EQUITY IN **OC**

Orange County 2023 Community Health Assessment

Summary of Findings

August 2023

An initiative of

OChealth CARE AGENCY

Orange County
2023 Community Health Assessment
Summary of Findings

TABLE OF CONTENTS

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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 the scoring of 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: High level view of county-wide indicators related to 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.

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EQUITY AND DISPARITIES: Also in each summary are brief descriptions of disparities revealed in the indicators to inform the scoring. Insights gained from census tract–level maps of related indicators from the Orange County Equity Map (based on the Social Progress Index[1]) are also provided.

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

Orange County 2023 Community Health Assessment – Summary of Findings

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

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– 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

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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.

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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	– Orange County Diabetes Collaborative

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Orange County 2023 Community Health Assessment – Summary of Findings

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 Graders Who Use Alcohol or Drugs (CDE)	15.0% (2019-2021)	23.0% (2017-2019)	N/A	N/A
	Percent of 7th Graders Who Use E-Cigarettes (Vaping) (CDE)	2.0% (2019-2021)	4.0% (2017-2019)	N/A	N/A
	Percent of 9th Graders Who Use E-Cigarettes (Vaping) (CDE)	4.0% (2019-2021)	9.0% (2017-2019)	13.1% (2020)	10.5%
	Percent of 11th 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.

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

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Current Collaborative Activities	– YOR Project (BeWell)
	– Connect OC

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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	− 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."

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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.

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Orange County 2023 Community Health Assessment – Summary of Findings

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

Orange County 2023 Community Health Assessment – Summary of Findings

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.

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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	

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Topic	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	

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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)	64.3% (2021)	65.2%	N/A	N/A
	Ratio of Population to Dental Providers (UWPHI)	827:1 (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.

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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					

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HEALTH DETERMINANTS

Orange County 2023 Community Health Assessment – Summary of Findings

Topic	HOUSING / HOMELESS				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
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

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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)	2.7% (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	

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Orange County 2023 Community Health Assessment – Summary of Findings

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

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Topic	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

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

– 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

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Topic	FOOD ACCESS / NUTRITION				
	Indicator Name	**Actual Value** (most recent year)	**CA Value**	**US Value**	**HP 2030 Goal**
Data	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 Food Access Collaborative / OC Hunger Alliance

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Orange County 2023 Community Health Assessment – Summary of Findings

Topic	ECONOMIC DISPARITIES				

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

− 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

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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	

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Orange County 2023 Community Health Assessment – Summary of Findings

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)

Qualitative Findings	

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.

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

Orange County 2023 Community Health Assessment – Summary of Findings

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