

# UCI Health

2025

## UCI Health — Los Alamitos Community Health Needs assesment



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## 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

UCI Health - Los Alamitos has undertaken a Community Health Needs Assessment (CHNA). 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.

### Service Area

UCI Health - Los Alamitos is located at 3751 Katella Avenue, Los Alamitos, CA 92720. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, inpatient admissions were calculated for the 2023 calendar year, and 75% of total inpatient ZIP Codes were used to determine the service area.

The hospital defines its service area for the purposes of this report to include 18 ZIP Codes, located in 15 communities. Half of these cities are in Los Angeles County and comprise portions of Los Angeles County Service Planning Areas (SPAs) 7 and 8, and half are in Orange County, and comprise portions of Orange County’s Central and North Service Planning Areas. Los Angeles County has eight SPAs, and Orange County has three SPAs. The hospital service area is detailed below by community, ZIP Code, and SPA.

**UCI Health - Los Alamitos Service Area**

Place	ZIP Code	County	Service Planning Area
Anaheim	92804	Orange County	North
Artesia	90701	Los Angeles	7
Bellflower	90706	Los Angeles	7
Buena Park	90620	Orange County	North

Place	ZIP Code	County	Service Planning Area
Cerritos	90703	Los Angeles	7
Cypress	90630	Orange County	North
Garden Grove	92845	Orange County	Central
Hawaiian Gardens	90716	Los Angeles	7
La Palma	90623	Orange County	North
Lakewood	90713, 90715	Los Angeles	7
Long Beach	90803, 90808, 90815	Los Angeles	8
Los Alamitos	90720	Orange County	North
Seal Beach	90740	Orange County	Central
Stanton	90680	Orange County	North
Westminster	92683	Orange County	Central

**Methodology**

Secondary Data

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 Los Angeles County, 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

Thirty (30) 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 who spoke about issues and needs in the communities served by the hospital.

## **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. Mental health, housing and homelessness, economic insecurity, access to health care, and food insecurity 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](https://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](mailto: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. This is the first Community Health Needs Assessment for UCI Health - Los Alamitos as it changed from a for-profit entity to a nonprofit hospital facility.

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

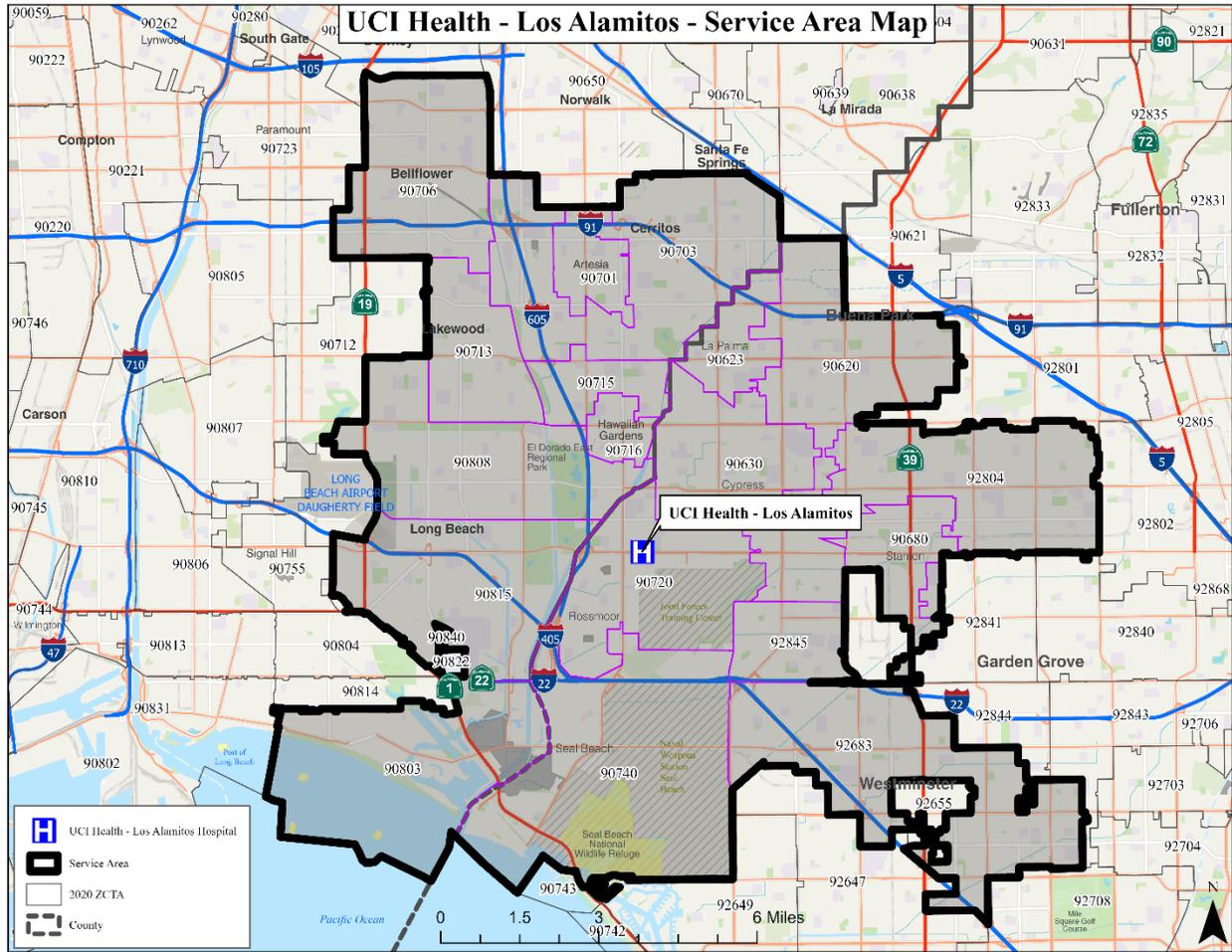
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The hospital defines its primary service area for the purposes of this report as including the following 18 ZIP Codes, located in 15 communities. Half of these cities are in Los Angeles County and comprise portions of Los Angeles County Service Planning Areas (SPAs) 7 and 8, and half are in Orange County, and comprise portions of Orange County's Central and North Service Planning Areas. Los Angeles County has eight SPAs, and Orange County has three SPAs. The hospital service area is detailed below by community, ZIP Code, and SPA.

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<b>Place</b>	<b>ZIP Code</b>	<b>County</b>	<b>Service Planning Area</b>
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Hawaiian Gardens	90716	Los Angeles	7
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Long Beach	90803, 90808, 90815	Los Angeles	8
Los Alamitos	90720	Orange County	North
Seal Beach	90740	Orange County	Central
Stanton	90680	Orange County	North
Westminster	92683	Orange County	Central

## Service Area Map



Additionally, the Los Angeles Department of Public Health subdivides its eight SPAs into 26 Health Districts. Two Health Districts and the communities – or portions of communities – which they cover are noted in this report. Some service area communities may be in Health Districts not mentioned in this report, and Health Districts may cut across communities, resulting in portions of the same community being in multiple Health Districts.

### Los Angeles Health Districts Within the UCI Health - Los Alamitos Service Area

Health District	SPA	Communities Covered
Bellflower	7	Artesia, Bellflower, Cerritos, Hawaiian Gardens, Lakewood, Norwalk, Signal Hill
Long Beach	8	Long Beach

### **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](http://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 Los Angeles County, 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. Thirty (30) 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 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.

### **Impact of Action**

This is the first CHNA for UCI Health - Los Alamitos. As such, there is no impact of action from a previous CHNA to report.

### **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. Since this is the first CHNA for the hospital, there is no previous CHNA and Implementation Strategy. This CHNA will be made widely available to the public on the website and can be accessed at [ucihealth.org/community-health](https://ucihealth.org/community-health).

## 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. Economic insecurity, housing and homelessness, and mental health had the highest scores for severe and very severe impact on the community. Housing and homelessness, mental health and food insecurity were the top 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.

<b>Significant Health Needs</b>	<b>Severe and Very Severe Impact on the Community</b>	<b>Worsened Over Time</b>	<b>Insufficient or Absent Resources</b>
Access to health care	78.3%	38.1%	68.2%
Chronic disease	80%	52.6%	80%
Economic insecurity	90.5%	76.2%	89.5%
Food insecurity	71.4%	85%	90.5%
Housing and homelessness	86.4%	94.7%	90.5%
Mental health	82.6%	86.4%	95.5%
Overweight and obesity	61.9%	40.9%	55%
Preventive practices	59.1%	22.2%	44.4%
Substance use	75%	45%	78.9%

The interviewees prioritized 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. Mental health, housing and homelessness, economic insecurity, access to health care, and food insecurity were ranked as the top five

priority health 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)
Mental health	3.91
Housing and homelessness	3.87
Economic insecurity	3.81
Access to health care	3.78
Food insecurity	3.77
Chronic disease	3.73
Preventive practices	3.62
Substance use	3.61
Overweight and obesity	3.22

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/> and 211 Los Angeles County at <https://211la.org/>.

Significant Health Needs	Community Resources
Access to care	Access to Prevention Advocacy Intervention & Treatment (APAIT), Arab American Civic Council, California Primary Care Association (CPCA), 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, Long Beach Department of Health and Human Services, Long Beach Forward, MOMS of Orange County, Multi-Ethnic Collaborative of Community Agencies (MECCA), OC Oral Health Collaborative, OMID Multicultural Institute for Development, Oral Health LB, 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., TCC Family Health, UCI Health Family Health Center, Unidos OC, United Cambodian Community, 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), Healthy Aging Center, Huntington's Disease Society of America, Korean Community Services, Korean Health Education and Referral Center (KHEIR) FQHC, Latino Health Access, LB Aging Services Collaborative, LB Healthy Aging, LB Home Visitation Collaborative, Lestonnac Free Clinic, Leukemia Lymphoma Society, Long Beach Department of Health and Human Services, Meals on Wheels, My Sister My Friend Breast Cancer Support, 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., TCC Family HealthThe Cambodian Family Community Center, UCI Health Family Health Center, Vietnamese American Cancer Association, Vietnamese Cancer Foundation,
Economic insecurity	Cambodian Family Community Center, Community Action Partnership, Families Forward, Family Assistance Ministries, Filipino Migrant Center, Khmer Girls in Action, Meals on Wheels, Multi-Ethnic Collaborative of Community Agencies (MECCA), Ollive Crest, ORALE: Organizing Rooted in Abolition, Liberation and

<b>Significant Health Needs</b>	<b>Community Resources</b>
	Empowerment, Saahas for Cause, Sabil USA, SAMENA Collective, Unidos OC, United Cambodian Community, We Care
Food insecurity	Abound Food Care, CalFresh, Catholic Charities, Community Action Partnership of Orange County, Families Forward, Family Assistance Ministries, Filipino Migrant Center, Food Finders, Jewish Family & Children’s Center, Mariners Church Food Pantry, Mary’s Kitchen Pantry, Meals on Wheels Orange County, OC Food Bank, Orange County Hunger Alliance, Project Angel Food, Sabil USA, Second Harvest Food Bank, Waste Not OC
Housing and homelessness	American Family Housing, Build Futures, Casa De Familia Youth Shelter, Casa Teresa, Casa Youth Shelter, Collette’s Children’s Home, Community Action Partnership, Families Forward, Family Assistance Ministries, Family Solution Collaborative, Filipino Migrant Center, Friendship Shelter Orange County United Way, Homeless Death Task Force, Housing for Health Orange County, Illumination Foundation, Interval House, 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., We Care
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, Helpline Youth Counseling, Inc., Human Options, Illumination Foundation, Interfaith Youth Alliance of OC, Jewish Family & Children’s Services, Korean Community Services, Korean Health Education and Referral Center (KHEIR) FQHC, Lestonnac Free Clinic, LGBTQ Center Orange County, Mental Health America of Los Angeles, 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, TCC Family Health, The Priority Center, UCI Health Family Health Center, We Care
Overweight and obesity	Access to Prevention Advocacy Intervention & Treatment (APAIT), Boys & 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, Long Beach Department of Health and Human Services, Radiant Health Centers, Santa Ana Building Healthy Communities, Share Ourselves, Southland Integrated Services, Inc., UCI Health Family Health Center, 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

<b>Significant Health Needs</b>	<b>Community Resources</b>
	Counts, Korean Health Education and Referral Center (KHEIR) FQHC, Lestonnac Free Clinic, Long Beach Department of Health and Human Services, Orange County Health Care Agency, Planned Parenthood, Radiant Health Centers, SAMENA Collective, Cambodian Family Community Center, Share Ourselves, Southland Integrated Services, Inc., TCC Family Health, UCI Health Family Health Center, 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, Salvation Army, Share Ourselves, Southland Integrated Services, Inc., Substance Use Foundation of Long Beach, UCI Health Family Health Center

## Community Demographics

### Population

The population of the UCI Health - Los Alamitos service area is 700,994. From 2018 to 2023, the population of the service area decreased by 0.8%.

### Total Population and Change in Population

	Total Population	Change in Population, 2018-2023
UCI Health - Los Alamitos Service Area	700,994	-0.8%
Los Angeles County	9,848,406	-2.5%
Orange County	3,164,063	-0.004%
California	39,242,785	0.2%

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

The hospital service area population is 51.2% female and 48.8% male.

### Population by Gender

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County	California
Male	48.8%	49.5%	49.6%	50.0%
Female	51.2%	50.5%	50.4%	50.0%

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

In Orange County, 2.8% of the adult population identify as gay, lesbian or homosexual, and in Los Angeles County, 3.8% identify as gay, lesbian or homosexual. 99.3% of the adult population of Orange County and 99.2% in Los Angeles County identify as cisgender, or not transgender.

### Population by Sexual Orientation and Gender Identity, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County	California
Straight or heterosexual	90.3%	89.6%	89.7%	91.1%	90.2%
Gay, lesbian or homosexual	3.1%	3.6%	3.8%	2.8%	3.4%
Bisexual	4.4%	4.2%	4.4%	4.5%	4.4%
Not sexual/celibate/none/other	2.2%	2.6%	2.2%	1.6%	1.9%
Cisgender/not transgender±	99.5%	99.3%	99.2%	99.3%	98.9%
Transgender/gender non-conforming±	0.5%	0.7%	0.8%	0.7%	1.1%

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

Among teens, 3.5% in SPA 7 and 0.7% in SPA 8 identify as transgender or gender non-conforming. 26.9% of SPA 7 teens and 20.9% of SPA 8 teens said that other 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

	SPA 7	SPA 8	Los Angeles County	Orange County
Identify as cisgender/not transgender ±	96.5%	*99.3%	97.8%	*98.7%
Identify as transgender/gender non-conforming ±	3.5%	*0.7%	2.2%	*1.3%
Express as cisgender/not transgender	73.1%	79.1%	75.3%	83.1%
Express as transgender/gender non-conforming	26.9%	20.9%	24.7%	16.9%

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

Children and youth, ages 0-17, make up 20.9% of the population of the service area, 61.5% are adults, ages 18-64, and 17.6% of the population are senior adults, ages 65 and older. The service area has the same percentage of children and youth, ages 0 to 17, as Los Angeles County, which is a slightly lower percentage than Orange County. As compared to both counties, the service area has a lower percentage of younger adults, ages 18 to 44, and a higher percentage of older adults, ages 45 and older.

## Population, by Age

	UCI Health - Los Alamitos Service Area		Los Angeles County		Orange County	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	36,976	5.3%	518,797	5.3%	170,215	5.4%
Age 5-17	109,499	15.6%	1,538,739	15.6%	504,618	15.9%
Age 18-24	58,377	8.3%	878,901	8.9%	284,103	9.0%
Age 25-44	182,847	26.1%	2,944,830	29.9%	864,475	27.3%
Age 45-64	189,612	27.0%	2,518,568	25.6%	841,655	26.6%
Age 65-74	69,270	9.9%	849,441	8.6%	287,690	9.1%
Age 75-84	37,662	5.4%	410,116	4.2%	144,799	4.6%
Age 85+	16,751	2.4%	189,014	1.9%	66,508	2.1%

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

Hawaiian Gardens has the highest percentage of children and youth (26.9%), followed by Los Alamitos (24.8%). Seal Beach and Long Beach 90803 include parts of the Leisure World retirement community. Long Beach 90803 has the lowest percentage of children and youth in the service area (10.5%). Seal Beach has the highest percentage of senior adults in the area (44.1%), followed by Cerritos (25.2%), and Long Beach 90803 (22.1%). Bellflower has the lowest rate of senior adults (11.9%).

## Population by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Anaheim	92804	83,435	22.7%	14.8%
Artesia	90701	16,044	20.2%	16.3%
Bellflower	90706	77,396	23.3%	11.9%
Buena Park	90620	46,992	22.6%	15.4%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Cerritos	90703	48,607	19.1%	25.2%
Cypress	90630	49,565	23.3%	15.5%
Garden Grove	92845	15,484	20.3%	17.4%
Hawaiian Gardens	90716	13,743	26.9%	14.0%
La Palma	90623	15,369	19.1%	21.4%
Lakewood	90713	28,583	20.5%	14.6%
Lakewood	90715	20,668	20.0%	14.1%
Long Beach	90803	31,804	10.5%	22.1%
Long Beach	90808	39,351	22.1%	20.3%
Long Beach	90815	43,461	19.2%	14.8%
Los Alamitos	90720	24,021	24.8%	18.2%
Seal Beach	90740	24,382	13.0%	44.1%
Stanton	90680	31,949	21.1%	15.0%
Westminster	92683	90,140	20.8%	17.7%
<b>UCI Health - Los Alamitos Service Area</b>		<b>700,994</b>	<b>20.9%</b>	<b>17.6%</b>
<b>Los Angeles County</b>		<b>9,848,406</b>	<b>20.9%</b>	<b>14.7%</b>
<b>Orange County</b>		<b>3,164,063</b>	<b>21.3%</b>	<b>15.8%</b>
<b>California</b>		<b>39,242,785</b>	<b>22.2%</b>	<b>15.3%</b>

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

**Race and Ethnicity**

The largest portion of the service area population are Hispanic or Latino residents (33.6%). 29.6% of the population are White residents, 27.6% are Asian residents, and 4.2% are Black or African American residents. 3.8% of the population identifies as multiracial (two-or-more races), 0.6% as Native Hawaiian or Pacific Islander (NHPI) residents, and 0.2% as American Indian or Alaska Native (AIAN) residents. Those who identify as a race and ethnicity not listed represent 0.4% of the service area population.

**Race and Ethnicity**

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County
Hispanic or Latino	33.6%	48.3%	34.1%
White, non-Latino	29.6%	25.2%	37.7%
Asian, non-Latino	27.6%	14.8%	21.7%
Black or African American, non-Latino	4.2%	7.5%	1.5%
Multiracial, non-Latino	3.8%	3.3%	4.1%
Native Hawaiian or Pacific Islander, non-Latino	0.6%	0.2%	0.3%
Some other race, non-Latino	0.4%	0.6%	0.4%
American Indian or Alaska Native, non-Latino	0.2%	0.2%	0.1%

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

When race and ethnicity are examined by ZIP Code, Hawaiian Gardens has the highest percentage of Hispanic or Latino residents (75.6%), followed by Bellflower (60.8%). Seal Beach has the highest percentage of White residents (68.5%), followed by Long

Beach 90803 (64.8%). Cerritos has the highest percentage of Asian residents in the service area (61.5%), followed by Westminster (50.9%) and La Palma (50.4%). Bellflower has the highest percentage of Black or African American residents in the service area (11.3%), followed by Lakewood 90715 (8.2%). The lowest percentage of White residents (7.1%) is found in Hawaiian Gardens, the lowest percentage of Asian residents (6.4%) is found in Long Beach 90803, the lowest percentage of Black or African American residents in Westminster (0.7%), and the lowest percentage of Hispanic or Latino residents (12.5%) is found in Seal Beach.

The service area encompasses portions of an area of Orange County known as, and designated as, Little Saigon, an area with a high concentration of Vietnamese immigrants and their descendants. Little Saigon is located in Westminster, Garden Grove, Midway City and Santa Ana<sup>1</sup>.

### Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Asian	Black
Anaheim	92804	45.9%	19.9%	26.7%	3.0%
Artesia	90701	34.4%	14.1%	42.9%	5.1%
Bellflower	90706	60.8%	12.6%	11.7%	11.3%
Buena Park	90620	38.9%	26.2%	29.0%	1.8%
Cerritos	90703	15.1%	11.7%	61.5%	6.4%
Cypress	90630	21.8%	31.4%	37.4%	3.1%
Garden Grove	92845	19.5%	57.0%	13.8%	1.5%
Hawaiian Gardens	90716	75.6%	7.1%	11.4%	4.3%
La Palma	90623	17.2%	24.1%	50.4%	3.4%
Lakewood	90713	33.3%	43.5%	11.9%	4.2%
Lakewood	90715	43.4%	16.6%	26.2%	8.2%
Long Beach	90803	18.5%	64.8%	6.4%	3.4%
Long Beach	90808	26.4%	51.2%	11.2%	4.1%
Long Beach	90815	24.4%	51.1%	11.6%	6.7%
Los Alamitos	90720	24.5%	52.4%	14.0%	3.6%
Seal Beach	90740	12.5%	68.5%	14.3%	1.1%
Stanton	90680	50.3%	17.4%	27.1%	1.6%
Westminster	92683	24.3%	20.1%	50.9%	0.7%
<b>UCI Health - Los Alamitos Service Area</b>		<b>33.6%</b>	<b>29.6%</b>	<b>27.6%</b>	<b>4.2%</b>
<b>Los Angeles County</b>		<b>48.3%</b>	<b>25.2%</b>	<b>14.8%</b>	<b>7.5%</b>
<b>Orange County</b>		<b>34.1%</b>	<b>37.7%</b>	<b>21.7%</b>	<b>1.5%</b>
<b>California</b>		<b>39.8%</b>	<b>34.6%</b>	<b>15.1%</b>	<b>5.3%</b>

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

<sup>1</sup> For more information refer to “Little Saigon, Orange County: A Demographic and Economic Profile”, created by the CSUF Woods Center for Economic Analysis and Forecasting. October 2024 <https://business.fullerton.edu/engagement/economic-analysis-and-forecasting/assets/pdf/Little-Saigon-Profile.pdf>

## Language

In the service area, 52.8% of the population, 5 years and older, speak only English in the home. Among the area population, 22.4% speak Spanish in the home, 20.2% speak an Asian or Pacific Islander language, and 3.3% speak an Indo-European language other than Spanish or English in the home.

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

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County
<b>Population, 5 years and older</b>	<b>664,018</b>	<b>9,329,609</b>	<b>2,993,848</b>
English only	52.8%	44.9%	54.1%
Speaks Spanish	22.4%	37.7%	24.3%
Speaks Asian or Pacific Islander language	20.2%	10.7%	15.5%
Speaks other Indo-European language	3.3%	5.6%	4.8%
Speaks other language	1.4%	1.2%	1.3%

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

The highest percentage of Spanish speakers within the service area can be found in Hawaiian Gardens (60.7%), followed by Bellflower (46.1%) and Stanton (38.9%). Westminster (45%), Cerritos (39.5%), and La Palma (30.3%) have the highest percentage of Asian or Pacific-Islander language speakers. Artesia (19.6%) has the highest percentage of Indo-European languages spoken at home in the service area, followed by La Palma (7.8%) and Cerritos (6.9%).

### Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo European
Anaheim	92804	36.6%	35.5%	21.8%	2.9%
Artesia	90701	32.9%	25.5%	22.1%	19.6%
Bellflower	90706	41.9%	46.1%	9.0%	1.4%
Buena Park	90620	53.1%	22.4%	18.7%	4.5%
Cerritos	90703	43.1%	9.9%	39.5%	6.9%
Cypress	90630	56.9%	12.2%	25.8%	3.2%
Garden Grove	92845	80.7%	7.3%	9.4%	1.8%
Hawaiian Gardens	90716	26.1%	60.7%	10.3%	2.7%
La Palma	90623	49.2%	10.2%	30.3%	7.8%
Lakewood	90713	75.1%	16.1%	6.7%	1.9%
Lakewood	90715	50.6%	27.3%	18.8%	2.6%
Long Beach	90803	83.6%	8.5%	4.6%	2.6%
Long Beach	90808	77.1%	13.7%	5.8%	2.8%
Long Beach	90815	77.5%	12.0%	6.7%	3.3%
Los Alamitos	90720	77.7%	10.5%	7.2%	4.1%
Seal Beach	90740	81.0%	5.7%	8.7%	3.2%
Stanton	90680	34.6%	38.9%	23.5%	1.0%
Westminster	92683	35.2%	17.5%	45.0%	1.0%
<b>UCI Health - Los Alamitos Service Area</b>		<b>52.8%</b>	<b>22.4%</b>	<b>20.2%</b>	<b>3.3%</b>
<b>Los Angeles County</b>		<b>44.9%</b>	<b>37.7%</b>	<b>10.7%</b>	<b>5.6%</b>

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo European
<b>Orange County</b>		<b>54.1%</b>	<b>24.3%</b>	<b>15.5%</b>	<b>4.8%</b>
<b>California</b>		<b>55.9%</b>	<b>28.2%</b>	<b>10.0%</b>	<b>4.8%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 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 service area, 19.3% of the population is linguistically isolated.

### Linguistic Isolation, Ages 5 Years and Older

	Percent
UCI Health - Los Alamitos Service Area	19.3%
Los Angeles County	23.2%
Orange County	18.1%
California	17.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 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 Los Angeles County school districts, the percentage of students who were classified English Learners was 17.6%, and in Orange County it was 19.8%. Among area school districts, English Learners ranged from 2.4% of the students in Los Alamitos Unified to 45.7% in the Anaheim Elementary School District.

### English Learner (EL) Students, by School District

	Number	Percent
ABC Unified School District	1,969	10.9%
Anaheim Elementary School District	6,751	45.7%
Anaheim Union High School District	5,952	21.9%
Bellflower Unified School District	1,672	17.0%
Buena Park Elementary School District	1,170	30.9%
Centralia Elementary School District	1,064	26.3%
Cypress Elementary School District	465	14.0%
Fullerton Joint Union High School District	1,326	10.3%
Garden Grove Unified School District	11,657	30.9%
Huntington Beach Union High School District	1,377	9.8%
Long Beach Unified School District	10,745	16.7%
Los Alamitos Unified School District	218	2.4%
Magnolia Elementary School District	2,013	40.9%
Savanna Elementary School District	574	33.1%
Westminster School District	2,746	34.5%
<b>Los Angeles County</b>	<b>228,626</b>	<b>17.6%</b>
<b>Orange County</b>	<b>86,469</b>	<b>19.8%</b>
<b>California</b>	<b>1,074,833</b>	<b>18.4%</b>

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

## Veteran Status

In the service area, 3.9% of the civilian population, 18 years and older, are veterans.

### Veteran Status

	UCI Health – Los Alamitos Service Area	Los Angeles County	Orange County
Civilian veterans	3.9%	2.8%	3.6%

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

## Citizenship

In the service area, 31.1% of the population is foreign-born. Of the foreign-born, 33.8% 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

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County
Foreign born	31.1%	33.4%	29.9%
Of the foreign born, not a U.S. citizen	33.8%	45.4%	41.7%

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

## Social Determinants of Health

### Social and Economic Factors Ranking

The County Health Rankings rank-order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 counties were ranked according to social and economic factors with one indicating the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Los Angeles County is ranked 37, and Orange County is ranked 11.

### Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	37
Orange County	11

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

### California Healthy Places Index

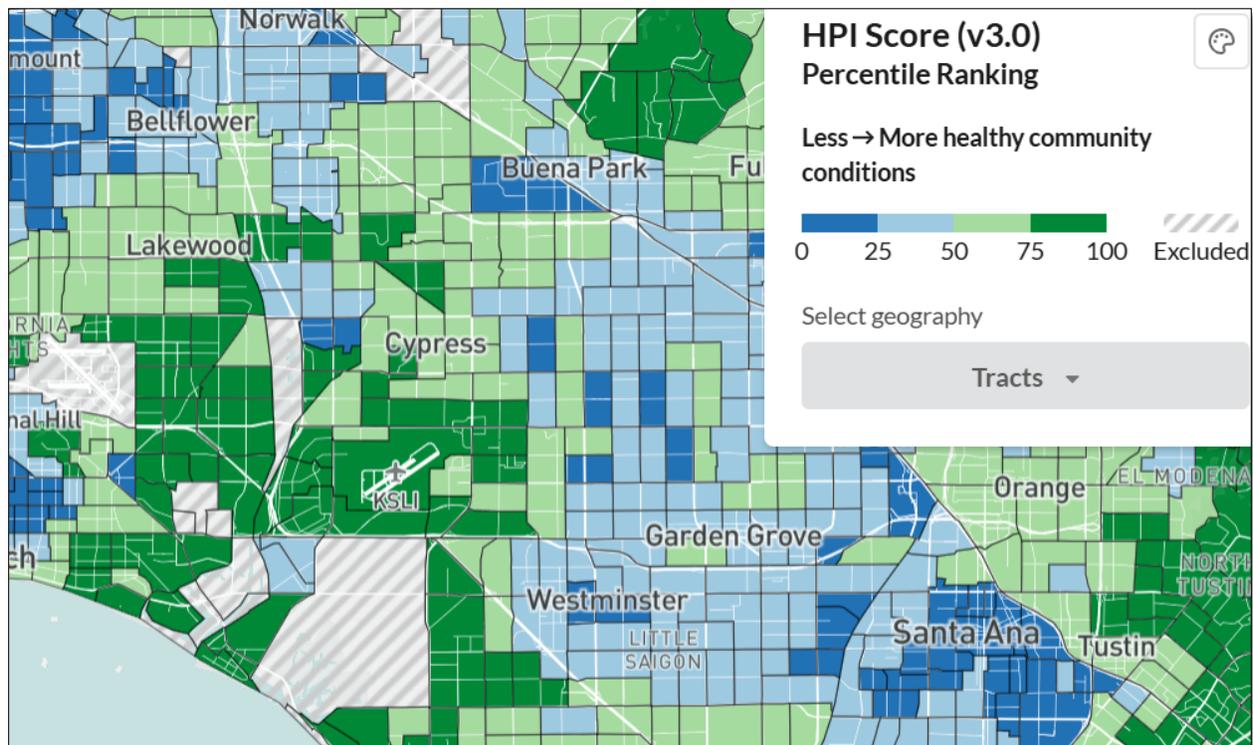
The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores: economic, education, transportation, social, neighborhood, health care access, housing, and clean environment. The index evaluates the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health. The HPI map below displays Los Alamitos and the 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 the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.)

The service area ZIP Codes have an overall HPI score that is better than 57.6% of California ZIP Codes. The service area has better housing conditions than 34.3% of the other California ZIP Codes, based on five criteria: homeownership, housing habitability, homeowner and renter severe housing cost burdens, and crowded housing conditions. The area has cleaner environmental conditions than 38.8% of other California ZIP Codes, based on air pollution (particulate matter and ozone levels) and drinking water contaminants.

## California Healthy Places Index Value and Sub-Scores, as Percentiles

	Percent
Economic	56.9%
Education	58.2%
Social	71.2%
Transportation	40.9%
Neighborhood	45.6%
Housing	34.3%
Clean Environment	38.8%
Health Care Access	44.9%
<b>HPI Score</b>	<b>57.6%</b>

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed December 30, 2024. <https://healthyplacesindex.org>



## Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6%. The highest rates of unemployment were found in Artesia (9.4%), and Bellflower (7.8%). The lowest unemployment rates were in La Palma (3.6%), and Long Beach 90803 and Long Beach 90808 (4.2%).

## Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Anaheim	92804	41,257	2,881	7.0%
Artesia	90701	8,012	754	9.4%

	<b>ZIP Codes</b>	<b>Civilian Labor Force</b>	<b>Unemployed</b>	<b>Unemployment Rate</b>
Bellflower	90706	40,718	3,165	7.8%
Buena Park	90620	24,992	1,153	4.6%
Cerritos	90703	23,576	1,160	4.9%
Cypress	90630	25,524	1,303	5.1%
Garden Grove	92845	8,446	376	4.5%
Hawaiian Gardens	90716	6,749	345	5.1%
La Palma	90623	7,940	289	3.6%
Lakewood	90713	15,626	799	5.1%
Lakewood	90715	11,557	710	6.1%
Long Beach	90803	20,351	853	4.2%
Long Beach	90808	20,325	853	4.2%
Long Beach	90815	22,156	1,291	5.8%
Los Alamitos	90720	12,074	732	6.1%
Seal Beach	90740	9,448	485	5.1%
Stanton	90680	16,588	1,253	7.6%
Westminster	92683	44,816	3,299	7.4%
<b>UCI Health - Los Alamitos Service Area</b>		<b>360,155</b>	<b>21,701</b>	<b>6.0%</b>
<b>Los Angeles County</b>		<b>5,203,398</b>	<b>365,701</b>	<b>7.0%</b>
<b>Orange County</b>		<b>1,685,097</b>	<b>90,063</b>	<b>5.3%</b>
<b>California</b>		<b>19,982,482</b>	<b>1,282,259</b>	<b>6.4%</b>

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

## Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. 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 service area, 10.1% are at or below 100% of the federal poverty level (FPL) and 24.2% are at 200% of FPL or below. The highest poverty rates in the service area are found in Hawaiian Gardens (18%), Anaheim (16.9%) and Westminster (15.8%). The highest rates of low-income residents are found in Hawaiian Gardens (40.8%), Anaheim 92804 (36.4%), and Bellflower (35.1%). Garden Grove has the lowest rate of poverty-level residents (4.7%) and low-income residents (10.6%), followed by Long Beach 90808 (4.9% and 10.8%, respectively).

### Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	<b>ZIP Code</b>	<b>&lt;100% FPL</b>	<b>&lt;200% FPL</b>
Anaheim	92804	16.9%	36.4%
Artesia	90701	8.9%	28.3%
Bellflower	90706	13.2%	35.1%
Buena Park	90620	6.8%	19.8%
Cerritos	90703	6.1%	13.0%
Cypress	90630	6.6%	17.4%
Garden Grove	92845	4.7%	10.6%
Hawaiian Gardens	90716	18.0%	40.8%
La Palma	90623	5.2%	20.0%
Lakewood	90713	5.7%	11.8%

	ZIP Code	<100% FPL	<200% FPL
Lakewood	90715	7.8%	23.5%
Long Beach	90803	6.1%	12.8%
Long Beach	90808	4.9%	10.8%
Long Beach	90815	7.9%	16.4%
Los Alamitos	90720	6.8%	16.6%
Seal Beach	90740	5.5%	16.6%
Stanton	90680	12.2%	32.4%
Westminster	92683	15.8%	34.3%
<b>UCI Health - Los Alamitos Service Area</b>		<b>10.1%</b>	<b>24.2%</b>
<b>Los Angeles County</b>		<b>13.6%</b>	<b>31.1%</b>
<b>Orange County</b>		<b>9.5%</b>	<b>22.5%</b>
<b>California</b>		<b>12.0%</b>	<b>27.5%</b>

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

In the service area, 12.3% of children, younger than age 18, 10.7% of senior adults, ages 65 and older, are living in poverty, and 20.6% of female heads-of-household (HoH), living with their own children, under the age of 18. Hawaiian Gardens (23.8%), Anaheim 92804 (23.2%) and Westminster (21.5%) have the highest rates of poverty among children. Anaheim 92804 has the highest rate of poverty among senior adults (22.1%). Hawaiian Gardens has the highest rate of poverty among female HoH, living with their own children under the age of 18 (45.5%), followed by Stanton (38.4%).

#### Poverty Levels of Children, under Age 18; Senior Adults, Ages 65+, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Anaheim	92804	23.2%	22.1%	28.2%
Artesia	90701	13.7%	5.7%	10.9%
Bellflower	90706	17.4%	15.1%	20.5%
Buena Park	90620	6.5%	8.9%	9.0%
Cerritos	90703	5.2%	5.7%	14.7%
Cypress	90630	5.7%	9.6%	9.5%
Garden Grove	92845	5.1%	7.2%	8.7%
Hawaiian Gardens	90716	23.8%	17.2%	45.5%
La Palma	90623	3.6%	10.7%	11.3%
Lakewood	90713	5.0%	7.6%	12.0%
Lakewood	90715	9.6%	6.0%	12.5%
Long Beach	90803	3.3%	5.2%	2.8%
Long Beach	90808	4.3%	4.9%	16.0%
Long Beach	90815	4.9%	6.7%	16.6%
Los Alamitos	90720	8.4%	6.7%	27.4%
Seal Beach	90740	2.4%	6.6%	22.4%
Stanton	90680	13.3%	18.6%	38.4%
Westminster	92683	21.5%	15.9%	28.4%
<b>UCI Health - Los Alamitos Service Area</b>		<b>12.3%</b>	<b>10.7%</b>	<b>20.6%</b>
<b>Los Angeles County</b>		<b>17.7%</b>	<b>14.2%</b>	<b>29.3%</b>
<b>Orange County</b>		<b>10.9%</b>	<b>9.9%</b>	<b>23.1%</b>
<b>California</b>		<b>15.1%</b>	<b>11.3%</b>	<b>28.4%</b>

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

In the service area, residents who identify as some Other race (14.3%) and Native Hawaiian or Pacific Islander residents (14.2%) have the highest rates of poverty, followed by American Indian or Alaska Native residents (13.4%) and Black or African American residents (13%).

### Poverty Levels, by Race and Ethnicity

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County
Some other race	14.3%	16.6%	12.8%
Native Hawaiian or Pacific Islander	14.2%	11.0%	15.3%
American Indian or Alaska Native	13.4%	15.6%	9.7%
Black or African American	13.0%	19.8%	13.4%
Hispanic or Latino	11.7%	15.6%	11.4%
Asian	10.3%	11.3%	10.5%
Multiracial	9.7%	13.3%	9.7%
White, non-Latino	7.8%	9.8%	7.0%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 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. Area school district eligibility ranged from 16.7% of students in the Los Alamitos Unified School District, to 82.7% in the Savanna Elementary School District (Anaheim, Buena Park, Cypress, and Stanton).

### Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
ABC Unified School District	60.4%
Anaheim Elementary School District	79.7%
Anaheim Union High School District	78.9%
Bellflower Unified School District	78.8%
Buena Park Elementary School District	77.5%
Centralia Elementary School District	66.5%
Cypress Elementary School District	44.5%
Fullerton Joint Union High School District	56.9%
Garden Grove Unified School District	80.8%
Huntington Beach Union High School District	52.7%
Long Beach Unified School District	60.3%
Los Alamitos Unified School District	16.7%
Magnolia Elementary School District	79.9%
Savanna Elementary School District	82.7%
Westminster School District	73.0%
<b>Los Angeles County</b>	<b>69.2%</b>
<b>Orange County</b>	<b>54.1%</b>
<b>California</b>	<b>61.7%</b>

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:

- We've seen a noticeable increase in the number of patients requiring housing, social services, drug and rehab support, and mental health issues in the past three years.
- Long Beach is a very diverse community. There are areas where houses are in the million-dollar range. And if you go a couple of blocks down the street, you see people are really struggling. Those who are struggling are usually the communities of color. Long Beach does have a history of redlining. The ZIP Codes that were historically redlined are still struggling economically. The communities that are disproportionately impacted are the Cambodian community, Black community, and the Hispanic community.
- We have been in discussions to provide a guaranteed income for some seniors. It turns out there is an unintended consequence, where they won't qualify for SSI and CalFresh anymore because that extra money puts them over the income limit. Giving them financial support might help with their housing, but it might take away their Medi-Cal, SSI and CalFresh.
- Health is linked to income. There are challenges with poverty and having to choose between rising housing and food costs, as a result, health care falls to the wayside.
- Wages haven't kept up with the cost of living.
- Needs have gotten greater in the past three years for food, housing, and economic stability.
- We have seen a lot of employees being recruited to hospitals and larger clinics. We've increased our starting wage three times now and it is still hard for us to compete. Post Covid, a lot of the medical providers only want to come in a few days a week and work the rest from home. That has impacted comprehensive care, our bottom line, and our available appointment times.
- 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. 98.3% of Los Angeles County residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area, and 98.1% have access to 1G of download speed. Rates are slightly higher for Orange County, with 98.7% of residents having access to Broadband and 98.6% 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
Los Angeles County	98.3%	98.3%	98.1%
Orange County	98.7%	98.7%	98.6%
California	96.1%	96.1%	51.1%

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

While 98.3% of the Los Angeles County population could access broadband for their households, 88% of households choose to do so. 92% of Orange County households

have a Broadband connection. 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
Los Angeles County	88%	2.5%	9.5%
Orange County	92%	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

Among service area workers ages 16 and older, 71.8% drove alone, 10.2% carpooled, 1.3% took public transit to work, and 13.2% worked from home. The average service area commute time was 29.5 minutes, and 47.4% of solo drivers had a commute of at least 30 minutes one-way. It should be noted that this data spans from 2019 to 2023, from pre- to post-Pandemic. As such, it may not be fully reflective of current commuting practices.

### Transportation/Commute to Work

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County
Mean travel time to work (in minutes)	**29.5	30.8	27.0
Drove alone to work	71.8%	66.4%	69.4%
Solo drivers with a long commute*	47.4%	48.9%	40.1%
Carpooled to work	10.2%	9.3%	9.0%
Commuted by public transportation	1.3%	4.2%	1.2%
Walked to work	1.4%	2.4%	1.8%
Worked from home	13.2%	15.2%	16.6%

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/> \*\*Weighted average of area means.

### Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, 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. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: [http://www.freddiemac.com/research/insight/20181205/major\\_challenge\\_to\\_u.s.\\_housing\\_supply.page](http://www.freddiemac.com/research/insight/20181205/major_challenge_to_u.s._housing_supply.page))

In the service area, there are 233,859 households and 243,840 housing units. Over the last five years, the population decreased by 0.8%, but the number of households grew at a rate of 2.1% (suggesting easing of constraints on housing formation and/or smaller household sizes). The number of housing units grew by 1.8%, and vacant units decreased by 5.6%, to 4.1% of overall housing stock. Owner-occupied housing units increased by 2.6%, and renter-occupied units increased by 1.5% from their 2018 levels. The service area has a lower rate of vacancy, and a lower rate of renter-occupied housing, compared to both counties.

### Households and Housing Units, and Percent Change, Service Area

	2018		2023		Percent Change
	Number	Percent	Number	Percent	
Housing units	239,518		243,840		1.8%
Vacant	10,574	4.4%	9,981	4.1%	-5.6%
Households	228,944		233,859		2.1%
Owner occ.	135,103	59.0%	138,651	59.3%	2.6%
Renter occ.	93,841	41.0%	95,208	40.7%	1.5%

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

The weighted average of the median household income in the service area is \$103,249. Median household income ranged from \$74,588 in Anaheim 92804 to \$134,232 in Los Alamitos.

### Median Household Income

	ZIP Code	Households	Median Household Income
Anaheim	92804	24,644	\$74,588
Artesia	90701	4,379	\$97,712
Bellflower	90706	23,669	\$77,602
Buena Park	90620	13,111	\$122,582
Cerritos	90703	15,869	\$133,300
Cypress	90630	16,018	\$124,360
Garden Grove	92845	5,481	\$133,564
Hawaiian Gardens	90716	3,807	\$76,235
La Palma	90623	5,093	\$112,366
Lakewood	90713	9,361	\$129,397
Lakewood	90715	6,372	\$94,796
Long Beach	90803	17,038	\$111,500
Long Beach	90808	14,217	\$131,959
Long Beach	90815	15,457	\$116,567
Los Alamitos	90720	8,383	\$134,232
Seal Beach	90740	12,752	\$82,427
Stanton	90680	10,350	\$83,150
Westminster	92683	27,858	\$82,703

	ZIP Code	Households	Median Household Income
<b>UCI Health - Los Alamitos Service Area</b>		<b>233,859</b>	<b>*\$103,249</b>
<b>Los Angeles County</b>		<b>3,390,254</b>	<b>\$87,760</b>
<b>Orange County</b>		<b>1,074,654</b>	<b>\$113,702</b>
<b>California</b>		<b>13,434,847</b>	<b>\$96,334</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP03. <http://data.census.gov/> \*Weighted average of the medians.

## Household Overcrowding

Residential crowding has been linked to an increased risk of infection from communicable diseases, a higher prevalence of respiratory ailments, and greater vulnerability to homelessness among the poor. 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](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 people per room of the dwelling. Additional measures for analyzing overcrowding that have been investigated include analyzing housing by greater than two people per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is generally accepted to be valid, is the most-available measurement, and is the one used by the U.S. Census Department.

In the service area, 5.9% of households live in overcrowded conditions, and an additional 2.9% live in severely overcrowded conditions, for a total of 8.7% of all households being overcrowded. Hawaiian Gardens has the highest combined rate of overcrowding in the service area (25.9% of all households), followed by Bellflower (17.1%), Anaheim 92804 (17%), and Stanton (16%).

## Overcrowded and Severely Overcrowded Housing, by ZIP Code

	ZIP Codes	Percent of Households with >1 to 1.5 PPR	Percent of Households with >1.5 PPR	Combined Rate of Overcrowding
Anaheim	92804	11.2%	5.8%	17.0%
Artesia	90701	10.8%	3.2%	14.0%
Bellflower	90706	10.9%	6.2%	17.1%
Buena Park	90620	7.0%	3.3%	10.3%
Cerritos	90703	3.3%	1.4%	4.7%

	ZIP Codes	Percent of Households with >1 to 1.5 PPR	Percent of Households with >1.5 PPR	Combined Rate of Overcrowding
Cypress	90630	4.5%	1.0%	5.5%
Garden Grove	92845	1.0%	1.0%	2.0%
Hawaiian Gardens	90716	20.9%	5.0%	25.9%
La Palma	90623	3.0%	0.6%	3.7%
Lakewood	90713	3.2%	0.4%	3.6%
Lakewood	90715	7.7%	2.1%	9.7%
Long Beach	90803	1.2%	2.5%	3.8%
Long Beach	90808	0.5%	0.1%	0.7%
Long Beach	90815	1.4%	0.4%	1.8%
Los Alamitos	90720	3.5%	0.3%	3.8%
Seal Beach	90740	0.2%	0.9%	1.1%
Stanton	90680	8.9%	7.1%	16.0%
Westminster	92683	8.1%	3.6%	11.6%
<b>UCI Health - Los Alamitos Service Area</b>		<b>5.9%</b>	<b>2.9%</b>	<b>8.7%</b>
<b>Los Angeles County</b>		<b>6.3%</b>	<b>4.7%</b>	<b>11.0%</b>
<b>Orange County</b>		<b>5.5%</b>	<b>3.4%</b>	<b>8.9%</b>
<b>California</b>		<b>5.1%</b>	<b>3.1%</b>	<b>8.2%</b>

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

## Housing Affordability

Safe and affordable housing is an essential component of healthy communities. 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.” In the service area, 40.2% of owner and renter occupied households spend 30% or more of their income on housing. The service area ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Anaheim 92804 (54.3%), Westminster (47.7%), and Bellflower (47.2%). Among renters-only, the rates are higher, with 56.7% of service area renter households being cost burdened, as opposed to 29.4% for owner households. La Palma has the highest rate of cost-burdened renters (68.5%), followed by Anaheim 92804 (66.7%), and Westminster (64.6%).

## Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Anaheim	92804	54.3%	37.4%	66.7%
Artesia	90701	43.6%	36.3%	52.3%
Bellflower	90706	47.2%	29.2%	58.5%
Buena Park	90620	32.8%	24.7%	55.1%
Cerritos	90703	28.2%	24.5%	39.6%
Cypress	90630	36.6%	27.0%	58.4%
Garden Grove	92845	32.3%	26.8%	54.5%
Hawaiian Gardens	90716	42.5%	26.8%	55.9%
La Palma	90623	41.6%	29.7%	68.5%
Lakewood	90713	32.8%	28.5%	58.1%

	ZIP Code	All Households	Owner Households	Renter Households
Lakewood	90715	40.9%	27.1%	55.5%
Long Beach	90803	39.6%	36.6%	41.9%
Long Beach	90808	32.0%	29.3%	46.7%
Long Beach	90815	36.9%	31.1%	48.4%
Los Alamitos	90720	36.5%	26.2%	56.2%
Seal Beach	90740	30.7%	23.9%	53.9%
Stanton	90680	43.4%	29.9%	58.4%
Westminster	92683	47.7%	33.5%	64.6%
<b>UCI Health - Los Alamitos Service Area</b>		<b>40.2%</b>	<b>29.4%</b>	<b>56.7%</b>
<b>Los Angeles County</b>		<b>46.8%</b>	<b>34.9%</b>	<b>57.4%</b>
<b>Orange County</b>		<b>41.5%</b>	<b>30.6%</b>	<b>56.2%</b>
<b>California</b>		<b>41.2%</b>	<b>30.9%</b>	<b>54.7%</b>

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

### Households by Type

22.5% of service area households are family households (married or cohabiting couples) with children, under 18 years old, and 4% of households are households with a female as head of household (HoH) with children, with no spouse or partner present. 10.4% of area households are senior adults who live alone. Senior adults living alone may be isolated and lack adequate support systems.

### Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with own Children Under Age 18	Senior Adults, 65+, Living Alone
	Number	Percent	Percent	Percent
UCI Health - Los Alamitos Service Area	233,859	22.5%	4.0%	10.4%
Los Angeles County	3,390,254	20.3%	4.6%	9.0%
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 Estimate, 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 communities nationwide, to determine how many individuals and families are homeless on a given day. It is scheduled to occur on a single night in the third week of January, unless weather does not permit.

The Long Beach Homelessness Continuum of Care (CoC) is not part of the Los Angeles County CoC. Their counts are conducted independently, and counts do not

overlap. The Long Beach count is organized by the Long Beach Department of Health and Human Services, and the Santa Ana, Anaheim/Orange County CoC count is organized by the County of Orange’s Office of Care Coordination.

Data from the 2024 survey showed a 2.1% decrease in the number of people experiencing homelessness in Long Beach from 2023 to 2024, and a decrease in the percentage of sheltered homeless people to 27.3%. In Orange County, the number of homeless individuals counted increased by 21% from 2023 to 2024, while the percentage of those who were sheltered decreased. Of the 3,376 unhoused people in Long Beach in 2024, 96.9% were adult individuals, and 3.1% were family members (with at least one child, under 18, and one adult, age 18 and older). Orange County homeless individuals were more likely to be members of homeless families (15.4% of the homeless population). More than half (51.4%) of unhoused individuals in Long Beach were chronically homeless, while one-third (33.8%) of homeless individuals in Orange County were chronically homeless. 11.3% of homeless individuals in Long Beach and 4.5% in Orange County were veterans.

### Homeless Subpopulations, 2023 and 2024

	Long Beach		Orange County	
	2023	2024	2023	2024
Count of homeless individuals	3,447	3,376	6,050	7,322
Sheltered individuals	28.0%	27.3%	49.5%	43.0%
Unsheltered individuals	72.0%	72.7%	50.5%	57.0%
Chronically homeless persons	39.4%	51.4%	41.8%	33.8%
Survivor of domestic violence	26.5%	12.3%	8.7%	9.2%
Persons with HIV/AIDS	4.1%	1.3%	3.3%	3.6%
Serious mental illness	34.3%	34.3%	26.8%	29.4%
Substance use disorder	28.1%	28.3%	29.7%	35.9%
Veterans	10.5%	11.3%	3.9%	4.5%
Homeless family members	2.7%	3.1%	19.9%	15.4%
Parenting youth (ages 18 to 24)	0.1%	-	0.7%	0.3%
Children of parenting youth	0.2%	-	0.8%	0.5%
Unaccompanied youth (under 18)	-	-	0.2%	0.1%
Transgender/non-conforming/questioning	2.3%	3.8%	0.6%	1.0%
*LGBTQ+	11.2%	7.7%	Not asked	Not asked
*Students	7.4%	6.6%	Not asked	Not asked
*Foster care experience	19.0%	19.1%	Not asked	Not asked

Source: U.S. Department of Housing and Urban Development (HUD), 2023 and 2024 Homeless Populations and Subpopulations reports. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports> and \*City of Long Beach, 2023 and 2024 Homeless Counts. <https://www.longbeach.gov/homelessness/annual-homeless-count/>

### 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:

- For the unhoused who are living on the street, many of them struggle with mental health and substance use issues. A big challenge is the continuum of care for homelessness between LA County, Long Beach and Pasadena. Long Beach is lucky to have a homeless services department bureau. But there are way too many people who need help compared to the number of staff available to accommodate them appropriately.
- People talk about wanting to see homelessness addressed, they want to see improvements, but they protest a shelter near where they live.
- Even though we issue vouchers for housing, we don't have enough money to fully utilize all the vouchers because rents are increasing, and we are having more people in need of the vouchers. If we have 700 vouchers to distribute in a year, we usually max out the funding at 400 and 450 vouchers.
- When the unhoused call for services, the firefighters must go. They may need to be taken to the hospital, and we will have an ambulance transport them. We are seeing more calls from unhoused residents who have been using substances.
- We are seeing an increase in the number of unhoused in the communities we serve. It seems like they are migrating to other areas from Downtown LA like Paramount, Bellflower, Cerritos, and Artesia.
- People experiencing homelessness have mental health issues and they end up on the street. The hospital becomes a last resort for people who have nowhere else to go.
- Sometimes older adults who are isolated end up in the hospital. If no one knows they are in the hospital, they may fall behind on paying their bills and rent. Or maybe they had to go to a skilled nursing facility after the hospital. Once they are better, they've lost their housing because they weren't paying their bills.
- We had a tsunami of people experiencing homelessness after Covid. We have the chronically homeless, who have been homeless for many years. They're aging in place as they're homeless. We also have some unhoused people who struggle with mental health issues or substance abuse. They may have diminished capacity. We also have the newly unhoused. This is a new homeless population that we are seeing post Covid. We are seeing older adults as well as more families being unhoused. Priority for housing is based on the funder and the program. They set their criteria. Sometimes it is veterans, the chronically homeless, those closest to death. Sometimes it is for a family.
- Hospitals need to work closely with community-based organizations when discharging a patient. Unhoused people should be placed in a shelter, temporary housing, acute care facility, or skilled nursing facility. We need to pay special attention to discharging vulnerable patients.

- Many people are getting priced out of housing as rents continue to rise and folks haven't been able to keep up with those rising costs. It's so traumatic and violent living on the streets and doing what you can to be able to survive. And it feels like the solutions we have are not strong enough. It is an upstream problem.
- We don't have enough housing. Every time there are efforts to build, there is opposition. There is space but not necessarily the will of neighborhoods to be able to build housing that is the scale and density that is needed to give people proper homes.
- We have street medicine services, and we work with people to help them get ready for housing, to qualify, be eligible and get on the list for housing. That requires documentation. Sometimes they are older and don't have their birth certificate anymore. A big barrier is getting people living on the streets the documents needed to qualify for housing.
- About 60% of the youth we work with, once they are emancipated from the foster system, end up homeless at some point in their lives.
- 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 at 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 couldn't 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 must 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 must 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 SPA 8, 43.8% of low-income residents (those making less than 200% of FPL) were

not able to afford enough to eat, while only 28.9% of low-income residents utilized food stamps. WIC benefits were more-readily accessed, by 56.4% of SPA 8 children and 63.1% of SPA 7 children, 6 years and younger. 6.5% of SPA 8 low-income residents are TANF/CalWORKs recipients. 8.8% of SPA 7 adult immigrants, 8.6% of those in SPA 7, and 8.3% in Orange County indicated there had been a time in the past year when they avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 17% of adult immigrants in SPA 8, 11.9% in SPA 7, and 13.8% in Orange County indicated they were asked to provide a Social Security Number or other proof of citizenship within the past year to obtain medical services or school enrollment.

### Public Program Participation, Population < 200% FPL

	SPA 7	SPA 8	Los Angeles County	Orange County
Not able to afford food	39.1%	43.8%	41.7%	39.8%
Food stamp recipients	27.1%	28.9%	30.2%	29.5%
WIC usage among children, 6 years and younger	63.1%	56.4%	49.4%	54.3%
TANF/CalWORKs recipients	9.1%	6.5%	10.2%	7.0%
Avoided government benefits (asked of all immigrants, regardless of income), past year, due to concerns over green card disqualification for self or a family member	8.8%	8.6%	10.4%	8.3%
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year	11.9%	17.0%	16.0%	13.8%

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

In the service area, 6% of residents lived in households which received SSI benefits, 3.7% in households receiving cash public assistance income, and 9.8% in households receiving food stamp benefits.

### Household Supportive Benefits

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County
<b>Total households</b>	<b>233,859</b>	<b>3,390,254</b>	<b>1,074,654</b>
Supplemental Security Income (SSI)	6.0%	6.6%	4.7%
Cash Public Assistance	3.7%	4.5%	2.9%
Food Stamps/SNAP	9.8%	13.0%	7.6%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 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, 82.1% of eligible households in Los Angeles County and 63.3% of eligible households in Orange County received food stamps (CalFresh) in 2021. A

monthly average of 966,548 households in Los Angeles County and 176,760 in Orange County received food stamps in 2023, with the number decreasing in both counties from March to April, before rising again over the course of the year. The number of households receiving food stamps in Los Angeles County in November 2024 was a 3.5% increase over the 2023 monthly average, while in Orange County the number had increased by 10.1% over the 2023 monthly average.

### CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	November 2024	Percent Increase From 2023 Monthly Average
Los Angeles County	966,548	82.1%	999,902	3.5%
Orange County	176,760	63.3%	194,538	10.1%
California	3,049,919	77.0%	3,023,036	(-0.9%)

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 Los Angeles County, 13.2% of the population experienced food insecurity in 2022, while in Orange County 10.4% experienced food insecurity. Among children in Los Angeles County, 18.6% lived in households that experienced food insecurity, and in Orange County the rate was 12.5%. Feeding America estimated that 71% of those experiencing food insecurity in Los Angeles County, and 67% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. In Orange County those numbers were 60% overall, and 64% of county children.

### Food Insecurity

	Los Angeles County		Orange County	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	1,314,070	13.2%	330,460	10.4%
Children, under 18, experienced food insecurity during the year	389,880	18.6%	84,700	12.5%

Source: Feeding America, 2022. <https://map.feedingamerica.org/county/2022/overall/california/county/los-angeles>

### Community Input – Food Insecurity

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

- We are seeing more food banks in the community and more need. Economic insecurity is tied to that. When people need to go to a food bank to eat, then there is an economic disparity somewhere.
- In certain ZIP Codes in Long Beach, we have food deserts. So, there is not a lot of access to nutritional foods. There is more access to fast foods, and foods that have low nutritional value. It is convenient, fast and easy. This leads to obesity.
- When you're struggling financially, you're not going to eat as many fresh fruits and vegetables. You're going to eat stuff that's kind of like fillers and a lot of time that's a lot of carbs. And carbs lead to weight gain.
- 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 fruit 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 service area, 14.4% of adults, 25 and older, lack a high school diploma, which is lower than Los Angeles County rate (19.3%), but higher than the Orange County rate (13.1%). 36.9% of area adults have a bachelor's degree or higher.

## Education Levels, Population 25 Years and Older

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County
<b>Population 25 years and older</b>	<b>496,142</b>	<b>6,911,969</b>	<b>2,205,127</b>
Less than 9 <sup>th</sup> grade	7.7%	11.6%	7.3%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	6.7%	7.7%	5.8%
High school graduate	20.3%	20.3%	17.2%
Some college, no degree	20.4%	17.9%	18.7%
Associate's degree	8.1%	7.0%	7.7%
Bachelor's degree	24.0%	22.8%	27.3%
Graduate/professional degree	12.9%	12.7%	16.1%

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

## High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9<sup>th</sup> grade. The Healthy People 2030 objective for high school graduation is 90.7%. Graduation rates in the area ranged from 83.2% in the Long Beach Unified School District to 96.3% in the Los Alamitos Unified School District.

## High School Graduation Rates, Four-Year Cohorts, 2023-2024

	Graduation Rate
ABC Unified School District	94.9%
Anaheim Union High School District	93.1%
Bellflower Unified School District	90.4%
Fullerton Joint Union High School District	93.9%
Garden Grove Unified School District	93.1%
Huntington Beach Union High School District	91.5%
Long Beach Unified School District	83.2%
Los Alamitos Unified School District	96.3%
<b>Los Angeles County</b>	<b>89.5%</b>
<b>Orange County</b>	<b>92.3%</b>
<b>California</b>	<b>90.2%</b>

Source: California Department of Education, 2024. <https://data1.cde.ca.gov/dataquest/> Note: By default, Charter Schools data are not included in district, county, or state rates.

Differences are seen in rates of high school graduation when examined by race and ethnicity of the students. In Los Angeles County, African American students had the lowest four-year graduation rate, followed by American Indian or Alaska Native (AIAN) students, Pacific Islander students, and Hispanic or Latino students. In Orange County, AIAN students had the lowest four-year graduation rate, followed by African American students, then Hispanic or Latino students, and Pacific Islander students. In both counties, Filipino and Asian students had the highest graduation rates.

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

	Los Angeles County	Orange County	California
Filipino	94.8%	97.0%	95.2%

	Los Angeles County	Orange County	California
Asian	94.6%	95.4%	92.2%
White	89.8%	93.5%	89.0%
Multiracial	90.4%	92.6%	88.2%
Hispanic or Latino	85.6%	89.7%	84.9%
Pacific Islander	84.0%	91.3%	82.8%
American Indian or Alaska Native	83.6%	83.1%	79.6%
African American	80.7%	86.8%	78.4%

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

**Safe Parks or Playgrounds**

81.9% of Los Angeles County and 91.1% of Orange County parents of children, ages one to 11, indicated that the park or playground closest to where they live is safe during the daytime. Area rates are highest in Orange County, followed by SPA 8 (86.5%), and lowest in Los Angeles County SPA 7 (78.4%).

**Safe Park or Playground, Children 1 to 11**

	SPA 7	SPA 8	Los Angeles County	Orange County	California
Park or playground nearest to home is safe during the daytime	78.4%	86.5%	81.9%	91.1%	87.2%

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

**Crime and Violence**

People can be exposed to violence in many ways. They may be victimized directly, witness violence, experience property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life.

Safe neighborhoods are a key component of physical and mental health. In a survey specific to Los Angeles County, 74.1% of SPA 8 adults perceived their neighborhoods to be safe from crime, 26.2% reported having something stolen or damaged either inside or outside of their home, and 4.7% reported having been mugged, punched/hit, or shot in their neighborhood.

**Perceived Safe, Robbed, Vandalized, Assaulted in Neighborhood, by Demographics**

	Perceived Safe	Robbed or Vandalized	Assaulted in Neighborhood
Transgender male	83.4%	*11.6%	**
Gender non-binary/non-conforming/Queer	77.6%	31.7%	*3.8%
Male	76.4%	23.4%	5.1%
Female	72.2%	22.9%	5.0%
Prefer not to state	70.3%	23.7%	*5.7%
Transgender female	67.3%	*46.0%	**
Heterosexual	75.2%	22.6%	4.7%

	Perceived Safe	Robbed or Vandalized	Assaulted in Neighborhood
Gay or lesbian	73.6%	24.3%	4.8%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	72.9%	29.4%	5.9%
18 to 24 years old	75.2%	23.3%	3.8%
25 to 29 years old	69.3%	31.4%	7.6%
30 to 39 years old	71.9%	26.0%	5.6%
40 to 49 years old	71.1%	22.8%	7.2%
50 to 59 years old	72.6%	24.6%	4.4%
60 to 64 years old	76.2%	21.8%	4.6%
65 or older	82.1%	16.0%	3.0%
Asian, non-Hispanic	82.7%	18.9%	3.7%
White, non-Hispanic	81.0%	20.9%	3.2%
Multiracial or Other Race, non-Hispanic	77.7%	25.6%	7.8%
Black or African American, non-Hispanic	70.1%	19.7%	5.1%
Hispanic or Latinx	68.2%	26.5%	6.4%
Native Hawaiian or Pacific Islander, non-Hispanic	66.4%	*27.7%	**
American Indian or Alaska Native, non-Hispanic	64.3%	*20.5%	**
Less than high school	64.5%	24.6%	7.0%
High School	70.3%	25.1%	5.3%
Some college or trade school	75.4%	22.7%	5.5%
College or post-graduate degree	81.6%	21.5%	3.4%
0 - 99% FPL	61.3%	26.9%	9.9%
100% - 199% FPL	68.9%	26.0%	7.3%
200% - 299% FPL	71.7%	24.8%	4.6%
300% or above FPL	81.0%	20.4%	2.8%
Disabled	68.2%	29.1%	7.9%
Not disabled	76.7%	20.7%	3.9%
Bellflower Health District	79.6%	16.6%	*2.7%
Long Beach Health District	64.2%	34.3%	5.5%
<b>SPA 7</b>	<b>76.2%</b>	<b>20.2%</b>	<b>4.5%</b>
<b>SPA 8</b>	<b>74.1%</b>	<b>26.2%</b>	<b>4.7%</b>
<b>Los Angeles County</b>	<b>74.3%</b>	<b>23.2%</b>	<b>5.0%</b>

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

Violent crimes include homicide, rape, robbery, and assault. Property crimes include burglary, larceny, and motor vehicle theft. All crime rates were lower in Orange County 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.

When adults and teens in Orange County were asked about neighborhood cohesion, 89.1% of adult residents agreed their neighborhood felt safe most or all the time, neighbors were willing to help (80.7%), and people in their neighborhood could be trusted (82.2%). Most Orange County teens (89.2%) felt safe most or all the time, and that people in the neighborhood were willing to help (87.9%) and could be trusted (85%). Rates were lower in SPA 8 and SPA 7.

### Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	SPA 7	SPA 8	Los Angeles County	Orange County
Feels safe all or most of time	81.2%	84.1%	81.2%	89.1%
People in neighborhood are willing to help	75.9%	83.7%	77.6%	80.7%
People in neighborhood can be trusted	72.4%	77.7%	74.6%	82.2%

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

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

	SPA 7	SPA 8	Los Angeles County	Orange County
Feels safe all or most of the time	80.6%	82.5%	80.7%	89.2%
People in neighborhood are willing to help	93.1%	82.9%	85.0%	87.9%
People in neighborhood can be trusted	83.4%	86.5%	78.6%	85.0%

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

### Intimate Partner Violence

In a survey specific to Los Angeles County, the highest rates of physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner in area SPAs were reported by women in SPA 8 (12.5%), followed by women in SPA 7 (11.6%). The highest rates of having experienced sexual violence (unwanted sex) by an intimate partner were also reported by women in SPA 8 (9.4%), followed by women in SPA 7 (7.1%). Men in SPA 8 experienced higher rates of both forms of intimate partner violence than the county average.

## Intimate Partner Violence

	SPA 7	SPA 8	Los Angeles County
Women have experienced physical violence	11.6%	12.5%	11.5%
Women have experienced sexual violence	7.1%	9.4%	8.8%
Men have experienced physical violence	4.4%	7.2%	5.7%
Men have experienced sexual violence	*1.1%	*2.7%	1.6%

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/LACHSDDataTopics2023.htm> \*Statistically unstable due to sample size

When examined by demographics, physical and sexual violence in Los Angeles County is higher among individuals who identify as gender non-binary/non-conforming/Queer, and among women who identify as lesbian or bisexual+ than among men who identify as gender conforming, particularly heterosexual men. Physical violence is the highest among adults ages 30 to 64, while sexual violence is the highest among adults ages 18 to 49. Physical and sexual violence are highest among multiracial residents, and lowest among Asian residents. Physical and sexual violence from intimate partners is higher among disabled county residents.

## Physical and Sexual Intimate Partner Violence, Los Angeles County, by Demographics

	Physical Violence	Sexual Violence
Male	5.7%	1.6%
Female	11.5%	8.8%
Gender non-binary/non-conforming/Queer	27.4%	34.8%
Prefer not to state	8.3%	*6.7%
Bisexual+ (bi/pan/fluid/flexible/queer) women	22.0%	29.3%
Lesbian women	14.3%	*8.6%
Heterosexual women	11.2%	8.0%
Bisexual+ (bi/pan/fluid/flexible/queer) men	*13.1%	*6.4%
Gay men	11.8%	6.7%
Heterosexual men	5.2%	0.9%
18 to 24 years old	5.2%	6.2%
25 to 29 years old	7.2%	5.7%
30 to 39 years old	10.2%	6.2%
40 to 49 years old	10.9%	7.0%
50 to 59 years old	9.3%	5.2%
60 to 64 years old	9.6%	4.0%
65 or older	7.5%	3.6%
Multiracial or Other Race, non-Hispanic	16.8%	14.4%
Black or African American, non-Hispanic	11.0%	4.9%
White, non-Hispanic	10.3%	6.8%
Hispanic or Latinx	8.2%	4.9%
Asian, non-Hispanic	4.7%	3.3%
American Indian or Alaska Native, non-Hispanic	**	**
Native Hawaiian or Pacific Islander, non-Hispanic	**	**
Disabled	14.7%	9.5%
Not disabled	6.3%	3.8%

	Physical Violence	Sexual Violence
Bellflower Health District	9.4%	5.6%
Long Beach Health District	11.8%	11.0%
<b>SPA 7</b>	<b>8.1%</b>	<b>4.2%</b>
<b>SPA 8</b>	<b>10.1%</b>	<b>6.9%</b>
<b>Los Angeles County</b>	<b>8.7%</b>	<b>5.5%</b>

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> \*Statistically unstable due to small sample size; \*\*Suppressed due to small sample size

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

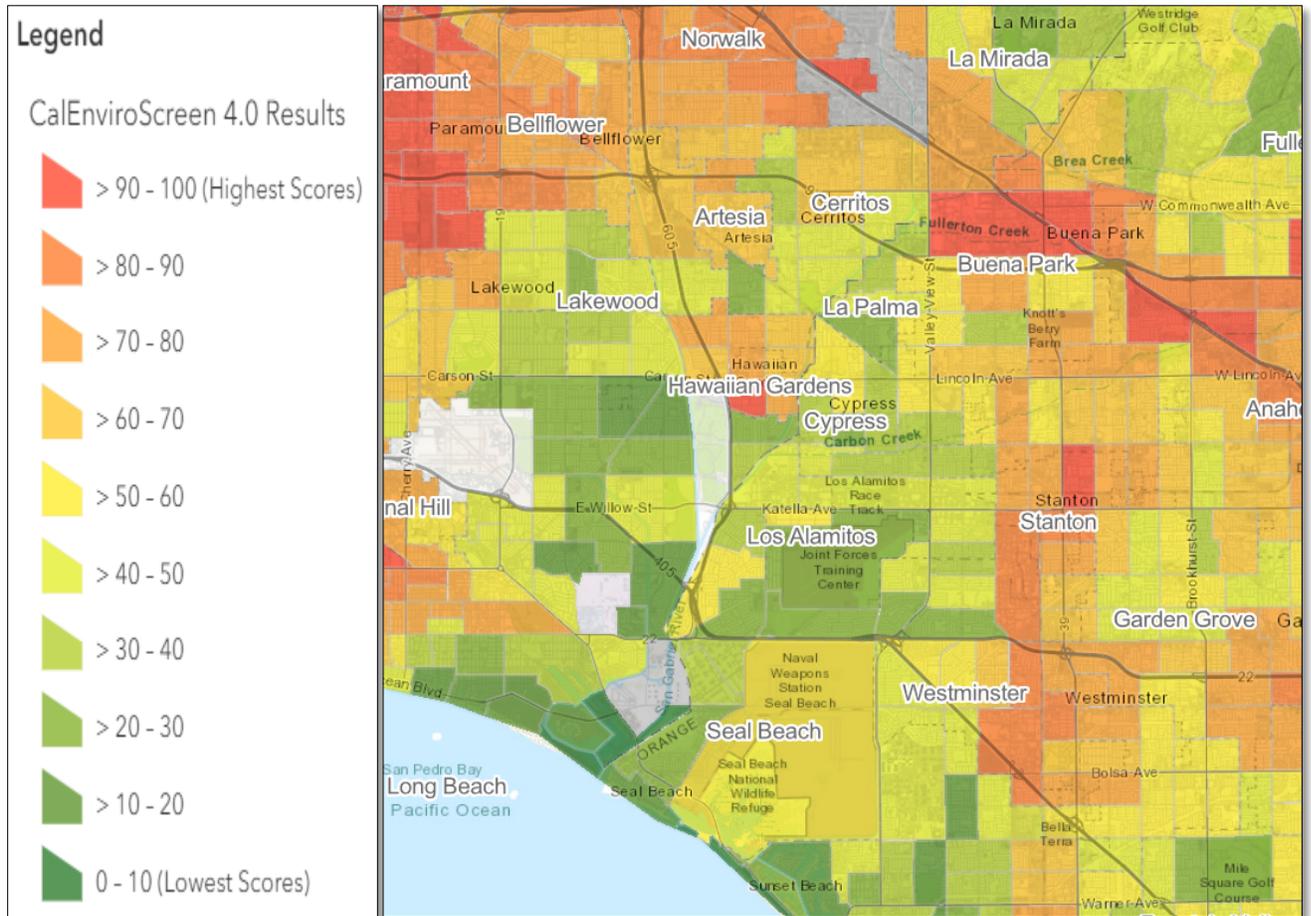
	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/Suffocation
Orange County	9,011	5,224	3,787	42.0%	5.7%
California	160,357	58,733	101,625	63.4%	5.2%

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

#### 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 then maps are created to help visualize the data.

Many of the census tracts in the service area, particularly in the northern and eastern region, belong to the top 10<sup>th</sup> (red), 20<sup>th</sup> (dark orange), 30<sup>th</sup> (orange), or 40<sup>th</sup> (light orange) percentiles of highest-burdened California tracts. Some of the tracts on the southeast side of the service area (Seal Beach, Los Alamitos, and the Long Beach ZIP Codes) belong to the bottom percentiles of lowest-burdened tracts (shades of green). Areas that are shaded grey are high-pollution but low-population areas.



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 is for 92.4% of the population to have health insurance coverage. 93.6% of the civilian, non-institutionalized population in the service area have health insurance. Lakewood 90713 and Long Beach 90808 have the highest health insurance rates (97.1%). Hawaiian Gardens (85.3%), Anaheim 92804 (89.4%) and Stanton (90.4%) have the lowest rates of health insurance in the service area. 96.1% of service area children, ages 18 and younger, have health insurance coverage. Long Beach 90803 has the highest rate of health insurance coverage among children (98.9%). Los Alamitos (93.8%), Hawaiian Gardens (94.5%), and Cypress (94.7%) have the lowest percentage of children with health insurance. Among adults, ages 19-64, 91.1% have health insurance. Seal Beach has the highest insurance rate among adults (96.8%), and Hawaiian Gardens (78%), Anaheim 92804 (84.8%) and Stanton (86%) have the lowest health insurance rates among adults. 99.2% of service area senior adults (ages 65 and older) have coverage.

### Health Insurance Coverage, by Age Group

	ZIP Code	All Ages	0 to 18	19 to 64	65 and Older
Anaheim	92804	89.4%	95.4%	84.8%	99.1%
Artesia	90701	91.9%	96.4%	88.7%	97.9%
Bellflower	90706	91.2%	95.4%	88.4%	97.9%
Buena Park	90620	94.5%	94.9%	93.3%	98.8%
Cerritos	90703	96.2%	94.9%	95.0%	99.7%
Cypress	90630	94.2%	94.7%	92.8%	99.0%
Garden Grove	92845	96.7%	97.5%	95.6%	99.3%
Hawaiian Gardens	90716	85.3%	94.5%	78.0%	97.3%
La Palma	90623	95.0%	96.0%	93.2%	99.0%
Lakewood	90713	97.1%	98.6%	96.1%	99.3%
Lakewood	90715	92.4%	95.5%	89.9%	99.2%
Long Beach	90803	96.7%	98.9%	95.4%	99.7%
Long Beach	90808	97.1%	98.6%	95.6%	99.9%
Long Beach	90815	95.9%	98.2%	94.2%	99.7%
Los Alamitos	90720	94.3%	93.8%	92.8%	99.8%
Seal Beach	90740	98.0%	95.5%	96.8%	99.9%
Stanton	90680	90.4%	97.4%	86.0%	98.8%
Westminster	92683	93.4%	96.8%	90.5%	99.3%
<b>UCI Health - Los Alamitos Service Area</b>		<b>93.6%</b>	<b>96.1%</b>	<b>91.1%</b>	<b>99.2%</b>
<b>Los Angeles County</b>		<b>91.3%</b>	<b>96.5%</b>	<b>87.9%</b>	<b>98.4%</b>
<b>Orange County</b>		<b>93.2%</b>	<b>96.5%</b>	<b>90.5%</b>	<b>99.1%</b>
<b>California</b>		<b>93.1%</b>	<b>96.6%</b>	<b>90.2%</b>	<b>98.9%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, S2701. <http://data.census.gov/>

When insurance coverage was examined by county and SPA, 29.8% of SPA 7, 23.3% of SPA 8, and 19.6% of Orange County residents have Medi-Cal coverage. 43.1% of SPA 7, 49% of SPA 8, and 53.5% of Orange County residents have employment-based insurance.

### Insurance Coverage, by Type

	SPA 7	SPA 8	Los Angeles County	Orange County
Medi-Cal	29.8%	23.3%	26.1%	19.6%
Medicare only	1.4%	2.0%	1.5%	1.1%
Medi-Cal/Medicare	5.2%	3.7%	4.8%	2.9%
Medicare and others	7.6%	12.7%	10.1%	11.9%
Other public	0.8%	0.5%	0.8%	0.4%
Employment based	43.1%	49.0%	45.4%	53.5%
Private purchase	3.9%	2.8%	4.5%	5.7%
No insurance	8.2%	6.1%	6.9%	5.0%

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

64% of Orange County adults, 78.2% of SPA 8 adults, and 92.1% of adults in SPA 7 reported that it was very difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO).

### Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Very difficult	67.6%	54.1%	49.9%	28.3%
Somewhat difficult	*24.5%	24.1%	24.0%	35.7%
Not too difficult	*7.9%	*9.7%	14.3%	20.5%
Not at all difficult	*0.0%	*12.1%	11.8%	15.5%

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

59.4% of Orange County adults, 61.1% of SPA 8 adults, and 63.4% of SPA 7 adults indicated it was somewhat difficult or very difficult to find an affordable health insurance plan through Covered California.

### Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Very difficult	41.1%	41.9%	34.1%	29.7%
Somewhat difficult	22.3%	19.2%	31.3%	29.7%
Not too difficult	19.4%	30.9%	23.1%	24.7%
Not at all difficult	17.2%	8.1%	11.5%	15.9%

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

When examined by race and ethnicity, there are differences in the rate of health insurance coverage in the service area. The lowest rate of health insurance coverage is seen in those who identify as Other race (87.4%), followed by Hispanic residents

(89.4%), AIAN residents (89.5%), and multiracial residents (92.1%). Service area coverage for children is 96.1%. The lowest rate of coverage is among children who were identified as Other race (93.6%), followed by Hispanic children (95.2%), multiracial children (96.1%), and Asian children (96.3%). Among adults, ages 19 to 64, the lowest rate of health insurance coverage is found among adults who identify as Other race (83.3%), followed by AIAN adults (84.6%), Hispanic adults (85.4%), and multiracial adults (88.7%). The lowest rate of health insurance coverage among service area senior adults, ages 65 and older, is found among NHPI senior adults (94.5%), followed by Other race senior adults (97.8%), and Hispanic senior adults (97.9%).

### Health Insurance, Service Area Population, by Race and Ethnicity, and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	96.2%	97.0%	94.2%	99.7%
Asian	95.6%	96.3%	94.2%	99.2%
Black or African American	95.0%	97.2%	93.6%	99.7%
Native Hawaiian or Pacific Islander	94.5%	98.1%	93.4%	94.5%
Multiracial	92.1%	96.1%	88.7%	98.2%
American Indian or Alaska Native	89.5%	97.8%	84.6%	100.0%
Hispanic	89.4%	95.2%	85.4%	97.9%
Other race	87.4%	93.6%	83.3%	97.8%

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

### Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. Rates for all age groups are lower in SPA 7 than in SPA 8. Adults in Orange County are the least likely to have a usual source of care (77.6%).

### Has Usual Source of Care

	SPA 7	SPA 8	Los Angeles County	Orange County	California
Ages 0 to 17	89.9%	90.3%	88.7%	87.7%	89.3%
Ages 18 to 64	77.1%	77.8%	76.8%	77.6%	79.5%
Ages 65 and older	88.0%	92.9%	91.4%	93.3%	92.8%

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

In SPA 8, AIAN residents are the least likely to have a usual source of care (72.4%). In SPA 7, non-Latino Black or African American residents are the least likely to have a usual source of care (78.8%). Latino residents are the least likely to have a usual source of care in Orange County (75.8%).

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

	SPA 7	SPA 8	Los Angeles County	Orange County
White (non-Latino)	87.5%	85.8%	86.2%	88.8%
American Indian or Alaska Native, non-Latino	**	*72.4%	84.9%	**
Black or African American (non-Latino)	78.8%	84.0%	84.7%	92.7%
Asian (non-Latino)	85.5%	85.7%	82.7%	79.5%
Multiracial (non-Latino)	*82.2%	86.9%	82.6%	87.6%
Native Hawaiian or Pacific Islander, non-Latino	**	**	81.6%	**
Latino	80.8%	80.8%	78.9%	75.8%
<b>All</b>	<b>81.9%</b>	<b>83.5%</b>	<b>81.8%</b>	<b>82.4%</b>

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

\*\*Suppressed due to statistical instability related to insufficient sample size.

## Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consultations, and wireless communications. Among SPA 8 adults, 42.1% had received care from a health care provider through telehealth in the prior year, rather than an office visit. Rates for a telehealth visit were 40.5% in Orange County and 38.1% in SPA 7.

## Telehealth, Past Year, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Received care from a health care provider through video or telephone	38.1%	42.1%	42.5%	40.5%

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, 21.8% of SPA 7 adults, 19.7% of Orange County adults, and 18.7% of SPA 8 adults felt it was better than an in-person visit. 18.6% of SPA 7 adults, 22.2% of SPA 8 adults and 23.9% of Orange County adults felt that it was worse.

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

	SPA 7	SPA 8	Los Angeles County	Orange County
Much worse	4.5%	4.7%	3.8%	4.4%
Somewhat worse	14.1%	17.5%	17.4%	19.5%
About the same	41.7%	42.3%	41.2%	41.7%
Somewhat better	8.8%	10.2%	10.1%	10.0%
Much better	13.0%	8.5%	9.4%	9.7%
Have not had one	17.9%	16.7%	18.1%	14.7%

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

## Emergency Room Visits

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. Overall ER usage was highest in SPA 7, where 17.4% of the population, including 12.3% of children, 18.3% of adults, ages 18 to 64, and 22%

of the population, ages 65 and older, had visited the ER in the past year. Among children, Orange County saw the highest rate (16.6%). SPA 7 had the highest rate of ER visits among poverty-level residents (28.4%), and SPA 8 had the highest rate among low-income residents (25.2%).

### Use of Emergency Room

	SPA 7	SPA 8	Los Angeles County	Orange County
Visited ER in last 12 months	17.4%	13.2%	16.6%	15.4%
0-17 years old	12.3%	11.1%	14.1%	16.6%
18-64 years old	18.3%	13.0%	16.6%	13.6%
65 and older	22.0%	16.6%	19.9%	20.7%
<100% of poverty level	28.4%	12.0%	22.2%	21.3%
≥ 100% to <200% of poverty level	14.4%	25.2%	19.0%	13.7%

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

### Difficulty Accessing Care

A delay in care can lead to an increased risk of health care complications. In the prior 12 months, 25.7% of SPA 8 adults, 22.4% of Orange County adults, and 18.8% of SPA 7 adults indicated they were always able to get a doctor's appointment within two days for sickness or injury. 20.5% of adults in SPA 8, 23.2% in Orange County, and 27.2% in SPA 7 were never able to get an appointment within two days.

### Ability to Get a Doctor's Appointment Within 2 Days in the Past 12 Months, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Always able	18.8%	25.7%	19.8%	22.4%
Usually able	26.3%	25.8%	26.4%	25.5%
Sometimes able	27.8%	28.0%	30.6%	28.9%
Never able	27.2%	20.5%	19.8%	23.2%

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

11.2% of Orange County adults, 9.7% of SPA 7 adults, and 8% of SPA 8 adults had difficulty finding a primary care doctor who would see them or take them as new patients in the past year. 6.2% of Orange County adults, 5.6% of SPA 7 adults, and 4.8% of SPA 8 adults had been told by a primary care physician's office that their insurance would not be accepted. 19.1% of SPA 7 adults, 17.8% of Orange County adults, and 15.8% of SPA 8 adults had difficulty finding specialist care.

### Difficulty Accessing Care in the Past Year, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Reported difficulty finding primary care	9.7%	8.0%	10.3%	11.2%
Reported difficulty finding specialist care	19.1%	15.8%	20.2%	17.8%

	SPA 7	SPA 8	Los Angeles County	Orange County
Primary care doctor not accepting their insurance	5.6%	4.8%	6.3%	6.2%
Specialist not accepting their insurance	11.0%	9.4%	12.0%	11.4%

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

### Delayed or Forgone Care

13.7% of SPA 8 residents delayed or did not get medical care when needed. Of these residents, 52.7% ultimately went without needed medical care. 7.2% of the overall SPA 8 population, 6.9% in SPA 7, and 8.9% in Orange County had to forgo needed care. These rates are all higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. SPA 7 residents showed a higher rate of delayed and unfilled prescriptions (8.5%) than Orange County (7.9%), or SPA 8 (7.7%).

### Delayed Care in Past 12 Months, All Ages

	SPA 7	SPA 8	Los Angeles County	Orange County
Delayed or did not get medical care	13.1%	13.7%	16.3%	16.7%
Had to forgo needed medical care	6.9%	7.2%	8.6%	8.9%
Delayed or did not get prescription meds	8.5%	7.7%	9.1%	7.9%

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

Of the SPA 8 residents who delayed or did not get care, 24.6% attributed it to cost, lack of insurance, or issues with insurance. SPA 7 (32.1%) and Orange County (34.4%) residents were more likely to have attributed the delay to cost, lack of insurance or insurance issues.

### Reason for Delayed Care, All Ages

	SPA 7	SPA 8	Los Angeles County	Orange County
Cost, lack of insurance or other insurance issue	32.1%	24.6%	28.7%	34.4%
Health care system/provider issues and barriers	34.0%	33.6%	30.6%	28.5%
Personal and other reasons	24.1%	27.4%	28.6%	26.8%
COVID-19	9.8%	14.4%	12.2%	10.4%

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

### 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 the service area and information from the Uniform Data System (UDS)<sup>2</sup>, 23.7% of the population in the service area is low-income (200% of

<sup>2</sup> The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)

Federal Poverty Level) and 10% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area.

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 49,493 patients in the service area, which equates to 30% penetration among low-income patients and 7% penetration among the total population. From 2021-2023, the Community Health Center providers increased the number of patients they provided care to in the service area by 16.6%. Despite this, there remain 115,498 low-income residents, 70% of the population at or below 200% FPL, who 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
164,991	49,493	30.0%	7.0%	115,498	70.0%

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. In SPA 7, 5.1% of children and 33.8% of adults lack dental insurance. In SPA 8, 5.7% of children and 32.3% of adults lack dental insurance.

### Dental Insurance

	SPA 7	SPA 8	Los Angeles County	Orange County
Children without dental insurance	5.1%	5.7%	6.6%	10.3%
Adults without dental insurance	33.8%	32.3%	32.5%	29.2%

Source: California Health Interview Survey, 2020-2022, pooled.

15.9% of children, ages 3 to 11, in SPA 8, 13.7% in Orange County, and 13.3% in SPA 7 have never been to a dentist. In the prior year, 9.5% of children in SPA 8, 7.6% in SPA 7, and 6.7% in Orange County needed dental care and did not receive it due to cost.

- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

### Time Since Last Dental Visit, Children, Ages 3-11

	SPA 7	SPA 8	Los Angeles County	Orange County
Never been to the dentist	13.3%	15.9%	13.7%	13.7%
Visited dentist < 6 months ago	64.4%	65.3%	67.2%	70.5%
Visited dentist > 6 months to 1 year ago	15.8%	15.2%	14.3%	7.2%
Visited dentist > 1 to 2 years ago	5.8%	3.3%	3.7%	4.9%
Visited dentist > 2 to 5 years ago	*0.5%	*0.3%	1.1%	*1.8%
Visited dentist more than 5 years ago	*0.2%		0.0%	*1.8%
Parent could not afford needed dental care for child	7.6%	9.5%	7.4%	6.7%

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

### Time Since Last Dental Visit, Teens, Ages 12-17

	SPA 7	SPA 8	Los Angeles County	Orange County
Never been to the dentist	*0.6%	**	0.6%	≤ *1.5%
Visited dentist < 6 months ago	62.1%	73.0%	68.1%	77.3%
Visited dentist > 6 months to 1 year ago	26.7%	17.1%	18.9%	10.5%
Visited dentist > 1 to 2 years ago	4.9%	< *9.9%	6.7%	5.9%
Visited dentist > 2 to 5 years ago	*4.5%		3.8%	*4.8%
Visited dentist more than 5 years ago	*1.2%		1.8%	≤ *1.5%

Source: California Health Interview Survey, 2020-2023 pooled. \*Statistically unstable due to sample size. \*\*Suppressed due to instability related to small sample size. <http://ask.chis.ucla.edu/>

70.4% of SPA 8 adults, 65.6% in SPA 7 and 76% in Orange County described the condition of their teeth as ‘good’, ‘very good’, or ‘excellent’. 6.9% of SPA 8 residents, 8.2% of residents in SPA 7, and 6.1% in Orange County have not been to a dentist in the past five years.

### Dental Care, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Condition of teeth: good to excellent †	65.6%	70.4%	68.8%	76.0%
Condition of teeth: fair to poor †	32.8%	27.6%	29.4%	22.5%
Condition of teeth: has no natural teeth †	1.6%	2.0%	1.8%	1.5%
Never been to a dentist	3.2%	2.4%	2.6%	2.1%
Visited dentist < 6 months to two years	76.2%	80.8%	79.0%	81.1%
Visited dentist more than 5 years ago	8.2%	6.9%	2.6%	6.1%

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

### Community Input – Access to Health Care

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

- We sometimes have undocumented families who aren’t receiving any kind of medical care or dental care.

- Lakewood is an underserved community in terms of the payor mix. They have managed HMO Medi-Cal patients. Sometimes they have difficulty getting referrals back to their primary care physician or a subspecialty physician in a timely manner. Hospitals have specialists they utilize, but there are not enough of them.
- When you look at different groups in Long Beach, there is a Cambodian health center, there is an LGBT health center. But you will not find one dedicated just for Black health in Long Beach. A lot of good work came because of the death of George Floyd. A lot of progress has been made in terms of racial health equity. Many programs were established, but one thing I have yet to see is a dedicated space where our Black residents can receive the care they need. There is no Black health center.
- Some people do not have health insurance. They will call 911 and use the emergency system as their form of health care. We are obliged to respond, transport them and we can't turn them away.
- With CalAIM and transportation services, there is a missed opportunity. It should be on demand. Instead, you must call 48 hours in advance, sometimes they only go to the curb, or a corner. It just creates unnecessary barriers. The result is missing appointments.
- If English isn't your first language or you don't have stable income or a steady job, it is difficult to navigate the health care system. Even minor issues become difficult to manage. Also, the cost of medications makes it difficult to maintain your health. You have to be your own advocate to access care. Not everyone is comfortable in that role.
- With a lot of people, they continue to use the ED as their regular form of care. There is a gap in collaborative work between the hospital and the community clinics. We try to do a lot of preventive work and not have our patients visit the ED so often.
- With recent closures of hospitals in the community, it takes longer to access care, especially in the ED. People's experience coming to the hospital is not always positive because they feel they had to wait a long time. It also takes a toll on our staff when it's so busy. When these other facilities closed, there wasn't anything that replaced them, so it puts a strain on the remaining services.
- We regularly hear people say they are accessing urgent care or the ED regularly because they can't access health care appointments when they need them. Or they can't get an appointment for 1.5 months. So, they have no choice but to access the ED.
- 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 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 2018 to 2022, there were, on average, 6,536 births per year in the service area.

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

In the service area, the rate of births paid by public insurance or self-pay was 372.1 per 1,000 live births.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	2,432	372.1	395.4	299.1	370.0

*Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) 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 service area occurred at an average annual rate of 2.5% of total births (24.5 per 1,000 live births among teen females under age 20).

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Births to teen mothers	160	24.5	31.6	23.0	33.0

*Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) 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

Among pregnant women in the service area, 10.7% (106.5 per 1,000 live births) entered prenatal care after the first trimester. This equates to 89.3% of pregnant women starting prenatal care during the first trimester.

#### Late Prenatal Care (After 1st Trimester), Rate per 1,000 Live Births

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Late prenatal care	696	106.5	134.0	98.7	140.8

*Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.*

## Premature Birth

The rate of premature births (occurring before the start of the 38<sup>th</sup> week of gestation) in the service area was 83.3 per 1,000 live births.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Premature birth	545	83.3	92.3	81.7	89.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) 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 service area rate of low-birth weight babies was 70.2 per 1,000 live births.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Low birth weight	459	70.2	74.7	66.5	71.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) 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

In the service area, mothers smoked no less than one cigarette per day for at least a three-month period during pregnancy, at a rate of 4.3 per 1,000 live births.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Mothers who smoked	28	4.3	4.4	4.4	9.9

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) 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 service area, from 2018 through 2022, was 3.6 deaths per 1,000 live births. This does meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

### Infant Mortality Rate, 5-Year Average

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Infant mortality	24	3.6	3.9	3.3	4.1

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) 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 looked at by the race and ethnicity of the mother. The highest infant mortality rate in Los Angeles and Orange Counties was for non-Hispanic Black or African American mothers (8.38 deaths per 1,000 live births in Los Angeles County, and 7.23 deaths per 1,000 live births in Orange County). Infant mortality rates for White mothers were 2.52 deaths per 1,000 live births in Los Angeles County, and 2.34 deaths per 1,000 live births in Orange County. There were 2.51 deaths per 1,000 live births to Asian mothers in Los Angeles County, and 1.91 deaths per 1,000 live births to Asian mothers in Orange County.

### Infant Mortality, per 1,000 Live Births, by Mother's Race and Ethnicity, 5-Year Average

	Los Angeles County	Orange County	California
Black or African American, non-Hispanic	8.38	*7.23	8.31
Native Hawaiian or Other Pacific Islander, non-Hispanic	**	**	7.57
American Indian or Alaska Native, non-Hispanic	**	**	7.37
More than one race, non-Hispanic	4.59	**	3.83
Hispanic or Latina	3.96	3.88	4.19
White, non-Hispanic	2.52	2.34	3.26
Asian, non-Hispanic	2.51	1.91	2.73
<b>Total</b>	<b>3.88</b>	<b>3.20</b>	<b>4.11</b>

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, 2018-2022, 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 mortality ratio is 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 93 pregnancy-related deaths in Los Angeles County, for a rate of 17.6 maternal deaths per 100,000 live births. In Orange County the rate was 13 maternal deaths per 100,000 live births.

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

	Los Angeles County		Orange County		California	
	Number	Rate	Number	Rate	Number	Rate
Maternal mortality	93	17.6	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. Morbidity rates in Los Angeles and Orange Counties follow similar patterns, with the highest frequency among Black mothers (182.6 per 10,000 live births in Los Angeles County, and 141.2 per 10,000 live births in Orange County), followed by Asian or Pacific Islander mothers (109.4 per 10,000 live births in Los Angeles County, and 92 per 10,000 live births in Orange County), and the lowest rate (84.6 per 10,000 live births in Los Angeles County, and 83.1 per 10,000 live births in Orange County) among White mothers.

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

	Los Angeles County		Orange County		California	
	Number	Rate	Number	Rate	Number	Rate
Black	369	182.6	18	141.2	1,121	174.5
Asian or Pacific Islander	363	109.4	169	92.0	2,063	124.3
American Indian or Alaska Native	**	**	**	**	35	107.4
Latina/x	1,610	106.4	317	89.3	5,967	105.3
White	496	84.6	249	83.1	3,027	90.3
<b>Total</b>	<b>3,048</b>	<b>108.3</b>	<b>795</b>	<b>87.7</b>	<b>13,081</b>	<b>108.0</b>

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>

## Leading Causes of Death

### Life Expectancy at Birth

Life expectancy in Los Angeles County is 80.1 years, and in Orange County it is 81.8 years. 321 persons per 100,000 Los Angeles County residents die before the age of 75, which is considered a premature death. The rate of premature death in Orange County is 249 persons per 100,000. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for Los Angeles County is 6,317 years, while for Orange County it is 4,990. Residents of Los Angeles County have a similar life expectancy compared to the state, while the life expectancy in Orange County is higher, by every metric.

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

	Los Angeles County	Orange County	California
Life expectancy at birth in years	80.1	81.8	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	321	249	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	6,317	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 between residents of different races and ethnicities. Non-Hispanic Asian residents have the highest life expectancy (85.8 years in Los Angeles County, and 86.3 years in Orange County), lowest premature mortality (180 deaths in persons younger than 75 years per 100,000 persons of Los Angeles County, and 156 per 100,000 persons in Orange County), and years of potential life lost (3,345 years per 100,000 persons of Los Angeles County, and 2,858 in Orange County). Hispanic residents of both counties have slightly higher life expectancies than do non-Hispanic White residents but have higher rates of premature mortality and years of potential life lost. Native Hawaiian or Pacific Islander and Black or African American residents have the lowest life expectancies and the highest rates of premature death and YPLL in both counties.

## Life Expectancy in Years, Premature Mortality Rate, per 100,000 Persons, and Premature Death/Years of Potential Life Lost, Los Angeles County, by Race and Ethnicity

	Life Expectancy		Premature Mortality*		YPLL	
	LA County	Orange County	LA County	Orange County	LA County	Orange County
Asian, non-Hispanic	85.8	86.3	180	156	3,345	2,858
Hispanic	80.1	81.1	331	297	6,536	5,927
White, non-Hispanic	79.8	80.9	302	264	5,753	5,310
American Indian or Alaska Native, non-Hispanic	78.4	79.1	451	339	9,474	N/A
Black or African American, non-Hispanic	73.2	77.9	610	391	12,647	8,307
Native Hawaiian or Pacific Islander, non-Hispanic	72.5	74.1	677	572	14,850	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. <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 service area from 2018 to 2022 was 635.3 deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County	California
Average annual deaths	6,045	73,655	22,645	300,973
Mortality rate per 100,000 persons	635.3	682.0	617.7	672.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area were heart disease and cancer. In addition to heart disease and cancer, COVID-19, Alzheimer's disease, and stroke are in the top five causes of death in the service area.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	1,431	144.6	157.2	136.9	No Objective
Ischemic heart disease	705	89.3	104.5	77.0	71.1
Cancer	1,271	135.0	134.8	129.3	122.7
COVID-19*	720	76.0	88.8	62.2	No Objective
Alzheimer's disease	390	37.7	41.6	39.9	No Objective
Stroke	336	34.3	36.3	37.9	33.4
Unintentional injuries	241	30.6	35.0	35.0	43.2

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Chronic Lower Respiratory Disease	267	27.1	26.3	23.9	Not Comparable
Diabetes	225	23.8	30.2	16.6	Not Comparable
Pneumonia and influenza	147	15.2	17.8	13.8	No Objective
Liver disease	121	13.7	14.9	12.1	10.9
Essential hypertension and hypertensive renal disease	118	12.1	15.6	9.8	No Objective
Kidney disease	114	11.9	13.8	11.1	No Objective
Parkinson's disease	86	8.9	8.7	10.8	No Objective
Suicide	68	8.7	8.3	10.0	12.8
Homicide	22	3.3	6.6	2.3	5.5
HIV	7	1.0	1.8	0.7	No Objective

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area was 104.5 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 37.4 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**

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Ischemic heart disease death rate	705	89.3	104.5	77.0	82.9
Stroke death rate	336	34.3	36.3	37.9	39.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the age-adjusted cancer mortality rate was 135 deaths per 100,000 persons. The cancer death rate in the service area 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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Cancer death rate	1,271	135.0	134.8	129.3	131.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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.

Mortality rates for cancer are available at the county level from the California Cancer Registry. All-site cancer mortality in Orange County is (127 deaths per 100,000 persons and in Los Angeles County it is 132.0 deaths per 100,000 persons. The highest rates of cancer mortality are from lung and bronchus cancers (22.2 deaths per 100,000 persons in Los Angeles County, and 22.7 deaths per 100,000 Orange County persons), prostate cancer (20 deaths per 100,000 men in Los Angeles County, and 18.3 per 100,000 men in Orange County), female breast cancer (19.3 deaths per 100,000 women in Los Angeles County, and 18.3 deaths per 100,000 women in Orange County), and colorectal cancers (12.8 deaths per 100,000 persons in Los Angeles County, and 10.5 deaths per 100,000 persons in Orange County).

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

	Los Angeles County	Orange County	California
<b>Cancer all sites</b>	<b>132.0</b>	<b>127.0</b>	<b>134.1</b>
Lung and bronchus	22.2	22.7	24.3
Prostate (males)	20.0	18.3	20.1
Breast (female)	19.3	18.3	18.9
Colon and rectum	12.8	10.5	12.0
Pancreas	10.5	9.8	10.4
Liver and intrahepatic bile duct	7.8	6.9	7.6
Ovary (females)	6.7	7.0	6.4
Leukemia	5.5	5.7	5.5
Uterine (female)	5.8	4.4	5.3
Non-Hodgkin lymphoma	4.7	5.0	4.9
Brain and other nervous system	4.2	4.8	4.4
Stomach	5.0	3.7	3.8
Urinary bladder	3.5	3.7	3.7
Kidney and renal pelvis	3.0	2.7	3.2
Esophagus	2.3	2.8	2.9
Cervix uteri (female)	2.6	1.7	2.2
Melanoma of the skin	1.3	2.0	1.8

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

### COVID-19

In the service area, the COVID-19 death rate from 2020 through 2022 was 76 per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
COVID-19 death rate	720	76.0	88.8	62.2	68.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the Alzheimer’s disease death rate was 37.7 per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Alzheimer’s disease death rate	390	37.7	41.6	39.9	38.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area was 30.6 deaths per 100,000 persons. The death rate from unintentional injuries in the service area met the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Unintentional injury death rate	241	30.6	35.0	35.0	43.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the chronic lower respiratory disease death rate was 27.1 deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Chronic lower respiratory disease death rate	267	27.1	26.3	23.9	27.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the diabetes death rate was 23.8 per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Diabetes death rate	225	23.8	30.2	16.6	23.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the pneumonia and influenza death rate was 15.2 deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Pneumonia and influenza death rate	147	15.2	17.8	13.8	12.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the liver disease death rate was 13.7 deaths per 100,000 persons, which is higher than the Healthy People 2030 objective, which is no more than 10.9 liver disease deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Liver disease death rate	121	13.7	14.9	12.1	13.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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.

## Essential Hypertension and Hypertensive Renal Disease

In the service area, the essential hypertension and hypertensive renal disease death rate was 12.1 deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Essential hypertension and hypertensive renal disease death rate	118	12.1	15.6	9.8	13.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the kidney disease death rate was 11.9 deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Kidney disease death rate	114	11.9	13.8	11.1	9.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the Parkinson's disease death rate was 8.9 deaths per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Parkinson's disease death rate	86	8.9	8.7	10.8	9.0

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the age-adjusted death rate due to suicide was 8.7 per 100,000 persons, which lower than the Healthy People 2030 objective for suicide, of no more than 12.8 per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Suicide death rate	68	8.7	8.3	10.0	10.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the age-adjusted death rate from homicides was 3.3 per 100,000 persons. This rate meets the Healthy People 2030 objective for homicide (5.5 deaths per 100,000 persons).

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
Homicide	22	3.3	6.6	2.3	5.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 service area, the death rate from HIV was one death per 100,000 persons.

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

	UCI Health - Los Alamitos Service Area		Los Angeles County	Orange County	California
	Number	Rate	Rate	Rate	Rate
HIV death rate	7	1.0	1.8	0.7	1.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. 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 been rising statewide, particularly in the last several years. Drug overdose deaths in Los Angeles County have been consistently lower than the statewide rate, and rates in Orange County have generally been lower (with the exceptions of 2009 and 2021). However, rates in both counties have been rising.

### Drug Overdose Death Rates, Age-Adjusted\*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
Los Angeles County	7.7	6.7	7.8	6.9	8.5	9.3	12.1	19.3	23.6	25.1
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. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>  
 \*Except for 2021 and 2022, for which age-adjusting is not available at the county level; therefore 2021 and 2022 rates are crude rates.

In 2023, the age-adjusted death rate from opioid overdoses in Los Angeles County was 16.7 deaths per 100,000 persons, and in Orange County it was 19 deaths per 100,000 persons. The Healthy People 2030 objective is 13.1 opioid overdose deaths per 100,000 persons, which the counties did not meet.

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

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
Los Angeles County	3.2	4.1	4.6	6.7	12.4	15.4	16.5	16.7
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://skyjab.cdph.ca.gov/ODdash/>

When examined by demographics, for 2023, the 1,567 opioid overdose deaths in Los Angeles County and 570 opioid deaths in Orange County were more likely to occur in men as women. Rates rose sharply starting with the 25- to 29-year-old demographic and peaking in Orange County among those ages 30 to 34, and in Los Angeles County among those ages 35 to 39. With low population levels among some racial and ethnic groups in area counties, rates of opioid overdose mortality should be interpreted with caution, as they may be based on relatively few deaths.

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

	Los Angeles County	Orange County	California
Male	26.3	29.1	31.0
Female	7.1	8.7	8.8
15 to 19 years old	6.6	9.9	5.9
20 to 24 years old	11.2	12.1	14.5
25 to 29 years old	28.8	29.6	29.2
30 to 34 years old	34.4	49.9	41.8
35 to 39 years old	39.4	43.1	42.4
40 to 44 years old	29.8	30.1	36.4
45 to 49 years old	23.1	29.2	29.1
50 to 54 years old	21.3	17.5	26.3
55 to 59 years old	25.0	31.4	32.6
60 to 64 years old	16.5	17.8	25.9
65 to 69 years old	11.3	12.9	16.3
70 to 74 years old	3.8	4.3	8.5

	<b>Los Angeles County</b>	<b>Orange County</b>	<b>California</b>
75 to 79 years old	3.5	1.8	4.0
80 to 84 years old	2.0	1.4	1.8
85+ years old	0.4	1.4	0.8
Black or African American	36.5	43.5	45.4
American Indian or Alaska Native	31.0	*74.5	59.3
White	23.6	26.9	27.7
Hispanic or Latino	14.2	19.5	16.5
Asian or Pacific Islander	4.0	4.0	4.1
<b>Total</b>	<b>16.7</b>	<b>19.0</b>	<b>20.4</b>

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. <https://skylab.cdph.ca.gov/ODdash/> \*Based on fewer than 6 deaths.

## Acute and Chronic Disease

### Hospitalizations by Diagnoses

At UCI Health - Los Alamitos, the top five primary diagnoses resulting in hospitalization were circulatory diagnoses, digestive system diagnoses, infectious and parasitic disease diagnoses, injuries and poisonings, and genitourinary system diagnoses.

### Hospitalizations by Principal Diagnoses, Top Ten Causes

	UCI Health - Los Alamitos
Circulatory system diseases	21.2%
Digestive system diseases	14.0%
Infectious and parasitic diseases	13.6%
Injury and poisoning	11.8%
Genitourinary system diseases	6.7%
Respiratory system diseases	6.3%
Endocrine, nutritional, and metabolic diseases and immunity disorders	5.4%
Tumors	5.0%
Nervous system and sense organ diseases	4.3%
Musculoskeletal system and connective tissue diseases	3.9%

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 Health - Los Alamitos, the top five primary diagnoses seen in the Emergency Room were injuries and poisonings, circulatory system diagnoses, digestive system diagnoses, genitourinary system diagnoses, and respiratory system diagnoses.

### Emergency Room Visits by Principal Diagnoses, Top Ten Causes

	UCI Health - Los Alamitos
Injury and poisoning	19.5%
Circulatory system diseases	12.8%
Digestive system diseases	8.1%
Genitourinary system diseases	7.8%
Respiratory system diseases	6.3%
Musculoskeletal system and connective tissue diseases	5.9%
Infectious and parasitic diseases	5.8%
Nervous system and sense organ diseases	3.9%
Endocrine, nutritional, and metabolic diseases and immunity disorders	3.0%
Skin and subcutaneous tissue diseases	2.6%

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

### Diabetes

20.4% of Orange County adults, 24% of SPA 8 adults, and 24.2% of SPA 7 adults have been diagnosed as pre-diabetic. 11% of Orange County adults, 12% of SPA 8 adults,

and 14% of SPA 7 adults have been diagnosed with diabetes.

### Pre-Diabetes and Diabetes, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County	California
Diagnosed pre-diabetic†	24.2%	24.0%	23.3%	20.4%	20.6%
Diagnosed with diabetes	14.0%	12.0%	12.6%	10.0%	11.0%

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

When examining diabetes diagnoses by race and ethnicity, SPA 8 AIAN residents had the highest rates of diabetes in the service area (29.8%). Rates of diabetes were high for Latino residents and non-Latino Asian residents. Rates were high for non-Latino Black or African American residents of Los Angeles County and SPA 8.

### Diabetes, by Race and Ethnicity, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Native Hawaiian or Pacific Islander, non-Latino	**	**	*26.8%	**
American Indian or Alaska Native, non-Latino	**	*29.8%	*18.7%	**
Black or African American, non-Latino	5.1%	11.0%	14.6%	6.5%
Latino	14.9%	14.2%	14.6%	10.1%
Asian, non-Latino	14.5%	12.2%	11.2%	10.6%
White, non-Latino	10.7%	7.3%	7.4%	8.7%
Multiracial, non-Latino	*9.9%	5.3%	5.4%	*2.3%
<b>Total</b>	<b>14.0%</b>	<b>11.2%</b>	<b>12.0%</b>	<b>9.3%</b>

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

\*\*Suppressed due to instability.

The 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. For two of the PQI measures (long-term complications and uncontrolled diabetes) as well as the composite, hospitalization rates were higher in Los Angeles County than in California. All rates were lower for Orange County than for the state or Los Angeles County.

### Diabetes Hospitalization Rates\* for Prevention Quality Indicators

	Los Angeles County	Orange County	California
Diabetes short term complications	63.8	48.6	70.1
Diabetes long term complications	115.6	108.3	108.7
Lower-extremity amputation among patients with diabetes	33.3	31.0	34.4
Uncontrolled diabetes	35.4	31.1	31.9
<b>Diabetes composite</b>	<b>229.5</b>	<b>200.0</b>	<b>226.6</b>

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

In SPA 8, 5.4% of adults, in SPA 7, 5.6% of adults, and in Orange County, 6.7% of adults have been diagnosed with heart disease.

### Heart Disease, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Diagnosed with heart disease	5.6%	5.4%	7.0%	6.7%

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

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Los Angeles County (389.2 annual hospitalizations per 100,000 persons, risk-adjusted) is above the state rate (380.7 hospitalizations per 100,000 persons) The rate in Orange County (273.4 hospitalizations per 100,000 persons) is lower than Los Angeles County and the state.

### Heart Failure Hospitalization Rate\* for Prevention Quality Indicators

	Los Angeles County	Orange County	California
Hospitalization rate due to heart failure	389.2	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.

When viewed by race and ethnicity, SPA 8 American Indian or Alaska Native residents (21.6%) have the highest rate of diagnosed heart disease in the service area, followed by non-Latino White residents in SPAs 7, 8 and in both counties.

### Heart Disease by Race and Ethnicity, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
American Indian or Alaska Native, non-Latino	**	*21.6%	*17.5%	**
White, non-Latino	11.8%	9.3%	9.8%	9.4%
Native Hawaiian or Pacific Islander, non-Latino	**	**	*4.8%	**
Black or African American, non-Latino	*5.8%	8.3%	8.6%	*3.8%
Multiracial, non-Latino	*4.2%	*4.7%	4.8%	3.8%
Asian, non-Latino	5.1%	6.5%	5.4%	5.9%
Latino	3.7%	5.5%	4.4%	2.8%
<b>Total</b>	<b>4.9%</b>	<b>7.4%</b>	<b>6.4%</b>	<b>6.3%</b>

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

\*\*Suppressed due to instability.

## High Blood Pressure

In Orange County, 23.6% of adults have been diagnosed with high blood pressure and 7.9% have been told they have borderline high blood pressure. In SPA 7, 28.8% of adults have been diagnosed with high blood pressure and 4.9% have been told they

have borderline high blood pressure. In SPA 8, 25.5% of adults have been diagnosed with high blood pressure and 9.2% have been told they have borderline high blood pressure.

### High Blood Pressure, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Diagnosed with high blood pressure	28.8%	25.5%	26.6%	23.6%
Has borderline high blood pressure	4.9%	9.2%	7.6%	7.9%

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

The remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions for hypertension in Los Angeles County (58 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (51.3 hospitalizations per 100,000 persons). The rate in Orange County (41.5 hospitalizations per 100,000) is lower than Los Angeles County and the state.

### Hypertension Hospitalization Rate\* for Prevention Quality Indicators

	Los Angeles County	Orange County	California
Hospitalization rate due to hypertension	58.0	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.

Among the service area groups for whom rates are available, SPA 8 American Indian or Alaska Native residents have the highest rate of diagnosed high or borderline-high blood pressure (49.9%). In SPA 7 and Los Angeles County, Black or African American residents have the highest rates of high blood pressure. In Orange County, Native Hawaiian or Pacific Islander residents have the highest rate of diagnosed high or borderline blood pressure (40.6%), followed by non-Latino White residents (37%), and Black or African American residents (32.6%).

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

	SPA 7	SPA 8	Los Angeles County	Orange County
Black or African American, non-Latino	40.6%	48.6%	49.0%	32.6%
American Indian or Alaska Native, non-Latino	**	49.9%	45.0%	**
Native Hawaiian or Pacific Islander, non-Latino	**	**	37.1%	*40.6%
White, non-Latino	39.9%	40.0%	36.3%	37.0%
Asian, non-Latino	38.4%	33.7%	32.0%	26.8%
Latino	32.4%	28.3%	30.7%	26.4%
Multiracial, non-Latino	28.4%	27.9%	27.6%	18.1%
<b>Total</b>	<b>33.7%</b>	<b>35.5%</b>	<b>33.8%</b>	<b>30.8%</b>

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

\*\*Suppressed due to instability.

## Cancer

Cancer incidence rates are available at the county level from the California Cancer Registry. In both area counties, cancer incidence rates are highest for breast cancer, prostate cancer, lung and bronchus cancers, and colorectal cancers.

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

	Los Angeles County	Orange County	California
<b>All sites</b>	<b>369.8</b>	<b>408.8</b>	<b>398.3</b>
Breast (female)	119.9	132.5	124.1
Prostate (males)	92.1	103.1	99.0
Lung and bronchus	32.6	36.0	36.8
Colon and rectum	34.0	31.5	33.5
Corpus uteri (females)	28.6	25.4	27.7
Melanoma of the skin	12.8	29.9	22.8
Non-Hodgkin lymphoma	16.5	19.1	17.7
Urinary bladder	13.4	15.5	15.4
Kidney and renal pelvis	13.9	13.5	15.0
Thyroid	12.3	13.9	12.4
Pancreas	12.1	12.5	12.4
Leukemia	11.8	12.6	12.3
Ovary (females)	10.8	10.9	10.6
Liver and intrahepatic bile duct	9.2	8.8	9.6
Stomach	8.7	7.2	7.4
Cervix uteri (females)	7.8	6.7	7.3
Brain & Other Nervous System	5.3	6.2	5.8
Esophagus	2.8	3.1	3.5

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

## Asthma

The rate of diagnosed asthma among area adults ranged from 13.7% in Orange County to 15.7% in SPA 7. Among area children, the rates of diagnosed asthma ranged from 11.6% in Orange County to 14.7% in SPA 8. The rate of asthma episodes or attacks in the prior year, among the area's adult population of those diagnosed with asthma, ranged from 25.4% in SPA 7 to 27.1% in SPA 8. Among area children, rates of having had at least one attack or episode in the past year ranged from 22% in SPA 7 to 37.2% in Orange County. Orange County adults with a diagnosis were the least likely to take daily medication to control their asthma (36.4%), while children in SPA 8 with asthma were the least likely to be taking daily medication for control (16.3%).

### Asthma

	SPA 7	SPA 8	Los Angeles County	Orange County
Ever diagnosed with asthma, adults	15.7%	15.2%	15.0%	13.7%
Has had an asthma episode/attack in past 12 months, adults	25.4%	27.1%	26.7%	26.3%
Takes daily medication to control asthma, adults	46.7%	48.4%	46.3%	36.4%

	SPA 7	SPA 8	Los Angeles County	Orange County
Ever diagnosed with asthma, ages 1-17	12.4%	14.7%	13.4%	11.6%
Has had an asthma episode/attack in past 12 months, ages 1-17	22.0%	24.1%	27.6%	37.2%
Takes daily medication to control asthma, ages 1-17	33.7%	16.3%	43.0%	37.7%

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

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, hospitalization rates in Los Angeles County for COPD and asthma among adults, ages 40 and older, were 179 per 100,000 persons. The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 21.3 hospitalizations per 100,000 persons. These rates were higher than the state rates, while rates in Orange County were below state rates.

### Asthma Hospitalization Rates\* for Prevention Quality Indicators

	Los Angeles County	Orange County	California
COPD or asthma in older adults, 40+	179.0	115.7	176.5
Asthma in younger adults, ages 18 to 39	21.3	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

Tuberculosis (TB) rates in Los Angeles and Orange Counties rose in 2022 and 2023, following two years of lower rates. The rate of TB in Los Angeles County was 5.9 cases per 100,000 persons, and in Orange County it was 6.5 cases per 100,000 persons. These rates were above the state rate of 5.4 TB cases per 100,000 persons.

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

	2019		2020		2021		2022		2023	
	No.	Rate								
Los Angeles County	536	5.7	458	4.9	466	5.0	520	5.6	543	5.9
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 December 19, 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 service area, 10.8% of the non-institutionalized civilian population identified as having a disability.

## Disability, 5-Year Average

	UCI Health - Los Alamitos Service Area	Los Angeles County	Orange County	California
Population with a disability	10.8%	10.9%	9.3%	11.3%

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

## COVID-19 Incidence, Mortality, and Vaccination Rates

While COVID-19 cases and mortality data are no longer being tracked in the same manner as earlier in the Pandemic, in Los Angeles County as of December 20, 2023, there had been 3,601,672 confirmed cases of COVID-19. This was a higher rate of infection (351.1 cases per 1,000 persons) than the statewide average of 288 cases per 1,000 persons. Los Angeles County also had a higher rate of confirmed deaths due to COVID-19. Through the same date, 36,239 Los Angeles County residents were confirmed to have died due to COVID-19 complications, for a rate of 3.53 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons. The rate of cases (230.7 confirmed, per 1,000 persons) and deaths (2.56 deaths per 1,000 persons) were lower in Orange County than the statewide average.

## COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/20/23

	Los Angeles County		Orange County		California	
	Number	Rate	Number	Rate	Number	Rate
Cases	3,601,672	351.1	744,791	230.7	11,558,304	288.0
Deaths	36,239	3.53	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 20, 2023. <https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

The percentage of Los Angeles County residents who have completed the primary series of a COVID-19 vaccine is 77.1%, while in Orange County it is 75.6%. The CDC's vaccination recommendations, as of September 29, 2024, included an updated 2023-2024 vaccine dose for everyone ages five and older. 10.6% of Los Angeles County and 10.3% of Orange County residents were up to date with their vaccinations.

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

	Primary Series			Up to Date*		
	Los Angeles County	Orange County	California	Los Angeles County	Orange County	California
Population, under 5	7.6%	7.8%	7.9%	3.2%	3.2%	4.1%
Population, ages 5-11	40.1%	37.1%	37.1%	5.5%	5.6%	6.3%
Population, ages 12-17	81.7%	69.9%	66.9%	5.5%	4.8%	5.6%
Population, ages 18-49	82.3%	80.6%	78.6%	7.4%	6.8%	7.6%
Population, ages 50-64	87.3%	85.6%	83.0%	12.8%	11.9%	13.6%
Population, ages 65+	87.3%	92.2%	91.1%	23.8%	23.9%	27.2%
Total Population	<b>77.1%</b>	<b>75.6%</b>	<b>72.9%</b>	<b>10.6%</b>	<b>10.3%</b>	<b>11.4%</b>

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29, 2024. \*Up to Date as of September 29, 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>

In Los Angeles County, among the vaccine-eligible population, nearly or fully all of the Native Hawaiian or Pacific Islander population have completed the primary COVID-19 vaccination series, as have 86.5% of the American Indian or Alaska Native population. 70.6% of Latino residents, 66.6% of Asian residents, 62.7% of White residents, 51.9% of Black residents, and 37.8% of multiracial residents completed their primary COVID-19 vaccination series.

Uptake of the 2023-2024 COVID-19 vaccine, recommended by the CDC for all people, ages 5 and older, through September 29, 2024, when a new vaccine was released, followed largely the same pattern, with the highest vaccination rates among Native Hawaiian or Pacific Islander residents, followed by American Indian or Alaska Native residents and the lowest among multiracial residents of the county. Uptake among Asian residents and Latino residents lagged as compared to their acceptance of primary series vaccinations.

**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%	22.5%
American Indian or Alaska Native	86.5%	12.5%
Latino	70.6%	6.4%
Asian	66.6%	10.5%
White	62.7%	10.7%
Black	51.9%	7.5%
Multiracial	37.8%	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. 29<sup>th</sup>, 2024. \*Up-to-Date as of September 29<sup>th</sup>, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data>

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%

	Primary Series	Up-to-Date*
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. 29<sup>th</sup>, 2024. \*Up-to-Date as of September 29<sup>th</sup>, 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:

- There is a lack of availability of timely follow up with primary care physicians that inhibit some preventive care as well as care for chronic issues. Also, that impacts people getting educated on how to manage their blood pressure, their diabetes, their weight. It is difficult to find certain specialists in the community.
- If people are older and they have latent TB and develop diabetes, their immune system can deteriorate, and they develop active TB.
- Managing chronic diseases requires steady income. When you are income instable, that is a huge challenge.
- Chronic diseases must be consistently managed, whether it is asthma, diabetes, or high blood pressure. A lot of our clients are up and down and under a lot of stress all the time, so that doesn't happen.
- 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 Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Los Angeles County has a ranking of 10, and Orange County has a ranking of 6.

### Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	10
Orange County	6

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

### Overweight and Obesity

32.6% of adults in Orange County, 33.9% in SPA 8, and 37.9% in SPA 7 are overweight. 13.1% of teens in Orange County, 14.5% in SPA 7, and 15.6% of teens in SPA 8 are overweight. 11.2% of children in SPA 8, 13.1% in Orange County, and 19.7% in SPA 7 are overweight for their age.

### Overweight, All Ages

	SPA 7	SPA 8	Los Angeles County	Orange County
Adults, ages 20 and older	37.9%	33.9%	33.8%	32.6%
Teens, ages 12-17†	14.5%	15.6%	17.5%	13.1%
Children, ages younger than 12†	19.7%	11.2%	14.0%	13.2%

Source: California Health Interview Survey, 2021-2023, pooled and †2019-2023, pooled. <http://ask.chis.ucla.edu/>

25.3% of adults, ages 20 and older, in Orange County, 28.9% in SPA 8, and 35.9% in SPA 7 are obese. 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. Teens in SPA 7 (27.1%) and SPA 8 (15.9%) did not meet the Healthy People 2030 objective.

### Obesity, Adults and Teens

	SPA 7	SPA 8	Los Angeles County	Orange County
Adults, ages 20 and older	35.9%	28.9%	29.6%	25.3%
Teens, ages 12-17†	27.1%	15.9%	19.6%	10.8%

Source: California Health Interview Survey, 2021-2023 and †2019-2023, pooled. <http://ask.chis.ucla.edu/>

In the service area the rates of overweight and obesity among all racial and ethnic

groups are highest among Latino residents.

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

	SPAs 7 and 8	Los Angeles County	Orange County
Latino	76.6%	73.9%	68.6%
Black or African American, non-Latino	75.7%	72.8%	58.6%
American Indian or Alaska Native, non-Latino	70.9%	66.5%	**
Multiracial, non-Latino	60.1%	52.7%	64.0%
White, non-Latino	59.3%	55.1%	56.5%
Native Hawaiian or Pacific Islander, non-Latino	*58.6%	*58.4%	**
Asian, non-Latino	44.5%	38.7%	35.0%
<b>Total</b>	<b>68.8%</b>	<b>63.1%</b>	<b>56.6%</b>

Source: California Health Interview Survey, 2018-2023. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

\*\*Suppressed due to instability.

### Soda or Sugar-Sweetened Beverage (SSB) Consumption

Among children and adolescents, ages 2-17, 22.2% in Orange County, 24.2% in SPA 8, and 27.8% in SPA 7 drank one or more glasses or cans of non-diet soda the day before. 47.7% of SPA 8 children and adolescents, 52.3% in Orange County, and 57.9% in SPA 7 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

	SPA 7	SPA 8	Los Angeles County	Orange County
Drank $\geq 1$ SSB other than soda yesterday	57.9%	47.7%	52.8%	52.3%
Drank $\geq 1$ sugar-sweetened soda yesterday†	27.8%	24.2%	24.0%	24.5%

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

In SPAs 7 and 8 combined, 28.5% of teens, ages 12 to 17, ate five or more servings of fruit and vegetables daily (excluding juice and fried potatoes), and in Orange County 20.8% ate five or more servings of fruit and vegetables daily. The rate for SPAs 7 and 8, combined, is higher for girls (34.3%) than for boys (26.9%). 69% of children and teens in SPAs 7 and 8 ate two or more servings of fruit the prior day, and 61.9% in Orange County ate two or more servings of fruit the prior day. Adequate fruit consumption was higher in SPA 8 (71.3%) than in SPA 7 (66.9%) and decreased after early childhood.

### Five or More Servings Fruit or Vegetables Daily, Teens, Ages 12 to 17, at Least Two Servings of Fruit Daily, Children and Teens, SPAs 7 & 8 combined

	5 or More Servings of Fruit and Vegetables	2 or More Servings of Fruit
Male	26.9%	71.3%
Female	*34.3%	66.3%
Child, ages 0 to 4	N/A	*85.4%

	<b>5 or More Servings of Fruit and Vegetables</b>	<b>2 or More Servings of Fruit</b>
Child, ages 5 to 11	N/A	67.5%
Teen, ages 12 to 14	31.6%	63.3%
Teen, ages 15 to 17	*30.5%	*66.3%
SPA 7	*24.5%	66.9%
SPA 8	32.2%	71.3%
<b>SPAs 7 &amp; 8 combined</b>	<b>28.5%</b>	<b>69.0%</b>
<b>Los Angeles County</b>	<b>26.3%</b>	<b>68.4%</b>
<b>Orange County</b>	<b>20.8%</b>	<b>61.9%</b>
<b>California</b>	<b>27.8%</b>	<b>68.0%</b>

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/> \*Unstable due to sample size. 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, working all major muscle groups). 36.6% of SPA 7 adults and 37.1% of SPA 8 adults met these guidelines.

### Physical Activity Guidelines Met, Adults

	<b>SPA 7</b>	<b>SPA 8</b>	<b>Los Angeles County</b>
Aerobic activity guidelines met	53.7%	56.6%	56.3%
Muscle strengthening guidelines met	51.1%	49.7%	48.6%
Both aerobic and strengthening guidelines met	36.6%	37.1%	36.0%

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>

In 2023, the California Health Interview Survey asked adults if they had spent at least 2.5 hours (150 minutes) in moderate physical activity in the past week. 56.6% of SPA 7 adults, 62.4% in Orange County, and 69.2% in SPA 8 had met this physical activity guideline.

### Met Moderate Physical Activity Guideline, Adults

	<b>SPA 7</b>	<b>SPA 8</b>	<b>Los Angeles County</b>	<b>Orange County</b>
Met moderate physical activity guideline	56.6%	69.2%	63.9%	62.4%

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

### Sedentary Adults, Children and Teens

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 and 21.8% of Los Angeles County adults had not engaged in any leisure-time physical activity.

## No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Los Angeles County	Orange County	California
No leisure time physical activity, past month	21.8%	20.7%	*20.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 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.

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among Orange County children, ages two to 11, 23% spent five or more hours in sedentary activities on weekend days. 18.5% of SPA 7 children and 21.1% of SPA 8 children spent five or more hours in sedentary activities on weekend days.

## Sedentary Children, Ages 2 to 11, Weekend Days

	SPA 7	SPA 8	Los Angeles County	Orange County
2 to <3 hours	26.5%	22.8%	27.5%	23.1%
3 to <5 hours	19.5%	29.1%	27.6%	36.5%
5 or more hours	18.5%	*21.1%	18.8%	23.0%

Source: California Health Interview Survey, 2018-2020, pooled. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

44.4% of teens, ages 12-17, in SPAs 7 and 8 combined, and 66.2% of teens in Orange County spent five or more hours in sedentary activities on weekend days.

## Sedentary Teens, Ages 12 to 17, Weekend Days

	SPAs 7 and 8	Los Angeles County	Orange County	California
2 to <3 hours	*20.0%	12.4%	4.3%	12.8%
3 to <5 hours	29.4%	31.0%	26.8%	25.6%
5 or more hours	44.4%	46.3%	66.2%	53.9%

Source: California Health Interview Survey, 2018-2020, pooled. \*Statistically unstable due to sample size. <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:

- They have reclassified obesity language. We used to say morbidly obese, now we are saying obese class one, two, or three. We are trying to destigmatize obesity.
- Food addiction is a much more severe addiction than cigarettes or alcohol or drugs. You can quit cigarettes and alcohol, you can't quit food. It's the behavioral change in what you choose and portion control. Also, you can see obesity, you can't see diabetes or thyroid problems or hypertension. For those who are obese it can feel like a moral failure.
- We don't have a lot of green spaces in the community. That impacts physical activity. Also, people do not feel safe in some neighborhoods and that impacts their ability to be more physically active as well, because they are less likely to go out on walks.

- There is a lot of violence around, so it is hard to go out at night. There are drive by shootings and people don't feel safe. That can impact outdoor activity.
- When you are trying to incorporate healthy eating habits, those foods tend to be more expensive. We have had nutrition classes as part of our parent workshops. But it doesn't solve the issue of how you afford those healthier items.
- We see kids who stay inside, maybe they can't go outside because of safety reasons, so parents keep them inside. We are seeing obesity growing. 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**

Rates of sexually transmitted infections (STI) were higher in Long Beach than in Los Angeles County, whose rates are in turn higher than Orange County rates. In 2023, the rate of chlamydia in Long Beach was 723.8 cases per 100,000 persons, and the rate of gonorrhea was 370.1 cases per 100,000 persons. The rate of primary and secondary syphilis for Long Beach was 28 cases per 100,000 persons, and the rate of early latent syphilis was 42.4 cases per 100,000 persons. The rate of late or unknown-duration syphilis was 61.7 cases per 100,000 persons. The rate of congenital syphilis cases for 2023 was higher in Long Beach (187.1 cases per 100,000 live births) than Los Angeles County (150.3 per 100,000 live births) and Orange County (60.2 per 100,000 live births).

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

	Long Beach		Los Angeles County	Orange County	California
	Cases	Rate	Rate	Rate	Rate
Chlamydia	3,329	723.8	592.4	368.5	489.7
Gonorrhea	1,702	370.1	287.1	127.5	189.7
Primary and secondary syphilis	129	28.0	21.3	11.5	16.3
Early latent syphilis	195	42.4	32.6	8.9	19.1
Late/unknown duration syphilis	284	61.7	49.4	27.5	46.5
Congenital syphilis by year of birth	9	187.1	150.3	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

9.6% of teens in Orange County, 10.9% in SPA 7, and 12.3% in SPA 8, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex. Boys were more likely to report they had sex (15.4% in SPAs 7 and 8, combined, and 12.1% in Orange County) than girls (7.3%, in SPAs 7 and 8, combined, and 8.1% in Orange County).

## Teen Sexual History, Ages 14 to 17

	SPA 7	SPA 8	Los Angeles County	Orange County
Ever had sex	10.9%	12.3%	11.5%	9.6%
Ever had sex, male	15.4%		11.7%	*12.1%
Ever had sex, female	*7.3%		11.4%	8.1%

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

## HIV

In 2022, there were 88 new cases of HIV diagnosed in Long Beach, for a rate of 19.5 cases per 100,000 persons, which is higher than in Los Angeles County (15.9 cases per 100,000 persons), and the 8 cases per 100,000 persons in Orange County. 74.4% of diagnosed persons in Long Beach are in care, and 68.1% are virally suppressed. 68.3% of diagnosed individuals in Orange County are in care, and 62.2% are virally suppressed.

## HIV, per 100,000 Persons

	Long Beach	Los Angeles County	Orange County	California
Newly diagnosed cases	88	1,619	256	4,882
Rate of new diagnoses	19.5	15.9	8.0	12.2
Living cases	4,088	52,563	7,728	142,772
Rate of HIV	905.8	514.9	240.1	355.6
Percent in care	74.4%	71.6%	68.3%	73.7%

	<b>Long Beach</b>	<b>Los Angeles County</b>	<b>Orange County</b>	<b>California</b>
Percent virally suppressed	68.1%	63.3%	62.2%	64.7%
Deaths per 100k HIV+ persons	14.8	7.6	2.9	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2022.  
[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_case\\_surveillance\\_reports.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx)

## Mental Health

### Mental Health Indicators

13.8% of SPA 8 adults, 14.4% of Orange County adults, and 16% in SPA 7 were determined to have experienced serious psychological distress in the past year. Among Orange County adults, 11.7% had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year, followed by those in SPA 8 (9.5%), and SPA 7 (9%). Serious psychological distress was experienced in the prior year by 33.5% of SPA 7 teens, 29.9% of Orange County teens, and 24.9% of SPA 8 teens.

### Mental Health Indicators

	SPA 7	SPA 8	Los Angeles County	Orange County
Adults with serious psychological distress during past year	16.0%	13.8%	15.5%	14.4%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	9.0%	9.5%	10.9%	11.7%
Adults: family life impairment during the past year	24.5%	21.7%	23.8%	22.2%
Adults: social life impairment during the past year	25.6%	22.1%	24.0%	23.4%
Adults: household chore impairment during the past year	23.6%	21.6%	23.4%	23.0%
Adults: work impairment during the past year	21.4%	20.8%	23.8%	25.6%
Teens with serious psychological distress during past year	33.5%	24.9%	31.2%	29.9%

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

According to the BRFSS survey of 2022, 19.4% of Orange County adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder, as compared to 20.2% in Los Angeles County.

### Depression, Adults

	Los Angeles County	Orange County	California
Told by health care professional they had depressive disorder, ever	20.2%	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](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 Care Access

39.5% of Orange County teens needed help for emotional or mental health problems in the past year, and 20.8% of teens had received psychological or emotional counseling. 23.2% of adults in SPAs 7 and 8, and 23.4% in Orange County needed help for emotional mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 45.4% in SPA 7, 53.1% in SPA 8, and 55.3% in Orange County 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

	SPA 7	SPA 8	Los Angeles County	Orange County
Teen who needed help for emotional or mental health problems†	38.5%	30.1%	32.0%	39.5%
Teen who received psychological or emotional counseling†	15.1%	19.8%	16.4%	20.8%
Adults who needed help for emotional-mental and/or alcohol-drug issues	23.2%	23.2%	25.1%	23.4%
Adults, sought/needed help and received treatment	45.4%	53.1%	54.2%	55.3%
Adults, sought/needed help but did not receive	54.6%	46.9%	45.8%	44.7%

Source: California Health Interview Survey, 2021-2023 and †2020-2023 <http://ask.chis.ucla.edu/>

Among SPA 8 adults who had seen a professional in the past 12 months for problems with mental health, emotions, or nerves, 24.4% visited only a primary care physician in the past year, 38.5% visited only a mental health professional, and 37% visited both. In SPA 7, 23% of adults had visited a primary care physician, 37.1% had visited a mental health professional, and 39.9% had visited both types of professionals. Among adults in Orange County 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 (for mental and emotional issues), while 42.6% visited a mental health professional only in the prior year, and 35.1% had visited both types of professional.

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

	SPA 7	SPA 8	Los Angeles County	Orange County
Primary care physician only	23.0%	24.4%	21.8%	22.3%
Mental health professional only	37.1%	38.5%	39.1%	42.6%
Both	39.9%	37.0%	39.1%	35.1%

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

Among adults and teens, 7.2% in SPA 7, 7.7% in Orange County, and 8.2% in SPA 8 sought help through an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol or drugs in the past 12 months. 7.4% of SPA 7 adults and teens, 6.9% in Orange County, and 6.3% in SPA 8 had connected online with a mental health professional in the prior year. 7.2% of SPA 7 adults and teens, 5.1% in Orange County, and 4.8% of SPA 8 adults and teens had connected online in the prior year with people with similar mental health or alcohol/drug issues.

## Online Mental Health Utilization, Adults and Teens

	SPA 7	SPA 8	Los Angeles County	Orange County
Sought help from an online tool	7.2%	8.2%	7.8%	7.7%
Connected with a mental health professional online in last 12 months	7.4%	6.3%	8.1%	6.9%
Connected online with people with similar mental health or alcohol/drug status	7.2%	4.8%	6.2%	5.1%

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 Los Angeles County, the ratio of residents to mental health providers is 224:1, which is similar to the state ratio of 222 persons per mental health provider. The ratio is higher (less access) in Orange County, with 262 persons per mental health provider in that county.

## Mental Health Providers, Number and Ratio

	Los Angeles County	Orange County	California
Number of mental health providers	43,347	12,032	175,563
Ratio of population to mental health providers	224:1	262:1	222:1

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

## Suicidal Ideation

17.5% of adults in Orange County, 16.5% in SPA 7, and 15.5% of adults in SPA 8 indicated they had seriously thought about committing suicide.

## Ever Seriously Thought About Committing Suicide, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Ever seriously thought about committing suicide	16.5%	15.5%	17.7%	17.5%

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

Among teens in the service area, 13% to 19% had seriously considered attempting suicide in the past 12 months. ABC Unified and Garden Grove Unified had the highest levels of suicide ideation for 7<sup>th</sup> graders (18%). At Anaheim Union High and Huntington Beach Union High School Districts, 16% of responding 9<sup>th</sup> graders seriously considered suicide. Huntington Beach Union High School District had the highest level of suicidal ideation among 11<sup>th</sup> graders (19%).

## Seriously Considered Suicide, Teens

	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade
ABC Unified School District	18%	15%	13%
Anaheim Union High School District*	15%	16%	16%
Bellflower Unified School District	15%	13%	14%
Buena Park Elementary School District	14%	N/A	N/A
Garden Grove Unified School District	18%	15%	15%
Huntington Beach Union High School District*	N/A	16%	19%
Los Alamitos Unified School District*	17%	15%	16%
Westminster School District	17%	N/A	N/A

Source: California Department of Education, California Healthy Kids Survey, 2022-2023 and \*2021-2022. N/A = Data not available.  
<https://data1.cde.ca.gov/dataquest/>

## Community Input – Mental Health

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

- Mental health resources are extremely scarce. There are not enough resources for those patients in the community.
- We are seeing more kids coming from a mental health stay. This occurs at a younger age, and they have more extreme circumstances, where they've attempted to end their life or hurt themselves. This increases parents' emotional distress, but we are also having more parental participation and engagement, which is an improvement from the past.
- Major referral sources are teachers and school professionals. More recently there's been more burnout in that field. So sometimes signs are being missed, things we could have caught before if those professionals had reached out earlier.
- We are seeing more awareness around mental health issues that children are facing. Were these issues always there and now there is just more awareness? Or are we seeing an increase in kids with diagnoses like bipolar or schizophrenia or ADHD? We are seeing an increase of kids coming in with actual diagnoses from a medical care provider.
- Even if you are insured, access is a challenge. We don't have a one stop shop to get all mental health needs met. The system is disjointed. Everyone has their own databases, and they don't communicate or transfer and share data. The people who have the most challenges with accessing services are the unhoused population and veterans.
- We are seeing family conflicts where there is mental illness involved. It is difficult for police or others to help without things escalating. People who are in crisis don't have an easy way to access aid. There are not adequate beds at the crisis level. We have a hard time finding placements. With the shortage of beds, we can have people waiting in the ED for a placement.
- It is hard to find a provider for adolescents. If you have Medi-Cal and you are severely mentally ill, the default is LA County Mental Health. Having health

coverage, or health insurance, doesn't mean you have access. I can call a mental health provider, and they may be booked for months. You must be in a crisis to get services; our system is crisis driven. We are having a hard time navigating the system to prevent a person with anxiety, depression or other diagnoses from decompensating to the point that it becomes a crisis.

- From the onset of the pandemic, people are talking more about mental health and challenges. There continues to be cultural stigma and a general unwillingness to talk about mental health. In this moment, it's more of a problem than ever before, but also more people are talking about it. There is also really good work happening to expand that conversation and make it more culturally appropriate.
- More and more people are comfortable identifying that mental health is part of their physical health. Mental health used to be more of a taboo subject.
- 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 SPA 8, 4.6% of adults smoke cigarettes, in SPA 7, 5.2% of adults are smokers, and in Orange County 5.6% are smokers. 21.6% of Orange County, 19.4% of SPA 7 and 17.7% of SPA 8 adults, ages 18 to 65, had smoked an e-cigarette.

### Smoking, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Current smoker	5.2%	4.6%	5.0%	5.6%
Former smoker	15.3%	19.2%	17.9%	17.3%
Never smoked	79.5%	76.2%	77.0%	77.1%
Thinking about quitting in the next 6 months	64.7%	66.2%	64.4%	71.6%
Ever smoked an e-cigarette (all adults 18-65)	19.4%	17.7%	20.2%	21.6%
Smoked an e-cigarette in the past 30 days	4.8%	2.8%	4.3%	5.7%

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

0.9% of Los Angeles County teens are current smokers, and 1.8% smoked an e-cigarette in the past 30 days. 2.1% of SPA 7 teens, 2.5% of Orange County teens, and 3.2% of SPA 8 teens smoked an e-cigarette in the past 30 days.

### Smoking, Teens

	SPA 7	SPA 8	Los Angeles County	Orange County
Current cigarette smoker	*1.1%	*0.0%	*0.9%	*0.2%
Smoked an e-cigarette in the past 30 days	*2.1%	*3.2%	1.8%	*2.5%

Source: California Health Interview Survey, 2019-2023. <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. Among adults, 22% in SPA 7 and 23.2% in SPA 8 reported having engaged in binge drinking in the previous 30 days. The Healthy People 2030 objective is for no more than 25.4% of adults to binge drink in the prior month.

Men are more likely to engage in binge drinking (25.8%) than women (18.6%). Rates decline steadily with age, from a high of 37.7% among those ages 25 to 29. The Healthy People 2030 objective is for 25.4% of adults to binge drink. Binge drinking is more common among residents who identify as bisexual+ (34.2%) and gay or lesbian (32.1%) than those who identify as heterosexual (21.1%). Rates of binge drinking rise with rising education and income.

## Binge Drinking, Adults, Previous 30 Days, by Demographics

	Percent
Male	25.8%
Female	18.6%
Gay or lesbian	32.1%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	34.2%
Straight or heterosexual	21.1%
18 to 24	20.6%
25 to 29	37.7%
30 to 39	31.5%
40 to 49	25.0%
50 to 59	19.2%
60 to 64	17.4%
65 or older	8.2%
0-99% FPL	20.1%
100-199% FPL	19.0%
200-299% FPL	22.5%
300% or above FPL	24.0%
Less than high school	19.4%
High school	21.1%
Some college or trade school	22.3%
College or post graduate degree	24.1%
Latinx	25.4%
U.S. born	28.0%
Multi-racial or Other race, non-Hispanic	24.6%
White, non-Hispanic	21.0%
U.S. born	21.7%
Asian, non-Hispanic	17.2%
U.S. born	20.5%
Black or African American, non-Hispanic	17.6%
U.S. born	17.9%
Native Hawaiian or Pacific Islander, non-Hispanic	*9.4%
American Indian or Alaska Native, non-Hispanic	*4.4%
Bellflower Health District	25.4%
Long Beach Health District	27.7%
<b>SPA 7</b>	<b>22.0%</b>
<b>SPA 8</b>	<b>23.2%</b>
<b>Los Angeles County</b>	<b>22.1%</b>

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.

18.3% of Orange County adults, 18.1% of SPA 7 adults, and 17.9% of SPA 8 adults had engaged in binge drinking in the prior month.

## Binge Drinking, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County	California
Adult binge drinking, past month	18.1%	17.9%	18.4%	18.3%	18.3%

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

19.5% of Orange County teens, 17.5% of teens in SPA 7, and 16.3% of teens in SPA 8 have tried alcohol. Teens reported binge drinking in the prior month at a rate of 5.2% in SPA 8, 3.3% in Orange County, 2.7% in Los Angeles County, and 2.1% in SPA 7.

## Teen Binge Drinking and Alcohol Experience

	SPA 7	SPA 8	Los Angeles County	Orange County
Teen binge drinking, past month	*2.1%	5.2%	2.7%	3.3%
Teen ever had an alcoholic drink †	17.5%	16.3%	19.6%	19.5%

Source: California Health Interview Survey, 2019-2023 and †2019-2022, pooled. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Marijuana Use

Marijuana use became legal in the state of California in 2017 (while remaining illegal at the Federal level). 14.6% of Orange County adults, 14.2% of adults in SPA 8, and 11.8% of SPA 7 adults have used marijuana in the previous month. 13.7% of SPA 7 teens, 9.2% of SPA 8 teens, and 8.7% of Orange County teens have tried marijuana or hashish.

## Marijuana Use, Adults

	SPA 7	SPA 8	Los Angeles County	Orange County
Used marijuana within the past month	11.8%	14.2%	15.3%	14.6%
Used marijuana within the past year but not within the past month	7.4%	8.1%	8.7%	7.9%

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

## Marijuana Use, Teens

	SPA 7	SPA 8	Los Angeles County	Orange County
Have tried marijuana or hashish	13.7%	9.2%	11.8%	8.7%
Used marijuana within the past month	11.3%	3.5%	5.3%	4.4%

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

## Opioid Use

The rate of hospitalizations due to opioid overdose in Los Angeles County (excluding heroin) was 12.5 per 100,000 persons. This was lower than the state rate (15 per 100,000 persons). Emergency Room visits due to opioid use other than heroin in Los Angeles County were 34 per 100,000 persons, which was below the state rate (58.7 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 234.4 per

1,000 persons, which is lower than the state rate of opioid prescribing (296 per 1,000 persons). Rates in Orange County were higher, with hospitalizations (15.1 per 100,000 persons), 51 ER visits per 100,000 persons, and 255.5 opioid prescriptions per 1,000 persons.

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

	Los Angeles County	Orange County	California
Hospitalization rate for opioid overdose (excludes heroin)	12.5	15.1	15.0
ER visits for opioid overdose (excludes heroin)	34.0	51.0	58.7
Opioid prescriptions, per 1,000 persons	234.4	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 SPAs 7 and 8, combined, 5.5% of adults reported being current smokers. Native Hawaiian or Pacific Islander (NHPI) residents (9.1%), non-Latino multiracial residents (8.5%) and Black or African American residents (7.4%) were more likely to be current smokers than Asian residents (4.1%), American Indian or Alaska Native residents (4.2%) or Latino residents (4.9%). Rates in Orange County, among available groups, were highest for non-Latino Black or African American residents (13.2%) and multiracial residents (7.8%), and lowest among Asian residents (4.6%), Latino residents (5.4%), and White residents (5.6%).

12.3% of adults in SPAs 7 and 8, combined, said they had used marijuana during the prior month. Rates of marijuana use were highest among multiracial residents (17.9%), White residents (16.6%), and Black or African American residents (16%), and lowest among Asian residents (6.3%) and Latino residents (10.9%). In Orange County, 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%).

18% of adults in SPAs 7 and 8, combined, engaged in binge drinking during the prior month. The rates were highest among non-Latino multiracial residents (20.9%), Latino residents (20.3%), and non-Latino White residents (18.5%), and lowest among AIAN residents (8%), NHPI residents (8.6%), Asian residents (10%), and Black or African American residents (11.5%). In Orange County, 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, for SPA 7 and 8 Residents, Combined**

	Current Smoker	Current Marijuana User	Binge Drinking, Prior Month †
Native Hawaiian or Pacific Islander	*9.1%	**	*8.6%
Multiracial	*8.5%	17.9%	20.9%
Black or African American	7.4%	16.0%	11.5%
White	6.6%	16.6%	18.5%
Latino	4.9%	10.9%	20.3%
American Indian or Alaska Native	*4.2%	**	*8.0%
Asian	4.1%	6.3%	10.0%
<b>SPAs 7 &amp; 8, combined, all races</b>	<b>5.5%</b>	<b>12.3%</b>	<b>18.0%</b>

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

**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%
<b>Orange County, all races</b>	<b>5.4%</b>	<b>13.5%</b>	<b>18.3%</b>

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:

- Most of the youth that we serve have a substance use issue. No child really grows up wanting to be a drug addict. They want to escape, so we help them with developing coping skills that are not substance related.
- We have harm reduction efforts within the city. But they are not widely available to combat this issue at the magnitude that we need.
- We see a lot of comorbidities with mental illness and self-medicating. We need more places where people can safely detox.
- Many people that are substance abuse users have mental health issues. So, it's two pronged. We must deal with the substance use and their mental health to get them off of that wheel.
- It seems like we are backtracking on a lot of progress that we made with harm reduction and meeting people where they are. It will continue to get worse as we criminalize substance use and people will get into more illegal and dangerous substances.
- Poverty and substance abuse tend to be the leading causes of kids entering the foster system.

- 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. Rates of annual flu vaccinations were higher for men than for women. Among children, rates decline with age, but among adults, rates generally rise with age. American Indian or Alaska Native children and non-Hispanic Black or African American children are the least likely to be vaccinated. Among adults, ages 18 years and older, flu shot rates are lowest among Black or African American residents and Latino residents. Disabled adults are more likely to get vaccinated against the flu.

### Flu Vaccines, Los Angeles County, by Demographics

	Children, 6mos to 17 Years	Adults, 18 and Older	Adults, 65 and Older
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%
200% - 299% FPL	51.5%	56.6%	79.2%

	Children, 6mos to 17 Years	Adults, 18 and Older	Adults, 65 and Older
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%
Compton Health District	44.8%	43.2%	68.4%
Long Beach Health District	55.6%	51.9%	85.6%
<b>SPA 6</b>	<b>53.9%</b>	<b>49.2%</b>	<b>71.2%</b>
<b>SPA 7</b>	<b>56.5%</b>	<b>54.3%</b>	<b>75.3%</b>
<b>SPA 8</b>	<b>60.0%</b>	<b>59.8%</b>	<b>87.1%</b>
<b>Los Angeles County</b>	<b>58.1%</b>	<b>57.6%</b>	<b>80.3%</b>

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/LACHSDDataTopics2023.htm> \*Unstable due to sample size.

## Pneumococcal Vaccine

Among senior adults in the Long Beach Health District, 72.4% had received a pneumococcal vaccine. The rate of pneumococcal vaccinations is highest among individuals who identify as heterosexual and rises with levels of education and income. Pneumonia vaccine rates are highest among non-Hispanic White senior adults and lowest among Hispanic or Latino senior adults.

## 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%
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%
Compton Health District	59.2%
Long Beach Health District	72.4%
<b>SPA 6</b>	<b>50.5%</b>

	Percent
<b>SPA 7</b>	<b>67.8%</b>
<b>SPA 8</b>	<b>72.4%</b>
<b>Los Angeles County</b>	<b>69.0%</b>

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, 30.1% in SPA 6, 28.7% in SPA 7, and 24.3% in SPA 8 experienced a fall. Among SPA 6 senior adults, 13.8% were injured during a fall in the past year, 8.3% in SPA 7, and 8.5% of SPA 8 senior adults were injured in a fall.

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

	SPA 6	SPA 7	SPA 8	Los Angeles County
Senior adults who have fallen	30.1%	28.7%	24.3%	26.7%
Injured due to a fall	*13.8%	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. \*Unstable due to low sample size. <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. Immunization rates ranged from 86.3% in the Paramount Unified School District to 97.8% in the Norwalk-La Mirada Unified School District.

## Up to Date Immunization Rates of Children Entering Kindergarten\*

School District	Percent
ABC Unified School District	96.8%
Bellflower Unified School District	96.8%
Compton Unified School District	93.6%
Downey Unified School District	95.4%
Long Beach Unified School District	95.4%
Lynwood Unified School District	93.2%
Norwalk-La Mirada Unified School District	97.8%
Paramount Unified School District	86.3%
Los Angeles County*	<b>94.1%</b>
California*	<b>93.8%</b>

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>

## 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. Among women in area Health Districts, rates fall short of the Healthy People 2030 objective. Cervical cancer screening in Los

Angeles County is highest among individuals who identify as heterosexual and lowest among those who identify as lesbian. Cervical cancer screening is lowest among women, ages 21 to 24, and highest among women ages 30 to 64. Screening is highest among non-Hispanic White women, Black or African American women, and American Indian or Alaska Native women, and lowest among non-Hispanic Asian women and Native Hawaiian or Pacific Islander women. Screening rates rise with income and levels of education and are lower among residents with a disability.

**Pap Smears in Past 3 Years, Women, Ages 21-65, Los Angeles County, by Demographics**

	Percent
Lesbian	66.2%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	72.4%
Heterosexual	77.2%
21 to 24 years old	47.1%
25 to 29 years old	72.5%
30 to 39 years old	80.1%
40 to 49 years old	76.3%
50 to 59 years old	79.0%
60 to 64 years old	76.8%
65 years and old	70.0%
White, non-Hispanic	81.6%
Black or African American, non-Hispanic	80.7%
American Indian or Alaska Native, non-Hispanic	80.1%
Multiracial or Other Race, non-Hispanic	77.2%
Hispanic or Latinx	72.1%
Asian, non-Hispanic	69.3%
Native Hawaiian or Pacific Islander, non-Hispanic	62.0%
Less than high school	65.6%
High School	63.5%
Some college or trade school	79.1%
College or post-graduate degree	81.8%
0 - 99% FPL	59.8%
100% - 199% FPL	70.1%
200% - 299% FPL	75.5%
300% or above FPL	81.5%
Disabled	70.2%
Not disabled	76.4%
Bellflower Health District	71.3%
Compton Health District	75.9%
Long Beach Health District	72.6%
<b>SPA 6</b>	<b>70.7%</b>
<b>SPA 7</b>	<b>76.0%</b>
<b>SPA 8</b>	<b>73.7%</b>
<b>Los Angeles County</b>	<b>74.7%</b>

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/LACHSDDataTopics2023.htm>

## 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. Breast cancer screening in Los Angeles County is highest among individuals who identify as heterosexual and lowest among those who identify as lesbian. Mammography screening is lowest among Latina women, non-Hispanic Asian women, and Native Hawaiian or Other Pacific Islander women. Screening rates rise with level of education and higher levels of income and are lower among residents with a disability.

### Mammograms, Women, Ages 50-74, Los Angeles County, by Demographics

	Percent
Lesbian	59.3%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	73.6%
Heterosexual	78.8%
Multiracial or Other Race, non-Hispanic	84.3%
Black or African American, non-Hispanic	80.9%
American Indian or Alaska Native, non-Hispanic	80.4%
White, non-Hispanic	80.3%
Asian, non-Hispanic	77.1%
Hispanic or Latina	76.4%
Native Hawaiian or Pacific Islander, non-Hispanic	*51.7%
Less than high school	72.7%
High School	75.7%
Some college or trade school	78.6%
College or post-graduate degree	83.0%
0 - 99% FPL	72.7%
100% - 199% FPL	72.0%
200% - 299% FPL	76.8%
300% or above FPL	82.5%
Disabled	73.7%
Not disabled	79.8%
Bellflower Health District	82.2%
Compton Health District	95.5%
Long Beach Health District	79.2%
<b>SPA 6</b>	<b>79.4%</b>
<b>SPA 7</b>	<b>77.5%</b>
<b>SPA 8</b>	<b>75.6%</b>
<b>Los Angeles County</b>	<b>78.1%</b>

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

## 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 Los Angeles County the reported rate of colorectal cancer screening was 49.8%, which does not meet the objective.

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

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

- Preventive care is dependent upon whether there's access for patients to see their primary care physicians.
- There needs to be more work toward providing services for our disabled population, particularly the invisible disabilities, like developmental disabilities. You will see families who have a child with a disability tend to live a more secluded life because their child may engage in behavioral issues in a public setting. But that prevents them from accessing a lot of community spaces and resources.
- We get a lot of ambulance calls for seniors falling.
- The people that we see with syphilis, a lot of times we find they're using substances, they may be unhoused. We have a large population of men having sex with men. So, we try to promote safe sex practices.
- People will think twice about going to the doctor because of their required co-payment. Or they don't have health insurance.
- 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.

## 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
<b>High school graduation rate</b>	<b>83.2%</b> - 96.3%	90.7%
Child health insurance rate	96.1%	92.4%
<b>Adult health insurance rate</b>	<b>91.1%</b>	92.4%
<b>Unable to obtain medical care</b>	<b>6.9%</b> - 8.9%	5.9%
<b>Ischemic heart disease deaths</b>	<b>89.3</b>	71.1 per 100,000 persons
<b>Cancer deaths</b>	<b>135.0</b>	122.7 per 100,000 persons
<b>Colon and rectum cancer deaths</b>	<b>10.5 - 12.8</b>	8.9 per 100,000 persons
Lung cancer deaths	22.2 - 22.7	25.1 per 100,000 persons
<b>Female breast cancer deaths</b>	<b>18.3 - 19.3</b>	15.3 per 100,000 persons
<b>Prostate cancer deaths</b>	<b>18.3 - 20.0</b>	16.9 per 100,000 persons
<b>Stroke deaths</b>	<b>34.3</b>	33.4 per 100,000 persons
Unintentional injury deaths	30.6	43.2 per 100,000 persons
Suicides	8.7	12.8 per 100,000 persons
<b>Liver disease (cirrhosis) deaths</b>	<b>13.7</b>	10.9 per 100,000 persons
Homicides	3.3	5.5 per 100,000 persons
<b>Overdose deaths involving opioids</b>	<b>16.7 - 19.0</b>	13.1 per 100,000 persons
Infant death rate	3.6	5.0 per 1,000 live births
Adult obese, ages 20+	25.3% - 35.9%	36.0%, adults ages 20+
<b>Obese teens, ages 12 to 17</b>	10.8% - <b>27.1%</b>	15.5%, children & youth, 2 to 19
<b>Adults engaging in binge drinking</b>	17.9% - <b>27.7%</b>	25.4%
Cigarette smoking by adults	4.6% - 5.6%	6.1%
<b>Pap smears, ages 21-65, screened in the past 3 years</b>	<b>71.3%</b> - 81.3%	79.2%
<b>Mammogram, ages 50-74, screened in the past 2 years</b>	<b>79.2%</b> - 82.2%	80.3%
<b>Colorectal cancer screenings, ages 50-75, screened per guidelines</b>	<b>49.8%</b> - <b>54.0%</b>	68.3%
<b>Annual adult influenza vaccination</b>	<b>43.0%</b> - <b>57.3%</b>	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
Steve Croft	Vice Mayor and Council Member	City of Lakewood
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
Lupita Gutierrez	Interim Executive Director	Casa Youth Shelter
Madelynne Hirneise	Chief Executive Officer	Families Forward
Claudia Keller, MPA	Chief Executive Officer	Second Harvest Food Bank of Orange County
Nicolas King	Associate Director of Development	Olive Crest
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
Ha Nguyen	Performance Improvement and Accreditation Coordinator	Long Beach Department of Health and Human Services
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
Jennifer Ponce, MPH	Chief Health Education & Promotion Officer	TCC Family Health

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Nancy Riano, RN, PHN, MSN, FNP-BC	Nursing Services Officer; Maternal Child & Adolescent Health Director	Long Beach Department of Health and Human Services
La Fonda Riggins, MA	Community Services Liaison	Los Angeles County Fire Department
Almaas Shaikh, MD, MPH, FACS	Deputy Health Officer	Orange County Health Care Agency
Vicki Stuckey	Reserve Deputy: Council Member	Los Angeles County Sheriff's Department, City of Lakewood
James Suazo	Executive Director	Long Beach Forward
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
Chris Tomogin, MD, FACEP	Chief of Staff; Emergency Medicine	UCI Health - Lakewood
Richard A. Van Etten, MD	Director; Associate Vice Chancellor	Chao Family Comprehensive Cancer Center; Susan and Henry Samueli 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:

- Lakewood residents have Medi-Cal HMO and community members have difficulty getting referrals and follow-up care. Los Alamitos is a wealthier community and residents with Medicare are connected to primary care practitioners.
- We have seen a rise in mental health concerns among youth.
- Mental health, housing, public safety, economic disparity.
- Homelessness, mental illness and a lack of services for those experiencing homelessness.
- We recently had a TB outbreak in Long Beach, and we had to declare a local emergency. We also have high rates of syphilis and HIV in LA County. We see a lot of diabetes and hypertension, and mental health issues.
- I think sometimes our city doesn't really recognize that things really affect minorities within our community. People here didn't realize the magnitude of how George Floyd affected everyone.
- Access to care.
- Food insecurity and housing, diabetes, hypertension, and obesity.
- Fires have caused displacement.
- 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 health care emergency. Obesity is tied to every other chronic disease.
- With immigration issues and ICE enforcement, we are seeing more fear, schools 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:

- There is a greater need for psychosocial support, whether that be outpatient psychiatric care, inpatient care, social services planning, and placement for those who require assistance. There are more people experiencing homelessness in Lakewood or housing challenged individuals who seek care in the ED.
- Overall stress in society right now. Fear.
- Poverty, being unhoused, not having access to food. If you don't have these three, then access to health care falls to the wayside.
- People who don't have insurance or have minimal types of insurance worry about going to the doctor or the hospital. Insurance doesn't pay for everything, so people wait until it is a crisis.
- It is difficult to access fresh and healthy food options. Or even if they are accessible, they are not always fresh, quality ingredients.
- Seniors do not have enough social interaction, so there are feelings of isolation.
- Economic stability. Immigration concerns.
- 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.

Stakeholders were asked to identify populations in the area who are not regularly accessing health care and social services. Responses included:

- In Lakewood we see people who walk into the ED and use it as a form of primary care. They may not have resources to pay upfront for urgent care or they are having difficulty accessing health insurance to see a physician in the community.
- Our Black community has the most challenges with accessing care.
- Seniors are a bit more reluctant to reach out. Also, there are people in their 20s and 30s who haven't dealt with stress and don't know where to go for help.
- Older adults and our unhoused population. We are seeing more adults falling into homelessness because of inflation and other financial factors. Their social security check or pension is not enough to sustain their living situation.
- Those who don't have insurance. We have a lot of immigrants. We have a lot of people who are concerned and are going underground. They are not going to school; they are not going to the doctor's office.
- A lot of immigrant communities are struggling to access care. The willingness to even venture into public services has dropped significantly.
- Teens who aren't in a sport are not coming in for their physicals. And the dads, they also have low rates of physicals. We have a lot of children under age 6 who do not complete their vaccine schedule.
- Hispanic residents, youth.
- 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.

- For the unhoused population, even though we have spaces where we can provide additional shelter, during the extreme heat and extreme cold events there's still not enough space. Also, our disabled group. If a person lives with any kind of disability, like a developmental disability and they live with their family, they already don't really go out much. They're already locked out from a lot of resources that are made available.
- We have all been affected by the fires with air quality.
- We have the Port of Long Beach and the Port of Los Angeles and historically, we've always had the worst air quality in the nation because of the ports. The other thing is the heat. Increasingly every year, the heat extremes tend to be worse, and they tend to affect the most vulnerable individuals in our population: children, babies, pregnant women, older adults, typically they're intolerant to heat.
- That recent fire has really affected a lot of people. Some people will not be able to rebuild. It is going to affect people for generations and impact their wealth. And they aren't removing that top layer of soil and toxins in Altadena. In 15 or 20 years we are going to realize diseases are a result of not removing that soil.
- With the wildfires there was concern over air quality, especially with kids in schools. We are also having more extreme heat. Every year we seem to have more days of triple digit degree weather, and many people do not have the infrastructure for air-conditioning. It is a luxury many cannot afford. Also, we are seeing more extreme heat days happening in the spring and fall, not just the summer. The local government has created cooling stations, but they have limited hours, and they are not necessarily accessible to all residents.

- The air quality has exacerbated asthma and affects people's ability to be physically active and outside.
- 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.