

# MemorialCare Saddleback Medical Center Community Health Needs Assessment 2022



## Table of Contents

Executive Summary .....	4
Background and Purpose .....	7
Service Area.....	7
Project Oversight.....	9
Consultants .....	9
CHNA Approval.....	10
Data Collection Methodology .....	11
Secondary Data Collection.....	11
Significant Community Needs .....	11
Primary Data Collection .....	11
Public Comment.....	12
Prioritization of Significant Needs.....	13
Resources to Address Significant Needs .....	14
Review of Progress .....	14
Demographics .....	15
Population .....	15
Gender .....	16
Age.....	16
Race/Ethnicity .....	16
Citizenship .....	17
Language .....	17
Sexual Orientation.....	17
Veterans.....	17
Social Determinants of Health .....	18
Social and Economic Factors Ranking.....	18
Poverty .....	18
Unemployment.....	20
Households .....	20
Seniors Living Alone .....	22
Community Input – Senior Health .....	23
Food Insecurity.....	25
Community Input – Food Insecurity.....	25
Educational Attainment .....	25
Homelessness.....	26
Community Input – Housing and Homelessness.....	27
Crime and Violence.....	29

Health Access .....	30
Health Insurance .....	30
Sources of Care .....	31
Use of the Emergency Room .....	32
Dental Care .....	33
Community Input – Access to Health Care .....	33
Maternal and Infant Health .....	35
Births .....	35
Delivery Paid by Public Insurance or Self-Pay .....	35
Health Status.....	35
Prenatal Care .....	35
Teen Birth Rate .....	36
Mother Smoked Regularly During Pregnancy .....	36
Premature Birth .....	36
Low Birth Weight.....	36
Infant Mortality.....	37
Breastfeeding .....	37
Leading Causes of Death.....	39
Mortality Rates .....	39
Leading Causes of Death.....	39
Heart Disease and Stroke .....	40
Cancer .....	40
Chronic Lower Respiratory Disease.....	41
Alzheimer’s Disease.....	41
Diabetes.....	42
Unintentional Injury .....	42
Pneumonia and Influenza .....	42
Liver Disease .....	42
Kidney Disease .....	43
Suicide .....	43
Homicide .....	43
HIV .....	44
Disability and Disease.....	45
Health Status.....	45
Disability.....	45
Diabetes.....	45
Heart Disease .....	47
High Blood Pressure .....	47
Cancer .....	48
Asthma.....	48
Chronic Diseases among Seniors.....	50

Community Input – Chronic Diseases .....	50
COVID-19.....	52
COVID-19 Vulnerability and Recovery Index .....	53
Community Input – COVID-19.....	54
Health Behaviors.....	56
Health Behaviors Ranking.....	56
Overweight and Obesity .....	56
Fresh Fruits and Vegetables .....	57
Physical Activity .....	57
Community Input – Overweight and Obesity .....	58
Mental Health .....	59
Mental Health Indicators .....	59
Community Input – Mental Health .....	59
Substance Use and Misuse.....	61
Cigarette Smoking.....	61
Opioid Use .....	62
Community Input – Substance Use.....	62
Preventive Practices.....	64
Immunization of Children .....	64
Flu Vaccine .....	64
Mammograms .....	64
Colorectal Cancer Screening .....	64
Community Input – Preventive Practices .....	65
Attachment 1: Community Stakeholder Interviewees.....	66
Attachment 2: Community Stakeholder Interview Responses.....	67
Attachment 3: Resources to Address Community Needs.....	72
Attachment 4: Report of Progress .....	74

## Executive Summary

MemorialCare Saddleback Medical Center (SMC) is a member of MemorialCare, an integrated, nonprofit health system headquartered in Orange County, California. SMC is a full service, nonprofit hospital in Laguna Hills, California. SMC provides a wide range of services and innovative specialty programs through its Centers of Excellence, which include the MemorialCare Heart & Vascular Institute, the MemorialCare Cancer Institute, the MemorialCare Breast Center, the MemorialCare Joint Replacement Center, Spine Health Center, robotic-assisted surgery program and The Women's Hospital. SMC is continually honored for exceptional medical expertise that offers high quality, compassionate care for patients and families at every stage of their lives.

### Community Health Needs Assessment

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

### Service Area

SMC is located at 24451 Health Center Drive, Laguna Hills, California 92653. The service area is located in Orange County and includes 28 ZIP Codes, representing 17 cities or communities. SMC determined the service area by averaging total inpatient ZIP Codes from 2018-2020. This service area represents 88% of total inpatient ZIP Codes of patient origin.

**Saddleback Medical Center Service Area**

Cities	ZIP Codes
Aliso Viejo	92656
Capistrano Beach	92624
Dana Point	92629
Foothill Ranch	92610
Irvine	92602, 92603, 92604, 92606, 92612, 92612, 92614, 92618, 92620
Ladera Ranch	92694
Laguna Beach	92651
Laguna Hills	92653
Laguna Niguel	92677
Laguna Woods	92637
Lake Forest	92630
Mission Viejo	92691, 92692
Rancho Santa Margarita	92688

Cities	ZIP Codes
San Clemente	92672, 92673
San Juan Capistrano	92675
Trabuco Canyon	92679
Tustin	92780, 92782

**Methodology**

Secondary Data

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

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

Primary Data

Twelve (12) interviews were conducted for the SMC CHNA from November 2021 to January 2022 via Zoom. Interview participants included a broad range of stakeholders concerned with the health and wellbeing of community members and who shared reflections on residents’ health issues and needs.

**Significant Community Needs**

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

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

- Substance use

## **COVID-19**

COVID-19 continues to have an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to health care, preventive screenings, disease maintenance, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

## **Prioritization of Health Needs**

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Housing and homeless, mental health, access to care, COVID-19, and substance use were ranked as the top five priority needs in the service area.

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

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

## Background and Purpose

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

SMC is a full service, nonprofit hospital in Laguna Hills, California. SMC provides a wide range of services and innovative specialty programs through its Centers of Excellence, which include the MemorialCare Heart & Vascular Institute, the MemorialCare Cancer Institute, the MemorialCare Breast Center, the MemorialCare Joint Replacement Center, Spine Health Center, robotic-assisted surgery program and The Women’s Hospital.

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

### Service Area

SMC is located at 24451 Health Center Drive, Laguna Hills, California 92653. The service area is located in Orange County and includes 28 ZIP Codes, representing 17 cities or communities. SMC determined the service area by averaging total inpatient ZIP Codes from 2018-2020. This service area represents 88% of total inpatient ZIP Codes of patient origin.

**Saddleback Medical Center Service Area**

<b>Cities</b>	<b>ZIP Codes</b>
Aliso Viejo	92656
Capistrano Beach	92624
Dana Point	92629
Foothill Ranch	92610



Cities	ZIP Codes
Irvine	92602, 92603, 92604, 92606, 92612, 92612, 92614, 92618, 92620
Ladera Ranch	92694
Laguna Beach	92651
Laguna Hills	92653
Laguna Niguel	92677
Laguna Woods	92637
Lake Forest	92630
Mission Viejo	92691, 92692
Rancho Santa Margarita	92688
San Clemente	92672, 92673
San Juan Capistrano	92675
Trabuco Canyon	92679
Tustin	92780, 92782

## Saddleback Medical Center Service Area Map



### Project Oversight

The Community Health Needs Assessment process was overseen by:

Jan Gameroz, MSN, RN

Manager Oncology Admin. Services/Community Relations

MemorialCare Saddleback Medical Center

### Consultants

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

developing, implementing, and evaluating community benefit programs.  
[www.bielconsulting.com](http://www.bielconsulting.com) + [www.peopleshealthsolutions.com](http://www.peopleshealthsolutions.com)

**CHNA Approval**

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

## Data Collection Methodology

### Secondary Data Collection

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

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

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

### Significant Community Needs

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

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

### Primary Data Collection

SMC conducted interviews with community stakeholders to obtain input on significant community needs, barriers to care and resources available to address the identified health needs. Twelve (12) phone interviews were conducted from November 2021 to

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

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

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

### **Public Comment**

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

## Prioritization of Significant Needs

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

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

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

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	75%	25%	50%
Chronic diseases	50%	42.9%	28.6%
COVID-19	87.5%	37.5%	25%
Food insecurity	87.5%	75%	75%
Housing and homelessness	100%	100%	100%
Mental health	100%	87.5%	87.5%
Overweight and obesity	62.5%	37.5%	50%
Preventive practices	62.5%	37.5%	50%
Senior health	87.5%	50%	62.5%
Substance use	100%	87.5%	87.5%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided,

resulting in an overall score for each significant need. Housing and homeless, mental health, access to care, COVID-19, and substance use were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs.

Significant Needs	Priority Ranking (Total Possible Score of 4)
Housing and homelessness	3.88
Mental health	3.88
Access to care	3.63
COVID-19	3.63
Substance use	3.63
Senior health	3.57
Food insecurity	3.50
Preventive practices	3.50
Chronic diseases	3.38
Overweight and obesity	3.13

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

**Resources to Address Significant Needs**

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

**Review of Progress**

In 2019, SMC conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital’s Implementation Strategy associated with the 2019 CHNA addressed: access to care, preventive care, chronic diseases, mental health and behavioral health, with a special focus on the senior population. The impact of the actions that SMC used to address these significant needs can be found in Attachment 4.

## Demographics

### Population

The population of the SMC service area is 984,079.

### Population, by ZIP Code

Area	ZIP Code	Population
Aliso Viejo	92656	52,641
Capistrano Beach	92624	7,072
Dana Point	92629	26,716
Irvine	92602	30,377
Irvine	92603	22,488
Irvine	92604	27,482
Irvine	92606	24,000
Irvine	92610	10,873
Irvine	92612	32,240
Irvine	92612	32,240
Irvine	92614	26,396
Irvine	92618	34,755
Irvine	92620	48,791
Ladera Ranch	92694	32,087
Laguna Beach	92651	25,236
Laguna Hills	92653	28,974
Laguna Niguel	92677	67,158
Laguna Woods	92637	16,812
Lake Forest	92630	64,871
Mission Viejo	92691	48,678
Mission Viejo	92692	47,816
Rancho Santa Margarita	92688	45,295
San Clemente	92672	41,460
San Clemente	92673	33,287
San Juan Capistrano	92675	37,987
Trabuco Canyon	92679	32,997
Tustin	92780	56,593
Tustin	92782	28,757
<b>SMC Service Area</b>		<b>984,079</b>
<b>Orange County</b>		<b>3,192,521</b>
<b>California</b>		<b>39,740,046</b>

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



## Gender

In the SMC service area, 48.9% of the population is male and 51.1% is female.

### Population, by Gender

	SMC Service Area	Orange County	California
Male	48.9%	49.4%	49.7%
Female	51.1%	50.6%	50.3%

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

## Age

Children and youth, ages 0-17, make up 20.5% of the service area population, 62.6% are adults, ages 18-64, and 16.9% are seniors, ages 65 and older. The service area has a higher percentage of seniors than the county (15.7%) and the state (15.2%).

### Population, by Age

	SMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
Ages 0-4	53,425	5.4%	185,640	5.8%	2,432,198	6.1%
Ages 5-17	148,161	15.1%	504,365	15.8%	6,522,118	16.4%
Ages 18-24	89,801	9.1%	286,888	9.0%	3,681,847	9.3%
Ages 25-44	254,917	25.9%	869,030	27.2%	11,247,139	28.3%
Ages 45-64	271,353	27.6%	844,187	26.4%	9,802,776	24.7%
Ages 65 and older	166,422	16.9%	502,411	15.7%	6,053,968	15.2%

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

## Race/Ethnicity

In the service area, over half of the population is White (52.4%). 21.9% of the population is Asian. Latinos or Hispanics make up 19.1% of the population in the service area. Black/African Americans are 1.6% of the population. The remaining races/ethnicities comprise 4.6% of the service area population.

### Race/Ethnicity

	SMC Service Area		Orange County		California	
	Number	Percent	Number	Percent	Number	Percent
White	515,881	52.4%	1,223,157	38.3%	13,954,640	35.1%
Asian	215,880	21.9%	685,728	21.5%	5,928,068	14.9%
Hispanic or Latino	188,308	19.1%	1,115,740	34.9%	16,124,059	40.6%
Other or Multiple	44,822	4.6%	100,297	3.1%	1,286,475	3.2%
Black/African American	15,645	1.6%	52,696	1.7%	2,149,325	5.4%
American Indian/Alaskan Native	1,830	0.2%	6,018	0.2%	156,343	0.4%
Native Hawaiian/Pacific Islander	1,713	0.2%	8,885	0.3%	141,136	0.4%

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

## Citizenship

In the service area, 27.1% of residents are foreign born and 43.1% of the foreign-born residents are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

### Foreign Born Residents and Citizenship

	SMC Service Area	Orange County	California
Foreign born	27.1%	30.1%	26.8%
Of foreign born, not a U.S. citizen	43.1%	45.4%	48.3%

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

## Language

In the service area, 65% of residents speak only English in the home. Spanish is spoken at home among 13.6% of residents. An Asian or Pacific Islander language is spoken at home among 13.2% of the service area population.

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

	SMC Service Area	Orange County	California
Only English	65.0%	53.2%	55.3%
Spanish	13.6%	26.8%	29.8%
Asian/Pacific Islander Language	13.2%	14.4%	9.5%
Indo-European language	7.3%	4.8%	4.7%
Other language	0.8%	0.8%	0.8%

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

## Sexual Orientation

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

### Sexual Orientation, Adults

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

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

## Veterans

In the service area, 4.6% of the population, 18 years and older, are veterans.

### Veterans

	Percent
SMC Service Area	4.6%
Orange County	4.4%
California	5.2%

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

## Social Determinants of Health

### Social and Economic Factors Ranking

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

### Social and Economic Factors Ranking

	County Ranking (out of 57)
Orange County	10

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

### Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was \$13,011 and for a family of four \$25,926. Among the service area population, 7.3% are living at or below the 100% poverty level, and 16.6% are living at or below the 200% poverty level (low income). The highest rate of poverty (17.9%) and low-income residents, below 200% of the Federal Poverty Level, (17.4%) in the service area can be found in Tustin 92780.

### Ratio of Income to Poverty Level

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Aliso Viejo	92656	3.7%	7.8%
Capistrano Beach	92624	2.8%	10.3%
Dana Point	92629	6.0%	14.1%
Irvine	92612	12.3%	9.6%
Irvine	92612	12.3%	9.6%
Irvine	92614	10.7%	8.1%
Irvine	92606	10.1%	16.0%
Irvine	92620	8.6%	9.5%
Irvine	92602	6.9%	6.2%
Irvine	92604	6.8%	6.4%
Irvine	92618	6.4%	7.5%
Irvine	92603	2.5%	3.6%
Irvine	92610	2.0%	5.2%

	<b>ZIP Code</b>	<b>Below 100% Poverty</b>	<b>Below 200% Poverty</b>
Ladera Ranch	92694	2.0%	5.9%
Laguna Beach	92651	2.6%	5.0%
Laguna Hills	92653	10.4%	11.2%
Laguna Niguel	92677	9.0%	12.9%
Laguna Woods	92637	0.0%	0.0%
Lake Forest	92630	12.4%	10.1%
Mission Viejo	92692	8.7%	6.8%
Mission Viejo	92691	2.6%	9.0%
Rancho Santa Margarita	92688	4.8%	5.4%
San Clemente	92672	4.2%	15.0%
San Clemente	92673	2.2%	6.4%
San Juan Capistrano	92675	9.4%	16.6%
Trabuco Canyon	92679	2.2%	2.9%
Tustin	92780	17.9%	17.4%
Tustin	92782	5.4%	7.9%
<b>SMC Service Area</b>		<b>7.3%</b>	<b>16.6%</b>
<b>Orange County</b>		<b>13.8%</b>	<b>32.0%</b>
<b>California</b>		<b>17.6%</b>	<b>39.7%</b>

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

In the service area, 7.7% of children live in poverty. 8.1% of seniors and 20.7% of female-headed households (HH) with children live in poverty. These rates of poverty are lower than county rates. Laguna Woods has the highest percentage of children living in poverty (26.5%) in the service area. 100% of female heads of household with children in Capistrano Beach are living in poverty. Irvine 92612 has the highest percentage of seniors living in poverty (25%) in the service area.

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

	<b>ZIP Code</b>	<b>Children Under 18 Years Old</b>	<b>Seniors</b>	<b>Female HH with Children</b>
Aliso Viejo	92656	4.0%	6%	12.8%
Capistrano Beach	92624	2.8%	2%	100.0%
Dana Point	92629	6.0%	3%	3.9%
Irvine	92612	8.2%	25%	28.0%
Irvine	92612	2.4%	6%	21.1%
Irvine	92614	7.0%	12%	44.3%
Irvine	92606	10.3%	11%	32.7%
Irvine	92620	1.9%	4%	0.0%
Irvine	92602	13.1%	14%	11.3%

	ZIP Code	Children Under 18 Years Old	Seniors	Female HH with Children
Irvine	92604	13.1%	14%	11.3%
Irvine	92618	11.0%	9%	31.3%
Irvine	92603	7.0%	15%	26.6%
Irvine	92610	8.6%	10%	17.4%
Ladera Ranch	92694	2.9%	3%	11.1%
Laguna Beach	92651	3.7%	3%	15.9%
Laguna Hills	92653	10.6%	8%	14.4%
Laguna Niguel	92677	9.4%	7%	13.3%
Laguna Woods	92637	26.5%	11%	27.3%
Lake Forest	92630	13.7%	8%	26.8%
Mission Viejo	92692	3.1%	8%	8.4%
Mission Viejo	92691	9.3%	6%	21.2%
Rancho Santa Margarita	92688	5.4%	8%	30.0%
San Clemente	92672	4.4%	7%	14.1%
San Clemente	92673	3.0%	3%	13.5%
San Juan Capistrano	92675	9.5%	6%	21.4%
Trabuco Canyon	92679	2.5%	3%	23.8%
Tustin	92780	17.8%	13%	25.7%
Tustin	92782	5.5%	7%	24.7%
<b>SMC Service Area</b>		<b>7.7%</b>	<b>8.1%</b>	<b>20.7%</b>
<b>Orange County</b>		<b>14.2%</b>	<b>9.2%</b>	<b>27.9%</b>
<b>California</b>		<b>18.1%</b>	<b>10.2%</b>	<b>33.1%</b>

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

## Unemployment

The average unemployment rate in the service area was 4.1% between 2015 and 2019. Orange County's unemployment rate averaged 4.6% during the same period.

### Unemployment Rate

	Unemployment Rate
SMC Service Area	4.1%
Orange County	4.6%
California	6.1%

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

## Households

The average median household income for the service area is \$120,096. This is higher than the median income for the county (\$98,086) and the state (\$82,565). In the service area, the median household income ranged from \$44,020 in Laguna Woods to

\$161,348 in Ladera Ranch.

### Median Household Income

	Median Household Income
Aliso Viejo city	\$112,689
Dana Point city	\$99,409
Irvine city	\$105,126
Ladera Ranch CDP	\$161,348
Laguna Beach city	\$129,983
Laguna Hills city	\$100,985
Laguna Niguel city	\$108,537
Laguna Woods city	\$44,020
Lake Forest city	\$109,492
Mission Viejo city	\$118,477
Rancho Santa Margarita city	\$121,017
San Clemente city	\$110,434
San Clemente city	\$110,434
San Juan Capistrano city	\$91,600
Tustin city	\$84,697
<b>SMC Service Area*</b>	<b>\$120,096</b>
<b>Orange County</b>	<b>\$98,086</b>
<b>California</b>	<b>\$82,565</b>

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

There are 365,818 households in the service area. 31.7% of households are 2-person households and 27% of households are 4 or more person households.

### Household Size

	SMC Service Area	Orange County	California
1 person households	24.2%	21.3%	23.6%
2 person households	31.7%	28.9%	28.6%
3 person households	17.2%	16.8%	16.4%
4+ person households	27.0%	33.0%	31.4%

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

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Over half of Orange County renters (56.6%) spend 30% or more of their household income on housing. In the hospital service area, all ZIP Codes show residents to be cost burdened. In Laguna Woods, 71.1% of renters are spending more than 30% of their income on

housing.

### Spending 30% or More of Income on Rent

	ZIP Code	Percent
Aliso Viejo	92656	52.8%
Capistrano Beach	92624	48.0%
Dana Point	92629	55.9%
Irvine	92612	52.9%
Irvine	92612	52.9%
Irvine	92614	49.4%
Irvine	92606	49.2%
Irvine	92620	49.0%
Irvine	92602	46.9%
Irvine	92604	44.1%
Irvine	92618	42.5%
Irvine	92603	42.0%
Irvine	92610	41.3%
Ladera Ranch	92694	51.7%
Laguna Beach	92651	48.0%
Laguna Hills	92653	63.0%
Laguna Niguel	92677	57.9%
Laguna Woods	92637	71.1%
Lake Forest	92630	52.6%
Mission Viejo	92692	55.5%
Mission Viejo	92691	54.2%
Rancho Santa Margarita	92688	54.1%
San Clemente	92672	53.5%
San Clemente	92673	53.4%
San Juan Capistrano	92675	60.0%
Trabuco Canyon	92679	44.4%
Tustin	92780	55.1%
Tustin	92782	51.6%
<b>Orange County</b>		<b>56.6%</b>
<b>California</b>		<b>54.8%</b>

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

### Seniors Living Alone

In the SMC service area, Laguna Woods has the highest percentage of seniors living alone (42.3%), followed by Irvine 92612, which has 33.7% of its seniors living alone.

## Seniors, Ages 65 and Older, Living Alone

	ZIP Code	Percent Seniors*	Percent Seniors Living Alone*
Aliso Viejo	92656	10.1%	26.9%
Capistrano Beach	92624	24.5%	21.6%
Dana Point	92629	24.3%	26.6%
Irvine	92604	20.6%	23.9%
Irvine	92612	17.5%	33.7%
Irvine	92603	16.2%	17.2%
Irvine	92614	13.8%	26.8%
Irvine	92620	13.4%	20.3%
Irvine	92606	11.4%	28.1%
Irvine	92618	10.2%	24.0%
Irvine	92610	8.7%	9.0%
Irvine	92602	8.1%	5.5%
Ladera Ranch	92694	6.7%	20.6%
Laguna Beach	92651	25.4%	19.3%
Laguna Hills	92653	20.4%	17.2%
Laguna Niguel	92677	19.9%	20.6%
Laguna Woods	92637	85.6%	42.3%
Lake Forest	92630	15.8%	21.7%
Mission Viejo	92692	22.6%	21.5%
Mission Viejo	92691	19.7%	15.1%
Rancho Santa Margarita	92688	9.8%	29.9%
San Clemente	92672	17.5%	28.3%
San Clemente	92673	15.9%	16.6%
San Juan Capistrano	92675	20.0%	29.0%
Trabuco Canyon	92679	14.4%	10.3%
Tustin	92780	12.4%	21.9%
Tustin	92782	11.2%	18.3%
<b>Orange County</b>		<b>15.7%</b>	<b>20.9%</b>
<b>California</b>		<b>15.2%</b>	<b>22.6%</b>

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

## Community Input – Senior Health

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

- Seniors have been disproportionately impacted by COVID-19. While they have consistently represented only about 15% of total confirmed cases, 75% of deaths



are among seniors. This is due in part to higher rates of chronic disease and immune system compromise.

- Access to primary health care services has been limited since the pandemic, particularly given the emergence of telehealth and the fact that not all seniors are computer-savvy and most senior centers are still closed or operating on a very limited schedule. As many had visits cancelled during COVID-19, it is important for primary care providers to encourage older adults to come in for their annual preventive visits covered by Medicare.
- Senior centers in the community are experiencing challenges finding adequate staffing.
- In Orange County, the highest rates of suicide are among older adults, and this issue particularly affects retirement communities in South Orange County. The highest rates of suicide are in Laguna Woods, where more than 18,000 seniors reside, and Seal Beach, the second largest senior community in Orange County. A subpopulation of particular concern is veterans, who may have more access to guns.
- Depression is very high among seniors. Many begin losing friends and loved ones and go through frequent grieving. Seniors who retire may feel as though they've lost their purpose.
- There are limited housing resources for seniors in South Orange County.
- Seniors do not realize there can be shared decision-making with their health care providers and are more hesitant to communicate their preferences and needs. There is also distrust between some seniors and their doctors, as many have reported that they felt they were treated differently because of their age.
- People must be age 65 or older to qualify for senior benefits, but some adults under age 65 already have mobility issues or physical limitations and are not able to work.
- Social workers are often overworked and are given more cases than they can handle effectively, so many times they do not have the time to find resources considered lower priority, such as eating disorders, which negatively impact the overall wellness of the individual.

In the service area, 3% of residents received SSI (Supplemental Security Income), 1.4% received Public Assistance, and 2.8% received Food Stamps/SNAP. These rates of public assistance are lower than the county and state rates.

### Household Supportive Benefits

	SMC Service Area	Orange County	California
Households	361,015	1,037,492	13,044,266
Supplemental Security Income (SSI)	3.0%	4.4%	6.1%
Public Assistance	1.4%	1.9%	3.2%
Food Stamps/SNAP	2.8%	6.0%	8.9%

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

## Food Insecurity

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

### Food Insecurity

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

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

### Community Input – Food Insecurity

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

- When families and individuals have to rely on food pantries for an extended period of time, it means there are underlying challenges they’re facing that need to be resolved, such as childcare, medical, or housing issues. Food pantries can connect families to resources to address the underlying issues.
- Seniors experiencing food insecurity cannot access food pantries/programs easily due to lack of mobility/transportation. There are some services delivering hot meals, but there is a need for a system or model where seniors can access fresh and shelf-stable items that they can easily prepare themselves.
- Even if individuals are able to obtain food from food banks, they might not have access to a kitchen or have the means to be able to cook the food they receive. College students who live in their cars or in apartments with no kitchens often find themselves in this situation.
- Food insecurity affects individuals who are unhoused and low-income families with children. Many times, the parents may sacrifice meals so their children can eat.

## Educational Attainment

In the service area, 6% of adults have not graduated from high school, 11.9% of area adults are high school graduates. More than half of adults in the service area hold post-secondary degrees. The percentage of the population with college degrees is higher in the service area than in the county and the state.

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

	SMC Service Area	Orange County	California
Population 25 years and older	692,692	2,215,628	27,103,883
Less than 9 <sup>th</sup> grade	3.0%	7.8%	9.1%

	SMC Service Area	Orange County	California
Some high school, no diploma	3.0%	6.4%	7.4%
High school graduate	11.9%	17.2%	20.7%
Some college, no degree	18.3%	20.0%	21.0%
Associate degree	8.1%	7.8%	7.9%
Bachelor's degree	34.1%	26.3%	21.1%
Graduate or professional degree	21.5%	14.5%	12.8%

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

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

### High School Graduation Rates

	Percent
Orange County	89.7%
California	84.5%

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

### Homelessness

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

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

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

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

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

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

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

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

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

## Sheltered Homeless, by Subpopulations

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

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

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

## Students Experiencing Homelessness

	Percent
Orange County	4.5%
California	3.1%

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

## Community Input – Housing and Homelessness

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

- COVID-19 has presented a major threat to the health of people who are unhoused, and mobility of unsheltered residents has made it more difficult to deliver testing and vaccines. This crisis led to the start-up of Project Roomkey, addressing the housing crisis with creative solutions and creating a benefit that supported people in accessing safe shelter and in some cases transitioning into permanent housing.
- Older adults represent an increasing proportion of those who are unsheltered, and housing insecurity is a particular issue for seniors with fixed incomes.
- Since the onset of COVID-19, family members who seniors rely upon for supplemental income have experienced financial setbacks.
- Another subpopulation overrepresented among those experiencing housing instability and unsheltered homelessness are people with mental health and/or substance use conditions.
- Public stigma exists around homelessness and mental health conditions. Many do not understand that substance use isn't necessarily the cause of homelessness, and

that being unhoused often leads to substance use as a coping mechanism.

- BIPOC (Black, Indigenous, People of Color) are disproportionately affected by housing instability and homelessness. Based on data from the Homeless Management Information System, in Orange County, while 1% of the general population identify as Black or African American, 12% of those who are unhoused identify as Black or African American.
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) individuals are disproportionately represented among people experiencing housing instability.
- Mental health, substance use, and chronic disease are major health issues for people experiencing homelessness. Addressing them requires regular contact with a health care provider, and continuity of care is difficult when someone is highly mobile or facing housing instability.
- People who do not have a permanent address are not able to attain jobs.
- Transportation is a barrier to health care access among individuals experiencing housing stability or homelessness.
- A recent study on homelessness found that economics is the number-one determinant of a person being unhoused (not mental health, not substance abuse, not unwillingness to work). Income levels are not keeping up with the cost of housing.
- The high cost of living in Orange County has resulted in the common practice of students crowding apartments in an attempt to lower rent costs.
- Lack of affordable housing in the area makes it harder for working families to have economic stability.
- South Orange County is comparatively wealthy and housing costs are high. There are pockets of individuals within the community with low incomes who lack stable housing. These families are doubling/tripling up or staying in uninhabitable living arrangements, such as a garage.
- Orange County lacks affordable housing and resources to house people, such as single-room-occupancy housing. Once individuals and families are placed into housing, some of them fall out of the system due to lack of ongoing supportive services to keep them housed.
- There is a lack of partnerships and resources for housing low-income students.
- Minority families are more likely to have multi-generational families in one household. This means that there could be two or three families living in one- or two-bedroom units.
- The best approach to supporting the health of people who are unsheltered is helping them obtain permanent supportive housing, where there are on-site services and resources.
- More recuperative care beds are needed for those who need ongoing medical support, but do not need to be hospitalized.

- There is a need for patient navigators and housing navigators who can help address the social and economic issues that people are facing and help them obtain housing.

**Crime and Violence**

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

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

	<b>Total Cases</b>	<b>Rate</b>
Orange County	7,340	230
California	173,864	438

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

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

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

	<b>Total Calls</b>	<b>Rate</b>
Orange County	8,452	341
California	169,362	404

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

## Health Access

### Health Insurance

Health insurance coverage is considered a key component to accessing health care. The Healthy People 2030 objective is for 92.1% of the population to have health insurance coverage. Among service area residents, 95.3% of the population have health insurance. And 99.3% of seniors have access to health insurance.

### Insurance Coverage

	Total Population	Children, 0-18	Adults, 19-64	Seniors, 65 and Older
SMC Service Area	95.3%	97.3%	93.6%	99.3%
Orange County	92.4%	96.7%	89.3%	98.9%
California	92.5%	96.7%	89.3%	98.9%

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

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

### Insurance Coverage

	ZIP Code	Percent
Aliso Viejo	92656	96.6%
Capistrano Beach	92624	92.3%
Dana Point	92629	94.2%
Irvine	92606	96.8%
Irvine	92602	96.8%
Irvine	92614	96.3%
Irvine	92612	95.8%
Irvine	92612	95.8%
Irvine	92620	95.7%
Irvine	92610	95.3%
Irvine	92604	94.7%
Irvine	92603	94.3%
Irvine	92618	94.2%
Ladera Ranch	92694	97.9%
Laguna Beach	92651	96.9%
Laguna Hills	92653	94.5%
Laguna Niguel	92677	96.1%
Laguna Woods	92637	99.5%
Lake Forest	92630	93.1%
Mission Viejo	92692	96.3%

	ZIP Code	Percent
Mission Viejo	92691	95.3%
Rancho Santa Margarita	92688	96.3%
San Clemente	92673	97.1%
San Clemente	92672	95.0%
San Juan Capistrano	92675	92.2%
Trabuco Canyon	92679	98.1%
Tustin	92782	96.8%
Tustin	92780	90.5%

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

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

### Insurance Coverage by Type of Coverage

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

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

### Sources of Care

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

### Usual Sources of Care

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

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



Accessing health care can be affected by the availability of providers in the community. According to the [2021 County Health Rankings](#), Orange County ranks 17 out of 58 among California counties for clinical care, which includes health insurance coverage, ratios of population-to-care providers and preventive screening practices, among others.

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

### Ratio of Population to Health Care Providers

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

Source: County Health Rankings, 2018.

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

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

### Delay of Care

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

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

### Use of the Emergency Room

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

### Use of Emergency Room

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

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

## Dental Care

In Orange County, adults and children tend to have a better access to dental care than compared to the state overall. 62.1% of adults and 71.1% of children had visited a dentist in the past 6 months.

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

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

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

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

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

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

## Community Input – Access to Health Care

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

- Access must mean more than just linking people to health care; access also means ensuring there is continuity of care. The pandemic is challenging health care providers to improve their management abilities: creating access to the types of care people need, when they need it, and ensuring people have the benefits needed to continue care.
- Adequate state and local funding are needed to provide support to children and families in schools and other community-based settings where they spend their time, particularly as it relates to mental health care. Extra funding could be used to support having counselors and social workers in elementary schools more than a minimum of two-and-a-half days per week.
- Language is a barrier to accessing care, with 100+ languages spoken in the service area, and recent immigrants coming from diverse regions such as the Middle East (e.g., Pakistan, Afghanistan), Asia (e.g., China), and South Asia (e.g., India). Those who came to the area fleeing violence are facing many additional stressors beyond language.
- Cultural barriers are especially seen in Hispanic and Asian men who wait to seek care. This often leads to conditions that could have been easier to treat if they had sought care sooner.
- Growing reliance on mobile apps, online appointment bookings, and telehealth since

the onset of COVID-19 have presented a barrier to care among older adults, for whom accessing online resources may be a huge challenge.

- Saddleback Valley Unified School District would benefit from mobile health clinics. In the past, mobile offerings included a vaccination clinic and a parent night with talks on topics such as diabetes and nutrition. Populations who would particularly benefit include those facing loss of jobs/income; those who have lost health insurance or are cutting back and only going to the doctor if someone is really sick; those without transportation; and those without documentation who may feel unsafe bringing their children to a hospital or clinic.
- There is a need for targeted, cross-sector programs with components that address holistic needs (e.g., housing, insurance, health care, social services, etc.) of subpopulations.
- Individuals who face economic insecurity are more likely to be underserved or uninsured and to be unable to afford health care of any kind.

## Maternal and Infant Health

### Births

On average, from 2014 to 2018, there were 11,770 births in the SMC service area.

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

Mothers in the SMC service area were less likely to deliver without private health insurance (364 per 1,000 live births), compared to the county (423 per 1,000 live births) and state (499 per 1,000 live births).

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

	SMC Service Area	Orange County	California
Delivery paid by public insurance or self-pay	365	423	499

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

### Health Status

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

#### Health Status Before and During Pregnancy

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

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

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

### Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 134 per 1,000 live births. This rate of late entry into prenatal care translates to 13.4% of women entering prenatal care late or not at all, while 86.6% of women entered prenatal care on time.

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

	SMC Service Area	Orange County	California
Late Prenatal Care (After 1st Trimester)	134	125	162

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

## Teen Birth Rate

The teen birth rate among females, ages 15-19, in the service area is 5.3 per 1,000 females. This is a lower rate compared to the county (12.2 per 1,000 females, ages 15-19) and the state (17.3 per 1,000 females, ages 15-19) rate.

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

	SMC Service Area	Orange County	California
Births to teen mothers	5.3	12.2	17.3

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

## Mother Smoked Regularly During Pregnancy

In the service area, the rate of mothers who smoked during pregnancy was 10 per 1,000 live births, which is higher than the county rate (9 per 1,000 live births) and lower than the state rate (16 per 1,000 live births).

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

	SMC Service Area	Orange County	California
Smoked during pregnancy	10	9	16

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

## Premature Birth

In the service area, the rate of premature birth, occurring before the start of the 38<sup>th</sup> week of gestation, was 67 per 1,000 live births. This rate of premature birth was lower than the county (76 per 1,000 live births) and state (85 per 1,000 live births) rates.

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

	SMC Service Area	Orange County	California
Premature birth	67	76	85

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

## Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The service area rate of babies born at low birth weight is 57 per 1,000 live births (5.7%).

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

	SMC Service Area	Orange County	California
Low birth weight	57	62	69

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

## Infant Mortality

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

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

	Rate
Orange County	3.2
California	4.2

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

## Breastfeeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Saddleback Medical Center indicated 94.6% of new mothers breastfeed and 74.9% breastfeed exclusively. The rates of breastfeeding are higher than the average rates among hospitals in the county and state.

### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Saddleback Medical Center	1,919	94.6%	1,519	74.9%
Orange County	31,757	93.9%	22,333	66.0%
California	361,719	93.7%	270,189	70.0%

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

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

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at Saddleback Medical Center. White mothers had the highest rate of breastfeeding initiation (96%) and Black/African American mothers had the lowest rate of in-hospital breastfeeding initiation (80%). White (80.5%) and Black/African American (80%) mothers had the highest rate of exclusive breastfeeding. Asian mothers had the lowest rate of exclusive breastfeeding (64.6%).

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

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Black/African American	18	90.0%	16	80.0%
White	1,020	96.0%	855	80.5%
Asian	374	91.9%	263	64.6%
Latino/Hispanic	333	93.5%	244	68.5%

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Multiple races	98	94.2%	82	78.8%
Other	23	92.0%	18	72.0%
<b>Saddleback Medical Center</b>	<b>1,919</b>	<b>94.6%</b>	<b>1,519</b>	<b>74.9%</b>

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

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

## Leading Causes of Death

### Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area was 470.8 per 100,000 persons, which was lower than the Orange County rate (537.9 per 100,000 persons) and the state rate (614.4 per 100,000 persons).

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Mortality rate	4,702	470.8	537.9	614.4

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

### Leading Causes of Death

The top five leading causes of death in the service area are heart disease, cancer Alzheimer's disease, stroke and lung disease. Suicide mortality rates were higher in the service area when compared to the county and state rates,.

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

	SMC Service Area		Orange County	California	Healthy People 2030 Objective
	Number	Rate	Rate	Rate	Rate
Cancer	1,325	118.0	128.7	139.6	122.7
Heart disease	1,289	109.9	128.9	142.7	No Objective
Ischemic heart disease	301	64.0	82.8	88.1	71.1
Alzheimer's disease	417	35.5	37.4	35.4	No Objective
Stroke	372	32.2	35.6	36.4	33.4
Chronic Lower Respiratory Disease	233	21.0	26.3	32.1	Not Comparable
Unintentional injuries	222	22.0	24.9	31.8	43.2
Pneumonia and Influenza	130	11.4	14.7	14.8	No Objective
Suicide	111	10.9	9.7	10.5	12.8
Kidney Disease	99	8.8	9.8	8.5	No Objective
Diabetes	90	8.0	13.7	21.3	Not Comparable
Liver Disease	75	6.5	10.4	12.2	10.9



	SMC Service Area		Orange County	California	Healthy People 2030 Objective
	Number	Rate	Rate	Rate	Rate
Homicide	10	1.1	2.1	5.0	5.5
HIV	18	0.7	0.9	1.9	No Objective

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

## Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 64 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 32.2 deaths per 100,000 persons in the service area. These rates meet the Healthy People 2030 objectives of 71.1 ischemic heart disease deaths and 33.4 stroke deaths per 100,000 persons.

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Ischemic heart disease	301	64.0	82.8	88.1
Stroke death	372	32.2	35.6	36.4

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

## Cancer

In the service area, the age-adjusted cancer mortality rate is 118 per 100,000 persons. This cancer death rate is lower than the county and state rates and meets the Healthy People 2030 objective of 122.7 deaths from cancer per 100,000 persons.

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Cancer	1,325	118.0	128.7	139.6

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

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

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

	Orange County	California
<b>Cancer all sites</b>	<b>131.2</b>	<b>140.0</b>
Lung and bronchus	25.8	28.0

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

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

\*Cervix Uteri, Corpus Uteri and Uterus, NOS

### Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 21.0 per 100,000 persons. This is lower than the county rate (26.3 per 100,000 persons) and state rate (32.1 per 100,000 persons).

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory	233	21.0	26.3	32.1

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

### Alzheimer's Disease

The mortality rate from Alzheimer's disease is 35.5 deaths per 100,000 persons. This is lower than the county rate (37.4 deaths per 100,000 persons) but higher than the state rate (35.4 deaths per 100,000 persons).

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Alzheimer's disease	417	35.5	37.4	35.4

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

## Diabetes

The age-adjusted mortality rate from diabetes in the service area is 8 deaths per 100,000 persons. This is lower than the county rate (13.7 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Diabetes	90	8.0	13.7	21.3

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

## Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 22 deaths per 100,000 persons. This rate is lower than the county and state rates. The service area meets the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Unintentional injuries	222	22.0	24.9	31.8

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

## Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 11.4 per 100,000 persons. This rate is lower than the county (14.7 per 100,000 persons) and state rates (14.8 per 100,000 persons).

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Pneumonia and Influenza	130	11.4	14.7	14.8

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

## Liver Disease

The death rate from liver disease in the service area is 6.5 deaths per 100,000 persons. This is lower than the county (10.4 per 100,000 persons) and state (12.2 per 100,000 persons) rates, and the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Liver Disease	75	6.5	10.4	12.2

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

### Kidney Disease

The death rate from kidney disease is 8.8 deaths per 100,000 persons. This is higher than the county (9.8 per 100,000 persons) and the state rates (8.5 per 100,000 persons).

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Kidney Disease	99	8.8	9.8	8.5

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

### Suicide

The suicide rate in the service area is 10.9 deaths per 100,000 persons. This rate is higher than the county rate (9.7 per 100,000 persons) and state rate (10.5 per 100,000 persons). This rate meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

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

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

### Homicide

The homicide rate in the service area is 1.1 deaths per 100,000 persons. This rate is lower than the county (2.1 deaths per 100,000 persons) and state (5 deaths per 100,000 persons) rates. It meets the Healthy People 2030 objective for homicide deaths of 5.5 per 100,000 persons.

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
Homicide	10	1.1	2.1	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S.

Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.  
 -- Values of 3 or less are withheld per HIPAA guidelines.

**HIV**

The rate of HIV deaths in the service area is 0.7 deaths per 100,000 persons. This is lower than county (0.9 deaths per 100,000 persons) and state (1.6 deaths per 100,000 persons) rates.

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

	SMC Service Area		Orange County	California
	Number	Rate	Rate	Rate
HIV	18	0.7	0.9	1.6

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

## Disability and Disease

### Health Status

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

#### Health Status, Fair or Poor Health

	Orange County	California
<b>Persons with fair or poor health</b>	12.1%	12.5%

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

### Disability

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

#### Disability, Adults

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

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

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

#### Health Status Disabilities

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

Source: Orange County's Healthier Together, US Census Bureau American Community Survey, 2015-2019. [www.ochealthiertogether.org](http://www.ochealthiertogether.org)

### Diabetes

Among adults in Orange County, 7.1% have been diagnosed with diabetes compared to 10% of adults with in the state. In the service area, the rates of adults with diabetes ranged from 5.7% in Laguna Beach to 12.6% in Laguna Woods.

#### Adults with Diabetes

	ZIP Code	Percent
Aliso Viejo	92656	6.8%

	<b>ZIP Code</b>	<b>Percent</b>
Capistrano Beach	92624	6.9%
Dana Point	92629	7.4%
Irvine	92606	8.9%
Irvine	92620	8.8%
Irvine	92602	8.6%
Irvine	92604	8.0%
Irvine	92614	7.7%
Irvine	92618	7.7%
Irvine	92610	6.6%
Irvine	92612	6.3%
Irvine	92612	6.3%
Irvine	92603	6.2%
Ladera Ranch	92694	6.6%
Laguna Beach	92651	5.7%
Laguna Hills	92653	8.0%
Laguna Niguel	92677	7.0%
Laguna Woods	92637	12.6%
Lake Forest	92630	8.6%
Mission Viejo	92691	8.0%
Mission Viejo	92692	7.4%
Rancho Santa Margarita	92688	6.9%
San Clemente	92672	7.2%
San Clemente	92673	6.7%
San Juan Capistrano	92675	8.4%
Trabuco Canyon	92679	5.8%
Tustin	92780	9.8%
Tustin	92782	7.5%
<b>Orange County</b>		<b>7.1%</b>
<b>California</b>		<b>10.0%</b>

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

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

## Diabetes Hospitalization Rates\* for Prevention Quality Indicators

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

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

## Heart Disease

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

### Adult Heart Disease

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

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

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

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

	Orange County	California
Congestive heart failure	286.0	355.0
Hypertension	39.8	43.4

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

## High Blood Pressure

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

### High Blood Pressure

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

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



## Cancer

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

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

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

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

## Asthma

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

### Asthma

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

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

In the service area, the rates of adults with asthma ranged from 12.1% in Laguna Woods to 13.9% in Dana Point.

### Asthma, Adults

	ZIP Code	Percent
Aliso Viejo	92656	13.6%
Capistrano Beach	92624	13.7%
Dana Point	92629	13.9%
Irvine	92612	13.0%
Irvine	92612	13.0%
Irvine	92614	13.0%
Irvine	92603	12.7%
Irvine	92604	12.7%
Irvine	92610	12.5%
Irvine	92602	12.4%
Irvine	92618	12.4%
Irvine	92620	12.4%
Irvine	92606	12.3%
Ladera Ranch	92694	13.6%
Laguna Beach	92651	13.7%
Laguna Hills	92653	13.3%
Laguna Niguel	92677	13.8%
Laguna Woods	92637	12.1%
Lake Forest	92630	13.1%
Mission Viejo	92691	13.7%
Mission Viejo	92692	13.5%
Rancho Santa Margarita	92688	13.6%
San Clemente	92672	13.8%
San Clemente	92673	13.7%
San Juan Capistrano	92675	13.0%
Trabuco Canyon	92679	13.9%
Tustin	92782	12.7%
Tustin	92780	12.4%
<b>Orange County</b>		<b>15.4%</b>
<b>California</b>		<b>16.0%</b>

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

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

100,000 persons). Hospitalization rates for asthma in younger adults were lower in the county (16.3 per 100,000 persons) than the state (19.7 per 100,000 persons).

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

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

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

### Chronic Diseases among Seniors

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

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

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

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

### Community Input – Chronic Diseases

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

- Seniors in particular have been physically and emotionally affected by isolation and inactivity. Even those who were very active have drawn back for fear of acquiring COVID-19.
- A family member will often volunteer to be the primary caregiver of a person experiencing a chronic disease or disability when their family has insufficient resources to pay for outside help. This may lead to caregiver burnout, and many experience depression.
- The need for advocacy and self-management support for seniors extends to medication management, a concern due to polypharmacy and over-prescribing. For example, some seniors do not memorize prescription names, but rather they

organize and memorize their prescriptions by the color of the pill. As a result, they may take the same prescription twice. This leads to health issues and symptoms for which they may be prescribed additional medication.

- There needs to be better communication between doctors/nurses regarding prescribing practices for any one patient, particularly seniors.
- There has been an increase in people affected by hypertension and diabetes.
- Lack of community education and engagement negatively impacts self-management of chronic diseases.
- Many people find out about their chronic diseases too late, as they may be asymptomatic and feel they have no reason to go see their primary care physician.
- Disparities in income and education affect access to care, healthy living through the food and built environments and capacity for disease self-management.
- There is a lack of resources and financial help for screening and treatment among college students and youth in general, as they are seen as a lower-risk group for chronic diseases.
- There is a lack of education and health literacy relating to chronic disease. People do not understand the importance of follow-ups or preventive screenings, which leads to later stages of diagnosis that could have been easily managed if the individual came in earlier.
- Providing education and peer navigation, within and alongside consultations with primary care providers, is crucial in preventing and managing chronic diseases. It's important for people to hear the message from others besides the doctor in the white coat.

## COVID-19

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

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

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

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

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

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

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

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

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

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

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

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

### COVID-19 Vulnerability and Recovery Index

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

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

SMC area ZIP Codes were within ‘Lowest’ to ‘Moderate’ levels of vulnerability and recovery. Within the service area, Tustin 92780 ranked the highest in vulnerability, at 44.9% of California ZIP Codes.

### Vulnerability and Recovery Index, by ZIP Codes

	ZIP Code	Index	Risk Score	Severity Score	Recovery Need
Aliso Viejo	92656	6.8	8.7	4.7	9.4
Capistrano Beach	92624	29.4	24	38.7	29.4
Dana Point	92629	17	14.4	16.8	20.8
Irvine	92612	24.3	24.7	18.9	30.7
Irvine	92612	24.3	24.7	18.9	30.7
Irvine	92604	15.5	11.3	20	18.6
Irvine	92618	10.2	15.3	6.2	13.1
Irvine	92606	10	14.7	6.9	12
Irvine	92614	7	8.9	5.8	8.3

	ZIP Code	Index	Risk Score	Severity Score	Recovery Need
Irvine	92602	4.7	7.4	3.5	4.7
Irvine	92620	3.8	5.1	2.9	5.7
Irvine	92610	3.7	4.5	2.3	6.7
Irvine	92603	0.6	2.4	0.6	1.9
Ladera Ranch	92694	3.9	6.5	1.9	4.9
Laguna Beach	92651	4.3	2.8	2.8	10
Laguna Hills	92653	26.9	25.4	30.9	27.5
Laguna Niguel	92677	9.3	11	9.3	10.5
Laguna Woods	92637	27.4	16.3	57.7	16
Lake Forest	92630	23.6	21	24	28.8
Mission Viejo	92691	14.1	10.4	23.6	12.6
Mission Viejo	92692	9.4	7.9	8.8	14.3
Rancho Santa Margarita	92688	7.4	11.2	6.2	7.4
San Clemente	92672	22.8	21.5	21.9	27.8
San Clemente	92673	5.3	6.2	5.6	5.1
San Juan Capistrano	92675	36	38.1	37.2	33.9
Trabuco Canyon	92679	2.2	3.3	1.1	3.2
Tustin	92780	42.1	44.9	38.2	43.4
Tustin	92782	8.7	11.9	6.1	12.2

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

**Community Input – COVID-19**

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

- Knowledge and attitudes relating to COVID-19 prevention and mitigation have been affected by misinformation about health protocols and by challenges relating to conflict and lack of productive dialogue between groups with different views on mask and vaccine protocols, particularly as these protocols relate to what is mandated in schools.
- “Rumors spread faster than facts.” Our world is “deeply divided” and “public health has become extremely political.”
- Lack of access to reliable information sources have created barriers to receiving current and accurate information about COVID-19. Depending upon where a person lives, they may think “the vaccine is a preventive health measure or something that is going to harm them.”
- There are barriers to receiving current and accurate information about vaccinations in particular. Politics, social influence, and employer politics are barriers to vaccination.
- Employment policies, such as time off for recovery from vaccination, can create either incentive or disincentive to vaccinate.
- Transportation is another impediment to COVID-19 prevention. Efforts to deliver test

kits, vaccines, and health information via mobile units or pop-ups (e.g., to senior housing or unhoused individuals) have helped reach populations who don't have the means to seek information about COVID-19, obtain tests, or register for the vaccine.

- Health care providers have an opportunity to deploy their assets in a more targeted way to move the needle on COVID-19 health outcomes by using data. For example, pinpointing where there are high positivity and low vaccination rates by census tract and ZIP Code, and then working with organizations such as schools and businesses in those areas to deliver health information in culturally-appropriate ways.
- People whose incomes fall under the federal poverty level, as well individuals who are undocumented, are more affected by COVID-19 as a result of their more limited access to health care.
- COVID disproportionately affects students, who are likely to have multiple roommates, and unhoused individuals, who lack resources and places to physically isolate.
- Among older adults without cell phones or computers, the requirement to register with an email address or phone number are a challenge to COVID-19 prevention and testing.



## Health Behaviors

### Health Behaviors Ranking

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

### Health Behaviors Ranking

	County Ranking (out of 58)
Orange County	4

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

### Overweight and Obesity

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

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

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

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

Among older adults, 16.8% reported being obese.

### Obesity, Seniors

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

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

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

### Obesity, Adults, 2015 – 2019

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

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

Latino adults were more likely to be overweight or obese compared to other race/ethnicities in Orange County. Asians in Orange County had the lowest rates of overweight and obesity (26.1%).

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

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

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

### Fresh Fruits and Vegetables

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

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

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

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

### Physical Activity

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

### Physical Activity, Children and Teens

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

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

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

### Physical Activity, Adults

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

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

### **Community Input – Overweight and Obesity**

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

- Limited access to grocery stores selling fresh produce presents a barrier to preventing diabetes and other forms of metabolic syndrome. As an example, there was a client for whom the closest grocery store was miles away and required multiple bus rides over the course of a day. “They’re not choosing to have diabetes.”
- There is a lack of education on eating disorders. Many do not realize that they have an eating disorder, as many assume that eating disorders only refer to malnutrition and weight loss, but do not take into account the ones that lead to obesity.
- There is a general lack of counselors, and even fewer counselors who specialize in eating disorders, making it difficult for people to seek help and resources.
- Seniors in particular are in need of hands-on support and guidance around nutrition and exercise from a health professional.
- Seniors talk about how a 10-minute visit with their primary care clinician is too fast to build rapport, ask questions, review their medications, etc.

## Mental Health

### Mental Health Indicators

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

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

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

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

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

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

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

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

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

### Seriously Thought about Committing Suicide

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

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

### Community Input – Mental Health

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

- California funding formulas for schools are leading to inequitable distribution of funds for school-based mental health care. “Concentration grants” go to districts where

more than 55% of students fall into high-need groups. But there are major disparities among schools within districts in South Orange County where schools on average don't meet the criteria (for example Saddleback, San Capistrano, and Irvine Unified).

- The COVID-19 pandemic, and over nine months of online vs. in-person education, have taken a toll on the resilience and ability of children/youth to cope. It has led to a sense of being overwhelmed and has been exacerbated by overuse of social media and an inability to break out of that loop. It has led to a collective sense of grieving and increased depression among children/youth and families and the staff members who serve them.
- There is an uptick in need for services to support mental health and wellbeing (not just treatment of diagnosable conditions) among youth. Youth face stressors such as education, paying off school loans, socialization, looking for a job, and trying to stay above water. As a result, health becomes a low priority. There is a need to normalize seeking support for mental health, including maintenance of wellbeing and addressing low-acuity needs.
- There are no robust programs in South Orange County hospitals to address the needs of young people experiencing a first psychiatric issue or episode of psychosis, something that typically occurs around the time of entering college. The new *Be Well* campus in Irvine is an opportunity to address this need and develop something really positive for youth.
- There is a perceived lack of public education on mental health. And many people who have a mental health condition are not aware.
- There is a perceived lack of psychologists. Almost all psychologists in the area are currently booked six weeks out.
- County Crisis Assessment Teams (CAT) respond to calls regarding adults experiencing behavioral health crises, but it is nonetheless challenging to access help due to a shortage of facilities where people can be treated for acute mental and behavioral health crises. People experiencing homelessness with mental health needs often end up in shelters without proper care.

## Substance Use and Misuse

### Cigarette Smoking

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

#### Cigarette Smoking, Adults

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

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

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

#### Smoking, Teens

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

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

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>

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

#### Alcohol Consumption Binge Drinking, Teens

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

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

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

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

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

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

### Opioid Use

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

### Opioid Use

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

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

### Community Input – Substance Use

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

- Most substance use treatment/sober living facilities in South Orange County are privatized and high-cost facilities, which are not really community resources.
- There is a lack of coordination between medical detox and residential care. People using substances often need medical detox, which takes about five to seven days. Once they complete the detox program, however, there is no coordination for next steps, so many people come back to homeless shelters.
- There is a lack of affordable and low-cost drug and alcohol rehabilitation programs. Insurance companies have restrictions on what they will pay for rehabilitation services, and especially addiction services.
- Behavioral health crises are often taken to emergency rooms, and ultimately strain medical and emergency resources. This could be avoided if there were more safe

places for people to sober up and get needed help. The community needs more places like the Be Well Center.

- There are perceived racial disparities in substance use in Orange County. There is a relatively high percentage of White males affected by alcohol addiction and higher rates of methamphetamine use among African Americans.
- There is a need to have experts in senior services and substance use embedded within retirement and supportive housing communities who can provide mental health care, case management, and sobriety programming and resources.



## Preventive Practices

### Immunization of Children

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

#### Required Immunizations for Kindergarten

	Immunization Rate
Orange County	95.7%
California	94.8%

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

### Flu Vaccine

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

#### Flu Vaccine in Past 12 months

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

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

### Mammograms

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

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

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

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

### Colorectal Cancer Screening

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

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

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

	Orange County
Colorectal cancer screening	69.1%

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

### Community Input – Preventive Practices

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

- There has been a decline in preventive practices due to COVID-19. Time and energy devoted to COVID-19 mitigation and ensuring a safe environment have had the secondary effect of creating some access barriers, complicating the process of preventive practices.
- People living with incomes under the federal poverty level or who face language barriers are having a harder time accessing primary care and in turn taking advantage of well child visits and vaccines. Vaccine clinics are no longer offered in schools at Saddleback Unified School District, so families must go to their pediatrician.
- For people with multiple jobs to make ends meet, it is difficult to visit doctors' offices or clinics during operating hours for preventive screenings, which results in relying on emergency rooms or urgent care clinics.
- Older adults typically have few avenues for becoming aware that preventive programs exist, but senior centers play an important role in outreach to seniors living independently and preventive programs embedded within senior communities to offer vaccines on-site have been more effective than those requiring seniors to travel to an outside venue.
- Falls are a major issue, given that they are a leading cause of mortality among older adults in Orange County.
- Health conditions occurring in older adults are sometimes a delayed response to issues or behaviors that could be addressed when people are younger and healthier. Reaching young adults with health campaigns is a strategy for preventing major illness later in life.

## Attachment 1: Community Stakeholder Interviewees

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

Name	Title	Organization
Dustin Arbuckle, LCSW, MTS	Social Worker and Manager of Practice Development	Laguna Woods Village Social Services and MemorialCare Medical Foundation
Margaret Bredehoff, DrPH	Chief of Public Health Services and County Public Health Director	Orange County Health Care Agency
Helene M. Calvet, MD, BS	Deputy County Health Officer	Orange County Health Care Agency
Helen T. Cameron	Community Outreach Director	Jamboree Housing
Brennan Campbell	Special Projects Coordinator	Illumination Foundation
Mia Ferreira, MPH, LCSW	Director of Services	Friendship Shelter
Carolina Gutierrez-Richau, MA	Director, Preventive Mental Health Department	Council on Aging – Southern California
Jeanne Harris-Caldwell, EdD, RN, MSN, CCRN, PHN	Dean of Wellness, Social Services and Child Development	Saddleback College
Madelynn Hirneise	Chief Executive Officer	Families Forward
Randy Smith, MPA	Chief Operating Officer	Camino Health Clinic
Suzie Swartz	Governing Board Member	Saddleback Valley Unified School District
Anza Vang, MPH, MCR	Deputy Chief of Public Health Services - Strategy and Development	Orange County Health Care Agency

## Attachment 2: Community Stakeholder Interview Responses

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

- COVID-19 is a major health issue affecting the community over the past two years. Concerns moving forward include how do we recover from COVID-19 and how do we better position ourselves to manage communicable disease control and surveillance.
- Homelessness and housing stability are health issues of equal importance to COVID-19.
- Mental health and food security are major issues across all demographic groups. Many people are hungry and do not have adequate food resources. Addressing basic needs such as emotional and mental health, as well as quality nutrition and sleep, are particularly important for children's learning in educational settings.
- Mental health is an issue in college students in particular. Depression, anxiety, and suicide have been the most prominent mental health needs. Homelessness and food insecurity are also issues that highly affect the health of college students.
- Access to affordable dental care in underserved and under-resourced neighborhoods has been one of the overlooked needs in the community.
- There is difficulty managing and seeking treatment for chronic health conditions, particularly among people experiencing homelessness.
- Chronic diseases, particularly among lower-income individuals facing poverty, as well as unhoused individuals, whose conditions tend to be left untreated for longer periods of time. Common examples are diabetes, hypertension, and heart disease.
- Heart disease and diabetes, particularly among Asian and Latino populations, as well as related conditions such as high blood pressure and hypertension.
- Diabetes relating to mental and behavioral health issues (e.g., stress eating), economic issues such as inadequate access to healthy food, and behaviors such as sedentary lifestyle.
- Falls among the senior population, as it leads to obesity from decreased mobility and isolation from fear of leaving the house.
- Health conditions secondary to overuse of technology, such as weight gain and low mood secondary to physical inactivity (now that we're working from home and sitting 12 hours per day) and early hearing decline and loss (e.g., in early twenties) due to use of electronic hearing devices (e.g., earbuds) at high volumes.
- Equity in health outcomes among people of different races, ethnicities, ages, abilities, socioeconomic groups, neighborhoods, etc. The COVID-19 pandemic has challenged us to redefine what equity means and address disparities among

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

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

- Racial factors such as racism continue to drive inequitable access to resources.
- Many people are hungry and do not have adequate food resources. This is particularly true for families feeding a lot of children, who may work multiple jobs and who might tend toward meals that are quick and easy vs. those of high nutritional value.
- Environmental air pollutants from freeways and resulting smog.
- Built and natural environments accessible to older adults. There is a perceived lack of safe, close, easily-accessible spaces where seniors can walk, hike, or exercise. Inactive lifestyle contributes to falls and other health issues.
- Transportation is a big issue, particularly for seniors and those living with disabilities or in areas with limited bus access. Not everyone has a car and, in some families, multiple individuals work but there is only one car. Ride-shares such as Uber and Lyft may be the only options, but are not affordable to all.
- Lack of affordable housing is a health-related concern particularly among those who are unsheltered or living with severe mental health and/or substance use conditions.
- Individuals living with disabilities are disproportionately affected by housing instability. It is near-impossible for people with serious disabilities to afford housing with their State Disability Insurance and/or Social Security Income in South Orange County.
- Those of lower socioeconomic status are more likely to be uninsured and unable to afford health care.
- There is a lack of access to low-cost and affordable health services in the community, particularly imaging, mammograms, dental care, and vision care.

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

- People experiencing unsheltered homelessness, with a primary challenge to accessing services being NIMBY-ism (“Not In My Back Yard”) among residents and leaders.
- Veterans are individuals who, for cultural reasons, may be less comfortable acknowledging their health care needs. For example, acknowledging the importance of obtaining a COVID-19 vaccination even though a person is resilient and strong, or that it’s okay to reach out for help when feeling depressed

or isolated.

- Senior veterans are usually quite active, but over the last year-and-a-half, many activities have been unavailable due to COVID-19.
- Seniors, particularly those without access to transportation or who have limited mobility, are not able to access health care and social services easily.
- There are high rates of senior women who are housing insecure or losing their homes, since they tend to outlive their spouses and may not have the means to support themselves as they transition from two to one income.
- Some seniors do not regularly access health care due to age discrimination, whereby they are treated like a dementia patient and the doctor disregards their opinions and concerns simply because of their age.
- College students, as a large percentage, are uninsured (around 30 to 40 percent of students are uninsured).
- Hispanic men, as there exists a cultural stigma that contributes to this population not routinely going to the doctor.
- Community members who are of Middle Eastern ethnicity and/or who speak Farsi. There is a lack of resources to help surmount language and culture barriers to health care.
- Undocumented immigrants who are afraid to seek health care.
- Transition-age youth, and the broader 17- to 35-year-old demographic, are accessing health care at low rates. This is a concern given the many developmental changes occur during this time. One barrier is moving from having health insurance coverage through parents' health plans and having to make the switch to individual plans.
- Areas in wealthy South Orange County, including San Juan Capistrano, San Clemente, and Dana Point, have pockets of low-income Latino communities that lack access to health care and social services.

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

- Access to health care was severely limited during COVID-19, and for people with a major illness, this created a barrier to treatment and recovery. Going without in-person exams led to misdiagnosis and underdiagnosis (e.g., doctor not noting weight loss).
- There are limitations to how telehealth can be supportive of people with serious health issues and there is a need for hybrid models moving forward.
- Technology has created new barriers, as the transition to remote resources requires an understanding of telehealth and having the technology and ability to access it.

- There has been a decline in preventive measures and follow-ups, particularly involving in-person visits, as people fear contracting COVID-19 while visiting a doctor's office.
- People are behind on routine health maintenance due to difficulty accessing care and persons with chronic health conditions have postponed their care.
- Seniors have been physically and emotionally affected by social isolation. This has exacerbated and led to new mental health conditions. It has also combined with anxiety, fear, and unresolved grief to create increased need for mental and behavioral health services.
- Escalating dependence of older adults on family members has contributed to caregiver burnout and an overall deterioration of the health of caregivers. Caregivers who are taking care of loved ones 24/7 are not checking in with their primary care clinician for personal concerns.
- Many seniors have reported their chronic diseases worsened during the COVID-19 pandemic. This was linked to the development of eating disorders, decreased exercise, decline in mental health, malnutrition, and insomnia.
- Many LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) youth have faced the challenge of having to be at home when home does not necessarily feel like a safe place. They may have had to go "back into the closet" in order to stay at home, creating a need for additional emotional and social support.
- Families living in overcrowded houses had challenges isolating family members exposed to COVID-19 to protect the rest of the household from getting infected. Some organizations have provided alternative shelter placement for these families, but resources are very limited.
- Increased homelessness due to the loss of jobs and increased mental health issues.
- Mental and behavioral health conditions, in particular depression, anxiety, insomnia, substance use, and eating disorders, are on the rise.
- People have used substances as a coping mechanism during the pandemic.
- Multiple health care providers have closed their businesses (particularly younger/newer businesses), leaving fewer places for people to receive health care.
- There were some positive outcomes, such as an increase in new patients due to the use of telehealth. However, there were also negative outcomes from the shift to remote services, such as a delayed access to or decline in follow-ups for patients with chronic diseases.
- The state budget has not rebounded, and many people have lost their jobs; the economic impact of COVID-19 has been huge.
- People who are undocumented are particularly affected, because they do not have access to government subsidies/COVID-19 relief.

- People who have lost their jobs have had to cut back on spending, and this includes the ability to afford medications and transportation to appointments.



### Attachment 3: Resources to Address Community Needs

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

Significant Needs	Community Resources
Access to care	Medi-Cal and Medicare; CalFresh/CalWorks; LGBTQ Center Orange County; Radiant Health Centers (LGBTQ+ and people living with HIV); Veterans Service Office and Veteran Centers (including South Orange County); Orange County Veterans & Military Families Collaborative; Office on Aging (iPad distribution and training program for older adults); Share Ourselves (SOS) Clinic (Mission Viejo); <a href="#">CHEC Family Resource Center</a> (San Juan Capistrano); <a href="#">Child Guidance Center</a> (San Clemente); Children’s Health Initiative of Orange County (on-site support for Medi-Cal enrollment); Camino Health Center (San Juan Capistrano); Laguna Beach Community Clinic; <a href="#">Aunt Bertha</a> - a public benefit corporation; <a href="#">Financial Abuse Specialist Teams</a> (FAST); Saddleback College Health and Wellness Center; Refugee Health Assessment Program
Chronic diseases	American Cancer Society (ACS) Orange County; Leukemia Lymphoma Society (LLS) Orange County; <a href="#">Orange County Healthier Together</a>
COVID-19	Saddleback Memorial Hospital; St. Joseph’s Mission Hospital; Hoag Health (including specifically Hoag Urgent Care and Hoag Hospital and communication on COVID-19 resources); CVS; Walgreens; Latino Health Access; Orange County City Net; ochealthinfo.com (including the “Chatbox” feature)
Food security	National School Lunch Program; 211 (coordinating restaurants to provide healthy meals to seniors); Families Forward food pantry; South County Outreach Food Pantry; Laguna Food Pantry; Family Assistance Ministries Food Pantry, Saddleback Church; Second Harvest Food Bank of Orange County; Meals on Wheels Orange County; Foundation of Laguna Woods Village; CalFRESH; Saddleback College Food Resource Center; CHEC Family Resource Center; Mary’s Kitchen
Housing and homelessness	Family Assistance Ministries in San Juan Capistrano; Project Roomkey; Jamboree (new permanent supportive housing); Families Forward; South County Outreach; Mercy Housing; Friendship Shelter; <a href="#">Family Resource Centers</a> ; South Orange County Family Resource Center; Jamboree Housing Corporation; Illumination Foundation
Mental health	Well Spaces in Orange County schools (through partnership between Children’s Hospital of Orange County and Orange County Department of Education); <a href="#">Be Well OC</a> (including new campus in Irvine); PEACE Center at Saddleback Church; Western Youth Services; Saddleback College Health and Wellness Center
Overweight/obesity	<a href="#">Overeaters Anonymous</a> ; <a href="#">Taking Off Pounds - TOPS</a> ; <a href="#">Solera</a>
Preventive practices	Parent Nights at schools (talks on growth milestones and well child visits); <a href="#">CalState Fullerton Center for Successful Aging</a> (falls prevention); SOS clinic (Mission Viejo); HURTT Family Health Clinic (Anaheim); Camino Health Center (Lake Forest, San Clemente, San Juan Capistrano)
Senior health	The Susi Q in Laguna Beach; Meals On Wheels Orange County; Orange County Council on Aging - Southern California; Alzheimer’s Association, Orange County Chapter; <a href="#">Orange County Office on Aging</a> (chronic disease self-management, falls prevention); <a href="#">Orange County Aging Services Collaborative</a> and its subcommittee, Orange County Health Agency Initiative (annual Toolkit); Jamboree and its senior community Heritage Villas in Mission Viejo; Costa Mesa Senior Center; <a href="#">Financial Abuse Specialist Teams</a> (FAST); Pathfinder

Significant Needs	Community Resources
	Senior Care Consulting (long-term care planning); Laguna Hills Veteran Health Clinic; South County Adult Day Services; Caregiver Resource Center
Substance use	TUPAC (Tobacco Use Prevention and Control) grants for educational programs in public schools on tobacco use and vaping (e.g. assemblies, poster contests); <a href="#">OC Links</a> (now 24/7); <a href="#">Be Well OC</a> (including new campus in Irvine); Mission Hospital Laguna Beach; Phoenix House - Santa Ana; Hope House (Anaheim); Cooper Fellowship (Santa Ana); Adult Protective Services (APS); Illumination Foundation

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

SMC developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed: access to care, preventive care, chronic diseases, mental health and behavioral health, with a special focus on the senior population, through a commitment of community benefit programs and charitable resources.

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

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

#### Health Education and Awareness

SMC provided support and services for community residents that removed barriers to care and increased access to health care and preventive measures. General health and wellness education provided 10,442 encounters on topics that included: arthritis, heart disease, stroke, podiatry, Parkinson's disease, nutrition, colon cancer prevention, heart palpitations, pregnancy after 35, Alzheimer's disease, diabetes and eye health, planning for pregnancy, Fertility 101, spine health, keeping lungs healthy, joint solutions, cardiac rehab, fall prevention, mindful eating during the holidays and successful aging, among others.

SMC assisted 8,896 parents-to-be and provided advice, strategies, and tools for parents and families through prenatal, childbirth and parenting classes. Breastfeeding support with lactation experts provided 6,498 phone consultations.

Before the onset of COVID-19 in March 2020, SMC hosted or participated in a number of community health fairs and prevention-focused activities, including the Women's Health Fair, Advances in Joint Replacement Surgery, Minimally Invasive Approaches to Cardiac Surgery, Successful Aging Expo, JDRF One Walk, Walk to End Alzheimer's and National Night Out. The events reached over 57,000 community members and provided health education, screenings, blood typing, resources and referrals.

#### Local Publications, Cable TV, Podcasts and Social Media

Through local and regional publications, SMC reached 710,000 individuals with messages on health topics including shoulder arthritis, breast health, fall and balance, and pregnancy after 35. The free podcast series, "A Weekly Dose of Wellness" allowed

2,450 listeners to learn from physicians and other health care professionals who spoke on topics related to their specialties. Topics in FY21 included Preconception Planning, Don't Delay Joint Replacement, Leaky Bladder, and Shoulder Arthritis.

Through social media platforms, including Facebook, Instagram, Twitter, YouTube and LinkedIn, SMC reached approximately 28,000 individuals with messages on health topics, trends and concerns. SMC physicians presented education sessions through the local television station, reaching 96,000 individuals. SMC developed a Mandarin language website to better serve Mandarin speaking community members. The website was accessed over 50,000 times in FY21.

### Support Services

The hospital offered transportation to 1,936 riders to increase access to health care. SMC assisted 106 persons with insurance enrollment. The hospital provided pharmacy assistance to 25 individuals who could not afford the cost of their prescriptions.

### Family Assistance Ministry (FAM)

The SMC grant program supported the Family Assistance Ministry (FAM) Program, which provided a safety net to community members experiencing homelessness and to those who were trying not to become homeless. FAM's case management/care coordination was offered to all new clients and all clients requesting financial assistance. Through case management/care coordination, 1,088 households (2,648 individuals) learned about the importance of establishing preventive care routines, were connected to health care, or enrolled in insurance. FAM's Housing Continuum clients, five years of age and under, were offered early childhood developmental screenings. Fourteen children, five years of age and under, in FAM's emergency shelters were offered early childhood developmental screenings. FAM offered nutritious food options to those experiencing food insecurity. 100% of people (25,672 individuals) seeking food assistance received nutritious food options.

## **Chronic Diseases (Alzheimer's Disease, Cancer, Diabetes, Heart Disease, Liver Disease, Lung Disease, and Stroke)**

### **Response to Need**

#### Health Education and Awareness

SMC provided a variety of health education classes, podcasts, social media posts, articles in regional publications, and local television events that focused on chronic disease prevention, management and treatment. Presentations on heart disease, stroke, diabetes, Alzheimer's disease, Parkinson's disease, cancer, arthritis, joint disease and other disease-related topics reached in excess of 1 million community residents. A cancer support group guided 162 community members as they navigated

the journey from cancer diagnosis to treatment. The Parkinson's and Movement Disorders support group assisted 69 persons to better understand and cope with their conditions.

### Age Well Senior Services

The SMC grant program provided funding for Age Well Senior Services Non-Emergency Transportation Program and Senior Nutrition Program that served seniors throughout South Orange County.

The Senior Non-Emergency Medical Transportation program ensured elderly participants with serious chronic conditions got to their medical appointments.

- In FY20, 24,939 rides through the NEMT Program in; 1,083 elderly and disabled Non-Emergency Transportation Program participants took 11,685 trips to doctors, dialysis, physical therapies, etc.; and elderly participants with chronic conditions took 1,374 rides to or from health care locations.
- In FY21, 155 roundtrip rides were provided to and from medical appointments.
- The Senior Nutrition Program (includes Meals on Wheels and COVID-19 emergency meal delivery program) provided nutritious meals to the homes of isolated seniors. Volunteers delivered three meals each weekday to seniors throughout Orange County. 2,500 meals supported by the grant.

### Community Support

SMC provided financial support to the Alzheimer's Association and Susan G. Komen Orange County Affiliate to improve the health and quality of life of persons with chronic diseases.

## **Mental Health and Behavioral Health**

### **Response to Need**

#### Behavioral Health Integration Program

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

The program included:

- An embedded clinical social worker at each location
- Instant referral to needed services

- Access to a trained psychiatrist via Telehealth
- Tele-video visits to patients enrolled in the program
- Online patient self-management tools through SilverCloud

### SilverCloud

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

### Be Well OC Mental Health and Wellness Campus

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

### Support Services

In FY20, 2,024 social worker encounters were provided in Laguna Woods Village. SMC embedded a social worker at Laguna Woods Village, a local retirement community, to immediately address emerging social, psychological or medical needs.

A bereavement support group provided 848 encounters for persons experiencing loss and grief.

Not uncommonly, unused prescription drugs can be obtained illegitimately and lead to substance abuse. The SMC Outpatient Pharmacy maintained a drug take back repository, which received unused drugs from the community and appropriately destroyed them.