34,508 persons in Orange County's Medical Services Initiative program in August 2010 as reported by the Medically Indigent Care Reporting System (MICRS).
- 88.4% of children in Orange County have a usual source of care. Among adults, 83.1% of adults have a usual source of care. 93.7% of seniors in the county have a usual source of care.
- 17.9% of Orange County residents visited an ER over the period of a year. Seniors visit the ER at the highest rates (22%). In Orange County low-income residents and those living in poverty visit the ER at higher rates than found in the state.
- Portions of Garden Grove, Santa Ana and Anaheim are designated as a Health Professionals Shortage Area (HPSA) for a population. Portions of Garden Grove and Santa Ana are designated as a Medically Underserved Population (MUP). The MUP designation is given to areas with populations that have economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.
- 13.4% of children in Orange County have never been to a dentist. This is higher than the state rate of 11.6%. 5.1% of children had not visited the dentist in the past year.

Birth Characteristics

- In 2010, there were 14,500 births in the area. The majority of the births were to Latino women (55.6%); 24% of the births were to White women, and 17.2% of

births were to Asian/Pacific Islander women.

- Teen births occurred at a rate of 75.7 per 1,000 births (or 7.6% of total births). This rate is lower than the teen birth rate found in the state (8.5%) but higher than Orange County rates (6.5%).
- 88.6% of women enter prenatal care within the first trimester. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.
- The Orange Coast Memorial service area rate of low birth weight babies is 6.4% (63.6 per 1,000 live births).
- Breastfeeding rates at Orange Coast Memorial indicate 94.5% of new mothers use some breastfeeding and 63% use breastfeeding exclusively. These rates are better than found among hospitals in Orange County and the state.

Leading Causes of Death

- The three leading causes of death in the Orange Coast Memorial service area are cancer, heart disease, and Alzheimer's disease.
- The cancer death rate is 143.2 per 100,000 persons. This rate is lower than the state rate for cancer mortality and is also lower than the Healthy People 2020 objective of 160.6 per 100,000 persons.
- The heart disease mortality rate in the service area is 142.7 per 100,000 persons, which exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons.
- The Alzheimer's disease death rate of 34.3 per 100,000 persons is higher than the state rate of 29.1 per 100,000 persons.
- The death rate for stroke (34.1) in the service area is higher than the Healthy People 2020 objective (33.8). All other causes of death are lower than state rates and Healthy People 2020 objectives.
- In Orange County, mortality from digestive system and respiratory system cancers occurs at the highest rates.

Chronic Disease

- In Orange County 6.9% of the population had been diagnosed as pre-diabetic. 7.7% of adults had been diagnosed with diabetes.
- For adults in Orange County, 5.8% have been diagnosed with heart disease. This is equivalent to the state rate of 5.9%.
- A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Orange County, 22.2% of adults have been diagnosed with high blood pressure. Of these, 72.5% take medication for their blood pressure.

- The age-adjusted cancer incidence rate is 463.7 per 100,000 persons. Breast cancer (83.0), and brain and nervous system cancer (6.3) occur at rates higher than the state rates for these types of cancer.
- The population diagnosed with asthma in Orange County is 10.3%. 42.1% of asthmatics take medication to control their symptoms. Among youth, 7.8% have been diagnosed with asthma.
- Tuberculosis rates in the county and state have declined from 2010 to 2011. The rate of TB, per 100,000 persons in 2011 in Orange County was 6.4, which is higher than the state rate of 5.8.

Health Behaviors

- Over one-third of adults (36.3%) are overweight in Orange County and 20.7% are obese.
- 22.2% of teens and 9.7% of children are identified as being overweight. 3.9% of teens are obese.
- 22.4% of Orange County residents consume fast food 3-4 times a week. This is higher than the state rate of 19.6%.
- In Orange County, 17.1% of children and teens consume two or more soda or sweetened drinks a day. This rate is higher than the state rate of 14.7%.
- In Orange County, 65% of children engaged in vigorous physical activity at least three days a week. In contrast, 10% of children and 16.5% of teens did not engage in any physical activity in a week.
- In Orange County, 5.4% of teens smoke cigarettes; this is higher than the state rate of 4.2%. Among adults, 9.3% are current smokers and 23.7% are former smokers.
- Among adults, 31.4% in Orange County had engaged in binge drinking in the past year; 12.6% of teens indicated they had engaged in binge drinking.
- The rate of Chlamydia in Orange County is 260.3 per 100,000 persons. Females, ages 15-24, have the highest rates of Chlamydia.
- Among Orange County adults, 3.8% experienced serious psychological distress in the past year. 26.2% of adults and 7.3% of teens needed help for mental health problems.
- 61.3% of seniors had obtained a pneumonia vaccine, which is lower than the state rate of 62.6% and does not meet the Healthy People 2020 objective of 90%.
- The Healthy People 2020 objective for mammograms is that 81% of women 40+ years have a mammogram in the past two years. In Orange County, women have met that objective with 81% obtaining mammograms.

- The Healthy People 2020 objective for Pap smears in the past three years is 93%. In Orange County, 78.1% of women had a Pap smear.
- The Healthy People 2020 objective for colorectal cancer screening is 70.5%. Orange County residents (80.8%) exceeded this screening objective.

Community Stakeholder Interviews

Community issues and concerns that were identified included both issues that cut across all population groups as well as some issues of greater concern within specific communities or sub-populations. The broader, community-wide issues most frequently mentioned included:

- The downturn in the economy and related impacts
 - Lack of affordable housing
 - Lack of access to affordable health care, including mental health, and in-home care for the elderly
 - Cost of care leads to delays in accessing health care, leading to worsening outcomes
 - Quality of care available to low-income patients is sub-par
 - Lower-paying jobs, with no insurance provided
 - Drops in the value of retirement investments
 - Adult children returning home to live with their parents
 - Families trying to eat on a budget turn to cheap fast foods; there are no affordable, healthy options
 - Parents working long hours have difficulty finding proper care - educational and entertaining - for their kids
 - Lack of access to affordable exercise programs, for adults and kids
- Lack of information about how to access health care, including questions about what services or coverage programs people are eligible for and/or where to go to access services, and complexities of applying for and maintaining coverage
- Transportation concerns, including lack-of coverage, costs to the poor, distance to needed services, particularly among the elderly who don't drive
- Lack of mental health services for low-income and underserved populations, both for the severely mentally ill and for "moderate to moderate-consistent needs, such as depression and anxiety"

Some population-specific issues identified through the interviews included:

- Immigrant Populations –Hispanic and Vietnamese were mentioned. For both, there were issues of language barriers, both real and perceived, and related anxieties to accessing services; lack of cultural competence; fear of deportation; lack of trust, fear, and embarrassment leading to lying about or hiding symptoms

- Children and Youth – Lack of understanding by parents of the importance of school work, and lack of access to computers at home; lack of access to health care; few school nurses available to assist with medications and health needs
- Elderly - Transportation; isolation and loneliness; difficulty navigating 'the system' and making use of benefits they have; rising cost of medications, including co-pays; fears over the coming changes to the health care system; financial abuse of seniors, including by entities they should be able to trust; they may not even know how to turn a computer on to get more information about their diseases
- Cancer - a lack of financial assistance for needs beyond medical, such as food and rent; a lack of psychological support; reluctance to admit their diagnosis to others, particularly but not exclusively among the Vietnamese population

Senior Focus Group

The overall “biggest issues facing the community” were identified to include:

- Lack of jobs/loss of jobs
- Limited senior transportation
- No hospital in Westminster
- Insufficient senior housing
- Aging population in Fountain Valley
- Not enough activities for younger seniors (ages 60-75)

The biggest health issues identified included:

- Even with Medicare additional insurance is needed to cover many services and to fill gaps in resources not covered by Medicare
- Need for information on existing resources
- The need for additional insurance for long-term care
- Dental care access
- Mental health care
- Eye care, hearing aids
- People use the ER because they do not have a primary care provider

A number of barriers to accessing care were identified

- Medicare coverage and options are confusing
- The cost of insurance and co-pays; in some cases the insurance benefit runs out and people must pay out of pocket, this happens with medication coverage
- Transportation is a huge problem for seniors to access care
- Disseminating information on resources doesn't always reach everyone

Identification and Prioritization of Health Needs

The health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data).

In addition, the health needs were based on the size of the problem (number of people per 1,000, 10,000, or 100,000 persons); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically California state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

The identified health needs include a special focus on seniors and the Vietnamese community.

Access to Care

- Primary care
- Insurance coverage
- Specialty care
- Mental health
- Dental health
- Vision
- Access to medication

Chronic Diseases

- Cancer
- Heart disease
- Diabetes
- Preventive care
- Overweight and obesity
- Healthy eating
- Physical activity

It is important to note that barriers to care were identified that impacted on all of these health needs. The barriers included: transportation, culture and language.

Process and Criteria Used for Prioritization of Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

On March 21, 2013, the Orange Coast Memorial Community Benefit Oversight Committee (CBOC) convened to prioritize the identified health needs. Those in attendance have current data or other information relevant to the health needs of the community served by the hospital. A review of the Community Health Needs Assessment findings and the identified health needs were reviewed.

Priority Setting Process

The CBOC engaged in a process to prioritize the health needs within the access to care and chronic disease categories using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points. In this case, 100 points (4 dots equaled 100 points, where each dot was worth 25 points) were given for each category of needs. Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the following criteria: the size of the problem (number of people per 1,000, 10,000, or 100,000 populations); and the seriousness of the problem (impact at individual, family, and community levels).

The points could be distributed among the health needs to be prioritized in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items within a category (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, items were ranked in priority order within a category according to the total points the individuals assigned. The health needs were ranked in the following order of priority:

Categories/Health Needs	Points
Health Access	
Primary care	425
Mental health	350
Insurance coverage	150
Access to medication	150
Specialty care	75

Dental health	25
Vision care	0
Chronic Disease	
Overweight and obesity	350
Physical activity	275
Cancer	225
Heart disease	225
Diabetes	125
Preventive care	125
Healthy eating	100

Introduction

Background and Purpose

Orange Coast Memorial Medical Center is a member of the MemorialCare Health System family. Orange Coast Memorial is the only not-for-profit hospital in Fountain Valley and its surrounding communities. The hospital fulfills its community's health care needs with innovation and a commitment to excellence, all delivered in a beautiful setting. In 2011 we celebrated 25 years of service, providing compassionate care and personalized service to our community.

Orange Coast Memorial has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) 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 Orange Coast Memorial to determine its community benefit plan, which outlines 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 service area.

Service Area

Orange Coast Memorial Medical Center is located at 9920 Talbert Avenue Fountain Valley, California 92708. The service area is located in Orange County and includes 24 zip codes, representing 13 cities or communities. Orange Coast Memorial determines the Community Benefit Service Area by assigning zip codes based on patient discharges. The top 90% of inpatient discharges from 2010 constitutes the primary service area. The Orange Coast Memorial service area is presented below by community and, zip code.

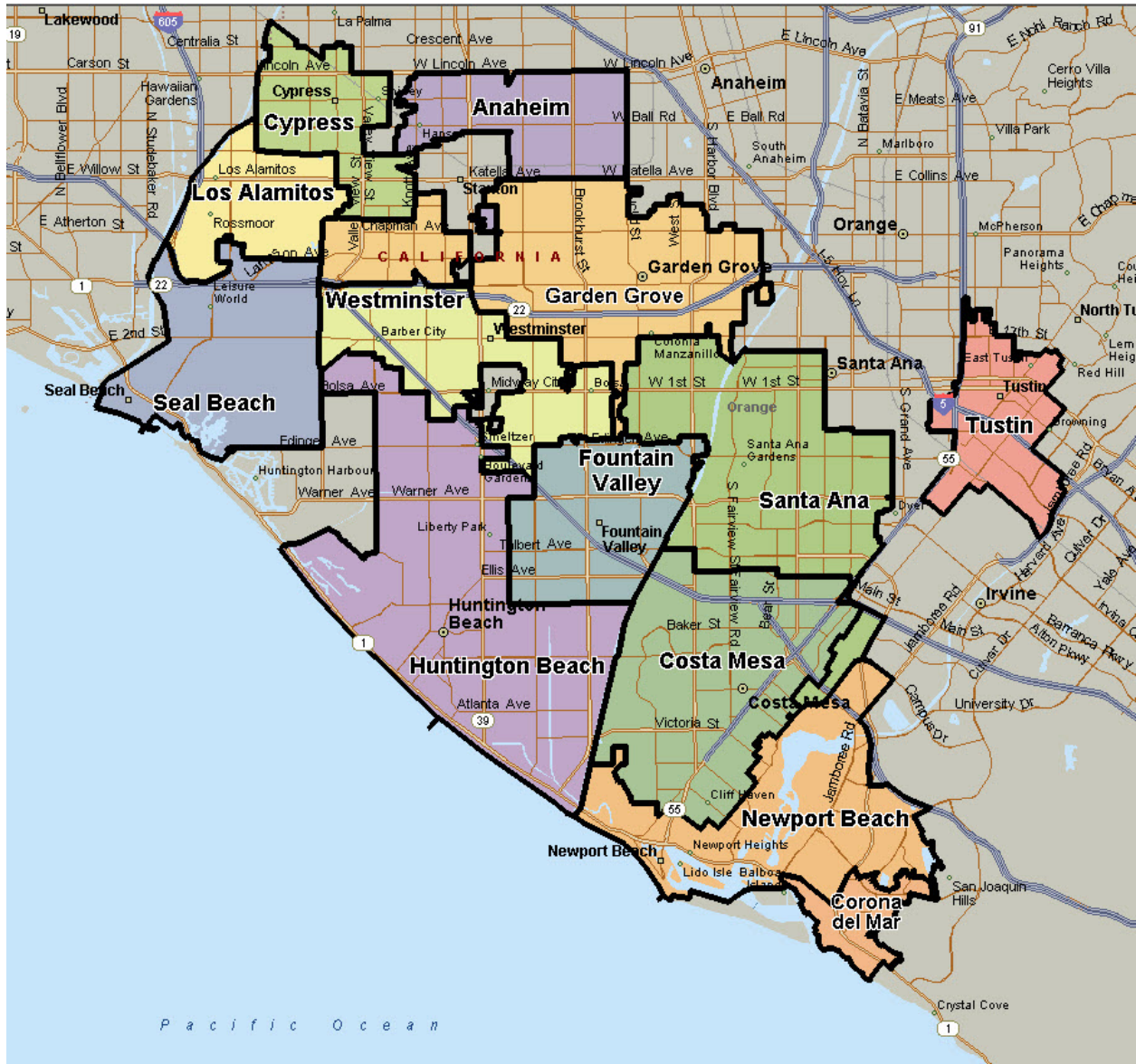
Orange Coast Memorial Service Area

City	Zip Code
Anaheim	92804
Corona del Mar	92625
Costa Mesa	92626, 92627
Cypress	90630
Fountain Valley	92708
Garden Grove	92840, 92841, 92843, 92844, 92845
Huntington Beach	92646, 92647, 92648
Los Alamitos	90720
Newport Beach	92660, 92663

Santa Ana	92703, 92704, 92707
Seal Beach	90740
Tustin	92780
Westminster	92683

Map

Map of the Orange Coast Memorial Medical Center Service Area



Author

Melissa Biel of Biel Consulting conducted the Community Health Needs Assessment. Biel Consulting is an independent consulting firm that works with hospitals, clinics and

community-based nonprofit organizations. Dr. Biel specializes in community benefit work with nonprofit hospitals and has over 10 years of experience conducting hospital Community Health Needs Assessments.

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, and health behaviors.

Analyses were conducted at the most local level possible for the Hospital primary service area, given the availability of the data. For example, demographic data, birth and death data are based on zip codes. Housing and economic indicators are available by city. Other data are only available by county.

Sources of data include the U.S. Census 2010 decennial census and American Community Survey, California Health Interview Survey, California Department of Public Health, California Employment Development Department, Conditions of Children in Orange County, Uniform Data Set, CDC National Health Statistics, National Cancer Institute, Orange County Geographical Health Profile, Orange County *Healthy Places, Healthy People*, BRFSS, U.S. Department of Education, and others. When pertinent, these data sets are presented in the context of Orange County and California, framing the scope of an issue as it relates to the broader community.

The report includes benchmark comparison data that measures Orange Coast Memorial community data findings with Healthy People 2020 objectives (Attachment 1). Healthy People 2020 objectives are 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 were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. Fourteen interviews were completed during August through November, 2012. For the interviews, community stakeholders identified by Orange Coast Memorial were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease 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". Input was obtained from Orange County Health Care Agency official Shelley Vrungos, PhD, Associate Administrator, Medical Services Initiative. A list of the stakeholder interview respondents, their titles, organizations and leadership roles can be found in Attachment 2.

One focus group was conducted in November 2012. The focus group engaged 13 senior residents and was held at the Center at Founders Village Senior and Community Center in Fountain Valley.

Information Gaps

Information gaps that impact the ability to assess the Orange Coast Memorial service area health needs were identified. Most notably, there are limited sources for sub-County level data.

Health Care Facilities and Community Resources

A list of existing facilities and resources within the community that are available to meet identified community health needs are outlined in Attachment 3.

Demographics

Population

At the time of the 2010 Census, the population of the Orange Coast Memorial service area was 1,183,451.

Population

Geographic Area	Zip Code	Population
Anaheim	92804	85,914
Corona del Mar	92625	12,478
Costa Mesa	92626	49,341
Costa Mesa	92627	61,510
Cypress	90630	47,993
Fountain Valley	92708	56,004
Garden Grove	92840	54,083
Garden Grove	92841	32,845
Garden Grove	92843	45,214
Garden Grove	92844	24,307
Garden Grove	92845	16,333
Huntington Beach	92646	55,224
Huntington Beach	92647	57,245
Huntington Beach	92648	45,317
Huntington Beach	92649	32,463
Los Alamitos	90720	21,751
Newport Beach	92660	34,797
Newport Beach	92663	21,649
Santa Ana	92703	65,445
Santa Ana	92704	88,123
Santa Ana	92707	59,492
Seal Beach	90740	23,729
Tustin	92780	102,447
Westminster	92683	89,747
Orange Coast Memorial Service Area		1,183,451

Source: U.S. Census, 2010

Of the area population, 49.7% are male and 50.3% are female.

Population by Gender

Gender	Orange Coast Memorial Service Area	Orange County
Male	49.7%	49.5%
Female	50.3%	50.5%

Source: U.S. Census, 2010

Children and youth, ages 0-17, make up 24.2% of the population; 63.7% are adults, ages 18-64; and 12.1% of the population are seniors, ages 65 and over. The population in the Orange Coast Memorial service area tends to be older than the Orange County population as a whole.

Population by Age

	Orange Coast Memorial Service Area		Orange County	
	Number	Percent	Number	Percent
Age 0-4	70,600	6.4%	191,691	6.4%
Age 5-17	197,853	17.8%	544,968	18.1%
Age 18-24	111,939	10.1%	305,286	10.1%
Age 25-44	321,920	29.1%	852,571	28.4%
Age 45-64	272,920	24.5%	766,039	25.5%
Age 65+	133,701	12.1%	349,677	11.6%
Total	1,108,933	100%	3,010,232	100%

Source: U.S. Census, 2010

When the service area is examined by community, Santa Ana has the largest percentage of youth, ages 0-17. Seal Beach has the highest percentage of residents 65 and older. Corona del Mar, Newport Beach 92663, and Seal Beach have a higher percentage of seniors than youth.

Population by Youth, Ages 0-17, and Seniors, Ages 65+

Service Area	Zip Code	Youth Ages 0 – 17	Seniors Ages 65+
Anaheim	92804	27.1%	10.3%
Corona del Mar	92625	14.0%	25.5%
Costa Mesa	92626	19.4%	11.2%
Costa Mesa	92627	22.1%	8.4%
Cypress	90630	24.2%	9.7%
Fountain Valley	92708	21.2%	17.4%
Garden Grove	92840	26.2%	10.0%
Garden Grove	92841	23.9%	11.6%
Garden Grove	92843	26.5%	9.9%
Garden Grove	92844	25.0%	11.4%
Garden Grove	92845	23.1%	15.9%
Huntington Beach	92646	25.0%	11.4%
Huntington Beach	92647	23.9%	11.6%
Huntington Beach	92648	18.2%	13.1%
Huntington Beach	92649	19.4%	14.1%
Los Alamitos	90720	24.1%	15.7%
Newport Beach	92660	17.6%	15.8%
Newport Beach	92663	18.9%	21.7%
Santa Ana	92703	32.9%	6.6%
Santa Ana	92704	29.1%	7.5%
Santa Ana	92707	30.0%	6.0%
Seal Beach	90740	12.4%	45.0%
Tustin	92780	25.0%	11.4%
Westminster	92683	23.4%	14.2%
Orange Coast Memorial Service Area		24.2%	12.2%
Orange County		24.5%	11.6%

Source: U.S. Census, 2010; Healthy City

Race/Ethnicity

In the Orange Coast Memorial service area, 39.3% of the residents are White; 36.8% are Hispanic/Latino; 19.8% are Asian; 1.2% are African American; and 2.9% are American Indian/Alaskan Native/Native Hawaiian or other race/ethnicity.

Race/Ethnicity

	Orange Coast Memorial Service Area	Orange County
White	39.3%	44.1%
Hispanic/Latino	36.8%	33.7%
Asian	19.8%	17.7%
Black/African American	1.2%	1.5%
Native HI/PI	0.4%	0.3%
American Indian/Alaska Native	0.2%	0.2%
Other	2.3%	2.5%

Source: U.S. Census Bureau, 2010

Citizenship

A number of communities in the service area are recognized for their foreign-born population. Over half the residents in Garden Grove 92843, 92844, and Santa Ana 92703 are foreign born. Santa Ana has the highest percentage of residents who do not hold U.S citizenship.

Foreign Born Residents and Citizenship

Service Area	ZCTA	Foreign Born	Not a U.S. Citizen
Anaheim	92804	40.2%	21.9%
Corona del Mar	92625	8.7%	2.2%
Costa Mesa	92626	23.0%	11.6%
Costa Mesa	92627	28.9%	21.6%
Cypress	90630	28.0%	12.2%
Fountain Valley	92708	29.2%	6.9%
Garden Grove	92840	41.2%	18.6%
Garden Grove	92841	45.9%	19.5%
Garden Grove	92843	51.9%	23.8%
Garden Grove	92844	56.2%	24.2%
Garden Grove	92845	14.8%	6.5%
Huntington Beach	92646	13.3%	3.1%
Huntington Beach	92647	22.1%	12.0%
Huntington Beach	92648	14.8%	6.6%
Huntington Beach	92649	13.6%	4.5%
Los Alamitos	90720	13.0%	4.8%
Newport Beach	92660	14.0%	4.9%
Newport Beach	92663	10.4%	5.0%
Santa Ana	92703	54.2%	37.7%
Santa Ana	92704	49.5%	31.3%
Santa Ana	92707	48.1%	31.7%
Seal Beach	90740	12.3%	2.0%
Tustin	92780	34.9%	20.6%
Westminster	92683	45.8%	14.4%
Orange Coast Memorial Service Area		33.8%	17.2%

Service Area	ZCTA	Foreign Born	Not a U.S. Citizen
Orange County		30.5%	15.9%

Source: American Community Survey, 2007-2011

Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the Orange Coast Memorial service area communities. English is spoken in the home among 49.1% of the service area population. Spanish is spoken at home among 29.8% of the population; 17.4% of the population speak and Asian language; and 2.8% of the population speaks an Indo-European language at home.

Language Spoken at Home, Population 5 Years and Older

	Orange Coast Memorial Service Area	Orange County
Speaks Only English	49.1%	55.3%
Speaks Spanish	29.8%	26.2%
Speaks Asian/PI Language	17.4%	13.5%
Speak Indo-European Language	2.8%	4.1%
Speaks Other Language	0.9%	0.9%

Source: American Community Survey, 2007-2011, by ZCTA

When communities are examined by language spoken in the home, a number of communities have high percentages of Spanish speakers including: Anaheim, Costa Mesa, Garden Grove, Santa Ana and Tustin. Areas with a high percentage of Asian language speakers include: Cypress, Fountain Valley, Garden Grove and Westminster. Huntington Beach and Newport Beach have higher rates of residents who speak Indo-European languages at home.

Language Spoken at Home

Geographic Area	ZCTA	English	Spanish	Asian/PI	Indo European
Anaheim	92804	37.2%	39.3%	17.4%	3.8%
Corona del Mar	92625	90.3%	2.5%	2.2%	4.6%
Costa Mesa	92626	67.5%	19.2%	9.1%	3.4%
Costa Mesa	92627	56.7%	37.4%	2.9%	2.6%
Cypress	90630	61.2%	10.3%	23.1%	4.1%
Fountain Valley	92708	59.8%	7.3%	27.2%	4.6%
Garden Grove	92840	33.5%	36.9%	27.9%	1.4%
Garden Grove	92841	33.5%	25.9%	38.7%	1.3%
Garden Grove	92843	20.8%	36.9%	41.2%	0.9%
Garden Grove	92844	20.4%	22.5%	52.0%	4.4%
Garden Grove	92845	80.0%	8.8%	8.7%	2.1%
Huntington Beach	92646	82.3%	6.0%	7.1%	4.0%
Huntington Beach	92647	68.2%	18.4%	8.2%	3.5%
Huntington Beach	92648	81.4%	7.4%	7.6%	2.8%
Huntington Beach	92649	81.0%	5.7%	6.2%	6.1%
Los Alamitos	90720	83.2%	5.7%	6.9%	3.7%
Newport Beach	92660	82.8%	4.8%	4.8%	5.5%
Newport Beach	92663	87.3%	6.4%	3.0%	2.8%

Geographic Area	ZCTA	English	Spanish	Asian/PI	Indo European
Santa Ana	92703	11.5%	74.8%	13.1%	0.6%
Santa Ana	92704	18.5%	65.2%	15.4%	0.6%
Santa Ana	92707	14.6%	78.3%	5.7%	0.9%
Seal Beach	90740	86.8%	4.8%	5.0%	3.2%
Tustin	92780	46.4%	38.3%	10.6%	4.2%
Westminster	92683	36.1%	17.2%	43.9%	1.9%
Orange Coast Memorial Service Area		49.1%	29.8%	17.4%	2.8%
Orange County		55.3%	26.2%	13.5%	4.1%

Source: American Community Survey, 2007-2011

In the school districts in the Orange Coast Memorial service area, over half of the students in Anaheim City, Santa Ana Unified and Westminster Elementary school districts are classified as English Learners.

English Learners

School District	Percent
Anaheim City	57.3%
Anaheim Union High	0%
Cypress Elementary	23.6%
Fountain Valley Elementary	10.5%
Garden Grove Unified	43.3%
Huntington Beach City Unified	0%
Huntington Beach Union High	9.0%
Los Alamitos Unified	2.0%
Newport Mesa Unified	24.7%
Santa Ana Unified	54.7%
Tustin Unified	23.3%
Westminster Elementary	51.4%
Orange County	25.1%

Source: California Department of Education DataQuest, 2010-2011

Reported in Report on the Conditions of Children in Orange County 2012

Veterans

In the Orange Coast Memorial service area, 6.2% of the population 18 years and older are veterans. This is the same percentage of veterans found in Orange County.

Veterans

	Orange Coast Memorial Service Area	Orange County	California
Veteran Status	6.2%	6.2%	7.3%

Source: American Community Survey, 2007-2011, by ZCTA

Social and Economic Factors

Social and Economic Factors Ranking

The County Health Rankings ranks 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 58 counties are ranked according to social and economic factors with 1 being the county with the best factors to 58 for that county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Orange County is ranked as a 7, in the top quartile of all California counties according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Orange County	7

Source: County Health Rankings, 2012

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2010, the federal poverty level (FPL) for one person was \$10,830 and for a family of four \$22,050.

Among the residents in the Orange Coast Memorial service area, 12.6% are at or below 100% of the federal poverty level (FPL) and 31.8% are at 200% of FPL or below. These rates of poverty are higher than found in the county where 10.9% of residents are at poverty level and 27.3% are at 200% of FPL or below.

Poverty Levels

	Orange Coast Memorial Service Area	Orange County
<100% FPL	12.6%	10.9%
<200% FPL	31.8%	27.3%

Source: American Community Survey, 2007-2011, by ZCTA

Examining poverty levels by community paints an important picture of the population within the Orange Coast Memorial service area. Garden Grove and Santa Ana have the highest rates of poverty. Data on the percent of children in poverty indicate that in all except the most affluent communities, children suffer with higher rates of poverty than the general population. In the service area, 17.2% of children, under age 18 years, are living in poverty. Female head of households with children experience even higher rates of poverty. In Anaheim, Costa Mesa 92627, Fountain Valley, Garden Grove, Santa Ana and Westminster, over one-fourth of this population is in poverty.

Poverty Levels of Individual, Children, and Female Head of Household with Children

Geographic Area	ZCTA	Individuals	Children Under 18 Years Old	Female Head of Household with Children under 18
Anaheim	92804	16.5%	22.0%	33.1%
Corona del Mar	92625	7.1%	5.4%	19.4%
Costa Mesa	92626	9.8%	12.0%	12.7%
Costa Mesa	92627	15.8%	24.2%	34.9%
Cypress	90630	6.5%	7.9%	11.4%
Fountain Valley	92708	6.1%	7.0%	25.0%
Garden Grove	92840	12.3%	15.5%	27.1%
Garden Grove	92841	13.5%	18.3%	25.1%
Garden Grove	92843	19.3%	29.5%	34.3%
Garden Grove	92844	18.7%	23.2%	39.1%
Garden Grove	92845	4.3%	5.3%	13.9%
Huntington Beach	92646	5.2%	4.6%	10.9%
Huntington Beach	92647	9.7%	14.0%	21.5%
Huntington Beach	92648	8.7%	10.2%	24.8%
Huntington Beach	92649	5.5%	4.3%	9.1%
Los Alamitos	90720	5.1%	6.5%	12.2%
Newport Beach	92660	6.4%	3.8%	14.1%
Newport Beach	92663	10.4%	7.0%	13.3%
Santa Ana	92703	20.8%	28.2%	48.5%
Santa Ana	92704	17.9%	25.7%	37.6%
Santa Ana	92707	15.1%	20.7%	30.0%
Seal Beach	90740	7.5%	3.0%	8.1%
Tustin	92780	11.3%	16.3%	21.5%
Westminster	92683	13.7%	18.8%	25.8%
Orange Coast Memorial Service Area		12.6%	17.2%	No Data
Orange County		10.9%	14.6%	25.6%

Source: American Community Survey, 2007-2011

Households

In the Orange Coast Memorial service area there are 364,511 households. 28% of the households are 2-person households. In the service area, there are 21.4% of households that are 1-person. This is higher than the Orange County rate of 20.9%. There are also higher percentages of 5, 6, and 7- person households compared to the county.

Household Size

Household Size	Orange Coast Memorial Service Area	Orange County
1 Person Households	21.4%	20.9%
2 Person Households	28.0%	29.3%
3 Person Households	15.8%	16.6%
4 Person Households	15.0%	16.2%
5 Person Households	8.7%	8.4%
6 Person Households	4.6%	4.0%
7+ Person Households	6.5%	4.7%

Source: U.S. Census Bureau, 2010

The median household income in the area ranges from \$50,595 in Garden Grove 92844 to \$113,054 in Newport Beach 92660. A number of communities have median household incomes that are lower than the county median household income.

Median Household Income

Geographic Area	ZCTA	Median Household Income
Anaheim	92804	\$53,080
Corona del Mar	92625	\$112,727
Costa Mesa	92626	\$75,674
Costa Mesa	92627	\$58,445
Cypress	90630	\$83,360
Fountain Valley	92708	\$81,250
Garden Grove	92840	\$62,558
Garden Grove	92841	\$57,790
Garden Grove	92843	\$51,966
Garden Grove	92844	\$50,595
Garden Grove	92845	\$89,768
Huntington Beach	92646	\$85,551
Huntington Beach	92647	\$74,579
Huntington Beach	92648	\$82,858
Huntington Beach	92649	\$82,859
Los Alamitos	90720	\$90,000
Newport Beach	92660	\$113,054
Newport Beach	92663	\$89,927
Santa Ana	92703	\$54,581
Santa Ana	92704	\$58,186
Santa Ana	92707	\$60,447
Seal Beach	90740	\$50,648
Tustin	92780	\$64,824
Westminster	92683	\$56,725
Orange County		\$75,762

Source: American Community Survey, 2007-2011

In the hospital service area, residents have higher rates of supportive benefits than found in the county. 4.4% of service area residents receive SSI benefits, 2.4% receive cash public assistance income and, 4.5% of residents receive food stamp benefits.

Household Supportive Benefits

	Orange Coast Memorial Service Area	Orange County
Households	364,511	987,164
Supplemental Security Income (SSI)	4.4%	3.5%
Public Assistance	2.4%	2.2%
Food Stamps/SNAP	4.5%	3.6%

Source: American Community Survey, 2007-2011, by ZCTA

Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. In Orange County 44.9% of the student population is

eligible for the free and reduced price meal program. School districts in Anaheim, Garden Grove, Santa Ana and Westminster exceed the percentage of low-income students found in the county. 77.8% of students in the Santa Ana Unified school district are eligible for the free or reduced price meal program.

Free and Reduced Price Meals Eligibility

School District	Percent
Anaheim City	86.1%
Anaheim Union High	66.5%
Cypress Elementary	31.0%
Fountain Valley Elementary	22.8%
Garden Grove Unified	64.6%
Huntington Beach City Unified	0%
Huntington Beach Union High	30.1%
Los Alamitos Unified	12.2%
Newport Mesa Unified	43.6%
Santa Ana Unified	77.8%
Tustin Unified	40.4%
Westminster Elementary	72.5%
Orange County	44.9%
California	54.6%

Source: California Department of Education, 2011-2012

Unemployment

The unemployment rate of service area cities shows a diverse range from 4.8% in Los Alamitos to 13.7% in Santa Ana. Orange County has an unemployment rate of 8.7%.

Unemployment Rate, 2011 Average

Geographic Area*	Unemployment Rate
Anaheim	11.1%
Costa Mesa	7.8%
Cypress	9.2%
Fountain Valley	7.2%
Garden Grove	10.8%
Huntington Beach	7.1%
Los Alamitos	4.8%
Newport Beach	5.5%
Santa Ana	13.7%
Seal Beach	6.4%
Tustin	8.6%
Westminster	9.7%
Orange County	8.7%
California	11.7%

Source: California Employment Development Department, Labor Market Information, 2011

* No data available for Corona del Mar

Educational Attainment

In the 2010/11 school year, 90% of the total number of 12th graders graduated from Orange County high schools, which is higher than the state rate of 84% (Report on the Conditions of Children in Orange County, 2012).

Among adults, ages 25 and older, in the Orange Coast Memorial service area, 21% have no high school diploma, compared to 16.6% of the population in the county with no high school diploma.

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

Orange Coast Memorial Service Area	Orange County
21.0%	16.6%

Source: American Community Survey, 2007-2011, by ZCTA

20.2% of service area adults are high school graduates and 37.5% are college graduates. In Orange County 18.3% of residents are high school graduates and 44.1% are college graduates.

Educational Attainment of Adults, 25 Years and Older

	Orange Coast Memorial Service Area	Orange County
Population 25 years and older	748,220	1,952,784
Less than 9 th Grade	11.5%	9.0%
Some High School, No Diploma	9.5%	7.6%
High School Graduate	20.2%	18.3%
Some College, No Degree	21.3%	21.0%
Associate Degree	8.0%	7.9%
Bachelor Degree	19.9%	23.7%
Graduate or Professional Degree	9.6%	12.5%

Source: American Community Survey, 2007-2011, by ZCTA

Homelessness

The 2011 Orange County Point-in-Time Homeless Census and Survey estimated 6,939 homeless individuals during the point-in-time count. It was further estimated that 18,325 persons experience homelessness annually in the county. Of the homeless, 62% are unsheltered and 38% are sheltered.

Homeless Census and Annual Estimate, 2011

	Orange County
Total Homeless	6,939
Sheltered	38%
Unsheltered	62%

Source: Applied Survey Research, 2011 Orange County Homeless Census and Survey

The majority of homeless were White (62%), male (63%), between the ages of 31 and 60 (77%). One-third of the homeless were using alcohol and/or drugs. 25% suffered

from a chronic health problem, 24% from a physical disability, and 20% from mental illness. 24% of the homeless population was chronically homeless.

Homeless Subpopulations

	Orange County
Substance Abuse	33%
Chronic Health Problem	25%
Chronically Homeless	24%
Physical Disability	24%
Mentally Ill	20%
Veterans	12%
Unaccompanied Minors (<18)	<1%

Source: Applied Survey Research, 2011 Orange County Homeless Census and Survey

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. In the service area, the rate of crime per 100,000 persons is highest in Santa Ana (465.3). Los Alamitos (122.3) and Cypress (131.8) have the lowest rates of violent crime in the area.

Violent Crimes, per 100,000 Persons, 2010

Geographic Area*	Number	Rate
Anaheim	1,161	345.3
Costa Mesa	240	218.3
Cypress	63	131.8
Fountain Valley	103	186.2
Garden Grove	539	315.4
Huntington Beach	449	236.3
Los Alamitos	14	122.3
Newport Beach	117	137.3
Santa Ana	1,510	465.3
Seal Beach	47	194.5
Tustin	128	169.4
Westminster	259	288.7
Orange County	6,907	230.2
California	87,808	235.7

Source: California Department of Justice, Office of the Attorney General, 2010

*No data available for Corona del Mar

Calls for domestic violence are categorized as with or without a weapon. Santa Ana had the highest total number of calls for domestic violence (3,634). In Huntington Beach, 98.1% of the domestic violence calls involved a weapon. It is not known if calls without a weapon were attributed to a different crime and not domestic violence. Over half the calls in Seal Beach for domestic violence (57.1%) also involved a weapon.

Domestic Violence Calls, 2010

Geographic Area*	Total	Without Weapon	With Weapon
Anaheim	957	98.5%	1.5%
Costa Mesa	212	89.6%	10.4%
Cypress	100	85.0%	15.0%
Fountain Valley	111	73.9%	26.1%
Garden Grove	359	68.8%	31.2%
Huntington Beach	535	1.9%	98.1%
Los Alamitos	21	90.5%	9.5%
Newport Beach	221	92.3%	7.7%
Santa Ana	3,634	90.9%	9.1%
Seal Beach	21	42.9%	57.1%
Tustin	217	92.2%	7.8%
Westminster	231	87.0%	13.0%
Orange County	11,003	86.4%	13.6%
California	166,361	60.4%	39.6%

Source: California Department of Justice, Office of the Attorney General, 2010

*No data available for Corona del Mar

16.3% of adults in Orange County indicated they had experienced physical or sexual violence by an intimate partner since the age of 18, and 4.9% had been the victims of intimate partner violence in the past year. These rates are higher than found in the state.

Experienced Physical or Sexual Violence

	Orange County	California
By Intimate Partner Since Age 18	16.3%	14.8%
By Intimate Partner in Past Year	4.9%	3.5%

Source: California Health Interview Survey, 2009

Health Access

Health Insurance Coverage

Health insurance coverage is considered a key component to access health care. 78.3% of the total population in the Orange Coast Memorial service area has health insurance. Seal Beach has the highest health insurance rate (93.5%) and Santa Ana has the lowest rate of health insurance (65.7%). 88.7% of children under age 18 have health insurance coverage in the service area. Fountain Valley has the highest health insurance rate among children (97.7%), and Santa Ana has the lowest percentage of children with health insurance (82.8%). Among adults, ages 18-64, 70.7% in the service area have health insurance. Newport Beach has the highest insurance rates (88.8%) and Santa Ana has the lowest insurance rates (53.9%) among adults.

Health Insurance, Total Population, Children under 18, and Adults 18-64

Geographic Area*	Total Population	Children Under 18	Adults Ages 18-64
Anaheim	77.0%	89.1%	68.8%
Costa Mesa	77.3%	88.7%	71.5%
Cypress	85.1%	89.4%	81.0%
Fountain Valley	89.7%	97.7%	84.7%
Garden Grove	77.5%	89.9%	69.4%
Huntington Beach	86.9%	94.2%	82.2%
Newport Beach	91.8%	95.1%	88.8%
Santa Ana	65.7%	82.8%	53.9%
Seal Beach	93.5%	91.4%	88.7%
Tustin	81.1%	91.0%	74.8%
Westminster	82.1%	92.4%	74.4%
Orange Coast Memorial Service Area	78.3%	88.7%	70.7%
Orange County	82.3%	90.5%	76.4%
California	81.8%	91.1%	75.1%

Source: American Community Survey, 2009-2011

*Data for Corona del Mar and Los Alamitos not available

When insurance coverage in the county is examined, Orange County has 57.1% of the population that has employer-based or private purchased insurance. This is higher than the state rate of 54.3%. However, Orange County has a lower rate of Medi-Cal coverage (12.2%) than the state (14%) and higher rates of uninsured (16.1%) than the state (14.5%).

Insurance Coverage

	Orange County	California
Medi-Cal	12.2%	14.0%
Healthy Families	2.7%	2.0%
Medicare Only	0.9%	1.1%
Medi-Cal/Medicare	2.3%	2.8%
Medicare & Others	7.5%	7.7%
Other Public	3.3%	2.6%
Employment Based	50.8%	49.6%
Private Purchase	6.3%	5.7%
No Insurance	16.1%	14.5%

Source: California Health Interview Survey, 2009

When insurance coverage is examined by age group, children, ages 0-17, have the highest rate of Medi-Cal coverage (24.7%). Over half the children and adults, ages 18-64, have employer-based insurance. Adults have the highest rate of uninsured at 22.6%. As expected, a large proportion of seniors (94.8%) have Medicare coverage in some form.

Insurance Coverage by Age Group, Orange County

	Ages 0-17	Ages 18-64	Ages 65+
Medi-Cal	24.7%	9.0%	1.1%
Healthy Families	10.1%	0.3%	
Medicare Only		0.3%	6.2%
Medi-Cal/Medicare		0.5%	18.7%
Medicare & Others		0.2%	69.9%
Other Public	1.4%	1.4%	
Employment Based	52.1%	58.2%	2.2%
Private Purchase	5.9%	7.4%	
No Insurance	5.8%	22.6%	1.7%

Source: California Health Interview Survey, 2009

Medi-Cal is California's Medicaid health care program. Medi-Cal pays for a variety of medical services for children and adults with limited income and resources. Santa Ana and Anaheim have the largest number of Medi-Cal beneficiaries in the Orange Coast Memorial service area.

Medi-Cal Beneficiaries

Geographic Area*	Number
Anaheim	88,850
Costa Mesa	16,430
Cypress	4,420
Fountain Valley	5,880

Garden Grove	46,353
Huntington Beach	16,333
Los Alamitos	1,178
Newport Beach	2,312
Santa Ana	102,360
Seal Beach	849
Tustin	13,833
Westminster	23,358
Orange County	469,503

Data Source: California Department of Health Care Services (DHCS), December 2011

*Data for Corona del Mar not available.

Medical Services Initiative Program (MSI)

According to the Orange County Health Care Agency, the Medical Services Initiative (MSI) is a mandated, State, Federal, and County funded safety-net program, responsible for the provision of medical care to Orange County's medically indigent adults, previously covered by the Medi-Cal program. The program covers medical care for Orange County residents 21 through 64 years of age who have a current, urgent or emergent medical need, and limited or no financial resources to pay for their health care. Financial eligibility is based on Medi-Cal criteria, with an income cap at 200% of the Federal Poverty level. Proof of Orange County, and U.S. citizenship or legal permanent residency is required. The scope of covered benefits includes, primary care and disease prevention; early intervention to help stop the spread of disease; immediate treatment of acute exacerbation of chronic conditions that are potentially life threatening; and treatment of conditions that would otherwise result in significant and permanent impairment in health status and/or function. The MSI division of the Health Care Agency is the payer and administrator of the MSI program.

There were 34,508 persons in Orange County's Medical Services Initiative program in August 2010 as reported by the Medically Indigent Care Reporting System (MICRS). Fourteen ZIP codes including those from Westminster (92683), Santa Ana (92703, 92704, 92707), Anaheim (92804, 92801, 92802, 92805), Garden Grove (92843, 92840, 92841, 92844), Costa Mesa (92627) and Fountain Valley (92708) accounted for more than 50% of the indigent population (Orange County Geographical Health Profile, 2011).

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. 88.4% of children in Orange County have a usual source of care. Among adults, 83.1% of adults have a usual source of care. 93.7% of seniors in the county have a usual source of care.

Usual Source of Care, Orange County

	Ages 0-17	Ages 18-64	Ages 65+
Usual source of care	88.4%	83.1%	93.7%

Source: California Health Interview Survey, 2009

When access to care through a usual source of care is examined by race/ethnicity, a different picture emerges. A smaller percentage of Asians (79.2%) and Latinos (78.6%) have a usual source of care or medical home.

Usual Source of Care by Race/Ethnicity

	Orange County	California
African American	93.4%	83.5%
Asian	79.2%	84.5%
Latino	78.6%	81.0%
White	93.3%	90.5%

Source: California Health Interview Survey, 2009

The source of care for 67% of Orange County residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 20.3% in the county. The ER is a source of care for a small percentage of area residents (0.3%). 11.6% of county residents have no source of care; this is higher than the state rate of 7.8%.

Sources of Care

	Orange County	California
Dr. Office/HMO/Kaiser	67.0%	64.5%
Community clinic/Government clinic/ Community hospital	20.3%	26.3%
ER/Urgent Care	0.3%	0.6%
Other	0.8%	0.8%
No source of care	11.6%	7.8%

Source: California Health Interview Survey, 2009

Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care. 17.9% of Orange County residents visited an ER over the period of a year. Seniors visit the ER at the highest rates (22%). In Orange County low-income residents and those living in poverty visit the ER at higher rates than found in the state.

Use of Emergency Room

	Orange County	California
Visited ER in last 12 months	17.9%	17.6%
0-17 years old	13.8%	18.0%
18-64 years old	18.8%	17.2%
65 and older	22.0%	19.2%
<100% of poverty level	31.5%	22.0%
<200% of poverty level	21.0%	19.9%

Source: California Health Interview Survey, 2009

The top five Emergency Room diagnoses by age group for 2007 were examined. For infants under the age of one, the top ER diagnosis was upper respiratory infection. For children the top diagnosis was ear infection. Young adults visited the ER for abdominal pain, and adults and senior adults visited the ER for chest pain.

Top Five ER Diagnoses by Age Group, 2007

Age Group	Diagnosis
Children, <1 year	Acute upper respiratory infection
	Fever
	Otitis media (ear infection)
	Acute bronchiolitis
	Nausea and vomiting
Children, ages 1-17	Otitis media (ear infection)
	Open wound of face
	Acute upper respiratory infection
	Abdominal pain
	Fever
Young adults, ages 18-34	Abdominal pain
	Conditions complicating pregnancy or child birth
	Chest pain
	Threatened abortion
	Headache
Adults, ages 35-64	Chest pain
	Abdominal pain
	Headache
	Lumbago (low back pain)
	Migraine
Senior adults, ages 65+	Chest pain
	Urinary tract infection
	Congestive heart failure
	Pneumonia
	Abdominal pain

Source: Orange County Health Care Agency, Emergency Department Utilization in Orange County, 2010

With proper preventive care, treatment of non-urgent conditions and some urgent visits can be avoided. To examine the type of ER visits that occurred, they were grouped into five categories:

- 1) *Avoidable* - Includes cases that did not require immediate care, required immediate care but could have been treated in a primary care setting (e.g. certain lab tests), and those cases that required the services of an ER, but could have been prevented with regular primary care treatment (e.g. chronic conditions such as diabetes).
- 2) *Unavoidable* - Those cases that were emergent and could not have been prevented (e.g. appendicitis).
- 3) *Injury* – Cases where the primary diagnosis was an injury.
- 4) *Psychiatric & Drug/Alcohol* - Cases where the primary diagnosis was related to mental health, drugs or alcohol.
- 5) *Unclassified* – Those cases where the diagnosis could not be classified in one of the above categories.

Based on 2007 data, there were 753,617 visits to Orange County hospital Emergency Rooms. Of these, 44.6% or 336,113 of all visits could have been avoided or otherwise treated in a primary care setting. In contrast, 15.3% of all ED visits were unavoidable, 23% were injury-related and 3.8% were psychiatric and drug/alcohol related.

Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Orange Coast Memorial service area and information from the Uniform Data System (UDS)¹, 30.4% of the population in the service area is categorized as low-income (200% of Federal Poverty Level) and 11.5% of the population are living in poverty.

There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: AltaMed Health Services, Central City Community Health Center, UCI Family Health Care, and OCRM Health Care Services/Hurtt Family Clinic. Even with Section 330 funded Community Health Centers serving the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 43,951 patients in the service area, which equates to 13% penetration among low-income patients and 4% penetration among the total population. From 2009-2011 the CHC providers added 11,888 patients for a 37% increase in patients served by Community Health Centers in the service area. However, there remain 298,925 low-income residents, approximately 87% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
342,876	43,951	12.8%	3.9%	298,925	87.2%

Source: UDS Mapper, 2011

Underserved Areas

Portions of Garden Grove, Santa Ana and Anaheim are designated as a Health Professionals Shortage Area (HPSA) for a population. Portions of Garden Grove and Santa Ana are designated as a Medically Underserved Population (MUP). The MUP designation is given to areas with populations that have economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.

Delayed Care

Residents of Orange County delayed or did not get medical care (12.1%) and delayed or did not obtain prescription medications (8.3%) when needed.

Delayed Care

	Orange County	California
Delayed or didn't get medical care in past 12 months	12.1%	12.5%
Delayed or didn't get prescription meds in past 12 months	8.3%	8.2%

Source: California Health Interview Survey, 2009

Dental Care

13.4% of children in Orange County have never been to a dentist. This is higher than the state rate of 11.6%. 5.1% of children had not visited the dentist in the past year.

Dental Care, Children

	Orange County	California
Child never had a dental appointment	13.4%	11.6%
Child last appointment over one year ago	5.1%	3.7%

Source: California Health Interview Survey, 2009

Among adults, 14.8% of adults had poor dental health. This is higher than the state rate of 11.3%. 30.4% of adults had no dental exam in the past year.

Dental Care, Adults

	Orange County	California
Adults with poor dental health	14.8%	11.3%
Adults with no dental exam	30.4%	30.5%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2010

Birth Characteristics

Births

In 2010, there were 14,500 births in the area. The majority of the births were to Latino women (55.6%); 24% of the births were to White women, and 17.2% of births were to Asian/Pacific Islander women.

Teen Birth Rate

In 2010, teen births occurred at a rate of 75.7 per 1,000 births (or 7.6% of total births). This rate is lower than the teen birth rate found in the state (8.5%) but higher than Orange County rates (6.5%). In the service area, the highest rates of teen births were found in Santa Ana, Garden Grove 92843 and Anaheim. Corona del Mar had no teen births.

Births to Teenage Mothers (Under Age 20)

Geographical Area	Zip Codes	Births to Teen Mothers	Live Births	Rate per 1,000 Live Births
Anaheim	92804	118	1,224	96.4
Corona del Mar	92625	0	83	0
Costa Mesa	92626	25	578	43.3
Costa Mesa	92627	65	980	66.3
Cypress	90630	13	448	29.0
Fountain Valley	92708	13	437	29.7
Garden Grove	92840	57	755	75.5
Garden Grove	92841	34	409	83.1
Garden Grove	92843	70	716	97.8
Garden Grove	92844	15	304	49.3
Garden Grove	92845	6	146	41.1
Huntington Beach	92646	12	510	23.5
Huntington Beach	92647	36	706	51.0
Huntington Beach	92648	9	447	20.1
Huntington Beach	92649	13	290	44.8
Los Alamitos	90720	8	172	46.5
Newport Beach	92660	2	246	8.1
Newport Beach	92663	2	185	10.8
Santa Ana	92703	171	1,286	133.0
Santa Ana	92704	177	1,619	109.3
Santa Ana	92707	119	1,071	111.1
Seal Beach	90740	1	124	8.1
Tustin	92780	60	807	74.3
Westminster	92683	71	957	74.2
Orange Coast Memorial Service Area		1,097	14,500	75.7
Orange County		2,479	38,237	64.8
California		43,651	511,825	85.3

Source: California Department of Public Health, 2010

Prenatal Care

Pregnant women in the service area entered prenatal care late - after the first trimester - at a rate of 113.8 per 1,000 live births. This rate of late entry into prenatal care

translates to 88.6% of women entering prenatal care within the first trimester. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester. Garden Grove 92844 and Westminster have the highest rates of late entry into prenatal care.

Late Entry Into Prenatal Care (After First Trimester)

Geographical Area	Zip Codes	Late Prenatal Care	Live Births*	Rate
Anaheim	92804	168	1,213	138.5
Corona del Mar	92625	3	83	36.1
Costa Mesa	92626	38	574	66.2
Costa Mesa	92627	75	976	76.8
Cypress	90630	63	439	143.5
Fountain Valley	92708	50	435	114.9
Garden Grove	92840	105	750	140.0
Garden Grove	92841	54	408	132.4
Garden Grove	92843	95	712	133.4
Garden Grove	92844	48	303	158.4
Garden Grove	92845	10	144	69.4
Huntington Beach	92646	27	504	53.6
Huntington Beach	92647	70	704	99.4
Huntington Beach	92648	34	443	76.7
Huntington Beach	92649	16	288	55.6
Los Alamitos	90720	21	160	131.3
Newport Beach	92660	13	246	52.8
Newport Beach	92663	9	185	48.6
Santa Ana	92703	179	1,284	139.4
Santa Ana	92704	208	1,610	129.2
Santa Ana	92707	112	1,062	105.5
Seal Beach	90740	6	116	51.7
Tustin	92780	89	805	110.6
Westminster	92683	144	947	152.1
Orange Coast Memorial Service Area		1,637	14,390	113.8
Orange County		3,937	37,974	103.7
California		82,823	501,042	165.3

Source: California Department of Public Health, 2010

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

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. For this measurement, a lower rate is a better indicator. The Orange Coast Memorial service area rate of low birth weight babies is 6.4% (63.6 per 1,000 live births). This is the same as the Orange County rate and is lower than the state rate of 6.8% (68.1 per 1,000 live births). The rate of low birth weight in the service area is lower than the Healthy People 2020 objective of 7.8% of births being low birth weight. When examined by community, a number of areas have a rate that exceeds the Healthy People 2020 objective. When examining geographic

areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in high rates.

Low Birth Weight (Under 2,500 g)

Geographical Area	Zip Codes	Low Birth Weight	Live Births	Rate per 1,000 Live Births
Anaheim	92804	62	1,224	50.7
Corona del Mar	92625	5	83	60.2
Costa Mesa	92626	45	578	77.9
Costa Mesa	92627	46	980	46.9
Cypress	90630	38	448	84.8
Fountain Valley	92708	33	437	75.5
Garden Grove	92840	35	755	46.4
Garden Grove	92841	30	409	73.3
Garden Grove	92843	44	716	61.5
Garden Grove	92844	23	304	75.7
Garden Grove	92845	12	146	82.2
Huntington Beach	92646	36	510	70.6
Huntington Beach	92647	51	706	72.2
Huntington Beach	92648	33	447	73.8
Huntington Beach	92649	22	290	75.9
Los Alamitos	90720	16	172	93.0
Newport Beach	92660	17	246	69.1
Newport Beach	92663	12	185	64.9
Santa Ana	92703	69	1,286	53.7
Santa Ana	92704	102	1,619	63.0
Santa Ana	92707	69	1,071	64.4
Seal Beach	90740	12	124	96.8
Tustin	92780	50	807	62.0
Westminster	92683	60	957	62.7
Orange Coast Memorial Service Area		922	14,500	63.6
Orange County		2,454	38,237	64.2
California		34,846	511,825	68.1

Source: California Department of Public Health, 2010

Infant Mortality

The infant (less than one year of age) mortality rate in the Orange Coast Memorial service area was 3.3 deaths per 1,000 live births. In comparison, the infant death rate in the state is 4.7 deaths per 1,000 live births. The infant death rate is less than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

Infant Mortality Rate

Geographical Area	Infant Deaths	Live Births	Death Rate
Orange Coast Memorial Service Area	48	14,500	3.3
California	2,419	511,825	4.7

Source: California Department of Public Health, 2010

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) 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 Orange Coast Memorial indicate 94.5% of new mothers use some breastfeeding and 63% use breastfeeding exclusively. These rates are better than found among hospitals in Orange County and the state.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Orange Coast Memorial	1,429	94.5%	952	63.0%
Orange County	34,767	93.2%	2,295	59.8%
California	481,183	91.7%	264,377	60.4%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2011

Mortality/Leading Causes of Death

Life Expectancy

Life expectancy is the average number of years a person can expect to live. Life expectancy is a fundamental measure of community health. In 2008, a person born in Orange County could expect to live to 81.5 years. Females have higher life expectancy than males. Asians (84.7 years) and Latinos (83.1) have higher life expectancies than Whites (80.4) and African Americans (80.3).

Life expectancy also depends on location in Orange County. In the Orange Coast Memorial service area, Garden Grove residents have the lowest life expectancy (79.5 years) and Newport Beach residents have the highest life expectancy (84.6 years).

Life Expectancy in Years by Location

Geographic Area	Life Expectancy in Years
Garden Grove	79.5
Costa Mesa	79.7
Anaheim	80.0
Westminster	80.1
Cypress	81.1
Santa Ana	81.2
Fountain Valley	81.3
Huntington Beach	81.3
Los Alamitos	82.5
Seal Beach	82.7
Tustin	82.8
Newport Beach	84.6
Orange County	81.5
California	81.0

Source: Orange County Healthy Places, Healthy People, 2012

Mortality Rates

The three leading causes of death in the Orange Coast Memorial service area are cancer, heart disease, and Alzheimer's disease. The crude death rate is a ratio of the number of deaths to the entire population. The cancer death rate is 143.2 per 100,000 persons. This rate is lower than the state rate for cancer mortality and is also lower than the Healthy People 2020 objective of 160.6 per 100,000 persons. The heart disease mortality rate in the service area is 142.7 per 100,000 persons, which exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons. The Alzheimer's disease death rate of 34.3 per 100,000 persons is higher than the state rate of 29.1 per 100,000 persons.

The death rate for stroke (34.1) in the service area is higher than the Healthy People 2020 objective (33.8). All other causes of death are lower than state rates and Healthy People 2020 objectives.

Mortality Rates, per 100,000 Persons, 2010

	Orange Coast Memorial Service Area		California	HP 2020
	Number	Rate	Rate	Rate
Cancer	1,695	143.2	150.6	160.6
Heart Disease	1,689	142.7	155.7	100.8
Alzheimer's Disease	406	34.3	29.1	No Objective
Stroke	403	34.1	36.4	33.8
Chronic Lower Respiratory Disease	402	34.0	34.7	98.5
Unintentional Injuries	223	18.8	27.1	36.0
Influenza and Pneumonia	200	16.9	15.7	No Objective
Diabetes	176	14.9	18.9	65.8
Liver Disease	129	10.9	11.4	No Objective
Suicide	105	8.9	10.3	10.2

Source: California Department of Public Health, 2010

The five year average, age-adjusted cancer mortality rate for all cancer sites in Orange County was 150.6. Mortality from digestive system and respiratory system cancers occurs at the highest rates. Orange County cancer mortality rates are lower than the state rates.

Cancer Mortality Rates, per 100,000 Persons, Age-Adjusted, 2005-2009

	Orange County		California
	Number	Rate	Rate
Cancer, all sites	20,875	150.6	162.7
Digestive system	5,580	40.1	42.7
Respiratory system	5,035	37.1	41.0
Breast	1,591	11.2	12.3
Female genital	1,121	14.4	15.4
Male genital	1,149	21.7	23.7
Urinary system	1,052	7.6	7.9
Brain and Nervous system	579	4.1	4.3
Leukemia	862	6.2	6.7

Source: California Cancer Registry (CCR), Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health

Chronic Disease

Health Status

Among the residents in Orange County, 12.8% rate themselves as being in fair or poor health. The level of fair/poor health increases among seniors, as 30% of seniors have a self-rated fair/poor health status. Seniors self-rated fair or poor health status is higher than the state rate of 27.6%.

Health Status, Fair or Poor Health

	Orange County	California
Fair or Poor Health	12.8%	15.2%
18-64 Years Old	13.1%	16.8%
65+ Years Old	30.0%	27.6%

Source: California Health Interview Survey, 2009

Diabetes

Diabetes is a growing concern in the community. In Orange County 6.9% of the population had been diagnosed as pre-diabetic. 7.7% of adults had been diagnosed with diabetes. For adults with diabetes, 69.5% were very confident they can control their diabetes. 77.7% take oral hypoglycemic medications and 77.4% had a diabetes management care plan. However, 19.7% had not had a foot exam, and 9.2% had never had an HgA1c test.

Adult Diabetes

	Orange County	California
Diagnosed Pre/Borderline Diabetic	6.9%	8.0%
Diagnosed with Diabetes	7.7%	8.5%
Very confident to Control Diabetes	69.5%	58.6%
Somewhat confident	22.1%	32.6%
Not confident	8.4%	8.8%
Takes oral hypoglycemic medications	77.7%	72.0%
Has a diabetic management care plan	77.4%	78.0%
Has never had a foot exam	19.7%	27.8%
Never heard of the HgA1c test	6.8%	14.5%
Never had the HgA1c test	9.2%	10.6%

In Orange County, Latinos have the highest rate of being diagnosed with diabetes (12.8%). These rates exceed the state rate (10.7%) of adult diabetes among Latinos.

Adult Diabetes by Race/Ethnicity

	Orange County	California
African American	4.4%	12.6%
Asian	4.9%	7.8%
Latino	12.8%	10.7%
White	5.5%	6.3%

Source: California Health Interview Survey, 2009

Heart Disease

For adults in Orange County, 5.8% have been diagnosed with heart disease. This is equivalent to the state rate of 5.9%. Among these adults, 71.6% are very confident they can manage their condition. 74.1% of adults in the county have a management care plan developed by a health care professional.

Adult Heart Disease

	Orange County	California
Diagnosed with heart disease	5.8%	5.9%
Very Confident to Control Condition	71.6%	58.5%
Somewhat Confident to Control Condition	21.2%	32.3%
Not Confident to Control Condition	7.3%	9.2%
Has a management care plan	74.1%	70.9%

Source: California Health Interview Survey, 2009

In Orange County, Whites (7.6%) have the highest rate of heart disease.

Adult Heart Disease by Race/Ethnicity

	Orange County	California
African American	1.2%	5.8%
Asian	2.4%	3.4%
Latino	5.0%	4.5%
White	7.6%	7.4%

Source: California Health Interview Survey, 2009

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Orange County, 22.2% of adults have been diagnosed with high blood pressure. Of these, 72.5% take medication for their blood pressure.

High Blood Pressure

	Orange County	California
Diagnosed with High Blood Pressure	22.2%	26.2%
Takes Medication for High Blood Pressure	72.5%	70.2%

Source: California Health Interview Survey, 2009

Cancer

In Orange County, the age-adjusted cancer incidence rate is 463.7 per 100,000 persons. Breast cancer (83.0), and brain and nervous system cancer (6.3) occur at rates higher than the state rates for these types of cancer.

Cancer Incidence, per 100,000 Persons, Age Adjusted, 2005-2009

	Orange County	California
All sites	463.7	474.7
Male genital	136.3	150.1
Breast	83.0	81.5
Digestive system	82.7	87.9
Respiratory system	52.0	56.2
Female genital	47.0	51.6
Urinary system	31.1	34.0
Leukemia	11.8	11.9
Brain and nervous system	6.3	6.2

Source: California Cancer Registry (CCR), Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health

Asthma

The population diagnosed with asthma in Orange County is 10.3%. 42.1% of asthmatics take medication to control their symptoms. Among youth, 7.8% have been diagnosed with asthma. 86.7%% of asthmatics are very confident that they can control and manage their asthma.

Asthma

	Orange County	California
Diagnosed with Asthma, Total Population	10.3%	13.7%
Diagnosed with Asthma, 0-17 Years Old	7.8%	14.2%
ER Visit in Past Year Due to Asthma, Total Population	13.0%	10.3%
Takes Daily Medication to Control Asthma, Total Population	42.1%	42.1%
Takes Daily Medication to Control Asthma, 0-17 Years Old	40.9%	38.1%
Very Confident to Control and Manage Asthma	86.7%	76.9%
Confident to Control and Manage Asthma	11.8%	19.8%
Not Confident to Control and Manage Asthma	1.5%	3.3%

Source: California Health Interview Survey, 2009

Tuberculosis

Tuberculosis rates in the county and state have declined from 2010 to 2011. The rate of TB, per 100,000 persons in 2011 in Orange County was 6.4, which is higher than the state rate of 5.8.

Tuberculosis Rate, per 100,000 Persons, 2010-2011

	2010		2011	
	Number	Rate	Number	Rate
Orange County	224	6.9	209	6.4
California	2,329	6.0	2,317	5.8

Source: California Department of Public Health, TB Control Branch

Disability

In Orange County, 7.6% of adults, ages 21-64, had a physical, mental or emotional disability. The rate of disability in the state was 10.1%.

Population with a Disability (21 – 64 years old)

Orange County	California
7.6%	10.1%

Source: American Community Survey, 2007-2011

Health Behaviors

Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California’s 58 counties are ranked from 1 (healthiest) to 58 (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 9 puts Orange County near the top of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Orange County	9

Source: County Health Rankings, 2012

Overweight and Obesity

Over one-third of adults (36.3%) are overweight in Orange County and 20.7% are obese.

Adult Overweight and Obesity

	Orange County	California
Adult overweight	36.3%	36.9%
Adult obese	20.7%	24.7%

Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2010

22.2% of teens and 9.7% of children are identified as being overweight. 3.9% of teens are obese.

Children and Teen Overweight and Obesity

	Orange County	California
Teen overweight (85 th -95 th percentile BMI)	22.2%	16.7%
Teen obese (>95 th percentile BMI)	3.9%	11.9%
Children overweight for age	9.7%	11.5%

Source: California Health Interview Survey, 2009

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). In the schools districts within the Orange Coast Memorial service area, over half of 5th grade students in Anaheim City, Garden Grove Unified and Santa Ana Unified tested as needing improvement or at high risk for body composition. Among 9th graders, 48.5% of Santa Ana Unified students do not meet Healthy Fitness Zone criteria for body composition.

5th and 9th Graders, Body Composition, Needs Improvement + High Risk

School District	Fifth Grade	Ninth Grade
Anaheim City	57.2%	
Anaheim Union High		41.7%
Cypress Elementary	40.8%	
Fountain Valley Elementary	38.0%	
Garden Grove Unified	50.2%	39.9%
Huntington Beach City Unified	29.7%	
Huntington Beach Union High		33.1%
Los Alamitos Unified	30.4%	29.8%
Ocean View	38.1%	
Newport Mesa Unified	40.6%	33.2%
Santa Ana Unified	58.1%	48.5%
Tustin Unified	44.6%	33.9%
Westminster Elementary	43.7%	
Orange County	43.6%	34.5%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011-2012

Fast Food

22.4% of Orange County residents consume fast food 3-4 times a week. This is higher than the state rate of 19.6%. Adults, ages 18-64, consume fast food at higher rates than children, 0-17, and seniors.

Fast Food Consumption, 3-4 Times a Week

	Orange County	California
Total Population	22.4%	19.6%
Ages 0-17	21.9%	17.0%
Ages 18-64	24.2%	22.6%
Ages 65+	12.5%	7.7%

Source: California Health Interview Survey, 2009

Soda Consumption

In Orange County, 17.1% of children and teens consume two or more soda or sweetened drinks a day. This rate is higher than the state rate of 14.7%.

Soda or Sweetened Drink Consumption, Two or More a Day

	Orange County	California
Teens and Children	17.1%	14.7%

Source: California Health Interview Survey, 2009

Fresh Fruits and Vegetables

38.7% of the children in Orange County consume five fruits and vegetables in a day. This is lower than the state rate of 48.4%. Fresh fruit and vegetable consumption decreases considerably among teens. Only 15.6% of teens consume five or more fresh fruits and vegetable a day.

Consumption of 5+ Fresh Fruits and Vegetables a Day

	Orange County	California
Children	38.7%	48.4%
Teens	15.6%	19.9%

Source: California Health Interview Survey, 2009

Physical Activity

In Orange County, 65% of children engaged in vigorous physical activity at least three days a week. In contrast, 10% of children and 16.5% of teens did not engage in any physical activity in a week. 65.4% of teens take a PE class. Over 78% of youth visited a park, playground or open space, and 42.1% walked, biked or skated to school. Among adults, 77.4% walked for transportation, fun or exercise.

Physical Activity

	Orange County	California
Engaged in Vigorous Physical Activity 3 Days/Week – Child	65.0%	67.1%
No Physical Activity/Week – Child	10.0%	11.8%
No Physical Activity/Week – Teen	16.5%	16.2%
Teens Take PE Class	65.4%	65.9%
Youth Walked/Biked/Skated to School	42.1%	43.0%
Youth Visited Park/Playground/Open Space	78.2%	79.4%
Adults Walked for Transportation, Fun or Exercise	77.4%	77.2%

Source: California Health Interview Survey, 2009

One of the components of the physical fitness test (PFT) for students in schools is measurement of aerobic capacity through run and walk tests. Children who meet the established standards for aerobic capacity are categorized in the Healthy Fitness Zone. Over 80% of 5th grade students in Huntington Beach City Unified and Los Alamitos Unified school districts meet the Healthy Fitness Zone standards for aerobic capacity.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

School District	Fifth Grade	Ninth Grade
Anaheim City	61.2%	
Anaheim Union High		65.3%
Cypress Elementary	74.0%	
Fountain Valley Elementary	73.8%	
Garden Grove Unified	60.7%	65.7%
Huntington Beach City Unified	82.8%	
Huntington Beach Union High		71.1%
Los Alamitos Unified	81.2%	75.9%
Newport-Mesa Unified	74.9%	76.1%
Ocean View	75.1%	
Santa Ana Unified	59.1%	57.7%
Tustin Unified	72.2%	76.5%
Westminster Elementary	57.7%	
Orange County	68.4%	70.5%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011-2012

Park Space

Proximity to parks and open spaces can increase physical activity in a community. The number of acres of park space per 1,000 residents was examined by city in the Orange Coast Memorial service area. Newport Beach has the highest rate at 32 acres per 1,000 residents. In contrast, Garden Grove, Santa Ana and Westminster have only 1 acre of park space per 1,000 residents.

Park Space in Acres per 1,000 Persons, 2011

Geographic Area*	Rate
Newport Beach	32
Fountain Valley	12
Costa Mesa	8
Huntington Beach	6
Seal Beach	5
Anaheim	4
Los Alamitos	3
Tustin	3
Cypress	2
Garden Grove	1
Santa Ana	1
Westminster	1

Source: Orange County, *Healthy Places, Healthy People, 2012*

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city. A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, most communities in the service area are classified as "Somewhat Walkable." Costa Mesa and Los Alamitos are rated as "Very Walkable."

Walkability

Geographical Area	Walk Score
Anaheim	61
Corona del Mar	51
Costa Mesa	71
Cypress	63
Fountain Valley	63
Garden Grove	64
Huntington Beach	63
Los Alamitos	77
Newport Beach	57
Santa Ana	62
Seal Beach	51
Tustin	59
Westminster	62

Source: WalkScore.com, 2012

HIV/AIDS

A cumulative reporting of HIV/AIDS cases through December 2011 indicates there were 2,932 total cases of HIV and 7,984 cases of AIDS in Orange County.

HIV/AIDS in Orange County Through 2011

	HIV	AIDS
Total Cases	2,932	7,984
Living Cases	2,743	3,912
Deceased	6%	51%

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance, 2011

Based on the number of cases reported, Orange County has the fourth highest number of HIV cases and fifth highest cases of AIDS among counties in the state.

Top Five HIV and AIDS Cases among Counties in California, 2011

HIV	AIDS
Los Angeles	Los Angeles
San Francisco	San Francisco
San Diego	San Diego
Orange	Alameda
San Bernardino	Orange

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance, 2011

Sexually Transmitted Diseases

The rate of Chlamydia in Orange County is 260.3 per 100,000 persons. The Gonorrhea rate is 31.8, primary and secondary syphilis is 2.2 and early latent syphilis is 1.4. These rates are lower than found in California. Females, ages 15-24, have the highest rates of Chlamydia. Young adults, ages 20-24, Latinos, and Blacks/African Americans have the highest rates of sexually transmitted infections.

STD Cases, Rate per 100,000 Persons, 2011

	Orange County	California
Chlamydia	260.3	438.0
Gonorrhea	31.8	73.1
Primary & Secondary Syphilis	2.2	6.5
Early Latent Syphilis	1.4	5.5

Source: California Department of Public Health, STD Control Branch, 2011

Teen Sexual History

81.9% of Orange County teens indicated they had never had sex, 16.5% had their first sexual encounters after the age of 15, and 1.7% had a sexual encounter when they were younger than 15. Of those youth who had sex, 20.6% had been tested for an STD.

Teen Sexual History

	Orange County	California
Never Had Sex	81.9%	80.8%
First Encounter Under 15 Years Old	1.7%	7.3%
First Encounter Over 15 Years Old	16.5%	12.0%
If Had Sex, Tested for STD in Past Year	20.6%	31.9%

Source: California Health Interview Survey, 2009

Cigarette Smoking

In Orange County, 5.4% of teens smoke cigarettes; this is higher than the state rate of 4.2%. Among adults, 9.3% are current smokers and 23.7% are former smokers.

Cigarette Smoking

	Orange County	California
Current smoker, teen	5.4%	4.2%
Current smoker, adult	9.3%	13.6%
Former smoker, adult	23.7%	23.1%

Source: California Health Interview Survey, 2009

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, 31.4% in Orange County had engaged in binge drinking in the past year; 12.6% of teens indicated they had engaged in binge drinking. This is higher than the state rate of 5.8% of teens engaging in binge drinking. 27% of teens indicated they had tried an alcoholic drink.

Alcohol Consumption and Binge Drinking

	Orange County	California
Adult Binge Drinking Past Year	31.4%	31.3%
Teen Binge Drinking Past Month	12.6%	5.8%

Teen Ever Had an Alcoholic Drink	27.0%	33.4%
----------------------------------	-------	-------

Source: California Health Interview Survey, 2009

9.2% of teens in Orange County have tried illegal drugs and 5.3% have used marijuana in the past year. These rates of drug use are lower than found in the state.

Teen Illegal Drug Use

	Orange County	California
Ever Tried Illegal Drugs	9.2%	13.5%
Use of Marijuana in Past Year	5.3%	8.8%

Source: California Health Interview Survey, 2009

Mental Health

Among Orange County adults, 3.8% experienced serious psychological distress in the past year. 26.2% of adults and 7.3% of teens needed help for mental health problems. 8.1% of adults and 8.7% of teens received help for their mental health issue. 7.3% of adults had taken a prescription medication for an emotional or mental health issue in the past year. Half of the adults (50.1%) who sought or needed help for an emotional or mental health problem did not receive treatment.

Mental Health Indicators

	Orange County	California
Adults who had Serious Psychological Distress During Past Year	3.8%	5.9%
Adults who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	26.2%	14.0%
Teens who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	7.3%	12.9%
Adults who Saw a Health Care Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	8.1%	10.9%
Teens Received Psychological/ Emotional Counseling in Past year	8.7%	9.5%
Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year	7.3%	9.7%
Sought/Needed Help but Did Not Receive Treatment	50.1%	44.5%

Source: California Health Interview Survey, 2009

When asked if emotions interfered with their lives, 3.8% of Orange County residents indicated emotions severely impaired their family life. Severe social life impairment was experienced by 4.7% of adults and 3.3% had their work severely impaired by emotions.

Emotions Caused Severe Impairment

	Orange County	California
Severe family life impairment	3.8%	6.1%
Severe social life impairment	4.7%	7.3%
Severe work impairment	3.3%	4.6%
Severe household chores impairment	3.7%	6.5%

Source: California Health Interview Survey, 2009

Immunization of Children

Area school districts have high rates of compliance with childhood immunizations upon entry into kindergarten. Anaheim City school district has a 97.2% compliance rate. Newport-Mesa Unified (88.6%) and Huntington Beach City Unified (85.7%) have the lowest rates of compliance.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2011

School District	Immunization Rate
Anaheim City	97.2%
Garden Grove Unified	96.3%
Los Alamitos Unified	95.9%
Fountain Valley Elementary	93.7%
Westminster Elementary	93.2%
Cypress Elementary	92.7%
Santa Ana Unified	92.3%
Ocean View	90.7%
Tustin	89.6%
Newport-Mesa Unified	88.6%
Huntington Beach City Unified	85.7%
Orange County	89.5%
California	91.0%

Source: Report on the Conditions of Children in Orange County, 2012

Flu and Pneumonia Vaccines

Seniors tend to receive flu vaccines at higher rates than adults or youth. Among seniors, 69.3% had received a flu shot. Adults received flu shots at the lowest rate – 26.3%. 60.3% of children received a flu shot. Children received the vaccine most frequently at a doctor's office, Kaiser or HMO (75.1%). 19.8% of children received the vaccine most frequently at a community clinic. Other places that residents received vaccines included: drugstore, grocery store, senior center, school, and place of employment.

Flu Vaccine

	Orange County	California
Received Flu Vaccine, 65+ Years Old	69.3%	65.9%
Received Flu Vaccine, 18-64	26.3%	29.4%
Received Flu Vaccine, 0-17 Years Old	60.3%	49.9%
Child Received Vaccine at Dr. Office/ Kaiser/ HMO	75.1%	61.9%

Child Received Vaccine at Community Clinic	19.8%	29.8%
Child Received Vaccine at Hospital or ER	1.8%	2.3%
Child Received Vaccine Some Other Place	2.3%	6.0%

Source: California Health Interview Survey, 2009

Seniors are recommended to obtain a pneumonia vaccine. 61.3% of seniors had obtained a pneumonia vaccine, which is lower than the state rate of 62.6% and does not meet the Healthy People 2020 objective of 90%.

Pneumonia Vaccine, Adults 65+

	Orange County	California
Adults 65+, ever had a Pneumonia Vaccine	61.3%	62.6%

Source: CDC, BRFSS, Santa Ana-Irvine-Anaheim Metropolitan Statistical Area

Mammograms

The Healthy People 2020 objective for mammograms is that 81% of women 40+ years have a mammogram in the past two years. In Orange County, women have met that objective with 81% obtaining mammograms.

Pap Smears

The Healthy People 2020 objective for Pap smears in the past three years is 93%. In Orange County, 78.1% of women had a Pap smear in the past three years.

Women Mammograms and Pap Smears

	Orange County	California
Women 40+ Years, had a Mammogram in Past Two Years	81.0%	78.4%
Women had a Pap Smear in Past Three Years	78.1%	80.8%

Source: CDC, BRFSS, Santa Ana-Irvine-Anaheim Metropolitan Statistical Area

Colorectal Cancer Screening

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

Colorectal Cancer Screening, Adults 50+

	Orange County	California
Screening 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

Stakeholder Interviews

Fourteen telephone interviews were completed for the Orange Coast Memorial Medical Center Community Health Needs Assessment. Interview participants included representatives from health care agencies, school districts, advocacy organizations, and nonprofit organizations and community centers that address a wide range of social service and medical needs. The interviewees spoke to issues and needs in the Orange Coast Memorial service area.

Overview of Populations Served and Services Provided by Interview Participants

The 14 organizations that participated in the interviews serve a variety of populations and geographic areas:

- Seniors
- Low-income families
- Uninsured and underinsured individuals and families
- Immigrant families, primarily of Vietnamese and Latino origin
- Undocumented immigrants and their children
- School-age children/youth

The services provided by the participating organizations included:

- Health information and education in Vietnamese
- Health education - including nutrition education - and outreach/enrollment in social service and insurance programs for children and families
- Services for students, including after-school programs and exercise programs
- Services for older adults, including case management, nutrition, educational programs and transportation assistance
- Diagnosis, treatment, and social service support for cancer patients, including some specialized care for Vietnamese patients, focused on cultural and linguistic support
- Screenings for diseases and cancers more prevalent among the Vietnamese community (Hepatitis, liver and breast cancers)
- Care and treatment for obese patients

Interview Topics

Interview participants were asked to share their perspectives on a number of topics

- The biggest issues or concerns facing individuals in the community
- Challenges people face in obtaining health care and/or social services
- In caring for chronic diseases: the barriers people in the community face in obtaining treatment, things they may do to prevent their disease from worsening,

and what resources they access to care for their chronic diseases and learn more about them

- What services are needed to address the health and social needs of the local Vietnamese community
- What services are needed to address the health and social services needs of area seniors
- What services, programs, and community efforts are working to address overweight and obesity, and what more needs to be done to reduce the incidence
- What OCMMC is doing to address the health needs of the local community, what they should be doing, how they currently collaborate with other organizations to address community health needs, and how they could improve their collaboration
- Any additional comments or concerns they wanted to share with Orange Coast Memorial Medical Center

Biggest Issues or Concerns in the Community

Community issues and concerns that were identified included both issues that affect all population groups as well as some issues of greater concern within specific communities or sub-populations. The broader, community-wide issues most frequently mentioned included:

- The downturn in the economy and related impacts
 - Lack of affordable housing
 - Lack of access to affordable health care, including mental health, and in-home care for the elderly
 - Cost of care leads to delays in accessing health care, leading to worsening outcomes
 - Quality of care available to low-income patients is sub-par
 - Lower-paying jobs, with no insurance provided
 - Decline in the value of retirement investments
 - Adult children returning home to live with their parents
 - Families trying to eat on a budget turn to cheap fast foods; due to lack of affordable, healthy options
 - Parents working long hours have difficulty finding proper care - educational and entertaining - for their kids
 - Lack of access to affordable exercise programs, for adults and kids
- Lack of information about how to access health care, including general questions about what services or coverage programs people are eligible for and/or where to go to access available services, and complexities of applying for and maintaining coverage

- Transportation concerns, including lack-of coverage, costs to the poor, distance to needed services, particularly among the elderly who don't drive
- Lack of mental health services for low-income and underserved populations, both for the severely mentally ill and for "moderate to moderate-consistent needs, such as depression and anxiety"

Some population-specific issues identified through the interviews included:

- Immigrant Populations –Hispanic and Vietnamese were mentioned. For both, there were issues of language barriers, both real and perceived, and related anxieties to accessing services; lack of cultural competence; fear of deportation; lack of trust, fear, and embarrassment leading to lying about or hiding symptoms
- Children and Youth – Lack of understanding by parents of the importance of school work, and lack of access to computers at home; lack of access to health care; few school nurses available to assist with medications and other health needs
- Elderly - Transportation; isolation and loneliness; difficulty navigating 'the system' and making use of benefits they have; rising cost of medications, including co-pays; fears over the coming changes to the health care system; financial abuse of seniors, including by entities they should be able to trust; they may not even know how to turn a computer on to get more information about their diseases
- Cancer - a lack of financial assistance for needs beyond medical, such as food and rent; a lack of psychological support; reluctance to admit their diagnosis to others, particularly but not exclusively among the Vietnamese population

Finally, "other" issues/concerns identified included:

- Government regulation and insurance companies making it more difficult to access the doctors you want, whether you're insured or uninsured
- Concerns about the effects of The Affordable Care Act
 - "Outreach [is needed] to help navigate the transition seamlessly to CalOptima with no delays."
 - "There are lots of scare tactics around the Affordable Care Act, but Medicare is good coverage."

Challenges in Obtaining Health Care and Other Health/Social Services

Interview participants were asked to identify the kinds of problems or challenges that the people in the community served by their agencies face in obtaining health care and/or social services. The reported barriers were:

- Lack of financial resources and cost of services
 - Lack of health insurance due to ineligibility, inability to afford insurance, not covered by employer or unemployed

- Inability to pay for care, labs and/or medications, even when offered at a lower-cost, or even when insured: "They have limited incomes, and even co-pays can be too much, and they put it off."
- Inability to qualify for assistance programs: "They make too much to qualify for free care, but they can't afford it otherwise."
- Families working (sometimes multiple jobs) and unable to schedule/attend medical appointments for themselves or their families, especially when services are not available in the evenings and on weekends: "They work odd hours, for low pay, so managing their resources. They can't afford to take a day off to take their children to the doctor."
- Transportation to services, for seniors and low-income individuals and families: "These parents don't have cars, and can't get them there [to their appointments]."
- Lack of knowledge about the importance of preventive care and a tendency to obtain services only when sick
- "We had a kindergartener who had half of her teeth rotted out, and her parents didn't understand why that was an issue. We can enroll kids in the programs they qualify for, but their parents still have to take them to the doctor or the dentist."
- "They don't want to see a Dr., because [there is a Vietnamese saying] 'When you sweep your house, you get trash' and [they believe] doctors will tell you that you have something, to get the money."
- Immigration and cultural barriers
 - Language barriers
 - Concerns among Vietnamese and Latino immigrants over legal status
 - "[The Vietnamese community] think cancer is a punishment for bad behavior, or Hepatitis B&C, and they tell no one."
- Lack of trust of agencies and institutions among immigrant and lower-income populations. "There's a wariness of government involvement. That if they speak up, there will be repercussions."
- Social-status barriers: "One of the barriers to social services is acknowledging the problem - there's a stigma. There's a welfare mentality - they don't want to ask for help."
- Not enough health care providers, leading to delays getting appointments: "In the South County, there's a shortage of [low-cost/no-cost/MSI] providers."
- Lack of affordable mental health services, in general, and also specifically for the elderly: "There are not a lot of resources, and [mental health and mental illness] often get grouped in with dementia."
- Not enough social services to meet the need; lack of social-service staffers.
- Difficulty in navigating through health care systems, and understanding and applying for eligibility with government-run programs; also, making the

appointment, getting there, the wait time, follow-up; lack of computer-savvy makes this worse, as can age or mental illness

- Lack of continuity of care, such as when people are getting care at Health Fairs."
- For children and youth: "We do good work during the day, and then the parents undo that work at night, either because they're low-income, or parents without parenting skills."
- For the elderly
 - "[The elderly] may have memory or cognitive impairment, or mental health issues, stress, anxiety. Automated systems aren't very user-friendly. Sometimes they can't hear them, and they may just hang up the phone if they can't hear or navigate the phone tree."
 - "I was with a[n elderly] client once, and the physician just said 'okay, that's it' and walked out. There was no clear direction of what to do next, once the appointment was over. It needs to be easier and less complicated. Not letting the technology get in the way of customer service."

Chronic Health Conditions: Barriers to Prevention, Treatment and Management

A number of barriers to care, treatment and management of chronic health conditions were reported

- Lack of health insurance
- Cost/fear of cost
- Increased transportation needs, to doctors, specialists and service providers
- Time constraints and economic barriers
- Fears associated with immigration status
- Language and cultural barriers

In addition, some additional barriers were identified that are more specifically associated with chronic disease prevention, management and treatment

- The most-mentioned barrier was accessing specialty care services
 - "The Healthy Family System - I've heard anecdotally that the referral process is difficult: they walk away feeling that they can't get support, or it's very challenging to get it."
 - "We get people who go into Medicare 'Special Needs Plans', and they seem to do better, but others have long waits to get into specialists. Particularly for mental health services."
 - "Passive people do really poorly. If they're told 'It's 8 weeks to see an oncologist', they just accept it."
- Difficulty affording medications and other supplies "They can't afford all of their supplies – for example, for diabetes, some supplies aren't covered by insurance."

- Difficulty keeping up with the appointments and staying on their medication schedules, even once they obtain the medications, particularly for the elderly. "It's emotionally taxing to deal with it all, especially people who are alone. You have to ask for help. And it's hard to keep up with that schedule, especially with multiple conditions - keeping up becomes your whole life. And pharmacology: they're on 5 different medications and they get dizzy, or other symptoms, and trying to figure out what's causing it, and overdosing."
- Cut-backs to the Medicare system: "We've had I.V. antibiotics and ambulance bills denied by Medicare - we have to advocate more."
- A need for more nutritional counseling and education was also identified, including for the elderly: "Education that makes sense - classes are in the evenings or at night, and on weekends, when transportation isn't available. Diet education - they're used to eating the same thing for 80+ years - they don't know. 'What's low sodium?' More helpful education on disease management."

Barriers and issues specific to the Vietnamese community were raised

- "The older Vietnamese don't even want to deal with it - particularly elderly men. There's a machismo. 'Out of sight, out of mind'. I had an uncle who died of lung cancer. We'd be at dinner, and he'd be coughing up blood and saying 'I'm fine, I'm fine.'"
- "Services aren't known, because they're not marketed to them."
- "They don't want to go to the doctor. They don't know how to take care of themselves. When they get a diagnosis, they don't go and get tests for HgA1c, and I'd hear people died or went blind, or they lose legs from diabetes. They need insulin, and people are afraid of injections and shy away. They have Hepatitis B & C, and they take pills for diabetes, etc. that make the liver work harder, and the liver gets weaker and fails."

What People Do to Prevent Complications/Manage Chronic Health Conditions

Answers to this question fell into one of three categories: 'Nothing', 'The Wrong Things', or 'A Few Things People May Be Doing'.

Nothing

- "They work a lot, and they have no time. They're working hard to pay for rent and take care of their family and survive."
- "[The elderly] are not always compliant, or able to follow instructions. They don't go to the education classes because they're more compromised."
- "Most patients have been ignoring their problems for a long time. They don't want to make the effort until they feel really sick. They should be eating healthy, exercising, not smoking - but most don't."

The wrong things

- Specific to the Vietnamese community:
 - "The older Vietnamese use 'healers' - I don't know the right word for them - and one gave my uncle a tiger's claw: "Put this around your neck and you'll be fine." He was buried with that tiger's claw. I was curious about it - I own a jewelry store - but he wouldn't let me touch it - he said if I touched it, it would lose its power and not work."
 - "A lot of Vietnamese still strongly believe in Chinese herbs or alternative medication, so they rely on that and it's not working."

A few things people may be doing

- Taking "medication that's prescribed. Doctor instructions, like to elevate their feet."
- "We give handouts and talk to them about exercise - [we tell them] 'you have to do it'. They will come if there's free food and drink, and then we give them information on prevention."
- "Their doctor says they need exercise, so they come here. So they look at diet and lifestyle and they come here to be active, and they do try. Even just walking. And speaking to care managers to ask how to improve their health, and taking initiative."
- "We try to get the kids physically active. We conduct a physical fitness test for kids in grades 5 & 7, and our kids are doing relatively well - above the state average."

Resources to Care for Chronic Diseases or Learn More about Them

People access information/education via many different approaches and settings

- Media, such as radio, T.V., and newspapers
- Brochures and written materials
 - "They're handed a sheet - a standard information sheet or pamphlet. Printed materials. They have them, and some people refer to them, but not all, partly due to abilities, disabilities, motivation."
 - "Some clinics or private doctors, aligned with hospitals, will have their own. It's site-dependent. We did an assessment to see if we met patient-centered medical home standards. The Vietnamese clinics weren't doing as well at self-management patient education."
 - "If they come to us, we have brochures for each type of cancer. The same for Hepatitis B & C."
- The Internet: "It would be nice if more people used it." "We encourage them to use our website - it's in Vietnamese."

- Social media / word-of-mouth. Talking with friends
- Presentations
 - "There's lots of information and education out there, if you can access it, and get transportation, etc."
 - "A visiting nurse. Sometimes they need the validation of them being a medical professional. But we do a lot of screenings and referrals. They learn what programs they can join. We take a proactive approach with all service providers in the area, to partner and have them come in and talk, and we have the most up-to-date information."
 - "Hospitals have lectures in Vietnamese. At OCMMC they have a lot of lectures in Vietnamese."

Services Needed to Address the Health and Social Needs of the Vietnamese Community

Issues related to the Vietnamese community

- There are language barriers, particularly in the older population
- There is a strong preference toward working only with Vietnamese health care workers, and only ones who understand the 'old ways'
- Poor nutritional and lifestyle choices were, and are, passed on from parents to children
- Fear of cancer is higher than in other cultural groups
- There are high co-pays at Vietnamese-targeted 'low-cost clinics', despite non-profit status and lots of grant money

The most-commonly-mentioned need was for materials and services in Vietnamese

- "One thing we've noticed is that they're most comfortable speaking with other Vietnamese. They just like to deal with their own ethnic group, so there is a need for more doctors and health care professionals who are Vietnamese."
- "The ability to get information in a language they can access. They need a community liaison - [it's about] language AND culture, to help communicate the importance of things; bridging the cultures."
- "The biggest challenge is developing trust, and that you can speak their language when they arrive - we have someone at the front window. Reaching them, and having them feel comfortable enough to take what's offered. We've been here 15 years and we're just now starting to figure out how to develop that trust."

Trust was a word used over and over by participants: the difficulty and need to develop trust within the Vietnamese community. Issues around health care literacy and traditional healing beliefs were also raised repeatedly, as was the need for education to ameliorate the situation:

- "Education. Getting yearly checkups and screenings, like for heart conditions. I had a friend - young, in her 20's - she died of an aneurysm. No one - her parents and family - even knew what that was. They didn't understand the word, or what she'd died of."
- "With breast cancer, they don't want it to show; they feel ashamed. We tell them: 'We want you to feel like normal people. And talk to your family - the family needs to support you.' Like they are scared that diabetes is contagious, or hepatitis, and they want their family to stay far away. [We need to teach them]: 'Don't stay away from people who have cancer.' So, education about contagiousness and basic chronic illnesses. We have people living in leprosy communities in Vietnam - they live separately, like on an island. But we don't know about chronic diseases."
- "It's a very different culture, regarding what's acceptable and okay to do - like the assumption that dental health isn't important."
- "There are cultural traditions in some Vietnamese communities - homeopathic or spiritual traditions - which requires the ability to make them aware of other avenues for treatment that may be more effective."

Other issues and needs

- "I think maybe - just for cancer - there are ways that OCMMC can help. Collaborate on events - screening mammograms. Digital mammograms with dense breasts. Lots of Vietnamese women have dense breasts, and we have no partners to help us with digital mammograms." "We're trying to improve survival, particularly in younger women. It seems we tend to get breast cancer 10 years earlier than the main population, and higher stage and more mastectomies. So we're trying to improve the statistics."
- "Some old people feel lonely. It's not like back home - here everybody has to work, so old people have nowhere to go. They never can go anywhere. If they're lucky, they can go to temple or church. They need a community center for lunch, bingo, pool, a food bank. There are only a few centers. We need more. A good place for them to share, and they can exercise and feel like it is exciting. Care for them and talk to them, and share with them. They really need to talk. A place to come to and not just stay at home and do nothing. Their culture - they love it and want to come [together with] a group of people."
- "They don't know where to apply for MSI. Some clinics try to tell them they have to keep coming to the clinic where they apply - that's not right. They have a choice."
- "There's a lot of diabetes and cholesterol. And they're scared of Hepatitis. [They want to know]: Where can I get a screening? I don't have enough information, because [we] don't do that. So if I know [of screenings], I can refer them, or sometimes I put it in the newspaper."

Services Needed to Address the Health and Social Needs of the Elderly

The issues around transportation were again raised by several respondents

- "OCMMC provides transportation - that's key."
- "Seniors - they can't walk, and they need transportation. Not just for Orange County, but also for outside. The doctors refer to Cedars-Sinai, USC, UCLA, and they can't drive. Whoever takes them has to spend the whole day with them. I use my vacation time to do that. In Orange County, transportation is only available from some resources."

In addition to issues addressed in, and answers given to, previous questions, they added the following:

- "Diabetes is being very well addressed. But with memory issues and Alzheimer's, people are frightened and they want to know if they're at risk."
- "You need a little more empathy. We get calls from frustrated people; they don't like the phone systems - so bring back that human touch. For the Boomers coming in, the Internet is great - they love being able to access test results, etc. But for follow-up or follow-through on results and information - they need a call from a health care provider - they're alone and frightened."
- "If they're 60 to 65 and if they don't have insurance then they don't know where to go. I don't know if the hospital can help those people. For blood tests: for cholesterol, hepatitis, diabetes - those are the 3 main things. And bone density - that's important. And lung cancer screenings."
- "Free seminars and talks. One hospital offers reduced-rate dinners in their cafeterias. Screenings are popular, and necessary. The more free stuff to bring seniors in is recommended. Interesting topics - an educational element will bring people in."
- "Social activities, like a lunch with a doctor there to talk to them, or students and singers to provide entertainment. Also, how can we track elderly people and really say on top of their medications? There's no one."

Services Available to Address Overweight and Obesity

Most interview participants identified only their own services and programs, and were either unaware of other programs, or knew of programs that used to exist but no longer did. This may be due in part to the fact that many obesity projects are not consistently funded from year to year. For instance: "I'm not aware of anyone else working on this, and we're in collaboratives, so you'd think I would. There used to be Lean Start - a former program written by Dr. Sears and funded by the Orange County Children's Commission, [which was] also at Boys and Girls Clubs. But the money went away, and

the program disappeared. There may still be some Boys and Girls Clubs around that are doing the program, but not ours."

The few respondents who mentioned other organizations said:

- "CHOC, Walgreens, OCMMC - they're offering education. Most other options are paid for - like 5k runs, local gym memberships. There's Play 60, by the NFL. They have commercials about playing for 60+ minutes a day."
- "I know Orange Coast Memorial Medical Center has talks and meetings, but I'm not sure our population is going to those or using them."
- "One local restaurant reached out to us over Eat Healthy, Stay Healthy - at Fortune Cookies - but their manager moved to another job, so that went away. But they offered points for schools by families eating healthier items. It reflects an interest among people in our community to reach out to schools around wellness, diet and exercise."
- "Medicare has taken on more counseling for dietary concerns."

Programs/services mentioned as being offered by the organizations that participated in the interviews are listed below:

- Boys and Girls Club of Huntington Valley has physical activity and health education programs, including some sponsored by OCMMC, as well as a Health Advisory Board Committee. They note that obesity is much more of an issue in their Huntington Beach center, with its higher Hispanic population, than in Fountain Valley, with the higher Vietnamese population.
- Huntington Beach Senior Services has activity and physical fitness programs, aimed at activity and mobility. There is also a "TOPS" class - "Taking Pounds Off Sensibly" - which is similar to a Weight Watchers, with a support group and weigh-in - which meets at their center. Homebound clients that they work with through their Case Management program do not benefit from those; there is nothing related to obesity available for them, currently, through HB Senior Services.
- Fountain Valley Senior Services offers activity and fitness classes aimed at making exercise fun, as well as occasional programs on nutrition or cooking for one or two, and ongoing discussions around healthy aging.
- Fountain Valley School District takes great care with the food that they serve; The Healthy, Hungry Kids Act by Michelle Obama passed in 2010 is being implemented, and has had a huge impact. Food Services for the district also works with several PE teachers, including one who has a garden, which she incorporates into her program. The state assesses fitness in grades 5 & 7, and there are requirements for physical fitness. The District has a Wellness Committee, which addresses physical education, diet, and outreach to parents.

- The Orange County Center for Obesity has a website with advertising, and a program for treating obesity.

Additional Services Needed to Address Overweight and Obesity

Suggestions for additional programs/services/community efforts that are needed to further reduce the incidence of overweight and obesity included:

- Education
 - Curriculum that could be given to teachers, K-6 that could be easily implemented: 'Program in a crate'; "Developing curriculum is the toughest thing."
 - How to prepare healthy meals and snacks, and for the elderly, cooking classes for 1 or 2 people
 - A program similar to Weight Watchers, but that costs less
 - "Rethink Your Drink" and other programs about making balanced food choices, and learning to read labels
- Issues around the built environment and policies, to create more opportunities for physical activity and healthy eating
 - Incentives by local businesses and restaurants for families to make healthier choices (such as a point system or other incentives)
 - "Everyone's afraid to let their kids go out and play."
 - Getting rid of fast food restaurants, and unhealthy frozen foods (e.g. chicken nuggets)
- More after-school programs and/or exercise classes, for low or no-cost, for kids
- Addressing psychosocial issues, such as mental health and depression, particularly for those who have been obese for a long time
- Treating chronic illnesses more effectively

What OCMMC is Currently Doing to Address Community Health Issues

The general feeling among respondents was that the Medical Center is doing a great deal for the Senior community, 'some' for issues around obesity, and 'not nearly enough' for the Vietnamese community

- "I've seen some of [the] materials, and they're very good; very well written. They have presentations - lots of good programs."
- "I'm not aware; I hear about certain programs, but I'm not aware of most. I know they have a website, and screenings, and maybe something with chronic heart disease."
- "Lectures and night lectures, but I'm not sure of the particulars. I know they do things, but not what they are."

- "I heard on the radio the coordinator, and they said that they had some things, and a health fair, and they invited people to come - with free drinks and light food. I heard about that."
- "They have a radio show - they're trying to educate. That's about it. I don't know about anything other than cancer. I don't know what they're doing, and maybe they're doing a good job, but I don't know."
- "I think they pay attention, and they provide services to address an issue if it comes to their attention. I live nearby and I get mailings with classes, seminars, workshops. They partner with us and do assemblies. They provide us with films and speakers. They pay attention and care."
- "They're providing health care. That's important. They have a transportation program. They have education courses and classes at their site. They're involved at our Senior Center and supporting our programs."
- "They help the cities of Fountain Valley and Huntington Beach a lot, especially our Senior Center. They sponsor our fitness room and at least six seminars per year on health-related issues and about six special events per year for socialization, like Thanksgiving or holiday parties, or our upcoming Western Party. People buy tickets and we decorate and OCMMC sends a representative. And our upcoming Fall Dance. Without that sponsorship, we wouldn't have the funds to put on special events, and socialization is important."
- "They have a great Senior newsletter, email blasts, programming - a nice eclectic mix of screenings and topics, and also a small transportation program, and that helps. They're very visible and they do good outreach. Their materials are enticing and good marketing - clear communicating, and applicable to what people want."
- "They have a Speaker's Bureau, and a Committee Task Force of groups that work on those issues. They sent us a physical therapist, and he brought those big fitness balls and showed kids how to use them and left them for us. They make a collection of warm clothes - that helps protect kids' health, too. They're pretty proactive. And they make financial donations to local programs."
- "We have been collaborating for the last few years; we've had a really strong relationship. Especially [the Vietnamese community liaison] over there. So there are Hepatitis B & C screenings and lecturing there, with them. And a breast exam clinic two times per year there."

What the Hospital Should Be Doing to Address Community Health Issues

- "I think they're doing really well, including at the Senior Center. But there's the 'eraser effect' - parents are rushing, and so everything that the kids learn goes right out the window with that Big Mac. Other than giving them food, there's not a whole lot more you could do."

- "If there's anything you could do about transportation, we'd give you an award. With seniors just being able to have that access - getting there - is really a problem. Giving cab vouchers, or at least asking, if they're going to have to come back, if transportation is an issue and how they can help."
- "I would love to partner with them for a wider range of transportation with the senior community."
- "I think [OCMMC is] doing a good job, but you can always do more to partner with people that are working in the trenches. They're good with us, but I'm not sure how much they're doing elsewhere, with other groups."
- "Partnering with local school districts in some capacity. It would be great to have a partnership - not sure what it would look like."
- For the Vietnamese community: "Continue partnering with Primary Care, and continue outreach."
- [At the Health Fairs], make [Vietnamese community members] feel heard - have people to talk to, and share with - so they're not just [there to] listen. Let them socialize. Have it be something for them to enjoy - let them in. Let them get involved and feel part of it.
- OCMMC is doing a great job with your calendar. But it would be more effective to post the calendar in the Vietnamese daily newspapers (Nguoi Viet, Vien Dong, and Viet Bao - there are 3). In Vietnamese, it would draw a lot of Vietnamese. The older generation doesn't know how to use the Internet. OCMMC also has a weekly T.V. show. Spend 2 minutes [on it] to show the calendar and encourage them to call and get a copy mailed to them.

Additional comments

- I'd wish for individual counseling on disease management and diet. One-on-one.
- My experience is that they have a good reputation in the community, so as a role model they have the possibility to influence people. So maybe workshops on cooking, ways to reduce stress, exercise without equipment or gym memberships - practical ways for people to improve their healthy lifestyles. Also, no/low-cost screenings for skin cancer, diabetes - high-risk areas - high BP, cholesterol screenings. And if something was discovered, and they don't have health insurance, what other options do they have.
- Better linkage back to the medical homes. We've got electronic systems to do that. But to divert care and prevent visits back to the ER, we need better communication back to the medical home - communication.

How OCMMC Collaborates with Other Organizations and How to Improve Collaboration

- I think they do all that they're supposed to do - they've really changed.

- I think they're doing a good job.
- I know they're active on some coalitions. I know they're well-thought-of. I see them at different meetings I go to. I know they're trying to show that they're out in the community.
- They're very visible. They're part of a large network of senior service providers, and local Boards - they're doing the right things. They care for the community and it shows, and they're respected. They step up to the plate when they need to.
- They have Health Fairs and invite us to have a booth. And also screenings. There's always room for a more solid partnerships - for maybe mobile clinics. Screenings - doing medicine in the community - home visits by doctors. Going to low-income senior complexes once a month.
- How can we collaborate to combine support groups there, if they have any? The Hepatitis B & C group meets every other month on the 2nd Saturday, but the new director wants to do every month."
- Collaborate with the VPASC (Vietnamese Physicians Association of Southern California).
- More personnel to work with the Kiwanis, the Chamber. They have a Committee Task Force, too, so they have people on the ground and in the office. But more people 'on the ground', maybe. But I'm sure they're stretched thin. If someone could come out more to us and the schools, it would be better. So, more resources to get out in the community.

Comments

Participants were given an opportunity to share any final thoughts or comments. A number of organizations expressed admiration for and appreciation of Orange Coast Memorial Medical Center, and several requested copies of the finished report.

- Orange Coast has changed drastically in the last couple of years. They're more focused on quality. The new building brought in quality, beyond the 'new and shiny'. Other hospitals are struggling - you can hear it. My father-in-law was at Orange Coast and the professionalism and the way they treat people... it was night-and-day. And I think that's the community perception, too. It's changed. It's very, very professional now.
- They're doing a really good job. They've made great changes.
- They would be my choice of medical center, personally and professionally. They have people who are caring, and that makes all the difference.
- [The senior liaison] does an amazing job; the seniors love her, she represents the hospital very well, and they feel more comfortable going to the hospital because they already know and like her. We hear no complaints about the hospital, and usually people will come here and complain about things if anything

goes wrong. And we have numbers, and people to contact if anything ever did go wrong and we needed help to get it resolved.

- They've been around for 13 years and have made a lot of changes and stepped up to the plate - lectures, screenings - it's all they can do. It's hard to get people to come in for stuff - people don't want to hear it. So it's 'We're here when you need us.' I go there, because I trust them and get good service. Keep doing what they're doing, and augment it.

Focus Group

A focus group with senior adults was conducted for the Orange Coast Community Medical Center (OCMMC) Community Health Needs Assessment on November 21, 2012. The focus group was held at the Center at Founders Village Senior and Community Center in Fountain Valley. Thirteen people participated, including 3 males and 10 females.

Focus group participants were asked to share their perspectives related to various topics within the following issue areas:

- Overall Community Issues and Health Concerns
- Access to Care
- Chronic Disease Care and Management
- Healthy Lifestyles – Healthy Eating & Physical Activity
- Community Health Priorities

A summary of responses and trends in responses is provided.

Overall Community Issues and Health Concerns

The overall “biggest issues facing the community” were identified to include:

- Lack of jobs/loss of jobs
- Limited senior transportation
- No hospital in Westminster
- Insufficient senior housing
- Aging population in Fountain Valley
- Not enough activities for younger seniors (ages 60-75)

The biggest health issues identified included:

- Even with Medicare additional insurance is needed to cover many services and to fill gaps in resources not covered by Medicare
- Need for information on existing resources
- The need for additional insurance for long-term care
- Dental care access
- Mental health care
- Eye care, hearing aids
- People use the ER for health care because they do not have a primary care provider

Access to Care

Access to Health Care and Regular Source of Care

All the focus group participants had a primary care provider that they accessed preventive and ongoing care through. Some had Medicare Managed Care and some had a combination of insurance coverage that included Medicare.

Barriers to Accessing Care

A number of barriers to accessing care were identified

- Medicare coverage and options are confusing
- The cost of insurance and co-pays; in some cases the insurance benefit runs out and people must pay out of pocket, this happens with medication coverage
- Transportation is a huge problem for seniors to access care
- Disseminating information on resources doesn't always reach everyone

The group receives information about resources from flyers and newsletters, from hospitals, their physicians and senior centers

Chronic Disease Care and Management

All focus group participants said they know someone with a chronic disease or suffer from one themselves. The most frequently cited chronic conditions were diabetes, high blood pressure, heart disease, physical disability and asthma.

Issues identified around chronic disease management included:

- Lots of medications to maintain condition
- Specialists and primary care physicians don't talk to each other about the care plan
- Don't know how to cook healthy food
- Once there is a loss of a spouse, cooking for one is difficult. Sometimes it is easier to eat a quick meal or not eat at all

Approximately one-half of the seniors used the Internet to search out information on disease symptoms, medications and treatments.

All the attendees had information on obtaining flu shots. They got them at the Senior Center, from their physicians or at a local pharmacy.

Healthy Lifestyles – Healthy Eating and Physical Activity

The seniors were engaging in a number of healthy behaviors and activities.

- Get more exercise – most in the group liked to walk. A couple wore pedometers and competed to see who would get the most steps in every day. The Center at Founders Village Senior and Community Center has an exercise room that some used. But they all agreed that if a senior was on a fixed income they might not be able to afford the fee, even though the fee was not a lot of money. Some of

the seniors have gym membership included in their Medicare Managed Care plan (Silver Sneakers program)

- Having a dog or companion to walk with increased the amount of exercise people got
- Fountain Valley Women's Club has a health component
- Tennis, dancing
- Decreased the amount of red meat they eat
- Increased consumption of fresh fruit and vegetables
- Read labels on foods
- Reduced sodium intake
- Don't eat late at night

The senior education classes at OCMMC were mentioned as being very good. They are worthwhile and present a wide variety of topics. The seniors get a flyer in the mail or read about the schedule in the hospital newsletter. They call and make an appointment to attend a class. OCMMC also provides senior transportation to medical appointments if you are a patient. The hospital is visible and involved in the community at health fairs and screenings.

Community Priorities

An important part of the Community Health Needs Assessment process is to identify priorities for services and programs that benefit the community. The focus group participants were asked what OCMMC is doing to help address the community health issues faced by the people in the communities served by the hospital.

- The hospital has a very good reputation in the community – I never hear bad things about it
- They are very tuned into the community
- Offer senior transportation for patients
- Senior services, outreach, education is a wonderful resource
- The Pavilion is great! Easy check-in, helpful staff, quick service
- Good urgent care

When asked what else the hospital could do to address the health needs of the community, they suggested:

- The hospital has a gym for cardiac rehab and physical training patients. The gym could be better utilized if it was opened to the public for free or a small fee
- Parking at the hospital was a big issue. Not enough parking, long waits for the shuttle, and crowding at the valet were noted. Purchase of an adjacent lot may ease the parking problem
- Small Emergency Room (but it was noted this was expanding)

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the Orange Coast Memorial service area were compared to Healthy People 2020 objectives. The **bolded items** are indicators that do not meet established objectives; non-bolded items meet or exceed benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 90%	High school graduation rate 84%
Child health insurance rate 88.7%	Child health insurance rate 100%
Adult health insurance rate 70.7%	Adult health insurance rate 100%
Heart disease deaths 143.2 per 100,000	Heart disease deaths 100.8 per 100,000
Cancer deaths 142.7 per 100,000	Cancer deaths 160.6 per 100,000
Stroke deaths 34.1 per 100,000	Stroke deaths 33.8 per 100,000
Suicides 8.9 per 100,000	Suicides 10.2 per 100,000
Diabetes deaths 14.9 per 100,000	Diabetes deaths 65.8 per 100,000
Breast cancer incidence 11.2	Breast cancer incidence 20.6
Early prenatal care 88.6% of women	Early and adequate prenatal care 77.6% of women
Low birth weight infants 6.4% of live births	Low birth weight infants 7.8% of live births
Breastfeeding (any) 94.5%	Breastfeeding (any) 81.9%
Adults with an ongoing source of care 83.1%	Adults with an ongoing source of care 89.4%
Adults delay in obtaining medical care 12.1%	Adults delay in obtaining medical care 4.2%
Adults delay in obtaining prescription medications 8.3%	Adults delay in obtaining prescription medications 2.8%
Adult obese 20.7%	Adult obese 30.6%
Diabetic annual foot exam 80.3%	Diabetic annual foot exam 74.8%
Adults engaging in binge drinking 31.4%	Adults engaging in binge drinking 24.3%
Cigarette smoking by adults 9.3%	Cigarette smoking by adults 12%
Senior flu vaccine 61.3%	Senior flu vaccine 90%
Childhood flu vaccine 60.3%	Childhood flu vaccine 80%
Adults 50+ colorectal cancer screening 80.8%	Adults 50+ colorectal cancer screening 70.5%
Adult women who have had a Pap smear 78.1%	Adult women who have had a Pap smear 93%
Women over 50 who have had a mammogram 81.0%	Women who have had a mammogram 81.1%

Attachment 2. Interviewee Names, Roles and Organizations

Name	Title/Role	Organization
Art Groenenveld	Executive Director	Boys & Girls Club of Huntington Valley
Nancy Hoang	Vietnamese Outreach Manager	YWCA of North Orange County
Tanya Hoxie	CEO	Boys & Girls Club of Huntington Valley
Peter Le Port, MD	Surgeon	OCCMMC Center for Obesity
Bich Lien Nguyen, MD	Oncologist Board Member	Vietnamese American Cancer Foundation
Randy Pesqueira	Executive Director	Huntington Beach Senior Services
Tanh Phan	Director	Vietnamese American Cancer Foundation
Julie Schoen	Attorney	Council on Aging, Orange County
Diane Sharpe	Director of Food Services	Fountain Valley School District
Anne Silazas	Assistant Superintendent of Instruction	Fountain Valley School District
David Troung	Business Owner	Mimi's Jewelry, Inc. Community Benefit Oversight Committee Member
Shelley Vrungos, PHD	Associate Administrator	Orange County Health Care Agency Medical Services Initiative
Nora Webb	Community Services Supervisor	City of Fountain Valley, The Center at Founder's Village Senior and Community Center
Michelle Yerke, MSW	Social Worker	Huntington Beach Senior Services

Attachment 3: Health Care Facilities and Community Resources

A partial listing of community assets

Health Care Facilities

- Hospitals
 - Anaheim General Hospital
 - Anaheim Regional Medical Center
 - Coastal Communities Hospital
 - College Hospital
 - Fountain Valley Regional Hospital and Medical Center
 - Garden Grove Hospital and Medical Center
 - Hoag Hospital Newport Beach
 - Huntington Beach Hospital
 - Los Alamitos Medical Center
 - Orange Coast Memorial Medical Center
 - UCI Medical Center
 - Veterans Health Administration Hospital Long Beach
 - West Anaheim Medical Center
 - Western Medical Center - Anaheim

- Community Clinics/Community Health Centers
 - AltaMed Health Services
 - Central City Community Health Center
 - CHOC Clinic Garden Grove
 - Healthy Smiles for Kids of Orange County and Healthy Smiles Mobile Unit
 - Hope Clinic Newport Mesa Unified School District
 - Hurtt Family Clinic and Mobile Clinic
 - Lestonacc Free Clinic
 - Nhan Hoa Comprehensive Health Center
 - Orange County Health Care Agency Public Health Clinics
 - Planned Parenthood
 - Puente a la Salud Mobile Clinic
 - Share our Selves (SOS) Medical and Dental Clinic
 - UCI Family Health Center and Mobile Van
 - VNCOC Asian Health Center

- Dental Health
 - AltaMed Health Services
 - Nhan Hoa Comprehensive Health Center
 - Healthy Smiles for Kids of Orange County and Healthy Smiles Mobile Unit
 - Share our Selves (SOS) Medical and Dental Clinic

- VNCOC Asian Health Center
- Mental Health
 - AltaMed Health Services
 - Central City Community Health Center
 - Family Resource Centers
 - Hurtt Family Clinic
 - Orange County Health Care Agency Behavioral and Mental Health Services <http://ochealthinfo.com/docs/behavioral/BHS-Directory.pdf>
- Other Health Care
 - AccessOC
 - Alamitos IPA
 - Edinger Medical Group
 - Memorial HealthCare IPA
 - MemorialCare Medical Group
 - Monarch HealthCare IPA
 - Talbert Medical Group, a division of HealthCare Partners

Other Community Resources

- Abrazar Inc.
- American Cancer Society, Orange County Chapter
- Asian Community Clinic
- Boys & Girls Club of Huntington Valley
- City of Costa Mesa
- City of Fountain Valley
- City of Huntington Beach
- Community Action Partnership
- Community SeniorServ
- Concord College
- County of Orange
- Family Resource Centers
- Fountain Valley Chamber of Commerce
- Fountain Valley School District
- Golden West College
- Huntington Beach Chamber of Commerce
- Huntington Beach Council on Aging (HBCOA)
- Huntington Beach Senior Outreach Center
- Illumination Foundation
- Kiwanis Club of Fountain Valley

- Nutrition and Physical Activity Cooperative of Orange County (NuPAC OC)
- Office of Assemblyman Allan Mansoor
- Office of Congressman Dana Rohrabacher
- Office of Congresswoman Loretta Sanchez
- Office of Orange County Supervisor Janet Nguyen
- Office of Orange County Supervisor John Moorlach
- Office of State Senator Tom Harman
- Orange Coast College
- Pacific College
- Rotary Club of Huntington Beach
- Saddleback College
- Social Security Administration, Santa Ana office
- St. Anselm Cross Cultural Community Center
- Surf City Rotary Club
- The Center at Founder's Village Senior and Community Center
- University of California, Irvine
- Vanguard University
- Vietnamese American Cancer Foundation
- Walden University
- YWCA of North Orange County