2015 PRC Community Health Needs Assessment Report

Hoag Memorial Hospital Presbyterian (HMHP) Service Area

Sponsored by

Hoag Memorial Hospital Presbyterian, Newport Beach and Irvine

Hoag Orthopedic Institute, Irvine

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INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Hoag Memorial Hospital Presbyterian (HMHP) on behalf of Hoag Memorial Hospital Presbyterian, Newport Beach and Irvine, as well as Hoag Orthopedic Institute, Irvine. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Hoag Memorial Hospital Presbyterian by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

PRC Community Health Survey

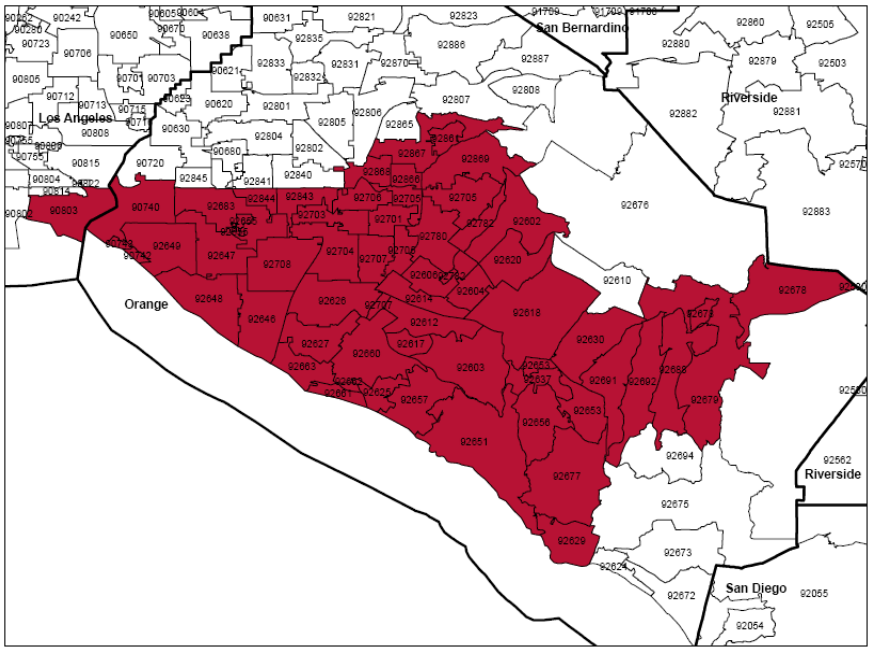
The survey data used in this assessment reflect data collected by PRC on behalf of Hoag Memorial Hospital Presbyterian in 2013.

Survey Instrument

The survey instrument was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Hoag Memorial Hospital Presbyterian and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "HMHP Service Area" in this report) is defined as each of the 56 residential ZIP Codes comprising the hospital's service area. This community definition, determined based on the ZIP Codes of residence of recent patients of Hoag Memorial Hospital Presbyterian, is illustrated in the following map.



Sample Approach & Design

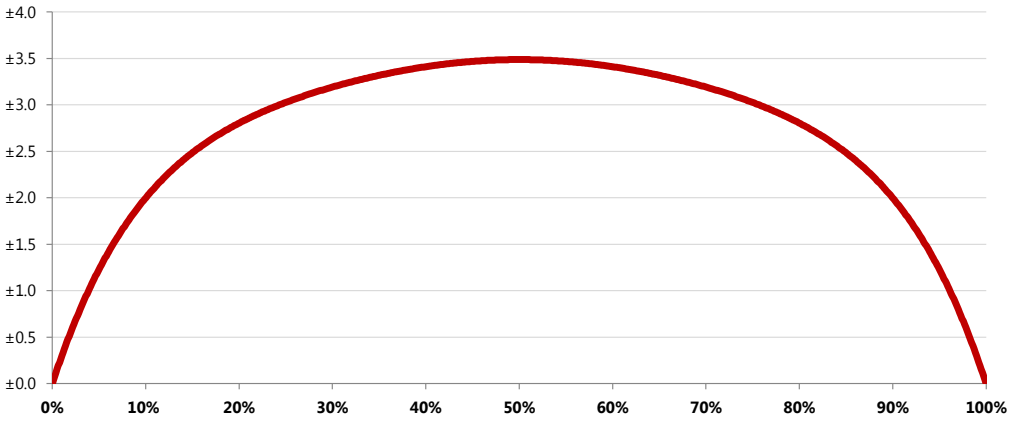
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 751 individuals age 18 and older in the HMHP Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 751 respondents is ±3.5% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 751 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 751 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% (10% ± 2.0%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% (50% ± 3.5%) of the total population would respond "yes" if asked this question.

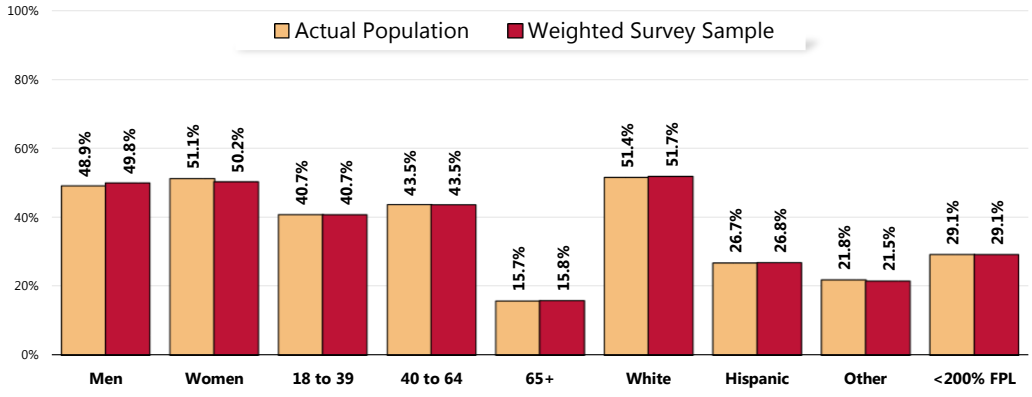
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the HMHP Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2013 guidelines place the poverty threshold for a family of four at $23,550 annual household income or lower)*. In sample segmentation: "**very low income**" refers to community members living in a household with defined poverty status; "**low income**" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Hoag Memorial Hospital Presbyterian; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 151 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physicians	11	6
Public Health Experts	16	7
Other Health Providers	59	22
Social Service Providers	157	82
Business and Community Leaders	60	34

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations:

Minority populations represented:

> *African-Americans, American Indian/Alaskan Native, Asians, blind/low vision, Cambodians, Caucasians, children, children of prisoners, Chinese, disabled, elderly, ESL, families, Filipinos, foster children, hard-to-reach, Hispanics, homeless, immigrants, Iranians, Japanese, Jewish, Kenyan, Korean, LGBT, low-income, Marshallese, MediCal, Medicare, mentally-ill, middle class, Middle Eastern, multiracial, non-English-speaking, other ethnic demographics, Pacific Islander, Persian, political refugees, pregnant women, Somalian, teen parents, the underserved, the undocumented, uninsured/underinsured, veterans, victims of abuse, Vietnamese, women, young adults*

Medically underserved populations represented:

> *African-Americans, all populations, those with Alzheimer's/dementia, Asians, blind/low-vision, Cambodians, Caucasians, children, children of prisoners, diabetics, disabled, elderly, eligible public program recipients, families, foster children, high-risk for unprotected sexual activity, Hispanic, homebound, homeless, immigrants, Koreans, LGBT, low education level, low-income, Medicaid, MediCal, Medicare, mentally ill, Middle Eastern, MSI, newly-insured, non-English-speaking, non-seniors (don't Qualify for SSD), pregnant women, severe traumatic histories, substance abusers, teenagers, undocumented, unemployed, uninsured/underinsured, veterans, "working-poor" families, young adults*

Participants include representatives of the following organizations:

- 211
- AIDS Services Foundation Orange County
- Alzheimer's Association
- Alzheimer's Family Services Center
- American Diabetes Association
- American on Track
- Boys & Girls Club of Santa Ana
- Care Connections Network
- Casa Teresa Inc.
- City of Irvine
- Cordula Cares
- Families Forward
- HCA

- Hoag Memorial Hospital Presbyterian
- Hoag Mental Health Center
- Illumination Foundation
- Irvine Children's Fund
- Irvine Public Schools Foundation
- Kid Healthy
- Laguna Beach Seniors
- Latino Health Access
- Local Law Enforcement
- March of Dimes
- MOMS Orange County
- Newport-Mesa Unified School District
- Orange Coast Unitarian Universalist
- Orange County Health Care Agency, Public Health Svcs
- Providence Speech and Hearing Center
- Seneca Family of Agencies
- SeniorServ

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- California Department of Public Health
- Centers for Disease Control & Prevention
- National Center for Health Statistics
- State of California Department of Justice
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data (Orange County).

Benchmark Data

California Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	

Access to Health Services	• Lack of Health Insurance Coverage
	  ○ Insurance Instability
	  ○ Supplemental Coverage (Seniors)

Cancer	• #2 Leading Cause of Death
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths • *Dementias/Alzheimer's Disease ranked as the #4 top concern among key informants.*
Diabetes Mellitus	• *Diabetes ranked as the #2 top concern among key informants.*
Heart Disease & Stroke	• #1 (Heart Disease) and #4 (Stroke) Leading Causes of Death
Immunization & Infectious Diseases	• Pneumonia/Influenza Deaths
Mental Health & Mental Disorders	• *Mental Health ranked as the #1 top concern among key informants.*
Nutrition, Physical Activity & Weight	• Children's Computer Time • *Nutrition, Physical Activity & Weight ranked as the #3 top concern among key informants.*
Substance Abuse	• Adults Seeking Professional Help • *Substance Abuse ranked as the #5 top concern among key informants.*
Tobacco Use	• Smoking Cessation Attempts

Prioritization of Health Needs

On May 27, 2015, a total of 37 community stakeholders met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). This group included both health providers and representatives of various community organizations. Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Participants were then provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- Ability to **Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc.

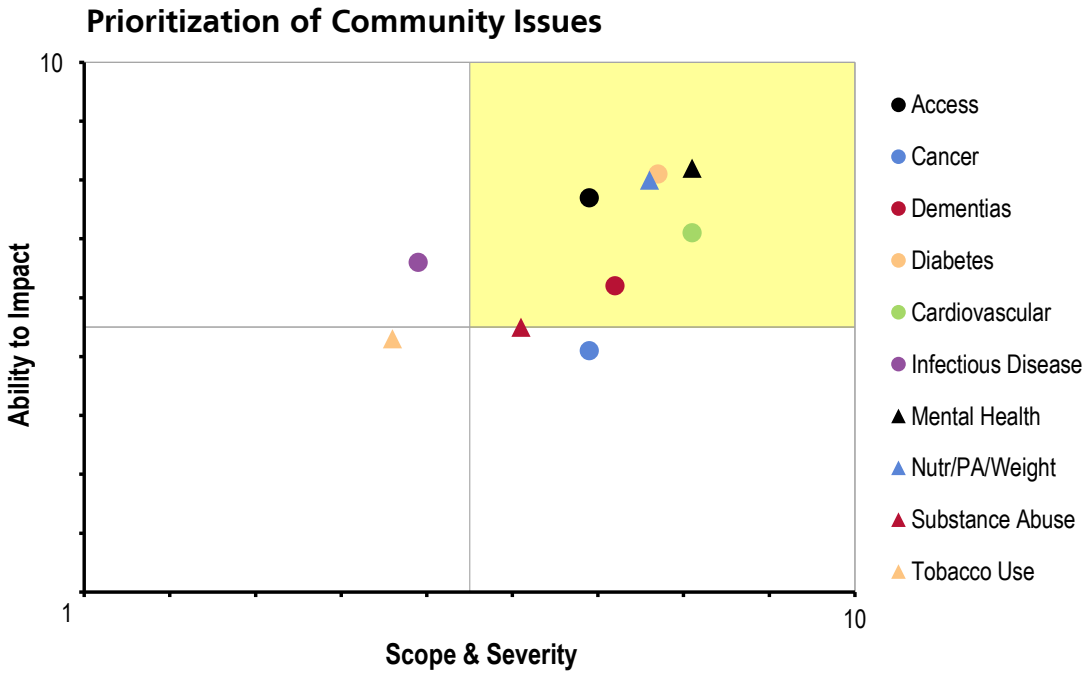
  Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Diabetes**
3. **Nutrition, Physical Activity & Weight**
4. **Heart Disease & Stroke**
5. **Access to Healthcare Services**

6. **Dementias, Including Alzheimer's Disease**
7. **Cancer**
8. **Substance Abuse**
9. **Immunization & Infectious Diseases**
10. **Tobacco**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



While the hospitals will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of the hospitals' Implementation Strategies to address the top health needs of the community in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Hoag Memorial Hospital Presbyterian Service Area, grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, HMHP Service Area results are shown in the larger, blue column.

■ The columns to the right of the HMHP Service Area column provide comparisons between the service area and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the HMHP Service Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	**20.5**	21.5	14.9	0.0
% [65+] With Medicare Supplement Insurance	**64.9**		75.5	
% [Insured] Insurance Covers Prescriptions	**93.8**		93.9	
% [Insured] Went Without Coverage in Past Year	**7.7**		4.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	**32.3**		37.3	
% Cost Prevented Getting Prescription in Past Year	**12.4**		15.0	
% Cost Prevented Physician Visit in Past Year	**12.6**		14.0	
% Difficulty Getting Appointment in Past Year	**12.0**		16.5	
% Difficulty Finding Physician in Past Year	**9.3**		10.7	
% Transportation Hindered Dr Visit in Past Year	**6.3**		7.7	
% Skipped Prescription Doses to Save Costs	**8.4**		14.8	
% Difficulty Getting Child's Healthcare in Past Year	**1.8**		1.9	
% [Age 18+] Have a Specific Source of Ongoing Care	**75.8**		76.3	95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	**73.8**		75.1	89.4
% [Age 65+] Have a Specific Source of Ongoing Care	**84.0**		82.6	100.0
% Have Had Routine Checkup in Past Year	**67.5**		67.3	

Access to Health Services (continued)	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Child Has Had Checkup in Past Year	87.3		87.0	
% Two or More ER Visits in Past Year	5.6		6.5	
% Rate Local Healthcare "Fair/Poor"	11.5		15.3	
		better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	30.0		35.4	
% [50+] Osteoporosis	10.3		11.4	5.3
% Sciatica/Chronic Back Pain	16.8		21.5	
		better	similar	worse

Cancer	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	141.7	149.9	166.2	160.6
Lung Cancer (Age-Adjusted Death Rate)	31.4	33.3	44.7	45.5
Prostate Cancer (Age-Adjusted Death Rate)	18.7	19.8	19.8	21.2
Female Breast Cancer (Age-Adjusted Death Rate)	18.4	20.6	21.3	20.6
Colorectal Cancer (Age-Adjusted Death Rate)	11.9	13.6	14.9	14.5
% Skin Cancer	7.2	5.8	8.1	

Cancer (continued)	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Cancer (Other Than Skin)	5.6	5.8	5.5	
% [Men 50+] Prostate Exam in Past 2 Years	76.5		70.5	
% [Women 50-74] Mammogram in Past 2 Years	76.7	81.4	79.9	81.1
% [Women 21-65] Pap Smear in Past 3 Years	83.4	80.8	84.7	93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	71.1	61.5	72.0	
% [Age 50+] Blood Stool Test in Past 2 Years	35.1	27.0	28.3	
% [Age 50-75] Colorectal Cancer Screening	72.8			70.5
		better	similar	worse

Chronic Kidney Disease	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	7.6	7.1	13.2	
		better	similar	worse

Diabetes	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	14.9	20.7	21.3	19.6
% Diabetes/High Blood Sugar	8.9	8.9	10.1	
		better	similar	worse

Dementias, Including Alzheimer's Disease	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	35.8	30.2	24.0	
% Member of Family Has Alzheimer's Disease/Dementia	23.6			
		better	similar	worse

Educational & Community-Based Programs	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Attended Health Event in Past Year	16.5		22.2	
		better	similar	worse

Family Planning	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Births to Teenagers	5.4	7.0	7.8	
		better	similar	worse

General Health Status	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	16.9	18.7	16.8	
% Activity Limitations	16.2	21.3	17.0	
% 3+ Days When Poor Health Restricted Activities	9.8			
		better	similar	worse

Hearing & Other Sensory or Communication Disorders	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Deafness/Trouble Hearing	8.3		9.6	
		better	similar	worse

Heart Disease & Stroke	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	145.9	154.7	171.3	152.7
Stroke (Age-Adjusted Death Rate)	34.4	35.6	37.0	33.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.6		6.1	
% Blood Pressure Checked in Past 2 Years	94.2		94.7	94.9
% Told Have High Blood Pressure (Ever)	30.6	27.8	34.3	26.9
% [HBP] Taking Action to Control High Blood Pressure	96.7		89.1	
% Cholesterol Checked in Past 5 Years	93.7	75.5	90.7	82.1
% Told Have High Cholesterol (Ever)	30.8	36.0	31.4	13.5
% [HBC] Taking Action to Control High Blood Cholesterol	92.4		89.1	
% 1+ Cardiovascular Risk Factor	75.9		86.3	
		better	similar	worse

Immunization & Infectious Diseases	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Pertussis per 100,000	**3.5**	5.8	10.2	
% [Age 65+] Flu Shot in Past Year	**74.9**	57.2	71.6	90.0
% [High-Risk 18-64] Flu Shot in Past Year	**49.6**		52.5	90.0
% [Age 65+] Pneumonia Vaccine Ever	**76.3**	68.1	68.1	90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	**36.4**		32.0	60.0
		better	similar	worse

Injury & Violence Prevention	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	**22.4**	28.5	39.2	36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	**5.8**	7.9	10.7	12.4
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	**92.8**		91.6	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	**59.3**		35.3	
Firearm-Related Deaths (Age-Adjusted Death Rate)	**4.7**	7.8	10.4	9.2
% Firearm in Home	**17.2**		37.9	
% [Homes With Children] Firearm in Home	**15.0**		34.4	
Homicide (Age-Adjusted Death Rate)	**2.0**	5.0	5.3	5.5
Violent Crime per 100,000	**209.0**	410.6	380.6	
% Victim of Violent Crime in Past 5 Years	**2.3**		1.6	

Injury & Violence Prevention (continued)	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% "Fair/Poor" Neighborhood Safety & Security	9.6			
% Ever Threatened With Violence by Intimate Partner	8.6		11.7	
% Victim of Domestic Violence (Ever)	9.5		13.5	
		better	similar	worse

Maternal, Infant & Child Health	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% No Prenatal Care in First Trimester	13.0	19.4		22.1
% of Low Birthweight Births	6.4	6.8	8.0	7.8
Infant Death Rate	3.6	4.6	6.0	6.0
		better	similar	worse

Mental Health & Mental Disorders	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	13.2		11.7	
% Major Depression	7.9		11.7	
% Symptoms of Chronic Depression (2+ Years)	27.1		26.5	
Suicide (Age-Adjusted Death Rate)	9.7	10.2	12.5	10.2
% [Those With Major Depression] Seeking Help	81.3		82.0	75.1
% Typical Day Is "Extremely/Very" Stressful	10.7		11.5	

Mental Health & Mental Disorders (continued)	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% "Dissatisfied/Very Dissatisfied" With Life	4.8			
% Do Not Get Adequate Social/Emotional Support	7.8			
% 3+ Days of Poor Mental Health/Past Month	15.9			
% Child [Age 5-17] Takes Prescription for ADD/ADHD	2.4		6.5	
		 better	 similar	 worse

Nutrition & Weight Status	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	50.1		48.8	
% Consumed 3+ Fast Food Meals in the Past Week	20.7			
% Consumed >7 Servings of Junk Food in the Past Week	10.0			
% Drink 7+ Servings of Soda per Week	10.5			
% Medical Advice on Nutrition in Past Year	38.8		41.9	
% Healthy Weight (BMI 18.5-24.9)	45.7		31.7	33.9
% Overweight	51.9	60.2	66.9	
% Obese	18.7	23.8	28.5	30.6
% Medical Advice on Weight in Past Year	23.8		25.7	
% [Overweights] Counseled About Weight in Past Year	32.5		30.9	
% [Obese Adults] Counseled About Weight in Past Year	51.3		47.4	31.8

Nutrition & Weight Status (continued)	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% [Overweights] Trying to Lose Weight Both Diet/Exercise	47.3		38.6	
% Children [Age 5-17] Overweight	16.6		30.7	
% Children [Age 5-17] Obese	7.8		18.9	14.6
		better	similar	worse

Oral Health	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	73.3	69.6	66.9	49.0
% Child [Age 2-17] Dental Visit in Past Year	85.4		79.2	49.0
% Have Dental Insurance	63.2		60.8	
		better	similar	worse

Physical Activity	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% [Employed] Job Entails Mostly Sitting/Standing	67.1		63.2	
% No Leisure-Time Physical Activity	19.0	19.1	28.7	32.6
% Meeting Physical Activity Guidelines	51.3		42.7	
% Moderate Physical Activity	29.9		23.9	
% Vigorous Physical Activity	36.5		34.8	
% [Adults] 3+ Hours per Day of Total Screen Time	65.2			

Physical Activity (continued)	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Medical Advice on Physical Activity in Past Year	**49.5**		47.8	
% Child [Age 5-17] Watches TV 3+ Hours per Day	**20.3**		19.7	
% Child [Age 5-17] Uses Computer 3+ Hours per Day	**19.2**		9.9	
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	**49.8**		43.4	
		better	similar	worse

Respiratory Diseases	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	**30.8**	35.5	42.0	
Pneumonia/Influenza (Age-Adjusted Death Rate)	**17.6**	16.1	15.3	
% Nasal/Hay Fever Allergies	**17.6**		27.3	
% Chronic Lung Disease	**5.6**		8.4	
% [Adult] Currently Has Asthma	**5.3**	8.4	7.5	
% [Child 0-17] Currently Has Asthma	**6.7**		6.8	
		better	similar	worse

Sexually Transmitted Diseases	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	**39.1**	87.6	105.9	
Primary & Secondary Syphilis Incidence per 100,000	**4.0**	7.9	5.0	
Chlamydia Incidence per 100,000	**273.0**	442.1	453.6	
Hepatitis B Incidence per 100,000	**0.3**	0.4	1.2	
		better	similar	worse

Substance Abuse	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	**9.6**	11.7	9.9	8.2
% Current Drinker	**55.7**	57.1	58.8	
% Chronic Drinker (Average 2+ Drinks/Day)	**3.7**	6.2	5.6	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	**13.6**	18.6	16.7	24.3
% Drinking & Driving in Past Month	**3.3**		3.5	
% Driving Drunk or Riding with Drunk Driver	**5.9**		5.5	
Drug-Induced Deaths (Age-Adjusted Death Rate)	**10.5**	11.4	14.1	11.3
% Medicine is Kept in a Locked, Secure Place	**20.7**			
% Illicit Drug Use in Past Month	**2.8**		1.7	7.1
% Ever Sought Help for Alcohol or Drug Problem	**2.1**		3.9	
		better	similar	worse

Tobacco Use	HMHP Service Area	HMHP Service Area vs. Benchmarks		
		vs. CA	vs. US	vs. HP2020
% Current Smoker	**8.7**	13.6	16.6	12.0
% Someone Smokes at Home	**7.9**		13.6	
% [Non-Smokers] Someone Smokes in the Home	**4.2**		5.7	
% [Household With Children] Someone Smokes in the Home	**7.7**		12.1	
% [Smokers] Received Advice to Quit Smoking	**61.6**		63.7	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	**21.9**		56.2	80.0
% Smoke Cigars	**5.1**		4.2	0.2
% Use Smokeless Tobacco	**2.1**		2.8	0.3
		better	similar	worse

GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

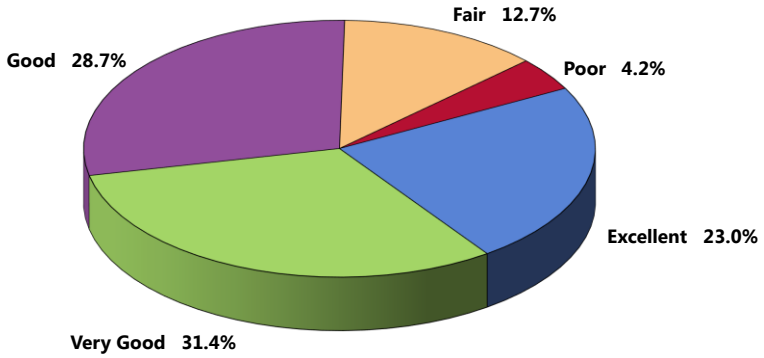
"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 54.4% of HMHP Service Area adults rate their overall health as "excellent" or "very good."

- Another 28.7% gave "good" ratings of their overall health.

Self-Reported Health Status

(Hoag Memorial Hospital Presbyterian Service Area, 2013)

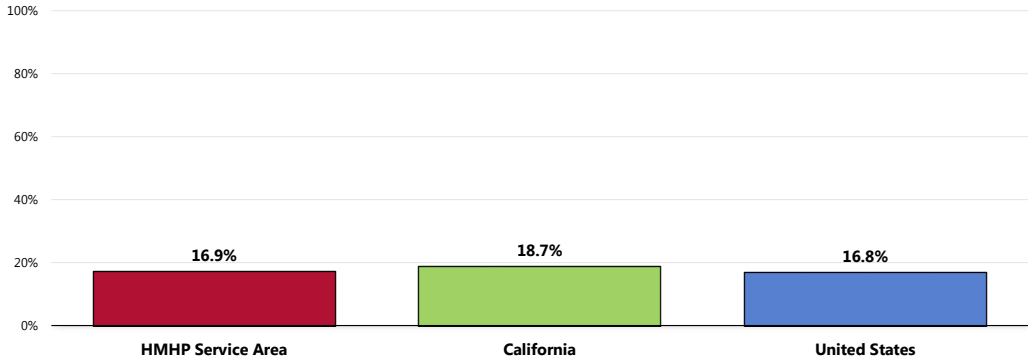


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 16.9% of HMHP Service Area adults believe that their overall health is "fair" or "poor."

- Comparable to statewide findings.
- Nearly identical to the national prevalence.

Experience "Fair" or "Poor" Overall Health



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

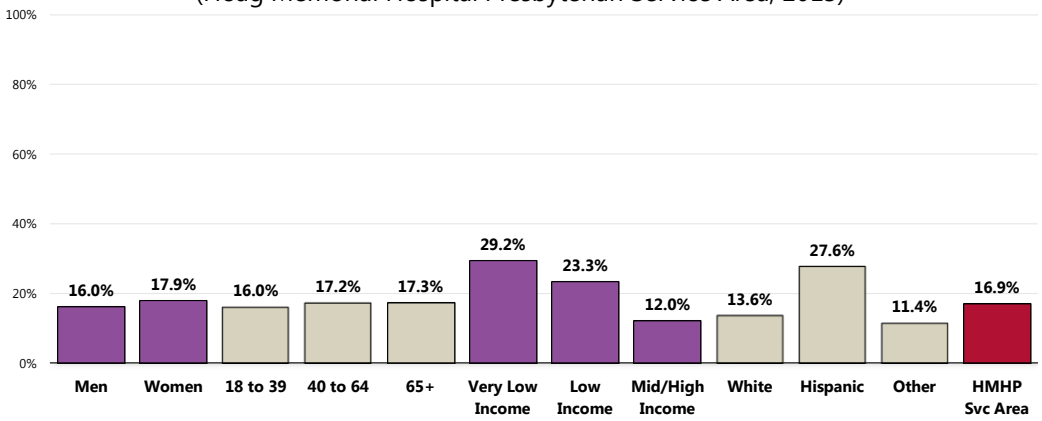
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Residents living at lower incomes (note the negative correlation with age).
- Hispanics.

Experience "Fair" or "Poor" Overall Health

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

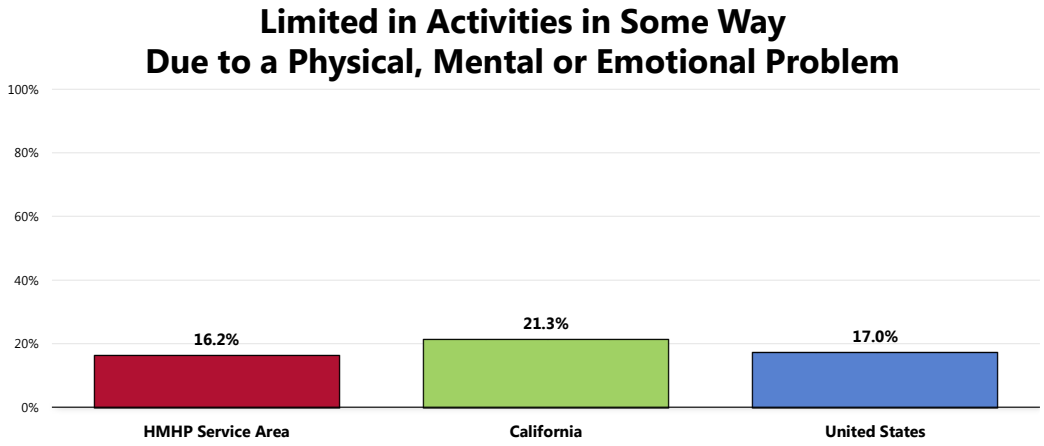
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

  – Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE: See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

A total of 16.2% of HMHP Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than the prevalence statewide.
- Similar to the national prevalence.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

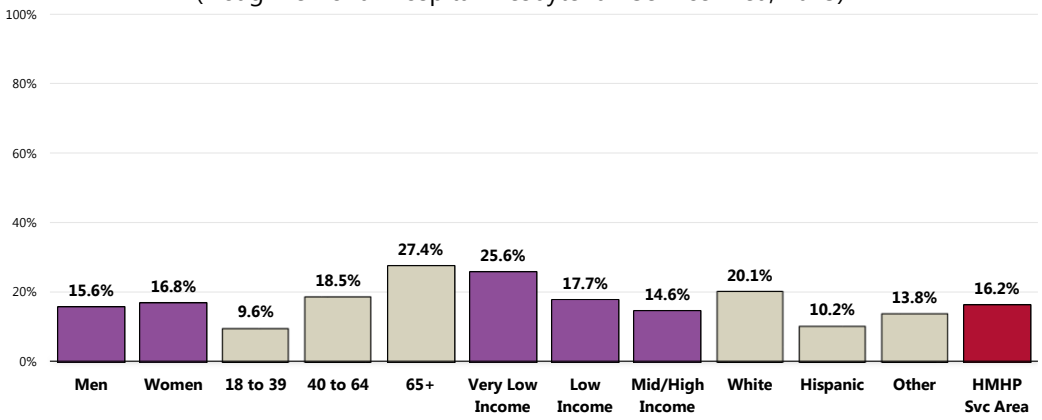
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Note also the negative correlation between income and reports of activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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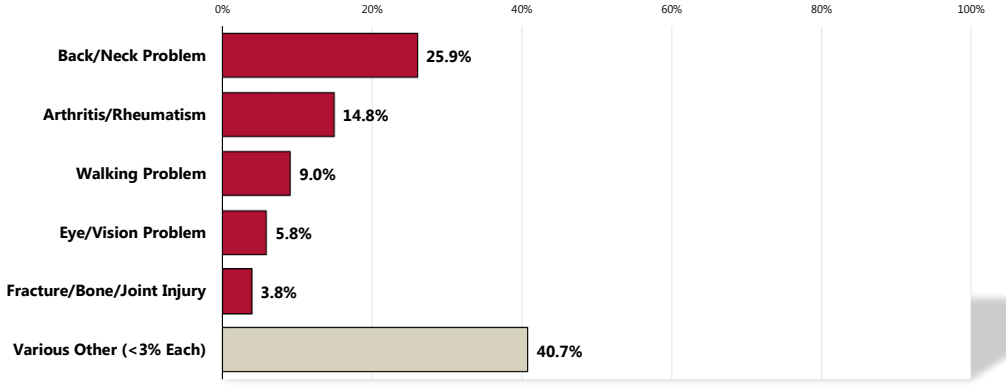
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, difficulty walking, or fractures or bone/joint injuries.

Eye and vision problems were also noted with some frequency, as shown.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; HMHP Service Area, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes: ● Asked of those respondents reporting activity limitations.

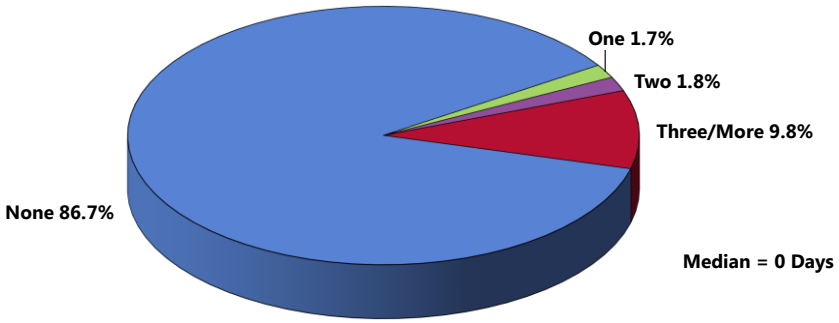
Days of Poor Physical/Mental Health

The vast majority (86.7%) of survey respondents reports no days in the past month on which their physical or mental health restricted their usual activities.

- On the other hand, 9.8% report 3 or more days of restricted activities in the past month.

Days On Which Poor Physical or Mental Health Restricted Usual Activities in the Past Month

(HMHP Service Area, 2013)

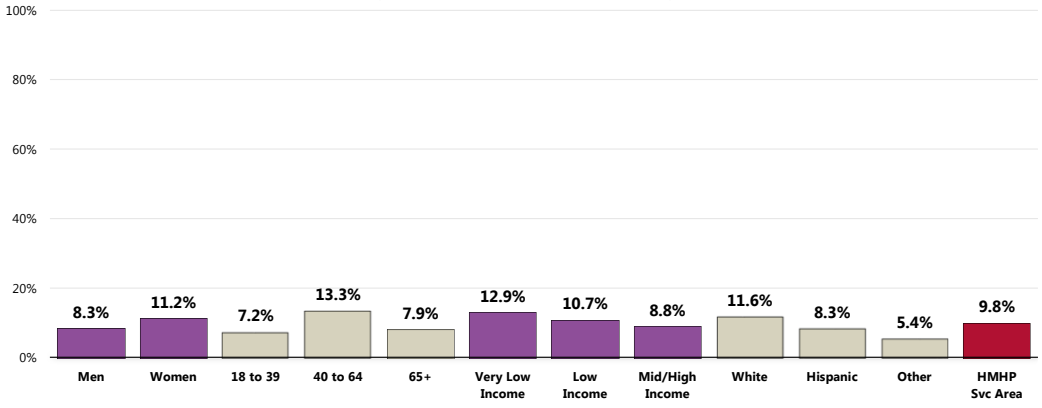


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
Notes: • Asked of all respondents.

- Adults age 40 to 64 are more likely to report that poor physical or mental health restricted their activities for 3 or more days in the past month.

Poor Physical/Mental Health Restricted Activities for 3+ Days in the Past Month

(HMHP Service Area, 2013)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Self-Reported Mental Health Status

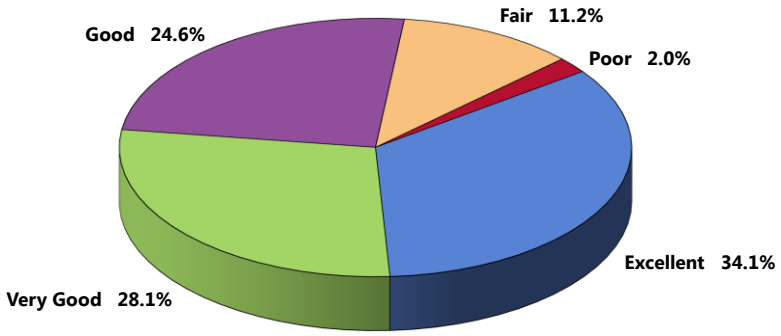
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 62.2% of HMHP Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 24.6% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Hoag Memorial Hospital Presbyterian Service Area, 2013)

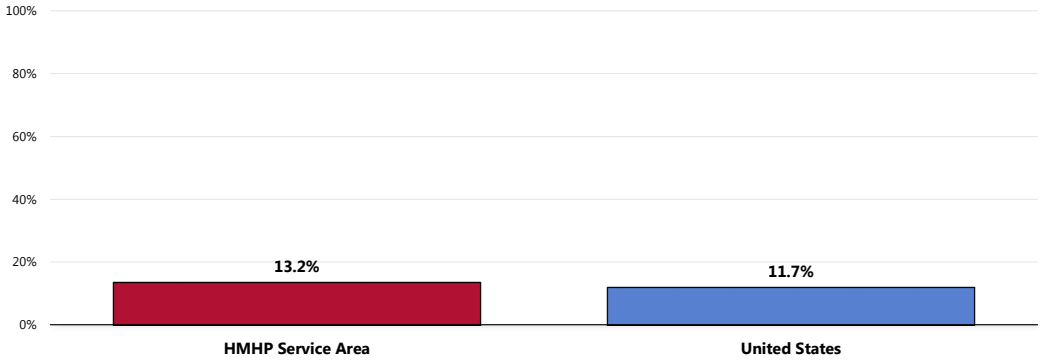


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.

A total of 13.2% of HMHP Service Area adults, however, believe that their overall mental health is "fair" or "poor."

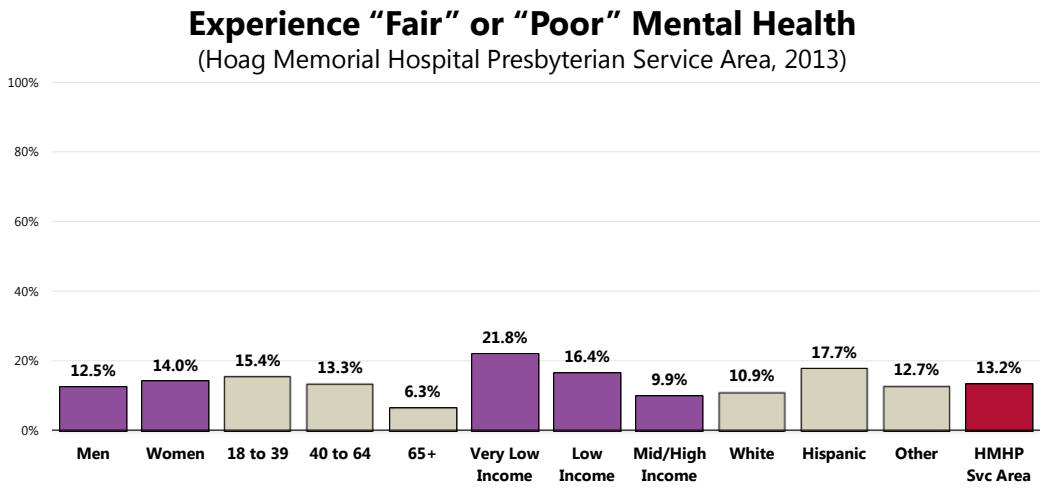
- Similar to the "fair/poor" response reported nationally.

Experience "Fair" or "Poor" Mental Health



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note the negative correlation between poor mental health and age.
- Note also the negative correlation with income, as shown.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
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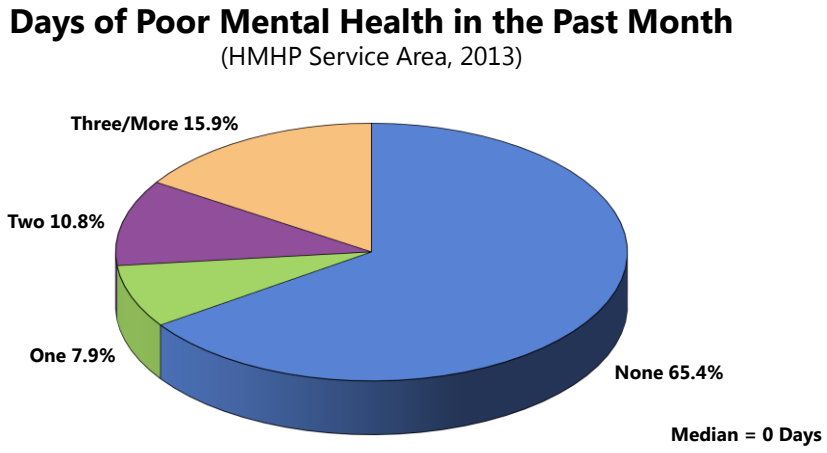
Days of Poor Mental Health

In the past month, 67.0% of survey respondents did not experience any days of poor mental health.

- In contrast, 18.1% of HMHP Service Area residents experienced 3 or more days of poor mental health in the past month.

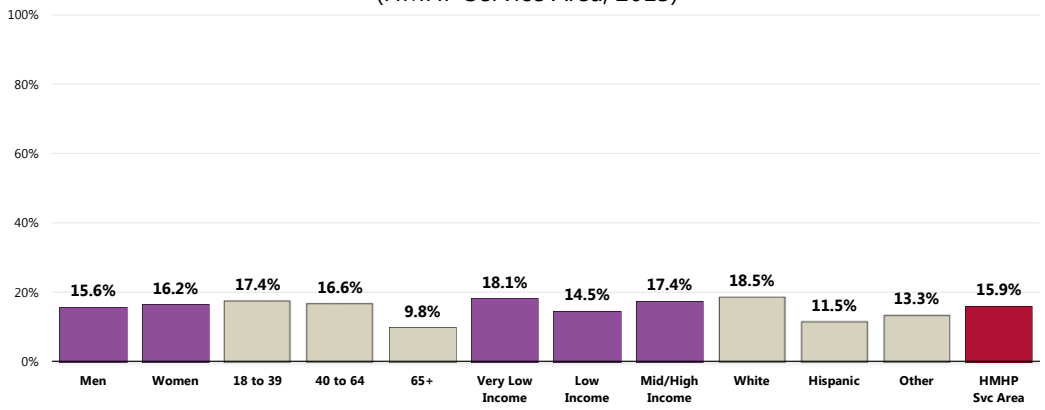


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: • Asked of all respondents.

Adults under 65 are more likely to report experiencing 3+ days of poor mental health in the past month.

Experienced 3+ Days of Poor Mental Health in the Past Month

(HMHP Service Area, 2013)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: • Asked of all respondents.
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Satisfaction With Life

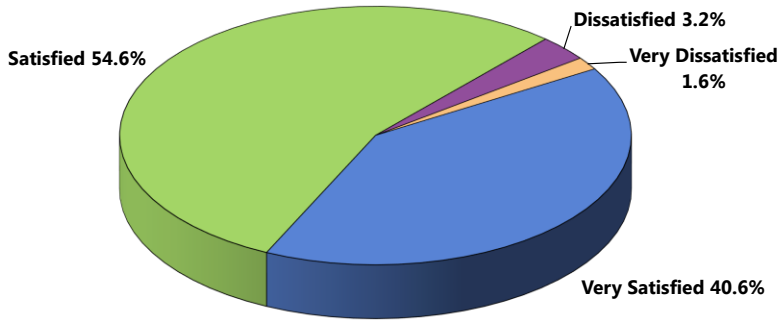
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"In general, how satisfied are you with your life?"

In general, survey respondents expressed high levels of satisfaction with their lives: 40.6% of are "very satisfied" with their lives, and another 54.6% of respondents gave "satisfied" indications.

Rating of General Satisfaction With Life

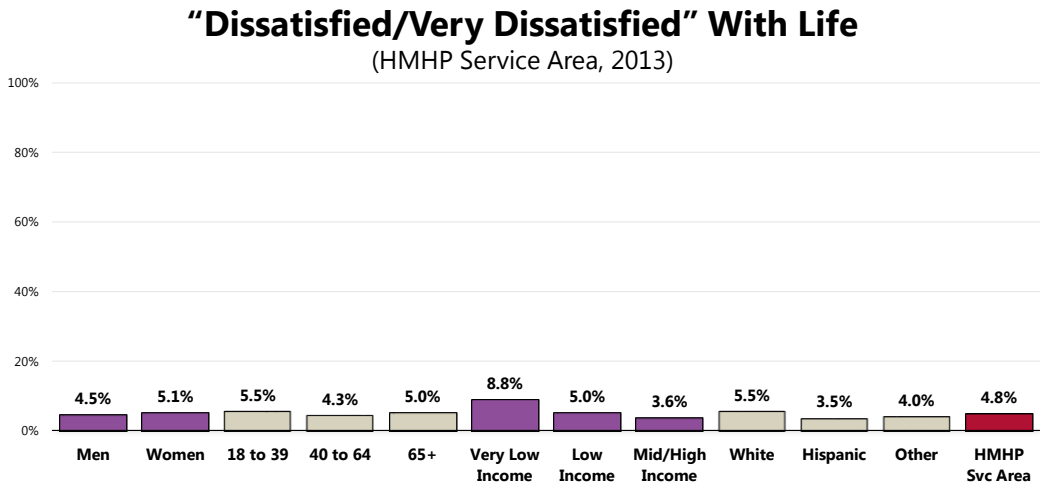
(HMHP Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 4]
Notes: • Asked of all respondents.

Adults more likely to report low levels of satisfaction ("dissatisfied" or "very dissatisfied" responses) include:

- Residents living at lower incomes (note the negative correlation with income).
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 4]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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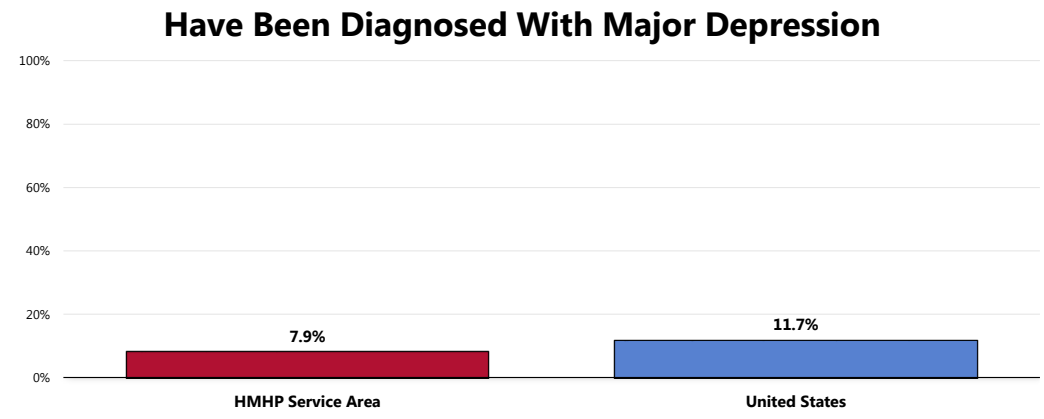
Depression

Major Depression

A total of 7.9% of HMHP Service Area adults have been diagnosed with major depression by a physician.

- Lower than the national finding.

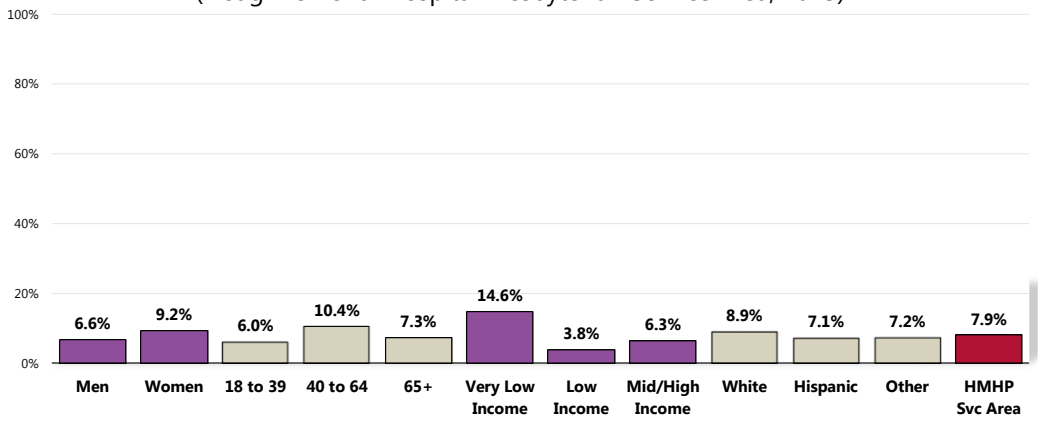


Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- The prevalence of major depression is notably higher among community members living at very low incomes.

Have Been Diagnosed With Major Depression

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]

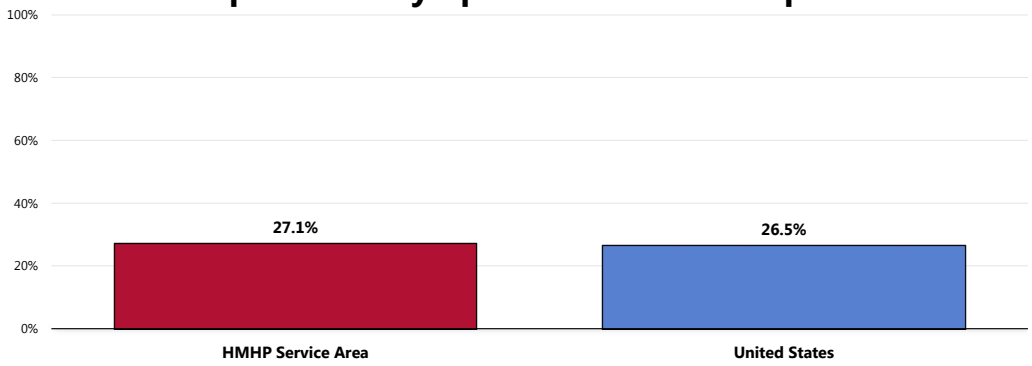
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 27.1% of HMHP Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Similar to the national prevalence.

Have Experienced Symptoms of Chronic Depression



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

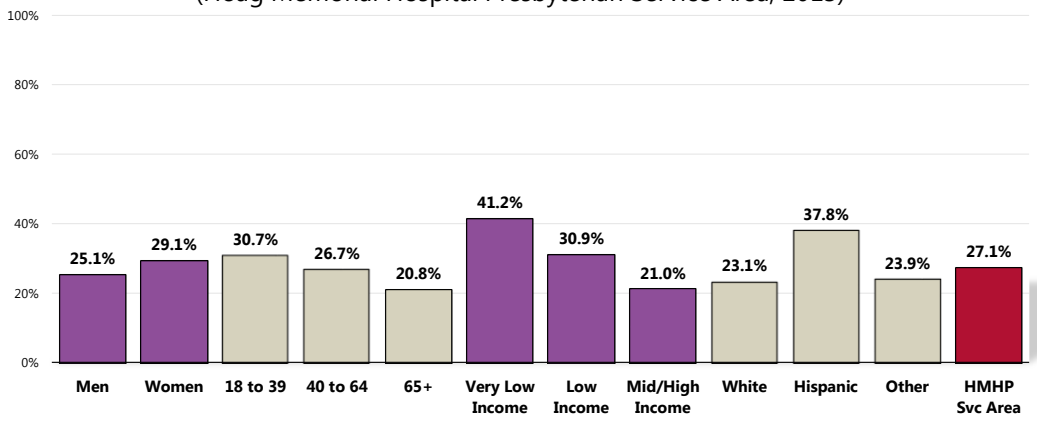
Notes:
- Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- Young adults (note the negative correlation with age).
- Adults with lower incomes (note the negative correlation with income).
- Hispanic adults.

Have Experienced Symptoms of Chronic Depression

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

RELATED ISSUE:
See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

More than one-half of HMHP Service Area adults consider their typical day to be "not very stressful" (27.9%) or "not at all stressful" (10.7%).

- Another 50.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

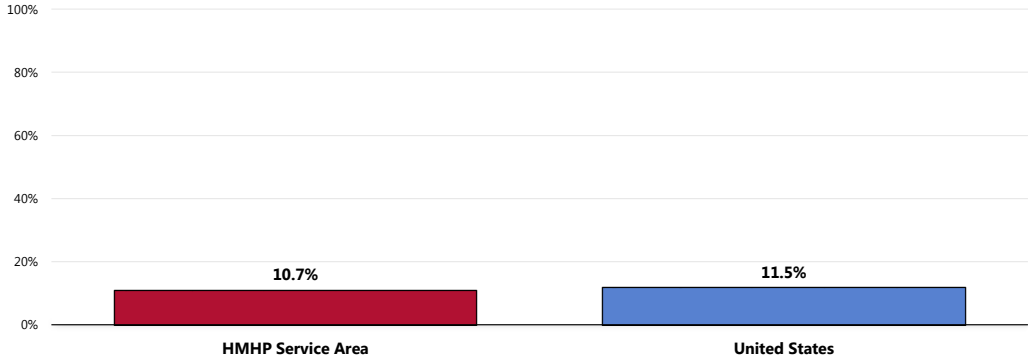
(Hoag Memorial Hospital Presbyterian Service Area, 2013)

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.

In contrast, 10.7% of HMHP Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.

Perceive Most Days As "Extremely" or "Very" Stressful



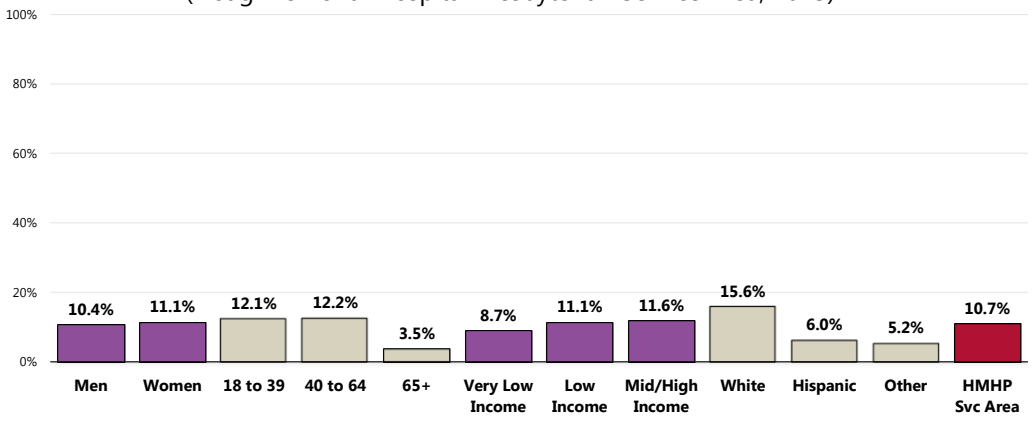
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note that high stress levels are more prevalent among adults under 65 and Whites.

Perceive Most Days as "Extremely" or "Very" Stressful

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

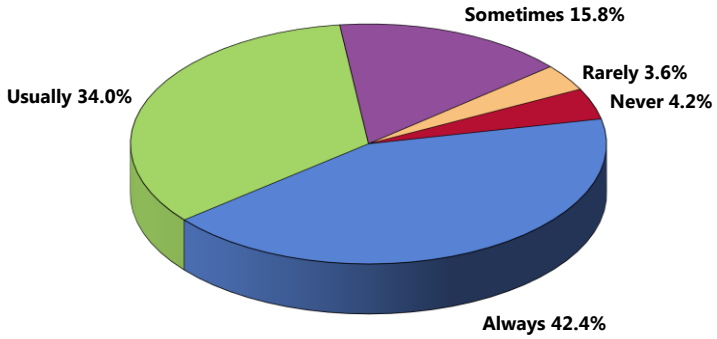
"How often do you get the social and emotional support you need?"

A total of 76.4% of survey respondents report "always" or "usually" receiving the social and emotional support that they need.

- Another 15.8% "sometimes" get the support they need.

Frequency of Social and Emotional Support

(HMHP Service Area, 2013)

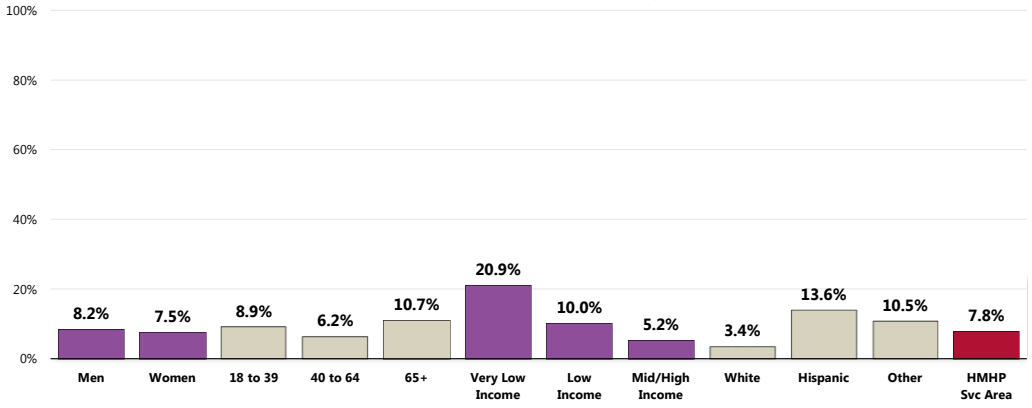


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: • Asked of all respondents.

- Note the negative correlation between lack of support and income.
- Non-White adults are much more likely to report a lack of social or emotional support.

Do Not "Always/Usually" Get Social and Emotional Support

(HMHP Service Area, 2013)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

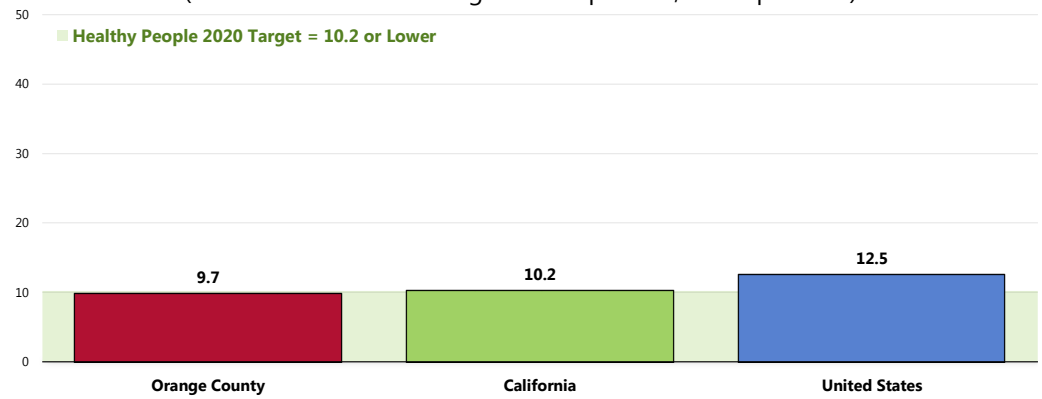
Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 9.7 deaths per 100,000 population in Orange County.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



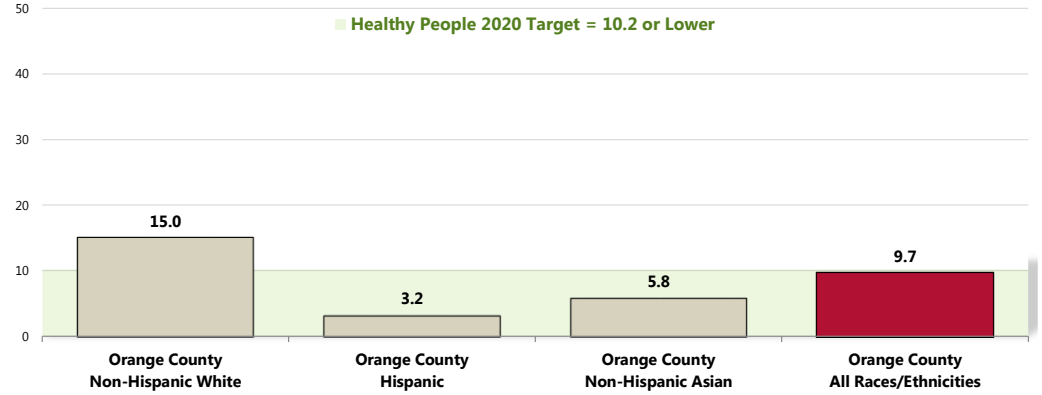
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

The suicide rate in Orange County is dramatically higher among Non-Hispanic Whites than among Hispanics and Non-Hispanic Asians.

Suicide: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



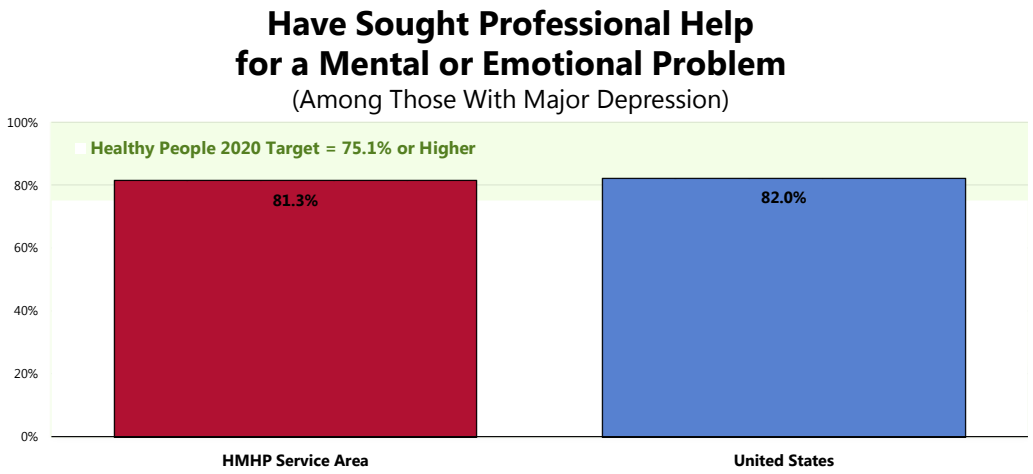
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

"Diagnosed depression" includes respondents reporting a past diagnosis of major depression by a physician.

Among adults with diagnosed depression, 81.3% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Similar to the Healthy People 2020 target of 75.1% or higher.



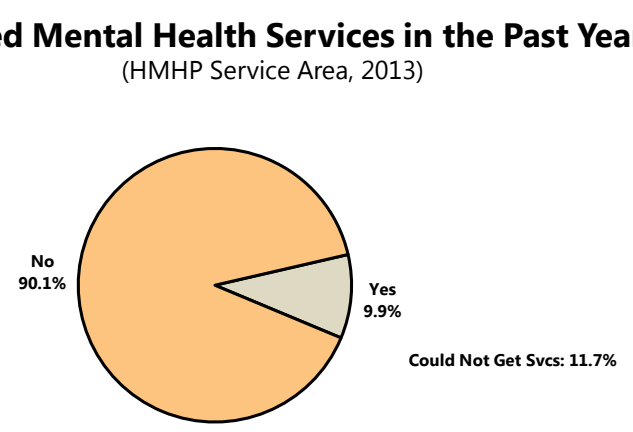
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-9.2]

Notes:
- Asked of those respondents with major depression diagnosed by a physician.

Needed Services in the Past Year

According to survey data, a total of 9.9% of HMHP Service Area adults have needed some type of mental health services in the past year.

- Of these residents, 11.7% could not get the services that they needed.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]

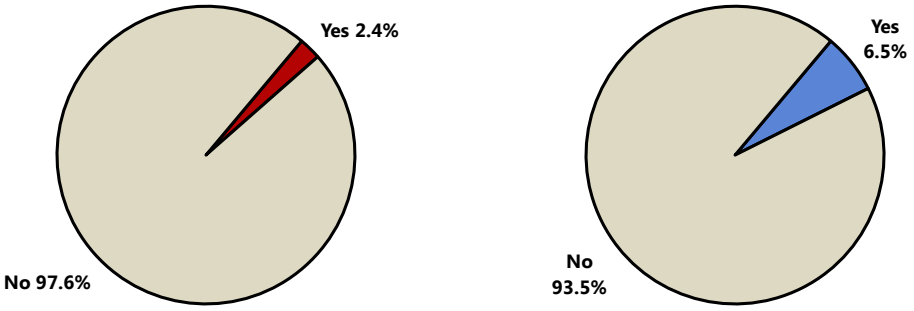
Notes:
- Asked of all respondents.

Children & ADD/ADHD

Among HMHP Service Area adults with children age 5 to 17, 2.4% report that their child takes medication for ADD/ADHD.

- Lower than the national prevalence.
- Much higher in boys than in girls (4.1% vs. 0.4%, respectively); not shown.

Child Takes Medication for ADD/ADHD
(Among Parents of Children 5-17)

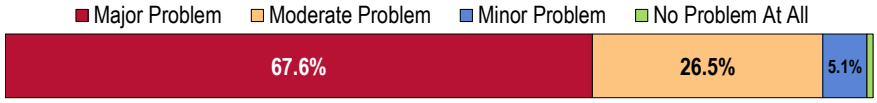


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Cost of Services

Cost, access to care if they are willing to be compliant. Look at our homeless population. – Social Service Providers

Availability of low fee or free treatment, cost of medications, lack of insurance, fear of deportation. PTSD, distance and transportation to clinics, veterans are underserved. – Business and Community Leader

Not enough affordable Psychiatric help. Medications not affordable. Not enough day programs. Not enough beds for children. – Business and Community Leader

Not enough care is offered for the demands of mental health issues in the community. Although great programs and agencies exist, there is usually a barrier with fees, language, accessibility, and wait lists. – Social Service Providers

Mental health problems tend to be long term. It's hard to find low cost, long term care. Even if a college could create a program, that program is often unsustainable over time and can become a victim of its own success. How do we provide after-hours care if a patient destabilizes. – Business and Community Leader

Lack of affordability, stigma of receiving diagnosis or even treatment. Lack of timeliness for receiving evaluation, diagnosis and treatment. – Social Service Providers

Lack of affordable mental health services, especially for adolescents. In particular, adolescent psychiatry. – Social Service Providers

Many people cannot afford services and or lack knowledge about affordable services. Medication management is also an issue. Many people need medication, but lack insurance or coverage and access to medication management. – Social Service Providers

Social Stigma

Stigma continues to be a barrier for individuals to seek assistance for family members and themselves. Lack of knowledge on how and where to seek assistance and costs of long term treatment. – Social Service Providers

Those older adults with insight regarding depression and anxiety grew up in a time when a stigma was attached to people who sought out mental health services. Psychological problems were synonymous with being crazy or incompetent, and sometimes implied that they may need to be institutionalized. It is not uncommon for this generation to expect themselves to snap out of it and pick themselves up by their bootstraps. Individuals without insight to their mental illness do not have adequate housing, if housing at all. – Social Service Providers

Problems with stigma, culturally competent and access to evidence based treatments and Psychiatrists who accept insurance. – Business and Community Leader

Stigma, discrimination and the absence of family participation in treatment, despite significant evidence of improved quality of life for people living with mental illness when the family is involved. – Social Service Providers

Stigma still attached. – Other Health Providers

Stigma, licensed practitioners, affordability. – Social Service Providers

Stigma and lack of well-funded, community-based programs. – Social Service Providers

There is such a taboo about mental illness that families would rather hide it than ask for help. The most distressing thing that I see is a mentally ill son or daughter living with an elderly client because they cannot take care of themselves. This can lead to elder abuse, financial abuse, or the senior taking on more responsibility than they can handle. When the senior passes away, the son or daughter is left with no support at all. – Social Service Providers

Mental health issues are a hidden disease. Awareness and acceptance of mental health issues as a legitimate illness is just now rising. Our organization deals with many children who struggle with mental health issues, and the resources and options for children are especially lacking. There aren't enough child Psychiatrists, treatment facilities, and programs, especially for those with severe issues. Options may be even worse as they become adults, for there are not mechanisms to ensure consistent monitoring and treatment once they become adults. Most people seem aware that many of the homeless are on the streets because of mental health issues, but there is not a lot in place to help those who are struggling. – Business and Community Leader

Undiagnosed and under or untreated mental illness is a major problem based on Emergency Department, hospitalization and death data. Reducing stigma and reaching those in need is a big challenge. – Public Health

The vast majority of clients that we serve are immigrant and refugee populations. They suffered torture, starvation, malnutrition, and extreme deprivation. Also, before coming to America, they lived through years of forced labor and concentration camp like conditions which exposed them to multiple health problems. Also, extreme trauma causes long-term chronic diseases and early death in this population. High rates of Post-Traumatic Stress Disorder (PTSD) and depression in the population we serve. Cultural issues related to mental health, stigma. No culturally and linguistically specific mental health counseling services for our underserved population in the whole Orange County. Mental health services are not met and are not easily and linguistically accessible by our clients. – Social Service Providers

People unwilling to admit to a possible mental illness, and look for professional help. – Social Service Providers

For adults, especially men, it's admitting that they need help. Also, many adults feel that having mental health issues is associated with being crazy. – Business and Community Leader

There is denial that a mental health problem exists, as well as ignorance about different mental health

problems and what treatment resources are available. From stress to living with a disability to suicide, there is a tendency by most to avoid and deny the problem, rather than help and support to be part of the solution. – Social Service Providers

Lack of Access to Services

Inadequate number of providers, lack of funding. Stigma of mental illness, especially within minority communities. – Business and Community Leader

Access. Some cities, such as Costa Mesa, have better services but still not enough for the amount of requests we get. We need a more coordinated system to send families for linguistically and culturally appropriate mental health services. These services need to be free or very low cost, and offered in evenings and weekends. – Social Service Providers

Unavailability of mental health referral centers where diagnoses could be made and referrals handled. – Business and Community Leader

Individuals with mental illness or substance abuse do not have access to mental healthcare. They present in the Emergency Department and there is no place to send them for help. – Business and Community Leader

Not being able to get access to the Mental Health provides in a timely manner that patients are going untreated for a very long time, causing more mental health issues. – Social Service Providers

Lack of hospital beds for individuals with mental health challenges. – Social Service Providers

Access to mental health. Short term treatment for long term illness. Follow through on the client. – Social Service Providers

Lack of access to qualified providers, including Psychiatric services that are linked to system of care providers, behavioral health and physical health. – Social Service Providers

Diagnosis, access to care, case management, availability of treatment services. – Business and Community Leader

Accessing services, identifying and maintaining effective pharmaceutical regimens in social, healthcare, and systems settings that may not be optimally supportive and even may even be stigmatizing. – Public Health

Insurance. – Business and Community Leader

Poorly insured or uninsured people have little to no access to mental healthcare. Insurance companies put a limit on the number of visits to a Psychiatrist. The uninsured who are psychotic or depressed get placed on a 72 hour hold, then a brief inpatient stay and then are released, only to be readmitted. No outpatient Psych care. No resources for families caring for these individuals. These psychotic patients often end up homeless, off medications and no place to go. – Physician

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

No access for the under and non insured. – Social Service Providers

Totally inadequate resources for families without health insurance coverage for mental health. – Physician

Not having enough sites throughout the county that addresses the needs. Medication, outreach workers and housing are the top three issues. – Social Service Providers

Not enough mental health centers for families. – Social Service Providers

Not enough treatment centers. – Other Health Providers

Reliable resources for in and outpatient care, as well as day treatment and follow up. Not enough funding and quality institutions to handle the numbers. Adolescent care is minimally available and post discharge services fragmented. – Business and Community Leader

Access to care and medications, stigma associated with mental health. – Public Health

Lack of treatment and inpatient facilities. – Business and Community Leader

Not enough facilities, inpatient beds, that deal with mental health issues. Often times families need help and do not know where to go if they have exhausted all their resources. – Business and Community Leader

Youth

There is a major shortage of preventive mental health services for children and adolescents, particularly related to crisis services and 5150 beds. There are also very limited or no options for services related to eating disorder treatment and substance abuse treatment for those with MediCal insurance. – Social Service Providers

Adolescent mental health is our most difficult challenge for services. We have more students with issues than available resources. – Business and Community Leader

I see a large number of juveniles needing mental health support for anxiety and emotional issues. – Social Service Providers

Limited access for care for all ages. School districts struggle to provide education to students with mental health concerns. Mental health services are costly, and medications are also costly. – Social

Service Providers

Rise in mental health concerns in the schools, particularly in the high schools. – Business and Community Leader

Former foster youth often have issues with mental health, some serious enough to be institutionalized. These youth have been medicated while in foster care and reject medication once they emancipate, because they were not allowed a voice in their own care. These youth have not been taught coping skills nor have their childhood traumas been dealt with properly. As a result, they do not have appropriate ways to deal with life on their own, without proper support and guidance will demonstrate highly ineffective and inappropriate behaviors, which leads them to substance abuse. Dangerous relationships, crimes of increasing seriousness, incarceration and involuntary commitments. – Social Service Providers

Early Intervention

They are vilified as the perpetrators of violence in many cases, where if they were cared for they would have been violent. They are also the victims of violence by police and community. – Social Service Providers

Not addressing issues at the earliest opportunity, prevention and early intervention. – Social Service Providers

Getting evaluated. – Social Service Providers

We need to increase access and resources for pregnant women suffering from depression. We need to utilize screening tools and identify pregnant women at risk more quickly. – Business and Community Leader

Education on early prevention, access, cost, language, health insurance, cultural beliefs. Mistrust and fear of treatment is a big one. – Social Service Providers

Funding and Resources

There are not enough services or funding available for people dealing with mental illness. There is not enough education for first responders and the general public. – Social Service Providers

Not getting the help they need. Not having enough case workers to follow up. Not enough help also for helping families dealing with all levels of mental help, from severe to beginning stages of depression. Not enough training in the community to deal with mental health issues from doctors to parents to teachers. There is a stigma against people and children with mental health issues. – Social Service Providers

Affordable mental health services for under-served populations and or serious mental illness. Hesitance to access due to stigma. Additionally, mental health needs are growing among older adults due to high rates of depression and seniors, in particular, have difficulty acknowledging symptoms. Of particular concern is the high rate of successful suicides among older men. – Other Health Providers

Mental health resources are limited or non-existent for the target population. There are lack of facilities, hospital beds and primary care services available to address the issues of the worried well, moderate and severely persistent mentally ill in Orange County. – Social Service Providers

Lack of funding for mental healthcare. – Other Health Providers

Finances and access to mental health clinicians. – Social Service Providers

Lack of resources and funding. – Physician

Bilingual/Bicultural Services

The biggest challenges is the availability of bilingual services and services for individuals with no health insurance. – Business and Community Leader

Limited availability of bilingual, bicultural services. Lack of medical coverage. Lack of follow through due to the challenges of the mental illnesses. Availability of services after work hours. – Business and Community Leader

Co-occurring Conditions

80 percent of care management participants with the City of Irvine have a mental or cognitive health issue, high levels of depression, anxiety. Two senior suicides in the Senior Center community within the last four months. – Social Service Providers

Though there is no prevalence data in Orange County, mental health has impacts on physical health. The current systems for addressing mental health are confusing and difficult to navigate. – Public Health

National problem, not unique to OC. Co-morbid to many chronic conditions. – Business and Community Leader

We experience several homeless at the church who are mentally ill. – Other Health Providers

Between depression, PSTD, bipolar, and all kinds of issues, I think Orange County residents of all ages are impacted. – Business and Community Leader

Dealing with Alzheimer's patients. – Social Service Providers

Coordinated Services

Lack of a coordinated county wide outpatient services, for both moderate and low income families. – Physician

Understanding the importance of mental health issues and following through with services once they have been linked to them. – Business and Community Leader

Establishing a follow up resource for long term counseling and medications. Community Colleges provide short term, six sessions, but some students need medication and longer term therapy, but resources are limited. County resources are not easily accessible and their follow up is not timely. – Other Health Providers

I see younger men and women coming to court that express problems with depression, anxiety, addictions, manias, etc. Some have sought assistance from their medical professional who will prescribe them a certain type of medication, but without any follow up or resources to counseling. Some state they are not taking the medication because it made them feel bad or because of the stigma attached to taking psychotropic medication. In these instances, I have seen parents place their children in dangerous situations. I had a mother believe that there was an energy following her and her children. She was giving her children eight different types of medication to protect them. She was receiving medication from Orange County Mental Health, but no other follow up, as her doctor did not speak the same language as she did. She would routinely go to the clinic, pick up her prescription and go home. – Social Service Providers

There is very little assistance unless a client has an existing diagnosis. There are so many underserved people with mental illness because when Adult Services is called if the client does not have a diagnosis, services are refused. – Other Health Providers

Families don't know how to access those services in our community and are afraid to receive service due to stereotypes. – Business and Community Leader

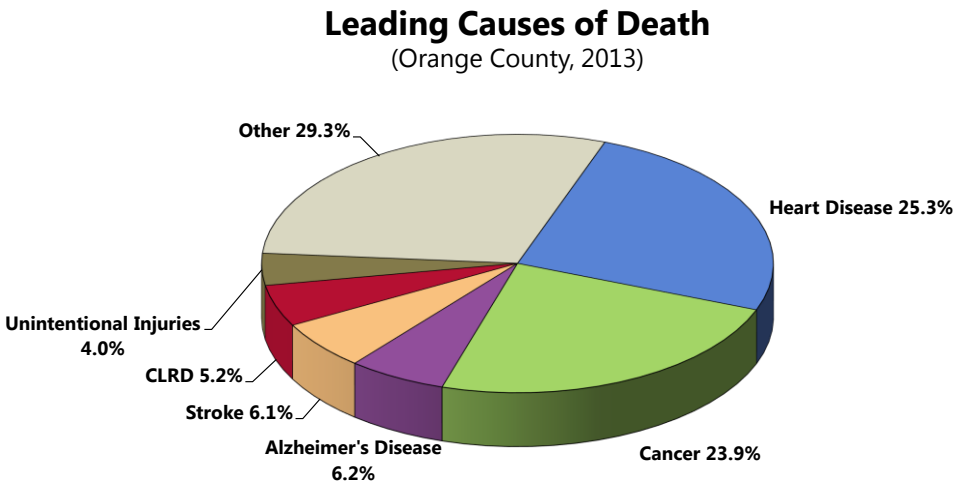
There is no place to send homeless people for real help. We are able to provide support groups and education about common mental health issues and prevention, but much more is needed to help those who are chronically mentally ill. Supportive housing is needed. – Social Service Providers

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all 2013 deaths in Orange County.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, California and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in Orange County.

For infant mortality data, see "Birth Outcomes & Risks" in the **Births** section of this report.

Age-adjusted mortality rates in Orange County are worse than national rates for pneumonia/influenza and Alzheimer's disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, the Orange County cirrhosis/liver disease rate fails to satisfy the related goal.

Age-Adjusted Death Rates for Selected Causes

(2011-2013 Deaths per 100,000)

	Orange County	California	US	HP2020
Diseases of the Heart	**145.9**	**154.7**	**171.3**	**152.7***
Malignant Neoplasms (Cancers)	**141.7**	**149.9**	**166.2**	**160.6**
Alzheimer's Disease	**35.8**	**30.2**	**24.0**	**n/a**
Cerebrovascular Disease (Stroke)	**34.4**	**35.6**	**37.0**	**33.8**
Chronic Lower Respiratory Disease (CLRD)	**30.8**	**35.5**	**42.0**	**n/a**
Unintentional Injuries	**22.4**	**28.5**	**39.2**	**36**
Pneumonia/Influenza	**17.6**	**16.1**	**15.3**	**n/a**
Diabetes Mellitus	**14.9**	**20.7**	**21.3**	**19.6***
Drug-Induced	**10.5**	**11.4**	**14.1**	**11.3**
Intentional Self-Harm (Suicide)	**9.7**	**10.2**	**12.5**	**10.2**
Kidney Diseases	**7.6**	**7.1**	**13.2**	**n/a**
Motor Vehicle Deaths	**5.8**	**7.9**	**10.7**	**12.4**
Firearm-Related	**4.7**	**7.8**	**10.4**	**9.2**
Cirrhosis/Liver Disease	**9.6**	**11.7**	**9.9**	**8.2**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

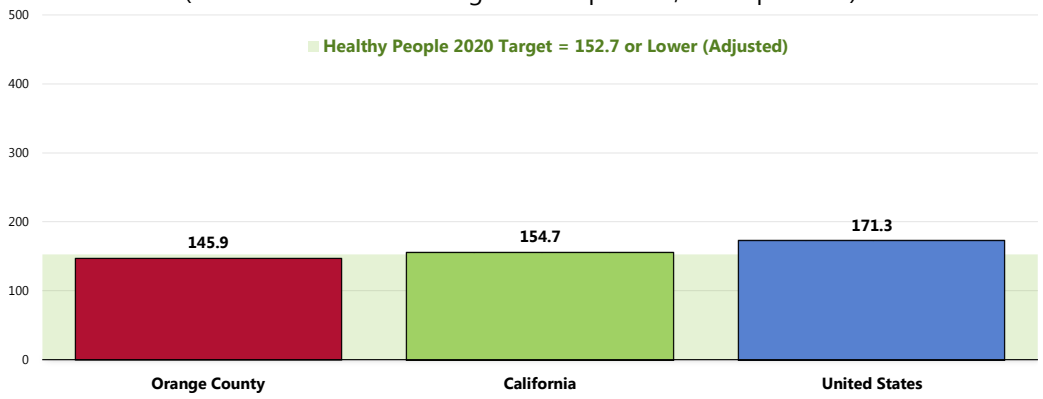
Heart Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 145.9 deaths per 100,000 population in Orange County.

- Lower than the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



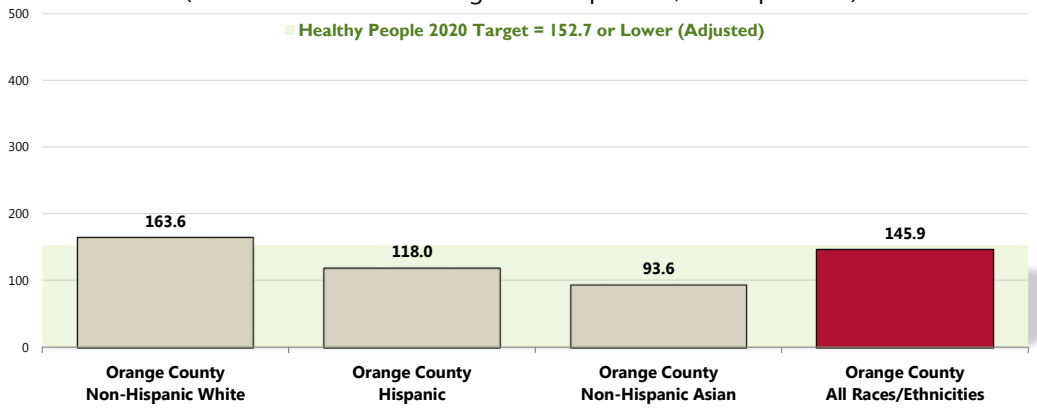
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

By race, the heart disease mortality rate is higher among Whites when compared with Hispanics and Asians in Orange County.

Heart Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

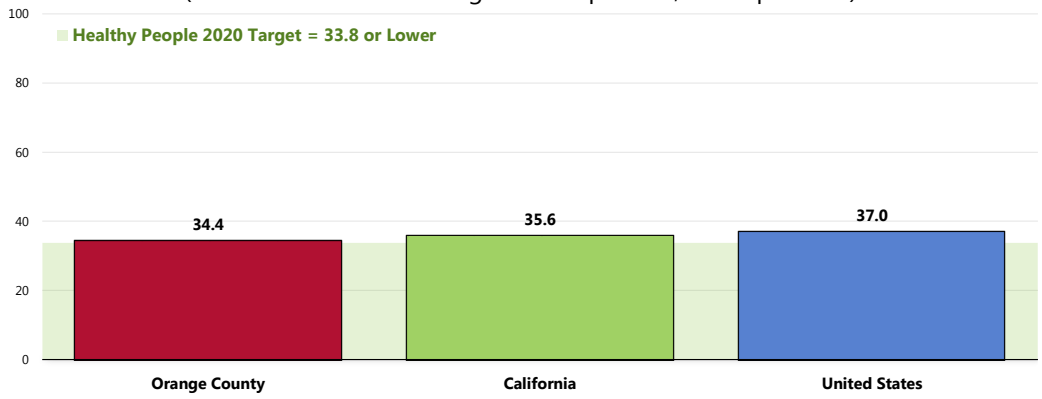
Stroke Deaths

Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 34.4 deaths per 100,000 population in Orange County.

- Similar to the California rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



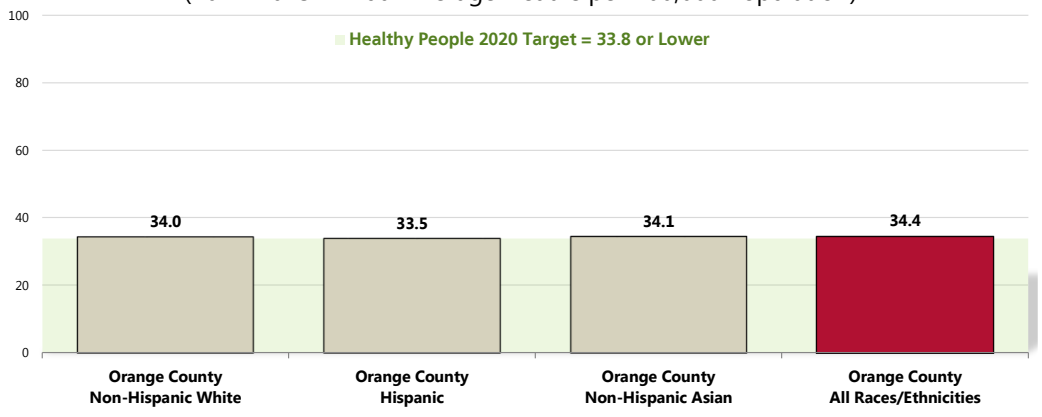
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Stroke mortality does not appear to vary significantly by race in Orange County.

Stroke: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

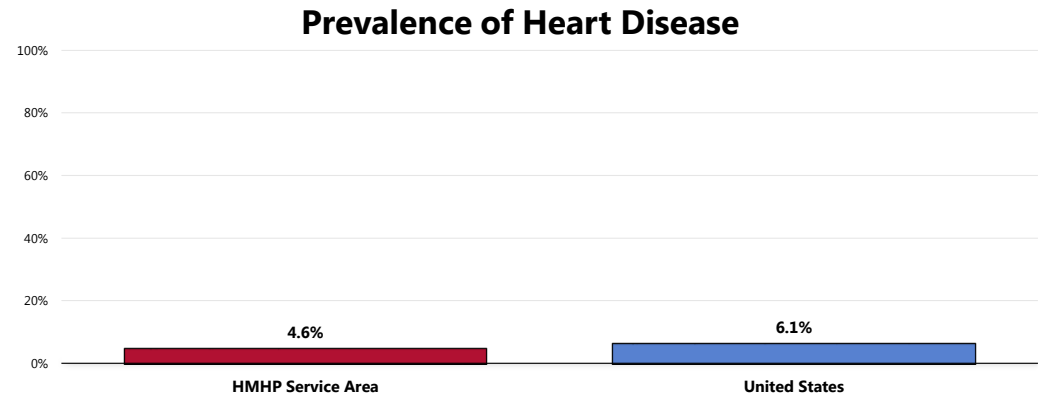
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

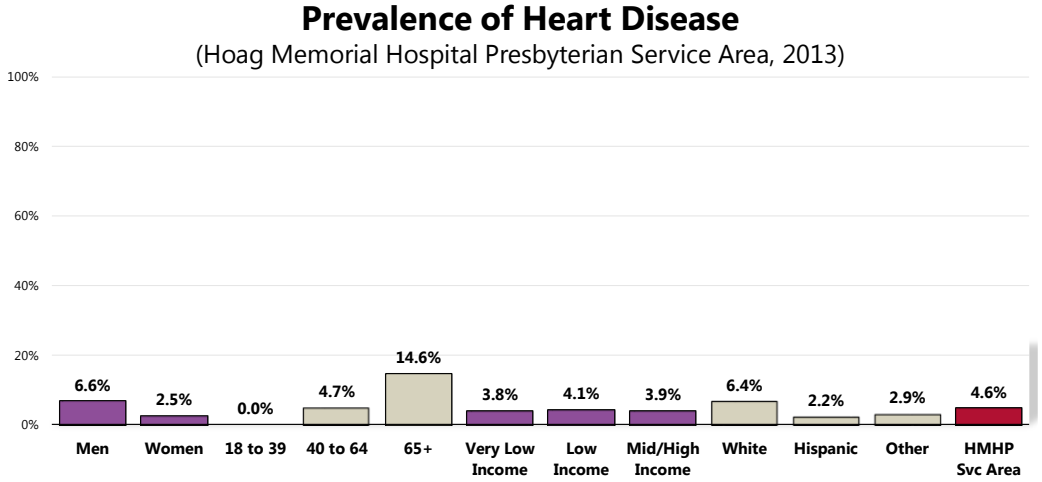
- Similar to the national prevalence.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Adults age 40 and older, and especially seniors (age 65+).



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

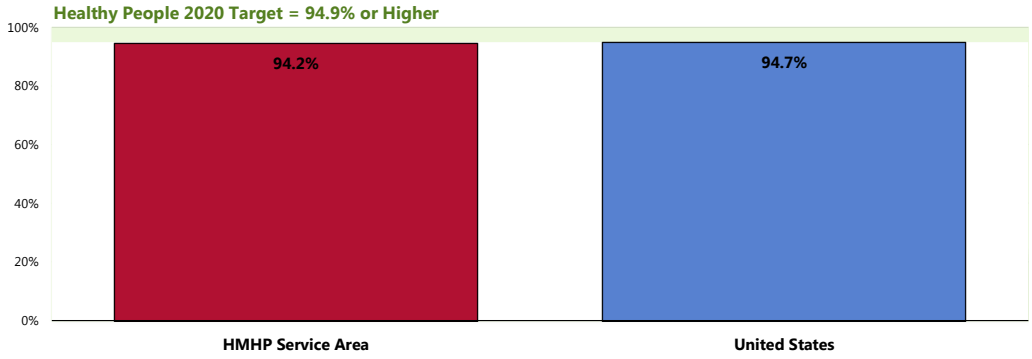
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 94.2% of HMHP Service Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).

Have Had Blood Pressure Checked in the Past Two Years



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

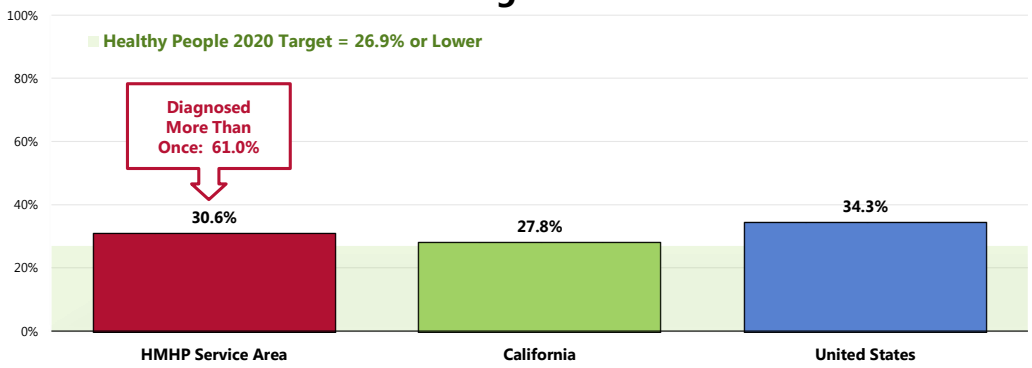
Prevalence of Hypertension

A total of 30.6% of adults have been told at some point that their blood pressure was high.

- Comparable to the California prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

Among hypertensive adults, 61.0% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 47, 148]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

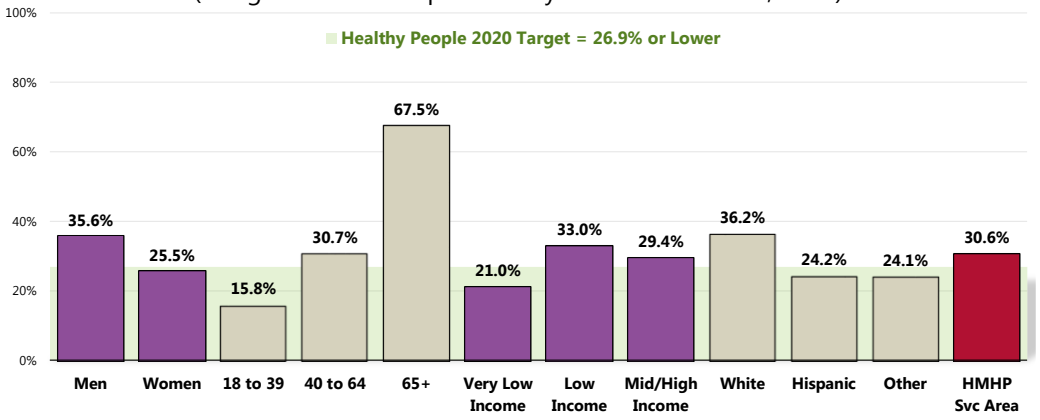
Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among:

- Men.
- Seniors (note the strong correlation with age).
- Adults living on higher incomes.
- White residents.

Prevalence of High Blood Pressure

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

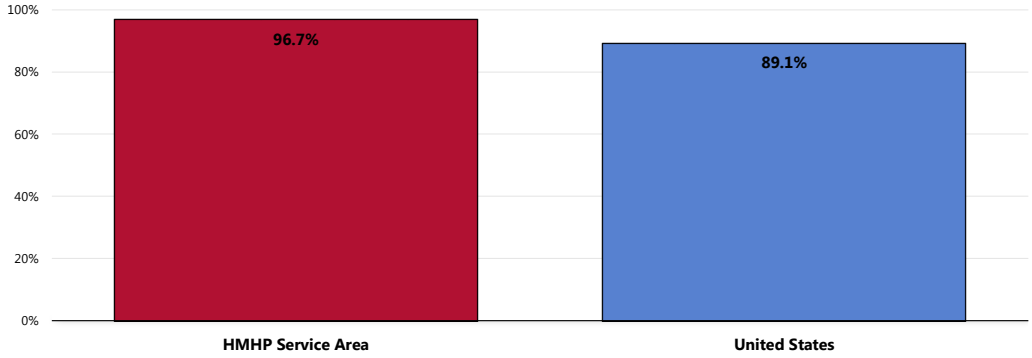
Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 96.7% report that they are currently taking actions to control their condition.

- Higher than the national findings.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

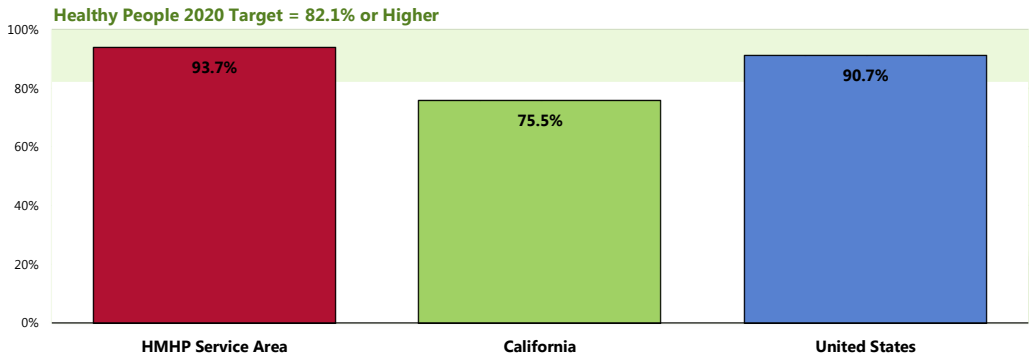
High Blood Cholesterol

Blood Cholesterol Testing

A total of 93.7% of HMHP Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than California findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).

Have Had Blood Cholesterol Levels Checked in the Past Five Years



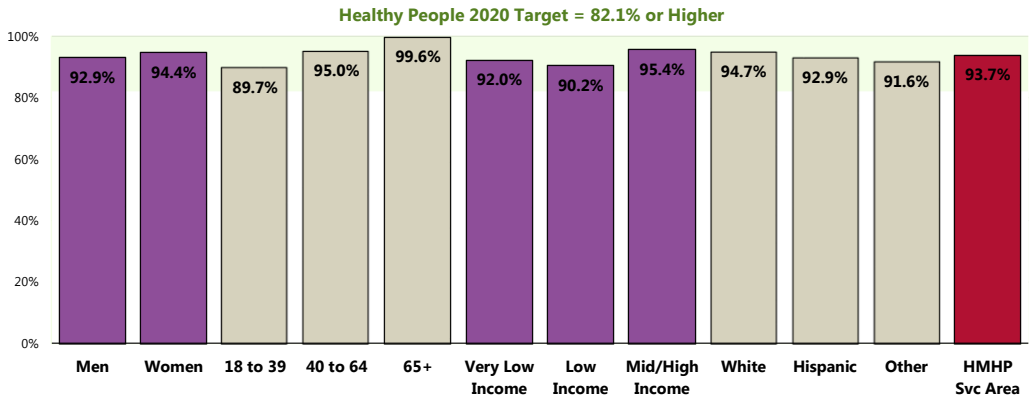
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Adults under age 40 report lower screening levels (note the correlation with age).

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

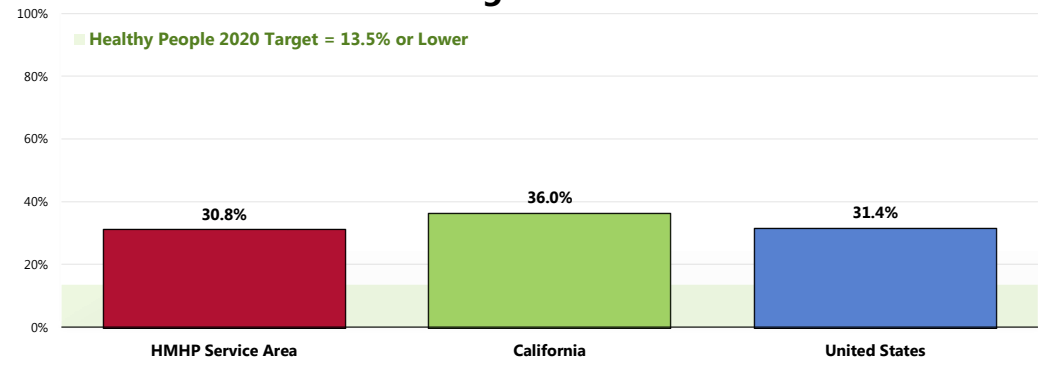
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 30.8% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the California findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Cholesterol

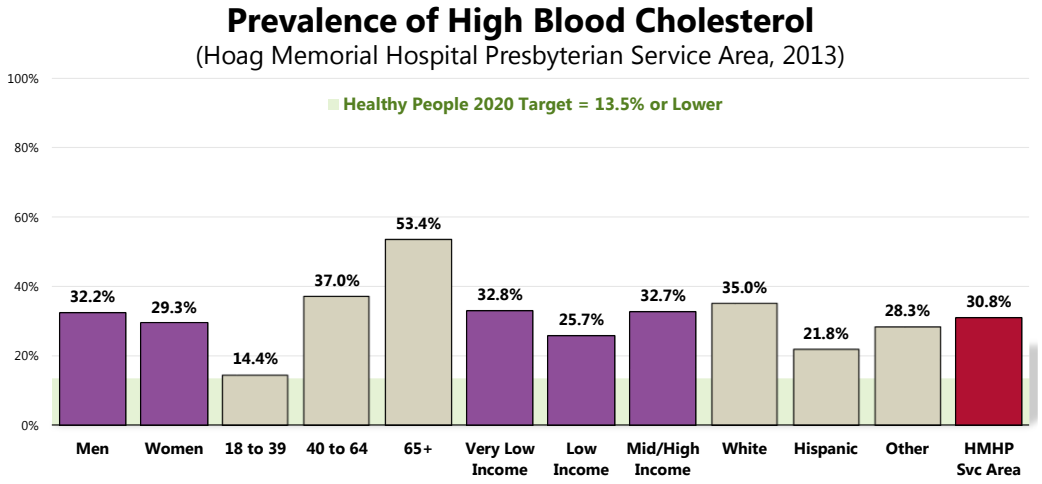


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The California data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 10.7% of HMHP Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

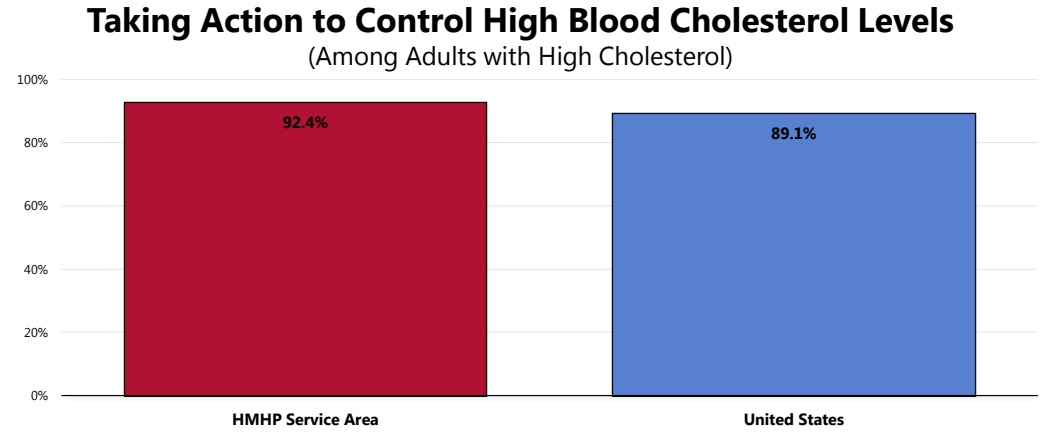
High Cholesterol Management

Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 92.4% report that they are currently taking actions to control their cholesterol levels.

- Comparable to that found nationwide.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

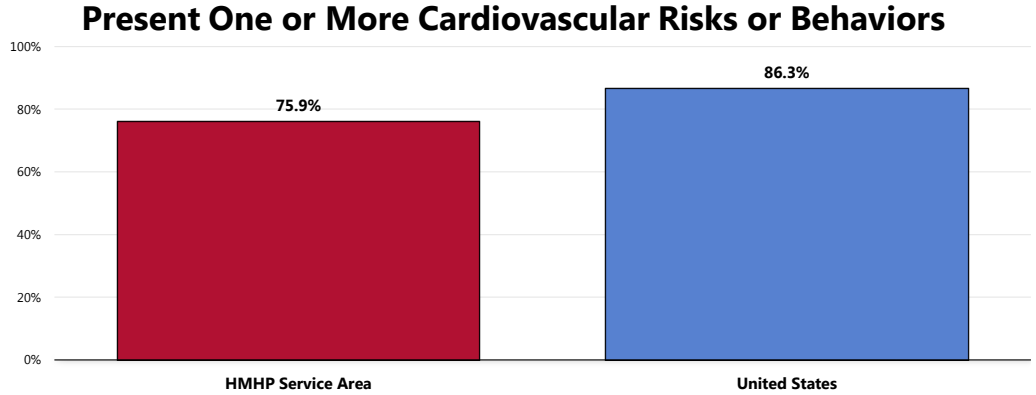
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

A total of 75.9% of HMHP Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably lower than national findings.

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.



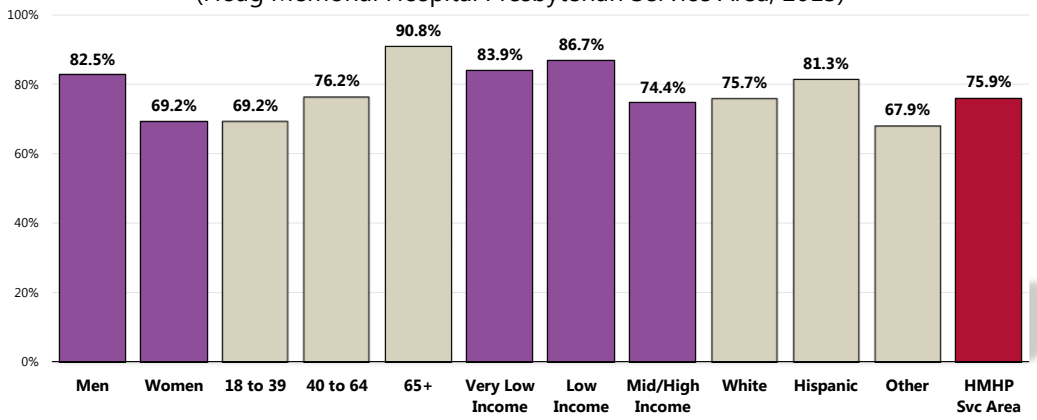
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Seniors.
- Adults living in the lower income categories.
- Hispanic adults.

Present One or More Cardiovascular Risks or Behaviors
(Hoag Memorial Hospital Presbyterian Service Area, 2013)

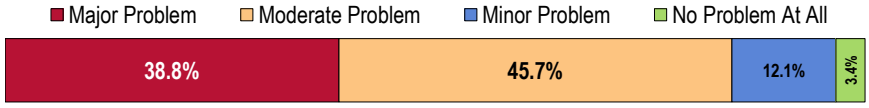


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
Notes: • Asked of all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Behavioral Factors

Bad diets, lack of exercise, stress, lack of sleep. Per the newspaper and television news, statistically, more people have heart disease these days. – Social Service Providers

Due to bad eating habits and stressful life styles, many individuals in Santa Ana have high cholesterol. – Social Service Providers

Bad diets, lack of exercise in school and as adults. – Social Service Providers

In the United States, there are about 465,000 preventable deaths per year. 395,000 from high blood pressure, 216,000 from obesity. 191,000 from inactivity, 190,000 from high blood sugar levels, and 113,000 from high cholesterol. These causes of death are mostly, although not exclusively, related to our behaviors and lifestyles. The United States ranks thirty-ninth for infant mortality and thirty-sixth for life expectancy, yet, we are first for per capita spending on healthcare. – Social Service Providers

Rehabilitation can be long and hard for these diseases. It requires lifestyle changes that may be difficult for the individuals that have had a lifetime of bad habits. – Social Service Providers

Lifestyle choices, obesity. – Social Service Providers

Diet, exercise and stress play a factor in this community. – Business and Community Leader

Aging Population

The OC has an older population and increasing obesity rates complicate this issue in that population. – Social Service Providers

These are accumulative symptoms that go with poor health choices among seniors. – Social Service Providers

Increasing obesity and aging population. – Other Health Providers

These diseases kill many in the community unexpectedly, especially as residents' age. – Social Service Providers

Seniors unable to cook for themselves and end up eating prepared meals in restaurants high in fat and salt. – Business and Community Leader

As the population ages, both diseases potentially limit the quality of life and length of life, sacrificing the wisdom gained and diminishing relationships. – Business and Community Leader

Aging population. Increasing obesity among younger. – Physician

Diet, Exercise and Lack of Daily Support

Lack of physical activity and poor diets lead to obesity issue that causes heart disease and strokes. – Social Service Providers

Diet, lack of exercise. Lack of daily support. – Business and Community Leader

Co-morbidities

Cardiovascular conditions are co-morbidities with diabetes among the target population in this community. – Social Service Providers

Families are under stress. – Business and Community Leader

This issues goes hand in hand with the diabetes concern. Our Latino community specifically needs to be informed about how important exercise and healthy eating can decrease the chances of heart disease problems. – Business and Community Leader

Education

Not enough women are educated about the risks. – Business and Community Leader

Primary access to education of the causes of poor nutrition and exercise. – Social Service Providers

Access to Care

Affordable healthcare. – Other Health Providers

I think it is a major problem because of the debilitating effects of the conditions and costs. – Social Service Providers

Long term disability, healthcare costs, pain, suffering, premature death. – Social Service Providers

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

Increased Prevalence

There is a continued increase of stroke and heart disease deaths and diagnoses in the community. – Business and Community Leader

Huge prevalence nationally, not unique to Orange County. Great potential for additional prevention. – Business and Community Leader

It is a leading cause of death for both men and women. People, even those with heart disease in their family, often do not do enough to maintain a healthy heart, not only exercising, but reducing stress. – Business and Community Leader

Heart Disease and stroke are the first and third leading causes of death in Orange County. – Public Health

Taken together, the leading cause of death in Orange County and in many subgroups. – Public Health
Major source of morbidity and mortality. – Public Health
Strokes are the third leading cause of death in the US. – Social Service Providers
Many people are impacted by heart and strokes. – Business and Community Leader
Heart disease is the number one cause of death in America. – Other Health Providers

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

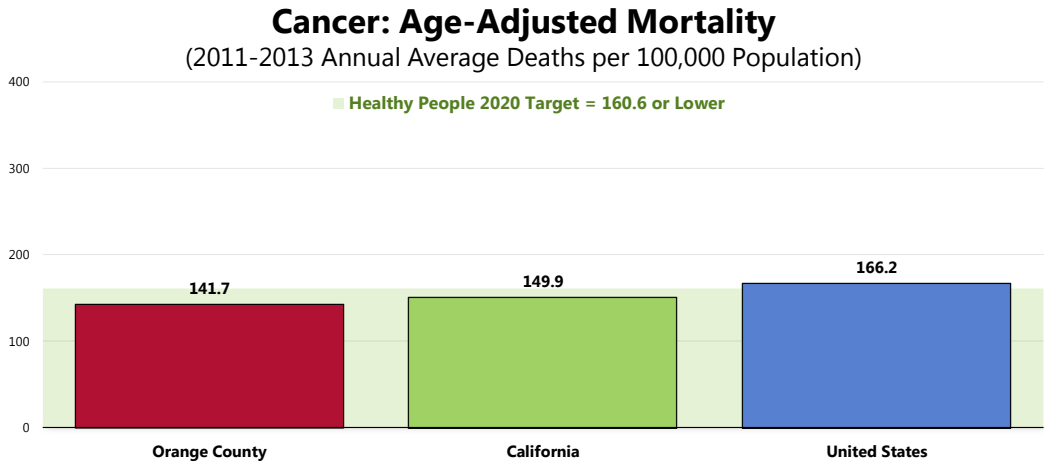
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 141.7 deaths per 100,000 population in Orange County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 160.6 or lower.



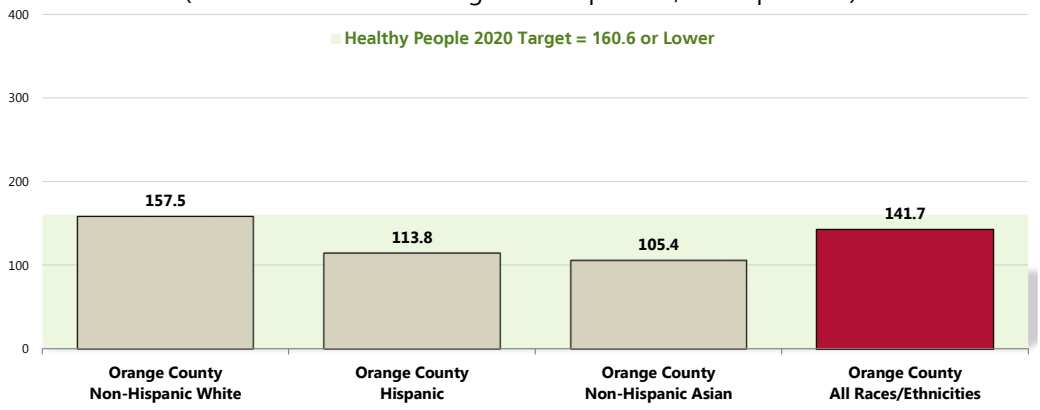
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

The cancer mortality rate is notably higher among Whites than among Hispanics and Asians in Orange County.

Cancer: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Orange County.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Orange County **lung cancer** death rate is lower than both the state and national rates.
- The county's **prostate cancer** death rate is lower than both the state and national rates.
- The Orange County **female breast cancer** death rate is lower than both the California and US rates.
- The **colorectal cancer** death rate is lower than both the state and national rates.

These four site-specific Orange County rates satisfy their related Healthy People 2020 targets.

Age-Adjusted Cancer Death Rates by Site

(2011-2013 Annual Average Deaths per 100,000 Population)

	Orange County	California	US	HP2020
Lung Cancer	**31.4**	**33.3**	**44.7**	**45.5**
Prostate Cancer	**18.7**	**19.8**	**19.8**	**21.2**
Female Breast Cancer	**18.4**	**20.6**	**21.3**	**20.6**
Colorectal Cancer	**11.9**	**13.6**	**14.9**	**14.5**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

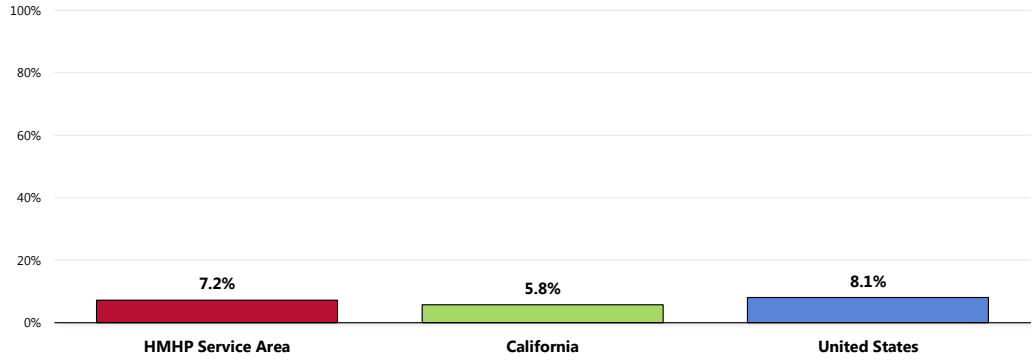
Prevalence of Cancer

Skin Cancer

A total of 7.2% of surveyed HMHP Service Area adults report having been diagnosed with skin cancer.

- Statistically similar to the state prevalence.
- Similar to the national average.

Prevalence of Skin Cancer



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

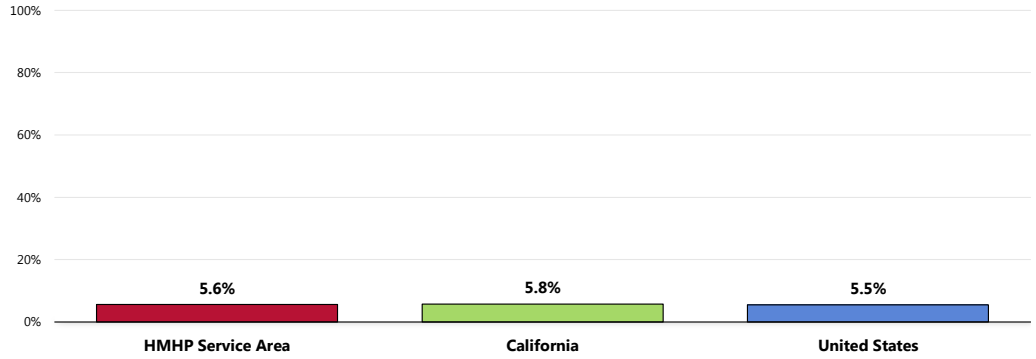
Notes:
- Asked of all respondents.

Other Cancer

A total of 5.6% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the California prevalence.
- Similar to the US prevalence.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

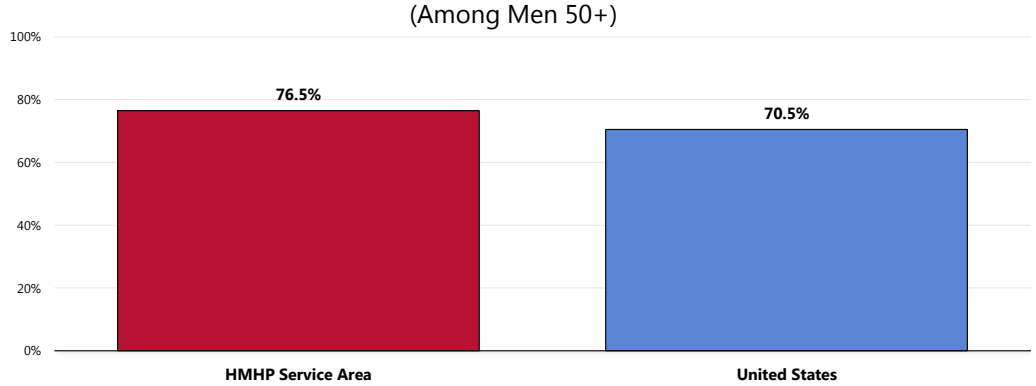
PSA Testing and/or Digital Rectal Examination

Note: Due to the 2008 changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

Among men age 50 and older, just over three-fourths (76.5%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Statistically similar to national findings.

Have Had a Prostate Screening in the Past Two Years
(Among Men 50+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all male respondents 50 and older.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

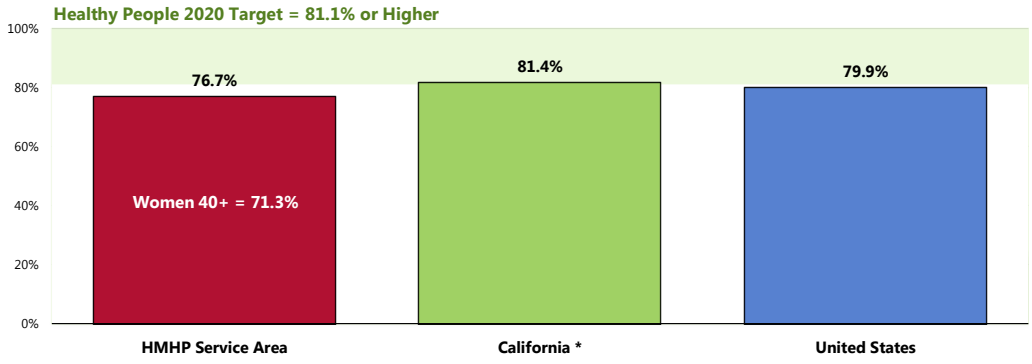
Mammography

Among women age 50-74, 76.7% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

Among women 40+, 71.3% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years
(Among Women 50-74)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 152-153]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50 to 74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

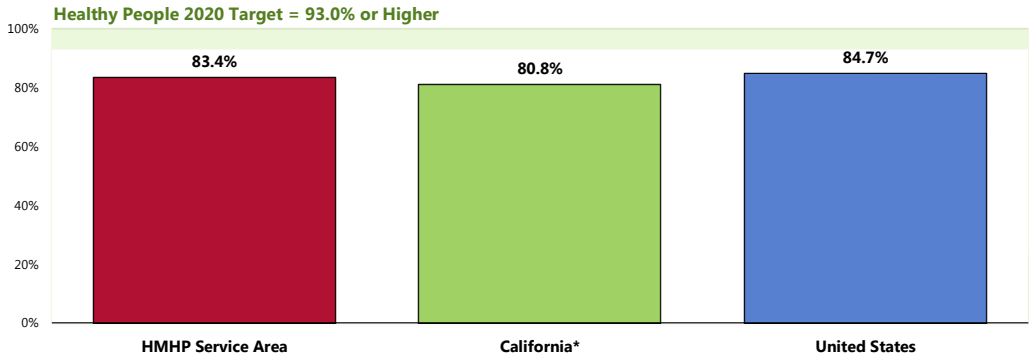
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 83.4% had a Pap smear within the past three years.

- Comparable to California findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past Three Years
(Among Women 21-65)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21-65.
- *Note that the California percentage represents all women 18 and older.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

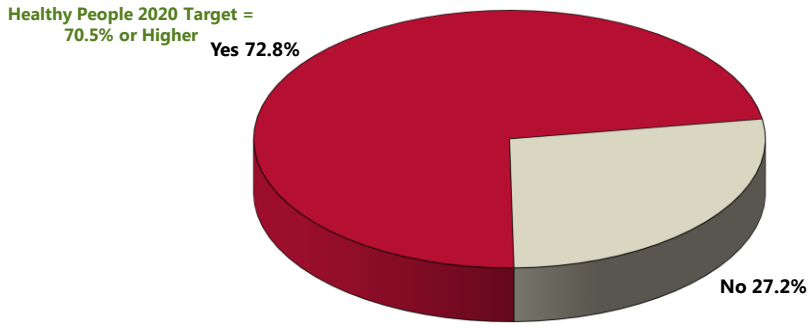
Colorectal Cancer Screening

Among adults age 50-75, 72.8% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/ colonoscopy [lower endoscopy] within the past 10 years).

- Comparable to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening

(Among Hoag Memorial Hospital Presbyterian Service Area Adults 50-75, 2011)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

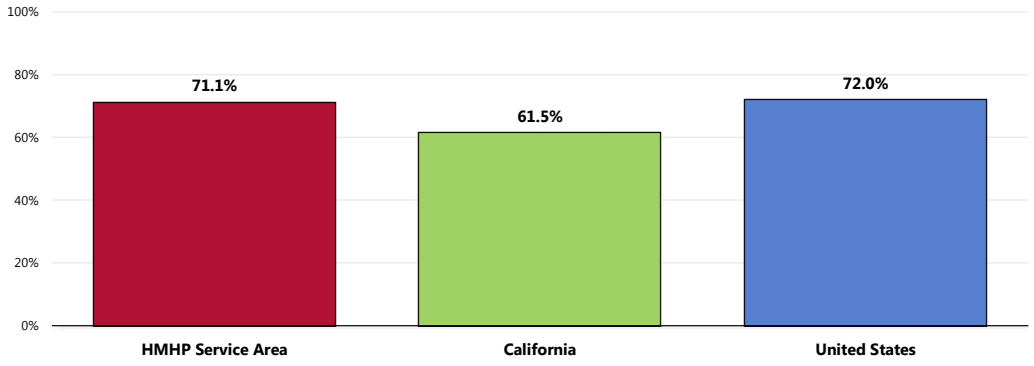
Lower Endoscopy

Among adults age 50 and older, 71.1% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than California findings.
- Comparable to national findings.

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

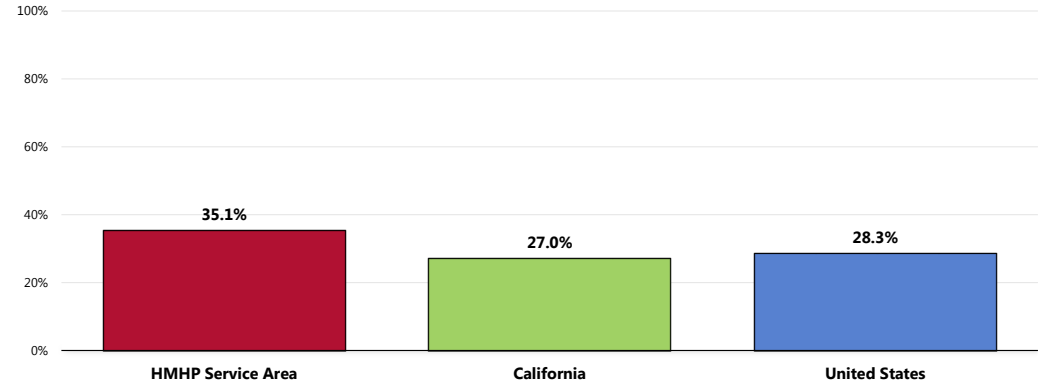
Blood Stool Testing

Among adults age 50 and older, 35.1% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Higher than California findings.
- Higher than national findings.

Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)

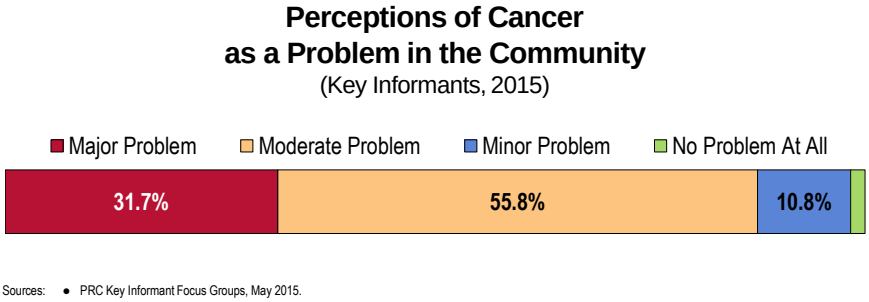


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.

Key Informant Input: Cancer

More than half of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Increasing Prevalence

Increasing numbers of people being diagnosed with cancer. – Other Health Providers

The prevalence of cancer continues to grow. – Business and Community Leader

Incidence is high, it affects a huge percentage of the population. – Social Service Providers

Number of individuals fighting cancer appears to be high. – Social Service Providers

So many people are being diagnosed with so many different types of cancer and many do not receive the same quality care. – Social Service Providers

In the past seven years that I have been at this community, more cases have arisen with cancer among women and some tumor cancer among kids. Families don't have the ability to access insurance right away and to find the right place take some time. Time is a big factor as well. – Business and Community Leader

Cancer is a leading cause of death countywide and in most subgroups. The community burden of cancer is rising. – Public Health

I believe cancer is a major problem because there are more people in treatment, diagnosed. Major clinics have been set up just to deal with cancer patients. – Other Health Providers

Cancer is a major problem across all communities. As we live longer we see more and more cancer diagnoses. Each case, as well as each individual, is unique and requires a unique solution. This requires the medical community to be flexible in their problem solving. The family also needs support with things, such as transportation to treatment, support groups and help with finances. – Social Service Providers

We have seen many participants with cancer. It seems very common in the low income areas. – Social Service Providers

Often deadly, deforming, and often painful. – Business and Community Leader

Believe it's a problem nationally. – Social Service Providers

Many in our congregation have this disease and we consult on it quite often. – Other Health Providers

Large population of cancer patients visit our Cancer Center regularly. – Other Health Providers

Rise in all types of cancers. Early detection and educating the community is an issue. – Business and Community Leader

I know so many people who have or had cancer, or have or had a family member with cancer. Treatments are often and difficult, which disrupts the patient's ability to work. Many times the patient needs assistance to and from appointments and care after appointments, which disrupts the family as a whole. Other member's ability to work is effected, etc. – Social Service Providers

Although there have been many advances, it still can strike people of all ages, ethnicities, and economic levels. It would be difficult to find anyone who hasn't been either directly impacted by cancer, or who knows someone who has. Those of higher socioeconomic levels may have better access to screenings, testing, biopsies, but then there needs to be a balance between too much testing

and the costs associated. Those with less access to healthcare or less knowledge about screenings and testing may not have enough information for early detection. – Business and Community Leader

Cancer is a major problem in our community because there is no one type of cancer. Many are dying from cancer, especially breast cancer in specific communities, unnecessarily, because of barriers to access, quality of care. The disparities in cancer and poor provision of care exacerbates the issue of cancer even further. – Social Service Providers

Prostate cancer is a leading cause of death among men in Orange County. Prostate cancer can be cured if caught early and addressed with appropriate medical attention or therapies. Men are sometimes late in seeking medical help for prostate cancer. Prostate cancer support groups can perform an essential service in educating and informing men about prostate cancer. Orange County needs more prostate cancer support groups within Orange County. – Business and Community Leader

Ovarian cancer is diagnosed in 22,000 women and 15,500 die each year in the USA. Our concern is the numbers have not decreased, as well as we find multitudes of women diagnosed in OC that it seems as if the statistics are far greater than the American Cancer Society statistics. We believe women should be able to receive a CA-125 blood test as a regular Gynecological exam or a transvaginal ultrasound should be standard practice for women at 40 and family members with a familial diagnosis. – Business and Community Leader

Cancer rates, concerns that may be related to lifestyle. – Social Service Providers

Breast, prostate, all others. Pain, long term suffering, cause of death. – Social Service Providers

One in three families will have a cancer diagnosis, so the sheer numbers are indicative of the magnitude of the problem. – Other Health Providers

As the years go by, it is hard to find a family that hasn't been directly or indirectly affected by some sort of the disease. – Other Health Providers

I believe everyone is impacted by it in one way or another, whether directly or knowing someone who suffers or suffered from cancer. – Business and Community Leader

Access to Care

Lack of regular access to healthcare means that people are not catching cancer early and therefore mortality issues are higher. – Business and Community Leader

Lack of providers or resources for under- or uninsured. – Social Service Providers

It is a problem, because lack of preventative care means that a person won't see the doctor until he or she is in severe distress. There are no annual checkups, ongoing discussion with medical providers, etc. That would help individual see warning signs. – Social Service Providers

Environmental Concerns

Our food and environment are toxic. People don't have access to healthy, organic, non-toxic food unless they are among the wealthy. The environment continues to be polluted, which affects everyone. – Social Service Providers

Education

While doctors do provide us treatments in a hope of a cure, or at least slow down the disease process, consumers need to know of another field that parallels the clinical treatment and that is Palliative Medicine. They need to ask for it and educate themselves with what this discipline is. Hope, symptom relief, advance care planning, support for the person and their family on their journey are some of the highlights. Multiple studies have shown that people actually do live longer with receiving both palliative care and conventional treatments. – Physician

Lack of education on the subject for men and women. – Social Service Providers

Prevention

So much more technology today for diagnosing cancer, so more people trying to get early treatment. – Other Health Providers

Because preventative care is the privilege of the insured, late, costly treatments often end in death anyway when early detection could be a cure. Also, the food source contains additives, hormones and GMO foods. – Other Health Providers

Most people do not have regular check-ups and there is minimal early detection. By the time they are diagnosed, the cancer has advanced. – Business and Community Leader

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

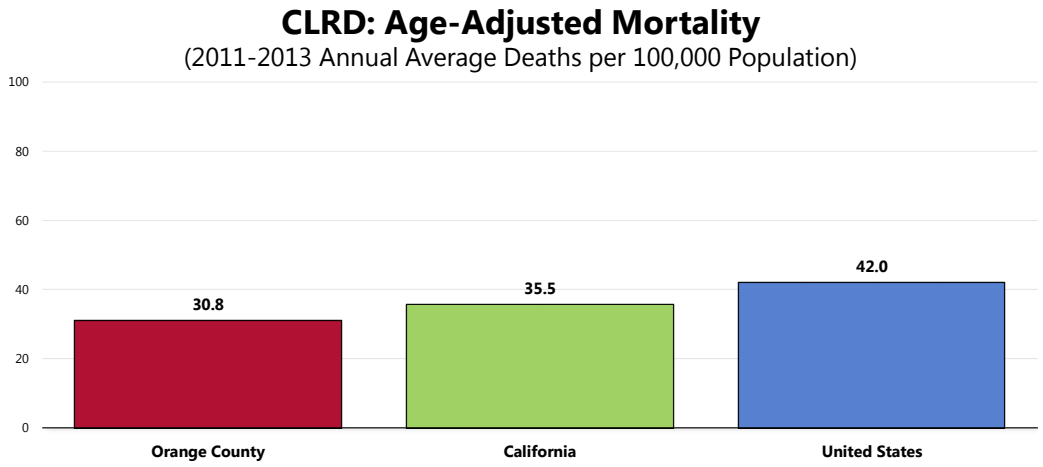
Age-Adjusted Respiratory Disease Deaths

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 30.8 deaths per 100,000 population in Orange County.

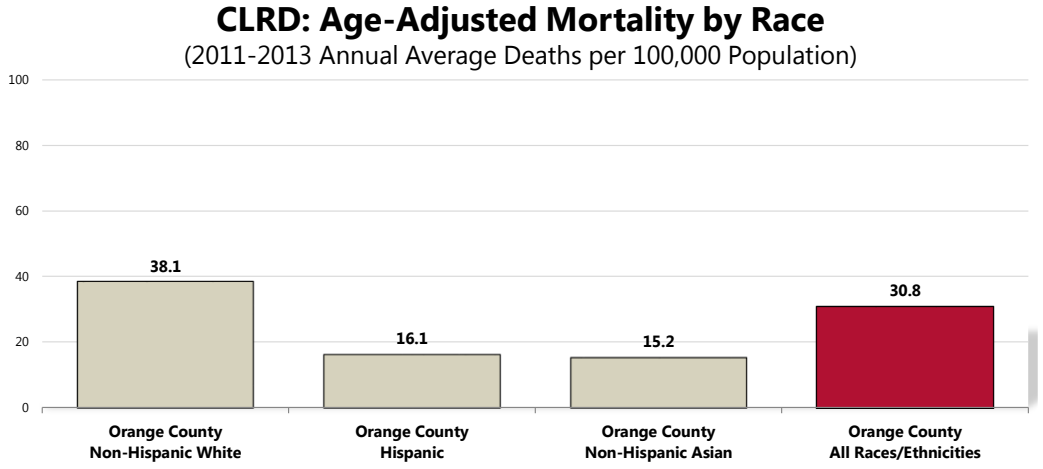
- Lower than found statewide.
- Lower than the national rate.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

CLRD mortality is notably higher among Orange County Whites than among Hispanics and Asians.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

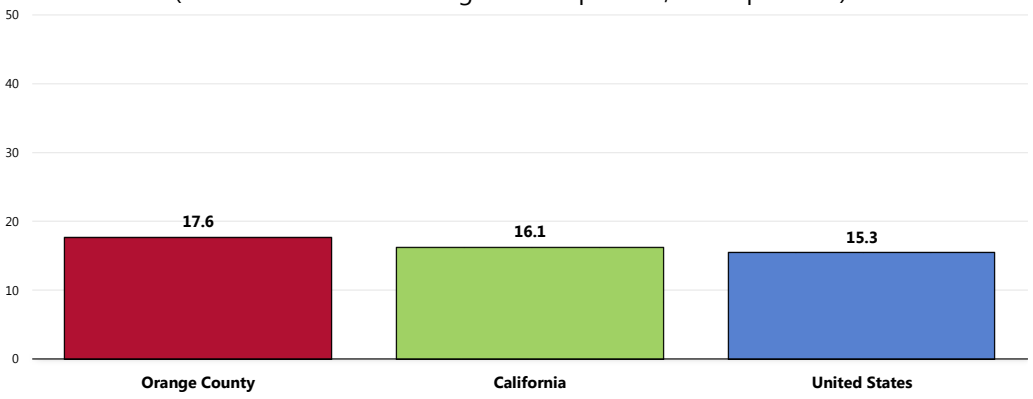
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2011 and 2013, there was an annual average age-adjusted pneumonia/ influenza mortality rate of 17.6 deaths per 100,000 population in Orange County.

- Higher than the state rate.
- Higher than the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



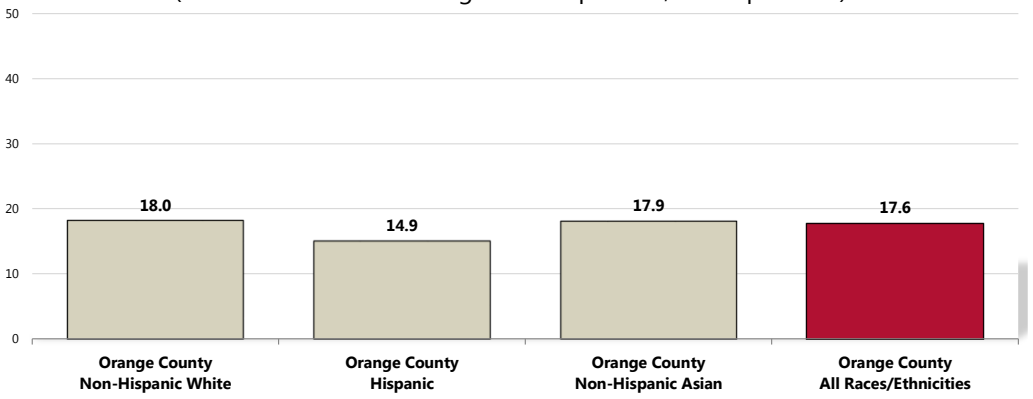
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

The pneumonia/influenza mortality rate in Orange County is favorably lower among Hispanics.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

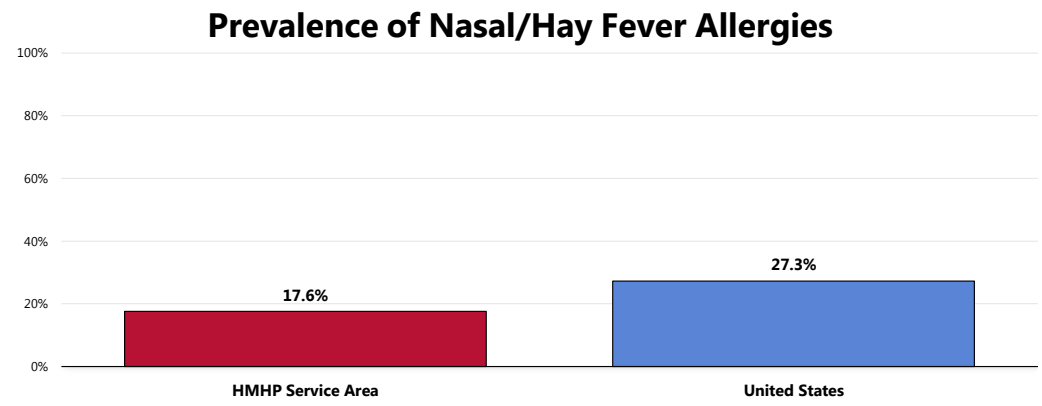
Prevalence of Respiratory Conditions

Nasal/Hay Fever Allergies

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, and/ or chronic lung disease.

A total of 17.6% of HMHP Service Area adults currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Well below the national prevalence.

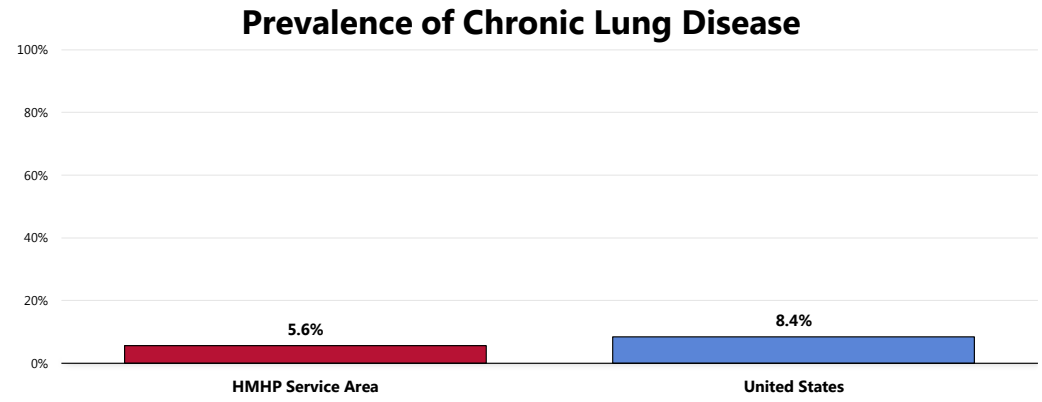


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Chronic Lung Disease

A total of 5.6% of HMHP Service Area adults suffer from chronic lung disease.

- Lower than the national prevalence.



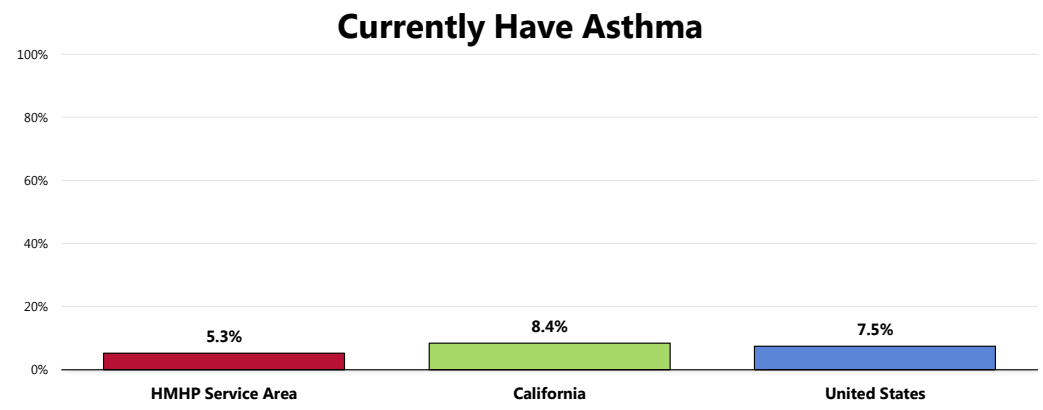
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Asthma

Adults

A total of 5.3% of HMHP Service Area adults currently suffer from asthma.

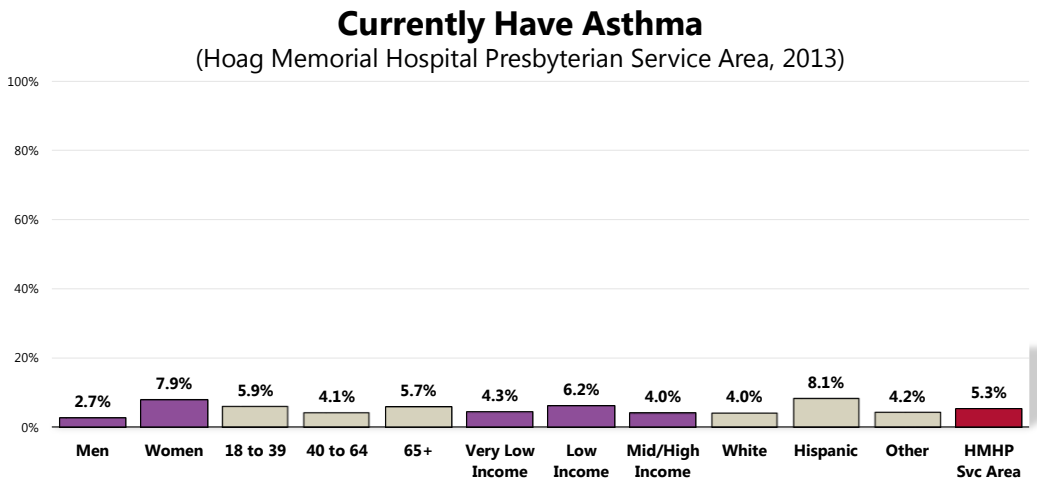
- Better than the statewide prevalence.
- Similar to the national prevalence.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.

Notes:
- Asked of all respondents.

Women in the service area are statistically more likely to suffer from asthma.



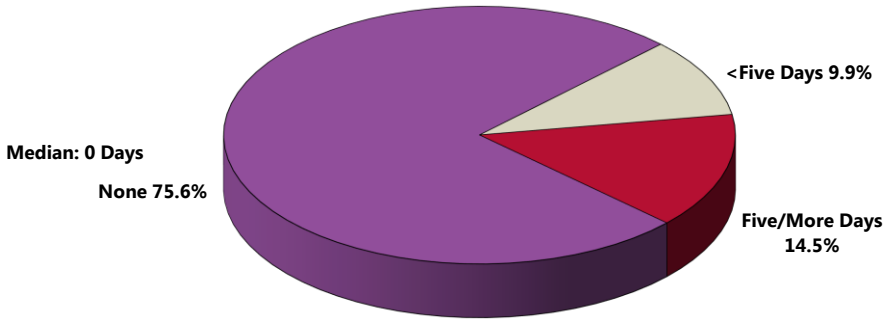
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 14.5% of respondents with asthma report 5 or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

Number of Days in Past Year on Which Asthma Interfered With Work or Usual Activities

(Among HMHP Service Area Adults w/Asthma, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents with asthma.

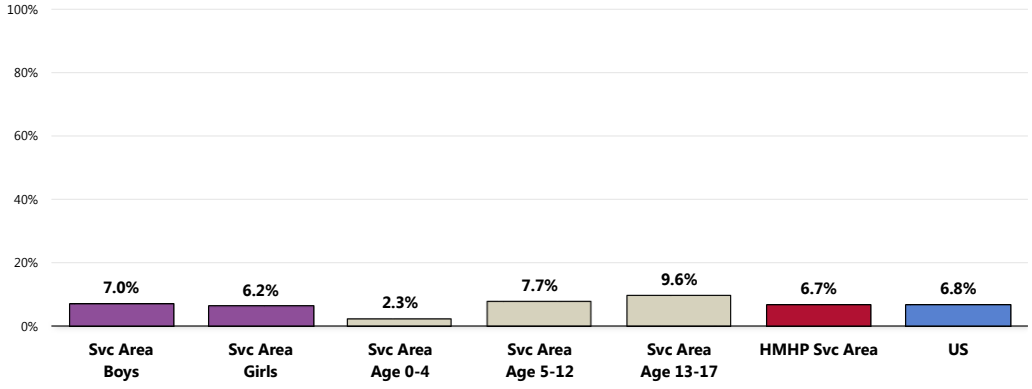
Children

Among HMHP Service Area children under age 18, 6.7% currently have asthma.

- Nearly identical to the national figure.
- Similar by gender, higher among children age 5 and up.

Child Currently Has Asthma

(Among Parents of Children Age 0-17)

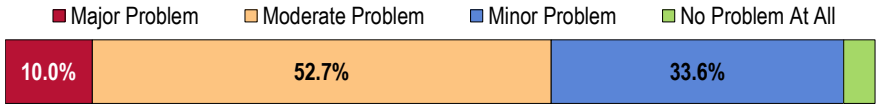


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Childhood Asthma

Lots of childhood asthma. – Business and Community Leader

There are so many children and adults with respiratory diseases, like asthma. Asthma alone accounts for so many missed school and work days for people. – Business and Community Leader

Air Quality

Smog, exhaust fumes, cars, planes, and factories particulates in the atmosphere. Failure by those who are not getting immunized. – Business and Community Leader

Pollution, cigarette industry. – Other Health Providers

Our air quality is not good, and more people are suffering from asthma. – Business and Community Leader

Low-Income Population

Many underserved, low socio-economic families live near freeways, which exposes them to increased pollution. Other factors include crowding, poor access to good consistent medical care, and co morbidities such as obesity. – Physician

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

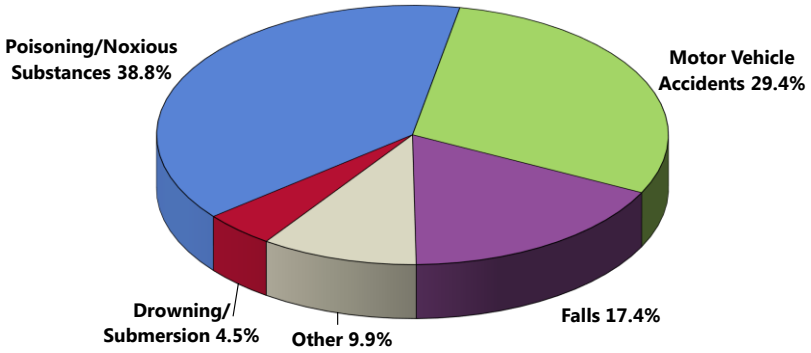
– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning/noxious substances (including the ingestion of toxins, as well as unintentional drug overdoses) **was the leading cause of accidental death in Orange County between 2011 and 2013. Motor vehicle accidents and falls also accounted for a significant share of accidental deaths, as did drownings/submersion.**

Leading Causes of Accidental Death

(Orange County, 2011-2013)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

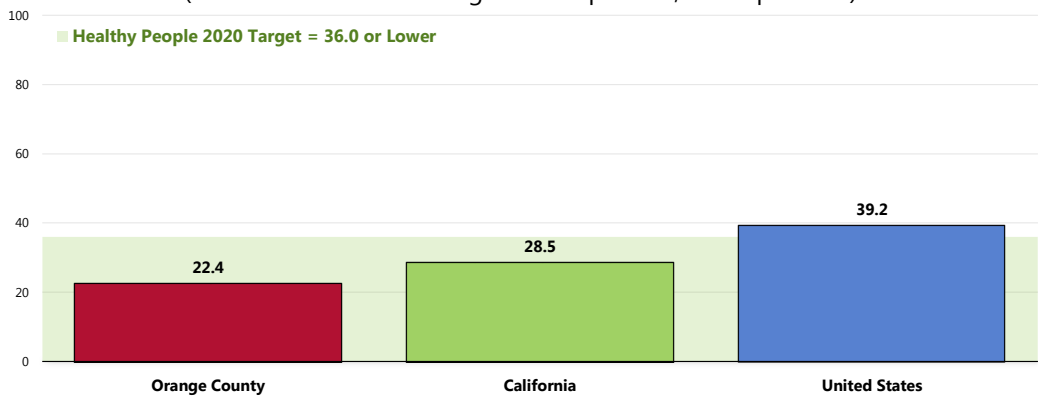
Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 22.4 deaths per 100,000 population in Orange County.

- More favorable than the California rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.0 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



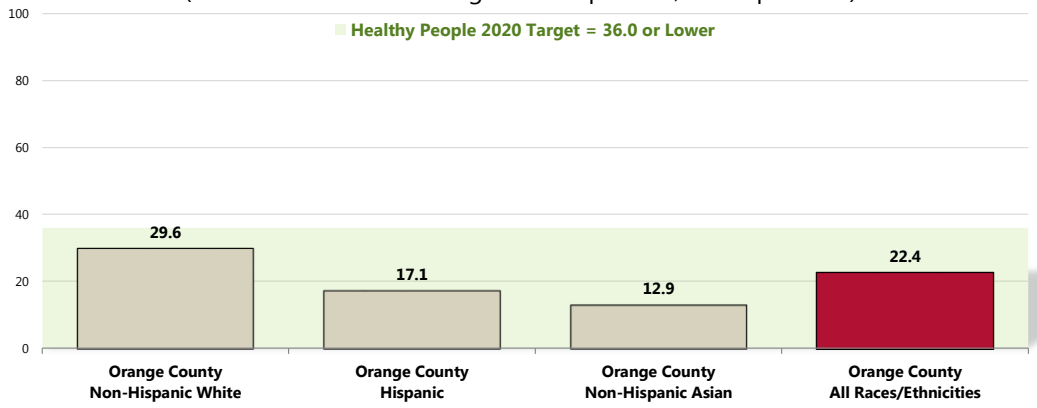
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

The mortality rate is notably higher among Whites when compared with Hispanics and Asians in Orange County.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Motor Vehicle Safety

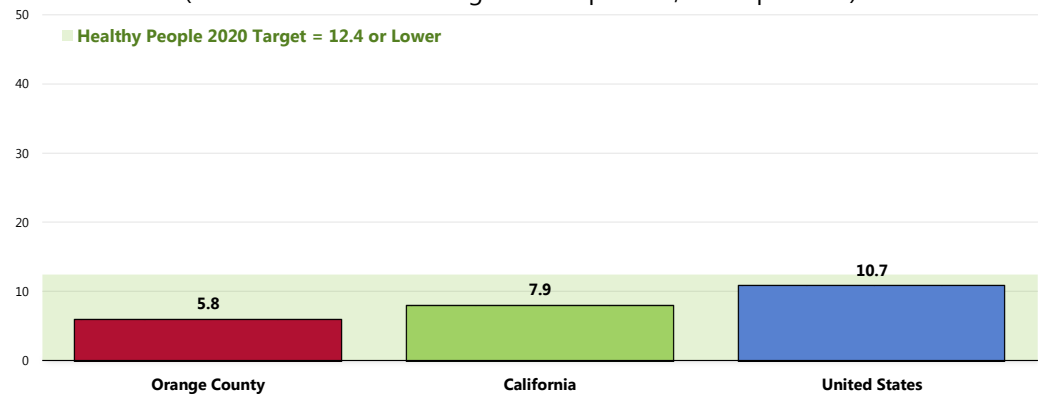
Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 5.8 deaths per 100,000 population in Orange County.

- Lower than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



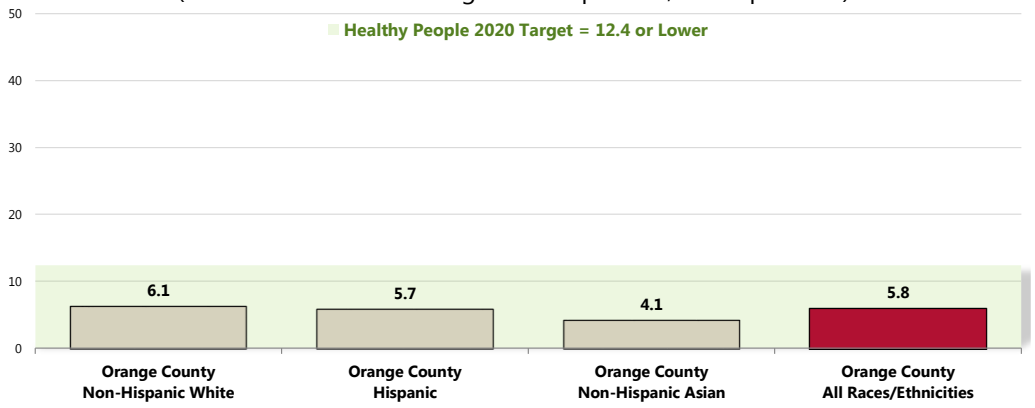
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Viewed by race, the Orange County motor vehicle crash mortality rate is lowest among Asians.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
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- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

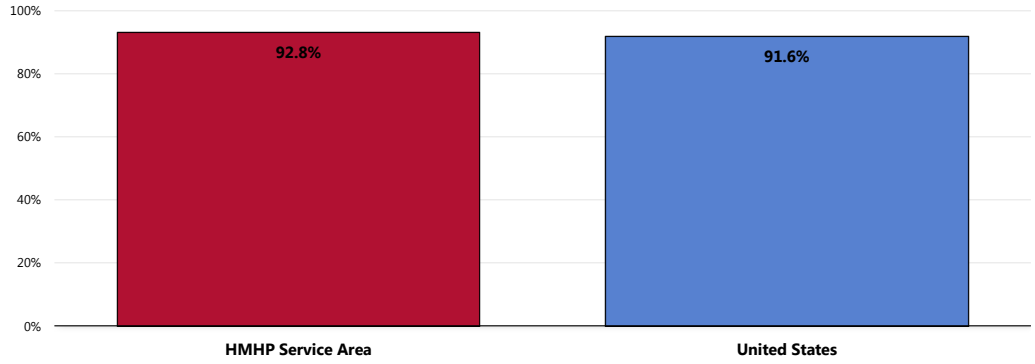
Children's Seat Belt Usage

A full 92.8% of HMHP Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

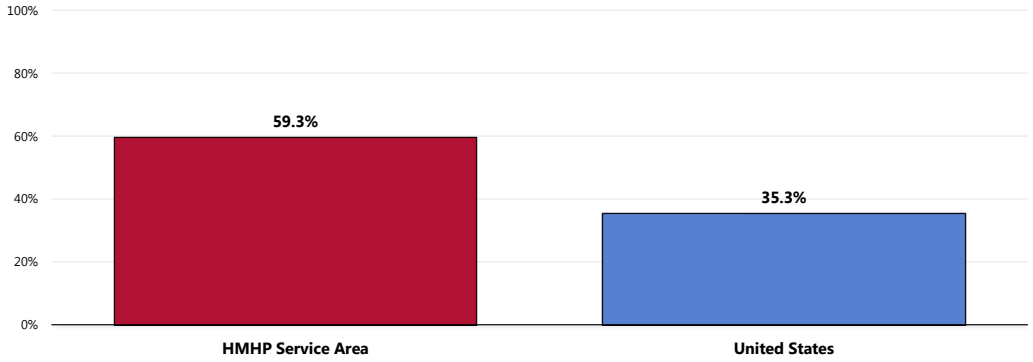
Bicycle Safety

Nearly 6 in 10 HMHP Service Area children age 5 to 17 (59.3%) are reported to "always" wear a helmet when riding a bicycle.

- Much higher than the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

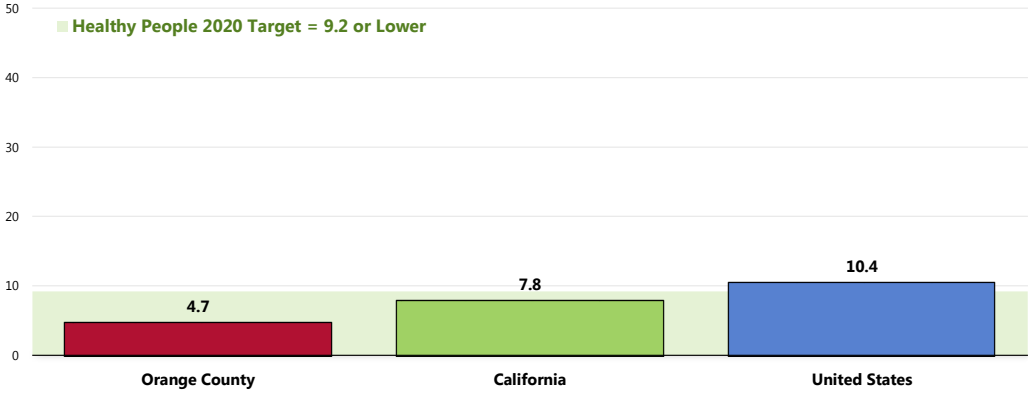
Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted rate of 4.7 deaths per 100,000 population due to firearms in Orange County.

- Lower than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 objective (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



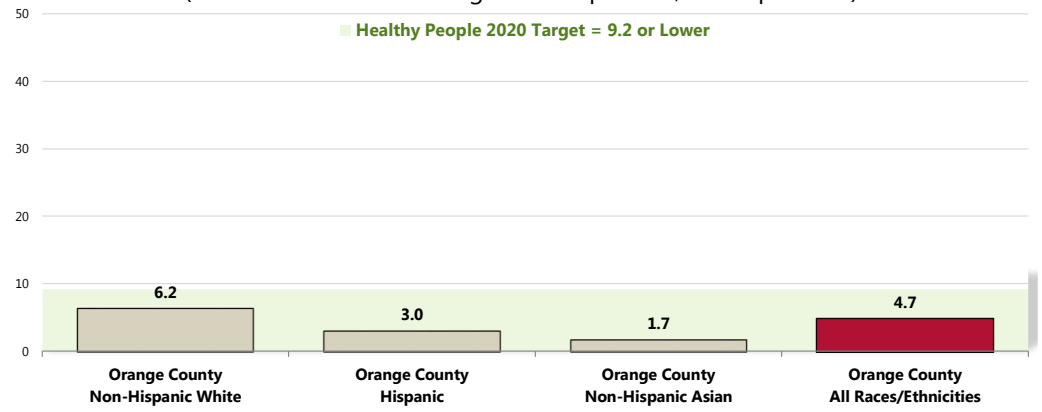
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- The county's firearm-related mortality rate is higher among Whites than among Hispanics and Asians.

Firearms-Related Deaths: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
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- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Presence of Firearms in Homes

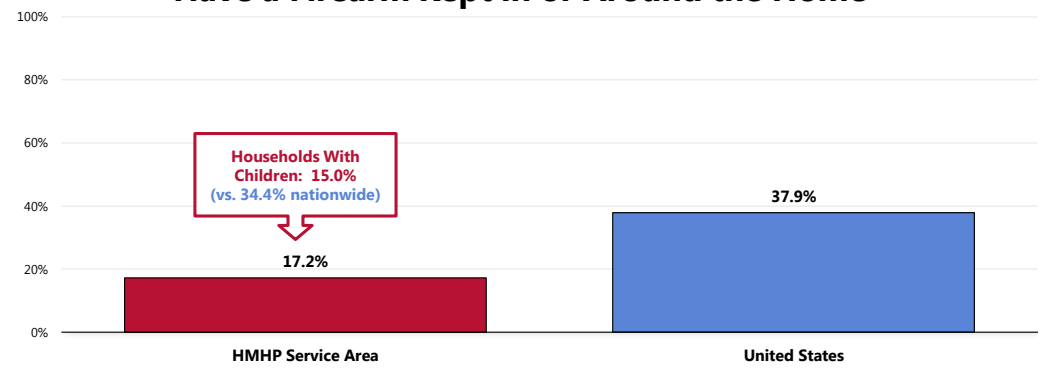
Overall, 17.2% of HMHP Service Area adults have a firearm kept in or around their home.

- Much lower than the national prevalence.
- Among HMHP Service Area households with children, 15.0% have a firearm kept in or around the house (more favorable than reported nationally).

Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Have a Firearm Kept in or Around the Home



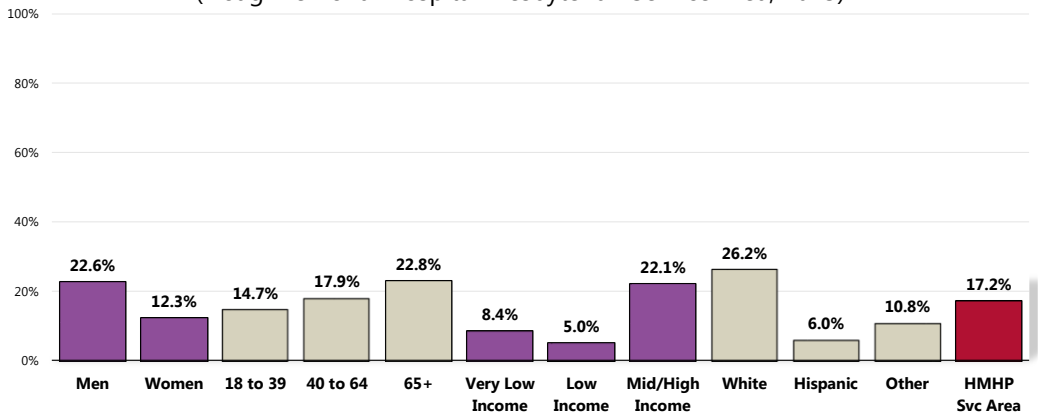
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57, 161]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House
(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

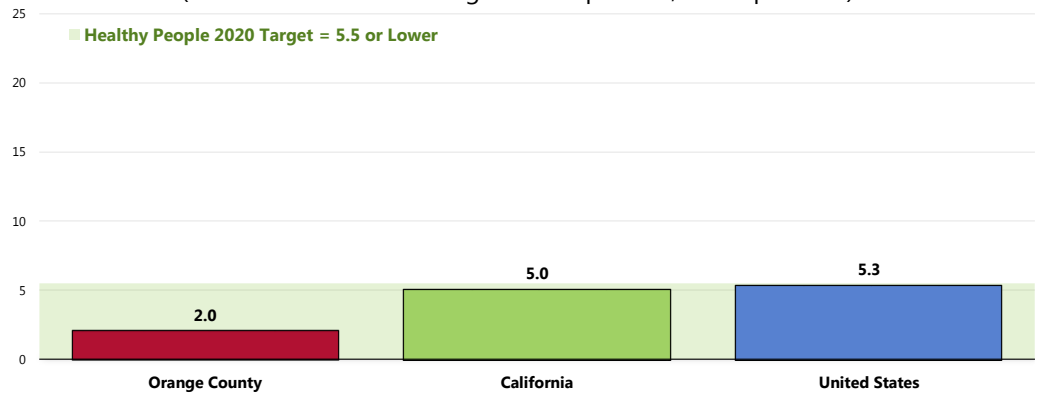
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 2.0 deaths per 100,000 population in Orange County.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:
See also *Suicide* in the **Mental Health & Mental Disorders** section of this report.

Homicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



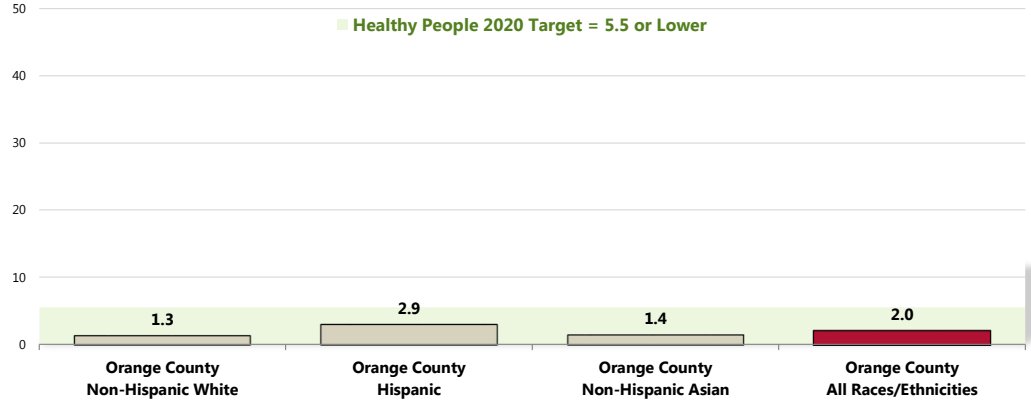
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

The homicide rate is higher among Hispanics in Orange County.

Homicide: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Violent Crime

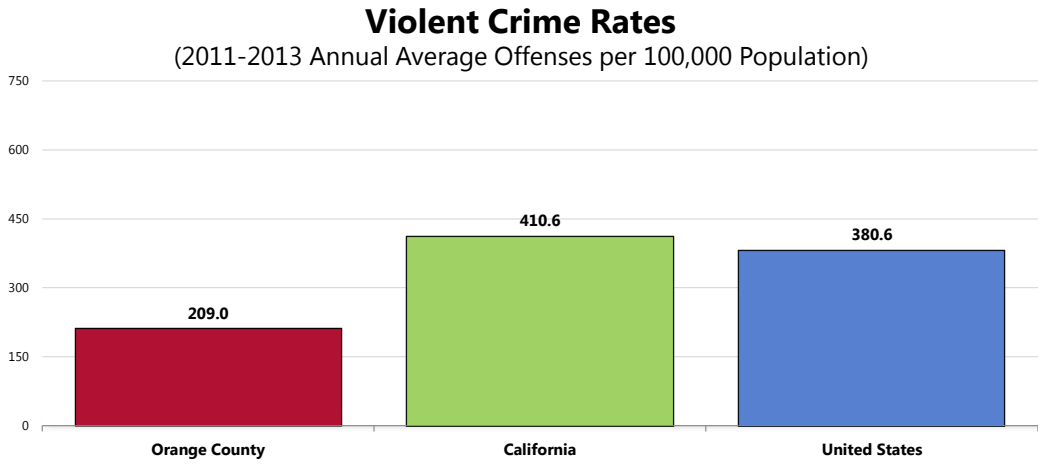
Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2011 and 2013, there was an annual average violent crime rate of 209.0 offenses per 100,000 population in Orange County.

- Well below the California rate for the same period.
- Well below the national rate.

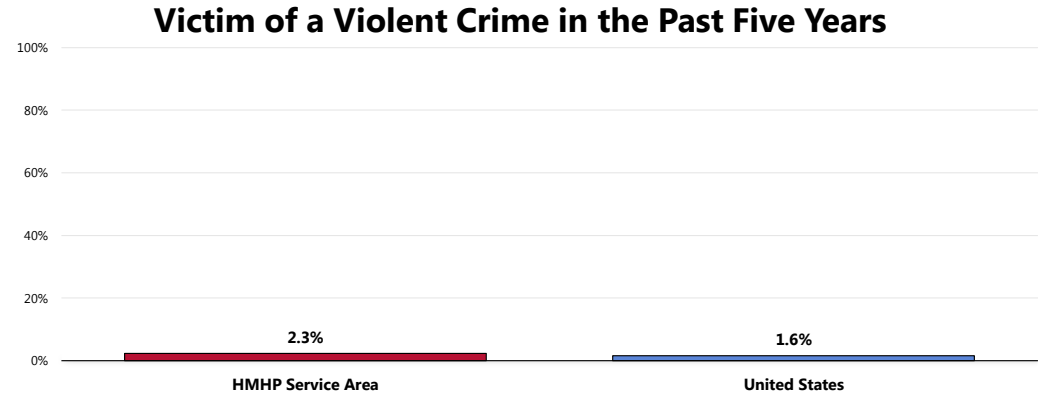


Sources: • State of California Department of Justice, Criminal Justice Statistics Center
• US Department of Justice, Federal Bureau of Investigation
Notes: • Rates are offenses per 100,000 population among agencies reporting.

Experience with Violent Crime

According to survey data, 2.3% of HMHP Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.

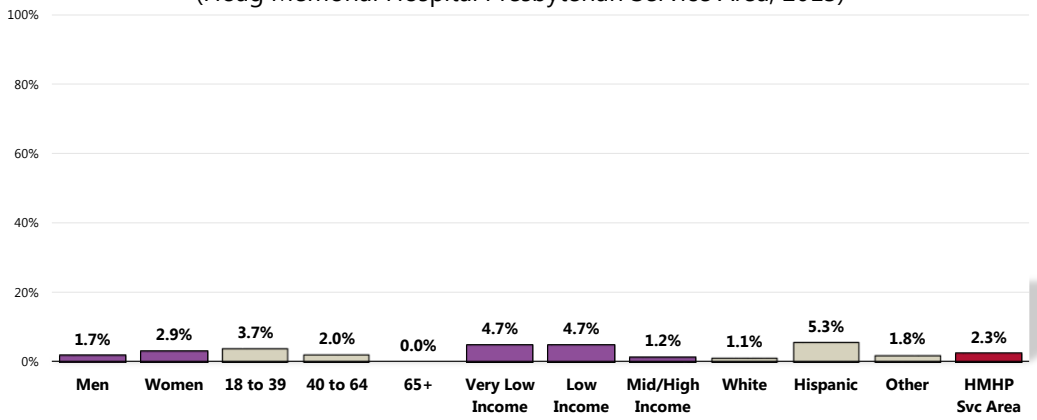


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Reports of violence are notably higher among residents living in the lower income categories.

Victim of a Violent Crime in the Past Five Years

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

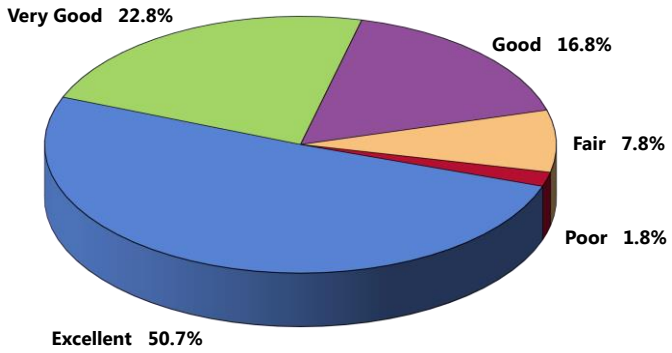
Rating of Neighborhood Safety

When asked to rate their feelings of safety when walking in their neighborhood, 73.5% of survey respondents gave "excellent" or "very good" ratings.

- Another 16.8% of adults gave "good" ratings to their neighborhood safety.

Rating of Neighborhood's Safety and Security

(HMHP Service Area, 2013)



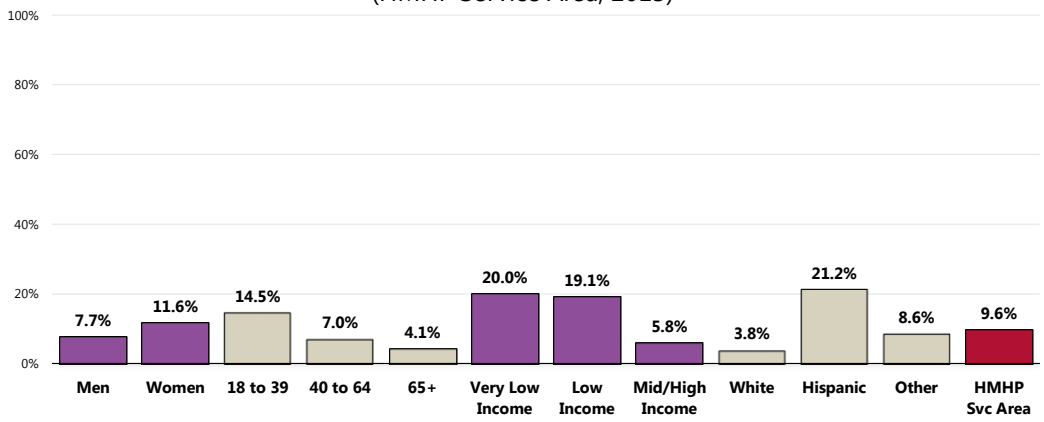
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: • Asked of all respondents.

However, 9.6% rate the safety and security of their neighborhood as only "fair" or "poor."

- Young adults, those in lower income categories, and Hispanics are much more likely to consider their neighborhood's safety to be "fair" or "poor."

Consider Neighborhood Safety and Security to be "Fair/Poor"

(HMHP Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

Experience With Family Violence

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

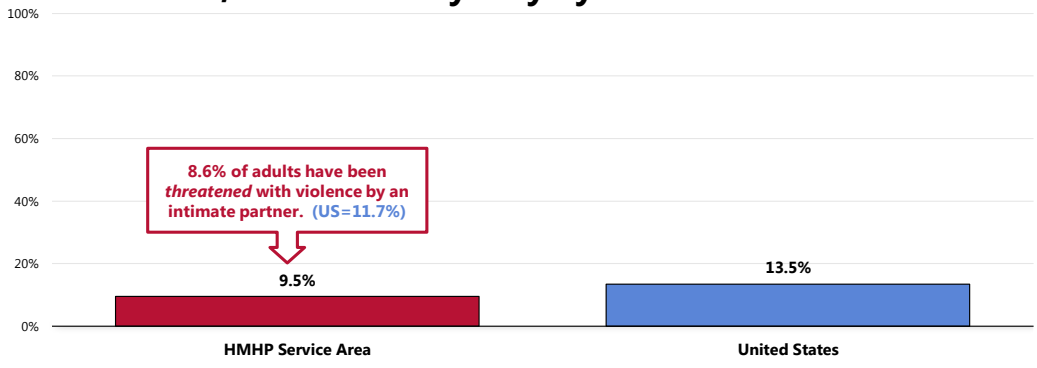
A total of 8.6% of HMHP Service Area adults report that they have ever been threatened with physical violence by an intimate partner.

- More favorable than that reported nationally.

A total of 9.5% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

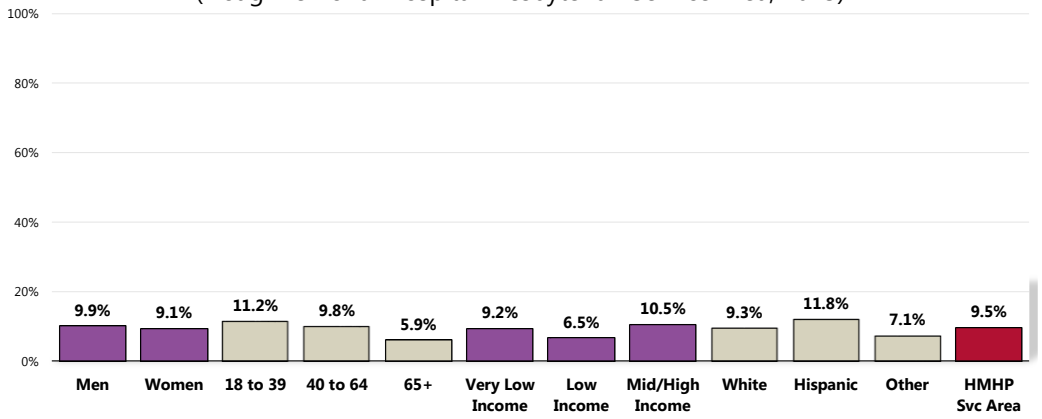


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 55-56]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

No statistical difference by key demographic characteristics.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Hoag Memorial Hospital Presbyterian Service Area, 2013)

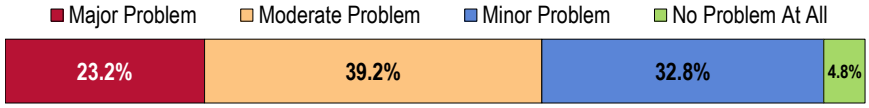


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community:

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Domestic Violence

Domestic violence affects over one in four adult women in Orange County, CHIS 2009. – Business and Community Leader

Domestic violence affects one in four women in our community and is the leading cause of death among women. It effects one in seven men and 60 percent of homes in which domestic violence is present there is a co-occurring child abuse case. Domestic violence has an adverse impact on the victim's health. – Social Service Providers

It is often unreported, undetected and resources are limited. – Business and Community Leader

Many women suffer from domestic violence or sexual assaults that go unreported or untreated. There is not enough education in the schools and the community about violence against women. One in four will be victims of sexual assault or violence. – Social Service Providers

Domestic violence continues due to unemployment, and large segments of population are foreign and multicultured. – Social Service Providers

I work for the domestic violence court for Orange County. Cases are referred to me from the restraining order courtroom. I can have one family per day that I interview with issues of domestic

violence. That totals approximately 16 cases a month that involve one party requesting a restraining order against their spouse or significant other with children involved. There still exits this notion that if one does not physically harm a person, they have not committed violence. Often times when I explain the definition of violence and say that it can be physical, written or spoken, I get this look of panic from the alleged perpetrators. I have also seen women act violently towards their spouse, but they justify their actions due to hurt feelings from the couple's problems of infidelity, the use of Facebook, substance abuse problems, etc. As a matter of fact, social media has become quite a problem in these cases. – Social Service Providers

Most of our women we work with are victims of domestic violence and or sexual violence in their history. – Social Service Providers

Domestic violence impacts both families and children among the target population. – Social Service Providers

Domestic violence, family violence and child abuse and trauma under reported. Minority populations are underserved due to cultural barriers and lack of trust in system of helpers. – Social Service Providers

Elder Abuse

I am particularly concerned about the growing incidence of elder abuse in OC and throughout the country, given the growth in the aging population. Through my work at the UCI Division of Geriatric Medicine and Gerontology and Adult Protective Services in 2013-14, I became aware of the extent of this issue. That for every one case of elder abuse, 23 go unreported, according to a NY study. Older adults who are dependent, e.g. cognitive impaired, physically frail, are at particular risk for being taken advantage of by a seeming well doer who befriends them only to drain their finances. Because of the lack of services for elder abuse victims, they are ending up in Emergency Rooms when they have to leave their home or the abuser. Bad for the victim, costly for the healthcare system. Recently, APS launched at Elder Shelter Project with no funding, dependent only on the good will of a couple of long term care communities that are donating respite care to shelter victims on a limited basis. – Other Health Providers

Substance Abuse

Effects of alcohol and drug abuse. – Business and Community Leader

Youth Violence

Many former foster youth return to the environments that caused them to enter foster care in the first place. These environments are often filled with violence. In addition, these youth often resort to violence themselves as a way of life, because they have not been properly nor appropriately educated and introduced to a better way. – Social Service Providers

Number of young people who die from violence, even with small children deaths. Violence and injury is one of the top five causes. Increase in DV and child abuse reporting, but not an increase in services from HCA or SSA, which they seem to think means there are less cases, but it is really that the bar on which cases they will open is much higher. – Social Service Providers

Prevention and Education

Need more community awareness of the resources available to students and education on how to access services. Need to educate the community on what is considered violence. – Other Health Providers

The general population is only well-served after an episode of violence has happened. Prevention should be the larger focus. Empowerment of mostly highly affected populations. – Other Health Providers

Low-Income Population

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

Low income areas where the majority of Latinos live are not safe. It is one of the main reasons residents say they do not exercise. Youth are recruited by gangs. Police are criminalizing the youth. Restorative justice programs are needed. Meaningful opportunities for youth are needed. – Social Service Providers

Injury and Violence

There is a lot of illegal activities around the community which happens more at night. – Business and Community Leader

Santa Ana has frequent injury and violence. – Business and Community Leader

Gang violence is still a serious issue in many parts of the county and I believe is still a primary focus of the Building Healthy Communities initiative. Bullying violence affects our youth, in particular LGBTQ youth, and interferes with education. – Business and Community Leader

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventive care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

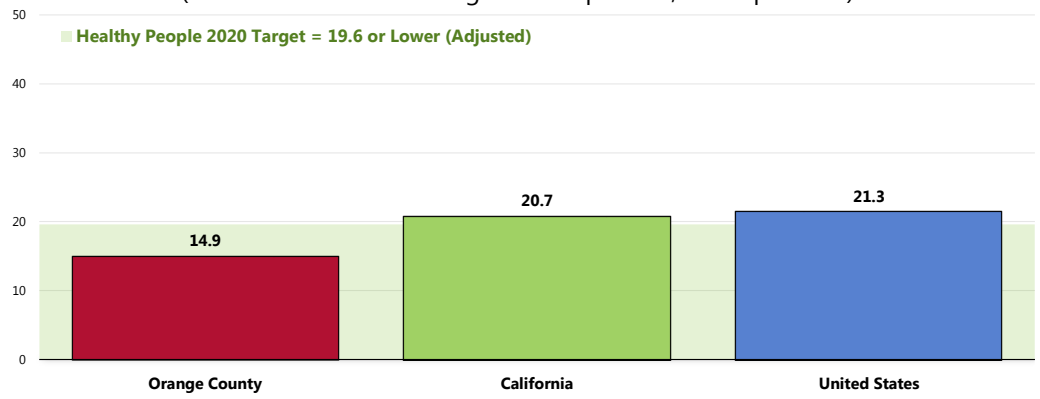
Age-Adjusted Diabetes Deaths

Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 14.9 deaths per 100,000 population in Orange County.

- More favorable than that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (19.6 or lower).

Diabetes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



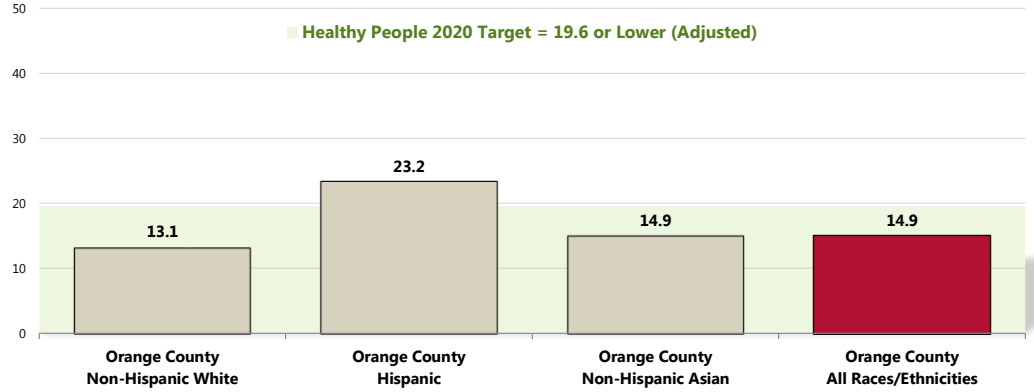
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

The diabetes mortality rate in Orange County is notably higher among Hispanics than among Whites and Asians.

Diabetes: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



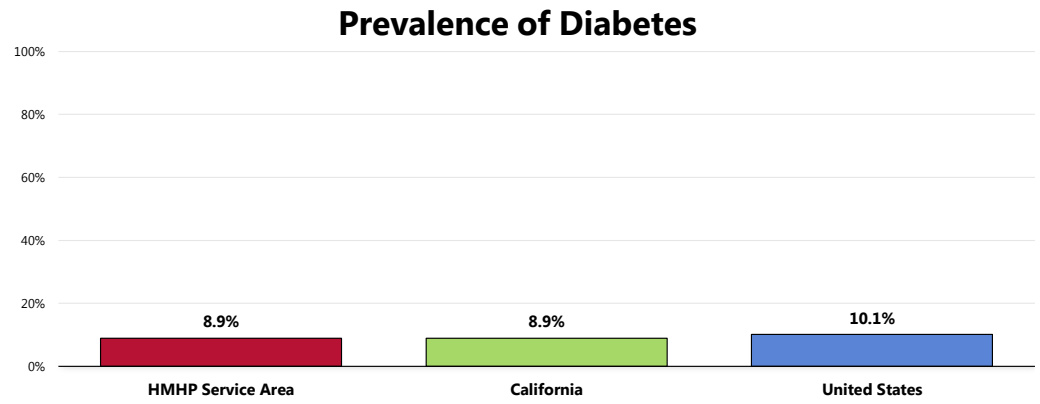
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 8.9% of HMHP Service Area adults report having been diagnosed with diabetes.

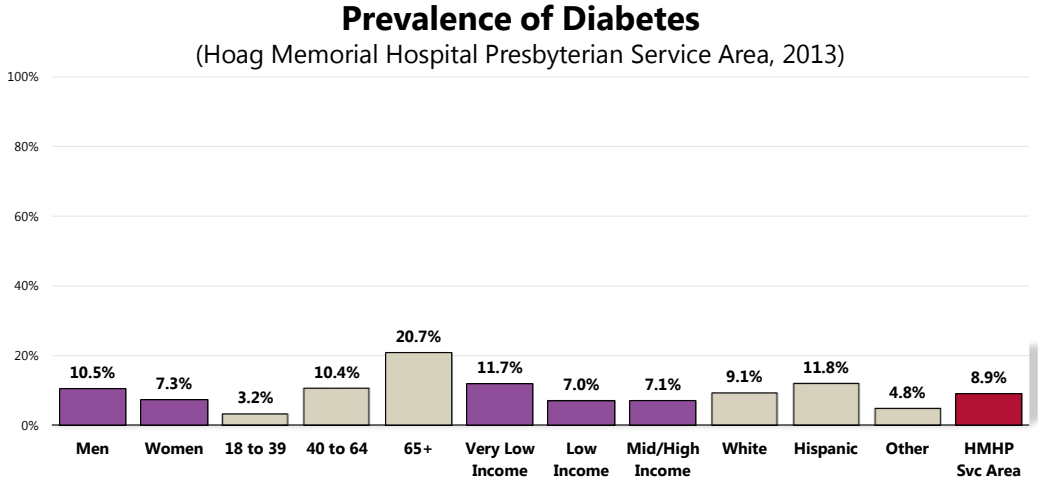
- Identical to the proportion statewide.
- Similar to the national proportion.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

- A higher prevalence of diabetes is reported among Hispanics and adults living in poverty in the HMHP Service Area.
- Note also the strong positive correlation between diabetes and age (with 20.7% of seniors with diabetes).



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]

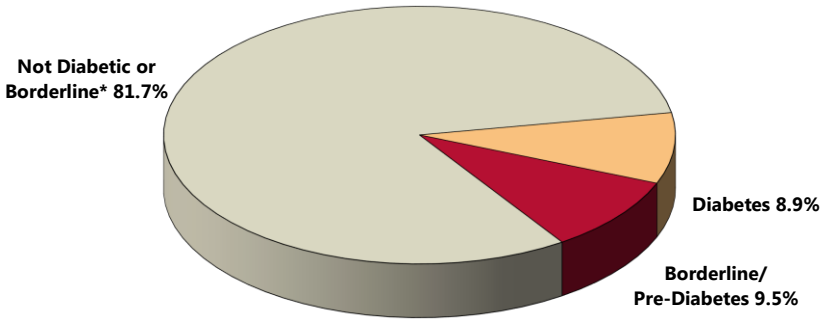
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Pre-Diabetes/Borderline Diabetes

While 8.9% of service area adults are diabetic (as noted previously)**, another 9.5% have been told by a doctor or other health professional that they have "pre-diabetes" or "borderline diabetes."**

Have Been Diagnosed With Diabetes or Pre-Diabetes/Borderline Diabetes

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]

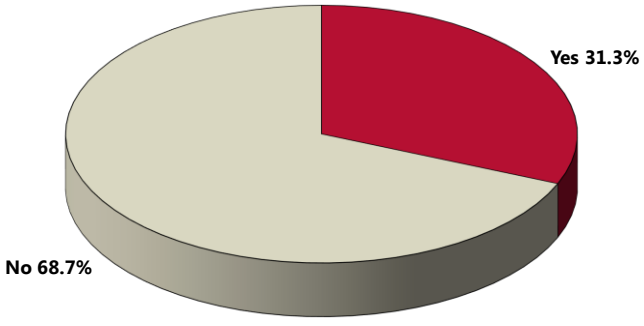
Notes:
- Asked of all respondents.
- * "Not Diabetic or Borderline" includes 0.3% of respondents who are women diagnosed with diabetes only while pregnant (gestational diabetes).

Family History

Note also that 31.3% of all survey respondents indicate that a member or members of their immediate families have had diabetes.

Any Members of Immediate Family Have Had Diabetes

(HMHP Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]

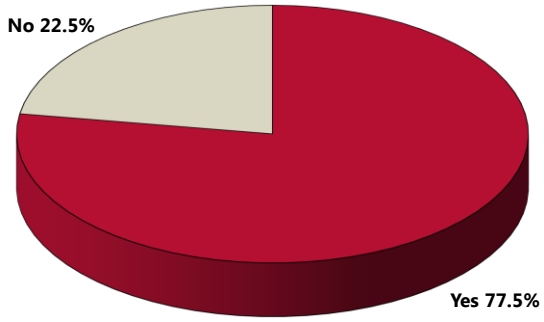
Notes:
- Asked of all respondents.
- Excludes diabetes occurring only during pregnancy (gestational diabetes).

Diabetes Treatment

Insulin

Among adults with diabetes, most (77.5%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes
(Among HMHP Service Area Diabetics)

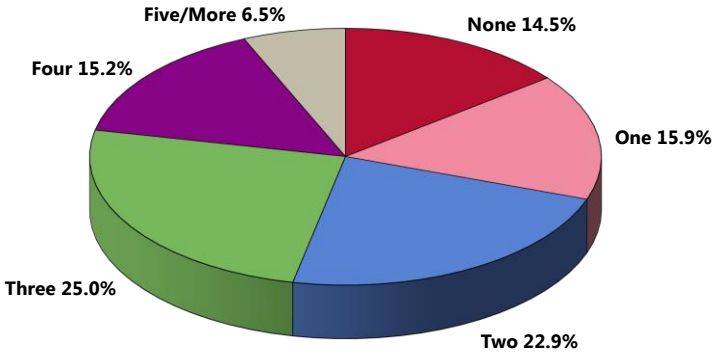


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
Notes: • Asked of all diabetic respondents.

Medical Visits

In the past year, 14.5% of service area diabetics did not have any diabetes-related medical visits, while 6.5% report 5 or more of these visits in the past year.

Number of Diabetes-Related Visits to a Medical Professional in the Past Year
(Among HMHP Service Area Diabetics)

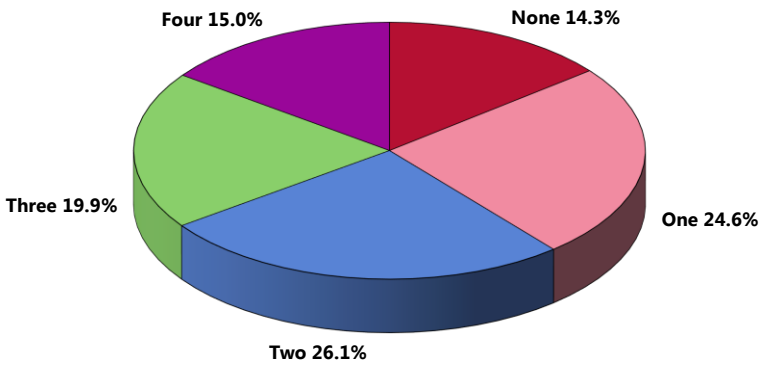


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
Notes: • Asked of all diabetic respondents.

A1C Checks

Among diabetic survey respondents, 14.3% did not have any A1C checks in the past year; in contrast, 15.0% of diabetics had four A1C checks.

Frequency of A1C Checks in the Past Year
(Among HMHP Service Area Diabetics)

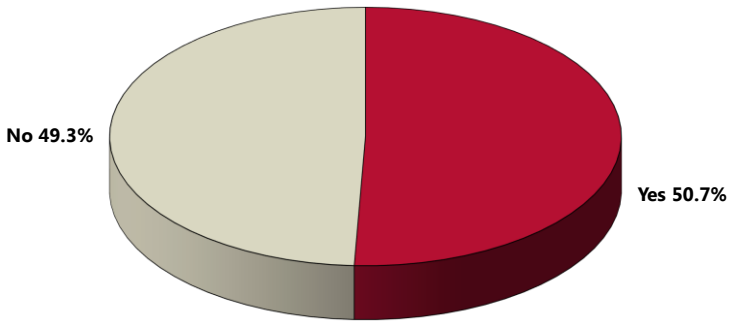


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
Notes: • Asked of all diabetic respondents.

Diabetes Education

One-half (50.7%) of surveyed diabetics have taken a course on managing their diabetes.

Have Taken a Course On Diabetes Management
(Among HMHP Service Area Diabetics)



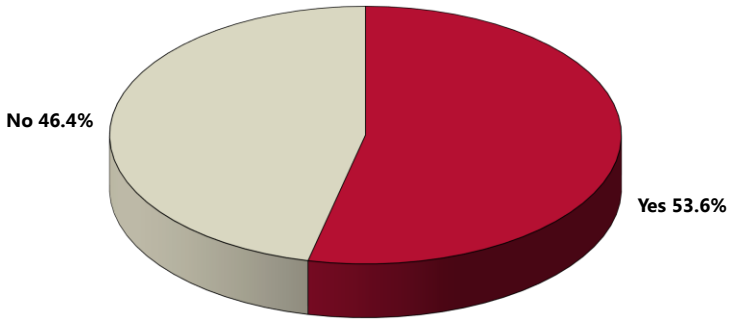
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: • Asked of all diabetic respondents.

Diabetes Screening

Of service area adults who have <u>not</u> been diagnosed with diabetes (and including those who may be pre-diabetic or borderline diabetic)**, 53.6% have had a test for diabetes or high blood sugar in the past three years.**

Tested for Diabetes or High Blood Sugar in the Past 3 Years

(Among HMHP Service Area Non-Diabetics)



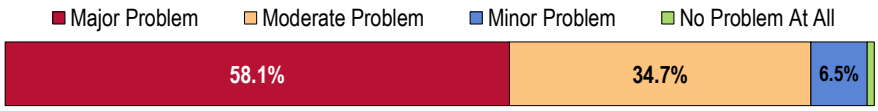
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: • Asked of all non-diabetic respondents.

Key Informant Input: Diabetes

Nearly 6 in 10 key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Challenges

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Education and Management

> *Education and knowledge of proper diet and exercise to control the individual's diabetes. – Social Service Providers*
>
> *Most of the clients I come in to contact with do not understand what diabetes is or where it comes from and how it affects overall health before they are affected by it. – Other Health Providers*
>
> *Lack of information that is being given to individuals about diabetes and the preventative measures*

one can take to avoid becoming diabetic. A lot of times many are finding out too late that they are diabetic and having to deal with it with very low access to information about diabetes and how to deal with it. – Social Service Providers

People do not understand the severity of the disease. They don't take it seriously. Access to affordable, healthy food is becoming increasingly more difficult to find. Understanding where to go for help and services is difficult because there is not a system in place to help people find resources. – Social Service Providers

Lack of access to preventative education, nutrition and exercise. – Social Service Providers

Monitoring their disease and staying on a healthy lifestyle. – Other Health Providers

People getting diagnosed and receiving the education and tools to manage diabetes. – Social Service Providers

The lack of exercise, understanding of the disease and how to combat or prevent it, as well as a large Hispanic population with a cultural lifestyle lends itself to diabetes. – Other Health Providers

Not enough information about diabetes to the Spanish speaking community. Since they lack health insurance, they do not have access to appropriate care sometimes. – Social Service Providers

Through my affiliation with Hoag Hospital, I became aware of the need for diabetes-related education and services through the development of the Hoag Allen Diabetes Center, but I am not personally aware of what the greatest current challenges are for those affected. I am concerned that people with diabetes receive education about the increased risk that the disease places them at for developing a dementia, like Alzheimer's disease. It is important to promote diabetes management because of the many significant medical consequences it can have on the person, e.g. cognitive impairment, neuropathy, blindness. – Other Health Providers

The biggest challenges for people with diabetes is managing their health and understanding their risks, benefits to modifying their health behaviors and eating habits. In addition, a great challenge is fully understanding associated risk factors and or complications to having diabetes. – Social Service Providers

Large groups, especially low income sectors, lack an understanding of the disease in terms of prevention and the importance of lifestyle changes that can help to control the disease once diagnosed. – Social Service Providers

Diabetes education and management of co morbidities resulting from the disease. – Business and Community Leader

While more and more people are being diagnosed with diabetes, I don't think we're getting to the root cause of the disease and helping people truly prevent the disease. – Business and Community Leader

Using the self-control needed to help monitor and manage your own disease. Being informed about the disease to help yourself. Eating a nutritious, unprocessed diet. Self-control. – Social Service Providers

Daily management, education, and support. – Business and Community Leader

Day to day management and education in community venues. – Physician

Learning how to control their disease, and for a subset, getting access to adequate care and medications. – Public Health

Receiving quality chronic disease management and self-management education in the medical home. Diagnosis and follow-up of GDM.identification of DM risk factors and receiving guidance in reducing risk factors for disease onset. – Public Health

Access to prevention education, care and monitoring of compliance. – Business and Community Leader

Understanding diabetes. Understanding pre-diabetes. Lack of awareness about pre-diabetes. SDOH that set people up for diabetes, lack of open space, lack of access to fresh foods, etc. – Social Service Providers

People with diabetes did not get the preventative care, education and follow up they needed before getting type two diabetes, as well as once they get it. They also may not have the support at home and at work to keep on track, such as support for healthy eating and exercise. – Social Service Providers

Access to education about the condition, treatment and maintenance of regime. – Social Service Providers

Behavioral Factors

Lifestyle changes and being more active. We are so busy working that it is difficult to find the time to exercise. Neuropathy is also a problem. As of yet, there is no cure or definitive treatment for this symptom. It causes the patient to be more sedentary, which in turn can cause the diabetes not to improve. – Social Service Providers

Lifestyle changes to reduce the amount of Type two diabetes. – Other Health Providers

Many adults have diabetes, but it a challenge to change their lifestyle. Family need to be educated more. – Business and Community Leader

Medication under-use. High rates of nonadherence to sugar lowering, lipid lowering and blood

pressure medications. Frequent clinical inertia, under prescribing of recommended therapies by doctors. Limited knowledge in community about the benefits of medication therapy. – Business and Community Leader

Not enough education from primary care physicians. Weight gain. Transportation to facilities dealing with diabetes. – Business and Community Leader

Developing the discipline to make lifestyle changes necessary to manage the disease. Providing online patient management support. – Business and Community Leader

Addressing lifestyle choices and changes. – Social Service Providers

Adopting lasting lifestyle modifications that can be as effective or more effective than medications. Modifications often must be made in social, family, environmental, economic, market, workplace, and public policy contexts that do not support them. – Public Health

Under-diagnosed and under-treated. – Physician

The biggest challenges are motivation to make healthy food choices, reducing consumption of unhealthy foods and lack of knowledge of high nutrient foods. Commitment to daily exercise. Reducing intake of junk foods and the lack of support to guide them toward making healthy choices all contribute to poor health and various stages of diabetes. Providing educational seminars on healthy food choices and workshops with food demonstrations, as well as books, handouts and ongoing support would help people with diabetes help themselves. Also, giving them hope that diabetes type two can be cured might help them make the commitment to give up junk foods and eat more fruits and vegetables. – Social Service Providers

Diet choices that lead to increased incidences of adult onset diabetes. – Social Service Providers

Learning about proper diet and sticking with as a permanent lifestyle change. – Business and Community Leader

Eating healthy, education. – Other Health Providers

Awareness and altering of lifestyle habits that put them at risk for developing diabetes. – Business and Community Leader

Lack of understanding how every decision we make affects our health. Parents knowing that they need to select better foods for their children, but either falling into old habits or finding it difficult to pre plan meals due to multiple jobs, unstable housing, etc. – Social Service Providers

Access to Healthy Food

The biggest challenge is our community's lack of access to healthy foods in the local markets. The schools are doing a better job of providing nutrition classes to families for healthy alternatives, however the cost of healthy foods is not within the means of many families. – Business and Community Leader

For older adults, affordability of fresh food is a problem. Easier to eat processed foods. Affordability and accessibility. – Business and Community Leader

Finding healthy, affordable food. – Other Health Providers

Soda pop introduced to young people. Fast foods with high simple carbs as staples. Bad food choices. – Social Service Providers

Available foods and commitment to exercise. – Social Service Providers

Cost of healthy food compared to unhealthy food. Lack of access to fresh produce and or green space. Lack of knowledge about relationship between diet, exercise and health, including risk factors for diabetes. Hard to break bad habits. Need to change culture to embrace healthy lifestyle. Expense and time commitment required to control diabetes. – Business and Community Leader

High-carbohydrate diet. Lack of funds. Carbs cost less to purchase than proteins and vegetables. – Business and Community Leader

Obesity

Onset of type two diabetes due to obesity, poor nutrition and lack of physical activity. – Social Service Providers

Obesity, health complications, renal failure. – Social Service Providers

Increasing weight. – Other Health Providers

Ticking time bomb of increased BMI and risk for type two diabetes. – Business and Community Leader

Access to Healthcare

Having them get an early diagnosis. – Other Health Providers

Timely access to healthcare. – Social Service Providers

Access to primary, dental and specialty care. – Social Service Providers

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

Accessing routine care for labs, medications, etc. Making appointments so far in advance, and students forget about them, then they never follow through. – Other Health Providers

Adequate assessment, diet, exercise and medical care. – Social Service Providers

Can't afford medications or doctor visits. – Social Service Providers

Barriers

Lack of English proficiency. Lack of transportation. Lack of understanding of disease prevention and management. Lack of self-esteem due to cultural factors. Cumulative stresses of trauma from genocide regime still continue to cause negative impacts on their health. – Social Service Providers

I believe that access to proper diabetes care is both unachievable for some, as well as unsought by others. Both the treatment plan options, as well as the follow-through by patients is causing continued issue. The preventative methods and educational opportunities seem to be many, but the importance of paying attention to some of these warnings is not heard by many at-risk populations. The impact of diabetes on the population needs to be shared at a much more personal level, less of an academic approach and more of a realistic, personal approach. Additionally, I see it as a challenge for some to change their way of eating and living to cope with the disease because of social factors, including socio-economic factors, accessibility to healthier foods and activity, as well as social pressures. – Social Service Providers

Cultural beliefs. The belief that being large is a sign of being healthy and places people in my community with the diabetes on a dangerous path. – Social Service Providers

Increasing Prevalence

Huge problem in our community. – Business and Community Leader

Rates have been increasing in the last ten years. Diabetes contributes to leading causes of death and is itself a leading cause of death. Rates are higher in Latino and Asian and Pacific Islander communities, which are large communities in Orange County. The biggest challenge for people with diabetes is living in a culture, both mainstream and ethnic, that makes healthy food and lifestyle choices less easy than unhealthy ones. – Public Health

The following are some challenges. Cultural, with the increase in Asian population we are seeing an increase in type two diabetes. Increase in obesity at younger ages, we see increases in type two diabetes as children spend less time outside and active. As our population ages and lives longer, it does increase the risk of diabetes. – Social Service Providers

The largest problem from a MCH perspective is the increasing numbers of pregnant women who are being diagnosed with GDM. – Business and Community Leader

Alzheimer's Disease

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

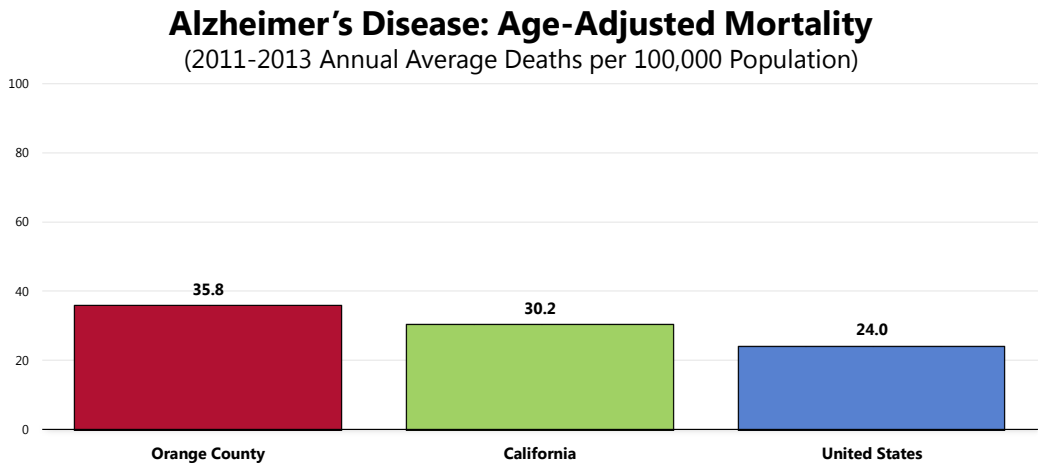
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 35.8 deaths per 100,000 population in Orange County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.



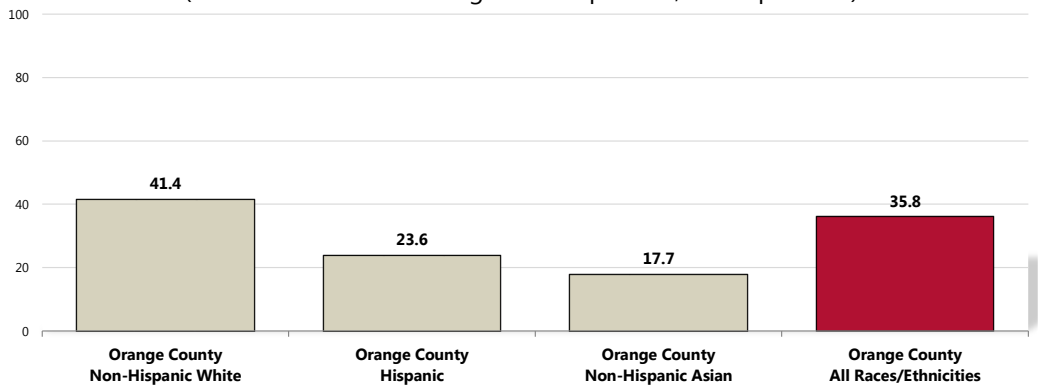
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- The Alzheimer's disease mortality rate is much higher among Whites in Orange County.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
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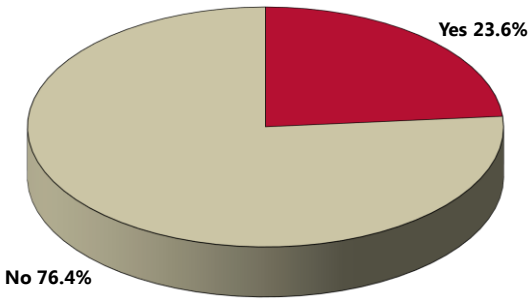
Family Member With Alzheimer's Disease

In the service area, 23.6% of residents have family members who have been diagnosed with Alzheimer's disease or dementia.

Member of Family Has Been Diagnosed With Alzheimer's Disease or Dementia

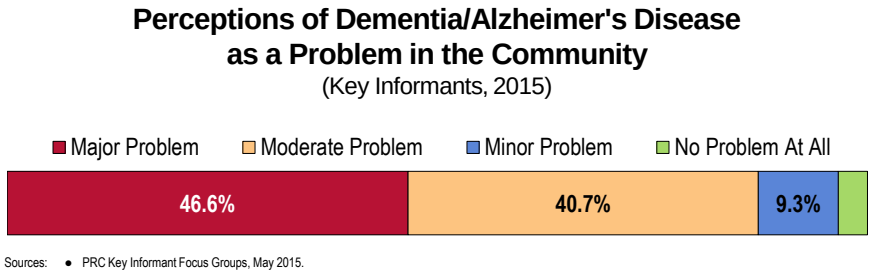
(HMHP Service Area, 2013)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of all respondents.

Key Informant Input: Dementias, Including Alzheimer's Disease

The largest share of key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "major problem" in the community.



Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population and Longer Lifespans

As the local community ages and reaches much older ages, there is neglect of the elderly and ignorance about the sign of dementia in old age and Alzheimer's onset. Finding mental health services is challenging due to limited local resources and even Geriatric knowledge of doctors. Low socioeconomic poses an additional layer of challenges to find medical care and or care giving services. Lack of immigration residency status can be another obstacle. – Business and Community Leader

Population living longer. Number of diagnosed increasing. Stress on caregivers. – Social Service Providers

There is a growing number of seniors, and a growing percentage of seniors and younger who are being diagnosed with dementia or Alzheimer's disease. – Business and Community Leader

People are living longer. They are likely will get this illness. – Physician

Demographic trends suggest our aging adult population is increasing, and the incidence and prevalence of dementia and Alzheimer's disease will increase proportionately. The county does not have enough resources in place to address the growing need. This may not be unique to Orange County, but it is certainly an issue worthy of attention at the county level. – Business and Community Leader

If we do not find a cure for Alzheimer's Disease, the benefits of growing older are wiped out by the 50/50 chance of being diagnosed after reaching 90. – Social Service Providers

As the population lives longer, there tend to be many that develop some type of dementia. – Other Health Providers

We have an aging population with staggering numbers of people who will be diagnosed with dementia. – Other Health Providers

The aging demographic, the lack of a cure and the shortage of physicians specialists prepared and equipped to deal with management of those with the onset of this disease. – Business and Community Leader

It is a growing problem everywhere, but certainly the geographic location and warm climate of this area attracts many seniors, at least to stay as they age in place. I think most of the general population is just beginning to understand what dementia and Alzheimer's is and how it manifests. More can be done to not only educate, but offer more options for care. More can also be done to support the families of those affected, especially those acting as caretakers. – Business and Community Leader

Increasing aged population. – Other Health Providers

Rapid increase of age 85 and up population in Orange County. – Social Service Providers

The community is aging with all the baby boomers reaching age 65 or older. – Business and Community Leader

Our population is aging. – Social Service Providers

Massively growing problem due to aging. Low diagnosis rate, underfunded local service, delivery entities, nonprofits, stigma. – Social Service Providers

Raising number of aging adults and high rate of dementia. – Social Service Providers

It affects a large proportion of elders and has a moderate to severe impact on the family and community. Most good resources are quite expensive. – Other Health Providers

There are at least 75,000 individuals in OC with Alzheimer's disease or another dementia, and for each of these caregivers there are at least three family members involved. Dementia is not only debilitating for the person, but it places the caregiver at risk for physical or mental health problems, even premature death. Dementia is under-recognized by physicians, so it is often missed. Individuals and their families are coping alone with cognitive and behavioral changes, without a diagnosis or the services they need. Even when diagnosed, families try to go it alone for too long, often not seeking help until a crisis occurs, e.g. person wanders. Caregivers may be frail, elderly spouses or they may be adult children who are stretched between caring for children and an elder. Often times, families are footing the cost of care, as the type of care predominantly needed by the individual, supervision, activities, is not covered by insurance. Dementia has both huge economic and personal impacts. – Other Health Providers

One of the hardest things about dementia and Alzheimer's disease is the toll it takes on the family members. Day to day care is never routine. Being constantly on guard is exhausting. A good support system is paramount to avoid severe caregiver stress. Patients do not have to be elderly to have this problem. People in their 50's are now experiencing symptoms. – Social Service Providers

We have members dying annually, as well as home care being done by members of the family. – Other Health Providers

As the population ages, we are going to see more and more cases of dementia and probably Alzheimer's in the general public. – Social Service Providers

The increasing senior population makes this a greater issue each year. It has repercussions for all aspects of health, economic security, driving longevity and health of family caregivers. The incidence of this disease is higher in OC. – Business and Community Leader

Increased Prevalence

Where are the thousands of people who will develop Alzheimer's and other dementias going to be cared for once they can no longer care for themselves. This is an enormous crisis looming on the horizon. Memory care is astronomical and only for the wealthy. This is one of the greatest problems in our community that is growing now and will just continue to grow. – Social Service Providers

The amount of commercials, fundraising and research that appears to be prevalent. The baby boomers and the pace that this country, especially Orange County is aging. – Other Health Providers

Our community's most recent Behavioral Risk Factor Surveillance Survey has shown a dramatic increase in the rates of reported Alzheimer's in our adult population. – Public Health

Dementia, Alzheimer's disease seems to be on the rise. I am hearing more and more early onset cases and, of course, cases among the elderly. With our population aging and Orange County aging faster than most county's. I see this issue as major concern for our county. – Social Service Providers

We work directly with the aging population in South Orange County and have the firsthand information regarding the individuals and families seeking help for memory loss issues and concerns. – Social Service Providers

The city hosts one of the only local Adult Day Care Centers, which assists seniors and adult with dementia and Alzheimer's, which increases the number seeking assistance in Irvine. Additionally, with the growing number of seniors and seniors living longer we are seeing an increase in individuals with dementia. – Social Service Providers

The prevalence of seniors with cognitive disorders is high in the Irvine community where I work. – Social Service Providers

Dementia, Alzheimer's continue to be on the rise. Closely linked to hearing loss. There is a lack of resources and knowledge about the subject. – Business and Community Leader

It is on the rise, we have the silver tsunami occurring with more seasons living in OC. – Business and Community Leader

Many people in our congregation are dealing with parents or family members with memory issues. Several of our members are also dealing with this. – Other Health Providers

Leading Cause of Death

A leading cause of death. One of the few diseases demonstrating substantial increases. Aging population will only make Alzheimer's Disease a more important public health threat. – Public Health

Data of occurrence and significant long term debilitation. – Social Service Providers

Fourth leading cause of death in OC, estimated 11 percent of Medicare beneficiaries have dementia. – Public Health

Alzheimer's is the fourth leading cause of death in Orange County. Orange County's rates have been on the rise and are higher than state and national averages. – Public Health

Resources

Funding community support through all hospital systems. Limited specialized adult daycare facilities, access, transportation. Caregiver denials, awareness and outreach, education for specialized services, not just the disease. There is so much funding for research, although still not enough. Funds not distributed to direct care. – Social Service Providers

The prevalence of Alzheimer's in OC is increasing and with the projected increase in the number of older adults, the issue will only increase. Stressing the healthcare community and burdening families. – Public Health

Earlier testing and recognizing the true symptoms so help can get started. – Other Health Providers

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

With our aging population this is increasing. For low income families, resources for diagnosis and treatment appear to be scarce. – Physician

Orange County is among the highest median age of any county in California. Lacking are support services extending the time at home and adult day programs assisting families. – Other Health Providers

Under-diagnosed. Under-treated. Too many patients living in unsafe conditions. – Physician

Limited affordable care resources for families and patients. – Social Service Providers

Access to day care is limited, expensive and not covered by many insurances. – Business and Community Leader

Stigma

It is a disease that is growing in numbers, yet still has such a stigma that many people do not talk about it or seek education and support. It is a disease that impacts not only the person diagnosed, but all family members involved. Alzheimer's disease is terminal and there currently is no cure. – Social Service Providers

Culture stigma for care for the elderly. – Business and Community Leader

Education

There is a large number of seniors in our community and the not a lot of education on dementia and Alzheimer's. Often times the lack of knowledge on the issue keeps families from seeking assistance that could potentially slow the progression of the disease and help reduce the stressful impact to caregivers. – Social Service Providers

Many of our seniors do not have family in the area, so it goes unnoticed. – Social Service Providers

Due to the rapidly aging population in Orange County, I am not aware of dementia and Alzheimer's disease services commensurate with the population. – Social Service Providers

Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

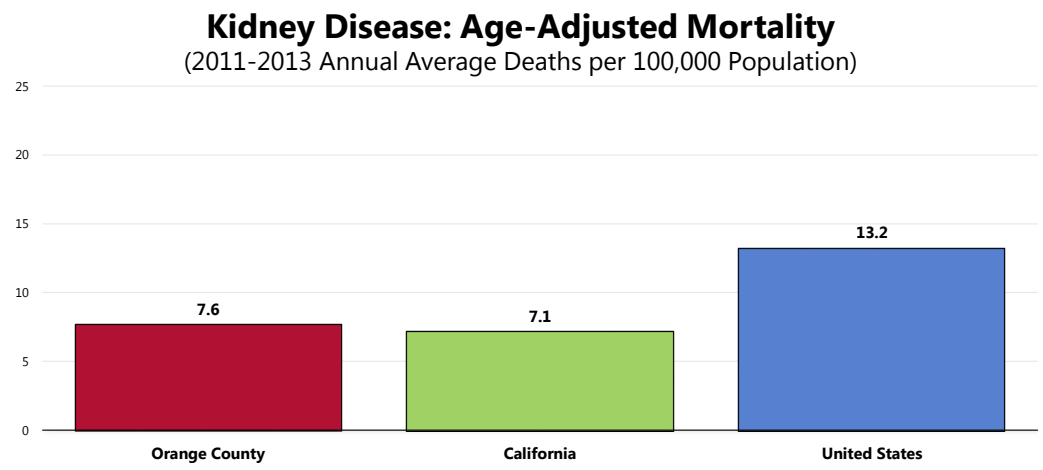
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 7.6 deaths per 100,000 population in Orange County.

- Comparable to the rate found statewide.
- More favorable than the national rate.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes:
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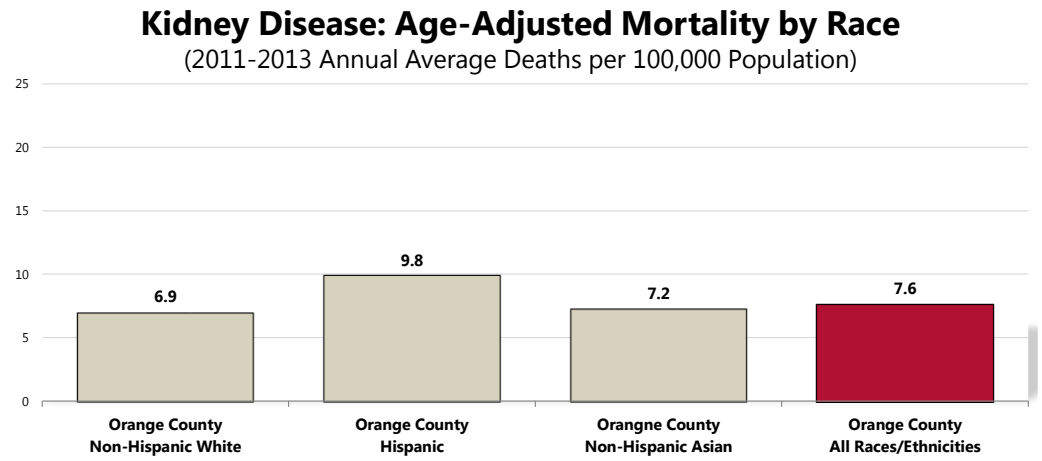
- Local, state and national data are simple three-year averages.

The kidney disease mortality rate in Orange County is higher in the Hispanic population.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
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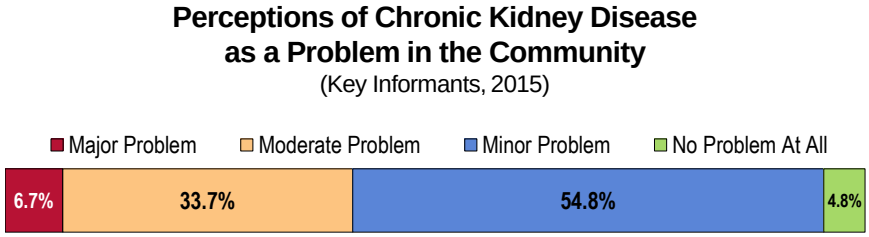
Key Informant Input: Chronic Kidney Disease

Over half of key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a "minor problem" in the community.



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Resources

> *ETOH abuse causing a major issue for a lot of individuals dealing with chronic kidney disease. Patients have very low access to proper care with being uninsured and not wanted to stop with the drinking. – Social Service Providers*
>
> *Lack of providers or resources for underinsured or uninsured. – Social Service Providers*

Dialysis

> *Once a patient is on dialysis it becomes the focus of their life. The days of treatment are long and tiring. Transportation can make the day even longer. Even the simplest activities can become difficult. – Social Service Providers*
>
> *We each only have two kidneys and dialysis is a difficult way to stay healthy. It is time-consuming and*

> *creates transportation issues and follow-up. – Business and Community Leader*

High Prevalence

> *Renal failure is an epidemic. – Social Service Providers*

Co-morbidities

> *It is a result of diabetes. – Social Service Providers*
>
> *Untreated diabetes is a major issue and turns into chronic kidney disease. – Business and Community Leader*

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

RELATED ISSUE:
See also *Activity Limitations* in the **General Health Status** section of this report.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

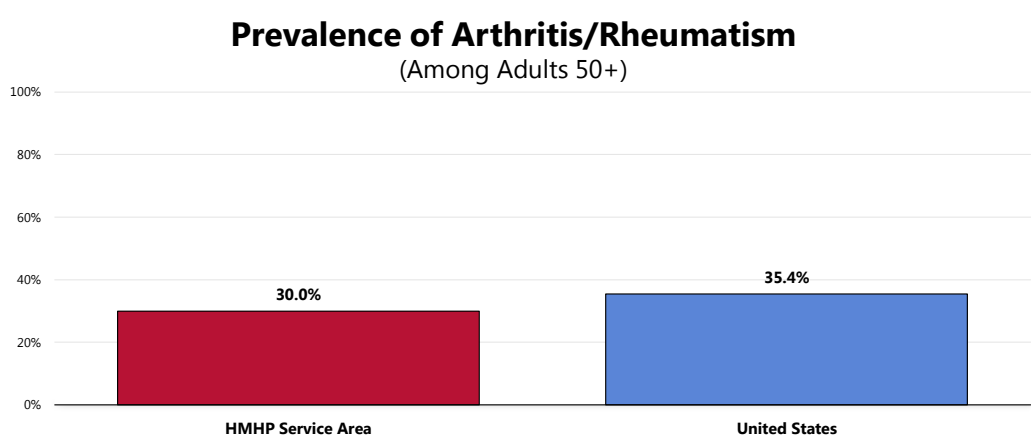
– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

A total of 30.0% of HMHP Service Area adults age 50 and older report suffering from arthritis or rheumatism.

- Statistically comparable to that found nationwide.

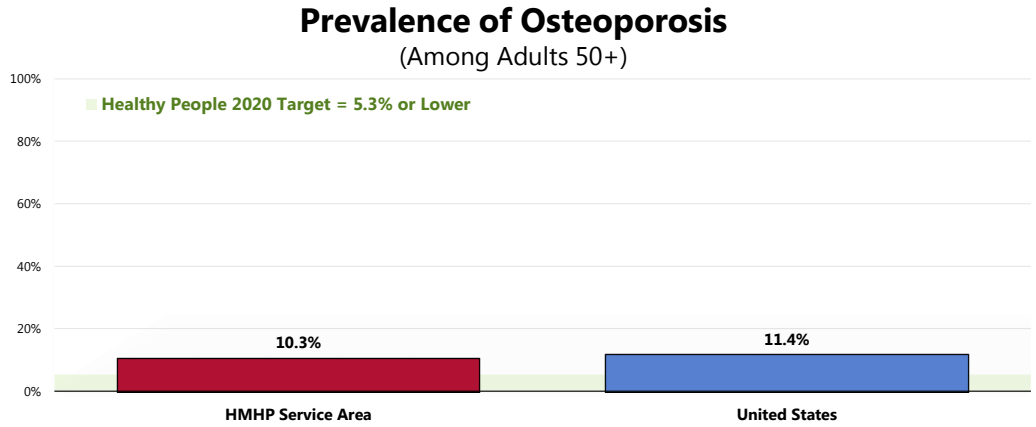


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 10.3% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

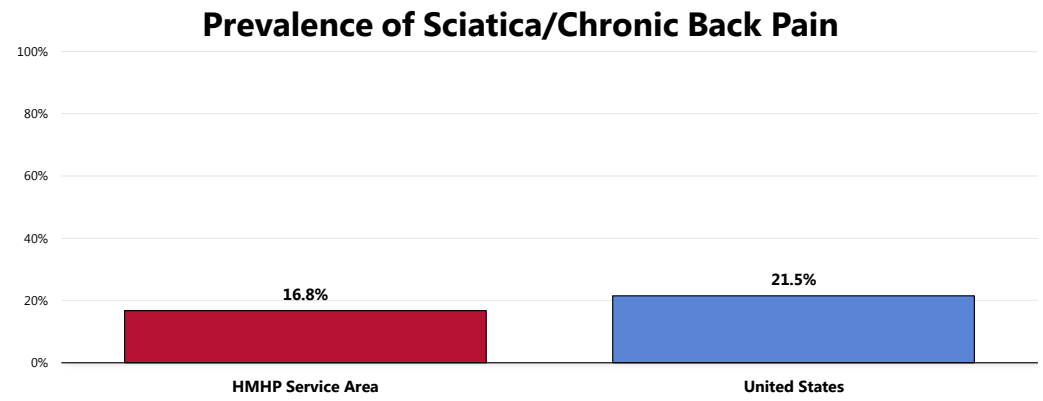


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: • Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 16.8% of survey respondents suffer from chronic back pain or sciatica.

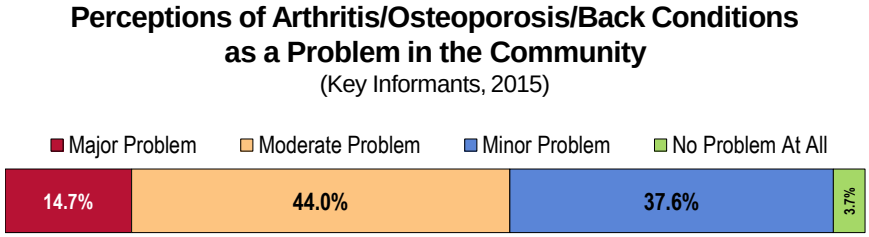
- More favorable than that found nationwide.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

> *The community is comprised of a large and growing number of seniors. This type of issue increases with age and more individuals will be seeking assistance in the coming decade. – Social Service Providers*
>
> *Many older adults over 50 years old are having various degrees of arthritis. – Other Health Providers*
>
> *Falls in the elderly who have osteoporosis are sometimes lethal. As a faith community nurse, many of my congregants are elderly and in my practice alone I have seen four people with osteoporosis related fractures, one which resulted in death. – Other Health Providers*
>
> *Aging community with many of these problems and ignored for so long, so playing catch-up. – Other Health Providers*

High Prevalence

> *Chronic pain affects so many areas of a person's life. Aging population and high rates of obesity continue to burden from this. – Business and Community Leader*
>
> *Every person that I talk to had complained about neck or back problems and has no time or sometimes resources to take care of it. – Social Service Providers*

> *There is a high number of knee and hip surgeries in our community. There is also a growing number of older people. – Other Health Providers*
>
> *Chronic pain, acute. Falls, injuries, pain medication addiction. – Social Service Providers*

Relationship with Income

> *The main areas of work in the community I work with are housekeeping and manual labor, which are physically demanding and an obstacle in receiving an income when back is hurt or when arthritis starts developing. Individuals get medication across the border for pain, since many have not had medical or the means or time to go to the doctor. Osteoporosis is considered an old persons disease and not prevalent in the Hispanic community. – Business and Community Leader*
>
> *Many in this community work in general manual labor and access to healthy food and exercise is a difficulty. All of these factors exacerbate joint conditions, particularly the back. – Business and Community Leader*
>
> *People do not have access to effective and safe treatments for these diseases and problem. Most treatments only consist of drugs and surgery, while very effective treatments such as yoga, exercise therapy, acupuncture, massage, and nutrition are rarely available to the average consumer, even though they are known to be effective and have little, if any side, effects. – Social Service Providers*
>
> *The vast majority of clients that we serve are immigrant and refugee populations that suffered torture, starvation, malnutrition, and extreme deprivation. Also, before coming to America they lived through years of forced labor and concentration camp like conditions, which exposed them to many health problems. – Social Service Providers*
>
> *They are crippling issues that limit and diminish one's ability to participate in work, play and resources. – Business and Community Leader*

Lack of Resources

> *Lack of infrastructure or providers. – Social Service Providers*

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

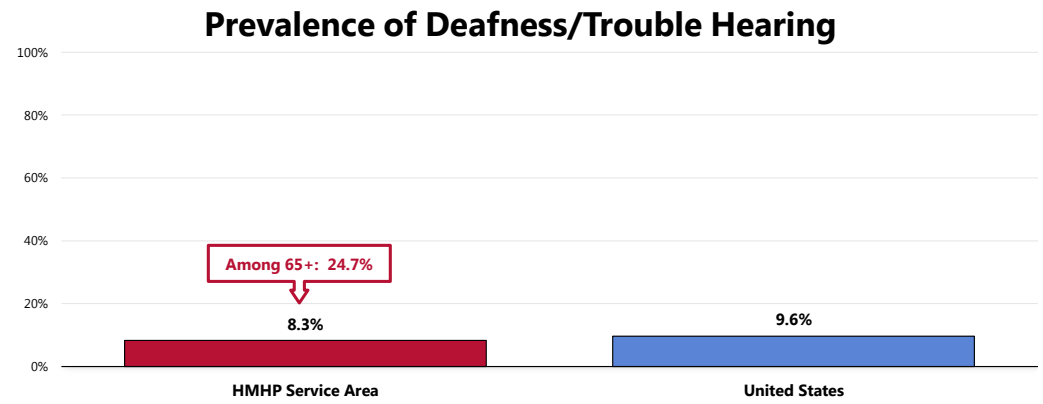
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 8.3% of HMHP Service Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.

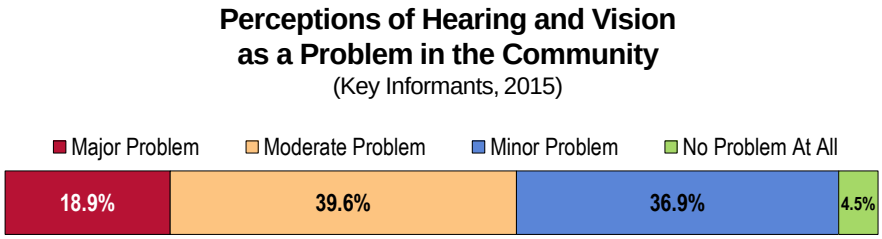
- Among HMHP Service Area adults age 65 and older, 24.7% have partial or complete hearing loss.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Vision & Hearing

The largest share of key informants taking part in an online survey characterized *Vision & Hearing* as a "moderate problem" in the community.



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access

Unless MediCal covers hearing aids, hearing problems cannot be managed due to the price of aids. – Business and Community Leader

Insurance coverage for eye glasses and hearing aids is lacking. – Social Service Providers

Lack of insurance coverage. Lack of stability in the home to have follow-through appointment. – Social Service Providers

Hearing loss remains a critically underserved population in both children and adults. We know language is the key to educational success, so it is imperative children with hearing loss are diagnosed and treated early. Research has also strongly linked dementia with hearing loss and most adults go undiagnosed and untreated. Medicare does not cover hearing aids, so it is often out of reach for seniors to purchase hearing aids. – Business and Community Leader

Healthcare typically does not cover hearing and vision. In the cases that it is included, the coverage is poor and does not cover anything further than an office visit. – Social Service Providers

Family are in need of prescription glasses, but it's always set aside because food and shelter is a priority. Therefore, this affects their everyday living and students' school performance. I constantly repeat the information provided to families, so this makes me think there is concern with hearing. – Business and Community Leader

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

Vision exams are the only thing that is covered by MediCal. A lot of patients that have MediCal do not have the funds to purchase their actual glasses. – Social Service Providers

Aging Population

Older community of patients and trying to get them the affordable doctors they need to test and get the glasses or hearing aids. – Other Health Providers

Many seniors do not have the resources to find out where they can go. – Social Service Providers

It is a major need for the adults. There are programs dedicated for children. – Social Service Providers

More and more sharing they have macular degeneration. Many utilizing hearing impairment system on Sunday mornings, visually see more hearing aids present. – Other Health Providers

Aging population. – Other Health Providers

I deal with seniors who exhibit these impairments. – Social Service Providers

Hearing, in particular, is a critical issue as it relates to children, adults and older adults. Adults with hearing impairment need hearing aids to succeed in the workplace. Older adults need hearing aids for both independent living and also to prevent diseases like Alzheimer's. – Business and Community Leader

Co-morbidities

Retinopathy related to diabetes. – Social Service Providers

Youth

We see students with vision and hearing. – Business and Community Leader

Hearing, in particular, is a critical issue as it relates to children, adults and older adults. For children, it is critical to receive hearing aids as early as possible, so those children can learn in school. – Business and Community Leader

Again, the senior population is growing and our kids are abusing their ears with ear buds. – Business and Community Leader

INFECTIOUS DISEASE

Vaccine-Preventable Conditions

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

– Healthy People 2020 (www.healthypeople.gov)

Measles, Mumps, Rubella

There were 3 cases of measles, 8 cases of mumps, and 1 case of rubella in Orange County in recent years (2011-2013).

Pertussis

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

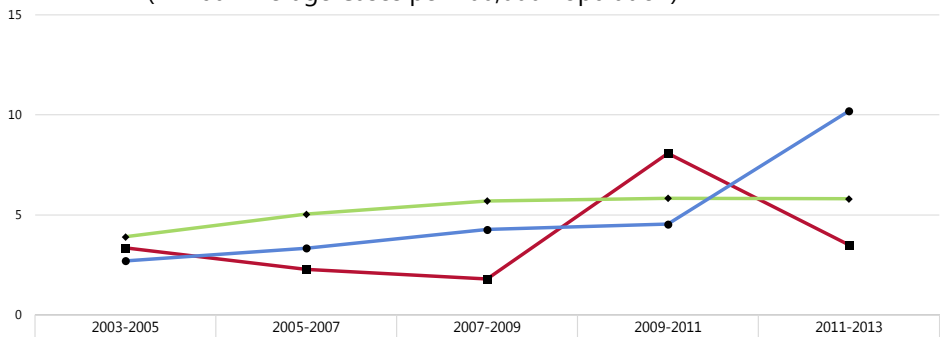
It is usually expressed as cases per 100,000 population per year.

Between 2011 and 2013, the annual average pertussis incidence rate (new cases per year) was 3.5 cases per 100,000 population in Orange County.

- Below the California incidence rate.
- Below the national incidence rate.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



	2003-2005	2005-2007	2007-2009	2009-2011	2011-2013
Orange County	3.4	2.3	1.8	8.1	3.5
California	3.9	5.0	5.7	5.8	5.8
United States	2.7	3.3	4.3	4.5	10.2

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

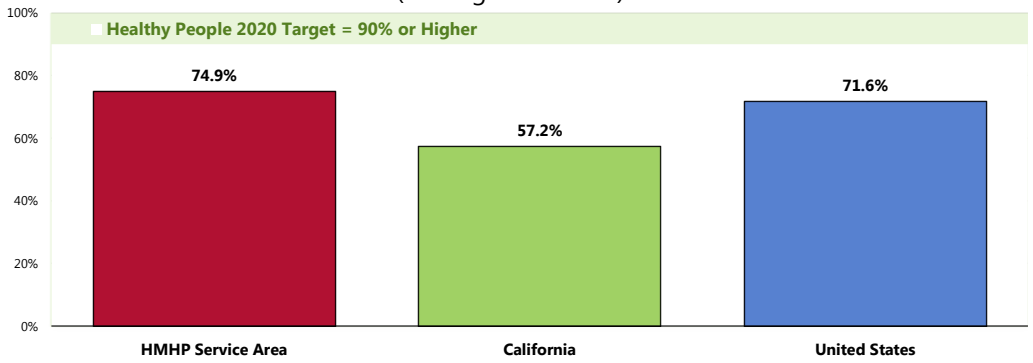
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among HMHP Service Area seniors, 74.9% received a flu shot (or FluMist®) within the past year.

- Higher than the California finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year

(Among Adults 65+)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.7]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 49.6% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults 18-64)

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.6]

Notes:
- Reflects high-risk respondents age 18-64.
- Includes FluMist as a form of vaccination.

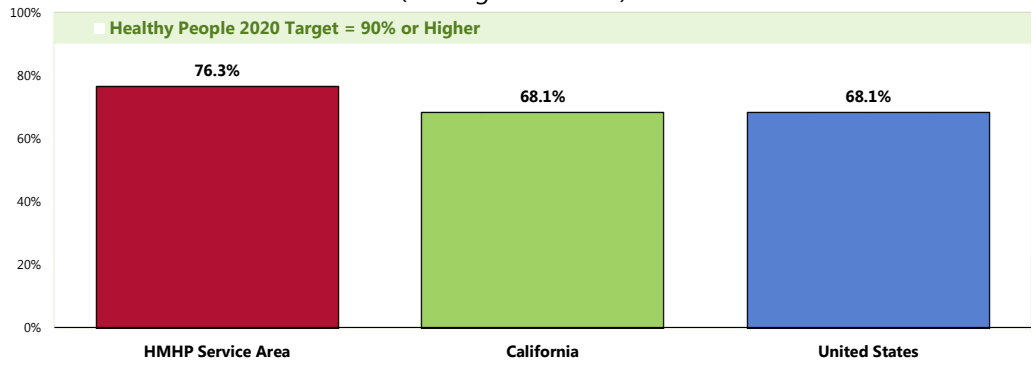
Pneumonia Vaccination

Among adults age 65 and older, 76.3% have received a pneumonia vaccination at some point in their lives.

- Statistically higher than the California finding.
- Statistically comparable to the national finding.
  - *Note: Because the national sample in this case is smaller than the statewide sample, the national comparison is statistically similar, whereas the state comparison is statistically significant.*
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Have Ever Had a Pneumonia Vaccine

(Among Adults 65+)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

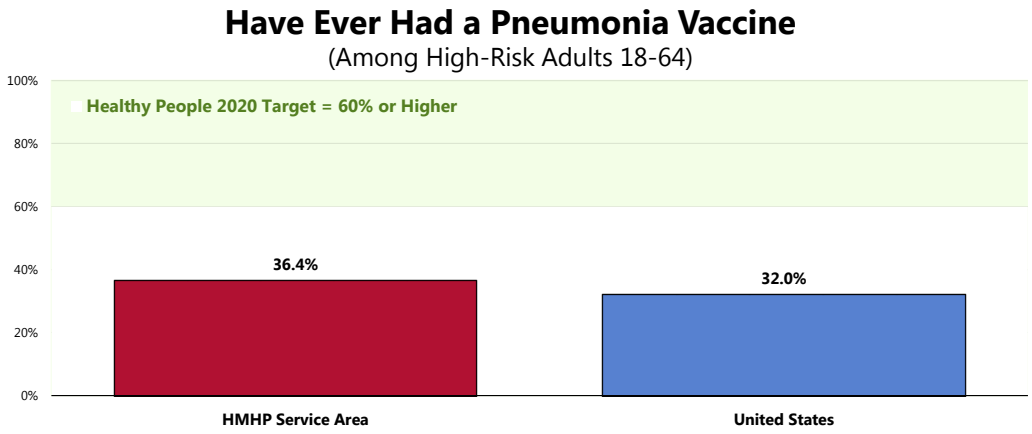
Notes:
- Reflects respondents 65 and older.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 36.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

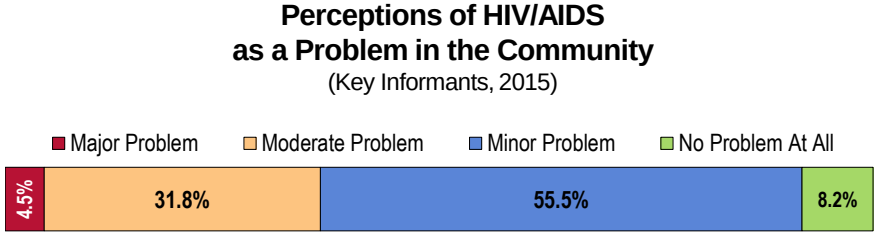


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Key Informant Input: Immunization & Infectious Diseases

The largest share of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.



Sources:
- PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Vaccine Refusers

> *Too many kids not immunized, often by parents who don't believe in them, put the entire population at risk. – Other Health Providers*
>
> *Parents using personal belief exemption and placing others at risk. Recent outbreaks of*

communicable diseases that are vaccine-preventable. – Social Service Providers

Overreaction to various diseases causes panic and stress in the community. In particular, the school community should be better educated. – Business and Community Leader

Vaccine refusers. Schools where immunization rates are low, which risks the public health of the community. – Physician

Many families have a fear of immunizations that is lowering our overall immunity to diseases we had nearly eradicated. – Social Service Providers

Substantial increase in vaccine declines. – Social Service Providers

Many parents in wealthy areas are choosing not to vaccinate their children, exposing many others to risk. Infectious viruses are more prevalent and people do not know the signs or symptoms until it is almost too late. Many primary care doctors just send people home when they're not sure what it is, and the infectious diseases spread or the patients end up in the hospital. – Social Service Providers

The current measles outbreak. Children are not being immunized. – Business and Community Leader

Multiple families, incomplete records based on travel across borders. – Business and Community Leader

The recent outbreak of measles associated with a refusal to obtain vaccinations by some families, due to a faulty belief that the measles vaccine causes autism, has raised my personal concern about vaccination. Similarly, my growing awareness about refusal of a basic flu vaccination has also heightened my concern. While I am not personally knowledgeable about rates of refusal, I do not want our community's health compromised by uninformed choices, not to be vaccinated. – Other Health Providers

Measles epidemic at Disney examples what a growing problem lack of immunization is. – Social Service Providers

Measles outbreak in Disneyland, the broader issue related to child immunization and personal choice to not immunize. There is a large contingency in South County choosing not to immunize their children. – Social Service Providers

Education

There are so many myths with regard to this topic, I feel community education is necessary. – Other Health Providers

Former foster youth do not, for the most part, grasp the importance of immunizations for themselves and their children. In addition, this population does not grasp the seriousness of infectious diseases nor do they understand the importance of quarantining themselves when they are sick and thus spread infection freely. – Social Service Providers

Misconception of the safety of immunizations. Stability in home to get proper well checks. People are unfamiliar with the normal immunization schedule. – Social Service Providers

Low Coverage

Low vaccine coverage in some communities. – Business and Community Leader

Coordination of Care

If not followed up to create the Herd Effect, those who are medically unable to have the immunization are at higher risk, as well as possible epidemic results. – Business and Community Leader

Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

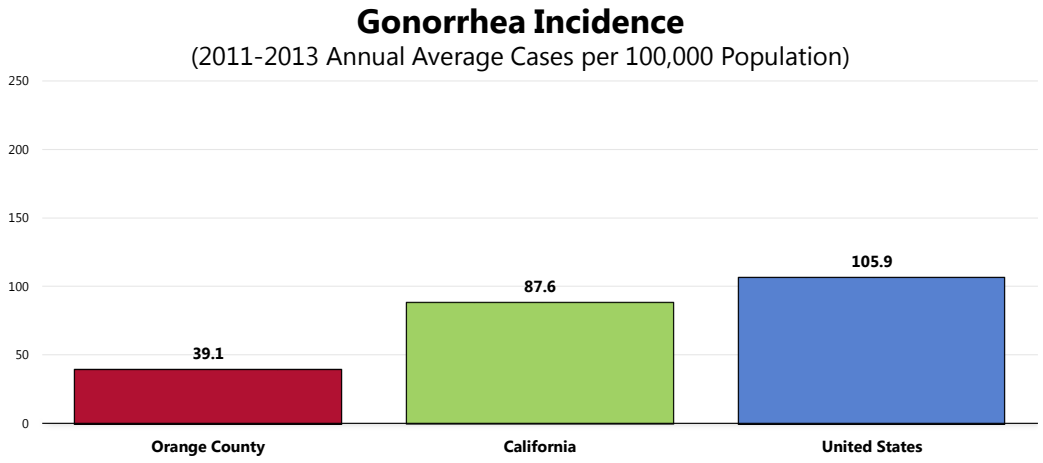
- **Racial and ethnic disparities**. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization**. STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care**. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse**. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy**. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks**. Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

Gonorrhea

Between 2011 and 2013, the annual average gonorrhea incidence rate was 39.1 cases per 100,000 population in Orange County.

- Notably lower than the California incidence rate.
- Notably lower than the national incidence rate.

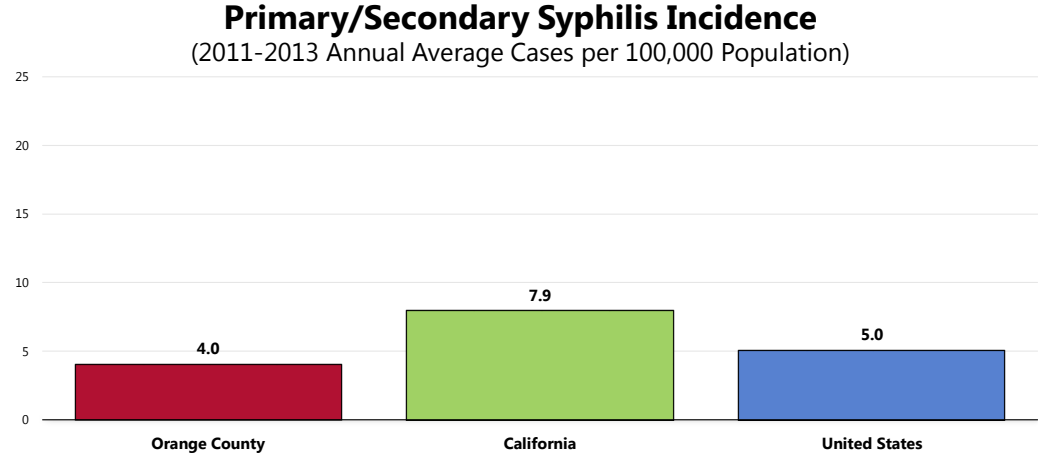


Sources: • California Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Syphilis

Between 2011 and 2013, the annual average primary/secondary syphilis incidence rate was 4.0 cases per 100,000 population in Orange County.

- Lower than the California incidence rate.
- Lower than the national incidence rate.

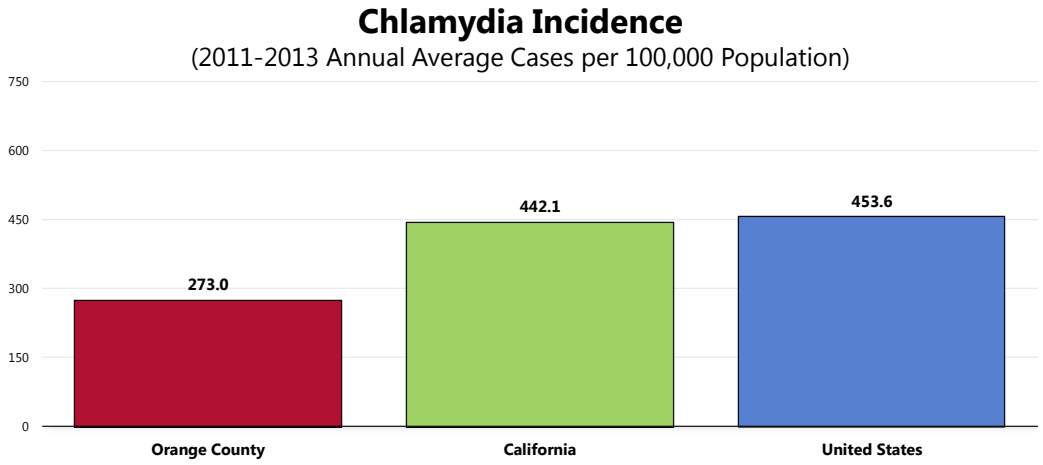


Sources: • California Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Chlamydia

Between 2011 and 2013, the annual average chlamydia incidence rate was 273.0 cases per 100,000 population in Orange County.

- More favorable than the California incidence rate.
- More favorable than the national incidence rate.



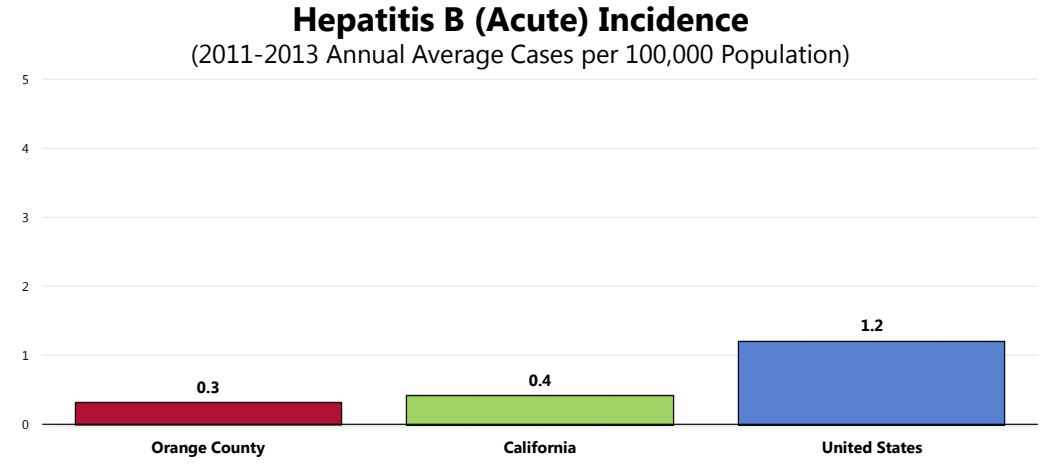
Sources: • California Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Acute Hepatitis B

Hepatitis B Incidence

Between 2011 and 2013, Orange County reported a hepatitis B incidence rate of 0.3 per 100,000 population.

- More favorable than the statewide rate.
- Well below the national rate.

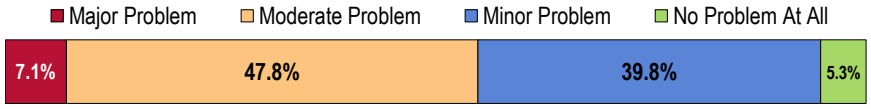


Sources: • California Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Key Informant Input: HIV/AIDS

A majority of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Stigma

> *Similar to teen pregnancy prevention, HIV and AIDS continues to be a not talked about issue, especially in our schools. – Social Service Providers*

Prevalence

> *Because most people no longer believe it is a serious health concern. There is still no cure, and no vaccine. Five new infections each week in Orange County. Over 50 percent of new infections last year were in people under the age of 34. 90 percent of new infections were spread by people not in care. There is an estimated 2,365 people living in Orange County with HIV who are not in care. – Social Service Providers*

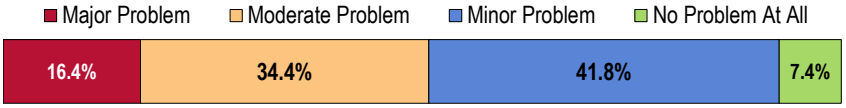
Behavioral Risks

> *Multiple sexual partners, IV drug use, sex for money. Adherence to good health practices. – Social Service Providers*

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "moderate problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Unprotected Sexual Activity

> *People just do not think about the consequences of unprotected intercourse. Some women do not feel they can ask their partners to use a condom. Media, particular movies, do not deal with the reality of unprotected intercourse. – Business and Community Leader*
>
> *Women are reluctant to put chemicals in their bodies. Women don't want the perceived weight gain that may be related to birth control. Living instability, so that there is a barrier to keeping appointments for refills, shots and follow up care. Immaturity. A pregnancy and baby are perceived as a positive event. – Social Service Providers*
>
> *Cultural stigma to protection. – Business and Community Leader*

Youth

> *Many foster youth exit the foster care system with little or no sense of personal worth. As a result, indiscriminate sexual activity is rampant, with the outcome of STDs and unplanned or unwanted pregnancies. – Social Service Providers*
>
> *Always a topic that needs refreshing, especially in our young population. – Other Health Providers*
>
> *With the highest teen pregnancy rates in many OC cities also comes very high rates of STDs. The schools are not allowing this information to be presented to students and parents do not have the confidence nor knowledge base to talk about this with their child. – Social Service Providers*

Chlamydia

> *Over 65 percent of child-bearing age women have diagnosis of Chlamydia. – Social Service Providers*

BIRTHS

Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

– Healthy People 2020 (www.healthypeople.gov)

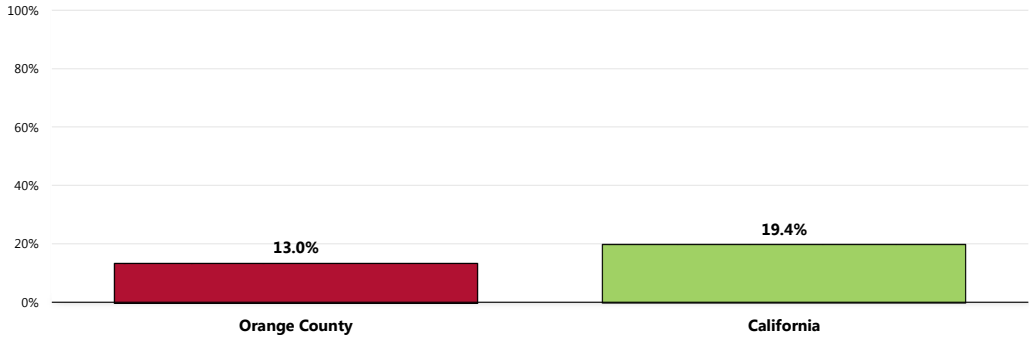
Early and continuous prenatal care is the best assurance of infant health.

Here, "late or no prenatal care" reflects the percentage of live births that received prenatal care beginning in the third trimester or not at all.

Between 2011 and 2013, 13.0% of all Orange County live births received no prenatal care during the first trimester.

- More favorable than the California proportion.

No Prenatal Care in the First Trimester
(Percentage of Live Births, 2011-2013)

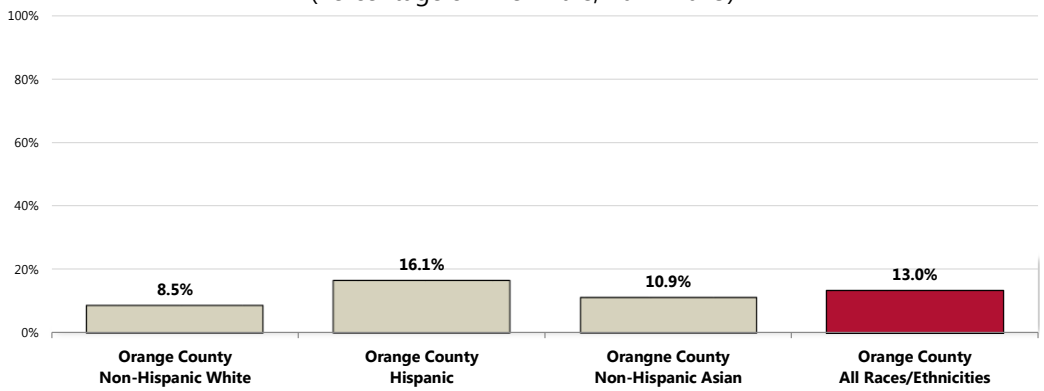


Sources: • California Department of Public Health.
Note: • Numbers are a percentage of all live births within each population.

Lack of prenatal care is higher among Hispanics in Orange County.

No Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)



Sources: • California Department of Public Health.
Note: • Numbers are a percentage of all live births within each population.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

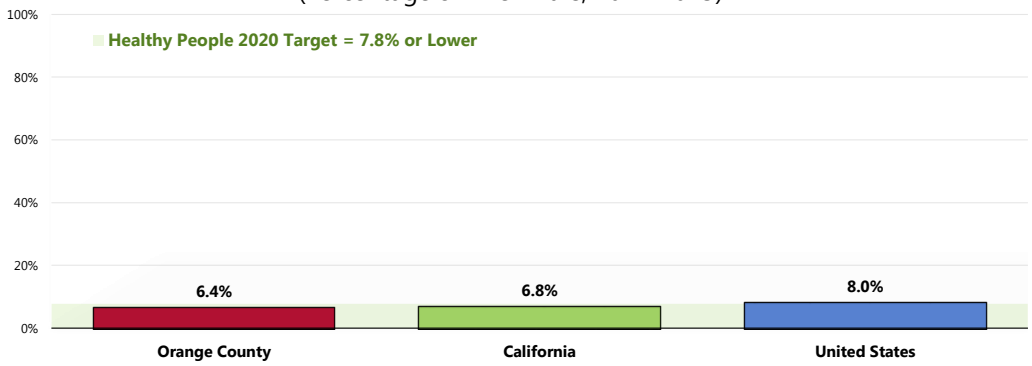
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 6.4% of 2011-2013 Orange County births were low weight.

- Better than the California proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

Low-Weight Births

(Percentage of Live Births, 2011-2013)



Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

Infant Mortality

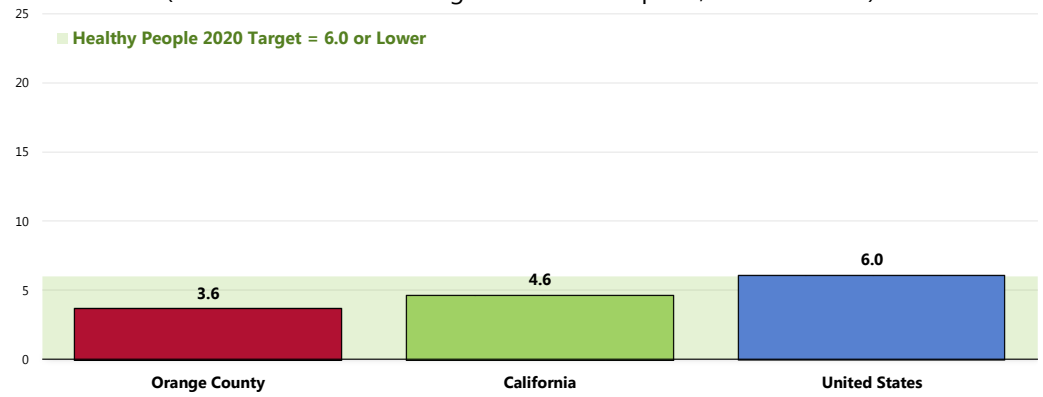
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2011 and 2013, there was an annual average of 3.6 infant deaths per 1,000 live births in Orange County.

- More favorable than the California rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2011-2013 Annual Average Infant Deaths per 1,000 Live Births)



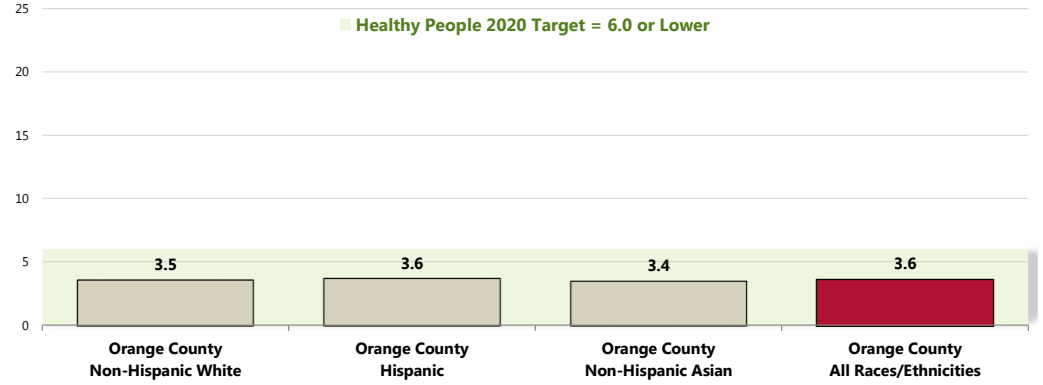
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

The Orange County infant mortality rate does not vary significantly by race.

Infant Mortality Rate by Race

(2011-2013 Annual Average Infant Deaths per 1,000 Live Births)



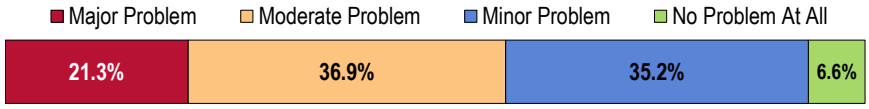
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

The largest share of key informants taking part in an online survey characterized *Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Immunizations

This is related to the immunization issue in Orange County and a large contingency choosing not to immunize their children. – Social Service Providers

Lack of immunizations put them at risk, obesity. – Other Health Providers

Low-Income Population

Particularly in low income areas, prenatal and infant care is minimal, hard to access. Transportation and economic barriers are prevalent, etc. – Social Service Providers

Our families often come to us without pre- or postnatal care. Some children haven't had their immunizations. Sometimes it is a cost issue. – Social Service Providers

Many poor children do not receive the same primary preventative health checkups as middle class or wealthy children. Many more end up in the Emergency Rooms. – Social Service Providers

Prevention

Children are not developing according to their development milestones and early intervention care is imperative. – Business and Community Leader

Former foster youth with children of their own often do not regard the health of their children as something to be concerned about. It does not occur to them that illness can be prevented in many cases, and it does not occur to them that their child's illness may be serious. – Social Service Providers

Many of the adult diseases that have become prevalent and that create many burdens on communities are afflictions that begin in early stages of life. Diabetes, obesity and heart disease can be substantially effected by poor nutrition and lack of physical activity. Many habits that begin in our youth. – Social Service Providers

Birth Outcomes

Alcohol and drug exposure in the womb. Infectious disease. Poor nutrition and overall health are indicators for learning and behavioral issues. – Social Service Providers

Health issues among children have greater impacts on years of potential life lost, quality adjusted life years, and the optimal development of human potential. – Public Health

Have the opportunity to impact a person's lifetime health, best return on investment. OC indicators are better than national average, but could substantially be improved. Percent of newborns utilizing the NICU trend has been increasing. Between 2002 and 2010, number of neonates with significant problems increased 53 percent. – Social Service Providers

Birth outcomes have been worsening since 2000. – Social Service Providers

Injury Control

Year after year we have toddler drownings, unrestrained or inappropriately restrained child in car crashes. Food insecurity at 54 percent of OC families. Increasing poverty. Increased number of children on free and reduced school lunch program. Inadequate housing. Children experience toxic stress. Lack of family centered quality medical home connection. – Physician

Access

Lack of access due to insurance snafu. Instability of parents. Lack of priority. Please see the substance abuse question. – Social Service Providers

Many families do not have access to specialty care for their kids. Many health problems or developmental problems in infants and children have the best outcomes with early intervention, which is why it is so crucial. – Business and Community Leader

Several service for children are not local and families have to drive to other cities. – Business and Community Leader

Many are uninsured and do not seek out medical help until in crisis. If one has illegally entered the country, they are often fearful of utilizing resources that are available to them or unaware to such support. – Business and Community Leader

Need for prenatal care for the underserved and the epidemic of obesity. – Business and Community Leader

Education

Poor recognition of developmental disorders like autism. Underutilization of early intervention, misinformation about the benefits and lack of harms from vaccination. Limited resources for low SES parents. High childhood obesity and asthma. – Business and Community Leader

So many families with children that live in this community. Schools can use additional resources. – Business and Community Leader

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

– Healthy People 2020 (www.healthypeople.gov)

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

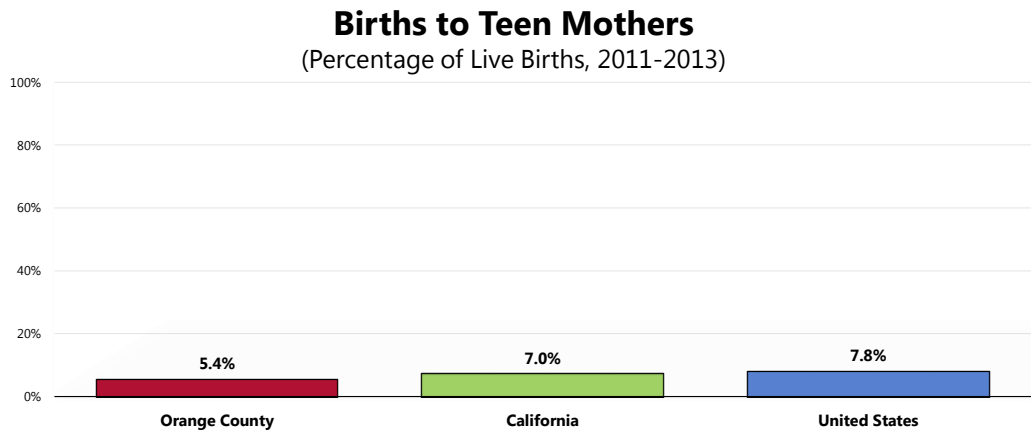
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

A total of 6.7% of 2011-2013 Orange County births were to teenage mothers.

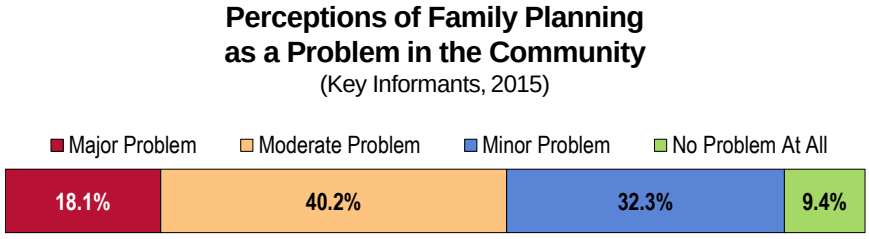
- Lower than the California proportion.
- Lower than the national proportion.



Sources: • California Department of Public Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "moderate problem" in the community.



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Teenage Pregnancy

Most of my knowledge about this issue comes through media and personal interest stories about teenagers having children. – Other Health Providers

There is a large amount of teen pregnancy in the area. – Other Health Providers

Teenage pregnancy issues. – Business and Community Leader

The west side of Costa Mesa, all of Santa Ana, Anaheim, parts of Garden Grove, continue to have one of the highest teen pregnancy rates in the nation. Funding has dried up at the federal level, and locally, many family foundations and corporations do not want their dollars going towards this. We must get a better handle on the teen pregnancy problem. – Social Service Providers

Family planning is a fundamental social determinant of health, particularly in communities with high rates of births to teens. Births to teens or young adults can dramatically undermine the attainment of high school and college degrees, and consequently, earning potential, which can profoundly impact the socioeconomic conditions we know are the prime drivers of overall health in our communities. We

know that socioeconomic conditions impact health more than clinical care and healthcare access, health behaviors or environmental conditions. These impacts extend well beyond the young mother to impact children, their development, their educational achievement and their health, as well as fathers and their career arcs. Family planning programs and resources can be scarce in Orange County, where disparities in family planning measures can be substantial. – Public Health

Too many teen girls are getting pregnant. – Business and Community Leader

Education

There are a lot of families who move to Irvine to start or grow their families. With that comes an increase in needs. – Business and Community Leader

We see families with multiple children that are unprepared to care for them emotionally, physically and financially. – Business and Community Leader

Not enough education and support for all options. – Social Service Providers

There is lack of information and education to prepare the family for the changes that come before and after giving birth. – Social Service Providers

Former foster youth are, for the most part, completely ignorant of the importance of family planning and, as a result, continue the cycle of child abuse and neglect. – Social Service Providers

I have literally had patients tell me they cannot remember to take a pill every day. Some have misgivings about using hormonal contraception, whether real or imagined. There is a disconnect between the realities of unprotected intercourse, whether regarding STIs or unintended pregnancies. – Business and Community Leader

All pregnancies we work with are crisis pregnancies. Most women have knowledge deficit regarding birth control. – Social Service Providers

Single mothers need to be educated regarding family planning, especially when they are not able to work because of all the children they have. Mothers are not able to provide all. – Business and Community Leader

An aggressive campaign against Planned Parenthood, which provides culturally competent family planning, has reduced their reach. – Social Service Providers

Cultural Stigma

Cultural stigma. – Business and Community Leader

Resources

It is difficult for the poor and underprivileged to receive this. Also, young women need more places to go. – Social Service Providers

Decreased services, expense not covered by insurances. – Other Health Providers

There are other methods besides the pills that is fraught with side effects. – Physician

Diminished access for women to family planning resources, especially in regards to Hoag's withdrawal of those services due to merger. – Physician

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

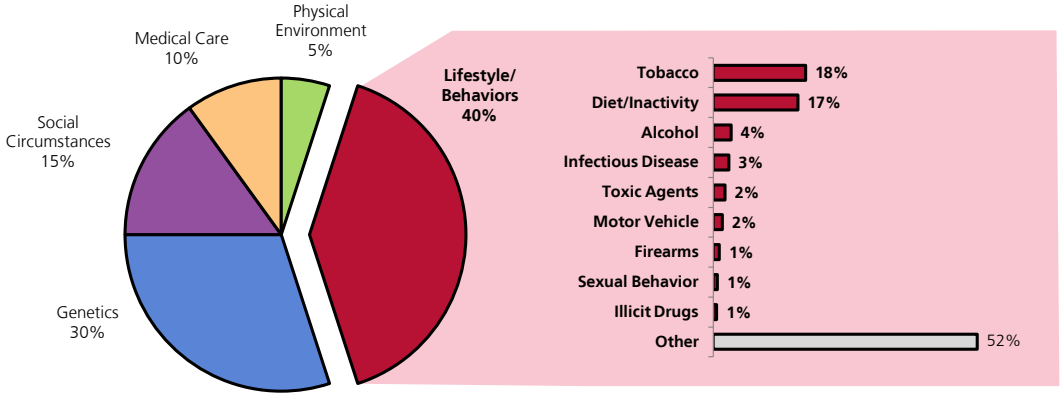
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and transfats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

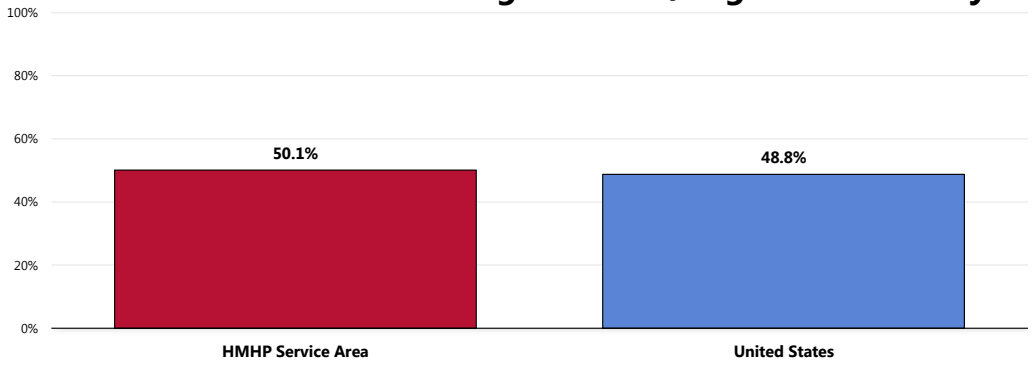
Fruit & Vegetable Consumption

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 50.1% of HMHP Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to national findings.

Consume Five or More Servings of Fruits/Vegetables Per Day



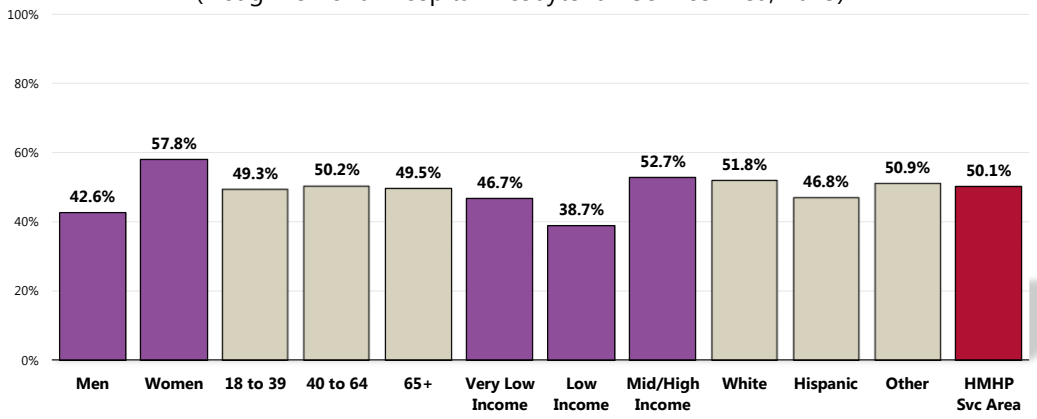
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 175]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Area men are less likely to get the recommended servings of daily fruits/ vegetables, as are residents living just above the federal poverty level.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 175]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Fast Food Consumption

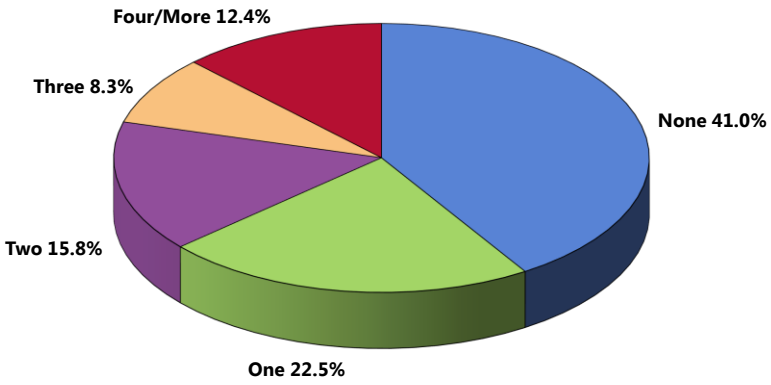
"In the past week, how many meals would you say you have eaten from 'fast food' restaurants? Please include breakfasts, lunches, and dinners."

When asked, the largest share of respondents (41.0%) reported eating no fast food meals in the past week; another 22.5% of respondents had one fast food meal.

- On the other hand, 20.7% had 3+ fast food meals in the past week (including breakfasts, lunches, and dinners).

Number of Fast Food Meals Consumed in the Past Week

(HMHP Service Area, 2013)



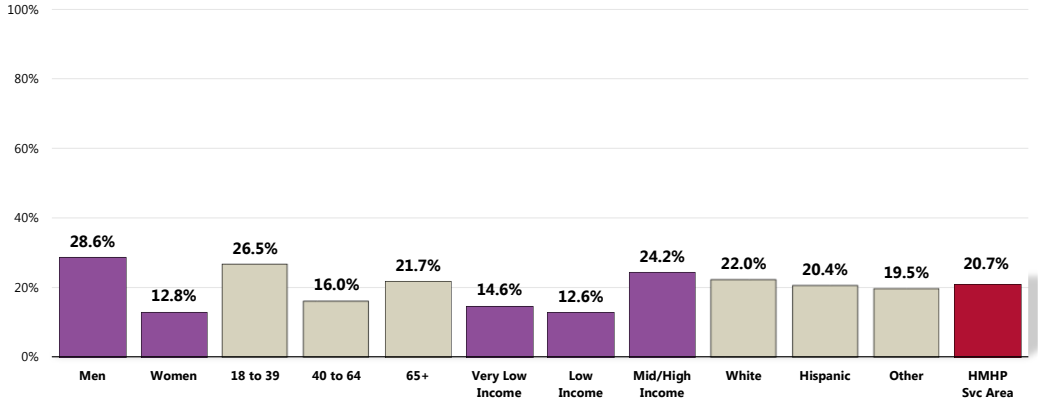
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.
• In this case, respondents were asked to include fast food meals for breakfast, lunch and dinner.

Population segments more likely to have had 3+ fast food meals in the past week include:

- Men.
- Young adults.
- Upper-income residents.

Consumed 3+ Fast Food Meals in the Past Week

(HMHP Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.
• In this case, respondents were asked to include fast food meals for breakfast, lunch and dinner.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Junk Food Consumption

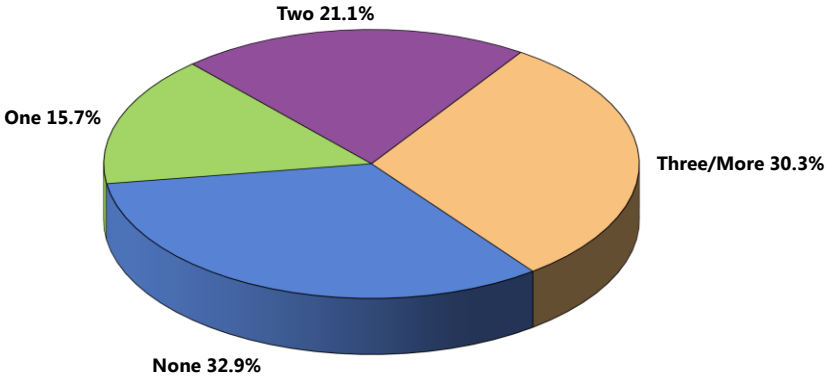
"On average, how many times per day or per week would you say you eat "junk food" such as candy or chips?"

A total of 32.9% of HMHP Service Area adults report eating no servings of junk food in the past week, and 15.7% had just one serving.

- In contrast, 30.3% of survey respondents had 3+ servings of junk food (things like candy and chips) in the past week.

Servings of "Junk Food" in the Past Week

(HMHP Service Area, 2013)



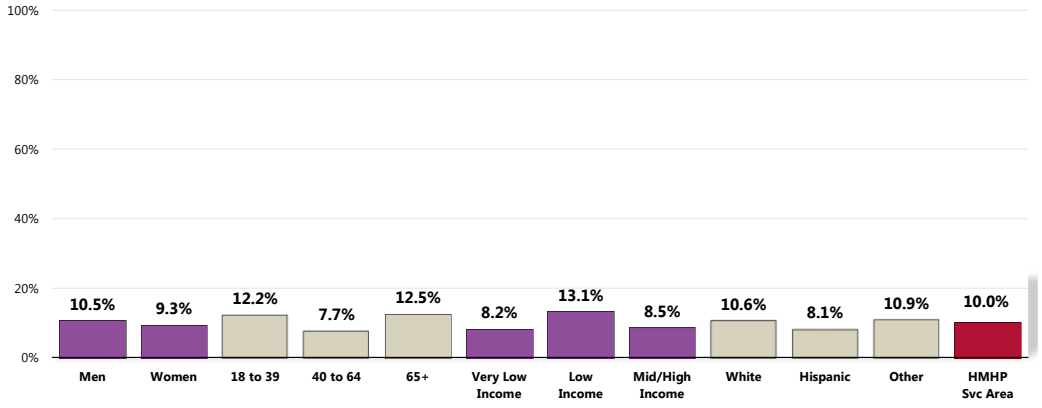
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- In this case the term "junk food" includes items such as chips, candy, etc.

No significant difference by key demographic characteristics.

Consumed >7 Servings of Junk Food in the Past Week

(HMHP Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "junk food" includes items such as chips, candy, etc.

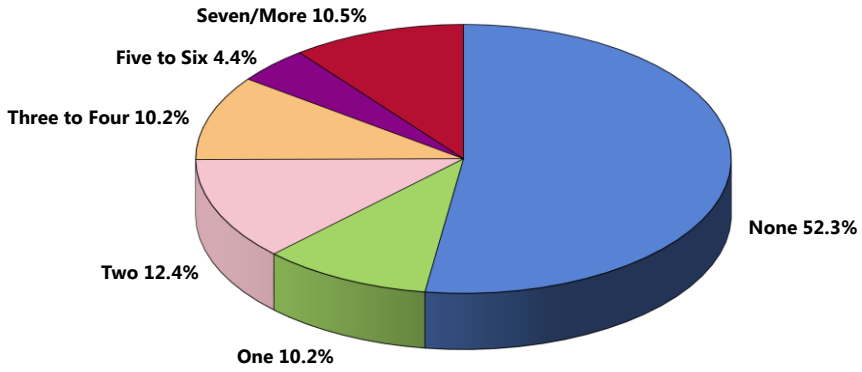
Soda Consumption

Over one-half (52.3%) of survey respondents had no servings of soda in the past week.

- On the other hand, 10.5% of respondents report having soda 7 or more times in the past week (an average of one or more per day).

Servings of Soda in the Past Week

(HMHP Service Area, 2013)

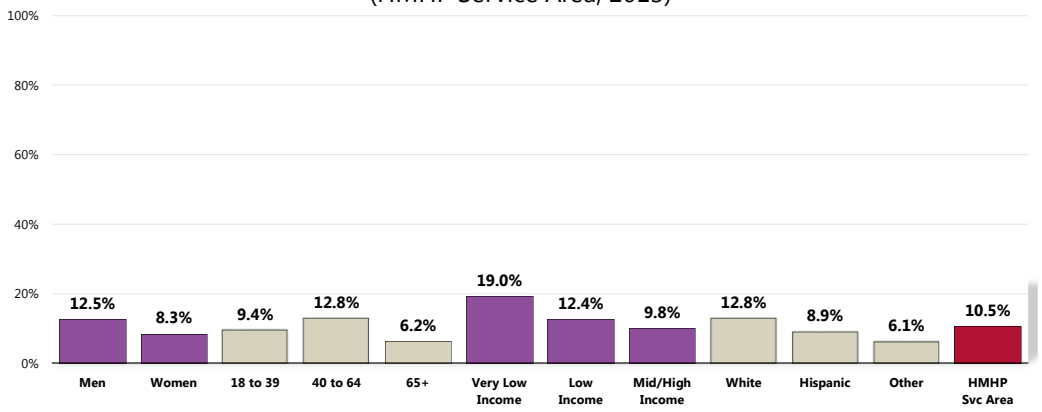


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.
• In this case, a serving represents a 12oz drink of soda or pop.

- Residents more likely to have had 7+ servings of soda in the past week include adults age 40 to 64 and those living on lower incomes (negative correlation with income).

Drink 7+ Servings of Soda Per Week

(HMHP Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Advice About Diet & Nutrition

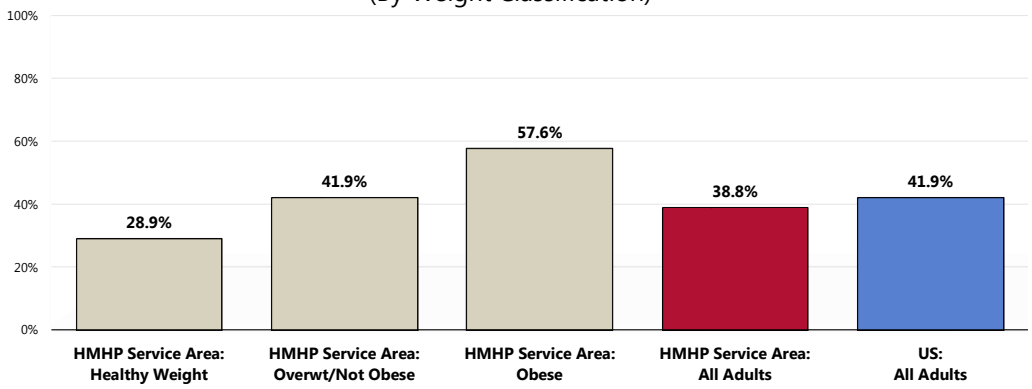
A total of 38.8% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.

Note: Among obese respondents, 57.6% report receiving diet/nutrition advice (meaning that over 40% did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

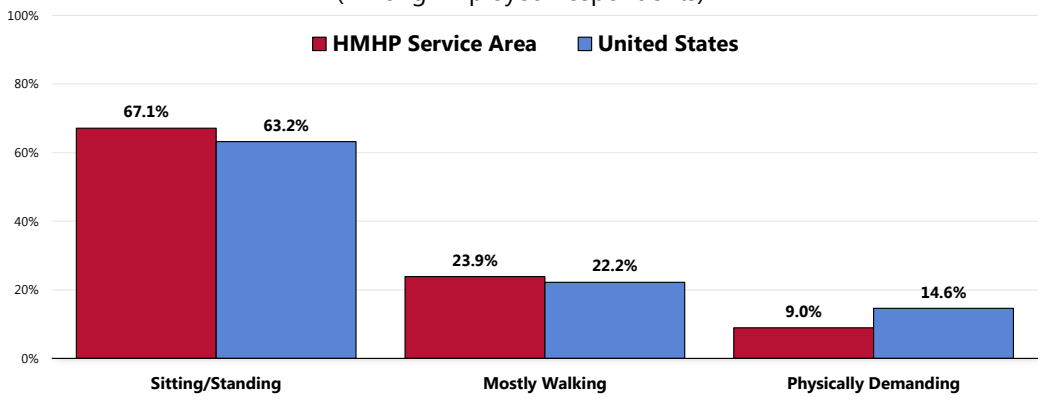
Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Just over 2 in 3 employed respondents (67.1%) report that their job entails mostly sitting or standing, similar to the US figure.
- 23.9% report that their job entails mostly walking (similar to the US).
- 9.0% report that their work is physically demanding (lower than the US.

Primary Level of Physical Activity At Work

(Among Employed Respondents)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents who are employed for wages.

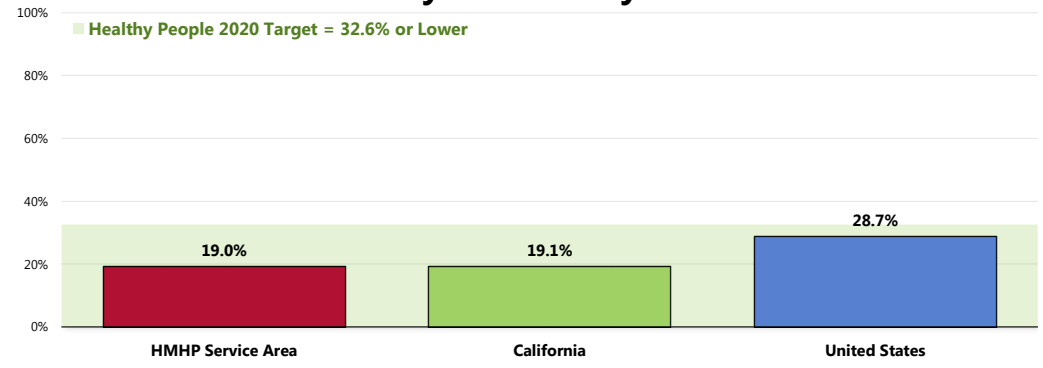
Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 19.0% of HMHP Service Area adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month



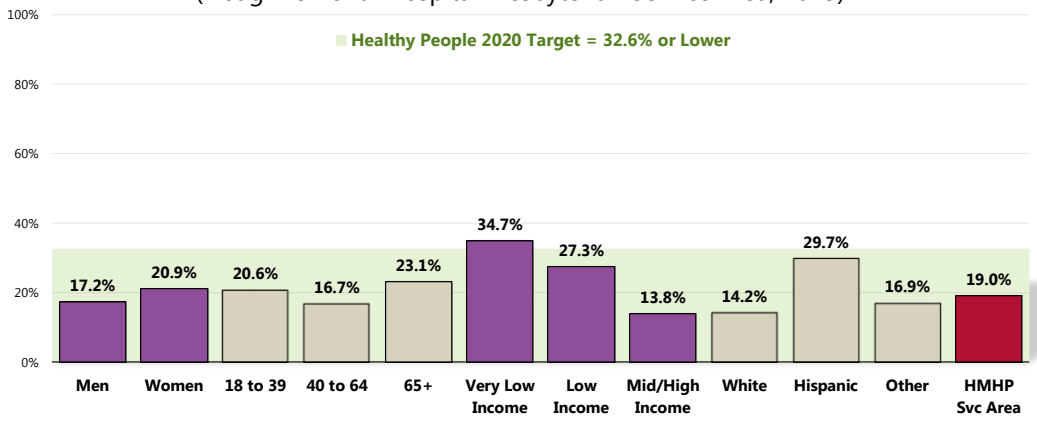
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents (note the negative correlation with income).
- Hispanics.

No Leisure-Time Physical Activity in the Past Month
(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

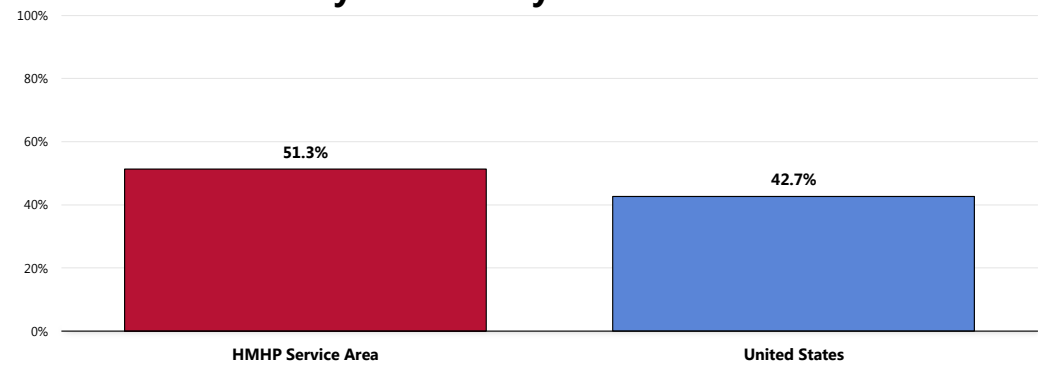
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 51.3% of HMHP Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- More favorable than national findings.

Meets Physical Activity Recommendations



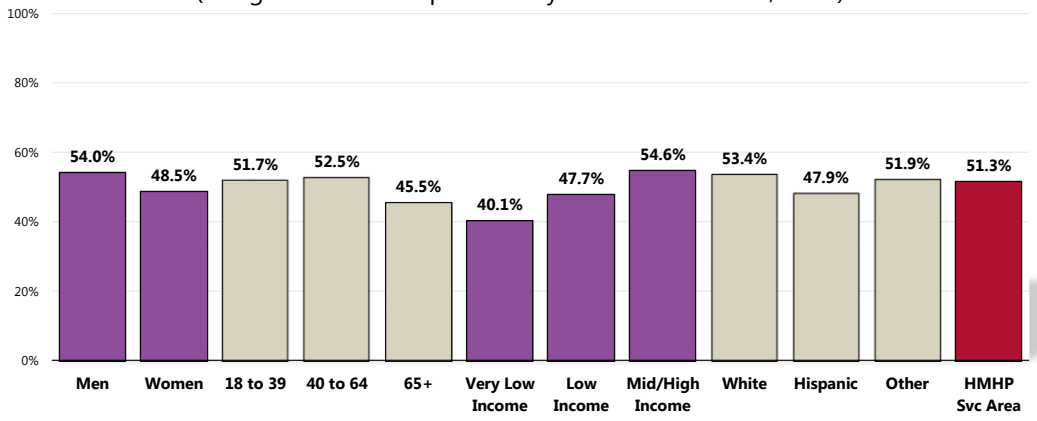
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Residents living in households with lower incomes are less likely to meet physical activity requirements (note the positive correlation with income).

Meets Physical Activity Recommendations

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

A total of 29.9% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

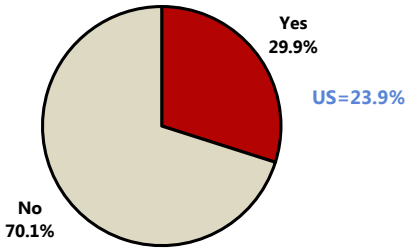
- More favorable than the national level.

A total of 36.5% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

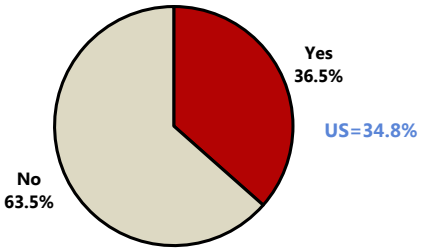
- Comparable to the nationwide figure.

Moderate & Vigorous Physical Activity

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Moderate Physical Activity



Vigorous Physical Activity

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 180-181]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

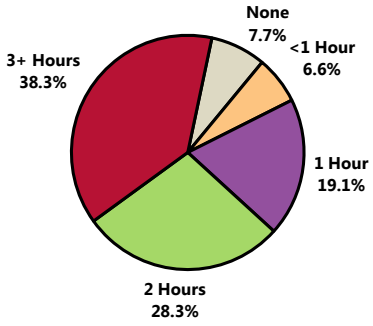
Screen Time

Adults

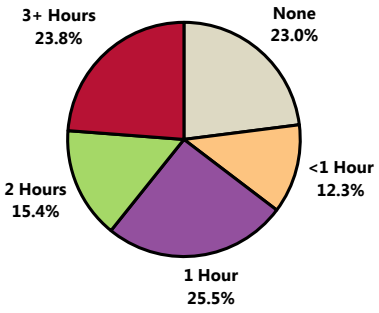
Among service area adults, 38.3% watch three or more hours of television per day; 23.8% spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

Adult's Screen Time

(HMHP Service Area, 2013)



Hours per Day of Television



Hours per Day of Other Screen Time
(i.e., video games, computer/Internet entertainment)

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 106-107]

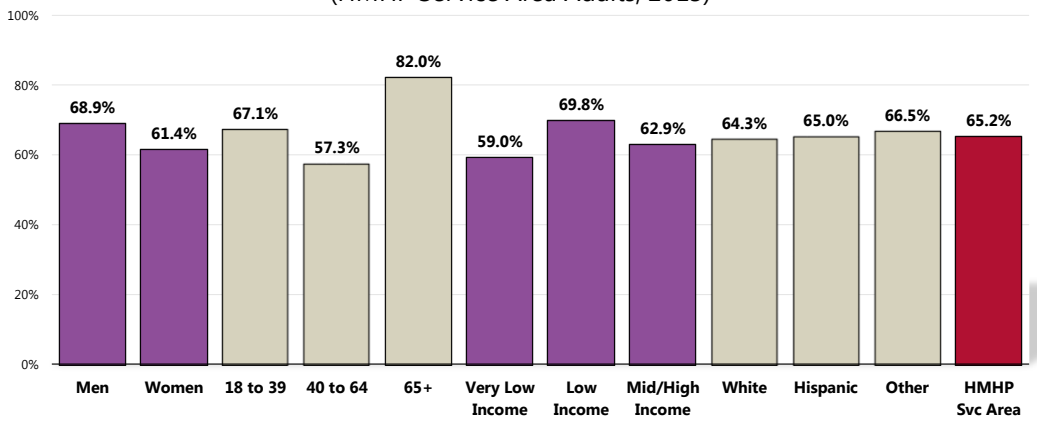
Notes:
- Asked of all respondents

When combined, 65.2% of HMHP Service Area adults spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Statistically high among men, young adults, seniors, and residents living just above the federal poverty level.

Combined Screen Time is 3+ Hours Daily

(HMHP Service Area Adults, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 214]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• "Three or more hours" includes reported screen time of 180 minutes or more per day.

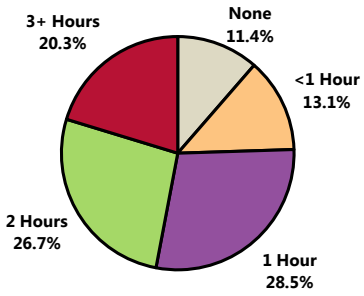
Children

Among children aged 5 through 17, 20.3% are reported to watch three or more hours of television per day; 19.2% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

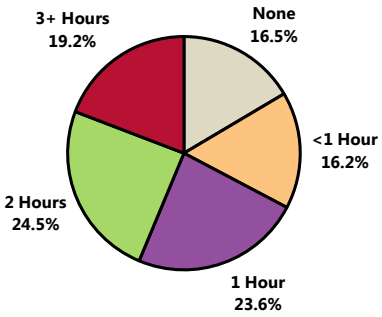
- Time spent on television is comparable to the national figure; computer screen time among service area children is nearly twice the national percentage.

Children's Screen Time

(Among Parents of Children Ages 5-17; HMHP Service Area, 2013)



Hours per Day of Television



Hours per Day of Other Screen Time
(i.e., video games, computer/Internet entertainment)

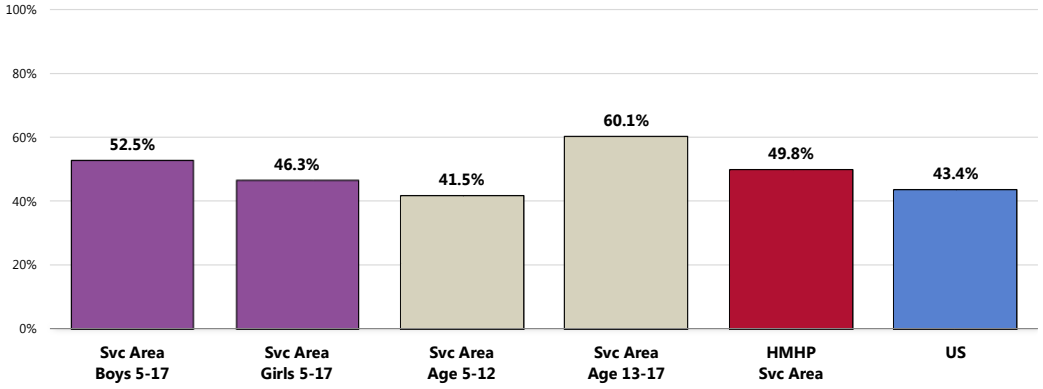
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145, 182-183]
Notes: • Asked of respondents with a child aged 5 to 17 in the household.

When combined, one-half (49.8%) of HMHP Service Area children aged 5 to 17 spends three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Similar to the national prevalence.
- Higher in boys (age 5-17) and teens.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]

(Among Parents of Children 5-17)



Sources:
- 2013 Professional Research Consultants, Inc. PRC Community Health Survey. [Item 184]

Notes:
- Asked of all respondents with children 5-17 at home.
- For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
- "Three or more hours" includes reported screen time of 180 minutes or more per day.

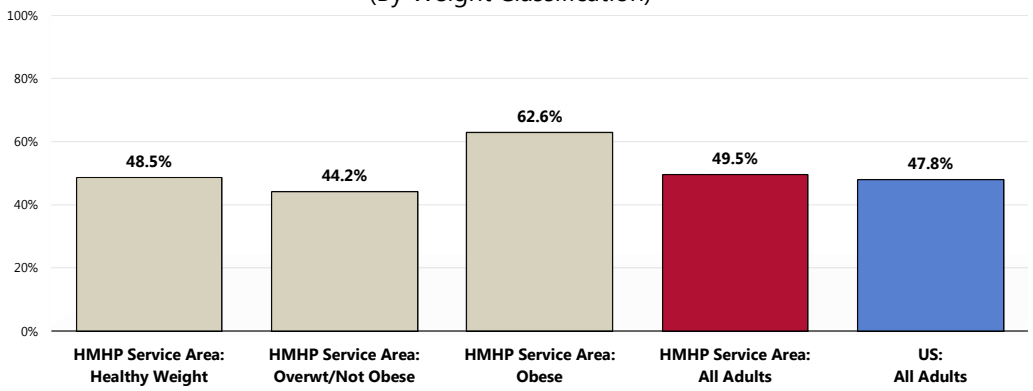
Health Advice About Physical Activity & Exercise

A total of 49.5% of HMHP Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to the national average.
- Note: 62.6% of obese HMHP Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

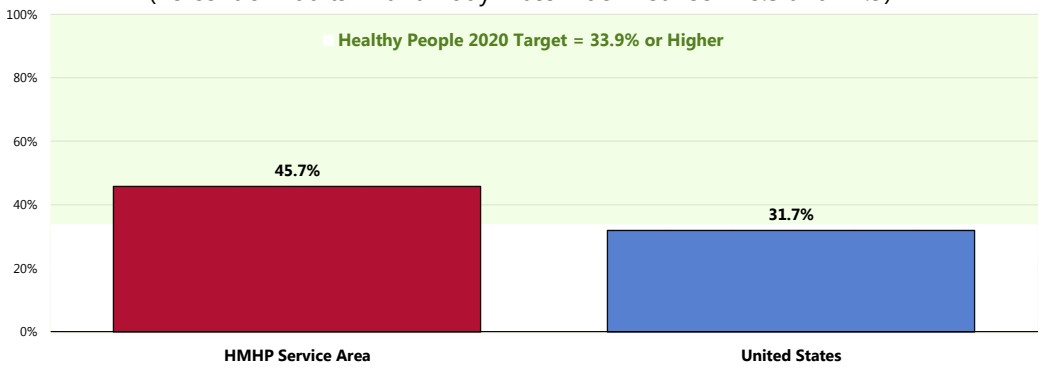
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 45.7% of HMHP Service Area adults are at a healthy weight.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (33.9% or higher).

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

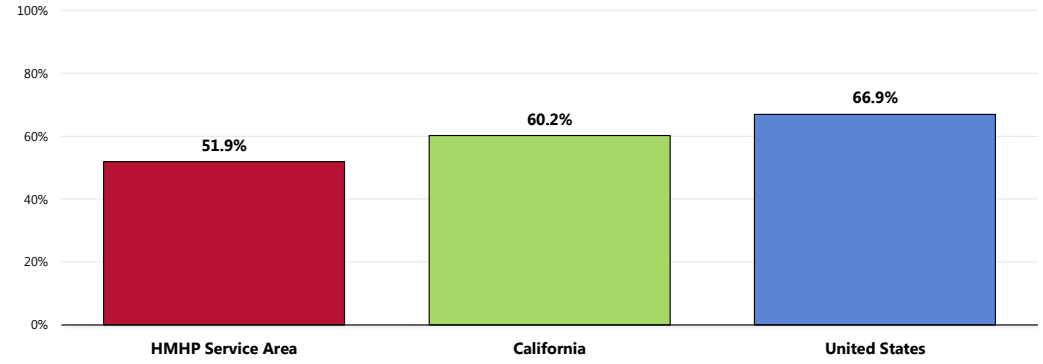
Here, "overweight" includes those respondents with a BMI value ≥25.

Just over one-half of HMHP Service Area adults (51.9%) are overweight.

- More favorable than the California prevalence.
- More favorable than the US overweight prevalence.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

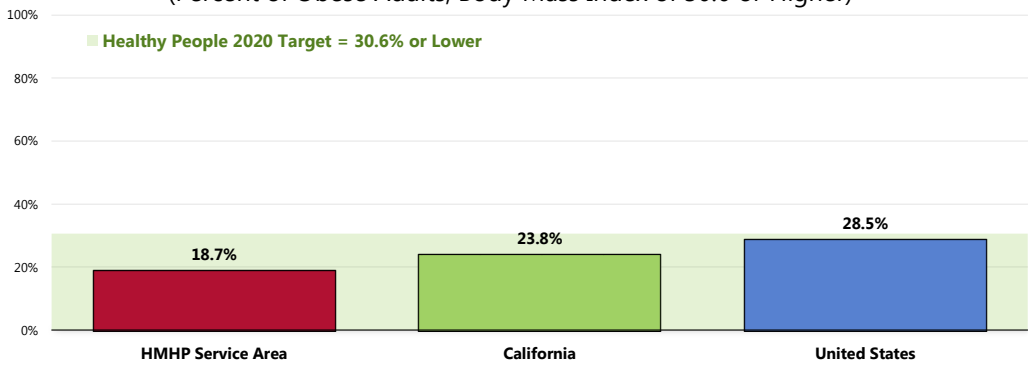
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Further, 18.7% of HMHP Service Area adults are obese.

- More favorable than California findings.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.

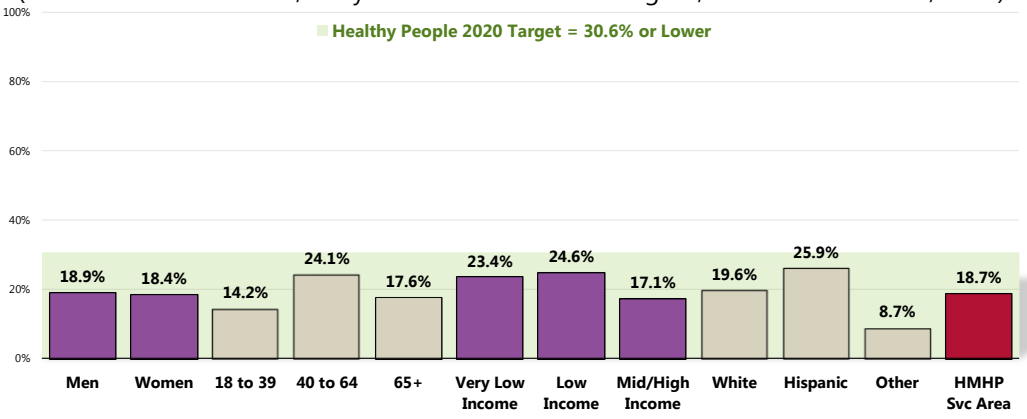
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Adults between the ages of 40 and 64.
- Hispanic adults and White adults.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; HMHP Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

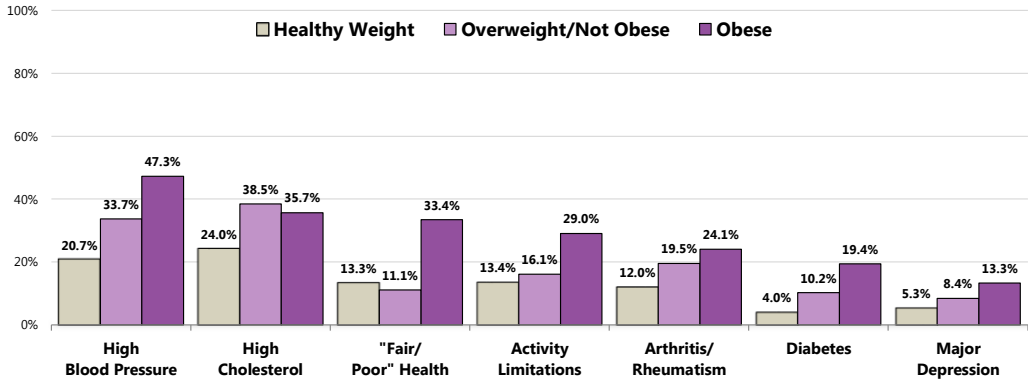
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- "Fair" or "poor" overall health.
- Activity limitations.
- Arthritis/rheumatism.
- Diabetes.
- Major depression.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 26, 31, 37, 121, 148, 149]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 23.8% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

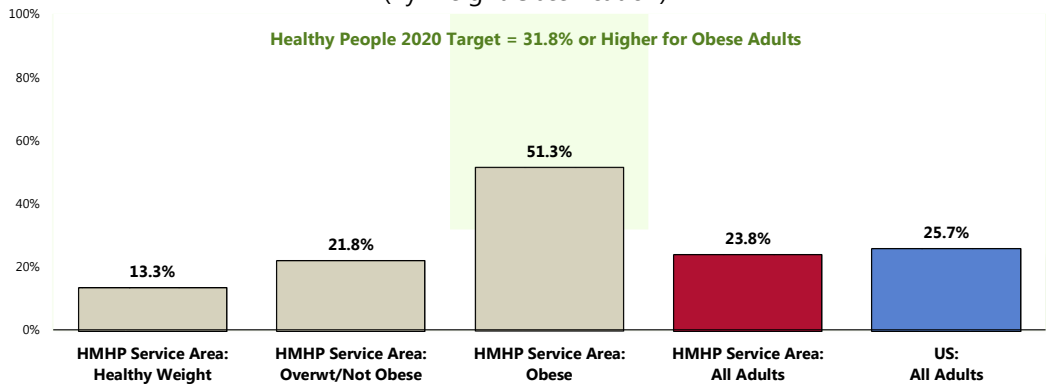
- Statistically similar to the national findings.

Note that 51.3% of obese adults have been given advice about their weight by a health professional in the past year (while nearly one-half has not).

- This proportion satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 189]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

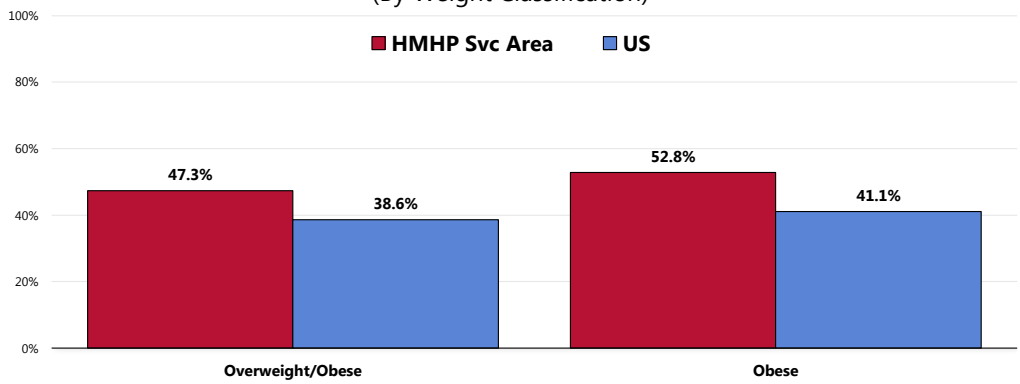
A total of 47.3% of HMHP Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- More favorable than national findings.

Note: 52.8% of <u>obese</u> area adults report that they are trying to lose weight through a combination of diet and exercise, more favorable than the US figure.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

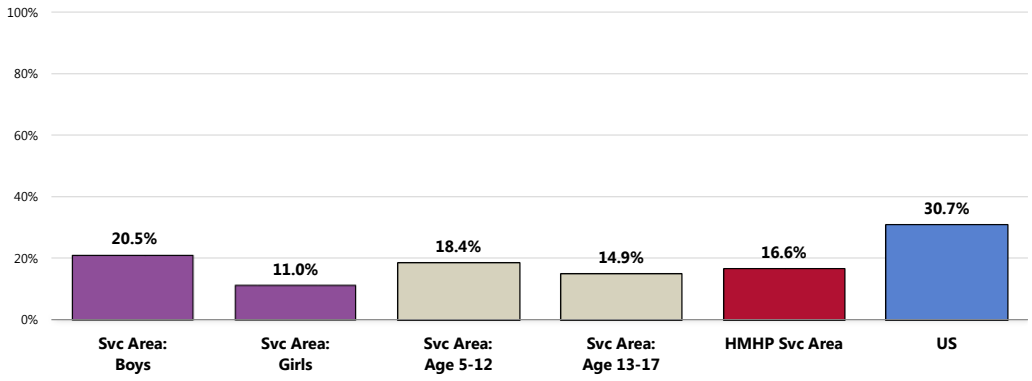
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 16.6% of HMHP Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Much more favorable than found nationally.
- Statistically high in area boys; similar by age.

Child Total Overweight Prevalence

(Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

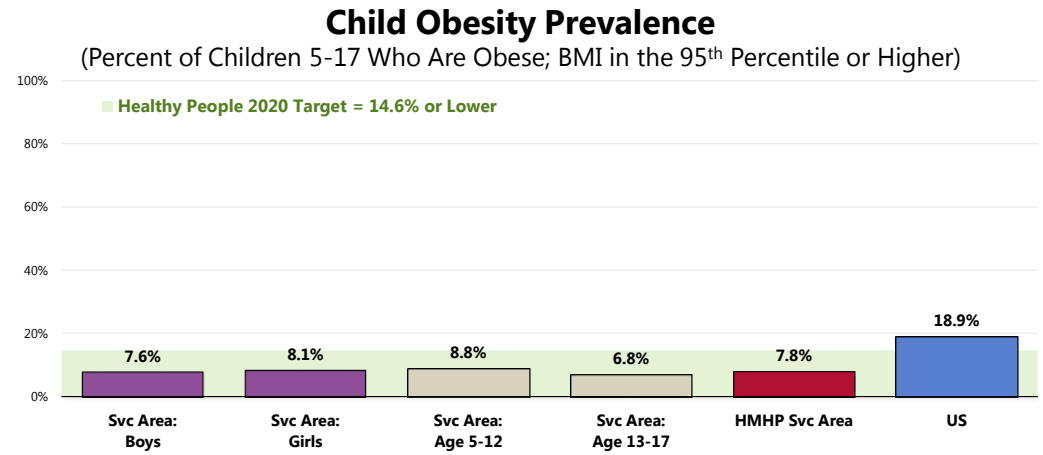


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 7.8% of HMHP Service Area children age 5 to 17 are obese (≥95th percentile).

- More favorable than the national percentage.
- Satisfies the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Statistically similar by child's age and gender.

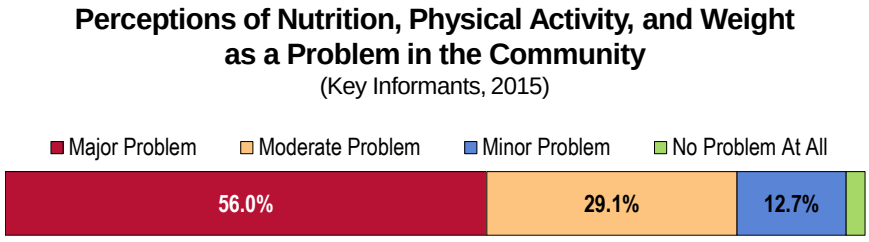


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.



Sources:
- PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Education

> *Nutrition education. Labor intense to prepare specialized diet and very expensive. – Social Service Providers*
>
> *Most Seniors are not aware of their nutrition and sedentary lifestyle in their overall health improvement. Education is sadly lacking. – Social Service Providers*
>
> *This relates to lifestyle. These three issues are affected by lack of education, economic burden, lack of adequate affordable community resources such as supermarkets, and finally a safe environment for after school or work physical activity. – Physician*
>
> *Children and families need resources in their communities that can educate on healthy eating, physical activity and provide support. Fresh produce at affordable prices is critical to addressing the obesity epidemic. Health literacy as relates to nutrition, reading labels, making selections is challenging when children are offered cheap fast food in their neighborhoods and more expensive healthy foods. Promoting school gardens would help. – Physician*

The need for early education, structures for support and monitoring of fitness. – Business and Community Leader

Education, accessibility, lack of child care for the adults who want to participate - Social Service Providers

Businesses that promote easy fixes rather than education, school systems that don't include physical fitness, television and computer entertainment. – Other Health Providers

Teaching children healthy habits. – Social Service Providers

Lack of nutritional education. Limited access. (no grocery stores within walking distance) limited access to kitchen space. Attempts at weight control through substances/diet pills and extreme diets) Organized exercise classes and gyms are expensive. Fast food costs less than fresh food. – Social Service Providers

people do not know what eating healthy and good nutrition really is. They think they are eating well but they are not. This lack of knowledge is leading to a rise in physical and mental health disorders. – Social Service Providers

The biggest challenges related to nutrition would be lack of awareness/education about nutritional benefits to certain foods and how to apply it in one's daily life. Access to nutritious foods can be a challenge as well, however I think most people don't understand how to balance their diet, which causes many to make poor choices when it comes to what they eat, how much they consume, etc. Knowledge is important in all aspects, including nutrition; physical activity; and weight management. Challenges related to physical activity include behavioral, social, and environmental barriers. Personal motivation is important, however many may find it unattainable, which is important to provide education about free or low-cost options. Because of these challenges, weight management becomes a challenge because of lack of awareness/education/knowledge, and social behavioral barriers as well as environmental. – Social Service Providers

Former foster youth, for the most part, have not been educated in the importance of nutrition and physical activity. Once emancipated from the foster care system, most will indulge in fast food, unhealthy snacks, and poor nutrition in general, as well as avoidance of any healthy physical activity. Unless they become part of a group of friends or enter into a mentor relationship that promotes healthy living, these youth will continue their unhealthy choices. – Social Service Providers

I have seen a need for more information regarding nutrition and healthy lifestyle in the Latino community. Due to the language barriers, they lack education about living a healthy and balanced life. – Social Service Providers

Obesity

Increasing in childhood obesity, decrease of childhood activity, etc. – Social Service Providers

A large percentage of us are overweight by observation. – Other Health Providers

It's everywhere - people are overweight, sedentary and living on inexpensive unhealthy food and fast food. – Business and Community Leader

This concern comes primarily from the media and my own observation, particularly living on the border between Costa Mesa and Santa Ana. Obesity is obviously a growing problem in OC and I notice it even more in the Hispanic community north of my home. I am concerned about access to healthy food and exercise programs, particularly for the underserved. – Other Health Providers

Obesity. – Other Health Providers

Obesity is a growing problem and comes with dozens of co-morbitities. – Social Service Providers

Obesity epidemic. – Physician

Too many people are overweight and unhealthy to the point of shortening their life and developing related medical problems. – Social Service Providers

We always hear about kids and adults being overweight and have seen the increase over the years across all states. – Business and Community Leader

Lack of Access to Healthy Food

Orange County residents face many challenges to their health, ability to be physically active and make healthy foods choices including: access to affordable fresh fruits and vegetables, lack of safe and accessible parks and play areas, lack of sufficient income, lack of education on proper nutrition. Fast food is often more easily accessible and affordable. It is especially difficult for children, who have become accustomed to this type of food, to make changes. Attitudes and commitment on the parents part needs to occur which can be difficult. Portion sizes are often large and unbalanced. It is increasingly difficult to deal with misleading food labels and advertising targeted at children. There is easy access to competitive foods like soda, chips and candy which makes it difficult for parents to combat these unhealthy habits with their children. Lastly, technology has taken over as a primary activity rather than outdoor play. – Social Service Providers

there is lack of access to healthy foods, knowledge of how to cook, and where to purchase healthy foods for the target population. this in turn leads to the diabetes and hypertension prevalence among the community of low income resources. – Social Service Providers

Availability of any food is primary. Some food is better than no food. Some of the cheapest food is often very high in calories. Extra weight carries medical risk for many. However, fruit is expensive these days, diet sodas for a dollar seem to some to be a gift. Healthy habits like exercising often feel like luxuries for the very wealthy when one works 3 jobs to support a family or education. – Business and Community Leader

Please see the comments in the "Diabetes" section. Families in this community need more access to healthy food alternatives and be educated of such. – Business and Community Leader

Poor nutrition, obesity and lack of activity are obvious healthcare issue. Cost of care. Quality of life. – Social Service Providers

Technology

Television, computers, online games, promote a sedentary lifestyle. Higher cost of nutritious food vs processed food. – Social Service Providers

Technology has made it too easy to sit around. Fast food makes it too easy to eat in an unhealthy manner. Healthy eating and food preparation takes too long to prepare and it is more expensive than fast food. – Other Health Providers

I believe one of the factors to this issue is that children today have learned to depend on technology to the point that they do not go outside and socialize with other children and get the exercise they may need. Many of these children are left to care for themselves as their parents are working late nights. They spend time either socializing and learning a "gamer" culture, express themselves (negatively or positively) on social media and eat whatever is available to them. – Social Service Providers

Sedentary lifestyle due to the increased use of technology. Technology makes everything more convenient that creates people to disconnect with others and the outdoors. – Social Service Providers

Discipline

Sticking to a good regimen. – Business and Community Leader

Families have educated with many parenting classes, but it a challenge to change eating habits and to exercise. – Business and Community Leader

Self-control. Big money is spent on advertisements for food that looks good but has to high fat content, processed, additives, and genetically modified. It has been sprayed with pesticides, fake nutrition, and (meats) fattened up with things those animals wouldn't eat. It all has an influence on the nutrition one eats, and how they maintain their weight. There is a lack of physical activity with both the young and the old. When we are tired it is easy to feel we need to rest, when the best thing for us is to get moving. We are quickly becoming a very fat society. – Social Service Providers

Lack of daily support - Business and Community Leader

Getting people motivated to change diet and increase physical activity, and changing the physical, economic, and social environments to make such changes easier. – Public Health

Advertising

Soda companies promoting their products to youth. Ignorance among parents in how to provide nutritious food. Lack of education about the importance of fresh fruits and vegetables, and dangers of soda, simple carbs. Lack of physical ed at schools. – Social Service Providers

Combatting the cumulative impact of market forces, environmental conditions, antiquated urban planning and city policymaking, "modern" hectic lifestyles, school environments, workplace policies, etc. to make the healthy choice the easy choice. – Public Health

Because we live in a world dominated by social media, we are bombarded by clever marketing ads promoting fast foods, junk foods, and sugary foods that are supposedly healthy, tasty and even sexy. It is often more convenient for a tired parent returning from work to stop at a drive-through than to cook a healthy meal. Plus the kids prefer the food they have seen on TV that is advertised by glamorous stars. Sadly, most schools don't provide very healthy food choices nor do they offer PE daily. Obesity is at an all-time high and new research claims that children will die at a younger age than their parents. Many people would rather take a weight loss pill than change their diet or exercise. Many families have the perception that they can't afford to buy nutritious foods, but in reality it is because they don't know how to prepare simple, inexpensive healthy meals. Excessive viewing of TV, video games, and a preoccupation with electronics contributes to sedentary habits. – Social Service Providers

Stress

Huge demands on people to work multiple jobs to make ends meet and caregiving responsibilities make healthy eating and exercise difficult to prioritize. Lots of jobs are sedentary, even for low wage earners. Poor transit, bike path infrastructure and poor walkability in many areas contribute. Many obese children - Business and Community Leader

Individual stress levels that people experience due to financial pressures of job availability housing costs. – Social Service Providers

Getting people to develop lifelong healthy habits. People are so stressed out and busy--it's easy to go for quick, unhealthy meals, and to not find time to exercise. – Business and Community Leader

Cost

Providing economically challenged communities with realistic, affordable and accessible resources to nutritious foods and access to safe places for children to engage in physical activities. – Social Service Providers

A well balanced diet is essential for good nutrition, energy to stay active and keeping your weight down. However, I also see that low-income can be a deterrent for eating healthy because is more expensive. The cost of fresh produce and unprocessed foods is higher than processed foods and even fast food. In addition, access to grocery stores in low-income neighborhoods is limited. – Social Service Providers

Low socio-economic status makes access to quality very difficult. – Business and Community Leader

Lack of Exercise

Not enough of it! Our kids are not getting enough physical activity especially teens. We have an obesity problem in the Latino community and we don't have comprehensive solutions for this. – Social Service Providers

Limited physical activity, limited healthy food choices available, limited outside spaces for play, no physical education teachers in our schools and no structured time for our children to have physical education. – Business and Community Leader

Lack of activities due to sedentary jobs and entertainment, such as the gaming industry and easy access at an early age to technology. Fast food restaurants, lack of understanding nutrition and reading labels. Restaurants serving single meals that could actually serve two or three people, the use of larger plates, foods that are good for us are expensive for the average income. People conceived idea that there isn't enough time to exercise. The lack of proactive initiatives in homes, schools, churches, cities. – Other Health Providers

Sedentary lifestyles and increased levels of desk work in the workplace lead to inactivity. People are encouraged to take breaks, walk, get outside, etc. but the reality is that expectations in the workplace don't allow for substantive breaks or safe areas to exercise in the workplace. From a nutrition perspective, the influences of quick meals and bargain shopping often overshadow the influences of nutritious foods. The time it takes to pull together nutritious meals also often plays a large roll in a person's ability to live healthy on a day-to-day basis. Both of these above factors cause issue with weight gain and without breaking the cyclical pattern, folks are unable to get out of a downward spiral effect. – Social Service Providers

Not enough parks in our community that are safe for families. Apartments don't have enough playing space that is safe for kids. – Social Service Providers

The children in poorer neighborhoods have less access to parks and recreation activities. They also don't have the resources available to them to participate in sports or fitness. Healthy food is also more expensive and many neighborhood grocery stores don't have large fruit and vegetable sections. The working poor can't afford to eat healthy. – Social Service Providers

People of all ages are facing challenges in this area. Seniors have difficulty accessing traditional physical fitness facilities. Need more equipment in parks for adults. Seniors who live alone need meal buddies. Seniors may not be able to shop, afford nutritious food, or lack the energy and dexterity to cook. – Business and Community Leader

Lack of open space and lack of safe space for children to play. Weight management programs with medically qualified staff are expensive and there are not many. Educational messages are confusing about what is right to eat and how to manage weight. – Social Service Providers

Parents work multiple jobs to survive. Children are kept inside for safety. There are not enough safe places to play. Low income people have more access to cheap unhealthful fast food than to fresh vegetables and fruits. – Social Service Providers

Cultural Norms

Cultural norms (mainstream and ethnic) that make healthy eating and physical activity a more difficult lifestyle choice. – Public Health

Carbohydrates

High-carbohydrate diets, excessive consumption of junk food and soda. Vegetables/fruits/ proteins are more expensive to feed families on low incomes. Technology - kids no longer play outside and instead are on computers or electronic games or watch TV. – Business and Community Leader

Hypertension

In the United States, there are about 465,000 preventable deaths per year, 395,000 from high blood pressure, 216,000 from obesity, 191,000 from inactivity, 190,000 from high blood sugar levels, and 113,000 from high cholesterol. These causes of death are mostly although not exclusively related to our behaviors and lifestyles. The United States ranks thirty-ninth for infant mortality and thirty-sixth for life expectancy, yet, we are first for per capita spending on health care. – Social Service Providers

Refugees

> *The vast majority of clients that we serve are immigrant and refugee populations. They suffered torture, starvation, malnutrition, and extreme deprivation. Also, before coming to America, they lived through years of forced labor and concentration camp-like conditions which exposed them to multiple health problems. Lack of physical activity (less than 150 minutes of moderate level of physical activity per week), lack of understanding about nutrition and healthy eating, lack of disease awareness (limited culturally and linguistically health education), high rates of PTSD in the population we serve. Lack of safe spaces in which to play and exercise. Lack of access to affordable and healthy food options. Limited knowledge about healthy behaviors. Lack of funding to support community-based agencies' efforts in providing health-promoting programs and services. Lack of safe recreational areas. – Social Service Providers*

Intervention vs. Prevention

> *As a community, we focus on intervention of people who have a problem vs. prevention. – Social Service Providers*

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

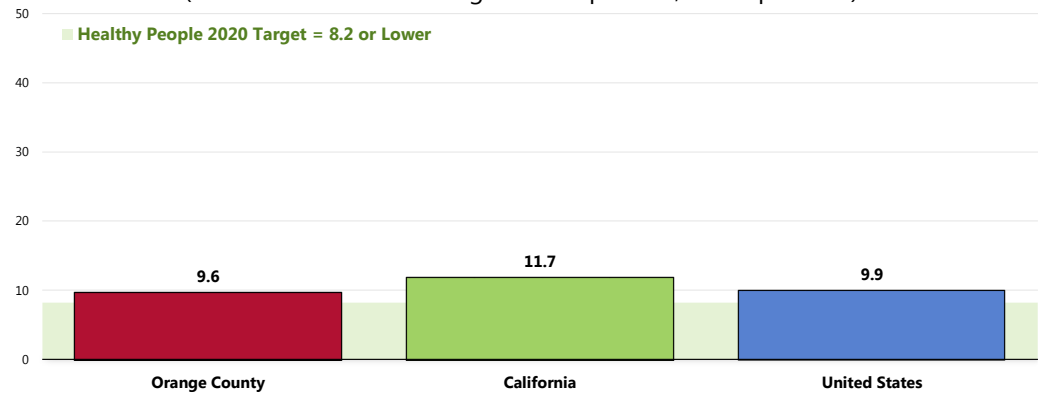
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.6 deaths per 100,000 population in Orange County.

- Better than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



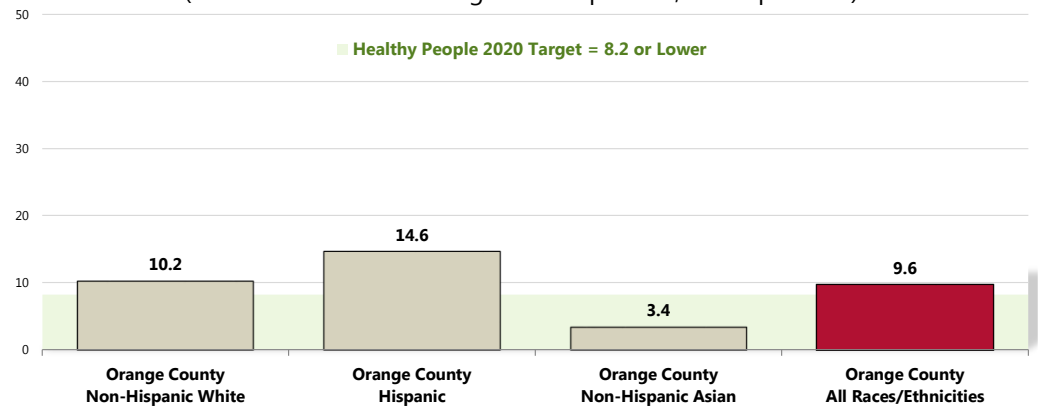
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

The cirrhosis mortality rate is favorably low in the Orange County Asian population.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
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Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

High-Risk Alcohol Use

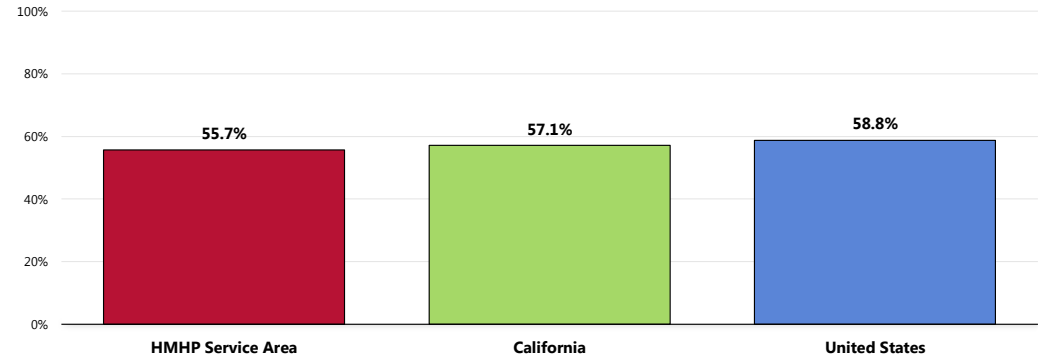
Current Drinking

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 55.7% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.

Current Drinkers



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

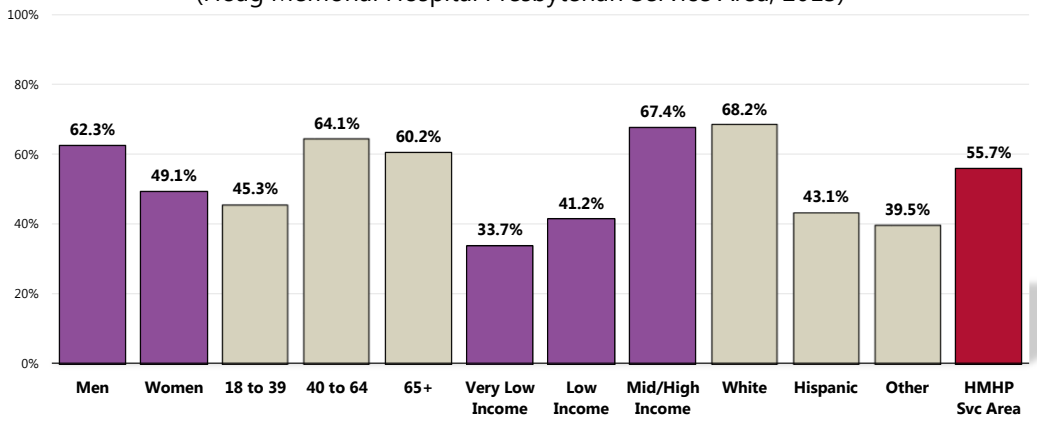
Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

Current drinking is more prevalent among:

- Men.
- Adults age 40 and older.
- Upper-income residents.
- Whites.

Current Drinkers

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

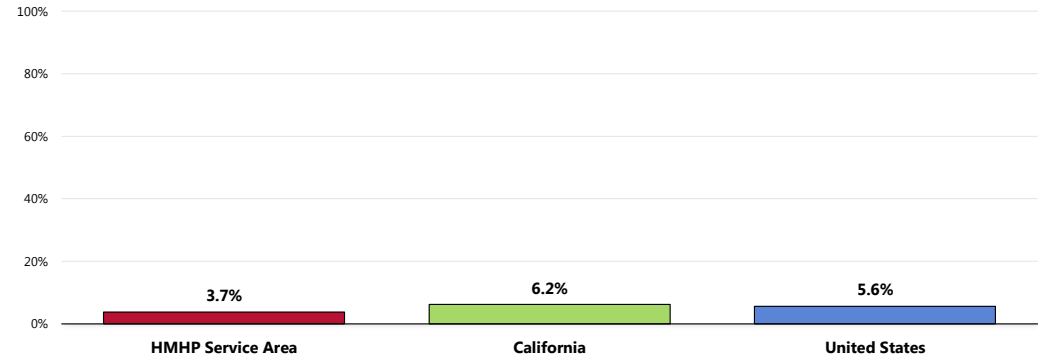
"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

RELATED ISSUE: See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

A total of 3.7% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- More favorable than the statewide proportion.
- Comparable to the national proportion.

Chronic Drinkers



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- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

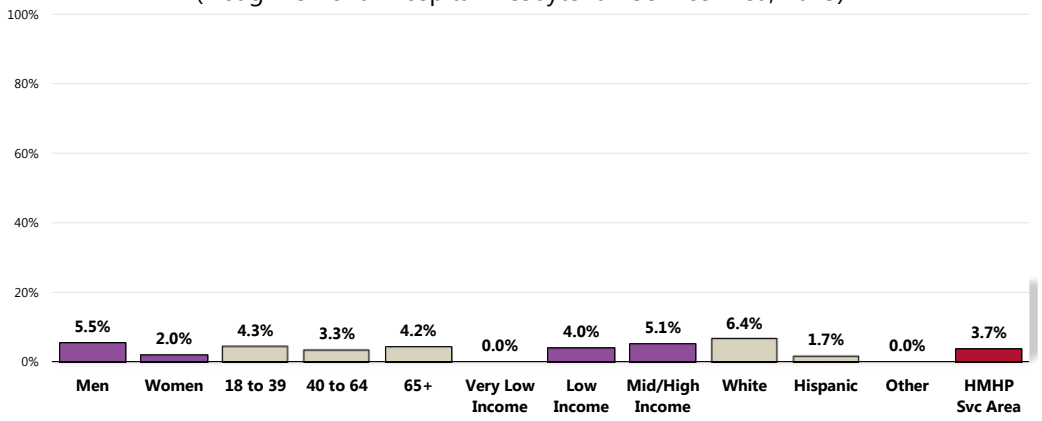
Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

Chronic drinking is more prevalent among:

- Men.
- Residents living above poverty.
- Whites.

Chronic Drinkers

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

"Binge drinkers" include:

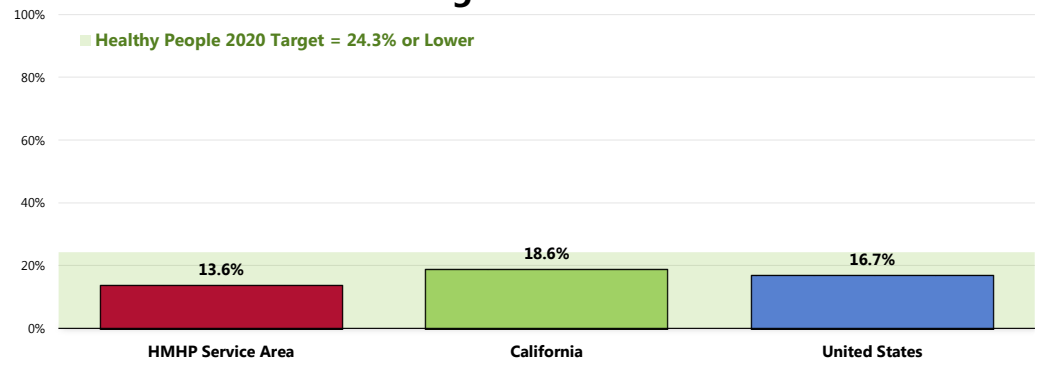
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 13.6% of HMHP Service Area adults are binge drinkers.

- Lower than the California figure.
- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

Binge Drinkers



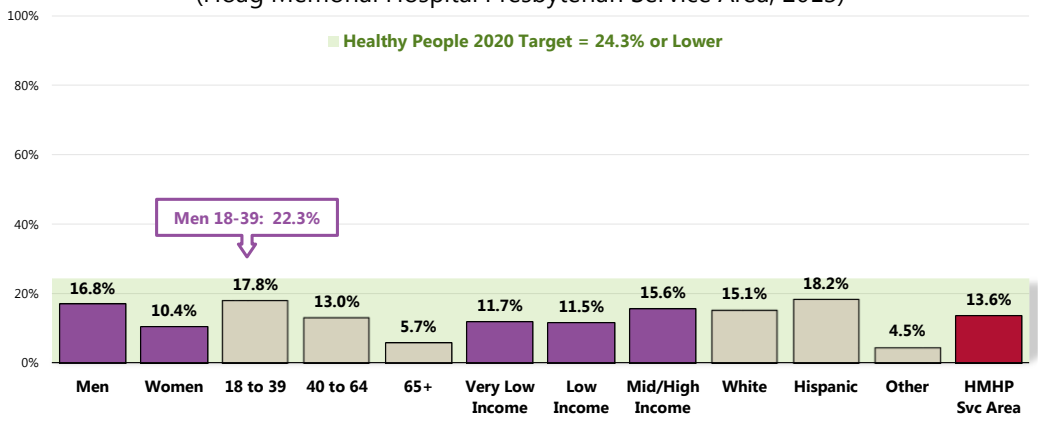
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 40.
- Whites and Hispanics.

Binge Drinkers
(Hoag Memorial Hospital Presbyterian Service Area, 2013)



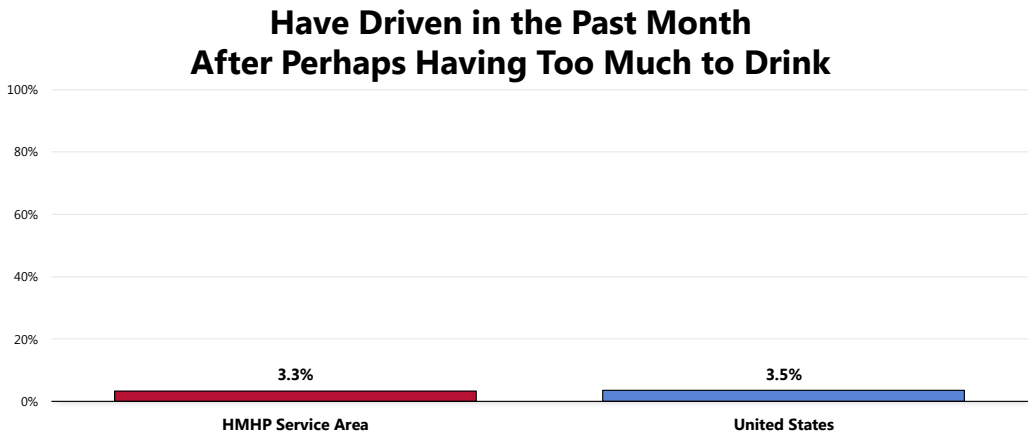
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 3.3% of HMHP Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.

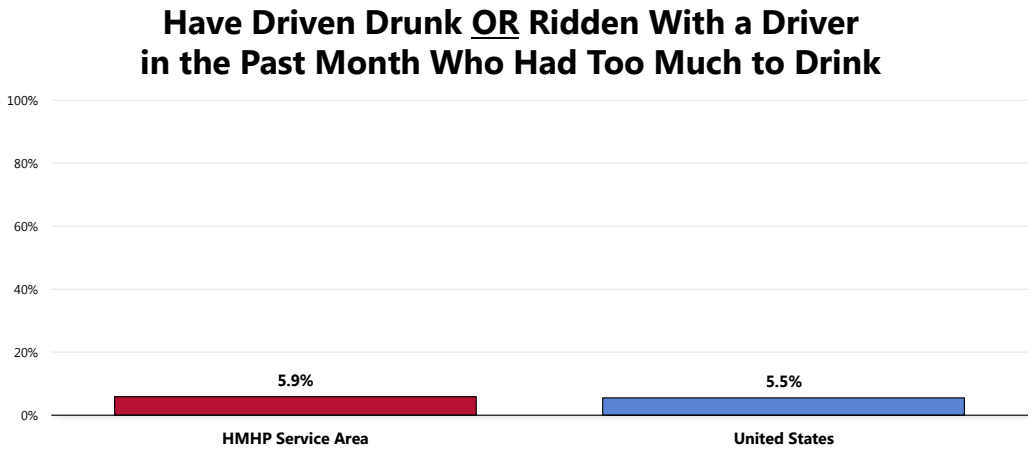


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

A total of 5.9% of HMHP Service Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Comparable to the national findings.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

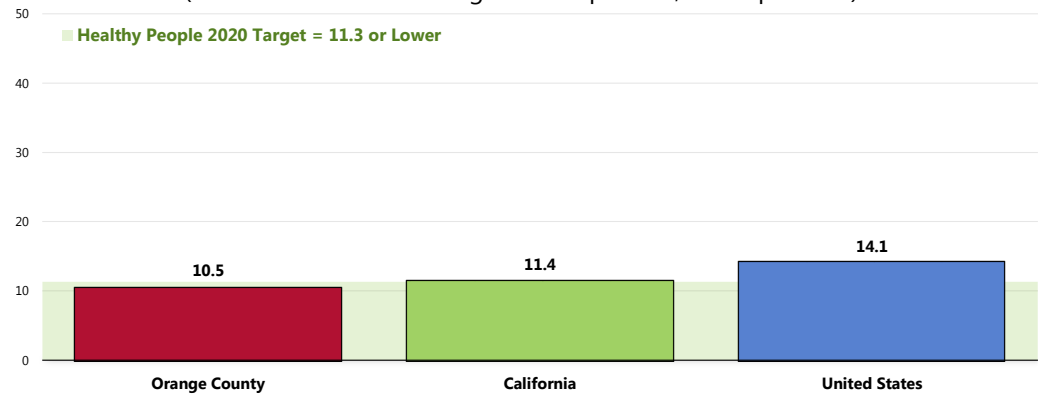
Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 10.5 deaths per 100,000 population in Orange County.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



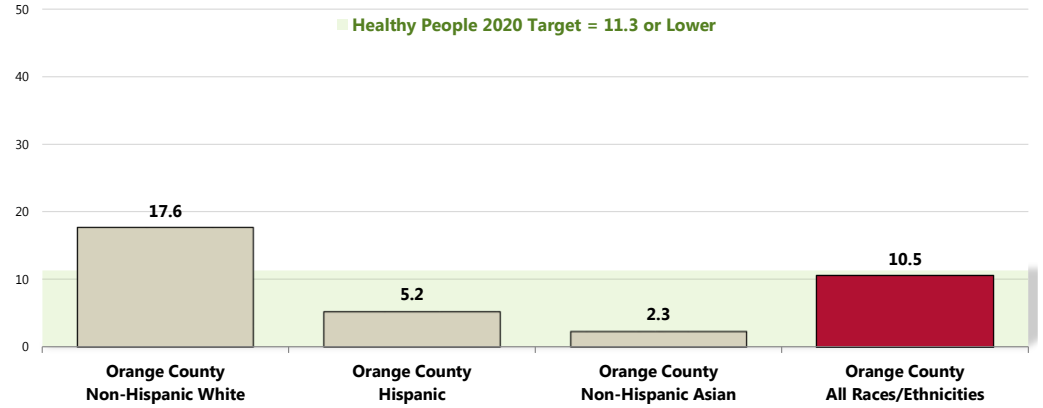
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

The drug-induced mortality rate is much higher among Orange County Whites than among Hispanics and Asians.

Drug-Induced Deaths: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

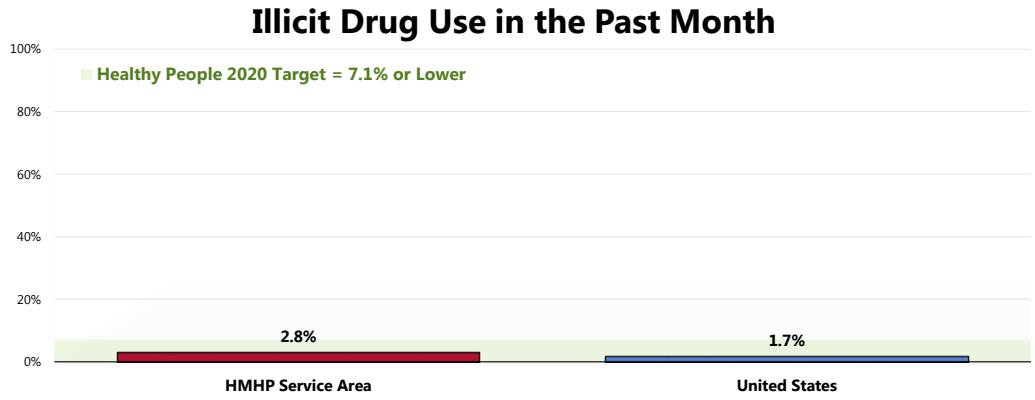
Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 2.8% of HMHP Service Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.



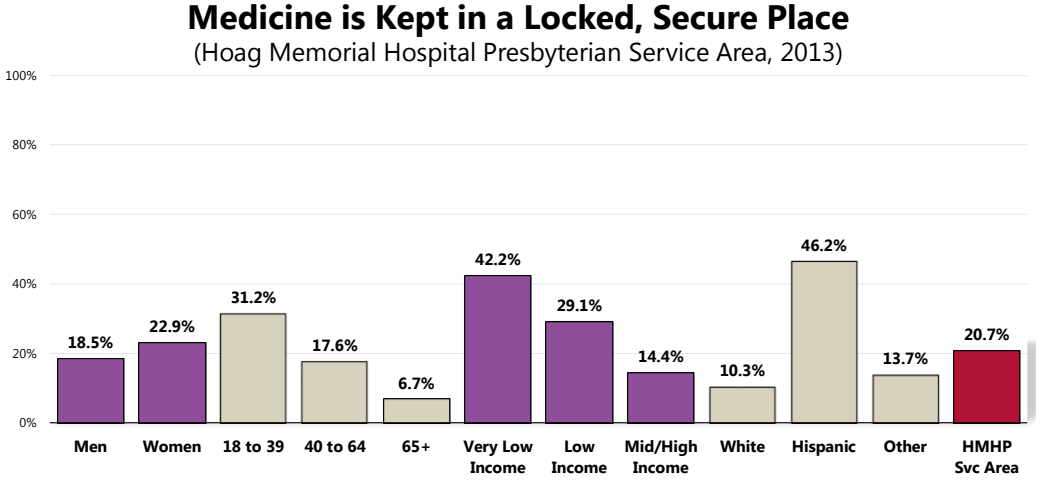
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Medication Safety

When asked, 20.7% of survey respondents indicate that their medicine is kept in a locked, secure place.

- Less likely among residents age 40+ (note the negative correlation with age), upper-income residents (negative correlation), Whites, and "Other" race adults.



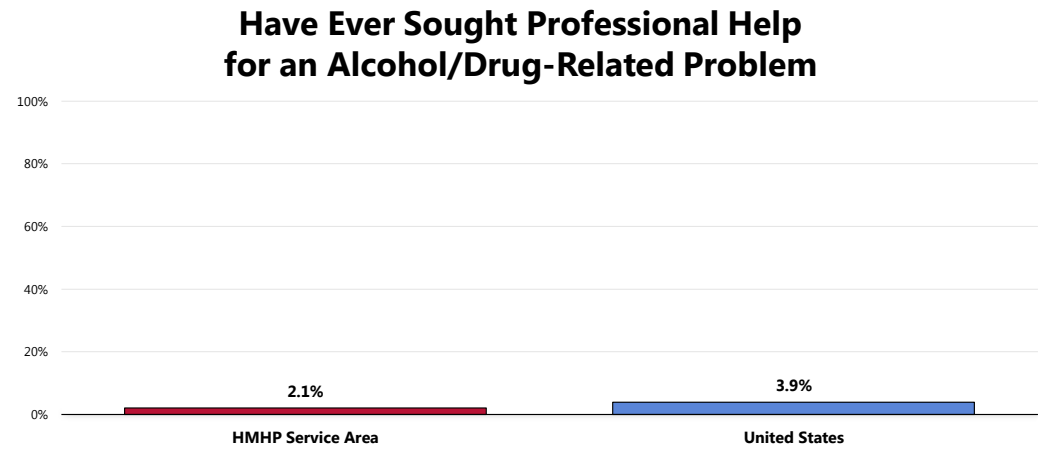
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 2.1% of HMHP Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

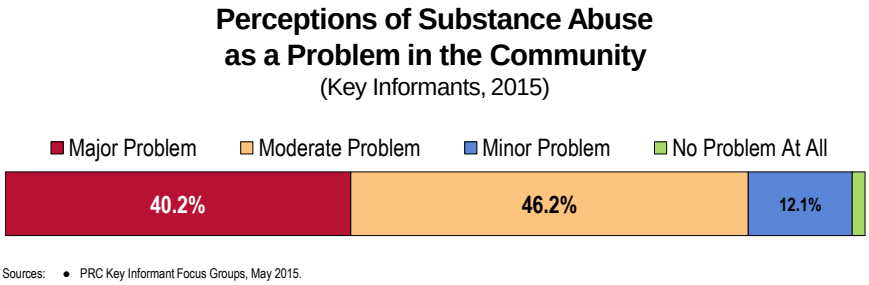
- Lower than the national prevalence.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "moderate problem" in the community.



Sources: • PRC Key Informant Focus Groups, May 2015.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Acknowledgment of the Problem

> *Not admitting they have a problem, shame and guilt. – Business and Community Leader*
>
> *Often people do not acknowledge they have a problem or they have had run-ins with the legal system that resulted in incarceration, but not treatment. – Business and Community Leader*
>
> *People claim to have to control and dignity is a big factor. – Business and Community Leader*
>
> *The challenge of admitting and overcoming addiction. Stigma. Cost. – Business and Community*

Leader

An individual's lack of acceptance of their condition due to their liberal parents' and co-workers' attitude. – Social Service Providers

Denial of problem and the stigma associated with substance abuse. – Social Service Providers

Lack of desire to stop using the substance. Cost of rehab. – Other Health Providers

When it comes to youth in the community, parents are not likely to understand there is a problem until it's very late. – Social Service Providers

Admitting they have a problem. Being able to see how their abuse affects those around them and not being affected by peer pressure. – Social Service Providers

Failure to recognize what constitutes substance abuse. – Business and Community Leader

Their own disease prevents them from presenting for treatment, and I don't think there are sufficient treatment programs. – Public Health

The fact that drug use is a crime and most people incarcerated are nonviolent drug offenders. We are not addressing the real problem, addiction and the need for treatment, not punishment. – Social Service Providers

Acknowledging there is a problem. Access to appropriate services. Finances to support the available services. – Social Service Providers

Lack of Access to Programs

More availability of access to alcohol and drugs than availability of prevention, early intervention resources. – Social Service Providers

Therapeutic access. – Business and Community Leader

Lack of services, services do not meet clients' needs. Self-medicating for untreated mental health disorders. – Social Service Providers

Long wait list to get treatment, causing patients to forgo getting treatment and just continuing to use. – Social Service Providers

Lack of providers or resources for underinsured or uninsured. – Social Service Providers

Money, admitting there is a problem, and knowing where to go for an effective program. – Business and Community Leader

Lack of low or no cost programs. Refusal to change. – Social Service Providers

I believe one of the barriers is cost and program reputation. – Social Service Providers

Cost of care, stigma, access to information on existing programs. – Social Service Providers

Lack of health insurance that covers substance abuse issues, treatment. Lack of personal money to pay for treatment. Lack of supportive services to address the many needs of those that are using and on the streets, resulting in petty theft and more serious criminal activity, jail, loss of job. – Other Health Providers

The biggest barriers are lack of insurance to cover inpatient care. Another barrier is a way to compel some people to complete treatment, especially given that people are being redirected away from incarceration, which is a good thing, but there needs to be more treatment options in the community. – Public Health

Coverage limitations and wait lists. – Business and Community Leader

Programs are full or expensive, wait lists. Short term treatment for a long-term problem. – Social Service Providers

I see a great benefit with Obamacare and how they cover the cost of Intensive Outpatient Services, which is great and includes housing. Other than that, there are literally a handful of agencies that provide care and housing for drug and alcohol. There is one agency that provides free detox in the county. – Social Service Providers

Awareness of Resources

One of the greatest barriers to people accessing substance abuse treatment services is the knowledge, attitudes and beliefs of the general population towards substance abuse. They tend to see substance abuse as a choice to use and not the disease it truly is. – Social Service Providers

Not knowing where to go and not being able to afford it. Not come to grips with actually having a problem and parents not being able to help their children with substance abuse issues, so many teenagers and young adults end up on the streets. – Social Service Providers

Just guessing, but lack of awareness of available resources, lack of motivation to access those resources. Feeling overwhelmed. Financial barriers. – Business and Community Leader

It is difficult to time a service intervention so that individuals who are ready for treatment are appropriately screened then linked to services. Similar to mental health services, the substance abuse treatment system seems difficult to navigate. The system also seems quite disconnected from the health system, so integration of care is challenging. – Public Health

Again, a subject that always could use refreshers. – Other Health Providers

Lack of awareness of resources. – Business and Community Leader

Don't know where to go. Stigma. Don't recognize as a problem. Escape from other bigger problems. – Business and Community Leader

Youth

Former foster youth, for the most part, suffer from very low self-esteem. In addition, most have never had their childhood traumas appropriately dealt with. As a result, they turn to drugs and alcohol to dull the pain, silence the voices, and to not have to feel. Drug and alcohol abuse becomes part of their culture. Drugs and alcohol are easy to get and everyone is doing it. It is very difficult for a youth to make the choice to check in to rehab and even more difficult for them to stay sober, as they return to same environment and friends. Those who enter rehab and stay sober are viewed as being disloyal, somehow. – Social Service Providers

Teens see this is a typical thing in their families and therefore do not see an issue. – Social Service Providers

The biggest barrier is the lack of youth treatment facilities for both inpatient and outpatient support. – Business and Community Leader

Stigma and social norms that encourage drinking. – Social Service Providers

Co-occurring Behaviors

Violence and injury. – Business and Community Leader

Community depression and ready access to substances. – Business and Community Leader

Substance abuse is a real danger because it often leads to other risky behaviors that are damaging or fatal. Besides alcohol poisoning and drug overdoses, it can lead to liver failure, traffic accidents, domestic and sexual abuse, suicide, homicide, etc. There are always new ways to become addicted and treatment is hard work, often with relapses. – Social Service Providers

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, prescription medications, marijuana and methamphetamine as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	65.1%	11.6%	5.0%	35
Prescription Medications	7.0%	34.9%	12.5%	23
Marijuana	7.0%	27.9%	7.5%	18
Heroin or Other Opioids	4.7%	14.0%	22.5%	17
Methamphetamines or Other Amphetamines	14.0%	0.0%	22.5%	15
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	2.3%	2.3%	10.0%	6
Over-The-Counter Medications	0.0%	4.7%	7.5%	5
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	0.0%	7.5%	3
Cocaine or Crack	0.0%	4.7%	0.0%	2
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	5.0%	2

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

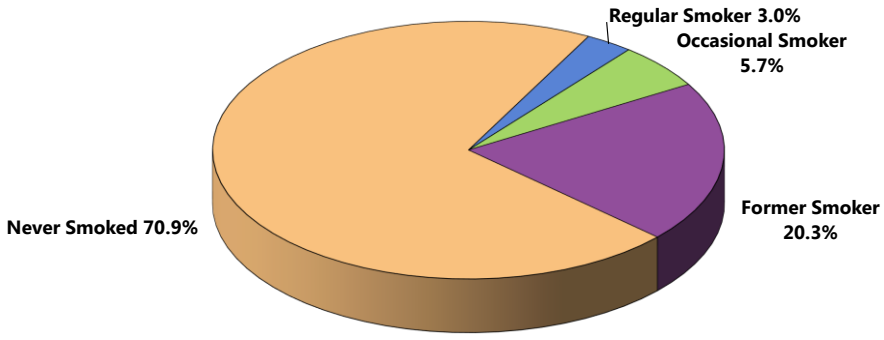
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 8.7% of HMHP Service Area adults currently smoke cigarettes, either regularly (3.0% every day) or occasionally (5.7% on some days).

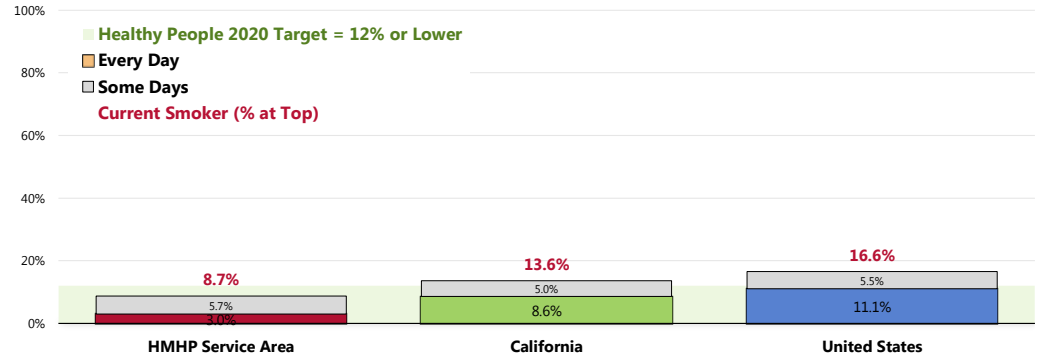
Cigarette Smoking Prevalence
(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
Notes: • Asked of all respondents.

- Better than statewide findings.
- Better than national findings.
- Satisfies the Healthy People 2020 target (12% or lower).

Current Smokers



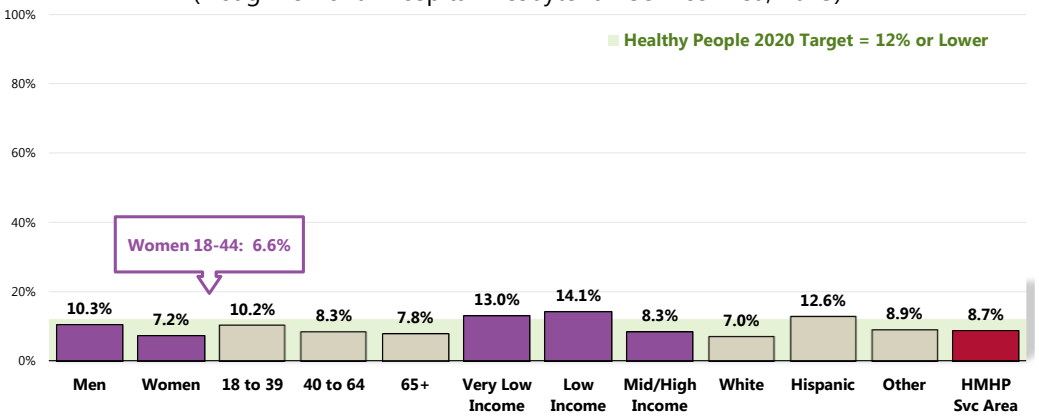
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

- No statistical difference by key demographic characteristics.
- Note that 6.6% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



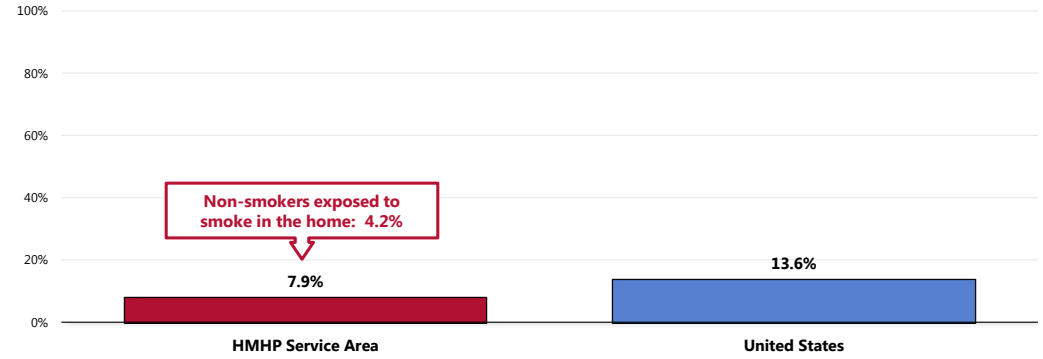
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-192]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

A total of 7.9% of HMHP Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Note that 4.2% of HMHP Service Area non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 63, 193]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

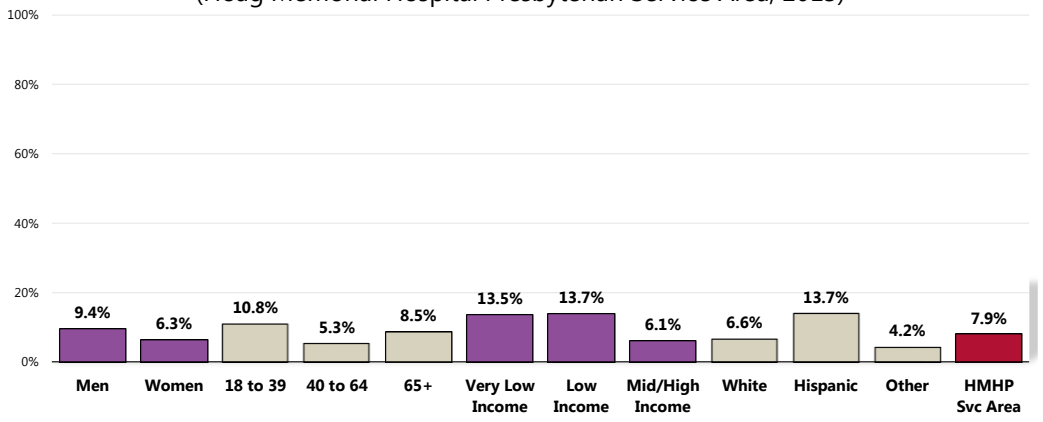
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Notably higher among:

- Young adults.
- Residents in the lower income categories.
- Hispanics.

Member of Household Smokes At Home

(Hoag Memorial Hospital Presbyterian Service Area, 2013)

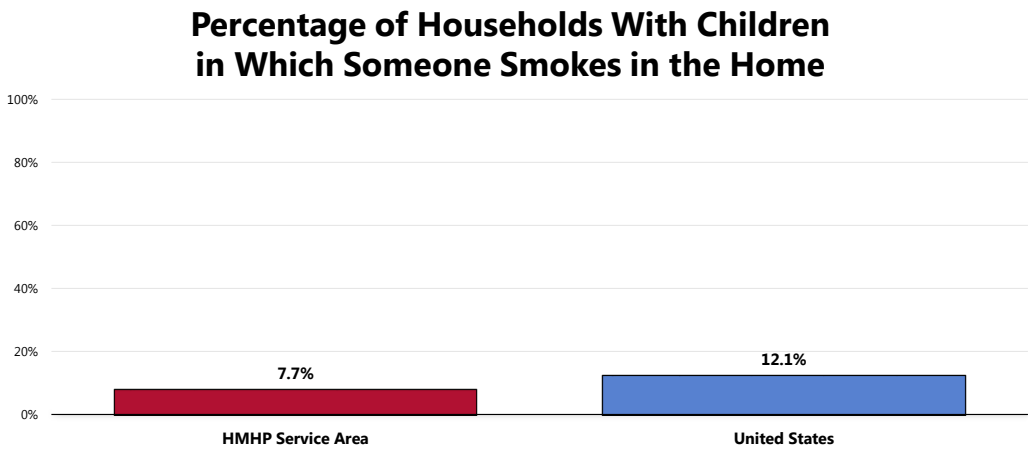


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

In households with children, 7.7% have someone who smokes cigarettes in the home.

- Statistically comparable to national findings.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked among parents of children age 0-17.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

– Healthy People 2020 (www.healthypeople.gov)

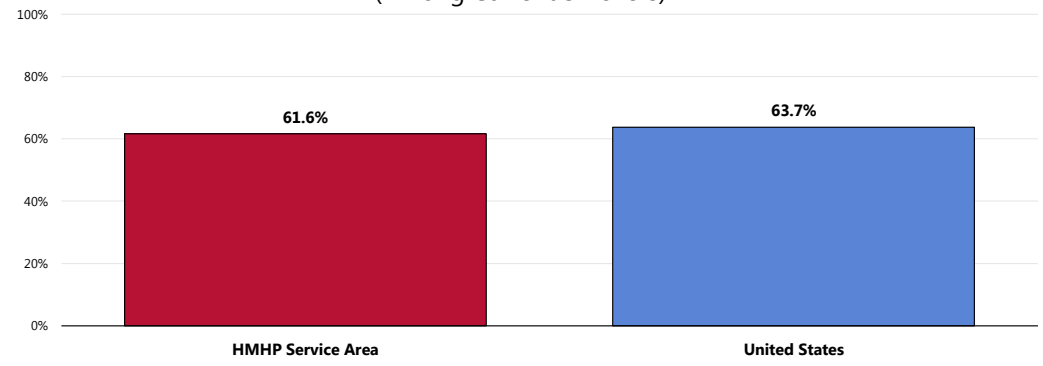
Health Advice About Smoking Cessation

A total of 61.6% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking

(Among Current Smokers)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.

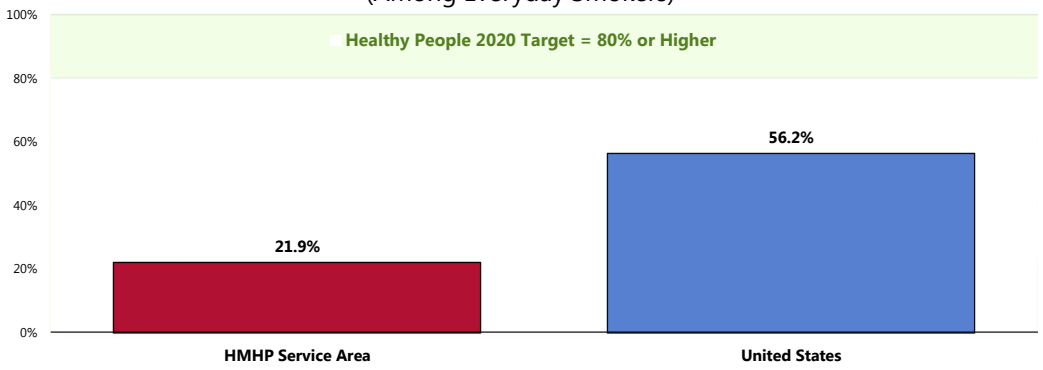
Smoking Cessation Attempts

A total of 21.9% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Well below the national percentage.
- Far from satisfying the Healthy People 2020 target (80% or higher).

Have Stopped Smoking for One Day or Longer In the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

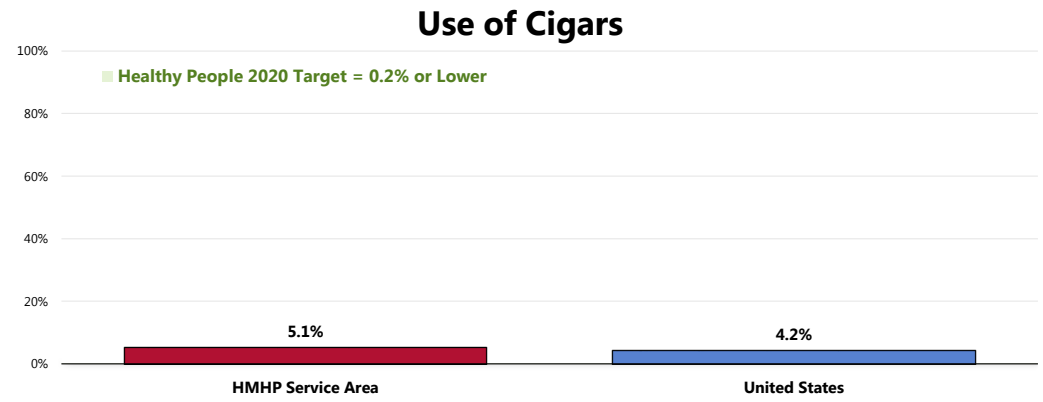
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Other Tobacco Use

Cigars

A total of 5.1% of HMHP Service Area adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).



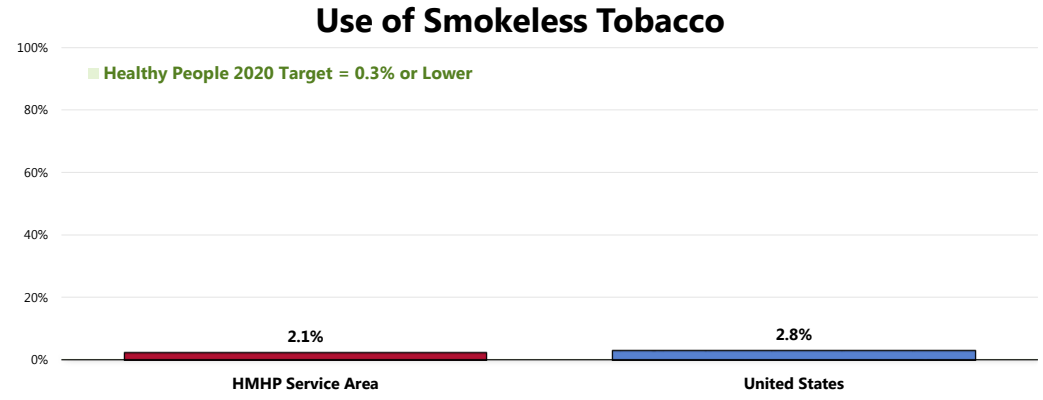
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

Notes:
- Asked of all respondents.

Smokeless Tobacco

A total of 2.1% of HMHP Service Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).



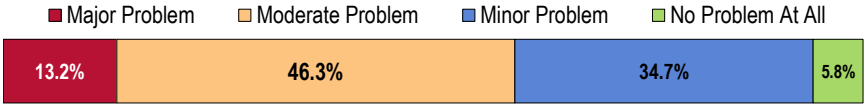
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Leading Preventable Cause of Death

Tobacco use is the leading preventable cause of death, despite declining rates. Tobacco industry funding, advertisements, media depictions still represent significant challenges for community tobacco control efforts. Emerging products, such as e-cigarettes, electronic nicotine delivery systems, pose new threats to nicotine addiction and smoking uptake, particularly among adolescents and young adults. – Public Health

People still smoke and it's one of the deadliest legal substances available in our community. – Social Service Providers

Smoking is the leading contributor to death in the United States. Though rates are lower in Orange County than other areas, considering its impact on health, it should remain a priority. In some school districts, smoking rates at 20 to 25 percent. More work also needs to be done to look into, and address if appropriate, the effect of increasing use of e-cigarettes, especially among youth. – Public Health

Youth

The use of e-cigarettes is increasing in middle school and high school, there are very limited community education programs for students and parents. – Business and Community Leader

I see too many 17- to 25-year-olds smoking. – Social Service Providers

Many former foster youth take up smoking as a way to belong to a group. Many of them feel grown up if they are smoking in public. It makes them feel like they are making their own choices. They ignore the stated health warnings as they view them as just more lies told them to keep them from being adults with choices. – Social Service Providers

When I interview children for incidents of violence, one of the questions that I ask is if they know what drugs or alcohol are. When they say, I ask them to tell me what they are. Most often, younger children ages 6 to 10 will answer cigarettes. They say that cigarettes are a drug and will say that their parents smoke them. I ask where in the household it is smoked and often times it is inside and around the children. Tobacco along with spice and E cigs are something parents have also expressed finding their children abusing. They do not believe the E cigs are as harmful because they do not have tobacco. I also never understand how parents say they struggle with paying for the basic needs of their children, but have the money to purchase cigarettes. – Social Service Providers

The growing popularity of E cigs and vapes with young people. Those two products are eroding the effective anti-tobacco campaign of traditional tobacco products. – Social Service Providers

Education

Between vapor, e-cigarettes and hookah, these have tobacco byproducts. These things are not regulated and thus exposing people to who knows what. It's a problem because they can be easily separated, and tobacco products put in place. – Other Health Providers

Again, another subject that can always use refreshers. – Other Health Providers

Poor education and lack of accessible programs, including consistent medical care. Another reason is cultural, such as seen in the Vietnamese community where the prevalence is high. – Physician

Poverty, lack of education, nicotine addiction, food substitute. Vaping is seen as a viable alternative. In our community of pregnant women, the awareness of the harm to the unborn and the new babies is common knowledge, but there is the addiction factor. – Social Service Providers

ACCESS TO HEALTH SERVICES

Health Insurance Coverage

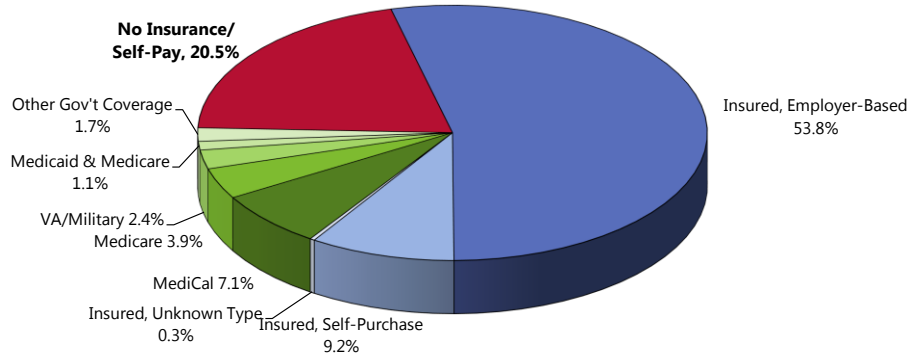
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 63.3% of HMHP Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 16.2% report coverage through a government-sponsored program (e.g., Medicare, MediCal, military benefits).

Healthcare Insurance Coverage

(Among Adults 18-64; Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
Notes: • Reflects respondents age 18 to 64.

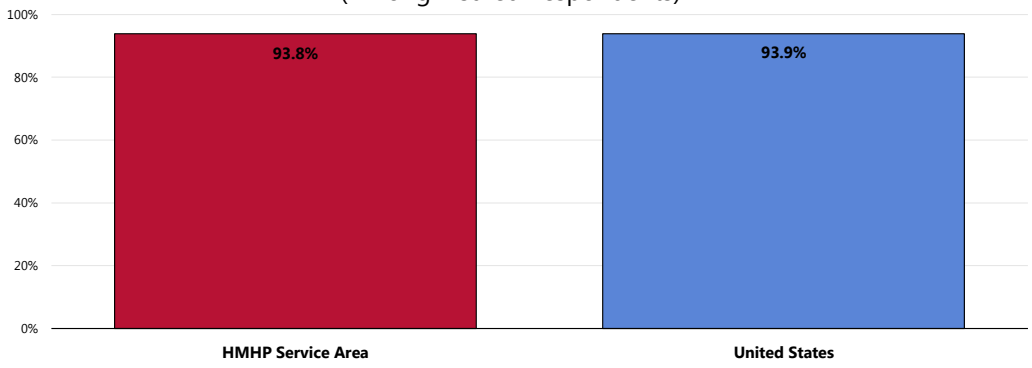
Prescription Drug Coverage

Among insured adults, 93.8% report having prescription coverage as part of their insurance plan.

- Nearly identical to the national prevalence.

Health Insurance Covers Prescriptions at Least in Part

(Among Insured Respondents)

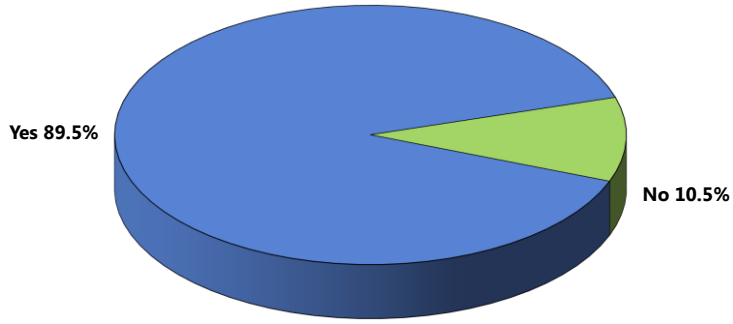


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

Mental Healthcare Coverage

Most insured adults (89.5%) report that their coverage pays for at least some of their mental health services.

Health Insurance Covers At Least Part of Mental Health Services
(Among Insured Respondents)



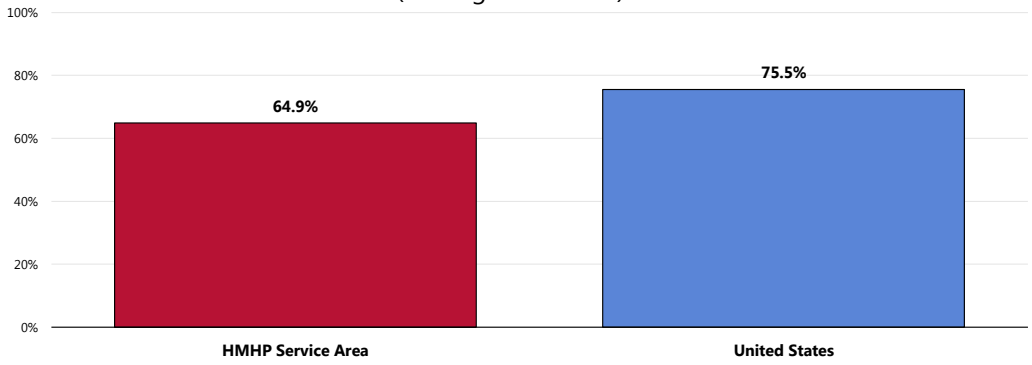
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents with healthcare insurance coverage.

Supplemental Coverage

Among Medicare recipients, the majority (64.9%) has additional, supplemental healthcare coverage.

- Lower than that reported among Medicare recipients nationwide.

Have Supplemental Coverage in Addition to Medicare
(Among Adults 65+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents age 65+.

Lack of Health Insurance Coverage

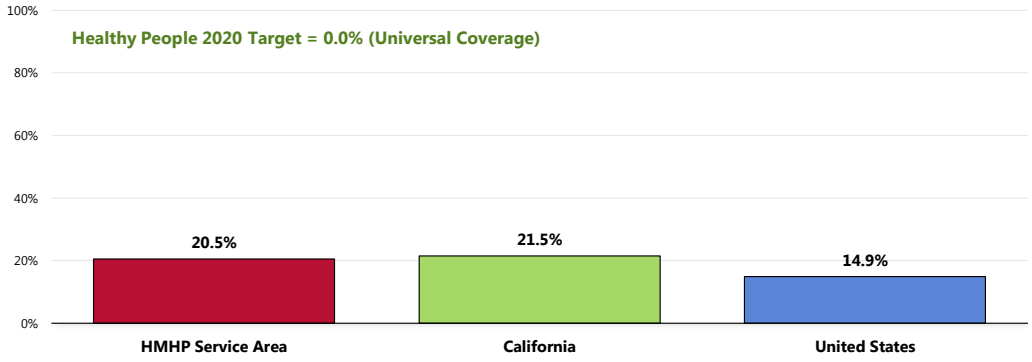
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 20.5% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Less favorable than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

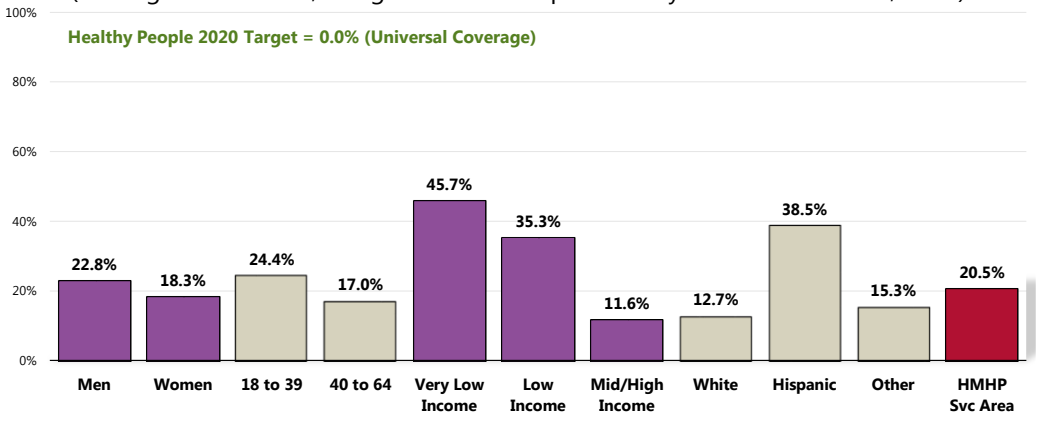
Notes:
- Asked of all respondents under the age of 65.

The following adults (age 18-64) are more likely to be without healthcare coverage:

- Young adults.
- Lower-income residents.
- Hispanics.

Lack of Healthcare Insurance Coverage

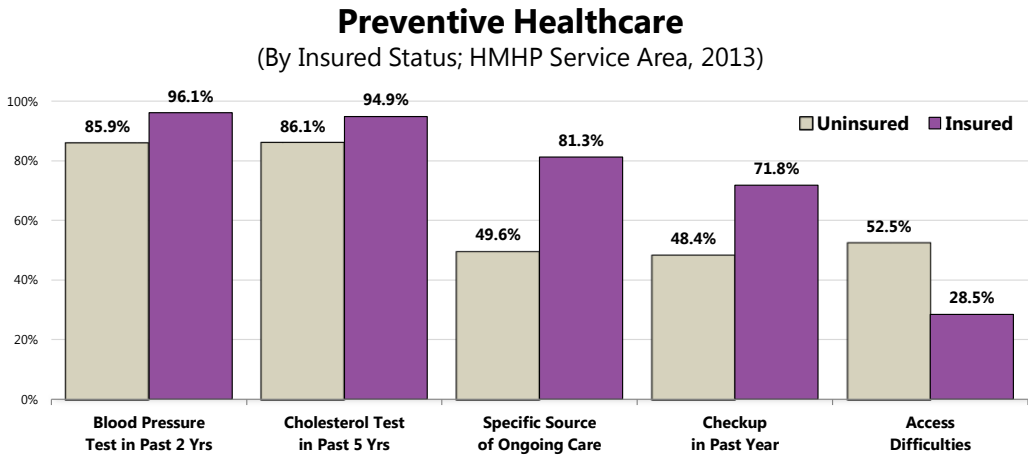
(Among Adults 18-64; Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

As might be expected, uninsured adults in the HMHP Service Area are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

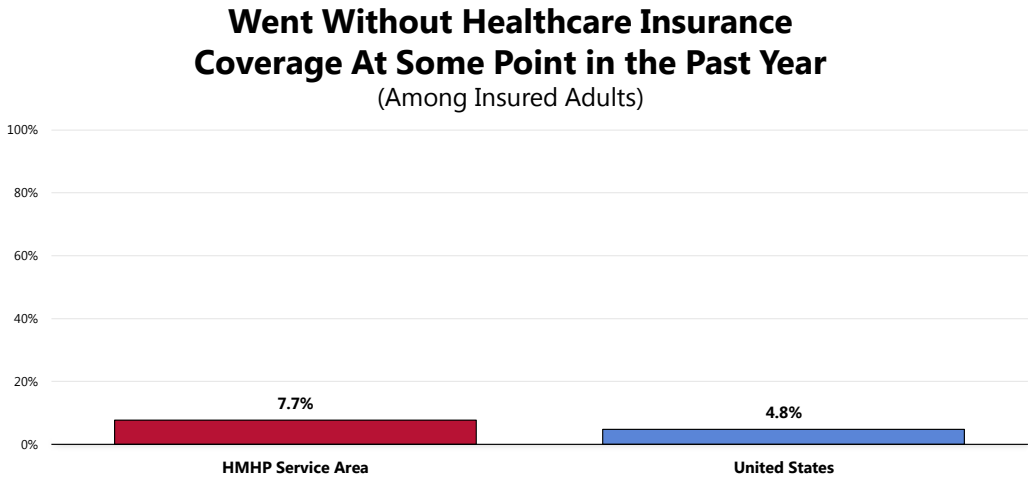


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 16, 49, 52, 200, 203]
Notes: • Asked of all respondents.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in the HMHP Service Area, 7.7% report that they were without healthcare coverage at some point in the past year.

- Higher than the US prevalence.



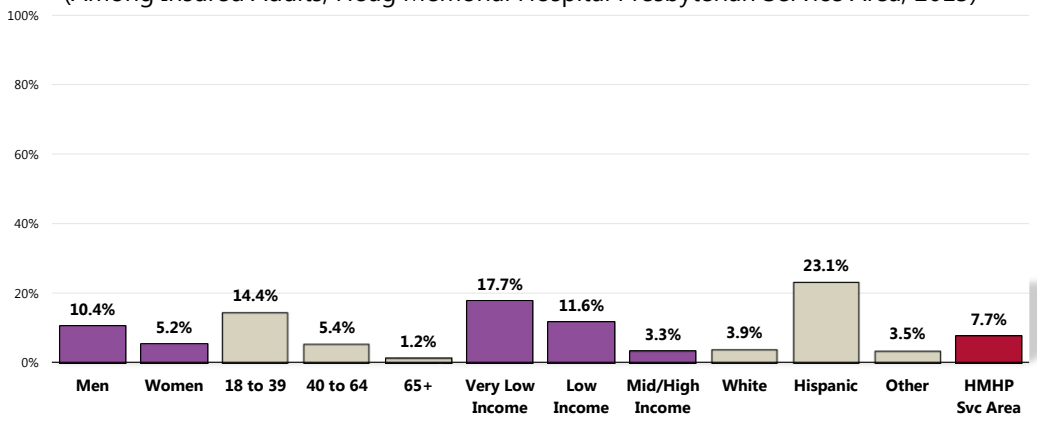
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults under age 40.
- Lower-income residents (note the negative correlation with income).
- Hispanics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of all insured respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

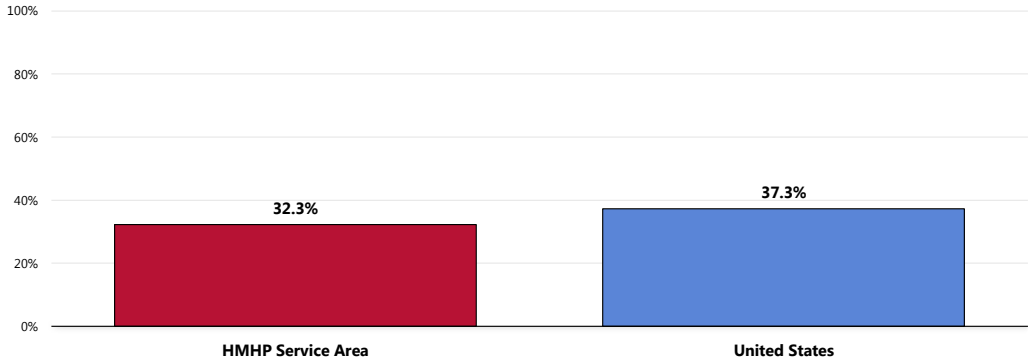
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 32.3% of HMHP Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

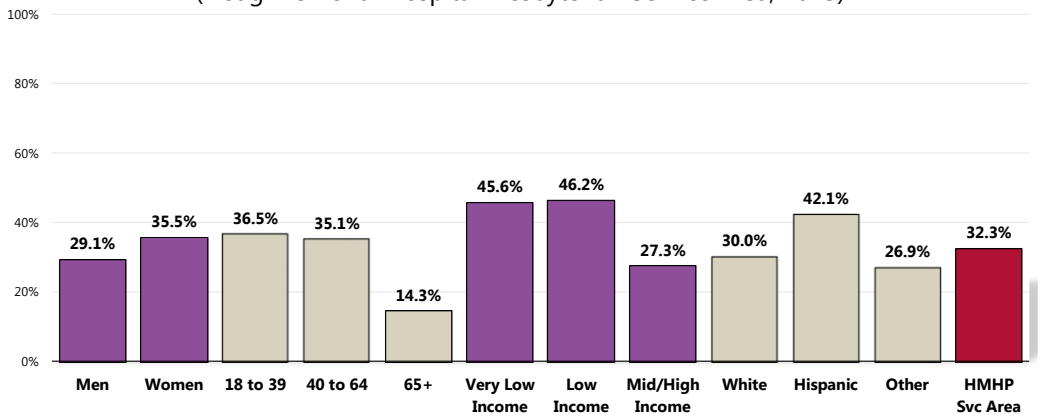
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65.
- Lower-income residents.
- Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

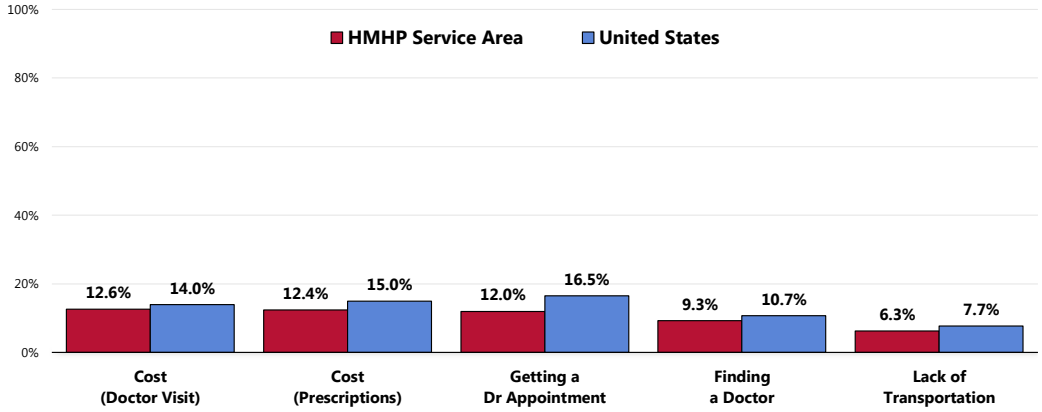
To better understand healthcare access barriers, survey participants were asked whether any of five types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of physician visits, cost of prescriptions, and appointment availability impacted the greatest shares of service area adults (each prevented 12%-13% of respondents from receiving needed services)**.**

- The proportion of HMHP Service Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year



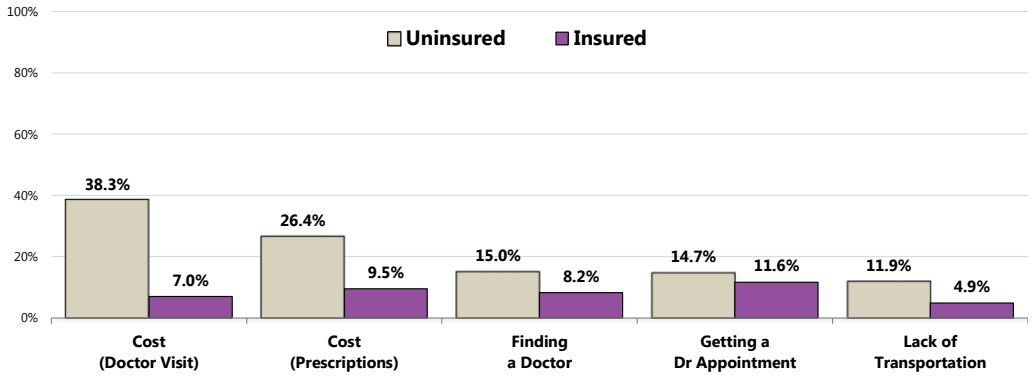
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

As might be expected, HMHP Service Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access

(By Insured Status, Adults 18+; HMHP Service Area, 2013)



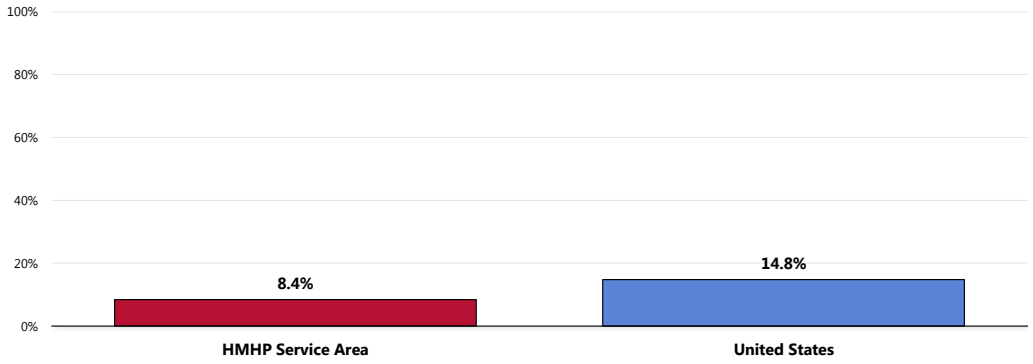
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11]
Notes: • Asked of all respondents.

Prescriptions

Among all HMHP Service Area adults, 8.4% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



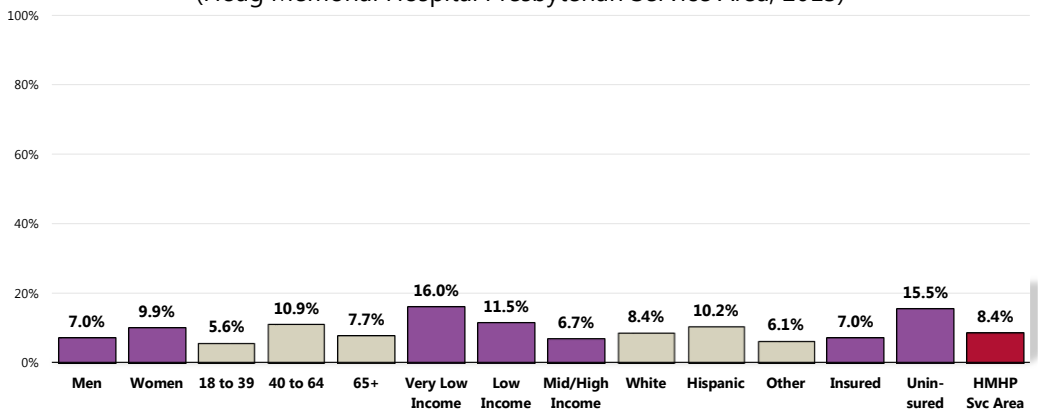
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults age 40 to 64.
- Respondents with lower incomes.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

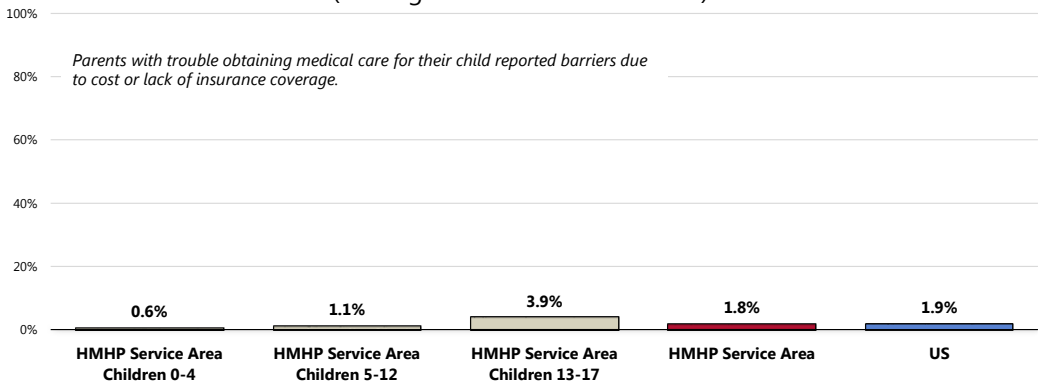
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 1.8% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Similar to what is reported nationwide.
- Highest (3.9%) among parents of teens.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

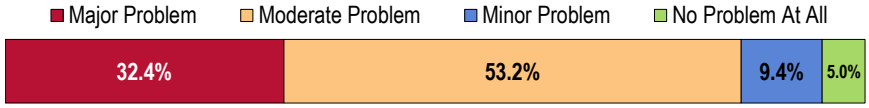
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, **cost or a lack of insurance** were the reasons given.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "major problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, May 2015.

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, specialty care, and chronic disease care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Healthcare	30.8%	24.3%	13.9%	26
Specialty Care	12.8%	16.2%	19.4%	18
Chronic Disease Care	20.5%	5.4%	16.7%	16
Substance Abuse Treatment	7.7%	18.9%	8.3%	13
Dental Care	5.1%	13.5%	13.9%	12
Elder Care	12.8%	5.4%	11.1%	11
Primary Care	2.6%	5.4%	2.8%	4
Palliative Care	0.0%	5.4%	0.0%	2
Urgent Care	0.0%	2.7%	2.8%	2
Pain Management	0.0%	0.0%	5.6%	2
Dementia and Alzheimer's Care	2.6%	0.0%	0.0%	1
Dementia Care	2.6%	0.0%	0.0%	1
Vision Care	2.6%	0.0%	0.0%	1
Developmental Disabilities in Children	0.0%	2.7%	0.0%	1
Hospice Care	0.0%	0.0%	2.8%	1
Timely Neuro Development Disorders in Children	0.0%	0.0%	2.8%	1

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is necessary to establish a "medical home."

A hospital emergency room is <u>not</u> considered a source of ongoing care in this instance.

A total of 75.8% of HMHP Service Area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Have a Specific Source of Ongoing Medical Care

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Adults under age 40.
- Lower-income adults.
- Hispanics.
- Among adults age 18-64, 73.8% have a specific source for ongoing medical care, similar to national findings.

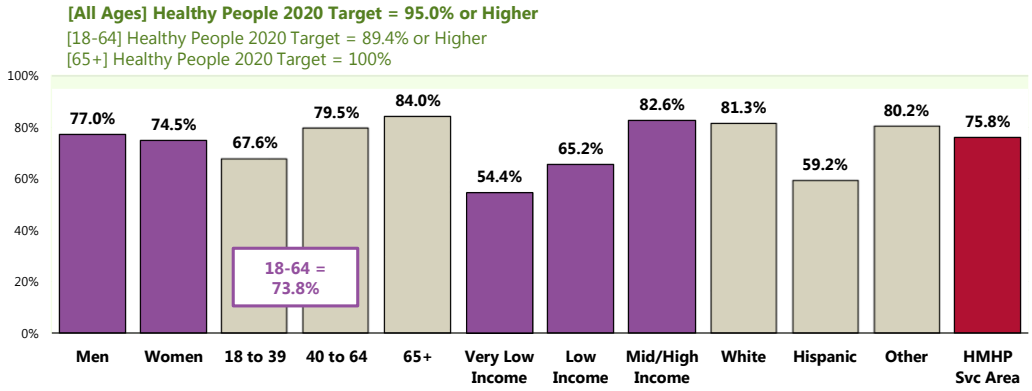
- Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

Among adults 65+, 84.0% have a specific source for care, comparable to the percentage reported among seniors nationally.

- Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 200-202]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

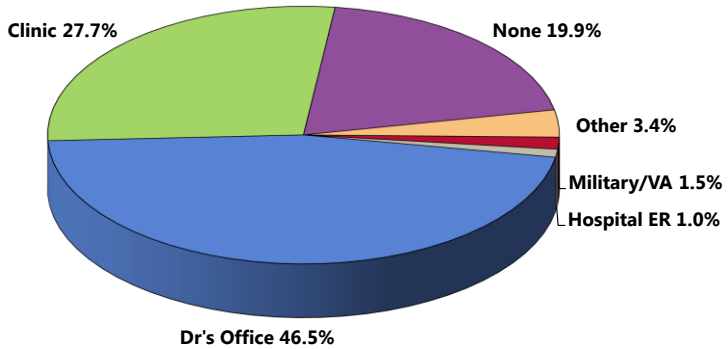
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (46.5%) identified a particular doctor's office.

A total of 27.7% say they usually go to some type of clinic, while 1.5% use a military facility and 1.0% rely on a hospital emergency room.

Particular Place Utilized for Medical Care

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 14-15]

Notes:
- Asked of all respondents.

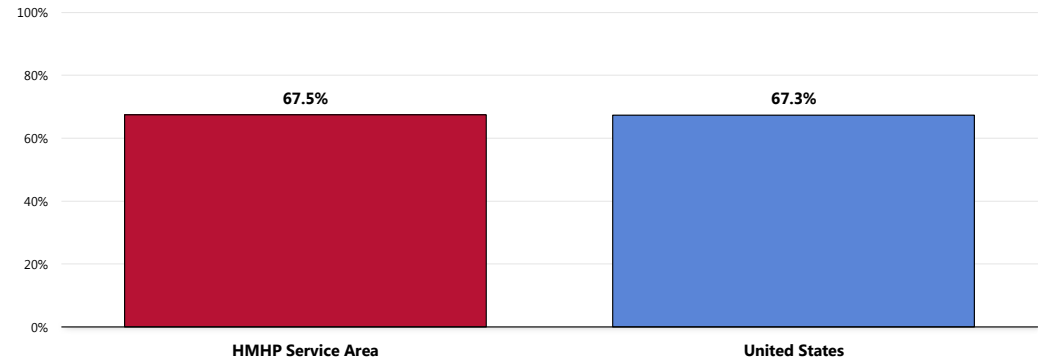
Utilization of Primary Care Services

Adults

Two-thirds (67.5%) of adults visited a physician for a routine checkup in the past year.

- Nearly identical to national findings.

Have Visited a Physician for a Checkup in the Past Year



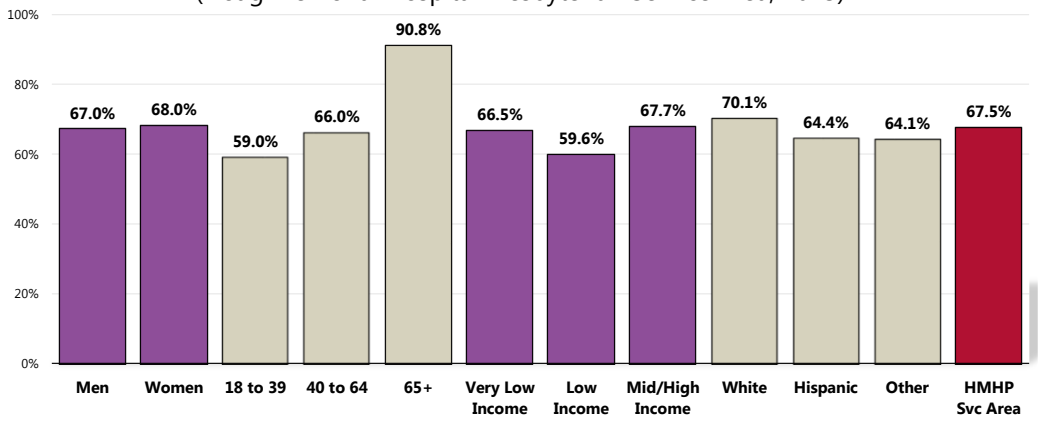
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults under age 40 are <u>less likely</u> to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]

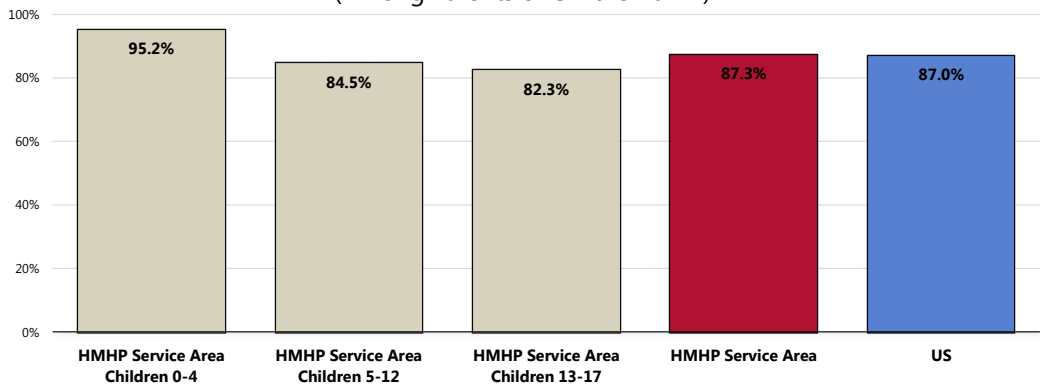
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among surveyed parents, 87.3% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Note that routine checkups are highest in HMHP Service Area among children under age 5.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



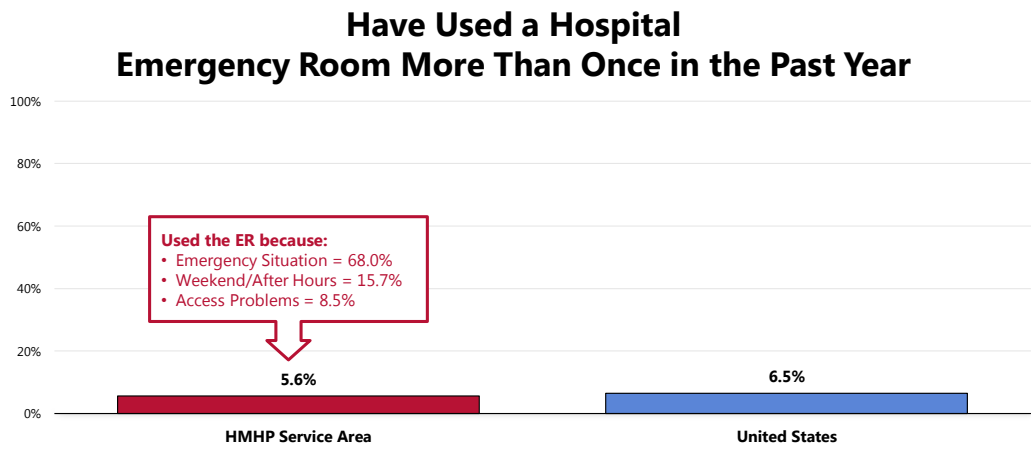
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 5.6% of HMHP Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.

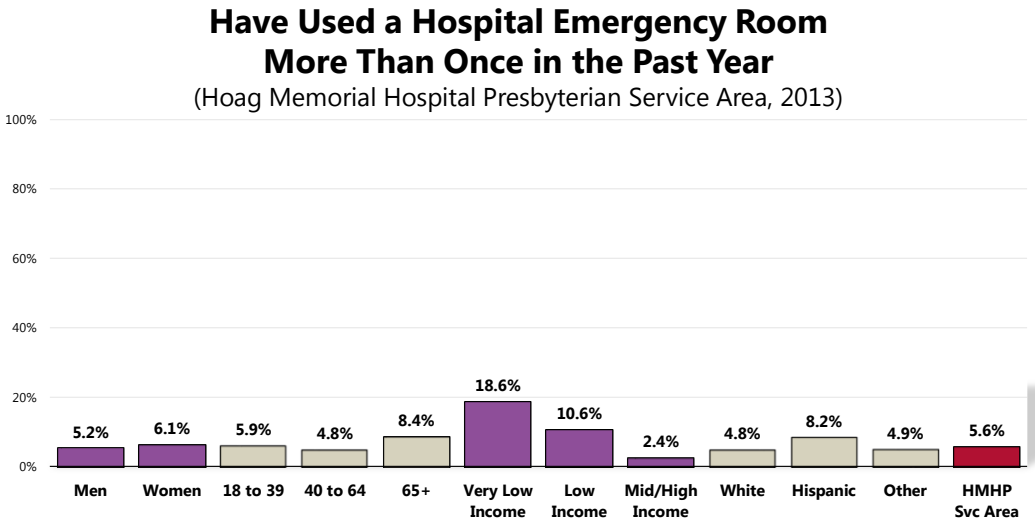


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Of those using a hospital ER, 68.0% say this was due to an **emergency or life-threatening situation**, while 15.7% indicated that the visit was during **after-hours or on the weekend**. A total of 8.5% cited **difficulties accessing primary care** for various reasons.

Note the negative correlation between ER use and household income level.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

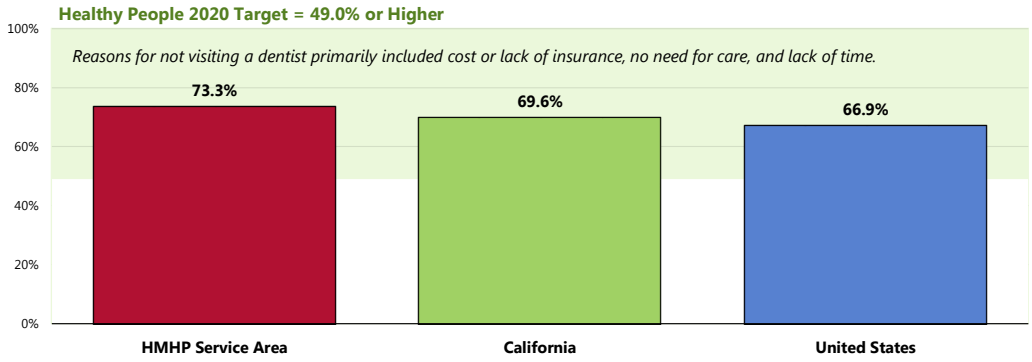
Dental Care

Adults

Nearly three-fourths (73.3%) of service area adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 19-20]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 California data.

Notes:
- Asked of all respondents.

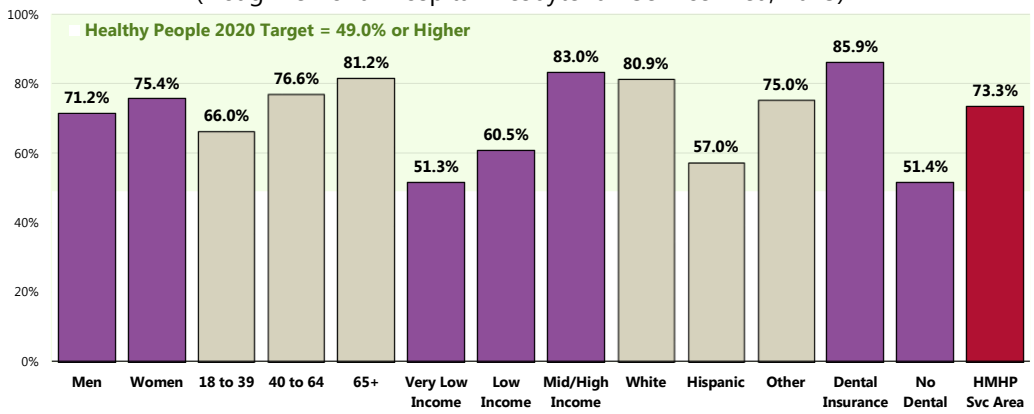
Among residents without recent dental care, reasons included cost, lack of insurance coverage, no need for care, and lack of time.

Note the following:

- There is a positive correlation between age and recent dental visits.
- Persons living in the higher income categories report much higher utilization of oral health services.
- Whites and "Other" race adults are much more likely than Hispanics to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

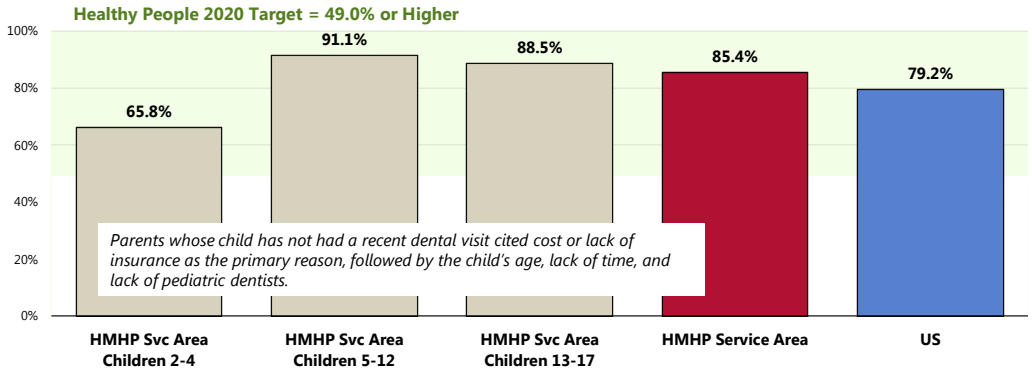
A total of 85.4% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

As might be expected, regular dental care is notably lower among children age 2 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 134-135]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

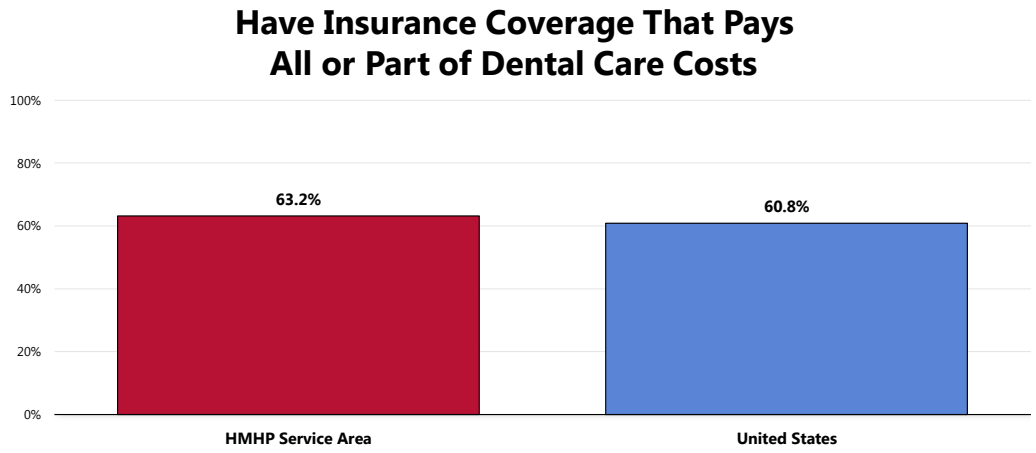
Notes:
- Asked of all respondents with children age 2 through 17.

Parents of children without recent dental care cited cost or lack of insurance as their primary reason, followed by the child's age, lack of time, and lack of pediatric dentists.

Dental Insurance

Over 6 in 10 HMHP Service Area adults (63.2%) have dental insurance that covers all or part of their dental care costs.

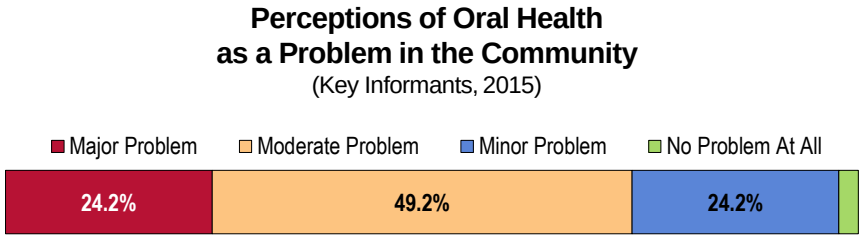
- Comparable to the national finding.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.



Sources: • PRC Key Informant Focus Groups, May 2015.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Cost of Services

> *Many of the families we work with are in desperate need of dental care and cannot afford it. If they do decide to move forward with a procedure, they struggle to pay bills for the next few months. Lack of preventative care means that when they do go to the dentist they are in bad shape. – Social Service*

Providers

Cost of dental care prohibitive. Fear of going to dentist. – Business and Community Leader

Not a priority when providing basics for the family is a challenge. Cost of dental care. – Business and Community Leader

Dental care is extremely expensive and even if someone has insurance, it rarely covers basic oral health needs. Most kids in poorer neighborhoods have no access to dental care. Even working adults can't afford dental care. – Social Service Providers

People with low income unable to afford dental care. – Social Service Providers

Expense is a major factor in people not seeking help for their oral health, dental problems. – Social Service Providers

Primary issue is affordability for families. There are many dentists, but it is expensive. Healthy Smiles is a great program, but in Garden Grove so access is an issue. – Social Service Providers

Education

Culture is not well informed. Parents are stressed about other issues. – Social Service Providers

Lack of knowledge of importance of oral health, lack of providers participating in Dent-Cal. – Social Service Providers

Most former foster youth have little concept that oral health and dental care is a critical and important link in their overall health. Unhealthy lifestyles, including diet and substance abuse, leads to very poor oral health and coupled with their lack of proper dental care causes some very serious oral health issues. – Social Service Providers

Lack of understanding of the importance of preventive care and a lack of funding, insurance. – Business and Community Leader

Access to Services

There is lack of access to oral healthcare for adults in Orange County. – Social Service Providers

Again no access for the under- and noninsured. – Social Service Providers

Access. – Business and Community Leader

Lack of adult and children's diagnosis and treatment, particularly for the many adults without dental coverage. – Business and Community Leader

Most families don't have health insurance, therefore will not have dental insurance and don't have the money to pay for a service. – Business and Community Leader

Not enough services for undocumented children and adults. – Social Service Providers

Oral health is a very limited resource in our community, and very expensive. – Business and Community Leader

Much focus placed on physical health. Very little focus and resources devoted to accessible oral health and dental care. – Social Service Providers

Transportation is a concern. Eligibility for low cost or free programs is challenging. Special needs children need unique oral healthcare, which is not always nearby. – Social Service Providers

Insurance coverage for dental care for seniors is lacking. – Social Service Providers

Irvine has a large and growing senior population. Medicare does not provide dental care and the city has no community clinics or dental clinics. Due to most seniors being on a fixed income, the cost of dental care is out of reach and thus they tend to have more dental issues. – Social Service Providers

Dental Health

So many of our participants have poor dental health. – Social Service Providers

I see many children and young adults that have poor oral hygiene. – Other Health Providers

Methamphetamine Use

Major dental problems are often a symptom of meth use. Meth use is widespread in our community. Dentists are reluctant to give dental care to pregnant women and often need to be educated as to the safety and necessity for this care. Baby bottle mouth is prevalent due to lack of education and lack of motivation of mothers to settle their babies without the constant use of a bottle. Deferred dental care is also a cause of major dental problems. – Social Service Providers

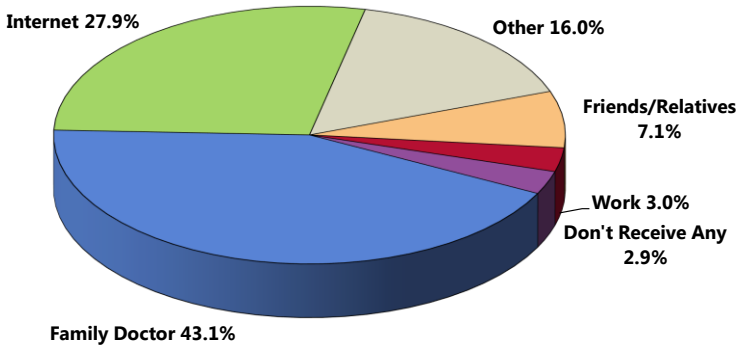
HEALTH EDUCATION & OUTREACH

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 43.1% of HMHP Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 27.9%.
  - Other sources mentioned include friends and relatives (7.1%), and work (3.0%).
- Just 2.9% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

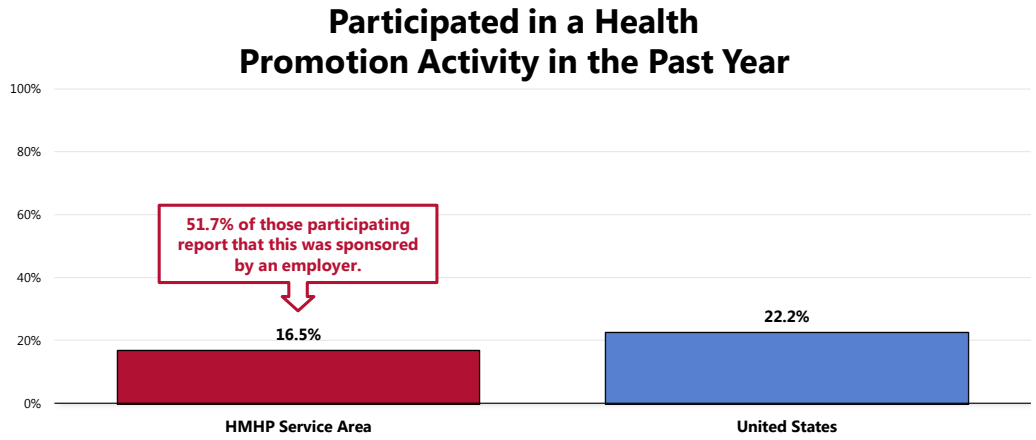
Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

A total of 16.5% of HMHP Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Lower than the national prevalence.
- Note that 51.7% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.



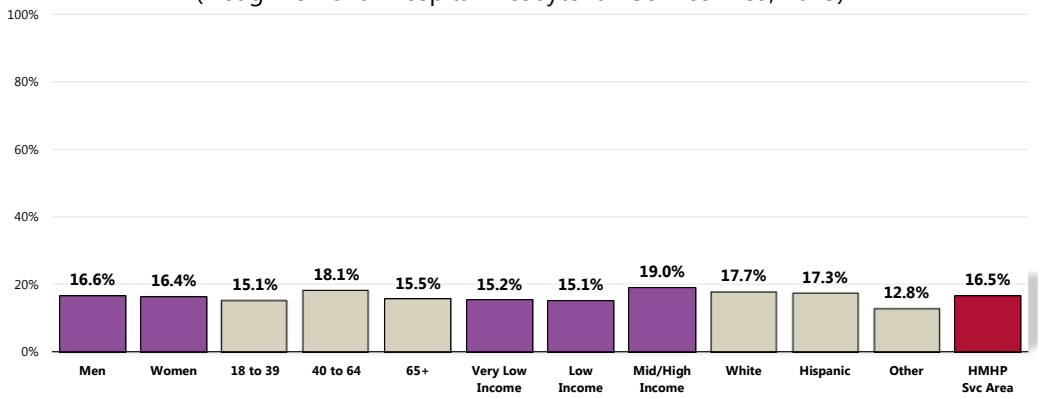
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125-126]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

No difference by key demographic characteristics.

Participated in a Health Promotion Activity in the Past Year

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households living just above poverty, with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

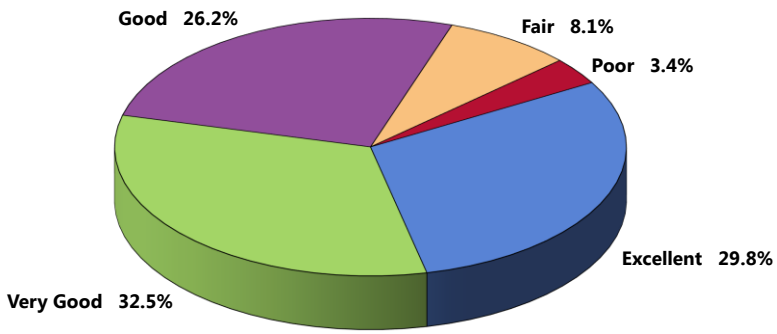
LOCAL RESOURCES

Perceptions of Local Healthcare Services

Just over 6 in 10 HMHP Service Area adults (62.3%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 26.2% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Hoag Memorial Hospital Presbyterian Service Area, 2013)

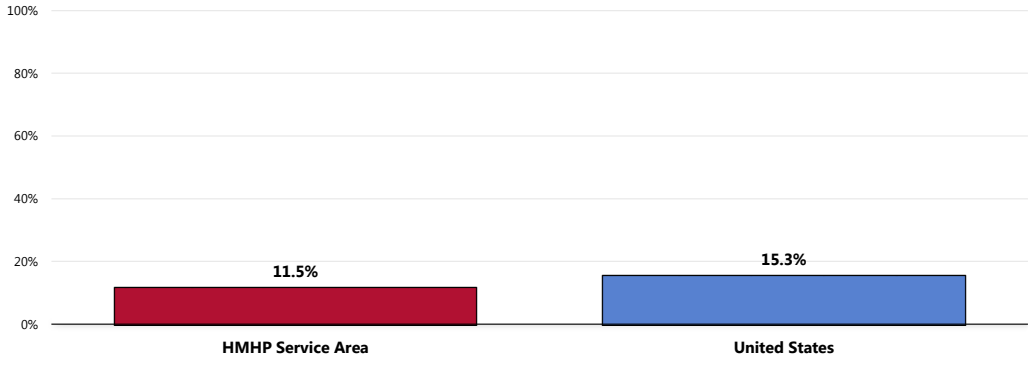


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 11.5% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.

Perceive Local Healthcare Services as "Fair/Poor"



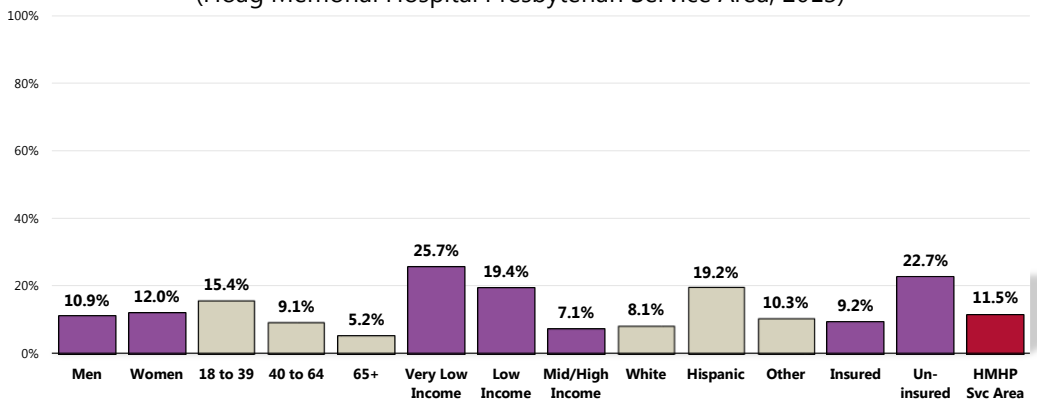
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 40 (note the negative correlation with age).
- Residents with lower incomes (negative correlation with income).
- Hispanics.
- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive but rather outlines those resources identified by key informant focus group participants in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

211
Access OC Southern CA
Access OC, Healthy Smiles, Serving Kids Hope & SmileOnU
Affordable Care Act
Age Well Senior Services
Alta Med Clinics
Alzheimer's Family Services
Buena Park Community Clinic
Cal Optima
California Children's Services
Cambodian Family Community Center
Certified Enrollment Counselors
Child Abuse Prevention Center
Children's Bureau Infant and Toddler In-Home Visitation
CHIOC
CHOC, Hoag and UCI
Clinica San Miguel
Community Benefit Programs
Community Clinics
Community Family Resource Centers
Community Health Initiative of Orange County
Community Health Organizations
Costa Mesa Homeless Task Force
Costa Mesa Senior Center
Council on Aging
Counseling Center for Caregivers
Covered California and MediCal
Dayle McIntosh Center
Alzheimers Assoc
Emergency Departments
Entail Health Providers
Exercise, Yoga, Healthy Cooking and Meditation Classes
Faith Nurse
Family Resource Center
Federally Qualified Health Centers, UC Irvine, Alta Med
FRC's Anaheim and Santa Ana
HB Free Clinic
Healthy Smiles
Hertz Family Clinic
HICAP
Hoag Community Health Department
Hoag Hospital
Hoag Mental Health
HOPE Clinic
Hurtt Family Clinic
Institute for Healthcare Advancement
Irvine Families Forward Community Counseling
IUSD Family Resource Center
Kaiser
Kaiser Ambulatory Clinic Services
Kaiser Permanente Partners w/ Latino Health Access
Komen Orange County's Breast Health Community Grant
La Amistad
Lastonic Lodge
Latino Health Access
MediCal
Mind Boosters at Neuroscience Institute
Minnie Street Family Resource Center
Mobile Clinics
Neighborhood Associations
Nonprofit State Licensed Community Clinics
OCTA's Medical Transport and Medicare Funded Transport
Orange County Cancer Coalition
Orange County Coalition of Community Health Centers
Orange County Healthcare Agency
Orange County Health Department
Orange County Office on Aging
Orange County Public Health Clinics
Pediatricians Community Health Centers

- *Primary Care Physicians*
- *Promatoras for Spanish Speaking Women*
- *Public Schools*
- *Share Ourselves*
- *Silverado*
- *Social Security Administration*
- *SOS*
- *St. Joseph Hospital of Orange*
- *St. Joseph's Children's Hospital*
- *Student Health Center*
- *Support Groups in the Community*
- *The Gary Center*
- *UCI*
- *UCI Ambulatory Clinic Services*
- *Vinante*
- *WIC*
- *Women's Services Related to Domestic Violence*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Acupuncture for Pain*
- *Aquatic Classes*
- *Arthritis Foundation*
- *Cambodian Family Community Center*
- *Classes for Knee, Shoulder and Foot Pain*
- *Council on Aging*
- *Exercise/Yoga Classes*
- *Family*
- *Foundations*
- *Good Nutrition*
- *Hoag Hospital*
- *Hoag Orthopedic*
- *Kaiser Hospital*
- *Memorial Care Hospital*
- *Mindful Meditation Classes*
- *Neurosciences Hoag Hospital*
- *Nursing Homes*
- *Office on Aging*
- *Outpatient Rehab Dept. for PT/OT*
- *Primary Care Providers*
- *Senior Programs*
- *SOS Clinic*
- *Specialist*
- *St. Joseph Hospital*
- *Tustin Rescue Mission*
- *Yoga, Zumba, Cycling*

Cancer

- *211*
- *Academia*
- *ACCESS*
- *American Cancer Society*
- *American Lung Association*
- *Center for Cancer Counseling*
- *Chemo Angels*
- *CHOC*
- *Chronic Disease Support Group*
- *City of Hope*
- *Community Health Clinics*
- *Community Organic Gardens*
- *Council on Aging*
- *Educational Classes*
- *Educational Programs at Claremont Club*
- *Faith Nurses*
- *Healthcare Systems*
- *Hoag Cancer Center*
- *Hoag Hospital*
- *Hoag Oncology Department*
- *Hoag Palliative Care*
- *Hoag Prostate Cancer Support Group*
- *Hope Wellness Center*
- *Hospital-Run Education Programs and Seminars*
- *Kids Konnected*
- *Latino Health Access*
- *Leukemia Lymphoma Society*
- *Local Hospitals*
- *Los Alimitos Medical Center*
- *Medi-Cal*
- *Memorial Care Cancer Institute*
- *Non-Profit Hospitals*
- *OCAPICA*
- *Orange County Cancer Coalition*
- *Orange County Cancer Society*
- *Orange County's Breast Health Community Grant Prog*
- *Personal Doctor*
- *Pomona Valley Hospital*
- *Prostate Forum of Orange County*
- *SeniorServ*
- *SOS Clinic*
- *St. Joseph Cancer Center*
- *St. Joseph Medical Center*
- *St. Joseph Prostate Cancer Support Group*
- *Support Groups*
- *Susan G. Komen Foundation*
- *Transportation Services*
- *UCI*
- *Urgent Care*

Chronic Kidney Disease

- *ACCESS Bus*
- *Dialysis Centers*
- *Free Community Health Clinics*
- *SOS*
- *UCI*

Dementias, Including Alzheimer's Disease

- *211*
- *A Place for Mom*
- *Acacia Adult Day Care Center*
- *ADSOC*
- *Adult Day Care Centers*
- *Age Well Senior Services*
- *Ageless Alliance*
- *Alzheimer's Research Facility*
- *Alzheimer's Association*
- *Alzheimer's Association, Orange County Chapter*
- *Alzheimer's Family Service Center*
- *Alzheimer's Support Group*
- *Care Agency*
- *Care Connections*
- *Caregiver Resource Center*
- *Cognitive Care Solutions*
- *Community Senior Services in Claremont*
- *Cordula Cares*
- *Costa Mesa Dementia Care*
- *Council on Aging*
- *Families of Patients*
- *Good Shepard Presbyterian Church Senior Program*
- *Healthcare Agency's Toolkit*
- *Healthier Together*
- *Hoag*
- *Hoag Community Benefits Programs*
- *Hoag Neurosciences Institute*
- *Hoag Vital Aging Program*
- *Hoag's Neuroscience Institute*
- *Hospitals*
- *In-Home Care Agencies*
- *Irvine Adult Day Health Services*
- *Irvine Cottages Memory Care*
- *Jewish Federation and Family Services*
- *Karlton Residential Care Center*
- *Keen Center*
- *Lakeview Senior Center*
- *Meals on Wheels*
- *Memory Care Facilities*
- *Mind Boosters Program*
- *Mount San Antonio Gardens*
- *Multiple City Senior Center Programs*
- *My Age Well*
- *Nonprofit Organizations*
- *OC Mental Health*
- *OCASC*
- *Office on Aging*
- *Orange County Elder/Senior Program*
- *Orange County Vital Aging*
- *Personal Doctors*
- *Primary Care Providers*
- *Private Care*
- *Remote Electronic Surveillance Services*
- *SeniorServ*
- *SOS*
- *Specific Clinics*
- *Support Groups*
- *Susi Q Senior Center*
- *UCI*
- *UCI Geriatrics*
- *University Synagogue Bridges Program*
- *Veteran's Services Office*

Diabetes Mellitus

- *Academy of International Dance*
- *Alliance for a Healthier Orange County*
- *Alliance for Healthy OC, Obesity Prevention Coalition*
- *AltaMed*
- *America on Track*
- *American Diabetes Association*
- *CalOptima*
- *Cambodian Family Community Center*
- *Champion Moms*
- *CHOC*
- *Chronic Disease Self-Management Training*
- *College Health Center*
- *Community Clinics*
- *Council on Aging*
- *Delhi Center*
- *Diabetes Outreach Clinics*
- *Diabetes Self-Management Support Groups*
- *Dr. Riba's Clinic*
- *Families Together of Orange County Community Clinic*
- *Free Clinics*
- *Grant Funded Diabetes Educational Programs*
- *Healthcare Agencies Diabetes Coalition*

Hoag Community Benefits Programs
Hoag Diabetes Center
Hoag Hospital
HOPE Clinic
Hospitals
Insurance Programs
Internet
JDRF
Kaiser
Lakeview Senior Center
Latino Health Access
Mary and Dick Allen Diabetes Center
National Diabetes Association
Nonprofit Hospital
Nonprofit Organizations
Nutrition Institute
OCDE
On Campus Registered Dietitian
Orange County Clinic
Orange County Public Health Programs
Organization of Community Clinics
Padre
Pharmacy Programs
Primary Care Providers
Professional Medical Associations
Provide Diabetes Literature
Public Health
Schools
Senior Health Outreach and Prevention Program (SHOPP)
Share Ourselves
Silver Slippers Program for Seniors
SOS Clinic
St. Joseph Health
St. Joseph Heritage Medical
St. Joseph Hospital Diabetes Education
St. Joseph Hospital of Orange
St. Jude Hospital Diabetes Education
Student Health Center
Swanson Health Center
Sweet Success
Tustin Rescue Mission Health Clinic
UC Irvine Health
UC Irvine Health Diabetes Center
YMCA

Family Planning

Act Nurses
Altamed
College Health Center
Community Clinics
Family Pact Clinics
Family Planning Center
Friters
Girls Incorporated of Orange County
Huntington Beach Free Clinic
MOMs
Ob/Gyn Medical Community
OC Nurse Family Program
Orange County Women's Health Project
Planned Parenthood
Primary Doctors
Public Health Department
Schools
SOS
UCI

Hearing & Vision

211
AltaMed
Cambodian Family Community Center
Charity of Local Eye Providers
Community Clinics
Costa Mesa Senior Center
Dayle McKintosh
Families Together
Free Vision Events
Fullerton College of Optometry
HearRX
Hoag
HOPE Clinic
Illumination Foundation
Insurance Programs
Lakeview Senior Center
Latino Health Access
LensCrafters
Lions Club
Orange County Healthcare Agency
Providence
Providence Speech and Hearing
Providers/Hospitals
Referral by Social Workers/Primary Care Physicians
Regional Assessment Center
SOS
Word of Mouth Referrals

Heart Disease & Stroke

- *Academy of International Dance*
- *Alliance for a Healthier Orange County*
- *AltaMed*
- *American Heart Association*
- *Beaches, Parks and Trails*
- *Books/Magazines*
- *CalOptima*
- *Cambodian Family Community Center*
- *CDC.gov*
- *CHOC*
- *Delhi Center*
- *Disease-Specific Nonprofits*
- *Emergency Rooms*
- *Ethnically-Oriented Nonprofit Organizations*
- *Families Together*
- *Fit Clubs at Schools*
- *Healthcare Agency*
- *Healthcare Agency, Chronic Disease Prevention*
- *Healthcare Systems*
- *Health Insurance*
- *Hoag Cardiac Rehab Center*
- *Hoag Hospital*
- *Hoag Stroke Center*
- *Hospitals*
- *Kaiser*
- *LaAmistad*
- *Latino Health Access*
- *Minnie Street Family Resource Center*
- *National Stroke Association*
- *OCAPICA*
- *OCHCA Clinics*
- *Orange County Office on Aging*
- *Paramedics*
- *Primary Care Providers*
- *Schools*
- *Silver Sneakers Program*
- *Social Workers from Senior Center, Senior Agencies*
- *SOS*
- *Stead Heart and Vascular Center*
- *Stroke Association*
- *The County*
- *UCI*
- *Web MD*
- *Word of Mouth*

HIV/AIDS

- *AIDS Services Foundation Orange County*
- *Altamed Health Services*
- *Girls Incorporated of Orange County*
- *Lastonic Center*
- *Medical Community*
- *Orange County Healthcare Agency*
- *Planned Parenthood*
- *Public Health Facility*

Immunization & Infectious Diseases

- *American Academy of Pediatrics*
- *CDC*
- *Center for Infectious Disease*
- *Children and Families Commission of OC*
- *Children's Hospital*
- *CHOC*
- *Claremont Colleges*
- *Community Clinics*
- *Education System*
- *Flu Clinic*
- *Free Clinics*
- *HCA, CBO Working With Families*
- *Healthcare Agency*
- *Health Department*
- *Hoag Community Health Flu Vaccination Program*
- *Hospital Outpatient Services*
- *Kaiser*
- *Mobile Agency*
- *Mobile CHOC Van*
- *OC Immunization Coalition*
- *OCHCA*
- *Orange County*
- *Pediatric Community*
- *Pomona Pediatrics*
- *Primary Care Physicians*
- *Public Health Immunization Programs*
- *Rite Aid*
- *School Immunizations Daycare through University*
- *School-Readiness Nurses*
- *Schools*
- *SOS*
- *UCI*

Infant & Child Health

ACES

Act Nurses

American Academy of Pediatrics

Assistance League Early Intervention Program

Bridges Maternal Child Health Network

Cal Optima

Casa Teresa

Catholic Charities

CHDP, First 5, OC Healthcare Agency and WIC

Children and Families Commission of Orange County

CHOC

Community Resources

County Maternal Child Health

Dr. Light Medical Director of Social Services Agency

Ethnically Oriented Nonprofit Organizations

Family Resource Centers

Family Support Network

Food Bank

Food Kitchen

Free/Low Cost Clinics

Healthcare Agency

Healthcare Systems

Health Department

Help Me Grow

Hoag

HOPE Clinic

Hospital Prenatal Parent Classes

Irvine Public Schools Foundation

Kaiser

Kid Healthy

Latino Health Access

MOMS

MOPS

OC Hlth Care Agency, Nutrition Edu Obesity Prevention

Organizations That Provide Resources/Connections

Pediatric Providers

Primary Care Providers

Providence Speech and Hearing

Public Health Clinics

Regional Center of Orange County

Schools

Serving Kids Hope

Share Ourselves

WIC

Injury & Violence

AA

Adult Protective Services

Batter's Intervention Classes

CalWorks

Casa Teresa

CSP

DASU

Department of Justice and Police

Domestic Violence Shelters

Family Resource Center

Family Violence Resources, Child Abuse Prevention

Healthcare Providers Injury Prevention Initiatives

Hospital Emergency Rooms and Police Departments

Hotlines

Human Options

Interval House

Latino Health Access

Laura's House

Law Enforcement and Juvenile Court System

Legal Aid Society

Local Shelters and PEP Classes

Mad Moms

Mental Health Counseling Agencies

OC Child Abuse Prvt, Hoag Comm Med & Children's Bureau

OC Families and Children's Together Resource Centers

OC Health and Domestic Violence Task Force

OC Rape Hotline

Orange County Women's Health Project

Police Department

SOS

SSA

State Unemployment Agency

Substance Abuse Centers

UCI

UCI Div of Geriatric Medicine and Gerontology

Women Against Sexual Assault

Women Helping Women

Women's Transitional Living

WTLC

Mental Health

- *211*
- *A Community of Friends*
- *ACOG Depression Tool Kit*
- *Adult Protective Services*
- *Alzheimer's Family Services Center*
- *ATSC*
- *Bridges Maternal Child Health Network*
- *Cal Optima*
- *Cambodian Family Community Center*
- *Canyon Acres/Seneca*
- *Chapman University*
- *Child Behavioral Pathways CHOC, UCI*
- *Children's Hospital*
- *City of Irvine for Families and Lakeview Senior Center*
- *City of Irvine, IPD Mental Health Outreach*
- *College Hospital*
- *Costa Mesa Senior Center*
- *Council on Aging - Preventative Mental Health Program*
- *Counseling Centers*
- *Counseling Services through Insurance Company*
- *County Mental Health Services*
- *County Postpartum Wellness Program*
- *County Program - Outreach and Engagement*
- *County Services*
- *Daddleback Church*
- *Department of Aging*
- *Diamond Counseling*
- *Didi Hirsch*
- *Dr. BZ's Programs*
- *Emergent Services*
- *Families Forward*
- *Family Resource Centers, LGBT Center of Orange County*
- *Feeling the Blues*
- *FRC, Bridges, Mental Health Collaboratives*
- *Free Bus Passes through County or VA*
- *HCA MHSA*
- *HCA-Behavioral Health*
- *Healthcare Agency, Behavioral Health*
- *Healthcare Agency - Mental Health Department*
- *Healthcare Systems*
- *Hoag Community Benefits Programs*
- *Hoag Community Medicine*
- *Hoag Hospital*
- *Hoag Mental Health Services*
- *Homeless Prevention Officers*
- *Homeless Shelters*
- *Hospitals*
- *Human Options*
- *IUSD Family Resource Center*
- *Kaiser*
- *Latino Health Access*
- *LINK*
- *Loma Linda*
- *Low Cost Community Clinics*
- *Mariposa Women's Center*
- *MECCA*
- *Medicaid/MediCal*
- *Mental Health Agencies/Professionals*
- *Mental Health Association*
- *Mental Health Counselors*
- *Mental Health Services Act*
- *MHSA Services*
- *Mission Hospital*
- *National Association for Mental Illness*
- *OASIS*
- *OC Centralized Assessment Team*
- *OC Pediatric and Youth Adult Mental Health*
- *OC Postpartum Wellness Program*
- *OCAPICA*
- *OCDE*
- *OCHCA BSH Hotline*
- *OCPPW*
- *Older Adult Services*
- *Orange County*
- *Orange County Behavioral Health*
- *Orange County Healthcare Agency*
- *Orange County Mental Health*
- *Orange County Social Services Agency*
- *Police and County Assessment Staff*
- *Primary Care Physicians*
- *Private Clinics*
- *Providence Community Services*
- *Psychiatric Hospitals*
- *Psychologists, Psychiatrists, MFTs, Social Workers*
- *Public Health Department*
- *Reconnect, Council on Aging*
- *School District*
- *School Readiness Nurses*
- *Social Services*
- *SOS*
- *St. Joseph Hospital*
- *Student Health Mental Health*
- *Support Groups*
- *The Gary Center*
- *Turning Point*

Tustin Rescue Mission - Community Care Clinic

UCI Medical Center

VA System

Wellness Center

Western Youth Services

Nutrition, Physical Activity & Weight

211

Age Well Senior Services

All Fall Prevention Programs

Alliance for a Healthier Orange County

Alta Med

Alzheimer's Family Services Center

America on Track

American Diabetes Association

AYSO

Boys and Girls Club

Cambodian Family Community Center

Camp Fire

Champion Moms

Champions for Change

Child Guidance Center

Child Nutrition Department of Orange County

Children and Families Commission of Orange County

Children's and Family Commission for Funding

CHOC Ambulatory Clinics

Church Programs

Community Action Partnership of Orange County

Cooking Classes and Healthy Eating

Dr. Patricia Riba's Health Club

Dr. Taylor Lucas/UCI Pediatrics

Eat, Play, Breathe Campaign

Ethically Oriented Non-Profit Organizations

Family Resource Center

Farmer's Market

Girls Incorporated of Orange County

Grocery Stores

Gyms

Healthcare Systems

Hoag

HOPE Clinic

Hospitals

House Mothers of Casa Teresa

Internet Research on Nutrition

Juvenile Diabetes

Kaiser

Kid Healthy

KidsWork at Bishop Manor

LA Fitness

Latino Health Access

Local Community Centers

Local Community Sports

Mary and Dick Allen Diabetes Center

Meals on Wheels

Minnie Street Family Resource Center

NMUSD Nutrition Services

NuPac

Nutrition Books, Classes at Community Collages

Nutritionists and Dietitians

Nutritionists and Nurses

OC Nutrition and Physical Activity Collaborative

Ocean Swimming, Beach Walking

Online Apps for Calorie Counting

Orange County Food Bank

Orange County Healthcare Agency

Orange County Healthcare Agency - NEOP

Orange County Susan G. Komen Race for the Cure

Orangewood Children's Foundation

Overeaters Anonymous

Padres En Accion

Parks and Recreation Programs

Parks, Basketball Courts

Parks, Trails and Beaches

Physical Activity Classes for Youth and Adults

Physical Therapists

PODOR

Primary Care Physicians

Running Clubs

Save Our Youth

Schools

Second Harvest Food Bank

Senior Centers

SeniorServ

Serving Kids Hope

SOS

St. Joseph's Hospital

Teen Leadership Foundation in Costa Mesa

UC Irvine GREEN Project

UCI

UCI Weight Management

United Way

Walking Group

Walking Trails

Weight Management Program

Weight Watchers

WIC

- *Workplace Walking Program*
- *Workplace Wellness Program*
- *YMCA*

Oral Health

- *211*
- *ACT Nurses*
- *Assistance League*
- *Assistance League of Newport Mesa*
- *CAL Optima One Care*
- *Camino Health Center*
- *Gary Center*
- *Healthcare Agency*
- *Healthy Smiles*
- *Hope Clinic*
- *Illumination Foundation Orange County*
- *Lestonnac Free Clinic*
- *Local Dentists*
- *National Children's Oral Health Foundation*
- *OC Healthcare*
- *Onesies Program*
- *School-Readiness Nurses*
- *SmileOnU*
- *SOS*
- *West Coast University Dental Hygiene Clinic*

Respiratory Diseases

- *American Lung Association*
- *CHOC Breathmobile*
- *Primary Care Doctors*
- *SOS*
- *St. Joseph's*
- *UCI*

Sexually Transmitted Diseases

- *ACT Nurse*
- *Altamed*
- *Casa Teresa Inc., RN*
- *College Health Clinics*
- *Family Pact Clinics*
- *Girls Incorporated of Orange County*
- *Ob/Gyn Medical Community*
- *Orange County Healthcare Agency*
- *Planned Parenthood*
- *Private Medical Clinics*
- *Urgent Care Centers*

Substance Abuse

- *211*
- *ACT*
- *Alcoholics Anonymous*
- *Betty Ford/Hazeldon*
- *Breakaway*
- *Chapman House*
- *College Health Centers*
- *College Hospital*
- *Community Churches*
- *County Behavioral Health*
- *County of Orange*
- *County's Study of Substance Exposed Births*
- *Doctors*
- *Drug Court*
- *Drug-Rehab Hotline*
- *Healthcare Agency - Alcohol and Drug Abuse Services*
- *Healthcare Agency - Behavioral Health*
- *Health Providers*
- *Hoag Chemical Dependency Unit*
- *Hoag Community Health*
- *Hoag Community Medicine Program*
- *Hoag Hospital*
- *Hoag Substance Abuse Services*
- *Hospital Emergency Rooms*
- *JADE/Second Chance*
- *La Familia Alcohol/Drug Service Center*
- *Local and County Support Groups*
- *Low Cost Community Clinics*
- *Mariposa Women's Center*
- *Narcotics Anonymous*
- *Northbound Treatment Center*
- *OC Links*
- *OC Rescue Mission*
- *OCHCA BHS ADAS*
- *Online Resources*
- *Orange County Healthcare Agency*
- *Orange County Health Department*
- *Orangewood Children's Foundation*
- *Parents, Teachers and Police*
- *Phoenix House*
- *Private Coverage*
- *Private Drug Rehab Facilities*
- *Private Hospital*
- *Providence*
- *Psychologists, Psychiatrists, Counselors*
- *Salvation Army*
- *START Program*
- *Straight Talk*
- *Substance Abuse Programs*

The Gary Center

Touchstone

Treatment Programs/Facilities

Tobacco Use

211

ACT Nurses

America On-Track

American Cancer Society

American Lung Association

Anaheim Regional Medical Center

Casa Teresa RN

College Health Centers

CSP

Education about Effects of Smoking Around Children

Healthcare Agency - Tobacco Use Prevention Program

No Butts

OC Smoking Cessation Group

Orange County Department of Education

Orange County Healthcare Agency

Quit Smoking Information

UCI or St. Joseph Hospital