# Orange County 2023 Community Health Assessment

## Findings & Data Graphics

August 2023

An initiative of



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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 highlevel 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.



<u>EQUITY AND DISPARITIES:</u> 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<sup>1</sup>, 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: <a href="https://www.equityinoc.com/event/2023-community-health-assessment">https://www.equityinoc.com/event/2023-community-health-assessment</a>.

<u>CURRENT COLLABORATIVE ACTIVITIES:</u> 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.

<sup>&</sup>lt;sup>1</sup> 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** 



Topic	MENTAL HEALTH				
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 203 Goal
	Percent of Adults Needing Help with Mental, Emotional, or Substance Abuse Problems (CHIS)	<mark>22.0%</mark> (2021)	25.0%	N/A	N/A
Percent of Teens Needing Help with Emotional/Mental Health Problems (CHIS)  Percent of Adults Needing and Receiving Behavioral Health Care Services (CHIS)	47.1% (2021)	36.7%	N/A	N/A	
	<mark>47.9%</mark> (2021)	53.8%	N/A	N/A	
	Percent of Adults with Likely Serious Psychological Distress During Past Year (CHIS)	<mark>14.6%</mark> (2021)	17.0%	N/A	N/A
Data	Age-Adjusted Death Rate Due to Suicide per 100,000 (CDPH)	<mark>9.9</mark> (2018–2020)	10.5	14.1 (2021 )	12.8
	Percent of Adults Who Ever Thought Seriously About Committing Suicide (CHIS)	<mark>17.0%</mark> (2021)	19.1%	N/A	N/A
	Percent of 11 <sup>th</sup> Graders Who Considered Suicide (CDE)	14.0% (2019-2021)	16.0% (2017- 2019)	N/A	N/A
Conside Ratio of	Percent of Transgender 11 <sup>th</sup> 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)	<mark>283:1</mark> (2022)	236:1	340:1	N/A

- 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%)

### Equity & Disparities

- 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 nontransgender 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.

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

### Qualitative Findings

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**

# View the Social Progress Index Indicators Social Progress Index Poor mental health days Shows percentage of adults who had 14 or more poor mental health days in the past 12 months AHABRA BREA VORBALINDA BUENA PARK PLACENTIA LA PALMA ANAHEIM LOS AL AMITOS SEAUBEACH LAGUNA WOODS ALISO VIE JO LAGUNA BEACH LAGUNA NIGUEL SAN JUAN CAPISTRANO DANA POINT SAN SLEMENTE Color variance indicates difference from median 0.07339 0.1835

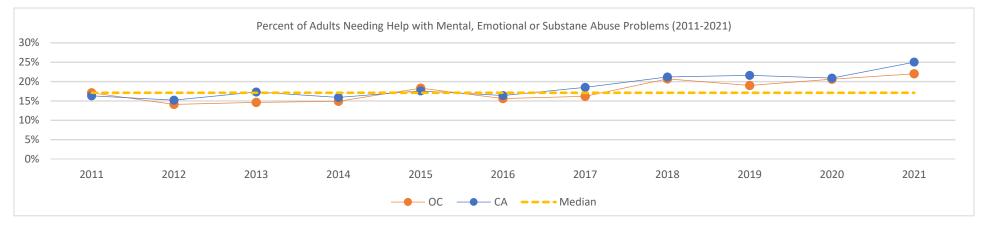
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportuni

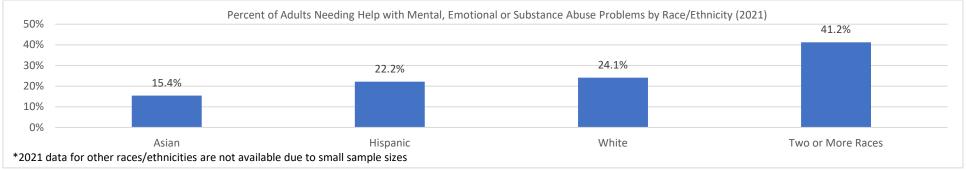
### **Poor Mental Health Days:**

- 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

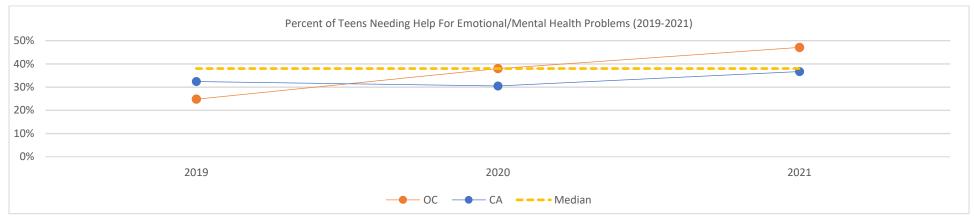
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Needing Help with Mental, Emotional, or Substance Abuse Problems <sup>2</sup> (CHIS)	22.0% (2021)	25.0%	N/A	N/A	R/E

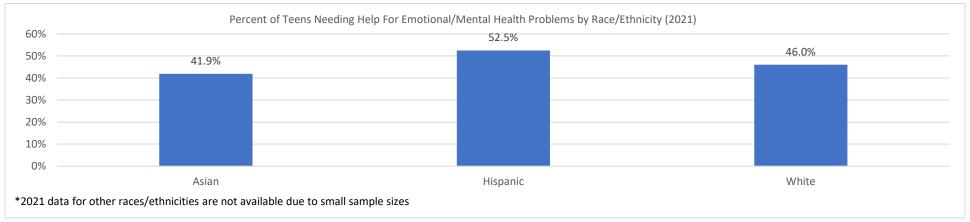




<sup>&</sup>lt;sup>2</sup> **Definition:** Percent of adults who reported that there was a time in the past 12 months when they felt they might need to see a professional because of problems with their mental health emotions or nerves or their use of alcohol or drugs. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drug* (California, Orange). Retrieved from: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a>.

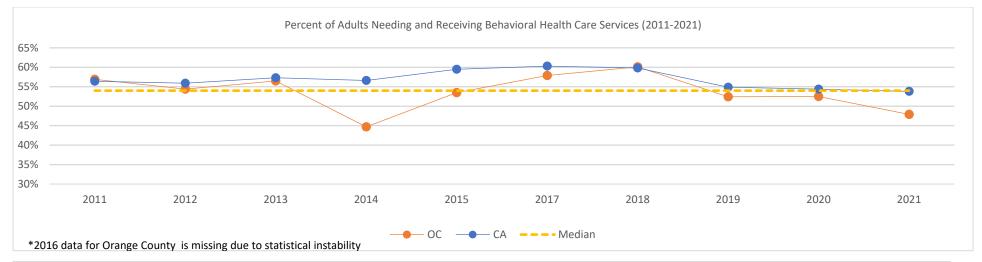
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Teens Needing Help with Emotional/Mental Health Problems <sup>3</sup> (CHIS)	47.1% (2021)	36.7%	N/A	N/A	R/E

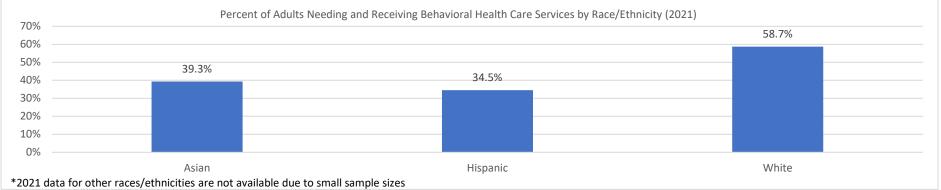




<sup>&</sup>lt;sup>3</sup> **Definition:** Percent of teens who reported that during the past 12 months, they though they needed help for emotional or mental health problems, such as feeling sad, anxious or nervous. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021.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

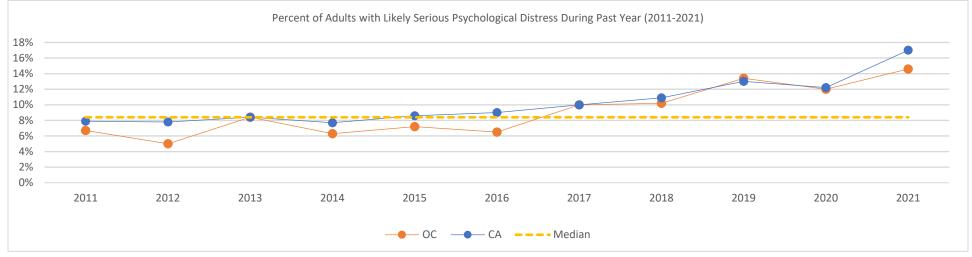
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Needing and Receiving Behavioral Health Care Services <sup>4</sup> (CHIS)	<mark>47.9%</mark> (2021)	53.8%	N/A	N/A	R/E

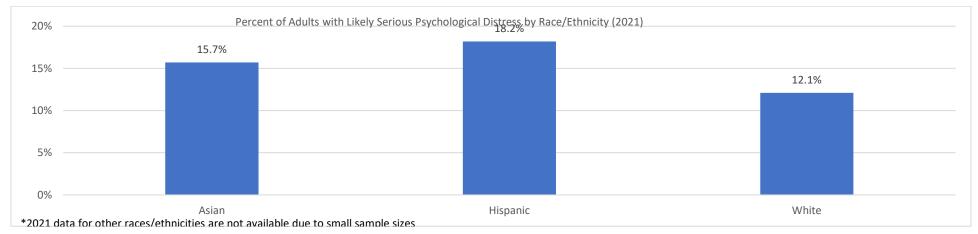




<sup>&</sup>lt;sup>4</sup> **Definition:** Percent of adults who reported that there was a time in the past 12 months when they felt they might need to see a professional because of problems with their mental health emotions or nerves or their use of alcohol or drugs and whether they had seen their primary 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: <a href="http://ask.chis.ucla.edu.">http://ask.chis.ucla.edu.</a>

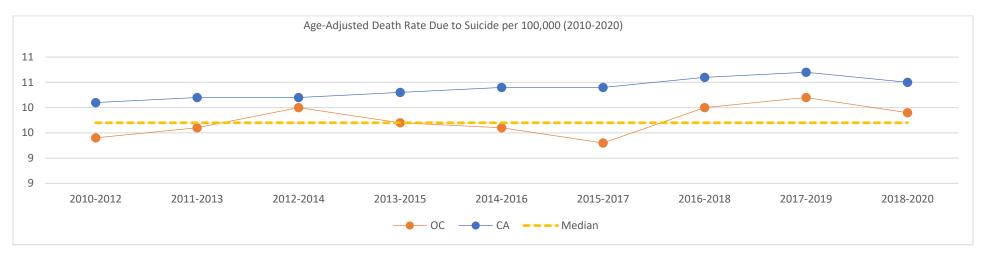
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults with Likely Serious Psychological Distress <sup>5</sup> During Past Year (CHIS)	14.6% (2021)	17.0%	N/A	N/A	R/E





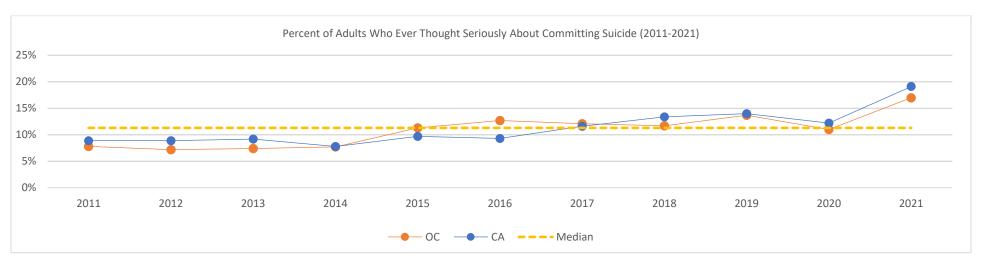
<sup>&</sup>lt;sup>5</sup> **Definition:** Measured through the Kessler 6, a screen for psychological distress. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Likely Has Had Serious Psychological Distress During Past Year* (California, Orange). Retrieved from: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

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 <sup>6</sup> (CDPH)	<mark>9.9</mark> (2018-2020)	10.5	14.1 (2021)	12.8	N/A

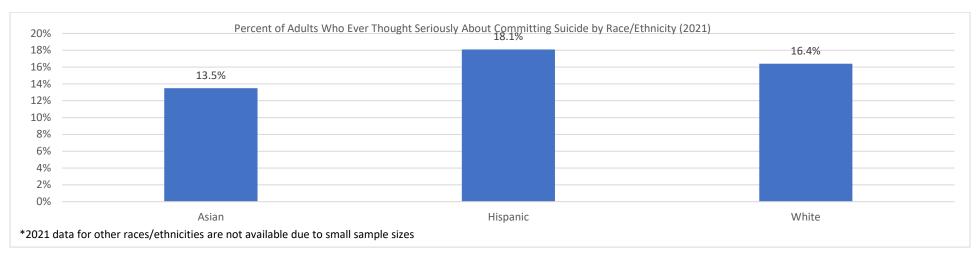


<sup>&</sup>lt;sup>6</sup> **Definition:** Three-year averages of deaths from suicide divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved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

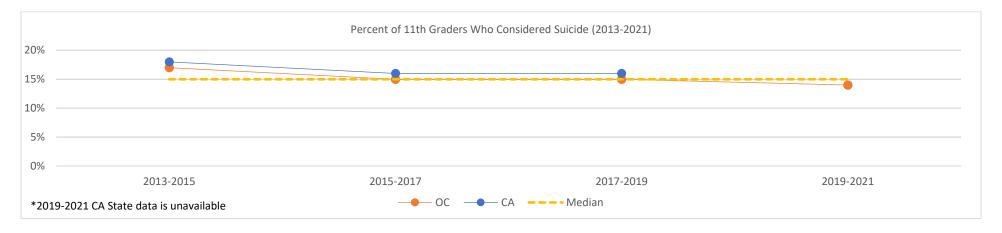
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of Adults Who Ever	<mark>17.0%</mark>	19.1%	N/A	N/A	R/E
Thought Seriously About	(2021)				
Committing Suicide 7 (CHIS)					



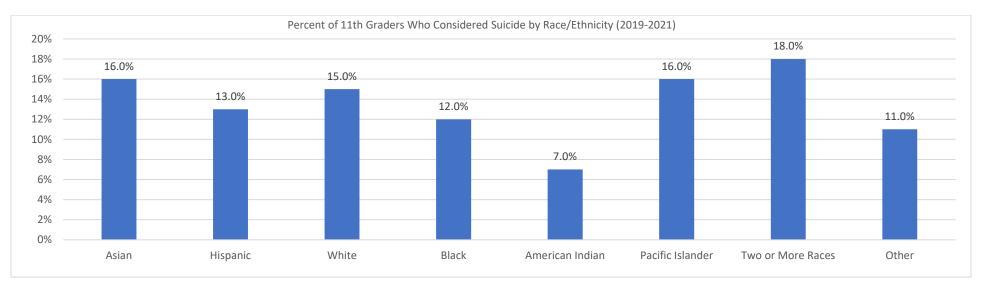
<sup>&</sup>lt;sup>7</sup> **Definition:** Percent of adults who ever seriously thought about committing suicide. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Seriously Thought About Committing Suicide* (California, Orange). Retrieved from: <a href="http://ask.chis.ucla.edu.">http://ask.chis.ucla.edu.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



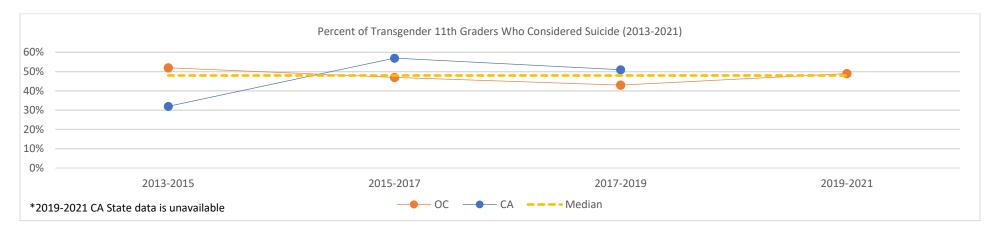
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of 11th <sup>th</sup> Graders Who Considered Suicide <sup>8</sup> (CDE)	14.0% (2019-2021)	16.0% (2017-2019)	N/A	N/A	R/E



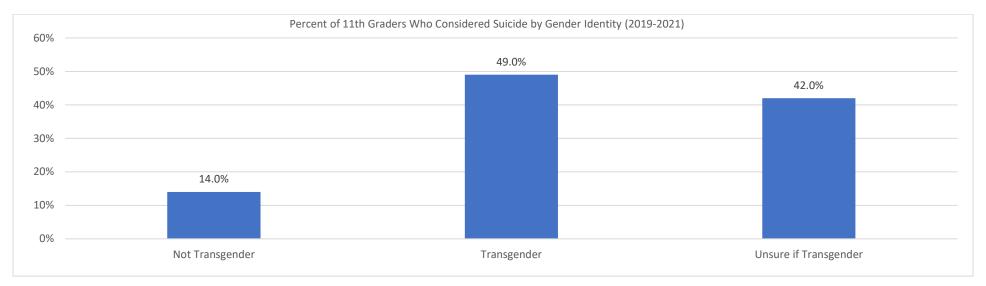
<sup>&</sup>lt;sup>8</sup> **Definition:** During the past 12 months, percent of 11<sup>th</sup>th graders who ever seriously considered suicide. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The California School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards



Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of Transgender 11th <sup>th</sup> Graders Who Considered Suicide <sup>9</sup> (CDE)	49.0% (2019-2021)	51.0% (2017-2019)	N/A	N/A	N/A

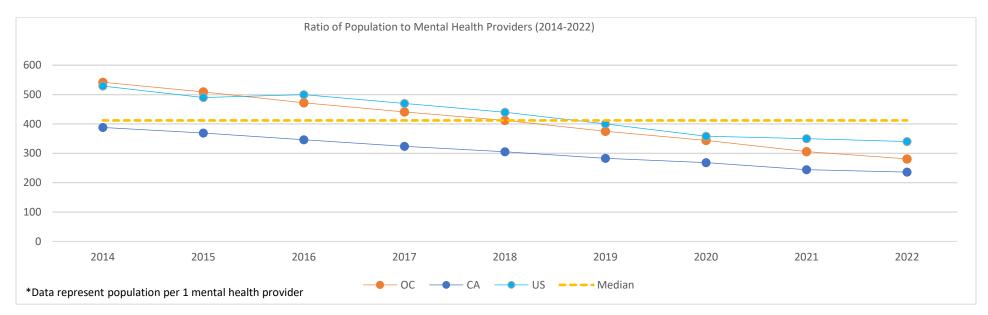


<sup>&</sup>lt;sup>9</sup> **Definition:** During the past 12 months, percent of 11<sup>th</sup>th graders who ever seriously considered suicide. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The California School Climate, Health, and Learning Survey (CalSCHLS) System - Public Dashboards



Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Ratio of Population to Mental Health Providers <sup>10</sup> (UWPHI)	<mark>283:1</mark> (2022)	236:1	340:1	N/A	N/A

<sup>&</sup>lt;sup>10</sup> **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.



Topic	MATERNAL / FETAL HEALTH				
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
	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)	<mark>6.2%</mark> (2020)	6.9%	8.2%	N/A
Data	Percent of Infants Exclusively Breastfed at Hospital Discharge (CDPH)	<mark>67.6%</mark> (2020)	69.7%	N/A	N/A
Data	Teen Birth Rate per 1,000 Females Ages 15- 19 Years (CDPH)	<mark>6.9</mark> (2020)	11.0	15.4	31.4
	Pregnancy-Related Mortality Rate per 100,000 Live Births (CDPH)	<mark>11.6</mark> (2018-2020)	15.7	17.3 (2018)	N/A
	Percent of Births That Were Cesarian (CDC)	<mark>31.3%</mark> (2021)	30.8%	26.3%	23.6%
	Percent of Births Where Mother Had Diabetes (CDC)	<mark>11.0%</mark> (2021)	9.5%	N/A	N/A
	Fertility Rates per 1,000 Women Ages 15-44 (CDC)	<mark>49.5</mark> (2020)	52.4	N/A	N/A
	<ul> <li>Infant Mortality Rate per 1,000 Live Bis</li> <li>White (2.3) and Asian (1.0)</li> </ul>	rths: Hispanic (	3.7) had I	nigher ra	te than
	<ul> <li>Percent of Infants Exclusively Breastfe Hispanic (61.4%), Asian (57.7%) and Pa breastfed at lower rates than White (8</li> </ul>	cific Islander ((	61.4%) in	fants we	re
Equity & Disparities	<ul> <li>Teen Birth Rate per 1,000 Females Age at a higher rate than White (2.2), Black</li> </ul>		•	(13.0) ga	ve birth
	<ul> <li>Percent of Births That Were Cesarian: cesarian births were to White mothers mothers. Less than 3% of Black or Mul-</li> </ul>	s, with 21.5% of	cesarian	births to	Asian
	<ul> <li>Areas of South County have higher per prenatal care compared to other region</li> <li>Annual Report on the Conditions of Ch</li> </ul>	ons of the Coun	ty (Sourc	ce: The 2	-



### 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

### Qualitative Findings

- 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

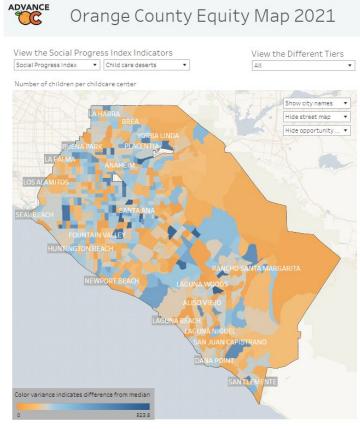
# Current Collaborative Activities

- 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:**

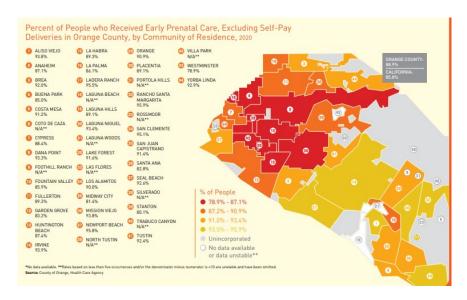
Blue census tracts had more child care deserts than orange.



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

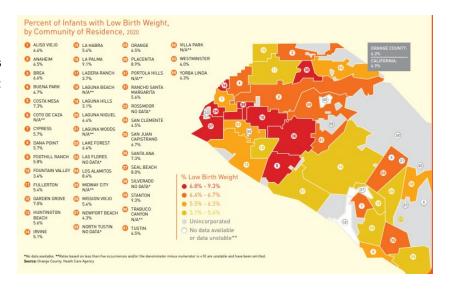
### **Early Prenatal Care:**

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).



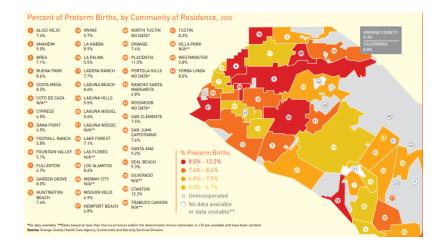
### **Low-Birth Weight:**

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).



### **Pre-Term Births:**

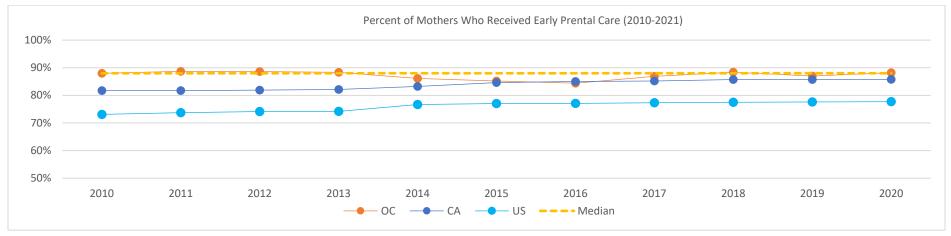
South County has a lower percent of preterm births compared to the rest of the County.

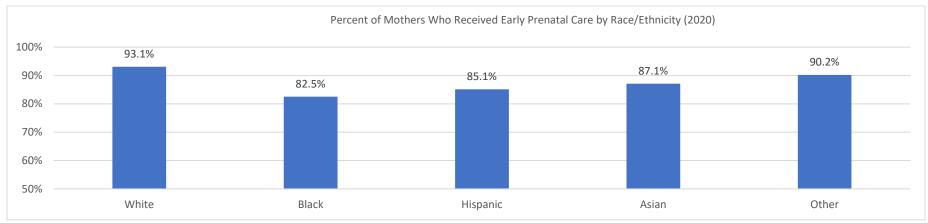




### Maternal / Fetal Health

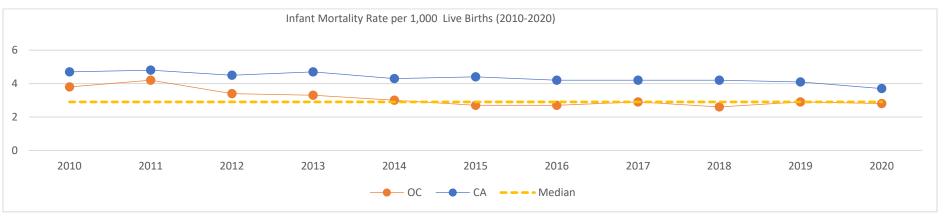
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Mothers Who Received Early Prenatal Care <sup>11</sup> (CPDH)	88.2% (2020)	85.8%	77.7%	80.5%	R/E

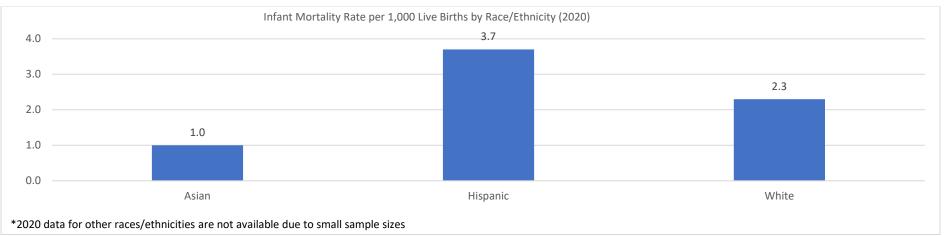




<sup>&</sup>lt;sup>11</sup> **Definition:** Percent of women who received prenatal care during their first trimester of pregnancy. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: <u>VSB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

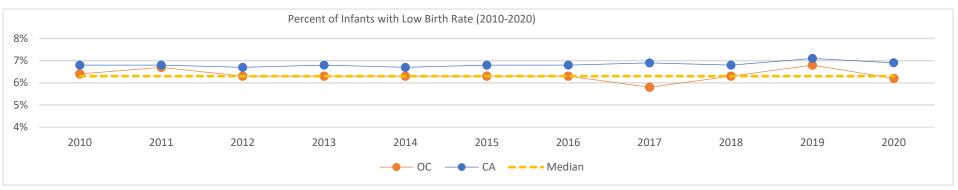
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Infant Mortality Rate per 1,000 Live Births <sup>12</sup> (OCHCA)	<mark>2.8</mark> (2020)	3.7	5.4	5.0	R/E

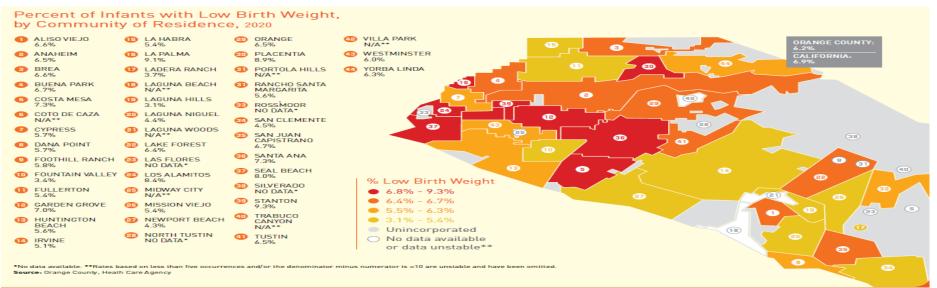




<sup>&</sup>lt;sup>12</sup> **Definition:** Deaths of infants under one year of age per 1,000 live births. **Source:** Orange County Health Care Agency (OCHCA), Orange County Coroner Division (2022). *Infant Mortality Rate per 1,000 Live Births.* 

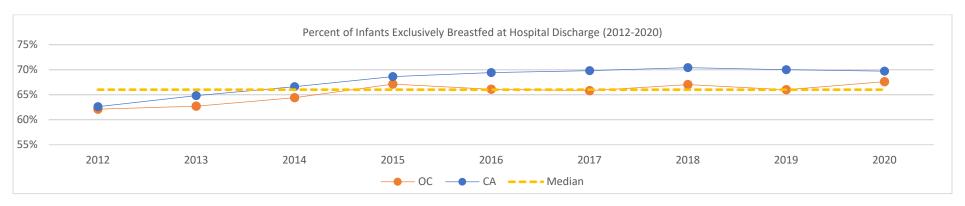
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Infants with Low Birth Weight <sup>13</sup> (OCHCA)	<mark>6.2%</mark> (2020)	6.9%	8.2%	N/A	Geographic

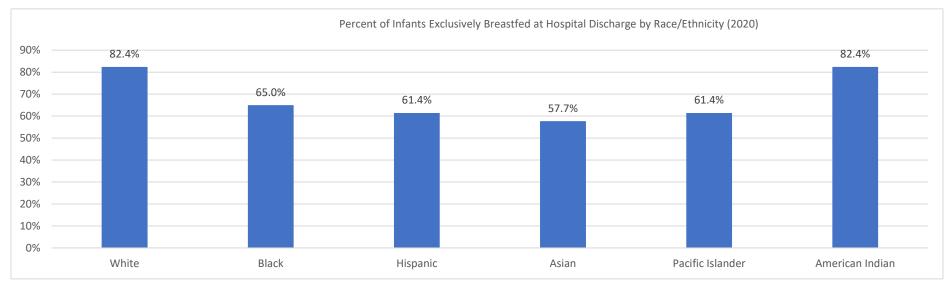




<sup>&</sup>lt;sup>13</sup> **Definition:** Percent of infants that were born weighing less than 5 pounds, 8 ounces. **Source:** Orange County Health Care Agency, Community and Nursing Services Division (2022). *Low Birth Rate.* 

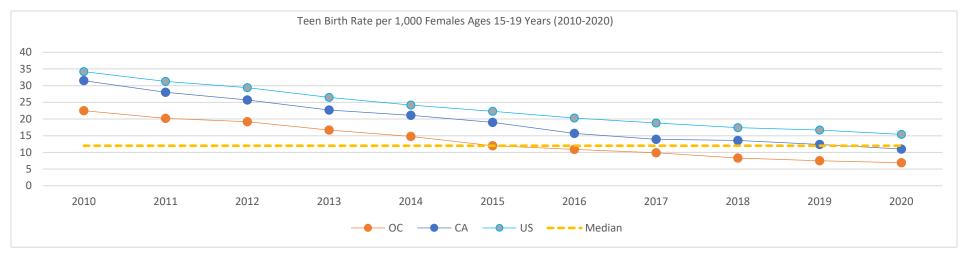
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Infants Exclusively Breastfed at Hospital Discharge <sup>14</sup> (CDPH)	<mark>67.6%</mark> (2020)	69.7%	N/A	N/A	R/E

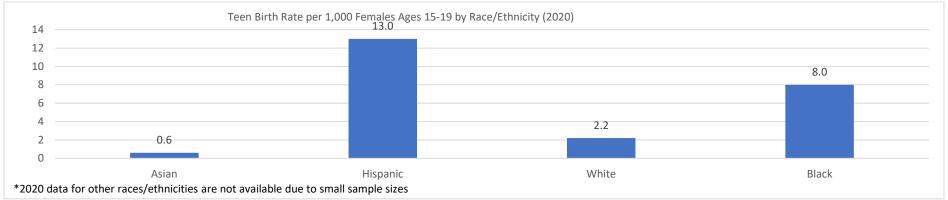




<sup>&</sup>lt;sup>14</sup> **Definition:** Percent of infants that were fed only with human milk and no other supplements such as water, formula, food, or juice when discharged from the hospital. **Source:** California Department of Public Health, Center for Family Health, Genetic Disease Screening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

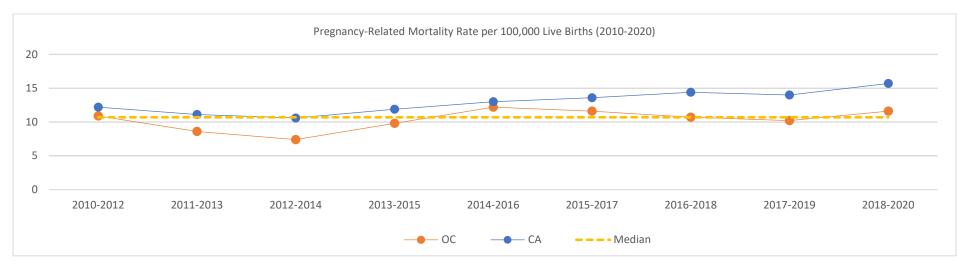
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Teen Birth Rate per 1,000 Females Ages 15-19 Years <sup>15</sup> (CDPH)	<mark>6.9</mark> (2020)	11.0	15.4	31.4	R./E





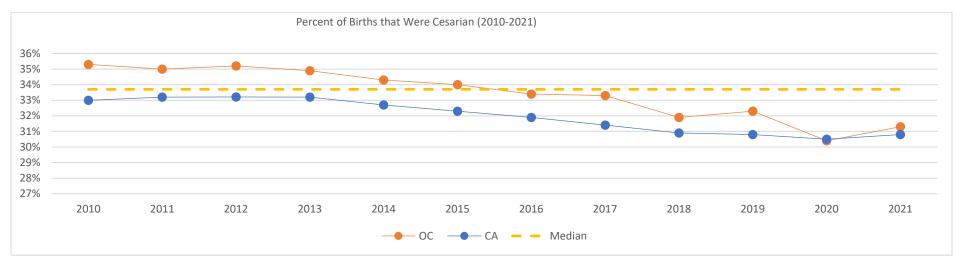
<sup>&</sup>lt;sup>15</sup> **Definition:** Annual births to females ages 15-19 per 1,000 females. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.* Retrieved from: <u>VSB County Health Status Profiles (ca.gov).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

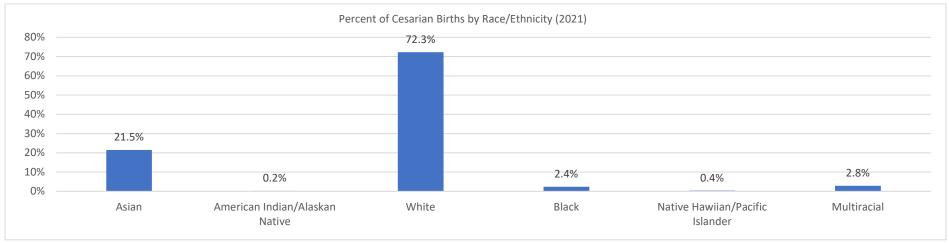
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Pregnancy-Related Mortality Rate per 100,000 Live Births <sup>16</sup> (CDPH)	<mark>11.6</mark> (2018-2020)	15.7	17.3 (2018)	N/A	N/A



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: <a href="https://www.cdph.ca.gov/ca-pmss">www.cdph.ca.gov/ca-pmss</a>.

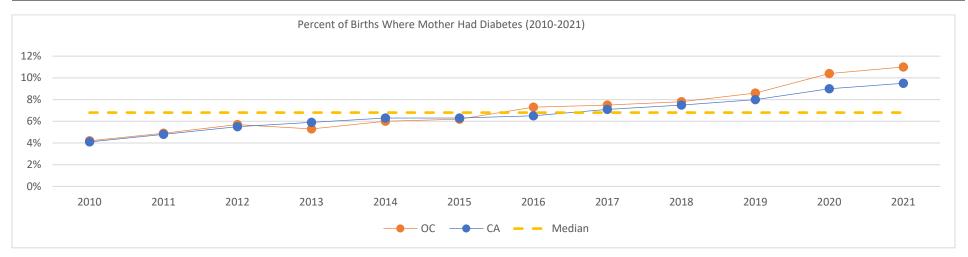
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Births That Were Cesarian <sup>17</sup> (CDC)	31.3% (2021)	30.8%	26.3% (2021)	23.6%	R-E

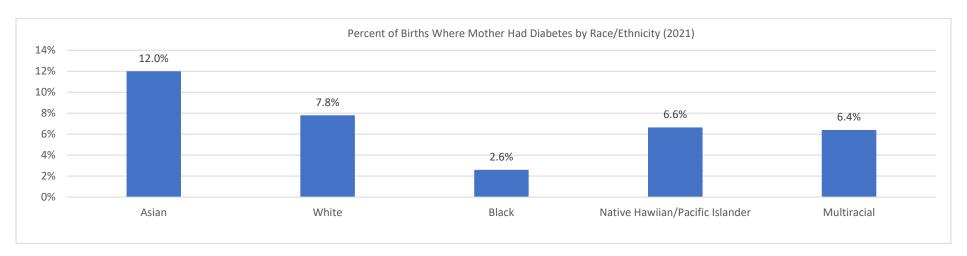




<sup>&</sup>lt;sup>17</sup> **Definition:** Percent of births which were cesarean delivery. **Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, *Natality 2007-2021 on CDC WONDER Online Database*, released in 2021. Retrieved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

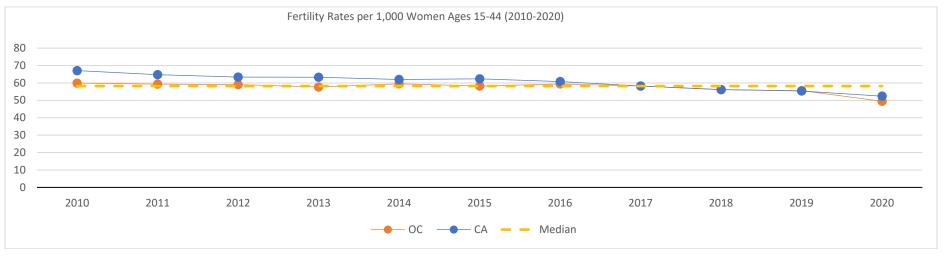
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Births Where Mother Had Diabetes <sup>18</sup> (CDC)	11.0% (2021)	9.5%	N/A	N/A	R-E

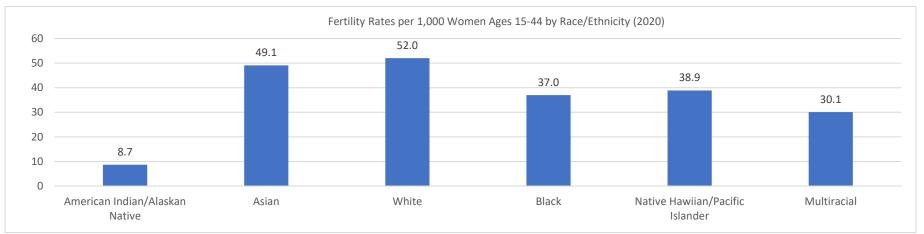




<sup>&</sup>lt;sup>18</sup> **Definition:** Percent of births where the mother had diabetes. **Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, *Natality 2007-2021 on CDC WONDER Online Database*, released in 2021. Retrieved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

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





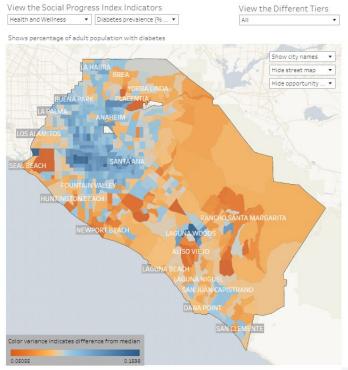
<sup>&</sup>lt;sup>19</sup> **Definition:** Number of births divided by the number of females age 15-44 year old in the given year. **Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, *Natality 2007-2021 on CDC WONDER Online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

Topic	DIABETES AND OBESITY								
	Indicator Name	Actual Value	CA Value	US Value	HP 2030 Goal				
	Percent of Adults with Diabetes (CHIS)	<mark>8.4%</mark> (2021)	10.8%	N/A	N/A				
	Age-Adjusted Hospitalization Due to Uncontrolled Diabetes per 10,000 (HCAI)	<mark>24.6</mark> (2021)	25.0	N/A	N/A				
	Age-Adjusted Hospitalization Due to Long-Term Diabetes Complications per 10,000 (HCAI)	<mark>88.9</mark> (2021)	93.0	N/A	N/A				
Data	Age-Adjusted Death Rate Due to Diabetes per 100,000 (CDPH)	<mark>14.9</mark> (2018–2020)	22.3	15.2 (2010- 2015)	13.7				
	Percent of Adults Who Are Obese (CHIS)	<mark>24.2%</mark> (2021)	28.2%	41.8%	36.0%				
	Adults Who Are Overweight or Obese (CHIS)	<mark>58.1%</mark> (2021)	62.0%	N/A	N/A				
	Percent of 5 <sup>th</sup> Graders Who Are Overweight or Obese (CHIS)	<mark>36.6%</mark> (2019)	41.3%	N/A	N/A				
	<ul> <li>Percent of Adults with Diabetes: The per higher among Hispanics (10.4%) than an</li> </ul>		_						
	<ul> <li>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</li> </ul>								
Equity & Disparities	<ul> <li>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</li> </ul>								
	<ul> <li>Diabetes was more prevalent in North County than in the rest of the county.</li> </ul>								
	<ul> <li>Obesity was more prevalent in parts of North County than in the rest of the county.</li> </ul>								
Qualitative	<ul> <li>Address accessibility for healthy eating for children, which addresses diabetes.</li> </ul>								
Findings	<ul> <li>Address the lack of information, part parents on healthy eating habits.</li> </ul>	ticularly in the	schools o	on educa	ting				
Current Collaborative Activities	<ul> <li>OC Diabetes Collaborative</li> </ul>								



### **DIABETES**

# Orange County Equity Map 2021 View the Social Progress Index Indicators View the Different Tie



### **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.

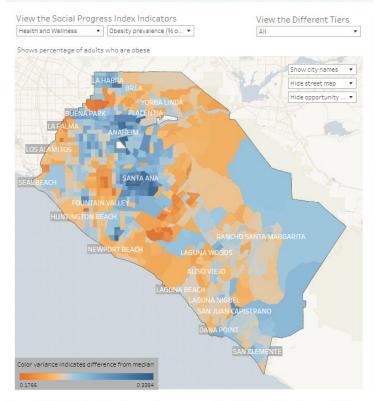
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Oppor



### Orange County Equity Map 2021

### **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.

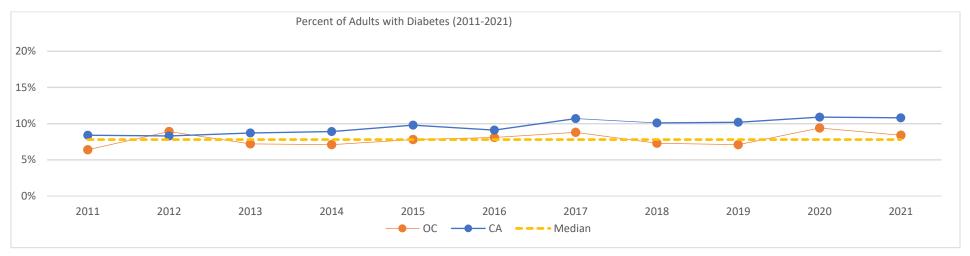


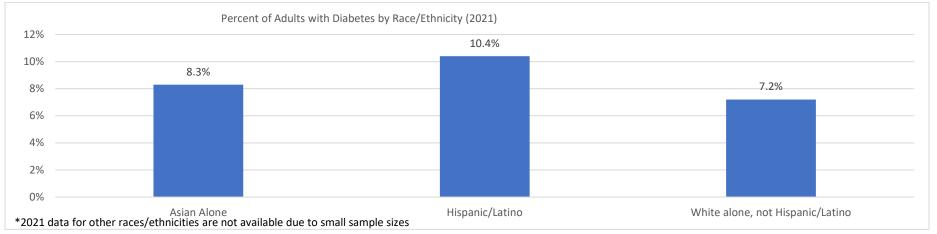
 $Sources: SPI, CDC\ PLACES\ Local\ Data, American\ Community\ Survey, First\ 5\ OC, OC\ Health\ Care\ Agency\ and\ CA\ Opportunity\ Survey, First\ 5\ OC, OC\ Health\ Care\ Agency\ and\ CA\ Opportunity\ Survey, First\ 5\ OC, OC\ Health\ Care\ Agency\ and\ CA\ Opportunity\ Survey, First\ 5\ OC, OC\ Health\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



### **Diabetes and Obesity**

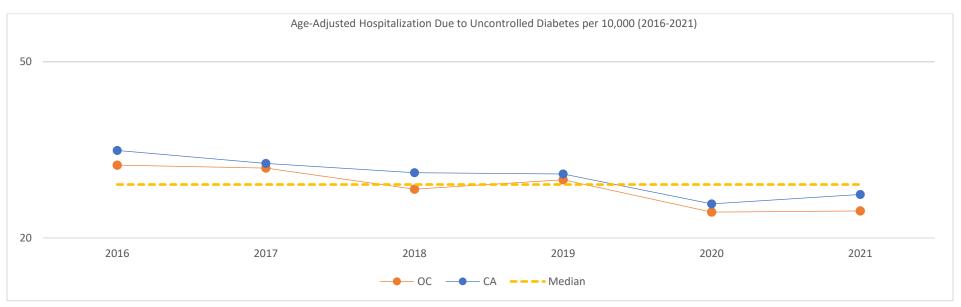
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults with Diabetes <sup>20</sup> (CHIS)	<mark>8.4%</mark> (2021)	10.8%	N/A	N/A	R/E





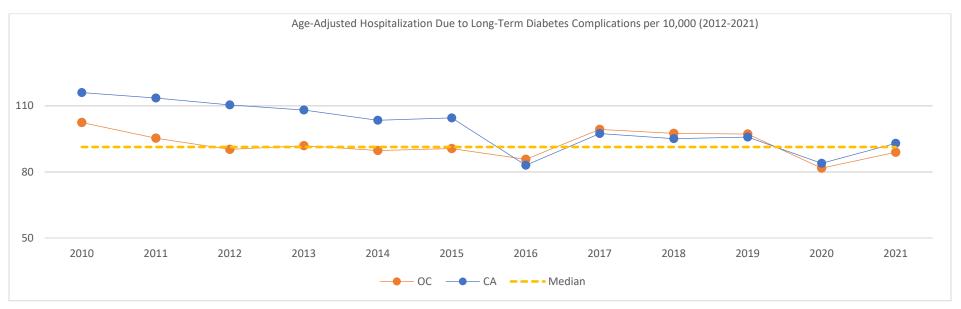
<sup>&</sup>lt;sup>20</sup> **Definition:** Percent of adults who were told by a doctor that they had diabetes or sugar diabetes (other than during pregnancy). **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Diabetes* (California, Orange).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

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



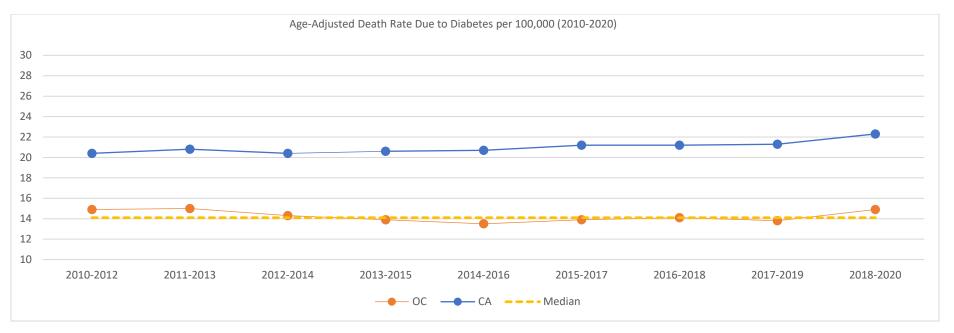
**Definition:** Rate of hospitalization due to diabetes without mention of short-term or long-term complications per 10,000 population. **Source:** California Department of Health Care Access and Information Patient Discharge Data; Agency for Healthcare Research and Quality (AHRQ) Prevention Quality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

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 <sup>22</sup> (HCAI)	88.9 (2021)	93.0	N/A	N/A	N/A



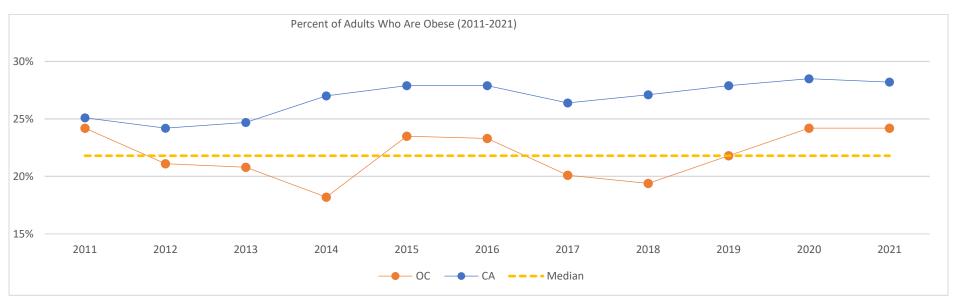
<sup>&</sup>lt;sup>22</sup> **Definition:** Rate of hospitalization due to long-term complications from diabetes per 10,000 population. **Source:** California Department of Health Care Access and Information Patient Discharge Data; Agency for Healthcare Research and Quality (AHRQ) Prevention Quality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

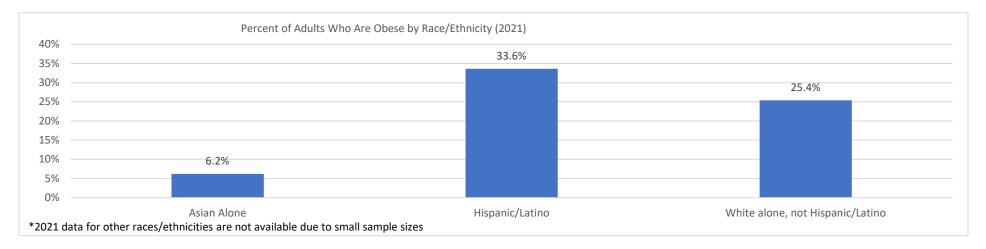
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Age-Adjusted Death Rate Due to Diabetes per 100,000 <sup>23</sup> (CDPH)	14.9 (2018-2020)	22.3	15.2 (2010-2015)	13.7	N/A



<sup>&</sup>lt;sup>23</sup> **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: <u>VSB County Health Status Profiles (ca.gov)</u>

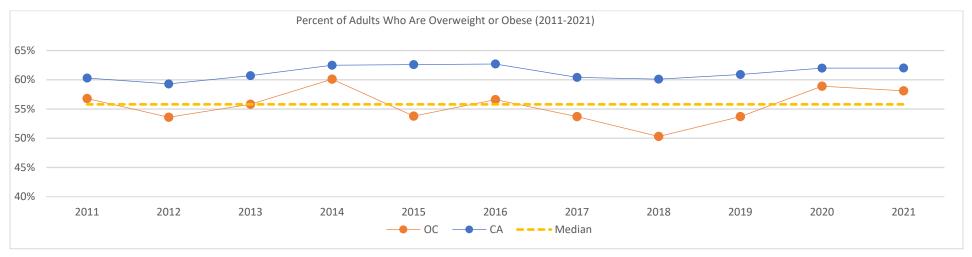
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Are Obese <sup>24</sup> (CHIS)	24.2% (2021)	28.2%	41.8%	36.0%	R/E

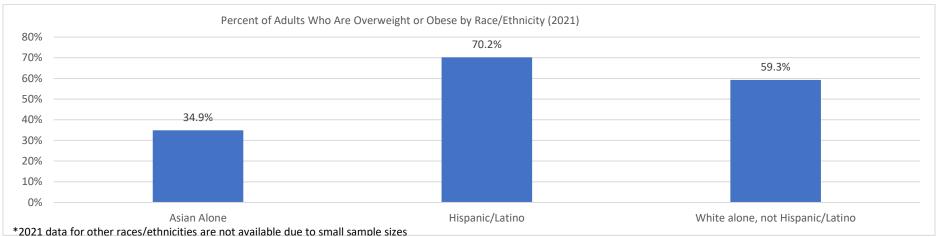




<sup>&</sup>lt;sup>24</sup> **Definition:** Percent of adults had a body mass index of 30 or higher. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Body Mass Index – 4* (California, Orange). Retrieved from: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu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

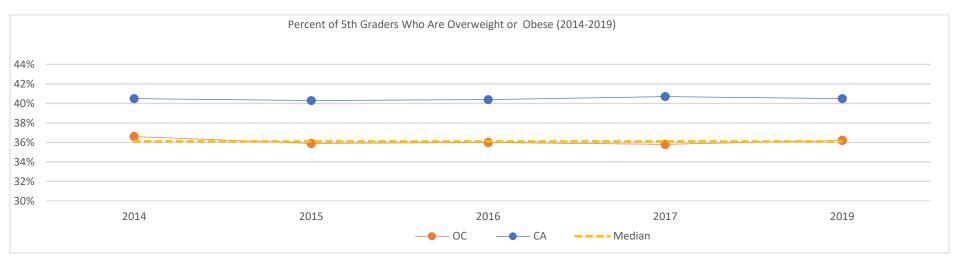
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Adults Who Are Overweight or Obese <sup>25</sup> (CHIS)	<mark>58.1%</mark> (2021)	62.0%	N/A	N/A	R/E





<sup>&</sup>lt;sup>25</sup> **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: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a>

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



<sup>&</sup>lt;sup>26</sup> **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: <u>Students Who Are Overweight or Obese, by Grade Level - Kidsdata.org</u>

Topic	SUBSTANCE USE				
		Actual Value		US	HP 2030
	Indicator Name	(most recent year)	CA Value	Value	Goal
	D . (A L II M/I O L (OUIO)	<mark>7.1%</mark>	6.2%	11.7%	6.1%
	Percent of Adults Who Smoke (CHIS)	(2021)		(2021)	
	Age-Adjusted Drug Induced Death	<mark>15.6</mark>	17.8	32.4	20.7
	Rate per 100,000 (CDPH)	(2021)		(2021)	
	Percent of Adults Who Binge Drink	17.0% (2000)	18.0%	19.0%	N/A
	(UWPHI)	(2020)			
	Percent of 7 <sup>th</sup> Graders Who Use	4.0%	15.0%	N/A	N/A
		(2019-2021)	(2017-	-	•
	Alcohol or Drugs (CDE)		2019)		
	Percent of 9th Graders Who Use	8.0%	15.0%	N/A	N/A
		(2019-2021)	(2017-		
	Alcohol or Drugs (CDE)		2019)		
Data	David and of 11th th Circ david Miles Has	15.0%	23.0%	N/A	N/A
	Percent of 11th <sup>th</sup> Graders Who Use	(2019-2021)	(2017-		
	Alcohol or Drugs (CDE)		2019)		
	Percent of 7th <sup>th</sup> Graders Who Use E-	2.0%	4.0%	N/A	N/A
		(2019-2021)	(2017-		,
	Cigarettes (Vaping) (CDE)		2019)		
	Percent of 9th <sup>th</sup> Graders Who Use E-	4.0%	9.0%	13.1%	10.5%
	Cigarettes (Vaping) (CDE)	(2019-2021)	(2017-	(2020)	
			2019)		
	Percent of 11th <sup>th</sup> Graders Who Use E-	7.0%	11.0%	13.1%	10.5%
	Cigarettes (Vaping) (CDE)	(2019-2021)	(2017-	(2020)	
		207.4	2019)	NI/A	
	Age-Adjusted Opioid Prescription	<mark>287.4</mark> (2021)	321.71	N/A	N/A
	Rates per 1,000 (CDPH COSD)				
	Age-Adjusted Emergency Department Visit Rates Due to All Drug Overdoses per 100,000 (CDPH)	<mark>119.14</mark> (2021)	148.19	N/A	N/A

- 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 11<sup>th</sup> Graders (21.0%) use alcohol or drugs at a higher rate than Black (17.0%), Hispanic (14.0%) or Asian (6.0%) 11<sup>th</sup> Graders

# Equity & Disparities

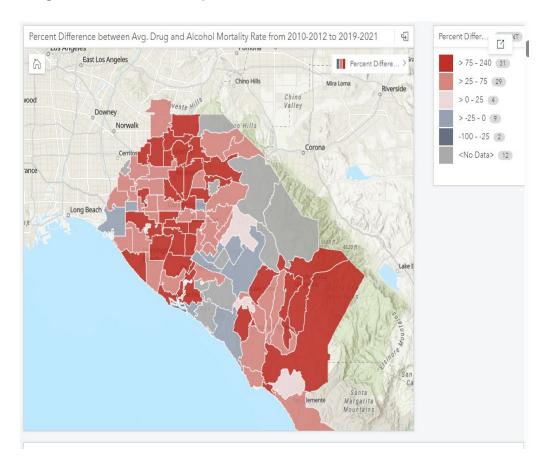
- Age-Adjusted Emergency Department Visit Rates Due to All Drug Overdoses per 100,00: Black populations (239.68) visited ER at a higher rate than White (185.1), Native Hawaiian/Alaska Native (130.39), Hispanic (98.09) or Pacific Islander (42.87) populations
- Areas of north and south county experienced drug and alcohol mortality rates from 2010-2012 to 2019-2021.



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

#### **SUBSTANCE USE**

## **Drug and Alcohol Mortality:**

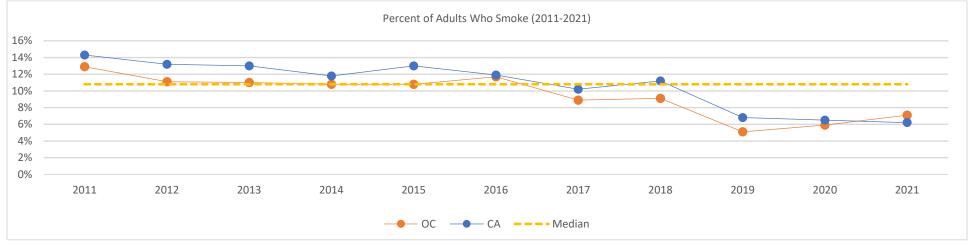


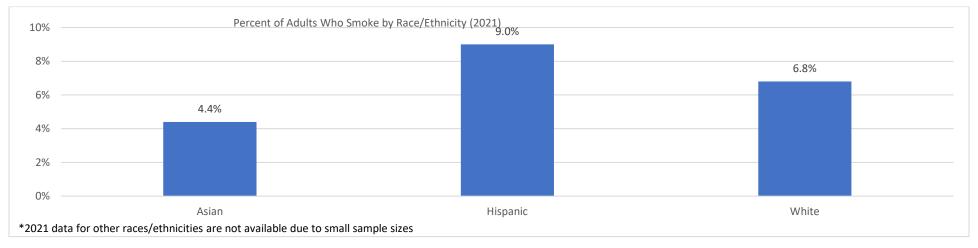
Areas with the darkest shades of red increased their drug and alcohol mortality rates from 2010– 2012 to 2019–2021

Source: HCA Drug and Alcohol Misuse and Mortality dashboard

#### Substance Use

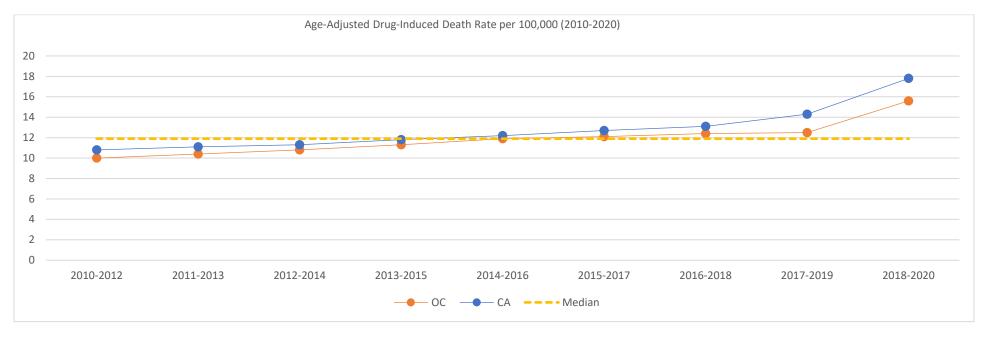
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Smoke <sup>27</sup> (CHIS)	<mark>7.1%</mark> (2021)	6.2%	11.7% (2021)	6.1%	R/E





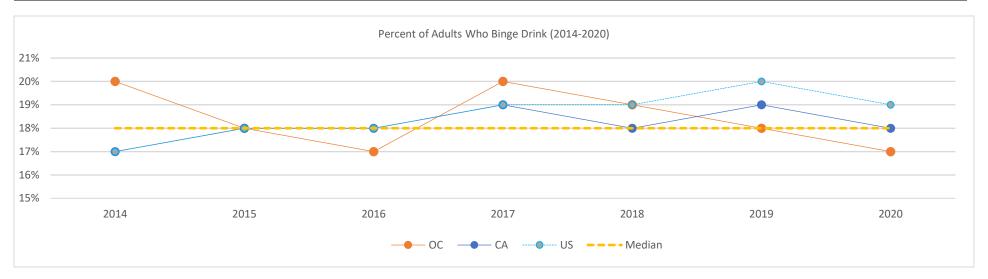
**Definition:** Adults who smoked 100 or more cigarettes in their life were asked about current smoking habits. Adults who smoked fewer than 100 cigarettes or don't currently smoke are considered nonsmokers. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. Current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

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



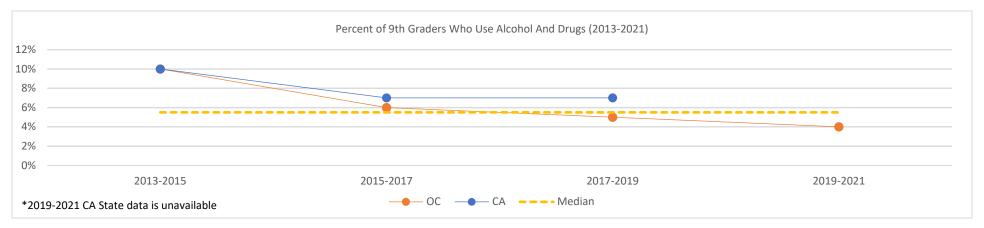
Definition: Three-year averages number of drug induced deaths divided by the total population and then multiplying by 100,000. Source: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: VSB County Health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

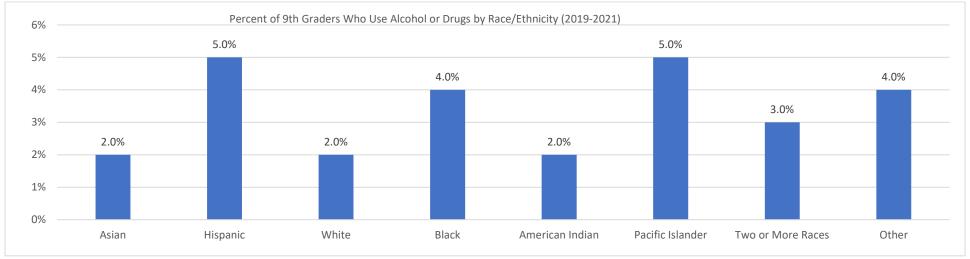
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Binge Drink <sup>29</sup> (UWPHI)	<mark>17.0%</mark> (2020)	18.0%	19.0%	N/A	N/A



<sup>&</sup>lt;sup>29</sup> **Definition:** Percentage of adults reporting binge or heavy drinking. **Source:** Excessive Drinking | County Health Rankings & Roadmaps

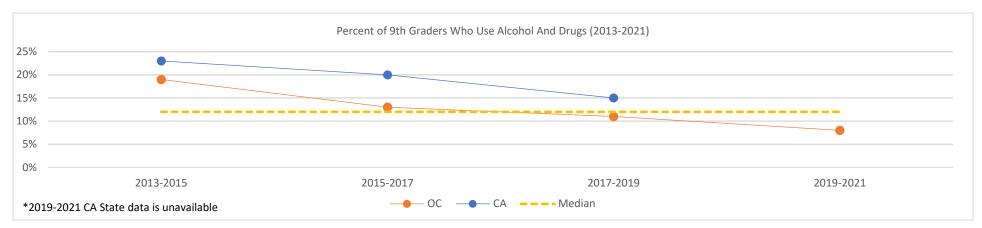
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 7 <sup>th</sup> Graders Who Use Alcohol or Drugs <sup>30</sup> (CDE)	<mark>4.0%</mark> (2019-2021)	15.0% (2017-2019)	N/A	N/A	R/E

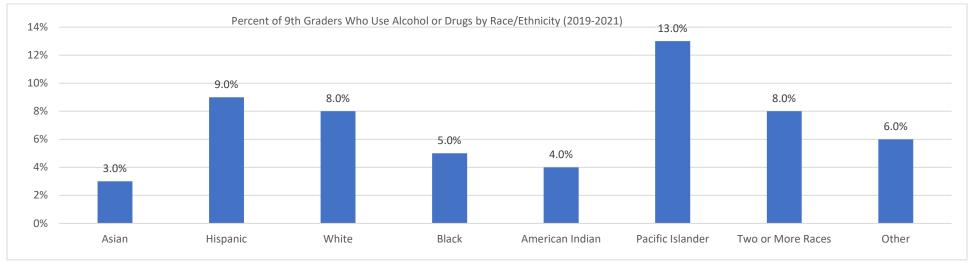




Definition: One or more days in the past 30 days that the 7<sup>th</sup> Graders drank one more drinks of alcohol, five or more drinks in a row, use of marijuana, inhalants, prescription drug use, any other drug pill or medicine to get high, or use of two or more substances at the same time. Source: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

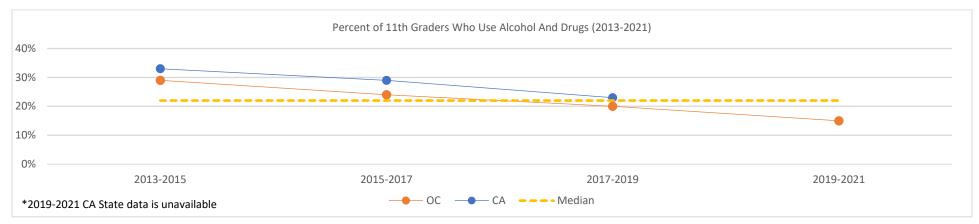
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 9 <sup>th</sup> Graders Who Use Alcohol or Drugs <sup>31</sup> (CDE)	<mark>8.0%</mark> (2019-2021)	15.0% (2017-2019)	N/A	N/A	R/E

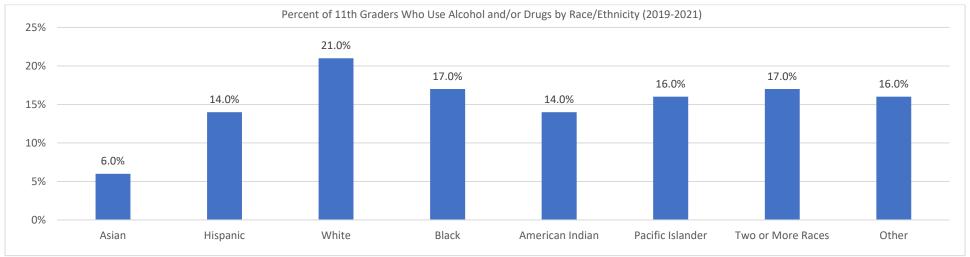




<sup>&</sup>lt;sup>31</sup> **Definition:** One or more days in the past 30 days that the 9<sup>th</sup> Graders drank one more drinks of alcohol, five or more drinks in a row, use of marijuana, inhalants, prescription drug use, any other drug pill or medicine to get high, or use of two or more substances 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.

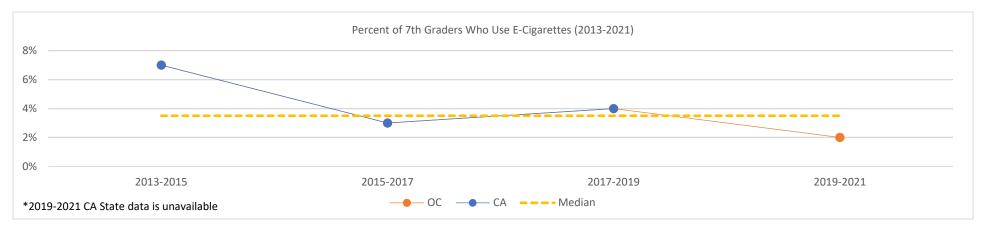
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of 11th <sup>th</sup> Graders Who Use Alcohol or Drugs <sup>32</sup> (CDE)	<mark>15.0%</mark> (2019-2021)	23.0% (2017-2019)	N/A	N/A	R/E

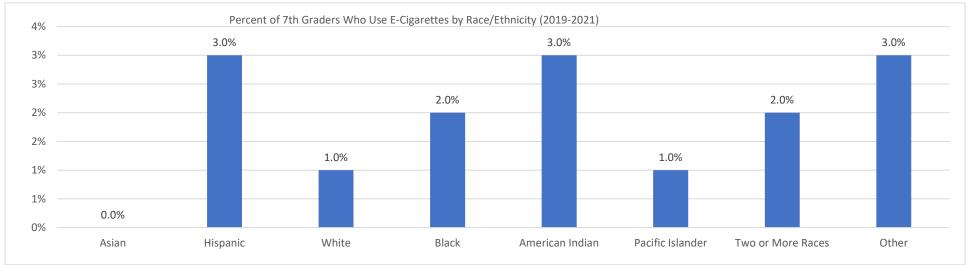




Definition: One or more days in the past 30 days that the 11th<sup>th</sup> Graders drank one more drinks of alcohol, five or more drinks in a row, use of marijuana, inhalants, prescription drug use, any other drug pill or medicine to get high, or use of two or more substances at the same time. Source: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

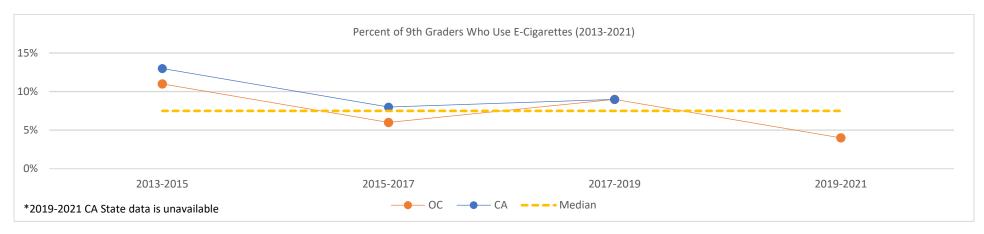
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 7 <sup>th</sup> Graders Who Use E-Cigarettes <sup>33</sup> (CDE)	2.0% (2019-2021)	4.0% (2017-2019)	13.1% (2020)	10.5%	R/E

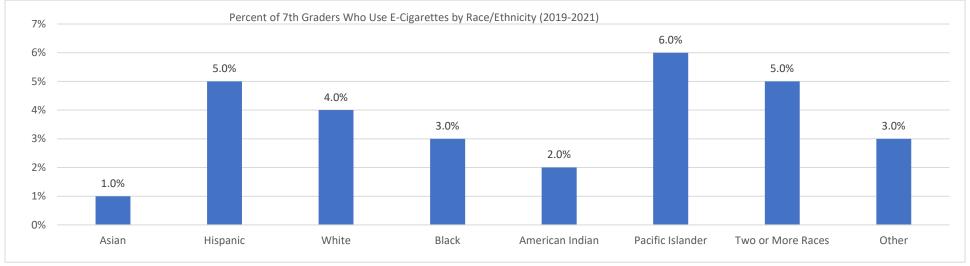




<sup>&</sup>lt;sup>33</sup> **Definition:** One or more days in the past 30 days that the 7th Graders used electronic cigarettes/vape products. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: The California School Climate, Health, and Learning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

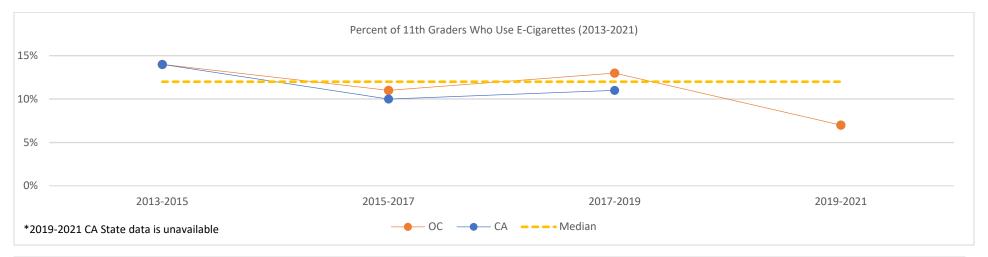
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of 9 <sup>th</sup> Graders Who Use E-Cigarettes <sup>34</sup> (CDE)	4.0% (2019-2021)	9.0% (2017-2019)	13.1% (2020)	10.5%	R/E

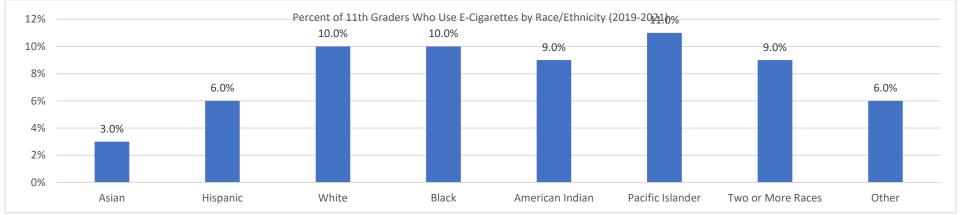




<sup>&</sup>lt;sup>34</sup> **Definition:** One or more days in the past 30 days that the 7th Graders used electronic cigarettes/vape products. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey*. Retrieved from: The California School Climate, Health, and Learning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

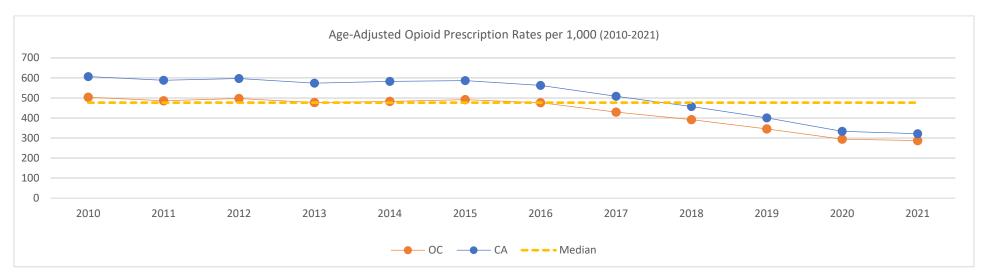
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of 11th <sup>th</sup> Graders Who Use E-Cigarettes <sup>35</sup> (Vaping) (CDE)	<mark>7.0%</mark> (2019-2021)	11.0% (2017-2019)	13.1% (2020)	10.5%	R/E





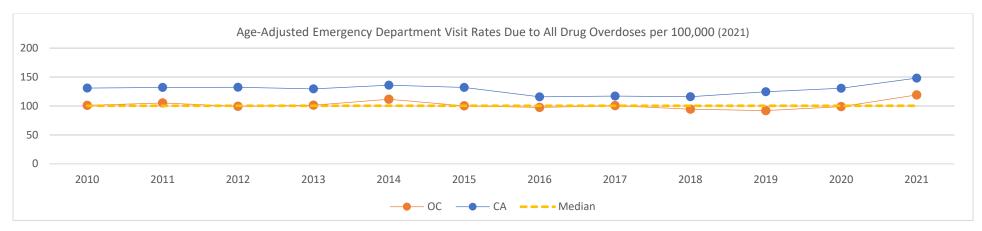
<sup>&</sup>lt;sup>35</sup> **Definition:** One or more days in the past 30 days that the 11th<sup>th</sup> Graders used electronic cigarettes/vape products. **Source:** California Department of Education, (n.d.). *California Healthy Kids Survey.* Retrieved from: <u>The Californial School Climate, Health,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

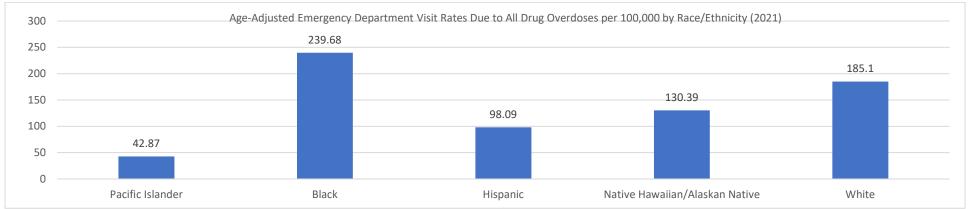
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Age-Adjusted Opioid Prescription Rates per 1,000 <sup>36</sup> (CDPH COSD)	<mark>287.4</mark> (2021)	321.71	N/A	N/A	N/A



<sup>&</sup>lt;sup>36</sup> **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: <a href="https://skylab.cdph.ca.gov/ODdash/?tab=CTY">https://skylab.cdph.ca.gov/ODdash/?tab=CTY</a>.

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



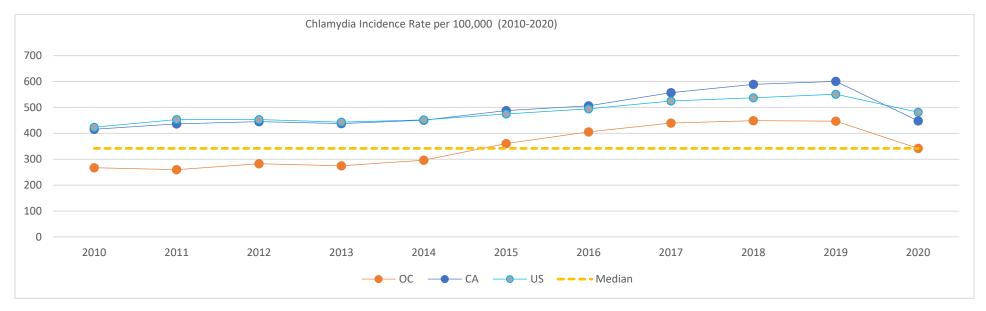


<sup>&</sup>lt;sup>37</sup> **Definition:** All drug overdose emergency department visits caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Emergency department visits related to late effects, adverse effects, and chronic 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: <a href="https://skylab.cdph.ca.gov/ODdash/?tab=CTY">https://skylab.cdph.ca.gov/ODdash/?tab=CTY</a>.

Topic	SEXUALLY TRANSMITTED DISEASES				
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
	Chlamydia Incidence Rate per 100,000 (CDPH)	<mark>341.9</mark> (2020)	448.2	481.3	N/A
Data	Gonorrhea Incidence Rate per 100,000 (CDPH)	<mark>142.8</mark> (2020)	196.8	206.5	N/A
	Syphilis Incidence Rate per 100,000 (CDPH)	<mark>27.9</mark> (2020)	38.3	12.7	N/A
	HIV Incidence Rate per 100,000 (CDPH)	<mark>8.2</mark> (2020)	9.9	10.9	N/A
Equity & Disparities	<ul> <li>HIV Incidence Rate per 100,000: Parts highest (12.3 – 18.4) rate in the county</li> </ul>		ntral Orar	nge Count	y had the
Qualitative Findings					

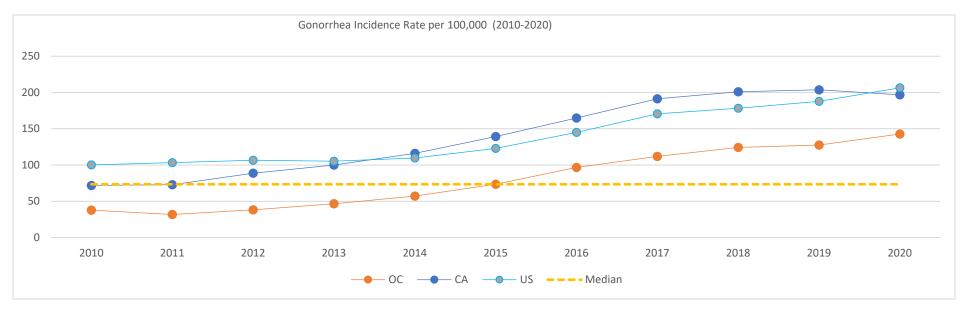


Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Chlamydia Incidence Rate per 100,000 38 (CDPH)	<mark>341.9</mark> (2020)	448.2	481.3	N/A	N/A



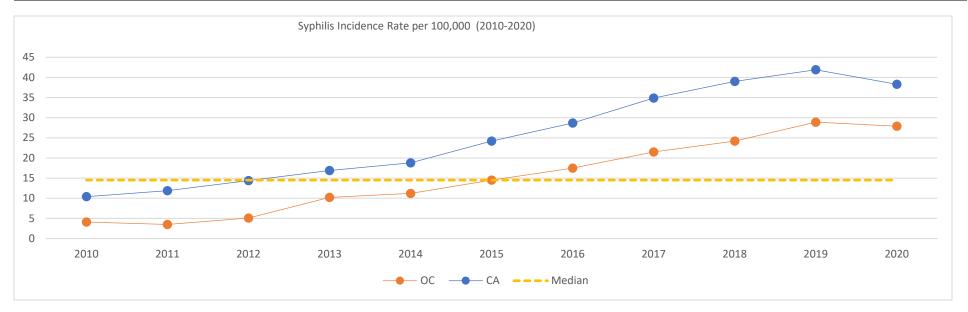
<sup>&</sup>lt;sup>38</sup> **Definition:** Rates of Chlamydia per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data*. Retrieved from: <u>Sexually Transmitted Diseases Data (ca.gov)</u>

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



<sup>&</sup>lt;sup>39</sup> **Definition:** Rates of Gonorrhea per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data*. Retrieved from: <u>Sexually Transmitted Diseases Data (ca.gov)</u>

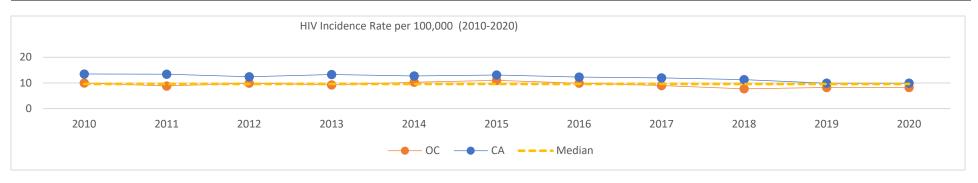
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Syphilis Incidence Rate per 100,000 <sup>40</sup> (CDPH)	<mark>27.9</mark> (2020)	38.3	12.7	N/A	N/A

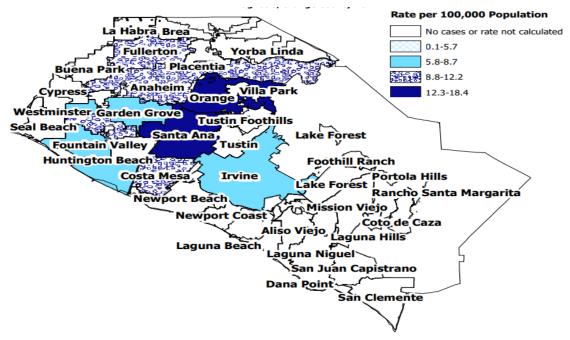


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<sup>&</sup>lt;sup>40</sup> **Definition:** Rates of Syphilis per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data.* Retrieved from: <u>Sexually Transmitted Diseases Data (ca.gov)</u>

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





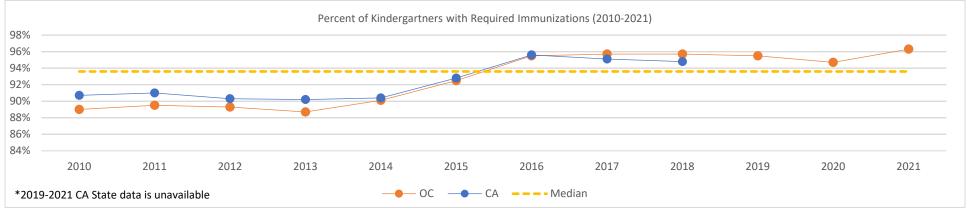
<sup>&</sup>lt;sup>41</sup> **Definition:** Rates of HIV per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data.* Retrieved from: <u>Sexually Transmitted Diseases Data (ca.gov)</u>

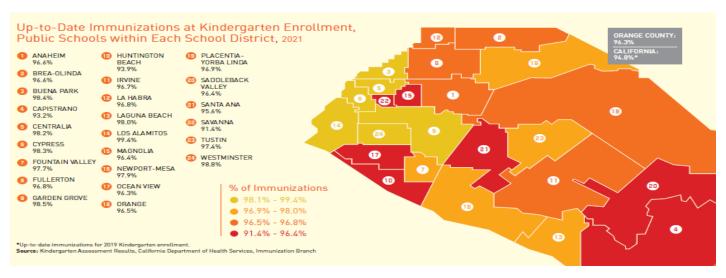
Topic	VACCINE PREVENTABLE DISEASES					
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	
	Percent of Kindergartners with Required Immunizations (CDHS)	<mark>96.3%</mark> (2021)	N/A	93.0% (2021-2022)	95.0%	
Data	Age-Adjusted Death Rate Due to Influenza/Pneumonia per 100,000 (CDPH)	<mark>13.7</mark> (2018- 2020)	13.5	N/A	N/A	
	Tuberculosis Incidence Rate per 100,000 (CDPH)	<mark>5.2</mark> (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 Requirement (98.1% - 99.4%) immunization	on rate in the co	ounty	stern County ha	ad the	
Qualitative Findings	<ul> <li>Need for increased culturally appropriate health education</li> <li>Culturally appropriate health education</li> <li>Lack of access to vaccine informative sessions and education on accessible health resources</li> <li>Better public health education on prevention options and self-care to reduce long term health costs</li> </ul>					
Current Collaborative Activities	<ul> <li>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.</li> </ul>					



#### Vaccine Preventable Diseases

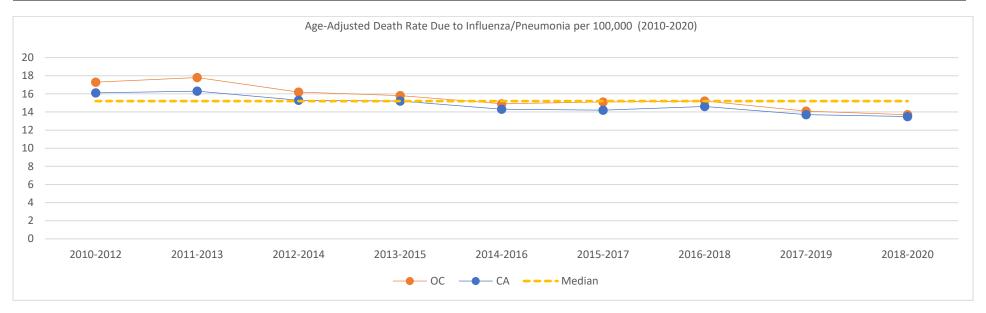
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Kindergartners with Required Immunizations <sup>42</sup> (CDHS)	<mark>96.3%</mark> (2021)	N/A	93.0% (2021-2022)	95.0%	Geographic





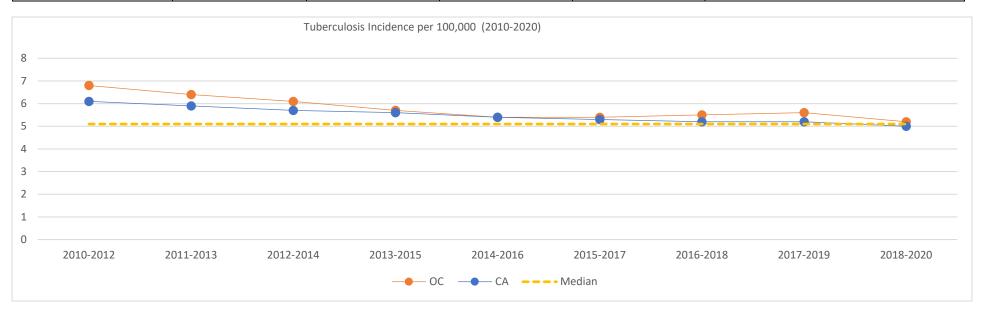
<sup>&</sup>lt;sup>42</sup> **Definition:** Percent of children who received all of the doses of specific vaccines required at kindergarten entry. **Source**: California Department of Public Health, California Department of Health Services, Immunization Branch (n.d.). *Kindergarten Assessment Results*.

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 <sup>43</sup> (CDPH)	13.7 (2018-2020)	13.5	N/A	N/A	N/A



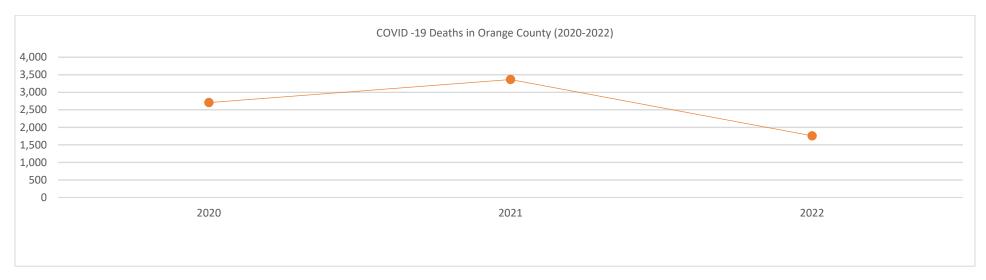
<sup>&</sup>lt;sup>43</sup> **Definition:** Three-year averages number of deaths from the flu and/or pneumonia divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status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

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



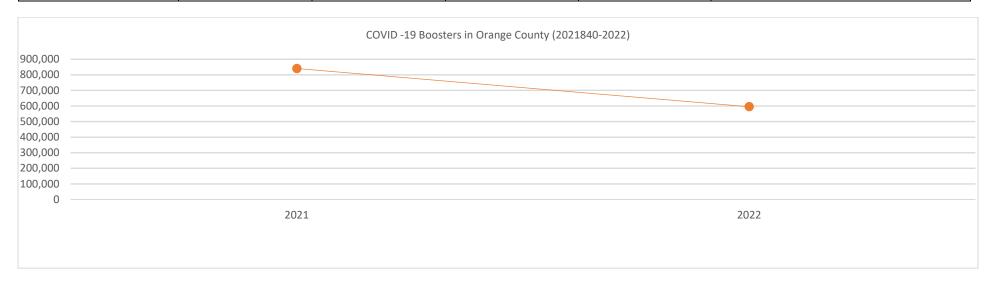
<sup>&</sup>lt;sup>44</sup> **Definition:** Three-year averages of Tuberculosis rates per 100,000 population. **Source:** California Department of Public Health (n.d). *Sexually Transmitted Infection Data*. Retrieved from: <u>Sexually Transmitted Diseases Data (ca.gov)</u>

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



<sup>&</sup>lt;sup>45</sup> **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: <a href="http://data-ocpw.opendata.arcgis.com/">http://data-ocpw.opendata.arcgis.com/</a>

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



<sup>&</sup>lt;sup>46</sup> **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: <a href="http://data-ocpw.opendata.arcgis.com/">http://data-ocpw.opendata.arcgis.com/</a>

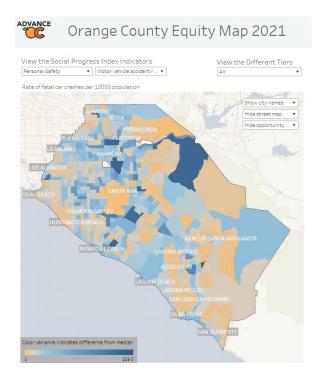
Topic	INJURIES AND ACCIDENTS				
	Indicator Name	Actual Value	CA Value	US Value	HP 2030 Goal
	Substantiated Child Abuse Rate per 1,000 (CA Department of Finance; Orange County Social Services Agency)	<mark>6.5</mark> (2021)	6.3	8.1	8.7
	Age-Adjusted Death Rate Due to Unintentional Motor Vehicle Crashes per 100,000 (CDPH)	<mark>6.5</mark> (2018–2020)	10.0	13.3 (2021)	10.1
Data	Age-Adjusted Unintentional Firearm Death Rates per 100,000 (CDPH)	<mark>4.7</mark> (2018–2020)	10.0	13.3 (2021)	10.1
Data	Age-Adjusted Unintentional Injury Death Rates per 100,000 (CDPH)	<mark>29.8</mark> (2018–2020)	37.9	64.7 (2021)	43.2
	Age-Adjusted Death Rate Due to Homicide per 100,000 (CDPH)	<mark>2.1</mark> (2018-2020)	5.2	8.2 (2021)	5.5
	Age-Adjusted Death Rate Due to Falls per 100,000 (CDC Wonder)	<mark>5.3</mark> (2020)	6.4 (2020)	N/A	N/A
	Age-Adjusted Death Rate Due to Firearms Among Children per 100,000 (KidsData)	<mark>2.3</mark> (2020)	5.6	9.9	N/A
Equity &	<ul> <li>Age-Adjusted Death Rate Due to Falls per 1 females (2.4)</li> </ul>	100,000 was hig	her for ma	les (6.3) t	than for
Disparities	<ul> <li>Equity Map: Regions of north and west Cou the rest of the County.</li> </ul>	nty have a highe	r rate of v	iolent crii	me than in
Qualitative Findings					
Current Collaborative	– Orange County Trauma Center Coalition				
Activities	<ul> <li>Orange County Window Falls Coalition</li> </ul>				



#### **INJURIES AND ACCIDENTS**

#### **Violent Crime Rate:**

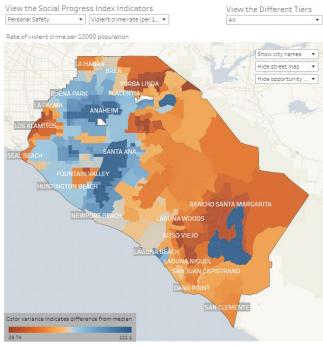
- Blue census tracts had higher violent crime rates than orange census tracts.
- Regions of north and west County have a higher rate of violent crime than in the rest of the County.



## **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.

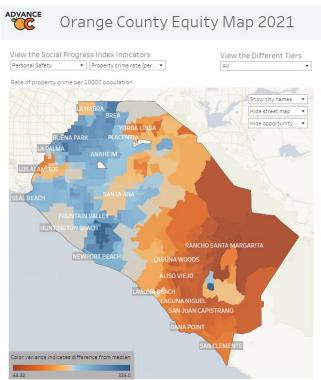




Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opposition (Community Survey) and CA Opposition (Com

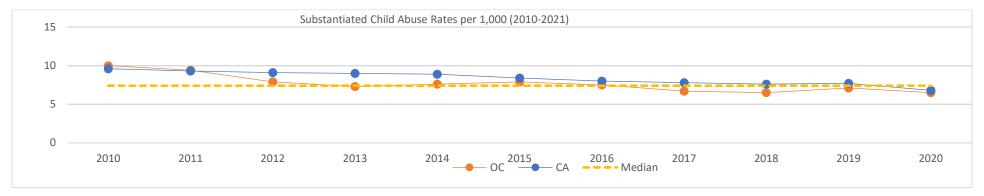
#### **Motor Vehicle Accidents:**

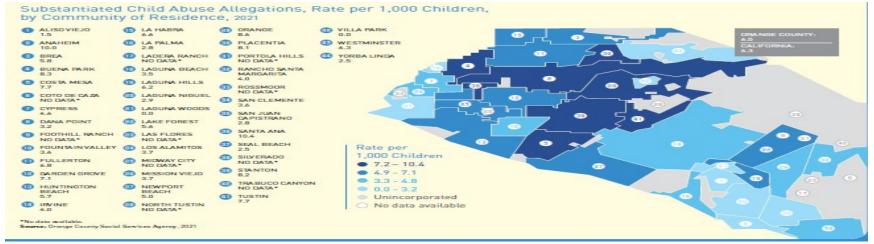
 Blue census tracts had more motor vehicle accidents than orange census tracts.



#### Injuries and Accidents

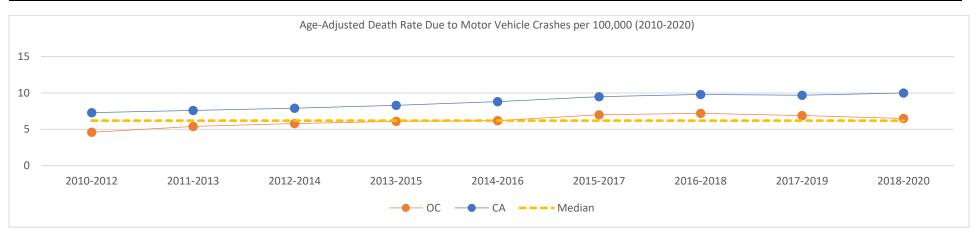
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Substantiated Child Abuse Rated per 1,000 <sup>47</sup> (CA Department of Finance; Orange County Social Services Agency)	<mark>6.5</mark> (2021)	6.3	8.1	8.7	Geographic





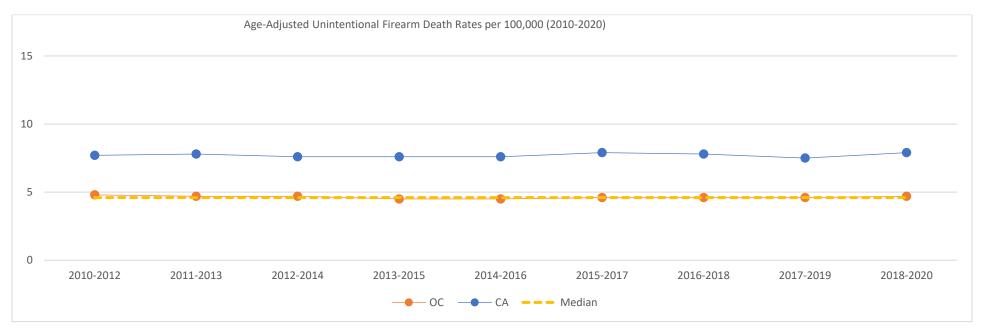
<sup>&</sup>lt;sup>47</sup> **Definition:** Unduplicated count of child abuse allegations that are determined to have occurred per 1,000 children under the age of 18. **Source:** California Department of Finance; CWS/CMS 2021 Quarter 4 Extract, Orange County Social Services Agency.

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



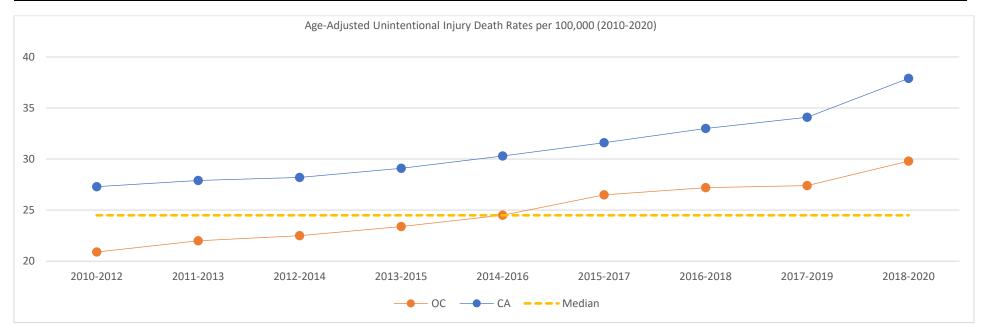
<sup>&</sup>lt;sup>48</sup> **Definition:** Three-year averages of deaths from car crashes or accidents divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles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

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



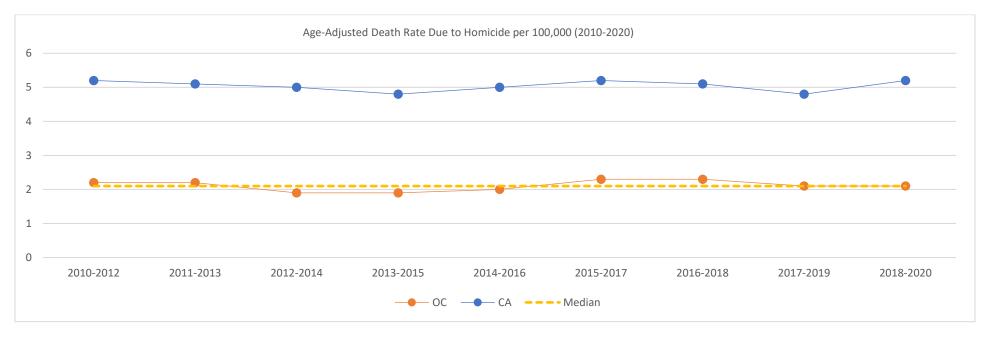
<sup>&</sup>lt;sup>49</sup> **Definition:** Three-year averages of deaths from guns/firearms divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.*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

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



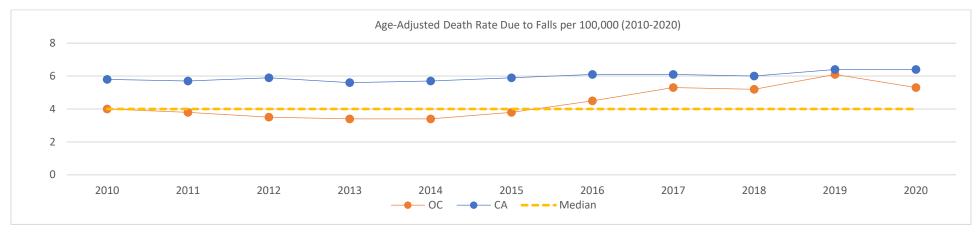
Definition: Three-year averages of deaths from accidents divided by the total population and then multiplying by 100,000. Source: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: VSB County Health Status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

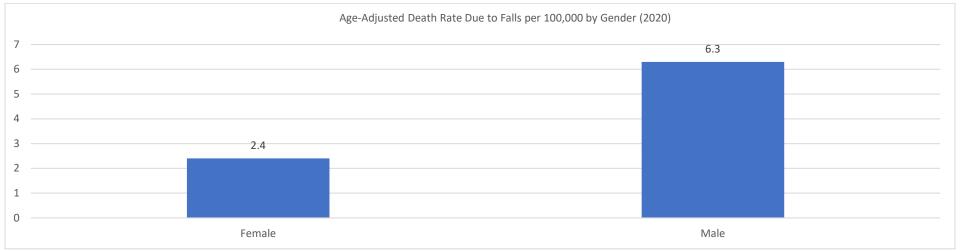
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Age-Adjusted Death Rate Due to Homicide per 100,000 <sup>51</sup> (CDPH)	2.1 (2018-2020)	5.2	8.2 (2021)	5.5	N/A



<sup>&</sup>lt;sup>51</sup> **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: <u>VSB County Health Status Profiles (ca.gov)</u>

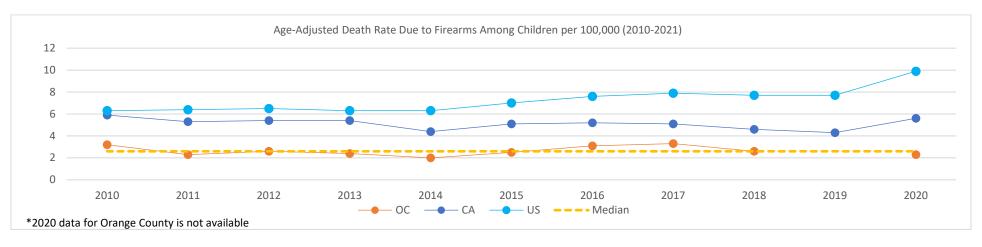
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Age-Adjusted Death Rate Due to Falls per 100,000 <sup>52</sup> (CDC Wonder)	<mark>5.3</mark> (2020)	6.4 (2020)	N/A	N/A	Gender





<sup>&</sup>lt;sup>52</sup> **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: <u>VSB County Health Status Profiles (ca.gov)</u>

Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Age-Adjusted Death Rate Due to Firearms Among Children per 100,000 <sup>53</sup> (KidsData)	<mark>2.3</mark> (2020)	5.6	9.9	N/A	N/A



<sup>&</sup>lt;sup>53</sup> **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: <u>Firearm Deaths - Kidsdata.org</u>

Topic	CANCER				
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
	Age-Adjusted Death Rate Due to All Cancers per 100,000 (CDPH)	<mark>122.4</mark> (2018–2020)	128.3	146.6 (2021)	122.7
	Age-Adjusted Death Rate Due to Breast Cancer per 100,000 (CDPH)	<mark>18.5</mark> (2018–2020)	18.2	19.4 (2021)	15.3
Data	Age-Adjusted Death Rate Due to Colorectal Cancer per 100,000 (CDPH)	<mark>10.5</mark> (2018–2020)	11.9	13.4 (2021)	8.9
Age-Adjusted Death Rate Due to Lung Cancer per 100,000 (CDPH)	<mark>21.5</mark> (2018–2020)	22.9	31.7 (2021)	25.1	
	Age-Adjusted Death Rate Due to Prostate Cancer per 100,000 (CDPH)	<mark>17.6</mark> (2018–2020)	19.1	19.0 (2021)	16.9
5 ,	<mark>0.9</mark> (2018–2020)	1.1	1.2 (2021)	N/A	
Equity & Disparities	<ul> <li>Data do not point to clear disparities</li> <li>Parts of the north County and pockets of adult population with cancer compared to</li> <li>Parts of the north County and pockets of adult population with cancer compared to</li> </ul>	o the rest of the cosouth County have	county. ve a lowe		_
	<ul> <li>Hispanic and Latino Individuals are gettin health outcomes; with cancer survivorshi</li> </ul>	-	in prograi	ms to imp	rove
Qualitative Findings	<ul> <li>Culturally sensitive mental health suppor needed</li> </ul>	t for Hispanic/Lat	ino canc	er warrior	s is
	<ul> <li>Asian/Pacific Islanders, on the other hand and colon cancer screenings.</li> </ul>	, need access to	early scr	eening for	breast
Current Collaborative Activities	<ul> <li>UCI Orange County Cancer Coalition: The Orange County community resources for patient care.</li> </ul>				



### **CANCER**

ADVANCE

# Orange County Equity Map 2021 View the Social Progress Index Indicators View the Different Tiers Health and Wellness ▼ Cancer prevalance (% of... ▼ Shows percentage of adult population with cancer (except skin cancer) Show city names Hide street map Color variance indicates difference from median

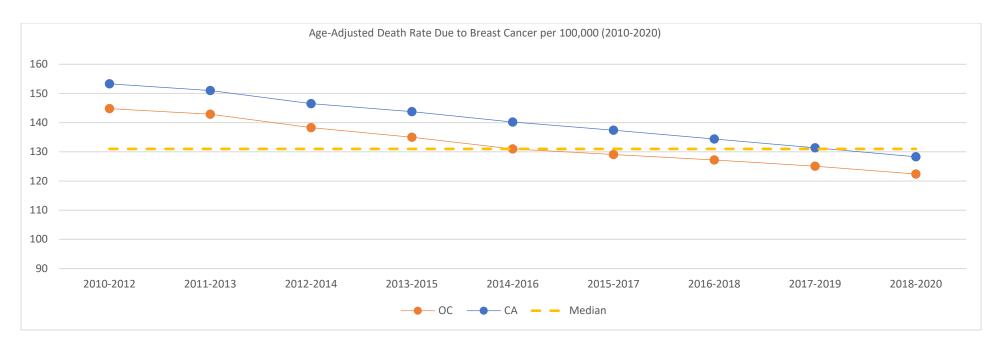
### Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportur

### **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.

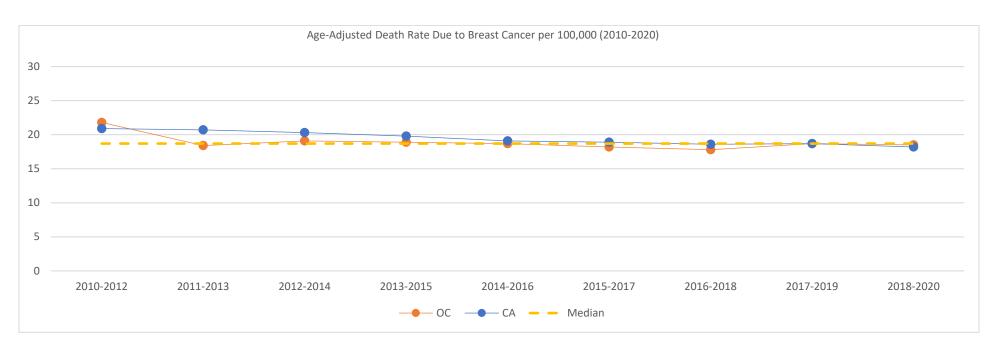
### Cancer

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 <sup>54</sup> (CDPH)		128.3	146.6 (2021)	122.7	N/A



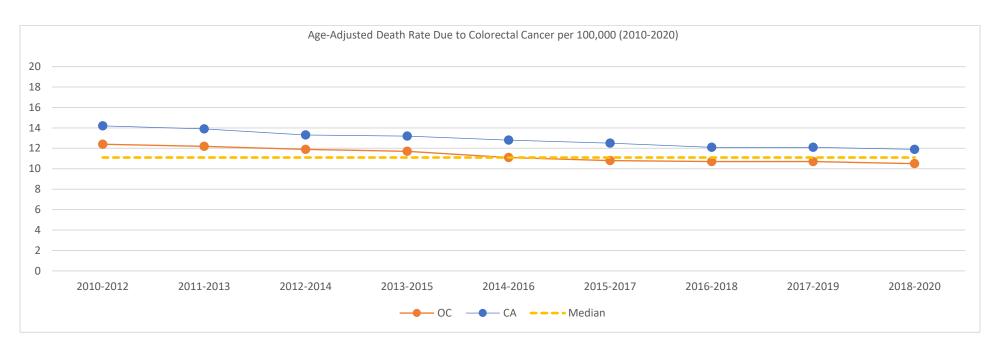
Definition: Three-year averages number of deaths from all cancers divided by the total population and then multiplying by 100,000. Source: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: VSB County Health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

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



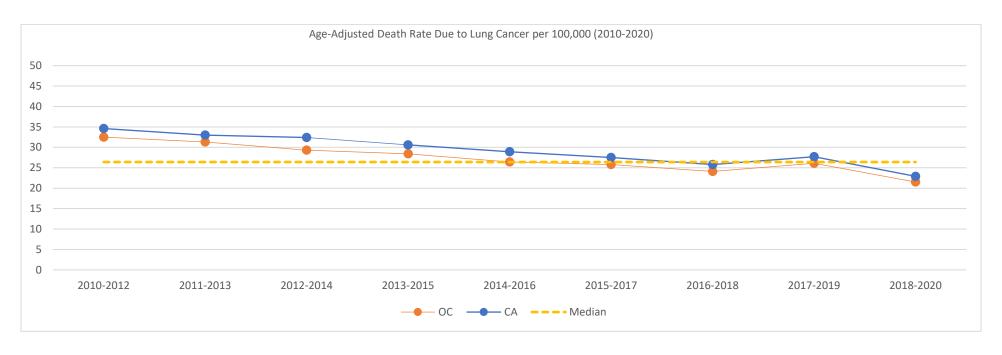
Definition: Three-year averages number of deaths from breast cancer divided by the total population and then multiplying by 100,000. Source: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: VSB County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

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



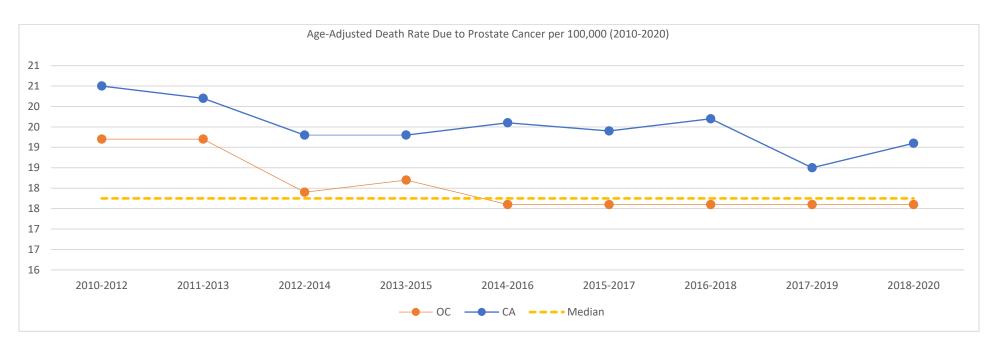
Definition: Three-year averages number of deaths from colorectal cancer divided by the total population and then multiplying by 100,000. Source: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: VSB County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

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



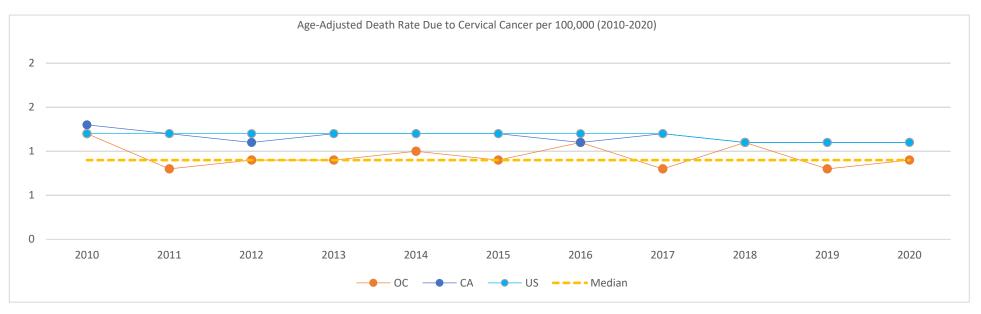
<sup>&</sup>lt;sup>57</sup> **Definition:** Three-year averages number of deaths from lung cancer divided by the total population and then multiplying by 100,000. **Source:** California Department of Public Health, Center for Health Statistics and Informatics (n.d.). *County Health Status Profiles 2010-2021.*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

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



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	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Age-Adjusted Death Rate Due to Cervical Cancer per 100,000 <sup>59</sup> (CDC)	<mark>0.9</mark> (2020)	1.1	1.2	N/A	N/A



<sup>&</sup>lt;sup>59</sup> **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								
	In Panton Name	<b>Actual Value</b>	CA	US	HP 2030				
	Preventable Hospital Stays per 100,000 (UWPHI)	(most recent year) 1,722 (2021)	Value 2,256	Value 2,809	Goal N/A				
	Age-Adjusted Death Rate Due to Coronary Heart Disease per 100,000 (CDPH)	<mark>72.6</mark> (2018-2020)	80.7	92.8	71.1				
Data	Percent of Adults Who Experienced Coronary Heart Disease (CHIS)	<mark>6.7%</mark> (2021)	7.1%	N/A	N/A				
	Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke) per 100,000 (CDPH)	<mark>36.3</mark> (2018-2020)	37.0	41.1	334				
	High Blood Pressure Prevalence (CHIS)	<mark>22.6%</mark> (2021)	26.8%	45.7%	42.6%				
	<ul> <li>Preventable Hospital Stays: More Americ preventable hospital stays than Blacks (3 Whites (1,558)</li> </ul>								
	<ul> <li>High Blood Pressure Prevalence: More Whites (28.1) suffer from high blood pressure than Asians (18.6%) and Hispanics (18.7%)</li> </ul>								
Equity & Disparities	<ul> <li>Wide areas of North County and parts of South County had a higher coronary heart disease among adults aged &gt;=18 years than rest of the County.</li> </ul>								
	<ul> <li>High cholesterol among adults aged &gt;= 18 years is more prevalent in north and parts of south County than in other regions of the County</li> </ul>								
	<ul> <li>High blood pressure among adults aged parts of south County than in other region</li> </ul>	-	ore preva	lent in no	rth and				
	Lack of sub-specialists in the county								
	<ul> <li>Lack of physically accessible health care</li> </ul>	offices for peopl	e on Medi	care/Med	di-Cal				
	Medical care costs wiping out seniors								
	<ul> <li>Affordability of any insurance</li> </ul>								
Qualitative	<ul> <li>Lack of preventative care</li> </ul>								
Findings	<ul> <li>Rising need for comprehensive care; agir</li> </ul>	ng/dementia; incr	easing ch	ronic illne	esses				
	Medi-Cal reimbursement rates are insufficient								
	<ul> <li>Professionals leaving healthcare</li> </ul>								
	<ul> <li>Create training programs to increase community well-being (i.e., financial literacy, health literacy programs)</li> </ul>								
Current Collaborative Activities									





### **HEART DISEASE/STROKE**

# View the CDC Indicators (Air) Coronary heart disease among adults aged >=... Coronary heart disease among adults aged >=... Coronary heart disease among adults aged >=... LA HABRA BUENA PARK PLAGENTIA LAMITOS ANAHEM LAMITOS ANAHEM FOUNTAIN VALLEY HUNTINGTON BEACH RANCHO SANTA MARGARITA NEWPORT BEACH LAGUNA WGODS ALI SO VIE IO LAGUNA NIGUEL SAN JUAN CARISTRANO DANA POINT SAN CLEMENTE Color variance indicates difference from median 1 200 1 2 50

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

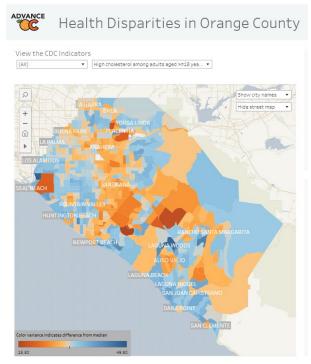
### **High Cholesterol:**

- 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

# View the CDC Indicators [AII] Whigh blood pressure among adults aged >=18... Indicators [AII] Whigh blood pressure among adults aged >=18... Indicators Ind

### **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.



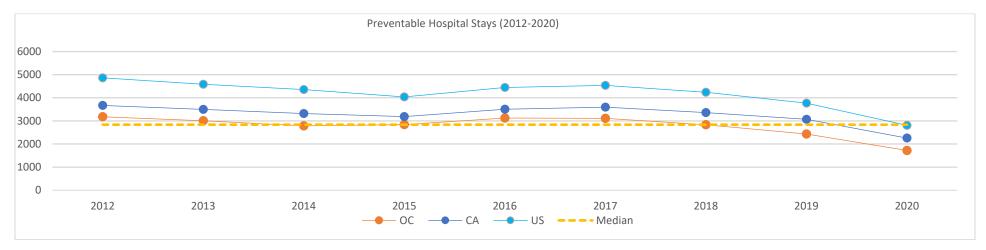
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportu

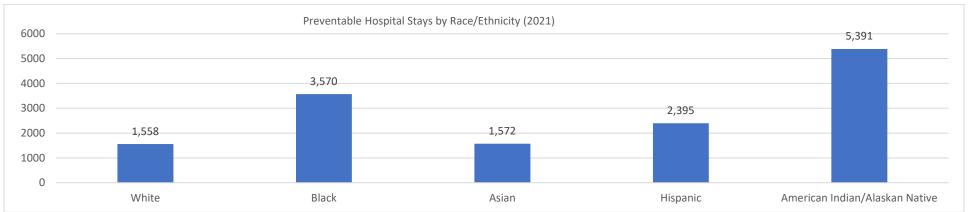
### **High Blood Pressure:**

- 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.

### Heart Disease / Stroke

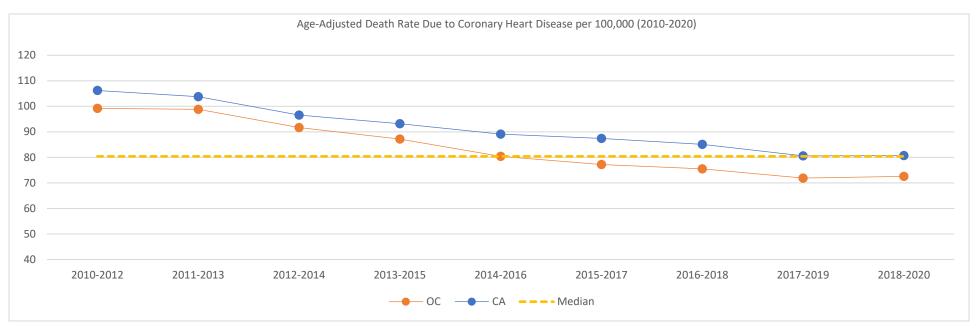
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Preventable Hospital Stays per 100,000 <sup>60</sup> (UWPHI)	<mark>1,722</mark> (2021)	2,256	2,809	N/A	N/A





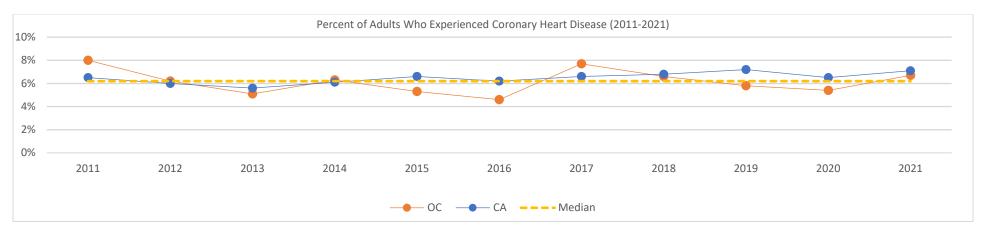
<sup>&</sup>lt;sup>60</sup> **Definition:** Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & Roadmaps

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 <sup>61</sup> (CDPH)	<mark>72.6</mark> (2018-2020)	80.7	92.8	71.1	N/A	



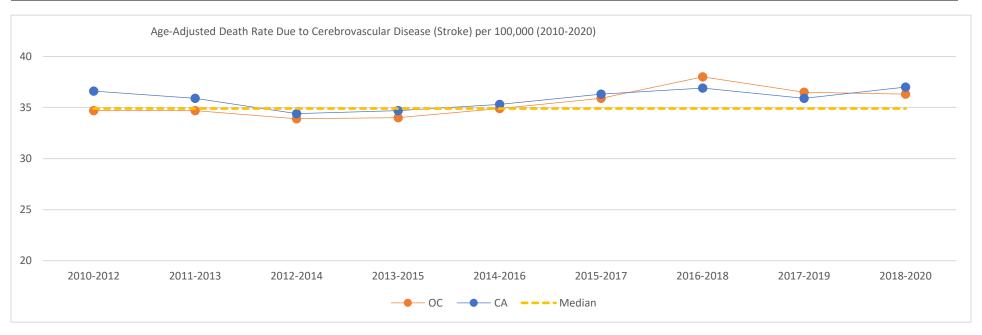
**Definition**: Three-year averages of deaths from coronary heart disease divided by the total population and then multiplying by 100,000. **Source**: California Department of Public Health, Center for Health Statistics and Informatics (n.d.). County Health Status Profiles 2010-2021. Retrieved from: <u>VSB</u> 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 <sup>62</sup> (CHIS)	<mark>6.7%</mark> (2021)	7.1%	N/A	N/A	N/A



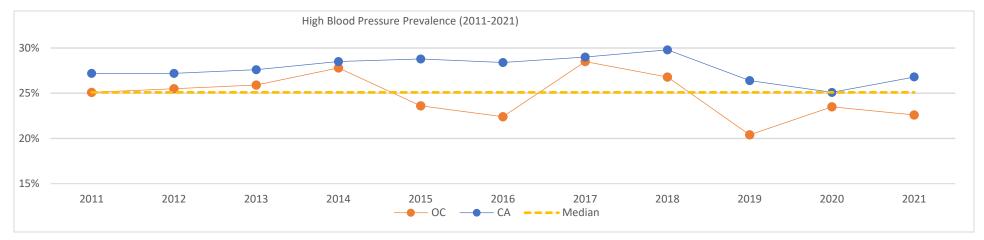
<sup>&</sup>lt;sup>62</sup> **Definition:** Percent of adults who have been told by a doctor that they had heart disease. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Heart Disease* (California, Orange). Retrieved from: <a href="http://ask.chis.ucla.edu.">http://ask.chis.ucla.edu.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

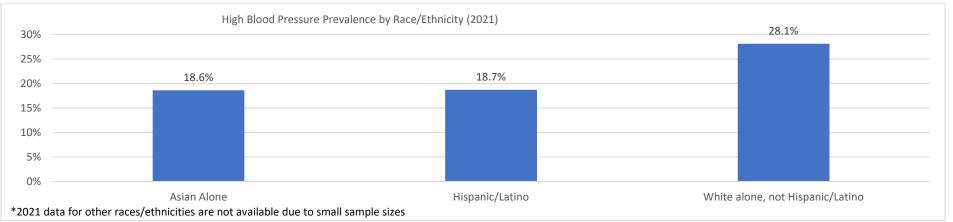
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke) per 100,000 <sup>63</sup> (CDPH)	<mark>36.3</mark> (2018-2020)	37.0	41.1	334	N/A



**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: <u>VSB County Health Status Profiles (ca.gov)</u>.

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



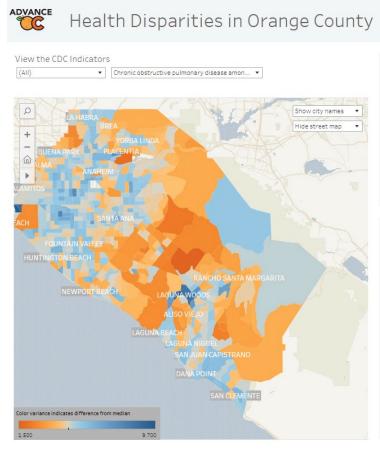


<sup>&</sup>lt;sup>64</sup> **Definition:** Percent of adults told by a doctor that they had high blood pressure. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Diabetes* (California, Orange). Retrieved from: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu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

Topic	ASTHMA / CHRONIC OBSTRUCTIVE PULMON	ARY DISEASE			
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
	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)	<mark>2.4</mark> (2019)	3.1 (2019)	N/A	N/A
Data	Age-Adjusted Emergency Department Visit Rate Due to Adult Asthma per 10,000 (CDPH)	<mark>21.2</mark> (2019)	35.4 (2019)	N/A	N/A
	Age-Adjusted Hospitalization Rate Due to Pediatric Asthma per 10,000 (CDPH)	<mark>6.4</mark> (2019)	8.3 (2019)	N/A	N/A
	Age-Adjusted Emergency Department Visit Rate Due to Pediatric Asthma per 10,000 (CDPH)	<mark>43.4</mark> (2019)	63.4 (2019)	N/A	N/A
	Age-Adjusted Death Rate Due to COPD per 100,000 (CDPH)	<mark>18.2</mark> (2022)	22.0 (2022)	95.7 (2021)	107.2
Equity & Disparities	<ul> <li>Percent of Adults Ever Diagnosed with Ast higher rate than Asian (10.6%) and Hispani</li> <li>Age-Adjusted Hospitalization Rate Due to hospitalized at a higher rate than Asian (2.</li> <li>Age-Adjusted Emergency Department Vis Blacks (104.3) are admitted to the ER at a</li> </ul>	ic (9.7%) adults Adult Asthma p 6), Hispanic (3.2 sit Rate Due to A	er 10,000: ) or White dult Asthr	: Blacks (9 (3.3) na per 10	9.6) are ,000:
Disparities	Native Hawaiian/Pacific Islander (76.8) or 1  - Age-Adjusted Death Rate Due to COPD pe	er 100,000: Whit	e (23.3) di	e at a hig	her rate
	than Asian (11.1), Hispanic (10.4) or Black (1  – Wide areas of north county and parts of so disease among adults aged >=18 years tha	outh County had		coronary	heart
Qualitative Findings					
Current Collaborative Activities					



### **ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE**



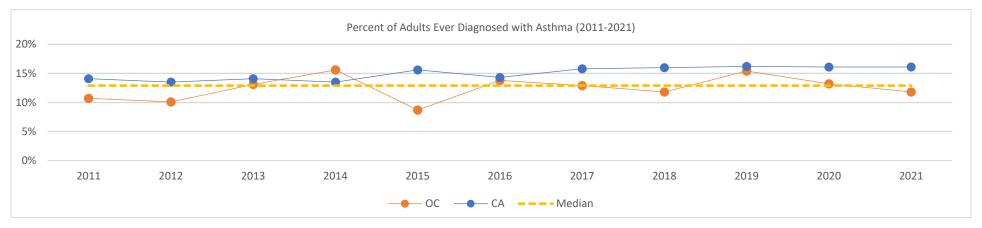
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportur

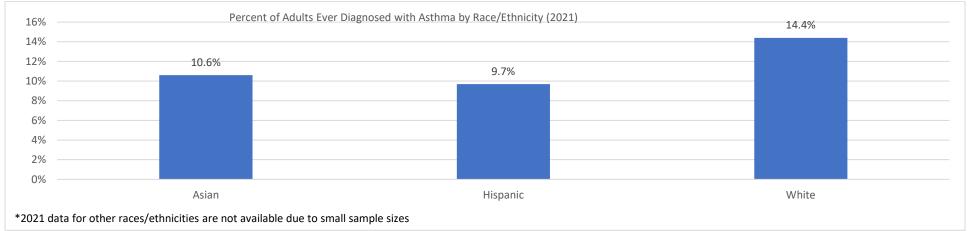
### **Chronic Obstructive Pulmonary Disease:**

- 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

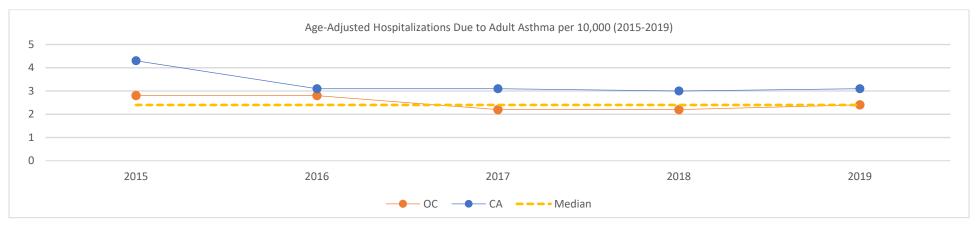
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Ever Diagnosed with Asthma <sup>65</sup> (CHIS)	11.8% (2021)	16.1%	N/A	N/A	R/E

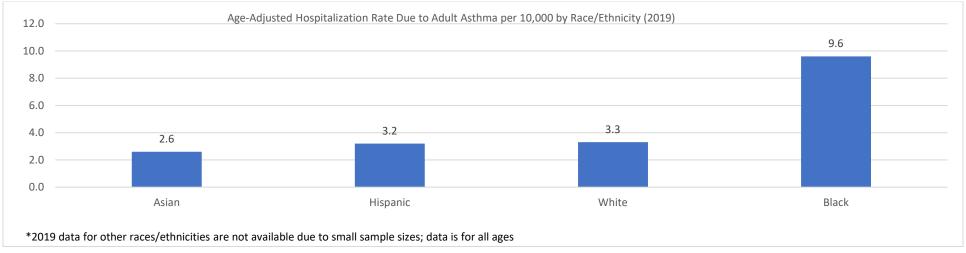




<sup>&</sup>lt;sup>65</sup> **Definition:** Told by doctor that have asthma. **Source:** UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Ever Diagnosed with Asthma* (California, Orange). Retrieved from: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a>.

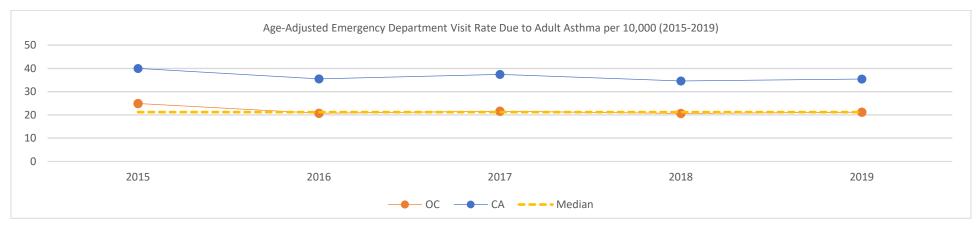
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Hospitalization Rate Due to Adult Asthma per 10,000 <sup>66</sup> (CDPH)	<mark>2.4</mark> (2019)	3.1 (2019)	N/A	N/A	R/E

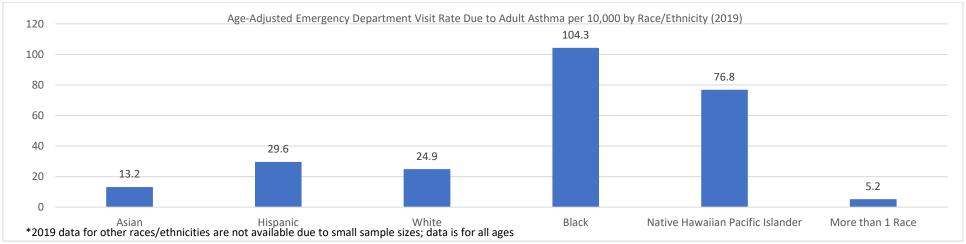




<sup>&</sup>lt;sup>66</sup> **Definition:** Number of asthma hospitalizations by the estimated population in that county and age group, age-adjusting to the 2000 U.S. Census, and multiplying by 10,000. **Source**: California Department of Public Health. (n.d). Asthma Hospitalization Rates by County.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

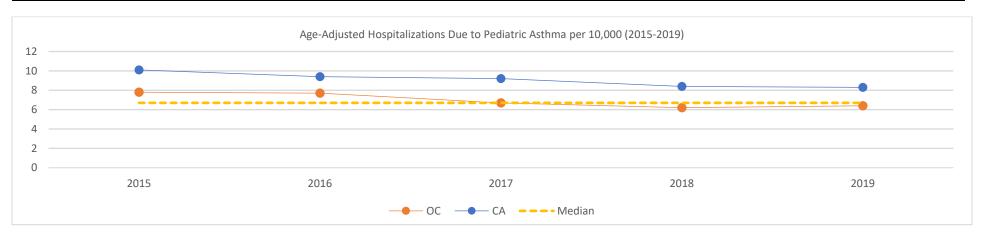
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Emergency Department Visit Rate Due to Adult Asthma per 10,000 <sup>67</sup> (CDPH)	<mark>21.2</mark> (2019)	35.4 (2019)	N/A	N/A	R/E





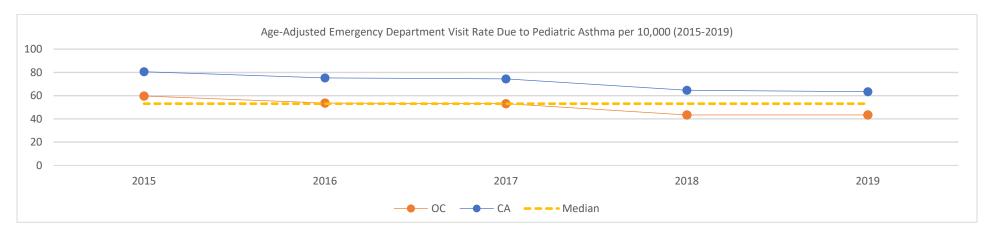
**Definition:** Calculated by dividing the number of asthma emergency department visits by the estimated population in that county and age group, age-adjusting to the 2000 U.S. Census, and multiplying by 10,000. Source: California Department of Public Health. (n.d). Asthma Emergency Department Visit 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 <sup>68</sup> (CDPH)	<mark>6.4</mark> (2019)	8.3 (2019)	N/A	N/A	N/A



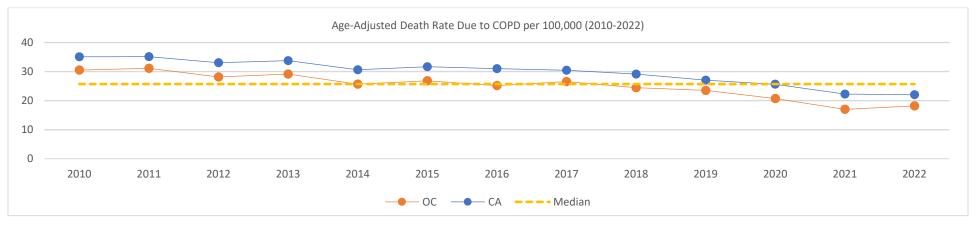
**Definition:** Number of asthma hospitalizations by the estimated population in that county and age group (under the age of 5), age-adjusting to the 2000 U.S. Census, and multiplying by 10,000. **Source:** California Department of Public Health. (n.d). Asthma Hospitalization Rates by County. Retrieved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

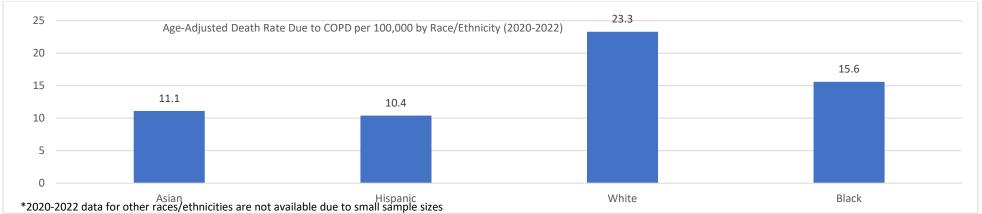
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Age-Adjusted Emergency Department Visit Rate Due to Pediatric Asthma per 10,000 <sup>69</sup> (CDPH)	<mark>43.4</mark> (2019)	63.4 (2019)	N/A	N/A	N/A



**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: <u>Asthma Emergency Department Visit Rates - Datasets - California Health and Human Services Open Data Portal</u>

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 <sup>70</sup> (CDPH)	<mark>18.2</mark> (2022)	22.0 (2022)	95.7 (2021)	107.2	R/E





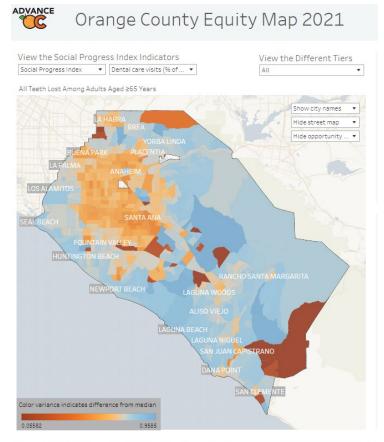
98

<sup>&</sup>lt;sup>70</sup> **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: <u>California Community Burden of Disease Engine</u>.

Topic	ORAL HEALTH				
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal
Data	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 vis	its due to cavities	s than Sou	ıth Orang	e County.
Qualitative Findings					
Current Collaborative	- HCA's Oral Health Collaborative: Vision is opportunities and resources for optimal continuations.	<del>-</del>	unty resid	lents to h	ave



### **ORAL HEALTH**



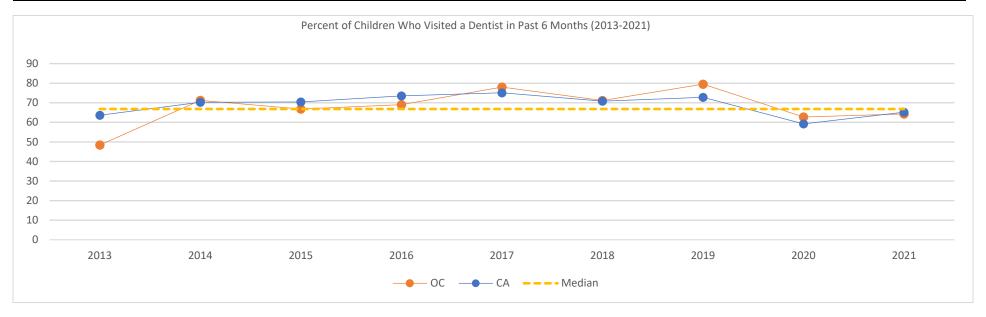
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportunity Survey Sur

### **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.

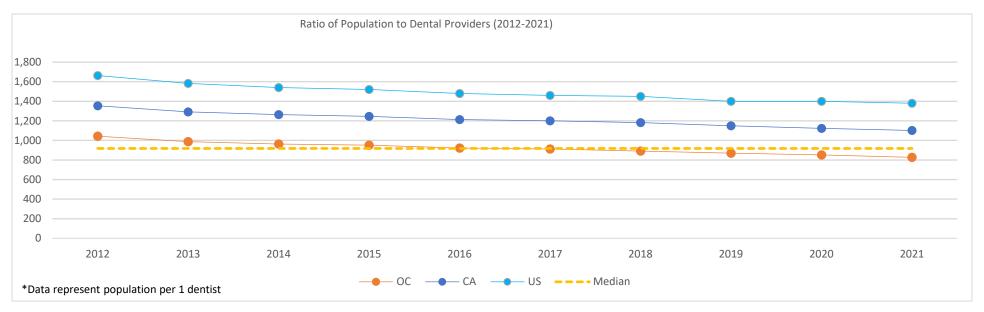
### Oral Health

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 <sup>71</sup> (CHIS)	64.3% (2021)	65.2%	N/A	N/A	N/A



<sup>71</sup> **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: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a>

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

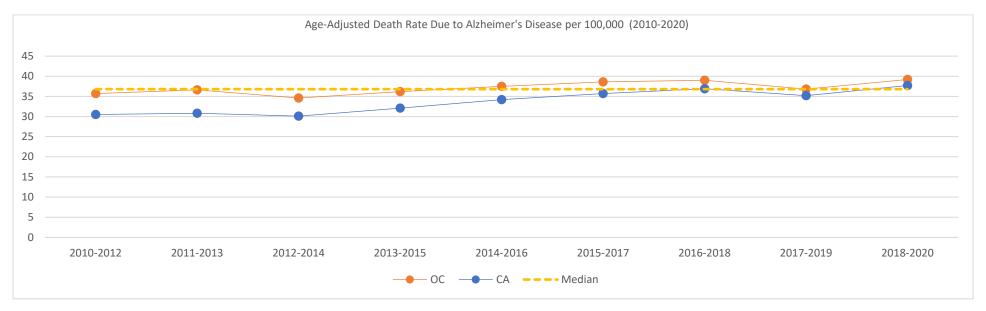


<sup>&</sup>lt;sup>72</sup> **Definition:** Average number of people served by one dentist in Orange County. **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & 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	<mark>39.2</mark> (2018–2020)	37.7	N/A	N/A
Equity & Disparities					
Qualitative Findings					
Current Collaborative Activities					

### 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 <sup>73</sup>	<mark>39.2</mark> (2018-2020)	37.7	N/A	N/A	N/A



<sup>&</sup>lt;sup>73</sup> **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: <u>VSB County Health Status Profiles (ca.gov)</u>

# **HEALTH DETERMINANTS**

**Summary of Findings** 

**Equity Map – Social Progress Index Indicators** 

**Health Indicators** 



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-	5,718	171,500						
	05/2022%20PIT%20Data%20Infographic%20- %205.10.2022%20Final.pdf								
	<ul> <li>North (2,419) and Central (2,714) have a hi (858) county</li> </ul>	gher number of h	omeless <sub>l</sub>	oersons t	han South				
Equity & Disparities	<ul> <li>More homeless persons are recorded in North (2,419) and Central (2,714) Service</li> <li>Planning Areas compared to the South (585) Service Planning Area</li> </ul>								
·	<ul> <li>North County had a higher percentage of than one resident per room.</li> </ul>	population in hou	ising whe	re there i	s more				
	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								
Qualitative	High cost of land and scarcity in places to build more housing								
Findings	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 pe	Fund ADA home modifications to allow people to remain in the community							
Current Collaborative	<ul> <li>Orange County Continuum of Care: The m in Orange County, California to end the sh room for current and future Orange Count</li> </ul>	ortage, reduce h			•				
Activities	<ul> <li>Equity in OC Partnership – Improvement I</li> </ul>	Equity in OC Partnership – Improvement Projects							
	Family Solutions Collaborative Orange County								



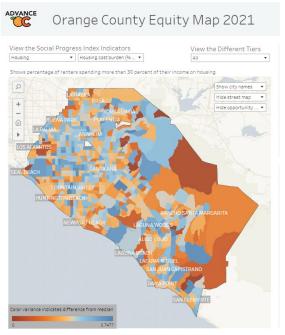
### **HOUSING/HOMELESS**

### View the Social Progress Index Indicators Shows percentage of population in housing where there is more than one resident per room IA HABRA BREA WARRALINDA RIGHA PADK PLACHNIA LAGUNA MALEN LAGUNA MODOS ALISO VIELD RANCHO SANTA MARGARITA NEWPORT BEACH LAGUNA MODOS ALISO VIELD COID Variance Indicates difference from median DANA POINT SAN GLEMENTE Color variance indicates difference from median DANA POINT SAN GLEMENTE Color variance indicates difference from median DANA POINT SAN GLEMENTE Color variance indicates difference from median DANA POINT SAN GLEMENTE Color variance indicates difference from median

### $Sources: SPI, CDC PLACES \ Local \ Data, American \ Community \ Survey, First 5 \ OC, OC \ Health \ Care \ Agency \ and \ CA \ Opportunities \ Agency \ Ag$

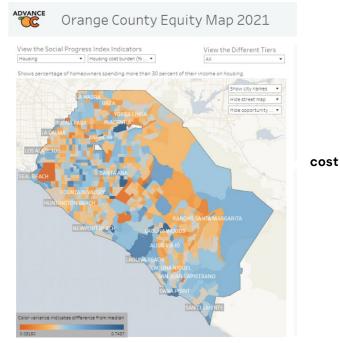
### **Housing Cost Burden for Ownership:**

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



### **Housing Overcrowding:**

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



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

### **Housing Cost Burden for Rent:**

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

Topic	WORKFORCE							
	Indicator Name	Actual Value	CA Value	US Value	HP 2030 Goal			
Data	Rate of Unemployed Persons in Civilian Workforce (U.S. Bureau of Labor Statistics)	2.7% (2022)	11.1%	10.3%	N/A			
	<ul> <li>A higher percentage of households in nort benefits in the past 12 months compared Progress Index).</li> </ul>		•		•			
	<ul> <li>Regions of south County has over 75% of poverty line compared to the rest of the County.</li> </ul>	-						
Equity &	<ul> <li>Areas of south and west County has over 60% of people aged 20–64 with a job</li> <li>Equity &amp; compared to the rest of the County (Source: California Health Places Index.)</li> </ul>							
Disparities	<ul> <li>A higher percentage of households Central County received food stamp benefits in the past 12 months compared to the rest of the County.</li> </ul>							
	<ul> <li>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.)</li> </ul>							
	<ul> <li>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.)</li> </ul>							
	Increasing a diverse health care workforce							
	<ul> <li>More service providers added to the system</li> </ul>	em						
Qualitative	<ul> <li>Increasing the number of providers in OC, of the community</li> </ul>	especially provid	ers that r	eflect the	diversity			
Findings	Desired Healthcare System Reform							
	<ul> <li>Health care workers structured outside of</li> </ul>	the traditional pr	ovider-p	atient rela	ationship			
	<ul> <li>Increasing a diverse health care workforce</li> </ul>							
	<ul> <li>More connected services with price trans</li> </ul>	parency						
Current Collaborative Activities								

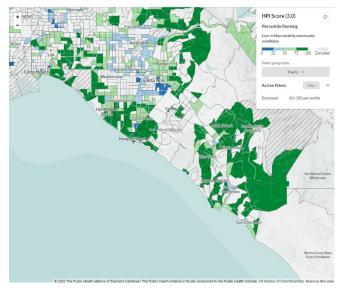


### **WORKFORCE**

## View the Social Progress Index Indicators Social Progress Index | Households with food st. | | Shows percentage of households that received food stamp benefits in the past 12 months | Shows percentage of households that received food stamp benefits in the past 12 months | Show city names | Hide supervision | Hid

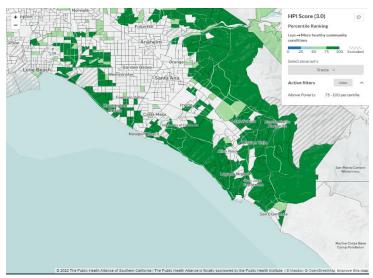
### Earning More than 200% Above Poverty:

- 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.)



### **Household Receiving Food Stamps:**

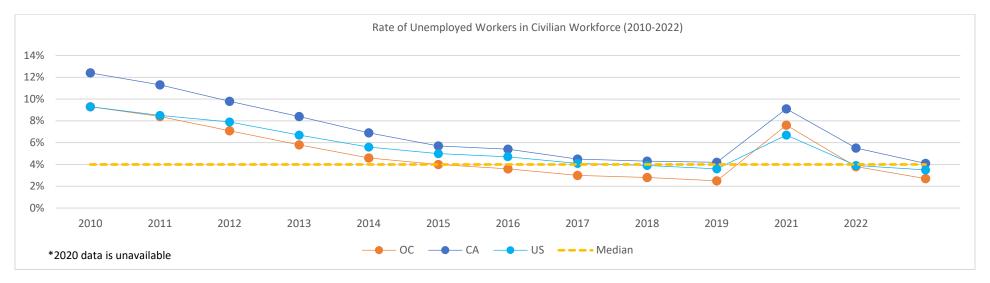
- Blue census tracts receive food stamps at a higher rate than orange.
- A higher percentage of households Central County received food stamp benefits in the past 12 months compared to the rest of the County.



### 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.)

N/A



<sup>&</sup>lt;sup>74</sup> **Definition:** All persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment at some time during the 4 week-period ending with the reference week. **Source:** US. Bureau of Labor Statistics. *Unemployment Rate in Orange County, CA*. Retrieved from: <a href="https://Unemployment Rate">https://Unemployment Rate</a> in Orange County, CA (CAORAN7URN) | FRED | St. Louis Fed (stlouisfed.org)

<u> </u>			CA	US	HP 2030				
	Indicator Name	Actual Value (most recent year)	Value	Value	Goal				
	Percent of People with a Usual Source of Care (CHIS)	87.2% (2021)	86.0%	76.0%	84.0%				
Data	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%				
	<ul> <li>Percent of People with a Usual Source of receive usual source of care than Asian (</li> </ul>		•		38.1%)				
Earrite C	<ul> <li>Percent of People Who Delayed or Had D delayed or had difficulty obtaining care</li> </ul>	•							
Equity & Disparities	<ul> <li>Difficulty Finding Specialty Care: More Whites (12.7%) had difficulty finding specialty care than Asians (9.5%)</li> </ul>								
	<ul> <li>North and Central County have a higher percentage of adults who are up to date on a core set of clinical prevention services.</li> </ul>								
	New patient systems are difficult to navigate  New systems are difficult to navigate for  Difficulty navigating mental healthcare  Lack of access to affordable and quality  Providers lack time to help patients navi  Opportunity to offer digital literacy prog telehealth	some communitie care, preventing po gate new tech and	eople fror health inf	ormation	1				
	Need for education surrounding how to navigate existing systems								
Qualitative Findings	<ul> <li>Increasing access: simplifying ways to access care, education on healthcare navigation</li> <li>Education on where and how to access services, and how to navigate the healthcare system and insurance</li> <li>Lack of understanding of referral systems, difficulties using OCLINK, missed referral opportunities</li> <li>Connect or link people to organizations that can provide the personal health services they may need</li> </ul>								
	Long wait times act as a barrier to care  - Long wait times to access care, difficulty  - Lack of specialty care access due to low			-	ember				



### **CARE NAVIGATION**

# View the Social Progress Index Indicators Social Progress Index Preventative care visits... Shows percentage of adults Who Are Up To Date On A Core Set Of Clinical Preventive Services Show of tynames Hide street map Prograting ANABEIM LA PALMA ANABEIM LOS ALAMITOS SANTA MAR RANCHO SANTA MARGARITA REVPORT BEACH LAGUNA WOODS ALISO VIEJO LAGUNA MODES ALISO VIEJO LAGUNA NIGUEL SAN JUAN CAPISTRANO DANA POINT SAN CLEMENTE Color variance indicates difference from median 0.5222 0.5225

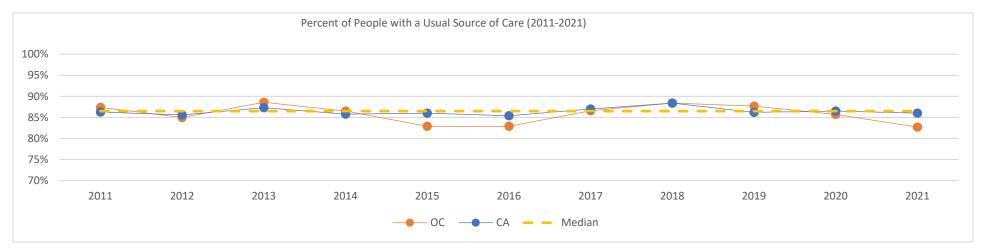
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportunity

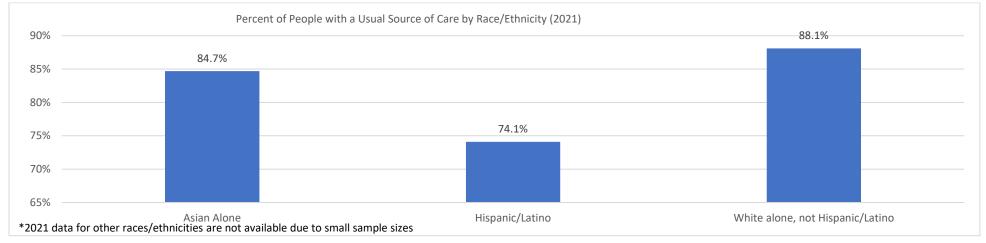
### **Preventive Care Visits**

- 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.



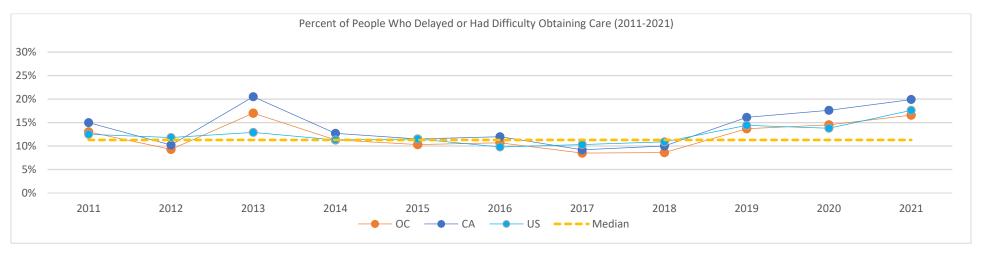
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of People with a Usual Source of Care <sup>75</sup> (CHIS)	87.2% (2021)	86.0%	76.0%	84.0%	R/E

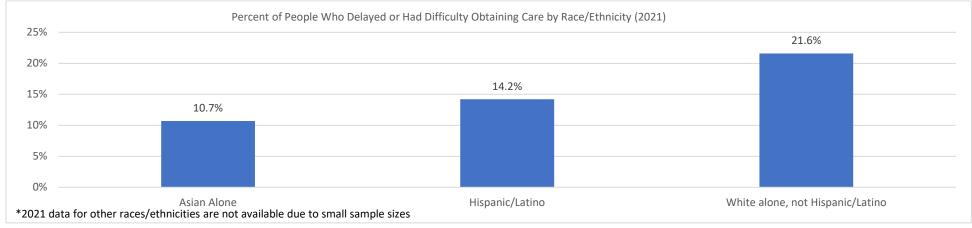




Definition: Combines questions about last doctor's visit and type of location where doctor was seen, including doctor's office/HMO/Kaiser, community clinic/government clinic/community hospital, emergency room/urgent. Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021.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

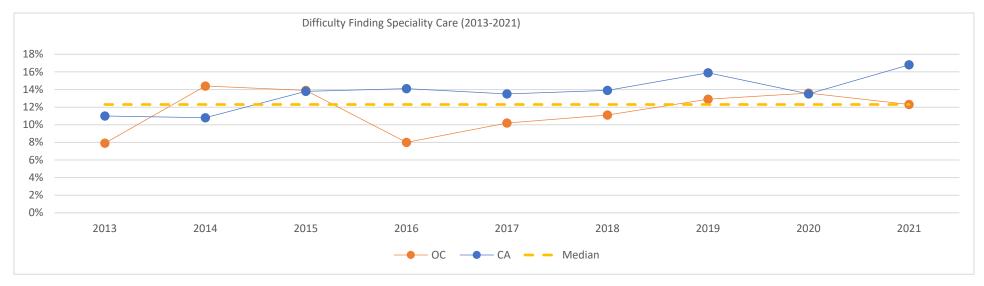
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of People Who Delayed or Had Difficulty Obtaining Care <sup>76</sup> (CHIS)	<mark>16.6%</mark> (2021)	19.9%	17.6%	5.9%	R/E





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





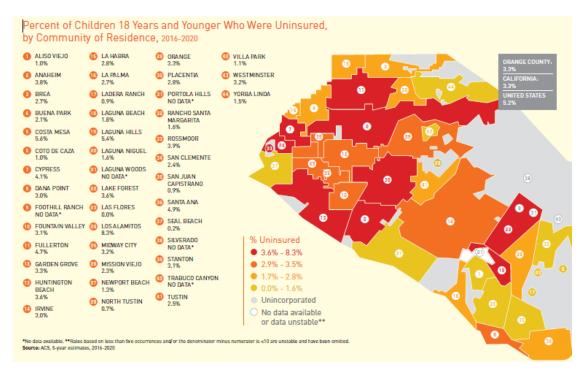
Definition: Among those needing specialty care, whether they had any trouble finding a medical specialist who would see them and whether a medical specialist's office told them that they would not take them as a new patient." Those answering yes to either had difficulty obtaining specialty care. Source: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

Topic	HEALTH INSURANCE ACCESS / ENROLLMENT								
		<b>Actual Value</b>	CA	US	HP 2030				
	Indicator Name	(most recent year)	Value	Value	Goal				
	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)	<mark>96.4%</mark> (2021)	96.5%	94.6%	N/A				
	Percent of Adults Ages 65+ with Health Insurance (ACS)	<mark>99.0%</mark> (2021)	98.9%	99.2%	N/A				
Data	Percent of Adults Who Had Routine Check- Up in Past 12 Months (CHIS)	<mark>64.3%</mark> (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)	<mark>75.1%</mark> (2021)	72.2%	34.8% (2020 -2021)	35.8%				
	Ratio of Population to Health Care Providers (UWPHI)	<mark>955:1</mark> (2020)	1234:1	1310:1	N/A				
	<ul> <li>Percent of Adults with Health Insurance: 94.1% of Asian adults have health insuran Hispanic and 80.4% of AIAN adults</li> <li>Geographic disparity exists with the high compared to Orange County rate of 3.3%</li> </ul>	nce compared to	90.4% of	Black, 82 dren at 8.	.3% of 3%				
	Children in Orange County.								
Equity & Disparities	<ul> <li>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</li> </ul>								
Dispanties	<ul> <li>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%)</li> </ul>								
	<ul> <li>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%)</li> </ul>								
	<ul> <li>Regions in South County had a lower percent of children 18 years and younger who were uninsured.</li> </ul>								
	Insurance is a barrier to accessing care, whe price of co-pays	ther due to inabi	lity to acc	ess insur	ance or				
	<ul> <li>High insurance costs, but people are not</li> </ul>	being paid livabl	e wages						
Qualitative Findings	People feel it is too complicated to access insurance and care providers, leading to a								
	lack of medical coverage for hearing aids	and specific me	dical dev	ices	iding to a				

- 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

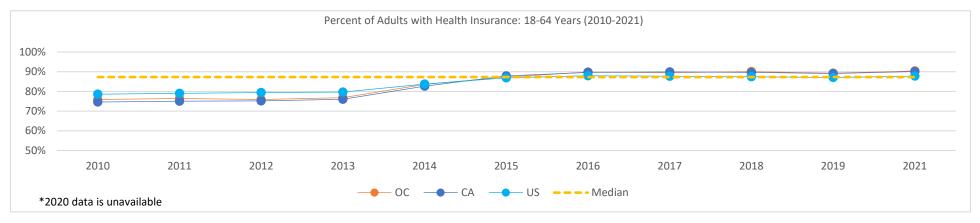
### **HEALTH INSURANCE ACCESS / ENROLLMENT**

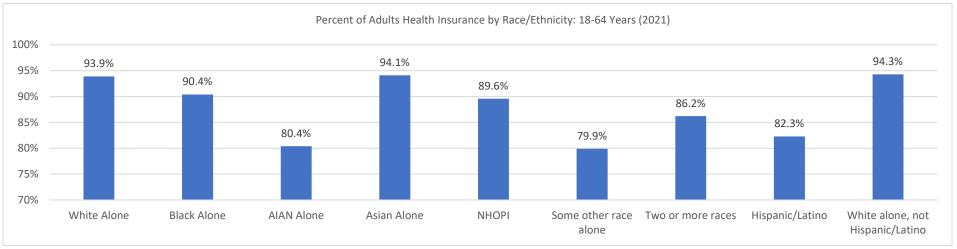


### Percent of Children 18 Years and Younger Who Were Uninsured:

- 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.

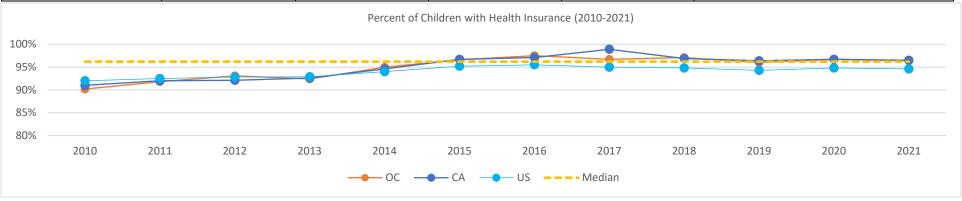
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of Adults with Health Insurance <sup>78</sup> : 18-64 Years (ACS)	90.4% (2021)	90.1%	87.8%	92.4%	R/E

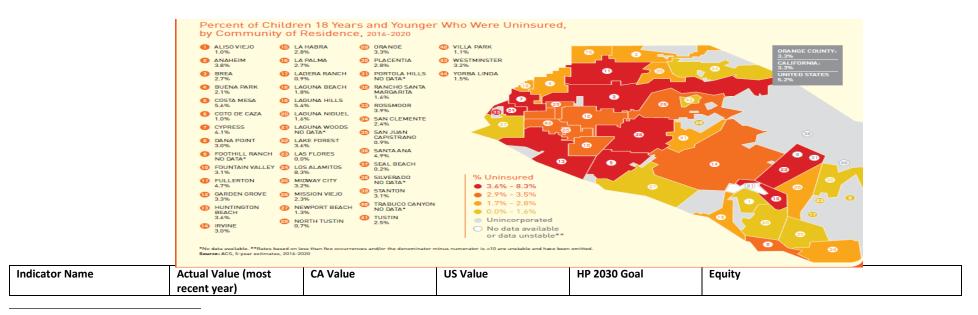




**Definition:** Adults ages 18 to 64 years old who have private health insurance through an employer or union, a plan purchased by an individual from a private company or public coverage through Medi-Call or VA Health Care. **Source:** U.S. Census Bureau (2021). Selected Characteristics of Health Insurance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

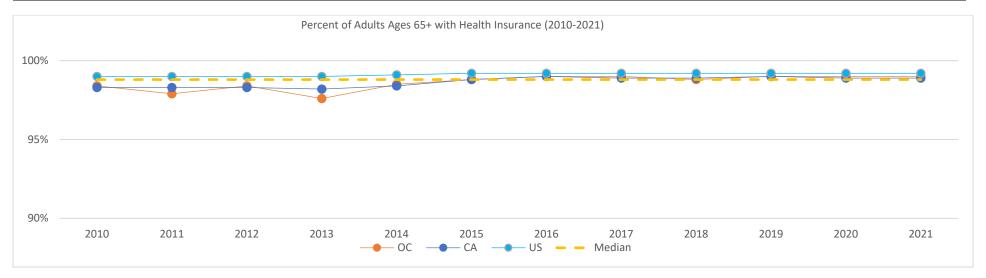
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Children with Health Insurance <sup>79</sup> (ACS)	96.4% (2021)	96.5%	94.6%	N/A	Geographic





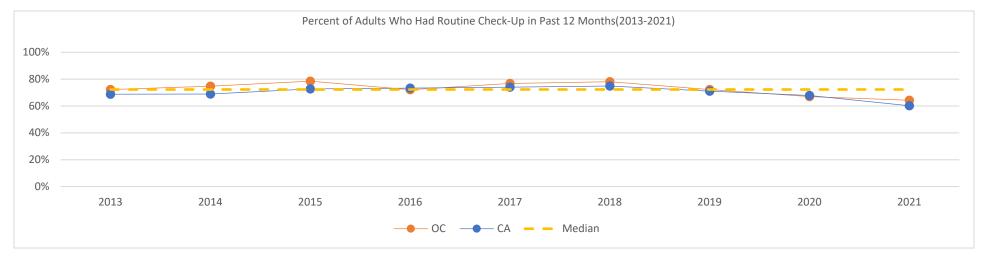
Definition: Children under the age of 18 who have private health insurance through a parent's employer or union, a plan purchased by an individual from a private company or public coverage through Medi-Cal or Children's Health Insurance Program (CHIP). Source: U.S. Census Bureau (2021). Selected Characteristics 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

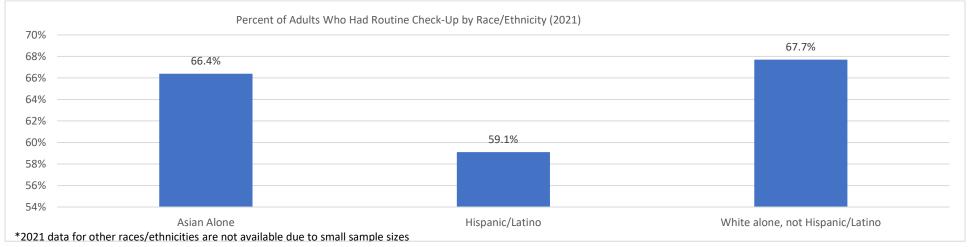
Percent of Adults Ages 65+	99.0%	98.9%	99.2%	N/A	N/A
with Health Insurance <sup>80</sup> (ACS)	(2021)				



**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: <u>adults with health insurance - Census Bureau Tables</u>

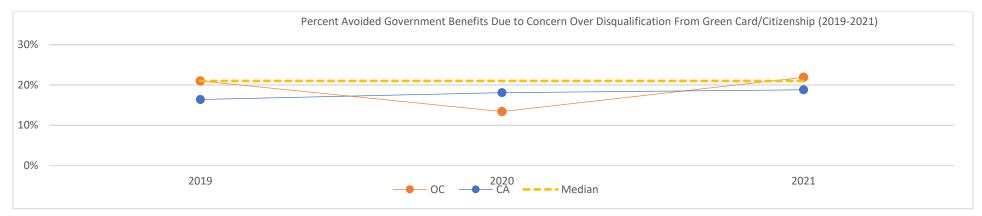
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of Adults Who Had Routine Check-Up in Past 12 Months <sup>81</sup> (CHIS)	64.3% (2021)	60.2%	N/A	N/A	R/E

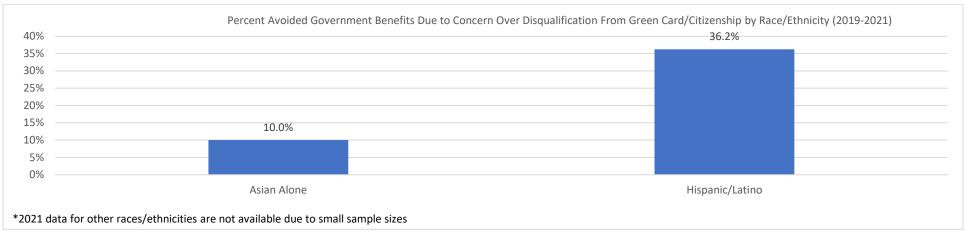




<sup>&</sup>lt;sup>81</sup> **Definition:** How long has it been since the adult last saw a doctor or medical provider for a routine check-up. Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2011-2021. *Routine Check-Up with Doctor in Past 12 Months (California, Orange)*. Retrieved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

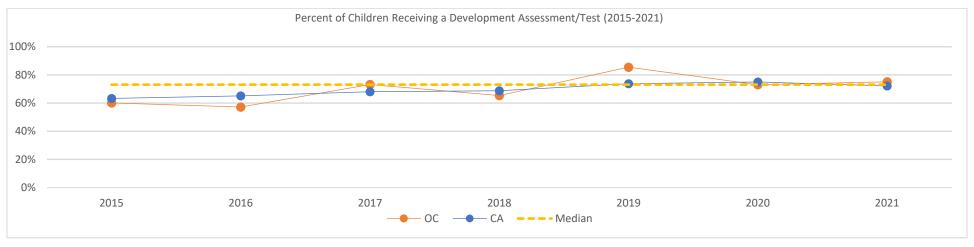
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Avoided Government	21.9%	18.8%	N/A	N/A	R/E
Benefits Due to Concern Over	(2021)				
Disqualification from Green					
Card/Citizenship <sup>82</sup> (CHIS)					

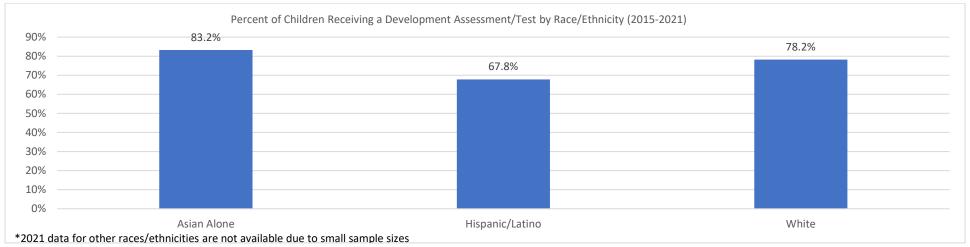




Definition: "Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you or a family member, from obtaining a green card or becoming a U.S. citizen?" Source: UCLA 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.

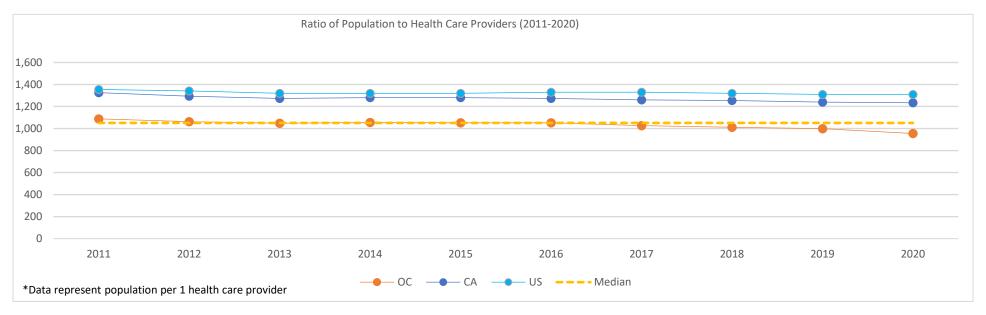
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of Children Receiving a Development Assessment/Test <sup>83</sup> (CHIS)	<mark>75.1%</mark> (2021)	72.2%	34.8% (2020-2021)	35.8%	R/E





<sup>&</sup>lt;sup>83</sup> **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: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a>.

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



<sup>&</sup>lt;sup>84</sup> **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: <u>Rankings data & documentation | County Health Rankings & Roadmaps</u>

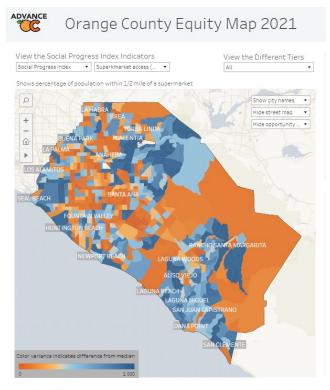
Topic	FOOD ACCESS / NUTRITION							
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal			
Data	Food Environment Index (UWPHI)	<mark>8.8</mark> (2020)	8.8	7.0	N/A			
Data	Percent of Adults Who Are Food Insecure (CHIS)	<mark>39.7</mark> % (2021)	39.0%	10.2%	6.0%			
	Percent of HIV+ Adults Who Received Food Bank/Home Delivered Meals (HRSA)	<mark>14.7%</mark> (2021)	15.6%	14.7%	N/A			
Equity & Disparities	supermarket (AdvanceOC's Orange Count  Percent of Adults Who Are Food Insecure: Hispanics (49.0%) compared to Whites (26)  End of Programming that Supported Food Secure 1.1.	Almost half of tho 6.0%) and Asians urity		secure w	ere			
	<ul> <li>Lack of food programs that target core populations in need</li> <li>Reduction in school programming that assists low-income students</li> <li>COVID government assistance programs for food being phased out</li> <li>Need for food distribution similar to that during COVID</li> </ul>							
	Need for education around food security and food access support							
Qualitative Findings	<ul> <li>Creative programming to distribute leftove community gardens</li> <li>Need for universal free meals for children</li> <li>Need for food access support</li> <li>Education on how to navigate food security</li> <li>Raise awareness of programs that accept of food pantries</li> <li>New models in Riverside: food boxes at does</li> <li>Food banks providing healthier food</li> </ul>	y donations from lo						
	Issues affecting food availability							
	<ul> <li>Cost of healthy food continues to increase</li> <li>Climate change may impact crops and food access</li> </ul>							
	Lack of youth nutrition prioritization							
	<ul> <li>School nutrition, structure of menus</li> <li>Marketing and brainwashing of youth regard</li> <li>Reduction in school programming that ass</li> </ul>	-	tudents					
Current	- HCA's County Nutrition Action Plan							
Current	- FiOC's (new) Food Access Collaborative /	OC U a All!						

- EiOC's (new) Food Access Collaborative / OC Hunger Alliance

Collaborative Activities



### **FOOD ACCESS/NUTRITION**



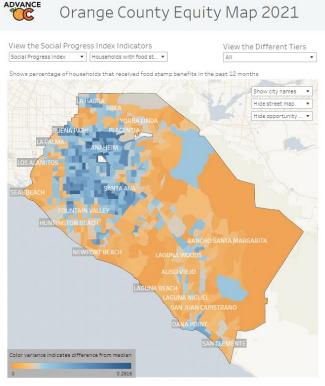
### $Sources: SPI, CDC\ PLACES\ Local\ Data, American\ Community\ Survey, First\ 5\ OC,\ OC\ Health\ Care\ Agency\ and\ CA\ Opportunity\ Survey, First\ 5\ OC,\ OC\ Health\ Care\ Agency\ and\ CA\ Opportunity\ Survey, First\ 5\ OC,\ OC\ Health\ Care\ Agency\ and\ CA\ Opportunity\ Survey, First\ 5\ OC,\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

### **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.

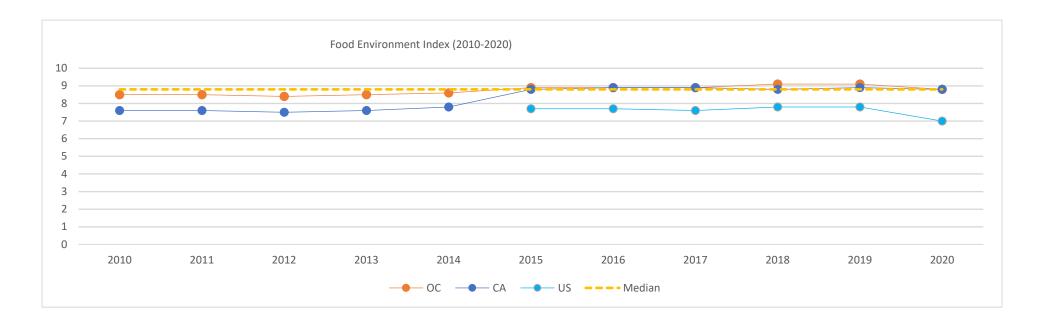
### **Supermarket Access:**

- 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.



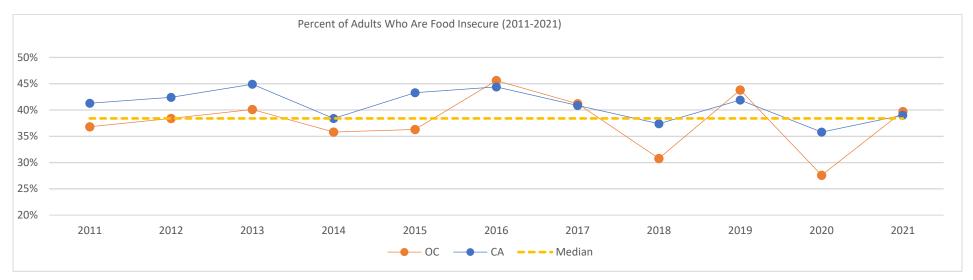
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opports

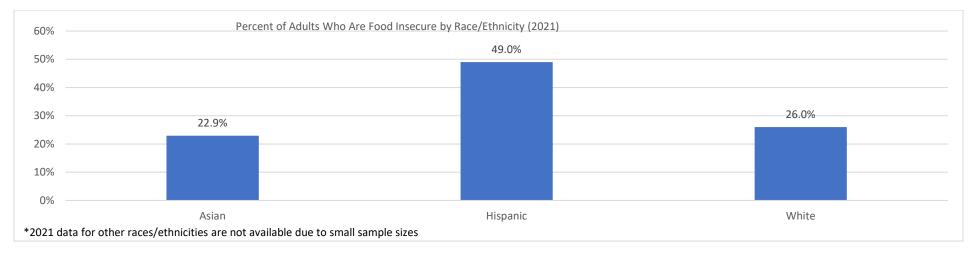
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Food Environment Index <sup>85</sup> (UWPHI)	<mark>8.8</mark> (2020)	8.8	7.0	N/A	N/A



<sup>&</sup>lt;sup>85</sup> **Definition:** Combines access to food within a reasonable distance and general access to healthy food options. **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

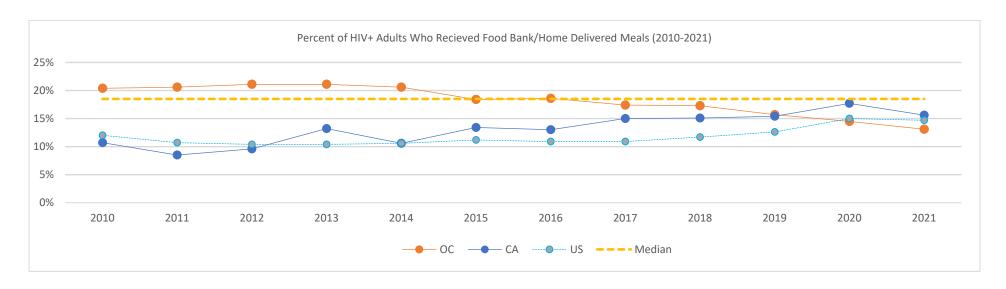
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Who Are Food Insecure <sup>86</sup> (CHIS)	39.7% (2021)	39.0%	10.2%	6.0%	R-E





<sup>&</sup>lt;sup>86</sup> **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: <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a>

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



Pefinition: 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)

	ECONOMIC DISPARITIES								
		<b>Actual Value</b>	CA	US	HP 2030				
	Indicator Name	(most recent year)	Value	Value	Goal				
	Per Capita Income in Orange County	\$ 47,334.00 (2021)	\$ 42.306	\$	N/A				
	(ACS)	(2021)	42,396 .00	38,332					
			.00	.00					
	Percent of People Living Below Poverty	9.9%	12.3%	12.8%	8.0%				
Data	Level (ACS)	(2021)							
	Percent of Children Living Below Poverty	10.8%	15.8%	16.9%	N/A				
	Level (ACS)	(2021)							
	Percent of Adults 65+ Living Below	10.0%	11.1%	10.3%	N/A				
	Poverty Level (ACS)	(2021)							
	High School Graduate or Higher by Age 25	87.3%	84.4%	89.4%	N/A				
	(ACS)	(2021)							
	Per Capita Income in Orange County: WI income than Black (\$40,976), AIAN (\$27)			er per ca	pita				
Equity &	income than Black (\$40,976), AIAN (\$27,611) and Asian (\$46,136								
Disparities	- 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%).								
	Economic Disparity								
	Economic Disparity  – Affordability of Health Care								
	• •	ed Funding Oppo	rtunities						
	Affordability of Health Care	•	rtunities						
	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> </ul>	ns		ihoused					
	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> </ul>	ns or the working po		ihoused					
Qualitative	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> <li>Lack of cash assistance opportunities for</li> </ul>	ns or the working po		nhoused					
Qualitative Findings	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> <li>Lack of cash assistance opportunities for</li> <li>Workforce development programs siloe</li> </ul>	ns or the working po d	oor and ur						
=	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> <li>Lack of cash assistance opportunities for</li> <li>Workforce development programs siloe</li> <li>Increase in housing costs and inflation</li> </ul>	ns or the working po d assistance for vu	oor and ur	amilies	st SPI firs				
=	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> <li>Lack of cash assistance opportunities for</li> <li>Workforce development programs siloe</li> <li>Increase in housing costs and inflation</li> <li>Pandemic EBT ended, decrease in food and</li> </ul>	ns or the working po d assistance for vu	oor and ur	amilies	st SPI firs				
=	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> <li>Lack of cash assistance opportunities for</li> <li>Workforce development programs siloe</li> <li>Increase in housing costs and inflation</li> <li>Pandemic EBT ended, decrease in food a</li> <li>Decrease in pandemic relief funding, improved</li> </ul>	ns or the working po d assistance for vu pacting commun	oor and ur	amilies	st SPI firs				
=	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> <li>Lack of cash assistance opportunities for</li> <li>Workforce development programs siloe</li> <li>Increase in housing costs and inflation</li> <li>Pandemic EBT ended, decrease in food a</li> <li>Decrease in pandemic relief funding, imp</li> <li>Opportunities:</li> </ul>	ns or the working po d assistance for vu pacting commun	oor and ur	amilies	st SPI firs				
=	<ul> <li>Affordability of Health Care</li> <li>Need for Financial Literacy and Increase</li> <li>Lack of safety nets for workers like union</li> <li>Lack of cash assistance opportunities for</li> <li>Workforce development programs siloe</li> <li>Increase in housing costs and inflation</li> <li>Pandemic EBT ended, decrease in food a</li> <li>Decrease in pandemic relief funding, imp</li> <li>Opportunities:</li> <li>Neighborhood groups are forming access</li> </ul>	ns or the working po d assistance for vu pacting commun as to CalFresh enrollment	oor and ur Ilnerable f	amilies	st SPI firs				

**Activities** 



### **ECONOMIC DISPARITIES**

## 

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

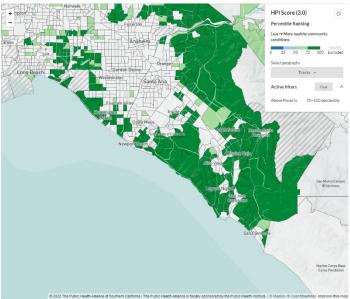
### **Earning Above Poverty Line:**

- 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.)

# HPI Score (3.0) Percentile Ranking Less - More healthy community conditions 0 25 50 75 100 Excluded Solicit scognachy Tracts Active filters Employed 60-100 percentile Merice Carps Rane Carep Rank Carep Ra

### **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.

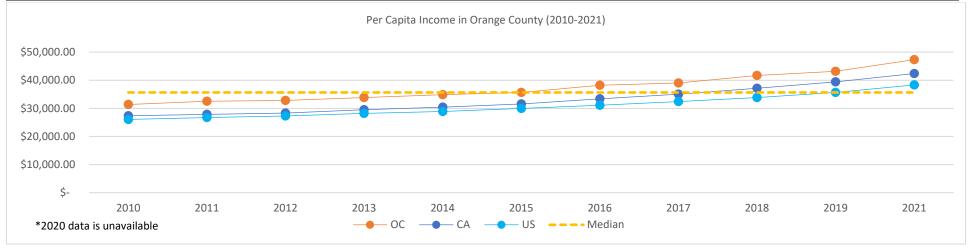


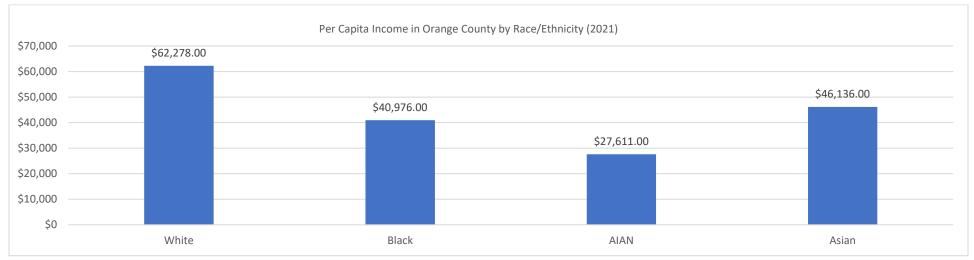
### Percent with a Job:

- 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

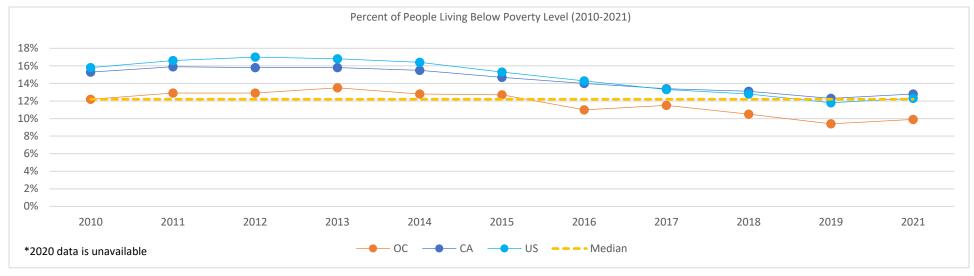
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Per Capita Income <sup>88</sup> in Orange County (ACS)	\$ 47,334.00 (2021)	\$ 42,396.00	\$ 38,332.00	N/A	R/E

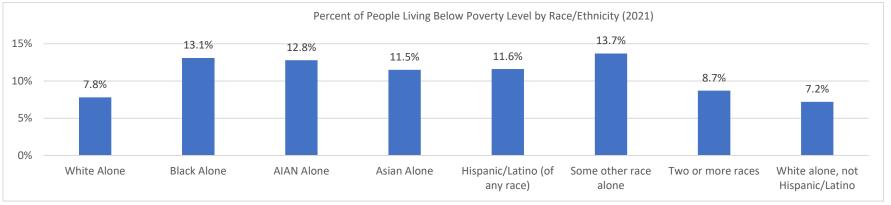




Definition: Amount of money earned per person in a given year. Source: U.S. Census Bureau (2021). Per Capita Income in the Past 12 months, 2010-2021, American Community Survey 1-Year Estimates. Retrieved from: <u>B19301: PER CAPITA INCOME IN THE ... - Census Bureau Table</u>

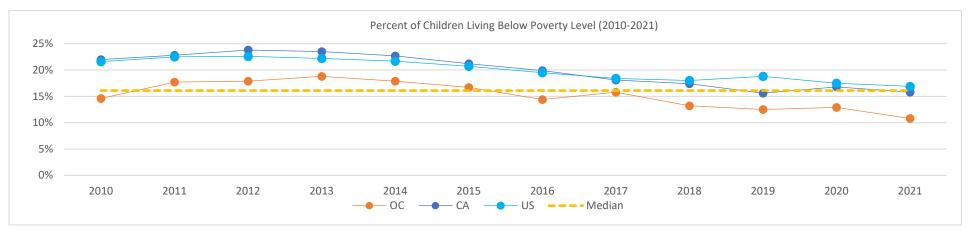
Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of People Living Below Poverty Level <sup>89</sup> (ACS)	9.9% (2021)	12.3%	12.8%	8.0%	R/E

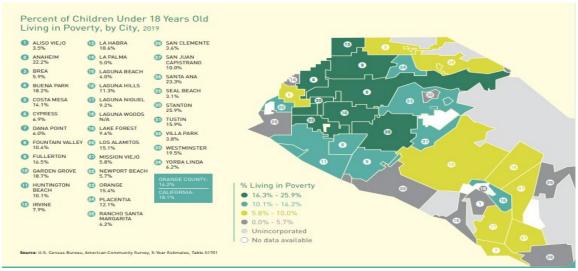




<sup>&</sup>lt;sup>89</sup> **Definition:** When total income of that person's family is less than the threshold appropriate for that family. **Source:** U.S. Census Bureau (2021). Poverty Status in the Past 12 Months, 2010-2021, *American Community Survey 1-Year Estimates*. Retrieved from: <u>S1701: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

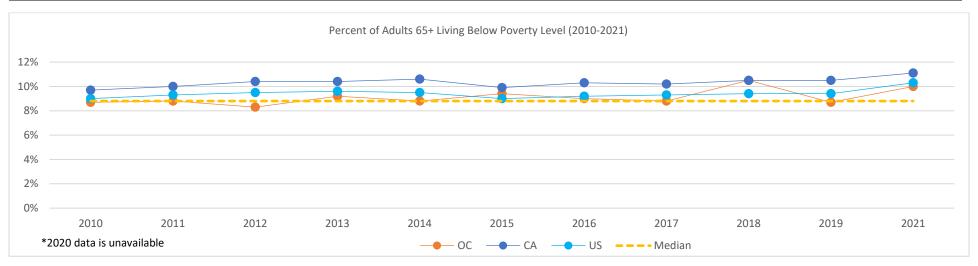
Indicator Name	
Percent of Children Living	Geographic
Percent of Children Living Below Poverty Level <sup>90</sup> (ACS)	Geographi





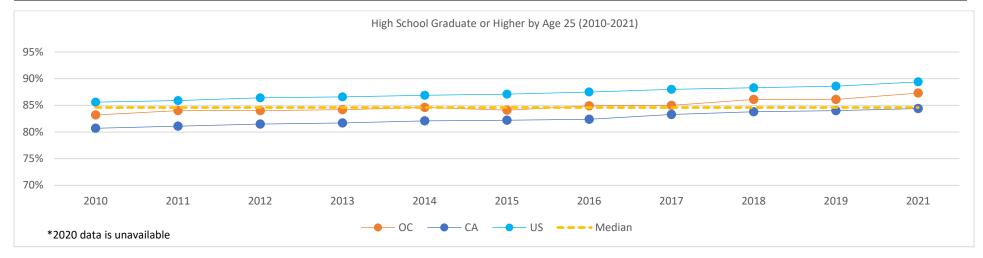
<sup>&</sup>lt;sup>90</sup> **Definition:** When total income of that person's family is less than the threshold appropriate for that family. **Source:** U.S. Census Bureau (2021). Poverty Status in the Past 12 Months, 2010-2021, *American Community Survey 1-Year Estimates*. Retrieved from: <u>S1701: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

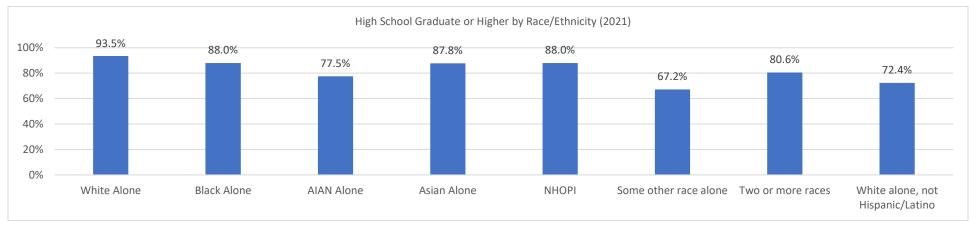
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of Adults 65+ Living	<mark>10.0%</mark>	11.1%	10.3%	N/A	N/A
Below Poverty Level <sup>91</sup> (ACS)	(2021)				



**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

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



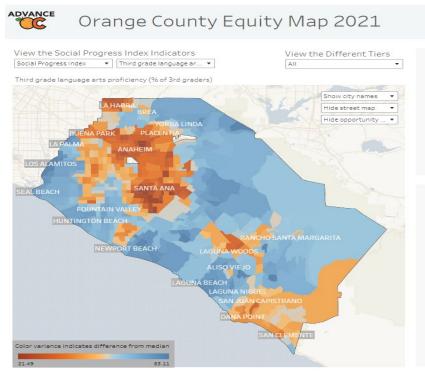


<sup>&</sup>lt;sup>92</sup> **Definition:** People whose highest degree was a high school diploma or its equivalent, people who attended college but did not receive a degree, and people who received an associate's, bachelor's, master's, or professional or doctorate degree. **Source:** U.S. Census Bureau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

Topic	LANGUAGE ACCESS				
	Indicator Name	Actual Value	CA Value	US Value	HP 2030 Goal
Data	11th Grade Students Proficient in English/Language Arts (CA Dept of Education, KidsData)	<mark>66.8</mark> % (2021)	59.2%	N/A	N/A
	<ul> <li>Third grade language arts proficiency compared to the rest of the County (</li> </ul>	•	•		unty
Equity & Disparities	<ul> <li>More areas of north and central Coun English compared to rest of the Coun</li> </ul>	•	old memb	ers who s	poke
Qualitative Findings	Linguistically competent services and res  - Need for culturally competent language - Making healthy choices would be easi easily understood choices in multiple - Linguistic and cultural needs increase - Bilingual and culturally competent par	ge services and res er if there were cle languages s workforce	sources		
rmaings	<ul> <li>Language Barriers</li> <li>Language barriers and lack of languag accessing care</li> <li>Lack of translations for written materi information</li> </ul>				
Current Collaborative Activities					



### LANGUAGE ACCESS



### **Third Grade Language Arts:**

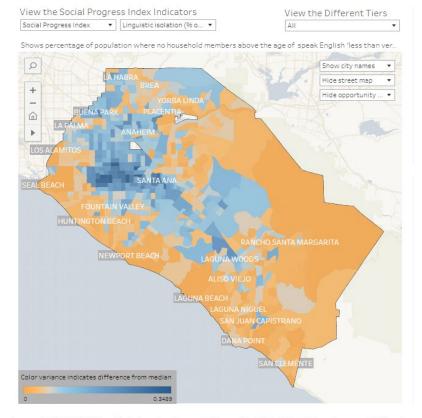
- Orange areas are performing worse on this indicator.
- Third grade language arts proficiency is notably lower in parts of North County compared to the rest of the County.

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

### **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

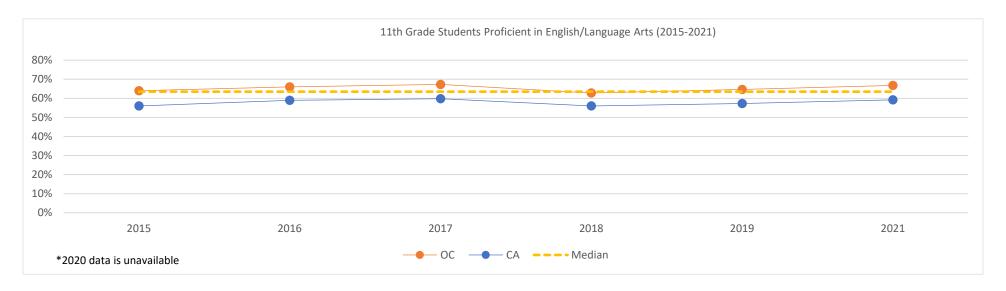




Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportur



Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
11th Grade Students Proficient in English/Language Arts93 (CA	<mark>66.8</mark> % (2021)	59.2%	N/A	N/A	R/E
Dept of Education, KidsData)					



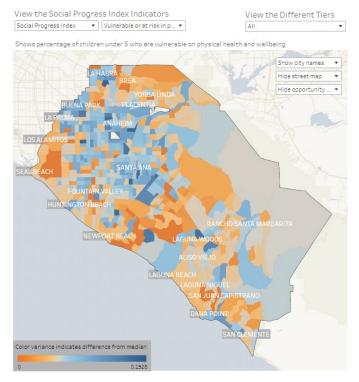
<sup>&</sup>lt;sup>93</sup> **Definition:** Percentage of public school students in Grade 11 who meet or exceed their grade-level standard on the California Assessment of Student Performance and Progress (CAASPP) Smarter Balanced Summative Assessment for English language arts/literacy (ELA). **Source:**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

Topic	EXERCISE					
	Indicator Name	Actual Value	CA Value	US Value	HP 2030 Goal	
	Percent of Adults Reporting Fair or Poor Health (UWPHI)	<mark>13.0%</mark> (2020)	14.0%	12.0%	N/A	
Data	Adults 18+ Who Are Physically Inactive (Sedentary) (UWPHI)	<mark>21%</mark> (2020)	21%	22%	N/A	
Data	Percent of 5 <sup>th</sup> Graders Meeting All Fitness	<mark>28.5%</mark>	23.1%	23.2%	30.6%	
	Standards (CDE)	(2019)	(2019)	(2019)		
	Percent of 7 <sup>th</sup> Graders Meeting All Fitness	<mark>34.8%</mark>	28.2%	23.6%	30.4%	
	Standards (CDE)	(2019)	(2019)	(2019)		
	Percent of 9 <sup>th</sup> Graders Meeting All Fitness	<mark>42.2%</mark>	33.0%	23.2%	30.6%	
	Standards (CDE)	(2019)	(2019)	(2019)		
Equity & Disparities	<ul> <li>North county has a higher percentage of physical health and wellbeing (Advance)</li> </ul>				able on	
Qualitative Findings	-					
Current Collaborative Activities	<ul> <li>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.</li> </ul>					



### **EXERCISE**

### Orange County Equity Map 2021



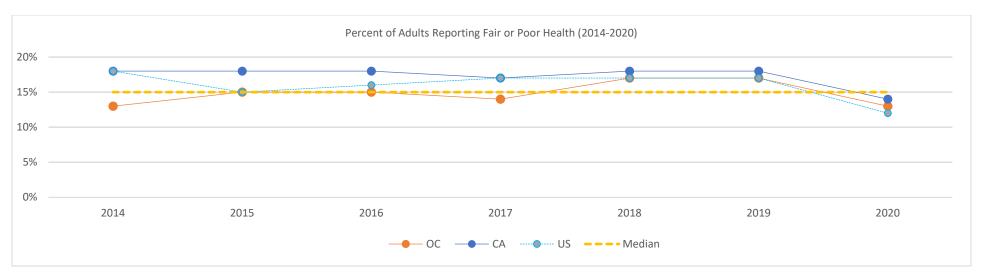
Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opportur

### 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

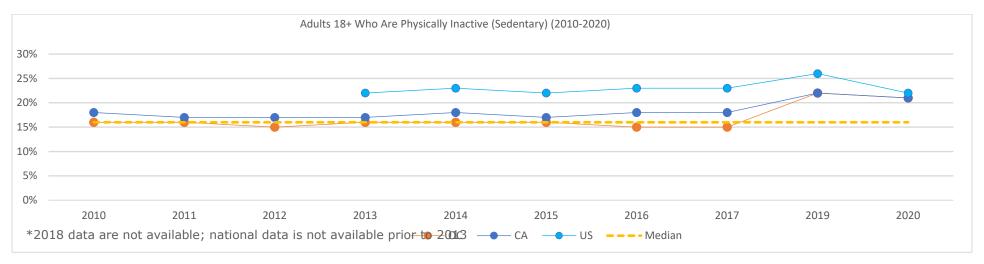


Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal	Equity
Percent of Adults Reporting Fair or Poor Health <sup>94</sup> (UWPHI)	<mark>13.0%</mark> (2020)	14.0%	12.0%	N/A	N/A



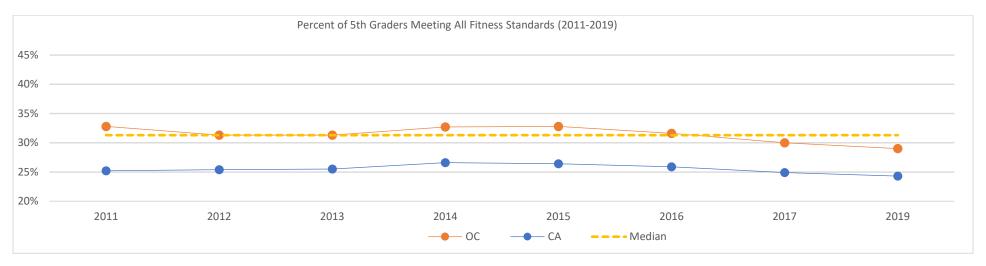
<sup>&</sup>lt;sup>94</sup> **Definition:** Percent of adults self-reporting fair or poor health. **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation | County Health Rankings & Roadmaps.

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



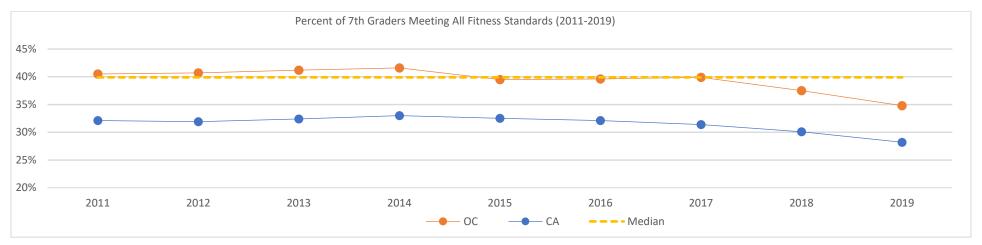
<sup>&</sup>lt;sup>95</sup> **Definition:** Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). **Source:** University of Wisconsin, Population Health Institute (n.d.). *County Health Rankings and Roadmaps, 2010-2021.* Retrieved from: Rankings data & documentation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

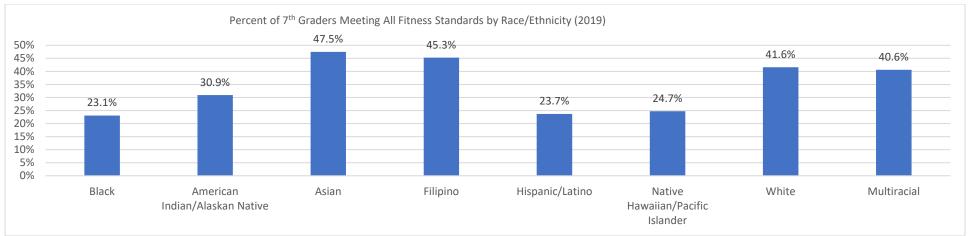
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of 5 <sup>th</sup> Graders Meeting All Fitness Standards (CDE) <sup>96</sup>	<mark>28.5%</mark> (2019)	23.1% (2019)	23.2% (2019)	30.6%	N/A



<sup>&</sup>lt;sup>96</sup> **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: <u>Students Meeting All Fitness Standards</u>, by Grade Level - <u>Kidsdata.org</u>

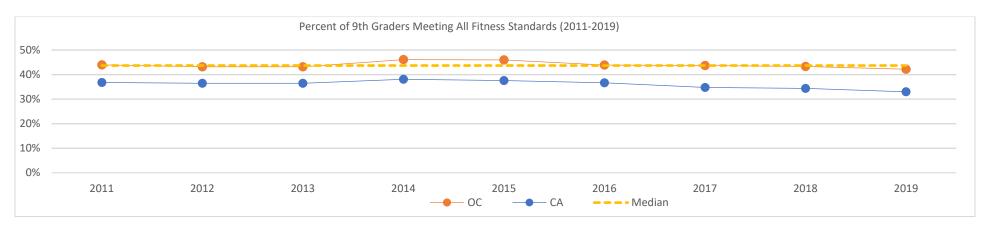
Indicator Name	Actual Value (most	CA Value	US Value	HP 2030 Goal	Equity
	recent year)				
Percent of 7 <sup>th</sup> Graders Meeting All Fitness Standards (CDE) <sup>97</sup>	<mark>34.8%</mark> (2019)	28.2% (2019)	23.6% (2020-2021)	30.4%	R-E

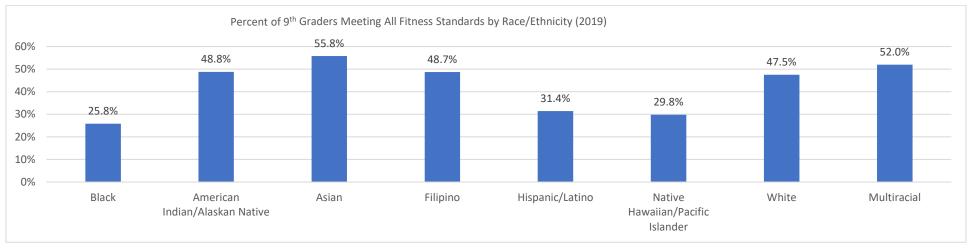




<sup>&</sup>lt;sup>97</sup> **Definition:** Percentage of public school students in grades 5, 7, and 9 scoring in the "Healthy Fitness Zone" on all six areas of the FitnessGram assessment, by grade level. **Source:** California Department of Education (2020, January). *Physical Fitness Testing Research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

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





<sup>&</sup>lt;sup>98</sup> **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: <u>Students Meeting All Fitness Standards</u>, by <u>Grade Level - Kidsdata.org</u>

Topic	IMMIGRATION AND REFUGEES	Actual Value	CA	US	HP 2030			
Data	Indicator Name	(most recent year)	Value	Value	Goal			
Equity & Disparities	_							
	Hispanic/Latino immigration support	ort is needed						
	<ul> <li>Immigration status constrains lower-income immigrants from receiving government support</li> </ul>							
	<ul> <li>Lack of federal policy on immigration</li> </ul>							
Qualitative	<ul> <li>Immigrants fearful of accessing ne issues and potential spread of dise</li> <li>Threats to access to resources and o Immigration growth in County programming decounty programming de</li></ul>	ease d information OC impacting access esigned for immigran een organizations and	ts only d the com	nmunity	or nealth			
Findings	<ul> <li>Refugee organizations left out of the current scheme</li> <li>Need for more education and resources</li> <li>More legal resources available and education on immigrant issues and needs</li> </ul>							
	<ul> <li>Education for COBs working with immigrant population on different immigration statuses, how people apply, barriers, etc.</li> <li>Dashboard to visually see immigration-sphere in OC to increase comprehension</li> </ul>							
	Policy changes and increased fear have resulted in separation of families and							
	increased vulnerability of immigra	•						
	<ul> <li>Update K-12 education to be more</li> </ul>	current, immigration	should b	e taught				

**Activities** 

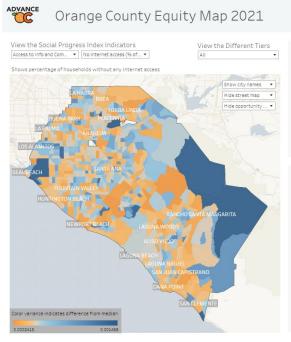


Topic	SOCIAL MEDIA / INFORMATION ACCESS							
Data	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal			
Equity & Disparities	_							
	Automation's influence on information dissemination  - Media fragmentation to message targets  - Creates "echo chambers" in places like social media where differing views can be muted							
	Social media impact on youth mental health							
Qualitative Findings	<ul> <li>Social media to increase communit younger generations</li> </ul>	y engagement and a	warenes	s of issue:	s among			
	<ul> <li>Social media increases health communication</li> <li>More social media engagement makes it easier for political organizers to seek rights for undocumented people</li> </ul>							
	<ul> <li>Social media and increased comme privacy, parental involvement, and</li> </ul>		net resul	t in decre	eased			
Current Collaborative Activities								

orange regions.

access.

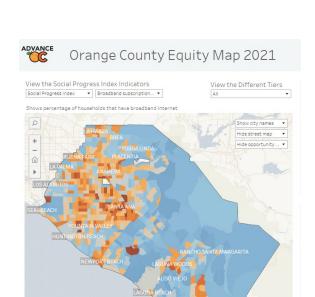
### **SOCIAL MEDIA/INFORMATION ACCESS**



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

### **Broadband Internet Access:**

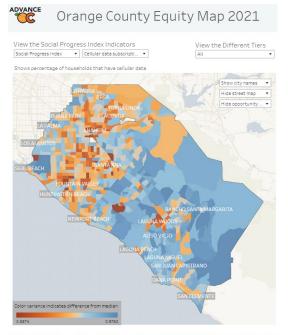
- Blue regions have greater rates of broadband subscription than orange regions.
- Most of North and West County has a lower percentage of households that have broadband internet access compared to the rest of the County.



Blue regions have lower rates of internet access than

Most of North and Central county have a higher percentage of households without any internet

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



### **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							
	Indicator Name	Actual Value (most recent year)	CA Value	US Value	HP 2030 Goal			
Data								
	Most of north and central county ha any internet access (Advance OC's	• •	•		vithout			
Equity & Disparities	<ul> <li>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)</li> </ul>							
	<ul> <li>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)</li> </ul>							
	<ul> <li>Optimistic about government leaders taking initiative to include more communities in data collection</li> </ul>							
	<ul> <li>Use relationships with different media providers (e.g., print, radio, television, the Internet)</li> </ul>							
	<ul> <li>Social media to increase health com</li> </ul>	health communication						
Qualitative Findings	<ul> <li>Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?</li> </ul>							
	<ul> <li>Develop health communication plans for media and public relations and for sharing information among LPHS organizations</li> </ul>							
	<ul> <li>Social media to increase community</li> </ul>	y engagement						
	<ul> <li>Increased sense of community, particularly for those who are physically isolated</li> </ul>							
Current Collaborative Activities								

