EQUITY IN **OC**

Orange County
2023 Community Health Assessment

Findings & Data Graphics

August 2023

An initiative of

OC health CARE AGENCY

Orange County

2023 Community Health Assessment

Summary of Findings

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OVERVIEW

August 2023

This reference is designed to support individuals participating in the development of Orange County's 2024-2026 Community Health Improvement Plan (CHIP). The document provides, for each health condition or health determinant, summary of findings from the recent Community Health Assessment. This summary includes high-level data for related indicators, a brief discussion of known disparities, qualitative findings from the assessment, as well as mission statements for known current collaborative activities (not comprehensive).

This document is intended to assist in consideration of identified health conditions and determinants, and then scoring each per the following categories:

- Meaningfulness
  - Disparity / Inequity: There is great disparity and/or inequity for this health condition/determinant within the county.
  - Important: This is a health condition/determinant which is important to my community and/or stakeholders.
  - Outcome: Improvement in this health condition/determinant would improve overall health in Orange County.
- Feasibility
  - Current Effort: This need is currently under-addressed in Orange County.
  - Collaboration: More collaboration or multi-sector approaches are needed to improve this health condition/determinant.
  - Opportunity: This is a health priority with which my organization / community would align.
- Overall:
  - This is a health condition/determinant that should be a high priority for our shared Community Health Improvement Plan.

Aggregation of individual scoring will allow determination of the highest priority health needs in Orange County to be addressed in the CHIP.

INDICATORS: Existing county data related for each condition or determinant to be considered is provided in the summary. These demonstrate over-all Orange County status compared to California and the United States, as well as compared to Healthy People 2030 goals. Following each summary are detailed charts that reveal trends and/or disparities, to be referenced as needed.

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EQUITY AND DISPARITIES: Also in each summary are brief descriptions of disparities revealed in the indicators to inform the scoring. Census tract–level maps of related indicators from the Orange County Equity Map, based on the Social Progress Index[1], are provided to show geographic disparities.

QUALITATIVE FINDINGS: SUMMARIES OF QUALITATIVE FINDINGS FROM THE FOLLOWING ASSESSMENTS ARE PROVIDED:
- Community Themes and Strengths Assessment (CTSA): Qualitative assessment of assets in the community and issues that are important to community members. Conducting the CTSA answers the following questions:
    - What is important to the community?
    - How is quality of life perceived in the community?
    - What assets does the community have that can be used to improve community health?

- Forces of Change (FoC) Assessment: A survey that identifies forces that may affect a community and opportunities, and threats associated with those forces. Conducting the FoC answers the following questions:
    - What is occurring or might occur that affects the health of the community or the local public health system?
    - What specific threats or opportunities are generated by these occurrences?

- Local Public Health Services Assessment (LPHSA): A survey developed by the National Public Health Standards that measures how well the local public health system delivers the 10 Essential Public Health Services, which encompass the activities, competencies, and capacities of the local public health system

These summaries are provided to highlight specific needs, barriers or opportunities that were identified through those assessments. Detailed findings from each assessment are available at: https://www.equityinoc.com/event/2023-community-health-assessment.

CURRENT COLLABORATIVE ACTIVITIES: Through the years, many collaborative activities have been initiated to address the conditions and determinants contained in this reference document. Critical to selection of priorities for the 2024–2026 CHIP is understanding the existing efforts and where there is an opportunity to fill a gap and/or support/strengthen existing efforts. The efforts included in these summaries are not yet comprehensive.

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[1] The foundation of the Orange County Equity Map is a set of social and environmental metrics called the Social Progress Index. This index incorporates over 50 indicators that measure the health and wellness of a community. Source: Social Progress Index - Advance OC

HEALTH CONDITIONS

Summary of Findings

Equity Map – Social Progress Index Indicators

Health Indicators

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Topic	MENTAL HEALTH				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	**Percent of Adults Needing Help with Mental, Emotional, or Substance Abuse Problems (CHIS)**	22.0% (2021)	25.0%	N/A	N/A
	Percent of Teens Needing Help with Emotional/Mental Health Problems (CHIS)	47.1% (2021)	36.7%	N/A	N/A
	Percent of Adults Needing and Receiving Behavioral Health Care Services (CHIS)	47.9% (2021)	53.8%	N/A	N/A
	Percent of Adults with Likely Serious Psychological Distress During Past Year (CHIS)	14.6% (2021)	17.0%	N/A	N/A
	Age-Adjusted Death Rate Due to Suicide per 100,000 (CDPH)	9.9 (2018-2020)	10.5	14.1 (2021)	12.8
	Percent of Adults Who Ever Thought Seriously About Committing Suicide (CHIS)	17.0% (2021)	19.1%	N/A	N/A
	Percent of 11th Graders Who Considered Suicide (CDE)	14.0% (2019-2021)	16.0% (2017-2019)	N/A	N/A
	Percent of Transgender 11th Graders Who Considered Suicide (CDE)	49.0% (2019-2021)	51.0% (2017-2019)	N/A	N/A
	Ratio of Population to Mental Health Providers (UWPHI)	283:1 (2022)	236:1	340:1	N/A

- **Equity & Disparities**
  - **Percent of Teens Needing Help with Emotional/Mental Health Problems: Hispanic (52.5%) reported needing help with behavioral health issues at higher rates than White (46.0%) and Asian (41.9%)**
  - **Percent of Adults Needing and Receiving Behavioral Health Care Services: Hispanic (34.5%) and Asian (39.3%) receive BHCS at lower rates than White (58.7%)**
  - **Percent of Adults with Likely Serious Psychological Distress During Past Year: In 2021, Hispanics experienced psychologic distress at the highest rate (18.2%), followed by Asians (15.7%); Whites experienced it the lowest rate (12.1%)**
  - **Percent of Transgender 11th Graders Who Considered Suicide: Almost half (49.0%) of transgender 11th graders reported considering suicide compared to only 14.0% of non-transgender 11th graders**
  - **North and Central County regions tends to have higher than median percentage of adults who had 14 or more poor mental health days.**
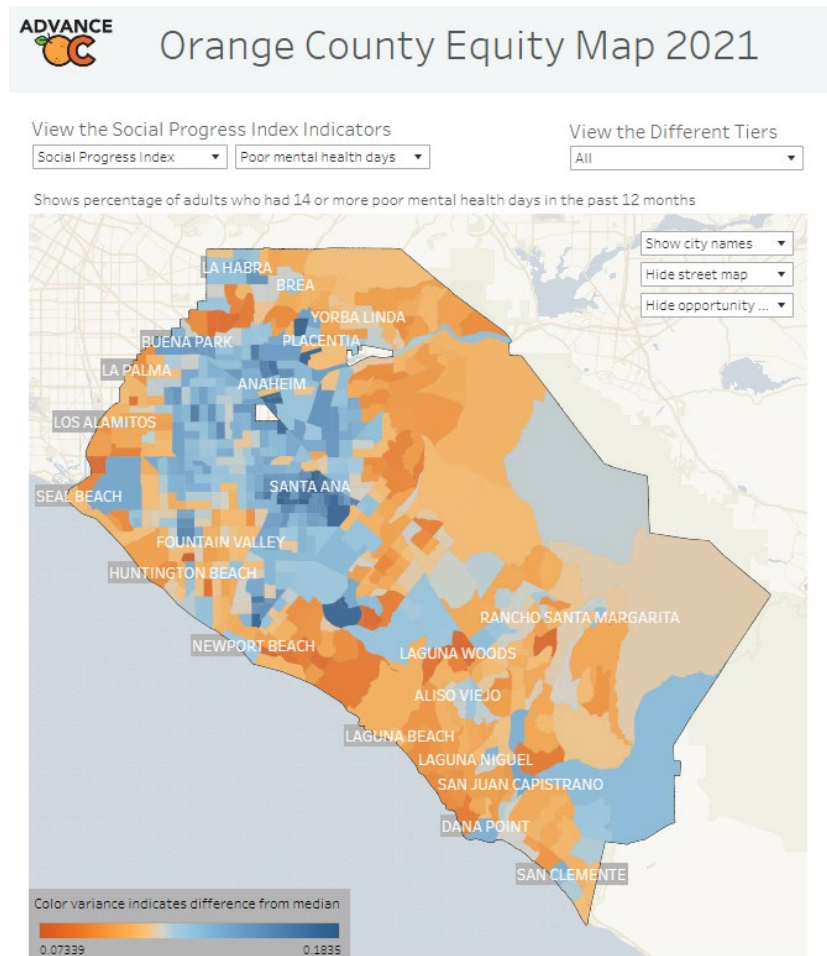
Qualitative Findings	**Need for increased awareness of mental health and support for mental health issues** – Communities are vulnerable to mental health, associated stigma prevents seeking help – Need for mental health education and community resources for both youth and adults – Recognition of community trauma, integration of health, mental health, and social services – Increased awareness for mental health issues, increased resources for support – Education about mental health and stigma to address mental health resources **Difficulty accessing mental health care due to limited capacity, stigma, insurance, and cultural/language barriers of the complicated system** – Need more (and more culturally diverse) mental health providers, not enough mental health professionals work with Medi–Cal/Medicare, including peer–based providers – Stigma around seeking help results in difficulty navigating mental healthcare system – Insurance companies act as a barrier for mental health and substance use treatment – Sliding scale payment options are often not affordable – During COVID years, the need has increased while access/use decreased
Current Collaborative Activities	– BeWell: The mission is to make compassionate mental health care more accessible for our community – Community Suicide Prevention Initiative: The mission of the Orange County Community Suicide Prevention Initiative (CSPI) is to promote hope and help community members live more purposeful lives, with a particular focus on survivors, those at risk and their loved ones. – HCA's Behavioral Health Advisory Board

MENTAL HEALTH

Orange County Equity Map 2021

View the Social Progress Index Indicators
[Social Progress Index] [Poor mental health days]

View the Different Tiers
[All]

Shows percentage of adults who had 14 or more poor mental health days in the past 12 months

Color variance indicates difference from median
0.07339   0.1835

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportuni
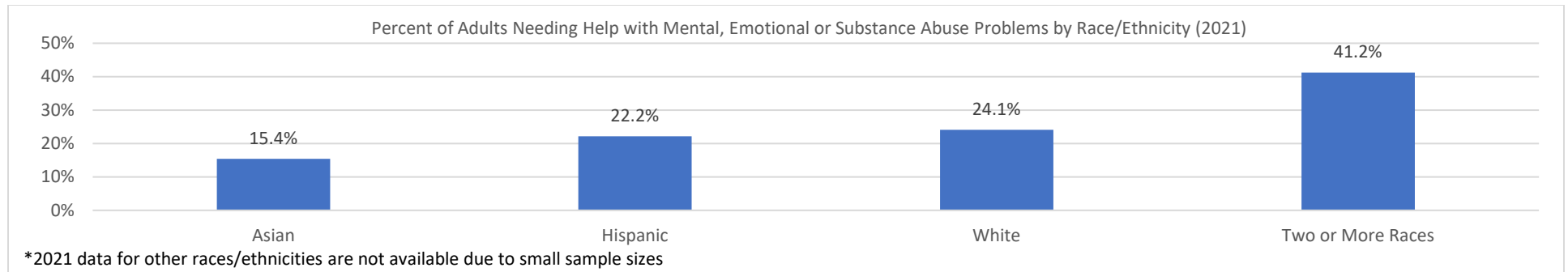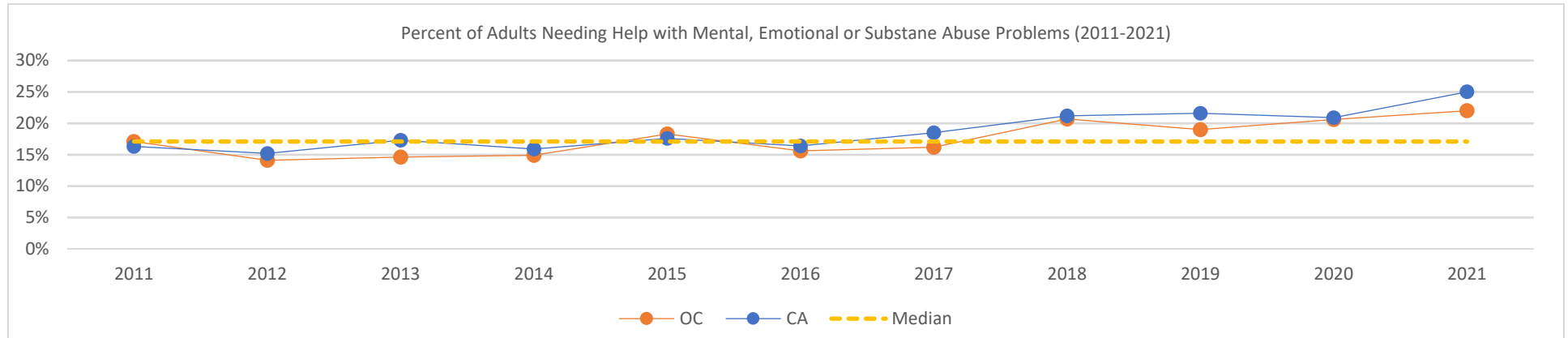
Poor Mental Health Days:

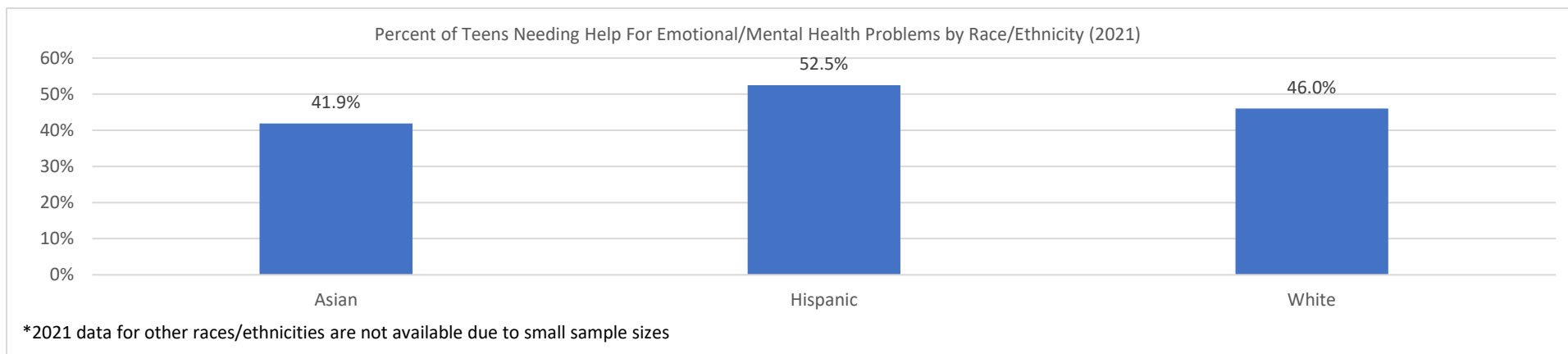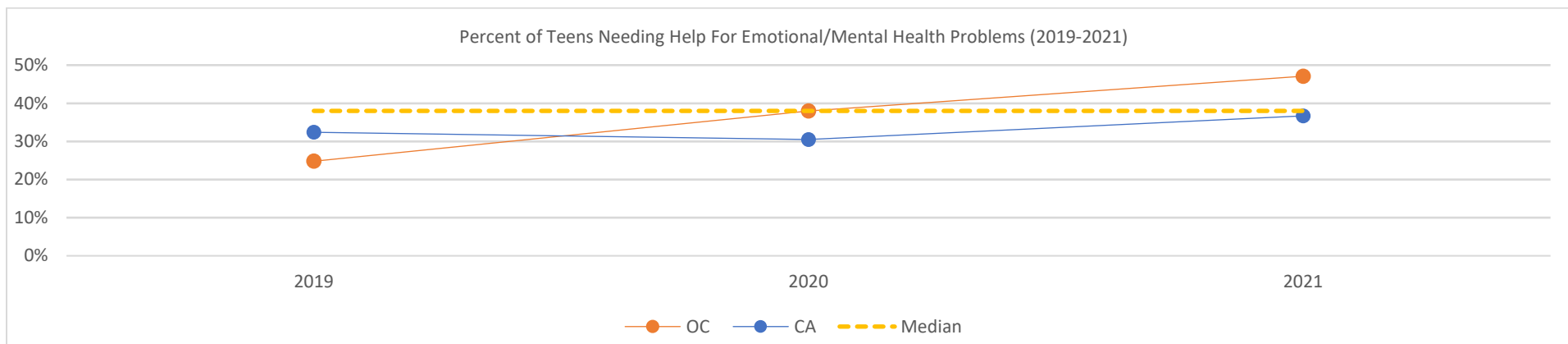- **Blue census tracts experienced more poor mental health days than orange.**

- **North and Central County (bluer regions) tends to have higher than median percentage of adults who had 14 or more poor mental health days.**

Mental Health

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Needing Help with Mental, Emotional, or Substance Abuse Problems[2] (CHIS)	22.0% (2021)	25.0%	N/A	N/A	R/E

Percent of Adults Needing Help with Mental, Emotional or Substane Abuse Problems (2011-2021)

Percent of Adults Needing Help with Mental, Emotional or Substance Abuse Problems by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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[2] **Definition:** Percent of adults who reported that there was a time in the past 12 months when they felt they might need to see a professional because of problems with their mental health emotions or nerves or their use of alcohol or drugs. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drug* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.
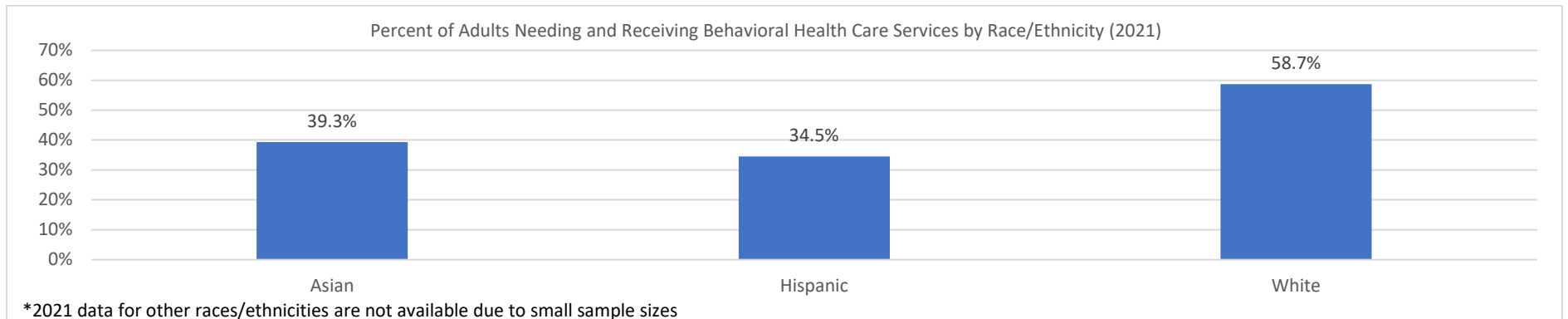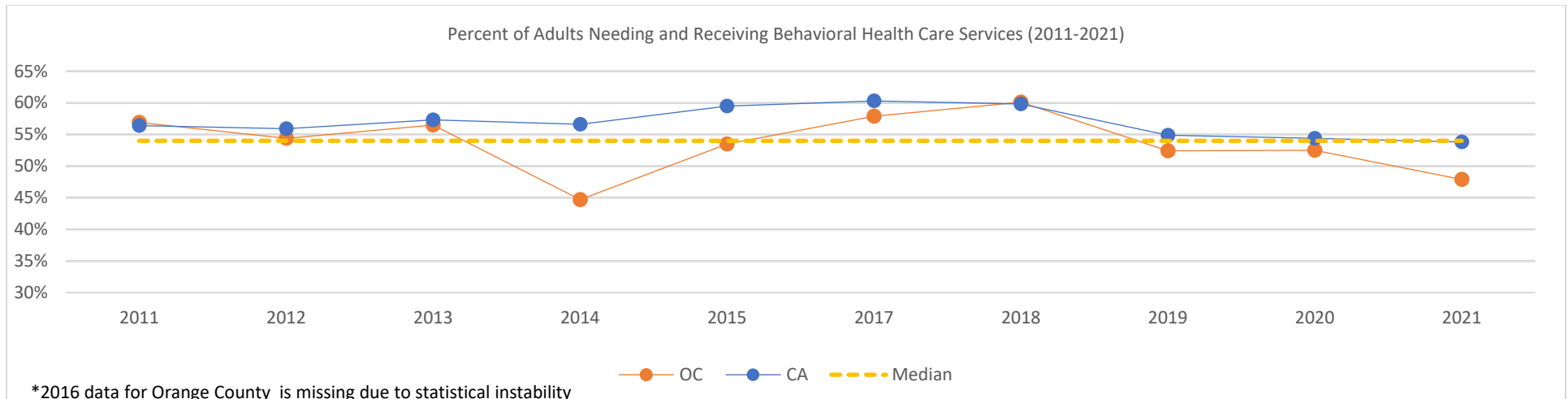
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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Teens Needing Help with Emotional/Mental Health Problems[3] (CHIS)	47.1% (2021)	36.7%	N/A	N/A	R/E

Percent of Teens Needing Help For Emotional/Mental Health Problems (2019-2021)

Legend: OC, CA, Median

Percent of Teens Needing Help For Emotional/Mental Health Problems by Race/Ethnicity (2021)

Asian: 41.9% Hispanic: 52.5% White: 46.0%

*2021 data for other races/ethnicities are not available due to small sample sizes

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[3] **Definition:** Percent of teens who reported that during the past 12 months, they though they needed help for emotional or mental health problems, such as feeling sad, anxious or nervous. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. Teen *Needed Help for Emotional/Mental Health Problems* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

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Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Needing and Receiving Behavioral Health Care Services [4] (CHIS)	47.9% (2021)	53.8%	N/A	N/A	R/E

Percent of Adults Needing and Receiving Behavioral Health Care Services (2011-2021)

*2016 data for Orange County is missing due to statistical instability

Percent of Adults Needing and Receiving Behavioral Health Care Services by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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[4] **Definition:** Percent of adults who reported that there was a time in the past 12 months when they felt they might need to see a professional because of problems with their mental health emotions or nerves or their use of alcohol or drugs and whether they had seen their primary care provider or other professional. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Sought Help for Self-Reported Mental/Emotional and/or Alcohol-Drug Issue(s)* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults with Likely Serious Psychological Distress[5] During Past Year (CHIS)	14.6% (2021)	17.0%	N/A	N/A	R/E

Percent of Adults with Likely Serious Psychological Distress During Past Year (2011-2021)

Percent of Adults with Likely Serious Psychological Distress by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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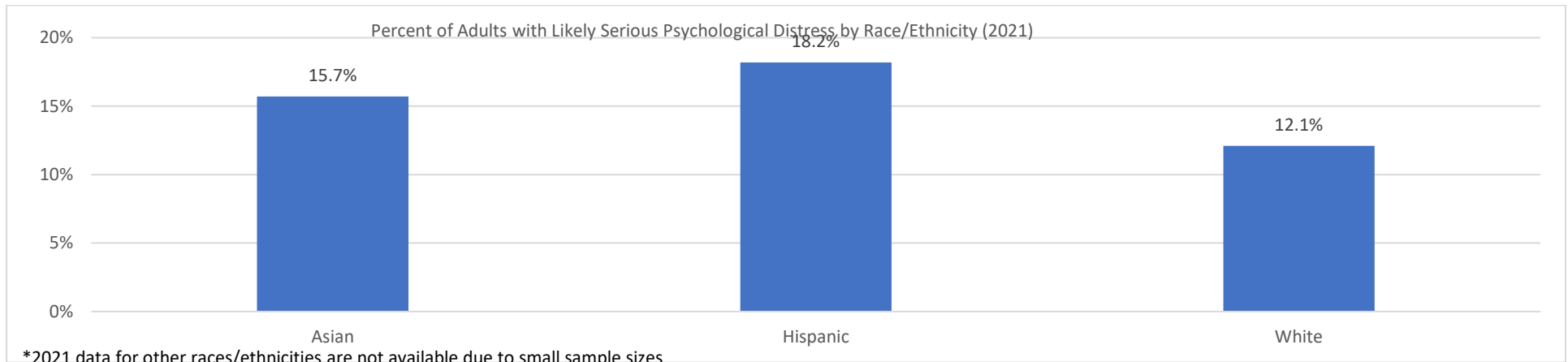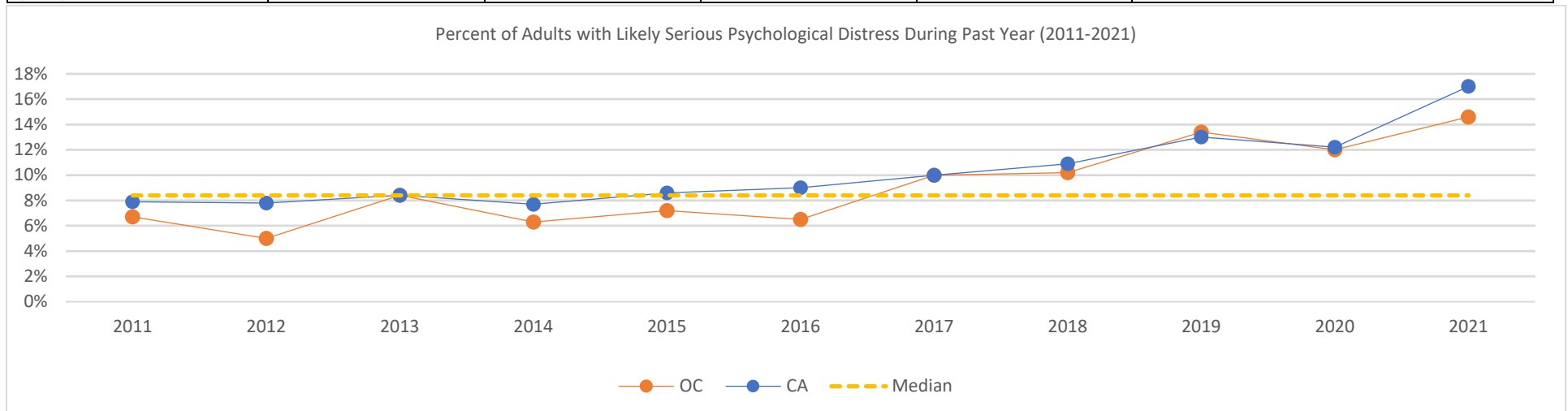
[5] **Definition:** Measured through the Kessler 6, a screen for psychological distress. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Likely Has Had Serious Psychological Distress During Past Year* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Suicide per 100,000[6] (CDPH)	9.9 (2018-2020)	10.5	14.1 (2021)	12.8	N/A

Age-Adjusted Death Rate Due to Suicide per 100,000 (2010-2020)

Legend: OC, CA, Median

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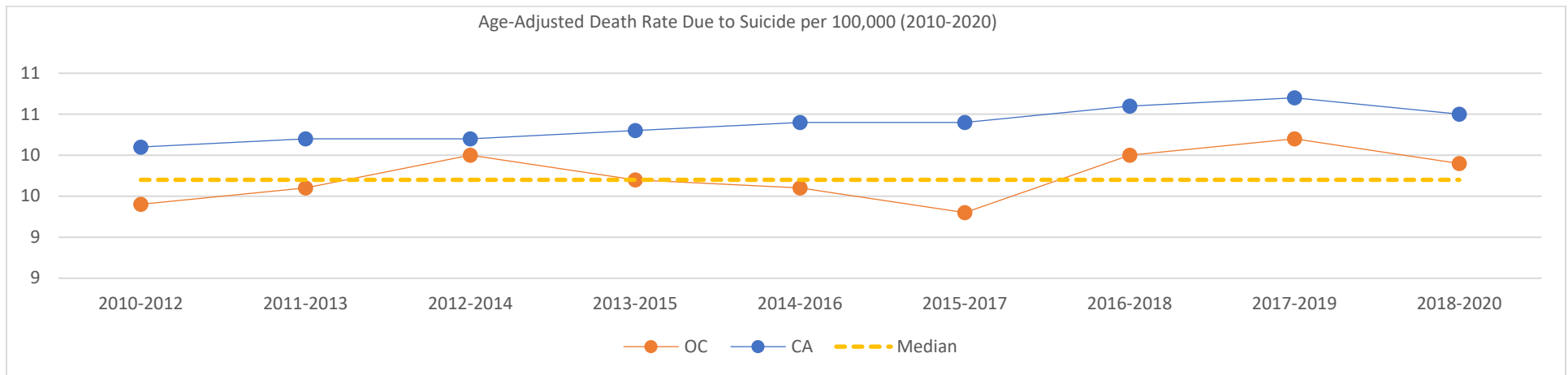
[6] **Definition:** Three-year averages of deaths from suicide divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Ever Thought Seriously About Committing Suicide[7] (CHIS)	17.0% (2021)	19.1%	N/A	N/A	R/E

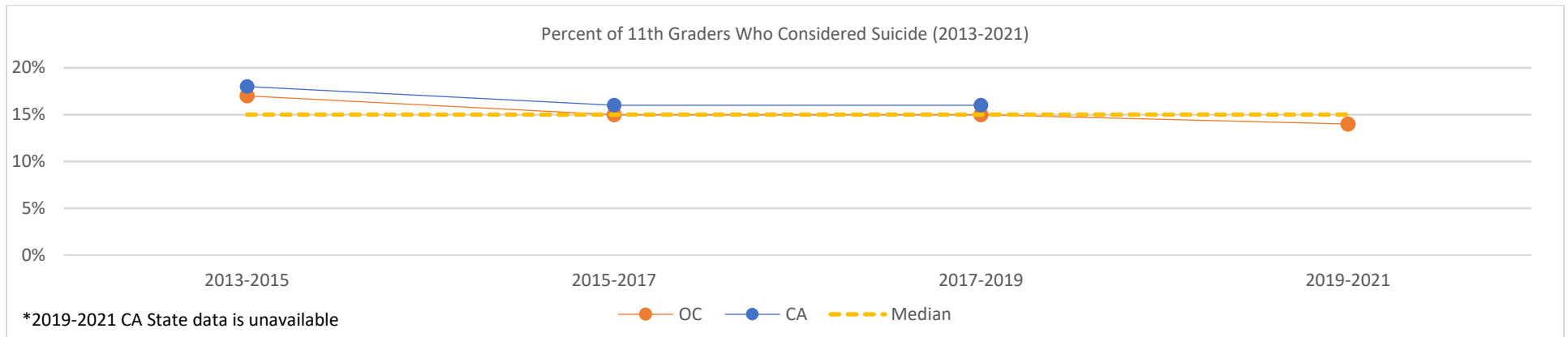Percent of Adults Who Ever Thought Seriously About Committing Suicide (2011-2021)

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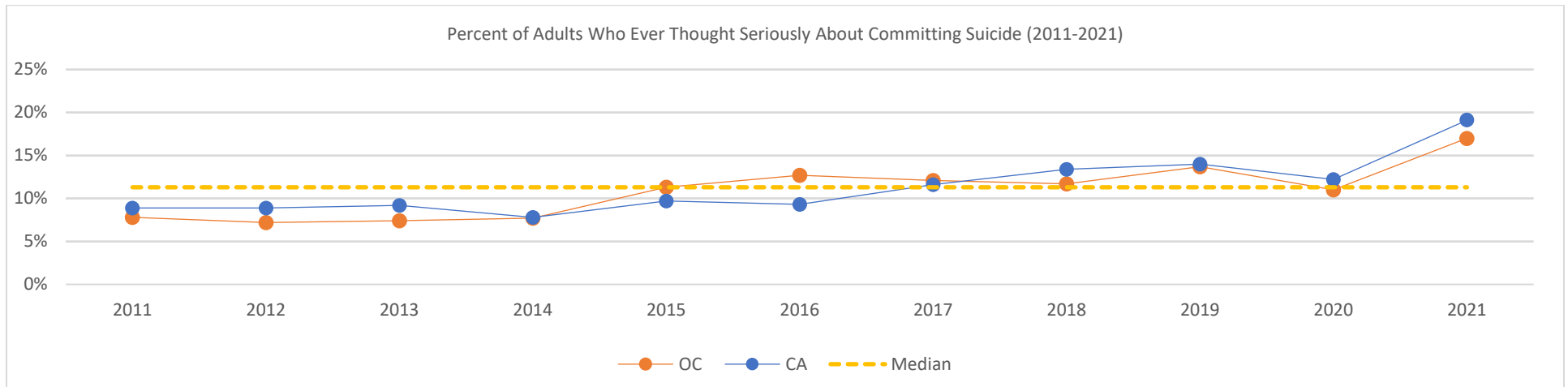
[7] **Definition:** Percent of adults who ever seriously thought about committing suicide. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Seriously Thought About Committing Suicide* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

Orange County 2023 Community Health Assessment – Findings

Percent of Adults Who Ever Thought Seriously About Committing Suicide by Race/Ethnicity (2021)

- Asian: 13.5%
- Hispanic: 18.1%
- White: 16.4%

*2021 data for other races/ethnicities are not available due to small sample sizes
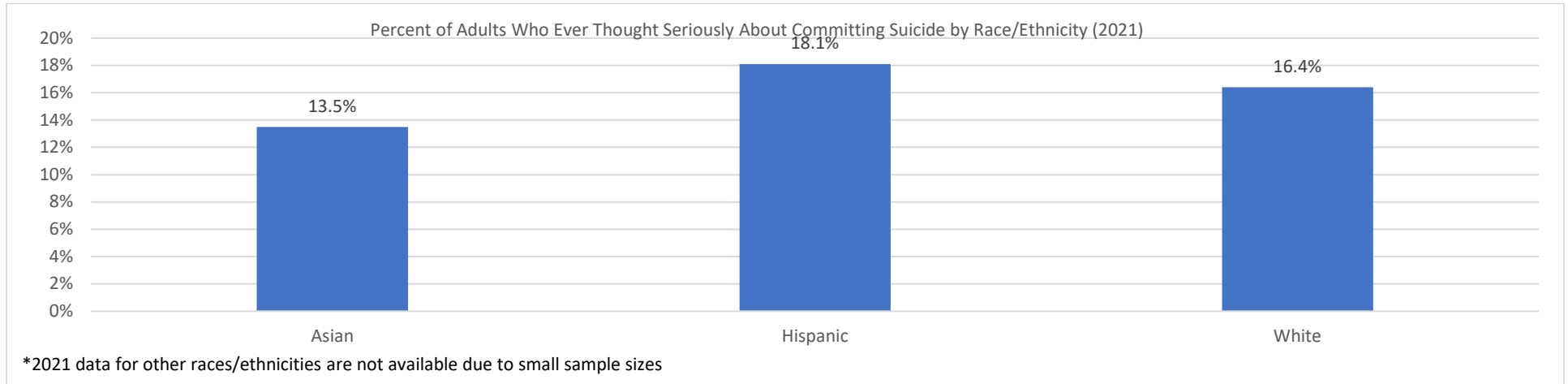
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 11th Graders Who Considered Suicide[8] (CDE)	14.0% (2019-2021)	16.0% (2017-2019)	N/A	N/A	R/E

Percent of 11th Graders Who Considered Suicide (2013-2021)

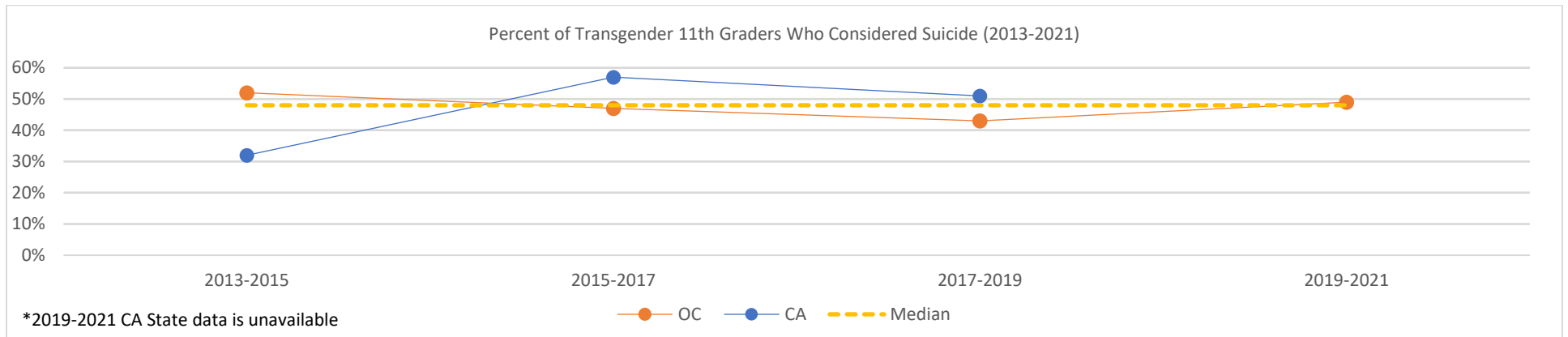*2019-2021 CA State data is unavailable

Legend: OC, CA, Median

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[8] **Definition:** During the past 12 months, percent of 11thth graders who ever seriously considered suicide. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: [The California School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards](#)

Orange County 2023 Community Health Assessment – Findings

Percent of 11th Graders Who Considered Suicide by Race/Ethnicity (2019-2021)

- Asian: 16.0%
- Hispanic: 13.0%
- White: 15.0%
- Black: 12.0%
- American Indian: 7.0%
- Pacific Islander: 16.0%
- Two or More Races: 18.0%
- Other: 11.0%
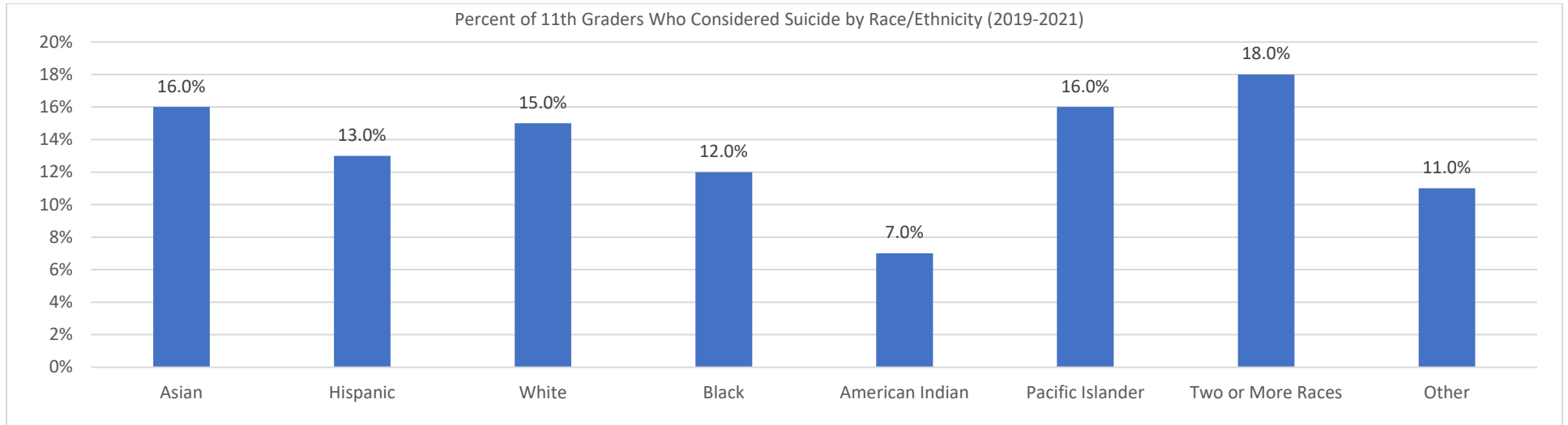
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Transgender 11th Graders Who Considered Suicide[9] (CDE)	49.0% (2019-2021)	51.0% (2017-2019)	N/A	N/A	N/A

Percent of Transgender 11th Graders Who Considered Suicide (2013-2021)

*2019-2021 CA State data is unavailable

Legend: OC, CA, Median

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[9] **Definition:** During the past 12 months, percent of 11thth graders who ever seriously considered suicide. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The California School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards
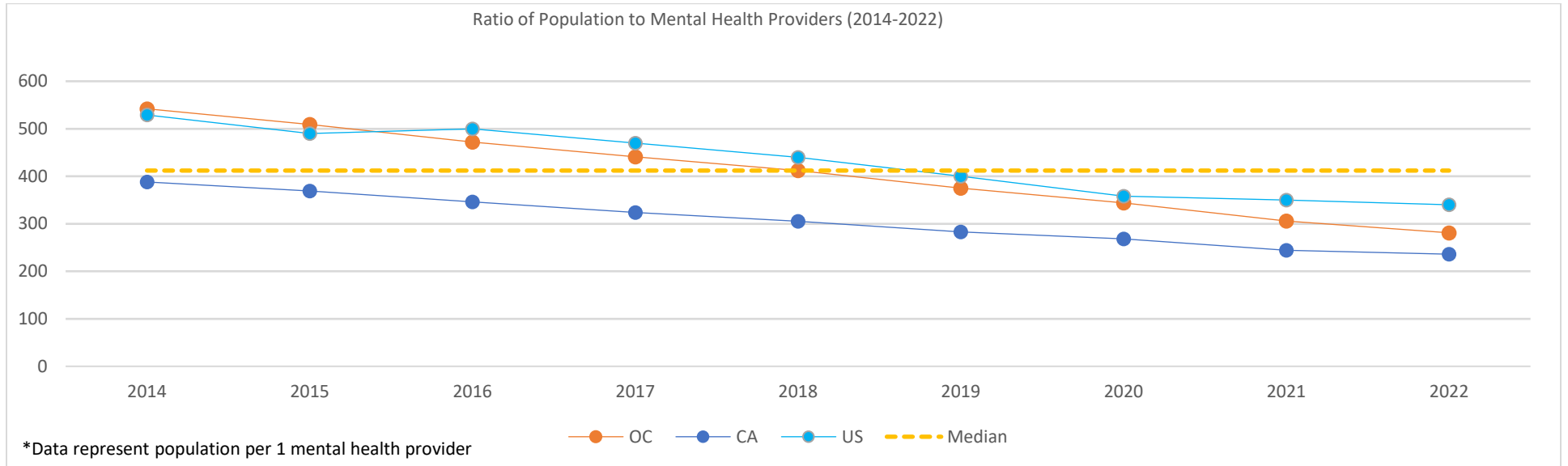
Orange County 2023 Community Health Assessment – Findings

Percent of 11th Graders Who Considered Suicide by Gender Identity (2019-2021)

	Not Transgender	Transgender	Unsure if Transgender
	14.0%	49.0%	42.0%
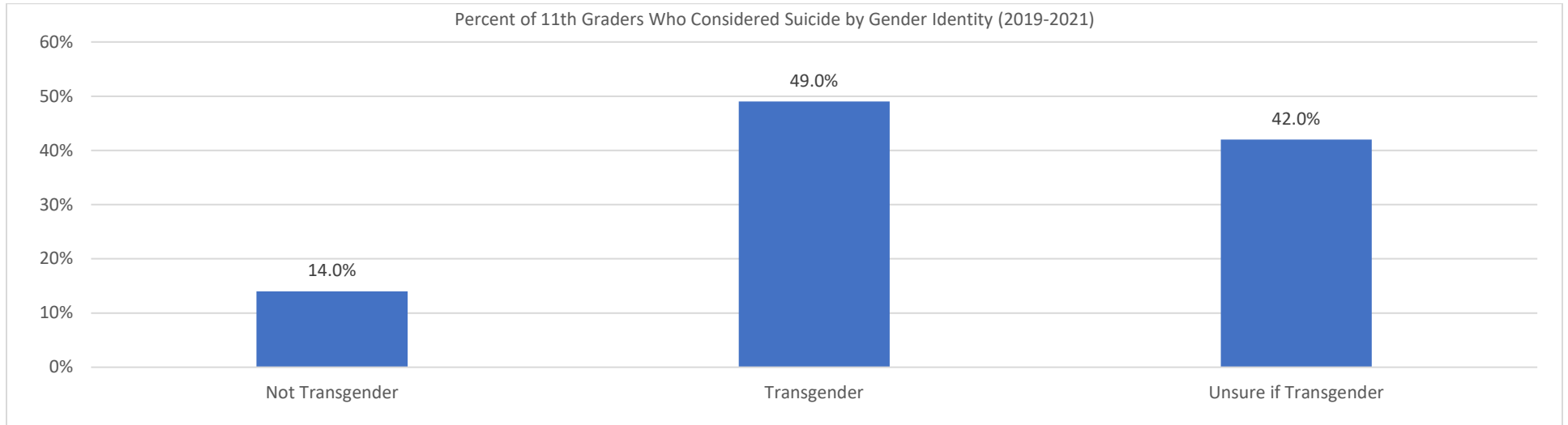
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Ratio of Population to Mental Health Providers[10] (UWPHI)	283:1 (2022)	236:1	340:1	N/A	N/A

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[10] **Definition:** Average population served by one mental health provider in Orange County. **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & Roadmaps.

Orange County 2023 Community Health Assessment – Findings

Ratio of Population to Mental Health Providers (2014-2022)

*Data represent population per 1 mental health provider

Topic	MATERNAL / FETAL HEALTH				

	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Data	Percent of Mothers Who Received Early Prenatal Care (CPDH)	88.2% (2020)	85.8%	77.7%	80.5%
	Infant Mortality Rate per 1,000 Live Births (OCHCA)	2.8 (2020)	3.7	5.4	5.0
	Percent of Infants with Low Birth Weight (OCHCA)	6.2% (2020)	6.9%	8.2%	N/A
	Percent of Infants Exclusively Breastfed at Hospital Discharge (CDPH)	67.6% (2020)	69.7%	N/A	N/A
	Teen Birth Rate per 1,000 Females Ages 15–19 Years (CDPH)	6.9 (2020)	11.0	15.4	31.4
	Pregnancy–Related Mortality Rate per 100,000 Live Births (CDPH)	11.6 (2018–2020)	15.7	17.3 (2018)	N/A
	Percent of Births That Were Cesarian (CDC)	31.3% (2021)	30.8%	26.3%	23.6%
	Percent of Births Where Mother Had Diabetes (CDC)	11.0% (2021)	9.5%	N/A	N/A
	Fertility Rates per 1,000 Women Ages 15–44 (CDC)	49.5 (2020)	52.4	N/A	N/A

Equity & Disparities

- Infant Mortality Rate per 1,000 Live Births: Hispanic (3.7) had higher rate than White (2.3) and Asian (1.0)

- Percent of Infants Exclusively Breastfed at Hospital Discharge: Black (65.0%), Hispanic (61.4%), Asian (57.7%) and Pacific Islander (61.4%) infants were breastfed at lower rates than White (82.4%) and American Indian (82.4%)

- Teen Birth Rate per 1,000 Females Ages 15–19 Years: Hispanic (13.0) gave birth at a higher rate than White (2.2), Black (8.0) and Asian (0.5)

- Percent of Births That Were Cesarian: Almost three-quarters (72.3%) of cesarian births were to White mothers, with 21.5% of cesarian births to Asian mothers. Less than 3% of Black or Multiracial mothers had a cesarian birth

- Areas of South County have higher percentage of people who received early prenatal care compared to other regions of the County (Source: The 28th Annual Report on the Conditions of Children in Orange County).

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Qualitative Findings

Need for tangible resources and increased services for maternal and fetal care

- Lack of pediatric sub–specialists in the county
- Lack of high–risk Obstetrics and Gynecologists in the county
- Pediatric and Obstetric services feel provider–centered rather than family–centered
- Pregnancy and birthing services
- Increasing dissemination of resources, especially access to basic needs like food and clothing, transportation, childcare, and other for special needs families and homeless families
- Lack of physically accessible health care offices for people on Medicare/Medi–Cal
- Medi–Cal reimbursement rates are insufficient
- Professionals leaving healthcare
- Healthcare providers are overworked and understaffed

Opportunities:

- CalAIM initiatives offering expanded coverage and benefits to eligible individuals
- CalOptima covering more services and focusing on Social Determinants of Health
- Wider use of Promotoras and community health worker models

Current Collaborative Activities

- Orange County Breastfeeding Coalition
- Orange County Perinatal Council: The mission is to support optimal perinatal health and wellness for Orange County's women and babies- before, during and after birth.
- Orange County Home Visiting Collaborative: The vision is to create an integrated prenatal to three system of care, prioritizing families that will benefit most from early interventions.

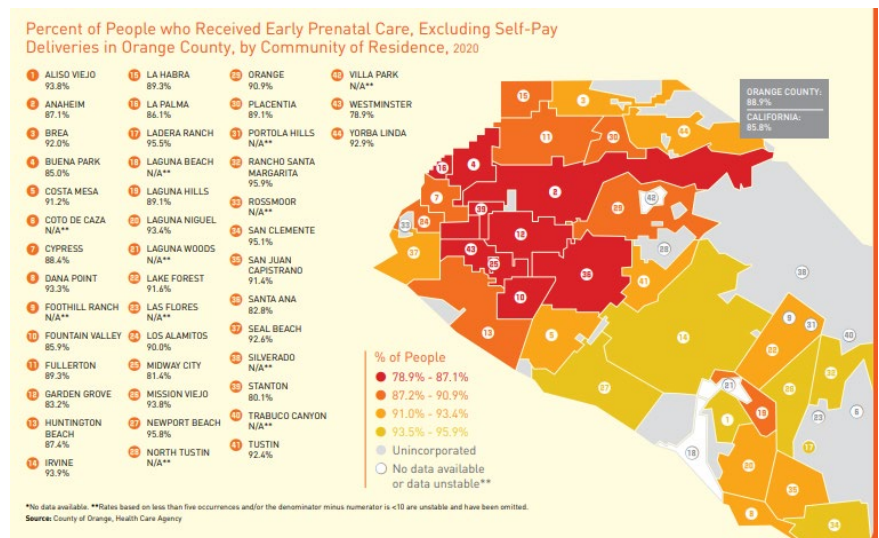# MATERNAL, FETAL, AND INFANT HEALTH AND FAMILY PLANNING

Child Care Deserts:

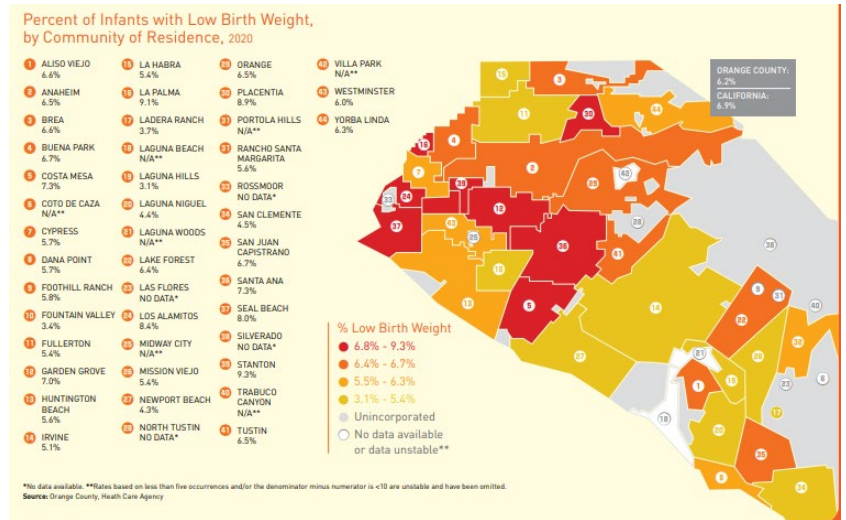Blue census tracts had more child care deserts than orange.
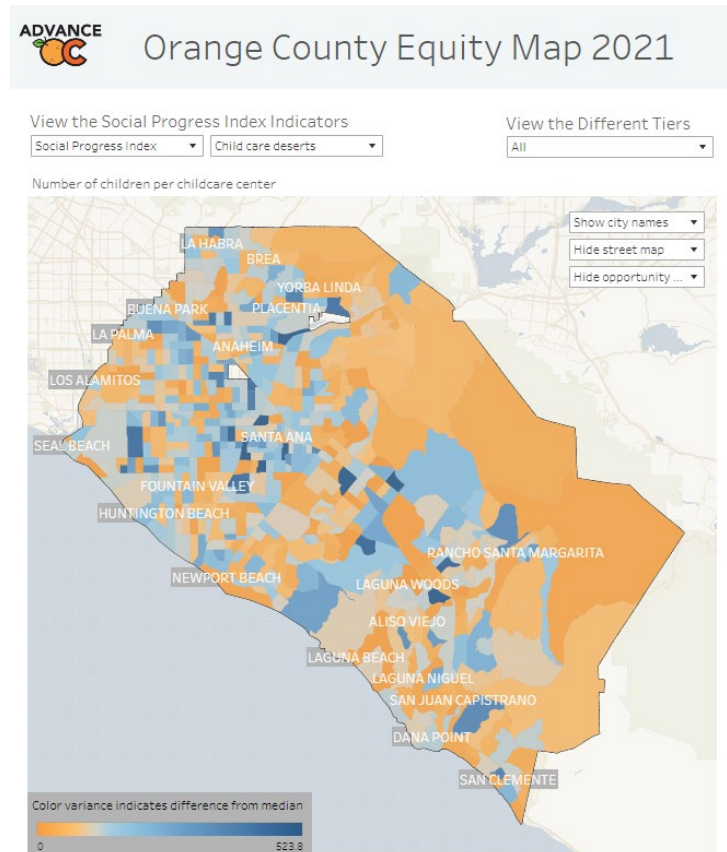
Early Prenatal Care:

Areas of South County have higher percentage of people who received early prenatal care compared to other regions of the County (Source: The 28th Annual Report on the Conditions of Children in Orange County).
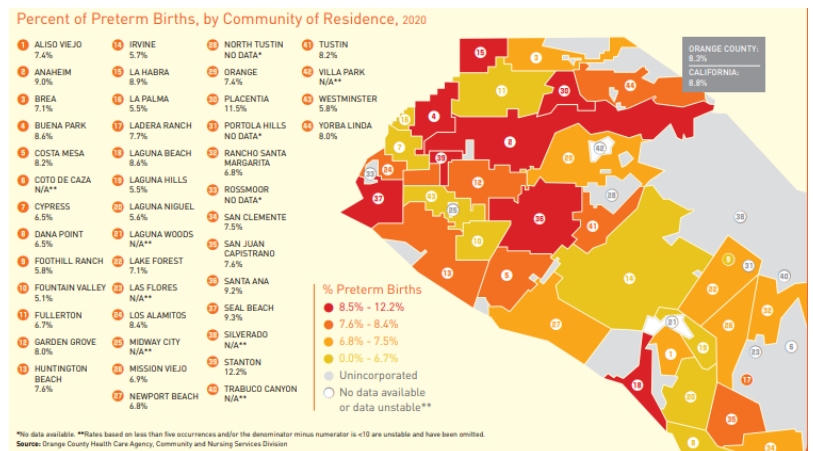
Low-Birth Weight:

Regions of south County have a lower percent of infants with low birth weights compared to rest of the county (Source: The 28th Annual Report on the Conditions of Children in Orange County).


Percent of Infants with Low Birth Weight, by Community of Residence, 2020

1 ALISO VIEJO 6.6%	15 LA HABRA 5.4%	29 ORANGE 6.5%	43 VILLA PARK N/A**
2 ANAHEIM 6.5%	16 LA PALMA 9.1%	30 PLACENTIA 8.9%	44 WESTMINSTER 6.0%
3 BREA 6.6%	17 LADERA RANCH 3.7%	31 PORTOLA HILLS N/A**	45 YORBA LINDA 6.3%
4 BUENA PARK 6.7%	18 LAGUNA BEACH N/A**	31 RANCHO SANTA MARGARITA 5.6%	
5 COSTA MESA 7.3%	19 LAGUNA HILLS 3.1%	32 ROSSMOOR NO DATA*	
6 COTO DE CAZA N/A**	20 LAGUNA NIGUEL 4.4%	34 SAN CLEMENTE 4.5%	
7 CYPRESS 5.7%	21 LAGUNA WOODS N/A**	35 SAN JUAN CAPISTRANO 6.7%	
8 DANA POINT 5.7%	22 LAKE FOREST 6.4%	36 SANTA ANA 7.3%	
9 FOOTHILL RANCH 5.8%	23 LAS FLORES NO DATA*	37 SEAL BEACH 8.0%	
10 FOUNTAIN VALLEY 3.4%	24 LOS ALAMITOS 8.4%	38 SILVERADO NO DATA*	
11 FULLERTON 5.4%	25 MIDWAY CITY N/A**	39 STANTON 9.3%	
12 GARDEN GROVE 7.0%	26 MISSION VIEJO 5.4%	40 TRABUCO CANYON N/A**	
13 HUNTINGTON BEACH 5.6%	27 NEWPORT BEACH 4.3%		
14 IRVINE 5.1%	28 NORTH TUSTIN NO DATA*	41 TUSTIN 6.5%	

ORANGE COUNTY: 6.2%
CALIFORNIA: 6.9%

% Low Birth Weight
- 6.8% – 9.3%
- 6.4% – 6.7%
- 5.5% – 6.3%
- 3.1% – 5.4%
- Unincorporated
- No data available or data unstable**

*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
Source: Orange County, Health Care Agency

Pre-Term Births:

South County has a lower percent of preterm births compared to the rest of the County.
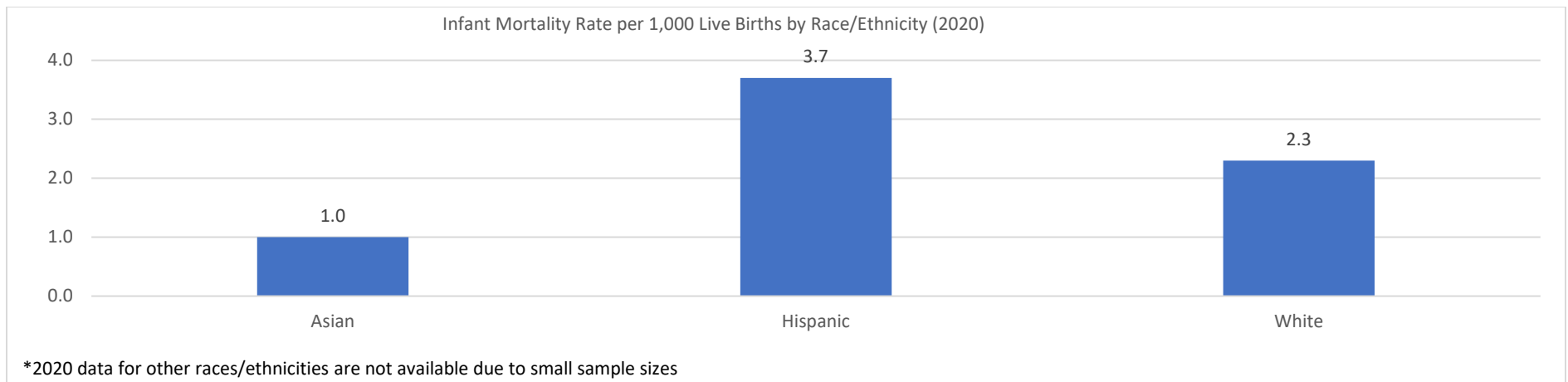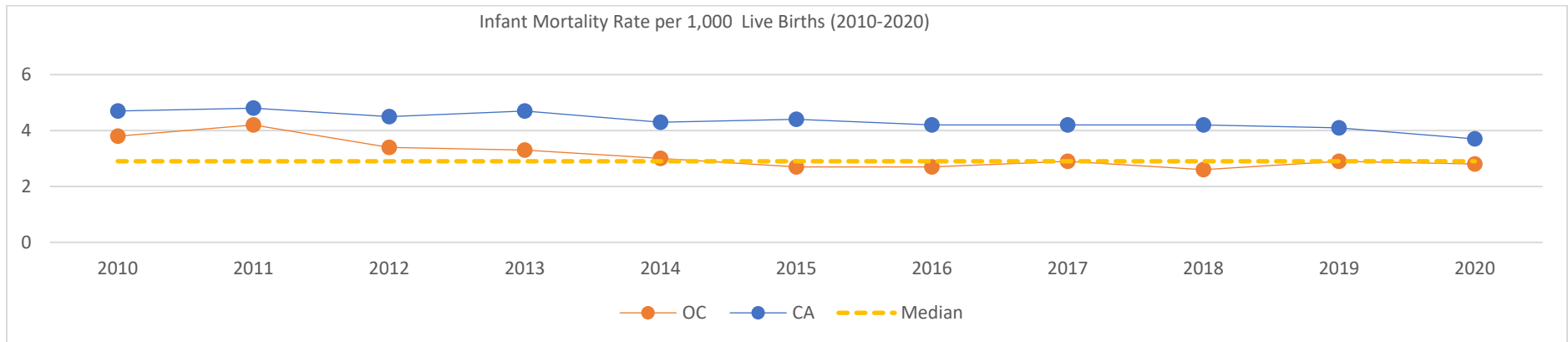

Percent of Preterm Births, by Community of Residence, 2020

1 ALISO VIEJO 7.4%	14 IRVINE 5.7%	28 NORTH TUSTIN NO DATA*	41 TUSTIN 8.2%
2 ANAHEIM 9.0%	15 LA HABRA 8.9%	29 ORANGE 7.4%	42 VILLA PARK N/A**
3 BREA 7.1%	16 LA PALMA 5.5%	30 PLACENTIA 11.5%	43 WESTMINSTER 5.8%
4 BUENA PARK 8.6%	17 LADERA RANCH 7.7%	31 PORTOLA HILLS NO DATA*	45 YORBA LINDA 8.0%
5 COSTA MESA 8.2%	18 LAGUNA BEACH 8.6%	31 RANCHO SANTA MARGARITA 6.8%	
6 COTO DE CAZA N/A**	19 LAGUNA HILLS 5.5%	32 ROSSMOOR NO DATA*	
7 CYPRESS 6.5%	20 LAGUNA NIGUEL 5.6%	34 SAN CLEMENTE 7.5%	
8 DANA POINT 6.5%	21 LAGUNA WOODS N/A**	35 SAN JUAN CAPISTRANO 7.6%	
9 FOOTHILL RANCH 5.8%	22 LAKE FOREST 7.1%	36 SANTA ANA 9.2%	
10 FOUNTAIN VALLEY 5.1%	23 LAS FLORES N/A**	37 SEAL BEACH 9.3%	
11 FULLERTON 6.7%	24 LOS ALAMITOS 8.4%	38 SILVERADO N/A**	
12 GARDEN GROVE 8.0%	25 MIDWAY CITY N/A**	39 STANTON 12.2%	
13 HUNTINGTON BEACH 7.6%	26 MISSION VIEJO 6.9%	40 TRABUCO CANYON N/A**	
	27 NEWPORT BEACH 6.8%		

ORANGE COUNTY: 8.2%
CALIFORNIA: 8.9%

% Preterm Births
- 8.5% - 12.2%
- 7.6% - 8.4%
- 6.8% - 7.5%
- 0.0% - 6.7%
- Unincorporated
- No data available or data unstable**

*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
Source: Orange County Health Care Agency, Community and Nursing Services Division

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Maternal / Fetal Health

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Mothers Who Received Early Prenatal Care[11] (CPDH)	88.2% (2020)	85.8%	77.7%	80.5%	R/E

Percent of Mothers Who Received Early Prenatal Care (2010-2021)

Percent of Mothers Who Received Early Prenatal Care by Race/Ethnicity (2020)

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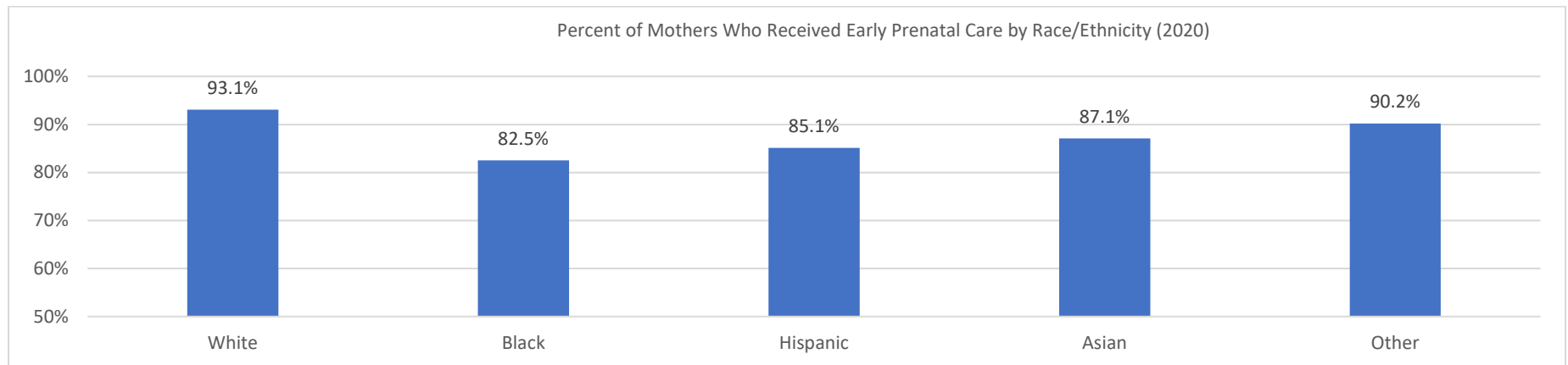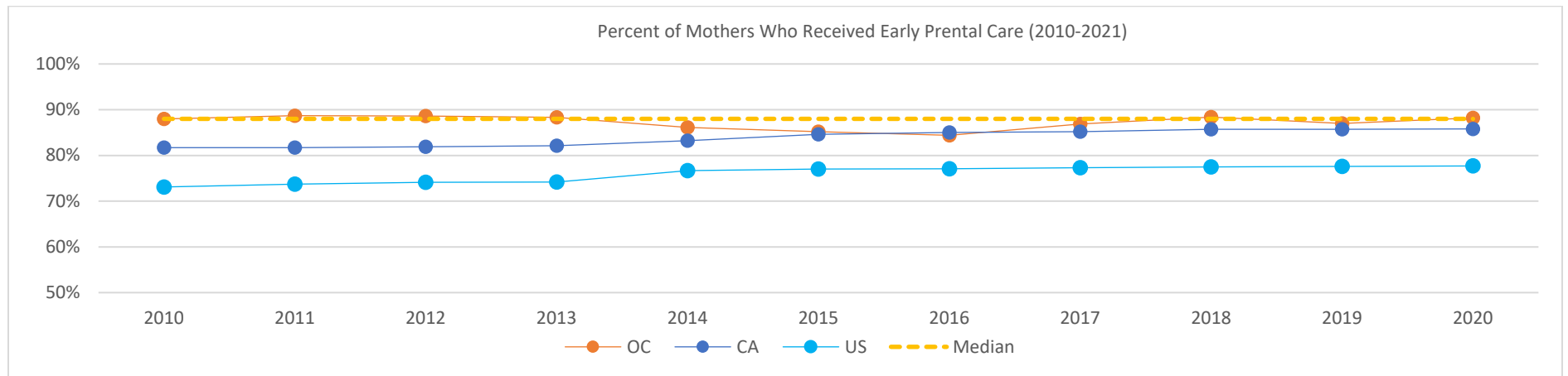
[11] **Definition:** Percent of women who received prenatal care during their first trimester of pregnancy. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Infant Mortality Rate per 1,000 Live Births[12] (OCHCA)	2.8 (2020)	3.7	5.4	5.0	R/E

Infant Mortality Rate per 1,000 Live Births (2010-2020)

Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity (2020)

*2020 data for other races/ethnicities are not available due to small sample sizes

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[12] **Definition:** Deaths of infants under one year of age per 1,000 live births. **Source:** Orange County Health Care Agency (OCHCA), Orange County Coroner Division (2022). *Infant Mortality Rate per 1,000 Live Births.*

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Infants with Low Birth Weight[13] (OCHCA)	6.2% (2020)	6.9%	8.2%	N/A	Geographic

Percent of Infants with Low Birth Rate (2010-2020)

Percent of Infants with Low Birth Weight, by Community of Residence, 2020

1	ALISO VIEJO 6.6%
2	ANAHEIM 6.5%
3	BREA 6.6%
4	BUENA PARK 6.7%
5	COSTA MESA 7.3%
6	COTO DE CAZA N/A**
7	CYPRESS 5.7%
8	DANA POINT 5.7%
9	FOOTHILL RANCH 5.8%
10	FOUNTAIN VALLEY 3.4%
11	FULLERTON 5.4%
12	GARDEN GROVE 7.0%
13	HUNTINGTON BEACH 5.6%
14	IRVINE 5.1%
15	LA HABRA 5.4%
16	LA PALMA 9.1%
17	LADERA RANCH 3.7%
18	LAGUNA BEACH N/A**
19	LAGUNA HILLS 3.1%
20	LAGUNA NIGUEL 4.4%
21	LAGUNA WOODS N/A**
22	LAKE FOREST 6.4%
23	LAS FLORES NO DATA*
24	LOS ALAMITOS 8.4%
25	MIDWAY CITY N/A**
26	MISSION VIEJO 5.4%
27	NEWPORT BEACH 4.3%
28	NORTH TUSTIN NO DATA*
29	ORANGE 6.5%
30	PLACENTIA 8.9%
31	PORTOLA HILLS N/A**
32	RANCHO SANTA MARGARITA 5.6%
33	ROSSMOOR NO DATA*
34	SAN CLEMENTE 4.5%
35	SAN JUAN CAPISTRANO 6.7%
36	SANTA ANA 7.3%
37	SEAL BEACH 8.0%
38	SILVERADO NO DATA*
39	STANTON 9.3%
40	TRABUCO CANYON N/A**
41	TUSTIN 6.5%
42	VILLA PARK N/A**
43	WESTMINSTER 6.0%
44	YORBA LINDA 6.3%

ORANGE COUNTY: 6.2%
CALIFORNIA: 6.9%

% Low Birth Weight
- 6.8% – 9.3%
- 6.4% – 6.7%
- 5.5% – 6.3%
- 3.1% – 5.4%
- Unincorporated
- No data available or data unstable**

*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
Source: Orange County, Heath Care Agency

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[13] **Definition:** Percent of infants that were born weighing less than 5 pounds, 8 ounces. **Source:** Orange County Health Care Agency, Community and Nursing Services Division (2022). *Low Birth Rate.*

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Infants Exclusively Breastfed at Hospital Discharge[14] (CDPH)	67.6% (2020)	69.7%	N/A	N/A	R/E

Percent of Infants Exclusively Breastfed at Hospital Discharge (2012-2020)

Percent of Infants Exclusively Breastfed at Hospital Discharge by Race/Ethnicity (2020)

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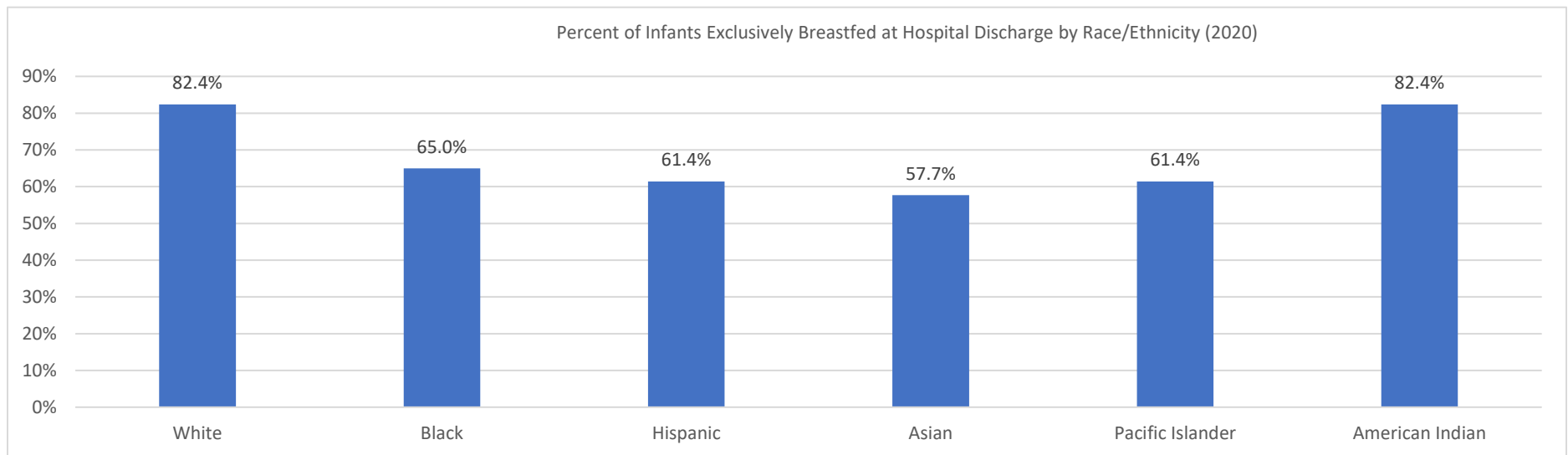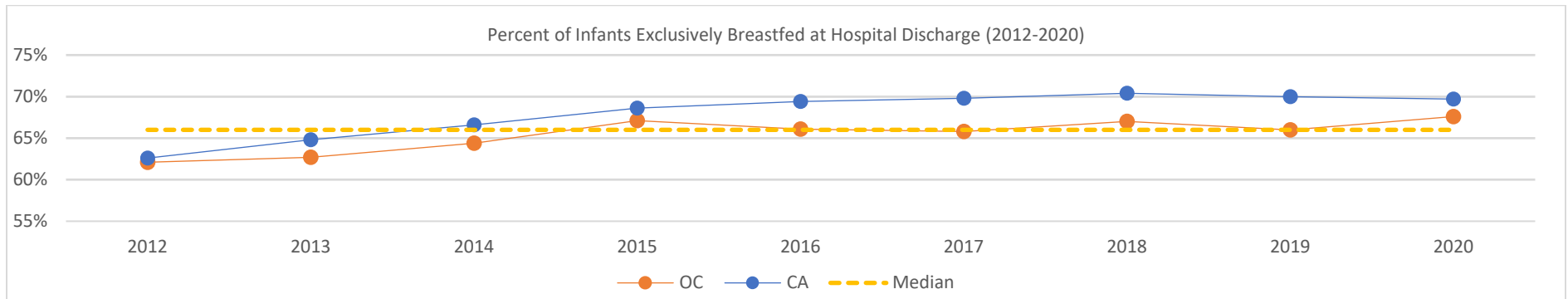
[14] **Definition:** Percent of infants that were fed only with human milk and no other supplements such as water, formula, food, or juice when discharged from the hospital. **Source:** California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, *Newborn Screening Data, 2020*. NBS Form Version (D) Revised 12/2008. Maternal, Child, and Adolescent Health Program.

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Teen Birth Rate per 1,000 Females Ages 15-19 Years[15] (CDPH)	6.9 (2020)	11.0	15.4	31.4	R./E

Teen Birth Rate per 1,000 Females Ages 15-19 Years (2010-2020)

Teen Birth Rate per 1,000 Females Ages 15-19 by Race/Ethnicity (2020)

*2020 data for other races/ethnicities are not available due to small sample sizes

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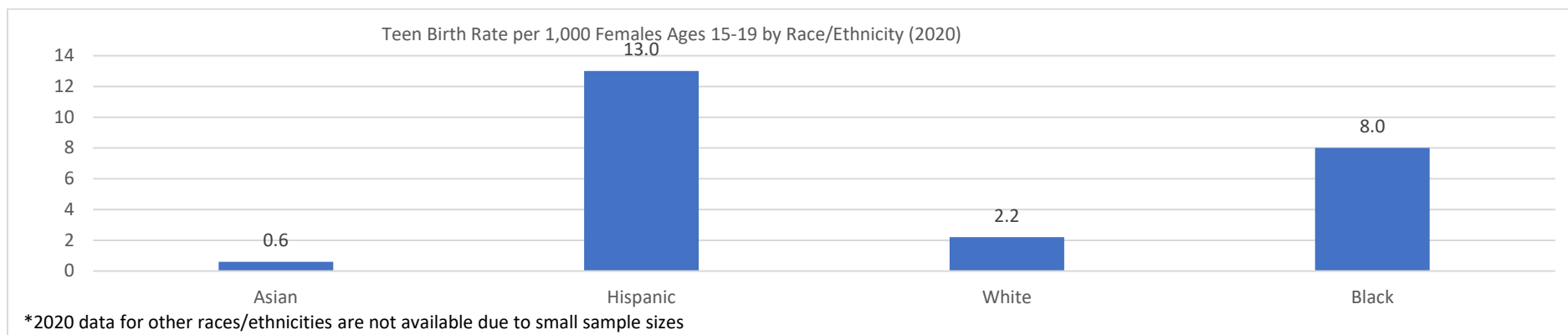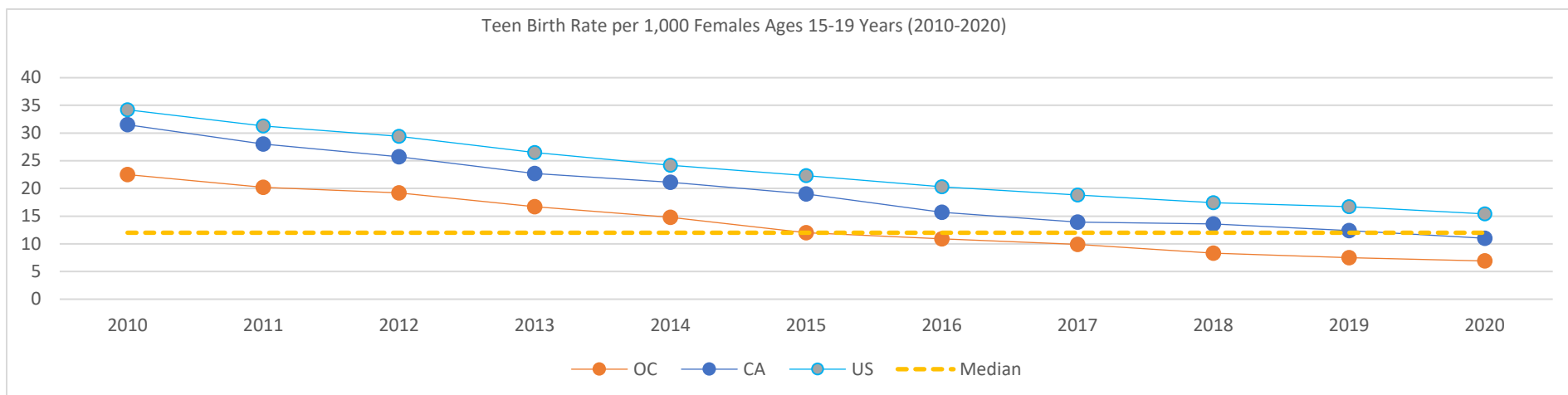
[15] **Definition:** Annual births to females ages 15-19 per 1,000 females. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov).

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Pregnancy-Related Mortality Rate per 100,000 Live Births[16] (CDPH)	11.6 (2018-2020)	15.7	17.3 (2018)	N/A	N/A

Pregnancy-Related Mortality Rate per 100,000 Live Births (2010-2020)

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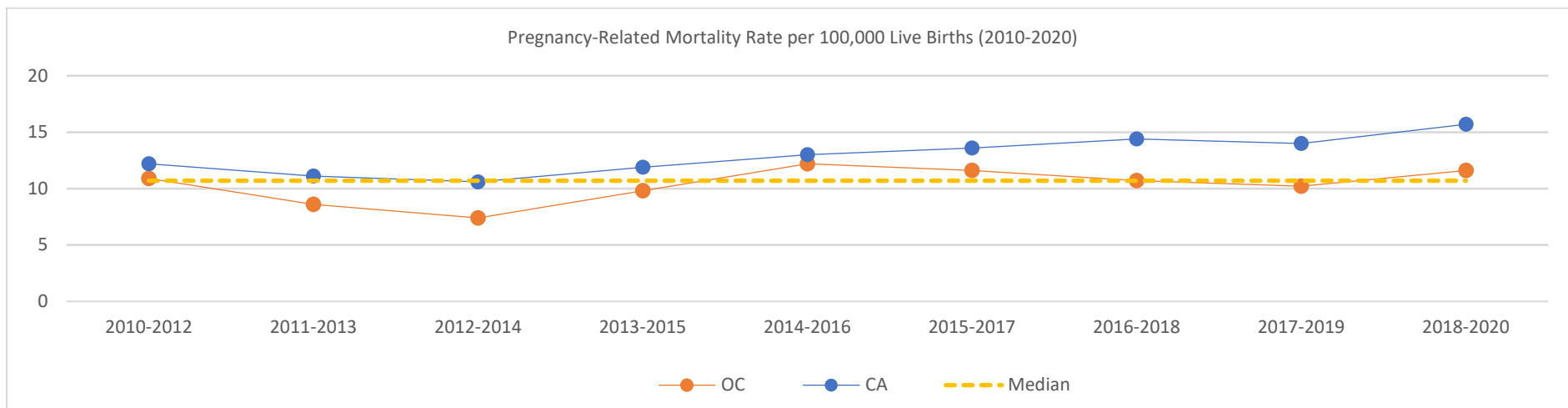
[16] **Definition:** Deaths while pregnant or within one year of the end of pregnancy from causes related to or aggravated by the pregnancy or its management (per 100,000 live births). **Source:** California Department of Public Health; Maternal, Child and Adolescent Health Division (2022). *CA-PMSS: California Pregnancy-Related Deaths, 2008-2016* and *CA-PMSS: Pregnancy-Related Mortality in California, 2011-2019.* California Department of Public Health; Maternal, Child and Adolescent Health Division. 2022. Retrieved from: www.cdph.ca.gov/ca-pmss.

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Births That Were Cesarian[17] (CDC)	31.3% (2021)	30.8%	26.3% (2021)	23.6%	R-E

Percent of Births that Were Cesarian (2010-2021)

Legend: OC, CA, Median

Percent of Cesarian Births by Race/Ethnicity (2021)

Asian 21.5%
American Indian/Alaskan Native 0.2%
White 72.3%
Black 2.4%
Native Hawiian/Pacific Islander 0.4%
Multiracial 2.8%

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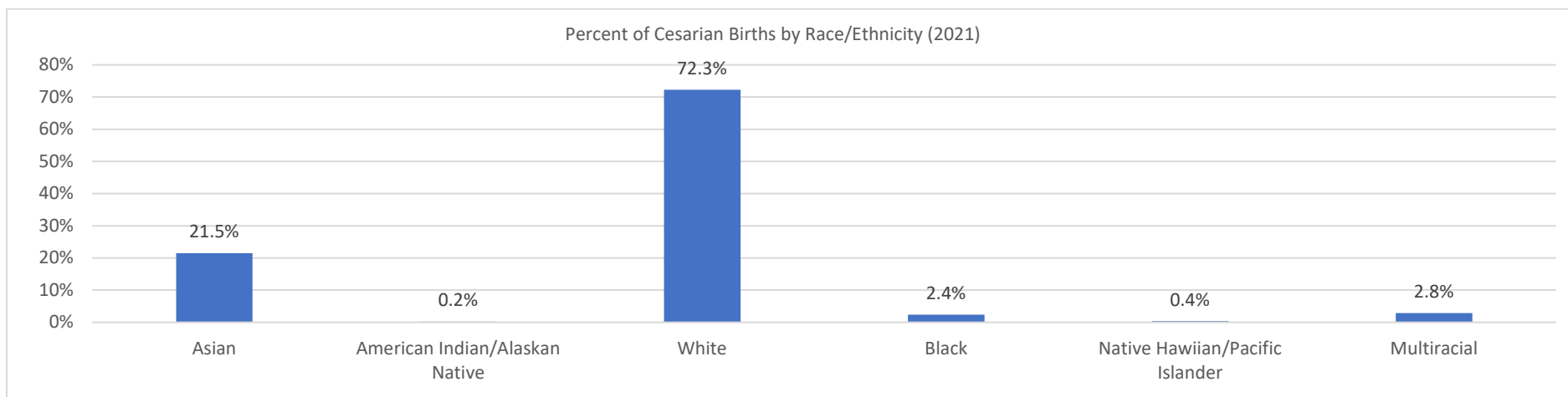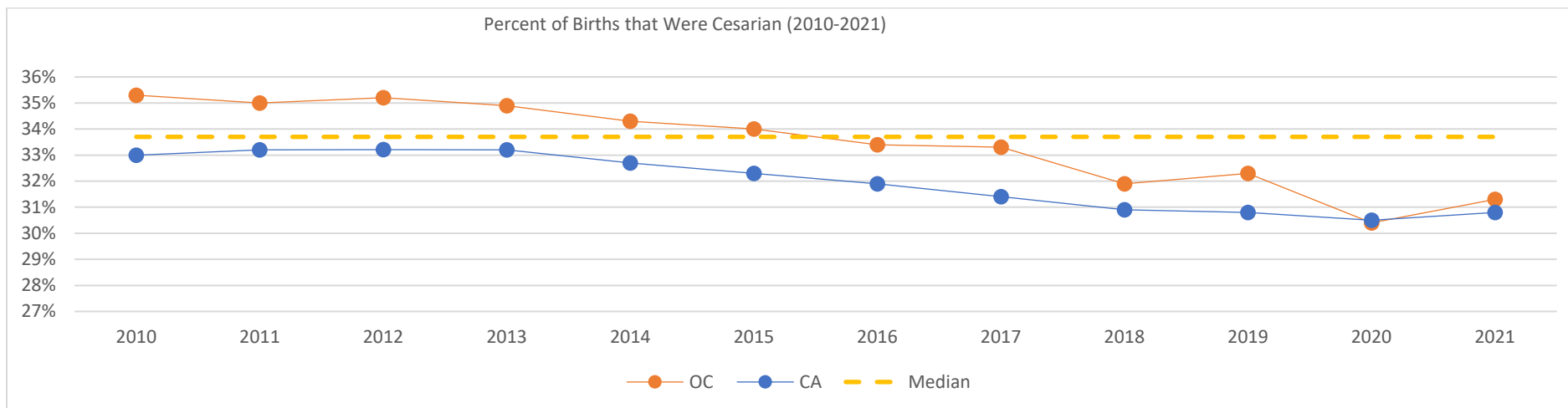
[17] **Definition:** Percent of births which were cesarean delivery. **Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, *Natality 2007-2021 on CDC WONDER Online Database*, released in 2021. Retrieved from: Natality, 2007-2021 Request Form (cdc.gov)

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Births Where Mother Had Diabetes[18] (CDC)	11.0% (2021)	9.5%	N/A	N/A	R-E

Percent of Births Where Mother Had Diabetes (2010-2021)

Percent of Births Where Mother Had Diabetes by Race/Ethnicity (2021)

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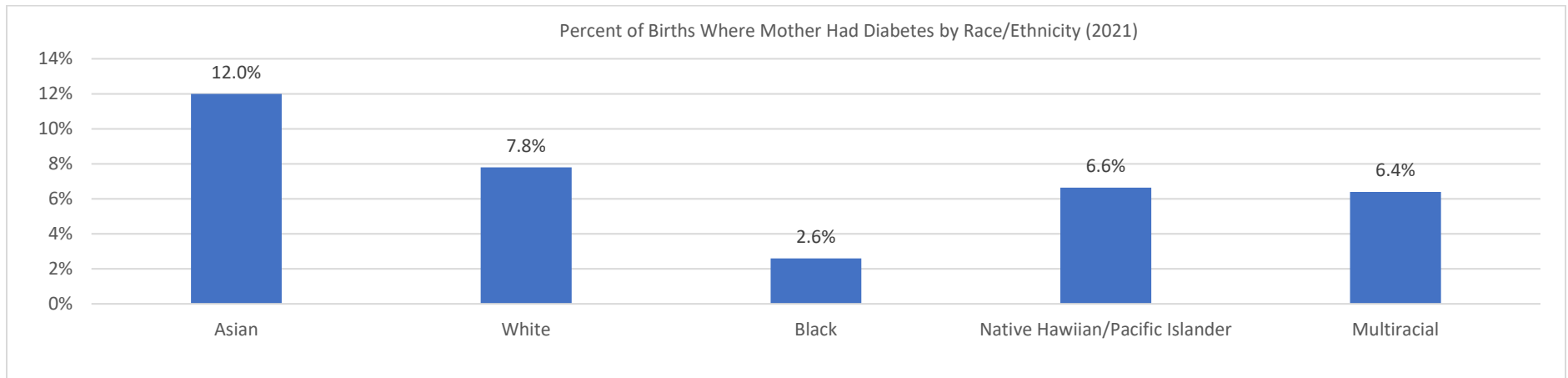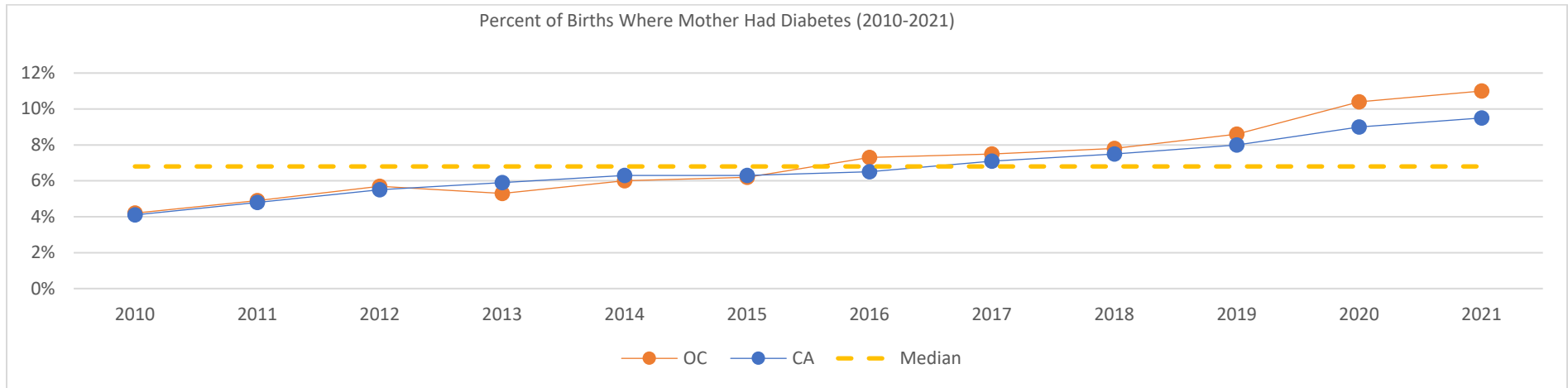
[18] **Definition:** Percent of births where the mother had diabetes. **Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, *Natality 2007-2021 on CDC WONDER Online Database*, released in 2021. Retrieved from: Natality, 2007-2021 Request Form (cdc.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Fertility Rates per 1,000 Women Ages 15-44[19] (CDC)	49.5 (2020)	52.4	N/A	N/A	R-E

Fertility Rates per 1,000 Women Ages 15-44 (2010-2020)

Fertility Rates per 1,000 Women Ages 15-44 by Race/Ethnicity (2020)

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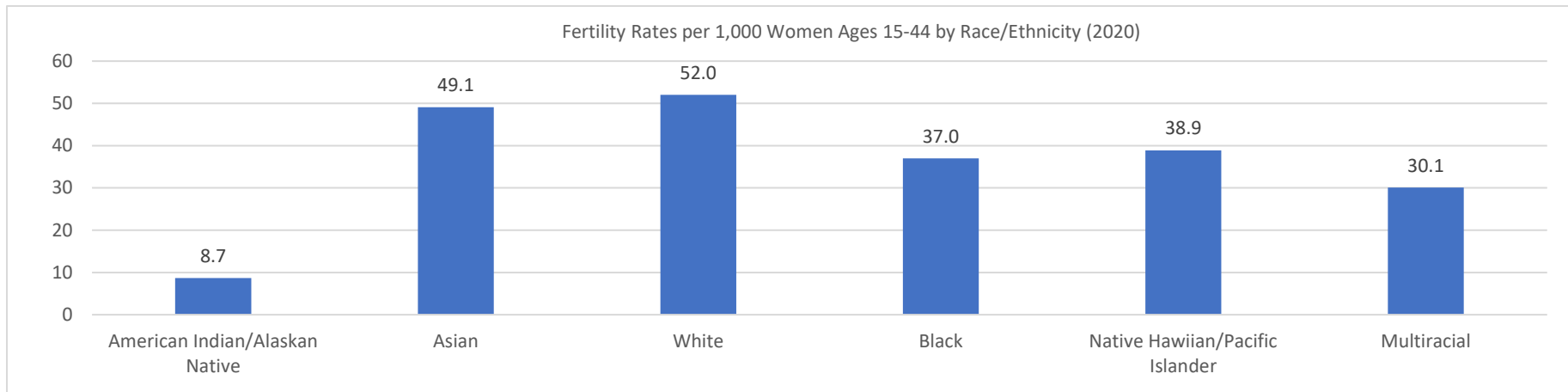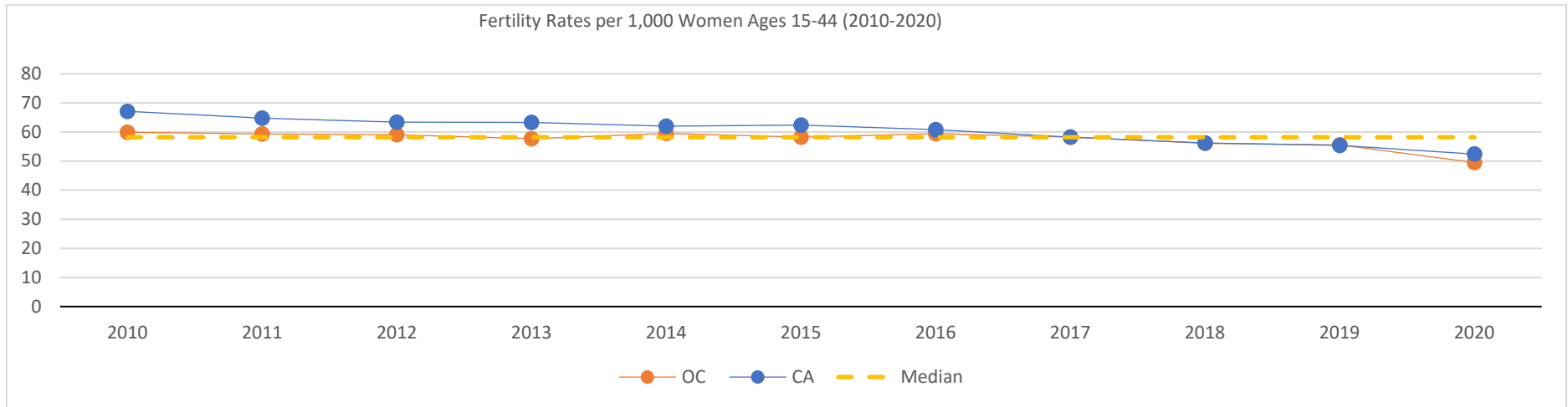
[19] **Definition:** Number of births divided by the number of females age 15-44 year old in the given year. **Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, *Natality 2007-2021 on CDC WONDER Online Database*, released in 2021. Retrieved from: Natality, 2007-2021 Request Form (cdc.gov)

	Topic	DIABETES AND OBESITY				

	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	**Percent of Adults with Diabetes (CHIS)**	8.4% (2021)	10.8%	N/A	N/A
	Age-Adjusted Hospitalization Due to Uncontrolled Diabetes per 10,000 (HCAI)	24.6 (2021)	25.0	N/A	N/A
	Age-Adjusted Hospitalization Due to Long-Term Diabetes Complications per 10,000 (HCAI)	88.9 (2021)	93.0	N/A	N/A
	Age-Adjusted Death Rate Due to Diabetes per 100,000 (CDPH)	14.9 (2018-2020)	22.3	15.2 (2010-2015)	13.7
	Percent of Adults Who Are Obese (CHIS)	24.2% (2021)	28.2%	41.8%	36.0%
	Adults Who Are Overweight or Obese (CHIS)	58.1% (2021)	62.0%	N/A	N/A
	Percent of 5th Graders Who Are Overweight or Obese (CHIS)	36.6% (2019)	41.3%	N/A	N/A

Equity & Disparities

- **Percent of Adults with Diabetes: The percent of adults suffering from diabetes is higher among Hispanics (10.4%) than among Asian (8.3%) and White (7.2%)**

- **Percent of Adults Who Are Obese: A greater percent of Hispanic (33.6%) adults are obese compared to White (25.4%) and Asian (6.2%) adults**

- **Adults Who Are Overweight or Obese: A greater percent of Hispanic (70.2%) adults are overweight or obese compared to White (59.3%) and Asian (34.9%) adults**

- **Diabetes was more prevalent in North County than in the rest of the county.**

- **Obesity was more prevalent in parts of North County than in the rest of the county.**

Qualitative Findings

- **Address accessibility for healthy eating for children, which addresses diabetes.**

- **Address the lack of information, particularly in the schools on educating parents on healthy eating habits.**

Current Collaborative Activities

- **OC Diabetes Collaborative**

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DIABETES

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Oppor...

Diabetes Prevalence:

- **Blue census tracts had higher prevalence of diabetes than orange census tracts.**

- **Diabetes was more prevalent in North County than in the rest of the county.**

Obesity Prevalence:

- **Blue census tracts had higher obesity prevalence than orange.**

- **Obesity was more prevalent in parts of North County than in the rest of the county.**

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportur...

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Diabetes and Obesity

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults with Diabetes[20] (CHIS)	8.4% (2021)	10.8%	N/A	N/A	R/E

Percent of Adults with Diabetes (2011-2021)

Percent of Adults with Diabetes by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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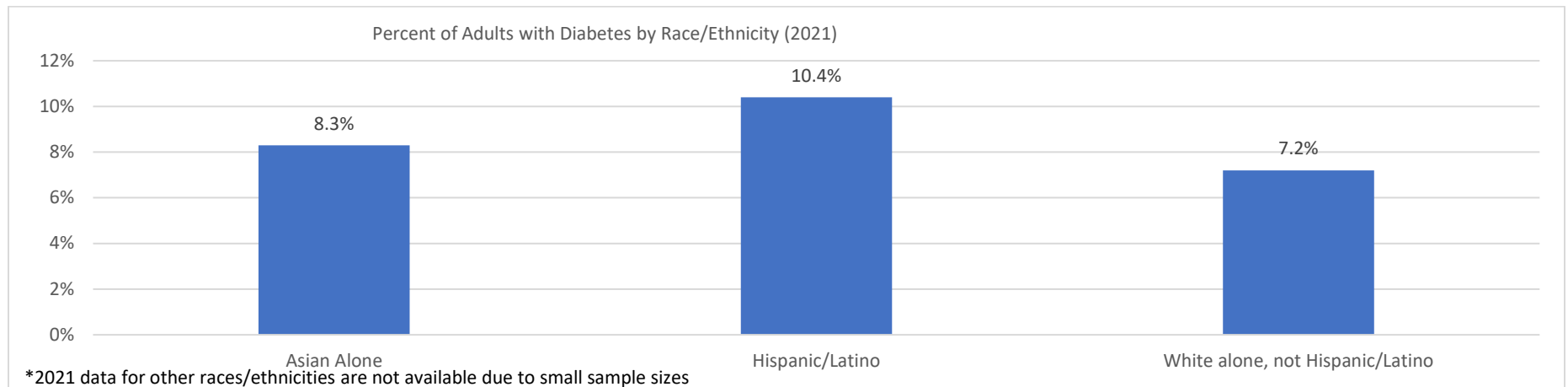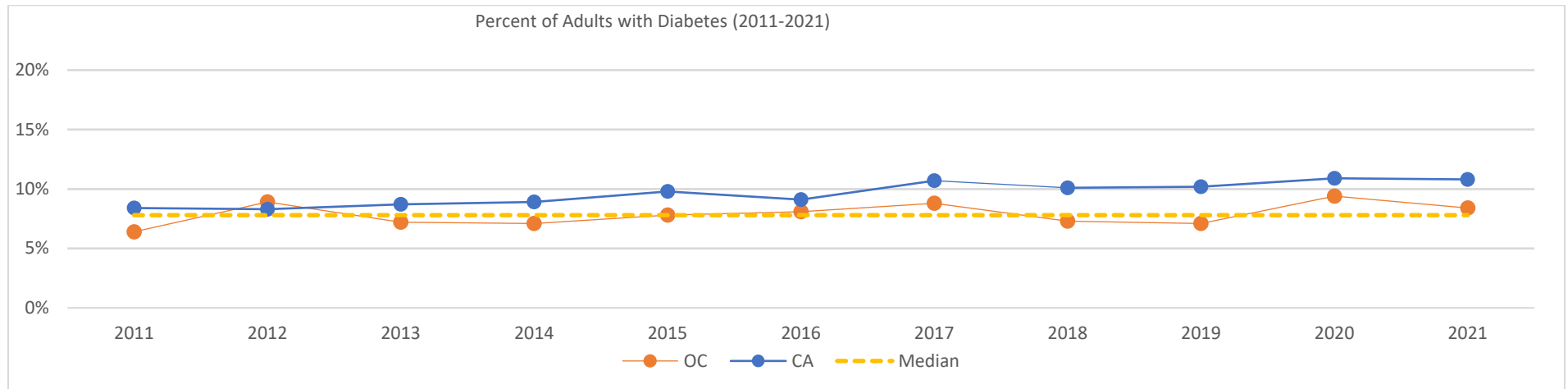
[20] **Definition:** Percent of adults who were told by a doctor that they had diabetes or sugar diabetes (other than during pregnancy). **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Diabetes* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Hospitalization Due to Uncontrolled Diabetes per 10,000[21] (HCAI)	24.6 (2021)	25.0	N/A	N/A	N/A

Age-Adjusted Hospitalization Due to Uncontrolled Diabetes per 10,000 (2016-2021)

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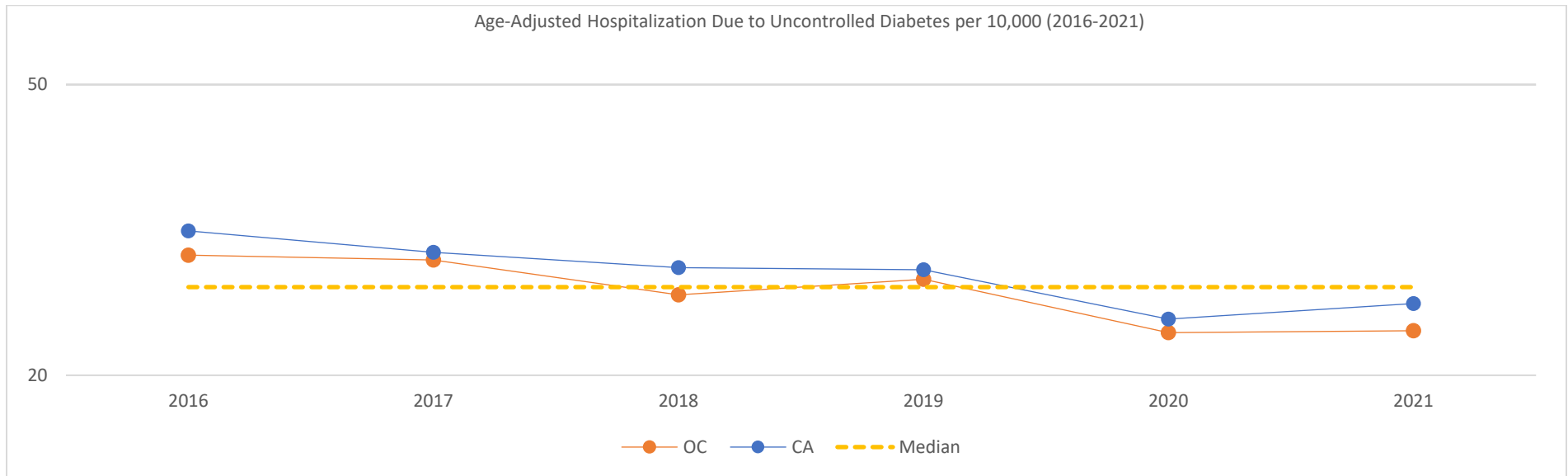
[21] **Definition:** Rate of hospitalization due to diabetes without mention of short-term or long-term complications per 10,000 population. **Source:** California Department of Health Care Access and Information Patient Discharge Data; Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (n.d.) *Preventable Hospitalizations for Diabetes* (2016-2020). Retrieved from: Preventable Hospitalizations for Diabetes - HCAI

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Hospitalization Due to Long-Term Diabetes Complications per 10,000[22] (HCAI)	88.9 (2021)	93.0	N/A	N/A	N/A

Age-Adjusted Hospitalization Due to Long-Term Diabetes Complications per 10,000 (2012-2021)

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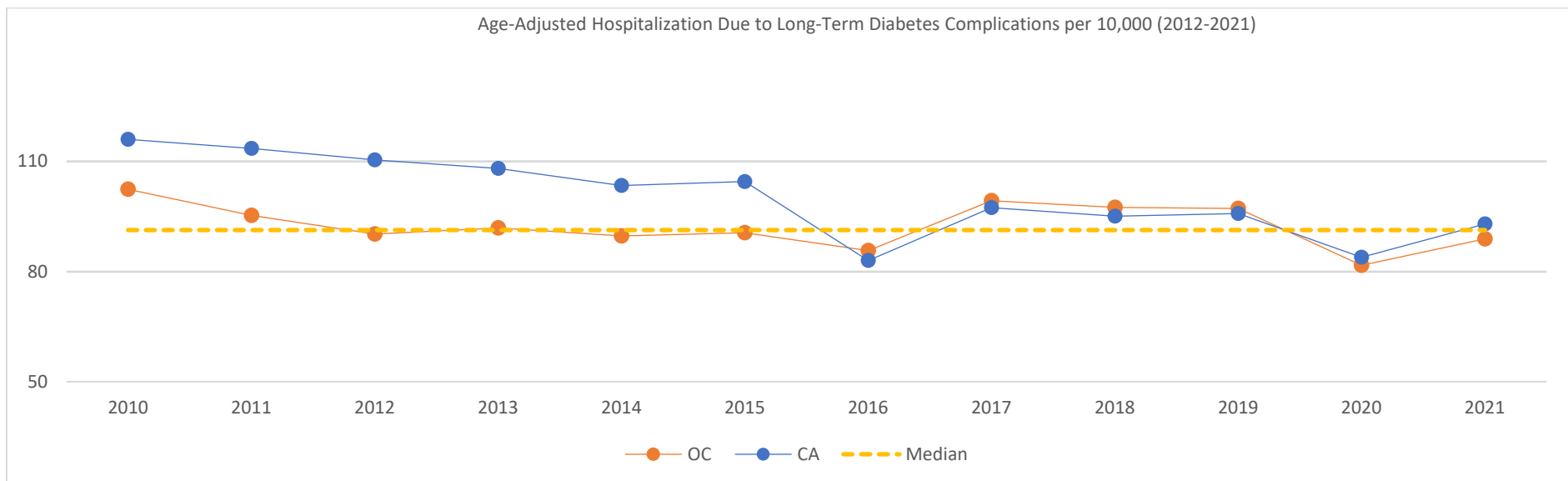
[22] **Definition:** Rate of hospitalization due to long-term complications from diabetes per 10,000 population. **Source:** California Department of Health Care Access and Information Patient Discharge Data; Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (n.d.) *Patient Discharge Data*. Retrieved from: Preventable Hospitalizations for Diabetes - HCAI

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Diabetes per 100,000[23] (CDPH)	14.9 (2018-2020)	22.3	15.2 (2010-2015)	13.7	N/A

Age-Adjusted Death Rate Due to Diabetes per 100,000 (2010-2020)

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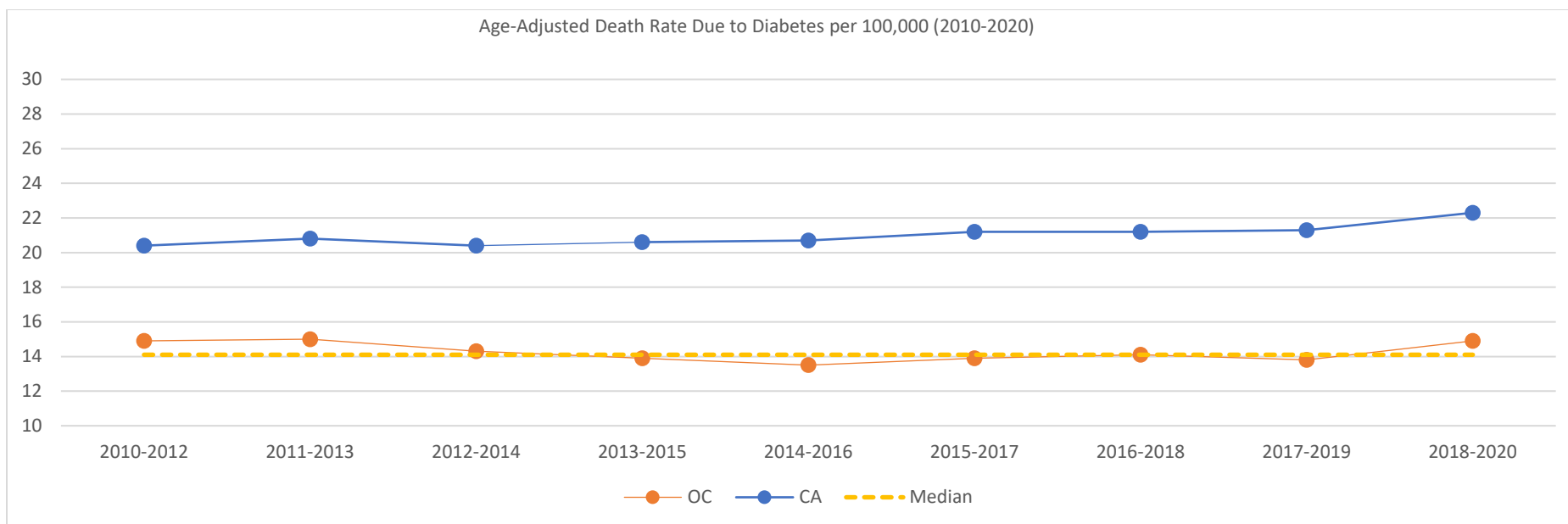
[23] **Definition:** Three-year averages of deaths from diabetes divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Are Obese[24] (CHIS)	24.2% (2021)	28.2%	41.8%	36.0%	R/E

Percent of Adults Who Are Obese (2011-2021)

Percent of Adults Who Are Obese by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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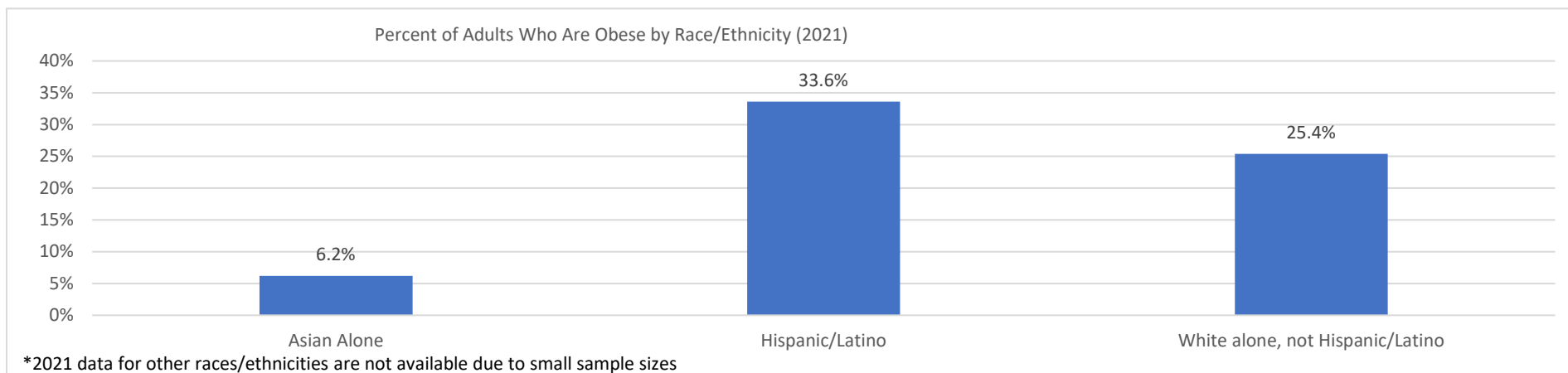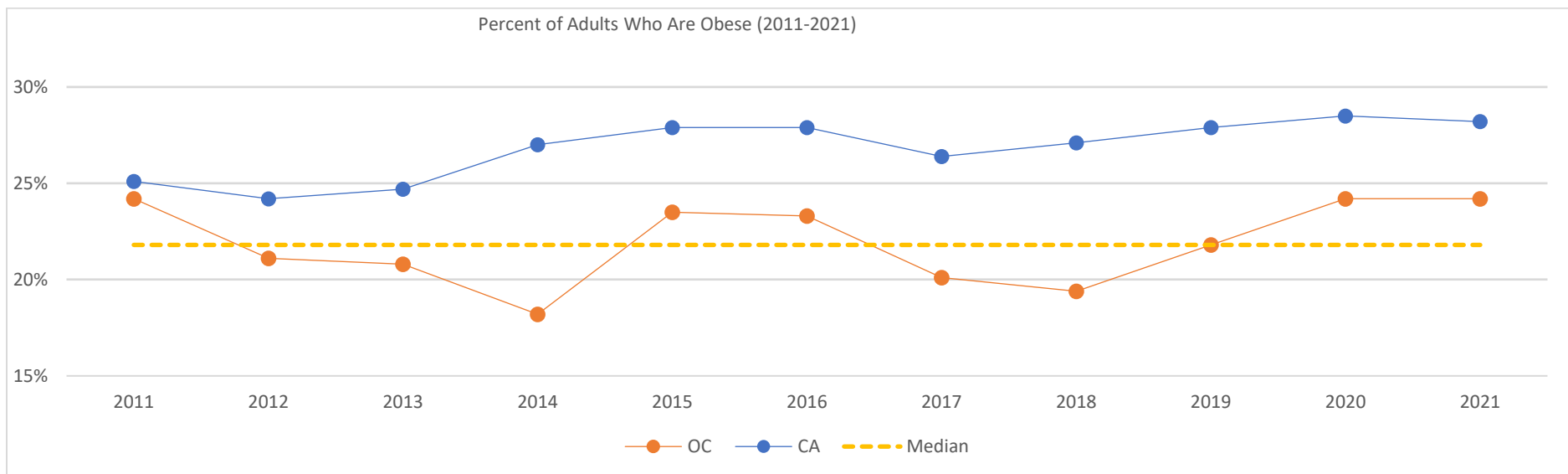
[24] **Definition:** Percent of adults had a body mass index of 30 or higher. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Body Mass Index – 4* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

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Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Adults Who Are Overweight or Obese[25] (CHIS)	58.1% (2021)	62.0%	N/A	N/A	R/E

Percent of Adults Who Are Overweight or Obese (2011-2021)

Percent of Adults Who Are Overweight or Obese by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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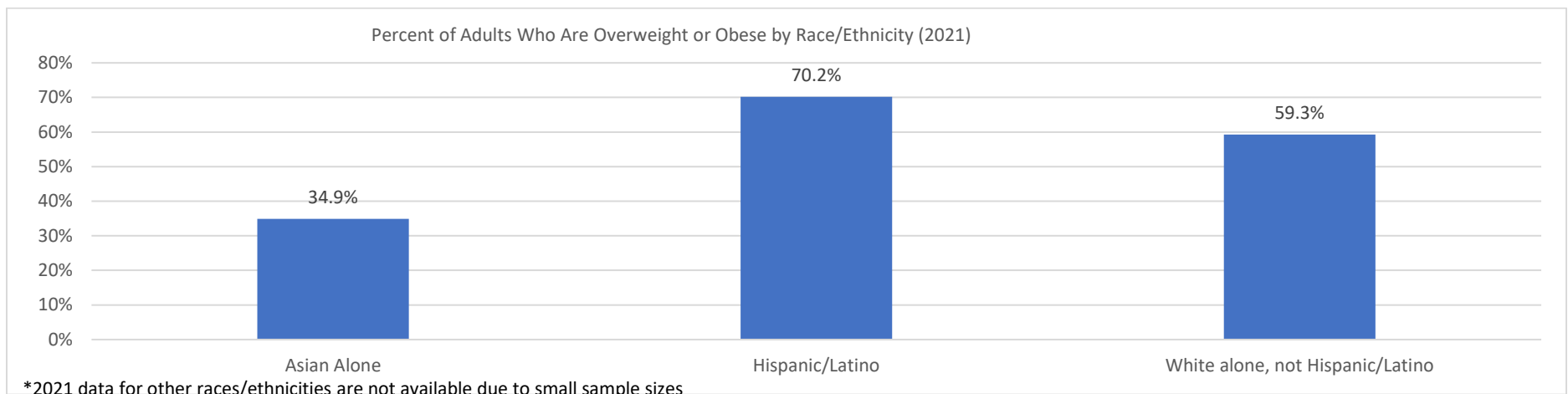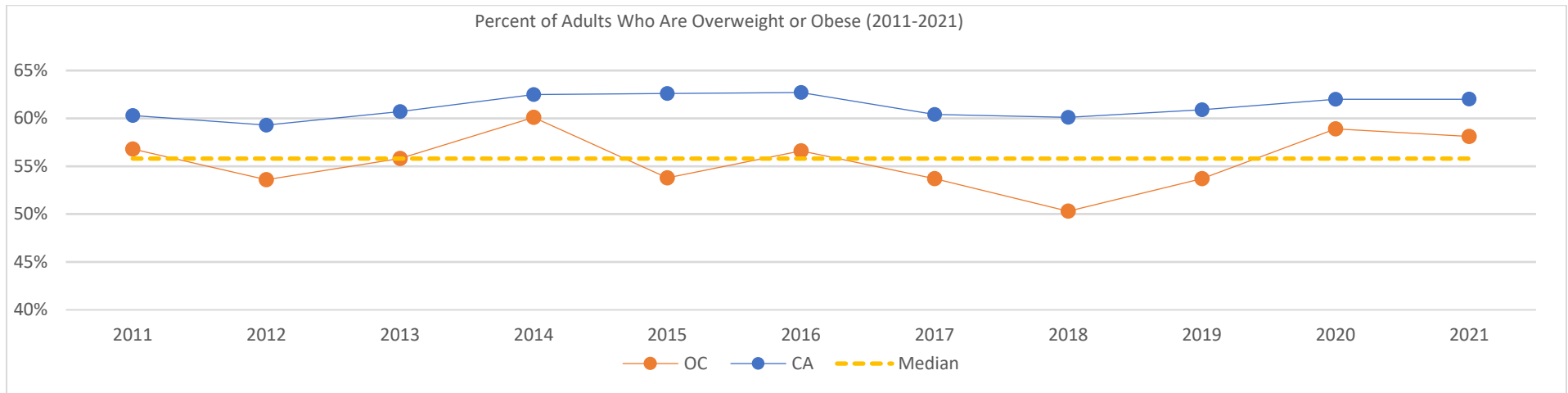
[25] **Definition:** Percent of adults had a body mass index of 25 or higher. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Body Mass Index – 4* (California, Orange). Retrieved from: http://ask.chis.ucla.edu

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 5th Graders Who Are Overweight or Obese (CHIS)[26]	36.6% (2019)	41.3%	N/A	N/A	N/A

Percent of 5th Graders Who Are Overweight or Obese (2014-2019)

Legend: OC, CA, Median

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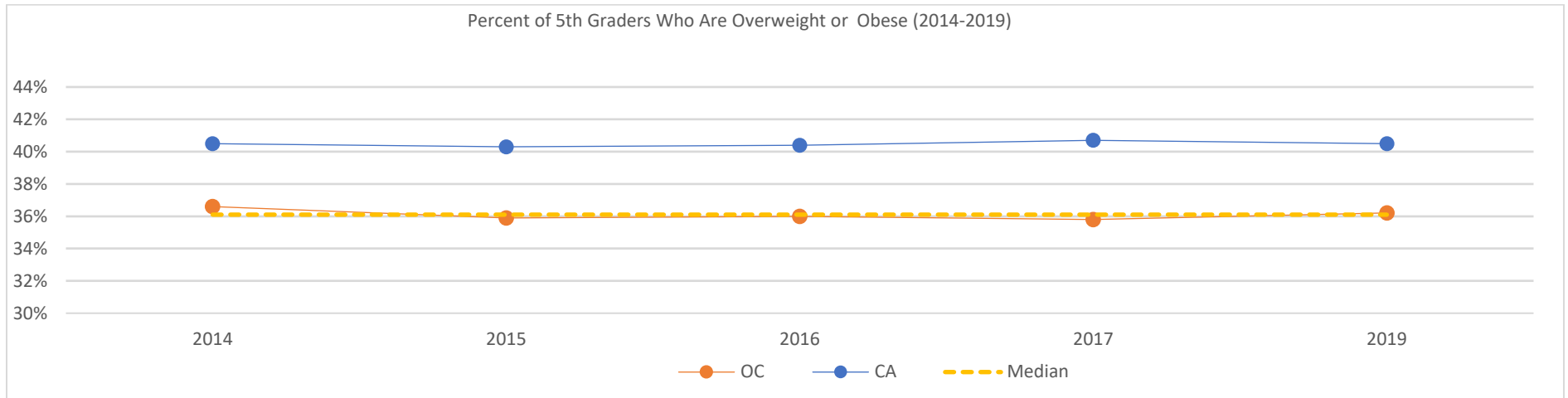
[26] **Definition:** Percentage of public school students in grades 5, 7, and 9 with body composition above the "Healthy Fitness Zone" of the FitnessGram assessment, by grade level. **Source:** California Department of Education (2020, January). *Physical Fitness Testing Research Files*. Retrieved from: Students Who Are Overweight or Obese, by Grade Level - Kidsdata.org

	Topic	SUBSTANCE USE			

	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Data	**Percent of Adults Who Smoke (CHIS)**	7.1% (2021)	6.2%	11.7% (2021)	6.1%
	Age–Adjusted Drug Induced Death Rate per 100,000 (CDPH)	15.6 (2021)	17.8	32.4 (2021)	20.7
	Percent of Adults Who Binge Drink (UWPHI)	17.0% (2020)	18.0%	19.0%	N/A
	Percent of 7th Graders Who Use Alcohol or Drugs (CDE)	4.0% (2019–2021)	15.0% (2017–2019)	N/A	N/A
	Percent of 9th Graders Who Use Alcohol or Drugs (CDE)	8.0% (2019–2021)	15.0% (2017–2019)	N/A	N/A
	Percent of 11th th Graders Who Use Alcohol or Drugs (CDE)	15.0% (2019–2021)	23.0% (2017–2019)	N/A	N/A
	Percent of 7th th Graders Who Use E–Cigarettes (Vaping) (CDE)	2.0% (2019–2021)	4.0% (2017–2019)	N/A	N/A
	Percent of 9th th Graders Who Use E–Cigarettes (Vaping) (CDE)	4.0% (2019–2021)	9.0% (2017–2019)	13.1% (2020)	10.5%
	Percent of 11th th Graders Who Use E–Cigarettes (Vaping) (CDE)	7.0% (2019–2021)	11.0% (2017–2019)	13.1% (2020)	10.5%
	Age–Adjusted Opioid Prescription Rates per 1,000 (CDPH COSD)	287.4 (2021)	321.71	N/A	N/A
	Age–Adjusted Emergency Department Visit Rates Due to All Drug Overdoses per 100,000 (CDPH)	119.14 (2021)	148.19	N/A	N/A

Equity & Disparities

- Percent of Adults Who Smoke: Hispanics (9.0%) smoke at a higher rate than White (6.8%) and Asian (4.4%)

- Percent of 11th Graders Who Use Alcohol or Drugs: White 11th Graders (21.0%) use alcohol or drugs at a higher rate than Black (17.0%), Hispanic (14.0%) or Asian (6.0%) 11th Graders

- Age–Adjusted Emergency Department Visit Rates Due to All Drug Overdoses per 100,00: Black populations (239.68) visited ER at a higher rate than White (185.1), Native Hawaiian/Alaska Native (130.39), Hispanic (98.09) or Pacific Islander (42.87) populations

- Areas of north and south county experienced drug and alcohol mortality rates from 2010–2012 to 2019–2021.

EQUITY IN OC   An initiative of **OC health CARE AGENCY**

Qualitative Findings	– Insurance companies act as a barrier for mental health and substance use treatment for the youth. – Hispanic/Latino: Substance use and food access support; lack of outreach to destitute people and children – Greater supports needed for students/youth who use alcohol, drugs, or who vape
Current Collaborative Activities	– YOR Project (BeWell) – ConnectOC

SUBSTANCE USE

Drug and Alcohol Mortality:
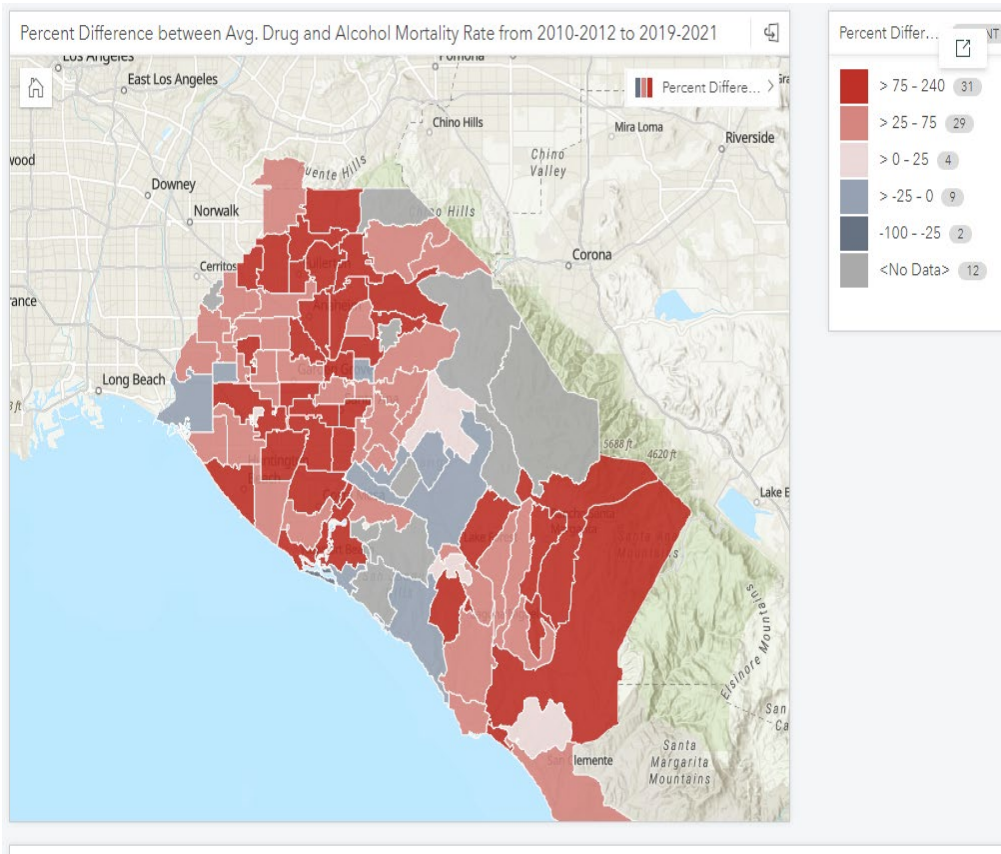
Areas with the darkest shades of red increased their drug and alcohol mortality rates from 2010–2012 to 2019–2021

Source: HCA Drug and Alcohol Misuse and Mortality dashboard

Substance Use

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Smoke[27] (CHIS)	7.1% (2021)	6.2%	11.7% (2021)	6.1%	R/E

Percent of Adults Who Smoke (2011-2021)

Percent of Adults Who Smoke by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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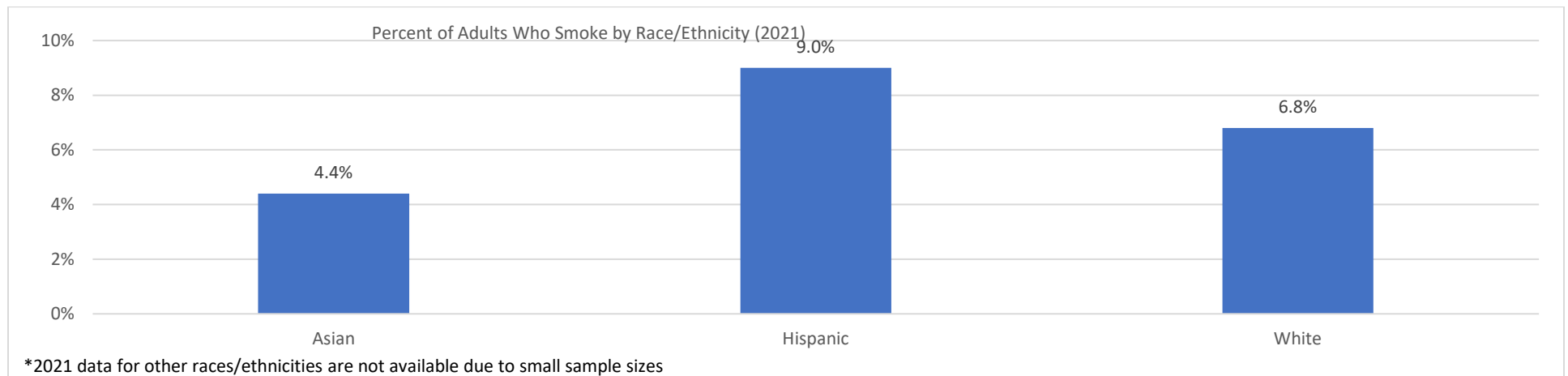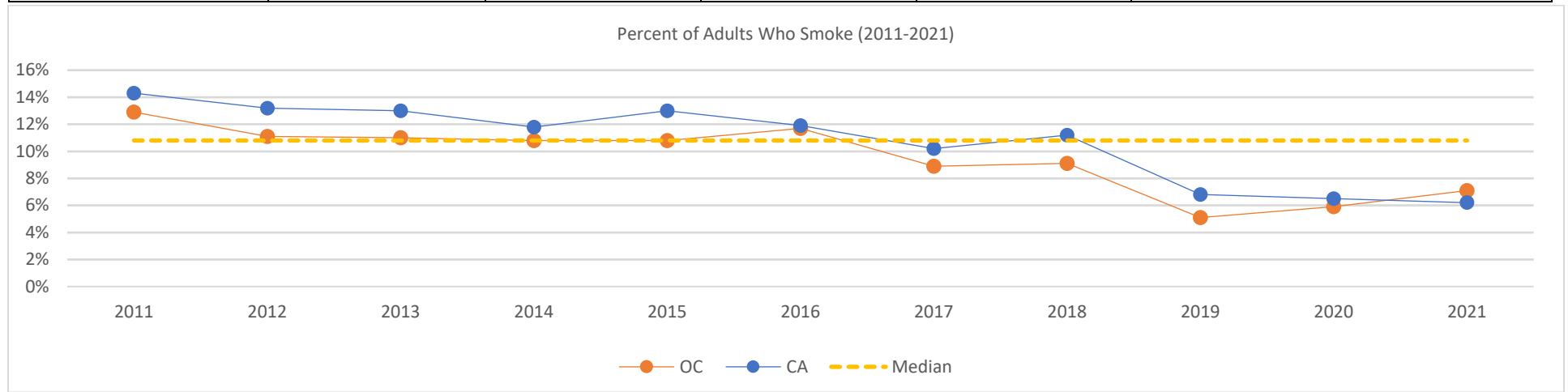
[27] **Definition:** Adults who smoked 100 or more cigarettes in their life were asked about current smoking habits. Adults who smoked fewer than 100 cigarettes or don't currently smoke are considered nonsmokers. **Source**: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. Current Smoking Status – Adults (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Drug Induced Death Rate per 100,000[28] (CDPH)	15.6 (2021)	17.8	32.4 (2021)	20.7	N/A

Age-Adjusted Drug-Induced Death Rate per 100,000 (2010-2020)

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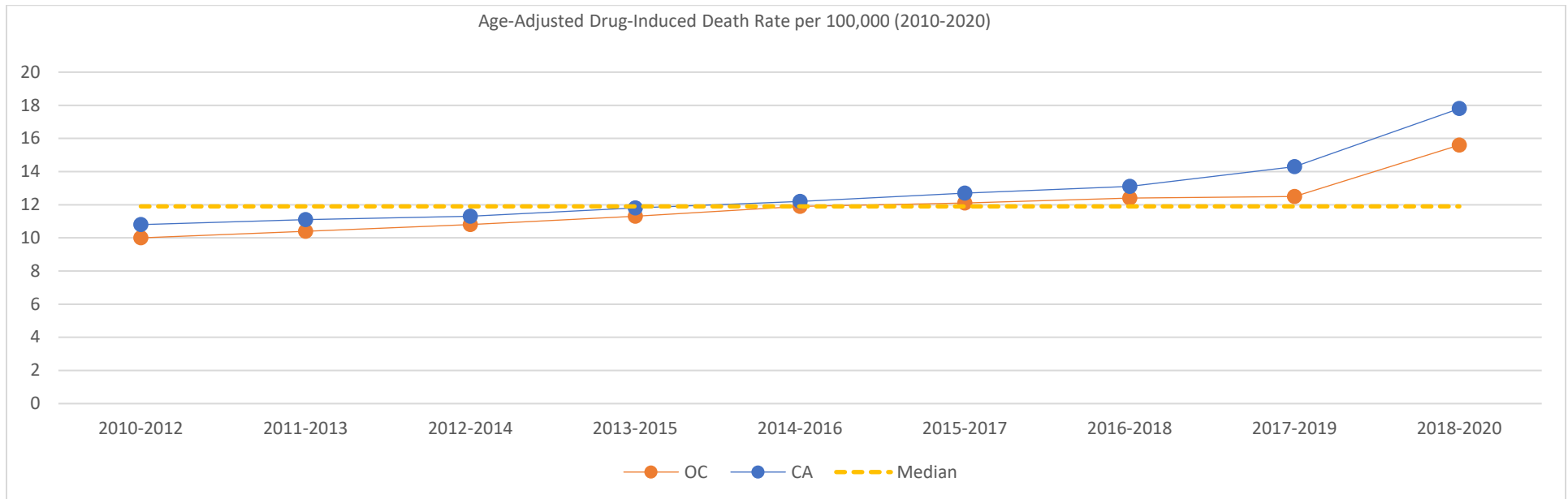
[28] **Definition:** Three-year averages number of drug induced deaths divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Binge Drink[29] (UWPHI)	17.0% (2020)	18.0%	19.0%	N/A	N/A

Percent of Adults Who Binge Drink (2014-2020)

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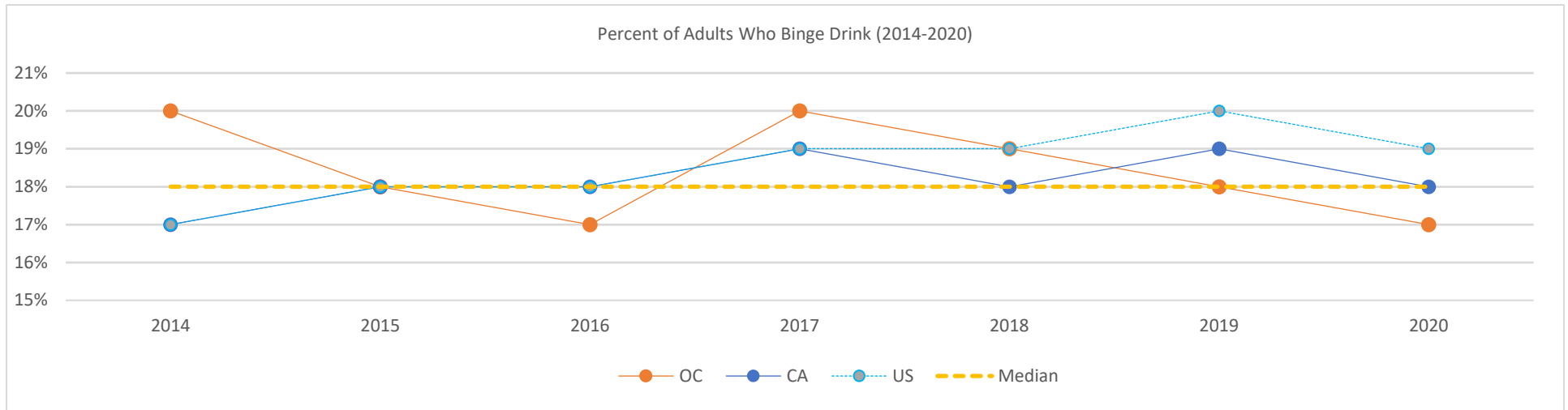
[29] **Definition:** Percentage of adults reporting binge or heavy drinking. **Source:** Excessive Drinking | County Health Rankings & Roadmaps
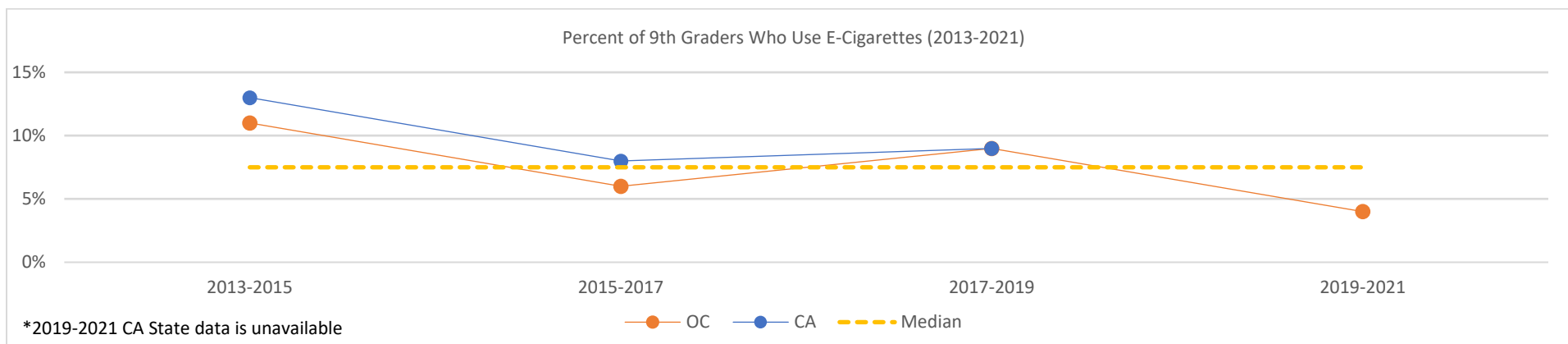
Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 7th Graders Who Use Alcohol or Drugs[30] (CDE)	4.0% (2019-2021)	15.0% (2017-2019)	N/A	N/A	R/E

Percent of 9th Graders Who Use Alcohol And Drugs (2013-2021)

*2019-2021 CA State data is unavailable

Percent of 9th Graders Who Use Alcohol or Drugs by Race/Ethnicity (2019-2021)

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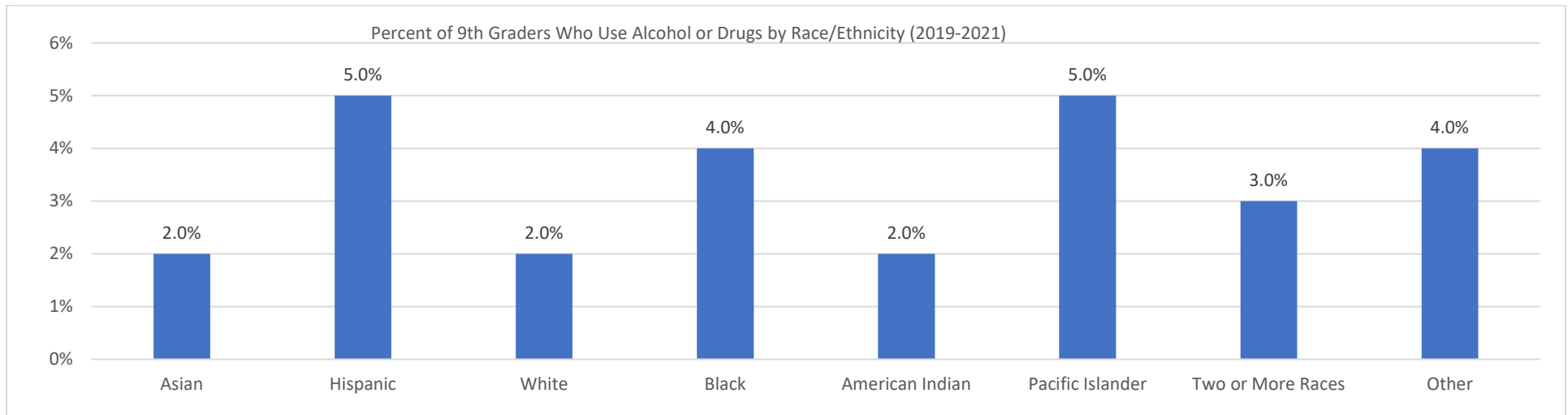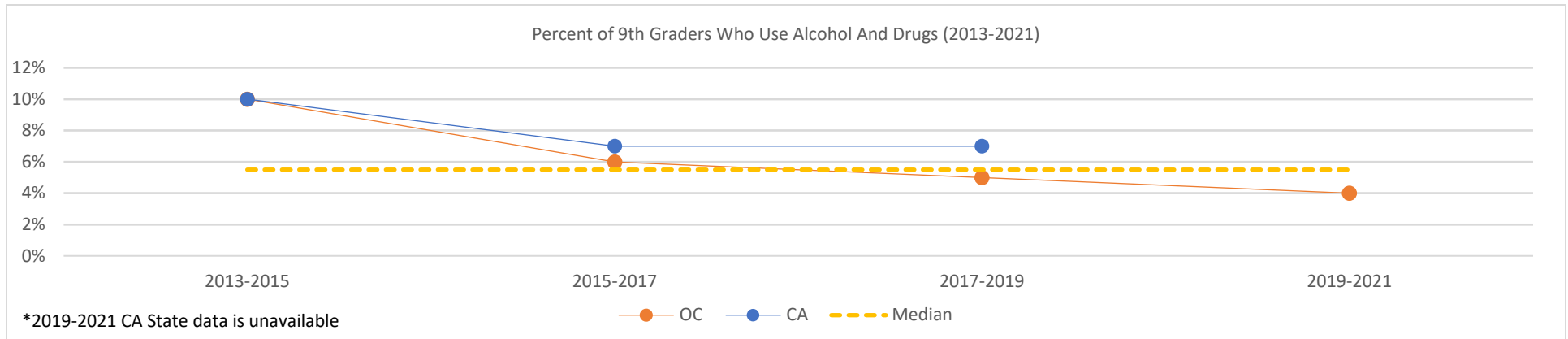
[30] **Definition:** One or more days in the past 30 days that the 7th Graders drank one more drinks of alcohol, five or more drinks in a row, use of marijuana, inhalants, prescription drug use, any other drug pill or medicine to get high, or use of two or more substances at the same time. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The California School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards.
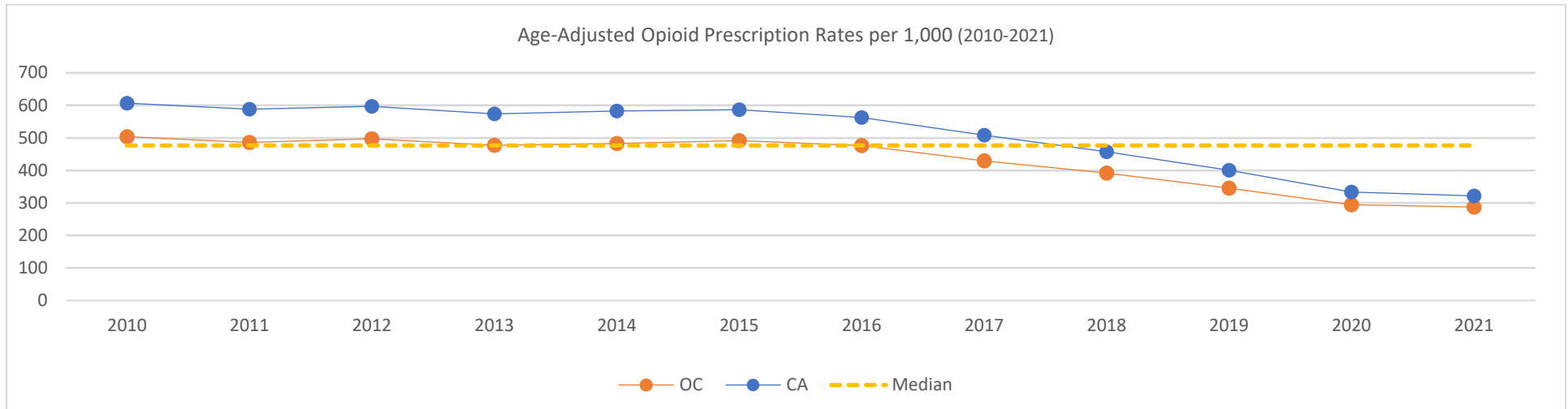
Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 9th Graders Who Use Alcohol or Drugs[31] (CDE)	8.0% (2019-2021)	15.0% (2017-2019)	N/A	N/A	R/E

Percent of 9th Graders Who Use Alcohol And Drugs (2013-2021)

*2019-2021 CA State data is unavailable

Percent of 9th Graders Who Use Alcohol or Drugs by Race/Ethnicity (2019-2021)

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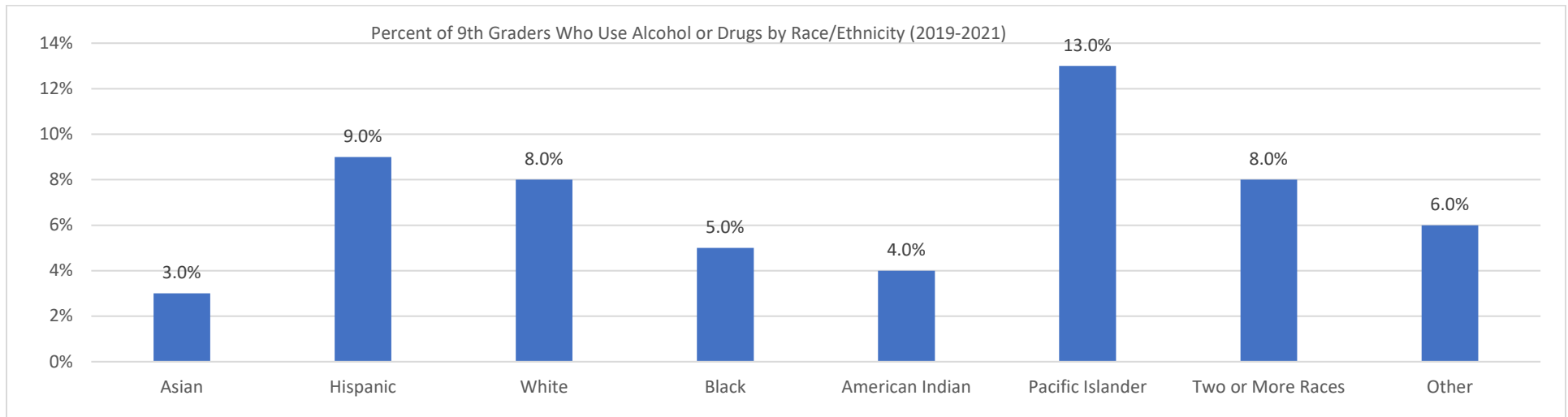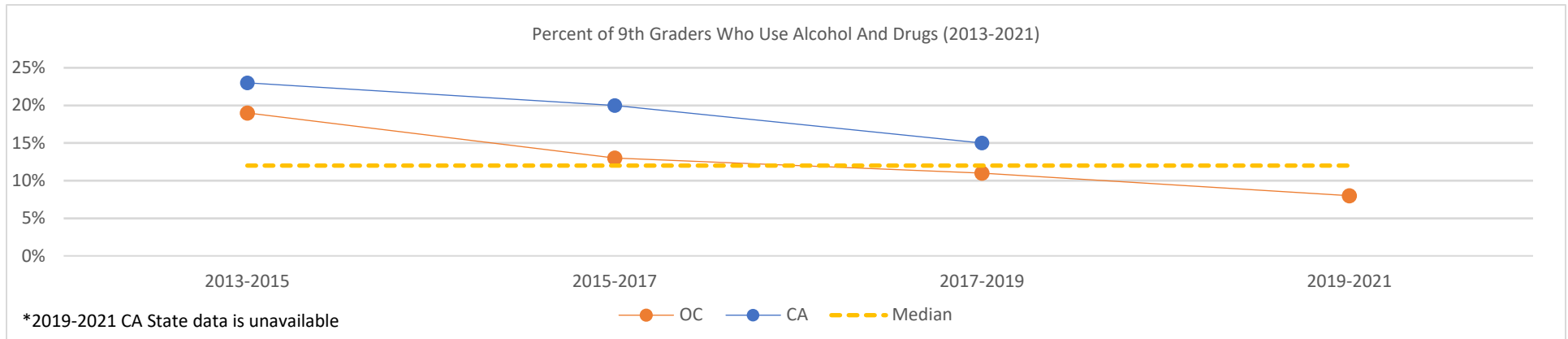
[31] **Definition:** One or more days in the past 30 days that the 9th Graders drank one more drinks of alcohol, five or more drinks in a row, use of marijuana, inhalants, prescription drug use, any other drug pill or medicine to get high, or use of two or more substances at the same time. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The Californial School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards.

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 11th[32] Graders Who Use Alcohol or Drugs[32] (CDE)	15.0% (2019-2021)	23.0% (2017-2019)	N/A	N/A	R/E

Percent of 11th Graders Who Use Alcohol And Drugs (2013-2021)

*2019-2021 CA State data is unavailable

Percent of 11th Graders Who Use Alcohol and/or Drugs by Race/Ethnicity (2019-2021)

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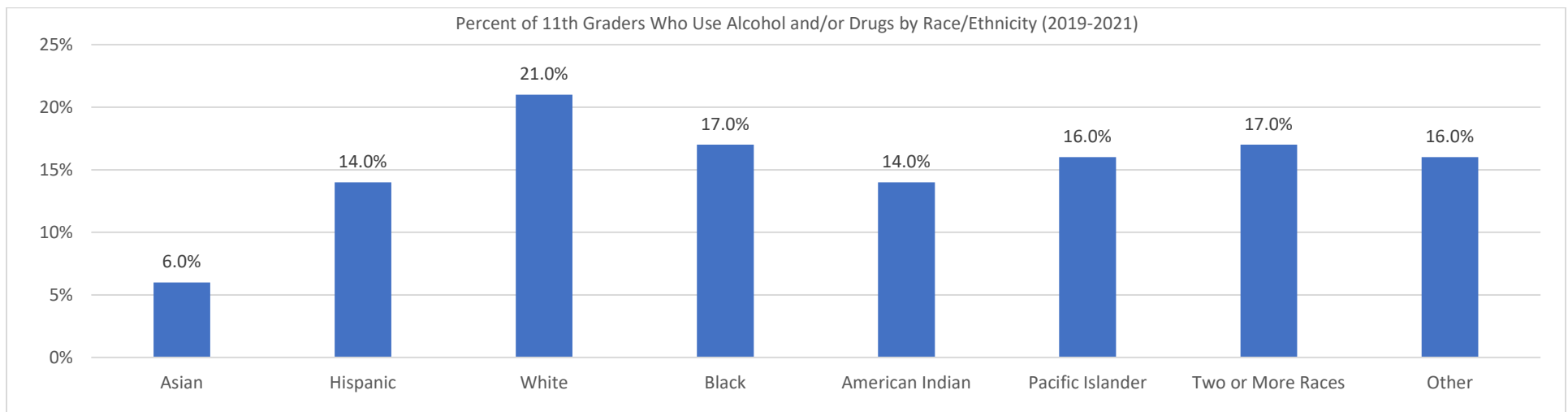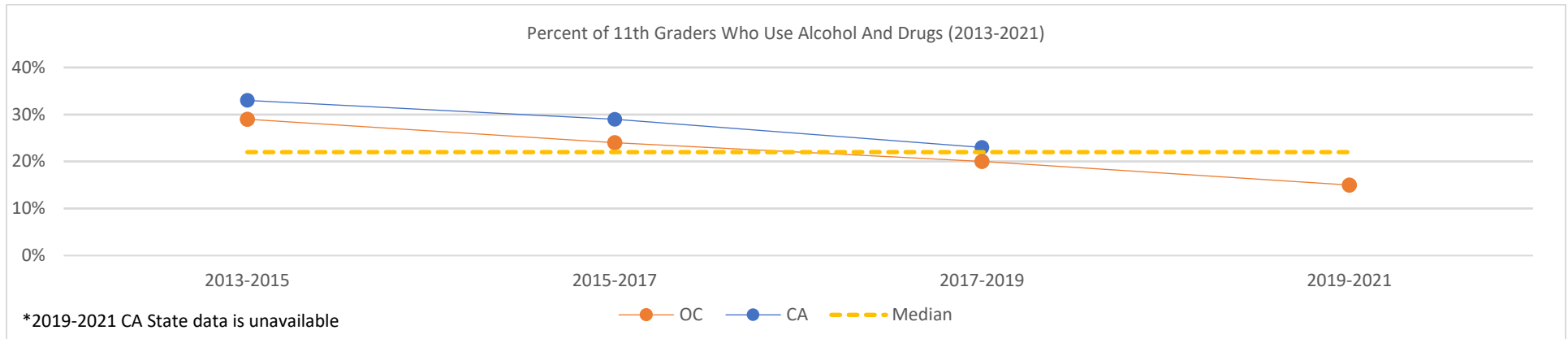
[32] **Definition:** One or more days in the past 30 days that the 11th[th] Graders drank one more drinks of alcohol, five or more drinks in a row, use of marijuana, inhalants, prescription drug use, any other drug pill or medicine to get high, or use of two or more substances at the same time. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The Californial School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 7th Graders Who Use E-Cigarettes[33] (CDE)	2.0% (2019-2021)	4.0% (2017-2019)	13.1% (2020)	10.5%	R/E

Percent of 7th Graders Who Use E-Cigarettes (2013-2021)

*2019-2021 CA State data is unavailable

Percent of 7th Graders Who Use E-Cigarettes by Race/Ethnicity (2019-2021)

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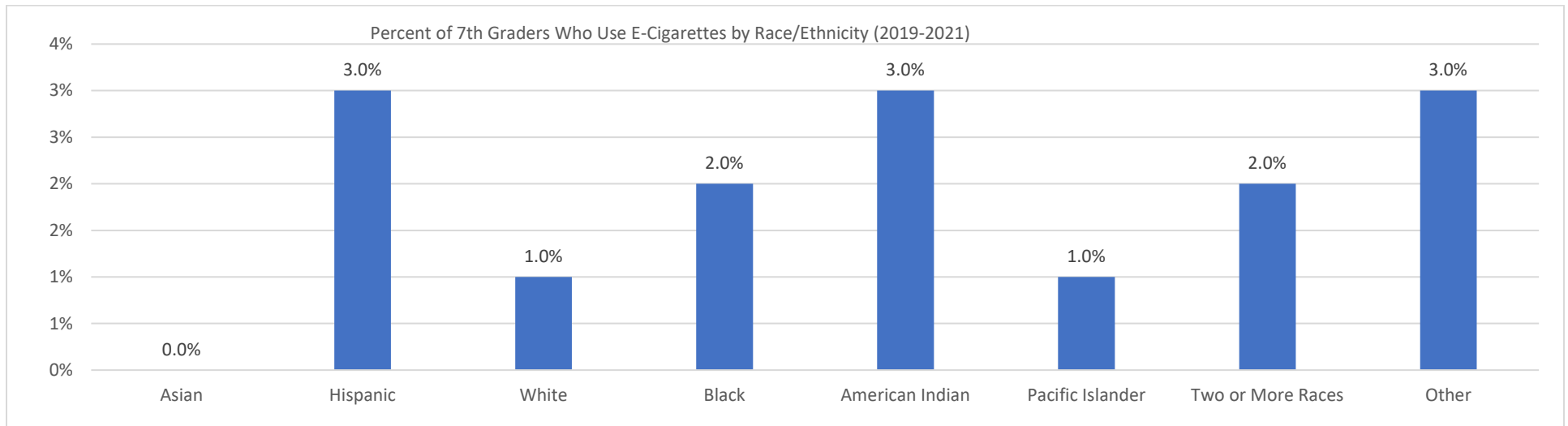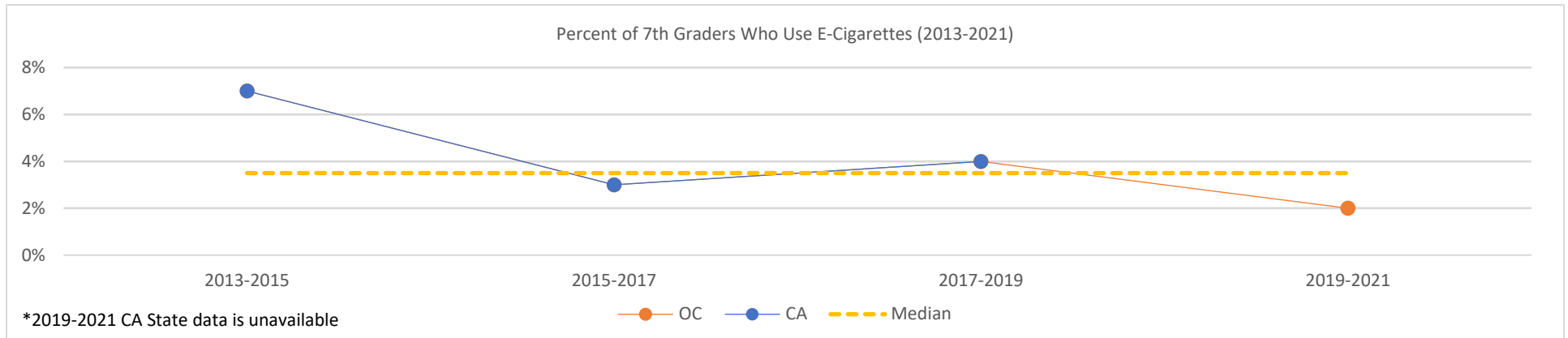
[33] **Definition:** One or more days in the past 30 days that the 7th Graders used electronic cigarettes/vape products. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The California School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 9th Graders Who Use E-Cigarettes[34] (CDE)	4.0% (2019-2021)	9.0% (2017-2019)	13.1% (2020)	10.5%	R/E

Percent of 9th Graders Who Use E-Cigarettes (2013-2021)

*2019-2021 CA State data is unavailable

Legend: OC — CA — Median

Percent of 7th Graders Who Use E-Cigarettes by Race/Ethnicity (2019-2021)

Asian	Hispanic	White	Black	American Indian	Pacific Islander	Two or More Races	Other
1.0%	5.0%	4.0%	3.0%	2.0%	6.0%	5.0%	3.0%

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[34] **Definition:** One or more days in the past 30 days that the 7th Graders used electronic cigarettes/vape products. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The California School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 11th Graders Who Use E-Cigarettes[35] (Vaping) (CDE)	7.0% (2019-2021)	11.0% (2017-2019)	13.1% (2020)	10.5%	R/E

Percent of 11th Graders Who Use E-Cigarettes (2013-2021)

*2019-2021 CA State data is unavailable

OC — CA — Median

Percent of 11th Graders Who Use E-Cigarettes by Race/Ethnicity (2019-2021)

Asian 3.0% | Hispanic 6.0% | White 10.0% | Black 10.0% | American Indian 9.0% | Pacific Islander 11.0% | Two or More Races 9.0% | Other 6.0%

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[35] **Definition:** One or more days in the past 30 days that the 11th Graders used electronic cigarettes/vape products. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The Californial School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Opioid Prescription Rates per 1,000[36] (CDPH COSD)	287.4 (2021)	321.71	N/A	N/A	N/A

Age-Adjusted Opioid Prescription Rates per 1,000 (2010-2021)

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[36] **Definition:** Age-adjusted rate of the population with opioid prescription per 1,000 residents. **Source:** California Department of Public Health (n.d.). *California Overdose Surveillance Dashboard*. Retrieved from: https://skylab.cdph.ca.gov/ODdash/?tab=CTY.

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Emergency Department Visit Rates Due to All Drug Overdoses[37] (CDPH)	119.14 (2021)	148.19	N/A	N/A	R/E

Age-Adjusted Emergency Department Visit Rates Due to All Drug Overdoses per 100,000 (2021)

Age-Adjusted Emergency Department Visit Rates Due to All Drug Overdoses per 100,000 by Race/Ethnicity (2021)

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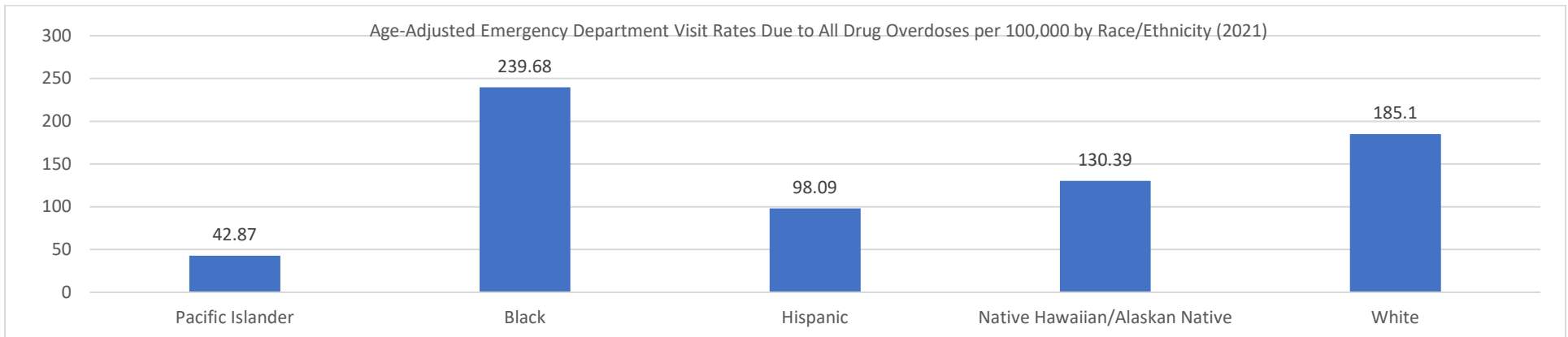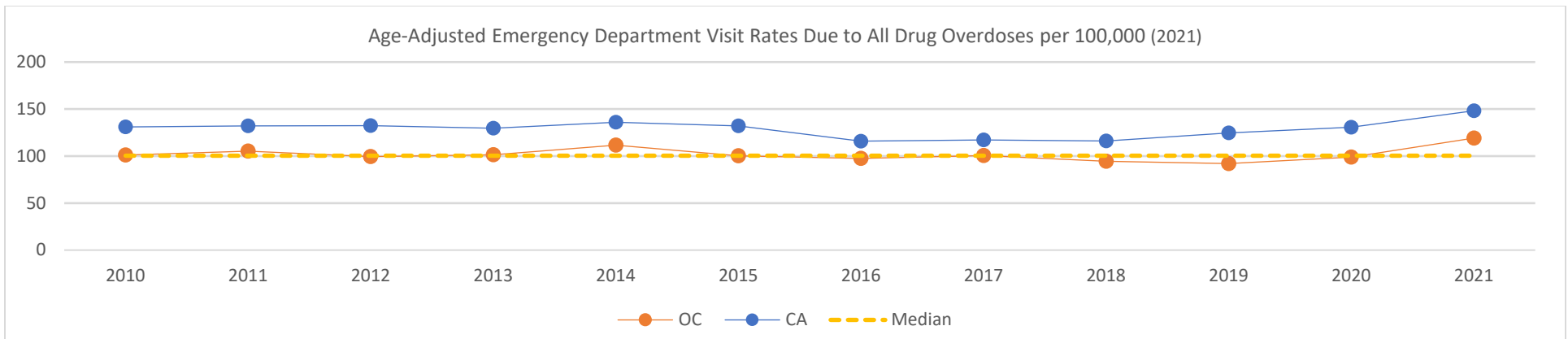
[37] **Definition:** All drug overdose emergency department visits caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use) are excluded from this indicator. Source: California Department of Public Health (n.d.). California Overdose Surveillance Dashboard. Retrieved from: https://skylab.cdph.ca.gov/ODdash/?tab=CTY.

Topic	SEXUALLY TRANSMITTED DISEASES				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	Chlamydia Incidence Rate per 100,000 (CDPH)	341.9 (2020)	448.2	481.3	N/A
	Gonorrhea Incidence Rate per 100,000 (CDPH)	142.8 (2020)	196.8	206.5	N/A
	Syphilis Incidence Rate per 100,000 (CDPH)	27.9 (2020)	38.3	12.7	N/A
	HIV Incidence Rate per 100,000 (CDPH)	8.2 (2020)	9.9	10.9	N/A

Equity & Disparities	– **HIV Incidence Rate per 100,000: Parts of North and Central Orange County had the highest (12.3 – 18.4) rate in the county.**

Qualitative Findings	

Current Collaborative Activities	– **HCA"s HIV Planning Council: In partnership with affected communities, service providers, philanthropists, and public health professionals, will support an accessible, culturally competent continuum of HIV prevention and care services that promotes optimal health, fosters self–sufficiency, reduces stigma and discrimination, and results in a community where new HIV infections are rare."**

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Chlamydia Incidence Rate per 100,000[38] (CDPH)	341.9 (2020)	448.2	481.3	N/A	N/A

Chlamydia Incidence Rate per 100,000 (2010-2020)

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Gonorrhea Incidence Rate per 100,000[39] (CDPH)	142.8 (2020)	196.8	206.5	N/A	N/A

Gonorrhea Incidence Rate per 100,000 (2010-2020)

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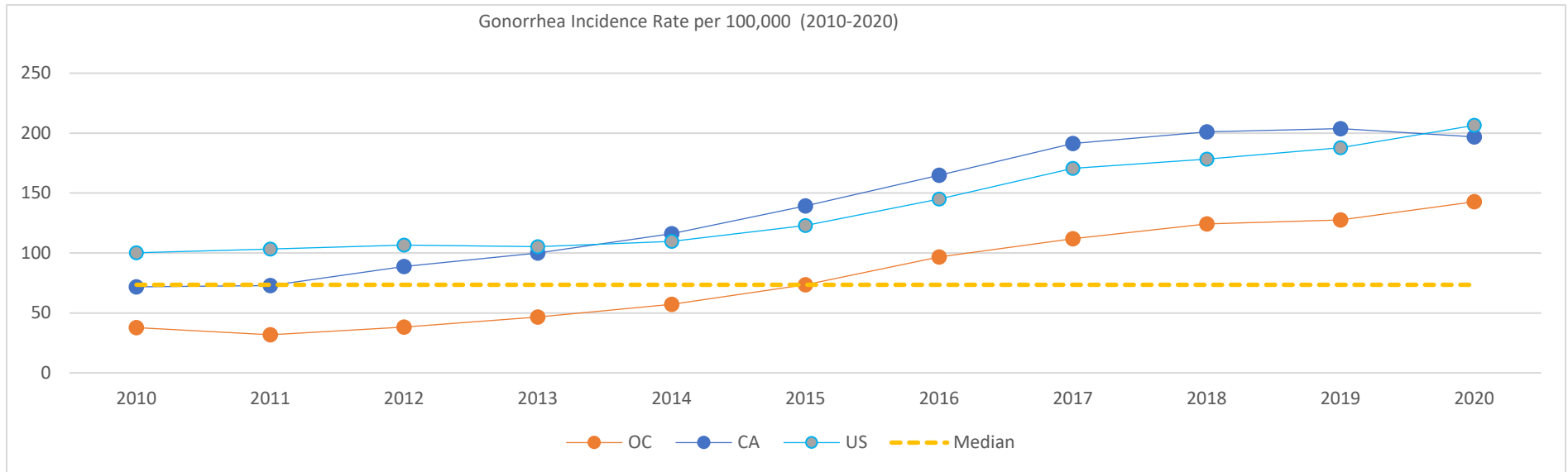
[39] **Definition:** Rates of Gonorrhea per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data.* Retrieved from: Sexually Transmitted Diseases Data (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Syphilis Incidence Rate per 100,000[40] (CDPH)	27.9 (2020)	38.3	12.7	N/A	N/A

Syphilis Incidence Rate per 100,000 (2010-2020)

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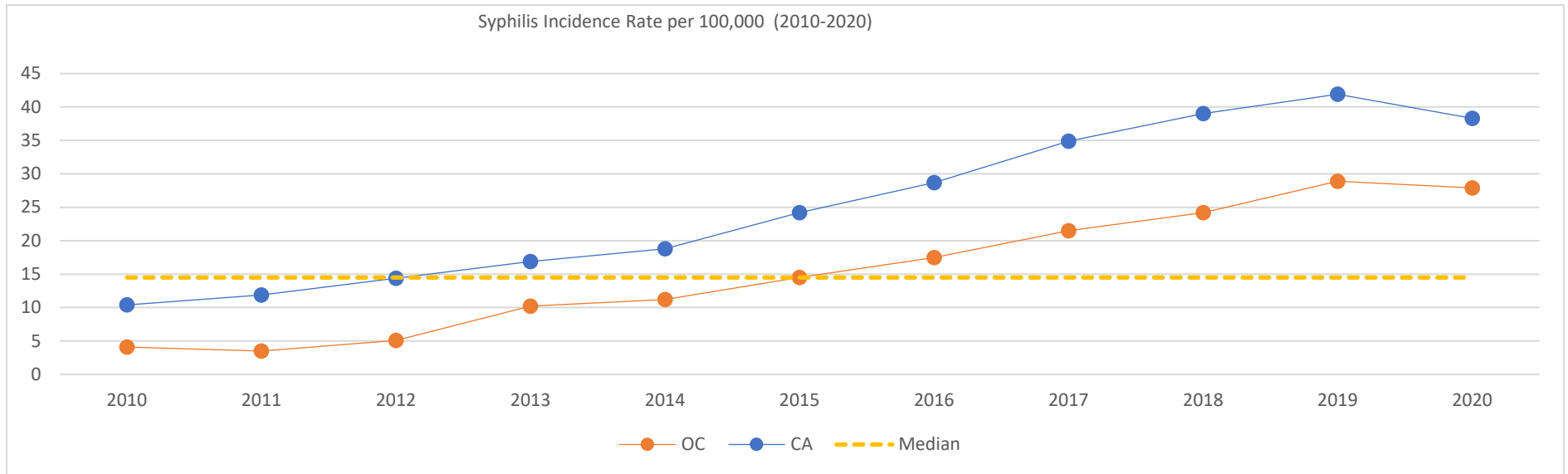
[40] **Definition:** Rates of Syphilis per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data.* Retrieved from: Sexually Transmitted Diseases Data (ca.gov)

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
HIV Incidence Rate per 100,000[41] (CDPH)	8.2 (2020)	9.9	10.9	N/A	Geographic

HIV Incidence Rate per 100,000 (2010-2020)

Legend: OC, CA, Median

Rate per 100,000 Population
- No cases or rate not calculated
- 0.1-5.7
- 5.8-8.7
- 8.8-12.2
- 12.3-18.4

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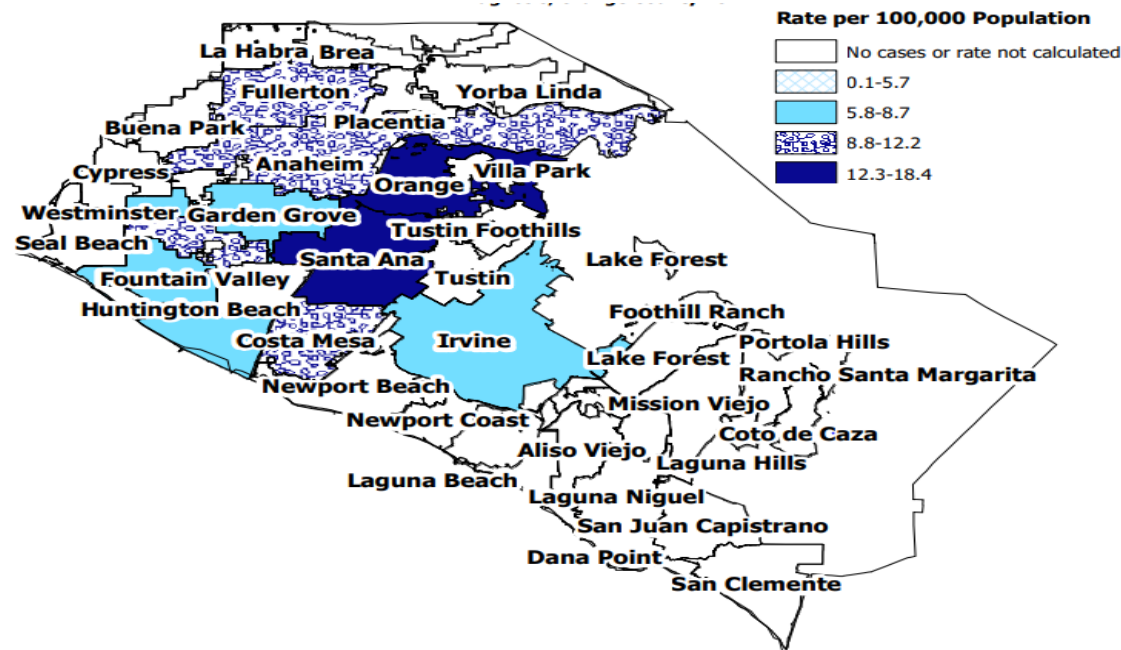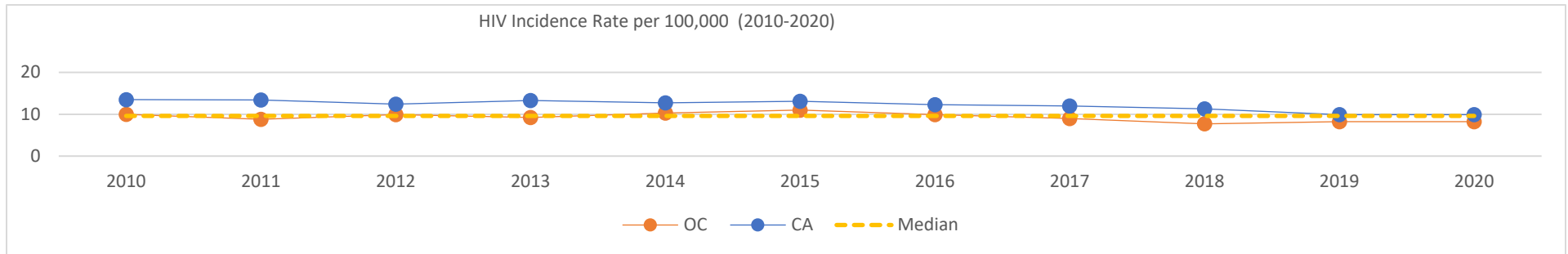
[41] **Definition:** Rates of HIV per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data.* Retrieved from: Sexually Transmitted Diseases Data (ca.gov)

Topic	VACCINE PREVENTABLE DISEASES				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	**Percent of Kindergartners with Required Immunizations (CDHS)**	96.3% (2021)	N/A	93.0% (2021–2022)	95.0%
	Age–Adjusted Death Rate Due to Influenza/Pneumonia per 100,000 (CDPH)	13.7 (2018–2020)	13.5	N/A	N/A
	Tuberculosis Incidence Rate per 100,000 (CDPH)	5.2 (2018–2020)	5.0	2.2 (2020)	1.4
	COVID–19 Deaths in Orange County (OCHCA)	1,759 (2022)	N/A	N/A	N/A
	COVID–19 Boosters in Orange County (OCHCA)	595,090 (2022)	N/A	N/A	N/A

Equity & Disparities

− **Percent of Kindergartners with Required Immunizations: Western County had the highest (98.1% – 99.4%) immunization rate in the county**

Qualitative Findings

Need for increased culturally appropriate health education

− **Culturally appropriate health education**
− **Lack of access to vaccine informative sessions and education on accessible health resources**
− **Better public health education on prevention options and self–care to reduce long–term health costs**

Current Collaborative Activities

− **HCA's Immunization Coalition: The mission is to positively impact the health status of the Orange County community by achieving and maintaining full immunization protection.**

Vaccine Preventable Diseases

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Kindergartners with Required Immunizations[42] (CDHS)	96.3% (2021)	N/A	93.0% (2021-2022)	95.0%	Geographic

Percent of Kindergartners with Required Immunizations (2010-2021)

*2019-2021 CA State data is unavailable

OC — CA — Median

Up-to-Date Immunizations at Kindergarten Enrollment, Public Schools within Each School District, 2021

ORANGE COUNTY: 96.3%
CALIFORNIA: 94.8%*

1 ANAHEIM 96.6%
2 BREA-OLINDA 96.6%
3 BUENA PARK 98.4%
4 CAPISTRANO 93.2%
5 CENTRALIA 98.2%
6 CYPRESS 98.3%
7 FOUNTAIN VALLEY 97.7%
8 FULLERTON 96.8%
9 GARDEN GROVE 98.5%

10 HUNTINGTON BEACH 93.9%
11 IRVINE 96.7%
12 LA HABRA 96.8%
13 LAGUNA BEACH 98.0%
14 LOS ALAMITOS 99.4%
15 MAGNOLIA 96.4%
16 NEWPORT-MESA 97.9%
17 OCEAN VIEW 96.3%
18 ORANGE 96.5%

19 PLACENTIA-YORBA LINDA 96.9%
20 SADDLEBACK VALLEY 96.4%
21 SANTA ANA 95.6%
22 SAVANNA 91.4%
23 TUSTIN 97.4%
24 WESTMINSTER 98.8%

% of Immunizations
98.1% – 99.4%
96.9% – 98.0%
96.5% – 96.8%
91.4% – 96.4%

*Up-to-date immunizations for 2019 Kindergarten enrollment.
Source: Kindergarten Assessment Results, California Department of Health Services, Immunization Branch

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[42] **Definition:** Percent of children who received all of the doses of specific vaccines required at kindergarten entry. **Source**: California Department of Public Health, California Department of Health Services, Immunization Branch (n.d.). *Kindergarten Assessment Results*.

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Influenza/Pneumonia per 100,000[43] (CDPH)	13.7 (2018-2020)	13.5	N/A	N/A	N/A

Age-Adjusted Death Rate Due to Influenza/Pneumonia per 100,000 (2010-2020)

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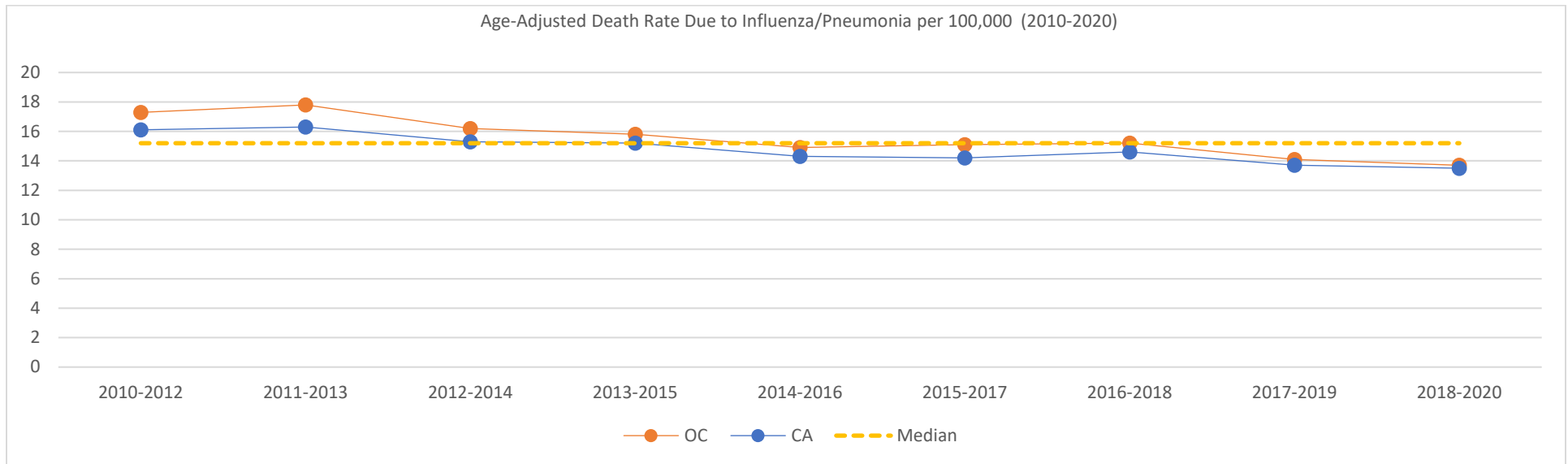
[43] **Definition:** Three-year averages number of deaths from the flu and/or pneumonia divided by the total population and then multiplying by 100,000.
Source: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Tuberculosis Incidence Rate per 100,000[44] (CDPH)	5.2 (2018-2020)	5.0	2.2 (2020)	1.4	N/A

Tuberculosis Incidence per 100,000 (2010-2020)

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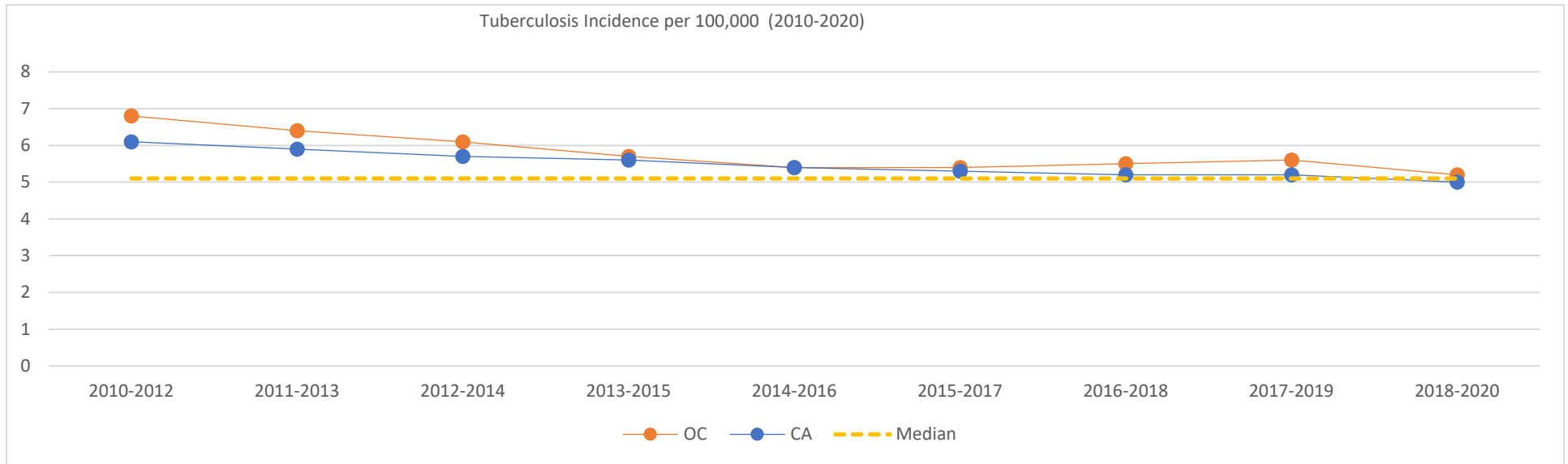
[44] **Definition:** Three-year averages of Tuberculosis rates per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data.* Retrieved from: Sexually Transmitted Diseases Data (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
COVID-19 Deaths in Orange County[45] (OCHCA)	1,759 (2022)		xx	N/A	N/A

COVID -19 Deaths in Orange County (2020-2022)

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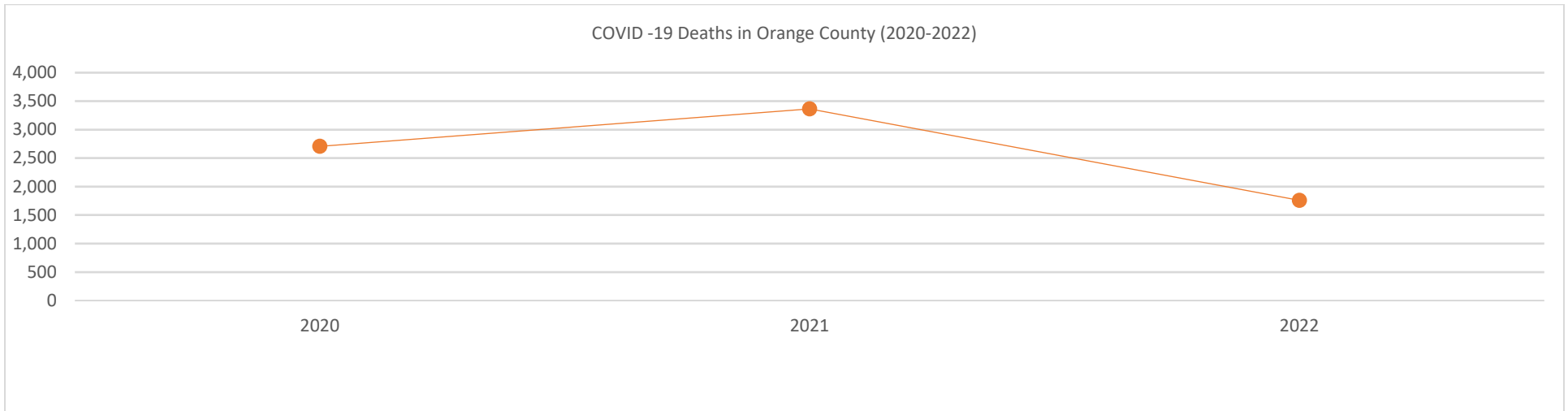
[45] **Definition:** Number of deaths due to COVID-19 in Orange County. **Source:** Orange County Health Care Agency (n.d.). *Orange County COVID-19 Dashboard.* Retrieved from: http://data-ocpw.opendata.arcgis.com/

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
COVID-19 Boosters in Orange County[46] (OCHCA)	595,090 (2022)	**N/A**	N/A	N/A	N/A

COVID -19 Boosters in Orange County (2021840-2022)

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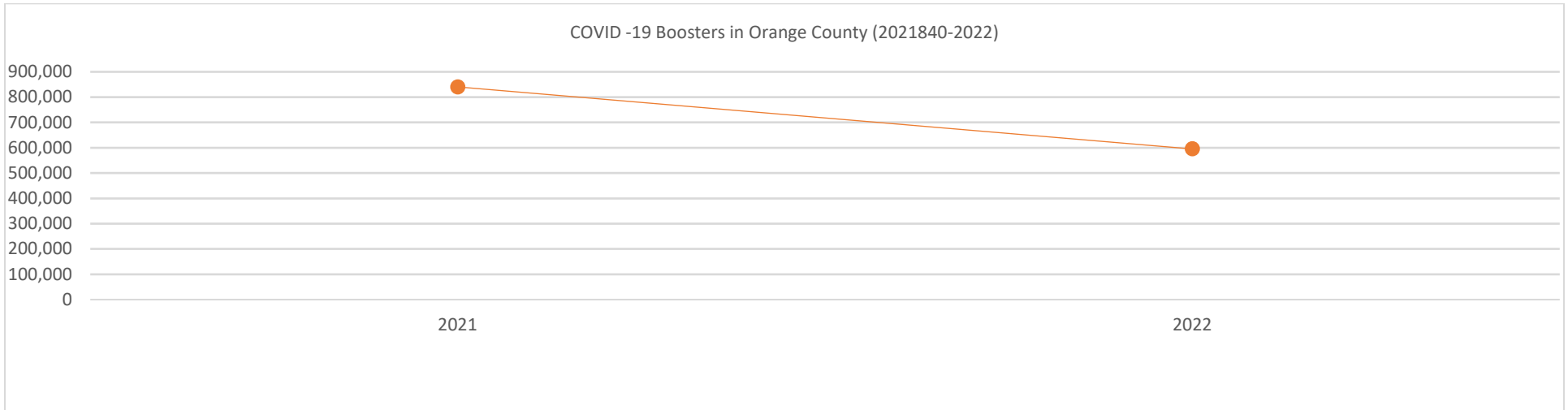
[46] **Definition:** Number of COVID-19 boosters administered in Orange County. **Source:** Orange County Health Care Agency (n.d.). *Orange County COVID-19 Dashboard.* Retrieved from: http://data-ocpw.opendata.arcgis.com/

Topic	INJURIES AND ACCIDENTS				

|	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Data	Substantiated Child Abuse Rate per 1,000 (CA Department of Finance; Orange County Social Services Agency)	6.5 (2021)	6.3	8.1	8.7
	Age-Adjusted Death Rate Due to Unintentional Motor Vehicle Crashes per 100,000 (CDPH)	6.5 (2018–2020)	10.0	13.3 (2021)	10.1
	Age-Adjusted Unintentional Firearm Death Rates per 100,000 (CDPH)	4.7 (2018–2020)	10.0	13.3 (2021)	10.1
	Age-Adjusted Unintentional Injury Death Rates per 100,000 (CDPH)	29.8 (2018–2020)	37.9	64.7 (2021)	43.2
	Age-Adjusted Death Rate Due to Homicide per 100,000 (CDPH)	2.1 (2018–2020)	5.2	8.2 (2021)	5.5
	Age-Adjusted Death Rate Due to Falls per 100,000 (CDC Wonder)	5.3 (2020)	6.4 (2020)	N/A	N/A
	Age-Adjusted Death Rate Due to Firearms Among Children per 100,000 (KidsData)	2.3 (2020)	5.6	9.9	N/A

Equity & Disparities

– Age-Adjusted Death Rate Due to Falls per 100,000 was higher for males (6.3) than for females (2.4)

– Equity Map: Regions of north and west County have a higher rate of violent crime than in the rest of the County.

Qualitative Findings

Current Collaborative Activities

– Orange County Trauma Center Coalition

– Orange County Window Falls Coalition

EQUITY in OC

An initiative of OC health CARE AGENCY

INJURIES AND ACCIDENTS

Violent Crime Rate:

- **Blue census tracts had higher violent crime rates than orange census tracts .**
- **Regions of north and west County have a higher rate of violent crime than in the rest of the County.**
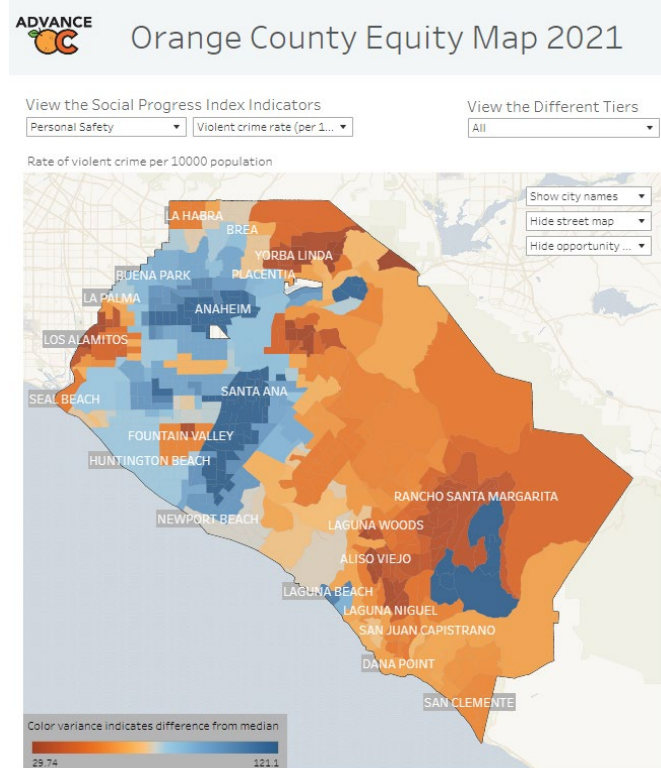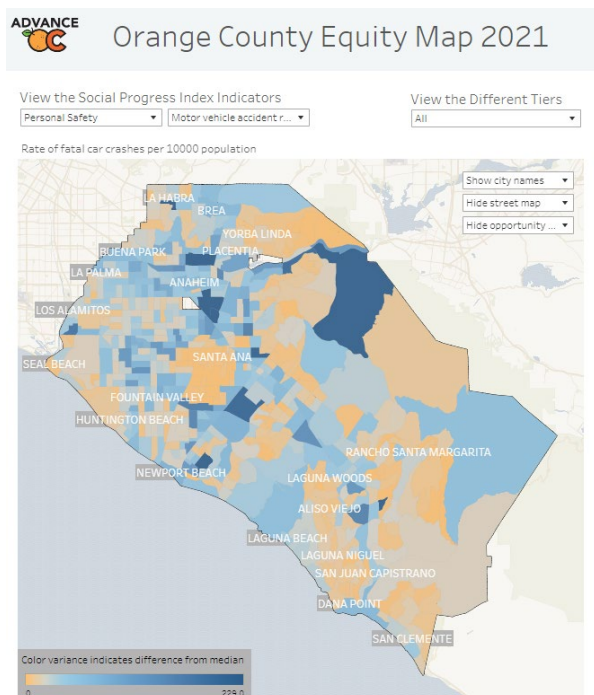
Motor Vehicle Accidents:

- **Blue census tracts had more motor vehicle accidents than orange census tracts.**
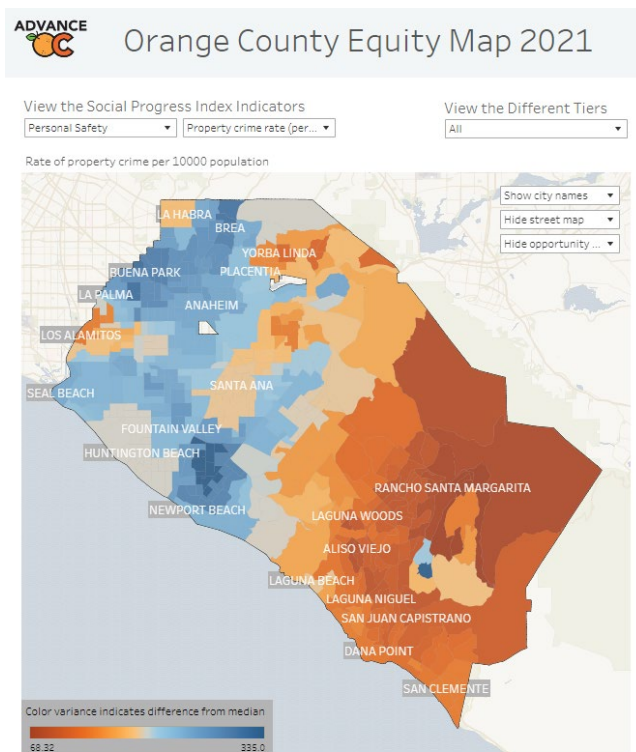
Property Crime Rates:

- **South County has a lower rate of property crime compared to the rest of the County.**

- **Blue census areas had higher property crime rates than red census tracts.**

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Injuries and Accidents

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Substantiated Child Abuse Rated per 1,000[47] (CA Department of Finance; Orange County Social Services Agency)	6.5 (2021)	6.3	8.1	8.7	Geographic

Substantiated Child Abuse Rates per 1,000 (2010-2021)

Substantiated Child Abuse Allegations, Rate per 1,000 Children, by Community of Residence, 2021

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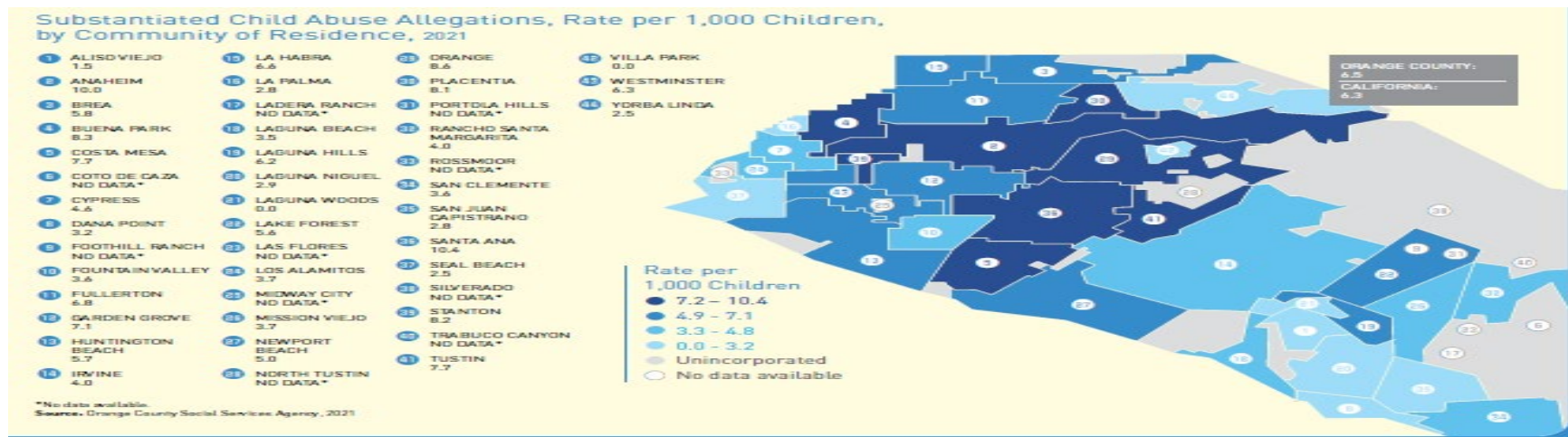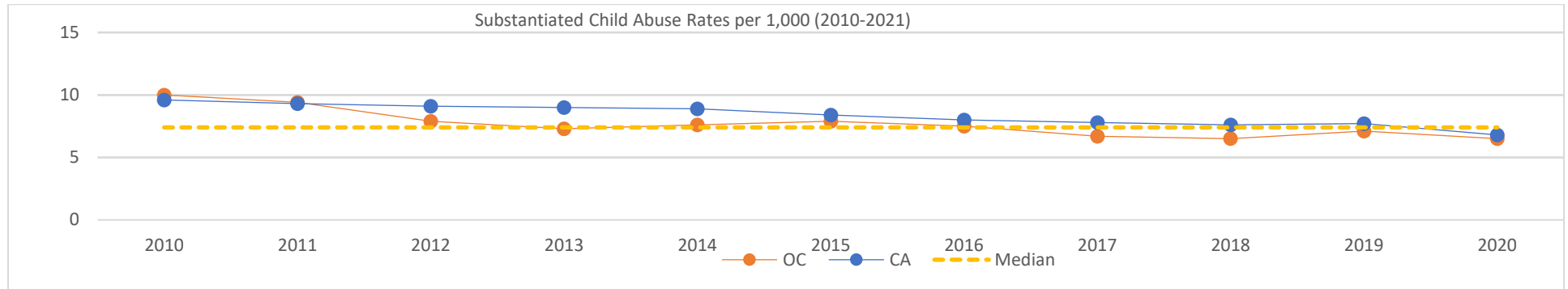
[47] **Definition:** Unduplicated count of child abuse allegations that are determined to have occurred per 1,000 children under the age of 18. **Source:** California Department of Finance; CWS/CMS 2021 Quarter 4 Extract, Orange County Social Services Agency.

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Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Unintentional Motor Vehicle Crashes per 100,000[48] (CDPH)	6.5 (2018-2020)	10.0	13.3 (2021)	10.1	N/A

Age-Adjusted Death Rate Due to Motor Vehicle Crashes per 100,000 (2010-2020)

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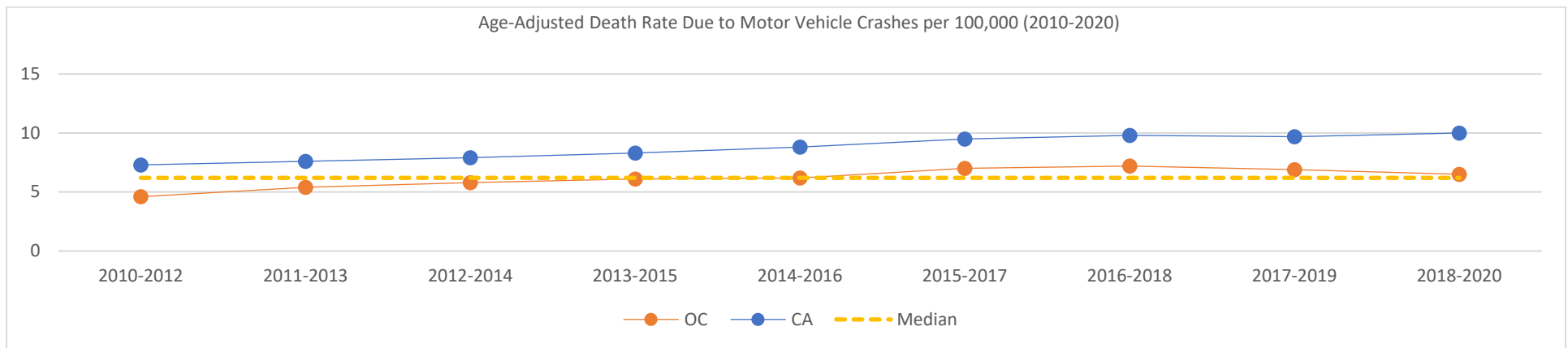
[48] **Definition:** Three-year averages of deaths from car crashes or accidents divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Unintentional Firearm Death Rates per 100,000[49] (CDPH)	4.7 (2018-2020)	10.0	13.3 (2021)	10.1	N/A

Age-Adjusted Unintentional Firearm Death Rates per 100,000 (2010-2020)

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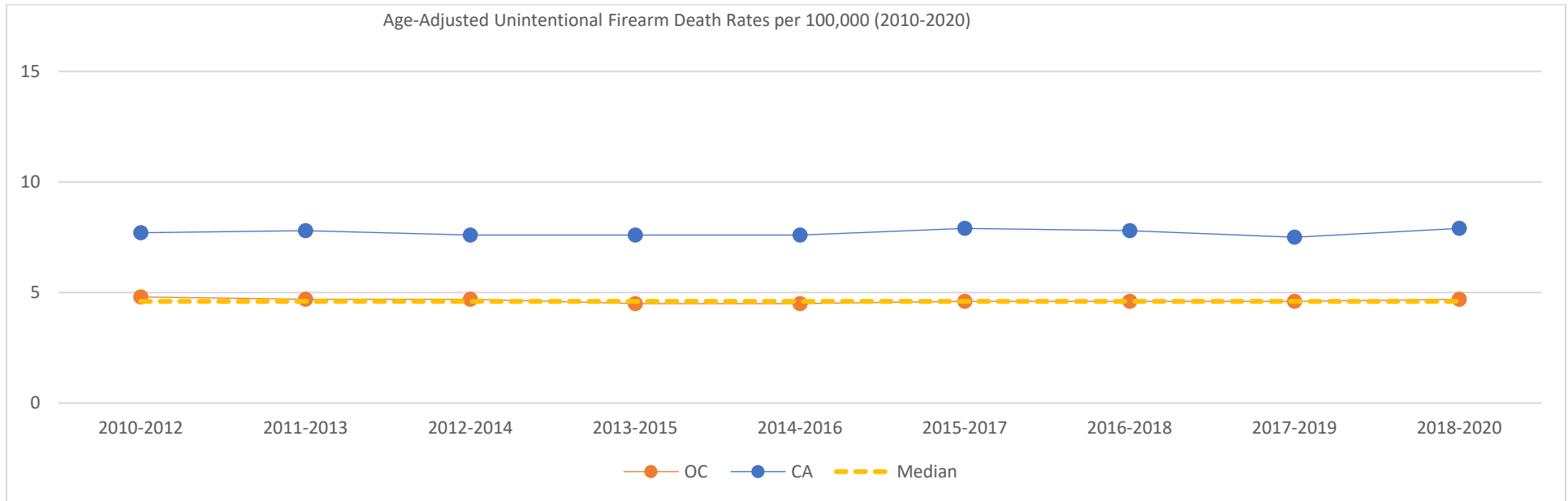
[49] **Definition:** Three-year averages of deaths from guns/firearms divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Unintentional Injury Death Rates per 100,000[50] (CDPH)	29.8 (2018-2020)	37.9	64.7 (2021)	43.2	N/A

Age-Adjusted Unintentional Injury Death Rates per 100,000 (2010-2020)

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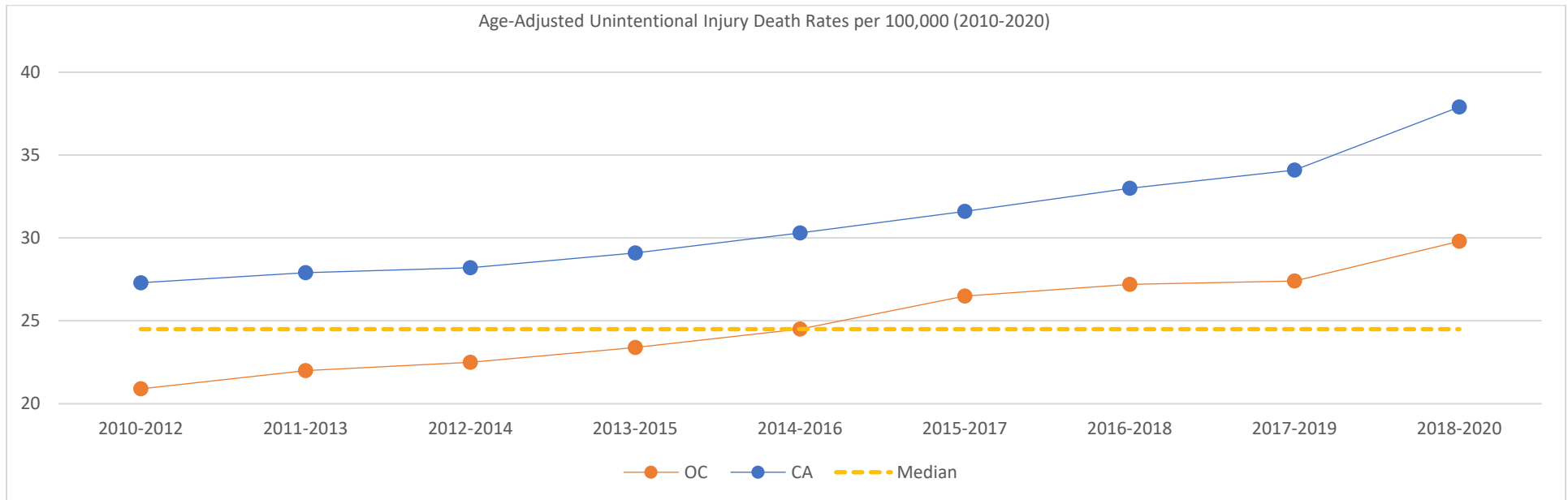
[50] **Definition**: Three-year averages of deaths from accidents divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Homicide per 100,000[51] (CDPH)	2.1 (2018-2020)	5.2	8.2 (2021)	5.5	N/A

Age-Adjusted Death Rate Due to Homicide per 100,000 (2010-2020)

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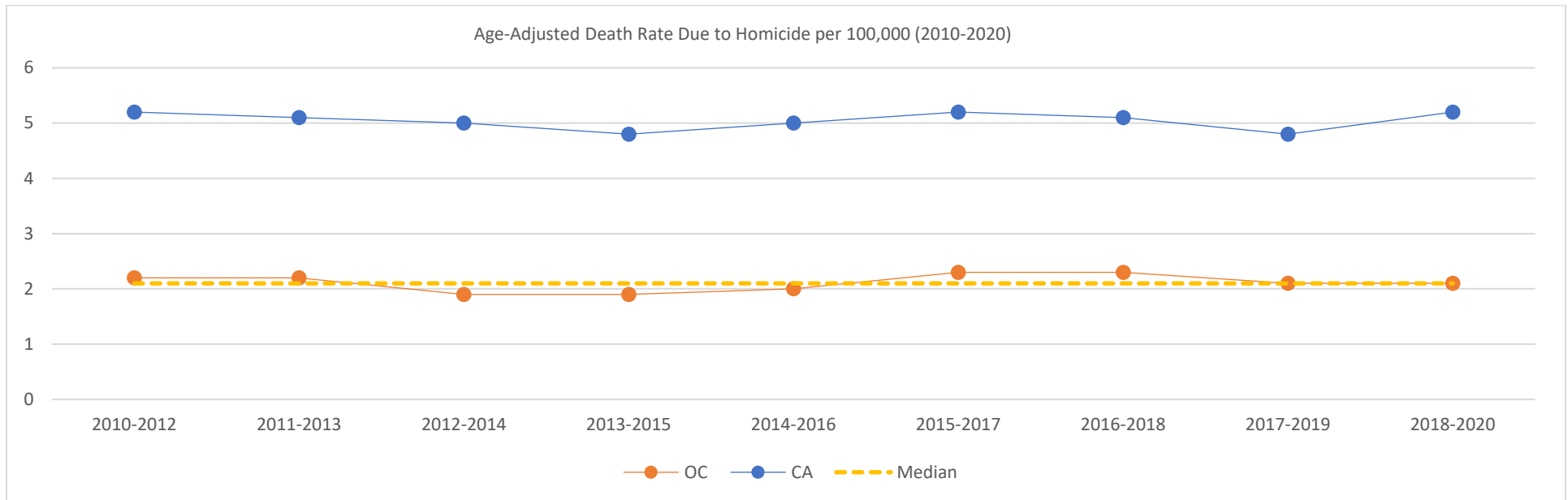
[51] **Definition:** Three-year averages of deaths from homicide/murder divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Falls per 100,000[52] (CDC Wonder)	5.3 (2020)	6.4 (2020)	N/A	N/A	Gender

Age-Adjusted Death Rate Due to Falls per 100,000 (2010-2020)

Age-Adjusted Death Rate Due to Falls per 100,000 by Gender (2020)

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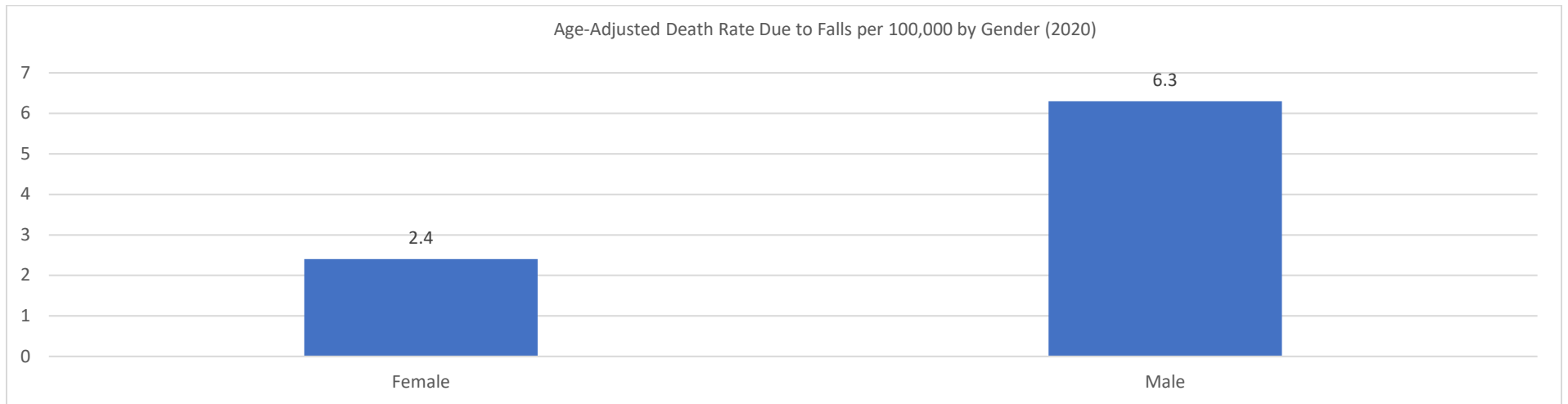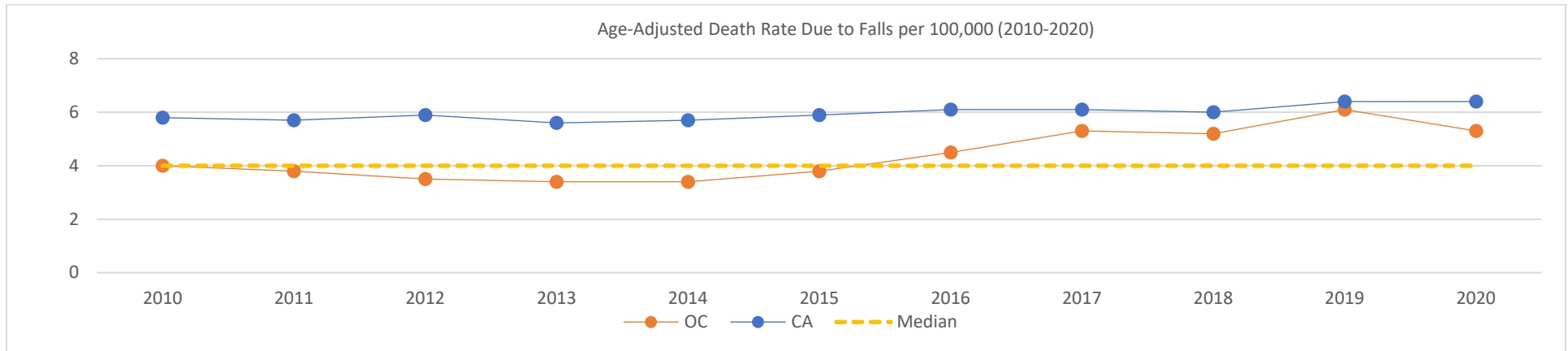
[52] **Definition:** Three-year averages of deaths from falls divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)
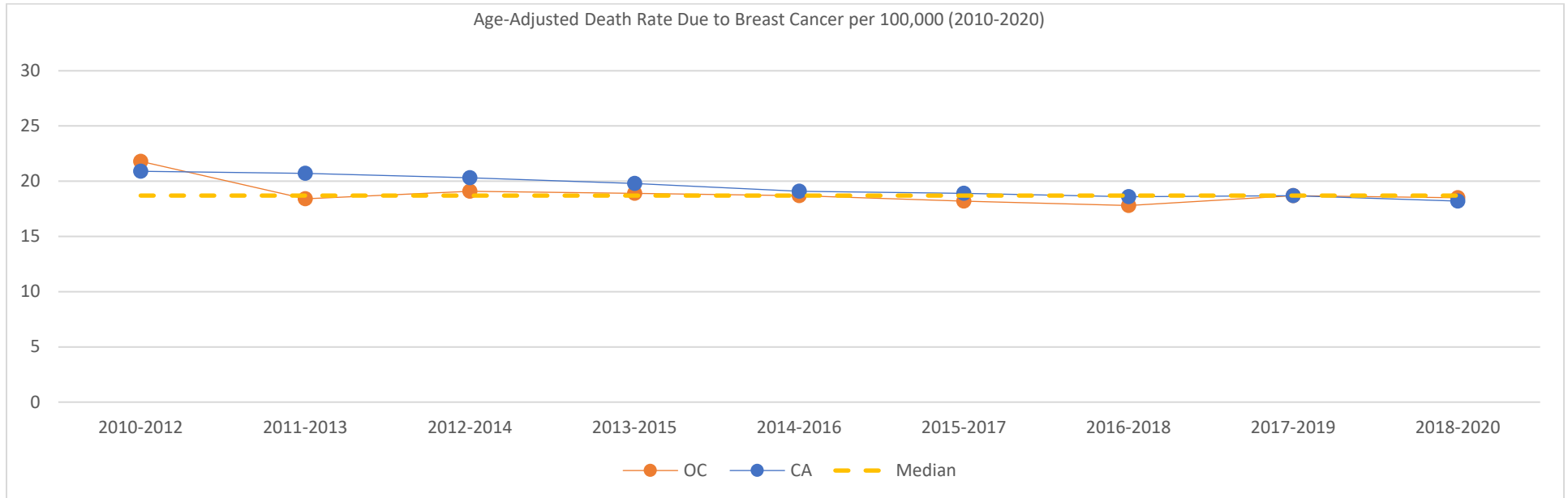
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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Firearms Among Children per 100,000[53] (KidsData)	2.3 (2020)	5.6	9.9	N/A	N/A

Age-Adjusted Death Rate Due to Firearms Among Children per 100,000 (2010-2021)

*2020 data for Orange County is not available

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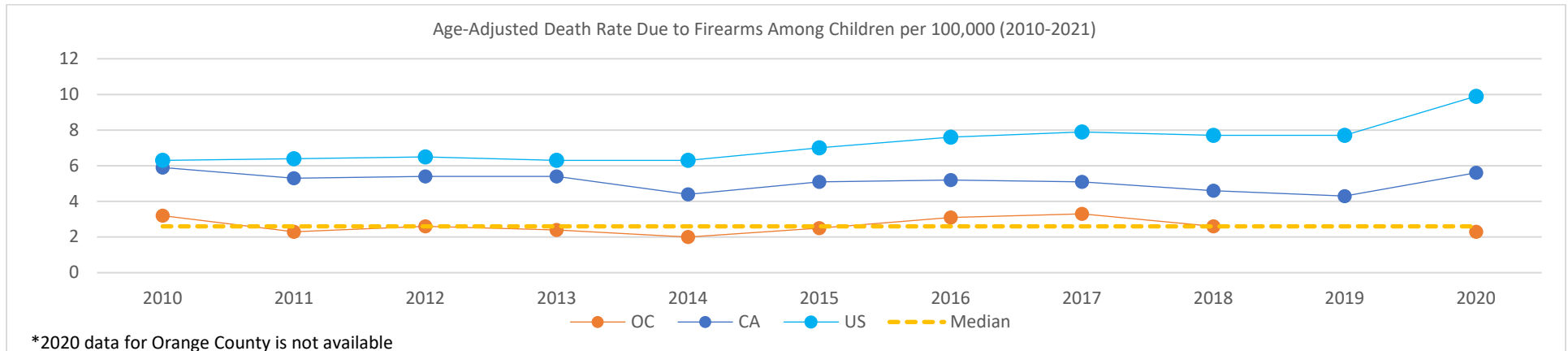
[53] **Definition:** Number of firearm-related deaths per 100,000 children and young adults ages 0-24. **Source:** California Department of Public Health, California Department of Finance, Death Statistical Files. *Population Estimates and Projections*. Retrieved from: Firearm Deaths - Kidsdata.org

Topic	CANCER				

	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Data	Age–Adjusted Death Rate Due to All Cancers per 100,000 (CDPH)	122.4 (2018–2020)	128.3	146.6 (2021)	122.7
	Age–Adjusted Death Rate Due to Breast Cancer per 100,000 (CDPH)	18.5 (2018–2020)	18.2	19.4 (2021)	15.3
	Age–Adjusted Death Rate Due to Colorectal Cancer per 100,000 (CDPH)	10.5 (2018–2020)	11.9	13.4 (2021)	8.9
	Age–Adjusted Death Rate Due to Lung Cancer per 100,000 (CDPH)	21.5 (2018–2020)	22.9	31.7 (2021)	25.1
	Age–Adjusted Death Rate Due to Prostate Cancer per 100,000 (CDPH)	17.6 (2018–2020)	19.1	19.0 (2021)	16.9
	Age–Adjusted Death Rate Due to Cervical Cancer per 100,000 (CDPH)	0.9 (2018–2020)	1.1	1.2 (2021)	N/A

Equity & Disparities

- Data do not point to clear disparities
- Parts of the north County and pockets of south County have a lower percentage of adult population with cancer compared to the rest of the county.
- Parts of the north County and pockets of south County have a lower percentage of adult population with cancer compared to the rest of the county.

Qualitative Findings

- Hispanic and Latino Individuals are getting more involved in programs to improve health outcomes; with cancer survivorship increasing
- Culturally sensitive mental health support for Hispanic/Latino cancer warriors is needed
- Asian/Pacific Islanders, on the other hand, need access to early screening for breast and colon cancer screenings.

Current Collaborative Activities

- UCI Orange County Cancer Coalition: The Mission is to facilitate collaboration of Orange County community resources for comprehensive cancer prevention and patient care.
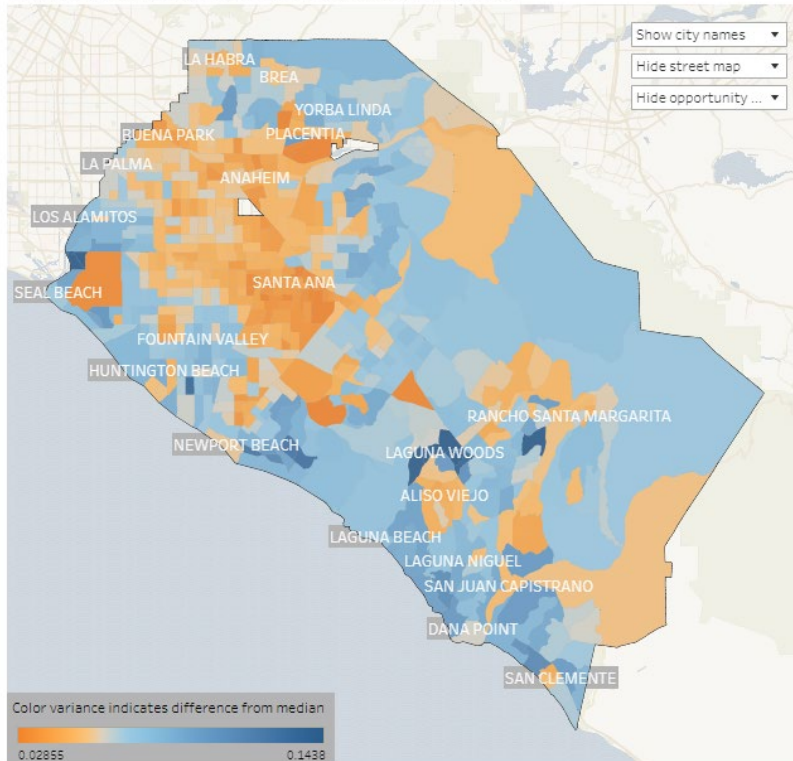
CANCER

Cancer Prevalence:

- Blue census tracts had higher cancer prevalence than the orange census tracts.

- Parts of the north County and pockets of south County have a lower percentage of adult population with cancer compared to the rest of the county.

Cancer

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to All Cancers per 100,000[54] (CDPH)	122.4 (2018-2020)	128.3	146.6 (2021)	122.7	N/A

Age-Adjusted Death Rate Due to Breast Cancer per 100,000 (2010-2020)

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Breast Cancer per 100,000[55] (CDPH)	18.5 (2018-2020)	18.2	19.4 (2021)	15.3	N/A

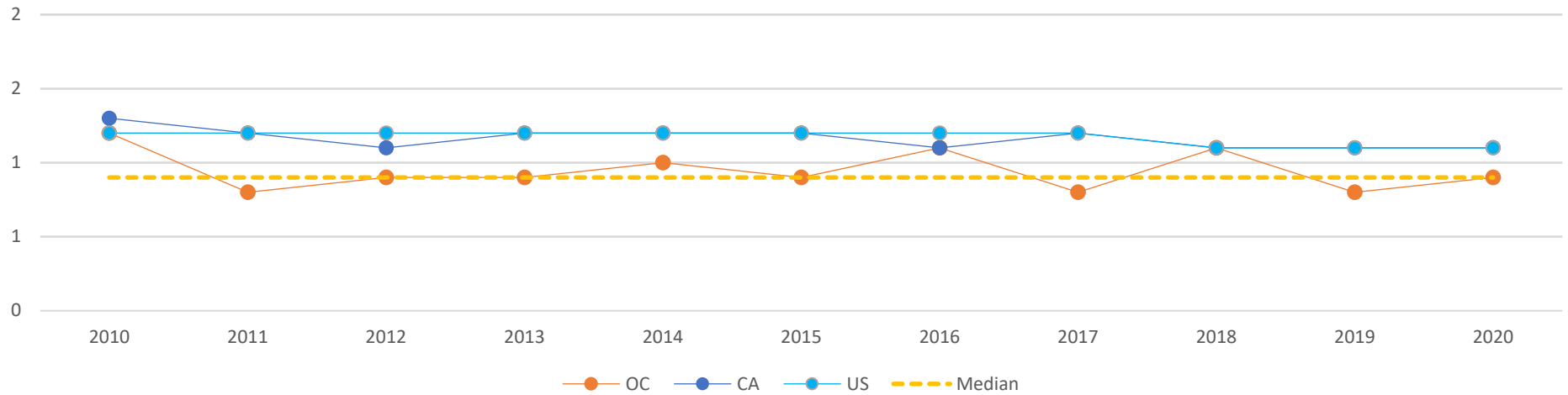Age-Adjusted Death Rate Due to Breast Cancer per 100,000 (2010-2020)

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[55] **Definition:** Three-year averages number of deaths from breast cancer divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Colorectal Cancer per 100,000[56] (CDPH)	10.5 (2018-2020)	11.9	13.4 (2021)	8.9	N/A

Age-Adjusted Death Rate Due to Colorectal Cancer per 100,000 (2010-2020)

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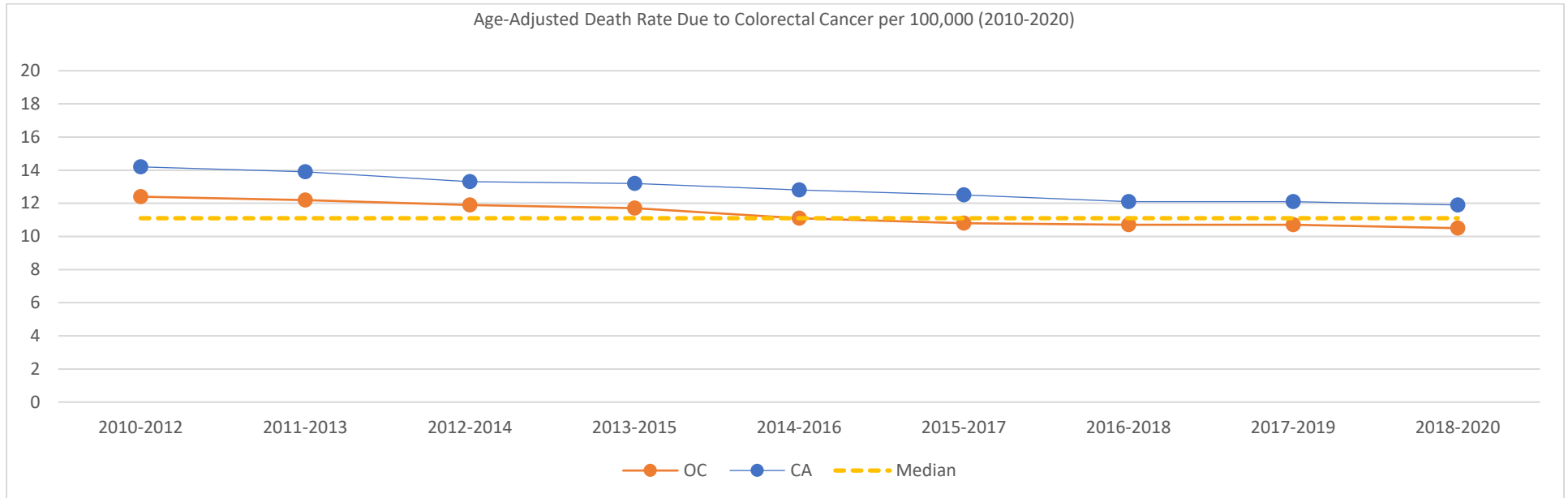
[56] **Definition:** Three-year averages number of deaths from colorectal cancer divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Lung Cancer per 100,000[57] (CDPH)	21.5 (2018-2020)	22.9	31.7 (2021)	25.1	N/A

Age-Adjusted Death Rate Due to Lung Cancer per 100,000 (2010-2020)

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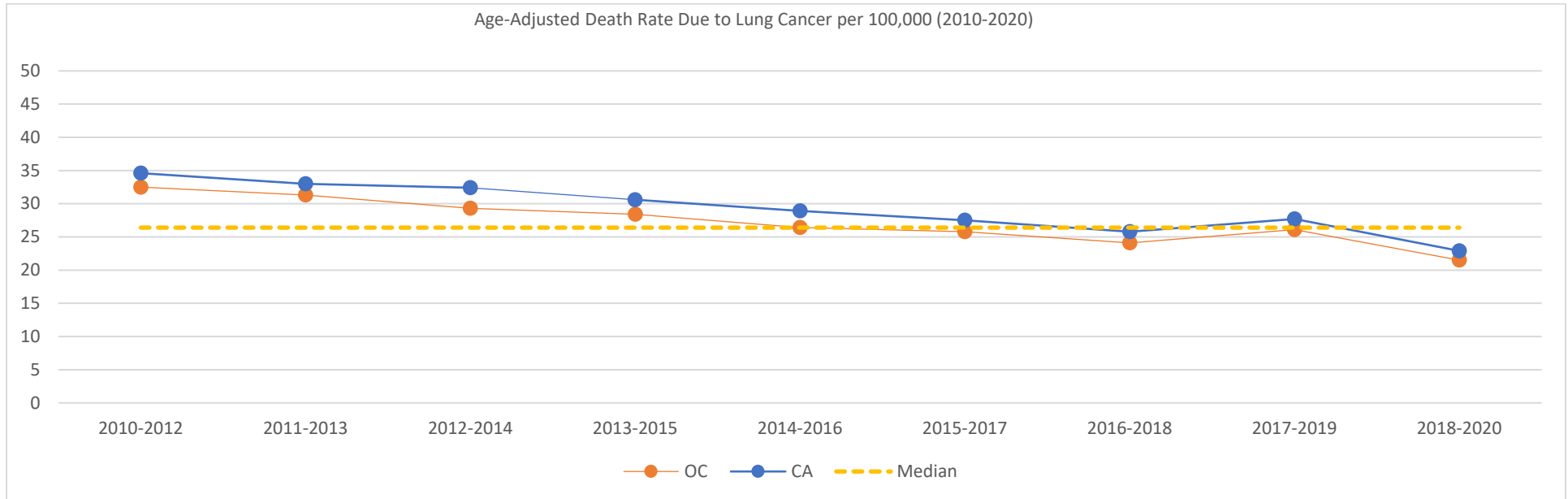
[57] **Definition:** Three-year averages number of deaths from lung cancer divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Prostate Cancer per 100,000[58] (CDPH)	17.6 (2018-2020)	19.1	19.0	16.9	N/A

Age-Adjusted Death Rate Due to Prostate Cancer per 100,000 (2010-2020)

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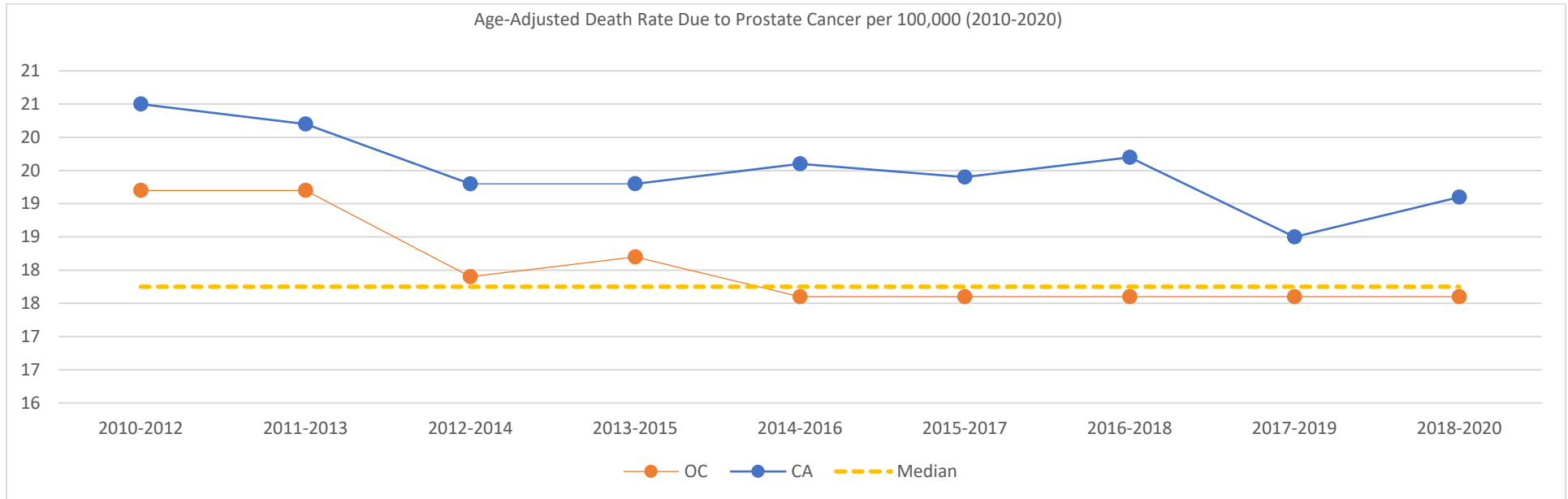
[58] **Definition:** Three-year averages number of deaths from prostate cancer divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Cervical Cancer per 100,000[59] (CDC)	0.9 (2020)	1.1	1.2	N/A	N/A

Age-Adjusted Death Rate Due to Cervical Cancer per 100,000 (2010-2020)

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[59] **Definition:** Three-year averages number of deaths from cervical cancer divided by the total population and then multiplying by 100,000. **Source:** Centers For Disease Control and Prevention, National Center for Health Statistics, CDC Wonder (n.d.). *Multiple Cause* of Death*, 1999-2020*. Retrieved from: Multiple Cause of Death, 1999-2020 Request (cdc.gov)

Topic	HEART DISEASE / STROKE				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	**Preventable Hospital Stays per 100,000 (UWPHI)**	1,722 (2021)	2,256	2,809	N/A
	Age–Adjusted Death Rate Due to Coronary Heart Disease per 100,000 (CDPH)	72.6 (2018–2020)	80.7	92.8	71.1
	Percent of Adults Who Experienced Coronary Heart Disease (CHIS)	6.7% (2021)	7.1%	N/A	N/A
	Age–Adjusted Death Rate Due to Cerebrovascular Disease (Stroke) per 100,000 (CDPH)	36.3 (2018–2020)	37.0	41.1	33..4
	High Blood Pressure Prevalence (CHIS)	22.6% (2021)	26.8%	45.7%	42.6%

Equity & Disparities

- Preventable Hospital Stays: More American Indian/Alaskan Natives (5,391) had preventable hospital stays than Blacks (3,570), Hispanics (2,395), Asians (1,572) and Whites (1,558)
- High Blood Pressure Prevalence: More Whites (28.1) suffer from high blood pressure than Asians (18.6%) and Hispanics (18.7%)
- Wide areas of North County and parts of South County had a higher coronary heart disease among adults aged >=18 years than rest of the County.
- High cholesterol among adults aged >= 18 years is more prevalent in north and parts of south County than in other regions of the County
- High blood pressure among adults aged >= 18 years was more prevalent in north and parts of south County than in other regions of the County

Qualitative Findings

- Lack of sub–specialists in the county
- Lack of physically accessible health care offices for people on Medicare/Medi–Cal
- Medical care costs wiping out seniors
- Affordability of any insurance
- Lack of preventative care
- Rising need for comprehensive care; aging/dementia; increasing chronic illnesses
- Medi–Cal reimbursement rates are insufficient
- Professionals leaving healthcare
- Create training programs to increase community well–being (i.e., financial literacy, health literacy programs)
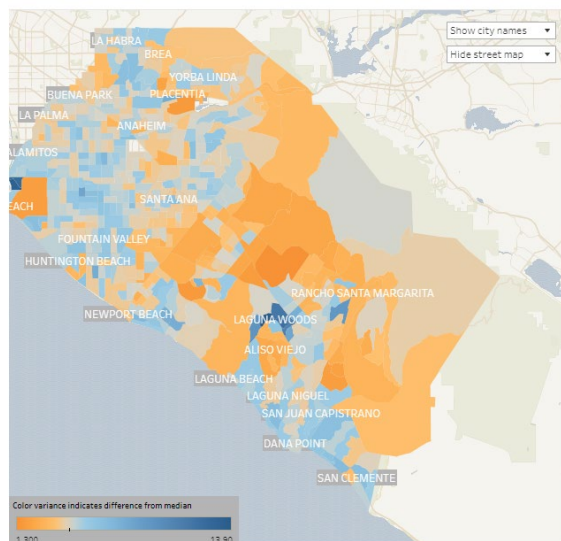
Current Collaborative Activities

HEART DISEASE/STROKE

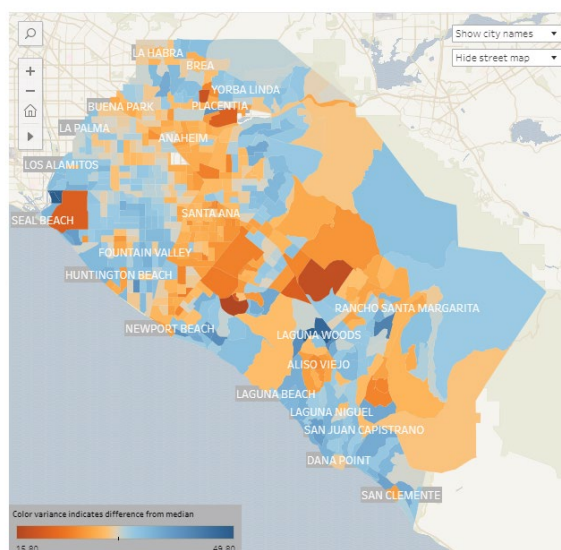Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportuni

Coronary Heart Disease:

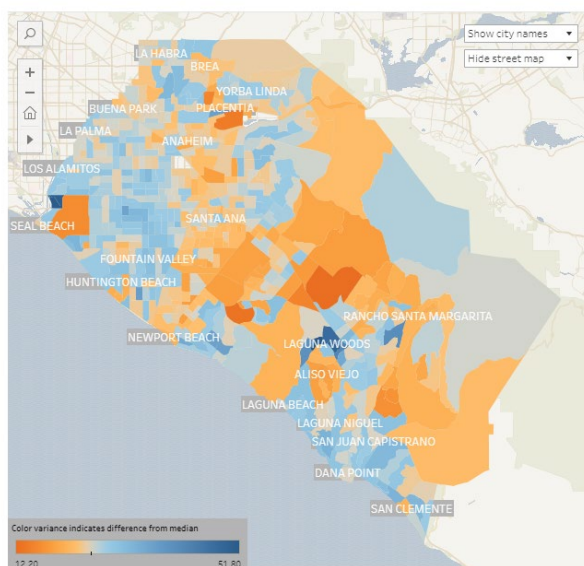- Blue census tracts had higher rates of coronary heart disease than orange census tracts.
- Wide areas of North County and parts of South County had a higher coronary heart disease among adults aged >=18 years than rest of the County.

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportuni

High Cholesterol:

- Blue census tracts had higher rates of high cholesterol than orange census tracts.
- High cholesterol among adults aged >= 18 years is more prevalent in north and parts of south County than in other regions of the County

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportun

High Blood Pressure:

- Blue census tracts had higher rates of high blood pressure than orange census tracts .
- High blood pressure among adults aged >= 18 years was more prevalent in north and parts of south County than in other regions of the County.

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Heart Disease / Stroke

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Preventable Hospital Stays per 100,000[60] (UWPHI)	1,722 (2021)	2,256	2,809	N/A	N/A

Preventable Hospital Stays (2012-2020)


Preventable Hospital Stays by Race/Ethnicity (2021)
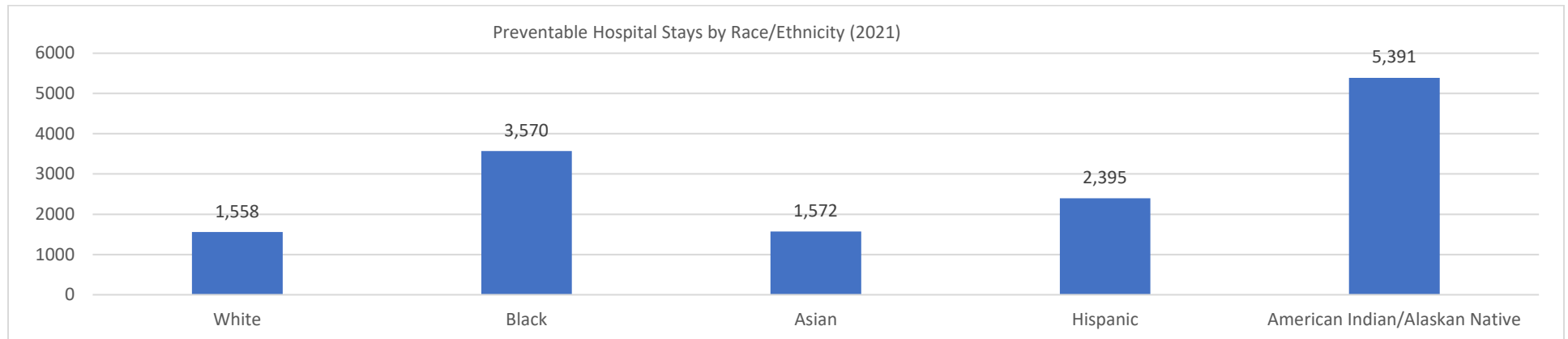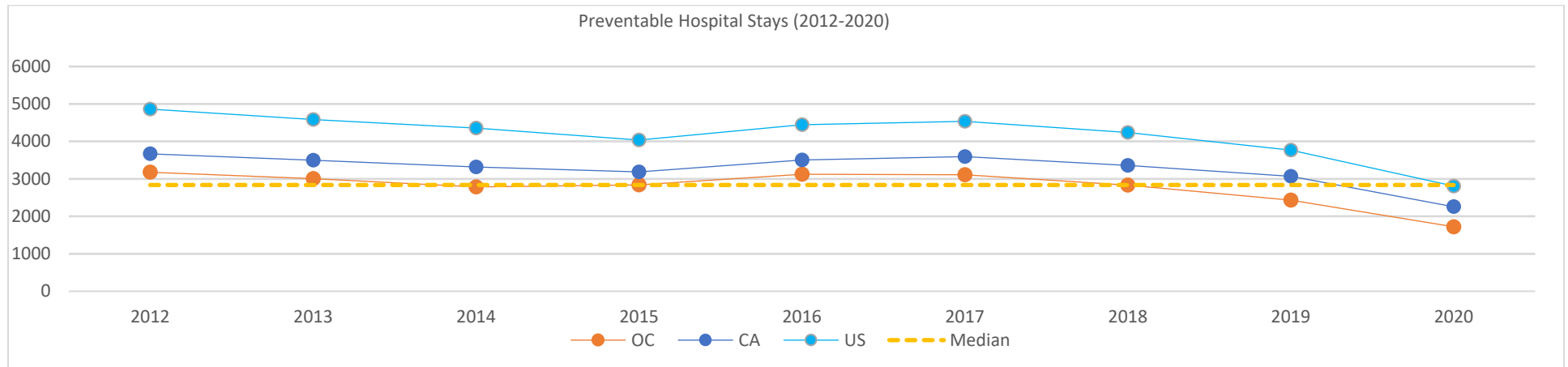
[60] **Definition:** Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & Roadmaps

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity	
Age-Adjusted Death Rate Due to Coronary Heart Disease per 100,000[61] (CDPH)	72.6 (2018-2020)	80.7	92.8	71.1	N/A	

Age-Adjusted Death Rate Due to Coronary Heart Disease per 100,000 (2010-2020)

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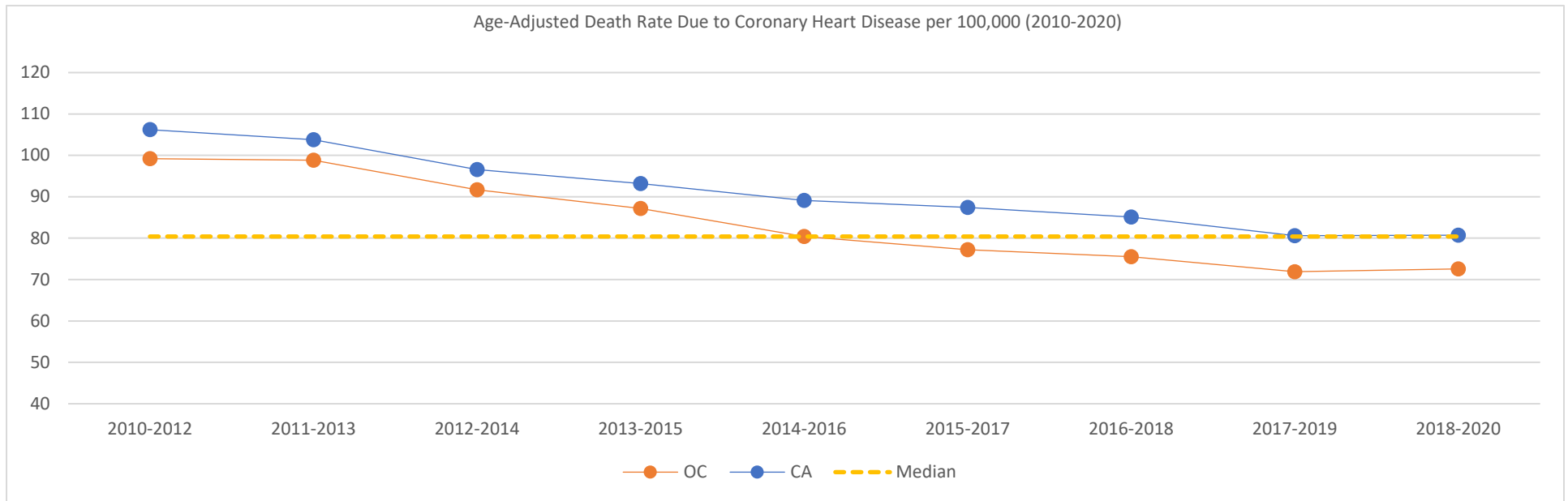
[61] **Definition**: Three-year averages of deaths from coronary heart disease divided by the total population and then multiplying by 100,000. **Source**: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: VSB County Health Status Profiles (ca.gov).

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Experienced Coronary Heart Disease[62] (CHIS)	6.7% (2021)	7.1%	N/A	N/A	N/A

Percent of Adults Who Experienced Coronary Heart Disease (2011-2021)

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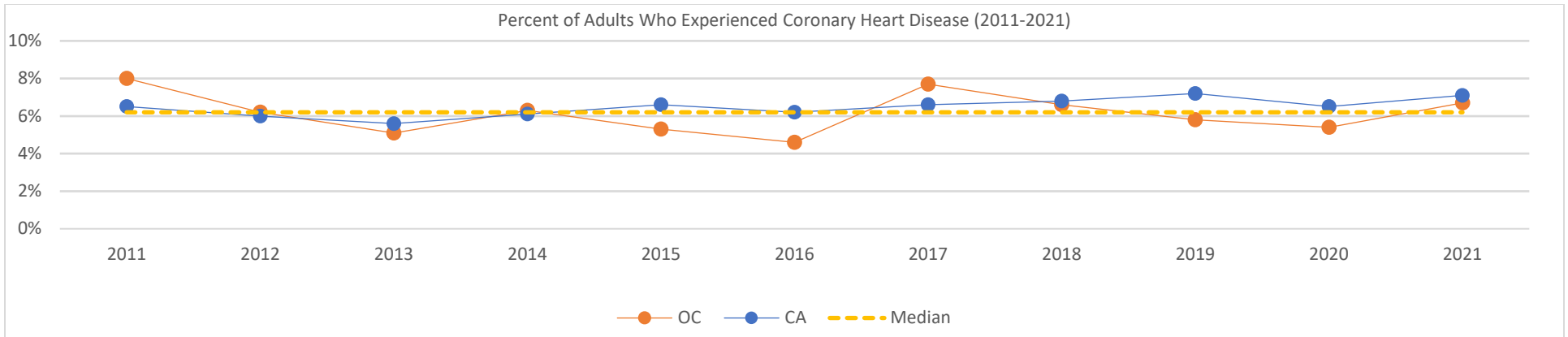
[62] **Definition:** Percent of adults who have been told by a doctor that they had heart disease. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Heart Disease* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.
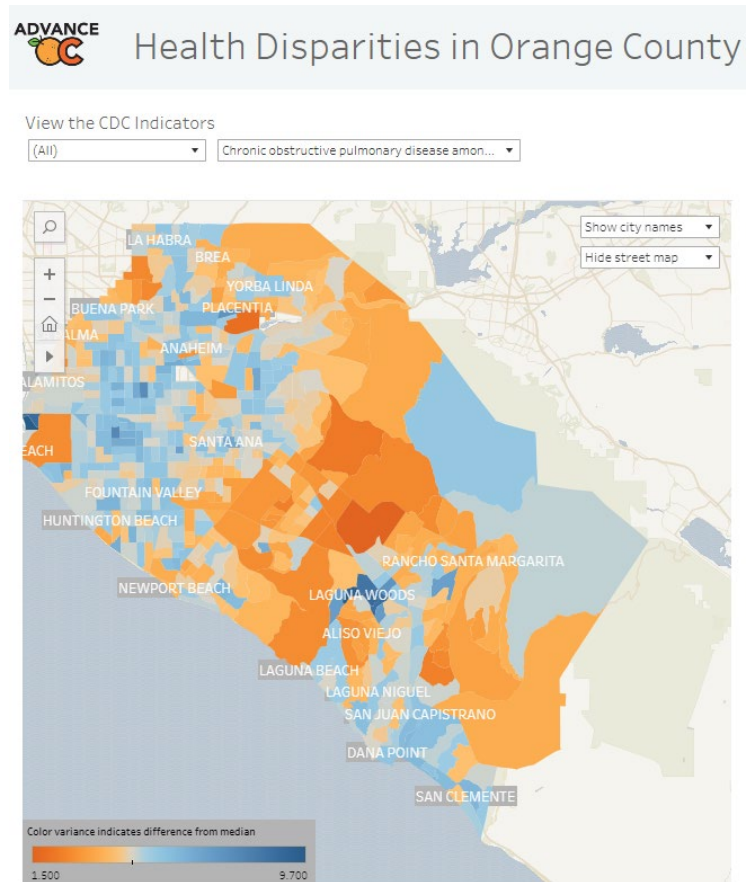

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke) per 100,000[63] (CDPH)	36.3 (2018-2020)	37.0	41.1	33..4	N/A

Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke) per 100,000 (2010-2020)

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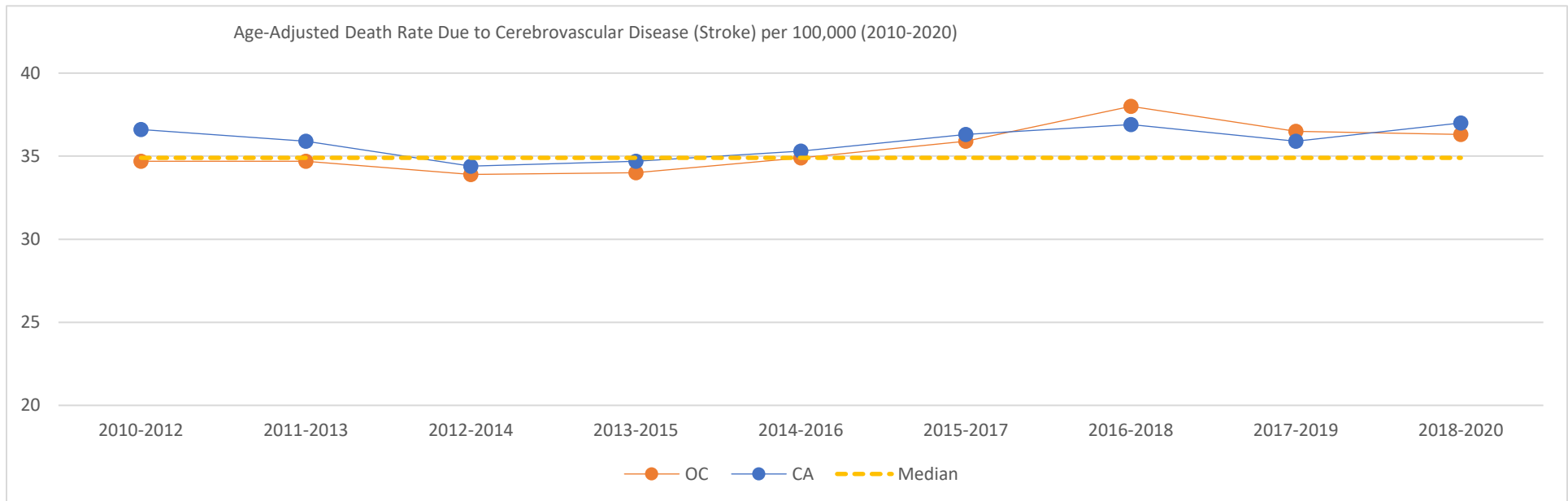
[63] **Definition**: Three-year averages of deaths from strokes divided by the total population and then multiplying by 100,000. **Source**: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: VSB County Health Status Profiles (ca.gov).

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
High Blood Pressure Prevalence[64] (CHIS)	22.6% (2021)	26.8%	45.7%	42.6%	R/E

High Blood Pressure Prevalence (2011-2021)

High Blood Pressure Prevalence by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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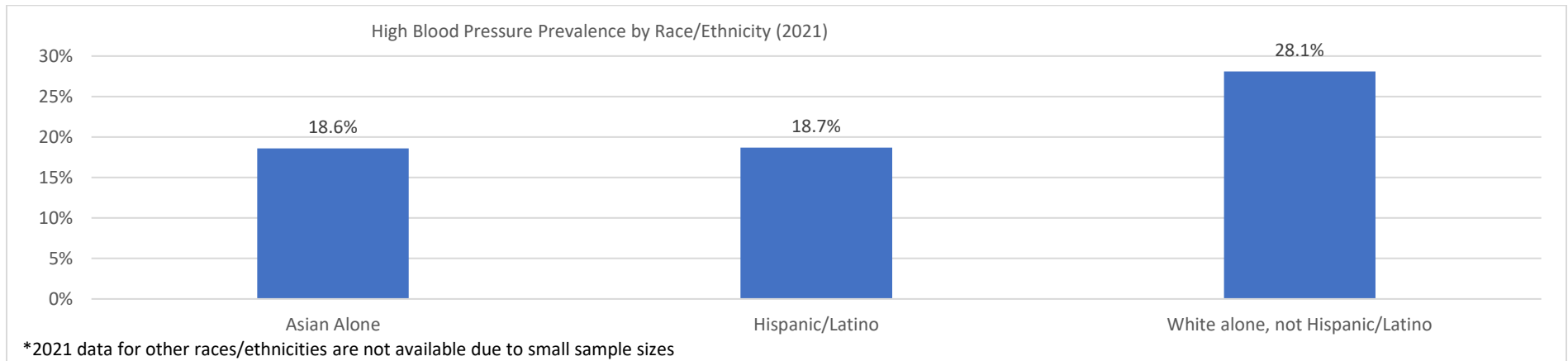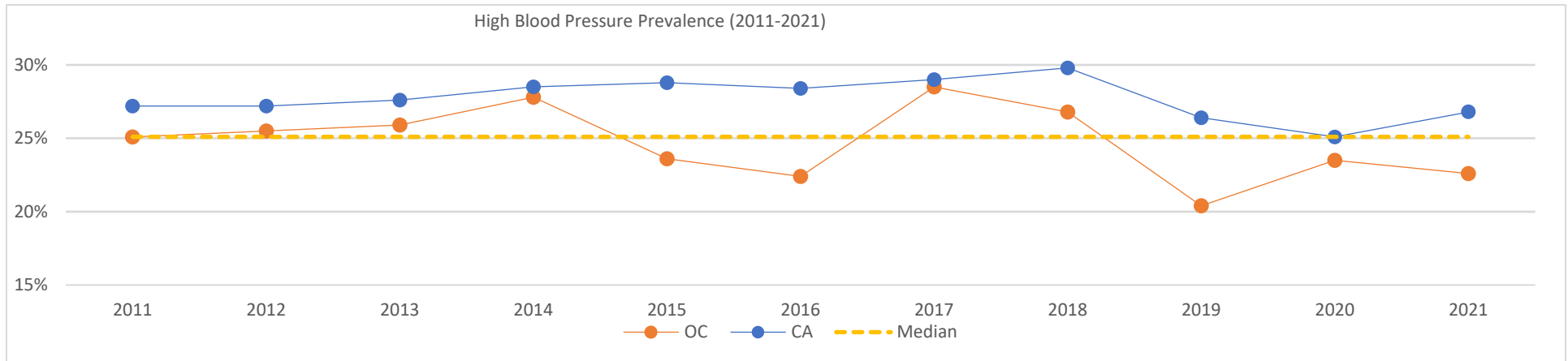
[64] **Definition:** Percent of adults told by a doctor that they had high blood pressure. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Diabetes* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

ASTHMA / CHRONIC OBSTRUCTIVE PULMONARY DISEASE

	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Data	**Percent of Adults Ever Diagnosed with Asthma (CHIS)**	11.8% (2021)	16.1%	N/A	N/A
	Age-Adjusted Hospitalization Rate Due to Adult Asthma per 10,000 (CDPH)	2.4 (2019)	3.1 (2019)	N/A	N/A
	Age-Adjusted Emergency Department Visit Rate Due to Adult Asthma per 10,000 (CDPH)	21.2 (2019)	35.4 (2019)	N/A	N/A
	Age-Adjusted Hospitalization Rate Due to Pediatric Asthma per 10,000 (CDPH)	6.4 (2019)	8.3 (2019)	N/A	N/A
	Age-Adjusted Emergency Department Visit Rate Due to Pediatric Asthma per 10,000 (CDPH)	43.4 (2019)	63.4 (2019)	N/A	N/A
	Age-Adjusted Death Rate Due to COPD per 100,000 (CDPH)	18.2 (2022)	22.0 (2022)	95.7 (2021)	107.2

Equity & Disparities

– **Percent of Adults Ever Diagnosed with Asthma:** White (14.4%) adults are diagnosed at a higher rate than Asian (10.6%) and Hispanic (9.7%) adults

– **Age-Adjusted Hospitalization Rate Due to Adult Asthma per 10,000:** Blacks (9.6) are hospitalized at a higher rate than Asian (2.6), Hispanic (3.2) or White (3.3)

– **Age-Adjusted Emergency Department Visit Rate Due to Adult Asthma per 10,000:** Blacks (104.3) are admitted to the ER at a higher rate than Asian (13.2), Hispanic (29.6), Native Hawaiian/Pacific Islander (76.8) or White (24.9).

– **Age-Adjusted Death Rate Due to COPD per 100,000:** White (23.3) die at a higher rate than Asian (11.1), Hispanic (10.4) or Black (15.6)

– **Wide areas of north county and parts of south County had a higher coronary heart disease among adults aged >=18 years than rest of the County.**

Qualitative Findings

Current Collaborative Activities
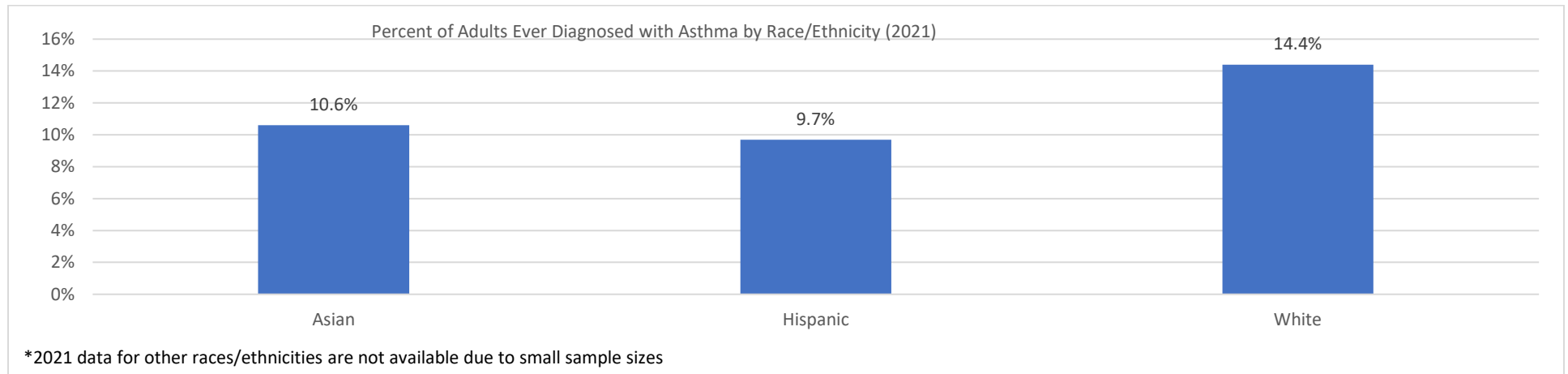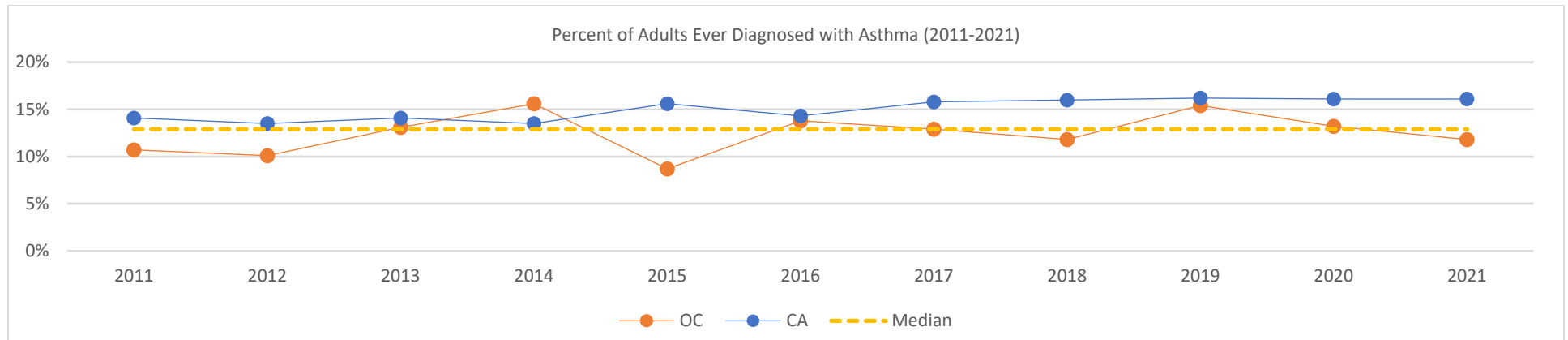
ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportur

Chronic Obstructive Pulmonary Disease:
- **Blue census tracts had higher rates of COPD than orange census tracts.**
- **Wide areas of north county and parts of south County had a higher coronary heart disease among adults aged >=18 years than rest of the County.**
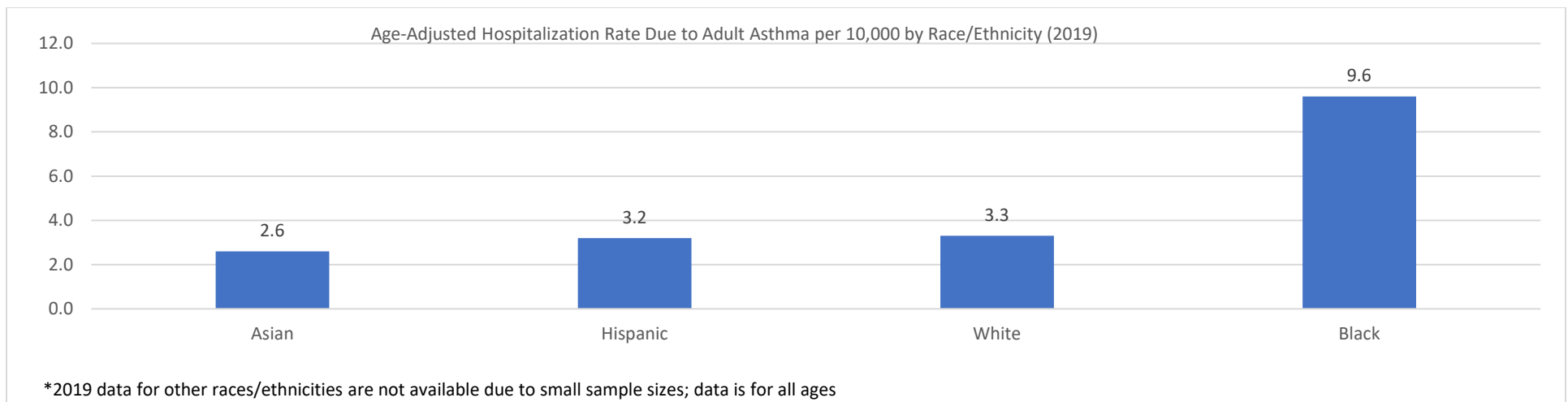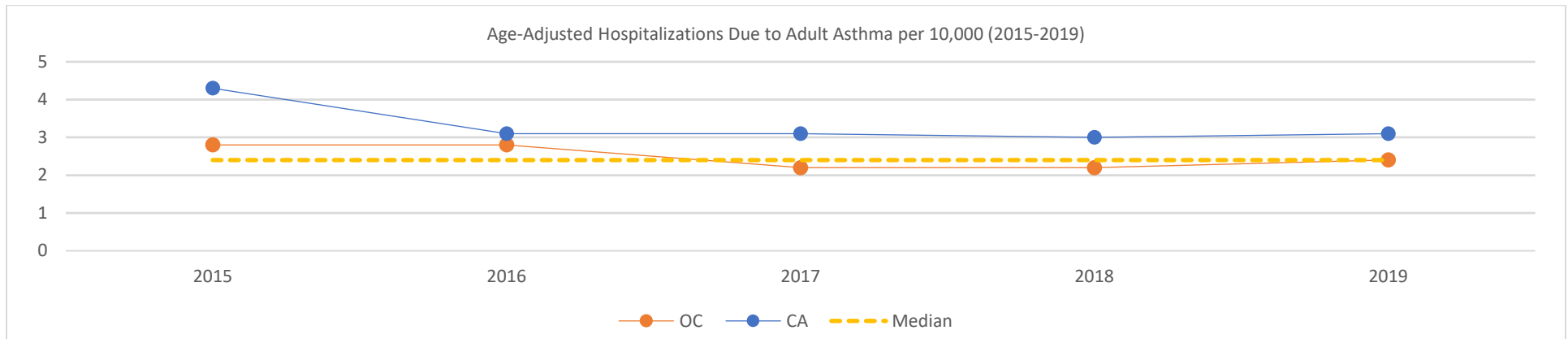
Asthma / Chronic Obstructive Pulmonary Disease

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Ever Diagnosed with Asthma[65] (CHIS)	11.8% (2021)	16.1%	N/A	N/A	R/E

Percent of Adults Ever Diagnosed with Asthma (2011-2021)

Percent of Adults Ever Diagnosed with Asthma by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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[65] **Definition:** Told by doctor that have asthma. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Asthma* (California, Orange). Retrieved from: http://ask.chis.ucla.edu.

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Hospitalization Rate Due to Adult Asthma per 10,000[66] (CDPH)	2.4 (2019)	3.1 (2019)	N/A	N/A	R/E

Age-Adjusted Hospitalizations Due to Adult Asthma per 10,000 (2015-2019)

Age-Adjusted Hospitalization Rate Due to Adult Asthma per 10,000 by Race/Ethnicity (2019)

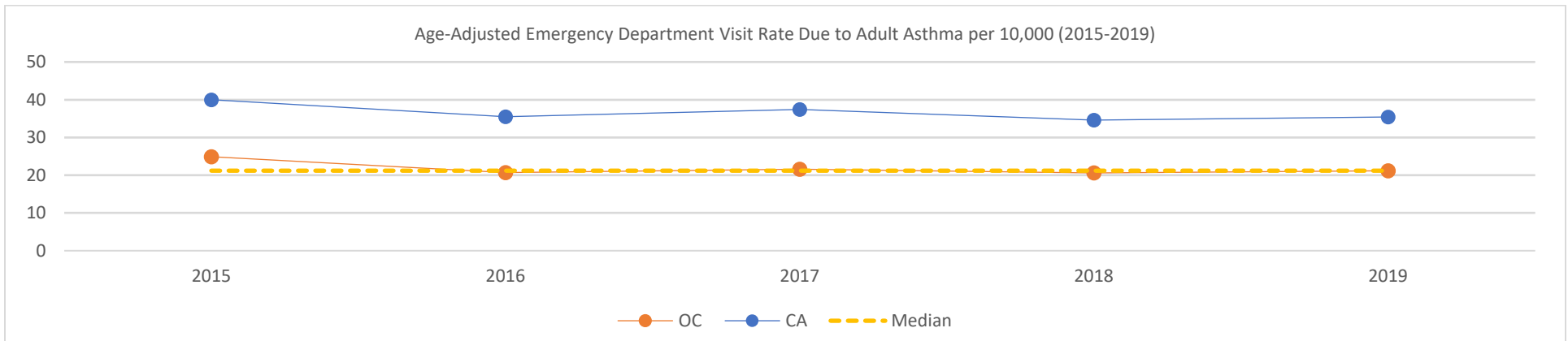*2019 data for other races/ethnicities are not available due to small sample sizes; data is for all ages

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[66] **Definition:** Number of asthma hospitalizations by the estimated population in that county and age group, age-adjusting to the 2000 U.S. Census, and multiplying by 10,000. **Source**: California Department of Public Health. (n.d). Asthma Hospitalization Rates by County. Retrieved from: Asthma Hospitalization Rates by County - Datasets - California Health and Human Services Open Data Portal

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Emergency Department Visit Rate Due to Adult Asthma per 10,000[67] (CDPH)	21.2 (2019)	35.4 (2019)	N/A	N/A	R/E

Age-Adjusted Emergency Department Visit Rate Due to Adult Asthma per 10,000 (2015-2019)

Age-Adjusted Emergency Department Visit Rate Due to Adult Asthma per 10,000 by Race/Ethnicity (2019)

*2019 data for other races/ethnicities are not available due to small sample sizes; data is for all ages

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[67] **Definition:** Calculated by dividing the number of asthma emergency department visits by the estimated population in that county and age group, age-adjusting to the 2000 U.S. Census, and multiplying by 10,000. Source: California Department of Public Health. (n.d). Asthma Emergency Department Visit Rates. Retrieved from: Asthma Emergency Department Visit Rates - Datasets - California Health and Human Services Open Data Portal.

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Hospitalization Rate Due to Pediatric Asthma per 10,000[68] (CDPH)	6.4 (2019)	8.3 (2019)	N/A	N/A	N/A

Age-Adjusted Hospitalizations Due to Pediatric Asthma per 10,000 (2015-2019)

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[68] **Definition:** Number of asthma hospitalizations by the estimated population in that county and age group (under the age of 5), age-adjusting to the 2000 U.S. Census, and multiplying by 10,000. **Source**: California Department of Public Health. (n.d). Asthma Hospitalization Rates by County. Retrieved from: Asthma Hospitalization Rates by County - Datasets - California Health and Human Services Open Data Portal

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Emergency Department Visit Rate Due to Pediatric Asthma per 10,000[69] (CDPH)	43.4 (2019)	63.4 (2019)	N/A	N/A	N/A

Age-Adjusted Emergency Department Visit Rate Due to Pediatric Asthma per 10,000 (2015-2019)

[69] **Definition:** Calculated by dividing the number of asthma emergency department visits by the estimated population in that county and age group (under the age of 5), age-adjusting to the 2000 U.S. Census, and multiplying by 10,000. **Source**: California Department of Public Health. (n.d). Asthma Emergency Department Visit Rates. Retrieved from: Asthma Emergency Department Visit Rates - Datasets - California Health and Human Services Open Data Portal

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to COPD per 100,000[70] (CDPH)	18.2 (2022)	22.0 (2022)	95.7 (2021)	107.2	R/E

Age-Adjusted Death Rate Due to COPD per 100,000 (2010-2022)

Age-Adjusted Death Rate Due to COPD per 100,000 by Race/Ethnicity (2020-2022)

*2020-2022 data for other races/ethnicities are not available due to small sample sizes

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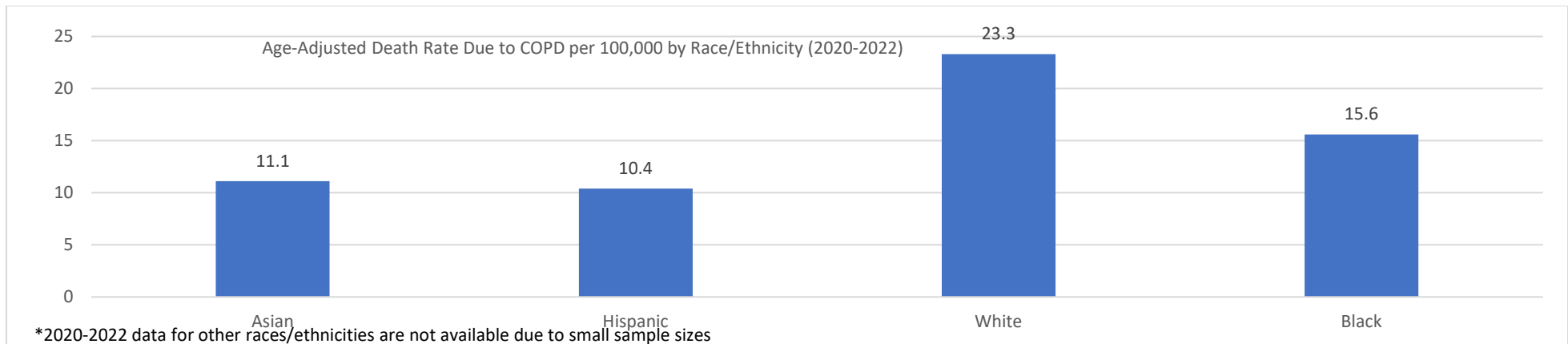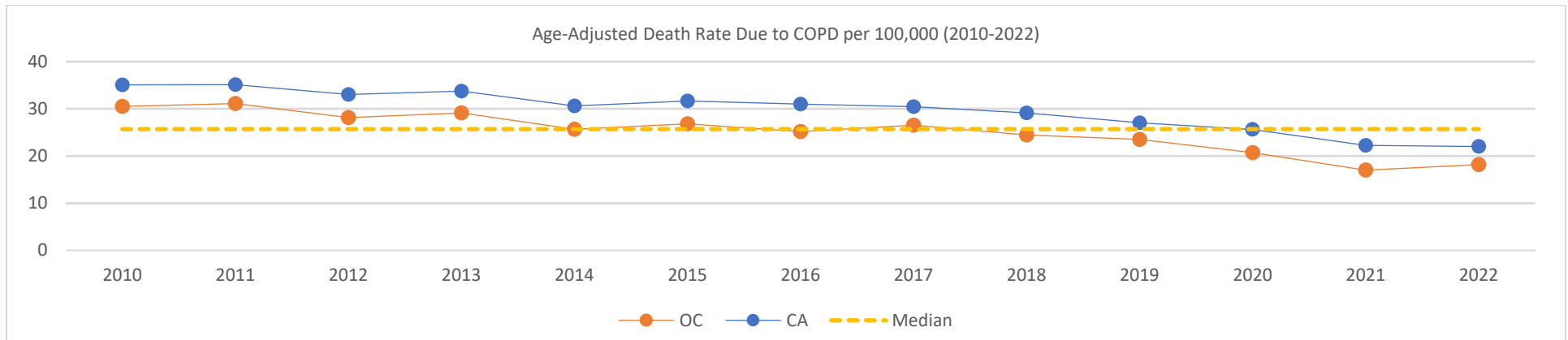
[70] **Definition:** Rate of deaths due to chronic obstructive pulmonary disease per 100,000 population. **Source:** California Department of Public Health. (n.d). *California Community Burden Engine*. Retrieved from: California Community Burden of Disease Engine.

Topic	ORAL HEALTH				

Data

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Percent of Children Who Visited a Dentist in Past 6 Months (CHIS)	<mark>64.3%</mark> (2021)	65.2%	N/A	N/A
Ratio of Population to Dental Providers (UWPHI)	<mark>827:1</mark> (2021)	1102:1	1380:1	N/A

Equity & Disparities

– **Central census tracts had more dental visits due to cavities than South Orange County.**

Qualitative Findings

Current Collaborative Activities

– **HCA's Oral Health Collaborative: Vision is for all Orange County residents to have opportunities and resources for optimal oral health.**

ORAL HEALTH
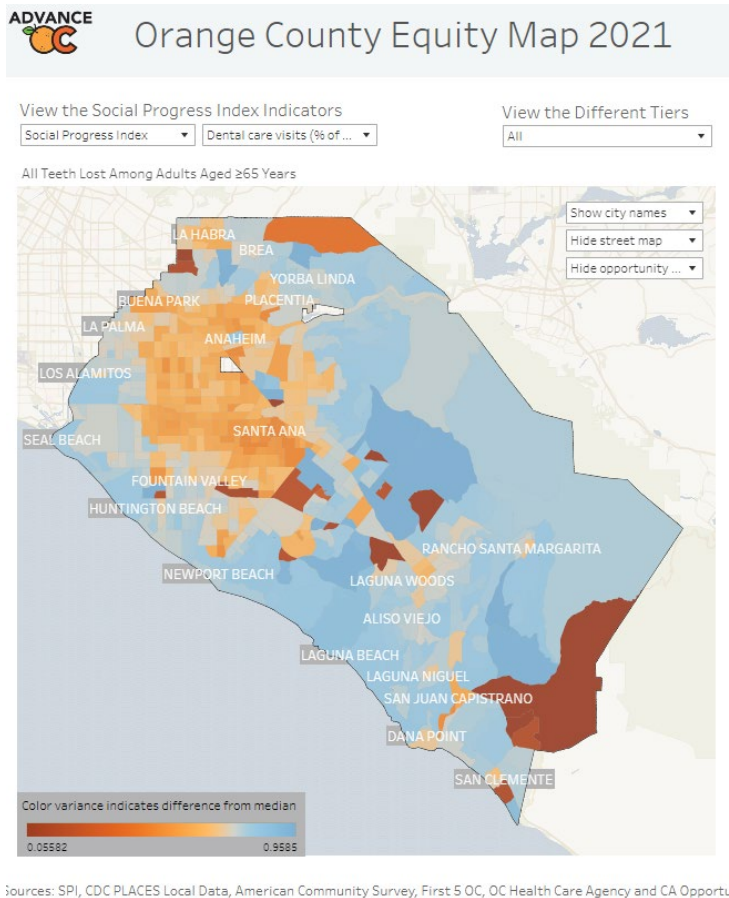
Dental Care Visits:

- **Blue census tracts had higher rates of dental care visits than orange census tracts**
- **Central census tracts had more dental visits due to cavities than South Orange County.**

Oral Health

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Children Who Visited a Dentist in Past 6 Months[71] (CHIS)	64.3% (2021)	65.2%	N/A	N/A	N/A

Percent of Children Who Visited a Dentist in Past 6 Months (2013-2021)

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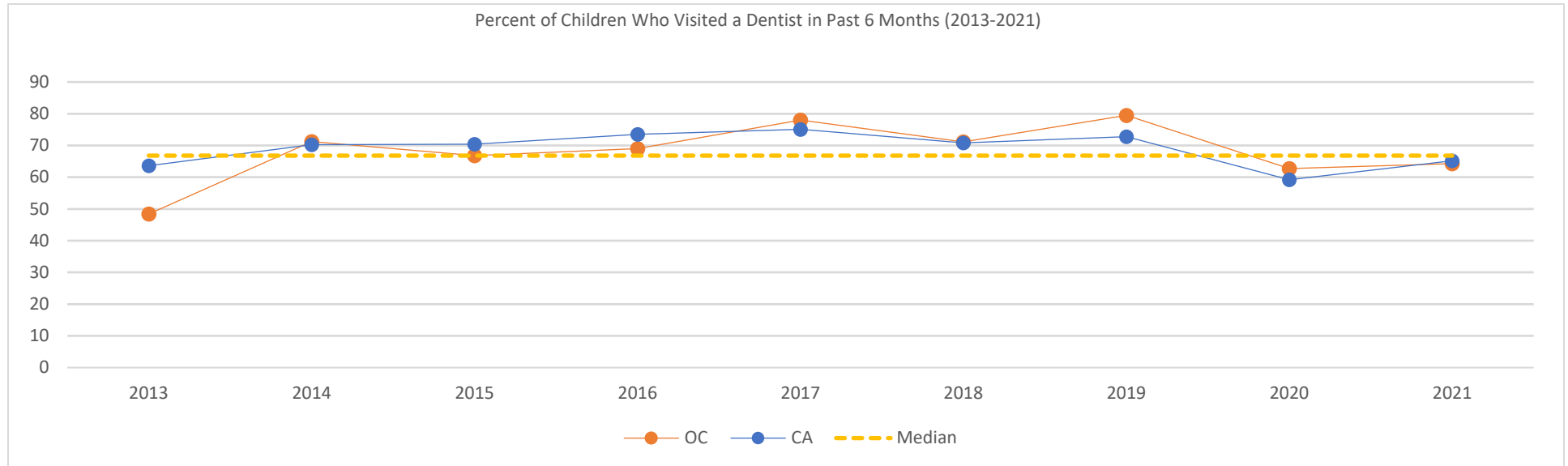
[71] **Definition:** Children ages 3-11 who had visited the dentist in past six months. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Time Since Last Dental Visit* (California, Orange). Retrieved from: http://ask.chis.ucla.edu

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Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Ratio of Population to Dental Providers[72] (UWPHI)	827:1 (2021)	1102:1	1380:1	N/A	N/A

Ratio of Population to Dental Providers (2012-2021)


*Data represent population per 1 dentist

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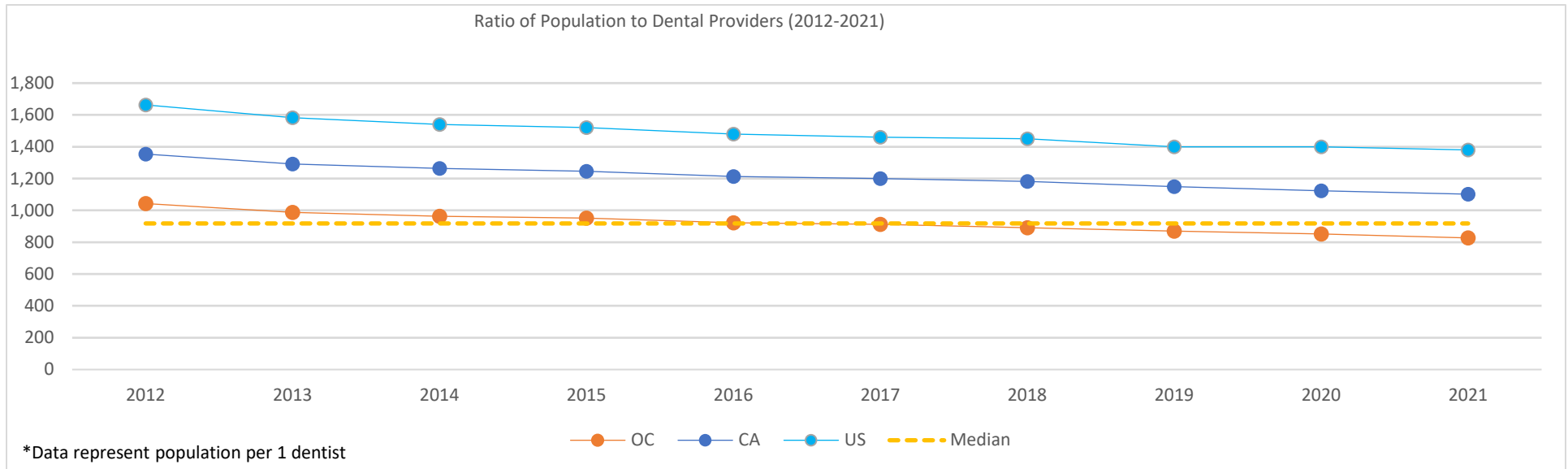
[72] **Definition:** Average number of people served by one dentist in Orange County. **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & Roadmaps

Topic	ALZHEIMER'S DISEASE / DEMENTIA				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
	Age–Adjusted Death Rate due to Alzheimer's Disease	39.2 (2018–2020)	37.7	N/A	N/A

Equity & Disparities

Qualitative Findings

Current Collaborative Activities

EQUITY IN OC

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Alzheimer's Disease / Dementia

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate due to Alzheimer's Disease[73]	39.2 (2018-2020)	37.7	N/A	N/A	N/A

Age-Adjusted Death Rate Due to Alzheimer's Disease per 100,000 (2010-2020)

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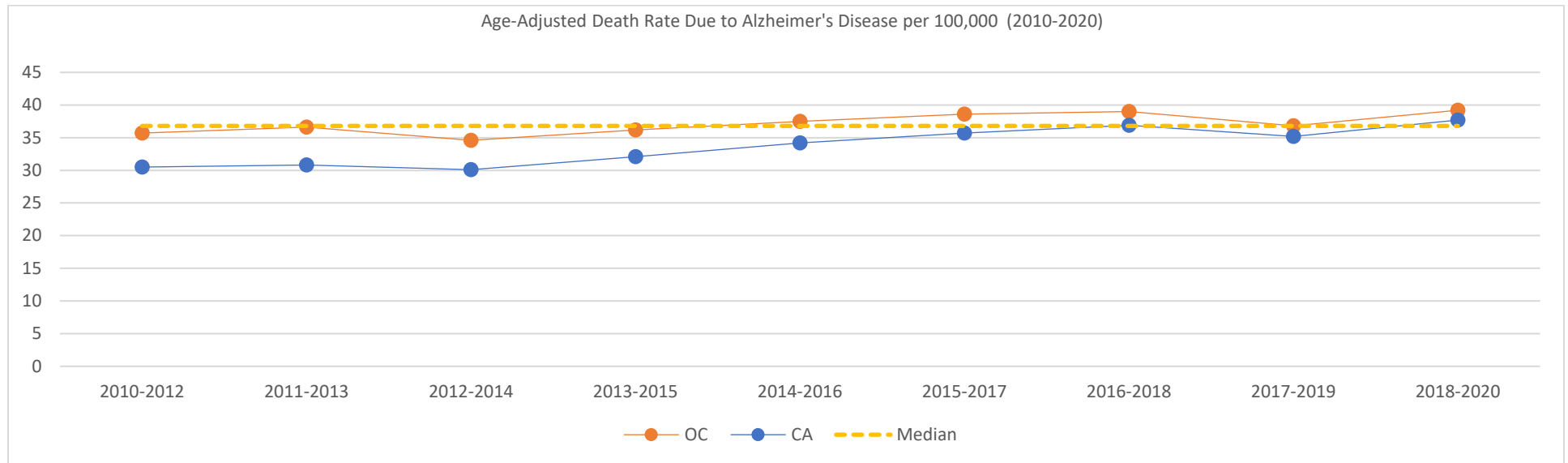
[73] **Definition:** Three-year averages number of deaths from Alzheimer's Disease divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: VSB County Health Status Profiles (ca.gov)

An initiative of

HEALTH DETERMINANTS

Summary of Findings

Equity Map – Social Progress Index Indicators

Health Indicators

	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Topic	HOUSING / HOMELESS				
Data	**2022 Point in Time Count of persons experiencing homelessness** https://www.ocgov.com/news/county-orange-releases-2022-point-time-count-results) and https://www.ochealthinfo.com/sites/hca/files/2022-05/2022%20PIT%20Data%20Infographic%20-%205.10.2022%20Final.pdf	5,718	171,500		

Equity & Disparities

- North (2,419) and Central (2,714) have a higher number of homeless persons than South (858) county

- More homeless persons are recorded in North (2,419) and Central (2,714) Service Planning Areas compared to the South (585) Service Planning Area

- North County had a higher percentage of population in housing where there is more than one resident per room.

Qualitative Findings

Affordable Housing

- Increased evictions and lack of post-eviction support

- Lack of financial capacity increases homelessness and forces choices between essential needs

- Unaffordability of Rent Prices

- Need for more shelters

- High cost of land and scarcity in places to build more housing

- Increased wealth gap leading to more homelessness

- Increase in nimbyism (Not in My Backyard)

- Optimistic for Government and Organizational Support to provide additional resources (i.e. advocacy for rent control, Implementing Regional Housing Needs Assessment, Growth of housing trust)

- Collaboration between government and Community-Based Organization's (CBO's)

  Fund ADA home modifications to allow people to remain in the community

Current Collaborative Activities

- Orange County Continuum of Care: The mission is to advocate for more home building in Orange County, California to end the shortage, reduce housing costs, and make room for current and future Orange County residents.

- Equity in OC Partnership – Improvement Projects

- Family Solutions Collaborative Orange County

HOUSING/HOMELESS

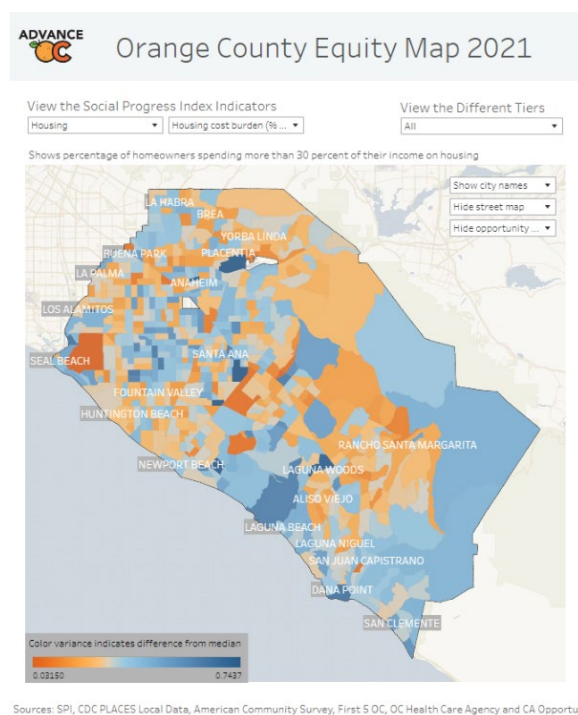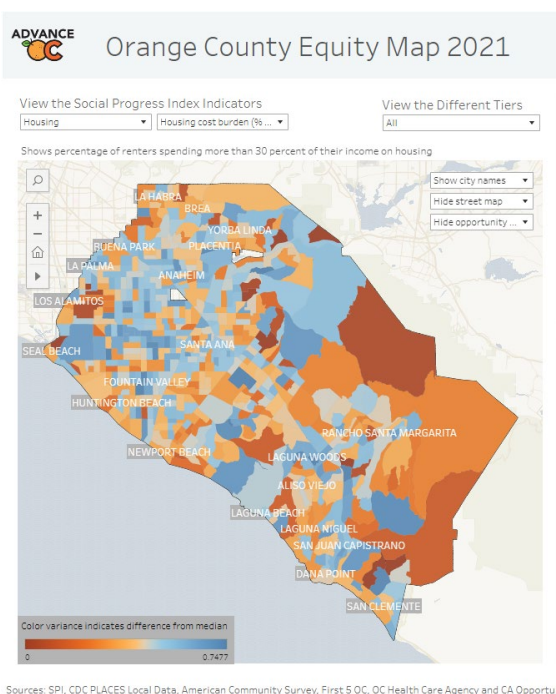
Housing Overcrowding:

- Blue census tracts had higher rates of housing over–crowding than in orange census tracts.
- North County had a higher percentage of population in housing where there is more than one resident per room.

Housing Cost Burden for Ownership:

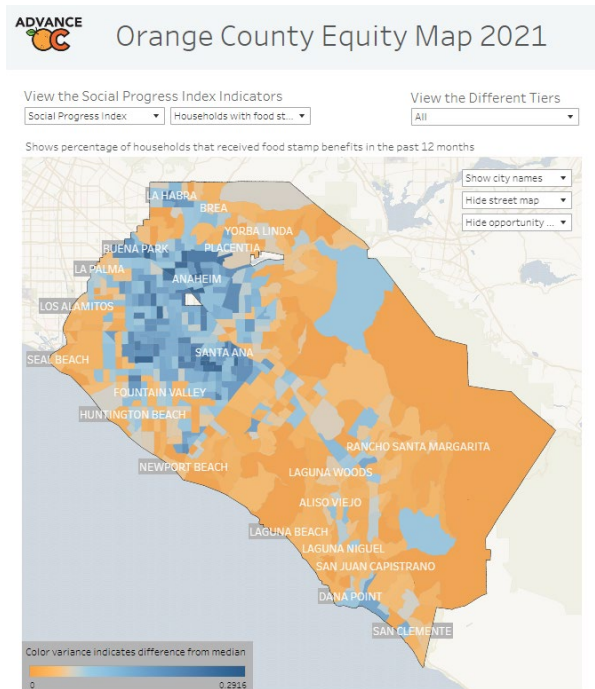- Blue census tracts experienced a lower housing cost burden (home ownership) than orange census tracts.

Housing Cost Burden for Rent:

- Blue census tracts experienced a lower housing cost burden (rent) than orange census tracts.

Topic	WORKFORCE				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
	Rate of Unemployed Persons in Civilian Workforce (U.S. Bureau of Labor Statistics)	<mark>2.7%</mark> (2022)	11.1%	10.3%	N/A

Equity & Disparities

– A higher percentage of households in north and west County received food stamp benefits in the past 12 months compared to the rest of the County (Advance OC's Social Progress Index).

– Regions of south County has over 75% of people earning more than 200% of federal poverty line compared to the rest of the County (Source: California Health Places Index.)

– Areas of south and west County has over 60% of people aged 20–64 with a job compared to the rest of the County (Source: California Health Places Index.)

– A higher percentage of households Central County received food stamp benefits in the past 12 months compared to the rest of the County.

– Areas of South County have over 75% of people earning more than 200% of federal poverty line compared to the rest of the County (Source: California Health Places Index.)

– Areas of South and West County have over 60% of people aged 20–64 with a job compared to the rest of the County (Source: California Health Places Index.)

Qualitative Findings

Increasing a diverse health care workforce

– More service providers added to the system

– Increasing the number of providers in OC, especially providers that reflect the diversity of the community

Desired Healthcare System Reform

– Health care workers structured outside of the traditional provider–patient relationship

– Increasing a diverse health care workforce

– More connected services with price transparency

Current Collaborative Activities

EQUITY IN OC   An initiative of   OC health CARE AGENCY

WORKFORCE

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportu...

Household Receiving Food Stamps:

- Blue census tracts receive food stamps at a higher rate than orange.
- A higher percentage of households Central County received food stamp benefits in the past 12 months compared to the rest of the County.

Earning More than 200% Above Poverty:

- Green census tracts have greater population with earnings above 200% of the Federal poverty line.
- Areas of South County have over 75% of people earning more than 200% of federal poverty line compared to the rest of the County (Source: California Health Places Index.)
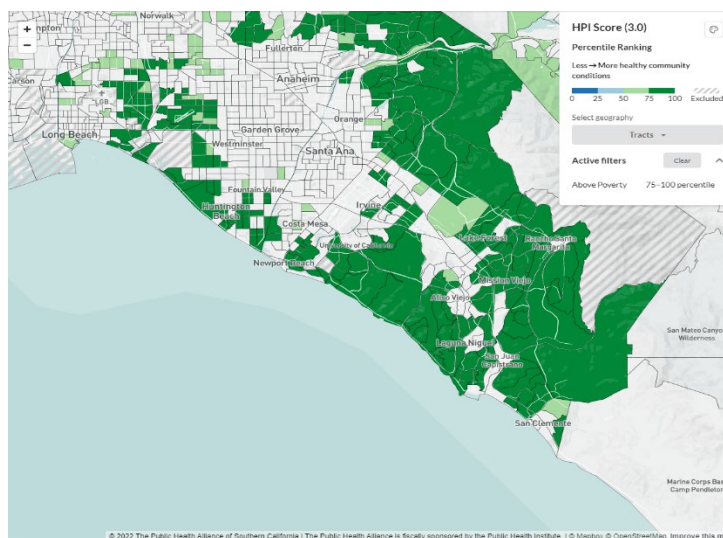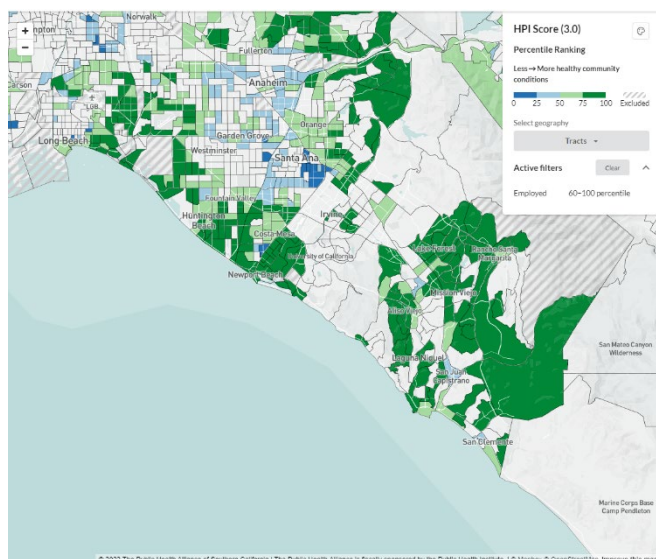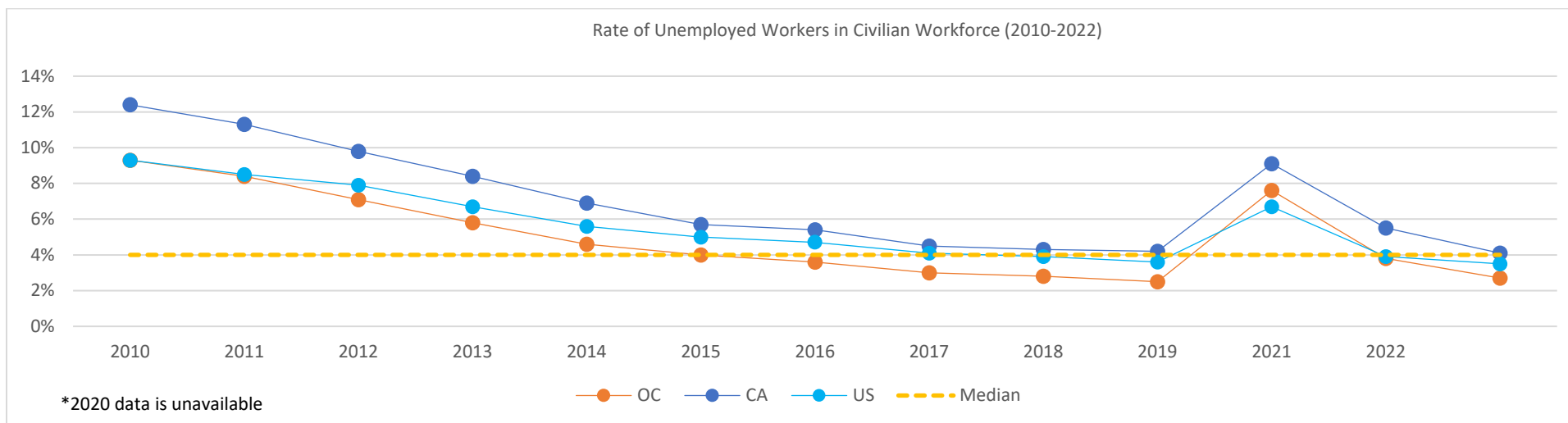

Adults with Job:

- Green census tracts have more adults aged 20–64 with a job.
- Areas of South and West County have over 60% of people aged 20–64 with a job compared to the rest of the County (Source: California Health Places Index.)

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Rate of Unemployed Persons in Civilian Workforce[74] (U.S. Bureau of Labor Statistics)	2.7% (2022)	4.1%%	3.5%	N/A	N/A

Rate of Unemployed Workers in Civilian Workforce (2010-2022)

*2020 data is unavailable

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Topic	CARE NAVIGATION				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	**Percent of People with a Usual Source of Care (CHIS)**	87.2% (2021)	86.0%	76.0%	84.0%
	Percent of People Who Delayed or Had Difficulty Obtaining Care (CHIS)	16.6% (2021)	19.9%	17.6%	5.9%
	Difficulty Finding Specialty Care (CHIS)	12.3% (2021)	16.8%	4.7%	6.3%

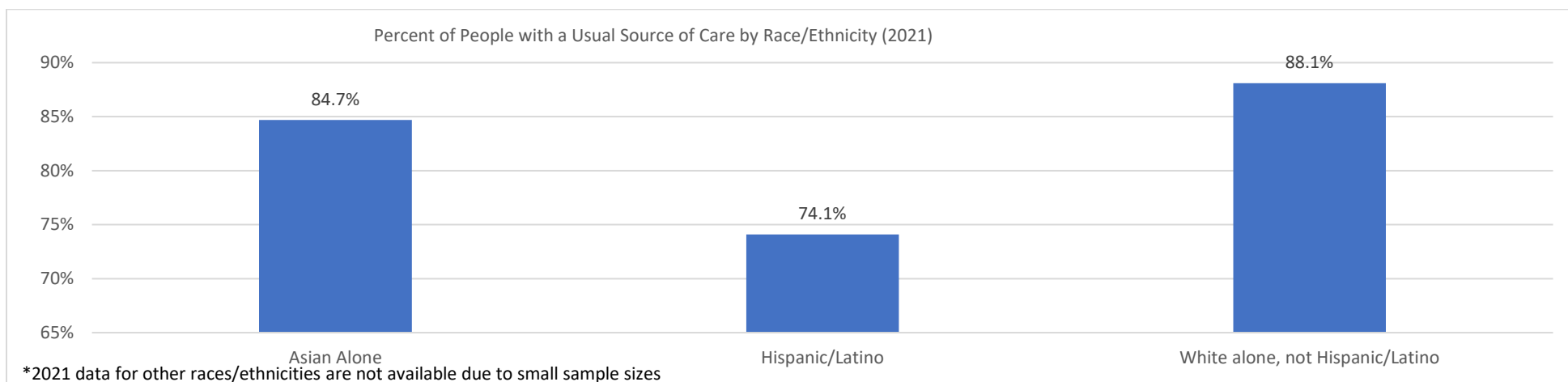|	
Equity & Disparities	− Percent of People with a Usual Source of Care: A higher percentage of White (88.1%) receive usual source of care than Asian (84.7%) and Hispanic/Latino (74.1%) − Percent of People Who Delayed or Had Difficulty Obtaining Care: More Whites (21.6%) delayed or had difficulty obtaining care than Asian (10.7%) or Hispanic/Latino (14.2%) − Difficulty Finding Specialty Care: More Whites (12.7%) had difficulty finding specialty care than Asians (9.5%) − North and Central County have a higher percentage of adults who are up to date on a core set of clinical prevention services.
Qualitative Findings	**New patient systems are difficult to navigate** − New systems are difficult to navigate for some communities − Difficulty navigating mental healthcare − Lack of access to affordable and quality care, preventing people from seeking help − Providers lack time to help patients navigate new tech and health information − Opportunity to offer digital literacy programs to help vulnerable people navigate telehealth **Need for education surrounding how to navigate existing systems** − Increasing access: simplifying ways to access care, education on healthcare navigation − Education on where and how to access services, and how to navigate the healthcare system and insurance − Lack of understanding of referral systems, difficulties using OCLINK, missed referral opportunities − Connect or link people to organizations that can provide the personal health services they may need **Long wait times act as a barrier to care** − Long wait times to access care, difficulty obtaining services as a CalOptima member − Lack of specialty care access due to low reimbursement and long wait times
Current Collaborative Activities	

CARE NAVIGATION

Orange County Equity Map 2021

View the Social Progress Index Indicators

Social Progress Index ▾   Preventative care visits ... ▾

View the Different Tiers

All ▾

Shows percentage of adults Who Are Up To Date On A Core Set Of Clinical Preventive Services

Color variance indicates difference from median
0.6222 ———— 0.8243

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportunity
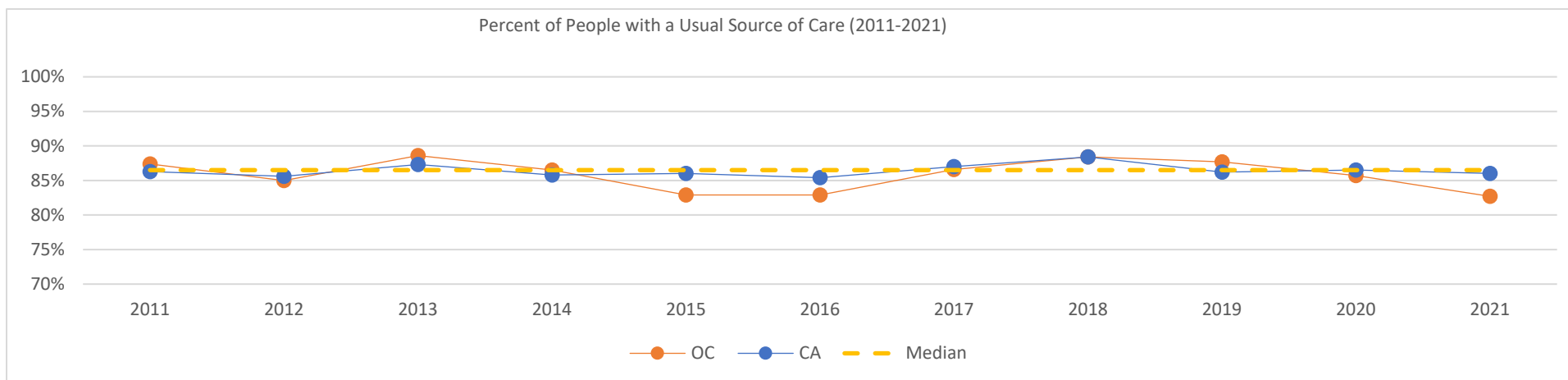
Preventive Care Visits

- **Blue areas are performing better on this indicator.**
- **North and Central County have a higher percentage of adults who are up to date on a core set of clinical prevention services.**
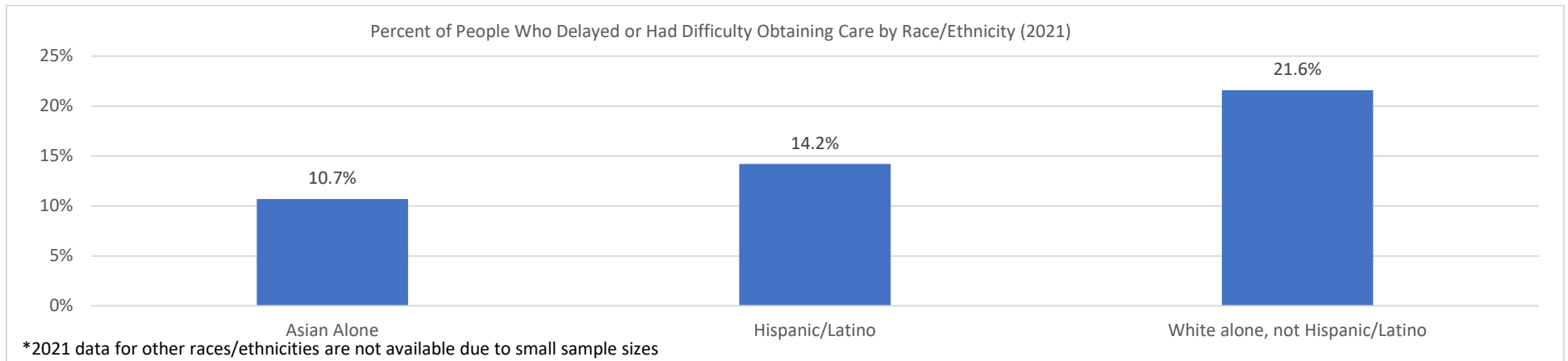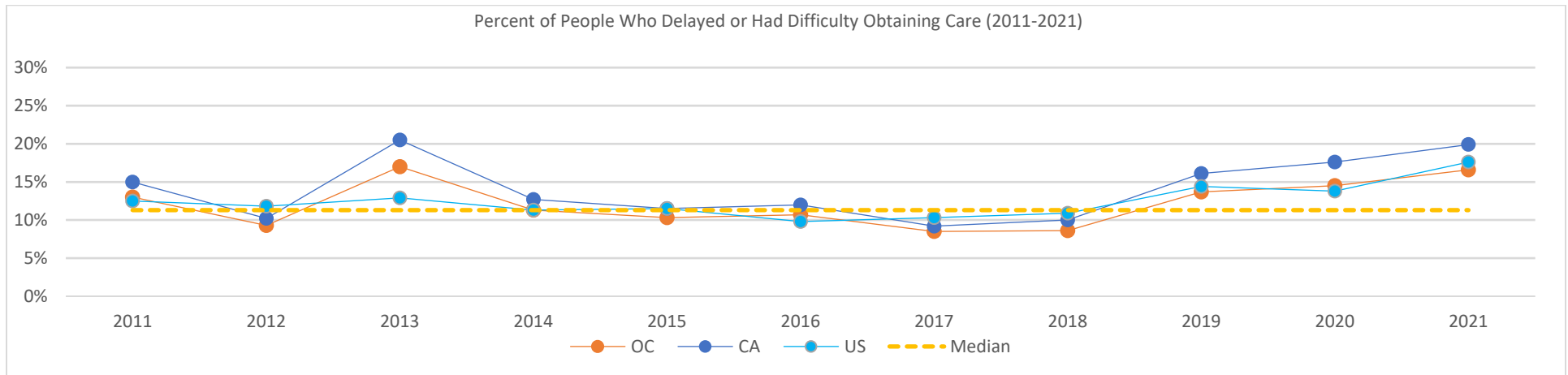
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of People with a Usual Source of Care[75] (CHIS)	87.2% (2021)	86.0%	76.0%	84.0%	R/E

Percent of People with a Usual Source of Care (2011-2021)

Percent of People with a Usual Source of Care by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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[75] **Definition:** Combines questions about last doctor's visit and type of location where doctor was seen, including doctor's office/HMO/Kaiser, community clinic/government clinic/community hospital, emergency room/urgent. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *People with a Usual Source of Health Care (California, Orange).* Retrieved from: http://ask.chis.ucla.edu.

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Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of People Who Delayed or Had Difficulty Obtaining Care[76] (CHIS)	16.6% (2021)	19.9%	17.6%	5.9%	R/E

Percent of People Who Delayed or Had Difficulty Obtaining Care (2011-2021)

Percent of People Who Delayed or Had Difficulty Obtaining Care by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

[76] **Definition:** During the past 12 months, did the person delay or not get other medical care they felt they needed-- such as seeing a doctor, a specialist, or other health professional. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *People Delayed or Had Difficulty Obtaining Care (California, Orange).* Retrieved from: http://ask.chis.ucla.edu

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Difficulty Finding Specialty Care[77] (CHIS)	12.3% (2021)	16.8%	4.7%	6.3%	R/E

Difficulty Finding Speciality Care (2013-2021)

Difficulty Finding Speciality Care by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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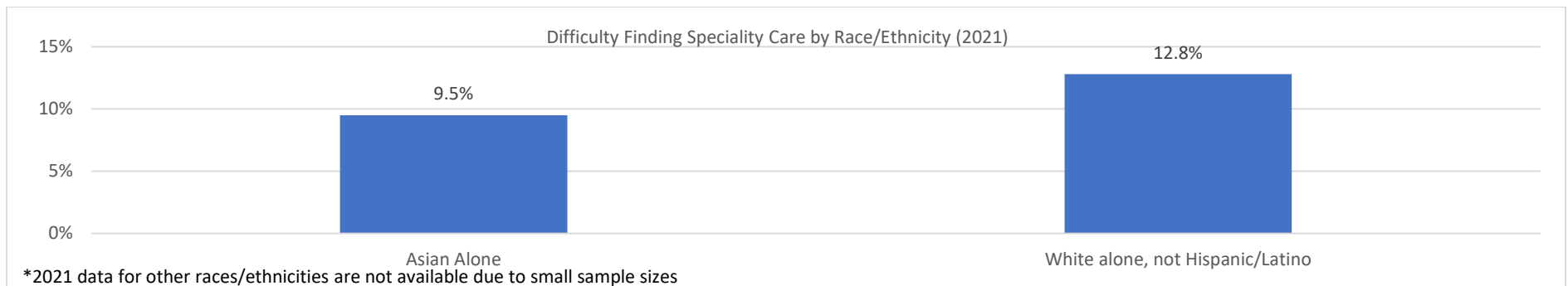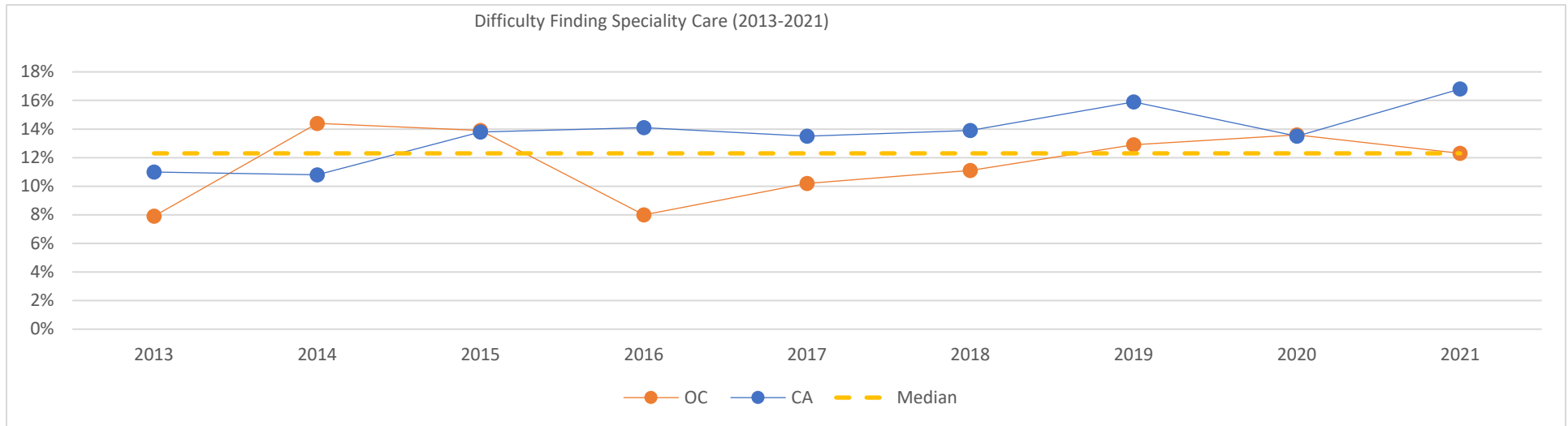
[77] **Definition:** Among those needing specialty care, whether they had any trouble finding a medical specialist who would see them and whether a medical specialist's office told them that they would not take them as a new patient." Those answering yes to either had difficulty obtaining specialty care. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Difficulty Finding Specialty Care (California, Orange).* Retrieved from: http://ask.chis.ucla.edu.

HEALTH INSURANCE ACCESS / ENROLLMENT

	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Data	**Percent of Adults with Health Insurance: 18–64 Years (ACS)**	90.4% (2021)	90.1%	87.8%	92.4%
	Percent of Children with Health Insurance (ACS)	96.4% (2021)	96.5%	94.6%	N/A
	Percent of Adults Ages 65+ with Health Insurance (ACS)	99.0% (2021)	98.9%	99.2%	N/A
	Percent of Adults Who Had Routine Check-Up in Past 12 Months (CHIS)	64.3% (2021)	60.2%	N/A	N/A
	Avoided Government Benefits Due to Concern Over Disqualification from Green Card/Citizenship (CHIS)	21.9% (2021)	18.8%	N/A	N/A
	Percent of Children Receiving a Development Assessment/Test (CHIS)	75.1% (2021)	72.2%	34.8% (2020–2021)	35.8%
	Ratio of Population to Health Care Providers (UWPHI)	955:1 (2020)	1234:1	1310:1	N/A

Equity & Disparities

– Percent of Adults with Health Insurance: 18–64 Years (ACS): 93.9% of White adults and 94.1% of Asian adults have health insurance compared to 90.4% of Black, 82.3% of Hispanic and 80.4% of AIAN adults

– Geographic disparity exists with the highest rate of uninsured children at 8.3% compared to Orange County rate of 3.3% (The 28th annual report on the Conditions of Children in Orange County.

– Percent of People with a Usual Source of Care (CHIS): 88.1% of Whites and 84.7% of Asians receive care compared only to 74.1% of Hispanics

– Percent of People Who Delayed or Had Difficulty Obtaining Care (CHIS): More Whites (21.6%) delayed or had difficulty obtaining care compared to Hispanic (14.2%) or Asian (10.7%)

– Percent of Adults Who Had Routine Check-Up in Past 12 Months (CHIS): More Whites (67.7%) have routine check-up compared to Asian (66.4%) and Hispanic (59.1%)

– Regions in South County had a lower percent of children 18 years and younger who were uninsured.

Qualitative Findings

Insurance is a barrier to accessing care, whether due to inability to access insurance or price of co-pays

– High insurance costs, but people are not being paid livable wages

– People feel it is too complicated to access insurance and care providers, leading to a lack of medical coverage for hearing aids and specific medical devices

– Insurance does not cover some necessary procedures (dental, weight loss) that may lead to poorer mental health and potential job loss
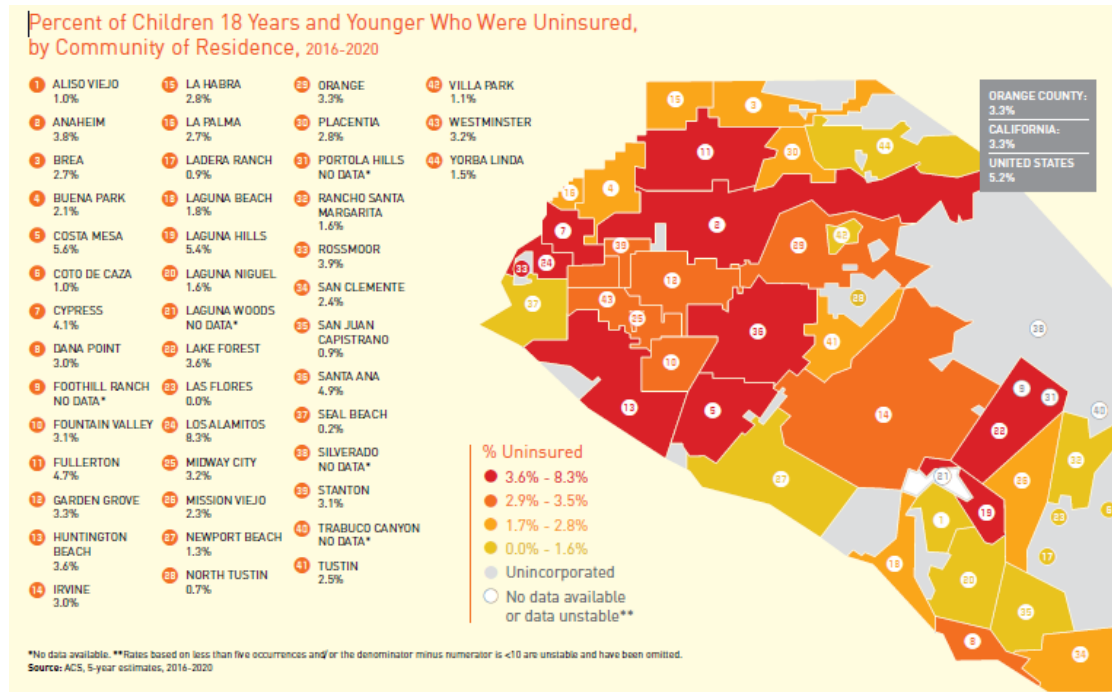
EQUITY IN OC

An initiative of OC health CARE AGENCY

- Insurance companies act as a barrier for mental health and substance use treatment

- Insurance companies and reimbursement services could pay for care coordination, transportation, etc.

- People choose high deductibles/copays and don't access care

- Increase in part-time hires, decreasing healthcare access through employers

- Lack of affordability for any insurance

- Inadequate number of providers accepting insurance

- New technology may not be covered by insurance, difficult to afford otherwise

Current Collaborative Activities

HEALTH INSURANCE ACCESS / ENROLLMENT

Percent of Children 18 Years and Younger Who Were Uninsured, by Community of Residence, 2016-2020

#	Community	%	#	Community	%
1	ALISO VIEJO	1.0%	15	LA HABRA	2.8%
2	ANAHEIM	3.8%	16	LA PALMA	2.7%
3	BREA	2.7%	17	LADERA RANCH	0.9%
4	BUENA PARK	2.1%	18	LAGUNA BEACH	1.8%
5	COSTA MESA	5.6%	19	LAGUNA HILLS	5.4%
6	COTO DE CAZA	1.0%	20	LAGUNA NIGUEL	1.6%
7	CYPRESS	4.1%	21	LAGUNA WOODS	NO DATA*
8	DANA POINT	3.0%	22	LAKE FOREST	3.6%
9	FOOTHILL RANCH	NO DATA*	23	LAS FLORES	0.0%
10	FOUNTAIN VALLEY	3.1%	24	LOS ALAMITOS	8.3%
11	FULLERTON	4.7%	25	MIDWAY CITY	3.2%
12	GARDEN GROVE	3.3%	26	MISSION VIEJO	2.3%
13	HUNTINGTON BEACH	3.6%	27	NEWPORT BEACH	1.3%
14	IRVINE	3.0%	28	NORTH TUSTIN	0.7%

#	Community	%	#	Community	%
29	ORANGE	3.3%	42	VILLA PARK	1.1%
30	PLACENTIA	2.8%	43	WESTMINSTER	3.2%
31	PORTOLA HILLS	NO DATA*	44	YORBA LINDA	1.5%
32	RANCHO SANTA MARGARITA	1.6%			
33	ROSSMOOR	3.9%			
34	SAN CLEMENTE	2.4%			
35	SAN JUAN CAPISTRANO	0.9%			
36	SANTA ANA	4.9%			
37	SEAL BEACH	0.2%			
38	SILVERADO	NO DATA*			
39	STANTON	3.1%			
40	TRABUCO CANYON	NO DATA*			
41	TUSTIN	2.5%			

ORANGE COUNTY: 3.3%
CALIFORNIA: 3.3%
UNITED STATES: 5.2%

% Uninsured
- 3.6% – 8.3%
- 2.9% – 3.5%
- 1.7% – 2.8%
- 0.0% – 1.6%
- Unincorporated
- No data available or data unstable**

*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
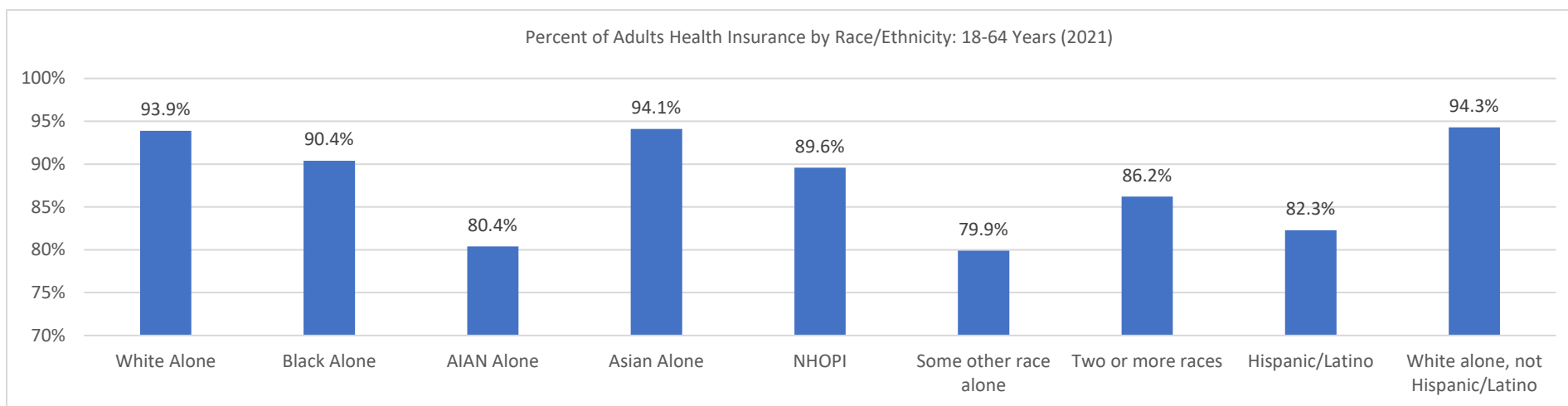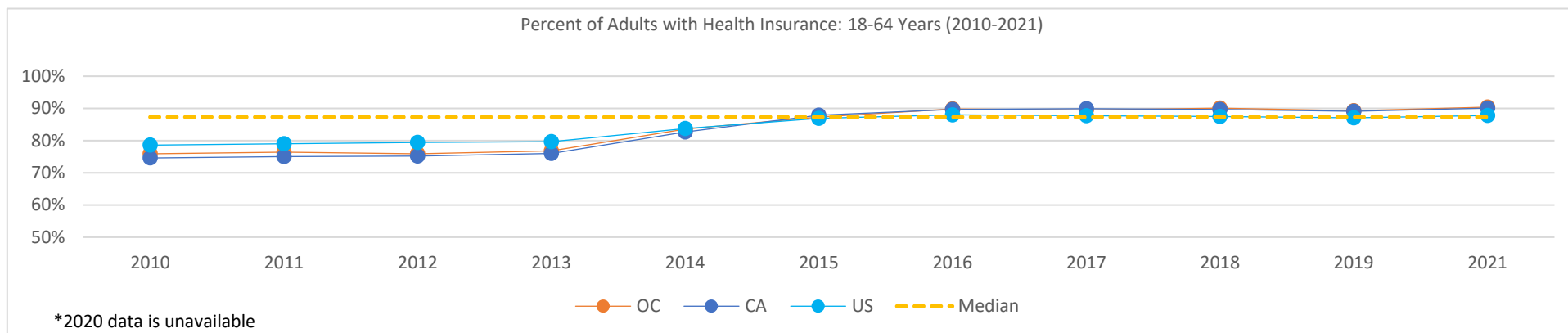Source: ACS, 5-year estimates, 2016–2020

Percent of Children 18 Years and Younger Who Were Uninsured:

- Orange and red areas are performing worse on this indicator.
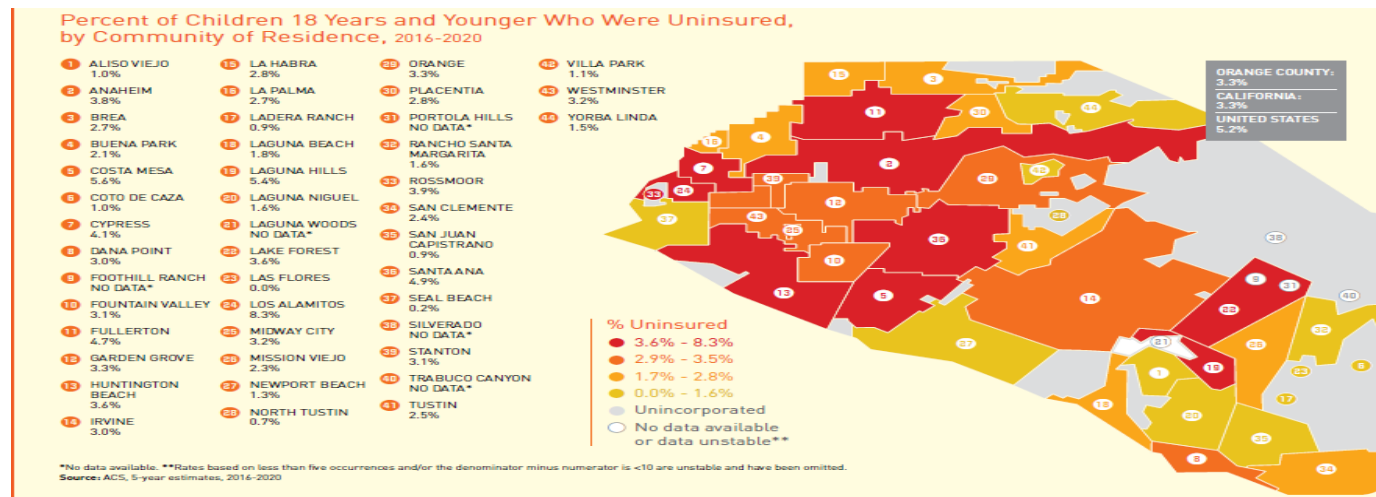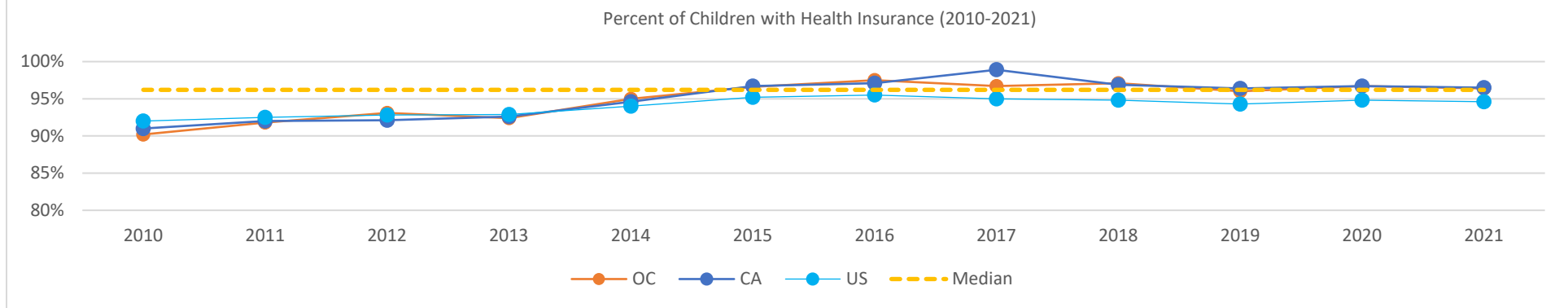- Regions in South County had a lower percent of children 18 years and younger who were uninsured.

EQUITY IN OC

An initiative of OC health CARE AGENCY

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults with Health Insurance[78]: 18-64 Years (ACS)	90.4% (2021)	90.1%	87.8%	92.4%	R/E

Percent of Adults with Health Insurance: 18-64 Years (2010-2021)

*2020 data is unavailable

Percent of Adults Health Insurance by Race/Ethnicity: 18-64 Years (2021)

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[78] **Definition:** Adults ages 18 to 64 years old who have private health insurance through an employer or union, a plan purchased by an individual from a private company or public coverage through Medi-Call or VA Health Care. **Source:** U.S. Census Bureau (2021). Selected Characteristics of Health Insurance Coverage in the United States, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: adults with health insurance - Census Bureau Tables

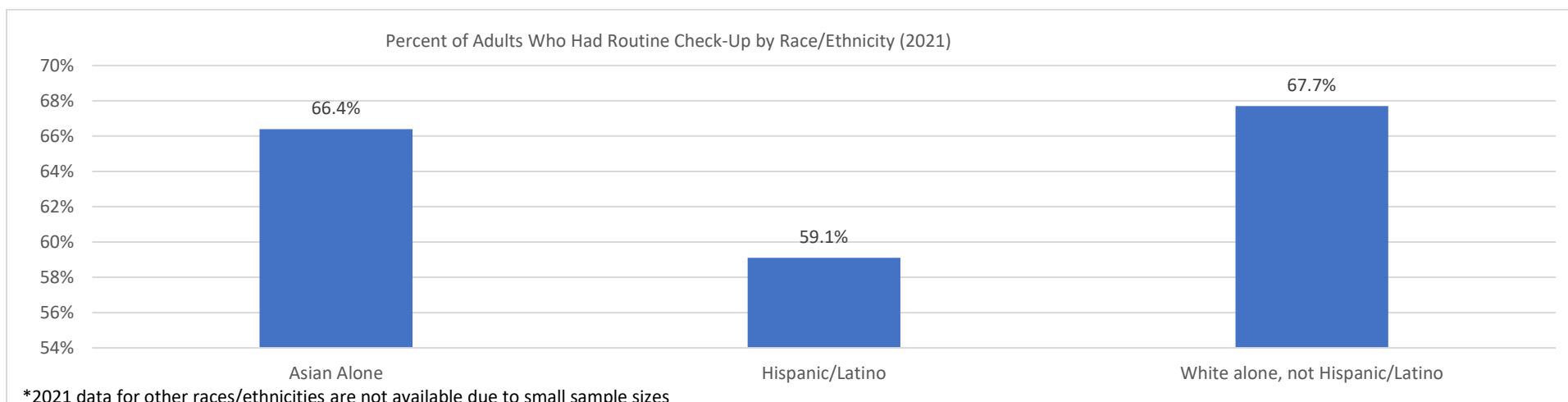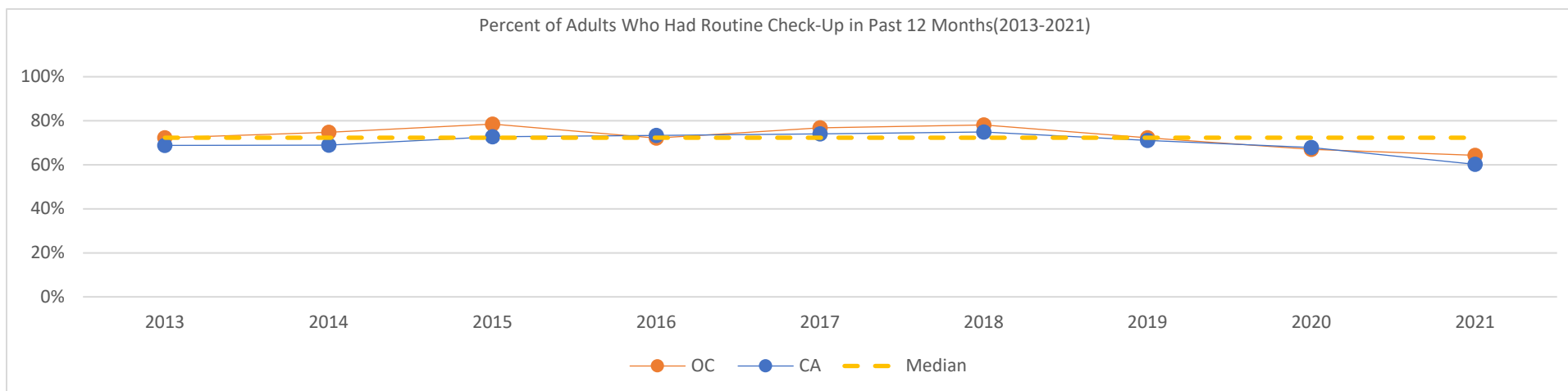**An initiative of**

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Children with Health Insurance [79] (ACS)	96.4% (2021)	96.5%	94.6%	N/A	Geographic

Percent of Children with Health Insurance (2010-2021)

Percent of Children 18 Years and Younger Who Were Uninsured, by Community of Residence, 2016-2020

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity

[79] **Definition:** Children under the age of 18 who have private health insurance through a parent's employer or union, a plan purchased by an individual from a private company or public coverage through Medi-Cal or Children's Health Insurance Program (CHIP). **Source:** U.S. Census Bureau (2021). Selected Characteristics of Health Insurance Coverage in the United States, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: adults with health insurance - Census Bureau Tables

Percent of Adults Ages 65+ with Health Insurance[80] (ACS)	99.0% (2021)	98.9%	99.2%	N/A	N/A

Percent of Adults Ages 65+ with Health Insurance (2010-2021)
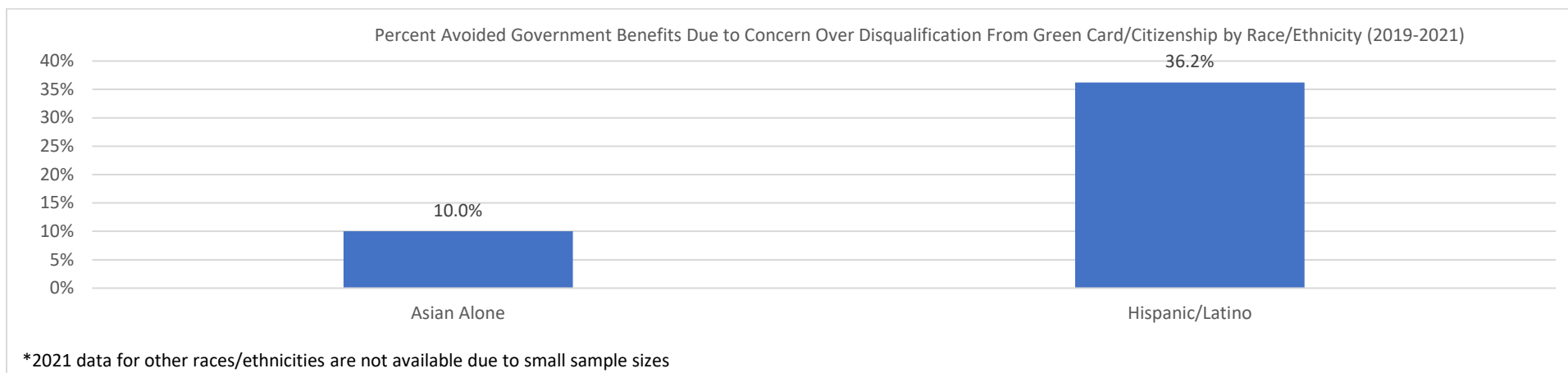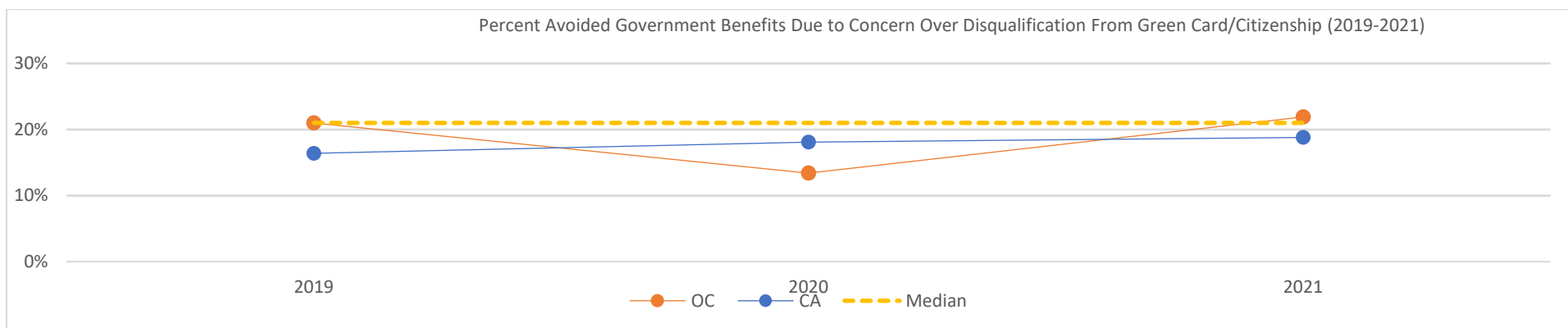
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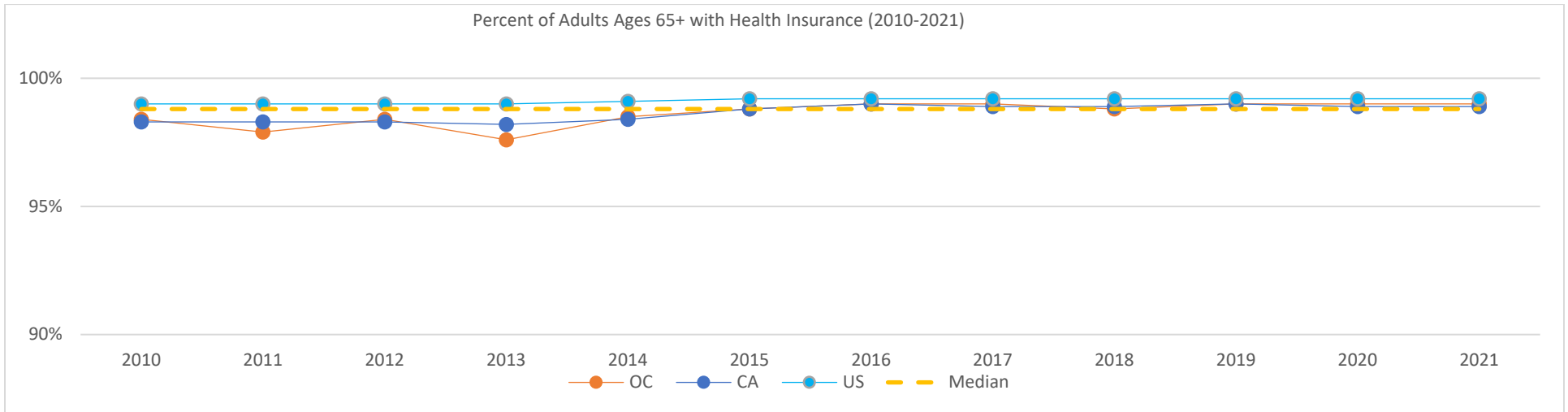
[80] **Definition:** Adults ages 65 and older who Have private health insurance through an employer or union, a plan purchased by an individual from a private company or public coverage through Medicare or Medicaid. **Source:** U.S. Census Bureau (2021). Selected Characteristics of Health Insurance Coverage in the United States, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: adults with health insurance - Census Bureau Tables

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Had Routine Check-Up in Past 12 Months[81] (CHIS)	64.3% (2021)	60.2%	N/A	N/A	R/E

Percent of Adults Who Had Routine Check-Up in Past 12 Months(2013-2021)

Legend: OC ● — CA ● — Median - - -

Percent of Adults Who Had Routine Check-Up by Race/Ethnicity (2021)

Asian Alone	Hispanic/Latino	White alone, not Hispanic/Latino
66.4%	59.1%	67.7%

*2021 data for other races/ethnicities are not available due to small sample sizes

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[81] **Definition: H**ow long has it been since the adult last saw a doctor or medical provider for a routine check-up. Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Routine Check-Up with Doctor in Past 12 Months (California, Orange).* Retrieved from: http://ask.chis.ucla.edu.

An initiative of

| Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Avoided Government Benefits Due to Concern Over Disqualification from Green Card/Citizenship[82] (CHIS)	21.9% (2021)	18.8%	N/A	N/A	R/E

Percent Avoided Government Benefits Due to Concern Over Disqualification From Green Card/Citizenship (2019-2021)

Percent Avoided Government Benefits Due to Concern Over Disqualification From Green Card/Citizenship by Race/Ethnicity (2019-2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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[82] **Definition:** "Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you or a family member, from obtaining a green card or becoming a U.S. citizen?" Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Avoided Government Benefits Due to Concern Over Self or Family Members Disqualification from Green Card/Citizenship (California, Orange).* Retrieved from: http://ask.chis.ucla.edu.

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Children Receiving a Development Assessment/Test[83] (CHIS)	75.1% (2021)	72.2%	34.8% (2020-2021)	35.8%	R/E

Percent of Children Receiving a Development Assessment/Test (2015-2021)

Percent of Children Receiving a Development Assessment/Test by Race/Ethnicity (2015-2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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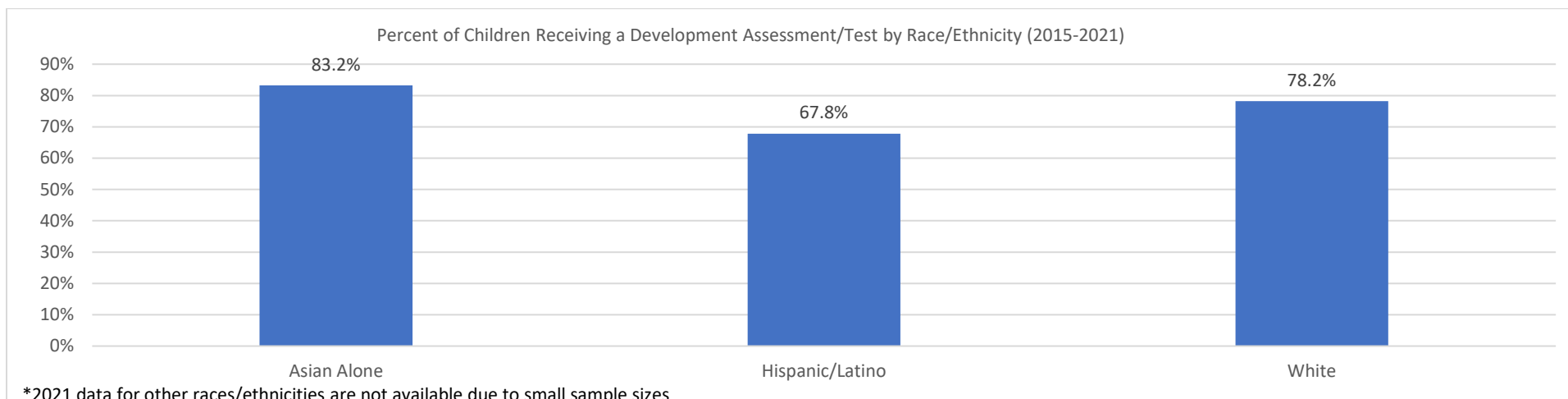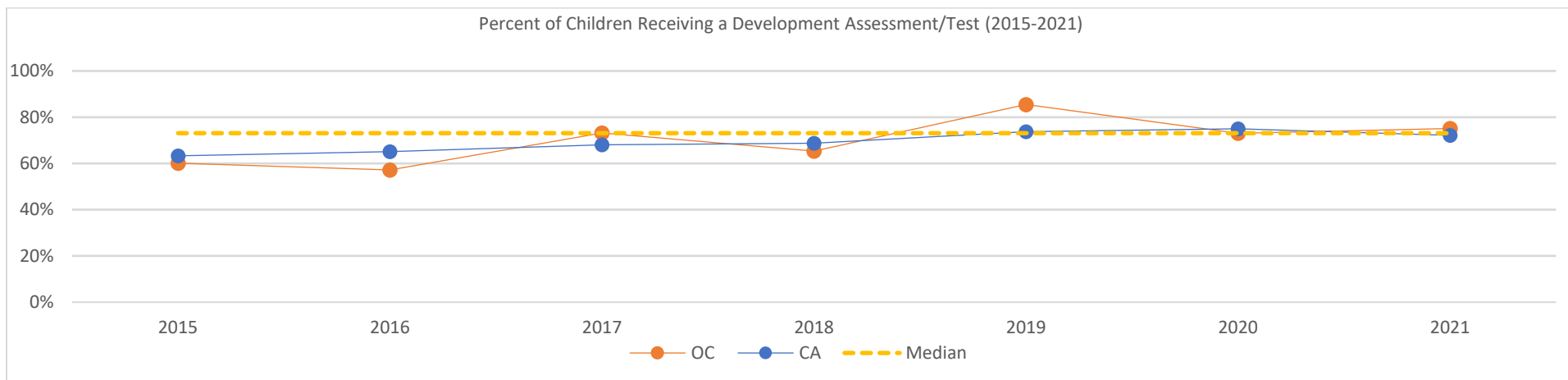
[83] **Definition: "**Did child's doctor, other health providers, teachers or school counselors ever do an assessment or tests of child's development?" Source**:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Child's Doctor/Health Provider or School Officials Ever Did Development Assessment/Test (California, Orange).* Retrieved from: http://ask.chis.ucla.edu.

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Ratio of Population to Health Care Providers[84] (UWPHI)	955:1 (2020)	1234:1	1310:1	N/A	N/A

Ratio of Population to Health Care Providers (2011-2020)

*Data represent population per 1 health care provider

OC ● CA ● US ● Median

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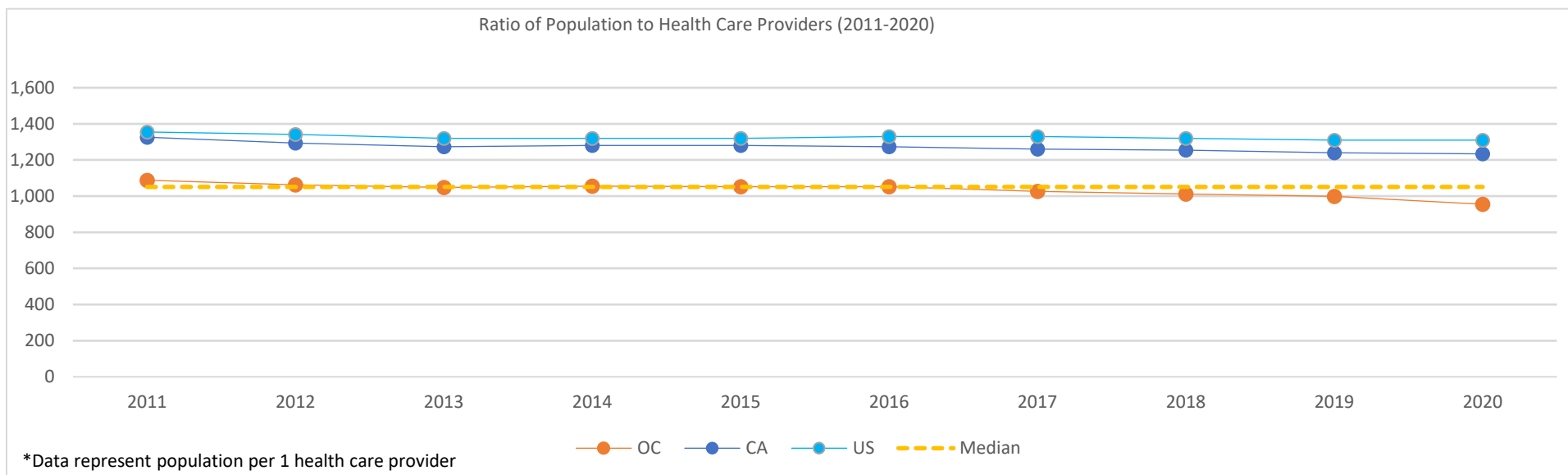
[84] **Definition:** Average number of people served by one health care provider in Orange County. **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & Roadmaps

An initiative of

Topic	FOOD ACCESS / NUTRITION				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
	Food Environment Index (UWPHI)	8.8 (2020)	8.8	7.0	N/A
	Percent of Adults Who Are Food Insecure (CHIS)	39.7% (2021)	39.0%	10.2%	6.0%
	Percent of HIV+ Adults Who Received Food Bank/Home Delivered Meals (HRSA)	14.7% (2021)	15.6%	14.7%	N/A

Equity & Disparities	− Parts of north and south county have a less percentage of population within ½- mile of a supermarket (AdvanceOC's Orange County Equity Map) − Percent of Adults Who Are Food Insecure: Almost half of those food insecure were Hispanics (49.0%) compared to Whites (26.0%) and Asians (22.9%)

Qualitative Findings	**End of Programming that Supported Food Security** − Lack of food programs that target core populations in need − Reduction in school programming that assists low-income students − COVID government assistance programs for food being phased out − Need for food distribution similar to that during COVID **Need for education around food security and food access support** − Creative programming to distribute leftover food, eliminate food waste, or create community gardens − Need for universal free meals for children − Need for food access support − Education on how to navigate food security − Raise awareness of programs that accept donations from local stores and distribute at food pantries − New models in Riverside: food boxes at doctors' offices − Food banks providing healthier food **Issues affecting food availability** − Cost of healthy food continues to increase − Climate change may impact crops and food access **Lack of youth nutrition prioritization** − School nutrition, structure of menus − Marketing and brainwashing of youth regarding food − Reduction in school programming that assists low-income students

Current Collaborative Activities	− HCA's County Nutrition Action Plan − EiOC's (new) Food Access Collaborative / *OC Hunger Alliance*

EQUITY IN OC

An initiative of OC health CARE AGENCY

FOOD ACCESS/NUTRITION
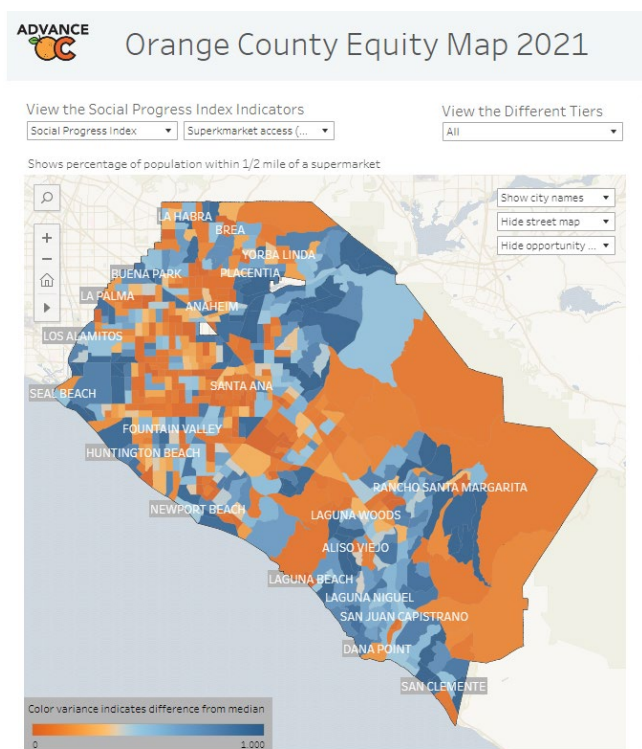
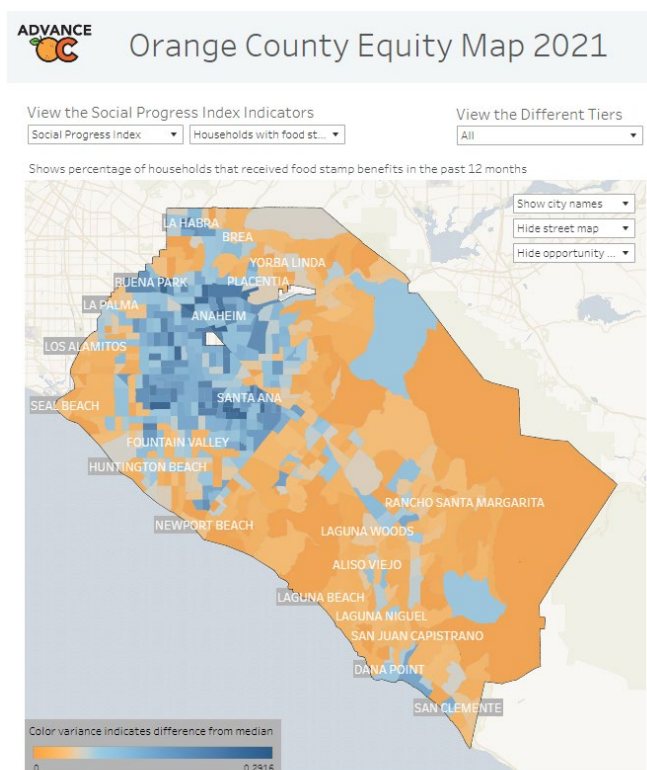
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportun

Supermarket Access:

- Blue census tracts had greater access to **supermarkets than orange census tracts.**
- **Parts of North and South County (colored in shades of orange) had a less percentage of population within ½– mile of a supermarket.**
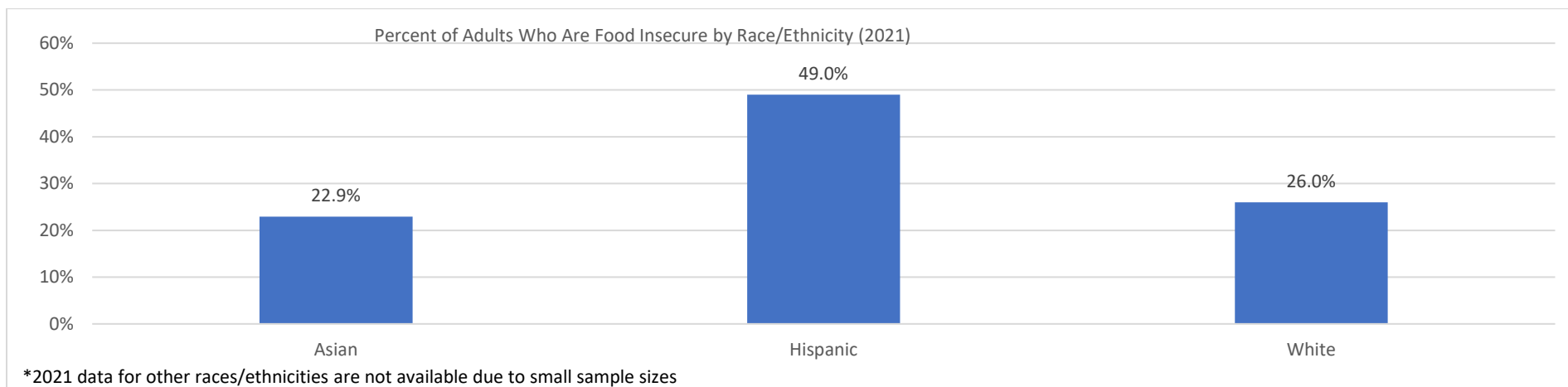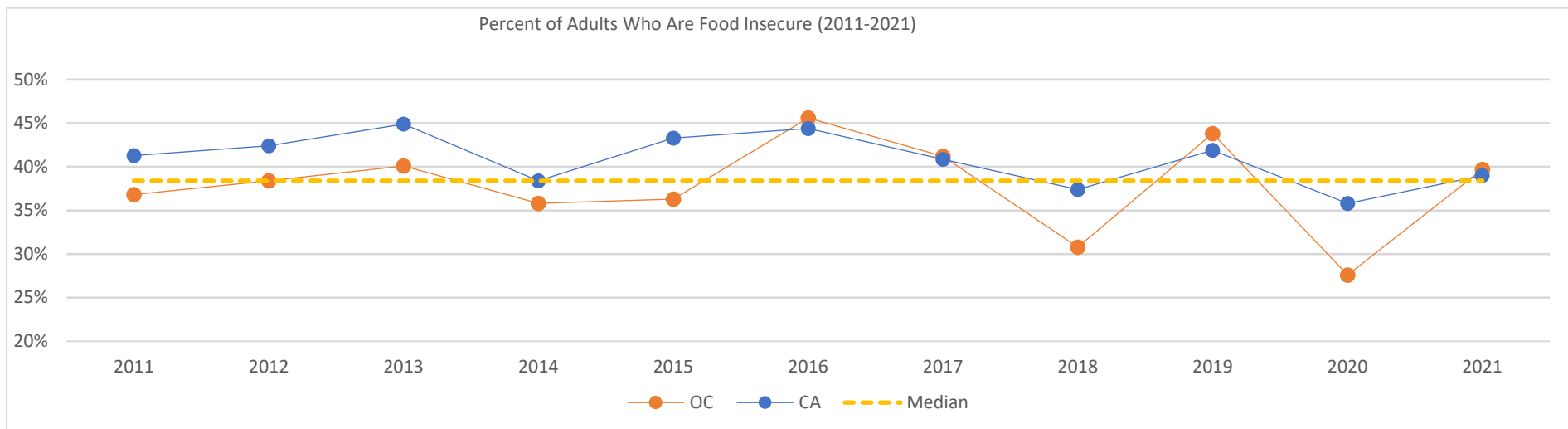
Household with Food Stamps:

- **Blue census tracts received food stamps at a higher rate than orange census tracts.**
- **A higher percentage of households in North and West County received food stamp benefits in the past 12 months compared to the rest of the County.**

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportun

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Food Environment Index[85] (UWPHI)	8.8 (2020)	8.8	7.0	N/A	N/A
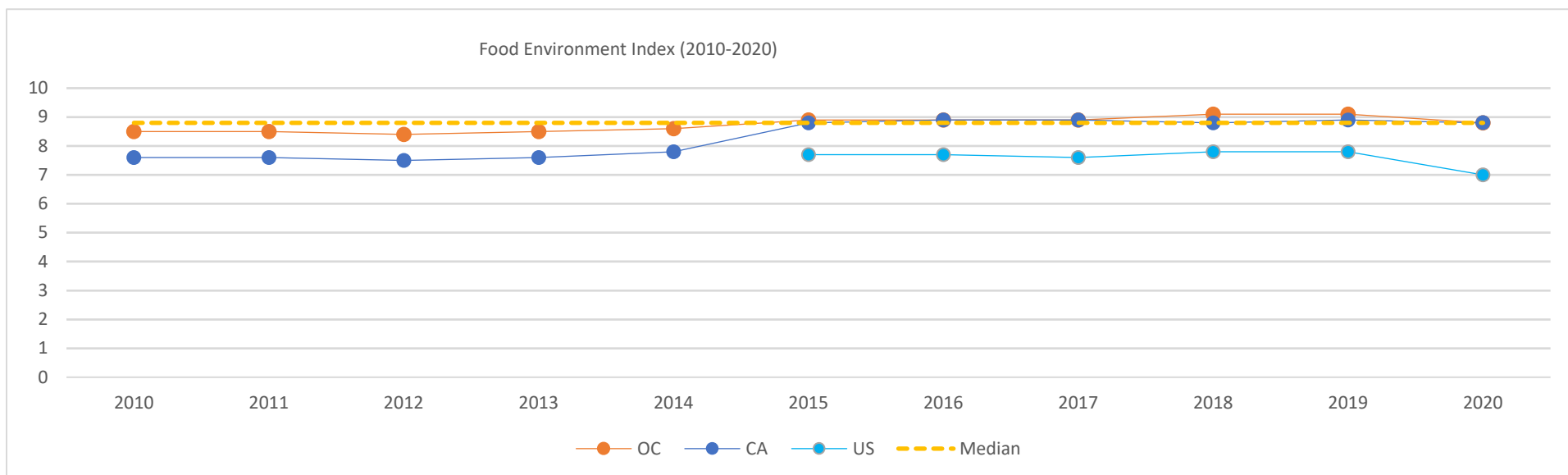
Food Environment Index (2010-2020)

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An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Are Food Insecure[86] (CHIS)	39.7% (2021)	39.0%	10.2%	6.0%	R-E

Percent of Adults Who Are Food Insecure (2011-2021)

Percent of Adults Who Are Food Insecure by Race/Ethnicity (2021)

*2021 data for other races/ethnicities are not available due to small sample sizes

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[86] **Definition:** Asked of adults whose income is less than 200% of the Federal Poverty Level, whether they were able to afford enough food. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Food Security* (California, Orange). Retrieved from: http://ask.chis.ucla.edu

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of HIV+ Adults Who Received Food Bank/Home Delivered Meals[87] (HRSA)	14.7% (2021)	15.6%	14.7%	N/A	N/A

Percent of HIV+ Adults Who Recieved Food Bank/Home Delivered Meals (2010-2021)

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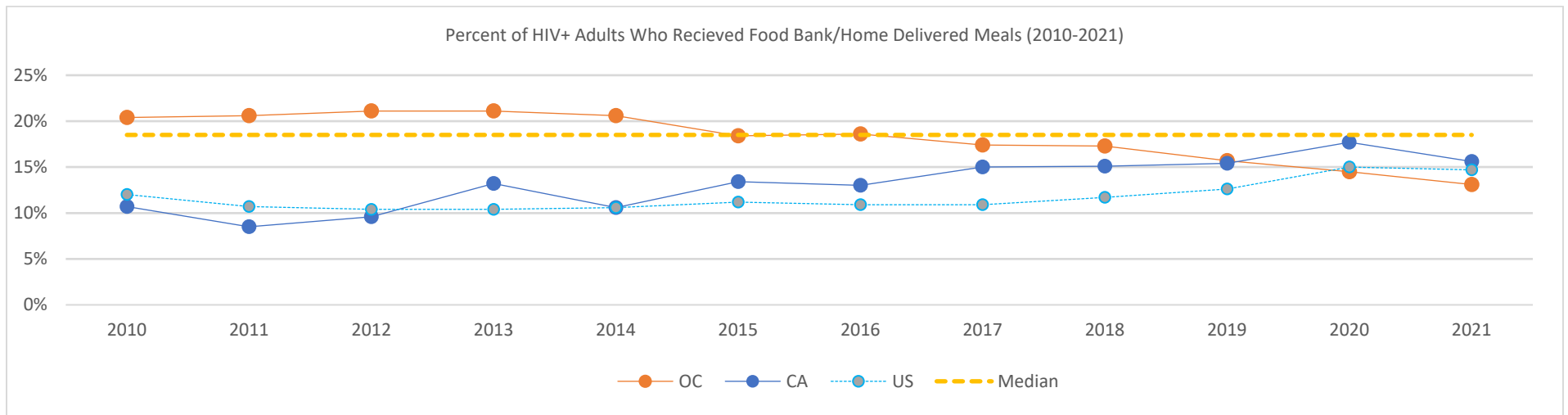
[87] **Definition:** Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. **Source:** U.S. Department of Health Resources and Services Administration (HRSA) (n.d.). *Ryan White HIV/AIDs Program Compass Dashboard.* Retrieved from: Ryan White HIV/AIDS Program Compass Dashboard (hrsa.gov)

Topic	ECONOMIC DISPARITIES				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
	Per Capita Income in Orange County (ACS)	$ 47,334.00 (2021)	$ 42,396 .00	$ 38,332 .00	N/A
	Percent of People Living Below Poverty Level (ACS)	9.9% (2021)	12.3%	12.8%	8.0%
	Percent of Children Living Below Poverty Level (ACS)	10.8% (2021)	15.8%	16.9%	N/A
	Percent of Adults 65+ Living Below Poverty Level (ACS)	10.0% (2021)	11.1%	10.3%	N/A
	High School Graduate or Higher by Age 25 (ACS)	87.3% (2021)	84.4%	89.4%	N/A

Equity & Disparities

- **Per Capita Income in Orange County: White ($62,278) enjoy a higher per capita income than Black ($40,976), AIAN ($27,611) and Asian ($46,136**

- **Percent of People Living Below Poverty Level: White (7.8%) has the least percent of people living below poverty level in comparison to Black (13.1%), AIAN (12.8%) and Asian (11.5%).**

Qualitative Findings

Economic Disparity

- **Affordability of Health Care**

- **Need for Financial Literacy and Increased Funding Opportunities**

- **Lack of safety nets for workers like unions**

- **Lack of cash assistance opportunities for the working poor and unhoused**

- **Workforce development programs siloed**

- **Increase in housing costs and inflation**

- **Pandemic EBT ended, decrease in food assistance for vulnerable families**

- **Decrease in pandemic relief funding, impacting communities with the lowest SPI first**

- **Opportunities:**

- **Neighborhood groups are forming access to CalFresh**

- **Evaluation redesign of WIC to increase enrollment**

- **Guaranteed income pilots to address economic disparities**

- **Increase in minimum wage proposals to reduce economic disparities**

Current Collaborative Activities

EQUITY IN OC

An initiative of OC health CARE AGENCY

ECONOMIC DISPARITIES

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opport

Gender Pay Gap:

- Blue census tracts experienced a greater pay gap than orange census tracts.

- Parts of central and south county had a higher (shades of orange) gender pay gap (lower ratio) compared to other parts of the county.

Earning Above Poverty Line:

- Green census tracts had greater rates of people earning more than 200% of federal poverty line than orange census tracts.
- Areas of south County had over 75% of people earning more than 200% of federal poverty line compared to the rest of the County (Source: California Health Places Index.)
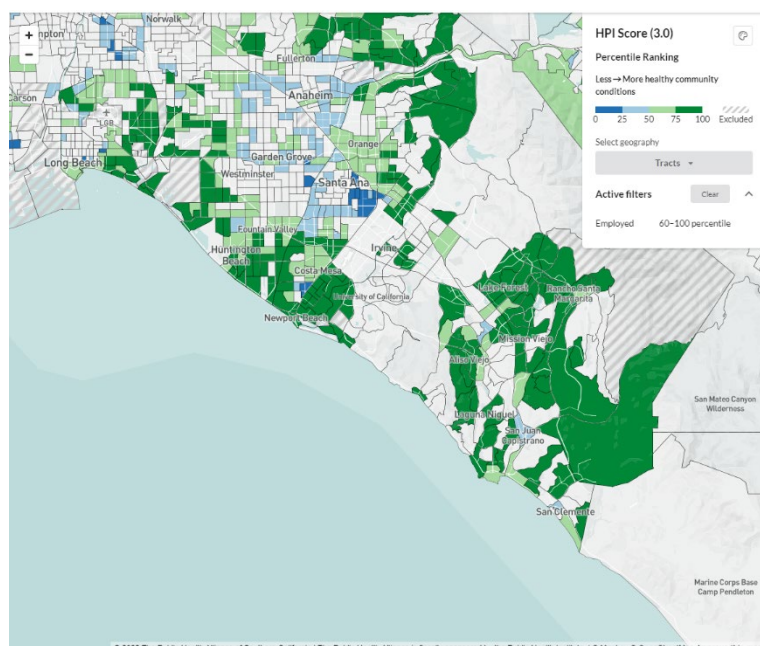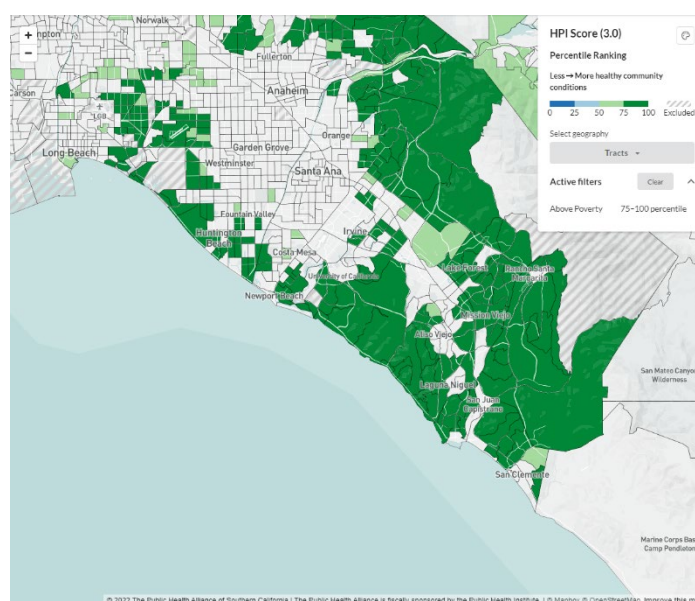
Percent with a Job:

- Green regions have higher rates of people aged 20-64 with a job than orange regions.
- Areas of south and west County has over 60% of people aged 20-64 with a job compared to the rest of the County (Source: California Health Places Index.)

Social and Economic Indicators

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Per Capita Income[88] in Orange County (ACS)	$ 47,334.00 (2021)	$ 42,396.00	$ 38,332.00	N/A	R/E

Per Capita Income in Orange County (2010-2021)

*2020 data is unavailable

Per Capita Income in Orange County by Race/Ethnicity (2021)

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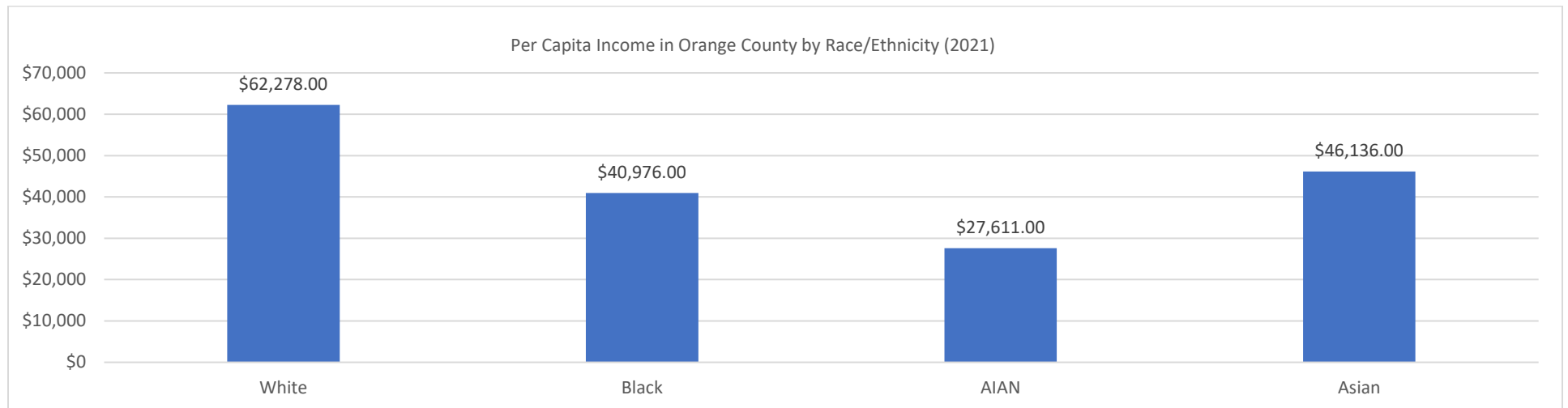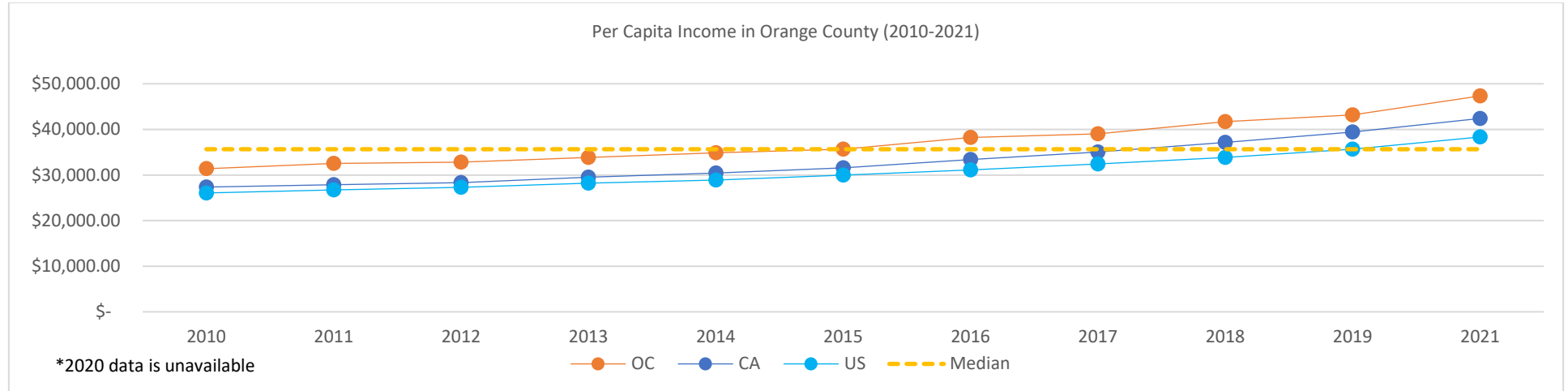
[88] **Definition**: Amount of money earned per person in a given year. **Source**: U.S. Census Bureau (2021). Per Capita Income in the Past 12 months, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: B19301: PER CAPITA INCOME IN THE ... - Census Bureau Table
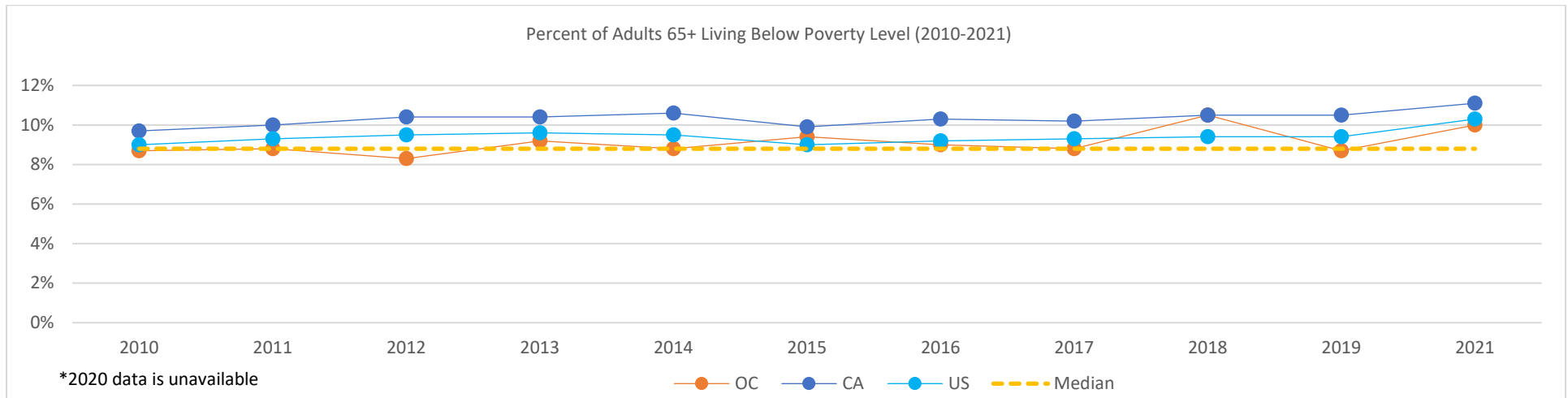
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An initiative of

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of People Living Below Poverty Level[89] (ACS)	9.9% (2021)	12.3%	12.8%	8.0%	R/E

Percent of People Living Below Poverty Level (2010-2021)

*2020 data is unavailable

Percent of People Living Below Poverty Level by Race/Ethnicity (2021)

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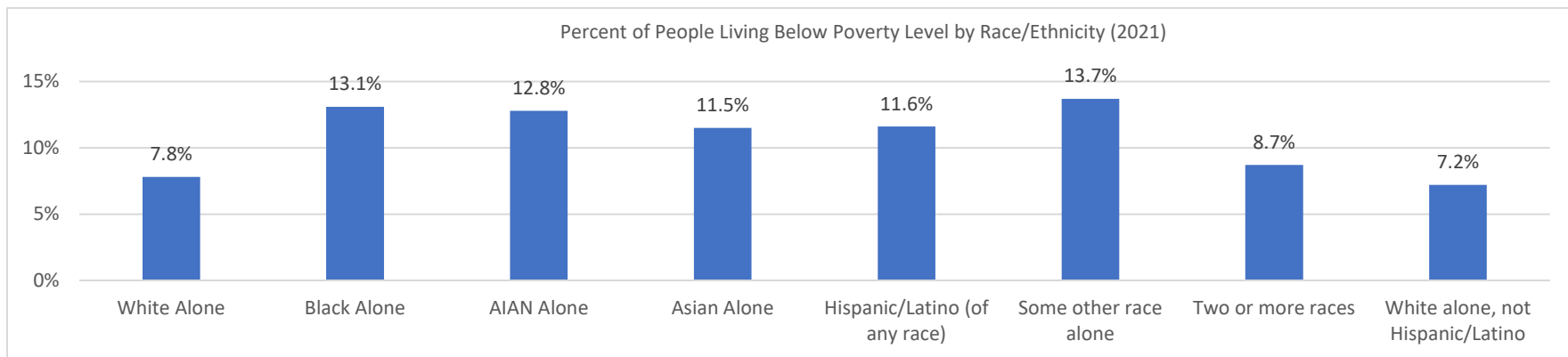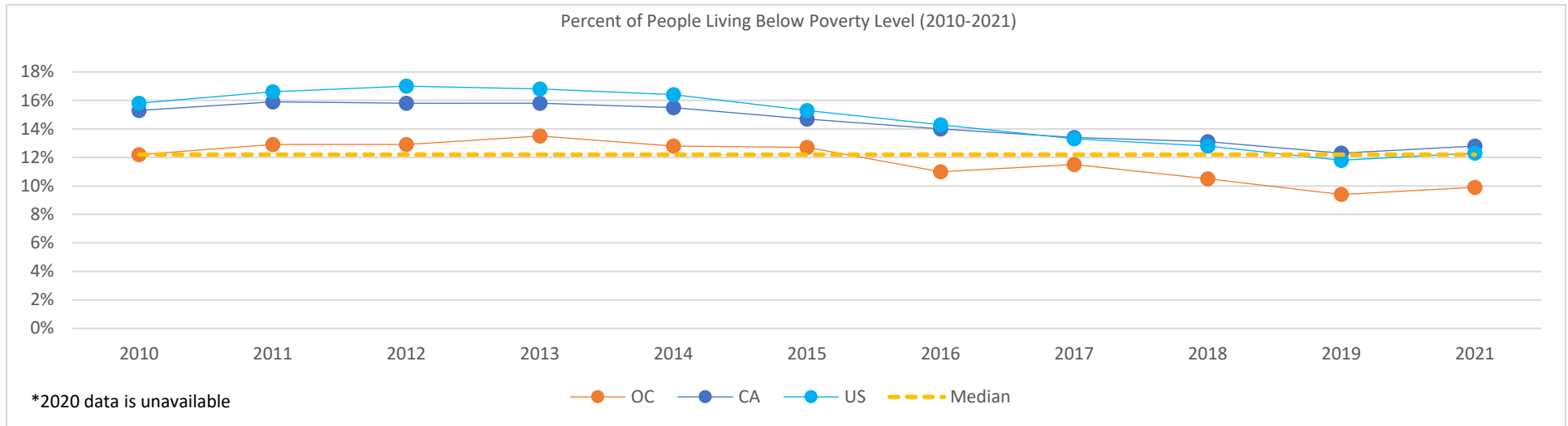
[89] **Definition:** When total income of that person's family is less than the threshold appropriate for that family. **Source:** U.S. Census Bureau (2021). Poverty Status in the Past 12 Months, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: <u>S1701: POVERTY STATUS IN THE PAST ... - Census Bureau Table</u>

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Children Living Below Poverty Level[90] (ACS)	10.8% (2021)	15.8%	16.9%	N/A	Geographic

Percent of Children Living Below Poverty Level (2010-2021)

Percent of Children Under 18 Years Old Living in Poverty, by City, 2019

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, Table S1701

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[90] **Definition:** When total income of that person's family is less than the threshold appropriate for that family. **Source:** U.S. Census Bureau (2021). Poverty Status in the Past 12 Months, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: <u>S1701: POVERTY STATUS IN THE PAST ... - Census Bureau Table</u>

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults 65+ Living Below Poverty Level[91] (ACS)	10.0% (2021)	11.1%	10.3%	N/A	N/A

Percent of Adults 65+ Living Below Poverty Level (2010-2021)

*2020 data is unavailable

OC   CA   US   — — Median

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[91] **Definition:** When total income of that person's family is less than the threshold appropriate for that family. **Source:** U.S. Census Bureau (2021). Poverty Status in the Past 12 Months, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: S1701: POVERTY STATUS IN THE PAST … - Census Bureau Table

Orange County 2023 Community Health Assessment – Findings

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
High School Graduate or Higher by Age 25 [92] (ACS)	87.3% (2021)	84.4%	89.4%	N/A	R/E

High School Graduate or Higher by Age 25 (2010-2021)

*2020 data is unavailable

High School Graduate or Higher by Race/Ethnicity (2021)

White Alone	Black Alone	AIAN Alone	Asian Alone	NHOPI	Some other race alone	Two or more races	White alone, not Hispanic/Latino
93.5%	88.0%	77.5%	87.8%	88.0%	67.2%	80.6%	72.4%

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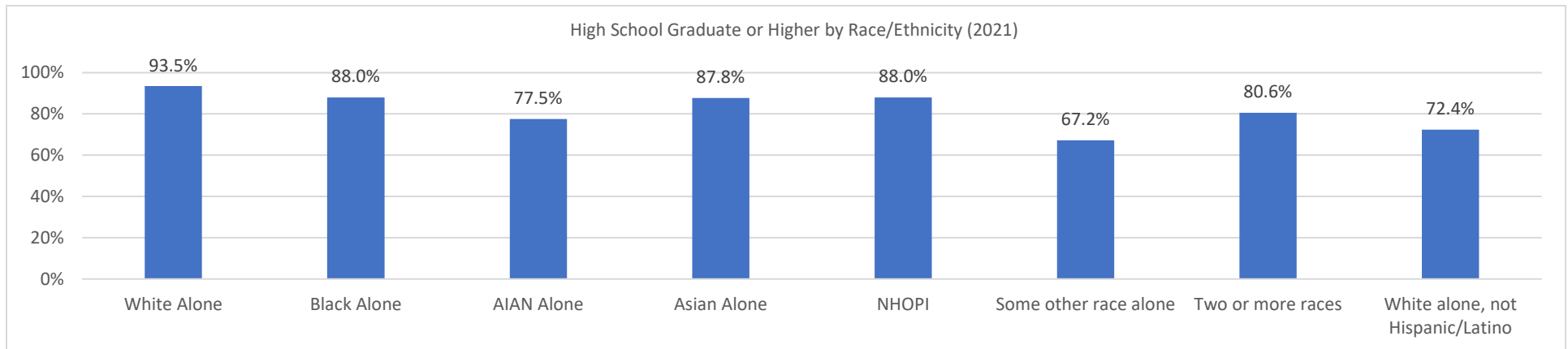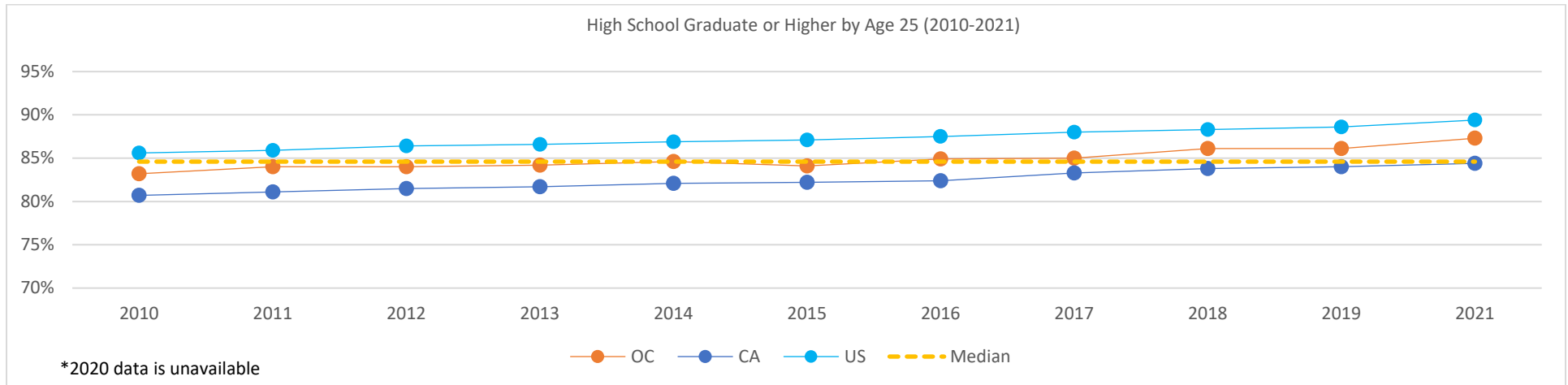
[92] **Definition:** People whose highest degree was a high school diploma or its equivalent, people who attended college but did not receive a degree, and people who received an associate's, bachelor's, master's, or professional or doctorate degree. **Source:** U.S. Census Bureau (2021) Education Attainment, 2010-2021, *American Community Survey 1-Year Estimates.* Retrieved from: S1501: EDUCATIONAL ATTAINMENT - Census Bureau Table.

Topic	LANGUAGE ACCESS				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
	11th Grade Students Proficient in English/Language Arts (CA Dept of Education, KidsData)	66.8% (2021)	59.2%	N/A	N/A

Equity & Disparities

- Third grade language arts proficiency is notably lower in parts of north County compared to the rest of the County (Advance OC's Social Progress index)

- More areas of north and central County had no household members who spoke English compared to rest of the County

Qualitative Findings

Linguistically competent services and resources increase access to resources and care

- Need for culturally competent language services and resources
- Making healthy choices would be easier if there were clear, culturally competent and easily understood choices in multiple languages
- Linguistic and cultural needs increases workforce
- Bilingual and culturally competent partners

Language Barriers
- Language barriers and lack of language appropriate care prevent people from accessing care
- Lack of translations for written material prevent equitable dissemination of information

Current Collaborative Activities

LANGUAGE ACCESS

Third Grade Language Arts:

- Orange areas are performing worse on this indicator.
- Third grade language arts proficiency is notably lower in parts of North County compared to the rest of the County.

Linguistic Isolation

- Blue areas are performing worse on this indicator.
- More areas of North and Central County had no household members who spoke English compared to rest of the County
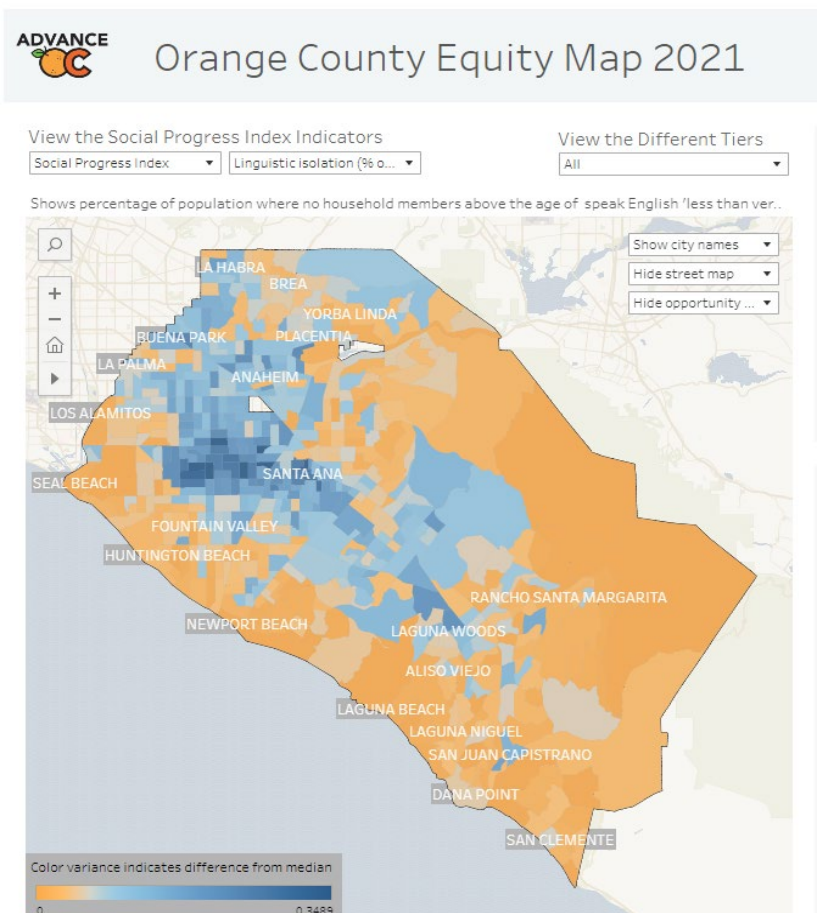
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
11th Grade Students Proficient in English/Language Arts93 (CA Dept of Education, KidsData)	66.8% (2021)	59.2%	N/A	N/A	R/E

11th Grade Students Proficient in English/Language Arts (2015-2021)

*2020 data is unavailable

OC ● CA ● Median

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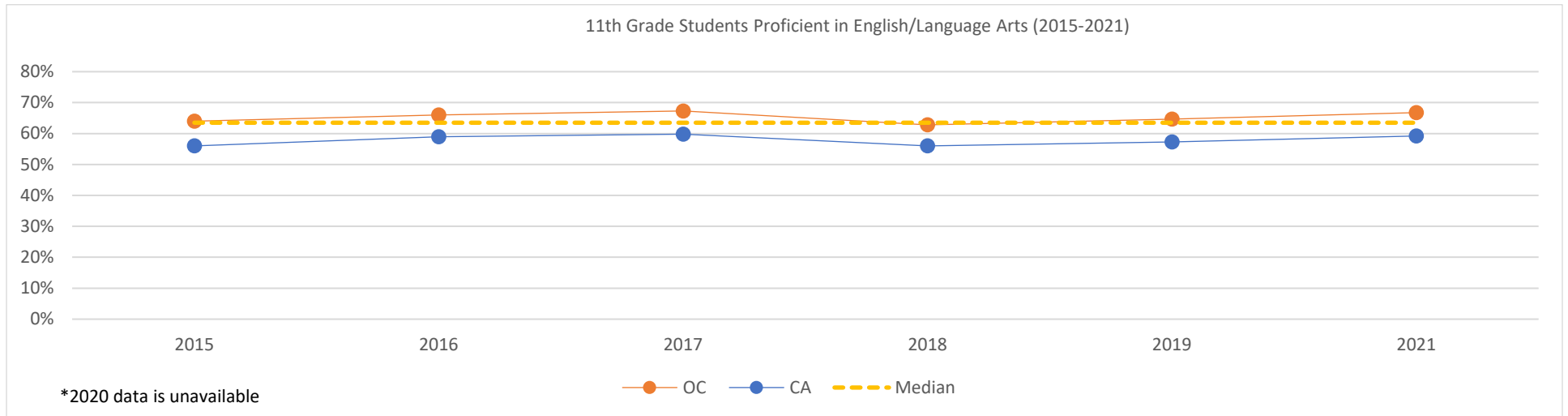
93 **Definition:** Percentage of public school students in Grade 11 who meet or exceed their grade-level standard on the California Assessment of Student Performance and Progress (CAASPP) Smarter Balanced Summative Assessment for English language arts/literacy (ELA). **Source:** Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASPP), by Grade Level - Kidsdata.org

An initiative of

Topic	EXERCISE				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	**Percent of Adults Reporting Fair or Poor Health (UWPHI)**	13.0% (2020)	14.0%	12.0%	N/A
	Adults 18+ Who Are Physically Inactive (Sedentary) (UWPHI)	21% (2020)	21%	22%	N/A
	Percent of 5th Graders Meeting All Fitness Standards (CDE)	28.5% (2019)	23.1% (2019)	23.2% (2019)	30.6%
	Percent of 7th Graders Meeting All Fitness Standards (CDE)	34.8% (2019)	28.2% (2019)	23.6% (2019)	30.4%
	Percent of 9th Graders Meeting All Fitness Standards (CDE)	42.2% (2019)	33.0% (2019)	23.2% (2019)	30.6%

Equity & Disparities

− **North county has a higher percentage of children under five who are vulnerable on physical health and wellbeing (AdvanceOC's Orange County Equity Map)**

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Qualitative Findings

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Current Collaborative Activities

− Orange County Nutrition and Physical Activity Collaborative: The mission is to lead coordinated efforts and maximize resources to decrease obesity and improve healthy eating and physical activity among Orange County families and communities.

EXERCISE
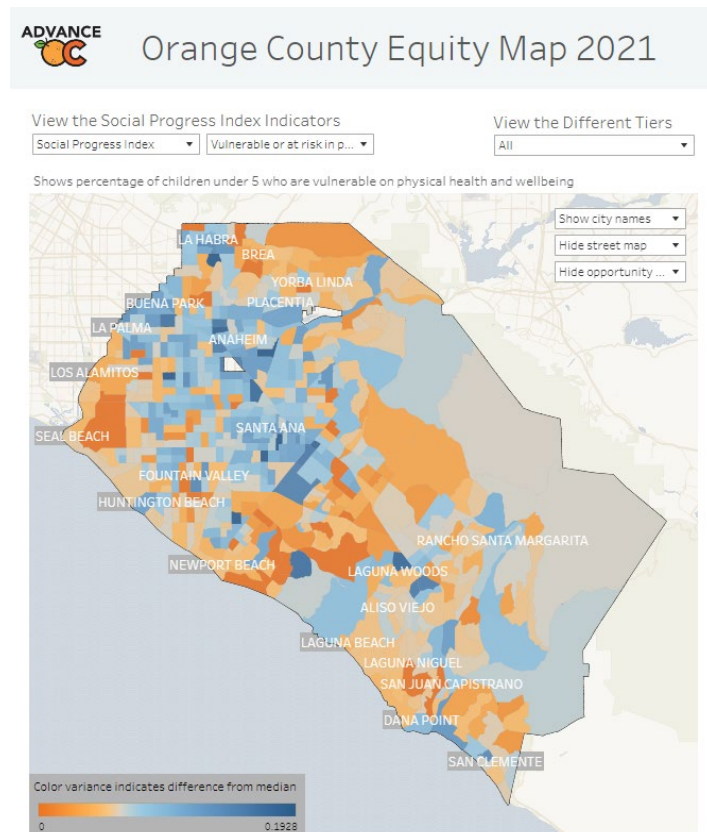
Vulnerable or at Risk on Physical Health and Well–Being:

- **Blue regions are performing worse than the orange regions on this indicator.**
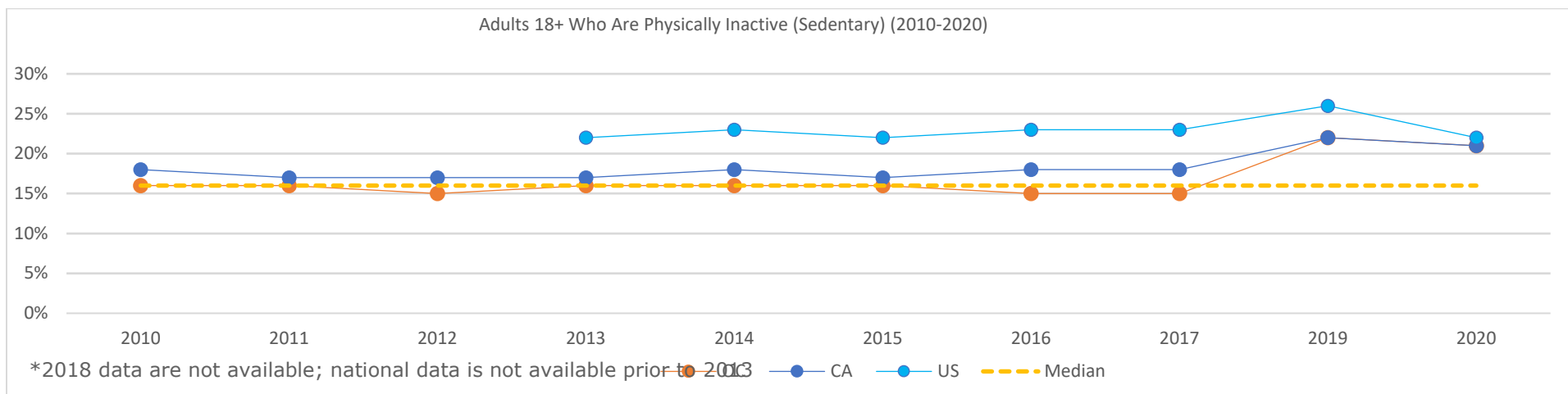- **North county has a higher percentage of children under five who are vulnerable on physical health and wellbeing**

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Reporting Fair or Poor Health[94] (UWPHI)	13.0% (2020)	14.0%	12.0%	N/A	N/A
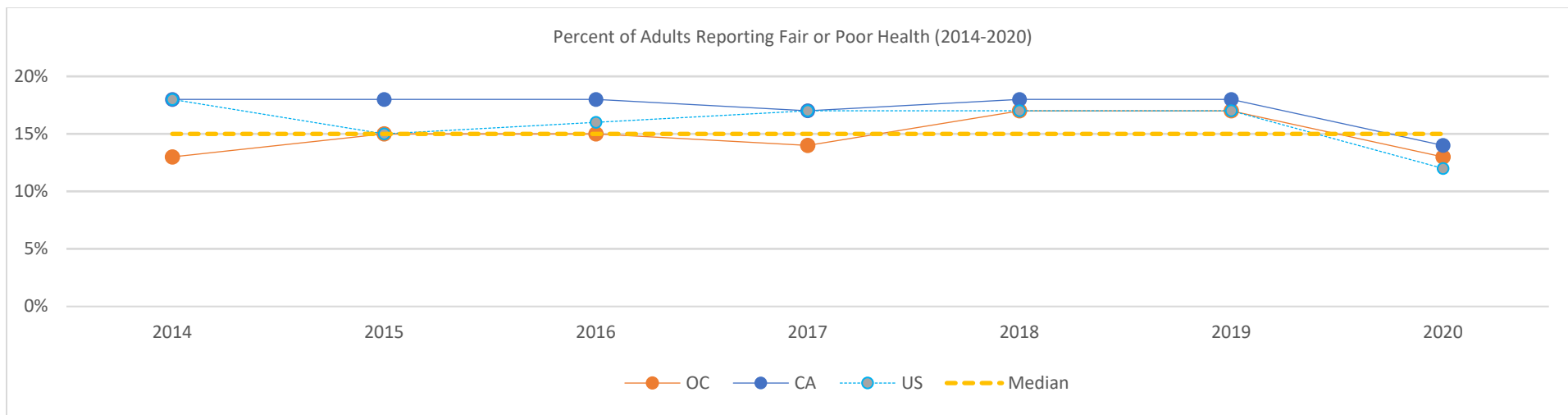
Percent of Adults Reporting Fair or Poor Health (2014-2020)

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Adults 18+ Who Are Physically Inactive (Sedentary) (UWPHI)[95]	21% (2020)	21%	22%	N/A	N/A

Adults 18+ Who Are Physically Inactive (Sedentary) (2010-2020)

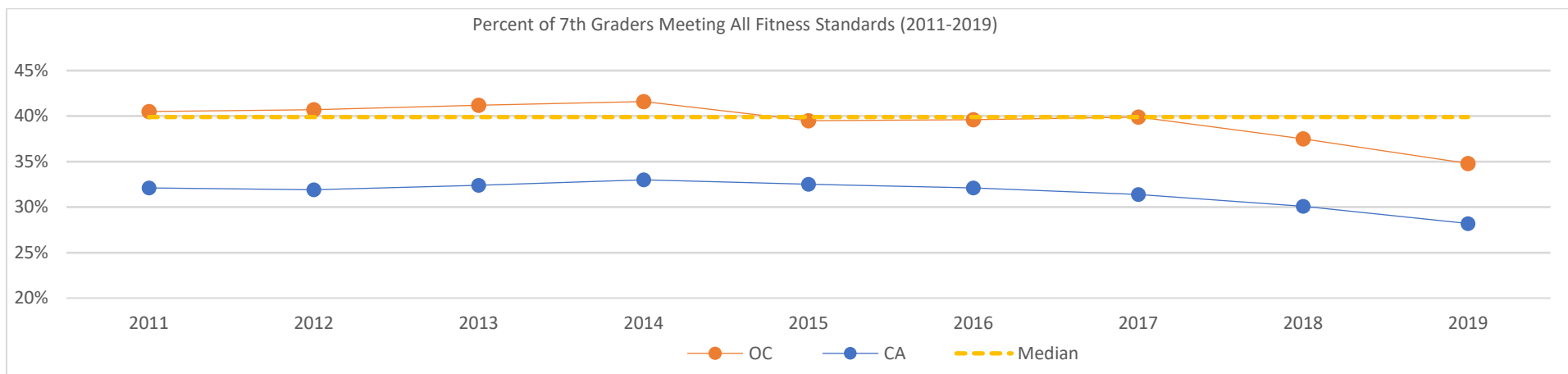*2018 data are not available; national data is not available prior to 2013

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[95] **Definition:** Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & Roadmaps.

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 5th Graders Meeting All Fitness Standards (CDE)[96]	28.5% (2019)	23.1% (2019)	23.2% (2019)	30.6%	N/A

Percent of 5th Graders Meeting All Fitness Standards (2011-2019)

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[96] **Definition:** Percentage of public school students in grades 5, 7, and 9 scoring in the "Healthy Fitness Zone" on all six areas of the FitnessGram assessment, by grade level. **Source:** California Department of Education (2020, January). *Physical Fitness Testing Research Files*. Retrieved from: Students Meeting All Fitness Standards, by Grade Level - Kidsdata.org

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 7th Graders Meeting All Fitness Standards (CDE)[97]	34.8% (2019)	28.2% (2019)	23.6% (2020-2021)	30.4%	R-E

Percent of 7th Graders Meeting All Fitness Standards (2011-2019)

Percent of 7th Graders Meeting All Fitness Standards by Race/Ethnicity (2019)

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[97] **Definition:** Percentage of public school students in grades 5, 7, and 9 scoring in the "Healthy Fitness Zone" on all six areas of the FitnessGram assessment, by grade level.
Source: California Department of Education (2020, January). *Physical Fitness Testing Research Files*. Retrieved from: Students Meeting All Fitness Standards, by Grade Level - Kidsdata.org

An initiative of

Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 9th Graders Meeting All Fitness Standards (CDE)[98]	42.2% (2019)	33.0% (2019)	23.2% (2019)	30.6%	R-E

Percent of 9th Graders Meeting All Fitness Standards (2011-2019)

Percent of 9th Graders Meeting All Fitness Standards by Race/Ethnicity (2019)

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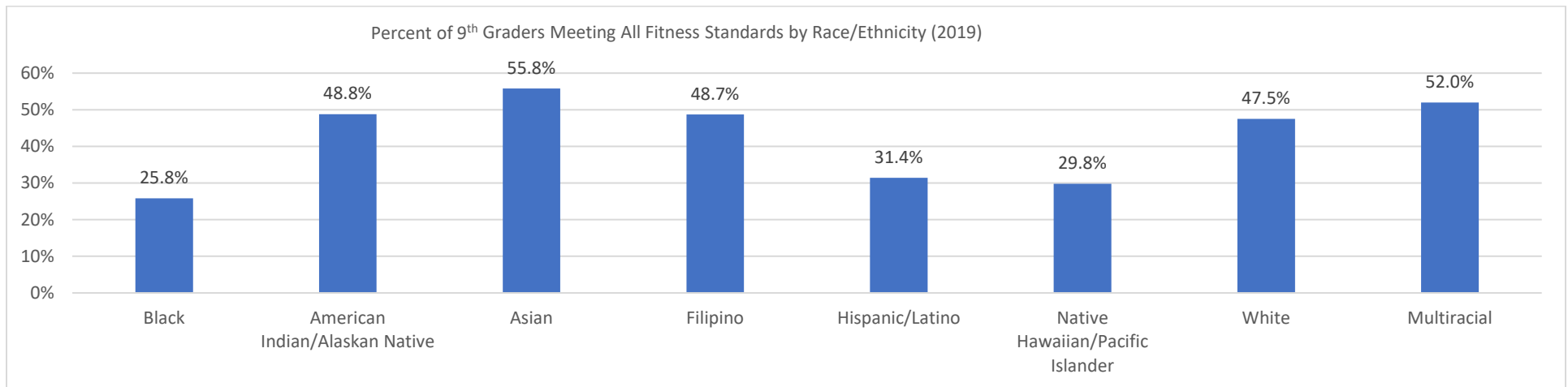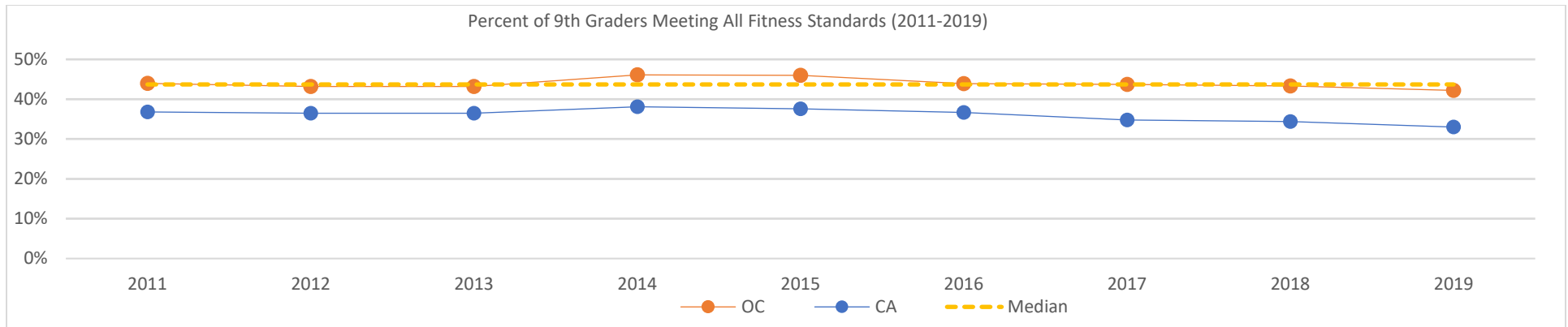
[98] **Definition:** Percentage of public school students in grades 5, 7, and 9 scoring in the "Healthy Fitness Zone" on all six areas of the FitnessGram assessment, by grade level.
Source: California Department of Education (2020, January). *Physical Fitness Testing Research Files*. Retrieved from: Students Meeting All Fitness Standards, by Grade Level - Kidsdata.org

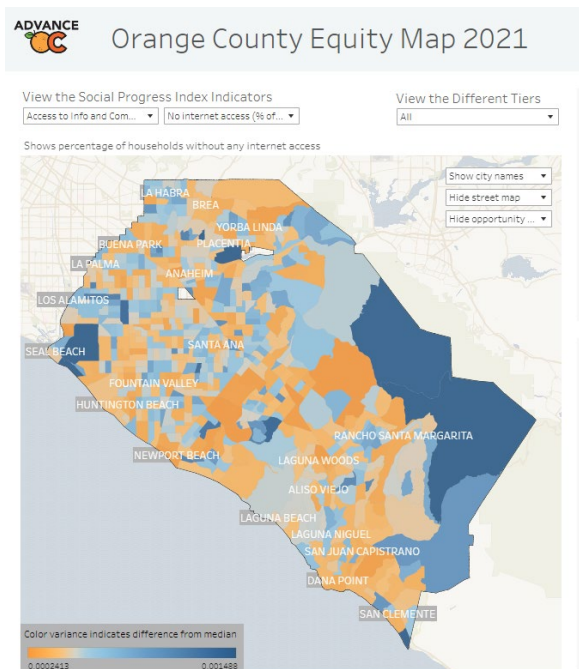| Topic	IMMIGRATION AND REFUGEES				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Equity & Disparities	–				

Qualitative Findings

- Hispanic/Latino immigration support is needed
- Immigration status constrains lower-income immigrants from receiving government support
- Lack of federal policy on immigration
- Immigrants fearful of accessing needed services resulting in exacerbation of health issues and potential spread of disease
- Threats to access to resources and information
  - Immigration growth in OC impacting access
  - County programming designed for immigrants only
- Opportunities to collaborate between organizations and the community
  - More local advocacy supporting immigrants and refugees
  - Refugee organizations left out of the current scheme
- Need for more education and resources
  - More legal resources available and education on immigrant issues and needs
  - Education for COBs working with immigrant population on different immigration statuses, how people apply, barriers, etc.
  - Dashboard to visually see immigration-sphere in OC to increase comprehension
- Policy changes and increased fear have resulted in separation of families and increased vulnerability of immigrants to exploitation and violence
- Update K-12 education to be more current, immigration should be taught

Current Collaborative Activities

Topic	SOCIAL MEDIA / INFORMATION ACCESS				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
	–				

Equity & Disparities

Qualitative Findings

Automation's influence on information dissemination

- Media fragmentation to message targets
- Creates "echo chambers" in places like social media where differing views can be muted
- Social media impact on youth mental health
- Social media to increase community engagement and awareness of issues among younger generations
- Social media increases health communication
- More social media engagement makes it easier for political organizers to seek rights for undocumented people
- Social media and increased commercial use of the internet result in decreased privacy, parental involvement, and family cohesion
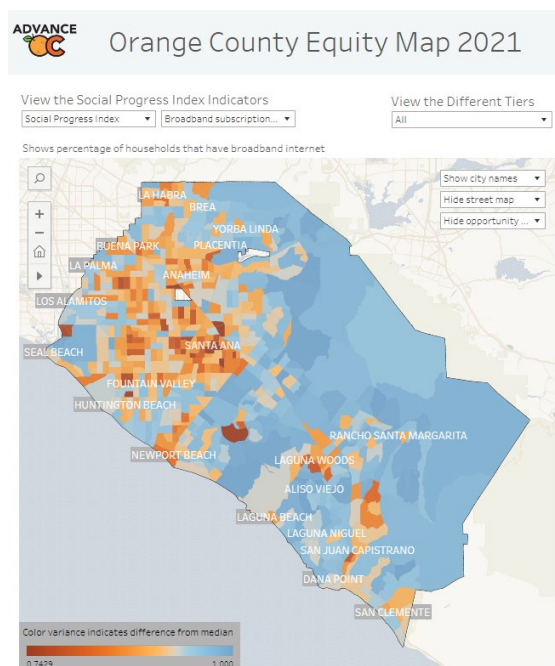
Current Collaborative Activities

SOCIAL MEDIA/INFORMATION ACCESS

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportuni

- Blue regions have lower rates of internet access than orange regions.
- Most of North and Central county have a higher percentage of households without any internet access.

Broadband Internet Access:

- Blue regions have greater rates of broadband subscription than orange regions.
- Most of North and West County has a lower percentage of households that have broadband internet access compared to the rest of the County.

Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportur
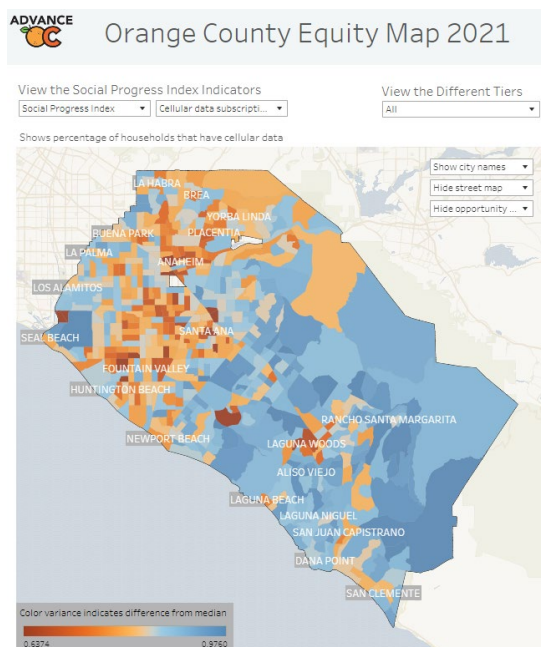
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Oppor

Households with Cellular Data:

- Blue regions have greater rates of cellular data subscription than orange regions

- Most of North and West County has a lower percentage of households that have cellular data compared to the rest of the County.

Topic	DATA ACCESS AND SUPPORTS				
Data	**Indicator Name**	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**

Equity & Disparities

- Most of north and central county have a higher percentage of households without any internet access (Advance OC's Orange County Equity Map 2021)

- Most of north and west County has a lower percentage of households that have broadband internet access compared to the rest of the County (Advance OC's Orange County Equity Map 2021)

- Most of north and west County has a lower percentage of households that have cellular data compared to the rest of the County (Advance OC's Orange County Equity Map 2021)

Qualitative Findings

- Optimistic about government leaders taking initiative to include more communities in data collection

- Use relationships with different media providers (e.g., print, radio, television, the Internet)

- Social media to increase health communication

- Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?

- Develop health communication plans for media and public relations and for sharing information among LPHS organizations

- Social media to increase community engagement

- Increased sense of community, particularly for those who are physically isolated

Current Collaborative Activities