



# PUBLIC HEALTH SERVICES

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## State of Public Health Address May 20, 2026 FINAL

### Narrative Timing Analysis:

#### Run-of-Show

- **Opening & framing (Slides 1-7):** 11:35 AM
- **Navigating care & coverage (Slides 8-11):** 11:40AM
- **State findings & OC trends (Slides 12-19):** 11:50 PM
- **Life-course & young adults (Slides 20-33):** 12 PM
- **Cancer & cardiometabolic conditions (Slides 34-43):** 12:15 PM
- **Communicable diseases (Slides 44-54):** 12:20 PM
- **Modernization, collaborations, preparedness (Slides 55-63):** 12:25PM
- **Aging & resources (Slides 64-67):** 12:30PM
- **Q&A:** 15-20 min-
- **End-** 1:00PM

*Note: **Orange text** indicates the recommended timing for each section. **Blue text** is optional for the speaker and does not need to be read aloud. If time becomes limited, the speaker may read only the slide headers or may choose to skip a slide entirely. The full narrative will remain available in the published PowerPoint for viewers to reference.*

Slide 1: Title

Slide 2: Disclosure Statement

Slide 3: Public Health in Transition- Resilience and Reinvention

Protecting public health today requires resilience and reinvention. As the **2026 California State of Public Health Report** shows, our state is making progress—with improvements in life expectancy, all-cause mortality, and infant mortality—while still facing widening health disparities, increasing behavioral health needs, and growing systemic pressures.

Here in Orange County, we see these same challenges. We are navigating fiscal constraints, rapid policy changes, workforce shortages, and an increasingly complex information environment that strains trust and our public health infrastructure.



This is why our theme, **Resilience and Reinvention: Protecting Community Health in a Changing World**, is so timely. Across the agency, we are strengthening data systems, refining core services, modernizing communication, and investing in our workforce so we can remain responsive and reliable, even amid uncertainty and resource limitations.

Slide 4: Hope. Heal. Thrive. Community

This is where HCA's Mental Health Awareness month Theme **-Hope. Heal. Thrive.** becomes more than a theme—it becomes a roadmap that beautifully complements this work.

- **Hope** keeps us future-focused as we face ongoing change.
- **Heal** invites us to pause, reflect, and acknowledge the strain of recent years while leaning into community support and organizational growth.
- **Thrive** pushes us to build systems that can withstand modern challenges—from emerging infectious diseases to behavioral health trends and persistent health disparities.

Since last year's inaugural address, we have continued to evolve—just as public health in Orange County has evolved since the early 1900s. Over the past year, like many hospitals, clinics, community organizations, and local businesses, our agency has confronted financial uncertainty and increased demand. These pressures prompted meaningful reflection on what only public health can provide. In some cases, we transitioned functions to community partners better positioned to deliver them sustainably—reminding us that **we do not do this work alone** and that every sector is adapting to support the health of Orange County.

As we move forward, **mindfulness matters**. It is easy to focus on what isn't working, but real progress comes from centering on what we *can* influence—strengthening core public health functions, modernizing how we communicate, and deepening collaboration across our community.

Just as this applies to our systems, it applies to each of us. I encourage everyone to reflect on your strengths, stay connected to your support networks, and know the local resources available to you. When we each contribute what we can—individually and collectively—we support our own ability to **heal** and help our community **thrive**.



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Some of the data today may feel heavy, but there is also **hope**. Throughout this presentation, I'll highlight examples of strong partnerships, active collaborations, and practical resources that are driving solutions and helping Orange County move forward.

### Slide 5: What we are going to cover in this presentation

This is an overview of what we will cover today. At the end, we will leave time for questions.

For clinicians joining us live, CME and CEU credit will be available- but to get the credit, require clinicians to actively listen for the duration of the webinar and complete a follow-up survey. If you are a clinician desiring CME, please monitor the email you provided when you registered for the survey link and complete the survey to get your CME certificate.

### Slide 6- OCHCA and Image of a Road and Community

Over the last few years, like many health agencies across the state and the nation, the Orange County Health Care Agency (HCA) has faced significant challenges. These challenges required us to take a closer look at what we do best, how we operate, and how to streamline services and processes in the face of modern demands and reduced resources.

While restructuring is never easy, every adjustment or transition—whether in how services are delivered or where they are housed—was made with great care. Any decision to modify or discontinue a service was approached thoughtfully, with the goal of sustaining our core responsibilities and mandated services to the County. In some cases, this meant partnering with community organizations to ensure services could continue in the most effective and sustainable way.

We are grateful to partner organizations in the community who have been able to accommodate and support us through these transitions.

This slide illustrates how you, your family, or your community might interact with the HCA through the work of multiple departments.

Each department is color-coded to highlight its role within our agency:

- **Behavioral Health Services** in green
- **Correctional Health Services** in gold



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- **Public Health Services** in blue
- **Specialized Medical Services** in red

Please note: the statistics shown for Behavioral Health Services (green) reflect **2025 data**, while all other departmental statistics represent **2024**.

Through every transition, the HCA remains committed to serving Orange County in the areas that only a health care agency such as ours can provide—while working closely with community partners to protect, promote, and improve the health and well-being of our residents.

### Slide 7: Origins of State of Public Health Address- OC

With the passage of Senate Bill 184 in 2022, the State Public Health Officer began publishing a statewide *State of Public Health Report* in 2024, as required under California Health and Safety Code 101320.3. This report highlights trends in major causes of death and injury across California, helping communities understand the challenges we face and how we can work together to improve the health of all Californians.

Building on this statewide effort—and to provide information that reflects the realities, needs, and strengths of Orange County—we introduced our own *State of Public Health Address* last year.

And while I, as your County Health Officer, am the one delivering this presentation, it represents the work of thousands of dedicated HCA staff. Every program highlighted today, every service described, and every accomplishment shared is the result of their expertise, compassion, and commitment to the people of Orange County.

I have the privilege and honor of presenting this information, but it is truly *their* work—and *our* collective mission—that makes this address possible.

**TIMING Opening & framing (Slides 1-7): 1 Opening & framing (Slides 1-7): 11:35 AM**

### Slide 8: Navigating Care in OC

Before I go into all the details around data and trends- I want to highlight the importance of understanding how to navigate care in OC and staying informed about CalFresh and Medi-Cal Changes.



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Orange County has a strong healthcare system — and it works best when we all know how to use it wisely. Understanding where to go for care helps you get the right support at the right time, reduces unnecessary costs and delays, and keeps Emergency Rooms available for medical emergencies.

Use the Emergency Room for life-threatening conditions. When ERs are crowded with non-emergency visits, wait times grow longer and care for people with serious needs can be delayed.

For non-emergencies, choosing the right level of care — such as urgent care, a primary care provider, or telehealth — can save time, reduce stress, and minimize out-of-pocket costs.

It's also important to know your health coverage: understand where you can go for care, what services are covered, and how to stay in-network.

Keep your insurance active by staying up to date on renewals, paperwork, and required information.

A community flyer and resource toolkit will be available soon to help residents easily understand their options and make informed decisions about when and where to seek care.

### Slide 9: Remain Informed- CalFresh/Medi-Cal Changes

Understanding CalFresh and Medi-Cal updates is important for everyone in Orange County — even for those who may not need these services today. One in 10 OC residents receives CalFresh, and one in 4 is enrolled in Medi-Cal, meaning these programs touch a large portion of our community.

Significant policy changes are being rolled out over the next few years. Beginning April 1, 2026, federal changes under H.R.1 mean that some noncitizens who were previously eligible will no longer qualify for CalFresh. Additional work-requirement changes will follow later in 2026, and Medi-Cal adjustments will continue into 2027 and 2028 as outlined in the county's policy timeline.

Residents who may be affected — or who simply want to stay prepared — can visit the OC Social Services Agency website or call 2-1-1 to get connected with trusted information, enrollment assistance, and community resources.

### Slide 10:



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Medi-Cal continues to be an essential source of care for many Orange County residents. While 1 in 3 residents previously relied on Medi-Cal, today 1 in 4 still depend on the program for their health needs. With several federal and state policy changes scheduled between 2026 and 2028, it's important for members to stay informed about what may — or may not — change.

The good news:

Most Medi-Cal members will not see changes to their daily benefits. Members will continue to have access to [medical services]

- [Doctor and hospital visits](#)
- [Emergency care](#)
- [Medications](#)
- [Mental health and substance-use services](#)
- [Checkups and vaccines](#)
- [Dental care](#)
- [Eye exams and glasses](#)

Staying healthy remains important; regular checkups and preventive care help avoid worsening health conditions — and reduce unnecessary emergency room use.

The timeline on this slide highlights key upcoming Medi-Cal updates, including changes to eligibility, premiums, dental benefits, and federal immigration-status classifications. These dates may shift as state and federal guidance continues to evolve.

Slide 11:

For those enrolled in Medi-Cal, staying covered starts with staying engaged.

First and foremost — continue your care. Keep attending your medical appointments and ask your provider about telehealth options if they make it easier to stay connected.

To avoid gaps in coverage, it's also important to stay informed. Visit the DHCS website and follow their social media channels for the latest updates on Medi-Cal program changes.

Make sure your contact information is current so you don't miss important notices sent by mail, text, or email. Respond quickly to any letters from your health plan or your county Medi-Cal office — many upcoming policy changes require timely responses to avoid interruptions in coverage.



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Lastly, know your renewal date. You can renew your Medi-Cal online, by mail, or by working with your local county Medi-Cal office or community health navigators. Staying up to date ensures you keep the care and services you rely on.

### **TIMING Navigating care & coverage (Slides 8–11): 11:40AM**

#### Slide 12: California 2026 Report Findings

Earlier this year, the California Department of Public Health released the 2026 State of Public Health Report, and the State Director and Public Health Officer, Dr. Erica Pan, presented the findings to state legislators.

The report highlights both promising improvements and serious challenges that continue to shape the health of Californians.

Positive trends show meaningful progress:

- Californians are living longer, with life expectancy reaching a record high.
- Deaths from cancer and heart disease have reached record lows—reflecting decades of prevention, screening, and treatment advances.
- After 14 consecutive years of increase, drug overdose deaths finally declined in 2024, marking an important turning point.
- Sexually transmitted infections, including syphilis, are beginning to decline.

At the same time, several concerning trends remain:

- Since 2000, death rates have increased among adults ages 25–44, driven largely by behavioral health and injury-related causes—particularly drug overdose.
- Pregnancy-related mortality has worsened, underscoring the urgent need to improve maternal health outcomes.
- Congenital syphilis decreased in 2023 and 2024 but remains far higher than a decade ago.
- Kidney disease deaths have increased since 2000.
- Valley fever cases in 2024 were the highest on record.

The State has identified key areas for focused improvement:

- Strengthening behavioral health prevention and promotion, including substance use and mental health support.
- Reducing pregnancy-related deaths and complications.



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- Addressing preventable differences in life expectancy and health outcomes across communities.

### Slide 13: Life Expectancy

In the next few slides, you will see a combination of statewide and local data that help illustrate how health trends have shifted over time. Much of this information can also be explored through the CDPH California Burden of Disease Engine, where the underlying graphs and tables are publicly available.

When we look at life expectancy, Orange County has historically maintained rates that are consistently higher than California overall.

As of 2024, Orange County's life expectancy reached 82.75 years, continuing a gradual recovery from the declines seen during the COVID-19 pandemic.

As shown in the table, life expectancy dipped across all racial and ethnic groups during the pandemic years, but both the state and the county are now returning toward pre-pandemic levels.

#### **California Life Expectancy**

- 2010: 81.17 (F: 83.4, M: 78.84)
- 2021: 78.38 (F: 81.72, M: 75.16)
- 2024: 81.22 (F: 84.02, M: 78.41)

#### **Orange County Life Expectancy**

- 2010: 82.78 (F: 84.87, M: 80.53)
- 2021: 80.12 (F: 83.07, M: 77.18)
- 2024: 82.75 (F: 85.14, M: 80.29)

### Slide 14: OC Leading Causes of Death 2024 and 2025

This is a slide showing leading causes of death for Orange County. As you see, the Leading causes of death are similar in 2024 and 2025.

### Slide 15: Trend in age-adjusted death rates for all causes in Orange County from 2001 to 2024 race/ethnicity

This slide shows the trend in age-adjusted death rates for all causes in Orange County from 2001 to 2024, broken down by race and ethnicity. As the chart illustrates, some groups—including Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and



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Black residents—experience consistently higher age-adjusted death rates compared to other populations in the county.

A brief note on what “age-adjusted death rate” means:

This measure accounts for differences in the age distribution of various populations. In other words, it reflects what the death rate would be if all groups had the same age structure as a standard reference population. This adjustment allows us to make comparisons across groups that may have different age profiles.

Slide 16: Top 10 public health conditions contributing to deaths in Orange County from 2000 to 2024, crude death rates per 100,000 residents

This slide illustrates long-term trends in the top 10 public health conditions contributing to deaths in Orange County from 2000 to 2024, using crude death rates per 100,000 residents.

Before we review the trends, a quick note on what *crude death rate* means:

Crude death rate reflects the number of deaths in a population divided by the total number of people, then multiplied by 100,000 to make the number easier to interpret. It does *not* adjust for age differences, but it provides a clear picture of the overall burden of death in a community.

As shown in the chart, heart disease continues to be the leading cause of death, though rates have declined substantially since 2000.

With advances in cardiovascular and stroke care, Alzheimer’s disease and other dementias have become the second leading cause of death over the past 25 years.

Other notable patterns include:

- Congestive heart failure and kidney disease are increasing.
- COPD and lung cancer show consistent downward trends.
- Breast cancer deaths are higher than they were 25 years ago.
- Drug-related overdose deaths peaked in 2021 and have since declined.

These findings help us understand where progress has been made and where continued public health attention is needed.

Slide 17:

This slide shows a screenshot from the California Community Burden of Disease Engine, illustrating trends in the top public health conditions in Orange County across broad



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condition groups. Many of the patterns we see locally mirror what the State Public Health Director and State Health Officer have highlighted at the statewide level.

In Orange County, all-cause mortality has been trending downward since 2021, and heart disease has fallen to its lowest level in the time period shown.

While overall cancer rates have been declining statewide, Orange County's data show a different pattern—our local cancer rates have been rising, with gradual increases in both breast and pancreatic cancers.

Consistent with statewide trends, drug overdose deaths, including opioid-related deaths, have decreased since peaking in 2021.

However, one area of concern is that pregnancy-related complications have been increasing since 2000, underscoring the need for continued attention and targeted prevention efforts.

### Slide 18: **Leading Causes of Death Across the Life Course (Orange County, 2024)**

When we look at the leading causes of death across the life course in Orange County in 2024, we begin to see how different conditions affect health at different stages of life.

#### Infants and young toddlers:

Deaths are primarily associated with pregnancy-related complications and congenital anomalies, affecting both males and females.

#### Adolescents and young adults:

Suicide emerges as the leading cause of death in this age group.

#### Adults ages 25–45:

Suicide remains a major cause of death, and we start to see increases in substance-related deaths—including drug overdoses, alcohol-related causes, and road injuries.

#### Women ages 35–54:

Breast cancer begins to appear as a leading cause of death. For women ages 55–64, breast cancer rises even further, becoming the top cause of death in this age range.

#### Adults 45+:

For both men and women, colorectal cancer becomes one of the top five leading causes of death beginning around age 45.



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### Lung cancer:

Lung cancer begins appearing in the top five causes of death for women ages 55–64, and rises to the second leading cause for both men and women ages 64–74. *While it is still difficult to see lung cancer ranked so high, it is important to recognize the progress made over time: just two slides earlier, lung cancer ranked third behind ischemic heart disease and stroke.*

### Men ages 45+:

Heart disease becomes the second leading cause of death starting at age 45, and rises to the leading cause of death for men ages 55–84.

### Stroke:

Stroke begins to appear for women as the fifth leading cause of death at ages 45–54 and rises to fifth place for men in the 55–64 age group.

Together, these patterns highlight how causes of death shift across the lifespan—and underscore the importance of age-specific prevention, screening, and intervention strategies.

### Slide 19:

This table shows the crude death rates by cause and by race/ethnicity in Orange County from 2022 through 2024.

As a reminder, the crude death rate reflects the number of deaths in a group divided by the size of that population, then multiplied by 100,000. It provides a straightforward measure of the overall burden of death within each population group.

This view offers another way to understand differences across race and ethnicity. For American Indian/Alaska Native, Black, and Native Hawaiian/Pacific Islander communities, you continue to see heart disease appearing with high crude death rates across all groups. You also see that drug overdose is shown to have higher death burden depending on race/ethnicity.

### **TIMING State findings & OC trends (Slides 12–19): 11:50 PM**

### Slide 20:

The next set of slides will focus on age specific conditions, chronic conditions, followed by infectious diseases.



Slide 21:

Much of what we know about infant and child health in Orange County comes from the Annual Report on the Conditions of Children in Orange County that is published each year by the Orange County Social Services Agency.

In the most recent edition, we see encouraging improvements in several areas.

Orange County continues to have a high percentage of children adequately immunized by kindergarten, significantly lower teen birth rates compared to a decade ago, higher hospital-exclusive breastfeeding rates, and fewer uninsured children.

At the same time, the report highlights several areas where continued focus is needed.

**Why lower teen birth rates matter:**

- Teens who give birth are less likely to finish high school or college and are more likely to require public assistance or experience poverty.
- Infants born to teens face greater risks of low birth weight, preterm birth, and infant death.
- In Orange County, teen births have declined substantially over the past decade—from 13.8 per 1,000 teens (ages 15–19) in 2014 to 4.9 per 1,000 in 2024.

These trends show meaningful progress, while also reminding us that further work is needed to ensure that all children in Orange County have the healthiest possible start.

Slide 22:

There are several maternal and infant health areas in Orange County where focused improvement is still needed.

1) Pre-pregnancy and Early-Pregnancy Health

Addressing health conditions before or early in pregnancy can significantly improve maternal and infant outcomes.

2) Severe Maternal Morbidity (SMM)

*SMM refers to unexpected and potentially life-threatening complications during labor and delivery—such as hemorrhage, infection, or cardiac events—that can lead to serious short- or long-term health consequences.*

3) Supporting Maternal, Family, and Mental Health

Strengthening maternal and family supports helps improve infant outcomes.



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### Slide 23:

These tables come from the California Department of Public Health's Maternal Health Conditions Dashboard, which helps us monitor trends in key conditions affecting pregnancy outcomes.

In Orange County—and similarly across California—we are seeing several concerning upward trends:

- Asthma at the time of delivery has been increasing, both locally and statewide.
- Overweight or obesity before or during pregnancy has risen across all age groups over the past 14 years.
- Pregnancy-associated hypertension and diabetes are also increasing in every age group.
- The most significant increases in these conditions are seen among American Indian and Alaska Native birthing persons.

These trends highlight the importance of supporting maternal health before and throughout pregnancy, and ensuring access to prevention, early identification, and treatment—especially for populations experiencing the greatest increases.

### Slide 24:

The rate of Severe Maternal Morbidity (SMM) in Orange County has been steadily increasing.

*This rise is likely connected to changes in the overall health of people giving birth—including increasing maternal age and higher rates of chronic conditions such as obesity, diabetes, hypertension, and cardiovascular disease.*

- Birthing persons age 40 and older experience the highest SMM rates compared with any other age group.
- In addition, Black and multiracial birthing persons have the highest rates of SMM in Orange County.
- Orange County's SMM rate—95.5 per 10,000 delivery hospitalizations—is significantly higher than the Healthy People 2030 target of 64.4, underscoring the need for continued focus on maternal health and prevention.

### Slide 25:



Depression is one of the most common mental health conditions experienced during pregnancy and after childbirth. It may involve persistent sadness, emptiness, hopelessness, or loss of interest in activities once enjoyed. Perinatal depression can have serious impacts: it increases the risk of preterm birth, low birthweight, and preeclampsia, and it can negatively affect breastfeeding and bonding. Left unaddressed, it raises the birthing person's risk of chronic depression and suicide, and increases the child's risk for developmental challenges.

Across California:

- One in three pregnant people reports experiencing symptoms of anxiety or depression during or after pregnancy
  - Between 5–14% report having thoughts of self-harm or suicidal ideation
- Suicide among pregnant or recently pregnant people can sometimes be prevented—early recognition and timely intervention saves lives.

### **Trends in Orange County**

- Prenatal depression symptoms have been decreasing since 2017–2019.
- Postpartum depression symptoms, however, are increasing.
- An estimated 13.8% of birthing persons experienced postpartum depression symptoms in 2020–2022.
- Over the past decade, prenatal and postpartum depression symptoms have increased among White birthing persons and are highest among Asian birthing persons.

Recognizing and addressing postpartum depression is essential—not only for the health of the birthing person, but also for the long-term well-being of their infant and family. Strengthening screening, awareness, and support systems across clinical and community settings remains a critical priority in Orange County.

Slide 26:

### **Take Action to Improve Infant & Maternal Health**

Improving maternal and infant health requires action across the entire continuum of care—before pregnancy, during pregnancy, and throughout the postpartum period. Here are several key steps we can take as a community:

#### **Address health conditions before or early in pregnancy**



Supporting people in achieving good health before conception and ensuring early prenatal care helps reduce the risk of complications and improves outcomes for both parent and baby. This includes managing conditions such as hypertension, diabetes, obesity, and asthma, all of which have been increasing in Orange County.

### **Prioritize maternal health**

Early recognition and timely response to warning signs are essential to preventing severe maternal morbidity and other life-threatening complications. Ensuring birthing persons have access to quality care—especially during labor, delivery, and the postpartum period—is critical.

### **Support maternal, family, and mental health**

- Watch for HCA's upcoming *Health Corner* article focusing on postpartum depression.
- Learn more through CDPH's *Supporting Mental Health of California Mothers* report.
- Join the California Surgeon General's **"One Small Thing"** campaign to support the mental health of moms and families.

### **Know where to get help**

The National Maternal Mental Health Hotline provides 24/7, free, confidential support in 60+ languages.

Through this service, mothers can also join free online support groups facilitated by Postpartum Support International.

Learn more:

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/communications/maternal-mental-health.aspx>

### **Orange County Perinatal Council (OCPC)**

The Orange County Perinatal Council (OCPC) represents a broad network of community stakeholders, organizations, and health care providers dedicated to improving perinatal health and wellness for Orange County's women and babies—before, during, and after birth.

**OCPC activities include:**



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- Regular meetings featuring education, discussion, and updates from partner organizations.
- Spotlight topics such as:
  - Black Infant Health
  - Improving Breastfeeding Support
  - Perinatal Mood and Anxiety Disorders (PMAD)
  - Medication-Assisted Treatment (MAT) in pregnancy
  - Plan of Safe Care for infants and families affected by substance use
  - The syphilis epidemic among women and infants in Orange County

Slide 27:

For adolescents, leading causes of death are related more to injuries.

Slide 28:

One of the key concerns highlighted in the 2026 California State of Public Health Report is the rise in death rates among young adults.

While mortality has declined for most age groups since 2000, the state found

- a **54% increase in deaths among adults ages 25–34**, and
- a **6% increase among those ages 35–44**.

Even more concerning, the death rate for people ages 25–44 in 2024 remains more than 20% higher than it was before the pandemic in 2019.

This trend aligns with what we know about the leading causes of death for this age group, which include:

- Drug overdose
- Suicide
- Road injury
- Alcohol-related deaths

At the state level, CDPH emphasized that young adults are the only age group whose mortality has increased since 2000—driven largely by behavioral health and injury-related causes, especially overdoses.

Here in Orange County, we see a similar pattern within this age range: drug overdose is the number one cause of death, followed by suicide and alcohol-related deaths.



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These trends underscore the urgent need for strong behavioral health supports, substance use prevention and treatment, and community-level efforts to reduce injury-related harms among young adults.

Slide 29:

Suicide is a leading cause of death for adolescents and young adults- but is also a cause of death across all ages.

Slide 30:

Many of you have probably heard about the Opioid Epidemic and the rising number of Fentanyl related overdoses affecting youth and young adults – which peaked around the pandemic. The good news is that since 2021, rates of overdose deaths have decreased.

Slide 31:

Overall, the opioid crisis has evolved into a fentanyl-driven epidemic, where unpredictability—not just substance use—is the primary driver of overdose risk.

- \* Fentanyl has fundamentally reshaped the opioid crisis, with deaths in California increasing more than 800% from 2018 to 2023.
- \* In Orange County, overdose deaths peaked in 2021 and have declined since, but remain higher than pre-pandemic levels.
- \* Fentanyl is now involved in the vast majority of opioid deaths (over 90%), reflecting a major shift in the drug landscape.
- \* Youth and young adult deaths increased sharply during the pandemic and, while improving, remain elevated.
- \* The biggest risk today is the unpredictability of the drug supply—about 1 in 2 counterfeit pills contains a potentially lethal dose of fentanyl.

Slide 32:

As shown on this slide, Orange County has been actively taking action to prevent substance use and reduce overdose deaths.

One major effort is the Fentanyl is Forever Awareness Campaign, which raises awareness about the dangers of fentanyl and provides opioid reversal (naloxone)



training at community events.

Learn more or get naloxone at:

<https://www.fentanylisforeveroc.org/get-naloxone#get-naloxone>

Recently, the Orange County Board of Supervisors and several cities passed ordinances to reduce access to substances of concern, including:

- Nitrous oxide
- Kratom

These local actions complement broader public health efforts—such as expanded naloxone distribution, enforcement efforts, and campaigns targeting youth and families.

#### How You Can Take Action

Everyone has a role in preventing substance-related harms.

#### Community members can:

- Stay informed about local risks and emerging substances
- Learn how to recognize and respond to an overdose
- learn how to administer naloxone for opioid reversal in potential overdose situations
- Share factual information with friends, family, and youth
- Encourage loved ones to seek help—and know where to find services
- Support policies and programs that promote prevention and treatment

#### Learn more:

- Support and treatment options are available for individuals and families affected by substance use. Learn more at:  
<https://ohealthinfo.com/health-corner/treatment-services-and-support-are-available>
- Last year, the HCA also released a Special Report on Nitrous Oxide in Orange County, which outlines local trends and risks associated with misuse. Learn more at <https://ohealthinfo.com/health-corner/special-report-nitrous-oxide-orange-county>

These collective actions—taken by individuals, families, organizations, and local government—help build a healthier and safer Orange County for all.

Slide 33:



Next set of slides will review data around cancer and chronic conditions

**TIMING Life-course & young adults (Slides 20–33): 12 PM**

Slide 34:

While cancer death rates have been decreasing statewide, Orange County is seeing a different pattern. Overall, cancer death rates in Orange County are increasing, and several population groups and cancer types are driving this trend.

- Increasing overall cancer death rates in Orange County
- Increasing among Asian, Black, and Hispanic residents, reflecting concerning disparities that need focused attention
- Declining death rates for trachea/bronchus/lung cancer and ovarian cancer, showing progress in specific cancer types
- Increasing death rates for pancreatic cancer, which continues to rise both locally and nationally

These patterns highlight the importance of continued cancer prevention, early detection, access to screening, and collaboration with partners

Slide 35:

The decline in lung cancer deaths in Orange County reflects the positive impact of long-standing tobacco prevention efforts, including the work of the Tobacco Use Prevention Program. Sustained public health strategies—education, policy changes, community outreach, and cessation support—have all contributed to fewer people smoking and, in turn, fewer deaths from lung cancer.

As shown on the slide, adult smoking rates have steadily declined over the past decade in Orange County.

- In 2022–2024, only 5.0% of adults in OC reported current smoking—a dramatic improvement compared with 11% in 2014.
- Despite the overall decline, Black adults continue to report the highest smoking prevalence, at 18.6%, highlighting an important area for continued community engagement and tailored prevention strategies.



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These reductions in smoking directly contribute to the ongoing decline in lung cancer mortality, demonstrating the critical role of consistent, community-wide tobacco control and prevention programs.

### Slide 36:

Orange County is fortunate to have access to a wide network of high-quality cancer care. Multiple leading hospital systems—including City of Hope, Hoag, MemorialCare, Providence, and UCI Health that provide cancer services across the region.

Of note, one of the key resources we are fortunate to have is the UCI Chao Family Comprehensive Cancer Center (CFCCC), one of the nation's NCI-designated Comprehensive Cancer Centers. This designation represents the highest level of recognition from the National Cancer Institute, awarded only to centers that demonstrate excellence in cancer research, clinical care, and community-focused programs. In California, there are only 5 NCI designated Comprehensive Cancer Centers- nationwide, there are only 57!

UCI also offers the Catchment Area Dashboard, a publicly accessible tool that provides detailed cancer incidence and mortality data specific to Orange County—supporting data-driven planning for clinicians, policymakers, and community organizations.

Together, these centers bring more opportunities locally for residents, including:

- A wide range of cancer experts
- Access to advanced treatments and technologies
- Participation in clinical trials
- Cutting-edge research
- Localized data to guide prevention and control strategies

These combined capabilities ensure that people in Orange County can receive world-class cancer care close to home.

### Slide 37:

You can access UCI Chao Family Comprehensive Cancer Center's Catchment Area Dashboard by going to the link provided. The table you see here is a snapshot of the type of information that can be accessed using this Dashboard. The dashboard has filters to further adjust data tables to visualize incidence and rates of cancers by gender, race/ethnicity, or cancer site. Additionally, the site provides mortality rates, catchment area comparisons, and cancer survival rates.



Slide 38:

This is a table provided by UCI noting the Age Adjusted Cancer Incidence and mortality per 100,000 by race/ethnicity in OC, California and the US. The blue shaded areas indicate higher incidence or mortality rates compared to the same group in California.

Slide 39:

As noted earlier, some of the data shared today can feel heavy—but there is *a lot* each of us can do to take action against cancer. These steps matter at the individual, family, and community level.

**First—take charge of your own health.**

Early detection saves lives. [Staying up to date on routine checkups helps you understand your cancer risk, learn what screenings are recommended for you, and catch potential problems early.](#) If you or a loved one is diagnosed with cancer, talk with your clinician about all available treatment options—including whether clinical trials in Orange County may be appropriate.

**Get involved in your community.**

Learning more about cancer and sharing that knowledge helps raise awareness for yourself, your family, and your community. Support friends, family, and loved ones going through cancer. You can also get involved by supporting organizations that expand cancer resources locally or by contributing to research efforts that drive future breakthroughs.

**Know where to find reliable information.**

Two excellent, trusted sources include:

- The California Cancer Registry, which provides statewide data on cancer trends and risks
- The UCI Chao Family Comprehensive Cancer Center, which also offers a community-focused Cancer Burden Catchment Area Dashboard with Orange County-specific data

Taking even small steps—seeking screening, supporting others, staying informed—helps move us toward a healthier community and plays a role in reducing the burden of cancer across Orange County.

Slide 40: Obesity



**Why obesity is part of the “cardiometabolic conditions” category:**

Obesity is a major risk factor that directly contributes to the development of **heart disease, type 2 diabetes, and hypertension**—three of the most common and serious cardiometabolic conditions. Excess body weight can worsen inflammation, elevate blood pressure, impair glucose regulation, and place additional strain on the cardiovascular system. Addressing obesity is therefore central to improving cardiometabolic health and reducing long-term complications across the population

- In 2024, the proportion of adults with a BMI  $\geq 30$  was 22.3%. This rate declined 23% since 2022 and is lower than the California rate of 27.8%.
- The proportion of adults with a BMI  $\geq 30$  increased among Latino, African American, and Asian race/ethnicity groups between 2021 – 2024.

Slide 41: Diabetes

Diabetes continues to be a key cardiometabolic condition in Orange County, and current trends highlight both progress and opportunities for stronger prevention efforts.

The percentage of adults with self-reported diabetes has been steadily rising since 2021, reaching 11.9% in 2024. Seniors are disproportionately affected—22.8% of adults ages 65 and older reported a diabetes diagnosis in 2024.

When looking across race and ethnicity, diabetes diagnoses increased among Latino, African American, and people of two or more races, while remaining relatively stable among White adults. Latino residents reported the highest rate of diabetes diagnosis in 2024 compared to other groups.

These patterns underscore a growing opportunity to strengthen prevention, education, and early-intervention programs, particularly in communities experiencing the steepest increases. Efforts to improve nutrition, physical activity, access to clinical care, culturally responsive education, and chronic disease management support are all essential—especially as cardiometabolic trends intersect with broader health priorities across the county.

Slide 42:

Reducing cardiometabolic conditions—such as heart disease, diabetes, hypertension, and stroke—starts with taking steps to protect your heart, brain, and blood vessels.



**Take charge of your health.**

Learn what you can do to maintain a healthy weight, support healthy blood vessels, and protect your heart and brain. [A balanced diet, regular physical activity, and healthy lifestyle habits play a major role in preventing cardiometabolic disease.](#)

**Stay connected to care.**

[Keep up with regular check-ups so you and your healthcare provider can monitor blood pressure, blood sugar, and other important indicators of health. Knowing when to seek immediate medical attention—such as for symptoms of heart attack or stroke—can save lives.](#)

**High-quality care is available right here in Orange County.**

Our county has **13 Cardiovascular Receiving Centers** and **8 Stroke Receiving Centers**, ensuring rapid, specialized care when emergencies occur.

In 2025, the **American Heart Association recognized 17 Orange County hospitals** for excellence in cardiac and stroke care, reflecting the strength of our local healthcare system.

Together, prevention, early detection, and access to high-quality care help reduce the burden of cardiometabolic disease across our community.

Slide 43:

The next set of slides will focus on Communicable Diseases. At the Health Care Agency, several divisions work together every day to prevent and control the spread of infectious diseases. This work includes disease investigation, laboratory testing and analysis, interviewing cases, identifying contacts, and recommending or implementing control measures. These measures can range from providing technical assistance to local healthcare providers, to helping assess, reduce, treat, and contain communicable diseases in our community.

And once again, all the data I am sharing with you today is made possible because of the dedicated technical experts working behind the scenes—our administrative support teams, staff specialists, epidemiologists, researchers, public health nurses, laboratory professionals, environmental health experts, and clinical partners. Their collective work ensures that Orange County is protected and informed.

**TIMING Cancer & cardiometabolic conditions (Slides 34–43): 12:15 PM**



## HCA County Public Health Officer State of Public Health Narrative Final 5.20.2026

### Slide 44:

Orange County consistently ranks third in TB cases statewide, behind surrounding SoCal Counties- Los Angeles and San Diego. Over the last few years, above 5 per 100,000. As noted by our TB Controller – Dr. Calvet in her article- TB is curable with proper treatment. Additionally, treating Latent TB can decrease the risk of developing TB disease by up to 90%. This is why it is critical to screen for Latent tb and offer treatment.

### Slide 45:

Sexually Transmitted infections- Chlamydia and Gonorrhea have been on the decline since 2021- which is good. As far as mpox (monkeypox)- we have still had a few cases, however cases have been < 30 annually since 2024.

### Slide 46:

When it comes to HIV in Orange County, we continue to see at least 200 new cases each year. Last year, nearly 7,000 people were living with HIV in our county. Because an estimated 80% of people with HIV know their status, the true number of residents living with HIV is likely higher.

Despite these ongoing challenges, it's important to recognize how far HIV care has progressed. Over the last few decades, advances in treatment have transformed HIV into a manageable chronic condition. With today's medications, most people can achieve undetectable viral levels by taking just one pill a day.

In HIV care, *Undetectable = Untransmittable*, or U = U—meaning a person whose virus is undetectable cannot transmit HIV to others through sexual contact.

This is a powerful message of hope and prevention, and we continue to share this widely through local programs and through community partners such as the HIV Planning Council, which helps strengthen care, prevention, and support systems across Orange County.

### Slide 47:

Congenital syphilis continues to be a growing concern in Orange County. Incidence has increased year over year since 2017, reflecting both rising maternal syphilis infections and persistent gaps in access to timely prenatal care and treatment.



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In 2025, there were 23 cases of congenital syphilis identified—up from 17 cases in 2024.

The demographic and community patterns behind these cases highlight ongoing disparities that require focused attention.

Among 2025 cases:

- 61% of infants were born to parents who self-identified as Hispanic/Latinx.
- 65% of cases occurred among families living in HPI Quartiles 1 and 2, meaning they resided in communities with fewer healthy conditions—such as lower income, lower levels of insurance coverage, and reduced access to healthcare services.

These trends reinforce the need for stronger prevention, earlier testing and treatment in pregnancy, and continued outreach to communities most affected.

Slide 48:

In Orange County, cases of both acute and chronic Hepatitis B continue to rise, and although Hepatitis C rates are slowly declining, many residents with HCV remain untreated. Hepatitis viruses—especially Hepatitis B and C—infect the liver and can cause ongoing inflammation that leads to cirrhosis, liver failure, or liver cancer. Because these infections often progress silently, many people do not know they are infected, making early screening and treatment essential.

Despite advances in curative therapy for Hepatitis C, treatment gaps persist. The combination of increasing Hepatitis B cases and untreated Hepatitis C highlights the need for:

- Continued screening for those at higher risk
- Hepatitis B vaccination
- Early linkage to care and antiviral treatment
- Public awareness about liver health
- Strong partnerships with clinical and community organizations to reduce treatment barriers

These strategies remain critical to preventing liver disease and improving long-term health outcomes for Orange County residents.

Slide 49:

The 2025–2026 respiratory virus season showed shifting patterns across the United States and here in Orange County.



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Surveillance data—including CDPH death-rate visualizations and the OC Respiratory Virus Dashboard—illustrate how circulation of major respiratory viruses evolved throughout the season.

Influenza activity reached moderate levels among adults and was severe among children nationally, aligning with rising percent positivity and increased pediatric impact noted across state and local reports. RSV activity began later than in prior years and extended longer into the season, reinforcing what has been observed in recent years. Meanwhile, COVID-19 levels varied widely across the country, with some regions experiencing high transmission; however, California remained at comparatively low levels throughout much of the season.

Together, these trends reflect an increasingly dynamic respiratory virus landscape, underscoring the importance of continuous monitoring, vaccination, early treatment, and clear public communication to reduce severe illness and protect community health.

### Slide 50:

This flu season was less severe than last year, but the impact on children remained significant. Nationwide, there were 149 pediatric flu deaths, compared with 289 the previous season, and Orange County reported one pediatric death. Notably, 85% of children who died were not fully vaccinated.

Flu immunization rates have stayed above pre-pandemic levels, though not as high as during the pandemic. Published studies show that the flu vaccine was about 40% effective in preventing outpatient visits and hospitalizations among children and teens, and roughly 30% effective for adults.

Although this past season was driven largely by subclade K—which was not included in the current vaccine formulation—next season's vaccine will incorporate three new strains, including subclade K.

### Slide 51:

Measles remains a serious health threat. The disease can cause high fever and hospitalization, and approximately 1 in 20 cases develop pneumonia. In more severe situations, measles can lead to brain swelling, and in 1-3 out of 1,000 cases it can result in death. In very rare cases it can result in a fatal delayed brain disease known as SSPE.



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Nationally, the U.S. is approaching its highest measles case count in many years. As of May 11, California has confirmed 48 cases, and in the past month Orange County identified a case in a traveler returning from abroad.

These cases highlight the importance of continued vigilance, especially in a destination county that receives high volumes of visitors. Travel-related risk will only increase as we move into the summer months and major events—such as the FIFA World Cup—bring even more international visitors to the region.

Anyone who is not protected through vaccination is strongly encouraged to speak with a healthcare provider about their options and to understand what steps to take if exposed or if symptoms develop. Vaccination remains the most effective way to prevent infection and its complications

### Slide 52:

When a measles case is identified in Orange County, Public Health initiates an immediate and coordinated response. Staff work quickly to identify and notify anyone who may have been exposed, prioritizing those who might benefit from post-exposure prophylaxis. To reduce the chance of developing measles, exposed individuals must receive MMR within 72 hours of exposure or immunoglobulin within six days.

Public Health also determines when and where the individual was infectious and contacts all locations and individuals the case visited to identify additional exposed persons. Because measles is highly contagious—infecting up to 90% of unvaccinated people—anyone exposed who does not have documented immunity must be excluded from work or other high-risk settings for 21 days to prevent further spread

### Slide 53:

Herd immunity is key to preventing measles outbreaks. Because measles is highly contagious—infecting up to 90% of unvaccinated people—about 95% of the community must be immune to stop its spread. When immunity falls below this level, outbreaks can occur.

Orange County maintains high MMR coverage at kindergarten entry, but some areas still have lower vaccination rates. Families can check their school or childcare facility's coverage through California's Shots for School website. Public health nurses continue to support schools with lower rates to strengthen protection and reduce outbreak risk.



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Families can check vaccination rates for their child's school or childcare facility using California's Shots for School website, which includes an interactive map showing local coverage levels. Public health nurses partner closely with schools that have lower rates to support improved vaccination and reduce vulnerability to outbreaks.

### Slide 54:

Protecting against measles starts with knowing your immunity status and staying up to date on vaccination.

Infants 6–11 months who are traveling to areas with high measles activity can receive an early MMR dose, and everyone 12 months and older should have two documented doses—separated by at least 28 days—before traveling to regions with increased measles activity.

Staying informed is just as important. The HCA social media channels provide timely updates and alerts, and residents can learn more about measles—how it spreads, symptoms to watch for, and what to do if exposed—through the OC Health Care Agency measles page and the Health Corner articles, which offer practical guidance for families and the community.

These tools help ensure everyone has the information they need to stay protected and reduce the risk of outbreaks across Orange County.

### **TIMING Communicable diseases (Slides 44–54): 12:20PM**

### Slide 55:

What are we doing in Orange County? We are modernizing- how we communicate to increase community awareness. This includes continuing to deliver this annual state of public health address, partnership discussions and engagement, social media posts, Health OC newsletter, new HCA videos, enhancing our data and dashboards and strengthening partnerships and collaborations.

### Slide 56:

We have updated our website so that links to the health corner articles, our newsletter and other resources are easily accessible.

### Slide 57:

As you have seen throughout the presentation, we have updated our data dashboards.



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The respiratory virus dashboard shows trends for COVID-19, Flu and RSV. Additionally, reportable condition counts and rates are available.

Slide 58:

Our EMS dashboards now include new all injury dashboard that displays cause of data from documentation by EMS providers during emergent 911 patient responses.

Slide 59:

The **OC Immunization Coalition** is committed to improving the health of Orange County residents by promoting routine, recommended immunizations through strong, active collaboration with community partners. The coalition brings together medical providers, pharmacists, schools, public health experts, and community organizations to strengthen vaccine confidence and access countywide.

In addition to the OC Immunization Coalition, since the COVID pandemic, and especially recently, HCA has continued to engage in local discussions to support vaccination efforts.

Slide 60:

### **E-Bike Injury Prevention Collaborative**

Launched in 2024 and jointly hosted by HCA and OCDE, this collaborative brings together hospitals, law enforcement, transportation partners, and schools to address the rapid rise in e-bike use among youth and commuters.

County data and hospital reports highlight increasing injuries, often linked to speed, rider inexperience, and mixed-traffic environments. Common injuries include facial trauma, fractures, and brain injuries from collisions.

Key needs identified by partners include promoting helmet use, strengthening rider training, and ensuring consistent safety education across schools and communities.

### **Firework Injury Prevention & Intervention Collaborative**

This multi-agency group — including UCI, Fire Departments, Law Enforcement, HCA, and trauma-care partners — coordinates messaging, outreach, and prevention strategies to reduce firework-related injuries.

OC hospitals and first responders report increases in firework use around major holidays, with leading injuries involving hand burns, eye trauma, and blast-related wounds. These injuries are often tied to illegal fireworks or unsafe handling.



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The collaborative emphasizes the need for community education, clear safety messaging, and guidance on safe-viewing options to prevent avoidable injuries

### Slide 61:

The HCA continues to work closely with community-based organizations, Managed Care Plans, and local hospitals to advance a unified Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for Orange County.

From a public health perspective, a CHA is a comprehensive assessment of population health, identifying priority health issues and the conditions affecting community well-being. A CHIP then uses those findings to develop a community-driven plan with shared goals, strategies, and measurable objectives to improve health outcomes over time. Public health accreditation standards require health departments to lead or meaningfully participate in this collaborative assessment and planning process every five years.

In alignment with new state requirements — particularly the DHCS Population Health Management initiative — Managed Care Plans are now required to participate meaningfully in local CHA/CHIP efforts, share data, contribute resources, and align timelines with local health jurisdictions by 2028.

This shift has strengthened coordination across health systems and reinforced the need for a unified countywide approach.

Our CHIP workgroups have been actively convening to advance priority areas identified through the CHA. These cross-sector groups are collaborating on goals, strategies, and implementation steps that will shape Orange County's shared roadmap to improved community health.

### Slide 62:

One example of what our Community Health Improvement Plan workgroups can accomplish is the *Move Your Way OC* campaign, developed by the Diabetes and Obesity Workgroup. This countywide initiative promotes regular physical activity as a powerful tool to improve health, support mental well-being, and prevent chronic disease.

The campaign encourages residents to find simple, realistic ways to be active each day and aims to empower people with choices that fit their lifestyles. It also emphasizes inclusivity—ensuring that people of all ages, abilities, and cultural backgrounds feel



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welcomed and supported in opportunities to be active. Finally, the workgroup focuses on actionable solutions by connecting Orange County residents to trusted tools, local programs, and resources through a coordinated awareness effort.

### Slide 63:

Orange County continues to strengthen its readiness through cross-sector collaboration and coordinated planning. In December 2025, the County held its inaugural Trauma Systems of Care meeting, bringing together local hospital leaders and partner agencies to review injury trends and align on shared priorities for trauma response across OC.

A core component of this work is community-led preparedness. The Emergency Preparedness Interagency Collaborative (EPIC)—which has expanded to include partners from schools, hospitals, emergency management, and public health—meets regularly to advance joint disaster-readiness efforts. EPIC members have developed a coordinated family reunification process to support residents in the aftermath of a major incident.

OC is also actively preparing for major upcoming events. Local jurisdictions and agencies are working together to plan for the 2026 FIFA World Cup, coordinating with regional and state partners through CDPH's Local Coordination Forum to address surge planning, public safety, and health system readiness.

In addition, early planning efforts are underway for LA28, ensuring that the county is well-positioned to support residents and visitors during another high-impact international event.

These collaborations strengthen our collective ability to respond to natural disasters, mass-gathering events, and human-caused emergencies—helping ensure Orange County remains prepared, resilient, and ready.

### **TIMING Modernization, collaborations, preparedness (Slides 55–63): 12:25 PM**

### Slide 64:

Orange County's older adult population is growing rapidly, with residents aged 65+ projected to increase by 66% by 2049 and becoming the only age group expected to grow significantly over the coming decades.



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To meet these needs, the County is advancing the OC Master Plan on Aging — a countywide effort designed to coordinate, strengthen, and communicate services for older adults and their caregivers.

The Master Plan brings together County agencies, healthcare partners, and community organizations to improve access to information, housing stability, care coordination, and healthy aging resources. A key part of this work is ensuring that residents can easily find help when they need it.

New resource guides are available and housed on [OCNavigator.org](https://ocnavigator.org), to connect older adults and caregivers with trusted services, programs, and supports across the county.

This unified approach helps Orange County prepare for a more complex aging population—making it easier for residents and caregivers to navigate services, remain independent, and stay healthy as the community continues to age.

Slide 65:

After reviewing the data on deaths, chronic conditions, and infectious diseases, it's important to shift our focus to preparedness. Staying prepared and alert is essential for every community member. As we have all seen in the news, natural disasters are not the only threats we face — man-made incidents, including acts of violence, can occur with little warning. Preparing for both types of emergencies helps protect ourselves, our families, and our community.

Orange County offers trusted tools to help residents stay ready. Visit [ReadyOC](#) for preparedness guidance, sign up for [AlertOC](#) to receive emergency notifications, and explore [Listos California](#) for easy, step-by-step resources on how to prepare for disasters of all kinds.

Also consider learning about CPR, Stop the Bleed or get training on how to administer opioid reversal agents like naloxone/Narcan.

Preparedness is not just an individual responsibility — it strengthens our entire community.

**TIMING Close:** 2-3 min 12:28 PM

Slide 66: Close



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As we end today, I want to return to the spirit of Hope. Heal. Thrive. Hope keeps us focused on what is possible. Heal reminds us to care for ourselves and our community as we move through ongoing challenges. And Thrive calls us to build a stronger, more resilient Orange County—together.

Despite the pressures we face, your commitment ensures our community continues moving forward. By supporting one another and strengthening the systems that protect health, we help Orange County continue to hope, heal, and thrive.

Thank you for all you do.

Slide 67: resources

Slide 68: resources

Slide 69: follow us – Website/Social Media, Q and A

Now we will open this up to Questions and Answers. As a reminder for clinicians who are desiring CME, you will receive a Survey in the email you provided on registration. Please complete the survey to receive your CME certificate.

**TIMING Aging & resources (Slides 64–67): 5–7 min 12:30PM**

**TIMING Q&A: 15–20 min**

**END: 1:00PM**

