

# Saddleback Memorial Medical Center

## Community Health Needs Assessment

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2013

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## Executive Summary

Saddleback Memorial has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years.

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

### Service Area

Saddleback Memorial Medical Center has two campuses. The Laguna Hills campus is located at 24451 Health Center Drive, Laguna Hills, California 92653. The San Clemente campus is located at 654 Camino de los Mares, San Clemente, California 92673. The service area is located in Orange County and includes 21 zip codes, representing 16 cities or communities.

**Saddleback Memorial Service Area**

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

## Data Collection

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

### Secondary Data

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

### Primary Data

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. Twelve interviews were completed from January through February, 2013. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations. Additionally, input was obtained from the Orange County Health Care Agency. Four focus groups were conducted in January and February, 2013. The focus groups engaged 28 participants.

## Overview of Key Findings

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

### Community Demographics

- The population of the Saddleback Memorial service area is 683,634.
- Children and youth, ages 0-17, make up 24.1% of the population; 62.8% are adults, ages 18-64; and 13.1% of the population are seniors, ages 65 and over. The population in the Saddleback Memorial service area tends to be older than the Orange County population as a whole.
- 65.5% of the residents are White; 15.4% are Hispanic/Latino; 14.2% are Asian; 1.1% are African American; and 3.8% are American Indian/Alaskan Native/Native Hawaiian or other race/ethnicity.
- English is spoken in the home among 74% of the service area population. Spanish is spoken at home among 9.9% of the population; 9.2% of the population speak and Asian language; and 6.2% of the population speaks an Indo-European language at home.

## Social and Economic Factors

- Among the residents in the Saddleback Memorial service area, 6.4% are at or below 100% of the federal poverty level (FPL) and 15% are at 200% of FPL or below. These rates of poverty are lower than found in the county where 10.9% of residents are at poverty level and 27.3% are at 200% of FPL or below.
- In the service area, 6.6% of children, under age 18 years, and 6.4% of seniors are living in poverty.
- The median household income in the area ranges from \$34,789 in Laguna Woods to \$138,826 in Trabuco Hills.
- Except for Laguna Woods (11.9%), the unemployment rate of service area cities is lower than the Orange County unemployment rate of 8.7%.
- 14% of service area adults are high school graduates and 58.5% are college graduates.
- The 2011 Orange County Point-in-Time Homeless Census and Survey estimated 6,939 homeless individuals during the point-in-time count. It was further estimated that 18,325 persons experience homelessness annually in the county. Of the homeless, 62% are unsheltered and 38% are sheltered.

## Health Access

- Health insurance coverage is considered a key component to access health care. 89.5% of the total population in the Saddleback Memorial service area has health insurance. Laguna Beach has the highest health insurance rate (92.7%) and San Juan Capistrano has the lowest rate of health insurance (80.8%).
- There were 34,508 persons in Orange County's Medical Services Initiative program in August 2010 as reported by the Medically Indigent Care Reporting System (MICRS).
- 88.4% of children in Orange County have a usual source of care. Among adults, 83.1% of adults have a usual source of care. 93.7% of seniors in the county have a usual source of care.
- 17.9% of Orange County residents visited an ER over the period of a year. Seniors visit the ER at the highest rates (22%). In Orange County low-income residents and those living in poverty visit the ER at higher rates than found in the state.
- Portions of Capistrano Beach, Dana Point, San Clemente and San Juan Capistrano are designated as a Medically Underserved Population (MUP). The MUP designation is given to areas with populations that have economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.

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

### Birth Characteristics

- In 2010, there were 7,724 births in the area. The majority of the births were to White women (53.7%), 24.3% of births were to Latino women, and 15.4% of births were to Asian/Pacific Islander women.
- Teen births occurred at a rate of 28.5 per 1,000 births (or 2.9% of total births). This rate is lower than the teen birth rate found in the state (8.5%) and the Orange County rates (6.5%).
- 91.9% of women enter prenatal care within the first trimester. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.
- The Saddleback Memorial service area rate of low birth weight babies is 6.4% (63.8 per 1,000 live births).
- Breastfeeding rates at Saddleback Memorial indicate 91.7% of new mothers use some breastfeeding and 60.1% use breastfeeding exclusively. These rates are better than found among hospitals in Orange County and the state.

### Leading Causes of Death

- The three leading causes of death in the Saddleback Memorial service area are heart disease, cancer and Alzheimer's disease.
- The heart disease mortality rate in the service area is 130 per 100,000 persons, which exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons.
- The cancer death rate is 129.7 per 100,000 persons. This rate is lower than the state rate for cancer mortality and is also lower than the Healthy People 2020 objective of 160.6 per 100,000 persons.
- The Alzheimer's disease death rate of 32 per 100,000 persons is higher than the state rate of 29.1 per 100,000 persons.
- All other causes of death are lower than state rates and Healthy People 2020 objectives.
- In Orange County, mortality from digestive system and respiratory system cancers occurs at the highest rates.



## Chronic Disease

- In Orange County 6.9% of the population had been diagnosed as pre-diabetic. 7.7% of adults had been diagnosed with diabetes.
- For adults in Orange County, 5.8% have been diagnosed with heart disease. This is equivalent to the state rate of 5.9%.
- A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Orange County, 22.2% of adults have been diagnosed with high blood pressure. Of these, 72.5% take medication for their blood pressure.
- The age-adjusted cancer incidence rate is 463.7 per 100,000 persons. Breast cancer (83.0), and brain and nervous system cancer (6.3) occur at rates higher than the state rates for these types of cancer.
- The population diagnosed with asthma in Orange County is 10.3%. 42.1% of asthmatics take medication to control their symptoms. Among youth, 7.8% have been diagnosed with asthma.
- Tuberculosis rates in the county and state have declined from 2010 to 2011. The rate of TB, per 100,000 persons in 2011 in Orange County was 6.4, which is higher than the state rate of 5.8.

## Health Behaviors

- Over one-third of adults (36.3%) are overweight in Orange County and 20.7% are obese.
- 22.2% of teens and 9.7% of children are identified as being overweight. 3.9% of teens are obese.
- 22.4% of Orange County residents consume fast food 3-4 times a week. This is higher than the state rate of 19.6%.
- In Orange County, 17.1% of children and teens consume two or more soda or sweetened drinks a day. This rate is higher than the state rate of 14.7%.
- In Orange County, 65% of children engaged in vigorous physical activity at least three days a week. In contrast, 10% of children and 16.5% of teens did not engage in any physical activity in a week.
- In Orange County, 5.4% of teens smoke cigarettes; this is higher than the state rate of 4.2%. Among adults, 9.3% are current smokers and 23.7% are former smokers.
- Among adults, 31.4% in Orange County had engaged in binge drinking in the past year; 12.6% of teens indicated they had engaged in binge drinking.
- The rate of Chlamydia in Orange County is 260.3 per 100,000 persons. Females, ages 15-24, have the highest rates of Chlamydia.
- Among Orange County adults, 3.8% experienced serious psychological distress

in the past year. 26.2% of adults and 7.3% of teens needed help for mental health problems.

- 61.3% of seniors had obtained a pneumonia vaccine, which is lower than the state rate of 62.6% and does not meet the Healthy People 2020 objective of 90%.
- The Healthy People 2020 objective for mammograms is that 81% of women 40+ years have a mammogram in the past two years. In Orange County, women have met that objective with 81% obtaining mammograms.
- The Healthy People 2020 objective for Pap smears in the past three years is 93%. In Orange County, 78.1% of women had a Pap smear.
- The Healthy People 2020 objective for colorectal cancer screening is 70.5%. Orange County residents (80.8%) exceeded this screening objective.

### Community Stakeholder Interviews

Community issues and concerns that were identified included both issues that cut across all population groups as well as some issues of greater concern within specific communities or sub-populations. The biggest issues and concerns identified in the community were:

- Needs of seniors, including transportation, affordable housing, and in-home services that allow seniors to safely age in place.
- Lack of mental health services, especially for lower-income and uninsured people, including counseling, access to medications, addiction/recovery services and hospitalization.
- Insufficient affordable primary care services in South Orange County and a lack of affordable specialty care services.
- Alcohol and drug use, including prescription drug use.
- People struggling with insufficient resources for their basic needs, including food, rent, utilities and child care.
- Lack of temporary shelters and long-term affordable housing.
- Inadequate resources in schools to meet the growing health care needs of students with juvenile diabetes, asthma and other health conditions; e.g., one full-time nurse serving 30,000 students, health aides available to schools only one day per week, and lack of staff onsite at schools who are trained in CPR and First Aid.
- Obesity and prevalence of chronic disease.

These issues/concerns were associated with the following contributing factors:

- Growing aging population with health and supportive service needs. “The demand is great and will continue to grow,” and resources are limited. The

resources that are available (e.g., a senior center and Meals on Wheels) are not well publicized.

- Youth with unsupervised time after school, due in part to changes in family structures and the high cost of after-school programs, that can lead to alcohol and drug use. Substance abuse among youth was also attributed to the significant impact of social media and peer pressure.
- Lack of resources in South Orange County to address the housing and health needs of lower-income and uninsured people, including the homeless. It was noted there are only two community clinics that serve the area, there is no county hospital, and there are few specialty care providers willing to offer services for free or at a reduced cost.
- Lack of awareness about the extent of homelessness and numbers of people who are low or very-low income, and the fact that rents continue to rise. This places a significant burden on families who are spending a high proportion of their income on their housing and so have less available for other basic needs or health care and medications.
- Significant budget cuts to school districts that have left them with inadequate resources to meet the growing health needs of students.
- The large geographic area of the County makes transportation to and from services difficult without a car, or even with a care given the high cost of gas. Public transportation can be costly and options are limited, with long wait times and inefficient routes.
- Obesity and chronic disease are impacted by physical inactivity and poor nutrition, as well as the availability of junk food/unhealthy foods, advertising targeted toward children.

The most frequently identified health problems in the community were obesity and chronic diseases such as diabetes and hypertension. Another significant health concern identified by several participants was mental health problems, including chronic depression and difficulty accessing counseling and psychiatric services.

Health problems identified in the senior population included:

- Depression and isolation and other mental health problems
- Cognitive impairments
- Pneumonia/influenza
- Chronic diseases, including diabetes, high blood pressure and high cholesterol
- Increasing dependence on dialysis for survival

Some specific health problems identified among children, youth and young adults were:

- Alcohol and drug use/addiction, including use of prescription pills obtained from parents
- Sexually Transmitted Infections, leading to infertility or other health complications
- Smoking
- New cases of HIV infection (mostly among Men having Sex with Men, MSMs)
- Children with juvenile diabetes, seizures, ADD and ADHD
- Reductions in immunization rates, as parents are choosing to not immunize their children

### Focus Group Responses

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

- Job loss, lack of affordable housing, and overall financial stress, which in turn are related to:
  - Mental health problems, such as depression and anxiety
  - Fears of eviction or inability to afford rent
  - Food insecurity
- Needs of growing senior population and their caregivers
  - Access to assistance to help seniors remain in their homes (e.g., pet care, home maintenance, shopping, transportation assistance)
  - Education to seniors and caregivers about services/resources available to them
- Transportation/mobility/traffic problems stemming from insufficient roadway infrastructure to meet mobility needs.
- Lack of transportation options and assistance for seniors and other vulnerable populations.
- Community denial about the extent of homelessness.
- Lack of emergency shelters in San Clemente.
- Lack of skills and strategies among parents for addressing teen problems, and parent denial of drug and alcohol problems among youth.

The biggest health concerns in the community were identified as:

- People do not know how to eat properly and have limited access to healthy food.
- Diabetes, hypertension, COPD and Congestive Heart Failure.
- Hopelessness related to financial situation, along with depression and anxiety.
- Teen drug use, including heroin, and prescription drugs obtained from parents.
- Overmedication, which occurs most frequently among seniors.

- Lack of information and education about the Affordable Care Act and how it will impact individuals and businesses.
- Lack of support for caregivers helping people with cognitive impairments.
- Access to care issues
  - Cost of health care services and medications
  - Community clinics are not free, so cost remains a barrier
  - Lack of providers who accept Medi-Cal
  - Difficulty signing-up for MSI due to paperwork requirements
  - Lack of affordable mental health services
  - Dental services are expensive even for those with insurance

## Identification and Prioritization of Health Needs

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

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

The identified health needs included:

### Access to Care

- Primary care
- Insurance coverage
- Specialty care
- Mental health
- Dental health
- Access to medications

Alcohol/Drug Use

Alzheimer's Disease

Chronic Diseases

Healthy Eating/Physical Activity

Heart Disease

Housing

Overweight/Obesity

Preventive Health Care (screenings, immunizations)

Transportation

### Process and Criteria Used for Prioritization of Health Needs

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

On March 22, 2013, the Saddleback Memorial Community Benefit Oversight Committee (CBOC) convened to prioritize the identified health needs. Those in attendance have current data or other information relevant to the health needs of the community served by the hospital. A review of the Community Health Needs Assessment findings and the identified health needs were reviewed.

### Priority Setting Process

The CBOC engaged in a process to prioritize the health needs using the following criteria:

- ▶ Current area of Community Benefit focus: hospital has acknowledged competencies and expertise to address the health need; and the health need fits with the organizational mission.
- ▶ Established relationships: hospital has established relationships with community partners to address the health need.
- ▶ Organizational capacity: hospital has the capacity to address the health need.
- ▶ Existing infrastructure – hospital has programs, systems, staff and support resources in place to address the issue.

The CBOC examined each of the health needs based on these criteria. Health needs that met these criteria were identified as community benefit priority areas to include:

#### Access to care

- Specialty care
- Access to medications

#### Chronic disease management and prevention

- Alzheimer's' disease
- Heart disease
- Overweight/obesity
- Healthy eating
- Physical activity

# Introduction

## Background and Purpose

Saddleback Memorial Medical Center is a member of the MemorialCare Health System family. Saddleback Memorial is a 325-bed nonprofit hospital with facilities in Laguna Hills and San Clemente. We have been improving the health and well-being of individuals, families and the community for over 35 years. In addition to 24-hour emergency services and critical care in the highly advanced Meiklejohn Critical Care Pavilion, Saddleback Memorial offers surgical services, obstetrical services and heart programs, as well as a variety of health and wellness programs.

Saddleback Memorial has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years.

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

## Service Area

Saddleback Memorial Medical Center has two campuses. The Laguna Hills campus is located at 24451 Health Center Drive, Laguna Hills, California 92653. The San Clemente campus is located at 654 Camino de los Mares, San Clemente, California 92673. The service area is located in Orange County and includes 21 zip codes, representing 16 cities or communities. Saddleback Memorial determines the service area by assigning zip codes based on patient origin for hospital discharges. Approximately 85% of admissions come from these zip codes. The Saddleback Memorial service area is presented below by community and zip code.

**Saddleback Memorial Service Area**

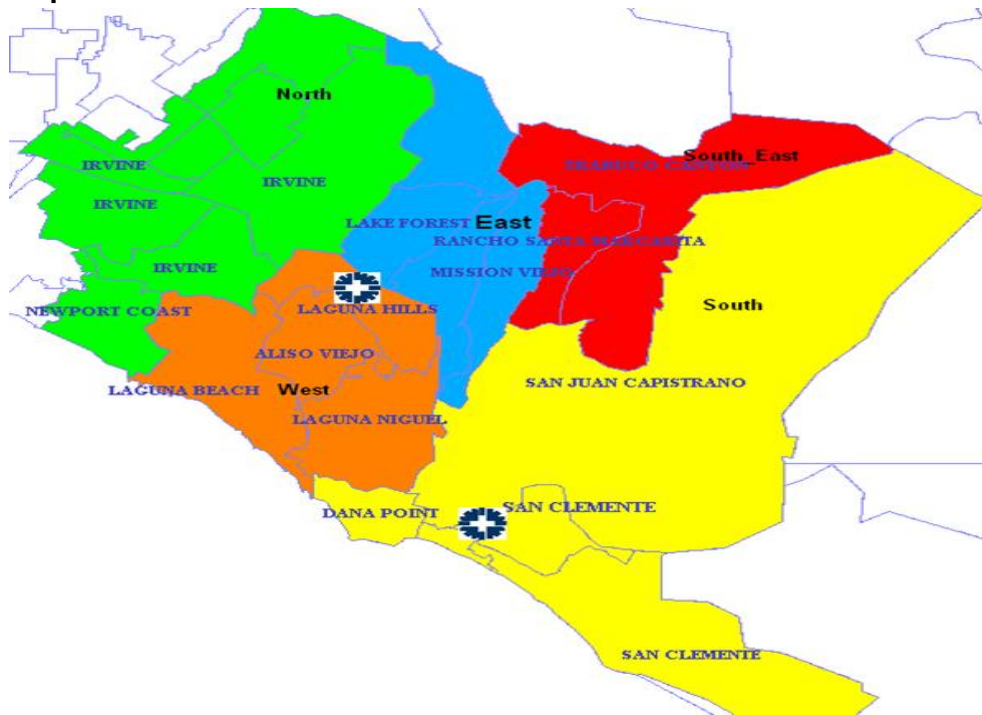
City	Zip Code
Aliso Viejo	92656
Capistrano Beach	92624
Dana Point	92629
Foothill Ranch	92610
Irvine	92603
Irvine	92604
Irvine	92606



Irvine	92620
Ladera Ranch	92694
Laguna Beach	92651
Laguna Hills	92653
Laguna Niguel	92677
Laguna Woods	92637
Lake Forest	92630
Mission Viejo	92691
Mission Viejo	92692
Rancho Santa Margarita	92688
San Clemente	92672
San Clemente	92673
San Juan Capistrano	92675
Trabuco Hills	92679

## Map

**Map of the Saddleback Memorial Medical Center Service Area**



## Author

Melissa Biel of Biel Consulting conducted the Community Health Needs Assessment. Biel Consulting is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Biel specializes in community benefit work with nonprofit hospitals and has over 10 years of experience conducting hospital Community Health Needs Assessments.

## Methods

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health access, birth characteristics, leading causes of death, chronic disease, and health behaviors.

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

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

The report includes benchmark comparison data that measures Saddleback Memorial community data findings with Healthy People 2020 objectives (Attachment 1). Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

### Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. Twelve interviews were completed during January and February, 2013. For the interviews, community stakeholders identified by Saddleback Memorial were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations, or regional, State or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility". A list of stakeholder interview respondents, their titles, organizations and leadership roles can be found in Attachment 2.

Four focus groups were conducted in January and February, 2013. The focus groups engaged 28 participants.

### **Information Gaps**

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

### **Health Care Facilities and Community Resources**

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

## Demographics

### Population

At the time of the 2010 Census, the population of the Saddleback Memorial service area was 683,634.

### Population

Geographic Area	Zip Code	Population
Aliso Viejo	92656	49,046
Capistrano Beach	92624	7,248
Dana Point	92629	25,756
Foothill Ranch	92610	11,248
Irvine	92603	20,184
Irvine	92604	26,853
Irvine	92606	21,495
Irvine	92620	38,486
Ladera Ranch	92694	21,944
Laguna Beach	92651	23,881
Laguna Hills	92653	29,291
Laguna Niguel	92677	63,297
Laguna Woods	92637	16,012
Lake Forest	92630	59,182
Mission Viejo	92691	47,582
Mission Viejo	92692	47,222
Rancho Santa Margarita	92688	43,792
San Clemente	92672	34,464
San Clemente	92673	29,309
San Juan Capistrano	92675	34,731
Trabuco Hills	92679	32,611
<b>Saddleback Memorial Service Area</b>		<b>683,634</b>

Source: U.S. Census, 2010

Of the area population, 48.7% are male and 51.3% are female.

### Population by Gender

Gender	Saddleback Memorial Service Area	Orange County
Male	48.7%	49.5%
Female	51.3%	50.5%

Source: U.S. Census, 2010

Children and youth, ages 0-17, make up 24.1% of the population; 62.8% are adults, ages 18-64; and 13.1% of the population are seniors, ages 65 and over. The population in the Saddleback Memorial service area tends to be older than the Orange County population as a whole.

### Population by Age

	Saddleback Memorial Service Area		Orange County	
	Number	Percent	Number	Percent
Age 0-4	39,384	5.7%	191,691	6.4%
Age 5-17	125,143	18.4%	544,968	18.1%
Age 18-24	51,627	7.5%	305,286	10.1%
Age 25-44	180,080	26.3%	852,571	28.4%
Age 45-64	199,143	29.1%	766,039	25.5%
Age 65+	89,839	13.1%	349,677	11.6%
Total	685,216	100%	3,010,232	100%

Source: U.S. Census, 2010

When the service area is examined by community, Ladera Ranch has the largest percentage of youth, ages 0-17 (38.9%). Laguna Woods has the highest percentage of residents 65 and older (79.2%). Laguna Beach has a higher percentage of seniors than youth.

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

Service Area	Zip Code	Youth Ages 0 – 17	Seniors Ages 65+
Aliso Viejo	92656	25.5%	6.0%
Capistrano Beach	92624	19.7%	15.3%
Dana Point	92629	19.9%	17.6%
Foothill Ranch	92610	31.4%	3.4%
Irvine	92603	26.4%	9.8%
Irvine	92604	22.1%	12.8%
Irvine	92606	26.2%	6.4%
Irvine	92620	26.0%	8.1%
Ladera Ranch	92694	38.9%	2.7%
Laguna Beach	92651	14.2%	18.6%
Laguna Hills	92653	22.7%	12.5%
Laguna Niguel	92677	22.5%	13.0%
Laguna Woods	92637	0.2%	79.2%
Lake Forest	92630	23.3%	10.8%
Mission Viejo	92691	22.7%	13.8%
Mission Viejo	92692	23.1%	15.1%
Rancho Santa Margarita	92688	29.4%	5.9%
San Clemente	92672	20.2%	14.7%
San Clemente	92673	29.5%	11.4%
San Juan Capistrano	92675	24.6%	15.6%
Trabuco Hills	92679	29.7%	6.2%
<b>Saddleback Memorial Service Area</b>		<b>24.1%</b>	<b>13.1%</b>
<b>Orange County</b>		<b>24.5%</b>	<b>11.6%</b>

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

## Race/Ethnicity

In the Saddleback Memorial service area, 65.5% of the residents are White; 15.4% are Hispanic/Latino; 14.2% are Asian; 1.1% are African American; and 3.8% are American Indian/Alaskan Native/Native Hawaiian or other race/ethnicity.

### Race/Ethnicity

	Saddleback Memorial Service Area	Orange County
White	65.5%	44.1%
Hispanic/Latino	15.4%	33.7%
Asian	14.2%	17.7%
Black/African American	1.1%	1.5%
Native HI/PI	1.3%	0.3%
American Indian/Alaska Native	0.2%	0.2%
Other	2.3%	2.5%

Source: U.S. Census Bureau, 2010

## Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the Saddleback Memorial service area communities. English is spoken in the home among 74% of the service area population. Spanish is spoken at home among 9.9% of the population; 9.2% of the population speak and Asian language; and 6.2% of the population speaks an Indo-European language at home.

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

	Saddleback Memorial Service Area	Orange County
Speaks Only English	74.0%	55.3%
Speaks Spanish	9.9%	26.2%
Speaks Asian/PI Language	9.2%	13.5%
Speak Indo-European Language	6.2%	4.1%
Speaks Other Language	0.7%	0.9%

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

When communities are examined by language spoken in the home, English is spoken in the majority of homes except for Irvine 92620 and Lake Forest. San Juan Capistrano has the highest percentage of Spanish speakers (31.8%). Areas with a high percentage of Asian language speakers include: Irvine and Lake Forest.

### Language Spoken at Home

Geographic Area	ZCTA	English	Spanish	Asian/PI	Indo European
Aliso Viejo	92656	70.3%	10.9%	9.9%	0.7%
Capistrano Beach	92624	84.6%	13.5%	0.4%	0.0%
Dana Point	92629	86.0%	8.0%	1.0%	0.7%
Foothill Ranch	92610	77.4%	8.9%	8.1%	1.4%
Irvine	92603	52.6%	4.3%	26.0%	2.0%

Geographic Area	ZCTA	English	Spanish	Asian/PI	Indo European
Irvine	92604	64.9%	6.0%	16.9%	1.0%
Irvine	92606	51.2%	6.6%	32.6%	1.2%
Irvine	92620	44.4%	5.6%	26.8%	1.1%
Ladera Ranch	92694	76.8%	8.0%	8.5%	0.4%
Laguna Beach	92651	87.7%	4.1%	1.3%	1.0%
Laguna Hills	92653	68.9%	16.6%	7.5%	0.5%
Laguna Niguel	92677	76.9%	7.9%	6.0%	0.7%
Laguna Woods	92637	80.5%	3.2%	8.6%	0.3%
Lake Forest	92630	35.7%	19.7%	11.3%	1.0%
Mission Viejo	92691	77.9%	11.4%	4.7%	0.7%
Mission Viejo	92692	77.9%	8.2%	5.4%	0.8%
Rancho Santa Margarita	92688	77.5%	11.5%	6.9%	0.5%
San Clemente	92672	84.5%	9.7%	2.7%	0.0%
San Clemente	92673	88.3%	6.5%	2.1%	0.5%
San Juan Capistrano	92675	63.4%	31.8%	2.1%	0.4%
Trabuco Hills	92679	87.0%	5.7%	3.5%	.5%
<b>Saddleback Memorial Service Area</b>		<b>73.5%</b>	<b>9.9%</b>	<b>9.2%</b>	<b>6.2%</b>
<b>Orange County</b>		<b>55.3%</b>	<b>26.2%</b>	<b>13.5%</b>	<b>4.1%</b>

Source: American Community Survey, 2007-2011

In the school districts in the Saddleback Memorial service area, 13.1% of students in the Saddleback Valley Unified School District are classified as English Learners.

### English Learners

School District	Percent
Capistrano Unified	10.2%
Irvine Unified	13.0%
Laguna Beach Unified	3.7%
Saddleback Valley Unified	13.1%
<b>Orange County</b>	<b>25.9%</b>

Source: California Department of Education DataQuest, 2011-2012

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

### Veterans

In the Saddleback Memorial service area, 7.9% of the population 18 years and older are veterans. This is a higher percentage of veterans found in Orange County (6.2%).

### Veterans

	Saddleback Memorial Service Area	Orange County	California
Veteran Status	7.9%	6.2%	7.3%

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

## Social and Economic Factors

### Social and Economic Factors Ranking

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

### Social and Economic Factors Ranking

	County Ranking (out of 58)
Orange County	7

*Source: County Health Rankings, 2012*

### Poverty

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

Among the residents in the Saddleback Memorial service area, 6.4% are at or below 100% of the federal poverty level (FPL) and 15% are considered low-income at <200% FPL. These rates of poverty are lower than found in the county where 10.9% of residents are at poverty level and 27.3% are low-income.

### Poverty Levels

	Saddleback Memorial Service Area	Orange County
<100% FPL	6.4%	10.9%
<200% FPL	15.0%	27.3%

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

Examining poverty levels by community paints an important picture of the population within the Saddleback Memorial service area. Capistrano Beach (12.6%) and San Juan Capistrano (11.8%) have the highest rates of poverty in the service area. Data on the percent of children in poverty indicate that in all except the most affluent communities, children suffer with higher rates of poverty than the general population. In the service area, 6.6% of children, under age 18 years, are living in poverty. Seniors living in poverty are 6.4% of the senior population. In San Juan Capistrano, 12.1% of the senior population is in poverty.



## Poverty Levels of Individual, Children, and Seniors

Geographic Area	ZCTA	Individuals	Children Under 18 Years Old	Seniors 65 Years and Older
Aliso Viejo	92656	4.1%	3.8%	7.3%
Capistrano Beach	92624	12.6%	18.8%	2.9%
Dana Point	92629	6.0%	7.1%	5.1%
Foothill Ranch	92610	2.3%	2.9%	2.7%
Irvine	92603	7.0%	9.4%	3.05
Irvine	92604	9.2%	8.6%	10.6%
Irvine	92606	8.2%	8.7%	9.3%
Irvine	92620	6.0%	6.0%	3.8%
Ladera Ranch	92694	3.1%	2.5%	4.1%
Laguna Beach	92651	6.6%	5.2%	3.8%
Laguna Hills	92653	7.8%	4.2%	6.6%
Laguna Niguel	92677	5.4%	5.7%	5.0%
Laguna Woods	92637	8.0%	0.0%	7.9%
Lake Forest	92630	6.5%	8.9%	5.5%
Mission Viejo	92691	5.8%	4.8%	7.9%
Mission Viejo	92692	3.9%	4.5%	4.8%
Rancho Santa Margarita	92688	3.3%	3.3%	9.6%
San Clemente	92672	7.9%	10.3%	3.9%
San Clemente	92673	6.8%	9.5%	5.0%
San Juan Capistrano	92675	11.8%	17.8%	12.1%
Trabuco Hills	92679	2.5%	2.3%	2.4%
<b>Saddleback Memorial Service Area</b>		<b>6.1%</b>	<b>6.6%</b>	<b>6.4%</b>
<b>Orange County</b>		<b>10.9%</b>	<b>14.6%</b>	<b>25.6%</b>

Source: American Community Survey, 2007-2011

## Households

In the Saddleback Memorial service area there are 252,290 households. 32% of the households are 2-person households. In the service area, there are 22% of households that are 1-person. This is higher than the Orange County rate of 20.9%. There are also higher percentages of 3 and 4- person households compared to the county.

## Household Size

Household Size	Saddleback Memorial Service Area	Orange County
1 Person Households	22.0%	20.9%
2 Person Households	32.0%	29.3%
3 Person Households	16.9%	16.6%
4 Person Households	17.0%	16.2%
5 Person Households	6.7%	8.4%
6 Person Households	2.2%	4.0%
7+ Person Households	1.3%	4.7%

Source: U.S. Census Bureau, 2010

The median household income in the area ranges from \$34,789 in Laguna Woods to \$138,826 in Trabuco Hills. Most of the communities in the service area have median household incomes that are higher than the county median household income.

## Median Household Income

Geographic Area	ZCTA	Median Household Income
Aliso Viejo	92656	\$97,807
Capistrano Beach	92624	\$74,223
Dana Point	92629	\$85,068
Foothill Ranch	92610	\$122,694
Irvine	92603	\$128,466
Irvine	92604	\$88,242
Irvine	92606	\$91,777
Irvine	92620	\$107,841
Ladera Ranch	92694	\$133,000
Laguna Beach	92651	\$99,893
Laguna Hills	92653	\$87,131
Laguna Niguel	92677	\$100,480
Laguna Woods	92637	\$34,789
Lake Forest	92630	\$85,419
Mission Viejo	92691	\$95,389
Mission Viejo	92692	\$98,022
Rancho Santa Margarita	92688	\$100,388
San Clemente	92672	\$75,392
San Clemente	92673	\$118,183
San Juan Capistrano	92675	\$86,744
Trabuco Hills	92679	\$138,826
<b>Orange County</b>		<b>\$75,762</b>

Source: American Community Survey, 2007-2011

In the hospital service area, residents have lower rates of supportive benefits than found in the county. 2% of service area residents receive SSI benefits, 1.6% receive cash public assistance income and, 1.2% of residents receive food stamp benefits.

## Household Supportive Benefits

	Saddleback Memorial Service Area	Orange County
Households	252,290	987,164
Supplemental Security Income (SSI)	2.0%	3.5%
Public Assistance	1.6%	2.2%
Food Stamps/SNAP	1.2%	3.6%

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

## Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. In Orange County 45.6% of the student population is eligible for the free and reduced price meal program. Approximately one-fifth of students in the Capistrano Unified and Saddleback Valley Unified School Districts qualify for the free or reduced price meal program.

## Free and Reduced Price Meals Eligibility

School District	Percent
Capistrano Unified	21.4%
Irvine Unified	11.4%
Laguna Beach Unified	12.8%
Saddleback Valley Unified	20.0%
<b>Orange County</b>	<b>45.6%</b>
<b>California</b>	<b>56.7%</b>

Source: California Department of Education, 2010-2011

## Unemployment

Except for Laguna Woods (11.9%), the unemployment rate of service area cities is lower than the Orange County unemployment rate of 8.7%.

## Unemployment Rate, 2011 Average

Geographic Area*	Unemployment Rate
Aliso Viejo	4.6%
Dana Point	6.3%
Foothill Ranch	2.8%
Irvine	6.5%
Laguna Beach	6.4%
Laguna Hills	7.4%
Laguna Niguel	6.8%
Laguna Woods	11.9%
Lake Forest	6.0%
Mission Viejo	6.3%
Rancho Santa Margarita	5.6%
San Clemente	7.0%
San Juan Capistrano	7.7%
<b>Orange County</b>	<b>8.7%</b>
<b>California</b>	<b>11.7%</b>

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

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

## Educational Attainment

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

Among adults, ages 25 and older, in the Saddleback Memorial service area, 5.6% have no high school diploma, compared to 16.6% of the population in the county with no high school diploma.

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

Saddleback Memorial Service Area	Orange County
5.6%	16.6%

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

14% of service area adults are high school graduates and 58.5% are college graduates. In Orange County 18.3% of residents are high school graduates and 44.1% are college graduates.

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

	Saddleback Memorial Service Area	Orange County
Population 25 years and older	463,195	1,952,784
Less than 9 <sup>th</sup> Grade	2.7%	9.0%
Some High School, No Diploma	2.9%	7.6%
High School Graduate	14.0%	18.3%
Some College, No Degree	21.9%	21.0%
Associate Degree	8.5%	7.9%
Bachelor Degree	32.2%	23.7%
Graduate or Professional Degree	17.8%	12.5%

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

### Homelessness

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

### Homeless Census and Annual Estimate, 2011

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

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

The majority of homeless were White (62%), male (63%), between the ages of 31 and 60 (77%). One-third of the homeless were using alcohol and/or drugs. 25% suffered from a chronic health problem, 24% from a physical disability, and 20% from mental illness. 24% of the homeless population was chronically homeless.

### Homeless Subpopulations

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

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

## Domestic Violence

Calls for domestic violence are categorized as with or without a weapon. Lake Forest had the highest total number of calls for domestic violence (327). In Laguna Beach, 26.8% of the domestic violence calls involved a weapon.

### Domestic Violence Calls, 2010

Geographic Area*	Total	Without Weapon	With Weapon
Aliso Viejo	247	96.5%	4.5%
Dana Point	244	92.6%	7.4%
Irvine	302	88.7%	11.3%
Laguna Beach	56	73.2%	26.8%
Laguna Hills	94	89.4%	10.6%
Laguna Niguel	158	95.0%	5.0%
Laguna Woods	13	76.9%	23.1%
Lake Forest	327	94.8%	5.2%
Mission Viejo	312	96.5%	3.5%
Rancho Santa Margarita	258	96.5%	3.5%
San Clemente	162	95.7%	4.3%
San Juan Capistrano	149	95.3%	4.7%
<b>Orange County</b>	<b>11,003</b>	<b>86.4%</b>	<b>13.6%</b>
<b>California</b>	<b>166,361</b>	<b>60.4%</b>	<b>39.6%</b>

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

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

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

### Experienced Physical or Sexual Violence

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

Source: California Health Interview Survey, 2009

## Health Access

### Health Insurance Coverage

Health insurance coverage is considered a key component to access health care. 89.5% of the total population in the Saddleback Memorial service area has health insurance. Laguna Beach has the highest health insurance rate (92.7%) and San Juan Capistrano has the lowest rate of health insurance (80.8%).

#### Health Insurance, Total Population

Geographic Area*	Total Population
Aliso Viejo	90.5%
Dana Point	87.4%
Irvine	90.2%
Laguna Beach	92.7%
Laguna Hills	86.5%
Laguna Niguel	90.0%
Lake Forest	87.6%
Mission Viejo	91.3%
Rancho Santa Margarita	92.0%
San Clemente	89.3%
San Juan Capistrano	80.8%
<b>Saddleback Memorial Service Area</b>	<b>89.5%</b>
<b>Orange County</b>	<b>82.3%</b>
<b>California</b>	<b>81.8%</b>

*Source: American Community Survey, 2009-2011*

*\*Data for Capistrano Beach, Foothill Ranch, Ladera Ranch, Laguna Woods, and Trabuco Canyon not available*

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

## Insurance Coverage

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

Source: California Health Interview Survey, 2009

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

## Insurance Coverage by Age Group, Orange County

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

Source: California Health Interview Survey, 2009

According to the Orange County Geographical Health Profile (2011), approximately 2% of seniors in Orange County are uninsured. There are high rates of uninsured seniors in Lake Forest (6.8%) and Irvine (6.3%).

## Medical Services Initiative Program (MSI)

According to the Orange County Health Care Agency, the Medical Services Initiative (MSI) is a mandated, State, Federal, and County funded safety-net program, responsible for the provision of medical care to Orange County's medically indigent adults, previously covered by the Medi-Cal program. The program covers medical care for Orange County residents 21 through 64 years of age who have a current, urgent or emergent medical need, and limited or no financial resources to pay for their health

care. Financial eligibility is based on Medi-Cal criteria, with an income cap at 200% of the Federal Poverty level. Proof of Orange County, and U.S. citizenship or legal permanent residency is required. The scope of covered benefits includes, primary care and disease prevention; early intervention to help stop the spread of disease; immediate treatment of acute exacerbation of chronic conditions that are potentially life threatening; and treatment of conditions that would otherwise result in significant and permanent impairment in health status and/or function. The MSI division of the Health Care Agency is the payer and administrator of the MSI program. There were 34,508 persons in Orange County's Medical Services Initiative program in August 2010 as reported by the Medically Indigent Care Reporting System (MICRS).

### Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. 88.4% of children in Orange County have a usual source of care. Among adults, 83.1% of adults have a usual source of care. 93.7% of seniors in the county have a usual source of care.

#### Usual Source of Care, Orange County

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

Source: California Health Interview Survey, 2009

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

#### Usual Source of Care by Race/Ethnicity

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

Source: California Health Interview Survey, 2009

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



## Sources of Care

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

Source: California Health Interview Survey, 2009

## Use of the Emergency Room

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

## Use of Emergency Room

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

Source: California Health Interview Survey, 2009

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

## Top Five ER Diagnoses by Age Group, 2007

Age Group	Diagnosis
Children, <1 year	Acute upper respiratory infection
	Fever
	Otitis media (ear infection)
	Acute bronchiolitis
	Nausea and vomiting
Children, ages 1-17	Otitis media (ear infection)
	Open wound of face
	Acute upper respiratory infection
	Abdominal pain
	Fever
Young adults, ages 18-34	Abdominal pain
	Conditions complicating pregnancy or child birth
	Chest pain

	Threatened abortion
	Headache
Adults, ages 35-64	Chest pain
	Abdominal pain
	Headache
	Lumbago (low back pain)
	Migraine
Senior adults, ages 65+	Chest pain
	Urinary tract infection
	Congestive heart failure
	Pneumonia
	Abdominal pain

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

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

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

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

### Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Saddleback Memorial service area and information from the Uniform Data System (UDS)<sup>1</sup>, 14.2% of the population in the service area is

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

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

categorized as low-income (200% of Federal Poverty Level) and 5.9% of the population are living in poverty.

There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: AltaMed Health Services, UCI Family Health Care, North County Health Project, Inc., Vista Community Clinic, and OCRM Health Care Services. Even with Section 330 funded Community Health Centers serving the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 1,373 patients in the service area, which equates to 1.8% penetration among low-income patients and 0.2% penetration among the total population. From 2009-2011 the CHC providers added 292 patients for a 27% increase in patients served by Community Health Centers in the service area. However, there remain 76,219 low-income residents, approximately 98% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

#### Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
77,592	1,373	1.8%	0.2%	76,219	98.2%

Source: UDS Mapper, 2011

#### Underserved Areas

Portions of Capistrano Beach, Dana Point, San Clemente and San Juan Capistrano are designated as a Medically Underserved Population (MUP). The MUP designation is given to areas with populations that have economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.

#### Delayed Care

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

#### Delayed Care

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

Source: California Health Interview Survey, 2009

#### Dental Care

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

### Dental Care, Children

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

Source: California Health Interview Survey, 2009

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

### Dental Care, Adults

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

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

## Birth Characteristics

### Births

In 2010, there were 7,724 births in the area. The majority of the births were to White women (53.7%), 24.3% of births were to Latino women, and 15.4% of births were to Asian/Pacific Islander women.

### Teen Birth Rate

In 2010, teen births occurred at a rate of 28.5 per 1,000 births (or 2.9% of total births). This rate is lower than the teen birth rate found in the state (8.5%) and Orange County rates (6.5%). In the service area, the highest rates of teen births were found in San Juan Capistrano. Laguna Woods had no births. It is necessary to use caution when drawing conclusions from data with small occurrences.

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

Geographical Area	Zip Codes	Births to Teen Mothers	Live Births	Rate per 1,000 Live Births
Aliso Viejo	92656	8	733	10.9
Capistrano Beach	92624	4	93	43.0
Dana Point	92629	3	227	13.2
Foothill Ranch	92610	3	136	22.1
Irvine	92603	1	245	4.1
Irvine	92604	11	231	47.6
Irvine	92606	2	282	7.1
Irvine	92620	4	496	8.1
Ladera Ranch	92694	2	474	4.2
Laguna Beach	92651	4	165	24.2
Laguna Hills	92653	14	279	50.2
Laguna Niguel	92677	15	589	25.5
Laguna Woods	92637	No Births		
Lake Forest	92630	35	674	51.9
Mission Viejo	92691	17	467	36.4
Mission Viejo	92692	11	391	28.1
Rancho Santa Margarita	92688	19	573	33.2
San Clemente	92672	31	652	47.5
San Clemente	92673	6	342	17.5
San Juan Capistrano	92675	27	453	59.6
Trabuco Hills	92679	3	222	13.5
<b>Saddleback Memorial Service Area</b>		<b>220</b>	<b>7,724</b>	<b>28.5</b>
<b>Orange County</b>		<b>2,479</b>	<b>38,237</b>	<b>64.8</b>
<b>California</b>		<b>43,651</b>	<b>511,825</b>	<b>85.3</b>

*Source: California Department of Public Health, 2010*

### Prenatal Care

Pregnant women in the service area entered prenatal care late - after the first trimester - at a rate of 80.7 per 1,000 live births. This rate of late entry into prenatal care translates to 91.9% of women entering prenatal care within the first trimester. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of

women entering prenatal care in the first trimester. Capistrano Beach and San Clemente 92672 have the highest rates of late entry into prenatal care.

#### Late Entry Into Prenatal Care (After First Trimester)

Geographical Area	Zip Codes	Late Prenatal Care	Live Births*	Rate
Aliso Viejo	92656	42	733	57.3
Capistrano Beach	92624	14	93	150.5
Dana Point	92629	26	201	129.4
Foothill Ranch	92610	6	130	46.2
Irvine	92603	7	244	28.7
Irvine	92604	11	229	48.0
Irvine	92606	12	279	43.0
Irvine	92620	21	494	42.5
Ladera Ranch	92694	16	474	33.8
Laguna Beach	92651	11	163	67.5
Laguna Hills	92653	28	279	100.4
Laguna Niguel	92677	47	588	79.9
Laguna Woods	92637	No Births		
Lake Forest	92630	83	672	123.5
Mission Viejo	92691	34	466	73.0
Mission Viejo	92692	39	389	100.3
Rancho Santa Margarita	92688	40	573	69.8
San Clemente	92672	93	650	143.1
San Clemente	92673	20	342	58.5
San Juan Capistrano	92675	59	451	130.8
Trabuco Hills	92679	10	222	45.0
<b>Saddleback Memorial Service Area</b>		<b>619</b>	<b>7,672</b>	<b>80.7</b>
<b>Orange County</b>		<b>3,937</b>	<b>37,974</b>	<b>103.7</b>
<b>California</b>		<b>82,823</b>	<b>501,042</b>	<b>165.3</b>

Source: California Department of Public Health, 2010

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

#### Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The Saddleback Memorial service area rate of low birth weight babies is 6.4% (63.8 per 1,000 live births). This is the same as the Orange County rate and is lower than the state rate of 6.8% (68.1 per 1,000 live births). The rate of low birth weight in the service area is lower than the Healthy People 2020 objective of 7.8% of births being low birth weight. When examined by community, a number of areas have a rate that exceeds the Healthy People 2020 objective. When examining geographic areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in high rates.

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

Geographical Area	Zip Codes	Low Birth Weight	Live Births	Rate per 1,000 Live Births
Aliso Viejo	92656	45	733	61.4
Capistrano Beach	92624	3	93	32.2
Dana Point	92629	18	227	79.3
Foothill Ranch	92610	12	136	88.2
Irvine	92603	20	245	81.6
Irvine	92604	12	231	51.9
Irvine	92606	15	282	53.2
Irvine	92620	40	496	80.6
Ladera Ranch	92694	34	474	71.7
Laguna Beach	92651	9	165	54.5
Laguna Hills	92653	12	279	43.0
Laguna Niguel	92677	32	589	54.3
Laguna Woods	92637	No Births		
Lake Forest	92630	53	674	78.6
Mission Viejo	92691	33	467	70.7
Mission Viejo	92692	23	391	58.8
Rancho Santa Margarita	92688	43	573	75.0
San Clemente	92672	33	652	50.6
San Clemente	92673	21	342	61.4
San Juan Capistrano	92675	22	453	48.6
Trabuco Hills	92679	13	222	58.6
<b>Saddleback Memorial Service Area</b>		<b>493</b>	<b>7,724</b>	<b>63.8</b>
<b>Orange County</b>		<b>2,454</b>	<b>38,237</b>	<b>64.2</b>
<b>California</b>		<b>34,846</b>	<b>511,825</b>	<b>68.1</b>

Source: California Department of Public Health, 2010

## Infant Mortality

The infant (less than one year of age) mortality rate in the Saddleback Memorial service area was 3.2 deaths per 1,000 live births. In comparison, the infant death rate in the state is 4.7 deaths per 1,000 live births. The infant death rate is less than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

### Infant Mortality Rate

Geographical Area	Infant Deaths	Live Births	Death Rate
Saddleback Memorial Service Area	25	7,724	3.2
California	2,419	511,825	4.7

Source: California Department of Public Health, 2010

## Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Saddleback Memorial indicate 91.7% of new mothers use some breastfeeding and 60.1% use

breastfeeding exclusively. The rates of exclusive breastfeeding are better than found among hospitals in Orange County.

**In-Hospital Breastfeeding**

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Saddleback Memorial	2,176	91.7%	1,427	60.1%
Orange County	34,767	93.2%	2,295	59.8%
California	481,183	91.7%	264,377	60.4%

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



## Mortality/Leading Causes of Death

### Life Expectancy

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

Life expectancy also depends on location in Orange County. In the Saddleback Memorial service area, Residents of Rancho Santa Margarita have the lowest life expectancy (80.3 years) and residents of San Juan Capistrano have the highest life expectancy (85.2 years).

### Life Expectancy in Years by Location

Geographic Area	Life Expectancy in Years
San Juan Capistrano	85.2
Laguna Beach	84.9
Irvine	84.8
Laguna Hills	83.7
Laguna Niguel	83.6
Dana Point	82.8
Lake Forest	82.2
San Clemente	82.0
Mission Viejo	81.8
Aliso Viejo	80.4
Rancho Santa Margarita	80.3
<b>Orange County</b>	<b>81.5</b>
<b>California</b>	<b>81.0</b>

Source: Orange County Healthy Places, Healthy People, 2012

### Mortality Rates

The three leading causes of death in the Saddleback Memorial service area are heart disease, cancer and Alzheimer's disease. The crude death rate is a ratio of the number of deaths to the entire population. The heart disease mortality rate in the service area is 130 per 100,000 persons, which exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons. The cancer death rate is 129.7 per 100,000 persons. This rate is lower than the state rate for cancer mortality and is also lower than the Healthy People 2020 objective of 160.6 per 100,000 persons. The Alzheimer's disease death rate of 32 per 100,000 persons is higher than the state rate of 29.1 per 100,000 persons. All other causes of death are lower than state rates and Healthy People 2020 objectives.

### Mortality Rates, per 100,000 Persons, 2010

	Saddleback Memorial Service Area		California	HP 2020
	Number	Rate	Rate	Rate
Heart Disease	889	130.0	155.7	100.8
Cancer	887	129.7	150.6	160.6
Alzheimer's Disease	219	32.0	29.1	No Objective
Stroke	212	31.1	36.4	33.8
Chronic Lower Respiratory Disease	155	22.7	34.7	98.5
Unintentional Injuries	155	22.7	27.1	36.0
Influenza and Pneumonia	92	13.5	15.7	No Objective
Diabetes	68	9.9	18.9	65.8
Suicide	67	9.8	10.3	10.2
Liver Disease	52	7.6	11.4	No Objective

Source: California Department of Public Health, 2010

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

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

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

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

## Chronic Disease

### Health Status

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

#### Health Status, Fair or Poor Health

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

Source: California Health Interview Survey, 2009

### Diabetes

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

#### Adult Diabetes

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

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

### Adult Diabetes by Race/Ethnicity

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

Source: California Health Interview Survey, 2009

### Heart Disease

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

### Adult Heart Disease

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

Source: California Health Interview Survey, 2009

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

### Adult Heart Disease by Race/Ethnicity

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

Source: California Health Interview Survey, 2009

### High Blood Pressure

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

### High Blood Pressure

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

Source: California Health Interview Survey, 2009

## Cancer

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

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

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

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

## Asthma

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

### Asthma

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

Source: California Health Interview Survey, 2009

## Tuberculosis

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

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

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

Source: California Department of Public Health, TB Control Branch

### Disability

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

### Population with a Disability (21 – 64 years old)

Orange County	California
7.6%	10.1%

Source: American Community Survey, 2007-2011

## Health Behaviors

### Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California’s 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 9 puts Orange County near the top of California counties for health behaviors.

#### Health Behaviors Ranking

	County Ranking (out of 58)
Orange County	9

*Source: County Health Rankings, 2012*

### Overweight and Obesity

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

#### Adult Overweight and Obesity

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

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

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

#### Children and Teen Overweight and Obesity

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

*Source: California Health Interview Survey, 2009*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement or at high risk (overweight/obese). In the Saddleback Valley Unified School District, 37.1% of 5<sup>th</sup> grade students tested as needing improvement or at high risk for body composition. Among 9<sup>th</sup> graders, 33% of Saddleback Valley Unified students do not meet Healthy Fitness Zone criteria for body composition.

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

School District	Fifth Grade	Ninth Grade
Capistrano Unified	29.3%	24.7%
Irvine Unified	30.4%	19.1%
Laguna Beach Unified	25.5%	13.0%
Saddleback Valley Unified	37.1%	33.0%
<b>Orange County</b>	<b>43.6%</b>	<b>34.5%</b>

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

## Fast Food

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

### Fast Food Consumption, 3-4 Times a Week

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

Source: California Health Interview Survey, 2009

## Soda Consumption

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

### Soda or Sweetened Drink Consumption, Two or More a Day

	Orange County	California
Teens and Children	17.1%	14.7%

Source: California Health Interview Survey, 2009

## Fresh Fruits and Vegetables

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

### Consumption of 5+ Fresh Fruits and Vegetables a Day

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

Source: California Health Interview Survey, 2009



## Physical Activity

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

### Physical Activity

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

Source: California Health Interview Survey, 2009

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

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

School District	Fifth Grade	Ninth Grade
Capistrano Unified	78.9%	80.8%
Irvine Unified	80.3%	85.2%
Laguna Beach Unified	89.0%	85.9%
Saddleback Valley Unified	76.8%	79.3%
<b>Orange County</b>	<b>68.4%</b>	<b>70.5%</b>

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

## Park Space

Proximity to parks and open spaces can increase physical activity in a community. The number of acres of park space per 1,000 residents was examined by city in the Saddleback Memorial service area. Laguna Beach has the highest rate at 69 acres per 1,000 residents. In contrast, Laguna Hills only has 3 acres of park space per 1,000 residents.

### Park Space in Acres per 1,000 Persons, 2011

Geographic Area	Rate
Laguna Beach	69
Rancho Santa Margarita	48
Irvine	38
Lake Forest	35

San Juan Capistrano	33
Aliso Viejo	19
Laguna Niguel	16
Dana Point	10
Mission Viejo	9
San Clemente	7
Laguna Woods	5
Laguna Hills	3

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

### Community Walkability

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

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

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

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

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

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

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

Based on this scoring method, communities in the service area are classified as either "Car Dependent" or "Somewhat Walkable."

### Walkability

Geographical Area	Walk Score
Aliso Viejo	55
Capistrano Beach	58
Dana Point	61
Irvine	54
Ladera Ranch	40
Laguna Beach	49
Laguna Hills	55
Laguna Niguel	50
Laguna Woods	63
Lake Forest	54
Mission Viejo	51
Rancho Santa Margarita	46
San Clemente	47
San Juan Capistrano	46
Trabuco Hills	38

Source: WalkScore.com, 2012

## HIV/AIDS

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

### HIV/AIDS in Orange County Through 2011

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

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

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

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

HIV	AIDS
Los Angeles	Los Angeles
San Francisco	San Francisco
San Diego	San Diego
<b>Orange</b>	Alameda
San Bernardino	<b>Orange</b>

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

## Sexually Transmitted Diseases

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

### STD Cases, Rate per 100,000 Persons, 2011

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

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

## Teen Sexual History

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

### Teen Sexual History

	Orange County	California
Never Had Sex	81.9%	80.8%
First Encounter Under 15 Years Old	1.7%	7.3%

First Encounter Over 15 Years Old	16.5%	12.0%
If Had Sex, Tested for STD in Past Year	20.6%	31.9%

Source: California Health Interview Survey, 2009

## Cigarette Smoking

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

### Cigarette Smoking

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

Source: California Health Interview Survey, 2009

## Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 31.4% in Orange County had engaged in binge drinking in the past year; 12.6% of teens indicated they had engaged in binge drinking. This is higher than the state rate of 5.8% of teens engaging in binge drinking. 27% of teens indicated they had tried an alcoholic drink.

### Alcohol Consumption and Binge Drinking

	Orange County	California
Adult Binge Drinking Past Year	31.4%	31.3%
Teen Binge Drinking Past Month	12.6%	5.8%
Teen Ever Had an Alcoholic Drink	27.0%	33.4%

Source: California Health Interview Survey, 2009

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

### Teen Illegal Drug Use

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

Source: California Health Interview Survey, 2009

## Mental Health

Among Orange County adults, 3.8% experienced serious psychological distress in the past year. 26.2% of adults and 7.3% of teens needed help for mental health problems. 8.1% of adults and 8.7% of teens received help for their mental health issue. 7.3% of adults had taken a prescription medication for an emotional or mental health issue in the

past year. Half of the adults (50.1%) who sought or needed help for an emotional or mental health problem did not receive treatment.

### Mental Health Indicators

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

Source: California Health Interview Survey, 2009

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

### Emotions Caused Severe Impairment

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

Source: California Health Interview Survey, 2009

### Immunization of Children

Area school districts have lower rates of compliance with childhood immunizations upon entry into kindergarten than compared to the County. Saddleback Valley Unified School District has an 86.8% compliance rate. Capistrano Unified (77.3%) has the lowest rate of compliance.

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

School District	Immunization Rate
Capistrano Unified	77.3%
Irvine Unified	85.2%
Laguna Beach Unified	83.1%
Saddleback Valley Unified	86.8%
<b>Orange County</b>	<b>89.5%</b>
<b>California</b>	<b>91.0%</b>

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

## Flu and Pneumonia Vaccines

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

### Flu Vaccine

	Orange County	California
Received Flu Vaccine, 65+ Years Old	69.3%	65.9%
Received Flu Vaccine, 18-64	26.3%	29.4%
Received Flu Vaccine, 0-17 Years Old	60.3%	49.9%
Child Received Vaccine at Dr. Office/ Kaiser/ HMO	75.1%	61.9%
Child Received Vaccine at Community Clinic	19.8%	29.8%
Child Received Vaccine at Hospital or ER	1.8%	2.3%
Child Received Vaccine Some Other Place	2.3%	6.0%

Source: California Health Interview Survey, 2009

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

### Pneumonia Vaccine, Adults 65+

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

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

## Mammograms

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

## Pap Smears

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

### Women Mammograms and Pap Smears

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

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

## Colorectal Cancer Screening

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

### Colorectal Cancer Screening, Adults 50+

	Orange County	California
Screening Sigmoidoscopy, Colonoscopy or Fecal Occult Blood Test	80.8%	78.0%
Compliant with Screening at Time of Recommendation	73.6%	68.1%

Source: California Health Interview Survey, 2009

## Stakeholder Interviews

Twelve telephone interviews were conducted for the Saddleback Memorial Medical Center Community Health Needs Assessment during January and February, 2013. Interview participants included city and school district officials, public and nonprofit health care providers, senior service agencies, and organizations that address issues including youth services, homelessness, and basic needs such as shelter and food. The interviewees spoke to issues and needs in the Saddleback Memorial service area. Appendix A lists the interview participants and their organizational affiliations.

### Interview Topics

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

- Biggest issues or concerns facing the community
- Existing and needed actions/activities to address community issues
- Health problems in the community
- Recent shifts in population demographics
- Impact of the economy of individuals and families
- Impact of the economy on organizational budgets and/or services
- Challenges people face in obtaining health care and/or social services and suggested strategies to facilitate access
- Causes and suggested solutions related to Emergency Room use for non-emergencies
- Barriers to care for chronic disease treatment and management
- Preventive measures used to manage chronic disease and services/resources used for care and education
- Role of hospital in addressing community health needs: Current activities and future recommendations
- Priorities for community improvement
- Other notes and comments

Responses and trends relative to each of these topic areas are summarized below.

### Biggest Issues or Concerns in the Community

The biggest issues and concerns identified in the community were:

- Needs of seniors, including transportation, affordable housing, and in-home services that allow seniors to safely age in place.
- Lack of mental health services, especially for lower-income and uninsured people, including counseling, access to medications, addiction/recovery services and hospitalization.



- Insufficient affordable primary care services in South Orange County, and a lack of affordable specialty care services.
- Alcohol and drug use, including prescription drug use.
- People struggling with insufficient resources for their basic needs, including food, rent, utilities and child care.
- Lack of temporary shelters and long-term affordable housing.
- Inadequate resources in schools to meet the growing health care needs of students with juvenile diabetes, asthma and other health conditions; e.g., one full-time nurse serving 30,000 students, health aides available to schools only one day per week, and lack of staff onsite at schools who are trained in CPR and First Aid.
- Obesity and prevalence of chronic disease.

These issues/concerns were associated with the following contributing factors:

- Growing aging population with health and supportive service needs. “The demand is great and will continue to grow,” and resources are limited. The resources that are available (e.g., a senior center and Meals on Wheels) are not well publicized.
- Youth with unsupervised time after school, due in part to changes in family structures and the high cost of after-school programs, that can lead to alcohol and drug use. Substance abuse among youth was also attributed to the significant impact of social media and peer pressure.
- Lack of resources in South Orange County to address the housing and health needs of lower-income and uninsured people, including the homeless. It was noted there are only two community clinics that serve the area, there is no county hospital, and there are few specialty care providers willing to offer services for free or at a reduced cost.
- Lack of awareness about the extent of homelessness and numbers of people who are low or very-low income, and the fact that rents continue to rise. This places a significant burden on families who are spending a high proportion of their income on their housing and so have less available for other basic needs or health care and medications.
- Significant budget cuts to school districts that have left them with inadequate resources to meet the growing health needs of students.
- The large geographic area of the County makes transportation to and from services difficult without a car, or even with a car given the high cost of gas. Public transportation can be costly and options are limited, with long wait times and inefficient routes.

- Obesity and chronic disease are impacted by physical inactivity and poor nutrition, as well as the availability of junk food/unhealthy foods, advertising targeted toward children.

### **Existing and Needed Actions/Activities to Address Community Issues**

The interview participants identified a number of strategies that are being employed locally to help address the community's increased needs

- Primary care services to lower-income and un/under-insured residents of the area are offered to area residents by Camino Health Center and Laguna Beach Community Clinic. Camino Health Center was recently designated as an FQHC, which will facilitate the ability to bring federal dollars into the community. Laguna Beach Community Clinic offers extended Saturday hours and an urgent care center. Support for these clinics comes from a variety of local resources, including St. Joseph's Health System, individual contributions, United Way of Orange County, Pacific Light Foundation, CDBG grants from local cities, County of Orange Tobacco Settlement dollars, and other sources.
- Mission Hospital is working with churches to develop parish nurse programs to increase access to services, and is sending a nurse to various churches for 8-10 hours per week to provide free community nursing. In addition, Mission Hospital is partnering with Camino Clinic to fund medical homes for uninsured people in the community, conducts numerous flu shot clinics and other health screenings in the community each year, and has funded two Family Resource Centers to provide individual and group therapy sessions.
- Families Forward has set up a program called Community Care, that identifies and links families in need of care with physicians, mental health providers, dentists and other health care providers willing to volunteer their services.
- Various collaborative groups meet to address area issues, including: San Clemente Collaborative, concerned with engaging community members to develop a safe and healthy community; Coalition of Community Health Centers in Orange County, which seeks to coordinate across clinics to address countywide issues; and the Orange County Adult Services Coalition, a coalition of senior service providers who are leveraging their collective voices for advocacy related to budget cuts for senior services, and looking for ways to better coordinate services. The Orange County Health Care Agency is also working with hospitals and other large health care institutions to evaluate health indicators countywide, identify priorities, and look for opportunities to better coordinate.
- iHOPE established a day Resource Center for the homeless that provides lunches, computer training, laundry services and other services.

- PTAs at some of the more affluent schools have helped to raise funds to support part-time health aides, though this has not occurred at schools with lower overall socioeconomic status.
- A Family Resource Center has been established at one school to provide information to parents on child health issues, including diabetes management.
- The Orange County Office on Aging has established a call center with a database that includes information on housing, and has funded the Senior Non-Emergency Medical Transportation program.
- The Orange County Mental Health Outreach and Engagement program has four people in the field to help address the needs of homeless mentally ill.

In response to the question of what else needs to be done, or what some possible solutions to the issues/concerns facing the community might be, interviewees suggested the following:

- Affordable after-school programs with outdoor physical activity opportunities.
- Improve city trails to connect the different parts of the city, possibly as part of Safe Routes to Schools.
- Increase mental health and substance abuse services, particularly for lower-income and un/under-insured populations.
- More collaboration and communication among a variety of community stakeholders to share best practices and better extend the reach of organizations. This is especially needed during this time of scarce economic resources. More coordination is needed to assure that duplication is avoided.
- Overcome bureaucratic obstacles to establishing shelters for homeless people.
- Efficient transportation system and transportation assistance for seniors to and from medical appointments.
- Education about healthy eating, and better access to healthier foods (fresh fruits and vegetables) versus processed and fast foods.
- Assure continued funding to local service providers who are offering key health and social services to people in need.
- Increased access to health insurance, which should occur under the Affordable Care Act.
- Increased reimbursement for Medi-Cal services.
- Increase in nursing staff and health aides at schools, and training of campus supervisors in CPR and First Aid. Additionally, updated vision screening equipment is needed.
- Increase grants support from Saddleback Hospital to local agencies, as is provided by other hospitals in the area.

## **Health Problems in the Community**

The most frequently identified health problems in the community were obesity and chronic diseases such as diabetes and hypertension. Another significant health concern identified by several participants was mental health problems, including chronic depression and difficulty accessing counseling and psychiatric services.

Health problems identified in the senior population included:

- Depression and isolation and other mental health problems
- Cognitive impairments
- Pneumonia/influenza
- Chronic diseases, including diabetes, high blood pressure and high cholesterol
- Increasing dependence on dialysis for survival

Some specific health problems identified among children, youth and young adults were:

- Alcohol and drug use/addiction, including use of prescription pills obtained from parents
- Sexually Transmitted Infections, leading to infertility or other health complications
- Smoking
- New cases of HIV infection (mostly among Men having Sex with Men, MSMs)
- Children with juvenile diabetes, seizures, ADD and ADHD
- Reductions in immunization rates, as parents are choosing to not immunize their children

Finally some health issues among the homeless were also identified, including:

- Mental health issues
- Skin disorders, including skin cancer
- Bites from the Brown Recluse Spider bites, occurring among those living outdoors

## **Recent Shifts in Population Demographics**

Several interview participants reported an increase in Caucasian families who were previously middle or upper-middle class who have lost their jobs and their financial security, and developed significant needs for basic assistance such as shelter, food and access to health care. The ethnic distribution of people seeking these services has shifted from predominantly Latino to a greater proportion Caucasian.

Other demographic shifts identified through the interviews included:

- Growing population of older people (one senior services organization reported a 15% increase annually in demand for services among people age 60+) and a reduction in younger people.

- Ethnic groups in different areas, including Vietnamese, Chinese and Korean.

### **Impact of the Economic Decline on Individuals and Families**

The economic decline has had a significant impact on individuals and families who were previously middle or upper-middle class. There has been an overall increase in need for basic assistance. One community clinic reported that one-third of their patients over the past two years were new patients (i.e., people who were recently uninsured due to job loss). An organization serving the homeless also noted an increase in clients who were previously middle class professionals who lost their jobs and then their homes, resulting in homelessness and splitting up of families. Not surprisingly, these changes have also resulted in considerable stress and high rates of depression.

Key impacts identified by interviewees included:

- Job losses among many families, resulting in loss of health insurance and loss or risk of losing homes. Many people who have never had to ask for help before have newly sought out health services and basic assistance.
- Increased homelessness among formerly middle class people, resulting in splitting up of families to live with other family members or in shelters, and people living in their car. These conditions create considerable stress for the whole family, especially the kids.
- Increases in stress, emotional distress and anxiety related to financial issues have resulted in several suicides among parents of students in the schools, one suicide of a high school student, and increases in bullying and other demonstrations of acting out.
- Some older adults have been turned out of their adult children's homes as they no longer have the resources to care for them, and some older adults are being asked to house their adult children and their children's families.
- There are homeless women who are over aged 60 with no place to go, nowhere to live.

### **Impact of the Economy on Organizational Budget and/or Services**

A number of organizations suffered budget cuts and reductions in contributions, which resulted in cost-cutting measures such as hiring freezes and freezes in salaries. Most organizations have tried to minimize the impact on services, though a few cuts to services were identified across the organizations. The school districts suffered the most significant cuts to their budgets (25% of the budget at one district); these cuts have resulted in salary reductions, furlough days, increased class sizes, elimination of staff development funds, and cuts to libraries, school sports, music programs and science programs.

Some organizations indicated that their contribution levels have stayed the same or increased despite the recession, credited to the recognition of the important services they provided. Other organizations indicated that their funding levels remained flat, while need increased dramatically, akin to a reduction in funding for services.

### **Challenges to Obtaining Health Care and Other Health/Social Services, and Suggested Strategies to Facilitate Access**

Mental health services were identified repeatedly as difficult to access, including both counseling services for stress and depression as well as psychiatric and medication management services. Schools are particularly concerned about not being able to identify and address the mental health needs of students who may pose a danger of violence. Among the homeless, people are self-medicating, which impairs their ability to think clearly and address their mental health problems.

Other challenges to obtaining health care and other services were identified to include:

- Perception of low need in the area, resulting in insufficient services for the large numbers of lower-income and un/under-insured. As one interviewee stated, "This is an affluent area, and there is not a lot of difficulty getting health care or other services."
- Insufficient affordable primary care services to meet the needs of South Orange County.
- Lack of a county hospital and of specialty care providers to serve low-income and un/under-insured.
- Cost, and lack of health insurance.
- Inability to afford share of cost for Medi-Cal, and lack of doctors who accept Medi-Cal.
- Transportation barriers for traveling distances to obtain services in the large geographic area of the county.
- Language barriers, particularly for some of the Asian languages.
- Lack of information about services or knowledge of where to go to get information. Lack of awareness of telephone line that can be called for information about services.
- Lack of recuperative care options for homeless patients discharged early from hospitals.
- Bureaucratic barriers (e.g., to provide services for youth with disabilities) that strangle programs and mean less service for people in need.

Suggestions for improving access to care included:

- Outreach to people regarding what services are available and how to access them. Utilize social media and other strategies that are meaningful to targeted populations.
- Influence transportation policy to keep fares low and create more routes that connect people to services. Routes are being cut due to lack of use, but the lack of use is due to the inefficiency of the system.
- Improve transportation to medical appointments for seniors and people of all ages with no transportation options.
- Provide written information and websites in multiple languages.
- Improve customer service and cultural competency to increase the probability of a good experience for people.
- Increase the number of affordable, primary care clinics, and increase capacity at existing clinics to better meet the need via extended hours and more provider time.
- Offer a year-round emergency shelter is needed to provide shelter and comprehensive services. A health care component is also needed at the shelters.
- Bring multiple services and/or a social worker/case manager onsite to locations where people tend to go, such as schools. This can facilitate delivery of services as well as appropriate referrals.
- Develop creative strategies for providing mental health services. For example, Laguna Beach Community Clinic has mental health providers willing to provide services at 10% of their usual rate, and is hoping to bring in MFT students to volunteer their time.
- Increase health staff at schools to provide health education to students and families as well as meet the needs of students with health problems. Education to parents on basic health issues such as teeth brushing is needed.

### **Emergency Room Use for Non-Emergency Purposes and Possible Solutions**

83% of the interview participants said they are aware of people using the emergency room (ER) for non-emergency care (e.g., for uncontrolled chronic diseases or for flus or colds). One interviewee said that homeless tend not to use the ER for non-emergencies because they are afraid they will “get stuck with a huge bill, which is overwhelming for them.”

Reasons that participants gave for why people use the emergency room for non-emergency care included:

- People are uninsured and cannot afford to purchase insurance.
- Lack of familiarity/awareness of the community clinics as affordable care options.

- Insufficient capacity at community clinics to meet the need, resulting in long wait times for appointments. In addition, there are an insufficient number of community clinics in the South Orange County area (there are no clinics in Irvine, Lake Forest, Mission Viejo, or Laguna Hills).
- Because they lack a medical home, people often delay care until problems become critical and they are desperate.
- Lack of access to care on evenings and weekends; if people have needs at those times or they are unable to take off work during regular business hours, they go to the ER.
- Lack of awareness that colds and flus do not require an ER visit, but can be treated in a primary care or urgent care setting.

Suggestions for reducing inappropriate ER use included:

- Increase access to affordable primary care by increasing capacity at existing clinics and creating clinics in underserved areas. Assure access during evening hours and weekends, and timely appointments for people with health care needs.
- Create linkages to medical homes that foster relationships between doctors and patients.
- Educate the public on when to use and not use the ER, and on the alternative options.
- Offer and fund programs that support chronic disease self-management strategies as a way to minimize unneeded ER visits.
- Address transportation barriers so people can access appropriate levels of care more easily.
- Assist homeless and others to sign-up for MSI and other health insurance options, so they have coverage they can use to access care and get medications.

### **Chronic Health Conditions: Barriers to Treatment and Management**

The reported barriers to care, treatment and management of chronic health conditions included:

- Accessibility to primary care for chronic disease management due to lack of insurance or cost, hours that services are available and/or long wait times for appointments.
- Identifying sources of ongoing care for people who are un/under-insured following a screening result indicating need for follow-up.
- Access to specialty care as needed for vision checks and foot checks.
- Prohibitive cost of some required medications to clinics as well as to patients with no insurance or limited medication coverage. Some medications for diabetes and



hypertension can be purchased at very low cost at Target or WalMart, but not all formularies that are prescribed or needed are available at low-cost.

- Chronic disease care and management is not always viewed as a time or financial priority when compared to more basic needs, such as shelter, rent or food for one's family. One interviewee said, "If people are struggling with rent or food, they will dilute their meds or spread out the frequency of their use."
- Transportation to services, as has been discussed above. Bus passes are expensive.
- Challenges to making the lifestyle changes needed for chronic disease management.
- Language and cultural barriers for many immigrant families.
- Lack of knowledge about the disease process and how people can help to manage the disease and its symptoms, as well as the consequences if they do not take action.
- Lack of accurate understanding about how to change diet and what levels of physical activity are needed to help in preventing or managing chronic diseases.
- Glucometers are free, but test strips are very expensive.

### **Health Care Services, Education Programs and Materials People Use to Help them Care For or Learn More about Their Chronic Diseases**

Some of the avenues for education and action that are available and that people make use of to varying degrees include:

- Community education classes on diabetes offered by Mission Hospital (8-week sessions). Mission Hospital also has initiated a campaign called Play More, Eat Better, which offers nutrition and physical activity classes in the community at different sites (e.g., at neighborhood block parties), and also provides "BMI in a Box" at health fairs and community events, including BMI assessments and education.
- Exercise classes are offered at Mission Hospital for \$1 per class, including Zumba and kick-boxing. These are targeted to parents with the hope that they will trickle down to the family.
- Talking to friends and family members, especially for people with language or cultural barriers.
- Staff education at Camino Health Center, to develop their knowledge and gather more resources for patients.
- Diabetes management program at Laguna Beach Community Clinic, including measurable outcomes, committed physicians, nutrition education, and an emphasis on exercise.

- Parents make schools aware of their children's health needs, and try to provide support as best as possible. In some cases, however, kids have to do their own blood checks or the school provides help as feasible.
- Orange County Office on Aging offers group education classes on fall prevention, medication management, physical activity and nutrition.
- The evidence-based Chronic Disease Self-Management curriculum, developed at Stanford University, is offered by both the Orange County Office on Aging and by Mission Hospital, the latter in conjunction with churches.
- Younger people access the internet to learn as much as possible, and to help them decide if they should see a physician.
- People watch and listen to the doctors on television.
- Informational materials are offered in waiting rooms.

### **Role of Hospital in Addressing Community Health Needs: Current Activities and Recommendations for the Future**

Interview participants were asked what Saddleback Memorial is currently doing to help address community health issues, including collaborations the hospital is involved in, as well as what else the hospital could do to better address these issues.

Several interview participants indicated they were not aware of hospital activities in the community. Current activities identified by other interviewees included:

- Provide needed services, including services offered by the Women's Hospital.
- Fund Fun-on-the-Run in San Clemente for obesity prevention.
- Offer community education classes at the hospital campus (which can be difficult to access for some people).
- Hospital representative serves on the Board of a local organization, which helps facilitate services for these clients, and helps to keep them from slipping through the cracks.
- Actively markets to the senior population surrounding the hospital at Leisure World.
- Runs the Fitness First gym, which promotes free screenings and other classes.
- Sends out magazine with information about workshops and classes, including a diabetes workshop and other classes in nutrition and physical activity.

A few participants noted that hospital was formerly more actively involved in addressing community health issues, but much of that participation has been reduced or eliminated in the last several years; for example:

- Memorial Day half-marathon has been eliminated.
- Hospital no longer is taking a leadership role on the San Clemente Collaborative.

- Hospital support for the Family Resource Center at a local school district has been reduced.

Overall, participants would like Saddleback Memorial to take more leadership and participate more actively in community health activities, programs, and collaborative efforts focused on improving community health. It was felt that the hospital should have a “long-term vision for the community it serves that includes partnerships with school districts, cities, and other entities,” and that the Community Benefit Department should be re-instated with a more visible Community Benefit plan that addresses community needs. Concern was expressed by several interview participants that the hospital has lost its focus on its mission, and has become more focused on the bottom-line over community health improvement.

Activities and collaborations identified by participants that the hospital could or should be involved in included:

- Expand the recipients of funding from the Saddleback Memorial Foundation beyond the hospital itself, to also include community organizations and agencies that are key to overall community health system but are dealing with budget cuts and insufficient capacity to meet community need. Develop a grant program that offers support to external organizations and agencies who are also serving the same patients as are seen in the hospital. This model is in place at other area hospitals, and is seen as valuable.
- Recognize the role the community clinics play in accepting referrals from the hospital emergency room and in keeping patients out of the emergency room in the first place, and proactively support the clinics so they can expand to better meet community need.
- Provide support for a mobile clinic to serve the homeless and other populations who have barriers to accessing health care, with physical exams, dental services eye care, etc.
- Help to develop and spread messages about healthy lifestyles and other health issues through PSAs, social media, and other avenues.
- Participate in community resource fairs and health fairs.
- Take leadership in community health planning in the area. Several interviewees discussed the need for more planning to build on the resources and partners in the community to identify and address community health issues.
- Better serve the El Toro area, which is close to the hospital and where many lower-income people live.
- Partner with school districts to provide education on various health issues (nutrition, cooking, mental health, drug/alcohol use) for students, staff and parents.

- Provide support and funding and/or staffing to school districts to:
  - Help address the tremendous gaps in staffing (nurses, LVNs, health aides) for addressing the health needs of students.
  - Offer CPR and First Aid training for school staff.
  - Replace/update vision screening equipment.
  - Increase the number of Family Resources Centers.
  - Provide information on services available for underserved families.
  - Address the gaps in access to mental health services.
- Develop partnerships with agencies to refer patients for education offered in the community, such as the Chronic Disease Self-Management program offered through the Orange County Office on Aging.
- Offer programs, classes and other resources at locations in the community that are easy for people to access (instead of only at the hospital campus).
- Conduct more outreach to let people know what the hospital is doing in the community, as many people don't know.

### **Priorities for Community Improvement**

Interview participants were asked, "If you could invest in improving access, or enhancing community infrastructure, or increasing economic development, or providing services – how would you spend your investment? On what priorities?" Responses included:

- Expand capacity at current community clinics and add more clinic sites to provide more access to care for lower-income and un/under-insured. Clinic sites are needed in Lake Forest and San Clemente.
- Implement a comprehensive diabetes management program for the un/under-insured, to include medications, supplies, education and medical supervision.
- Create a greater focus on changing lifestyles and prevention and management.
- Provide free medical transportation for preventive care and medical services, to include transporting overweight and obese kids to places for physical activity.
- Build a strong education system that prepares people for better jobs and higher incomes, as these are the social determinants of health and will impact life expectancy.
- Address the need for affordable housing for seniors at-risk of losing their housing and for homeless, including immediate/emergency shelters, intermediate housing, and affordable long-term housing.
- Reprioritize spending to focus on services for children and seniors, humane animal care, business development and retention, and giving citizens more options for recreation.

## Focus Group

Four focus groups were conducted for Saddleback Memorial Medical Center (Saddleback) in January and February, 2013. A total of 28 people participated in the groups.

Participant groups included:

Group	Total Participants	Number of Males	Number of Females	Population
Peace Center, Saddleback Church	5	1	4	Service Providers
San Clemente Collaborative	8	1	7	Service Providers
South Orange County Regional Chamber of Commerce	4	2	2	Chamber Members
Age Well Senior Services	11	4	7	Senior Volunteers
<b>TOTALS</b>	<b>28</b>	<b>8</b>	<b>20</b>	

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

- Overall Community Issues and Health Concerns
- Access to Care
- Chronic Disease Care and Management
- Healthy Lifestyles
- Community Health Priorities

A summary of responses and trends in responses is below.

### Overall Community Issues and Health Concerns

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

- Job loss, lack of affordable housing, and overall financial stress, which in turn are related to:
  - Mental health problems, such as depression and anxiety
  - Fears of eviction or inability to afford rent
  - Food insecurity
- Needs of growing senior population and their caregivers
  - Access to assistance to help seniors remain in their homes (e.g., pet care, home maintenance, shopping, transportation assistance)

- Education to seniors and caregivers about services/resources available to them
- Transportation/mobility/traffic problems stemming from insufficient roadway infrastructure to meet mobility needs.
- Lack of transportation options and assistance for seniors and other vulnerable populations.
- Community denial about the extent of homelessness.
- Lack of emergency shelters in San Clemente.
- Lack of skills and strategies among parents for addressing teen problems, and parent denial of drug and alcohol problems among youth.

The biggest health concerns in the community were identified as:

- People do not know how to eat properly and have limited access to healthy food.
- Diabetes, hypertension, COPD and Congestive Heart Failure.
- Hopelessness related to financial situation, along with depression and anxiety.
- Teen drug use, including heroin, and prescription drugs obtained from parents.
- Overmedication, which occurs most frequently among seniors.
- Lack of information and education about the Affordable Care Act and how it will impact individuals and businesses.
- Lack of support for caregivers helping people with cognitive impairments.
- Access to care issues
  - Cost of health care services and medications
  - Community clinics are not free, so cost remains a barrier
  - Lack of providers who accept Medi-Cal
  - Difficulty signing-up for MSI due to paperwork requirements
  - Lack of affordable mental health services
  - Dental services are expensive even for those with insurance

### **Access to Care**

Focus group participants discussed the problems and challenges they or the people they serve face when trying to obtain medical care, mental health, dental health and vision care

- Lack of insurance and cost of care and medications. People are afraid to seek care because of fear of the fees.
- Lack of affordable key services for people who are lower-income and un/underinsured
  - Substance abuse or detox programs for both teens and adults
  - Mental health services for all, including the homeless
  - Psychiatric services for medication evaluations and follow-up, including for suicidal patients

- Recuperative care for homeless who are discharged from the hospital
- Dental care, including emergency dental care
- Vision care
- Lack of information about low-cost services available for uninsured and under-insured.
- Low number of geriatric physicians for the older adult population.
- Need among seniors for support and assistance when they do not have family members or caregivers.
- Language and immigration-related barriers.
- Transportation problems, including:
  - No car or inability to afford gas
  - People too sick to drive themselves
  - Inefficient public transportation system that also gets stuck in the same traffic that cars face and that takes so much time to get to the area where more services are located that people need to take time off work and/or find child care in order to use public transportation
  - Mobility and traffic challenges for emergency services vehicles

Focus group participants were also asked what would make it easier to obtain care. Their responses included:

- Assistance to people in applying for MSI, Medi-Cal, and ultimately the Health Insurance Exchange (HIE).
- Availability of more low-cost services, including medical, dental, mental health, psychiatric, detox and vision services.
- Information for people on the availability and locations of low-cost services.
- Places for care that people can trust and where people can feel safe; i.e., where they will be “loved and not judged.” Create a warmer, more welcoming environment.
- Educational materials and community outreach in the various languages that people speak.
- Transportation to health care services.
- Walk-in appointments/affordable urgent care.

### **Chronic Disease Care and Management**

Many of the barriers to services for chronic diseases were the same as mentioned above, such as: Cost, transportation, language, and immigration status. Access to medication was noted as a particular concern. Medications that are not on formulary programs of low-cost pharmacies (i.e., Target, WalMart) can be cost prohibitive. To deal with this problem, some patients will “change their medication dosage themselves, or only take their meds when they think they need them.”

Some additional barriers were also identified relative to chronic disease management and care

- There are no resources for specialty care for the lower-income, un/under-insured. Medi-Cal doctors cannot afford to see patients because reimbursements are so low.
- Patients on MSI often need pre-authorization, which can be time and paperwork intensive.
- Patients are sometimes not able to make their follow-up on blood work or screening results if they need to miss work for the appointment.
- Preventive care is not a priority when money is tight – people are more reactive than proactive.
- Bills and medical statements can be confusing and difficult to understand.
- For people on Medicare, it is problematic to afford medications once they have exceeded the ‘donut hole.’
- Little information is provided about alternative medicines or use of supplements instead of prescription medication.
- People avoid care due to fear of their symptoms and fear of facing a difficult diagnosis.
- People with multiple diagnoses will choose to address/treat one over another due to cost considerations.
- Insufficient education from health care providers on when to take medications and the importance of following the medication regimen.

It was felt that most people do not make the changes they need to prevent their disease(s) from getting worse (e.g., lose weight, eat more healthfully), as they are “just trying to survive, and focusing on basic needs.”

Resources that are used by some to care for chronic diseases were identified to include:

- Through the Peace Center at Saddleback Church, patients have access to pain management specialists, printed materials that are disease specific, and weekly education classes on diabetes offered by a public health nurse, who also does home visits.
- Education programs for diabetes (but these are scattered around and information about them is fragmented).
- Consultation window at the pharmacy.
- Internet.
- Nurse at Senior Center.
- Physician education.



## Healthy Lifestyles

Focus group participants were asked to discuss the healthy lifestyle changes they and/or the people they serve have made over the past year. Responses from the focus groups comprised of service providers focused largely on the quality of food available from food pantries. There is an effort to make this food healthier, and to solicit healthier food donations from local markets. They also shared that:

- People are getting the message that eating healthy is important, and they are more interested in doing so if they can access healthy, affordable food.
- When people do make changes, they are proud of themselves and this is self-reinforcing.
- Cities are trying to create healthier environments via bike paths and walking trails, and to provide more opportunities to children for physical activity that are not too expensive.
- Some homeless shelters have included some gym equipment at the shelter.

Participants in the other focus groups reported healthy lifestyle changes they had made in the last 1-2 years, including:

- More exercise, including walking and use of gyms and other exercise opportunities at Laguna Woods Village, such as golf, tennis and swimming.
- Changes in diet, including more fruits and vegetables and fish, and reductions in carbohydrates, processed sugar and salt.
- More awareness of the importance of moderation and reducing portions.

One senior participant with diabetes shared that she learned about appropriate diet and food combinations at a program for diabetics offered at Saddleback.

Barriers to incorporating and maintaining healthy lifestyle changes were identified to include:

- Food bank clients will turn down the organic food options because they are not as pretty as the other fruits and vegetables, despite the education these clients have received about the nutritional value of organic foods.
- People do not realize that they need to make healthy lifestyle changes even if they are taking medications, and in fact that healthier behaviors can reduce reliance on medications.
- People dealing with financial concerns, long commutes or many family obligations may not prioritize healthy eating and physical activity. These people also face barriers related to cost, time and convenience – with fast food being more convenient to access and less expensive.
- Seniors also shared barriers around affordability and convenience, and also the difficulty of always cooking for just one person.

- Lack of good education about nutrition and lack of dieticians to assist people with learning how to eat properly to best manage their chronic disease.

It was noted that there are a lot of resources available to people (e.g., Internet, gyms, walking paths) and that barriers can sometimes just be personal; such as, not making the commitment of time and focus despite good intentions.

### **Community Health Priorities**

Focus group participants were asked to identify what they are aware of that Saddleback Memorial is currently doing to help address community health issues, as well as what else the hospital could or should be doing to improve the health of the community.

Participants identified the following activities that Saddleback is currently engaging in to address community health issues:

- Offer classes for diabetics and for people with heart disease and COPD. Some of these classes are expensive, which can be a barrier, while others are not expensive, free, or covered by insurance.
- Conduct outreach to seniors and provide a lot of senior care. Work with Laguna Woods Village population on diabetes and Congestive Heart Failure.
- Offer support groups (e.g., grief group) as well as classes and workshops on topics such as smoking cessation and sleep disorders. Also provide the patch at no cost.
- Provide space for the annual Illumination Foundation's health fair.
- Offer drive through flu clinics.
- Do a small amount of promotion for living healthy lifestyles, though relatively much less than Kaiser Permanente or Mission Hospital.
- Partner with the City of Laguna Hills for an annual 5k on Memorial Day. This event is heavily promoted, creating visibility for the hospital.
- Saddleback Memorial Hospital Foundation raises money to support the hospital, and provides education to the community on the hospital's needs.
- Hospital representatives serve on the Board of the Chamber and on other community organization Boards, which is valued by these organizations.

Focus group participants made a number of recommendations for how the hospital could better address community health issues. Some of the service provider participants noted that the "absence of Saddleback is noticeable in the community." These participants recommended the following strategies for the hospital to better engage with the community and support community health issues:

- Recognize that the hospital and community clinics see the same uninsured patients, (including the Latino community in El Toro) and that the hospital can better help to support the clinics in keeping people out of the emergency room

- Partnering to provide some services to the clinics, such as x-rays, imaging and specialty care services
- Referring patients to the clinics
- Providing grants to the clinics for education and services

It was felt that while the hospital is seeing uninsured patients in their emergency room, it is not doing much to help keep them out of the emergency room.

- In general, provide more financial support through the Saddleback Memorial Foundation to help local services expand and better meet community needs. It was noted that other local hospitals provide more grants and funding support to local organizations, despite the fact that many of the recipient organizations are “in Saddleback’s backyard,” and so should be benefitting from assistance from Saddleback.
- Offer a nutrition expert at food pantries to provide education to staff and clients.
- Offer more screenings and preventive services to the community, such as immunizations, skin cancer screenings and physicals. These services were offered previously, but have been discontinued.
- Support homeless services
  - Provide support to emergency shelters
  - Advocate for homeless shelters with city councils
  - Participate again on the Homeless Task Force, which the hospital did previously
- Partner with school districts to provide prevention education to staff, students and families, and send nurses to schools to help address the gaps they face in health staffing.
- Provide more support related to domestic violence and violence among homeless.

Participants in the senior group made the following recommendations for the hospital:

- Provide transportation from the Senior Center and Laguna Woods Village to/from the hospital.
- Consider strategies most effective for outreaching to seniors, including use of television, newspaper ads, and providing information at the Senior Center.
- Bring medical services to the Laguna Woods Village clubhouses.
- Offer assistance to patients for understanding their bills. This service was offered previously and was very helpful, but has been discontinued.

Participants in the Chamber of Commerce focus group suggested the following:

- Be more visible in promotion for living a healthy lifestyle. Other hospitals have greater visibility around this, and this is a missed opportunity for Saddleback.

- Capitalize on its credibility and leadership, and provide education to community residents and businesses on Health Care Reform and the implementation of the Affordable Care Act, including what the impact will be and how they can prepare. There is little understanding on what the changes will be relative to health care providers (including physicians and hospitals), health plans, businesses and individuals. More outreach and education is needed.
- Offer the Memorial Care President's Forum in South Orange County as well as in Long Beach.

### **Additional Notes and Comments**

At the close of each focus group, participants were given an opportunity to share any additional comments, concerns or suggestions. The following comments were made:

- It is crucial that the hospital understand that the two Saddleback Memorial locations are very different, with different demographics, resources and needs. Resources available in North Orange County are not available in South Orange County. The needs of the San Clemente and South Orange County areas are exacerbated due to overall lack of services and a large geographic area with poor transportation.
- Saddleback has a good reputation and is seen as a leader in health care in the area. It is viewed as an organization with expertise and willingness to share, and as a good community partner that has built name recognition and strong relationships with the business community, community leaders and decision makers. The hospital has strategically connected with many of the "right" organizations.
- All participants would like a copy of the needs assessment report.

## Attachment 1. Benchmark Comparisons

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

Service Area Data	Healthy People 2020 Objectives
<b>Health insurance rate</b> <b>89.5%</b>	Health insurance rate 100%
<b>Heart disease deaths</b> <b>130 per 100,000</b>	Heart disease deaths 100.8 per 100,000
Cancer deaths 129.7 per 100,000	Cancer deaths 160.6 per 100,000
Stroke deaths 31.1 per 100,000	Stroke deaths 33.8 per 100,000
Suicides 9.8 per 100,000	Suicides 10.2 per 100,000
Diabetes deaths 9.9 per 100,000	Diabetes deaths 65.8 per 100,000
Breast cancer incidence 11.2	Breast cancer incidence 20.6
Early prenatal care 91.9% of women	Early and adequate prenatal care 77.6% of women
Low birth weight infants 6.4% of live births	Low birth weight infants 7.8% of live births
Breastfeeding (any) 91.7%	Breastfeeding (any) 81.9%
<b>Adults with an ongoing source of care</b> <b>83.1%</b>	Adults with an ongoing source of care 89.4%
<b>Adults delay in obtaining medical care</b> <b>12.1%</b>	Adults delay in obtaining medical care 4.2%
<b>Adults delay in obtaining prescription medications</b> <b>8.3%</b>	Adults delay in obtaining prescription medications 2.8%
Adult obese 20.7%	Adult obese 30.6%
Diabetic annual foot exam 80.3%	Diabetic annual foot exam 74.8%
<b>Adults engaging in binge drinking</b> <b>31.4%</b>	Adults engaging in binge drinking 24.3%
Cigarette smoking by adults 9.3%	Cigarette smoking by adults 12%
<b>Senior flu vaccine</b> <b>61.3%</b>	Senior flu vaccine 90%
<b>Childhood flu vaccine</b> <b>60.3%</b>	Childhood flu vaccine 80%
Adults 50+ colorectal cancer screening 80.8%	Adults 50+ colorectal cancer screening 70.5%
<b>Adult women who have had a Pap smear</b> <b>78.1%</b>	Adult women who have had a Pap smear 93%
Women over 50 who have had a mammogram 81.0%	Women who have had a mammogram 81.1%

## Attachment 2. Interviewee Names, Roles and Organizations

<b>Name</b>	<b>Title/Role</b>	<b>Organization</b>
Thomas Bent, MD	Medical Director & Chief Operating Officer	Laguna Beach Community Clinic
Helene Calvet, MD	Deputy County Health Officer	Orange County Health Care Agency
Carla diCandia	Manager of Health & Ministry Services	Mission Hospital
Marilyn Ditty	CEO	Age Well Senior Services, Inc.
Ladeshia Goubert	Lead Case Manager	iHOPE
Barbara Kogerman	Mayor	City of Laguna Hills
Sylvia Mann & Erin Ulibarri	Executive Director & Health Educator	Orange County Office on Aging
Jeff McBride	President & CEO	YMCA of Orange County
Gary Pritchard	Trustee	Capistrano Unified School District
Randy Smith	Program Director	Camino Health Center
Suzie Swartz	Governing Board Member	Saddleback Valley Unified School District
Margie Wakeham	Executive Director	Families Forward

## Attachment 3: Health Care Facilities and Community Resources

A partial listing of community assets

### Health Care Facilities

- Hospitals
  - Children’s Hospital of Orange County (CHOC)
  - Hoag Hospital Irvine
  - Hoag Hospital Newport Beach
  - Mission Hospital Regional Medical Center
  - Saddleback Memorial Medical Center
  - South Coast Medical Center
  - St. Joseph Medical Center
  - UCI Medical Center
  
- Community Clinics/Community Health Centers
  - AltaMed Health Services
  - Birth Choice Health Center
  - Camino Health Center, Camino Diabetes Van, Camino Mobile Medical Unit
  - Hurtt Family Mobile Clinic
  - Laguna Beach Community Clinic
  - Orange County Health Care Agency Public Health Clinics/
  - Orange County Health Care Agency Behavioral and Mental Health Services <http://ochealthinfo.com/docs/behavioral/BHS-Directory.pdf>
  - Planned Parenthood
  - UCI Family Health Center and Mobile Van

### Other Community Resources

- Age Well Senior Services Clemente Rotary Foundation
- American Association of Diabetes Educators
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Stroke Association
- Association of Community Cancer Centers
- Boys and Girls Club of San Clemente
- Boys and Girls Club of South Coast Area
- City of San Clemente
- Families Forward
- iHope
- Orange County Cancer Coalition
- Roxanna Todd Stroke Foundation

- San Clemente Collaborative Leadership Council
- San Clemente Educational Foundation
- Susan G. Komen Foundation
- Vital Link Inc.