



Community Health Needs Assessment

2019

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Executive Summary

MemorialCare Orange Coast Medical Center is a nonprofit hospital and member of MemorialCare, an integrated health care delivery system. As required by state and federal law, Orange Coast Medical Center has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Orange Coast Medical Center. The health needs identified in this report help to guide the hospital's community benefit activities.

Community Definition

Orange Coast Medical Center is located at 9920 Talbert Avenue, Fountain Valley, California 92708. The service area is located in Orange County and includes 25 ZIP Codes, representing 13 cities or communities. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, maternal and infant health, leading causes of death, disability and disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through 3 focus groups that engaged 28 people and 11 interviews with community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among

subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Significant Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Among the interviewees, access to health care, liver disease and preventive practices were ranked as the top three priority needs in the service area. The focus group participants ranked access to health care, dental care and mental health as the top three priority needs in the service area. A brief description of the significant health needs follows:

1. Access to health care – Health insurance coverage is considered a key component to accessing health care. The service area insurance rate is 85.8%. Among children in the service area, 94.6% have insurance coverage, 80.9% of non-senior adults are insured and 97.9% of seniors have health care insurance. Stakeholders noted the challenges seniors face in accessing health care. For older adults, accessing health care has to do with transportation and navigating the health care system. For older adults struggling with signs of cognitive decline, it's close to impossible.
2. Asthma – In Orange County, 15.2% of the population has been diagnosed with asthma. 89.0% have had symptoms in the past year, and 41.3% take daily medication to control their asthma. Among county youth, 22.0% have been diagnosed with asthma, and 8.5% have visited the ER as a result of their asthma.
3. Dental care – In Orange County, 69.0% of adults saw a dentist within the past six months compared to the state (73.5%). Among children in Orange County, 77.5% of children saw a dentist within the past six months compared to the state (79.5%). Stakeholders noted patients have medical insurance, but dental is not built into their plans. Dentistry is completely separate. If they do not have dental insurance, they don't access it because they know it will be expensive.
4. Diabetes – Diabetes is a leading cause of death in the United States. Diabetes disproportionately affects minority populations and the elderly. In the service area, the diabetes death rate was 19.9 per 100,000 persons. This was higher than the county rate (15.1 per 100,000 persons).
5. Economic insecurity – Among the service area population, 14.6% are living at or below the 100% poverty level, and 34.2% are living at or below the 200% poverty level (low income). Poverty levels are higher than county rates. In the service area, 20.3% of children live in poverty. 11.8% of seniors and 21.5% of female head of households (HoH) with children live in poverty. Stakeholders noted when people are working two jobs, they are just trying to feed their families. They do

not have time to think about health care. One stakeholder noted for the Vietnamese in Orange County, when it comes down to taking care of their health or earning income to provide for their families. It is more important to take care of the family.

6. Heart disease/stroke – In the service area, the age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) was 109.3 deaths per 100,000 persons. The age-adjusted rate of death from stroke was higher in the service area (39.5 deaths per 100,000 persons) than in the county (37.4 deaths per 100,000 persons) and the state (38.2 deaths per 100,000 persons). The rate of stroke death does not meet the Healthy People 2020 objective of 34.8 per 100,000 persons.
7. Liver disease – In the service area, the liver disease death rate was 14.1 per 100,000 persons. This rate exceeded the Healthy People 2020 objective for liver disease death (8.2 per 100,000 persons).
8. Mental health – In Orange County, 6.5% of adults experienced serious psychological distress in the past year. 15.6% of adults needed help for emotional, mental health, alcohol or drug issues; however, 85.5% of those who sought or needed help did not receive treatment. A stakeholder noted Asians don't tend to seek out assistance with mental health and counseling as much as other cultures.
9. Overweight and obesity – In Orange County, 33.3% of the adult population reported being overweight. The county adult rate of overweight is lower than the state rate of 34.8%. 17.7% of Orange County teens are overweight compared to the state (18.1%). 23.3% of adults and 28.3% of teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. The rate of obese teens exceeds the state rate (22.6%) and the Healthy People 2020 objective.
10. Preventive practices – 40.9% of Orange County residents have received a flu shot. 37.0% of children age 0-17, and 68.4% of seniors in Orange County received flu shots. The Healthy People 2020 objective is for 70% of the population to receive a flu shot. Most Orange County school districts have high rates of compliance with childhood immunizations upon entry into kindergarten (95.7%). The Vietnamese have health care issues, particularly access to care. They may have insurance, and they may have bought it at levels where their premiums are high. They cannot pay their deductibles and it prevents them or discourages them to seek screenings.
11. Senior health – Among Orange County Medicare beneficiaries (adults 65 and older), 31.4% have been treated for arthritis or osteoarthritis. 19.4% of seniors have been treated for chronic kidney disease. 10.9% have been treated for Alzheimer's disease or dementia and 9.1% have been treated for osteoporosis.

These rates are higher than in the state. Stakeholders stated it is a challenge to pay for home care. For low-income seniors, getting adequate help to enable them to age in place is difficult as all options are so expensive. For low-income seniors, there is such a limited range of choices. There are deficits and they are more prone to injury and falls. There are not enough services.

12. Substance use and misuse – 7.5% of teens in Orange County had tried marijuana, cocaine, sniffing glue, other drugs and 3.8% had used marijuana in the past year. These rates of reported drug use are less than state rates of teen drug use. Opioid overdose deaths in Orange County were 7.5 per 100,000 persons, which was a higher death rate than in the state (4.5 per 100,000 persons). Stakeholders noted substance misuse has had a severe impact in our community. There are insufficient resources and services for substance use and misuse.

13. Transportation – Orange County workers spend, on average, 27.2 minutes a day commuting to work. 78.5% of workers drive alone to work and 39.7% of solo drivers have a long commute. Stakeholders noted there are problems with taking the bus to get around. If you ride the bus, it takes a lot of planning and it's a time barrier. It places restrictions on getting to appointments.

Report Adoption, Availability and Comments

This CHNA report was adopted by the MemorialCare Orange County Boards of Directors in June 2019.

This report is widely available to the public on the hospital's web site, <https://www.memorialcare.org/content/community-benefit>. Written comments on this report can be submitted to communitybenefit@memorialcare.org.

Introduction

Background and Purpose

MemorialCare is a nonprofit integrated health care delivery system that includes five hospitals – Long Beach Medical Center, Miller Children's & Women's Hospital Long Beach, Community Medical Center Long Beach¹, Orange Coast Medical Center, and Saddleback Medical Center; award-winning medical groups – MemorialCare Medical Group and Greater Newport Physicians; Seaside Health Plan; and convenient outpatient health centers, imaging centers, surgical centers and dialysis centers throughout Orange and Los Angeles Counties.

Orange Coast Medical Center became a member of MemorialCare in January 1996. In May 1997, the hospital was granted nonprofit status retroactive to December 26, 1995, the date of incorporation. Orange Coast Medical Center is the only nonprofit hospital in Fountain Valley. The hospital is home to the MemorialCare Cancer Institute, MemorialCare Breast Center, MemorialCare Imaging Center, MemorialCare Heart & Vascular Institute, MemorialCare Surgical Weight Loss Center, MemorialCare Joint Replacement Center, Childbirth Center, Digestive Care Center, and Spine Health Center.

Orange Coast Medical Center fulfills its community's health care needs with innovation and a commitment to excellence. We strive to provide compassionate care and personalized service to our community. Orange Coast Medical Center has been ranked a top Orange County Workplace for seven consecutive years. It was identified in a large number of "high-performance" rankings in *U.S. News & World Report* including, Abdominal Aortic Aneurysm Repair, Colon Cancer Surgery, Lung Cancer Surgery, Heart Bypass Surgery, Heart Failure, Hip Replacement, Knee Replacement, and Chronic Obstructive Pulmonary Disease. Orange Coast Medical Center has been widely recognized for its commitment to patient quality and safety by achieving an "A" grade in the Leapfrog Group Hospital Safety Score, considered the gold standard measure for hospital safety.

The passage of the Patient Protection and Affordable Care Act and California SB 697 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This

¹ Due to an active earthquake fault line under the hospital and California's impending seismic regulations for acute care hospitals, Community Medical Center Long Beach closed on July 3, 2018.

assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

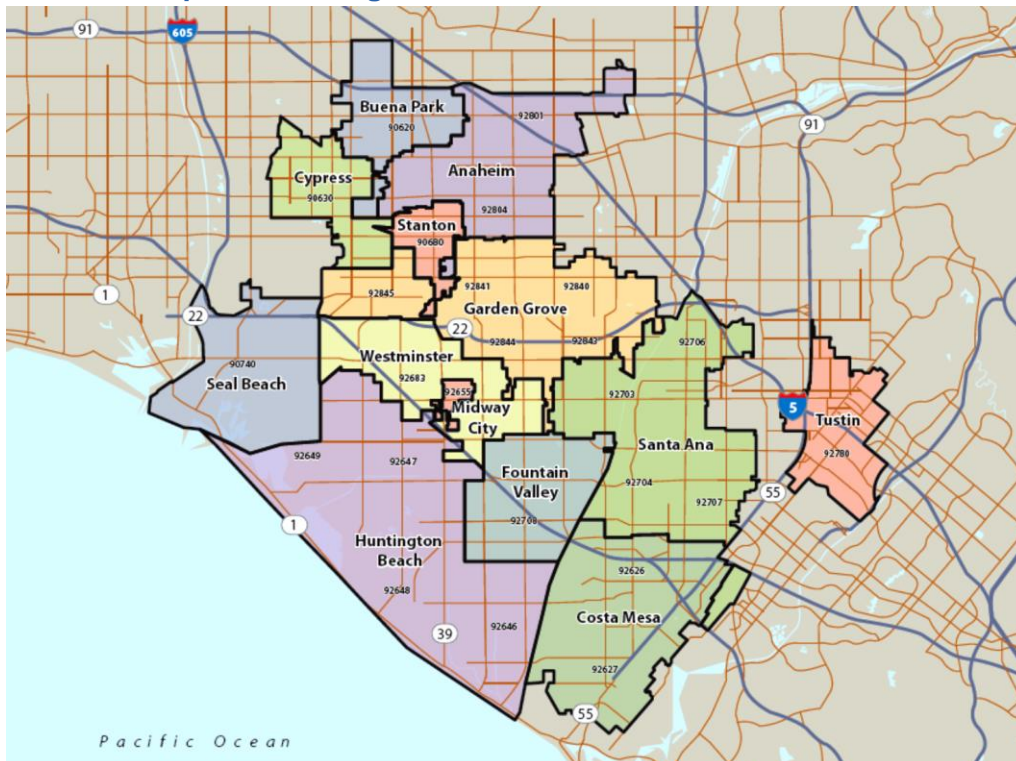
Service Area

Orange Coast Medical Center is located at 9920 Talbert Avenue, Fountain Valley, California 92708. The service area is located in Orange County and includes 25 ZIP Codes, representing 13 cities or communities. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Orange Coast Medical Center Service Area

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

Map of the Orange Coast Medical Center Service Area



Project Oversight

The Community Health Needs Assessment process was overseen by:

Beth Hamblen

Senior Program and Community Outreach Liaison

Orange Coast Medical Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Biel Consulting, Inc. is a specialist in the field of community benefit for nonprofit hospitals. Dr. Melissa Biel has over 24 years of experience conducting hospital Community Health Needs Assessments. For this CHNA, she was assisted by Sevanne Sarkis, JD, MHA, MEd, Jennifer Lopez, MPA, LSSBB and Denise Flanagan, BA. www.bielconsulting.org

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, maternal and infant health, leading causes of death, disability and disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Orange County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Orange County's Healthier Together, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 objectives, where appropriate. 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. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Orange Coast Medical Center conducted focus groups and interviews to gather information and opinions from persons who represent the broad interests of the community served by the medical center.

Interviews

Eleven (11) interviews were completed from December 2018 to January 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the

Orange County Health Care Agency.

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

Interview questions focused on the following topics:

- Health issues in the community
- Challenges and barriers people face in addressing these issues
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Additional comments and concerns

Focus Groups

Three focus groups were conducted in January and February 2019 and engaged 28 persons. The focus group meetings were hosted by trusted community organizations. An agency contact was available to answer any questions at each focus group. At the beginning of each focus group, the purpose of the focus group and the community assessment were explained, the participants were assured their responses would not be attributed to them as responses would be aggregated. The focus group discussions were voice recorded for ease of documenting the discussion.

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

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

A list of the stakeholder interview respondents, their titles and organizations and focus group participants can be found in Attachment 2.

Public Comment

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

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

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

The following significant health needs were determined:

- Access to health care
- Asthma
- Dental care
- Diabetes
- Economic insecurity
- Heart disease/stroke
- Liver disease
- Mental health
- Overweight and obesity
- Preventive practices
- Senior health
- Substance use and misuse
- Transportation

Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholder interviews and focus groups were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The interview and focus group stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or

significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, mental health, senior health and heart disease/stroke received the highest rankings for severe and significant impact on the community. Mental health had the highest score for worsened over time. Mental health, liver disease and substance use and misuse had the highest rankings of insufficient or absent resources.

Significant Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to health care	50%	11.1%	44.4%
Asthma	25%	0%	25%
Dental care	28.6%	16.7%	33.3%
Diabetes	57.1%	33.3%	33.3%
Economic insecurity	77.8%	25%	62.5%
Heart disease/stroke	83.3%	20%	60%
Liver disease	50%	25%	75%
Mental health	100%	75%	100%
Overweight and obesity	37.5%	0%	33.3%
Preventive practices	40%	0%	11.1%
Senior health	87.5%	0%	14.3%
Substance use and misuse	62.5%	28.6%	71.4%
Transportation	60%	44.4%	55.6%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, access to health care, liver disease and preventive practices were ranked as the top three priority needs in the service area. The focus group participants ranked access to health care, dental care and mental health as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Prioritization of Health Needs by Interviewees

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Access to health care	3.80
Liver disease	3.80
Preventive practices	3.80
Mental health	3.78
Senior health	3.78
Economic insecurity	3.60

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Heart disease/stroke	3.57
Substance use and misuse	3.50
Dental care	3.40
Transportation	3.40
Diabetes	3.38
Asthma	3.33
Overweight and obesity	3.33

Prioritization of Health Needs by Focus Groups

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Access to health care	3.84
Dental care	3.79
Mental health	3.77
Preventive practices	3.76
Economic insecurity	3.75
Senior health	3.72
Transportation	3.65
Heart disease/stroke	3.63
Substance use and misuse	3.56
Overweight and obesity	3.46
Liver disease	3.23
Asthma	2.90
Diabetes	1.95

Resources to Address Significant Health Needs

Through the interview and focus group process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, Orange Coast Medical Center conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2016 CHNA addressed access to health care, chronic diseases, overweight and obesity, and preventive practices through a commitment of community benefit programs and charitable resources. Additionally, the Implementation Strategy also focused on seniors and the Vietnamese community. The impact of the actions Orange Coast Medical Center used to address these significant health needs can be found in Attachment 4.

Demographics

Population

The population in the Orange Coast Medical Center (OCMC) service area is 1,284,792.

Population by ZIP Code

	Number
90620 – Buena Park	46,522
90630 – Cypress	49,472
90680 – Stanton	31,793
90740 – Seal Beach	25,240
92626 – Costa Mesa	52,417
92627 – Costa Mesa	64,606
92646 – Huntington Beach	57,057
92647 – Huntington Beach	60,468
92648 – Huntington Beach	47,814
92649 – Huntington Beach	34,471
92655 – Midway City	8,878
92683 – Westminster	93,369
92703 – Santa Ana	69,190
92704 – Santa Ana	90,205
92706 – Santa Ana	37,406
92707 – Santa Ana	62,894
92708 – Fountain Valley	57,779
92780 – Tustin	57,433
92801 – Anaheim	63,483
92804 – Anaheim	92,854
92840 – Garden Grove	55,895
92841 – Garden Grove	34,069
92843 – Garden Grove	48,298
92844 – Garden Grove	26,422
92845 – Garden Grove	16,757
OCMC Service Area	1,284,792
Orange County	3,205,771
California	39,695,753

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org

Gender

In the service area, 49.5% of the population is male and 50.5% is female.

Population by Gender

	OCMC Service Area	Orange County	California
Male	49.5%	49.4%	49.6%
Female	50.5%	50.6%	50.4%

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org

Age

Children and youth, ages 0-17, make up 22.3% of the service area population, 62.6% are adults, and 15.1% are seniors. The service area has a higher percentage of seniors than found in the county (12.5%) and the state (12.3%).

Population by Age

	OCMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	79,611	6.1%	189,814	5.9%	2,510,642	6.3%
Age 5-17	213,649	16.2%	521,288	16.3%	6,648,281	16.7%
Age 18-24	115,514	8.6%	300,120	9.4%	3,832,735	9.7%
Age 25-44	364,580	27.7%	874,523	28.2%	11,101,459	28.8%
Age 45-64	333,353	26.3%	857,886	27.7%	10,003,365	21.2%
Age 65+	178,085	15.1%	413,945	12.5%	4,893,517	12.3%

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org

Race/Ethnicity

In the service area, over half of the population (50.7%) is White. 24.8% of the population are Asians. Latinos or Hispanics make up 17.2% of the population in the service area. Black/African Americans are 1.8% of the population. The remaining races/ethnicities comprise 5.5% of the service area population.

Race/Ethnicity

	OCMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
White	639,190	50.7%	1,277,083	39.8%	14,571,546	37.8%
Asian	303,173	24.8%	651,711	20.3%	5,719,102	14.8%
Hispanic or Latino	247,443	17.2%	1,114,153	34.8%	14,534,449	37.7%
Other or Multiple	55,486	4.3%	94,054	3.0%	1,253,380	3.2%
Black/African American	24,294	1.8%	53,261	1.7%	2,199,398	5.7%
American Indian/Alaskan Native	9,140	0.7%	6,405	0.2%	162,534	0.4%
Native Hawaiian/Pacific Islander	6,066	0.5%	9,104	0.2%	143,353	0.4%

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org

Citizenship

In the service area, 33.9% of residents are foreign born. Of the foreign born, 17.5% are not citizens. This is a higher percentage of foreign born residents and those who are not citizens than found in the county and state.

Foreign Born Residents and Citizenship

	OCMC Service Area	Orange County	California
Foreign born	33.9%	32.1%	28.7%
Of foreign born, not a US citizen	17.5%	15.4%	14.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, B05001, B05002. <http://factfinder.census.gov>

Language

In the service area, 46.3% of residents speak English only in the home. Spanish is spoken in 30.3% of the homes in the service area. An Asian or Pacific Islander language is spoken in 19.9% of service area homes. 2.4% of residents in the service area speak an Indo-European language in the home.

Language Spoken at Home, Population 5 Years and Older

	OCMC Service Area	Orange County	California
Speaks only English	46.3%	54.4%	56.0%
Speaks Spanish	30.3%	26.2%	28.8%
Speaks Asian/Pacific Islander language	19.9%	14.3%	9.8%
Speaks other Indo-European language	2.4%	4.1%	4.4%
Speaks other language	1.1%	1.0%	1.0%

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org

Among students enrolled in area school districts, 26.6% are English learners, higher than the percentage of English learners in the county (23.5%) and state (20.4%). In Anaheim Elementary, over half of students (57.4%) are English Learners.

English Learners

	Percent
Anaheim Elementary	57.4%
Anaheim Union High	21.5%
Buena Park Elementary	38.3%
Cypress Elementary	16.4%
Fountain Valley Elementary	13.0%
Garden Grove Unified	36.5%
Huntington Beach City Elementary	5.0%
Huntington Beach Union High	8.7%
Santa Ana Unified	38.7%

	Percent
Tustin Unified	17.1%
Westminster	40.0%
OCCMC Service Area	26.6%
Orange County	23.5%
California	20.4%

Source: California Department of Education DataQuest, 2017-2018 Language Group Data. <http://dq.cde.ca.gov/dataquest/>

Veterans

In the service area, 4.8% of the population, 18 years and older, are veterans.

Veterans

	Percent
OCCMC Service Area	4.8%
Orange County	5.0%
California	5.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2101. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for the county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, income inequality, social support, and others. In 2018, Orange County ranked sixth, putting the county in the top 10% of all California counties on social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Orange County	6

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. From 2012-2016, the federal poverty threshold for one person ranged from \$11,170 to \$11,880, and for a family of four from \$23,050 in 2012 to \$24,300 in 2016.

Among the service area population, 14.6% are living at or below the 100% poverty level, and 34.2% are living at or below the 200% poverty level (low income). Poverty levels are lower in the service area than state rates and higher than county rates.

Ratio of Income to Poverty Level

	Below 100% Poverty	Below 200% Poverty
OCMC Service Area	14.6%	34.2%
Orange County	12.5%	29.0%
California	15.8%	35.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1703. <http://factfinder.census.gov>

In the service area, 20.3% of children live in poverty. 11.8% of seniors and 21.5% of female head of households (HoH) with children live in poverty. The rate of poverty among females, head of household living with children, is higher in the service area than in the county (14.4%) and state (17%).

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

	Children Under 18 Years Old	Seniors	Female HoH with Children
OCCMC Service Area	20.3%	11.8%	21.5%
Orange County	22.9%	13.1%	14.4%
California	23.7%	12.8%	17.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

The National School Lunch Program is a federally assisted meal program providing free, nutritionally balanced lunches to children whose families meet eligibility income requirements. The number of students eligible for the free and reduced-price lunch program is one indicator of the socioeconomic status within a region. The county rate of student eligibility was 49.2% in the 2017-2018 school year.

Eligibility for Free and Reduced Price Meals (FRPM) Program

	Students Eligible for FRPM
Orange County	49.2%
California	60.1%

Source: California Department of Education DataQuest, 2017-2018. <http://dq.cde.ca.gov/dataquest/>

Unemployment

The unemployment rate in the service area was 2.9% in 2018. Orange County's unemployment rate averaged 2.6% in 2018.

Unemployment Rate, 2018 Average

	Unemployment Rate
OCCMC Service Area	2.9%
Orange County	2.6%
California	3.8%

Source: California Employment Development Department, [Labor Market Information, 2018](#). Not seasonally adjusted.

Community Input – Economic Insecurity

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

- Low-income wages have not grown. People are not making enough money to survive, let alone obtain health care.
- Partners in the community provide food to help families. However, the food being provided is not necessarily healthy. We continue to see processed and canned foods. They could be served a little better by having healthier foods.
- The cost of living and housing is going up and people are financially strapped.
- It is more expensive to eat healthy than to eat poorly. You can go to McDonalds and eat off the dollar menu versus go to the grocery store and buy a head of lettuce, it is

a dollar. So, the amount of money you have impacts the access you have to many things that can keep you healthy.

- Some seniors cannot afford to retire.
- Living paycheck to paycheck is very stressful. It decreases the quality of life. You're probably not exercising or eating healthy, and it all just adds up to stress.
- Low-income teens cannot be involved in sports or extracurricular activities because they cannot afford the fees.
- Housing is a critical issue in the community. Access to affordable housing is almost nonexistent, especially for seniors. We have many who are renting a room or a part of a trailer with other seniors. They cannot afford to live in a one-bedroom apartment these days and the waiting list is very long for affordable housing units.
- The homeless have huge challenges, food security and not enough shelters. We are getting to build more beds, but it is a slow process and there are many more homeless who need shelter.
- When people are working two jobs, they are just trying to feed their families. They do not have time to think about health care.
- Most parents we deal with have low paying jobs and as a result, they have to work multiple jobs, and none provide benefits.
- For the Vietnamese in Orange County, when it comes down to taking care of their health or earning income to provide for their families. It is more important to take care of the family.
- Due to convenience and the lower cost, people eat processed food that is readily available and there are not a lot of good food choices when you go out. It is an environmental thing; it is not just individual choice. You have to pay more for high quality food that is better for you.
- We have seen subtle growth in the free and reduced lunch population, but it's not significant. We've also seen more giving at our schools. There is a gap between those who have money and those who are struggling financially. We see students living in poverty, where it is harder to make ends meet, and the upper end, those who are more affluent.
- There is a need for affordable housing. People come in or their adult children come in and say they are looking for a parent or people will say I need to move because my rent was raised. HUD buildings have very long waiting lists or closed waiting lists that will open up after a while, so it is very limited.
- Times aren't easy right now for many populations. It isn't getting better, and in many cases, they are afraid to access services.
- There are a lot of people who do have jobs and have multiple members of their family they cohabitate with, like grandparents taking care of grandchildren or parents taking care of their parents. Everyone is working to try to support themselves and people don't have time to care for themselves.

Households

The median household income for the service area is \$71,336. This is lower than the median income for the county (\$84,901).

Median Household Income

	Median Household Income
OCMC Service Area	\$71,336
Orange County	\$84,901
California	\$71,061

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org.

In the service area, there are 381,342 households. 38.6% of households are 4 or more person households.

Household Size

Household Size	OCMC Service Area	Orange County	California
1 person households	19.4%	21.3%	23.6%
2 person households	25.8%	29.0%	28.6%
3 person households	16.2%	17.0%	16.4%
4+ person households	38.6%	33.0%	31.4%

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org.

Over half of Orange County renters (55.2%) spend 30% or more of their household income on housing. Among Orange County seniors, 32.3% spend 30% or more of their household income on housing.

Households that Spend 30% or More of Income on Housing

	Orange County	California
Renters who spend \geq 30% of income on housing	55.2%	56.5%
Seniors who spend \geq 30% of income on housing	32.3%	32.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016; Conduent Healthy Communities www.ochealthiertogether.org.

Seniors Living Alone

In the service area, Garden Grove 92845 has the highest percentage of seniors living alone (12.9%). In Midway City, 12.4% of seniors live alone.

Seniors, 65+, Living Alone

	Percent
90620 – Buena Park	6.4%
90630 – Cypress	7.6%
90680 – Stanton	9.6%
90740 – Seal Beach	7.7%
92626 – Costa Mesa	5.2%

	Percent
92627 – Costa Mesa	8.2%
92646 – Huntington Beach	11.5%
92647 – Huntington Beach	6.7%
92648 – Huntington Beach	10.8%
92649 – Huntington Beach	11.1%
92655 – Midway City	12.4%
92683 – Westminster	4.9%
92703 – Santa Ana	4.5%
92704 – Santa Ana	3.5%
92706 – Santa Ana	7.7%
92707 – Santa Ana	3.3%
92708 – Fountain Valley	8.4%
92780 – Tustin	7.0%
92801 – Anaheim	7.2%
92804 – Anaheim	6.4%
92840 – Garden Grove	6.1%
92841 – Garden Grove	6.6%
92843 – Garden Grove	7.2%
92844 – Garden Grove	5.5%
92845 – Garden Grove	12.9%
Orange County	21.2%
California	23.1%

Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org

*Data not available for 92616, 92619, 92623, 92650, 92652, 92654, 92697, 92698, 92674, 92693, 92607, 92677, 92690

Community Input – Senior Health

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

- With seniors, one item we predominately see is loneliness. Mental health and being isolated more and more, they cannot drive as much and that cuts them off from the connection to the community. We need to help the seniors more.
- The population of seniors is growing and will double in the next 20 years. They are more disadvantaged, especially if they are isolated and homebound. It's the only population that is growing in OC. Individuals have been living here their whole lives and they can't afford to move or stay.
- Live-in care is expensive, and nursing homes are even more expensive.
- Seniors need better dissemination of information about existing programs. Because seniors aren't always able to navigate the Internet, it needs to be in print.
- For seniors, we see a lot of depression and they may not be aware of it or are not willing to seek treatment. With specific generations, stigma can still be a problem,

but that is declining, and people are getting help. Some still feel they can snap out of it if there is no help available. For local behavioral health care, seniors have to go out of their area for coverage. They are already uncomfortable to seek care and to have to go outside their community, they are reluctant to do so.

- In-home Supportive Services has a huge waiting list; it's very hard to get services.
- Sometimes insurance doesn't cover the cost of durable medical equipment (walkers, wheelchairs, canes). This isolates seniors and keeps them homebound.
- Seniors have issues with transportation.
- Seniors can't just decide they want to go to the market today. They have to call the day ahead of time to schedule transportation and it needs to be something planned so they can set up their route and there is a bit of a time lapse. To get to the senior center for a class, you have to plan to get there early in case they are running a bit late. It is an excursion for seniors. You have to start early and wait 30 minutes or so each way and it adds on, it can be an exhausting day to get somewhere.
- It is a challenge to pay for home care. For low-income seniors, getting adequate help to enable them to age in place, all options are so expensive. For low-income seniors, there is such a limited range of choices. There are deficits and they are more prone to injury and falls. There are not enough services.
- Medical groups are doing a great job of reaching out and trying to address the senior wave. I think there is more hope to live healthy and manage chronic disease.
- I don't hear clients say they spoke with their physicians about end-of-life issues.

In the service area, 6.3% of residents receive SSI (Supplemental Security Income), 2.9% receives Public Assistance, and 9.8% receives Food Stamps/SNAP. These rates of public assistance are higher than county rates.

Household Supportive Benefits

	OCMC Service Area	Orange County	California
Households	381,342	1,017,012	12,807,387
Supplemental Security Income (SSI)	6.3%	4.3%	6.2%
Public Assistance	2.9%	2.2%	3.8%
Food stamps/SNAP	9.8%	6.4%	9.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percentage of food insecurity in Orange County is 9.6%,

which is lower than the state rate (11.7%). 16.3% of children live in households experiencing food insecurity and 23% of seniors experience food insecurity.

Food Insecurity

	Orange County	California
Food insecurity rate	9.6%	11.7%
Children (<18 years) living in households that experience food insecurity*	16.3%	19.0%
Adults (65+) that experience food insecurity*	23.0%	35.3%

Feeding America, 2016, www.ohealthiertogether.com *Source: Orange County's Healthier Together, Claritas, 2018. www.ohealthiertogether.org.

Educational Attainment

In the service area, 20.8% of adults have not graduated from high school, 21.1% of area adults are high school graduates and 36.6% are college graduates.

Educational Attainment of Adults, 25 Years and Older

	OCCMC Service Area*	Orange County	California
Population 25 years and older	884,573	2,100,472	25,554,412
Less than 9 th grade	12.1%	8.7%	9.9%
Some high school, no diploma	8.7%	6.8%	8.0%
High school graduate	21.1%	17.4%	20.6%
Some college, no degree	21.5%	20.9%	21.7%
Associate degree	8.0%	7.8%	7.8%
Bachelor degree	19.5%	24.8%	20.1%
Graduate or professional degree	9.1%	13.7%	11.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1501. <http://factfinder.census.gov>

*Source: Orange County's Healthier Together, Claritas, 2018. www.ohealthiertogether.org.

High school graduation rates are the number of high school graduates who graduated four years after starting ninth grade. On-time graduation rates ranged from 86.2% at Anaheim Union High to 95.7% at Tustin Unified. In the county, the high school graduation rate was 88.8%. The county rate exceeds the Healthy People 2020 objective for high school graduation of 87%.

High School Graduation Rates, 2016-2017

	Percent
Anaheim Union High	86.2%
Garden Grove Unified	91.7%
Huntington Beach High School	89.2%
Santa Ana Unified	90.8%
Tustin Unified	95.7%
Orange County	88.8%

	Percent
California	82.7%

Source: California Department of Education DataQuest, Cohort Outcome Data for Class of 2016-2017.
<http://dq.cde.ca.gov/dataquest/>

Homelessness

The US Department of Housing and Urban Development (HUD) conducts an annual 'point-in-time' count (PIT) of homeless, with data reported by Continuums of Care (CoC). The total number of people experiencing homelessness during PIT counts collected in Orange County during 2017 was 4,792. Recent trends show rates of homelessness are increasing in Orange County, along with the percentage of homeless who are unsheltered (5% increase).

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

Year of Count	Total Homeless	Sheltered	Unsheltered
2015	4,452	51%	49%
2017	4,792	46%	54%

Source: Orange County CoC Homeless Count & Survey Report/2-1-1 Orange County by Focus Strategies, July 2017
<https://www.211oc.org/images/PIT-Final-Report-2017-072417.pdf>

Among public school children, 5.8% are homeless, which is higher than the state rate of 4.4% homeless public school children.

Homeless Public School Students

	Percent
Orange County	5.8%
California	4.4%

Source: Kids Data, 2016. <https://www.kidsdata.org/region/365/orange-county/summary#37/family-economics>

Transportation

Orange County workers spend, on average, 27.2 minutes a day commuting to work. 78.5% of workers drive alone to work and 39.7% of solo drivers have a long commute. Few workers commute by public transportation (2.4%) or walk to work (1.9%).

Transportation/Commute to Work

	Orange County	California
Mean travel time to work (in minutes)	27.2	28.4
Solo drivers with a long commute	39.7%	39.3%
Workers commuting by public transportation	2.4%	5.2%
Workers who drive alone	78.5%	73.5%
Workers who walk to work	1.9%	2.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Conduent Healthy Communities,
www.ochealthiertogether.org

Community Input – Transportation

Stakeholder interviews and focus group participants identified the following issues, challenges and barriers related to transportation. Following are their comments, quotes and opinions edited for clarity:

- If you ride the bus, it takes a lot of planning and it's a time barrier. It places restrictions on getting to appointments.
- Medi-Cal members get transportation as a covered service for non-emergency medical visits. For those who do not qualify for Medi-Cal, there is need to get to services to get chemotherapy and, radiation therapy. It is hard when they are by themselves to arrange transportation. They are aware of Uber, Lyft and door-to-door services, but often it is very difficult for them.
- For homebound seniors, access is almost nonexistent. There is Access, the county provider, but it is very difficult to navigate because you have to call 24 hours in advance and you have to wait, at a minimum, an hour, and usually it's a wait time of a three-hour window. It can take the entire day for a doctor's appointment. Uber and Lyft are trying to make it possible to accommodate older adults with wheelchairs, but they aren't successful yet and it's cost prohibitive for our older adults.
- We could do better a job letting people know there is access to transportation.
- Schools charge for school bus service. It is \$90 per child. You can apply for a waiver, but most people have to pay.
- Transportation to health care is an issue. If you need transportation, it is really a barrier in the south more than central and north Orange.
- We do have older patients who take the bus and another subset of patients that get Access through their insurance. I will have people say they can't come because they do not have a ride. I don't think it is economics. If they cannot get a driver who can bring them, they won't think of any other mode of transportation.
- The dial-a-ride program has made it harder and harder for people to schedule appointments. Dial-a-ride will only run from noon to 3 pm. It is difficult to get an appointment during that time slot, and then there is no way to get home.
- We have excellent transportation here in our city. Only concerns I hear are quick, on-demand transportation for today or tomorrow when transportation may be booked a week out. Also, getting to the doctor quickly can be a challenge. Many cannot afford a taxi and they don't use Uber or Lyft. If it is outside of the city or the bus line, lack of transportation options can lead to not going to the doctor.
- For seniors, it is important to still feel independent to get around and they need a viable transportation system in place.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Crime statistics indicate Orange County has lower rates (240.5 per 100,000 persons) of violent crime than the state (450.7 per 100,000 persons).

Violent Crimes, per 100,000 Persons

	Number	Rate
Orange County	7,267	240.5
California	178,553	450.7

Source: California Department of Justice, Office of the Attorney General, 2017. <http://oag.ca.gov/crime/cjsc/stats/crimes-clearance>

Calls for domestic violence are categorized as with or without a weapon. The majority of domestic violence calls in Orange County did not involve a weapon (70.5%).

Domestic Violence Calls

	Total	Without Weapon	With Weapon
Orange County	8,452	70.5%	29.4%
California	169,362	55.6%	44.3%

Source: California Department of Justice, Office of the Attorney General, 2017. <http://oag.ca.gov/crime/cjsc/stats/domestic-violence>

Health Care Access

Health Insurance

Health insurance coverage is considered a key component to accessing health care. The service area insurance rate is 85.8%. Among children in the service area, 94.6% have insurance coverage, 80.9% of non-senior adults are insured, and 97.9% of seniors have health care insurance.

Insurance Coverage

	Total Population	Children, 0-17	Adults, 18-64	Seniors, 65+
OCMC Service Area	85.8%	94.6%	80.9%	97.9%
Orange County	87.7%	95.0%	82.8%	98.4%
California	87.4%	94.6%	82.4%	98.6%

Source: U.S. Census Bureau, American Community Survey, 2016, S2701. <http://factfinder.census.gov>
 Source: Orange County's Healthier Together, Claritas, 2018. www.ochealthiertogether.org.

In the service area, health insurance coverage ranges from a low of 72.9% in Santa Ana 92703 to a high of 96% in Seal Beach and Garden Grove 92845.

Insurance Coverage

	Percent
90620 – Buena Park	88.7%
90630 – Cypress	90.4%
90680 – Stanton	83.5%
90740 – Seal Beach	96.0%
92626 – Costa Mesa	89.0%
92627 – Costa Mesa	79.3%
92646 – Huntington Beach	94.7%
92647 – Huntington Beach	87.1%
92648 – Huntington Beach	89.9%
92649 – Huntington Beach	94.5%
92655 – Midway City	82.6%
92683 – Westminster	87.2%
92703 – Santa Ana	72.9%
92704 – Santa Ana	77.7%
92706 – Santa Ana	79.4%
92707 – Santa Ana	77.4%
92708 – Fountain Valley	91.7%
92780 – Tustin	85.0%
92801 – Anaheim	81.4%
92804 – Anaheim	83.0%
92840 – Garden Grove	82.9%

	Percent
92841 – Garden Grove	84.4%
92843 – Garden Grove	85.0%
92844 – Garden Grove	86.3%
92845 – Garden Grove	96.0%

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

In Orange County, 49.1% of the population has employment-based health insurance. 24.9% are covered by Medi-Cal and 9.1% of the population has coverage that includes Medicare. Orange County has higher rates of employment-based and private purchase insurance than found in the state.

Insurance Coverage by Type of Coverage

	Orange County	California
Total Insured	87.7%	87.4%
Employment-based	49.1%	45.5%
Medi-Cal	24.9%	31.0%
Medicare and others	9.1%	9.2%
Private purchase	7.6%	6.4%
Medicare and Medi-Cal	3.4%	4.6%
Other public	1.9%	1.7%
Medicare Only	1.5%	1.5%

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

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary Emergency Room (ER) visits. In Orange County, 82.9% of the population reported a regular source for medical care. The source of care for 64.6% of residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 15.9% in the county, while 17.1% of county residents have no regular source of care.

Sources of Care

	Orange County	California
Have usual place to go when sick or need health advice	82.9%	85.4%
Dr. office/HMO/Kaiser Permanente	64.6%	58.7%
Community clinic/government clinic/community hospital	15.9%	23.7%
ER/Urgent Care	0.8%	1.8%
Other	1.6%	1.2%
No source of care	17.1%	14.6%

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

Accessing health care can be affected by the availability of providers in the community. According to the 2018 County Health Rankings, Orange County ranks 21 out of 58 California counties for clinical care, which includes health insurance coverage, ratios of population-to-care providers and preventive screening practices, among others.

The ratio of individuals to primary care providers is 1,050:1. There is a ratio of 920 persons to one dentist in Orange County and 440 persons to one mental health care provider.

Ratio of Population to Health Care Providers

	Orange County	California
Primary care physicians	1,050:1	1,280:1
Dentists	920:1	1,210:1
Mental health providers	440:1	320:1

Source: County Health Rankings, 2018.

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

Delayed care may also indicate reduced access to care; 10.7% of county residents reported delaying or not seeking medical care and 8.0% reported delaying or not getting their prescription medication in the last 12 months.

Delay of Care

	Orange County	California
Delayed or didn't get medical care in last 12 months	10.7%	9.8%
Delayed or didn't get prescription medicine in last 12 months	8.0%	9.0%

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

Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care; 19.5% of residents in Orange County visited an ER in the past 12 months. Adults, ages 18-64, visited the emergency room at higher rates (21.2%) than other age groups.

Use of Emergency Room

	Orange County	California
Visited ER in last 12 months	19.5%	21.4%
0-17 years old	12.2%	19.7%
18-64 years old	21.2%	21.9%
65 and older	20.9%	22.0%
<100% of poverty level	21.9%	26.3%
<200% of poverty level	16.1%	21.7%

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

Community Input – Access to Health Care

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

- Migrants are not going to clinics as they fear possible deportation.
- Some people don't have a primary care provider and use the Emergency Department as their physician.
- In general, doctors no longer have the time to tell you things they ought to be telling you. You ask questions and they are backing out the door as they give you the answer. Frequently, you get a lot more service and information from the pharmacy than the doctor.
- There are not enough doctors who take Medicare in some communities. There is difficulty finding doctors who will accept new patients.
- Elderly Asians do not access care due to the language barriers and they do not understand the various health care options.
- People have issues with time. We see people between 8 am to 5 pm, and after that, they will go to urgent care, which is staffed from 5 pm to 9 pm. What happens after that? Regardless of the acuity, they have to go to the ED. It would be nice to have an urgent care available 24 hours.
- The availability of tele-doctors is reducing the long wait times for care.
- For older adults, barriers to health care are transportation and access to timely care. People are not used to having to wait for weeks or longer to get in for a visit. If it is not an emergency, getting in quickly is a challenge.
- You cannot get into see a doctor when you want to see them, which is why the Emergency Department (ED) is overloaded. If you are sick and you call the doctor, the office tells you to come in three weeks from now.
- The population we serve is predominately Vietnamese and they have health care issues, particularly access to care. They may have insurance, and they may have bought it at levels where their premiums are high. They cannot pay their deductibles and it prevents them or discourages them to seek screenings.
- Regular working families aren't working full time and as a result, they are not provided health care coverage as part of their employment.
- The working poor may have insurance because of the Affordable Care Act (ACA). But economically, they chose to buy the lower end of the insurance coverage and when it is time to see a doctor and they have to pay, it costs too much. They have the care but because of the higher premiums and deductibles, it prevents them from accessing care.
- For low-income seniors, they have co-pays, and those with very low income, they have Medi-Cal to reduce or eliminate co-pays. But those people at the mid-range that aren't covered, they have high co-pays that prevent them from obtaining care.

- Seniors who are not accessing care have language barriers. They have difficulty finding physicians who speak their language, especially Koreans and Japanese. With Spanish, it is a bit easier.
- Access to health care is a challenge. For older adults, it has to do with transportation and navigating the health care system. For older adults struggling with signs of cognitive decline, it's close to impossible.

Dental Care

In Orange County, 69.0% of adults saw a dentist within the past six months compared to the state (73.5%).

Time since Last Dental Visit, Adult

	Orange County	California
6 months ago or less	69.0%	73.5%
More than 6 months up to 1 year ago	8.1%	9.5%
More than 1 year up to 2 years ago	1.4%	3.0%

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

Among children in Orange County, 77.5% of children saw a dentist within the past six months compared to the state (79.5%).

Time since Last Dental Visit, Children, Ages 2-11

	Orange County	California
6 months ago or less	77.5%	79.5%
More than 6 months up to 1 year ago	10.0%	10.7%
More than 1 year up to 2 years ago	1.7%	3.4%

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

Community Input – Dental Care

Stakeholder interviews and focus group participants identified the following issues, challenges and barriers related to dental care. Following are their comments, quotes and opinions edited for clarity:

- The migrant population has bad teeth that need to be taken care of. Dental care is low on their list of needs. They are worried about access to health care and they don't see dental care as part of health care.
- We see many people who go to free clinics for dental and so there is more access to dental care.
- We don't know where to take our children for dental care or when to start taking them to the dentist.
- We do know older adults at risk of food insecurity are twice as likely to report gum disease and asthma.

- Our patients have medical insurance, but dental is not built into their plans. Dentistry is completely separate. We do mention all the time to get checked, same with eye care, but if they do not have dental insurance, they don't access it because they know it will be expensive. They simply won't go. People will have really painful dental issues, but they won't go because of the cost.
- Kids need dental records for school, so we know they've been seen by a dentist.
- Most insurance does not cover oral health and dental care. Many seniors don't seek dental care because they don't have coverage, so it is a financial barrier. I don't think there are a lot of dentists who provide specialty care for older adults. They received cleanings and their cavities filled when they were working and had insurance, but when they are older, there is a lapse in the insurance. When they do have care, there are usually large co-pays and caps on maximum coverage amounts, so it is cost prohibitive.
- There isn't very good dental insurance for seniors.
- Most of the time, you can get dental care for kids. For parents, accessing dental care is a huge difficulty for low-income populations.

Maternal and Infant Health

Births

On average, from 2013-2015, there were 15,555 births in the service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 537.2 per 1,000 live births, which is higher than county (440.6 per 1,000 live births) or state (524.0 per 1,000 live births) rates.

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

	OCMC Service Area	Orange County	California
Delivery paid by public insurance or self-pay	537.2	440.6	524.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Health Status

93.3% of women in Orange County were in good to excellent health before pregnancy. 20.3% of pregnant women in Orange County had inadequate weight gain and 35.3% had excessive weight gain during pregnancy. 11.7% of Orange County women experienced food insecurity during pregnancy.

Health Status Before and During Pregnancy

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

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

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

Prenatal Care

Among pregnant women in the service area, 85% entered prenatal in the first trimester. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Mother Received Early Prenatal Care, per 1,000 Live Births

	OCMC Service Area	Orange County
Early prenatal care	85.0%	86.7%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Teen Birth Rate

Teen births occurred at a rate of 53.0 (5.3%) per 1,000 live births in the service area. This rate is higher than the teen birth rate in the county (41.5 per 1,000 live births).

Births to Teenage Mothers (Under Age 20), 3-Year Average, per 1,000 Live Births

	OCMC Service Area	Orange County	California
Births to teen mothers	5.3%	4.2%	5.5%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Mother Smoked Regularly During Pregnancy

The rate of mothers who smoked regularly during pregnancy in the service area was 1.0% (9.9 per 1,000 live births), which is lower than the county rate (1.1%) and the state rate (2.4%).

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

	OCMC Service Area	Orange County	California
Mother smoked	1.0%	1.1%	2.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Premature Birth

The rate of premature birth, occurring before the start of the 37th week of gestation, in the service area is 5.0% (50.1 per 1,000 live births). This rate of premature birth is higher than the county rate (4.7%) and lower than the state rate (5.3%).

Premature Birth, Before Start of 37th Week or Unknown, per 1,000 Live Births

	OCMC Service Area	Orange County	California
Premature birth	5.0%	4.7%	5.3%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The service area rate of low birth weight babies is 6.6% (65.8 per 1,000 live births). This is higher than the county (6.3%) rate. The service area rate meets the Healthy People 2020 objective of 7.8% of births being low birth weight.

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

	OCMC Service Area	Orange County	California
Low birth weight	6.6%	6.3%	6.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the county is 2.9 deaths per 1,000 live births. This rate is lower than the California rate of 4.5 deaths per 1,000 live births. Orange County fares better than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

Infant Mortality Rate

	Rate
Orange County	2.9
California	4.5

Source: California Department of Public Health, 2015 <https://letsgethealthy.ca.gov/goals/healthy-beginnings/reducing-infant-mortality/>

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Orange Coast Medical Center indicated 93.8% of new mothers breastfeed and 72% breastfeed exclusively. The rates of exclusive breastfeeding were higher than the average rates among hospitals in the county and state.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Orange Coast Medical Center	1,217	93.8%	934	72.0%
Orange County	34,573	94.8%	24,111	66.1%
California	384,637	93.9%	285,146	69.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at Orange Coast Medical Center. 93.1% of Asian mothers chose to breastfeed and 65.5% breastfed exclusively. Among White mothers, 96.7% initiated breastfeeding and 84% breastfed exclusively. Among Latina mothers, 93.4% initiated breastfeeding and 76.3% breastfed exclusively. Among mothers of multiple races, 90.9% initiated breastfeeding and 65.9% breastfed exclusively.

In-Hospital Breastfeeding, Orange Coast Medical Center, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Asian	604	93.1%	425	65.5%
White	290	96.7%	252	84.0%
Latino/Hispanic	240	93.4%	196	76.3%
Multiple races	40	90.9%	29	65.9%
Orange Coast Medical Center	1,217	93.8%	934	72.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Leading Causes of Death

Mortality Rates

Heart disease, cancer and Alzheimer’s disease were the top three causes of death in the hospital service area. Stroke was the fourth leading cause of death and Chronic Lower Respiratory Disease was the fifth leading cause of death. The leading causes of death are presented as age-adjusted death rates. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence different population age distributions might have on health event rates.

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

	OCMC Service Area		Orange County	California	Healthy People 2020 Objective
	Number	Rate	Rate	Rate	Rate
Heart disease	5,986	165.6	148.3	161.5	No objective
Ischemic heart disease	3,951	109.3	94.6	103.8	103.4
Cancer	5,644	154.6	145.2	158.4	161.4
Alzheimer’s disease	1,501	42.1	40.1	35.5	No objective
Stroke	1,426	39.5	37.4	38.2	34.8
Chronic Lower Respiratory Disease	1,254	34.5	30.1	36.0	Not comparable
Unintentional injuries	945	25.1	23.8	31.8	36.4
Diabetes	727	19.9	15.1	22.6	Not comparable
Pneumonia and influenza	682	18.9	17.2	16.8	No objective
Liver Disease	514	14.1	11.4	13.8	8.2
Kidney Disease	400	11.0	9.6	8.5	Not comparable
Suicide	373	9.9	10.0	11.0	10.2
Homicide	100	2.6	1.9	4.9	5.5
HIV	47	1.2	0.9	1.9	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Heart Disease and Stroke

In the service area, the age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) was 109.3 deaths per 100,000 persons. The age-adjusted rate of death from stroke was higher in the service area (39.5 deaths per 100,000 persons) than in the county (37.4 deaths per 100,000 persons) and the state (38.2 deaths per 100,000 persons). The rate of stroke death does not meet the Healthy

People 2020 objective of 34.8 per 100,000 persons.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Heart disease death rate	5,986	165.6	148.3	161.5
Ischemic heart disease death rate	3,951	109.3	94.6	103.8
Stroke death rate	1,426	39.5	37.4	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million

Cancer

In the service area, the age-adjusted cancer mortality rate was 154.6 per 100,000 persons. This was lower than the state rate of 158.4 per 100,000 persons. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 per 100,000 persons.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Cancer death rate	5,644	154.6	145.2	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

The five-year average cancer mortality rate for all cancer sites in Orange County was 137.8 per 100,000 persons, lower than the California rate of 146.6 per 100,000 persons. In the county, the rates of death from pancreatic cancer, ovarian cancer, brain cancer, leukemia, and melanoma exceeded the state rates of death.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, 2011-2015

	Orange County	California
Cancer all sites	137.8	146.6
Lung and bronchus	29.6	31.9
Breast (females)	18.7	20.1
Prostate (males)	18.2	19.6
Colon and rectum	11.6	13.2
Pancreas	10.7	10.3
Ovary (females)	7.4	7.1
Liver and intrahepatic bile duct	6.9	7.6
Non-Hodgkin lymphoma	4.7	5.4
Brain	4.5	4.3

	Orange County	California
Urinary bladder	3.9	3.9
Stomach	3.7	4.0
Myeloid and monocytic leukemia	3.5	3.3
Kidney and renal pelvis	3.1	3.5
Melanoma of the skin	2.8	2.4
Lymphocytic leukemia	1.9	1.9
Cervix uteri (females)	1.6	2.2
Thyroid	0.5	0.6
Testis (males)	0.3	0.3

Source: California Cancer Registry, Cancer Surveillance Section, California Department of Public Health, 2011-2015.
<http://www.cancer-rates.info/ca/>

When examined by race/ethnicity, Blacks have the highest rate of cancer mortality (157.8 per 100,000 persons), followed by Whites (148.9), Hispanics have a lower rate (122.9), and Asians/Pacific Islanders have the lowest rate of cancer mortality (106.0 per 100,000 persons). Exceptions are Asians have high rates of mortality from liver and bile duct, and stomach cancers.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, by Race for Orange County

	Hispanic	White	Asian/PI	Black	Orange County
Cancer all sites	122.9	148.9	106.0	157.8	137.8
Lung and Bronchus	15.4	34.5	24.5	32.3	29.7
Breast (female)	17.0	20.9	11.5	30.8	18.7
Prostate (males)	20.0	20.3	7.1	49.4	18.2
Colon and Rectum	11.9	11.8	10.3	12.0	11.6
Pancreas	11.0	11.1	8.9	11.1	10.7
Ovary (female)	6.2	8.5	4.5	0.00	7.4
Liver and Bile Duct	9.3	4.8	11.5	7.2	6.9
Miscellaneous	7.5	9.1	5.4	0.00	6.2
Leukemia*	5.2	6.6	4.1	7.5	6.2
Non-Hodgkin Lymphoma	5.6	5.3	4.0	0.0	5.1
Urinary Bladder	2.1	4.7	2.0	0.0	3.9
Stomach	6.1	2.1	6.3	0.0	3.7
Uterine** (female)	3.4	3.2	0.0	0.0	3.1
Kidney & Renal Pelvis	3.5	3.3	1.9	0.0	3.1
Esophagus	1.8	3.9	1.5	0.0	3.1
Myeloma	3.4	3.1	1.8	9.4	3.0
Oral Cavity and Pharynx	1.7	2.4	1.6	0.0	2.4
Skin Melanoma	0.7	4.3	0.0	0.0	2.4

	Hispanic	White	Asian/PI	Black	Orange County
Cervical (female)	2.4	1.4	0.0	0.0	1.6

Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. <http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, accounting for 50% to 80% of dementia cases. In the service area, the Alzheimer's disease death rate was 42.1 per 100,000 persons. This was higher than the county rate (40.1 per 100,000 persons).

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	1,501	42.1	40.1	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) or chronic obstructive pulmonary disease (COPD) refers to diseases that cause airflow blockage and breathing-related problems. COPD most commonly includes chronic bronchitis and emphysema. In the service area, the CLRD death rate was 34.5 per 100,000 persons.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Chronic lower respiratory disease death rate	1,254	34.5	30.1	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Pneumonia and Influenza

In the service area, the pneumonia and influenza-specific death rate was 18.9 per 100,000 persons, which was higher than county and state rates.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza death rate	682	18.9	17.2	16.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 25.1 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	945	25.1	23.8	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Diabetes

Diabetes is a leading cause of death in the United States. Diabetes disproportionately affects minority populations and the elderly. In the service area, the diabetes death rate was 19.9 per 100,000 persons. This was higher than the county rate (15.1 per 100,000 persons).

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Diabetes death rate	727	19.9	15.1	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Homicide

In the service area, the age-adjusted rate from homicides was 2.6 per 100,000 persons. The Healthy People 2020 objective for homicides is 5.5 per 100,000 persons.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Homicides	100	2.6	1.9	4.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Suicide

In the service area, the age-adjusted rate from suicides was 9.9 per 100,000 persons. The Healthy People 2020 objective for suicide is 10.2 per 100,000 persons.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Suicides	373	9.9	10.0	11.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million

Liver Disease

In the service area, the liver disease death rate was 14.1 per 100,000 persons. This rate exceeded the Healthy People 2020 objective for liver disease death (8.2 per 100,000 persons).

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Liver disease death rate	514	14.1	11.4	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million

Kidney Disease

In the service area, the kidney disease-specific death rate was 11.1 per 100,000 persons. This rate was higher than county and state rates of death from kidney disease.

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	400	11.1	9.6	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

HIV

In the service area, the death rate from HIV was 1.2 per 100,000 persons. This rate was higher than the county death rate from HIV (0.9) and lower than the state rate of death from HIV (1.9).

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

	OCMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
HIV death rate	47	1.2	0.9	1.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Disability and Disease

Health Status

Among the Orange County population, 15.7% reported being in fair or poor health. This rate was lower than the California rate of 17.3%.

Health Status, Fair or Poor Health

	Orange County	California
Persons with fair or poor health	15.7%	17.3%

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

Disability

Among adults in Orange County, 24.0% are identified as having a physical, mental or emotional disability. This is lower than the state disability rate (29.7%). 6.0% of Orange County adults could not work for at least a year due to physical or mental impairment.

Population with a Disability

	Orange County	California
Adults with a disability	24.0%	29.7%
Couldn't work due to impairment	6.0%	7.0%

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

In Orange County, 4.5% of the population has an ambulatory difficulty that limits physical activity. 2.5% of the population has a hearing difficulty, 2.1% have a self-care difficulty, and 1.7% of Orange County residents have a vision difficulty.

Health Status Disabilities

	Orange County	California
Persons with ambulatory difficulty	4.5%	5.9%
Persons with hearing difficulty	2.5%	2.9%
Persons with self-care difficulty	2.1%	2.6%
Persons with vision difficulty	1.7%	2.0%

Source: Orange County's Healthier Together, US Census Bureau American Community Survey, 2012-2016.

www.ochealthiertogether.org

Diabetes

Among adults in Orange County, 11.3% have been diagnosed with diabetes compared 13.4% of adults with diabetes in the state. 9.2% of adults have been diagnosed with pre-diabetes. Among adults with diabetes, 53.3% are very confident they can control their diabetes; 6.6% of adults in Orange County are not confident they can control/manage their diabetes.

Adult Diabetes

	Orange County	California
Diagnosed pre-diabetic	9.2%	10.5%
Diagnosed diabetic	11.3%	13.4%
Very confident to control diabetes	53.3%	58.5%
Somewhat confident	40.1%	33.8%
Not confident	6.6%	7.7%

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

In the service area, the rates of adults with diabetes ranged from 5.5% in Huntington Beach 92648 to 11.9% in Garden Grove 92844.

Adults with Diabetes

	Percent
90620 – Buena Park	8.9%
90630 – Cypress	8.0%
90680 – Stanton	9.0%
90740 – Seal Beach	6.9%
92626 – Costa Mesa	5.7%
92627 – Costa Mesa	6.5%
92646 – Huntington Beach	6.6%
92647 – Huntington Beach	6.8%
92648 – Huntington Beach	5.5%
92649 – Huntington Beach	6.4%
92683 – Westminster	6.2%
92703 – Santa Ana	9.3%
92704 – Santa Ana	9.7%
92706 – Santa Ana	9.0%
92707 – Santa Ana	9.3%
92708 – Fountain Valley	8.4%
92780 – Tustin	7.4%
92801 – Anaheim	9.1%
92804 – Anaheim	9.9%
92840 – Garden Grove	10.4%
92841 – Garden Grove	10.4%
92843 – Garden Grove	11.5%
92844 – Garden Grove	11.9%
92845 – Garden Grove	7.5%
Orange County	7.9%

Source: Orange County's Healthier Together, California Health Interview Survey, 2013-2014. <http://www.ochealthiertogether.org>
No data for Midway City.

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention

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

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Orange County	California
Diabetes long term complications	69.2	79.8
Diabetes short term complications	42.0	54.4
Lower extremity amputation among patients with diabetes	15.8	23.6
Uncontrolled diabetes	28.4	33.9

Source: California Office of Statewide Health Planning & Development, 2016.

http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html

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

Heart Disease

For adults in Orange County, 4.6% have been diagnosed with heart disease. Among these adults, 70.1% are very confident they can manage their condition; however, 7.5% were not confident they could control their heart disease. 70.5% have a disease management care plan developed by a health care professional.

Adult Heart Disease

	Orange County	California
Diagnosed with heart disease	4.6%	6.2%
Has a disease management care plan	70.5%	70.2%
Very confident to control condition	70.1%	57.4%
Somewhat confident to control condition	22.4%	36.8%
Not Confident to control condition	7.5%	5.8%

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

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The PQIs related to heart disease are congestive heart failure and hypertension. The rates of hypertension (18.7) and congestive heart failure (241.5) were lower in the county than in the state.

Hospitalization Rates* for Prevention Quality Indicators – Heart Disease

	Orange County	California
Congestive heart failure	241.5	317.7
Hypertension	18.7	25.0

Source: California Office of Statewide Health Planning & Development, 2016.

http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html

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

High Blood Pressure

In Orange County, 22.4% of adults have been diagnosed with high blood pressure. Of those adults, 60.6% take medication to control their hypertension. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%. Orange County complies with this objective.

High Blood Pressure

	Orange County	California
Ever diagnosed with hypertension	22.4%	28.4%
Takes medicine for hypertension	60.6%	65.1%

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

Cancer

In Orange County, the five-year, age-adjusted cancer incidence rate is 401.0 per 100,000 persons. The rate of cancer among children, below 20 years old, is 19.3 per 100,000 persons, which is higher than the rate of cancer in children in the state (17.9 per 100,000 persons). Rates of female breast cancer and melanoma are higher in Orange County than the state.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted, 2011-2015

	Orange County	California
All sites	401.0	404.0
Breast (female)	123.9	121.5
Prostate	99.3	101.2
Lung and bronchus	37.5	39.0
Colon and rectum	34.2	36.2
Melanoma of the skin	27.4	22.1
Children (<20 years) all sites	19.3	17.9
Leukemia	9.2	9.6
Cervix	6.2	7.2

Source: National Institutes of Health, State Cancer Profiles, 2011-2015. <https://statecancerprofiles.cancer.gov>

Asthma

In Orange County, 15.2% of the population has been diagnosed with asthma. 89.0% have had symptoms in the past year, and 41.3% take daily medication to control their asthma. Among county youth, 22.0% have been diagnosed with asthma, and 8.5% have visited the ER as a result of their asthma.

Asthma

	Orange County	California
Diagnosed with asthma, total population	15.2%	14.8%
Diagnosed with asthma, 0-17 years old	22.0%	16.7%

	Orange County	California
ER visit in past year due to asthma, total population	12.6%	13.1%
ER visit in past year due to asthma, 0-17 years old	8.5%	10.5%
Takes daily medication to control asthma, total population	41.3%	45.1%
Takes daily medication to control asthma, 0-17 years old	15.0%	30.7%
Had asthma symptoms in the past 12 months	89.0%	90.3%

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

In the service area, the rates of adults with asthma range from 12.1% in Garden Grove 92844 to 16.3% in Seal Beach.

Adults with Asthma

	Percent
90620 – Buena Park	14.7%
90630 – Cypress	14.0%
90680 – Stanton	14.2%
90740 – Seal Beach	16.3%
92626 – Costa Mesa	14.7%
92627 – Costa Mesa	13.9%
92646 – Huntington Beach	16.0%
92647 – Huntington Beach	14.7%
92648 – Huntington Beach	15.3%
92649 – Huntington Beach	15.7%
92683 – Westminster	13.0%
92703 – Santa Ana	14.3%
92704 – Santa Ana	14.0%
92706 – Santa Ana	12.5%
92707 – Santa Ana	14.9%
92708 – Fountain Valley	14.2%
92780 – Tustin	14.3%
92801 – Anaheim	14.2%
92804 – Anaheim	13.9%
92840 – Garden Grove	13.5%
92841 – Garden Grove	13.1%
92843 – Garden Grove	12.6%
92844 – Garden Grove	12.1%
92845 – Garden Grove	15.7%
Orange County	11.2%

Source: Orange County's Healthier Together, California Health Interview Survey, 2013-2014. <http://www.ochealthiertogether.org>
No data available for Midway City.

Prevention Quality Indicators (PQIs) related to asthma includes chronic obstructive pulmonary disease (COPD) and asthma in younger adults. Hospitalization rates for

COPD were lower in the county (184.7) than the state (265.6). Hospitalization rates for asthma in younger adults were lower in the county (13.2) than the state (22.6).

Asthma Hospitalization Rates* for Prevention Quality Indicators (PQI)

	Orange County	California
COPD or asthma in older adults	184.7	265.6
Asthma in younger adults	13.2	22.6

Source: California Office of Statewide Health Planning & Development, 2016. *Risk-adjusted (age-sex) annual rates per 100,000 population. http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html

Chronic Diseases among Seniors

Among Orange County Medicare beneficiaries (adults 65 and older), 31.4% have been treated for arthritis or osteoarthritis. 19.4% of seniors have been treated for chronic kidney disease. 10.9% have been treated for Alzheimer's disease or dementia and 9.1% have been treated for osteoporosis. These rates are higher than in the state.

Chronic Diseases among Medicare Beneficiaries

	Orange County	California
Rheumatoid arthritis or osteoarthritis	31.4%	27.6%
Chronic kidney disease	19.4%	17.9%
Alzheimer's disease or dementia	10.9%	9.3%
Osteoporosis	9.1%	6.7%

Source: Centers for Medicare and Medicaid Services, 2015. www.ochealthieretogether.com

HIV/AIDS

In Orange County, the rate of persons living with HIV/AIDS infection is 273.1 per 100,000 persons, which is lower than the state rate of 391.7 per 100,000 persons.

HIV/AIDS, 2013-2015

	Orange County	California
HIV/AIDS infection ages 13 years and older	273.1	391.7

Source: California Department of Public Health, County Health Status Profiles 2018 Report <http://www.cdph.ca.gov/data/statistics/>

Sexually Transmitted Infections

The rate of chlamydia in Orange County is 353.6 per 100,000 persons. The rate of gonorrhea in Orange County males (219.5 per 100,000 persons) is higher than in females (114.2 per 100,000 persons). Rates of syphilis are also higher among men (15.5 per 100,000 persons) than women (0.9 per 100,000 persons). The county rates of chlamydia, gonorrhea and syphilis are lower than state rates.

Sexually Transmitted Infections, 2014-2016

	Orange County	California
Chlamydia	353.6	480.3
Gonorrhea (females)	114.2	218.0

	Orange County	California
Gonorrhea (males)	219.5	372.6
Syphilis (females)	0.9*	2.6
Syphilis (males)	15.5	22.5

Source: California Department of Public Health, County Health Status Profiles 2018 Report <http://www.cdph.ca.gov/data/statistics/>

*Data unreliable based on fewer than 20 data elements.

Community Input – Chronic Diseases

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

- We have seen an increase in asthma and diabetes and we need to help with medications in those areas.
- For older adults, age 60 and over, the major issues are chronic health conditions.
- We do see more education about chronic illnesses, the only concern I see is access to specialists.
- The cost of medications is high and insurance companies will not cover some medications.
- It is not only access to health care that causes problems, but also access to healthy food. We have a lot of low-income populations, and in their neighborhoods there are convenience stores that have processed food.
- There are issues with heart disease, stroke, diabetes, and liver cancer.
- There needs to be more education on diabetic friendly diets. In some Latino communities there is a misperception about what sugar does, and there are myths related to out of control glucose, blindness and organ failure.
- Some people cannot manage their needs for medical supplies or manage the amount of money to get their diabetes controlled because of the financial situation they are in. Medications are very expensive.
- Cancer continues to be an issue in our community. For survivors, those who fought cancer, their needs are not being addressed. If a person has survived cancer for 5 years, those who have not been impacted by cancer, think you are back to normal, but it is a different normal and there are so many other issues. Chemo impacts you. There are side effects like mental health, and it also impacts your future health.
- The biggest problems we face are kids struggling with autism or ADHD. For kids who deal with autism, some require shadows and there are only a couple of affordable services and access takes months. It takes four months to get someone, and by that time, half of the school year is over.
- Chronic diseases persist. Education is important for prevention and treatment once someone has the disease. People need more health education, more time with their doctors to address the issues versus only being provided a pamphlet.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 4 places Orange County in the top of California counties for health behaviors. This ranking has been stable for the past three years.

Health Behaviors Ranking

	County Ranking (out of 57)
Orange County	4

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Overweight and Obesity

In Orange County, 33.3% of the adult population reported being overweight. The county adult rate of overweight is lower than the state rate of 34.8%. 17.7% of Orange County teens are overweight compared to the state (18.1%).

Overweight

	Orange County	California
Adult (ages 20+ years)	33.3%	34.8%
Teen (ages 12-17 years)	17.7%	18.1%

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

In Orange County, 23.3% of adults and 28.3% of teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. The rate of obese teens exceeds the state rate (22.6%) and the Healthy People 2020 objective.

Obesity

	Orange County	California
Adult (ages 20+) obesity	23.3%	27.9%
Teen (ages 12-17) obesity	28.3%	22.6%
Senior adults (ages 65+) obesity	23.0%	23.5%

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

Source: Orange County's Healthier Together, California Health Interview Survey, 2013-2014. <http://www.ochealthiertogether.org>

When adult obesity levels were tracked over time, the county has experienced a decrease in adult obesity from 2012 to 2014, then an increase from 2014 to 2016.

Adult Obesity, 2012-2016

	2012	2013	2014	2015	2016
Orange County	21.1%	20.8%	18.2%	23.5%	23.3%
California	24.2%	24.7%	27.0%	27.9%	27.9%

Source: California Health Interview Survey, 2012, 2013, 2014, 2015, 2016. <http://ask.chis.ucla.edu>

Adult overweight and obesity by race and ethnicity indicate high rates among African Americans (83.3%) and Whites (61.2%), compared with state averages. Asians in Orange County have the lowest rates of overweight and obesity (38.1%).

Adult Overweight and Obese by Race/Ethnicity

	Orange County	California
African American	83.3%	71.7%
White	61.2%	58.1%
Latino	60.2%	73.9%
Asian	38.1%	43.6%
Total Adult Population	56.6%	62.7%

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

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at high risk (obese). In Orange County, 17.8% of 5th grade students tested as needing improvement (overweight) or at high risk (obese) for body composition, slightly lower than the California rate of 19.1%. Among 9th graders, the county rate was 15.9%, also below the state average (17.8%).

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

	Fifth Grade	Ninth Grade
Orange County	17.8%	15.9%
California	19.1%	17.8%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

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

Community Input – Overweight and Obesity

Stakeholder interviews and focus group participants identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments, quotes and opinions edited for clarity:

- Overweight and obesity continue to be problems and getting kids active is hard. Electronics are more prevalent and funding for after school programs has shrunk. There is more funding for STEM, which is great, but a lot of class time is focused on electronics and that time is taken away from team sports and health and fitness.

- This has had a severe impact on our community. We've had almost an epidemic, which is why diabetes is on the rise. We have insufficient resources to address overweight and obesity in our community.
- A sedentary lifestyle, getting people to commit to move and trying to control their weight, is a problem in schools. Definitely in Santa Ana this is an issue.
- Lifestyle and injuries that lead to an inactive lifestyle can have a snowball effect and lead to obesity. A healthy person can go out and exercise, but if they are hurt or have an injury, it is more difficult to lose weight. Lifestyle, complications from other chronic diseases and seeking a healthy weight are challenges.
- All chronic diseases are impacted by weight issues and we have to offer classes and program so people can be healthy.

Fast Food

In Orange County, 29.7% of children and 29.1% of adults consumed fast food three to four times a week. This rate of fast food consumption was higher than the state rate.

Fast Food Consumption

	Orange County	California
Children who were reported to eat fast food 3-4 times a week	29.7%	25.5%
Adults who reported eating fast food 3-4 times a week	29.1%	25.4%

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

Soda Consumption

16.0% of children in Orange County consumed at least two to three sodas a week compared to the state (17.4%). Among county adults, 7.3% drank at least seven or more sodas weekly; 58.3% of adults drank no soda in a week.

Soda or Sweetened Drink Consumption

	Orange County	California
Children reported to drink at least 2 sodas or more a week	16.0%	17.4%
Adults who reported drinking at least 7 or more sodas a weekly	7.3%	10.4%
Adults who reported drinking no soda a week	58.3%	59.6%

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

Fresh Fruits and Vegetables

79.3% of children in Orange County consumed two or more servings of fruit in a day. 50.4% of adults reported they find fresh fruits and vegetables in the neighborhood affordable, and 73.8% reported fresh fruits and vegetables were always accessible in the neighborhood.

Access to and Consumption of Fresh Fruits and Vegetables

	Orange County	California
Children who reported eating 2 or more servings of fruit in the previous day	79.3%	70.4%
Adults who reported finding fresh fruits and vegetables in the neighborhood affordable	50.4%	49.0%
Adults who reported fresh fruits and vegetables were always accessible in the neighborhood.	73.8%	73.5%

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

Physical Activity

For school-aged children in Orange County, 33.1% engaged in physical activity for two or more days for at least one hour in the week. 93.1% of Orange County children visited a park, playground or open space in the last month.

Physical Activity, Children and Teens, 2016

	Orange County	California
2 or more days physically active at least one hour (past week)	33.1%	22.4%
Visited a park, playground or open space in the last month	93.1%	87.9%

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

Among adults in Orange County, 36.8% regularly walked for transportation, fun, and exercise. This was lower than the state rate (39.5%).

Physical Activity Adults

	Orange County	California
Adults who regularly walked for transportation, fun, and exercise	36.8%	39.5%

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

One of the components of the physical fitness tests (PFT) for students in schools is measurement of aerobic capacity through run and walk tests. 5th, 7th and 9th graders who meet the aerobic capacity standards are categorized as being in the Healthy Fitness Zone. 68.3% of Orange County 5th graders, 74.0% of 7th graders, and 70.6% of 9th graders achieved the Healthy Fitness Zone. Youth in Orange County exceed state rates for aerobic capacity

5th, 7th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

	Fifth Grade	Seventh Grade	Ninth Grade
Orange County	68.3%	74.0%	70.6%
California	62.0%	64.6%	61.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

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

Mental Health

In Orange County, 6.5% of adults experienced serious psychological distress in the past year. 15.6% of adults needed help for emotional, mental health, alcohol or drug issues; however, 85.5% of those who sought or needed help did not receive treatment. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment). 12.9% of adults took prescription medicine for emotional/mental health issues in the past year.

Mental Health Indicators, Adults

	Orange County	California
Adults who likely had serious psychological distress during past year	6.5%	8.0%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	15.6%	16.4%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	15.0%	13.4%
Adults who sought/needed help but did not receive treatment	85.5%	86.6%
Adults who took prescription medicine for emotional/mental health issue in past year	12.9%	11.1%

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

In Orange County, 6.3% of teens experienced serious psychological distress during the past year, and 8.9% of teens received counseling.

Mental Health Indicators, Teens

	Orange County	California
Teens who likely has had serious psychological distress during the past year	6.3%	7.9%
Teens who received psychological/emotional counseling in past year	8.9%	10.1%

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

In Orange County, 12.7% of adults had seriously considered suicide. This is higher than the state (9.3%).

Thought about Committing Suicide

	Orange County	California
Adults who ever seriously thought about committing suicide	12.7%	9.3%

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

The average annual age-adjusted emergency room visit rate for Orange County adults with mental health issues is 67.6 per 10,000 persons. The emergency room visit rate for children (under 18 years of age) is 28.5 per 10,000 persons. The ER rate for adults with

intentional self-injury is 16.6 per 10,000 persons and for adolescents (ages 12-17) the rate is 46.3 per 10,000 persons. These ER rates are lower than found in the state.

Mental Health ER Rate, per 10,000 Persons, Age-Adjusted, 2013-2015

	Orange County	California
Adult mental health concern	67.6	93.4
Adult suicide and intentional self-injury	16.6	21.7
Pediatric (under 18 years) mental health concern	28.5	30.4
Adolescent (ages 12-17) suicide and intentional self-injury	46.3	46.3

Source: California Office of Statewide Health Planning and Development, 2013-2015. www.ochealthiertogether.com

Community Input – Mental Health

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

- Mental health has been the topic of concern and it is being addressed countywide.
- There is depression among older adults who are isolated. They can get comfortable in their isolation and when you try to introduce a friendly visit, they get leery. Introducing resources to them is difficult. They are very prideful and they don't want to admit they are depressed and are having some mental health concerns.
- There is not enough outreach to handle the degree and volume of mental health needs. Not all individuals recognize they have an issue, or they don't want to be treated or follow medication regimens.
- Our biggest challenge is we don't have qualified psychiatry help and counselors we can send our patients to.
- We have a significant Asian population and when you look at mental health services, culturally, Asians don't tend to seek out assistance with mental health and counseling as much as other cultures.
- Low-income and food insecure residents are more likely to suffer from depression. So, mental health has a severe impact in our community and resources are not sufficient to deal with the issue.
- There is a gap in mental health support. It is hard to find good psychiatry and good behavioral health support.
- If our senior community cannot afford to take a cab or they do not have transportation to get where they want to go, there can be isolation. This keeps them in their homes and they may experience depression and mental health issues.
- Mental health concerns across schools are growing. The biggest problem is anxiety, and pressure to perform continues to grow. There is more depression in our kids and some of it comes from social media components. We don't see kids engaging face-to-face as much as we see texting and social media postings. This leads to isolating behaviors.

- After-school activities and sports aren't affordable for low-income kids, or they may not have transportation, or they may need to work after school instead. Kids don't just play outside these days – everything is a 'club', and you pay.
- Bulimia and anorexia are big concerns in the schools.
- With mental health there can be cultural issues, people may not want to admit there is a concern, and it can be ignored by family, support and friends. With diabetes there are pills and insulin, but with mental health, an exact prescription does not work for everyone.
- We've seen more senior women who are homeless and with mental health challenges.

Substance Use and Misuse

Cigarette Smoking

In Orange County, 10.9% of adults smoke cigarettes, lower than the state rate of 11.7% and the Healthy People 2020 objective of 12%.

Cigarette Smoking, Adults

	Orange County	California
Current smoker	10.9%	11.7%
Former smoker	22.4%	21.7%
Never smoked	66.6%	66.6%

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

Teens in Orange County are more likely to have smoked with an electronic cigarette (vaporizer) than a cigarette. Among 11th graders in Orange County, 11% had smoked a cigarette and 31% had used an e-cigarette (vaping).

Smoking, Teens

	7 th Graders	9 th Graders	11 th Graders
Ever smoked a whole cigarette	1%	7%	11%
Ever used an e-cigarette or vaping method	7%	21%	31%

Source: California Healthy Kids Survey, 2015-2017. www.ochealthiertogether.com

Alcohol and Drug Use

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

Alcohol Consumption Binge Drinking, Adult

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

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

14.5% of Orange County women who became pregnant engaged in binge drinking in advance of their pregnancy and 7.3% drank alcohol in the third trimester of their pregnancy.

Alcohol Use Before and After Pregnancy

	Orange County	California
Any binge drinking, 3 months before pregnancy	14.5%	15.1%
Any alcohol use, 3 rd trimester	7.3%	7.3%

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

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

Among Orange County teens, 6.2% reported having an alcoholic drink and 2.6% engaged in binge drinking in the past month.

Alcohol Consumption and Binge Drinking, Teens

	Orange County	California
Ever had an alcoholic drink	6.2%	22.5%
Reported binge drinking in the past month*	2.6%	3.1%

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

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

Illicit Drug Use, Teens

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

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

For teens in Orange County who used drugs, they had most frequently tried marijuana and taken prescription pills.

Lifetime Drug Use, Teens

	7 th Graders	9 th Graders	11 th Graders
Marijuana	3%	13%	26%
Prescription pills	Not asked	11%	15%
Inhalants	3%	5%	5%
Cocaine	Not asked	2%	3%
Ecstasy, LSD, other psychedelic	Not asked	2%	5%

Source: California Healthy Kids Survey, 2015-2017. www.ochealthiertogether.com

Opioid Use

The rate of hospitalizations due to an opioid overdose was 5.5 per 100,000 persons in Orange County. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Orange County were 7.5 per 100,000 persons, which was a higher death rate than in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Orange County was 429.7 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Orange County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.5	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	7.5	4.5

	Orange County	California
Opioid prescriptions, per 1,000 persons	429.7	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use and Misuse

Stakeholder interviews and focus group participants identified the following issues, challenges and barriers related to substance use and misuse. Following are their comments, quotes and opinions edited for clarity:

- Vaping is considered cool and it provides a lot of smoke and great flavors. More vaping shops are popping up in the area, even though there are ordinances against it. We have ordinances that do not allow pot shops, so we have smoke shops and vape pens and you can go to the 7-11 and buy vapes. And Juul, it looks like a USB drive and you can get it anywhere.
- People don't know where to go or what to do for substance abuse issues.
- There are a lot of people behind closed doors who have addictions to drugs and medications. They have to want to get help, but we need to make it easier to know what resources are available and how to get access to them.
- Substance misuse has had a severe impact in our community. There are insufficient resources and services for substance use and misuse. We see a lot of substance use and misuse among older adults were previously homeless.
- Options for rehab are limited in the community unless you have a lot of resources. There is not enough capacity. Getting individuals to address their substance use problems is key. They are self-medicating for their behavioral health problems instead of taking their prescribed medications, or they are mixing drugs.
- Some people don't like the philosophy of AA, and they don't go, but there are no other sources of support. If you do not buy into that philosophy, you are pretty much on your own.
- We've seen an increase in students vaping. It is more widely accepted, it's the choice over tobacco and I think it is multifaceted. Kids think vaping is not harmful. Vaping has worked its way into our schools. They vape in the bathroom stalls and it just smells like blueberries, so it is hard to monitor or stop.
- There is an increase in the number of homeless individuals who have a high level of medical and behavioral health and substance abuse needs.
- Accidental substance abuse with missed medications is very common, even with prescription pain medications.
- There is a higher prevalence of substance use among teens in wealthier communities.
- There is a lot of huffing and vaping among middle school kids.
- Tobacco is still a problem, a lot of senior apartments are partially government supported, so there are regulations on housing, and they are not allowed to smoke in their homes.

Preventive Practices

Immunization of Children

Most Orange County school districts have high rates of compliance with childhood immunizations upon entry into kindergarten. The county immunization rate (95.7%) is higher than the state rate (95.1%). California law mandates kindergarten students be up-to-date on vaccines to help prevent communicable childhood diseases, such as whooping cough, measles and polio. With the passage of SB 277 in 2015, the 2015-2016 school year was the final year in which parents were able to opt out of the vaccine requirements for their children as result of religious or personal reasons.

Required Immunizations for Kindergarten

	Immunization Rate
Orange County	95.7%
California	95.1%

Source: California Department of Health Immunization Branch, 2017. www.ohealthiertogether.com

Flu Vaccine

40.9% of Orange County residents have received a flu shot. 37.0% of children, ages 0-17, and 68.4% of seniors in Orange County received flu shots. The Healthy People 2020 objective is for 70% of the population to receive a flu shot.

Flu Vaccine in Past 12 months

	Orange County	California
Vaccinated for flu in past 12 months	40.9%	44.8%
Vaccinated for flu in past 12 months, 0-17	37.0%	49.6%
Vaccinated for flu in past 12 months, 18-64	36.5%	37.7%
Vaccinated for flu in past 12 months, 65+	68.4%	69.3%

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

Mammograms

A mammogram is an x-ray of the breast used to detect changes in the breast. In Orange County, 63% of female Medicare enrollees, ages 67 to 69, have had a mammogram in the past two years.

Mammography Screening: Medicare Population

	Orange County	California
Women Medicare enrollees, ages 67-69, who reported having a mammogram in the past two years	63.0%	59.5%

Source: Orange County's Healthier Together, 2015. www.ohealthiertogether.org

In Orange County, 83.5% of women have obtained a mammogram in the past two years. This rate is higher than the Healthy People 2020 objective of 81% of women, 50

to 74 years, to have a mammogram within the past two years.

Mammograms

	Orange County	California
Women ages 50-74 who reported having a mammogram in the past 2 years	83.5%	83.2%

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

Colorectal Cancer Screening

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer—cancer of the colon or rectum—is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates if adults, ages 50 or older, had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Recommended screening procedures include one of the following: Fecal occult blood tests (FOBT) annually, flexible sigmoidoscopy every 5 years; double-contrast barium enema every 5 years, or colonoscopy every 10 years. In Orange County, 73.6% of adults, ages 50 and over, are compliant with the recommended screening practices for colorectal cancer.

Colorectal Cancer Screening

	Orange County	California
Colorectal cancer screening, among adults, 50+	73.6%	68.1%

Source: Orange County's Healthier Together, 2015. www.ohealthiertogether.org

Community Input – Preventive Practices

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

- One successful strategy for increasing vaccinations has been pharmacies offering vaccines.
- I don't think this is a big issue because there is so much effort, you can't walk into a Ride Aid, or anywhere and people are trying to make sure you got your flu shot and pneumonia vaccination, so I think it is sufficient, and has improved immensely.
- Fall prevention is an issue, it's about educating people about what causes falls.
- Not everyone believes in vaccines. There is a gap in knowledge and everyone is not going to get vaccinated.
- There are people in the community who are anti-vaccine and anti-mammogram. For those who are anti-mammogram, we hear it causes cancer or breasts are damaged by getting the mammogram. People who don't have a family history of breast cancer don't think a mammogram is important.
- There is not enough community education available to the general community.

- We do screenings in our population, but it is never enough or often enough. Responding to the screening results is the biggest issue. People don't know what to do once they get the results of the screening.
- With kids, they get taken care of through the schools and at after school programs. It is the parents who often don't get the help.
- People fear being screened because they may be diagnosed with an illness.
- The pharmacy is very good at looking at costs and alternatives and making sure you have you had your flu shot and your pneumonia shot.
- One of the issues with screenings, especially with colonoscopies, is it is extremely difficult to convince someone to get screened. With pancreatic and breast cancers as well. Cancer is the top cause of mortality in our Vietnamese community.

Attachment 1. Benchmark Comparisons

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

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 86.2% - 95.7%	High school graduation rate 87%
Child health insurance rate 94.6%	Child health insurance rate 100%
Adult health insurance rate 80.9%	Adult health insurance rate 100%
Persons unable to obtain medical care 10.7%	Persons unable to obtain medical care 4.2%
Heart disease deaths 109.3 per 100,000	Heart disease deaths 103.4 per 100,000
Cancer deaths 154.67 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths 39.5 per 100,000	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 25.1 per 100,000	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths 14.1 per 100,000	Liver disease deaths 8.2 per 100,000
Homicides 2.6 per 100,000	Homicides 5.5 per 100,000
Suicides 9.9 per 100,000	Suicides 10.2 per 100,000
On-time (1 st Trimester) prenatal care 85% of women	On-time (1 st Trimester) prenatal care 78% of women
Low birth weight infants 6.6% of live births	Low birth weight infants 7.8% of live births
Infant death rate 2.9 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Adult obese 23.3%	Adult obese 30.5%
Teens obese 28.3%	Teens obese 16.1%
High blood pressure 22.4%	High blood pressure 26.9%
Annual adult influenza vaccination 40.9%	Annual adult influenza vaccination 70%
Cigarette smoking by adults 10.9%	Cigarette smoking by adults 12%
Mammograms 83.5%, ages 50-74, screened in the past 2 years	Mammograms 81.1%, ages 50-74, screened in the past 2 years

Attachment 2. Community Stakeholders

Interview Respondents

	Name	Title	Organization
1	Art Groenenveld	Executive Director	Boys & Girls Club of Huntington Valley
2	Becky Nguyen	Director	Vietnamese American Cancer Foundation
3	Bob Dettloff	Past President	Huntington Beach Council on Aging
4	Darla Olson	Vice President of Advancement	SeniorServ
5	David Truong	Community Business Owner	Mimi's Jewelry, Inc.
6	Lalita Komanapalli	Clinic Medical Director	MemorialCare Medical Group
7	Mark Johnson	Superintendent	Fountain Valley School District
8	Michelle Yerke	Social Worker	City of Huntington Beach
9	Nora Webb	Manager, Senior Center	City of Fountain Valley
10	Shelley Vrungos	Division Manager, Medical Safety Net Program	Orange County Health Care Agency
11	Tanya Hoxsie	Chief Executive Officer	Boys & Girls Club of Huntington Valley

Focus Group Participants

Group	Focus Group Date	Number of Participants	Participants
City of Fountain Valley Senior Center	1/23/19	8 persons	Seniors
Boys & Girls Club of Huntington Valley	2/5/19	11 persons	Parents of children who attend the Boys & Girls Club
Senior Center of Huntington Beach	2/6/19	9 persons	Seniors and social workers who work with seniors

Attachment 3. Resources to Address Needs

Orange Coast Medical Center solicited community input through key stakeholder interviews and focus groups to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Orange County’s Healthier Together at <http://www.ochealthiertogether.org> and 211 Orange County at <https://www.211oc.org/>.

Health Need	Community Resources
Access to health care	AltaMed Boys & Girls Club CalOptima City of Huntington Seniors on the Go Family Resource Centers HiCap (Health Insurance Counseling and Advocacy Program) Measure M Taskforce Orange County Annual Conditions of Children Report Orange County Health Care Agency Orange County Links Orange County Strategic Plan for Aging Collaborative Planned Parenthood
Chronic diseases	AltaMed Alzheimer’s Association Orange County American Heart Association MemorialCare Orange County Health Care Agency Senior centers Vietnamese American Cancer Foundation
Dental care	Boys & Girls Club Friends of Family Health Center Healthy Kids of Orange County Healthy Smiles UCI Dental Truck
Economic insecurity	Bruno Serato White House Community Action Partnership of Orange County Food Insecurity Taskforce Meals on Wheels Orange County Homeless Taskforce Second Harvest Food Bank of Orange County Waste Not OC
Mental health	Be Well OC Center for Healthy Living Family Resource Centers National Alliance on Mental Illness (NAMI) Orange County Behavioral Health Orange County Crisis Assessment Team Orange County Health Care Agency System of Care Taskforce for Mental Health Windstone Behavioral Health Services
Overweight and obesity	Boys & Girls Club

Health Need	Community Resources
	Girls, Inc. Orange County Health Care Agency Weight Watchers WIC (Women, Infants and Children)
Preventive practices	AltaMed Lotus Committee for OCMC Orange County Health Care Agency Planned Parenthood Senior fairs Walgreens
Senior health	AARP Adult Protective Series Alzheimer's Family Center Assisted Living Taskforce Council on Aging Goodwill Industries Huntington Beach Council on Aging In-Home Supportive Services Orange County Housing Authority Office on Aging SeniorServ
Substance use and misuse	1-800-No-Butts Alcoholics Anonymous (AA) Drug Abuse Resistance Education (DARE) Touchstone
Transportation	City of Huntington Seniors on the Go Jewish Family Federation & Family Services OCTA Access Seniors Helping Seniors Westminster on Wheels

Attachment 4. Report of Progress

Orange Coast Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The medical center addressed: access to health care, chronic diseases, overweight and obesity, and preventive practices through a commitment of community benefit programs and charitable resources. Additionally, the Implementation Strategy also focused on seniors and the Vietnamese community.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2016 CHNA.

Access to Health Care

- Patient Financial Services helped individuals enroll in Medi-Cal, regardless of where they received care.
- Information on Medicare enrollment was provided through education sessions for 137 persons.
- Orange Coast Medical Center provided free non-emergency, non-urgent medical transportation for seniors, and transportation services were provided to those who needed help with transportation to enhance access to care. Over 3,600 persons were served.
- Orange Coast Medical Center provided financial support for the City of Fountain Valley's senior transportation program, which provided over 4,000 rides to vulnerable seniors.
- 32 persons who could not afford their medications received medications free of charge.

Chronic Diseases

- General health and wellness education reached 3,500 individuals on topics that included: palliative care, cardiovascular health, diabetes, back care, cancer, lung health, and women's health. From 88% to 100% of session attendees identified new knowledge gained from the sessions. 58% to 93% of attendees indicated they planned to make changes as a result of what they learned at the sessions.
- 22 persons participated in smoking cessation education.
- Cancer support groups and survivor events provided information and assistance to more than 1,600 individuals in the community.

- Over 9,600 encounters were provided through Parkinson’s disease classes including movement disorder support groups, young onset support groups, music therapy and exercise classes.
- The cancer resource center provided counseling open to the public, free of charge.

Overweight and Obesity

- Educational outreach to children and their families was provided in the areas of nutrition, healthy food choices and physical activity.
- Health education focused on activity, exercise and nutrition and reached over 200 individuals.
- Body composition screening was provided for 21 persons at a community health fair.

Preventive Practices

- 130 flu shots were provided free of charge to adults, seniors and the Vietnamese community. 2,200 seniors were reached at the senior flu clinic.
- The hospital offered screenings for colorectal cancer, blood pressure, body composition, breast health, lung health, skin cancer, osteoporosis and hepatitis at community-wide events. Over 6,950 persons were screened.
- Maternal Child Health offered a breastfeeding clinic that reached 262 persons.

Senior Health

- Over 740 seniors attended health and wellness education classes with topics that included: advance directives, cancer, exercise, cardiovascular health, shoulder pain, back and neck pain, nutrition, memory and aging, senior driving safety, Tai Chi, stress management, and medication use, and more.
- 89 seniors participated in injury prevention and balance improvement classes.
- Our Senior Outreach Coordinator collaborated with local agencies and organizations to assist older adults in securing needed services. This included coordinating free medical transportation program for seniors, coordinating free health screenings, flu clinics, health education and disease prevention classes for seniors, coordinating socialization and enrichment events for seniors, and directly assisting seniors and their families, as needed.

Vietnamese Health

- Vietnamese health and wellness education was provided to over 1,000 persons on topics that included: Hepatitis B & C, insomnia, psoriasis, chronic disease prevention and management, diet and nutrition, healthy lifestyles, and mental health.

- Breastfeeding classes provided in Vietnamese reached 16 people.
- Orange Coast Medical Center offered a targeted health outreach program on local radio and cable TV to the Vietnamese community. Information on a variety of topics, including preventive practices, was presented weekly on local access channels. Radio listeners called-in with questions. It is estimated 1.875 million people listened to and watched these presentations.
- Our Vietnamese Community Outreach Coordinator organized and directed free community education and outreach and free health screenings. The Coordinator also assisted with securing medical transportation for the Vietnamese community.

Community Support to Address Health Needs

Contributions were made to nonprofit organizations that support community benefit efforts and address significant health needs in the community. Orange Coast Medical Center supported:

- SeniorServ's Senior Nutrition Program. Through this program SeniorServ provided nutritious meals to low-income, ethnically diverse and underserved seniors in Orange County. The Senior Nutrition program addresses these two social determinants of health by providing access to nutritious food and much needed socialization for low-income, at-risk older adults ensuring they are able to live with independence and wellness in our community. As a result of this program, 196 new unduplicated seniors have reduced their risk for malnutrition and isolation by being added to the program and receiving Meals on Wheels services. A total of 940 unduplicated homebound seniors received 260,183 meals delivered by a friendly driver who completed regular, in-person safety checks. A total of 7,555 unduplicated seniors received 378,825 nutritious lunches in the company of others. Senior meal recipients were surveyed about their experience with the program: 54% of 100 homebound seniors surveyed, indicated being on the program improved their diets, and 83% of Senior Lunch participants, who completed the survey, reported the meals were nutritious and helped keep them healthy.
- The Vietnamese American Cancer Foundation (VACF) Cancer Care Coordination Program. Through this program VACF targeted Vietnamese individuals with cancer and their families to help coordinate their cancer care, access needed services and remove barriers to care. Over a ten month period, the program served 179 cancer patients (from diagnosis through treatment) and survivors (post-treatment) with cancer support navigation. An additional 206 individuals had cancer concerns that required informational and navigation support to diagnostic resolution. These individuals had access to monthly meetings at VACF that provided education on health/cancer topics and an opportunity to connect with others. A quality of life survey was completed by

VACF clients. According to the quality of life survey, 73.5% of the cancer patients/survivors rated their general health at average or above, including 47.1% who rated their health at either good or excellent; and 70% of all responses stated they would rate their health about the same or better than one year ago. 87% of the patients/survivors served strongly agreed their well-being and quality of life have improved as a result of the services they received at VACF. The survey results also showed 100% patients/survivors would rate our staff's ability to help them or get them to someone who could help them as either good or excellent.

- The City of Fountain Valley Senior Transportation Program. Through this program the City of Fountain Valley extended the hours of the Senior Mobility Program – Hop On! Senior Transportation. The grant funds allowed City staff to increase the service hours of the Hop On! Senior Transportation Program from 8:30am – 4:30pm to 8:00am – 7:00pm. The hours were increased to provide services to those in need of medical appointments and other transportation-related services after 4:30pm. Of the 462 participants who used the services during the extended time periods, 41 attended medical appointments before 8:30am and 45 after 4:30pm. The other trips taken during these hours were used for going to the pharmacy, grocery shopping, personal care, church attendance, and visiting family and friends. The Hop On! program has provided new found independence for our riders and the means for seniors to remain active members of our community. Hop On! riders were asked if the transportation services were not available would they be able to pay for transportation. Of the respondents, 27% said they would not be able to afford paying for transportation and 51% indicated it would depend on the cost whether or not they could afford to pay for transportation.