UCI Health

2025

UCI Health — Fountain Valley, UCI Health — Placentia Linda, UCI Health — Orange Community Health Needs assesment

Approved by the UC Irvine Chancellor July 2025

Contents

Executive Summary

UCI Health comprises the clinical enterprise of the University of California, Irvine. UCI Health delivers care at UCI Medical Center (UCIMC) and a network of multi-specialty care centers. In March 2024, UCI Health acquired Tenet's Pacific Coast Network, which includes medical centers, formerly known as Fountain Valley Regional Hospital, Lakewood Regional Medical Center, Los Alamitos Medical Center, and Placentia-Linda Hospital, as well as its associated outpatient locations.

Community Health Needs Assessment

The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulation direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs.

Joint CHNA

Given a shared service area of Orange County, California, UCI Medical Center, UCI Health – Fountain Valley, and UCI Health – Placentia Linda conducted a joint CHNA. UCI Medical Center is a 417-bed acute care hospital providing tertiary and quaternary care, ambulatory and specialty medical clinics, behavioral health and rehabilitation. It is the primary teaching location for UCI School of Medicine. UCI Health – Fountain Valley has 293 licensed beds, and UCI Health – Placentia Linda has 114 licensed beds.

Service Area

UCI Medical Center is located at 101 The City Drive South, Orange, CA, 92868. UCI Health – Fountain Valley is located at 17100 Euclid Street, Fountain Valley, CA 92708. UCI Health – Placentia Linda is located at 1301 N. Rose Drive, Placentia, CA, 92870.

The service area comprises all of Orange County, California. Orange County cities include: Aliso Viejo, Anaheim, Brea, Buena Park, Costa Mesa, Cypress, Dana Point, Fountain Valley, Fullerton, Garden Grove, Huntington Beach, Irvine, La Habra, La Palma, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Los Alamitos, Mission Viejo, Newport Beach, Orange, Placentia, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Santa Ana, Seal Beach, Stanton, Tustin, Villa Park, Westminster and Yorba Linda. Additionally, there are a number of unincorporated areas in the county.

Methodology

<u>Secondary Data</u>

Secondary data were collected from a variety of county and state sources to present community demographics, social determinants of health, access to health care, birth

characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Orange County and California.

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

Primary Data

Twenty (20) phone interviews were conducted from January to March 2025. Community stakeholders identified by UCI Health were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Orange County, who spoke to issues and needs in the communities served by the hospitals.

Significant Health Needs

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

- Access to care
- Chronic diseases
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive care
- Substance use

Prioritization of Significant Health Needs

The identified significant health needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant health needs. Food insecurity, access to health care, economic insecurity, housing and homelessness, and mental health were ranked as the top five priority needs in the service area.

Report Adoption, Availability and Comments

The CHNA was adopted by UCI in June of 2025. This report is widely available to the public on the hospital's web site, ucihealth.org/community-health. Written comments on this report can be submitted to Christopher M. Leo, Executive Director of Government Affairs, at cmleo@uci.edu.

Introduction

Background and Purpose

UCI Health comprises the clinical enterprise of the University of California, Irvine. In March 2024, UCI Health acquired Tenet's Pacific Coast Network, which includes medical centers, formerly known as Fountain Valley Regional Hospital, Lakewood Regional Medical Center, Los Alamitos Medical Center, and Placentia-Linda Hospital, as well as its associated outpatient locations. Given a shared service area of Orange County, California, UCI Medical Center, UCI Health – Fountain Valley, and UCI Health – Placentia Linda conducted a joint CHNA.

UCI Medical Center is a 417-bed acute care hospital providing tertiary and quaternary care, ambulatory and specialty medical, behavioral health and rehabilitation services. It is the primary teaching location for UCI School of Medicine. UCIMC is home to the county's only adult Level I and pediatric Level II trauma center. The Chao Family Comprehensive Cancer Center is one of only 49 in the nation, and the only one in Orange County designated for excellence by the National Cancer Institute. The Comprehensive Stroke & Cerebrovascular Center is the first in Orange County to be certified as a Comprehensive Stroke Center. UCI Health – Fountain Valley has 293 licensed beds, and UCI Health – Placentia Linda has 114 licensed beds. Serving the communities in Orange County and the surrounding region is one of UCI Health's highest priorities.

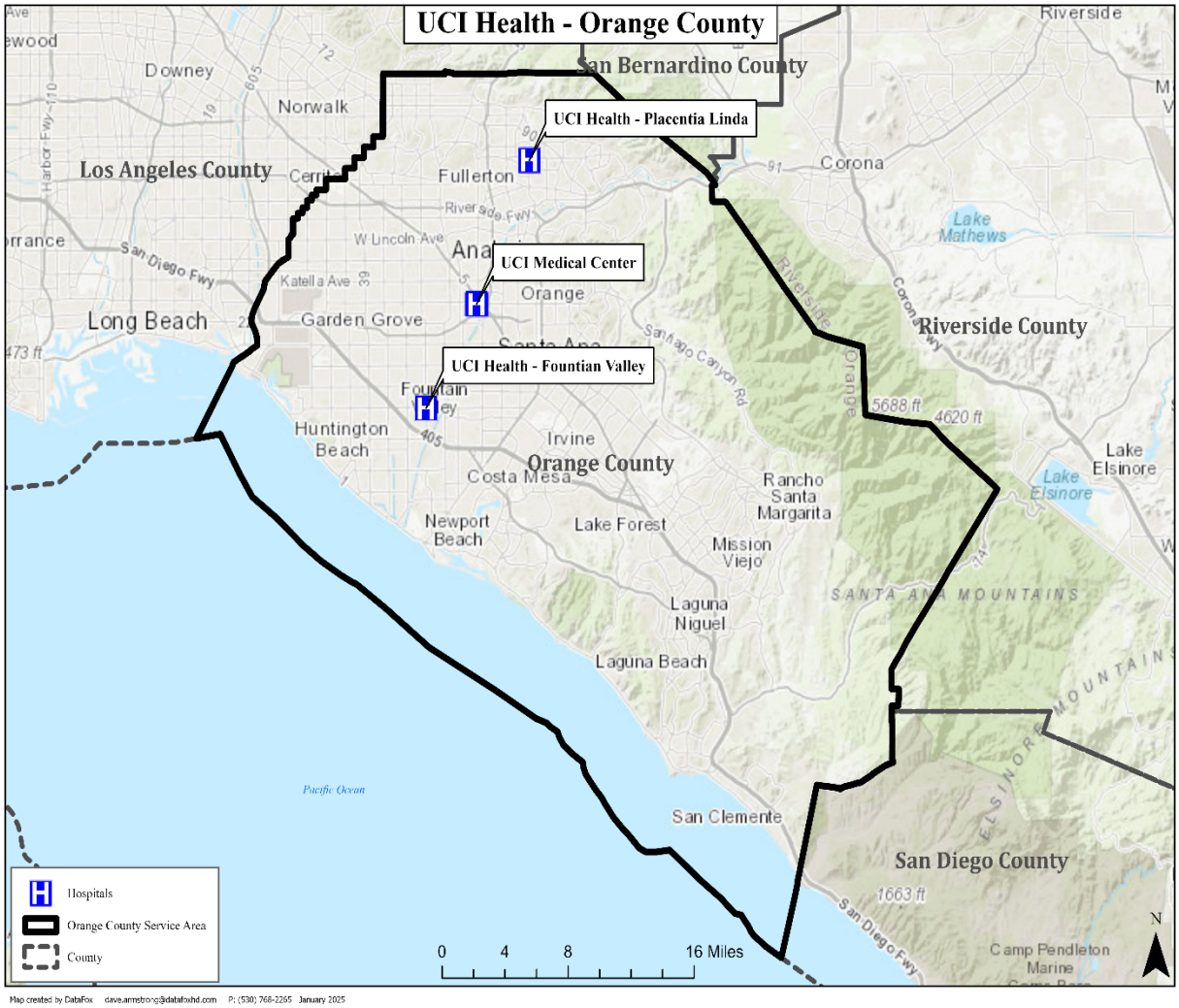
The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health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

Service Area

UCI Medical Center is located at 101 The City Drive South, Orange, CA, 92868. UCI Health – Fountain Valley is located at 17100 Euclid Street, Fountain Valley, CA 92708. UCI Health – Placentia Linda is located at 1301 N. Rose Drive, Placentia, CA, 92870. For the purposes of this report, the hospitals define their shared service area as Orange County.

Orange County cities include: Aliso Viejo, Anaheim, Brea, Buena Park, Costa Mesa, Cypress, Dana Point, Fountain Valley, Fullerton, Garden Grove, Huntington Beach, Irvine, La Habra, La Palma, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Los Alamitos, Mission Viejo, Newport Beach, Orange, Placentia, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Santa Ana, Seal Beach, Stanton, Tustin, Villa Park, Westminster and Yorba Linda. Additionally, there are a number of unincorporated areas in the county.

Service Area Map



Project Oversight

The Community Health Needs Assessment process was overseen by:
Christopher M. Leo, Esq.
Executive Director of Government Affairs
UCI Health

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.
www.bielconsulting.com

CHNA Approval

The CHNA was adopted by UCI in June of 2025.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of county and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Orange County and California.

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

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and county levels. Appendix 1 details the Healthy People 2030 objectives.

Significant Health Needs

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

- Access to care
- Chronic diseases
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive care
- Substance use

Primary Data Collection

Interviews with community stakeholders to obtain input on significant health needs, barriers to care and resources available to address the identified health needs. Twenty (20) phone interviews were conducted from January to March 2025. Community stakeholders identified by UCI Health were contacted and asked to participate in the

needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Orange County, who spoke to issues and needs in the communities served by the hospitals.

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

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs, along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Appendix 2 lists the stakeholder interview respondents, their titles and organizations. Appendix 3 provides stakeholder responses to the interview overview questions.

Public Comment

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

Prioritization of Significant Health Needs

The significant health needs were identified through primary and secondary data analysis and prioritized with input through community stakeholder interviews. The following criteria were used to prioritize the significant health needs:

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

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

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	78.6%	21.4%	71.4%
Chronic disease	78.6%	35.7%	71.4%
Economic insecurity	92.8%	85.7%	85.7%
Food insecurity	85.7%	85.7%	92.9%
Housing and homelessness	92.9%	92.3%	92.3%
Mental health	92.9%	78.6%	100%
Overweight and obesity	78.5%	50%	64.3%
Preventive practices	71.4%	21.4%	42.9%
Substance use	78.6%	28.6%	71.4%

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

Food insecurity, access to health care, economic insecurity, housing and homelessness, and mental health were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant health needs.

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Food insecurity	3.93
Access to health care	3.86
Economic insecurity	3.86
Housing and homelessness	3.86
Mental health	3.86
Chronic disease	3.79
Preventive practices	3.69
Substance use	3.64
Overweight and obesity	3.50

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

Resources to Address Significant Health Needs

Through the CHNA processes, community input was used to identify community resources potentially available to address the significant health needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Orange County at https://www.211oc.org/.

Significant Health Needs	Community Resources
Access to care	Access to Prevention Advocacy Intervention & Treatment (APAIT), Arab American Civic Council, Cambodian Family Community Center, Camino Health Center, Coalition of Orange County Community Health Centers, Equity in OC, Family Support Network, Korean Community Services, Korean Health Education and Referral Center (KHEIR) FQHC, Latino Health Access, Lestonnac Free Clinic, LGBTQ Center, MOMS of Orange County, Multi-Ethnic Collaborative of Community Agencies (MECCA), OMID Multicultural Institute for Development, Orange County Asian and Pacific Islander Community Alliance, Orange County Health Care Agency, Radiant Health Centers, Refugee Health Services, Regional Center of Orange County, Reimagine, SAMENA Collective, Share Ourselves, Southland Integrated Services, Inc., UCI Health Family Health Center FQHC, Unidos OC, Viet Rainbow of Orange County (VROC)
Chronic diseases	Access to Prevention Advocacy Intervention & Treatment (APAIT), Alzheimer's Association, Alzheimer's Disease Research Center at UCI, Alzheimer's Orange County, American Cancer Society, Camino Health Center, Coalition of Orange County Community Health Centers, Continuum of Care Collaborative, Family Caregiver Resource Center (FCRC), Huntington's Disease Society of America, Korean Community Services, Korean Health Education and Referral Center (KHEIR) FQHC, Latino Health Access, Lestonnac Free Clinic, Leukemia Lymphoma Society, Meals on Wheels, National Multiple Sclerosis Society, Orange County Asian and Pacific Islander Community Alliance (OCAPICA), Orange County Healthier Together, Orange County Herald Center, Parkinson's Foundation, Radiant Health Centers, Share Ourselves, Southland Integrated Services, Inc., The Cambodian Family Community Center, UCI Health Family Health Center FQHC, Vietnamese American Cancer Association, Vietnamese Cancer Foundation
Economic insecurity	Cambodian Family Community Center, Community Action Partnership, Families Forward, Family Assistance Ministries, Meals on Wheels, Multi-Ethnic Collaborative of Community Agencies (MECCA), Saahas for Cause, Sabil USA, SAMENA Collective, South County Outreach, Unidos OC
Food insecurity	Abound Food Care, CalFresh, Catholic Charities, Community Action Partnership of Orange County, Families Forward, Family Assistance Ministries, Mariners Church Food Pantry, Mary's Kitchen Pantry, Meals on Wheels Orange County, OC Food Bank, Orange County Hunger Alliance, Sabil USA, Second Harvest Food Bank, South County Outreach, Waste Not OC
Housing and homelessness	American Family Housing, Build Futures, Casa De Familia Youth Shelter, Casa Teresa, Collette's Children's Home, Community Action Partnership, Families Forward, Family Assistance Ministries, Family Solution Collaborative, Friendship

Significant Health Needs	Community Resources
	Shelter Orange County United Way, Homeless Death Task Force, Housing for Health Orange County, Illumination Foundation, Jamboree Housing Corporation, Lestonnac Free Clinic, Mercy House, Midnight Mission, National Healthcare for the Homeless Council, Olive Crest, Pathways of Hope, Salvation Army, Share Ourselves, South County Outreach, Southland Integrated Services, Inc.
Mental health	Access to Prevention Advocacy Intervention & Treatment (APAIT), Be Well OC, Cambodian Family Community Center, Camino Health Center, Caregiver Resource Center OC, Child Guidance Center, Coalition of Orange County Community Health Centers, Each Mind Matters Resource Center, Families and Communities Together (FaCT) Spark Project, Family Assistance Ministries, Human Options, Illumination Foundation, Interfaith Youth Alliance of OC, Korean Community Services, Korean Health Education and Referral Center (KHEIR) FQHC, Lestonnac Free Clinic, LGBTQ Center Orange County, Mental Health Association of OC, Mental Health Services Act Steering Committee, MOMS of Orange County, National Alliance of Mental Illness, OC Behavioral Health Advisory Board, OC Behavioral Health Services, OC Healthier Together Coalition, OC Older Adults Advisory Commission (OAAC), OMID Multicultural Institute for Development, Orange County Asian and Pacific Islander Community Alliance (OCAPITA), Orange County Interfaith Network, Qazizada Mental Health Clinic, Radiant Health Centers, Saahas For Cause, Sabil USA, Saddleback Church, Shanti OC, Share Ourselves, Southland Integrated Services, Inc., Strong Families, Strong Children, The Priority Center, UCI Health Family Health Center FQHC
Overweight and obesity	Access to Prevention Advocacy Intervention & Treatment (APAIT), Boys and Girls Club, CalFresh Health Living (CFHL), Camino Health Center, Coalition of Orange County Community Health Centers, Community Action Partnership of OC (CAPOC), Healthier Together Coalition, Korean Health Education and Referral Center (KHEIR) FQHC, Latino Health Access, Lestonnac Free Clinic, Radiant Health Centers, Santa Ana Building Healthy Communities, Share Ourselves, Southland Integrated Services, Inc., UCI Health Family Health Center FQHC, Unidos OC, Western Youth Services, YMCA
Preventive care	Access to Prevention Advocacy Intervention & Treatment (APAIT), Camino Health Center, Coalition of Orange County Community Health Centers, Every Woman Counts, Korean Health Education and Referral Center (KHEIR) FQHC, Lestonnac Free Clinic, Orange County Health Care Agency, Planned Parenthood, Radiant Health Centers, SAMENA Collective, Cambodian Family Community Center, Share Ourselves, Southland Integrated Services, Inc., UCI Health Family Health Center FQHC, Unidos OC
Substance use	Access to Prevention Advocacy Intervention & Treatment (APAIT), Camino Health Center, Casa Teresa, County of Orange Social Services Agency, Illumination Foundation, Korean Health Education and Referral Center (KHEIR) FQHC, Lestonnac Free Clinic, Mariners Church, Orange County Health Care Agency, Radiant Health Centers, Share Ourselves, Southland Integrated Services, Inc., UCI Health Family Health Center FQHC

Community Demographics

Population

The population of Orange County is 3,164,063.

Total Population and Change in Population

	Orange County	California
Total population	3,164,063	39,242,785
Change in population, 2018-2023	-0.004%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP05. http://data.census.gov

The county population by gender is 50.4% female and 49.6% male.

Population, by Gender

	Orange County	California
Male	49.6%	50.0%
Female	50.4%	50.0%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP05.http://data.census.gov

In Orange County, 91.1% of the adult population identify as straight or heterosexual, and 99.3% as cisgender, or not transgender. 2.8% of the county population identify as gay, lesbian or homosexual and 4.5% identify as bisexual.

Sexual Orientation and Gender Identity, Adults

	Orange County	California
Straight or heterosexual	91.1%	90.2%
Gay, lesbian or homosexual	2.8%	3.4%
Bisexual	4.5%	4.4%
Not sexual/celibate/none/other	1.6%	1.9%
Cisgender/not transgender ±	99.3%	98.9%
Transgender/gender non-conforming ±	0.7%	1.1%

Source: California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. http://ask.chis.ucla.edu/

In Orange County, 1.3% of teens identify as transgender or gender non-conforming. 16.9% of teens said that people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine).

Gender Identity and Gender Expression, Teens

	Orange County	California
Identify as cisgender/not transgender ±	*98.7%	97.5%
Identify as transgender/gender non-conforming ±	*1.3%	2.5%
Express as cisgender/not transgender	83.1%	78.7%
Express as transgender/gender non-conforming	16.9%	21.3%

*Source: California Health Interview Survey, 2019-2022, ±2019-2023 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 21.3% of the population of the county, 62.9% are adults, ages 18-64, and 15.8% of the population are senior adults, ages 65 and older.

Population, by Age

	Orange County		California	
	Number	Percent	Number	Percent
Age 0-4	170,215	5.4%	2,214,141	5.6%
Age 5-17	504,618	15.9%	6,514,871	16.6%
Age 18-24	284,103	9.0%	3,572,575	9.1%
Age 25-44	864,475	27.3%	11,233,842	28.6%
Age 45-64	841,655	26.6%	9,712,870	24.8%
Age 65-74	287,690	9.1%	3,534,613	9.0%
Age 75-84	144,799	4.6%	1,721,957	4.4%
85+	66,508	2.1%	737,916	1.9%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP05. http://data.census.gov/

Senior adults living alone may be isolated and lack adequate support systems. Of the 488,359 senior adults in the county, 20.3% live alone.

Senior Adults Living Alone

	Total of Senior Adults	Percent Living Alone
Orange County	488,359	20.3%
California	5,865,300	22.0%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02 & DP05. http://data.census.gov

Race and Ethnicity

The largest portion of the population in the county identify as non-Hispanic White residents (37.7%), 34.1% of the population are Hispanic or Latino residents, 21.7% are non-Latino Asian residents, 4.1% are non-Latino multiracial (two-or-more races) residents, and 1.5% are non-Latino Black or African American residents. 0.3% of the population identify as Native Hawaiian or Pacific Islander residents and 0.1% are American Indian or Alaskan Native residents. Those who identify as a race and ethnicity not listed represent 0.4% of the county population.

Race and Ethnicity

	Orange County	California
White, non-Latino	37.7%	34.6%
Hispanic or Latino	34.1%	39.8%
Asian, non-Latino	21.7%	15.1%
Multiracial, non-Latino	4.1%	4.1%
Black or African American, non-Latino	1.5%	5.3%
Some other race, non-Latino	0.4%	0.5%

	Orange County	California
Native Hawaiian or Pacific Islander, non-Latino	0.3%	0.3%
American Indian or Alaska Native, non-Latino	0.1%	0.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP05. http://data.census.gov/

Language

In the county, 54.1% of the population, 5 years and older, speak only English in the home. Among the county population, 24.3% speak Spanish, 15.5% speak an Asian or Pacific Islander language, 4.8% speak an Indo-European language other than Spanish or English in the home, and 1.3% speak some other language. This is a higher proportion of speakers of an Asian or Pacific Islander language, and a lower proportion of English or Spanish speakers, than seen at the state level.

Language Spoken at Home for the Population, 5 Years and Older

	Orange County	California
Population, 5 years and older	**2,993,848**	**37,028,644**
English only	54.1%	55.9%
Speaks Spanish	24.3%	28.2%
Speaks Asian or Pacific Islander language	15.5%	10.0%
Speaks non-Spanish Indo-European language	4.8%	4.8%
Speaks other language	1.3%	1.1%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. http://data.census.gov/

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English "less than very well." In the county, 18.1% of the population is linguistically isolated.

Linguistic Isolation, 5 Years and Older

	Percent
Orange County	18.1%
California	17.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. https://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Orange County school districts, the percentage of students who were classified as English Learners was 19.8%, which is higher than the state rate (18.4%).

English Learner (EL) Students

	Number	Percent
Orange County	86,469	19.8%
California	1,074,833	18.4%

Source: California Department of Education DataQuest, 2023-2024. http://dq.cde.ca.gov/dataquest/

Veteran Status

In the county, 3.6% of the civilian population, 18 years and older, are veterans.

Veteran Status

	Orange County	California
Civilian veterans	3.6%	4.5%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. http://data.census.gov

Citizenship

In the county, 29.9% of the population is foreign-born, which is higher than the state rate (26.5%). Of the foreign-born in the county, 41.7% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Orange County	California
Foreign born	29.9%	26.7%
Of the foreign born, not a U.S. citizen	41.7%	45.6%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. http://data.census.gov

Social Determinants of Health

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 has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Orange County is ranked 11 among California counties.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Orange County	11

Source: County Health Rankings, 2023 http://www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the Index also contains eight sub-scores for each of the Policy Action Areas: economic, education, social, transportation, neighborhood, housing, clean environment, and health care access.

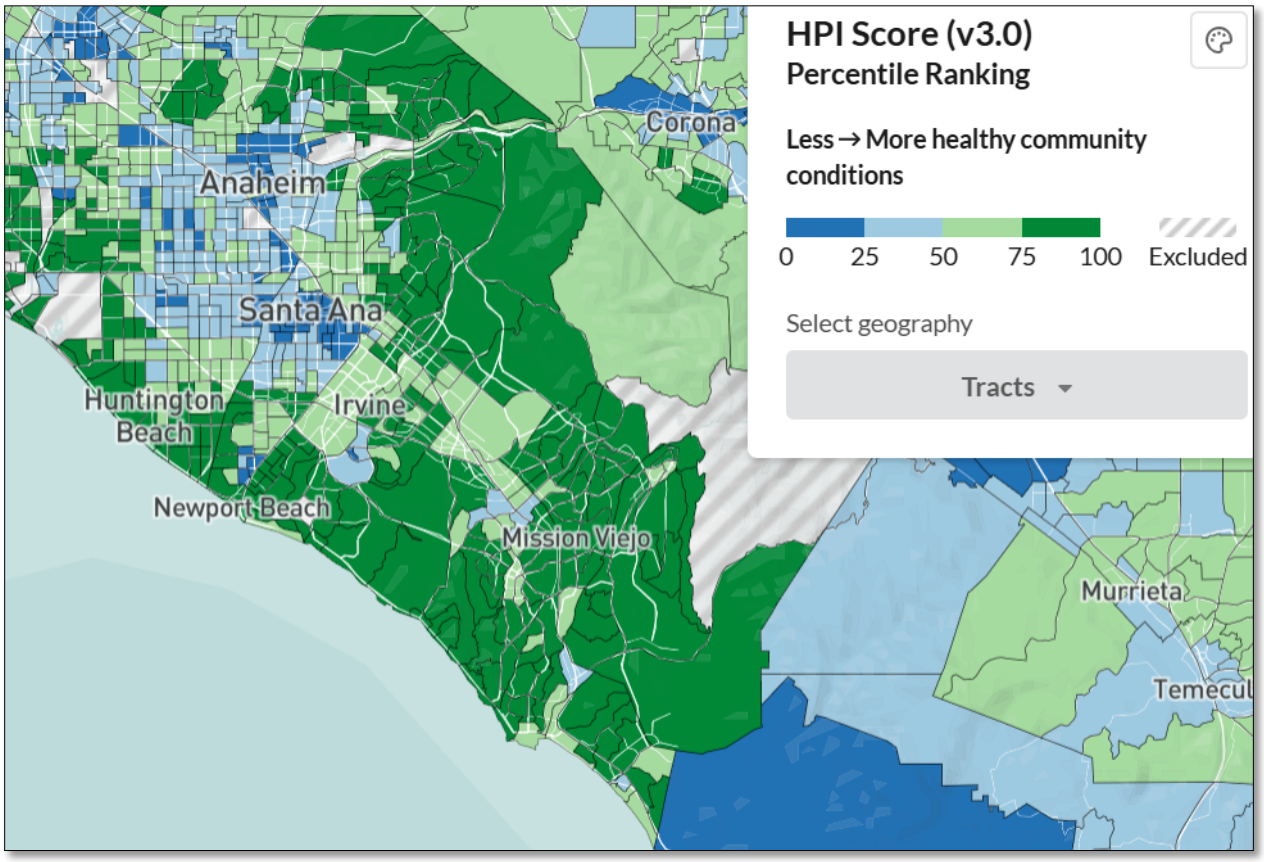
The HPI map displays Orange County and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The county has an overall HPI score that is better than 80.4% of California counties. The county has the lowest score for housing factors (5.4%) based on: homeownership, housing habitability, low-income owner and renter severe housing cost burden, and crowded housing conditions. The county also has a low score (19.6%) for clean environment, based on air pollution (particulate matter concentrations and, to a lesser extent, ozone levels) and drinking water contamination levels.

California Healthy Places Index Value and Sub-Scores

	Percent
Economic	82.1%
Education	87.5%
Social	94.6%
Transportation	57.1%
Neighborhood	42.9%

	Percent
Housing	5.4%
Clean Environment	19.6%
Health Care Access	44.6%
HPI Score	**80.4%**

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed December 28, 2024. https://healthyplacesindex.org



Unemployment

The unemployment rate among the civilian labor force in the county, averaged over 5 years, was 5.3%, which is a lower rate of unemployment than the state (6.4%).

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Orange County	1,685,097	90,063	5.3%
California	19,982,482	1,282,259	6.4%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP03. http://data.census.gov/

Poverty

The Census Bureau annually updates official poverty population statistics. For 2023, the Federal Poverty Level (FPL) was set at an annual income of $15,480 for one person and $30,900 for a family of four. Among the residents in the county, 9.5% are at or

below 100% of the federal poverty level (FPL) and 22.5% are at 200% of FPL or below.

Poverty Level, Percent of Population Living <100% FPL and <200% FPL

	<100% FPL	<200% FPL
Orange County	9.5%	22.5%
California	12.0%	27.5%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, S1701. http://data.census.gov/

The rate of poverty among children in the county is 10.9%. Among senior adult residents of the county, 9.9% live in poverty. 23.1% of Orange County's female heads-of-household (HoH), living with their own children, under the age of 18, live in poverty.

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	Children	Senior Adults	Female HoH with Children*
Orange County	10.9%	9.9%	23.1%
California	15.1%	11.3%	28.4%

*Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, S1701 & *S1702.* http://data.census.gov/

In the county, non-Hispanic White residents have the lowest poverty rate (7%), and Native Hawaiian or Pacific Islander residents have the highest rate of poverty (15.3%), followed by Black or African American residents (13.4%).

Poverty Levels, by Race and Ethnicity

	Orange County	California
Native Hawaiian or Pacific Islander	15.3%	13.2%
Black or African American	13.4%	19.1%
Some other race	12.8%	15.9%
Hispanic or Latino	11.4%	14.7%
Asian	10.5%	9.7%
American Indian or Alaska Native	9.7%	15.7%
Multiracial	9.7%	12.3%
White, non-Hispanic	7.0%	8.8%
Total population	**9.5%**	**12.0%**

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, S1701. http://data.census.gov/

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Eligibility in Orange County was 54.1% of all students.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Orange County	54.1%
California	61.7%

Source: California Department of Education, 2023-2024.http://data1.cde.ca.gov/dataquest/

Community Input – Economic Insecurity

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

- Many people who live in the shelter are working. Economics is a big factor in terms of them accessing housing, accessing food, and accessing health care. They're trying to prioritize the basics of where they're going to sleep at night.
- In our mobile parks, a lot of tenants have received code violations from the city, and it costs a lot of money to repair things. That impacts their health and mental wellbeing because they are worried about finances.
- A lot of people are living 10 to 12 people in a house. They rent out a room and they sublet. That is the only way they can survive the economic situation.
- In Orange County there's plenty of work for low wage workers. We expect people to come and take these jobs, one or two sometimes, and be able to afford to live in Orange County or travel from another county to come here.
- One in three people in Orange County are on Medi-Cal. The economic disparities in this county continue to widen and it makes it more difficult for people to live here.
- The middle class is shrinking rapidly, and they are not growing into the upper middle class, they are going in the opposite direction. If we don't intervene, that population is going to fall further and further behind and their ability to afford housing will become more difficult.
- There is a disincentive to making more money because then people will lose their benefits. It becomes this kind of game, is it worth it to get more hours, make more money because I'll lose this benefit? It creates a mental block for a lot of families.
- Today low-income families must have two or three jobs just to make ends meet. Having two or three jobs means you're sharing a room, you're renting a home with multiple families, you're barely making enough to put food on the table and to secure safe and reliable transportation. The economy is such that the wages have not kept up with inflation.
- Among our senior population, it seems those who have a little more income are in better health and those who do not, are in declining health. We see a lot of seniors struggling financially, which impacts every other aspect of their lives, including their health.

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and health care disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to mobility-limited (i.e., elderly or disabled) households and those individuals who may not have access to linguistically or culturally appropriate care

in their area, as Broadband access to providers holds the promise of closing gaps in care. 98.7% of county residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area, and 98.6% have access to 1G of download speed. California ranks 19 out of the 50 U.S. states in terms of Broadband coverage.

Terrestrial Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
Orange County	98.7%	98.7%	98.6%
California	96.1%	96.1%	51.1%

Source: BroadbandNow,2024 data. https://broadbandnow.com/California

98.7% of the county population could access broadband for their households, and 91.9% choose to do so. Cost was reported to be the main factor affecting unconnected and underconnected households' decisions not to adopt broadband service, while concerns over privacy/security/identity theft, sufficiency of smartphone access, and digital literacy are additional factors. "Underconnected" refers to households that can only connect at home through a smartphone. Almost half of unconnected and underconnected state residents reported connecting to broadband at other locations (retail stores, friends' or relatives' homes, libraries or schools, and/or work).

Household Access to Broadband Internet

	Connected	Underconnected (Smartphone Access Only)	Unconnected
Orange County	91.9%	1.5%	6.6%

Source: California For All / Broadband For All, 2023 Statewide Digital Equity Survey, Final Report, August 31, 2023. https://broadbandforall.cdt.ca.gov/california-statewide-digital-equity-telephone-survey/

Transportation

Orange County workers spent on average, 27 minutes a day commuting to work. 69.4% of workers drove alone to work and 40.1% of solo drivers have a long commute (greater than 30 minutes one way). County workers were more likely to drive alone, and more likely to work from home (16.6%) compared to the state. Few workers commute by public transportation (1.2%) or walk to work (1.8%). These data are from 2019 to 2023, from pre- to post-Pandemic. While the time estimate is valid it may not be fully reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	Orange County	California
Mean travel time to work (in minutes)	27.0	29.0
Drove alone to work	69.4%	67.1%
Solo drivers with a long commute*	40.1%	41.3%
Carpooled to work	9.0%	9.5%

	Orange County	California
Commuted by public transportation	1.2%	3.2%
Walked to work	1.8%	2.4%
Other means	2.0%	2.4%
Worked from home	16.6%	15.5%

*Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP03 & *S0802; defined as >30 min. one way. https://data.census.gov/*

Households

There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.
http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the county, there are 1,074,654 households and 1,138,473 housing units. Over the last five years, the population has remained stable, while the number of households increased by 4.1%, suggesting an easing of constraints on household formation. Owner-occupied households increased by 2.4% while renter-households increased by 6.3% from 2018 levels. Housing units grew by 4.3%, and vacant units increased by 8.2%, to just 5.6% of overall housing stock.

Households and Housing Units and Percent Change, Orange County

	2018		2023		Percent Change
	Number	Percent	Number	Percent	
Housing units	1,091,376		1,138,473		4.3%
Vacant	59,003	5.4%	63,819	5.6%	8.2%
Households	1,032,373		1,074,654		4.1%
Owner occ.	592,269	57.4%	606,605	56.4%	2.4%
Renter occ.	440,104	42.6%	468,049	43.6%	6.3%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP04. http://data.census.gov/

The median household income in Orange County is $113,702, which is higher than the statewide median household income of $96,334.

Median Household Income

	Households	Median Household Income
Orange County	1,074,654	$113,702
California	13,434,847	$96,334

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP03. http://data.census.gov/

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 41.5% of

owner and renter occupied households in the county spend 30% or more of their income on housing. Among renters, the rate is higher, with 56.2% of county renter households being cost burdened, as opposed to 30.6% for owner households.

Households that Spend 30% or More of Income on Housing

	All Households	Owner Households	Renter Households
Orange County	41.5%	30.6%	56.2%
California	41.2%	30.9%	54.7%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP04. http://data.census.gov/

Household Overcrowding

Residential crowding reflects demographic and socioeconomic conditions. Older-adult immigrant and recent immigrant communities, families with low income, and renter-occupied households are more likely to experience household crowding. A form of residential overcrowding known as "doubling up" – co-residence with family members or friends for economic reasons – is the most commonly reported prior living situation for families and individuals before the onset of homelessness. *Source: Office of Health Equity, Healthy Communities Data and Indicators Project, Housing Overcrowding Narrative, 12/6/2017. https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-/tqic-be24/about_data*

Housing is defined as overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling; it is considered severely overcrowded when there are more than 1.5 persons per room of the dwelling. Additional measures for analyzing overcrowding include analyzing housing by greater than two persons per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is the most-available measurement, and is the one used by the U.S. Census Department.

In the county, 5.5% of households live in overcrowded conditions, and an additional 3.4% live in severely overcrowded conditions, for a total of 8.9% of all households being overcrowded. This is higher than the state rate of overcrowding (8.2%).

Overcrowded and Severely Overcrowded Housing

	Percent of Households with >1 to 1.5 PPR	Percent of Households with >1.5 PPR	Combined Rate of Overcrowding
Orange County	5.5%	3.4%	8.9%
California	5.1%	3.1%	8.2%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP04. https://data.census.gov/

Households by Type

In the county, 24.1% of households are family households (married or cohabiting couples) with children under 18 years old, 3.8% of households are households with a

female as head of household with children, with no spouse or partner present, and 9.1% of county households are senior adults who live alone.

Households, by Type

	Total Households	Family* Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Orange County	1,074,654	24.1%	3.8%	9.1%
California	13,434,847	23.0%	4.5%	9.8%

*Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

Homelessness

A point-in-time count of homeless people is conducted annually in Orange County, during the final ten days of January, unless the weather does not permit. For the week of January 22, 2024, there were an estimated 7,322 homeless individuals in Orange County, a 28.1% increase from 2022. From 2019 to 2024, the homeless population rose 6.7% in the county. In the 2024 PIT Homeless Count Summary, the county suggested the increase in homeless individuals from 2022 to 2024 was due to the ending of Pandemic protections such as the Emergency Rental Assistance Program, and the Eviction Moratorium, which ended May 31, 2022. The proportion of sheltered homeless individuals in the county increased, from 42.3% in 2019 to 43% in 2024.

Homeless Point-in-Time Count, Orange County, 2019 to 2024

Year of Count	Number	Unsheltered	Sheltered
2019	6,860	57.7%	42.3%
2022	5,718	53.5%	46.5%
2024	7,322	57.0%	43.0%

Source: Orange County HMIS, 2024 Point-In-Time Homeless Count Summary, May 16, 2024. https://unitedtoendhomelessness.org/wp-content/uploads/2024/05/2024-Point-In-Time-Count-Summary-FINAL.pdf

Among sheltered and unsheltered persons who were experiencing homelessness in the county, 9.4% were children under age 18 (99 of whom were unsheltered, and 6 of whom were sheltered unaccompanied minors), 4.2% were 'transition-age youth' (18 to 24 years old), and 1.0% of unhoused individuals identified as transgender or gender non-conforming. In 2024, 4.9% of homeless county adults were veterans, and 36.8% of adults experiencing homelessness were chronically homeless.

Among unhoused adults, 39.7% were identified as having a chronic substance use disorder, 32.5% were identified as having a serious mental illness, 10.2% as being survivors of domestic violence, 10.8% as having developmental disabilities, and 30.8%

as having physical disabilities. 4% of unhoused adults identified as having HIV/AIDS, 92 of whom were unsheltered.

Homeless Subpopulations, Orange County, 2024

	Count			Percent		
	Sheltered	**Unsheltered**	**Total**	**Sheltered**	**Unsheltered**	**Total**
Children, under age 18	592	99	691	18.8%	2.4%	9.4%
Unaccompanied minors (under age 18)	6	0	6	0.2%	-	0.1%
Youth, 18 to 24 years old	146	162	308	4.6%	3.9%	4.2%
Parenting youth (2023)	21	11	42	0.7%	0.4%	0.7%
Children of parenting youth (2023)	35	15	50	1.2%	0.5%	0.8%
Senior adults, ages 62 and older	456	413	869	14.5%	9.9%	11.9%
Transgender or gender nonconforming	15	56	71	0.5%	1.3%	1.0%
Orange County Total, All Ages	**3,149**	**4,173**	**7,322**	**43.0%**	**57.0%**	**100%**
Veterans	80	248	328	3.1%	6.1%	4.9%
Chronically homeless adults	877	1,566	2,443	34.3%	38.4%	36.8%
Adults with chronic substance use disorder	600	2,031	2,631	23.5%	49.9%	39.7%
Adults with a serious mental illness	903	1,250	2,153	35.3%	30.7%	32.5%
Adults with physical disabilities	764	1,280	2,044	29.9%	31.4%	30.8%
Adult survivors of domestic violence	266	408	674	10.4%	10.0%	10.2%
Adults with developmental disabilities	5	710	715	0.2%	17.4%	10.8%
Adults with HIV/AIDS	175	92	267	6.8%	2.3%	4.0%
Orange County Total, Adults	**2,557**	**4,074**	**6,631**	**38.6%**	**61.4%**	**100%**

Source: Orange County HMIS, 2024 Point-In-Time Homeless Count Summary, May 16, 2024.
https://unitedtoendhomelessness.org/wp-content/uploads/2024/05/2024-Point-In-Time-Count-Summary-FINAL.pdf

In Orange County, 44.2% of persons experiencing homelessness with Hispanic or Latino residents and 39.5% were White residents.

Homeless Population, by Race and Ethnicity, Orange County

	Percent of General Population	**Percent of Homeless Population**
Hispanic or Latino, any race or multiracial	34.1%	44.2%
White, non-Latino	37.7%	39.5%
Black or African American or African, non-Latino	1.5%	7.5%
Asian or Asian American, non-Latino	21.7%	3.6%
Multiracial, non-Latino	4.1%	1.7%
American Indian or Alaska Native or Indigenous, n-L	0.1%	1.5%
Native Hawaiian or Pacific Islander, non-Latino	0.3%	1.3%
Other race, non-Latino	0.4%	-
Middle Eastern or North African, non-Latino	-	0.6%

Source: Orange County HMIS, 2024 Point-In-Time Homeless Count Summary, May 16, 2024.
https://unitedtoendhomelessness.org/wp-content/uploads/2024/05/2024-Point-In-Time-Count-Summary-FINAL.pdf

In Orange County, 6.7% of students in public schools in the 2023-2024 school year were experiencing homelessness. The majority (89.6%) were temporarily doubled up with friends or relatives, 4.5% were living in hotels or motels, 4.3% were in temporary shelters, and 1.6% were temporarily unsheltered.

Students Experiencing Homelessness

	Percent of Students
Orange County	6.7%
California	4.8%

Source: California Department of Education Enrollment Multi-Year Summary by Grade, 2023-2024. Accessed December 27, 2024. http://dq.cde.ca.gov/dataquest/

Community Input – Housing and Homelessness

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

- The biggest reason people are falling into homelessness is economical. They simply cannot afford rent. A one-bedroom apartment in Orange County is about $2,600, which means you'd be working two and a half jobs to afford a one-bedroom apartment. In the past, you would see the chronically homeless who may have been living out on the streets due to mental health issues, addiction issues, or health issues, where they never got into care and ended up being severely sick. What we're seeing now is more economics that are leading people to homelessness. And once they are not able to access housing, they are not able to access any of the other basic necessities like food and health care.
- There's not enough housing. There was a shift during Covid where housing vouchers through HUD and other entities were more accessible to our clients. But the lack of affordable housing units made it even more difficult. So, getting access to a subsidy got a little bit better in the last three years due to Covid.
- The Health Care Agency has really prioritized the social determinants of health, and they've gone as far as helping people find housing, including paying up to $5,000 for a deposit. I think the health care system is finally recognizing that, to improve one's health, they need to be safe and be in a home. Where we've fallen short is we don't have enough inventory. CalAIM has a program called Housing Navigation. But if there's not enough housing, they're just going to stay in that system for a while.
- Within the emergency shelters and navigation centers people are staying much longer than those resources intended. The navigation center is designed for one to three months short term. But people are staying for 1-2 years right now.
- CalAIM has significantly helped people. They can move into a new home, and they get their deposit covered, which is usually a high barrier. They are also able to purchase household goods and food. It is great for people who are moving into permanent supportive housing.

- Probably 80% of our adult population in our severe mental illness program are homeless, living on the streets and not receiving care.
- Among youth experiencing homelessness, 40 to 50% are primarily from the LGBTQ community. We have a very high overrepresentation of homeless youth.
- It's an incredibly complex topic to address because it's multifactorial. People without housing can have difficulty paying rent to potentially being evicted. Salaries and wages don't necessarily accommodate the cost of living in this area.
- We have a 2% vacancy rate in Orange County right now. Every new door that becomes available, there are two or three applicants already before you.
- Last year around this time, our family coordinated entry system was reporting around 350 families in the queue, which basically means these are families that connected through various service providers like Families Forward and others where diversion was not an option. We weren't able to divert them or get them rehoused. So now the option is getting them into the coordinated entry system so they may have access to financial resources like our rapid rehousing program. They have to go through the queue, and they wait for a long period of time. Today, that number is 530. We are going in the wrong direction.
- We have to be careful not to overdo certain housing, like veteran housing. Often you cannot find a veteran to take the housing because the requirements are so stringent. We need more mixed housing, senior and family housing. We see a lot of resources diverted to individuals because that is who is more visible on the streets.
- Unstable housing affects every single possible disease from chronic disease to Covid, to being at higher risk for cancer. We literally have hundreds of thousands of people who are unstable in their housing and they're not living in places that are where they can access safe conditions. Housing is the most critical social determinant in our county because of the high cost of housing in our very densely populated county.
- We're doing a great job of wraparound services, and we've got great providers. But what we hear from shelters and policymakers is that it's the housing supply that is so horrendous. So wraparound services are paying for things like vouchers for motels. This is not a long-term solution, but we use motels because there's nothing else. The real question is, how do you incentivize cities and builders to build more affordable housing? We need to look at where the housing is needed. There's no reason that incentives can't be localized.

Public Program Participation

In Orange County, 42.6% of low-income residents (those making less than 200% of the FPL) could not afford enough to eat, while 33.5% of low-income residents utilized food stamps. 52.7% of county children, 6 years and younger, accessed WIC benefits, which

was lower than the state rate (53.8%). 9.2% of county residents were TANF/CalWORKs recipients. 8.7% of county residents said they had avoided government benefits within the prior 12 months due to concerns over green card disqualification for themselves or a family member.

Public Program Participation, 200% FPL and Lower

	Orange County	California
Avoided government benefits (asked of all immigrants, regardless of income), past 12 months, due to concerns over green card disqualification for self or a family member	8.7%	7.9%
Not able to afford enough food	42.6%	42.5%
Food stamp recipients, current	33.5%	33.5%
WIC usage among children, 6 years and under	52.7%	53.8%
TANF/CalWORKs recipients	9.2%	11.4%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

In Orange County, 4.7% of households received SSI benefits, 2.9% received cash public assistance income, and 7.6% of households received food stamp benefits. These rates were lower than state rates.

Household Supportive Benefits

	Orange County	California
Total households	**1,074,654**	**13,434,847**
Supplemental Security Income (SSI)	4.7%	5.9%
Public Assistance	2.9%	3.8%
Food Stamps/SNAP	7.6%	11.4%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP03. http://data.census.gov

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 63.3% of eligible households in Orange County received food stamps (CalFresh) in 2021. A monthly average of 176,760 households in the county received food stamps in 2023. The number of households receiving food stamps in September 2024 (190,477) was a 7.8% increase over the 2023 monthly average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	September 2024	Percent Increase From 2023 Monthly Average
Orange County	176,760	63.3%	190,477	7.8%
California	3,049,919	77.0%	3,184,067	4.4%

*Source: California Department of Social Services' CalFresh Master Data and Dashboard, 2023 and *2021 Calendar Year Averages.*
http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In Orange County, 10.4% of the population experienced food insecurity in 2022. Among children in Orange County, 12.5% lived in households that experienced food insecurity. Feeding America estimated that 60% of those experiencing food insecurity in Orange County, and 64% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP.

Food Insecurity

	Orange County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	330,460	10.4%	4,915,450	12.6%
Children, under 18, experienced food insecurity during the year	84,700	12.5%	1,437,250	16.9%

Source: Feeding America, 2022. https://map.feedingamerica.org/county/2022/overall/california/county/orange

Community Input – Food Insecurity

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

- Not only is food expensive, but it's also not accessible. People aren't living in places where they can just walk to a grocery store. You have to take three buses to go to a grocery store. Then if you're living in a one-bedroom apartment with 14 other people, where are you going to store the food?
- One of the challenges we face is helping people to understand which foods are healthy choices and which aren't. At the same time, we have issues with not being able to afford the food and not having readily available food sources.
- To address food insecurity, the root cause of it, aside from not having enough economic resources, is to be able to eat the right and healthier kinds of food like fruits and vegetables, protein and healthy fat.
- Food insecurity is becoming more and more of an issue and indicative of the fact we can't pay people a just wage for the jobs they're doing. In our partnership with our school districts, more and more schools are having to open wellness centers or resource centers and having to provide things that are outside of education, like food, diapers, and clothing due to need.
- SNAP benefits are not generous enough to provide a full month of food for a family. A good number of these people do not know they have access to other foods. Another issue is access to fresh nutritious food, not canned or boxed food. Having a pantry with fresh foods is very difficult for a nonprofit organization because it

requires a level of storage and food handling that most smaller nonprofits cannot accommodate.

- We operate a large food bank. We have about 45 new families every week. Just in the month of October, we saw about 90 to 100 families a day. And as soon as food is on the shelf, it is off the shelf.

Educational Attainment

Educational attainment is a key driver of health. In the county, 13.1% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate of 15.4%. 43.4% of county adults have a bachelor's degree or higher degree, which is higher than the state rate (36.5%).

Education Levels, Population 25 Years and Older

	Orange County	California
Population, 25 years and older	**2,205,127**	**26,941,198**
Less than 9th grade	7.3%	8.7%
9th to 12th grade, no diploma	5.8%	6.7%
High school graduate	17.2%	20.4%
Some college, no degree	18.7%	19.8%
Associate's degree	7.7%	7.95
Bachelor's degree	27.3%	22.4%
Graduate/professional degree	16.1%	14.1%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. Orange County has a 92.3% graduation rate. The Healthy People 2030 objective for high school graduation is 90.7%.

High School Graduation Rates, 2023-2024

	Percent
Orange County	92.3%
California	90.2%

Source: California Department of Education DataQuest, 2023-2024. http://dq.cde.ca.gov/dataquest/

Differences are seen in rates of high school graduation when examined by race and ethnicity of the students. American Indian or Alaska Native students had the lowest four-year graduation rates at the county level, followed by African American students, Hispanic or Latino students, and Pacific Islander students. Filipino and Asian students had the highest graduation rates at the county level. Care should be taken in interpreting rates for groups with low populations, such as the 77 American Indian or Alaska Native students or 115 Pacific Islander students in the county in 2024.

High School Graduation Rates, Four-Year Cohorts, by Race and Ethnicity, 2023-2024

	Orange County	California
Filipino	97.0%	95.2%
Asian	95.4%	92.2%
White	93.5%	89.0%
Multiracial	92.6%	88.2%
Pacific Islander	91.3%	82.8%
Hispanic or Latino	89.7%	84.9%
African American	86.8%	78.4%
American Indian or Alaska Native	83.1%	79.6%

Source: California Department of Education, 2024. https://data1.cde.ca.gov/dataquest/

Safe Parks or Playgrounds

91.1% of Orange County parents of children, ages 1 to 11, indicated that the park or playground closest to where they live is safe during the daytime, which is higher than the statewide average (87.2%).

Safe Park or Playground, Children, Ages 1 to 11

	Orange County	California
Park or playground nearest to home is safe during the daytime	91.1%	87.2%

Source: California Health Interview Survey, 2021-2023; http://ask.chis.ucla.edu/

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. All crime rates in Orange County were lower than in the state in 2019 and 2023. Violent crime in the county rose from 2019 to 2023, while property crimes fell. However, the arson rate rose in the county, while falling at the state level.

Violent Crime and Property Crime, Rates per 100,000 Persons, 2019 and 2023

	Property Crimes				Violent Crimes				Arson			
	Number		Rate*		Number		Rate*		Number		Rate*	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Orange County	59,186	57,933	1,854.0	1,844.4	6,797	9,340	212.9	297.4	263	316	8.2	10.1
California	915,197	888,840	2,316.7	2,275.5	173,205	199,838	438.5	511.6	8,266	6,736	20.9	17.2

*Source: California Department of Justice, Open Justice Portal, 2024. https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances *All rates calculated based on January population estimates by the State of CA Dept. of Finance, for the referenced year.*

Calls for domestic violence are categorized as with or without a weapon. In 2018, strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet).

Within “Weapon Involved,” a personal weapon was the category most frequently reported. In Orange County, 42% of domestic violence calls in 2023 involved a weapon, and 5.7% involved strangulation or suffocation.

Domestic Violence Calls, Rates per 1,000 Persons

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/ Suffocation
Orange County	9,011	5,224	3,787	42.0%	5.7%
California	160,357	58,733	101,625	63.4%	5.2%

Source: California Department of Justice, Office of the Attorney General, 2023. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

When adults and teens in Orange County were asked about neighborhood cohesion, the majority of adult residents (89.1%) agreed their neighborhood felt safe most or all of the time, neighbors were willing to help (80.7%), and people in their neighborhood could be trusted (82.2%). The majority of teens (86.4%) felt safe most or all of the time, that people in the neighborhood were willing to help (83.6%), and that people in the neighborhood could be trusted (83.1%).

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	Orange County	California
Feels safe all or most of time	89.1%	86.7%
People in neighborhood are willing to help	80.7%	81.2%
People in neighborhood can be trusted	82.2%	79.7%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Neighborhood Cohesion, Teens Ages 12-17, Who Agree or Strongly Agree

	Orange County	California
Feels safe all or most of the time	86.4%	85.9%
People in neighborhood are willing to help	83.6%	86.2%
People in neighborhood can be trusted	83.1%	80.3%

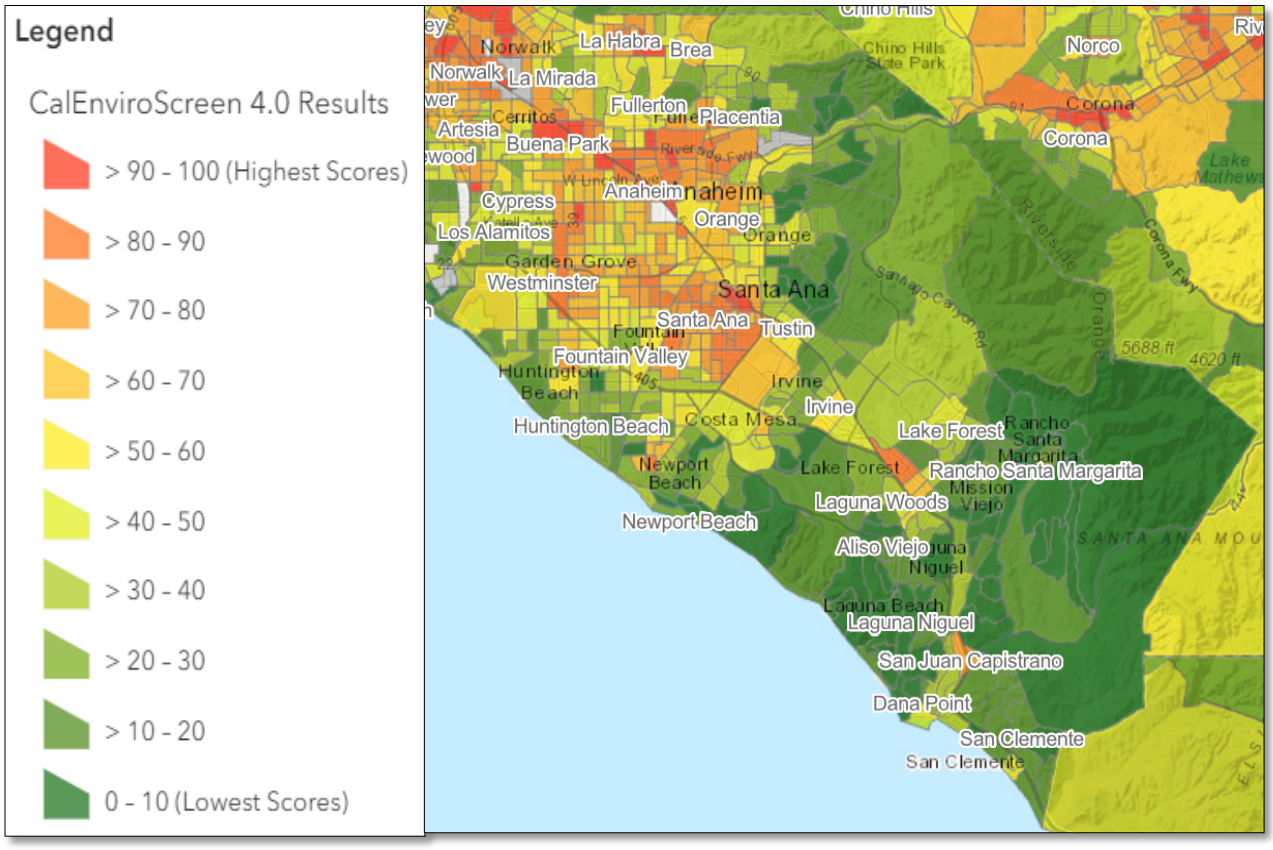
Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Environmental Health

The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 up to the highest possible score of 100, and maps are used to visualize the data.

Many census tracts in the northwestern portion of the county are in the top percentiles

of highest-burdened tracts, including some in the 10th (red) percentile, in Santa Ana, Anaheim, Fullerton, La Habra, Buena Park and Stanton. Many other tracts are in the 20th (dark orange), 30th (orange), or 40th (light orange) percentiles of highest-burdened California tracts. A number of tracts in the center, east, and south sides of the county belong to the bottom 40th percentile (light green), 30th percentile (green), 20th percentile (dark green), and the bottom 10th percentile of lowest-burdened tracts (darkest green).



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021. *https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40*

Access to Health Care

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.4% coverage. 93.2% of the civilian, non-institutionalized population in the county have health insurance. 96.5% of children, ages 18 and younger, and 99.1% of senior adults, ages 65 and older, have health insurance coverage. Among adults, ages 19-64, 90.5% in the county have health insurance, making this the only age group in the county to not meet the Healthy People 2030 objective.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	Total Population	Children, Ages 0-18	Adults, Ages 19-64	Senior Adults, Ages 65+
Orange County	93.2%	96.5%	90.5%	99.1%
California	93.1%	96.6%	90.2%	98.9%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP03. http://data.census.gov/

There are differences in the rate of health insurance coverage by race and ethnicity in the county. Among the total population, the lowest rate of health insurance in the county is for those residents who identify as an Other race or ethnicity (85%), followed by American Indian or Alaska Native residents (87.1%) and Hispanic residents (87.5%). Native Hawaiian or Pacific Islander residents have the lowest rate of health insurance coverage among senior adults (89.4%).

Health Insurance, by Race and Ethnicity, and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Non-Hispanic White	96.6%	97.8%	95.1%	99.6%
Asian	95.7%	97.0%	94.5%	98.7%
Black or African American	95.2%	98.1%	93.6%	99.5%
Multiracial	90.7%	97.1%	86.1%	98.0%
Native Hawaiian or Pacific Islander	89.5%	96.2%	87.4%	89.4%
Hispanic	87.5%	95.1%	82.7%	97.7%
American Indian or Alaskan Native	87.1%	95.0%	82.6%	98.1%
Other race	85.0%	93.0%	80.2%	97.4%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, C27001B thru C27001I. http://data.census.gov/

In Orange County, 19.6% of county residents have Medi-Cal coverage and 53.5% of county residents have employment-based insurance.

Insurance Coverage, by Type

	Orange County	California
Medi-Cal	19.6%	22.9%
Medicare only	1.1%	1.3%
Medi-Cal/Medicare	2.9%	3.8%
Medicare and others	11.9%	12.0%
Other public	0.4%	1.0%
Employment based	53.5%	49.3%
Private purchase	5.7%	4.5%
No insurance	5.0%	5.3%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. In Orange County, 20.5% of the population does not have a regular source of health care, which is higher than the state rate (17.6%).

Does Not Have Usual Source of Care, All Ages

	Orange County	California
No usual source of medical care	20.5%	17.6%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

When access to care through a usual source of care was examined by race and ethnicity, Latino residents were the least likely to have a usual source of care (75.8%).

Has Usual Source of Care, by Race and Ethnicity, All Ages

	Orange County	California
Black or African American, non-Latino	92.7%	85.7%
White, non-Latino	88.8%	88.4%
American Indian or Alaska Native	**	87.6%
Multiracial, non-Latino	87.6%	85.2%
Native Hawaiian or Pacific Islander	**	83.6%
Asian, non-Latino	79.5%	83.1%
Latino	75.8%	79.8%
All	**82.4%**	**84.0%**

*Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/ **Suppressed due to small sample size.*

In Orange County, 65.3% of residents accessed care at a doctor's office, HMO or Kaiser, and 12.1% accessed care at a clinic or community hospital.

Sources of Care

	Orange County	California
Dr. office/HMO/Kaiser Permanente	65.3%	61.3%
Community clinic/government clinic/community hospital	12.1%	18.4%

	Orange County	California
ER/Urgent care	0.5%	1.1%
Other place/no one place	1.5%	1.7%
No usual source of care	20.5%	17.6%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 15.4% of county residents had visited an ER in the past year, and the highest rate was among senior adults, ages 65 and older (20.7%). Poverty-level residents visited the ER at a higher rate than the general population (21.3%), while low-income residents visited at a lower rate (13.7%).

Use of Emergency Room

	Orange County	California
Visited ER in last 12 months	15.4%	16.8%
0-17 years old	16.6%	14.8%
18-64 years old	13.6%	16.2%
65 and older	20.7%	21.4%
<100% of poverty level	21.3%	22.6%
<200% of poverty level	13.7%	19.4%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Difficulty Accessing Care

11.2% of Orange County adults had difficulty finding a primary care doctor who would see them or take them as new patients in the past year. 17.8% of adults reported difficulty accessing specialty care. 6.2% of adults had been told by a primary care physician's office that their insurance would not be accepted. 11.4% of adults were told by a specialist's office their insurance was not accepted.

Difficulty Accessing Care in the Past Year, Adults

	Orange County	California
Reported difficulty finding primary care	11.2%	10.3%
Reported difficulty finding specialist care	17.8%	19.8%
Primary care doctor not accepting their insurance	6.2%	6.0%
Specialist not accepting their insurance	11.4%	11.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Delayed or Forgone Care

16.7% of Orange County residents delayed or did not get medical care when needed. Of these residents, 53.4% ultimately went without needed medical care, meaning that 8.9% of the overall population had to forgo needed medical care. This is higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. 7.9% of county residents had to delay or forgo obtaining a prescription in the past 12 months.

Delayed Care in Past 12 Months, All Ages

	Orange County	California
Delayed or did not get medical care	16.7%	16.1%
Had to forgo needed medical care	8.9%	8.4%
Delayed or did not get prescription meds	7.9%	9.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Among county residents who delayed or did not get care, 34.4% attributed it to cost, lack of insurance, or issues with insurance. 28.5% delayed or did not access care because of systems and provider issues and barriers, 26.8% delayed or did not access care due to personal or other reasons, and 10.4% due to COVID-19-related issues.

Reason for Delayed Care, All Ages

	Orange County	California
Cost, lack of insurance or other insurance issue	34.4%	28.5%
Health care system/provider issues and barriers	28.5%	31.6%
Personal and other reasons	26.8%	28.5%
COVID-19	10.4%	11.5%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Telehealth

Telehealth connects patients to health care services through video conferencing, remote monitoring, electronic consultations, and wireless communications. Among county adults, 40.5% received care from a health care provider through telehealth in the prior year, rather than an office visit.

Telehealth, Past Year, Adults

	Orange County	California
Received care from a health care provider through video or telephone	40.5%	45.4%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

When asked to rate their most recent video call experience with a provider compared to an in-person visit, 41.7% of residents felt it was about the same, 23.9% felt that the visit was somewhat or much worse, and 19.7% felt that it was somewhat or much better, as compared to an in-person visit.

Most-Recent Video Visit Experience with Provider Compared to In-Person Visit

	Orange County	California
Much worse	4.4%	4.1%
Somewhat worse	19.5%	17.7%
About the same	41.7%	44.4%
Somewhat better	10.0%	9.8%
Much better	9.7%	9.0%
Have not had one	14.7%	14.9%

Source: California Health Interview Survey, 2021-2022, pooled. http://ask.chis.ucla.edu/

Primary Care Physicians

The ratio of the population to primary care physicians in Orange County is 1,004:1, which is better than the state ratio of 1,233 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Orange County	California
Number of primary care physicians	3,156	31,820
Ratio of population to primary care physicians	1,004:1	1,233:1

Source: County Health Rankings, 2024; data from 2021. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for Orange County, and information from the Uniform Data System (UDS)[1], 22.9% of the population in the county is low-income (200% of Federal Poverty Level) and 9.7% 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 county.

Even with Section 330 funded Community Health Centers serving the county, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 245,168 patients in the county, which equates to 34% penetration among low-income patients and 7.7% penetration among the total population. From 2021-2023, the Community Health Center providers served an additional 10.7% of patients in the county. Despite this, there remain 476,212 low-income residents, 66% of the population at or below 200% FPL that are not served by an FQHC.

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
721,380	245,168	34.0%	7.7%	476,212	66.0%

Source: Health Center Program GeoCare Navigator, 2024, 2018-2022 population numbers. https://geocarenavigator.hrsa.gov/

Dental Care

Oral health is essential to a person's overall health and well-being. In Orange County, 10.3% of children and 29.2% of adults lack dental insurance.

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Dental Insurance

	Orange County	California
Children without dental insurance	10.3%	7.4%
Adults without dental insurance	29.2%	28.7%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

In Orange County, 13.7% of children, ages 3 to 11, had never been to a dentist, and 77.7% had been in the past 12 months. In the prior year, 6.7% of county children needed dental care and did not receive it because the parents could not afford it. Among county teens, 87.8% have seen a dentist in the prior 12 months.

Dental Care Utilization, Children, Ages 3-11, and Teens, Ages 12-17

	Children		Teens	
	County	State	County	State
Never been to the dentist	13.7%	14.9%	≤ *1.5%	0.8%
Visited dentist < 6 months ago	70.5%	69.5%	77.3%	74.2%
Visited dentist > 6 months to 1 year ago	7.2%	9.7%	10.5%	13.4%
Visited dentist > 1 to 2 years ago	4.9%	4.2%	5.9%	7.1%
Visited dentist > 2 to 5 years ago	*1.8%	1.4%	*4.8%	3.2%
Visited dentist more than 5 years ago	*1.8%	0.3%	≤ *1.5%	1.3%
Parent could not afford needed dental care for child	6.7%	6.4%	N/A	N/A

*Source: California Health Interview Survey, 2021-2023, pooled. *Unstable due to small sample size. N/A = Not Asked. http://ask.chis.ucla.edu/*

76% of county adults described the condition of their teeth as ‘good’, ‘very good’, or ‘excellent’. 2.1% of county residents had never been to a dentist, and 6.1% had not been in the past 5 years. 1.5% had no natural teeth remaining.

Dental Care Utilization and Condition of Teeth, Adults

	Orange County	California
Condition of teeth: good to excellent †	76.0%	71.7%
Condition of teeth: fair to poor †	22.5%	26.2%
Condition of teeth: has no natural teeth †	1.5%	2.1%
Never been to a dentist	2.1%	2.1%
Visited dentist < 6 months to two years	81.1%	80.4%
Visited dentist more than 5 years ago	6.1%	7.1%

Source: California Health Interview Survey, 2021-2023 or †2020-2022, pooled. http://ask.chis.ucla.edu/

The ratio of residents to dentists in Orange County is 810:1, which is better than the dentists per capita for the state (1,076:1).

Dentists, Number and Ratio

	Orange County	California
Number of dentists	3,892	36,261
Ratio of population to dentists	810:1	1,076:1

Source: County Health Rankings, 2024; data from 2022. http://www.countyhealthrankings.org

Community Input – Access to Health Care

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

- There is a lot of confusion around the Medi-Cal re-enrollment and recertification process. This is causing people to lose their insurance coverage.
- With the Medi-Cal expansion, there is more visibility of available resources. Now we have more people trying to get connected to care and having to navigate a complicated system.
- For seniors, transportation and access to technology are issues. If seniors are no longer using public transportation and are waiting for a medical transport to their doctor appointments, it is about a 3-hour window.
- 211 will soon start enrolling people into Medi-Cal through CalOptima funding. It makes sense with their CalFresh and WIC enrollment process already in place. They are also looking to triage with CalAIM to ensure they are enrolled in Medi-Cal and then connect people to enhanced care management providers.
- Language can be a barrier. We need more translation services. The languages we struggle to access are Farsi, Chinese and Vietnamese. Also, the Chinese and Farsi community will defer services for someone else who needs it more than they do.
- Because of immigration concerns, we are seeing fewer people out and about. Even people who are permanent residents are scared.
- For the LGBTQ population, many avoid health care services because they feel they won't be heard or represented, and maybe they have experienced discrimination in the past.
- For our community, a lot of the doctors don't speak Vietnamese, even those who are Vietnamese but are born here, so there is a struggle with communication. A lot of our population don't know how to drive, and they don't have family members willing to take them to the doctor.
- Access issues can also be attributed to a lack of childcare. There can be a lot of compelling priorities like getting food on the table or taking care of an elderly parent who takes precedence over one's health.
- CalAIM and the expansion of Medi-Cal are designed to address those populations we consider some of the most vulnerable. But they are often not resourced in a way that best addresses the needs that are out there.
- There is a shortage of practitioners. That is probably the biggest challenge. We've talked about options from telemedicine to nontraditional providers such as community health workers to address some of the milder issues.
- January 1, 2024, in California, every undocumented individual became eligible for health care. But there's that underlying fear that they're undocumented, they're accessing services that will have identifying information. Things are changing so

quickly. We are going to see a rolling back of accessing services.

- There are long waiting times at community health centers. People are waiting up to two or three weeks to get an appointment as a new patient. That impacts on the community's ability to manage their health.
- In December we saw a decline of 5-10% of patient volume at community clinics. At the end of January, we saw a decline of 25%. There is a definite correlation with the decline in the volume of visits associated with real or perceived fear. There is a lot of news media coverage of immigration officials now entering health care facilities because they are no longer considered sensitive locations.
- There has been an increase in requests for telehealth services. Telehealth services are only approved at the federal level through March 31st of this year.
- With the changes to the minimum wage to $25, in combination with the new administration cutting programs and grants, we are going to see a reduction in services across and maybe even closure of community health centers for those who are not federally qualified.
- Access to care has gotten more difficult and people must wait longer to get an appointment due to the shortage of primary care practitioners and other specialists.
- UCI Health is the de facto safety net provider in Orange County. There is no county hospital anymore.

Birth Characteristics

Births

From 2019 to 2023, there were, on average, 31,550 births per year in the county.

Total Births

	2019	2020	2021	2022	2023
Orange County	35,052	31,014	30,763	30,929	29,994
California	446,479	420,259	420,608	419,104	400,108

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2022, on CDC WONDER. https://wonder.cdc.gov/natality-expanded-current.html

Health Status

92.1% of women in Orange County were in good to excellent health before pregnancy. 4.9% of pregnant women in Orange County experienced physical or psychological intimate partner violence (IPV) during their pregnancy. 15.1% of women in the county experienced symptoms of depression during pregnancy. 16.1% of county women experienced food insecurity during pregnancy.

Health Status Before and During Pregnancy

	Orange County	California
Good to excellent health before pregnancy	92.1%	91.6%
Physical or psychological intimate partner violence during pregnancy	4.9%	5.4%
Prenatal depression symptoms	15.1%	14.7%
Food insecurity during pregnancy	16.1%	19.4%

Source: California Department of Public Health, Maternal Infant Health Assessment, 2019-2021. https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx

Delivery Paid by Public Insurance or Self-Pay

In the county, the rate of births paid by public insurance or self-pay was 299.1 per 1,000 live births, which is lower than the state rate of 370 per 1,000 live births.

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

	Orange County	California
Delivery paid by public insurance or self-pay	299.1	370.0

Source: Calculated by Gary Bess Associates using U.S. Census Bureau American Community Survey 5-Year Estimates, 2019-2023, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Teen Birth Rate

Teen births in the county occurred at an average annual rate of 2.3% of total births. This rate was lower than the state rate (3.3%).

Births to Teen Mothers (Under Age 20), Rate per 1,000 Live Births

	Orange County	California
Births to teen mothers	23.0	33.0

Source: Calculated by Gary Bess Associates using U.S. Census Bureau American Community Survey 5-Year Estimates, 2019-2023, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Prenatal Care

The Healthy People 2030 objective for prenatal care is for 80.5% of pregnant women receiving 'early and adequate' prenatal care, which includes both entry into care within the first trimester, plus attending at least 80% of recommended prenatal visits. Care is considered 'adequate plus' when an expectant mother attends 110% or more of the recommended number of prenatal visits. 81.1% of Orange County mothers receive at least adequate prenatal care, which is better than the California average (72.2%) and meets the Health People 2030 objective.

Mother Receiving Adequate Prenatal Care, Rate per 1,000 Live Births

	Orange County	California
Adequate/Adequate Plus prenatal care	81.1%	72.2%

Source: California Department of Public Health, County Health Profiles, CHSP 2024. 2020-2022 Data
https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Premature Births

The rate of premature births (occurring before the start of the 38th week of gestation) in the county was 81.7 per 1,000 live births. This rate of premature births was lower than the state rate of 89.4 per 1,000 live births.

Premature Birth, before Start of 38th Week or Unknown, Rate per 1,000 Live Births

	Orange County	California
Premature birth	81.7	89.4

Source: Calculated by Gary Bess Associates using U.S. Census Bureau American Community Survey 5-Year Estimates, 2019-2023, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Low Birth Weight

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The county rate of low-birth-weight babies was 66.5 per 1,000 live births, which is below the state average of 71.4 low-birth-weight babies per 1,000 live births.

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

	Orange County	California
Low birth weight	66.5	71.4

Source: Calculated by Gary Bess Associates using U.S. Census Bureau American Community Survey 5-Year Estimates, 2019-2023, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Mother Smoked Regularly During Pregnancy

4.4 mothers, per 1,000 live births in the county smoked no less than one cigarette per day for at least a three-month period during pregnancy, which is less than half the state average (9.9 mothers who smoked, per 1,000 live births).

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

	Orange County	California
Mothers who smoked	4.4	9.9

Source: Calculated by Gary Bess Associates using U.S. Census Bureau American Community Survey 5-Year Estimates, 2019-2023, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Infant Mortality

In this report, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in the county, from 2018 through 2022, was 3.3 deaths per 1,000 live births. This is lower than the state rate (4.1 deaths per 1,000) and meets the Healthy People 2030 objective of no more than 5.0 deaths per 1,000 live births.

Infant Mortality Rate, 5-Year Average

	Orange County	California
Infant mortality	3.3	4.1

Source: Calculated by Gary Bess Associates using U.S. Census Bureau American Community Survey 5-Year Estimates, 2019-2023, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

There are differences in infant mortality rates when examined by the race and ethnicity of the mother. The highest infant mortality rate in Orange County was for births to non-Hispanic Black or African American mothers (7.23 deaths per 1,000 live births).

Infant Mortality, per 1,000 Live Births, by Mother's Race and Ethnicity, 6-Year Average

	Orange County	California
Black or African American, non-Hispanic	*7.23	8.20
Native Hawaiian or Other Pacific Islander, non-Hispanic	**	6.94
American Indian or Alaska Native, non-Hispanic	**	6.88
More than one race, non-Hispanic	**	4.50
Hispanic or Latina	3.88	4.23
White, non-Hispanic	2.34	3.21
Asian, non-Hispanic	1.91	2.72
Total	**3.20**	**4.13**

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2017-2022, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html *Unstable due to small sample size. **Suppressed due to reliability and privacy issues related to small sample size.*

Maternal Mortality and Morbidity

The pregnancy-related mortality ratio is defined as deaths while pregnant or within one year of the end of pregnancy, from causes related to or aggravated by the pregnancy or

its management. Pregnancy-related mortality does not include deaths from suicide, homicide, drug overdose or most other injury. From 2017 to 2021, there were 22 pregnancy-related deaths in Orange County, at a rate of 13 maternal deaths per 100,000 live births, which is lower than the state rate (16.3 deaths per 100,000 live births).

Pregnancy-Related Mortality Rate, per 100,000 Live Births, 5-Year Average, 2017-2021

	Orange County		California	
	Number	Rate	Number	Rate
Maternal mortality	22	13.0	361	16.3

Source: California Department of Public Health, Maternal, Child, and Adolescent Health Division, Pregnancy-Related Mortality Dashboard, 2017-2021. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx

Severe maternal morbidity includes unexpected and potentially life-threatening complications from labor and delivery that result in significant health consequences. The Healthy People 2030 objective for severe maternal morbidity is a maximum of 68.1 incidents per 1,000 births. There are differences in pregnancy-related morbidity rates when examined by race and ethnicity. Morbidity rates in Orange County show the highest frequency among Black mothers (141.2 per 10,000 live births), followed by Asian or Pacific Islander mothers (92 per 10,000 live births). The lowest rate of morbidity (83.1 per 10,000 live births) is among White mothers.

Severe Maternal Morbidity, per 10,000 Live Births, by Race and Ethnicity, 3-Year Average

	Orange County		California	
	Number	Rate	Number	Rate
Black	18	141.2	1,121	174.5
Asian or Pacific Islander	169	92.0	2,063	124.3
American Indian or Alaska Native	**	**	35	107.4
Latina/x	317	89.3	5,967	105.3
White	249	83.1	3,027	90.3
Total	**795**	**87.7**	**13,081**	**108.0**

*Source: California Dept. of Public Health, Maternal, Child & Adolescent Health Division, Severe Maternal Morbidity Dashboard, 2020-2022. **Suppressed due to reliability and privacy issues related to small sample size.*
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx

Breastfeeding

Breast feeding has been proven to have considerable benefits to babies and mothers. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at UCIMC indicated that 94.5% of new mothers used some breastfeeding. 80% of new mothers at UCIMC used breastfeeding exclusively, which was higher than the county (67%), and state (68.8%) rates.

In-Hospital Breastfeeding, UCI Medical Center

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
UCI Medical Center	1,335	94.5%	1,130	80.0%
Orange County	28,781	94.9%	20,326	67.0%
California	346,452	93.9%	253,783	68.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

There were race and ethnicity differences noted in breastfeeding rates of mothers who delivered at UCIMC. 98.1% of multiracial mothers, 95.9% of Black mothers, and 95.3% of Asian mothers initiated breastfeeding. 91.8% of Black mothers and 86.8% of multiracial mothers breastfed exclusively. Rates of any breastfeeding were lowest among Latina or Hispanic mothers and White mothers. The rate of exclusive breastfeeding was lowest among Latina or Hispanic mothers (77.8%).

In-Hospital Breastfeeding, UCI Medical Center, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Multiracial	52	98.1%	46	86.8%
Black	47	95.9%	45	91.8%
Asian	161	95.3%	140	82.8%
White	197	94.3%	174	83.3%
Latina or Hispanic	794	94.0%	657	77.8%
UCI Medical Center	**1,335**	**94.5%**	**1,130**	**80.0%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Orange County is 81.8 years. Death before the age of 75 is considered a premature death. The rate of premature death in Orange County was 249 deaths per 100,000 persons. The years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 4,990 years. Residents of Orange County have a higher life-expectancy compared to the state.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Orange County	California
Life expectancy at birth in years	81.8	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	249	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	4,990	6,373

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. http://www.countyhealthrankings.org*

Differences in life expectancy, premature mortality, and years of potential life lost can be seen among Orange County residents. Non-Hispanic Asian residents have the highest life expectancy (86.3 years), lowest premature mortality (156 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (2,858 years per 100,000 population). Native Hawaiian or Pacific Islander residents have the lowest life expectancy (74.1 years) and the highest rates of premature death (572) and YPLL (11,106) in the county, followed by Black or African American residents.

Life Expectancy, Premature Mortality, Premature Death, by Race and Ethnicity

	Life Expectancy	Premature Mortality	YPLL
Asian, non-Hispanic	86.3	156	2,858
Hispanic	81.1	297	5,927
White, non-Hispanic	80.9	264	5,310
American Indian or Alaskan Native	79.1	339	N/A
Black or African American, non-Hispanic	77.9	391	8,307
Native Hawaiian or Pacific Islander	74.1	572	11,106

Source: National Center for Health Statistics' National Statistics System (NVSS); CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. N/A = Not available due to statistical instability related to small numbers. http://www.countyhealthrankings.org

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the county from 2018 to 2022 was 617.7 deaths per 100,000

persons. The mortality rate in the county is lower than the state rate of 672.4 deaths per 100,000 persons.

Deaths and Mortality Rate, per 100,000 Persons, 5-Year Average

	Orange County	California
Average annual deaths	22,645	300,973
Mortality rate per 100,000 persons	617.7	672.4

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the county were heart disease and cancer. In addition to heart disease and cancer, COVID-19, Alzheimer's disease, and stroke were in the top five causes of death in the county.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2018-2022* Averaged

	Orange County	California	Healthy People 2030 Objective
Heart disease	136.9	142.1	No Objective
Ischemic heart disease	77.0	82.9	71.1
Cancer	129.3	131.8	122.7
COVID-19*	62.2	68.5	No Objective
Alzheimer's disease	39.9	38.3	No Objective
Stroke	37.9	39.1	33.4
Unintentional injuries	35.0	43.1	43.2
Chronic Lower Respiratory Disease	23.9	27.9	Not Comparable
Diabetes	16.6	23.8	Not Comparable
Pneumonia and influenza	13.8	12.7	No Objective
Liver disease	12.1	13.9	10.9
Kidney disease	11.1	9.7	No Objective
Parkinson's disease	10.8	9.0	No Objective
Suicide	10.0	10.4	12.8
Essential hypertension and hypertensive renal disease	9.8	13.4	No Objective
Homicide	2.3	5.5	5.5
HIV	0.7	1.3	No Objective

*Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines. *Except for COVID-19, which is a 3-year average.*

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the county was 77 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 71.1 heart disease deaths. The age-adjusted rate of death from stroke was 37.9 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	Orange County	California
Ischemic heart disease death rate	77.0	82.9
Stroke death rate	37.9	39.1

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Cancer

In the county, the age-adjusted cancer mortality rate was 129.3 deaths per 100,000 persons. This was lower than the state rate of 131.8 deaths per 100,000 persons. The cancer death rate in the county does not meet the Healthy People 2030 objective of 122.7 deaths per 100,000 persons.

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

	Orange County	California
Cancer death rate	129.3	131.8

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

All-site cancer mortality in Orange County (127 deaths per 100,000 persons) is lower than the all-site cancer mortality rate at the state level (134.1 deaths per 100,000 persons). The highest rates of cancer in Orange County were lung and bronchus cancers (22.7 deaths per 100,000 persons), prostate cancer (18.3 per 100,000 men), and female breast cancer (18.3 deaths per 100,000 women).

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

	Orange County	California
Cancer all sites	**127.0**	**134.1**
Lung and bronchus	22.7	24.3
Prostate (males)	18.3	20.1
Breast (female)	18.3	18.9
Colon and rectum	10.5	12.0
Pancreas	9.8	10.4
Ovary (females)	7.0	6.4
Liver and intrahepatic bile duct	6.9	7.6
Leukemia	5.7	5.5
Non-Hodgkin lymphoma	5.0	4.9
Brain and other nervous system	4.8	4.4
Uterine (female)	4.4	5.3
Stomach	3.7	3.8
Urinary bladder	3.7	3.7
Esophagus	2.8	2.9
Kidney and renal pelvis	2.7	3.2
Melanoma of the skin	2.0	1.8
Cervix uteri	1.7	2.2

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

Rates of mortality in Orange County for the top three cancers are listed below by race and ethnicity. American Indian or Alaska Native residents have a higher all-cancer mortality. Non-Hispanic White residents and Black or African American residents have higher all-cancer mortalities than do Hispanic residents and Asian residents.

Among the groups for whom rates are available, American Indian or Alaska Native residents have the highest mortality rate from lung and female breast cancers. Black or African American residents have the highest mortality rate from prostate cancer. Hispanic residents have the lowest mortality from lung and bronchial cancers, and Asian or Pacific Islander residents have the lowest mortality rates from prostate and female breast cancers.

Cancer Mortality, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity

	All Cancers	Lung and Bronchus	Prostate	Female Breast
Asian or Pacific Islander	100.7	20.7	9.4	11.8
Hispanic	119.9	15.7	18.5	15.8
White, non-Hispanic	135.5	24.9	21.1	20.9
Black or African American	143.0	21.0	38.9	21.7
American Indian or Alaska Native	318.7	76.9	**	74.1
Total	**127.0**	**22.7**	**18.3**	**18.3**

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*
***Suppressed due to statistical instability based on low numbers.*

COVID-19

In the county, the COVID-19 death rate from 2020 through 2022 was 62.2 deaths per 100,000 persons. This rate is lower than the state rate of 68.5 deaths per 100,000.

COVID-19 Mortality Rate, Age-Adjusted, per 100,000 Persons, 3-Year Average

	Orange County	California
COVID-19 death rate	62.2	68.5

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

In the county, the Alzheimer's disease death rate was 39.9 per 100,000 persons, which is higher than the state rate of 38.3 deaths per 100,000 persons.

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

	Orange County	California
Alzheimer's disease death rate	39.9	38.3

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The death rate from unintentional injuries in the county was 35 deaths per 100,000 persons. The death rate from unintentional injuries in the county met the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	Orange County	California
Unintentional injury death rate	35.0	43.1

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema. In the county, the chronic lower respiratory disease death rate was 23.9 deaths per 100,000 persons. This was lower than the state rate of 27.9 deaths per 100,000 persons.

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

	Orange County	California
Chronic lower respiratory disease death rate	23.9	27.9

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Diabetes

In the county, the diabetes death rate was 16.6 per 100,000 persons, which was lower than the state rate of 23.8 deaths per 100,000 persons.

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

	Orange County	California
Diabetes death rate	16.6	23.8

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the county, the pneumonia and influenza death rate was 13.8 deaths per 100,000 persons, which was higher than the state rate of 12.7 deaths per 100,000 persons.

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

	Orange County	California
Pneumonia and influenza death rate	13.8	12.7

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Liver Disease

In the county, the liver disease death rate was 12.1 deaths per 100,000 persons, which is lower than the state rate, but does not meet the Healthy People 2030 objective of 10.9 liver disease deaths per 100,000 persons.

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

	Orange County	California
Liver disease death rate	12.1	13.9

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Kidney Disease

In the county, the kidney disease death rate was 11.1 deaths per 100,000 persons. This rate was higher than the state rate of 9.7 deaths per 100,000 persons.

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

	Orange County	California
Kidney disease death rate	11.1	9.7

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Parkinson's Disease

In the county, the Parkinson's disease death rate was 10.8 deaths per 100,000 persons, which is higher than the state rate of 9 deaths per 100,000 persons.

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

	Orange County	California
Parkinson's disease death rate	10.8	9.0

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Suicide

In the county, the age-adjusted death rate due to suicide was 10 deaths per 100,000 persons, which meets the Healthy People 2030 objective for suicide, of no more than 12.8 deaths per 100,000 persons.

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

	Orange County	California
Suicide death rate	10.0	10.4

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

The Orange County Health Care Agency publishes data on suicides. From August 1, 2015, through September 1, 2024, there were 2,943 recorded suicides in the county. Suicides in the county were more likely to be among men than women, and rates were highest among Black or African American residents, followed by White residents then Asian or Pacific Islander Residents, and are lowest among Hispanic residents.

Suicides, Orange County, 10-Year Totals

	Number	Percent of Total
Ages 10 to 17	71	2.4%
Ages 18 to 24	263	8.9%
Ages 25 to 34	472	16.0%
Ages 35 to 44	486	16.5%
Ages 45 to 54	418	14.2%
Ages 55 to 64	575	19.5%
Ages 65 and older	658	22.4%
Total	**2,943**	**100.0%**

Source: Orange County Health Care Agency, Suicide Data Dashboard, Aug. 1, 2015 through Sept. 1, 2024 data, retrieved Nov. 13, 2024. https://ochealthinfo.com/services-programs/mental-health-crisis-recovery/wellness-promotion-prevention/suicide-prevention-3

Essential Hypertension and Hypertensive Renal Disease

In the county, the essential hypertension and hypertensive renal disease death rate was 9.8 deaths per 100,000 persons, which is lower than the state rate.

Essential Hypertension and Hypertensive Renal Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Orange County	California
Essential hypertension and hypertensive renal disease death rate	9.8	13.4

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Homicide

In the county, the age-adjusted death rate from homicides was 2.3 per 100,000 persons. This rate was below the Healthy People 2030 objective for homicide (5.5 deaths per 100,000 persons).

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

	Orange County	California
Homicide	2.3	5.5

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

HIV

In the county, the death rate from HIV was 0.7 deaths per 100,000 persons. This rate was lower than the state HIV death rate of 1.3 deaths per 100,000 persons.

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

	Orange County	California
HIV death rate	0.7	1.3

Source: Gary Bess Associates. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising. Drug overdose deaths in the county have increased from 2009 to 2021.

Deaths Caused by Drug Overdose Rates, Age-Adjusted*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
Orange County	11.0	10.0	11.0	11.2	11.0	12.5	12.3	20.2	29.4	25.7
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2022, on CDC WONDER.*Age-Adjusted rates not available at the county level, from the CDC, after 2020. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html*

In 2023, the age-adjusted death rate from opioid overdoses in Orange County was 19 deaths per 100,000 persons. The county did not meet the Healthy People 2030 objective of 13.1 opioid overdose deaths per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2023

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
Orange County	8.5	7.5	7.5	8.1	15.5	24.1	20.6	19.0
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.4

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024. https://skylab.cdph.ca.gov/ODdash/

When examined by demographics, the 570 opioid overdose deaths in Orange County in 2023 were more likely to occur in men (29.1 deaths per 100,000 men) compared to women (8.7 deaths per 100,000 women). Rates by age at the county level rise starting

with the 25- to 29-year-old demographic through the 50- to 59-year-old demographic. More than half of the opioid overdose deaths were among White residents (26.9 deaths per 100,000 White persons) and more than a third were among Hispanic residents (19.5 deaths per 100,000 Hispanic persons). Only twenty-six of the opioid deaths were among Asian residents of the county, 23 among Black or African American residents, and fewer than six were among Native American or Alaska Native residents, so care should be taken when interpreting the rates.

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	29.1
Female	8.7
Native American or Alaska Native	26.9
Black or African American	43.5
White	26.9
Hispanic	19.5
Asian or Pacific Islander	4.0
Ages 15 to 19 years	9.9
Ages 20 to 24 years	12.1
Ages 25 to 29 years	29.6
Ages 30 to 34 years	49.9
Ages 35 to 39 years	43.1
Ages 40 to 44 years	30.1
Ages 45 to 49 years	29.2
Ages 50 to 54 years	17.5
Ages 55 to 59 years	31.4
Ages 60 to 64 years	17.8
Ages 65 to 69 years	12.9
Ages 70 to 74 years	4.3
Ages 75 to 79 years	1.8
Ages 80 to 84 years	1.4
Ages 85+ years	1.4
Orange County	**19.0**

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. https://skylab.cdph.ca.gov/ODdash/

Acute and Chronic Disease

Hospitalizations by Diagnoses

At UCI Medical Center, the top five primary diagnoses resulting in hospitalization were injuries and poisonings, circulatory system diagnoses, neoplasms (tumors), digestive system diagnoses, and infectious and parasitic diseases.

At UCI Health – Fountain Valley, the top five primary diagnoses resulting in hospitalization were circulatory system diagnoses, complications of pregnancy and childbirth, certain conditions originating in the perinatal period, digestive system diagnoses, and infectious and parasitic diseases.

At UCI Health – Placentia Linda, the top five primary diagnoses resulting in hospitalization were circulatory system diagnoses, digestive system diagnoses, infectious and parasitic diseases, injuries and poisonings, and respiratory system diagnoses.

Hospitalizations, by Principal Diagnoses, Top Causes

	UCI Medical Center	UCI Health - Fountain Valley	UCI Health - Placentia Linda
Injury and poisoning	17.2%	6.4%	9.4%
Circulatory system	11.0%	14.3%	19.4%
Neoplasms (tumors)	9.7%	4.3%	2.8%
Digestive system	9.0%	11.3%	15.0%
Infectious and parasitic diseases	8.9%	9.2%	14.3%
Complications of pregnancy, childbirth and postpartum period	8.3%	11.8%	0%
Certain conditions originating in perinatal period	7.0%	11.5%	0%
Endocrine, nutritional, metabolic diseases and immunity disorders	4.4%	6.2%	6.8%
Musculoskeletal and connective tissue system	4.3%	3.7%	4.2%
Mental illness	4.2%	1.2%	2.1%
Genitourinary system	4.1%	5.7%	7.7%
Nervous system and sense organs	3.5%	2.2%	2.4%
Respiratory system	2.4%	6.0%	9.2%
Skin and subcutaneous tissue system	1.0%	2.0%	2.5%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023. https://data.chhs.ca.gov/dataset/

Emergency Room Visits by Diagnoses

At UCI Medical Center, the top five primary diagnoses seen in the Emergency Room were injuries and poisonings, circulatory system, digestive system, musculoskeletal and connective tissue system, and genitourinary system diagnoses. At UCI Health - Fountain Valley and UCI Health - Placentia Linda, the top five primary diagnoses seen

in the Emergency Room were injuries and poisonings, circulatory system, digestive system, respiratory system, and genitourinary system diagnoses.

Emergency Room Visits, by Principal Diagnoses, Top Causes

	UCI Medical Center	UCI Health - Fountain Valley	UCI Health - Placentia Linda
Injury and poisoning	21.7%	17.2%	20.9%
Circulatory system	9.1%	9.7%	8.3%
Digestive system	7.1%	9.0%	8.0%
Musculoskeletal and connective tissue system	7.0%	5.6%	7.2%
Genitourinary system	6.5%	6.9%	7.7%
Infectious and parasitic diseases	5.4%	5.6%	3.9%
Mental illness	4.9%	2.9%	3.6%
Nervous system and sense organs	4.6%	3.4%	3.2%
Respiratory system	4.0%	8.5%	8.2%
Skin and subcutaneous tissue system	3.1%	3.8%	3.7%
Complications of pregnancy, childbirth and postpartum period	13th top cause	4.6%	14th top cause

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Characteristics by Facility, Pivot Profile, 2023. https://data.chhs.ca.gov/dataset/ N/A = This is not one of the top eleven causes at this hospital

Diabetes

Among Orange County adults, 20.4% have been diagnosed as pre-diabetic and 10% have been diagnosed as having diabetes.

Pre-Diabetes and Diabetes, Adults

	Orange County	California
Diagnosed pre-diabetic †	20.4%	20.6%
Diagnosed with diabetes	10.0%	11.0%

Source: California Health Interview Survey, 2021-2023 or †2021-2022, pooled. http://ask.chis.ucla.edu/

Among those groups for whom rates are available, non-Latino Asian residents of Orange County have the highest rate of diagnosed diabetes (10.6%), followed by Latino residents (10.1%), and non-Latino White residents (8.7%).

Diabetes, by Race and Ethnicity, Adults

	Orange County	California
Native Hawaiian or Pacific Islander (non-Latino)	**	18.7%
American Indian or Alaska Native (non-Latino)	**	14.4%
Asian (non-Latino)	10.6%	11.1%
Latino	10.1%	12.6%
White (non-Latino)	8.7%	8.5%
Black or African American (non-Latino)	6.5%	14.7%
Multiracial (non-Latino)	*2.3%	7.3%
Total	**9.3%**	**10.8%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

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

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Orange County	California
Diabetes short term complications	48.6	70.1
Diabetes long term complications	108.3	108.7
Lower-extremity amputation among patients with diabetes	31.0	34.4
Uncontrolled diabetes	31.1	31.9
Diabetes composite	**200.0**	**226.6**

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease

Among Orange County adults, 6.7% have been diagnosed with heart disease.

Heart Disease, Adults

	Orange County	California
Diagnosed with heart disease	6.7%	7.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

When viewed by race and ethnicity, non-Latino White residents in Orange County have the highest rate of diagnosed heart disease (9.4%) among the groups for whom rates are available, followed by non-Latino Asian (5.9%) residents.

Heart Disease, by Race and Ethnicity, Adults

	Orange County	California
American Indian or Alaska Native (non-Latino)	**	12.7%
White (non-Latino)	9.4%	10.1%
Native Hawaiian or Pacific Islander (non-Latino)	**	8.8%
Asian (non-Latino)	5.9%	5.3%
Black or African American (non-Latino)	*3.8%	7.2%
Multiracial (non-Latino)	3.8%	5.7%
Latino	2.8%	4.2%
Total	**6.3%**	**6.9%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related

to heart failure in Orange County (273.4 annual hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate of 380.7 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Orange County	California
Hospitalization rate due to heart failure	273.4	380.7

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

High Blood Pressure

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. Among Orange County adults, 23.6% have been diagnosed with high blood pressure, and 7.9% have been told they have borderline high blood pressure.

High Blood Pressure, Adults

	Orange County	California
Ever diagnosed with high blood pressure	23.6%	27.1%
Ever diagnosed with borderline high blood pressure	7.9%	7.5%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

When viewed by race and ethnicity, non-Latino Native Hawaiian or Pacific Islander residents in Orange County have the highest rate of diagnosed high or borderline-high blood pressure (40.6%), followed by non-Latino White residents (37%), and non-Latino Black or African American residents (32.6%).

High or Borderline High Blood Pressure, by Race and Ethnicity, Adults

	Orange County	California
American Indian or Alaska Native (non-Latino)	**	52.0%
Native Hawaiian or Pacific Islander (non-Latino)	*40.6%	44.8%
White (non-Latino)	37.0%	37.9%
Black or African American (non-Latino)	32.6%	46.3%
Asian (non-Latino)	26.8%	30.0%
Latino	26.4%	29.6%
Multiracial (non-Latino)	18.1%	30.5%
Total	**30.8%**	**34.0%**

*Source: California Health Interview Survey, 2019-2023, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size. **Suppressed due to instability.*

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Orange County (41.5 hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate (51.3 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Orange County	California
Hospitalization rate due to hypertension	41.5	51.3

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Cancer

In Orange County, the highest rates of diagnosed cancers are for female breast, prostate, lung and bronchus, and colon and rectal cancers.

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

	Orange County	California
All sites	**408.8**	**398.3**
Breast (female)	132.5	124.1
Prostate (males)	103.1	99.0
Lung and bronchus	36.0	36.8
Colon and rectum	31.5	33.5
Melanoma of the skin	29.9	22.8
Corpus uteri (females)	25.4	27.7
Non-Hodgkin lymphoma	19.1	17.7
Urinary bladder	15.5	15.4
Thyroid	13.9	12.4
Kidney and renal pelvis	13.5	15.0
Leukemia	12.6	12.3
Pancreas	12.5	12.4
Ovary (females)	10.9	10.6
Liver and intrahepatic bile duct	8.8	9.6
Stomach	7.2	7.4
Cervix uteri (females)	6.7	7.3
Brain and other nervous system	6.2	5.8
Esophagus	3.1	3.5

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

The incidence of cancer diagnoses among American Indian or Alaska Native residents and White residents of Orange County are higher than that of non-Hispanic Black or Hispanic residents, and Asian or Pacific Islander residents.

Among the groups for whom rates are available, American Indian or Alaska Native residents, and White residents of the county have a higher incidence of diagnoses for female breast cancer. Black or African American residents have a higher incidence of diagnoses for prostate cancer. Asian or Pacific Islander residents and Hispanic residents have the lowest rates of diagnoses for female breast cancer, Asian or Pacific Islander residents have the lowest rate for prostate cancer, and Hispanic residents have the lowest rate of diagnoses for lung and bronchial cancers.

Cancer Incidence, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity

	All Cancers	Female Breast	Prostate	Lung and Bronchus
Asian or Pacific Islander	288.7	102.5	52.8	33.6
Hispanic	337.2	104.1	85.5	22.4
White	460.3	154.4	107.1	40.5
Black or African American	368.9	110.0	144.7	34.8
American Indian or Alaska Native	506.9	260	68.8	29.8
Total	**408.8**	**132.5**	**103.1**	**36.0**

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. In Orange County, 13.9% of the adult population and 10.3% of children were diagnosed with asthma. 27.4% of the adult population with diagnosed asthma had an asthma episode or attack in the past year, and 39.3% with current asthma take medication daily to control their symptoms. Among children with asthma, 39.3% had an asthma episode or attack in the past year, and 32.3% of children with current asthma take daily medication to control it.

Asthma, Adults, and Children and Teens, Ages 1-17

	Orange County	California
Ever diagnosed with asthma, adults	13.9%	16.6%
Has had an asthma episode/attack in past 12 months, adults	27.4%	29.3%
Takes daily medication to control asthma, adults	39.3%	46.0%
Ever diagnosed with asthma, ages 1-17	10.3%	11.7%
Has had an asthma episode/attack in past 12 months, ages 1-17	39.3%	28.2%
Takes daily medication to control asthma, ages 1-17	32.3%	39.6%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Of the groups for whom rates were available, non-Latino Black or African American residents in the county have the highest rate of diagnosed asthma (23.3%), followed by multiracial residents (18.8%). Asian residents of the county have the lowest rate of diagnosed asthma (12.1%), followed by Latino residents (12.5%).

Asthma, by Race and Ethnicity, All Ages

	Orange County	California
American Indian or Alaska Native	**	23.0%
Black or African American	23.3%	20.8%
Multiracial	18.8%	22.2%
Native Hawaiian or Pacific Islander	*15.5%	14.6%
White	14.4%	16.6%
Latino	12.5%	14.2%
Asian	12.1%	11.8%
Total	**13.6%**	**15.4%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2022, the rate in Orange County for COPD and asthma hospitalizations among adults, ages 40 and older, was 115.7 hospitalizations per 100,000 persons. The rate of hospitalizations in Orange County for asthma among young adults, ages 18 to 39, was 10.5 hospitalizations per 100,000 persons. These rates are lower than state rates.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Orange County	California
COPD or asthma in older adults, ages 40+	115.7	176.5
Asthma in younger adults, ages 18 to 39	10.5	18.0

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

The tuberculosis (TB) rate in Orange County in 2023 was 6.5 cases per 100,000 persons, which was above the state rate of 5.4 TB cases per 100,000 persons and continues a two-year increase from a low of 4.4 cases per 100,000 persons in 2021.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2019		2020		2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Orange County	173	5.4	142	4.5	138	4.4	171	5.4	205	6.5
California	2,110	5.3	1,703	4.3	1,749	4.5	1,842	4.7	2,113	5.4

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Provisional Data Tables, 2023, accessed October 28, 2024. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the county, 9.3% of the non-institutionalized civilian population identified as having a disability, which is lower than the state rate (11.3%).

Disability, 5-Year Average

	Orange County	California
Population with a disability	9.3%	11.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. http://data.census.gov

COVID-19 Incidence, Mortality, and Vaccination Rates

In Orange County, there had been 744,791 confirmed cases of COVID-19 as of December 19, 2023, when the state of California ended its Pandemic tracking. This was a lower rate of infection (230.7 cases per 1,000 persons) than the statewide average of 288 cases per 1,000 persons. The county also had a lower rate of confirmed deaths due

to COVID-19. Through the same date, 8,263 county residents were confirmed to have died due to COVID-19 complications, for a rate of 2.56 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/19/23

	Orange County		California	
	Number	Rate	Number	Rate
Cases	744,791	230.7	11,557,751	288.0
Deaths	8,263	2.56	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 19, 2023. https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state

The percentage of Orange County residents, of all ages, who completed the primary series of a COVID-19 vaccine was 75.6%, as compared to 72.9% for the state. The CDC's vaccination recommendations, as of September 29, 2024, included an updated 2023-2024 vaccine dose for everyone ages five and older. 10.3% of county residents were up to date with their COVID vaccinations as of that date, as compared to 11.4% statewide. County rates of primary vaccination are higher than the statewide vaccination rates among all age groups, ages 12 and older, but up-to-date rates lagged behind statewide averages among all age groups.

COVID-19 Vaccinations, Completed Primary Series and 'Up to Date', by Age

	Primary Series		Up to Date*	
	Orange County	California	Orange County	California
Population, under 5	7.8%	7.9%	3.2%	4.1%
Population, ages 5-11	37.1%	37.1%	5.6%	6.3%
Population, ages 12-17	69.9%	66.9%	4.8%	5.6%
Population, ages 18-49	80.6%	78.6%	6.8%	7.6%
Population, ages 50-64	85.6%	83.0%	11.9%	13.6%
Population, ages 65+	92.2%	91.1%	23.9%	27.2%
Total Population	**75.6%**	**72.9%**	**10.3%**	**11.4%**

*Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29th, 2024. *Up to Date as of September 29, 2024, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data & https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx*

Among the vaccine-eligible population in Orange County, nearly or fully 100% of the Native Hawaiian or Pacific Islander residents have completed the primary COVID-19 vaccination series, followed by 99.8% of American Indian or Alaska Native (AIAN) residents. 71% of Asian residents, 66.7% of White residents, 60.1% of Black residents, 57.6% of Latino residents, and 35.6% of multiracial residents have completed the primary COVID-19 vaccination series. Uptake of the 2023-2024 COVID-19 vaccine booster recommended by the CDC followed largely the same pattern, with the highest

vaccination rates among Native Hawaiian or Pacific Islander residents and American Indian or Alaska Native residents, and the lowest vaccination rate among multiracial residents.

COVID-19 Vaccinations, Completed Primary Series and Up to Date, by Race and Ethnicity

	Primary Series	Up to Date
Native Hawaiian or Pacific Islander	100.0%	14.3%
American Indian or Alaska Native	99.8%	18.4%
Asian	71.0%	10.3%
White	66.7%	9.5%
Black	60.1%	8.0%
Latino	57.6%	5.1%
Multiracial	35.6%	2.6%

*Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29th, 2024. *Up-to-Date as of September 29th, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data*

Community Input – Chronic Diseases

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

- We see clients with hypertension, diabetes, untreated asthma, and undiagnosed cancers because they didn't have any preventive health care. We see younger populations developing cancers because they never received cancer screenings.
- We're seeing a lot of people who are being unhoused, living in their cars or living in motels. Besides working one or two jobs, they can't afford rent, or they can't afford the deposit. And when you are always working, you are not prioritizing your health. As a result, we are seeing more unmanaged chronic diseases, higher rates of diabetes, and hypertension.
- The Asian community gets more rarer cancers that might not show up in the general population, like liver cancer from hepatitis B, and lung cancer even when they haven’t smoked. Non-Asian American women who are nonsmokers are getting lung cancer at an early age. We're also seeing breast cancer at an early age. Because it's in younger age groups, they're not discovering it until a later stage.
- Among Filipino, Korean and Chinese populations, we see more hypertension and diabetes. It's related to chronic stress. They may be small business owners, or low wage workers, and they are often living in overcrowded conditions.
- There often aren’t enough diabetes services available. And there are communication, language and cultural barriers. Housing instabilities and poverty play a role in diabetes management because a stable housing setup is needed to prepare a meal. Affording medications for diabetes is also an issue.
- Chronic illnesses require specialty care. And specialty care for underserved, uninsured, and vulnerable communities is hard to come by. We have a lot of safety

net services, a lot of health centers and clinics, but they don't have the infrastructure to provide specialty care. Anybody who has a chronic illness absolutely requires multiple specialties to manage and maintain that chronic illness. We don't have that system. So, people can't manage their chronic illness. And then when they get worse, they end up in the ED. It's a cycle that really requires upstream efforts. And that upstream effort has to do with having adequate resources, specialty care to provide for underserved communities.

- We live in a place that is not rural and it's not geographically isolated. And yet there aren't enough specialists.
- Hospital systems in this county are too focused on cancer care. Not that it isn't important. But they are fighting for that dollar and most reimbursements come from cancer care. But we must go back to basics, the prevention and primary care. We can mitigate certain cancers if we keep people from becoming obese.
- When you have a lack of activity and a lot of high carbs or high calorie intake of foods that are more processed and cheaper, that contributes to higher rates of obesity, diabetes, and hypertension. And the language barriers and transportation barriers exacerbate the chronic conditions that our communities are facing.
- Non-English proficient or limited English proficient residents, foreign born or undocumented Latino, Vietnamese, Chinese, Korean and Filipino populations, tend to have less access, less understanding, less coverage for health insurance and primary care. They have lower rates of screening and early detection for preventable and treatable chronic diseases.
- To stem the tide of our increasing rates of breast cancer among Asian women, they need access to primary care. What we need is language access to get that.
- Asians have a distrust of Western medicine. They don't like family members to be told they're being tested for or have cancer.
- Chronic diseases need chronic management and regular care and follow up. That's one thing that a lot of people have trouble doing, particularly for diseases that don't have a lot of symptoms, including diabetes, high blood pressure, cardiovascular disease, and cancer. Also, medication costs can be extremely high, as can out-of-pocket expenses.
- Cancer death rates are going down almost universally across all cancers. The one exception is liver cancer, which is going up. The big story, obviously, is cancer and smoking. There's been a linear decrease since the 1960s when we recognized the danger of cigarettes. We've gotten better at treating and preventing some of these cancers.
- We are seeing more Alzheimer's and dementia. Also, that leads to caregiving and the stress that it puts on families because Asians tend to keep our parents and grandparents with us. We're also seeing chronic illnesses. There's been a lot of fatty

liver and complications with diabetes and hypertension and diet changes. Before, seniors had a lot of access to healthier foods and now it's just easier to eat the foods they can get at restaurants; they're not cooking as much. So now they are exposed to a lot more salts and oils and preservatives.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Orange County is ranked at 6.

Health Behaviors Ranking

	County Ranking (out of 58)
Orange County	6

Source: County Health Rankings, 2023. http://www.countyhealthrankings.org

Overweight and Obesity

In Orange County, 32.6% of adults, 13.4% of teens, and 12.6% of children are overweight.

Overweight

	Orange County	California
Adults, ages 20 and older	32.6%	33.9%
Teens, ages 12-17	13.4%	19.0%
Children, ages under 12	12.6%	15.4%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19 to be obese. County adults (25.3%) and teens (11.4%) meet these objectives.

Obesity

	Orange County	California
Adults, ages 20 and older	25.3%	29.2%
Teens, ages 12-17	11.4%	18.2%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

From 2012 to 2023, on average, the rate of obesity among adults in Orange County increased by 4.9%.

Obesity, Adults, Ages 20 and Older, 2012 – 2023

	2012-2014	2015-2017	2018-2020	2021-2023	Change 2012-2023
Orange County	20.4%	22.6%	22.3%	25.3%	4.9
California	25.8%	27.9%	28.3%	29.2%	3.4

Source: California Health Interview Survey, 2012-2023. http://ask.chis.ucla.edu/

In Orange County, 71% of Latino adults, 60% of multiracial adults, 57.6% of White adults, 56.6% of Black or African American adults, and 35% of Asian adults are overweight or obese.

Overweight and Obesity, by Race and Ethnicity, Adults, Ages 20 and Older

	Orange County	California
American Indian or Alaska Native, non-Latino	**	75.4%
Latino	71.0%	73.8%
Native Hawaiian or Pacific Islander, non-Latino	**	70.6%
Multiracial, non-Latino	60.0%	58.9%
White, non-Latino	57.6%	59.2%
Black or African American, non-Latino	56.6%	72.7%
Asian, non-Latino	35.0%	40.1%
Total population	**57.7%**	**62.8%**

*Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/ **Suppressed due to small sample size.*

Soda or Sugar-Sweetened Beverage (SSB) Consumption

Among Orange County children and adolescents, ages 2-17, 24.5% drank one or more glasses or cans of non-diet soda the day before and 52.3% drank one or more glasses or cans of a sugar-sweetened beverage (SSB), other than soda, the day before.

Consumed 1 or More Sugar-Sweetened Beverages (SSBs) or Sodas Yesterday, Ages 2-17

	Orange County	California
Drank ≥1 SSB other than soda yesterday, 2-17	52.3%	48.5%
Drank ≥1 sugar-sweetened soda yesterday, 2-17†	24.5%	22.2%

Source: California Health Interview Survey, 2021-2022, pooled. †2019-2020, pooled. http://ask.chis.ucla.edu/

Adequate Fruit and Vegetable Consumption

In Orange County, 20.8% of teens, ages 12 to 17, eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). This rate is higher among teens, ages 15 to 17 (22.9%), than those ages 12 to 14 (18.5%). 61.9% of county children and teens ate two or more servings of fruit the prior day. The rate is higher for girls (64.6%) than for boys (59.6%). Adequate fruit consumption decreased with age, from 86% of children younger than age five, to 44.1% of adolescents, ages 12 to 14, before rising again slightly among teens, ages 15 to 17 (52%).

Five or More Servings Fruit or Vegetables Daily, Teens, Ages 12 to 17
At Least Two Servings of Fruit Daily, Children and Teens

	5 or More Servings of Fruit and Vegetables	2 or More Servings of Fruit
Male	20.2%	59.6%
Female	20.0%	64.6%
Child, ages 2 to 4	N/A	86.0%
Child, ages 5 to 11	N/A	61.4%
Teen, ages 12 to 14	18.5%	44.1%

	5 or More Servings of Fruit and Vegetables	2 or More Servings of Fruit
Teen, ages 15 to 17	22.9%	52.0%
Orange County	**20.8%**	**61.9%**
California	**27.8%**	**68.0%**

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/ N/A = Not asked.

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 20.7% of Orange County adults had not engaged in any leisure-time physical activity.

No Leisure Time Physical Activity, Past Month, Adults

	Orange County	California
No leisure time physical activity, past month	20.7%	*22.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among county children and teenagers, 38.5% spent five or more hours in sedentary activities on weekend days.

Sedentary Children and Teens, Weekend Days, Ages 2-17

	Orange County	California
2 to <3 hours	16.8%	20.4%
3 to <5 hours	32.3%	29.2%
5 or more hours	38.5%	34.5%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/

62.4% of Orange County adults said they spent at least 2.5 hours (150 minutes) engaged in moderate physical activity the previous week. This is lower than the statewide rate (64.4%).

Met Moderate Physical Activity Guideline, Adults

	Orange County	California
Met moderate physical activity guideline	62.4%	64.4%

Source: California Health Interview Survey, 2023. http://ask.chis.ucla.edu/

Community Input – Overweight and Obesity

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

- We see kids who stay inside, maybe they can't go outside because of safety reasons, so parents keep them inside. We are seeing growing obesity. Parents are also working all the time, and it takes less time and it's cheaper to get fast food.
- There haven't been a lot of studies on obesity in Asian Pacific Islanders and chronic disease. The studies we have indicate that Asian residents tend to grow fat around their organs and that's causing diabetes and other chronic illness. Also, some of the standards to measure obesity, might not fit Asian populations.
- If you are food insecure or low income, many times you may not be able to afford high quality, nutritious foods, so you're left with other less healthy items.
- Hospitals are not going to be able to manage obesity. But they need to appreciate the impact that obesity is going to increase their hospitalizations the chronic diseases they are dealing with.
- Early intervention is critical. Our school systems emphasize exercise, but I don't think we prioritize it enough, especially during the early teenage years when kids lose interest. It's a public health failure that we continue to identify overweight and obesity as problems and recognize the huge cost to the health care system.
- We're in the middle of a 20-to-25-year epidemic of obesity that impacts all races and ethnic groups, but particularly Hispanic populations for reasons that are probably genetic. Everything that has been tried has not worked very well, which is exercise more and eat less. There are the new GLP1 agonist drugs like Ozempic, that work. But they're extraordinarily expensive.

Sexually Transmitted Infections

The rate of chlamydia in Orange County was 368.5 cases per 100,000 persons, and the rate of gonorrhea was 127.5 cases per 100,000 persons. The rate of primary and secondary syphilis for Orange County was 11.5 cases per 100,000 persons, and the rate of early latent syphilis was 8.9 cases per 100,000 persons. The rate of late or unknown-duration syphilis was 27.5 cases per 100,000 persons. The congenital syphilis rate in the county finally fell in 2023, to 60.2 cases per 100,000 live births, after having risen every year since 2016, when the rate was 7.9 cases per 100,000 live births. Rates of all listed STIs are lower in the county than for the state.

STI Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	Orange County		California
	Cases	Rate	Rate
Chlamydia	11,579	368.5	489.7
Gonorrhea	4,005	127.5	189.7

	Orange County		California
	Cases	Rate	Rate
Primary and secondary syphilis	360	11.5	16.3
Early latent syphilis	280	8.9	19.1
Late/unknown duration syphilis	863	27.5	46.5
Congenital syphilis by year of birth	18	60.2	128.9

Source: California Department of Public Health, STD Control Branch, 2023 STD Surveillance Report.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

Teen Sexual History

In Orange County, 9.6% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex at least once. More boys than girls answered in the affirmative in the county.

Sexual Activity Teens, Ages 14-17

	Orange County	California
Ever had sex	9.6%	10.0%
Ever had sex, male	*12.1%	9.4%
Ever had sex, female	8.1%	10.5%

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

HIV

From 2020 to 2022, the rate of new HIV cases in Orange County was 8.2 cases per 100,000 persons, a decrease from the 2017-2019 average of 8.9 new cases per 100,000 persons. In Orange County, 69.9% of diagnosed persons in 2019 were receiving care, and in 2022 the rate was 68.3%. The Ending the HIV Epidemic in the U.S. (EHE) goals are to increase linkage to care and viral suppression to 95% by 2025. The rate of death in the county among persons diagnosed with HIV, from 2017-2019, to 2020-2022, averaged, fell slightly and is lower than the state rate.

HIV, Cases and Rates, per 100,000 Persons

	Orange County		California	
	2017-2019	2020-2022	2017-2019	2020-2022
Number of newly diagnosed cases	283	263	4,755	4,529
Rate of new diagnoses	8.9	8.2	12.0	11.3
People living with HIV/AIDS, 2019 & 2022	7,302	7,728	137,886	142,772
Rate of HIV, 2019 & 2022	228.5	240.1	346.8	355.6
Percent in care, 2019 & 2022	69.9%	68.3%	75.0%	73.7%
Percent virally suppressed, 2019 & 2022	63.0%	62.2%	65.3%	64.7%
Deaths per 100,000 HIV+ persons	2.9	2.8	4.6	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019, 2021 & 2022.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health Indicators

In Orange County, 19.4% of adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder. From 2021 through 2023, 14.4% of county adults had likely suffered from serious psychological distress in the prior year, and 11.7% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. The rate of teens who had experienced serious psychological distress in the past year was 29.9%.

Depression, Adults

	Orange County	California
Told by health care professional they had depressive disorder, ever	19.4%	*20.6%

*Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data_preview *Weighted average of California county rates.*

Mental Health Indicators

	Orange County	California
Adults who had serious psychological distress during past year	14.4%	15.7%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	11.7%	12.2%
Adults: family life impairment during the past year	22.2%	24.0%
Adults: social life impairment during the past year	23.4%	24.3%
Adults: household chore impairment during the past year	23.0%	23.8%
Adults: work impairment during the past year	25.6%	25.1%
Teens who had serious psychological distress during past year	29.9%	30.1%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Mental Health Care Access

From 2021 through 2023, 39.5% of Orange County's surveyed teens needed help for emotional or mental health problems in the prior year, and 20.8% of teens received psychological or emotional counseling in the past year. 22.7% of adults in Orange County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among county adults who sought help, 54.6% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	Orange County	California
Teen who needed help for emotional or mental health problems in the past year	39.5%	32.7%
Teen who received psychological or emotional	20.8%	18.7%

	Orange County	California
counseling in the past year		
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	22.7%	24.0%
Adults, sought/needed help and received treatment	54.6%	55.9%
Adults, sought/needed help but did not receive	45.4%	44.1%

Source: California Health Interview Survey, 2020-2023 http://ask.chis.ucla.edu/

Among county adults who had seen a professional in the past 12 months for problems with mental health, emotions or nerves, 22.3% visited a primary care physician only, and 42.6% visited a mental health professional only. 35.1% of those who had seen a professional had seen both a primary care physician and a mental health professional.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	Orange County	California
Primary care physician only	22.3%	22.1%
Mental health professional only	42.6%	38.8%
Both	35.1%	39.1%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Among county adults and teens, 7.7% sought help from an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol and/or drugs in the past 12 months. 6.9% of adults and teens in the county connected online with a mental health professional and 5.1% connected with people with similar issues or status. Female residents of the county (10.1%) were more likely than male (5.2%) to seek help from an online tool, connect online with mental health professionals (9.7% vs. 4.1% for males), or connect online with peers (7.9% vs. 2.5%). In general, online mental health utilization declined with age, being highest among adults, ages 18 to 24 or (for connecting online with peers) teens, ages 15 to 17.

Online Mental Health Utilization, Adults and Teens

	Orange County	California
Sought help from an online tool	7.7%	7.7%
Connected with a mental health professional online in last 12 months	6.9%	8.2%
Connected online with people with similar mental health or alcohol/drug status	5.1%	6.0%

Source: California Health Interview Survey, 2020-2022, pooled. http://ask.chis.ucla.edu/

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Orange County, the ratio of residents to mental health providers is 262:1, which is fewer than the state rate of 222 persons per

mental health provider.

Mental Health Providers, Number and Ratio

	Orange County	California
Number of mental health providers	12,032	175,563
Ratio of population to mental health providers	262:1	222:1

Source: County Health Rankings, 2024; data from 2023. http://www.countyhealthrankings.org

Mental Health Hospitalizations in Children and Youth

In 2020, there were 2.3 hospitalization admissions due to mental health issues per 1,000 Orange County residents, ages 5 to 14. Among youth ages 15 to 19, there were 7.3 hospitalizations per 1,000 persons.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
Orange County	2.7	2.3	8.7	7.3
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021.via http://www.kidsdata.org

Suicidal Ideation

In Orange County, 17.5% of adults indicated they had seriously thought about committing suicide.

Ever Seriously Thought About Committing Suicide, Adults

	Orange County	California
Ever seriously thought about committing suicide	17.5%	19.2%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Suicidal ideation (ever) in Orange County is higher for women (17.4%) than men (13.5%) and is higher among residents who identify as bisexual (54.3%) or homosexual (23.7%), and lowest among those who identify as not sexual (9%) or heterosexual (12.5%). The rate of suicidal ideation in the county is highest in younger adults, ages 18 to 39. The highest rates are among Black or African American residents (22.5%) and multiracial residents (17.5%), and the lowest rate is among Asian residents (12.7%).

Suicidal Ideation, Adults, by Demographics

	Orange County
Male	13.5%
Female	17.4%
Bisexual	54.3%
Gay, lesbian, or homosexual	23.7%
Heterosexual	12.5%
Not sexual/celibate/none/other	*9.0%

	Orange County
18 to 24 years old	26.5%
25 to 39 years old	20.4%
40 to 64 years old	11.5%
65 to 79 years old	8.2%
80 or older	11.5%
Black or African American, non-Latino	22.5%
Multiracial or Other Race, non-Latino	17.5%
Latino	16.2%
White, non-Latino	15.5%
Asian, non-Latino	12.7%
Total	**15.4%**

*Source: California Health Interview Survey, 2019-2023, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Input – Mental Health

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

- We see people with depression, anxiety, and undiagnosed, severe and persistent mental illness, such as schizophrenia, and bipolar disorder. These are people who've had symptoms over the years, were in and out of hospitals, but never really got treatment.
- The system in California to receive any mental health services that are outside of depression, anxiety, that fall under the category of severe and persistent mental illness, are with the county. We see that there's a lack of access to appointments. Other complications are transportation, the amount of paperwork they must fill out, and picking up medications.
- We serve newborns up to age 18 and we looked at our average ACE score for the kids under the age of 5 and it was 5.8. We know from research that if you have a score of more than four, you're going to struggle in the future with mental health issues, interrelationships, employment and school. When you have kids that are growing up in homelessness, on the streets, in hotel settings or in a car, that is very traumatic. Trauma is huge in that population.
- Many seniors are homebound, and they get very comfortable in that isolation. Isolation is detrimental to your health, it's similar to smoking 15 cigarettes a day.
- A recent statistic released by the National Institute of Mental Health states that for every 10 new practitioners, another existing 10 leave the field altogether. If we lose a large percentage of our therapeutic community every year, we will never get traction in this area. 60% of counties in the United States do not have a single psychiatrist. Orange County isn't in that group, but just because somebody has a license to practice psychotherapy or family therapy doesn't mean they're going to be effective in dealing with a particular person.
- In Orange County, one out of five individuals will have a diagnosable mental illness,

and only about half will ever seek treatment. That might be due to cost, they don't think there is anything wrong with them, or they can't find someone who resonates with them in a therapeutic relationship. When you are not able to function in normal ways, then it impacts your job performance, and your economic security.

- There are not enough bilingual and bicultural providers. There are very few psychiatrists who accept Medi Ca. With less funding at the state level for early intervention, short term services, people are going to fail into crises and then end up in the ED.
- We see that youth don't want to tell their parents they would like to seek mental health services. So, they try to endure and not seek services. Among college age students we are seeing higher suicidal ideation.
- For the Vietnamese community who went through war trauma in the 1970s, they lost their country. But many of the older residents don't want to admit they have PTSD. They don't want to admit they have trauma, they cannot sleep at night, and they have anxiety.
- Often, stigma prevents people from getting the care they need. Also, we have the need for culturally sensitive and language needs. We know we don't have enough providers in this field.
- The biggest barrier is still stigma. Stigma accessing mental health services runs clear across every culture. People are stigmatized and therefore afraid to get help early on. So, by the time they're in crisis, it's a much bigger impact on our resources.
- We don't necessarily need more psychiatrists to prescribe drugs. We need more therapists, psychologists, and social workers to help with cognitive behavioral therapy.
- The pandemic exacerbated the community's mental health issues and, in some cases, made people more aware they had issues. There's still a lack of health care to fully respond for multiple reasons. One, there is a lack of health care workers who can work with multiple populations, which causes long waiting times. Two, there are people who need support but do not have the financial ability to access that support. Three, our youth are presenting with issues at a higher rate.
- Barriers include hours of accessibility, lack of childcare and transportation. Another issue we see is parents try to normalize their housing situation. Parents will tell their kids they are on vacation, camping in the park. But the kids see and hear everything. The anxiety and depression that come out in the children is the result.
- In terms of helping adolescents deal with stress and mental health issues at the county level, we certainly can do more prevention. But we don't recognize the linkages between mental health and some of the social problems that we want to deal with, like homelessness. There's a disconnect. It's a policy disconnection that you can't effectively deal with homelessness without dealing with mental health care.

We don't tie the two together because we have policies that are designed to separate them.

- Older adults are isolated because they don’t drive, they may have cognitive decline.
- Many in the LGBTQ community live alone so loneliness can be an issue. Also, if they need to enter a long-term care facility, there may be additional mental health issues, like depression, because they may find themselves back in the closet. There are no long-term care facilities here that focus on the LGBTQ population.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In Orange County, 5.6% of adults smoke cigarettes. 17.3% of county residents are former smokers. 71.6% of Orange County adult smokers were thinking of quitting in the next 6 months. 21.6% of Orange County adults, ages 18 to 65, had smoked an e-cigarette, and 5.7% had done so in the past month.

Smoking, Adults

	Orange County	California
Current smoker	5.6%	5.6%
Former smoker	17.3%	19.3%
Never smoked	77.1%	75.1%
Thinking about quitting in the next 6 months	71.6%	64.9%
Ever smoked an e-cigarette (all adults 18-65)	21.6%	21.0%
Smoked an e-cigarette in the past 30 days	5.7%	5.9%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Cigarette smoking in Orange County is more than twice as common in men (7.7%) as in women (3.1%). The rate of smoking is highest among adults, ages 40 to 64, being less popular with younger adult residents and less common among senior adults.

Cigarette Smoking, Adults, by Demographics

	Orange County
Male	7.7%
Female	3.1%
18 to 24 years old	4.6%
25 to 39 years old	4.0%
40 to 64 years old	7.1%
65 to 79 years old	5.1%
80 or older	2.2%
Total	**5.4%**

Source: California Health Interview Survey, 2019-2023, pooled. http://ask.chis.ucla.edu/

Among Orange County teens, 0.3% are current smokers, and 2.6% had smoked an e-cigarette in the past 30 days.

Smoking, Teens

	Orange County	California
Current cigarette smoker	*0.3%	0.7%
Smoked an e-cigarette in the past 30 days	*2.6%	2.8%

*Source: California Health Interview Survey, 2020-2023. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Alcohol 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. 18.3% of Orange County adults had engaged in binge drinking in the prior month. The Healthy People 2030 objective is for no more than 25.4% of adults to binge drink in the prior month.

Binge Drinking, Adults

	Orange County	California
Adult binge drinking, past month	18.3%	18.3%

Source: California Health Interview Survey, 2021-2023 pooled. http://ask.chis.ucla.edu/

Among county residents, men were more likely engage in binge drinking (20.4%) than women (16.2%). Rates are highest among young adults, ages 25-39 (27%) and fall with age. Binge drinking is the lowest among residents living in poverty.

Binge Drinking, Adults, Previous Month, by Demographics

	Percent
Male	20.4%
Female	16.2%
Straight or heterosexual	19.5%
Gay, lesbian or homosexual	9.5%
Bisexual	13.2%
Not sexual/celibate/none/other	*5.0%
18 to 24	16.8%
25 to 39	27.0%
40 to 64	18.4%
65 to 79	9.9%
80 or older	1.6%
0-99% FPL	12.0%
100-199% FPL	16.1%
200-299% FPL	15.1%
300% or above FPL	20.7%
Orange County	**18.3%**
California	**18.3%**

*Source: California Health Interview Survey, 2021-2023 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

19.5% of Orange County teens have tried alcohol, and 3.3% engaged in binge drinking in the past month.

Binge Drinking and Alcohol Experience, Teens

	Orange County	California
Teen binge drinking, past month	3.3%	4.3%
Teen ever had an alcoholic drink †	19.5%	22.3%

Source: California Health Interview Survey, 2019-2023, or †2019-2022, pooled. http://ask.chis.ucla.edu/

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 45.3% of Orange County adults interviewed said they had tried marijuana or hashish, which is lower than the state rate of 49.2%. 21.4% of county adults who have tried marijuana said they last used it more than 15 years ago.

Marijuana Use, Adults

	Orange County	California
Have tried marijuana or hashish	45.3%	49.2%
Used marijuana within the past month	32.2%	34.6%
Used marijuana within the past year but not within the past month	17.4%	16.6%
Used marijuana more than 15 years ago	21.4%	24.2%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

9.2% of county teens said they had tried marijuana or hashish. Of those, 35.6%, or 3.3% of all county teens admitted to having used it within the past month. The rates of teenage marijuana experimentation and usage are lower than state rates.

Marijuana Use, Teens

	Orange County	California
Have tried marijuana or hashish	9.2%	10.1%
Used marijuana within the past month	35.6%	50.5%

Source: California Health Interview Survey, 2021-2023 pooled. http://ask.chis.ucla.edu/

Opioid Use

The rate of hospitalizations in Orange County due to opioid overdose, excluding heroin, was 15.1 per 100,000 persons. Emergency Room visits due to opioid overdoses, other than heroin overdoses, in Orange County was 51 per 100,000 persons. The rate of opioid prescriptions was 255.5 prescriptions per 100,000 persons.

Opioid Use, Age-Adjusted Rates, per 100,000 Persons (Prescriptions per 1,000 Persons)

	Orange County	California
Hospitalization rate for opioid overdose (excludes heroin)	15.1	15.0
ER visits for opioid overdose (excludes heroin)	51.0	58.7
Opioid prescriptions, per 1,000 persons	255.5	296.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; data from 2023. https://skylab.cdph.ca.gov/ODdash/

Substance Use by Race and Ethnicity

In Orange County, from 2019 to 2023, 5.4% of adults reported being current smokers. non-Latino Black or African American residents (13.2%) and multiracial residents (7.8%) were more likely to be current smokers than Asian residents (4.6%), Latino residents (5.4%), or White (5.6%) residents.

From 2019 to 2023, 13.5% of Orange County adults said they had used marijuana during the prior month. Rates of marijuana use were highest among Black or African American residents (18.6%), White residents (16.8%), and multiracial residents (16.3%), and lowest among Asian residents (5.3%).

From 2021 to 2023, 18.3% of adults in Orange County engaged in binge drinking during the prior month. The rates were highest among non-Latino White residents (20.6%), Latino residents (20.3%) and multiracial residents (17.7%), and lowest among Asian residents (10%).

Cigarette Smoking, Binge Drinking and Marijuana Use, Adults, by Race, 5-Year Average

	Current Smoker	Current Marijuana User	Binge Drinking, Prior Month †
Black or African American	*13.2%	18.6%	*17.0%
Multiracial	*7.8%	16.3%	17.7%
White	5.6%	16.8%	20.6%
Latino	5.4%	13.4%	20.3%
Asian	4.6%	5.3%	10.0%
Orange County, all races	**5.4%**	**13.5%**	**18.3%**

*Source: California Health Interview Survey, 2019-2023 or †2021-2023, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Input – Substance Use

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

- There is a subset of our population who is struggling with depression and anxiety, but they don't receive care for those diseases. They start to use substances because they cannot get access to care.
- We are beginning to realize that addictive disorders are a brain disease and should be treated as one. It is not a matter of someone not being able to say no. Once you have the disorder, it is very difficult to quit. But there are wonderful success stories out there.
- We see a lot of alcohol use and smoking. We will see a lot of substance use among those who have an undiagnosed mental health condition, and they are self-medicating.
- Substance use and misuse is and has always been higher incidence in the LGBTQ community due to lack of acceptance, and familial societal rejection.

- We do a lot of homeless navigation services and a lot of them struggle with drugs.
- In our Asian culture, it is still a taboo subject. A lot of people are using drugs and have other addictions, but it is hidden.
- Mental illness and substance use disorder are oftentimes bedfellows. Both have the same stigma. If you have a substance use disorder, you are perceived as a bad person, not that you are ill and have a disease.
- There's an expectation that we are to see patients 30 days after an admission associated with substance use. It's a very unfair metric to track because these are people that historically don't seek medical care and are likely to be impacted by socioeconomic drivers like being unhoused. Linking them to care in the primary care space is difficult. There are different approaches to care in the outpatient setting. We need to be more nimble on how to manage that care and literally create outpatient centers adjacent to EDs to service these patients immediately as they walk out. That way they have a substance abuse counselor, a social worker, and a place to go right after discharge. We cannot just let them walk out of the ED without getting linked right away. We lose them too early, and they end up back in the ED.
- In the last 10 years we've seen a dramatic increase in the use of opioids and fentanyl. There's a lot more of these individuals struggling with these conditions.
- We have to meet them where they're at, and we have to be proactive and very engaged in providing services. There's a need for a lot more street medicine outreach and enrollment and engagement to support them in this disease.
- For those who have substance abuse and a serious disease, it’s almost a death sentence because, just by their very lifestyle, they are non-adherent, non-compliant and don’t get the care they need.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In the Long Beach Health District, 51.9% of adults received a flu shot, and in the Bellflower Health District 57.3% received a flu shot. Rates of annual flu vaccinations were higher for men than for women. Among children, rates declined with age, but among adults, rates generally increased with age. American Indian or Alaska Native children and non-Hispanic Black or African American children were the least likely to be vaccinated. Among adults, ages 18 years and older, flu shot rates were lowest among Black or African American residents and Latino residents. Disabled adults were more likely to get vaccinated against the flu.

Flu Vaccinations, Los Angeles County, by Demographics

	Children 6mos to 17 Years	Adults 18+	Adults 65+
Male	57.0%	58.4%	83.0%
Female	59.1%	57.1%	77.9%
Prefer not to state	-	56.6%	72.6%
Transgender male	-	52.8%	N/A
Gender non-binary/non-conforming/Queer	-	46.3%	N/A
Transgender female	-	*43.5%	N/A
Gay or lesbian	-	70.7%	82.5%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	-	56.0%	85.9%
Heterosexual	-	57.5%	81.2%
6 months to 5 years old	58.9%	-	-
6 to 11 years old	58.0%	-	-
12 to 17 years old	57.6%	-	-
18 to 24 years old	-	43.2%	-
25 to 29 years old	-	48.0%	-
30 to 39 years old	-	47.0%	-
40 to 49 years old	-	52.6%	-
50 to 59 years old	-	59.9%	-
60 to 64 years old	-	67.0%	-
65 or older	-	80.3%	80.3%
Asian, non-Hispanic	70.8%	69.5%	81.8%
White, non-Hispanic	59.7%	64.5%	82.8%
Native Hawaiian or Pacific Islander, non-Hispanic	72.8%	57.8%	67.8%
American Indian or Alaska Native, non-Hispanic	*39.4%	57.0%	N/A
Multiracial or Other Race, non-Hispanic	69.9%	57.0%	66.0%
Hispanic or Latinx	55.9%	51.1%	78.4%
Black or African American, non-Hispanic	43.9%	47.2%	73.6%
0 - 99% FPL	53.9%	48.2%	71.4%
100% - 199% FPL	53.4%	51.2%	75.5%

	Children 6mos to 17 Years	Adults 18+	Adults 65+
200% - 299% FPL	51.5%	56.6%	79.2%
300% or above FPL	66.1%	63.4%	84.1%
Disabled	-	61.0%	81.9%
Not disabled	-	56.2%	79.4%
Bellflower Health District	59.8%	57.3%	64.9%
Long Beach Health District	55.6%	51.9%	85.6%
SPA 7	**56.5%**	**54.3%**	**75.3%**
SPA 8	**60.0%**	**59.8%**	**87.1%**
Los Angeles County	**58.1%**	**57.6%**	**80.3%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm *Unstable due to sample size.*

43% of Orange County adults received a flu shot, which is a higher rate than the 41.2% reported for Los Angeles County. No information is available for other age groups in Orange County.

Flu Vaccines

	Los Angeles County	Orange County	California	
Received flu vaccine, ages 6 mo. to 17 years	N/A	N/A	60.1%	
Received flu vaccine, ages 18 to 64 years	41.2%	43.0%	40.5%	34.5%
Received flu vaccine, ages 65 and older				64.7%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021 survey year (for county), 2021-2022 season (for California). N/A = Not Available. https://www.cdc.gov/fluvaxview/interactive/general-population-coverage.html

Pneumococcal Vaccine

Among senior adults in the Long Beach Health District, 72.4% had received a pneumococcal vaccine, and in the Bellflower Health District 64.6% of senior adults had received a pneumococcal vaccine. The likelihood of a senior adult in LA County having ever received a pneumonia vaccine was similar for men and women. The rate was highest among individuals who identified as heterosexual and increases with levels of education and income. Pneumonia vaccine rates were highest among non-Hispanic White senior adults and lowest among Hispanic or Latino senior adults. No information on this vaccine is available for residents of Orange County.

Pneumococcal Vaccine, Adults 65 and Older, Los Angeles County, by Demographics

	Percent
Gay or lesbian	65.7%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	67.3%
Heterosexual	69.9%
White, non-Hispanic	73.0%
Asian, non-Hispanic	69.6%
Native Hawaiian or Pacific Islander, non-Hispanic	67.5%

	Percent
Black or African American, non-Hispanic	65.8%
Multiracial or Other Race, non-Hispanic	65.7%
Hispanic or Latinx	62.3%
American Indian or Alaska Native, non-Hispanic	**
Less than high school	58.1%
High School	62.7%
Some college or trade school	71.8%
College or post-graduate degree	76.6%
0 - 99% FPL	54.0%
100% - 199% FPL	63.0%
200% - 299% FPL	68.5%
300% or above FPL	74.2%
Bellflower Health District	64.6%
Long Beach Health District	72.4%
SPA 7	**67.8%**
SPA 8	**72.4%**
Los Angeles County	**69.0%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. **Suppressed due to low sample size. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm*

Senior Falls

Among senior adults, 28.7% in SAP 7, and 24.3% in SPA 8 experienced a fall. Among SPA 7 senior adults, 8.3% were injured during a fall in the past year, and 8.5% of SPA 8 senior adults were injured in a fall. Orange County did not participate in this survey.

Senior Adults, Ages 65 and Older, Who Have Fallen in the Past Year

	SPA 7	SPA 8	Los Angeles County
Senior adults who have fallen	28.7%	24.3%	26.7%
Injured due to a fall	8.3%	8.5%	10.1%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten in area public school districts was 94.1% for Los Angeles County and 95.8% for Orange County. Immunization rates ranged from 91.4% in the Savanna Elementary School District to 98.9% in the Los Alamitos Unified School District.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2021-2022*

School District	Percent
ABC Unified School District	96.8%
Anaheim Elementary School District	96.5%
Bellflower Unified School District	96.8%
Buena Park Elementary School District	98.1%

School District	Percent
Centralia Elementary School District	97.8%
Cypress Elementary School District	97.5%
Garden Grove Unified School District	97.2%
Long Beach Unified School District	95.4%
Los Alamitos Unified School District	98.9%
Magnolia Elementary School District	96.1%
Savanna Elementary School District	91.4%
Westminster School District	97.9%
Los Angeles County*	**94.1%**
Orange County*	**95.8%**
California*	**93.8%**

*Source: California Department of Public Health, Immunization Branch, 2021-2022. *For those schools where data were both reported, and not suppressed due privacy concerns over small numbers. Excludes private schools.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Cholesterol Screening

In Orange County, 86.2% of adults were compliant with checking their cholesterol within the last 5 years, which is higher than the state rate of screening (85.6%). The Los Angeles County rate was 86.4% of adults.

Cholesterol Screening in Past 5 Years, Adults

	Los Angeles County	Orange County	California
Checked cholesterol within the past 5 years	86.4%	86.2%	*85.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2021 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Pap Smears

The Healthy People 2030 objective for Pap smears is 79.2% of women, ages 21 to 65, to have been screened in the past three years. In 81.3% of Orange County women and 80.3% of Los Angeles County women, ages 21 to 65, had a cervical cancer screening in the prior 3 years. These rates meet the Healthy People 2030 objective.

Pap Test in Past Three Years, Women, Ages 21-65

	Los Angeles County	Orange County	California
Received pap test in the past 3 years	80.3%	81.3%	*80.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Mammograms

The Healthy People 2030 objective for mammograms is 80.3% of women, ages 50 to 74, to have had a mammogram in the past two years. In Orange County, 79.6% of women in this age group had obtained a mammogram in the prior two years, and in Los

Angeles County 74.4% had obtained a mammogram. These rates do not meet the Healthy People 2030 objective.

Mammograms, Women, Ages 50-74

	Los Angeles County	Orange County	California
Received mammogram in the past 2 years	74.4%	79.6%	*75.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Colorectal Cancer Screening

The current recommendation for colorectal cancer screening is for adults, ages 50-75, to have a Fecal Occult Blood Test (FOBT) within the previous year, a sigmoidoscopy in the past five years *and* an FOBT in the past three years, or a colonoscopy exam in the past 10 years. The Healthy People 2030 objective for colorectal cancer screening is 68.3%. In Orange County the reported rate of colorectal cancer screening was 54%, and in Los Angeles County it was 49.8%. These rates do not meet the Healthy People 2030 objective.

Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted

	Los Angeles County	Orange County	California
Screening sigmoidoscopy, colonoscopy, or Fecal Occult Blood Test	49.8%	54.0%	*53.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Community Input – Preventive Practices

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

- For the Asian and Asian Pacific Islander communities, they believe in prevention. It's part of the culture. They believe in vaccinations.
- Health literacy and working with ethnic media is important to educate about prevention and screenings.
- There's less of a challenge in the LGBTQ population because we have become accustomed to preventative treatment such as PrEP to prevent HIV spread.
- Women tend to be better at preventive care. Parents do well on school recommendations for their children, ages 0-18. After age 18 is when we have a problem.
- People need to understand the purpose of preventive care in a language they understand, in a way they understand, by people who deliver a message in a way they can understand. The challenge is that communities don't have enough providers who speak languages they understand.

- Over the last six years I’ve seen a continuous decline in children by the age of two receiving all their recommended vaccinations. It continues to decline. We are about to see illnesses we’ve only studied in textbooks very soon. That is going to tip up backwards.
- I was hopeful when the medical schools started embracing population health as a model, which is meant to meet people where they are, that we would see investments in prevention. But we haven’t seen that kind of investment in population health. We need to invest the profits from health care and medical care back into communities.
- People have vaccine fatigue, and it is worse since the pandemic.
- The HPV vaccine is very effective. There are recent reports from the CDC that showed it decreased precancerous lesions in vaccinated women by up to 90%. It's working. It's preventing cancer, but the penetration of the vaccine is abysmally low. It's less than 50%.
- Vaccines are the victim of their own success. Nobody today has any concept of what polio is like because it's disappeared. But it hasn't been eradicated. It can come back.

Impact of Action

In 2022, UCIMC conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's 2023-2025 Implementation Strategy addressed: access to health care, cancer, mental health, overweight and obesity and related chronic diseases, and preventive health care through a commitment of community benefit programs and resources.

As this is the first CHNA for UCI Health – Fountain Valley and UCI Health – Placentia Linda, there is no previous Implementation Strategy.

Access to Care and Preventive Health Care

Primary Care

UCI Health operates the UCI Family Health Center, a Federally Qualified Health Center, with locations in Santa Ana and Anaheim. The mission of the health center is to improve the health and well-being of patients by providing high-quality, accessible and comprehensive primary care to every member of the family. From 2022 to 2024, the clinics treated 84,184 patients. The majority of patients seen at the clinic sites were low-income (over 97%), and racial and ethnic minorities (over 87%).

Financial Assistance and Transportation Support

The hospital provided available financial assistance to qualified patients. From 2022 through 2023, UCIMC provided $51.1 million in charity care for indigent patients who did not have health care coverage. In addition, transportation support via taxi vouchers was provided for patients to increase access to health care services.

Preventive Health Care

The UCI Family Health Centers provided preventive health care screenings.

Clinic Patients, Percent Receiving Preventive Screenings

	2022	2023	2024
Children, age 2, received required vaccines	55%	51%	43%
Screened for HIV, ages 15-65	60%	70%	73%

Live Well Magazine and Blog

Three times a year UCI Health published Live Well, an e-magazine with articles about medical advances, health tips and information about wellness education events. The Live Well blog provided related health focused blog posts.

Cancer

Through the UCI Family Health Center in Santa Ana and Anaheim, cancer screenings were conducted. The rates of screening are shown in the table below based on the number of patients eligible for the screening.

Clinic Patients, Percent Receiving Preventive Cancer Screening

	2022	2023	2024
Colorectal cancer screening	44%	48%	55%
Cervical cancer screening	64%	62%	66%
Breast cancer screening	54%	60%	65%
Screened for tobacco use, adults	95%	93%	97%

UCI Health offered support groups free of charge for individuals coping with cancer and their caregivers. Support groups included:

- Cancer nutrition support group
- Mastectomy support group
- Men's cancer support group
- Pancreatic cancer support group
- Stem cell transplant support group
- Young adult cancer support group

The Young Adult Cancer Symposium Series is an educational group offered for individuals with any cancer diagnosis, ages 18 to 39.

Mental Health

At the UCI Family Health Centers, patients were screened for clinical depression and provided with a follow-up plan, as needed.

Mental Health Screening

	2022	2023	2024
Screening for clinical depression and follow-up plan	71%	70%	70%
Reached remission 12 months after depressive event	14%	9%	15%

Overweight and Obesity and Chronic Diseases

UCI Health offered free education sessions on a variety of topics related to chronic disease management and treatment.

At the UCI Family Health Centers, patients with chronic disease received primary care services to manage their conditions. Compliance with chronic disease management measures for clinic patients is outlined below.

Chronic Disease Management Measures

	2022	2023	2024
Cardiovascular disease treatment (statins)	78%	79%	75%
Ischemic vascular disease treatment (aspirin therapy)	68%	71%	65%
Blood pressure control (<140/90)	65%	68%	67%
Diabetes poor control (HbA1c >9%)	31%	30%	28%

The UCI Health Family Health Center — Anaheim hosted diabetes group medical visits, which provided comprehensive diabetes care in the group setting.
The eight-week curriculum was delivered in Spanish and addressed diabetes management, from insulin resistance to lifestyle factors. Sessions included hands-on activities, food and beverage demonstrations, and contributions from guest speakers on topics such as nutrition and mental health.

The Medicine in Our Backyard series provided speakers on a wide range of health topics. The series, sponsored by the Newport Beach Public Library Foundation in collaboration with UCI Health, was offered free to the community.

UCI Health offered support groups free of charge for individuals and their caregivers. Support groups included:

- Advanced heart failure and VAD support group
- Cardiology support group
- Dementia caregivers support group
- Diabetes support group
- Parkinson's disease support group
- Stroke support group
- Traumatic brain injury (TBI) support group

A Bariatric Support Group was offered free of charge and open to the public. Virtual meetings provided an opportunity for patients to connect to one another, provided emotional support associated with their bariatric journey and learned from guest speakers.

The UCI Health Family Health Center — Santa Ana has an 1,100-square-foot teaching kitchen, where group cooking sessions were taught. The kitchen hosted nutritional education programs for the community.

Weight assessment and physical activity and nutrition counseling were provided for children and adolescents. Body Mass Index (BMI) screening and follow up were provided to adult clinic patients.

Overweight and Obesity Measures

	2022	2023	2024
Weight assessment, nutrition and physical activity counseling, children and teens	76%	79%	82%
BMI screening and follow-up, adults	44%	74%	70%

Appendix 1: Benchmark Comparisons

Where data were available, the hospital service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	92.3%	90.7%
Child health insurance rate	96.5%	92.4%
Adult health insurance rate	**90.5%**	92.4%
Unable to obtain medical care	**8.9%**	5.9%
Ischemic heart disease deaths	**77.0**	71.1 per 100,000 persons
Cancer deaths	**129.3**	122.7 per 100,000 persons
Colon and rectum cancer deaths	**10.5**	8.9 per 100,000 persons
Lung cancer deaths	22.7	25.1 per 100,000 persons
Female breast cancer deaths	**18.3**	15.3 per 100,000 persons
Prostate cancer deaths	**18.3**	16.9 per 100,000 persons
Stroke deaths	**37.9**	33.4 per 100,000 persons
Unintentional injury deaths	35.0	43.2 per 100,000 persons
Suicides	10.0	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**12.1**	10.9 per 100,000 persons
Homicides	2.3	5.5 per 100,000 persons
Overdose deaths involving opioids	**19.0**	13.1 per 100,000 persons
Infant death rate	3.3	5.0 per 1,000 live births
Pregnant women who receive early and adequate prenatal care	81.1%	80.5%
Adult obese, ages 20 and older	25.3%	36.0%, adults ages 20+
Teens, 12 to 17 years, obese	11.4%	15.5%, children & youth, 2 to 19
Adults with a serious mental disorder who receive treatment	**54.6%**	68.8%
Adults engaging in binge drinking	18.3%	25.4%
Cigarette smoking by adults	5.6%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	81.3%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	**79.6%**	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**58.2%**	68.3%
Annual adult influenza vaccination	**43.0%**	70.0%

Appendix 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Elizabeth Andrade, MBA	Executive Director	211 Orange County, United Way
Isabel Becerra	President and Chief Executive Officer	Coalition of Orange County Community Health Centers
Pooja Bhalla, DNP, RN	Chief Executive Officer	Illumination Foundation
LaVal Brewer	President and Chief Executive Officer	South County Outreach
Allison Cuff	Community Liaison	Jamboree Housing Corporation
Mary Ann Foo, MPH	Founder and Executive Director	Orange County Asian Pacific Islander Community Alliance (OCAPICA)
Lisa Gibbs, MD	Division Chief, Geriatric Medicine & Gerontology; Interim Chair of Family Medicine	UCI School of Medicine
Madelynne Hirneise	Chief Executive Officer	Families Forward
Claudia Keller, MPA	Chief Executive Officer	Second Harvest Food Bank of Orange County
Alejandro Lupercio LNHA, MBA	Vice President of Social Services	Meals on Wheels Orange County
Jose Mayorga, MD	Clinical Associate Professor, Family Medicine; Executive Director and Executive Medical Director	UCI School of Medicine; UCI Health Family Health Center
Tricia Nguyen, MPH	Chief Executive Officer	Southland Integrated Services, Inc.
Oladele Ogunseitan, PhD, MPH	Distinguished Professor of Population Health & Disease Prevention	University of California, Irvine
Darla Olson	Chief Development Officer	Meals on Wheels Orange County
Steve Pitman, JD	President of Board of Directors	National Alliance on Mental Illness (NAMI) Orange County
Cecilia Bustamante Pixa, MPH, MCHL	Senior Director, Community Health in Orange County and the High Desert	Providence St. Joseph Orange County
Almaas Shaikh, MD, MPH, FACS	Deputy Health Officer	Orange County Health Care Agency
Sora Park Tanjasiri, DrPH, MPH	Professor of Health, Society, & Behavior; Associate Director, Cancer Disparities and Community Engagement	California State University, Fullerton; Chao Family Comprehensive Cancer Center
Richard A. Van Etten, MD	Director; Associate Vice Chancellor	Chao Family Comprehensive Cancer Center; Susan and Henry Samueli

Name	Title	Organization
		College of Health Sciences, UCI Irvine
Philip Yaeger	Executive Officer	Radiant Health Centers

Appendix 3: Community Stakeholder Interview Responses

Interview participants were asked to name the major health or social issues in the community. Responses included:

- We see a lot of access to health care issues and housing as a major barrier to care.
- Over 50% of our calls are housing related. These people are looking for rental assistance to remain housed, emergency shelter if they've lost their housing, and they're seeking affordable housing options. About 12% of calls are looking for nutrition programs, whether that's a local food pantry, enrolling in WIC, or being enrolled in CalFresh. About 6% to 8% of our calls are for utility assistance.
- Food insecurity, diabetes and mental health.
- Access to health care and mental health services.
- People living with HIV and AIDS, and the social determinants of health.
- Access to care, inequitable health care, diabetes, mental health, obesity, substance use.
- Access to care, homelessness and housing, and mental health, behavioral health, including substance use disorders.
- The continuous increase in obesity. The top four diagnoses we report out to the federal government remain the same, but the one that continues to grow out of the top four and runs away with number one is obesity. 60% of our population are overweight or obese. It is a healthcare emergency. Obesity is tied to every other chronic disease.
- With immigration issues and ICE enforcement, we are seeing more fear, schools in the south county are seeing lower enrollment. We also see fewer people coming for food resources.
- One of the major crises that we're seeing is housing insecurity. We see more new families losing their housing and falling into homelessness.
- Substance abuse, homelessness and food insecurity.
- Environmental health issues have become prominent. That includes wildfires, which are no longer just wild urban fires, and what might be a lack of preparedness for emergency response. What happened in LA with the recent fires has been a wakeup call.
- Cancer and heart disease.
- Chronic diseases, dementia for older adults, obesity and hypertension.
- Access to care. Orange County is one of the wealthiest counties in the United States. But of the 3.2 million people here, 930,000 are insured through CalOptima or Medi-Cal.

Interview participants were asked to identify the most important socioeconomic, racial, behavioral, or environmental factors that impact health in the area? Their responses

included:

- Housing, a sense of community, access to transportation, food insecurity, healthy foods.
- Unless services and care are offered in multiple languages and with culturally competent staff, then they may not be truly accessible.
- Economic issues for the senior population. How people choose to spend their income is a big factor. As people get older, they may decline but they want to stay in their homes.
- Affordable housing. Community members are working 16-hour days to pay for housing.
- Housing, behavioral health, mental health, and financial insecurity.
- Housing, economic capacity and capabilities, the built environment, and access to quality education.
- We lack infrastructure in Orange County to support our communities, and part of that is the political climate here.
- Fear is a big stressor, fear of being identified and wrongly prosecuted, or losing your ability to live in the United States. That leads to high blood pressure, stress, sleep disorders, and mental disorders.
- The lack of access to well-paying jobs or jobs that provide health insurance benefits. This impacts on our low-income communities from having access to health care services.
- Language barriers and transportation barriers continue to be reasons for not accessing services.
- Inequities related to who is dying from cancer - they tend to be people who have poor health insurance or no health insurance, and they could be undocumented.
- Caregivers for older adults, food insecurity transportation and loneliness are issues.

Who are some populations in the area that are not regularly accessing health care and social services (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Single women with young children. They are trying to do their best taking care of their own children and they don't really prioritize themselves.
- Seniors 55 and older.
- Black females with maternal health concerns.
- The low-wage earner workers. Those who work in ethnic markets, restaurant workers, and nail salons. They are always working and don’t have time for preventive care.
- The HIV positive and AIDS population. They have traditionally been underserved and many of them have not had health care or a provider for some period of time.

- Vulnerable populations, the elderly, the very young.
- Monolingual immigrant communities of color, and communities that are on margins.
- Low-income populations.
- Those who have lower educational attainment or are foreign born immigrants.
- The poor, the unhoused, and the undocumented. They were scared before and now they are really scared.

Stakeholders were asked about community members who were impacted by climate hazards.

- A lot of our clients live in older housing where there's a lot of bedbugs and termites.
- Power outages impact air conditioning and refrigerators, which impact quality of life.
- The heat and power outages impact our senior population.
- Housing becomes an issue, food insecurities, and health care access are affected because people's focus and their priorities become different. Chronic conditions worsen.
- We have a lot of substandard housing, particularly in central Orange County. People continue to be sick living in housing that doesn't meet code. And we know there is a strong correlation between health and housing.
- People who live in medically underserved areas tend to suffer more from climate change than those who do not.
- Low-income communities don't have heating or air conditioning in their homes or are working in fields where they're out in the elements, like construction workers, gardeners, and migrant farm workers. They are proportionately impacted by weather changes and are more prone to heat strokes and frostbite.
- With the fire in Tustin, there were school and park closures. Some communities were worried about asbestos and lead pollution. Cleanup is still going on and people are afraid of exposure. We need to start strengthening public messaging about prevention, preparedness and response.
- We don't have a good plan for evacuation in Orange County. Los Angeles recently had to deal with that. Part of it is people are reluctant to leave their homes.
- Heat, wildfires, and poor air quality directly impacts us in terms of higher risk for heart disease and cancer. People who are less likely to have the resources to mitigate the impact, those who are less able to turn on their air conditioning or an air purifier for instance, are more susceptible to air pollution. As fires become more prevalent, we are going to see more disparities.