



# Pediatric Post-Acute Hospital & Subacute

*"Where specialized care begins and hope never ends"*

## 2025 Community Health Needs Assessment

Originally published June 30, 2022  
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# Acknowledgements and Access

## **Acknowledgements**

This Community Health Needs Assessment (CHNA) was completed with the generous contribution of time and information from the clinical and lay leadership of HealthBridge Children's Hospital – Orange (HealthBridge or HB), whose insights into the community and in particular pediatric complex care needs in Orange County were invaluable.

Additional thanks go to the numerous healthcare providers, agencies, educational leadership, community businesses, community leadership, residents and political representatives that provided additional viewpoints ensuring this CHNA would be as comprehensive as possible.

## **Board Action**

On June 27, 2022, the HealthBridge Children's Hospital – Orange Board of Directors adopted the Community Health Needs Assessment report and approved publication on June 30, 2022. On June 27, 2025, the updated report was adopted and approved for publication on June 30, 2025.

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## **Electronic Access**

[This publication and the related](https://www.healthbridgekids.org) information can be accessed electronically at:  
<https://www.healthbridgekids.org>.

## **Written Comments:**

We welcome comments and feedback on this report. For questions, comments, strategic partnership opportunities or other needs, please contact Roberta Consolver at [rconsolver@healthbridgekids.com](mailto:rconsolver@healthbridgekids.com).

# Executive Summary

HealthBridge Children’s Hospital – Orange is located in Orange County, California. This 27-bed acute care hospital specializes in brain and spinal cord injuries. As a source of care for children and adolescents in Orange County, HealthBridge is dedicated to building a strong connection with the community and improving the health of the children that live in that community.

This Community Needs Assessment, while a requirement, offers HealthBridge the opportunity to engage the community in a broad way. The Assessment identified numerous challenges facing both adults and children living in Orange County. Using the primary data, published data and statistics from various sources, several themes emerged regarding needs and/or gaps in service for those living in Orange County. As explained in more detail in the Assessment, the following community needs and HealthBridge priorities are as follows:

Identified Health Challenge Category	Identified Health Challenge Subset	HealthBridge New Priority?	Why/Why Not?
Mental Health	Teenage Suicide <sup>3</sup>	No	Inpatient counseling services available now
Mental Health	Depression <sup>3</sup>	No	Inpatient counseling services available now
Mental Health	Substance Abuse	No	Beyond the scope of services
Education	Drop Out Rate	No	Has School in the Hospital program for inpatients
Education	Violence/Bullying <sup>3</sup>	No	Inpatient counseling services available now
Education	Language Barrier	No	Interpreters currently in place
Housing	Affordability	No	Beyond the scope of services
Housing	Shelters	No	Beyond the scope of services
Nutrition	Access to Healthy Food	No	Nutrition counseling part of care plan if needed
Nutrition	Obesity	No	Nutrition counseling part of care plan if needed
Nutrition	Family Education <sup>3</sup>	No	Nutrition counseling part of care plan if needed
Nutrition	Diabetes	No	Nutrition counseling part of care plan if needed
Nutrition	Oral Health <sup>1</sup>	No	Nutrition counseling part of care plan if needed
Access to Care	Sub-Acute Beds <sup>5</sup>	Yes	Part of strategic plan to expand number of beds
Access to Care	Acute/Sub-Acute Services <sup>5</sup>	Yes	Telemetry services in process for acute care patients
Access to Care	Pediatric PT/OT/ST <sup>4</sup>	Yes	Recognized as need and expanding outpatient services
Access to Care	Clinical Child Day Care	No	Part of planned strategy – FY 2024
Child Safety	Avoidable Injury	Yes	Continue providing injury prevention education and bike helmets to community
Child Safety	Home Violence	No	Coordinate with public services if needed
Child Safety	Immunizations	No	Orange Cnty has one of highest levels of immunization

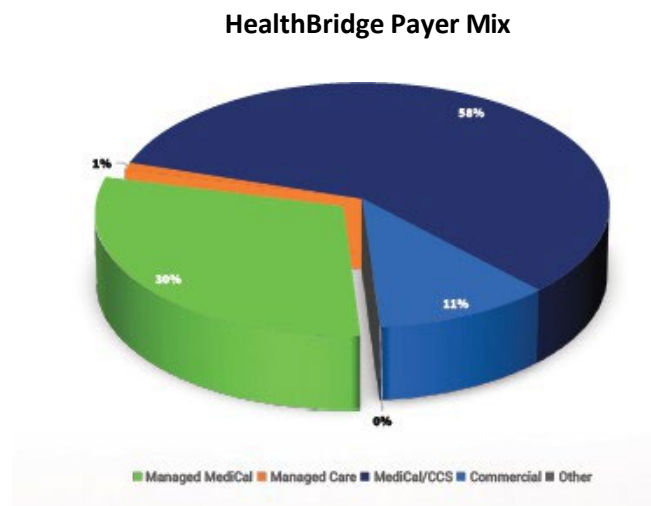
## HealthBridge Overview

HealthBridge was originally built in 1999 with cosmetic refurbishments occurring over time. This one-story, specialty children's hospital encompasses approximately 21,500 square feet and sits on 3.21 total acres of land. The Orange County facility is a 27-bed Acute Care Hospital including a distinct Skilled Nursing Facility portion, with 24 individual rooms and a shared three bed suite. The facility currently serves children from the ages of 0-21 recovering from and being treated for a multitude of complex illnesses and conditions.

HealthBridge's specialty is neurotrauma, including brain and spinal cord injury/illness and the primary cause of injury to children under the age of 21 are motor vehicle accidents, near drownings, and attempted suicide all of which typically involve neuro trauma. Our distinct skilled nursing with a rehabilitation designation allows us to care for much more medically complex children than standalone subacute programs throughout the state.

As of 2025, HealthBridge supports intensive pediatric care with individualized plans, integrating a high staff-to-patient ratio and enhanced emotional support tools such as Robin the Robot—an AI companion for children to reduce anxiety and promote social engagement.

As shown, payer agreements with multiple payers provide insurance coverage to the patients receiving care at HealthBridge. Combined Medi-Cal and CCS coverages are the largest payers for HealthBridge.



Source: HB Internal Data

# Regulatory Requirements

Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years, and to adopt an implementation strategy to meet the community health needs identified through the CHNA.

Section 501(r)(3)(B) provides that the CHNA must:

- Consider input from people who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and be made widely available to the public.
- A hospital organization meets the requirements of Section 501(r)(3) with respect to the hospital facilities it operates:
  - If the hospital facilities have conducted a CHNA in the taxable year or in either of the two immediately preceding taxable years, and
  - an authorized body of the hospital facility has adopted an implementation strategy to meet the community health needs identified through the CHNA on or before the 15th day of the fifth month after the end of such taxable year.

*Compliance on Timing for Original Publication* - HealthBridge Orange was acquired in September 2020.

Although the acquirer and licensed operator is a single member limited liability company, the underlying single member represents the 50/50 joint venture between HealthBridge Pediatric Care (a for profit entity) and Ascension Health Alliance (a NFP entity).

While the joint venture operates as a for profit enterprise, the underlying Ascension member is subject to the 501(r) regulations governing not for profit entities. With newly acquired assets, this is due at the end of the second tax year of the not-for-profit member. Ascension has a fiscal year ending June 30. Accordingly, the initial CHNA for HealthBridge was due June 30, 2022 with the update due June 30, 2025, and every 3 years thereafter.

While required to conduct a CHNA, HealthBridge is also allowed to prioritize which community issues need to be addressed, and further refine that list based upon the services and impact HealthBridge will focus on as long as there is a clear rationale. Therefore, this CHNA identifies the health and/or healthcare needs of the citizens of Orange County, California, but limits the implementation plan to the narrow service niche HealthBridge offers.

# Methodology

The goals of the assessment are:

- To examine the current health status of children and identify unmet health needs in HB's service area identified as Orange County
- To identify the current health priorities—as well as new and emerging health concerns—among children and families within the larger social context of the community
- To explore community strengths, resources, and gaps in services to guide future programming, funding, and policy priorities for HB as appropriate
- To provide community insights into the health and well-being of the Orange County's children and families

By regulation, HealthBridge, in its efforts to assess the health needs of Orange County, must gather qualitative and quantitative data, and input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health. HealthBridge used publicly available information and engaged community organizations, local officials, schools, health care providers, the business communities, residents, people representing medically underserved, low-income and minority populations in the community and others. In all aspects of data collection, our process was tailored to investigating conditions impacting people in Orange County, allowing HealthBridge to better understand the health issues that most affect Orange County and potentially the requisite resources available.

The key data collection methods of the CHNA included:

- Primary data collection via distributed community surveys
- Key informant interviews with organizational, government, and community leaders
- Review of secondary data from multiple city, state, and national sources (cited in Appendix III)

Specifically, HealthBridge must both solicit and consider input received from the following sources in identifying and prioritizing significant health needs and in identifying resources potentially available to address those health needs.

1. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health described in Section 338J of the Public Health Services Act, with knowledge, information, or expertise relevant to the health needs of the community. HealthBridge reviewed and included information from, but not limited to the following:
  - a. Orange County Healthcare Agency
  - b. Department of Health Care Access and Information (HCA)
2. Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations. This included, but was not limited to:
  - a. First 5 Orange County



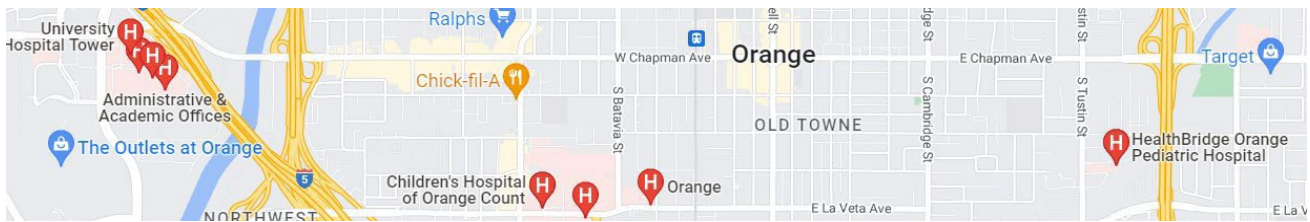
- b. CHOC Hospital
3. Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.

In addition to soliciting input from the required sources, HealthBridge received input from a broad range of persons/agencies/providers located in or serving Orange County. This includes, but is not limited to:

- Not for profit and community-based organizations
- Academic experts
- Local government officials
- Local school district
- Health care providers and community health centers
- Providers focused on medically underserved populations, low-income individuals, minority groups, or those with chronic disease needs
- Health insurance and managed care organization
- Private businesses, and
- Charitable organizations
- U.S. Census and County Health Rankings

## HealthBridge Service Area – Orange County

**Exhibit 2 – HealthBridge and Primary Referral Hospital Locations**

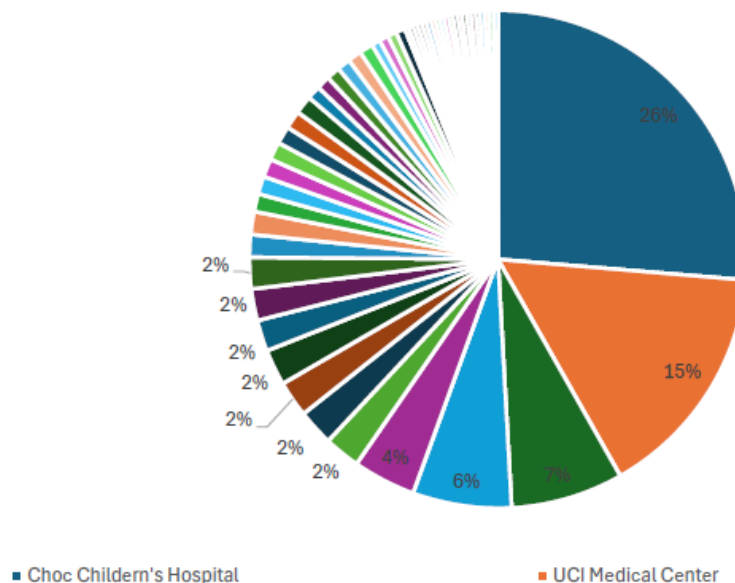


Source: Google Maps

HealthBridge has consistently identified their Community Health Assessment Service Area as Orange County, California.

HealthBridge has a close referral relationship with CHOC (Children’s Hospital of Orange County) and the University of California Irvine Medical Center (UCI) and, as shown below, and are also very close geographically. Together those two primary referral hospitals represent about 41% of patient referrals.

### Referrals by Source



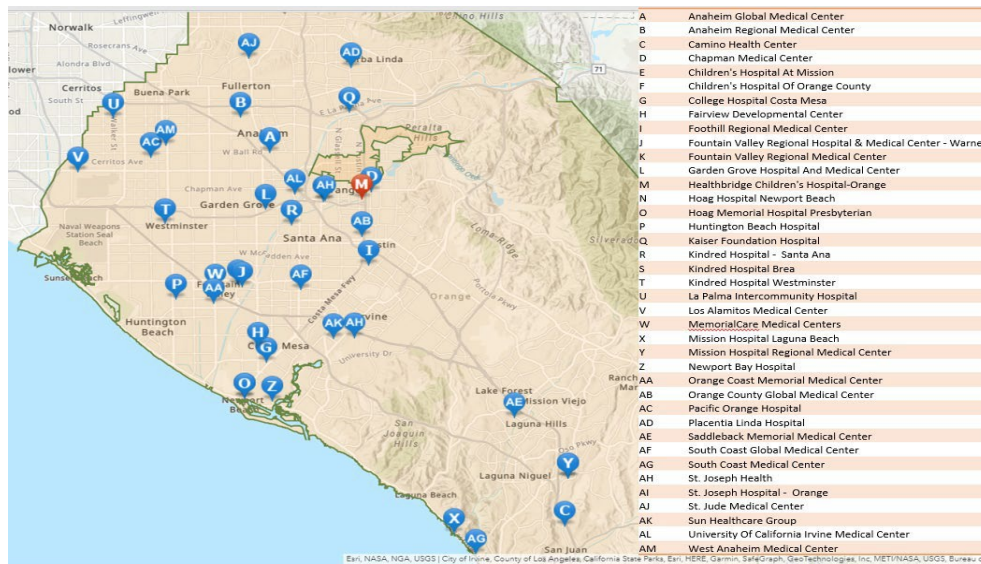
Source: HB Internal Data

The rest of the referrals come from other locations but include place of origin as Orange County. As the historic information consistently identifies the majority of patients are from Orange County, HealthBridge continues to consider Orange County as its Service Area.

## Orange County Hospitals

One of the first components of the HealthBridge 2022 Community Health Needs Assessment was identifying the Orange County hospitals in relation to HealthBridge. As shown in the following map, HealthBridge is identified with the red “M”. The other hospitals are identified by the key displayed.

**Exhibit 4 – Orange County Hospitals**



Source: ESRI Mapping Data

Orange County also includes areas that are medically underserved as shown in the following map. Medically Underserved Areas (MUAs) are areas or populations designated by the Health Resources Service Administration (HRSA) as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

Even though they are designated as underserved, as shown, there are providers in those areas. Further, there are additional support services and outreach programs that also provide services for those living in those designated areas. The designation is not always the lack of primary care but includes the associated poverty level criteria.

A valuable method of Assessment includes the use of tapestry segmentation. The segmentation not only details the diversity of Orange County but also identifies the unique characteristics of people living in Orange County that share similar traits, by zip code. Understanding the differences within the population helps identify the health needs and service support by area within Orange County.

#### Exhibit 4 – Medically Underserved Areas and Closest Hospitals



Source: ESRI Mapping Data

ESRI ArcGIS (ESRI) connects the seemingly disconnected populations with the most comprehensive set of analytical methods and spatial algorithms. The ESRI data for Orange County identified the top 10 tapestry segments which included only five of the 14 potential LifeModes, as the map below suggests. LifeMode groups represent a population living in specific areas that share a common experience or experiences and coalesce into neighborhoods or similar community types. The 14 LifeModes represented in Orange County as follows:

#### Exhibit 5 – LifeModes



#### Exhibit 6 – Tapestry Segmentation by Zip Code



Source: ESRI Mapping Data

The top LifeModes in Orange County are identified and described as:

### **1) LifeMode 1 – Affluent Estates**

- Established wealth—educated, well-traveled married couples
- Less than 10% of all households, with 20% of household income
- Homeowners (about 90%) with mortgages (62.5%)
- Married families with kids ranging from grade school to college
- Expect quality; invest in timesaving svcs
- Participate actively in their communities
- Active in sports and enthusiastic travelers

### **2) LifeMode 2 – Upscale Avenues**

- Prosperous married couples living in older suburban enclaves
- Subscribe to premium movie channels
- Homeowners (70%); prefer more urban settings
- Homeowners with older homes; large share in town homes
- Serious shoppers, from Nordstrom to Marshalls, who appreciate quality and bargains
- Ambitious and hardworking
- Financially responsible
- Active in fitness pursuits

### **3) LifeMode 7 - Ethnic Enclaves**

- Young homeowners with families
- Multilingual/multigenerational households / Hispanic families
- Neighborhoods feature single-family, owner-occupied homes
- Most aged 25+ with a HS diploma or some college
- Shopping and leisure with focus on their children
- Enjoy trips to theme parks, water parks, or the zoo
- Many households have dogs as pets
- Hardworking and optimistic
- Built at city's edge, primarily after 1980
- Kids enjoy video games on owned devices
- Buy baby and kid's apparel / toy products

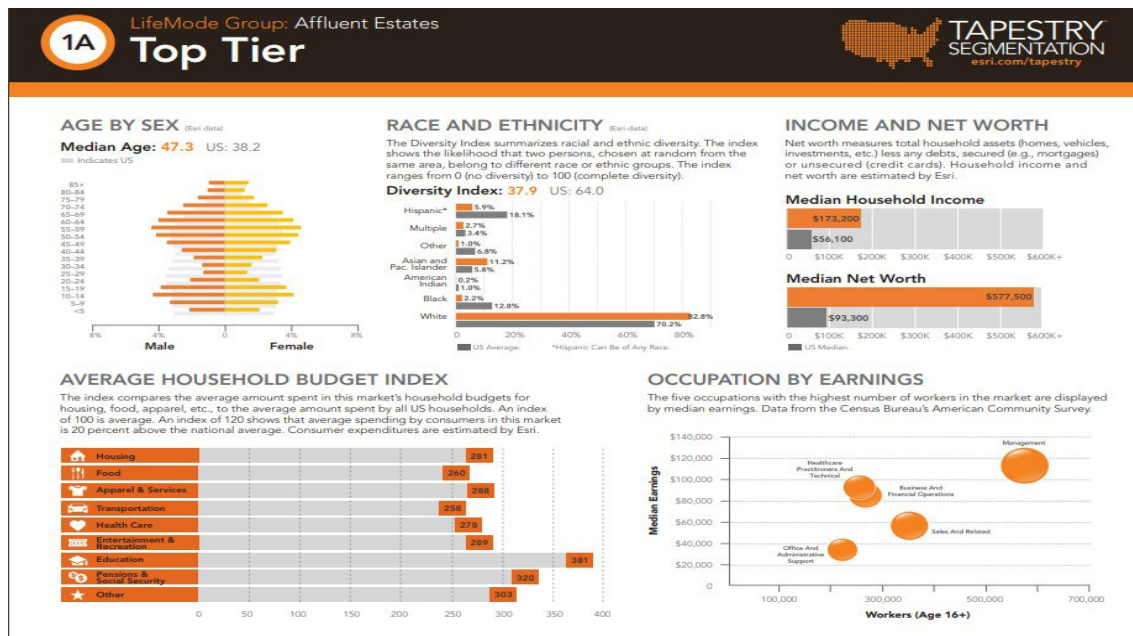
### **4) LifeMode 13 - Next Wave**

- Urban dwellers; young, hardworking families
- A large share are foreign born / speak only their native language
- Most are renters in older multiunit buildings, built 1960s or earlier
- Hardworking, long commutes to jobs, often using public transit
- Focus on children (high-end apparel) and personal appearance
- Young, multigeneration, families with kids
- Spend reflects the youth of the consumers
- Partial to soccer and basketball
- Top market for moviegoers and fast food

Drilling down further into the subsets of the LifeModes demonstrates even greater differentiation in Orange County. Part of LifeMode 1 is a segment called Top Tier, and part of LifeMode 13 is a segment called Diverse Convergence. Both are identified by color on the map. This information was used to help identify race and ethnicity, average household budgets and common occupations with related earnings.

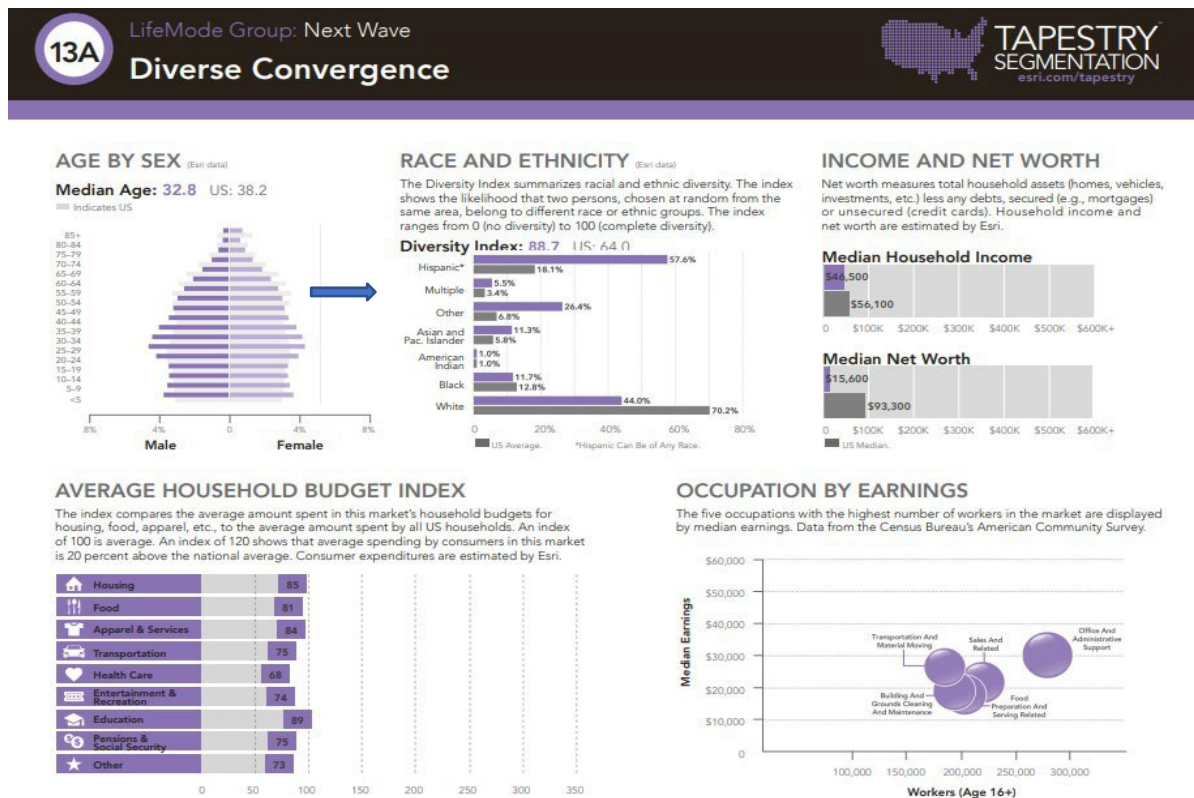


## Exhibit 7 – Top Tier Demographic Diversity Information



Source: ESRI Tapestry Segmentation

## Exhibit 8 - Diverse Convergence Diversity Information

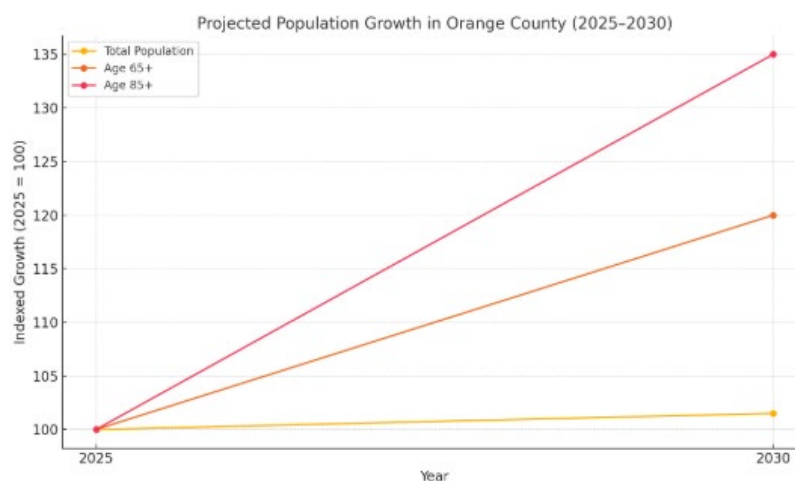


Source: ESRI Tapestry Segmentation

## Demographics

As mentioned before, Orange County has a diverse population with pockets of people of various socioeconomic levels spread throughout. To better assess Orange County, understanding trends of the population projected through 2030 sheds light on the potential need to increase support services for those living in Orange County. Based on the latest demographic projections, affordable housing remains a top priority. Additionally, the ongoing decline in the school-age population, coupled with a significant increase in residents aged 65 and over, signals a shift that may require reallocating resources toward senior services and potentially reducing investments in services for children. Finally, as noted, there continues to be a substantial increase in racial and ethnic diversity in the County, including rising populations identifying as Asian Alone and Black Alone.


The overall population is projected to increase by 1.5% from 2025 through 2030. Of note is the increase in residents aged 65+, with growth rate of almost 20%. Additionally, those aged 85 and over are projected to increase substantially. These increases through 2030 may affect funding priorities and service delivery models, particularly in healthcare, transportation, and social services.



The County's racial and ethnic demographics are also shifting. While residents identifying as White Alone are projected to continue declining as a percentage of the total population, growth is expected among those identifying as Asian Alone, Two or More Races, and Black Alone. For example, the Asian Alone population is expected to grow by over 10% through 2030, with increases in other minority groups reinforcing the County's trajectory toward greater diversity.

Economic indicators show meaningful shifts in household income distribution. Households earning less than \$75,000 are projected to continue declining as a proportion of total households. Meanwhile, households earning above \$75,000 are projected to grow, with the largest gains among those earning \$150,000 or more annually, which is expected to increase by more than 18%. This ongoing economic stratification has implications for housing access and service affordability.

The median household income, estimated to be just under \$98,000 in 2021, is projected to rise to more than \$108,000 by 2026, and likely higher by 2030. While this upward trend reflects regional prosperity, it also underscores increasing housing affordability challenges, particularly for renters.

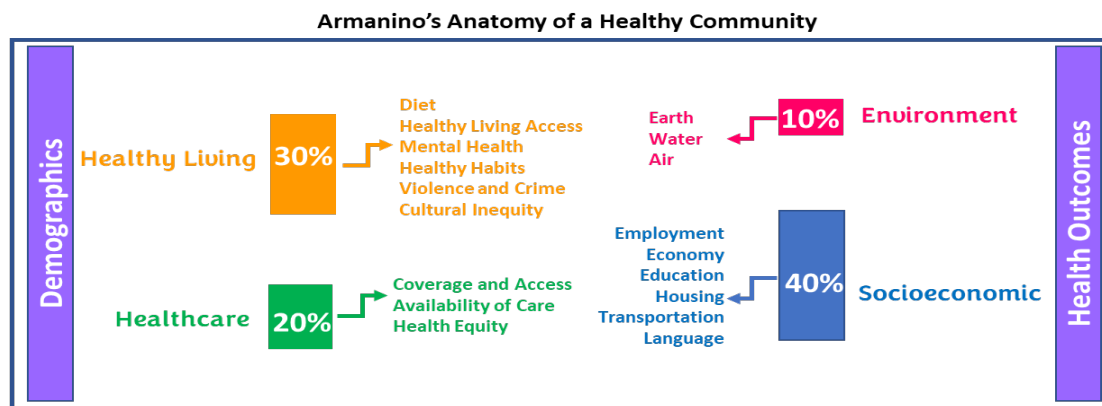


According to 2021 estimates, more than 54% of renters in Orange County were paying over 30% of their income toward rent, with the largest segment paying more than 50%. This exceeds the commonly accepted affordability threshold and indicates widespread housing cost burden. Without significant investment in affordable housing and income-aligned rental options, many residents may face continued risk of housing insecurity or displacement.



# Orange County Health Assessment

To complete the HealthBridge 2022 CHNA, the Armanino Anatomy of a Healthy Community Framework<sup>TM</sup> was adopted to assess the health needs of Orange County, and then analyze the health outcomes of the community. The Framework was developed through initial demographic identification combined with the precept, according to the Neighborhood Outreach Access to Health (NOAH), that 80% of what makes up someone's health is determined by what happens outside of the hospital or health clinics. By then integrating the demographic information with various health factors, HealthBridge was able to identify the health outcomes of the community.



Source: Armanino LLP: Anatomy of a Healthy Community, 2022

These health outcomes were then prioritized based on multiple inputs to create an action plan that HealthBridge, with its very narrow service focus, might be able to positively impact.

## Healthcare

Understanding those challenges that exist in Orange County related to the provision of healthcare is more than just identifying the hospitals and specifically pediatric hospitals in the market. Multiple factors impact the provision of healthcare services.

## Coverage and Access

Health insurance and the ability of a patient or patient's family to pay for the services provided is one of the top challenges for receiving care. When a patient has adequate insurance and understands how to use it, the likelihood to use this coverage allows a patient to get care prior to the condition worsening. Additionally, access to specialists when needed is more likely. Conversely, when a patient has no insurance or is underinsured, the likelihood of seeking and receiving care is more likely only through the emergency department of a hospital, which increases the cost of care significantly.

The average rate of uninsured residents in Orange County has decreased from 7.7% in 2019 to approximately 6.8% in 2023, remaining below the California state average of 7.3% for individuals under age 65 (Data USA, U.S. Census Bureau). In recent years, Orange County residents earning under \$25,000, and those earning between \$25,000 and \$49,000, have continued to benefit from expanded Medi-Cal eligibility and saw improvements in insurance coverage rates (CHCF). Adults in both the 18–34 and 65+ age groups

also saw modest gains in coverage, aligning with statewide trends in expanded ACA and Medicare access. The pediatric group likewise experienced continued increases in coverage, supported by policies enhancing children’s eligibility for public health insurance (KidsData.org).

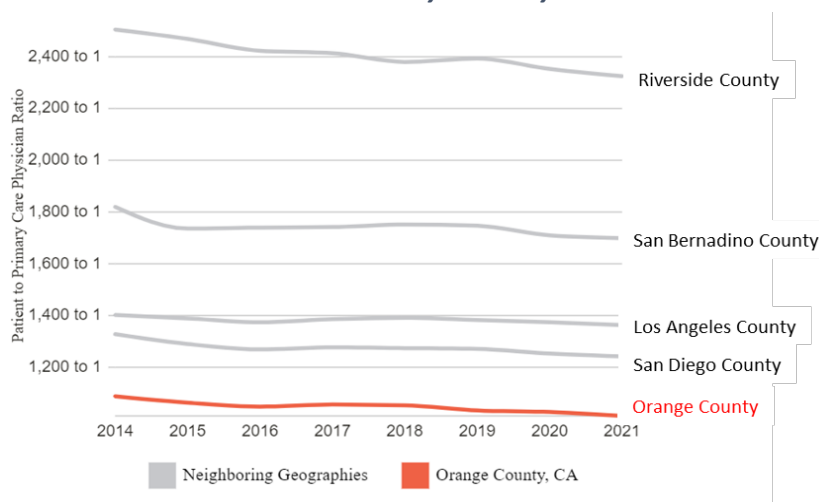
In contrast, some middle-income groups, particularly those earning between \$75,000 and \$99,000, experienced declines in coverage due to gaps in subsidy eligibility and affordability concerns, mirroring a statewide trend. The most significant decrease in coverage among this income group is consistent with prior data showing a drop of over 4%.

## Availability of Care

The number of primary care physicians per patient in Orange County is an estimate for the availability of care. According to the Primary Health Care Performance Initiative, availability of effective primary care services includes “the presence of competent, motivated health workers at a health facility or in a community when patients seek care”. Effective primary care also requires a relationship between the provider and patient, so care becomes a participatory event and not just transactional. Health worker motivation is also crucial as that helps drive a better patient experience and oftentimes better outcomes.

Although the number of primary care physicians were not cross referenced against the specialty and characteristics of the primary care providers, there are significantly more physicians to see and treat patients in Orange County compared to the rest of the State. Orange County physicians saw an average of about 1,012 patients per year. A lower the number of patients per doctor is considered a positive indicator of coverage. Orange County has a much better ratio compared to other California counties and has been consistent over time.

**Exhibit 13 – Patient to Primary Care Physician Over Time**



Source: 2022 County Rankings; County Health Rankings and Roadmaps

According to the Robert Wood Johnson Foundation, gaps in health are inconsistent throughout the country. Some of the gaps are caused by barriers, both real and perceived, that prevent patients from receiving required care. Health equity means “increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live, or how much money we make.”

One measure of health equity is the availability of multiple types of care providers and support services in the community, which supports people living the healthiest life possible. Additional providers could be in the form of care support, referral opportunity to other resources, financial support, linguistic support, cultural sensitivity, and other value beyond just the direct provision of patient care. The following are healthcare providers and support services identified throughout Orange County. Based upon this information, there are services available in Orange County for almost all needs identified in the Community, thus increasing the health equity in the community.

The sources for the following information are numerous and varied but primarily were identified through Armanino market research. Further, the list is not exhaustive as it does not include the numerous physicians practicing throughout the County that are both hospital-based and independent.

### Available Health Services in Orange County:

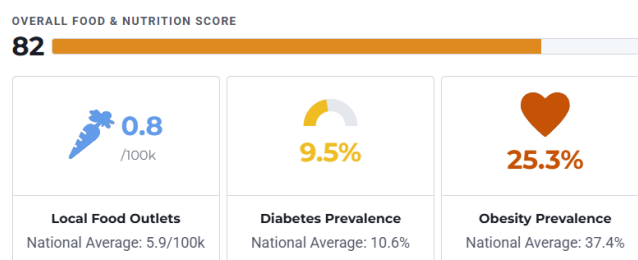
Organization/Agency	Address	Health Services	Hospital	Dental	Housing	Nutrition	Health Insurance	Social Services	Mental Health	Substance Abuse/Addiction	Child Safety/Health
2-1-1 Orange County	P.O. Box 10473 Santa Ana, CA 92711				X	X		X			X
Advantage Plus Medical Center	18021 Sky Park Cir., Bldg 68, Ste. G, Irvine, CA 92614	X						X	X	X	
Anaheim Regional Medical Center	1111 West La Palma Avenue Anaheim, CA 92804	X	X								
American Lung Association	17881 Sky Park Cir Suite H/J, Irvine, CA 92614							X			
AmeriPharma Infusion Center	132 S. Anita Dr., Suite A, Orange, CA 92868	X									
Anaheim Global Medical Center	1025 South Anaheim Boulevard Anaheim, CA 92801	X	X								
Asana Recovery	1730 Pomona Ave Suite 3, Costa Mesa, CA 92627	X			X					X	
Be Well Orange County	265 S Anita Dr, Orange, CA 92868				X			X	X	X	
CalOptima Medi-Cal	505 City Pkwy W, Orange, CA 92868						X				
Camino Health Center	30300 Camino Capistrano, San Juan Capistrano, CA 92675	X		X					X		
Cardiology Specialists of Orange County	700 N Tustin Ave, Santa Ana, CA 92705	X									
Chapman Medical Center	2601 East Chapman Avenue Orange, CA 92869	X	X								
Children's Hospital At Mission	27700 Medical Center Road Mission Viejo, CA 92691	X	X								
Children's Hospital Of Orange County	1201 West La Veta Avenue Orange, CA 92869	X	X								
CHOC Children's at Mission Hospital	27700 Medical Center Road, Mission Viejo, CA 92691	X	X	X					X		X
CHOC Children's at Orange Hospital	1201 W. La Veta Avenue, Orange, CA 92868	X	X	X					X		X
CHOC Hyundai Cancer Institute Clinic	1201 W. La Veta Ave., 2nd Floor, Orange, CA 92868	X	X								X
City of Hope Newport Beach Lido	351 Hospital Road, Suite 610, Newport Beach, CA 92663	X	X					X			
College Hospital	1634 W 19th St, Santa Ana, CA 92706	X	X						X		X
College Hospital Costa Mesa	301 Victoria Street Costa Mesa, CA 92627	X	X								
Cornerstone of Southern California	1950 East 17th Street Suite 150, Santa Ana, CA 92705	X							X	X	
Fairview Developmental Center	2501 Harbor Boulevard, Costa Mesa, CA 92627	X							X		
Family Life Center at St. Francis Hospital	3630 East Imperial Highway Lynwood, CA 90262	X	X								
Foothill Regional Medical Center	14662 Newport Avenue Tustin, CA 92780	X	X								
Fountain Valley Regional Hospital	17100 Euclid St, Fountain Valley, CA 92708	X	X								X
Fountain Valley Regional Hospital & Medical Center - Warner	11250 Warner Avenue, Fountain Valley, CA 92708	X	X								
Garden Grove Hospital And Medical Center	12601 Garden Grove Boulevard Garden Grove, CA 92647	X	X								
HealthBridge Orange Pediatric Hospital	393 South Tustin Street Orange, CA 92866	X	X								
Healthy Smiles for Kids of Orange County	10602 Chapman Ave, Garden Grove, CA 92840	X		X			X	X			X
Hoag Hospital Irvine	16200 Sand Canyon Avenue, Irvine, CA 92618	X	X								
Hoag Hospital Newport Beach	1 Hoag Drive Newport Beach, CA 92663	X	X								
Hoag Orthopedic Institute	16250 Sand Canyon Ave. Irvine, CA 92618	X			X						
Huntington Beach Hospital	17772 Beach Boulevard, Huntington Beach, CA 92648	X	X								
Kaiser Foundation Hospital – Orange County – Anaheim	3440 East La Palma Avenue, Anaheim, CA 92804	X	X								
Kindred Hospital - Santa Ana	1901 College Avenue, Santa Ana, CA 92705	X	X								
Kindred Hospital Brea	875 North Brea Boulevard Brea, CA 92603	X	X								
Kindred Hospital Westminster	200 Hospital Circle Westminster, CA 92683	X	X								
La Palma Intercommunity Hospital	7901 Walker Street La Palma, CA 92650	X	X								
Laguna Treatment Hospital	24552 Pacific Park Dr, Aliso Viejo, CA 92656	X			X					X	
Lighthouse Treatment Center : Alcohol & Drug Rehab Orange County	1310 W Pearl St, Anaheim, CA 92801	X			X					X	



## Healthy Living

### Diet

The 2024 U.S. News & World Report Healthiest Communities information identified multiple data points related to the population of Orange County. The data included several metrics related to one's diet categorized into food, nutrition, and food availability. The overall ranking of each category had a maximum score of 100. As the data shows below, Orange County scored 82 in the Overall Food & Nutrition category. However, specific subcategory scores, such as Food Availability, are not individually reported in the 2024 data. Orange County could provide more resources to the community to make food more available to residents.



Nutrition encompasses three critical subcategories: diabetes prevalence, obesity prevalence, and household spending on fruits and vegetables. According to the 2024 Orange County Community Health Improvement Plan, 24.2% of adults in Orange County are classified as obese, and the county's diabetes death rate stands at 14.9 per 100,000 residents. While specific data on household spending for fruits and vegetables in Orange County is not provided in the 2024 report, increased consumption of fruits and vegetables is generally associated with lower obesity rates. Therefore, promoting access to and consumption of healthy foods remains a vital strategy in addressing obesity and diabetes within the community.

Focusing on dietary health among children, the 30th Annual Report on the Conditions of Children in Orange County indicates that in 2023, 36.5% of children aged 12 to 17 consumed more than five servings of fruits and vegetables daily. This reflects a significant increase from 19.8% in 2011. The higher percentage of children consuming fruits and vegetables contributes to improved health outcomes for both the children and the broader community.

Food Availability had three additional metrics. The first is the Food Environment Index Score which is relative score based upon the availability of healthy vs unhealthy food in the community. The higher the score means more healthy food is readily available. The second is the number of local food outlets per 100,000 population and the third is a percentage of people without access to a large grocery store.

Food Availability				
SCORE				
53				
METRIC	COUNTY	U.S.	PEER GROUP	STATE
Food Environment Index Score ①	10.72	16.25	14.59	12.05
Food Insecurity Rate	8.4%	11.5%	8.9%	9.1%
Local Food Outlets /100k	0.8	5.9	4.7	7.1
Population Without Access to Large Grocery Store	8.7%	24.6%	24.4%	13.3%

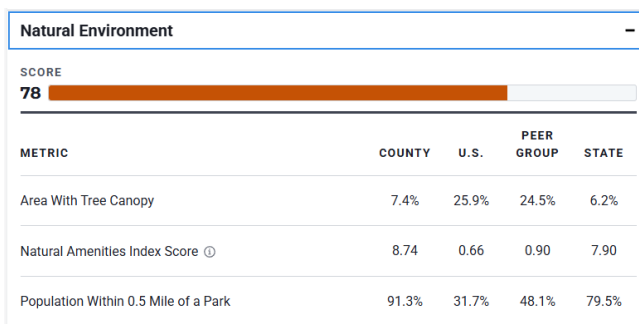
The California Department of Education (CDE) Nutrition Services Division (NSD) remains committed to fostering a well-nourished and educated California. Through its Child Nutrition Programs (CNP), the CDE offers meals and snacks in schools, childcare and adult care centers, day care homes, parks, and community agencies. Collectively, these programs serve over 630 million nutritious meals and snacks annually at more than 22,000 sites across the state.

The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), continues to support Orange County residents by supplementing their food budgets to ensure access to healthy and nutritious food. Eligible households receive monthly electronic benefits that can be used to purchase most foods at various markets and grocery stores.

In addition, data from the 2022–2023 academic year indicates that approximately 49.1% of students in Orange County were eligible for free or reduced-price meals, compared to the statewide average of 58.6%. This demonstrates Orange County's ongoing commitment to ensuring students have greater access to nutritious food.

## Healthy Living Access

Healthy Living Access has many characteristics including access to gyms, museums, outdoor parks, live music, cultural exhibits and many more. Two measures used in this Assessment for Orange County include a ranking of access to the natural environment and physical activity.



## Mental Health

According to the Centers for Disease Control and Prevention (CDC), mental health encompasses emotional, psychological, and social well-being. It influences how individuals think, feel, and act, and plays a crucial role in handling stress, relating to others, and making healthy choices. Mental health is vital at every stage of life, from childhood through adulthood. Poor mental health is associated with an increased risk of chronic conditions such as diabetes, heart disease, and stroke.

In Orange County, mental health concerns have been on the rise. The 2023–2024 Community Indicators Report highlights that mental health and substance use hospitalizations increased from 46.3 per 10,000 residents in 2020 to 47.6 in 2021.

Among youth, the 30th Annual Report on the Conditions of Children in Orange County indicates a growing prevalence of mental health issues, including depression and mood disorders. This trend underscores the need for targeted interventions and resources to support the mental well-being of children and adolescents in the community.

These findings suggest that Orange County should continue to prioritize mental health initiatives, focusing on early intervention, accessible services, and community-based support to address the evolving needs of its residents.

Of the students in Orange County that experience mental health problems, 11th graders, Pacific Islanders, and those that identify as Gay/Lesbian/Bisexual are the ones that experience the highest levels of depression.

Part of the mental health issues identified include drug/alcohol overdoses and poisonings. According to the Orange County Health Care Agency, drug/alcohol overdoses and poisonings result in over 5,500 hospitalizations and nearly 700 deaths among Orange County residents each year. There were nearly 70,000 hospital bed-days with an average stay length of 4.3 days, which resulted in approximately \$430 million in total charges, according to the report. Identifying those with mental health issues is only one aspect of the Orange County Assessment. The Orange County Needs and Gaps Analysis report shows that almost half of people who have mental issues do not undergo any treatment. Particularly, youths and young adults have the lowest rate of treatments. In addition, language barriers, education levels and health insurance status play a major role in preventing residents from seeking mental illness treatment.

As shown in the following exhibit, the groups that appear to lack treatment for mental health issues include those with limited English proficiency, males, Latinos and API (non-Latino), and those aged 18 – 24.

*Groups Seeking Mental Health Help*

Demographics	No Treatment	Some Treatment	MAT	p-value
	%	%	%	
<b>Overall</b>	45.9%	34.4%	19.7%	
<b>Gender</b>				
Male	57.6%	31.1%	11.4%	0.0731
Female	38.3%	36.5%	25.2%	
<b>Age (years)</b>				
18-24	57.7%	28.7%	13.6%	> 0.10
25-34	52.9%	31.2%	15.9%	
35-44	33.0%	40.3%	26.8%	
45-54	41.2%	31.6%	27.2%	
55-64	47.0%	35.0%	18.0%	
65+	23.9%	60.1%	16.0%	
<b>Race/Ethnicity</b>				
Latino	59.6%	28.1%	12.2%	0.0115
White (non-Latino)	29.0%	40.8%	30.3%	
African American (non-Latino)	48.1%	35.4%	16.6%	
API (non-Latino)	65.7%	30.5%	3.8%	
Other (non-Latino)	23.4%	35.6%	41.1%	
<b>Limited English Proficiency</b>				
No	42.2%	36.3%	21.5%	> 0.10
Yes	64.1%	24.7%	11.2%	
<b>Marital Status</b>				
Married	46.6%	31.5%	22.0%	> 0.10
Not Married	45.7%	35.5%	18.8%	
<b>Sexual Orientation</b>				
Straight/heterosexual	47.4%	35.6%	17.0%	0.0128
Gay/Lesbian/Bisexual/Celibate	44.4%	7.5%	48.2%	
<b>Education</b>				
Less than High School	47.0%	31.8%	21.3%	>0.10
High School	56.4%	29.1%	14.5%	
Some College	35.2%	37.2%	27.6%	
Bachelor's degree or higher	46.2%	37.6%	16.2%	
<b>Employment</b>				
Unemployed	36.0%	37.6%	26.5%	>0.10
Employed	53.7%	31.8%	14.5%	
<b>Health Insurance Status</b>				
Uninsured in past 12 months	50.0%	36.2%	13.9%	>0.10
Insured all past 12 months	44.6%	33.7%	21.7%	

NOTE: Orange County statistical estimates are based on a subset of the CHS adult sample, which is limited to adults with serious psychological distress, n = 358.

NOTE: Due to small sample size Native Hawaiians and Pacific Islanders were grouped with Asians (API)

NOTE: Due to small sample size American Indians and Alaska Natives and adults reporting 22 races were grouped in the 'Other' category.

NOTE: Race is defined according to the California Department of Finance where Latino is considered a race category. All other racial groups are non-Latino.

NOTE: p-value assess the association between 3-level treatment categories (no treatment, some treatment and MAT) in Orange County and demographic characteristics.

NOTE: No estimate reported on treatment by Veteran status due to the low number of Veterans identified as having serious psychological distress in the past year.

Source: 2019 Orange County Needs and Gaps Analysis – Final Report



The increasing incidences of mental health challenges were identified as one of the more significant health issues by survey participants, as well. Community action is being taken to help those with mental health issues, including the Be Well Orange County organization. Be Well Orange County aligns Orange County's key stakeholder organizations to harness their collective power of coordinated community-wide action.

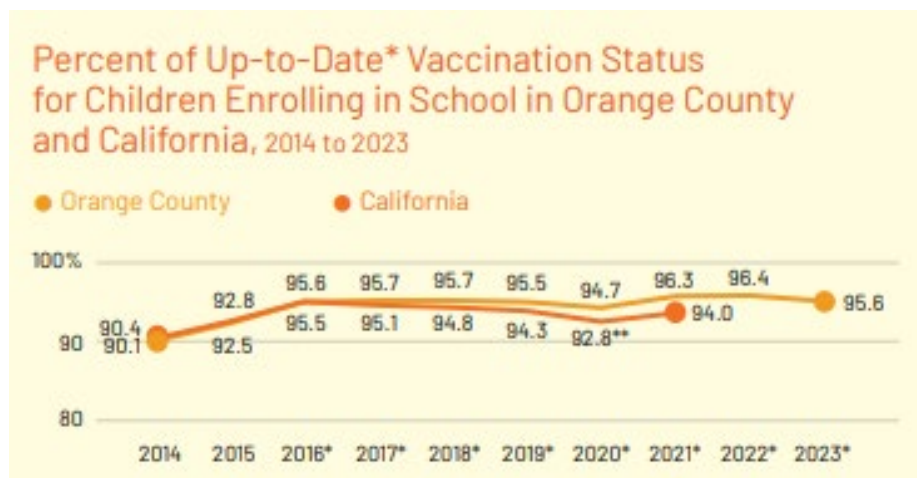
## Healthy Habits

Based upon primary and secondary data collection for this assessment, almost all agree that healthy habits create a strong opportunity for someone to maintain their own health and reduce the need for acute medical intervention. Further, those healthy habits can be any activity or behavior that can benefit someone's well-being, including physical, mental, or emotional behaviors. There are potentially hundreds of healthy habits. Only a few will be addressed in this assessment.

## Immunizations

Maintaining high immunization rates is crucial for community health, as it helps prevent the spread of infectious diseases. According to the 30th Annual Report on the Conditions of Children in Orange County, the percentage of children adequately immunized by kindergarten increased from 90.1% in 2014 to 95.6% in 2023. In the 2023–2024 school year, Orange County reported a 97.4% immunization rate for its nearly 44,000 kindergarten students, surpassing the 95% threshold commonly associated with herd immunity. This rate is notably higher than the statewide average of 93.7% for all required immunizations during the same period.

These figures demonstrate Orange County's effective mobilization of efforts to ensure children are immunized, contributing to the overall health and safety of the community.

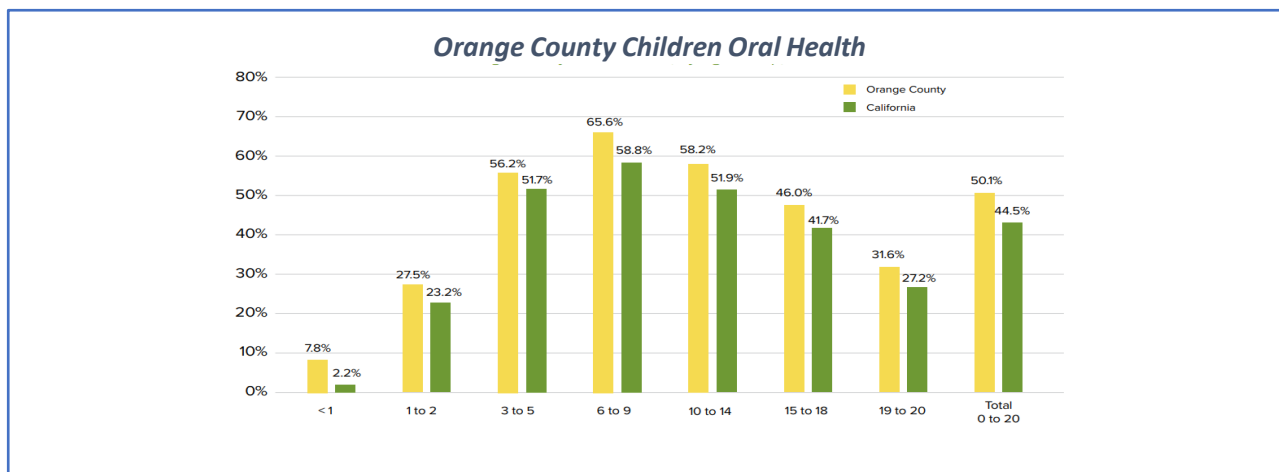


Source: 30<sup>th</sup> Annual Report on the Conditions of Children in Orange County

## Oral Health

According to the Oral Health Foundation, dental visits are important, and it is an effective way to check mouth cancer, as well as head and neck cancer. Additionally, according to the Orange County Health Improvement Plan 2020 – 2022, there are around 110 dentists per 100,000 population as of 2017, which is higher than California at 83 and the U.S at 68. Also, Orange County had a higher percentage of children who visited a dentist in the past year.





Source: Orange County 2020 Health Improvement Plan

## Community Violence and Crime

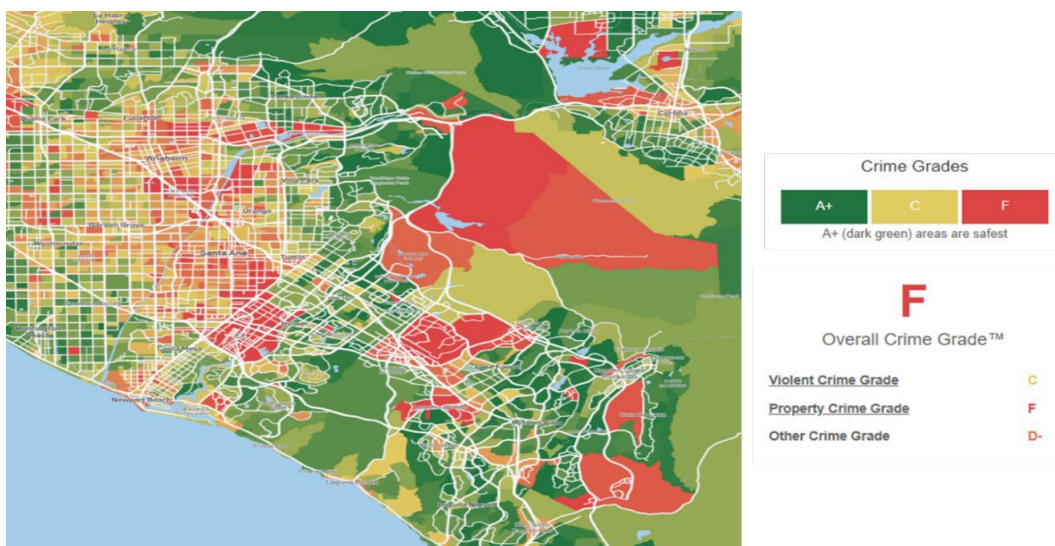
Violence and criminal activity affect the community at large beyond the impact to the individual(s) that are victims of violence or crime. High crime rates may lead to population reduction and those who remain in crime-filled areas may feel unsafe in general, particularly if they witness crime which negatively impacts their overall well-being. A person's health outcomes may be negatively affected by repeated exposure to crime and violence which are more likely to occur in low-income neighborhoods than in high-income neighborhoods.

Community violence remains a significant public health concern, impacting individuals and communities across the United States. According to the Centers for Disease Control and Prevention (CDC), such violence can lead to physical injuries and mental health conditions, including depression, anxiety, and post-traumatic stress disorder (PTSD). Notably, over half of U.S. homicides in 2020 involved individuals aged 15 to 34, highlighting the disproportionate effect on younger populations. Furthermore, communities of color often experience higher rates of violence, placing residents at greater risk for adverse health outcomes.

In Orange County, California, recent data provides insight into local crime rates. The county has a violent crime rate of approximately 4.25 incidents per 1,000 residents annually. This places Orange County in the 39th percentile for safety, indicating that it is safer than 39% of U.S. counties but less safe than 61%. The property crime rate stands at about 19.32 incidents per 1,000 residents each year. This ranks the county in the 34th percentile for safety concerning property crimes.

These statistics underscore the importance of targeted community interventions and resources to address and mitigate the impacts of community violence, particularly in areas with higher reported crime rates. CrimeGrade's crime map shows the safest places in Orange County in green. The most dangerous areas in Orange County are in red, with moderately safe areas in yellow. Crime rates on the map are weighted by the type and severity of the crime.

**Exhibit 24 - Orange County Crime Grade**



Source CrimeGrade.org

In addition to higher crime rates in Orange County, there is also a recognized violence issue in the Orange County schools. The Violence Prevention Education (VPE) program was created to “reduce violence and/or its impact in schools, local neighborhoods and/or families”. The VPE targets students, families, and school staff at participating schools from elementary through high schools.

Part of the violence challenge is directly related to gang violence. Gang Prevention Services (GPS) was developed and is a “school-based collaboration with the Gang Reduction Intervention Partnership (GRIP) operated by the Orange County District Attorney’s (OCDA) Office in conjunction with the OC Probation Department, local police departments and school staff”. The goal is to provide case management services to students who display signs of increased risk for gang activity from 4th grade through 8th grade. These students are therefore at risk of increased violence and of developing mental health conditions. The OCDA Office and the OC Probation Department select schools to participate in the program based on high rates of truancy, discipline issues and gang proximity.

The final area of violence that impacts those living in Orange County is the increase in the number of hate crimes which has a direct impact on a person’s sense of well-being and can have lasting physical, mental and spiritual conditions. The 2022 Hate Crimes Report highlighted a 67% increase in hate crimes compared to the previous year, with a notable 178% rise in school-based incidents, reflecting growing concerns about the influence of divisive rhetoric on youth behavior.

**Table 1**  
**HATE CRIMES, 2022**  
Events, Offenses, Victims, and Suspects by Bias Motivation

Bias motivation	Events			Offenses			Victims			Suspects		
	Number	Percent of total	Percent of bias	Number	Percent of total	Percent of bias	Number	Percent of total	Percent of bias	Number	Percent of total	Percent of bias
Total.....	2,120	100.0		2,589	100.0		2,474	100.0		2,031	100.0	
Single-bias total.....	2,088	98.5		2,549	98.5		2,438	98.5		2,006	98.8	
Race/ethnicity/national origin.....	1,298	61.2	100.0	1,589	61.4	100.0	1,512	61.1	100.0	1,293	63.7	100.0
Anti-white.....	103	4.9	7.9	123	4.8	7.7	119	4.8	7.9	114	5.6	8.8
Anti-black or African American.....	652	30.8	50.2	778	30.1	49.0	743	30.0	49.1	634	31.2	49.0
Anti-Hispanic or Latino.....	210	9.9	16.2	280	10.8	17.6	265	10.7	17.5	222	10.9	17.2
Anti-American Indian/ Alaskan native.....	6	0.3	0.5	7	0.3	0.4	7	0.3	0.5	7	0.3	0.5
Anti-Asian.....	140	6.6	10.8	172	6.6	10.8	161	6.5	10.6	152	7.5	11.8
Anti-Native Hawaiian or Pacific Islander.....	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
Anti-Arab.....	22	1.0	1.7	24	0.9	1.5	23	0.9	1.5	21	1.0	1.6
Anti-multiple races (group).....	56	2.6	4.3	72	2.8	4.5	67	2.7	4.4	45	2.2	3.5
Anti-other ethnicity/ national origin.....	96	4.5	7.4	118	4.6	7.4	113	4.6	7.5	85	4.2	6.6
Anti-citizenship status.....	13	0.6	1.0	15	0.6	0.9	14	0.6	0.9	13	0.6	1.0
Religion.....	303	14.3	100.0	365	14.1	100.0	359	14.5	100.0	172	8.5	100.0
Anti-Jewish.....	189	8.9	62.4	228	8.8	62.5	227	9.2	63.2	88	4.3	51.2
Anti-Catholic.....	20	0.9	6.6	23	0.9	6.3	21	0.8	5.8	11	0.5	6.4
Anti-Protestant.....	12	0.6	4.0	12	0.5	3.3	12	0.5	3.3	10	0.5	5.8
Anti-Islamic (Muslim).....	25	1.2	8.3	33	1.3	9.0	33	1.3	9.2	18	0.9	10.5
Anti-Sikh.....	4	0.2	1.3	5	0.2	1.4	4	0.2	1.1	9	0.4	5.2
Anti-multiple religions (group).....	4	0.2	1.3	5	0.2	1.4	5	0.2	1.4	0	0.0	0.0
Anti-other religion.....	48	2.3	15.8	58	2.2	15.9	56	2.3	15.6	32	1.6	18.6
Anti-atheism/agnosticism/etc.....	1	0.0	0.3	1	0.0	0.3	1	0.0	0.3	4	0.2	2.3
Sexual orientation.....	391	18.4	100.0	482	18.6	100.0	458	18.5	100.0	432	21.3	100.0
Anti-gay (male).....	271	12.8	69.3	323	12.5	67.0	311	12.6	67.9	300	14.8	69.4
Anti-lesbian.....	33	1.6	8.4	43	1.7	8.9	42	1.7	9.2	34	1.7	7.9
Anti-homosexual.....	81	3.8	20.7	109	4.2	22.6	99	4.0	21.6	91	4.5	21.1
Anti-heterosexual.....	2	0.1	0.5	2	0.1	0.4	2	0.1	0.4	2	0.1	0.5
Anti-bisexual.....	4	0.2	1.0	5	0.2	1.0	4	0.2	0.9	5	0.2	1.2
Physical/mental disability.....	12	0.6	100.0	13	0.5	100.0	12	0.5	100.0	20	1.0	100.0
Anti-physical disability.....	7	0.3	58.3	8	0.3	61.5	7	0.3	58.3	8	0.4	40.0
Anti-mental disability.....	5	0.2	41.7	5	0.2	38.5	5	0.2	41.7	12	0.6	60.0
Gender.....	84	4.0	100.0	100	3.9	100.0	97	3.9	100.0	89	4.4	100.0
Anti-male.....	2	0.1	2.4	4	0.2	4.0	4	0.2	4.1	0	0.0	0.0
Anti-female.....	11	0.5	13.1	13	0.5	13.0	12	0.5	12.4	10	0.5	11.2
Anti-transgender.....	59	2.8	70.2	69	2.7	69.0	67	2.7	69.1	68	3.3	76.4
Anti-gender non-conforming.....	12	0.6	14.3	14	0.5	14.0	14	0.6	14.4	11	0.5	12.4
Multiple-bias total.....	32	1.5	100.0	40	1.5	100.0	36	1.5	100.0	25	1.2	100.0

Notes: Percentages may not add to subtotals or 100.0 because of rounding.  
An event indicates the occurrence of one or more criminal offenses committed against one or more victims by one or more suspects.  
For a more complete definition of each term, please refer to Appendix 1.

Source: 2022 Hate Crimes Report

## Cultural Disparities

Cultural disparities, manifested through systemic inequities in healthcare, education, and economic opportunities—continue to adversely affect the health and well-being of communities of color in Orange County. These disparities contribute to higher incidences of chronic conditions such as diabetes, hypertension, obesity, asthma, and heart disease, as noted by the Centers for Disease Control and Prevention (CDC).

The CDC emphasizes that centuries of systemic racism have profoundly impacted communities of color, influencing determinants of health such as living conditions, educational access, employment opportunities, and access to healthcare. These factors collectively drive health inequities, placing these populations at greater risk for adverse health outcomes.

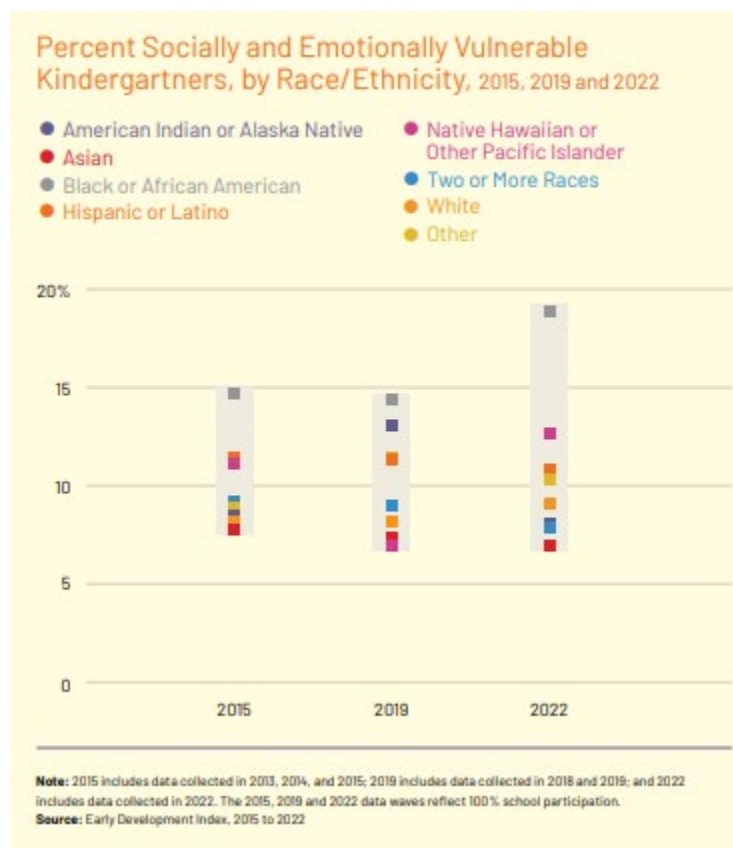
In Orange County, data from the 30th Annual Report on the Conditions of Children indicate persistent

disparities in early childhood development. While overall vulnerability in social-emotional development among kindergarteners has shown improvement, children from Black and Latino backgrounds remain disproportionately affected. Specifically, Black and Latino children are 42% and 40% more likely, respectively, to be vulnerable in their social-emotional development compared to their peers.

Access to affordable and reliable child care is another area where cultural disparities are evident. The 2023–2024 Annual Report from First 5 Orange County highlights a significant shortage of child care services, particularly in lower socioeconomic areas. This scarcity has led to increased child care costs, outpacing median household income growth and forcing many parents to choose between employment and child care responsibilities.

These child care disruptions have broader economic implications. The lack of accessible child care contributes to substantial productivity losses and reduced tax revenues, as some workers are compelled to reduce their working hours or exit the workforce entirely to manage child care needs.

Addressing these cultural disparities requires a multifaceted approach, including policy reforms, community engagement, and targeted investments in underserved areas to ensure equitable access to health care, education, and economic opportunities for all residents of Orange County.



Source: 30th Annual Report on the Conditions of Children

## Environment

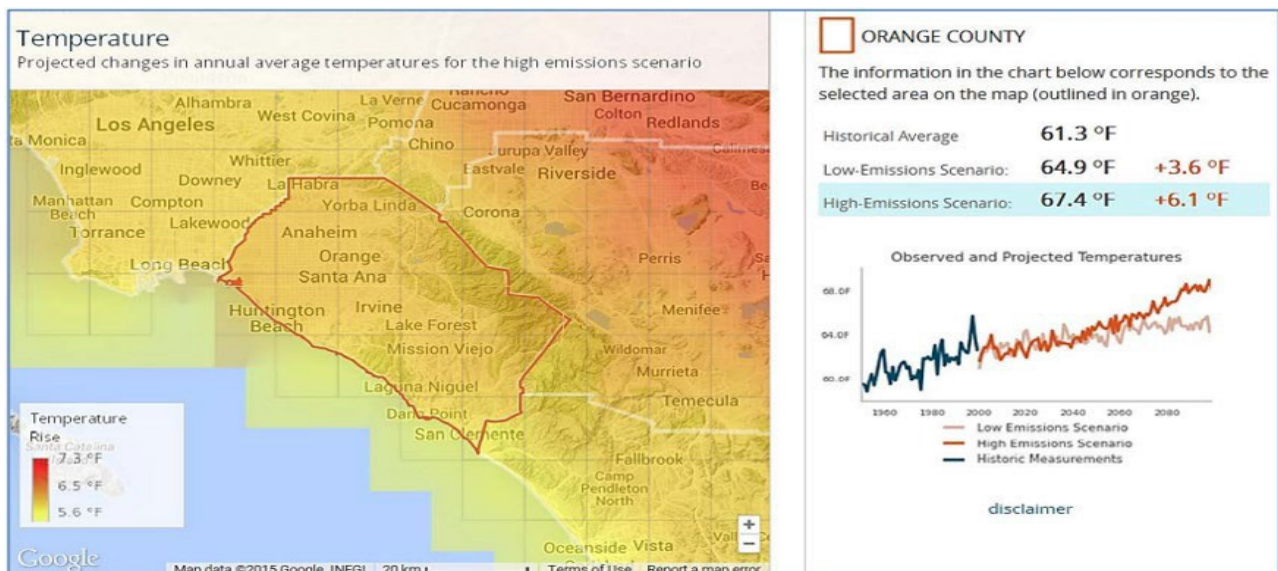
Orange County continues to grapple with significant environmental challenges—namely ozone pollution, climate change, and drought—that adversely affect public health, particularly among vulnerable populations such as children, older adults, and low-income communities.

As of April 2025, Orange County remains in nonattainment for the 8-hour ozone National Ambient Air Quality Standards (NAAQS) under the 2015 standard, as designated by the U.S. Environmental Protection Agency (EPA). The American Lung Association's 2025 "State of the Air" report indicates that nearly half of Americans are breathing unhealthy levels of air pollutants, including ozone and fine particulate matter (PM2.5), with communities of color disproportionately affected. Exposure to elevated ozone levels is linked to respiratory issues, including asthma exacerbations, and poses heightened risks for children and individuals with preexisting health conditions.

The California Department of Public Health highlights that climate change is intensifying health risks in Orange County through increased heatwaves, higher average temperatures, and elevated wildfire risks. These environmental changes contribute to a rise in heat-related illnesses and respiratory conditions. Children, the elderly, and underserved communities are particularly vulnerable to these health impacts.

According to the National Integrated Drought Information System, as of early 2025, Orange County is experiencing significant drought conditions, with the year ranking as the 43rd driest in the past 131 years. Prolonged drought affects water supply, agriculture, and increases the risk of wildfires, further exacerbating public health concerns. These conditions can lead to water scarcity, impacting hygiene and food safety, and increasing the incidence of waterborne illnesses.

### Projected Annual Temperature Increase Due to Climate Change








SOURCE: California Department of Public Health Climate Change and Health Profile Report Orange County

In summary, the convergence of ozone pollution, climate change, and persistent drought in Orange County underscores the need for comprehensive environmental and public health strategies. Addressing these issues is crucial to protect the health of all residents, with a focus on the most vulnerable populations.

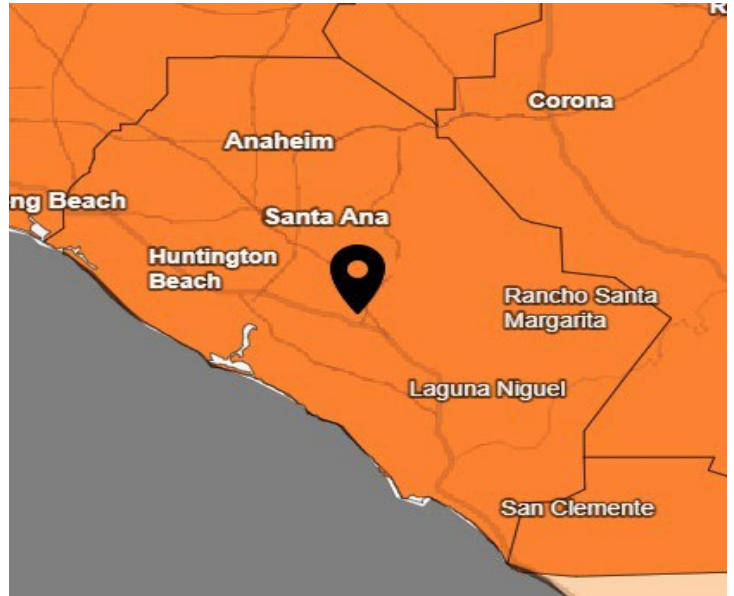


*Exhibit 29 Orange County Drought Monitor – 5/19/2025*

**U.S. Drought Monitor Categories**

-  D0 - Abnormally Dry
-  D1 - Moderate Drought
-  D2 - Severe Drought
-  D3 - Extreme Drought
-  D4 - Exceptional Drought

Source(s): NDMC, NOAA, USDA



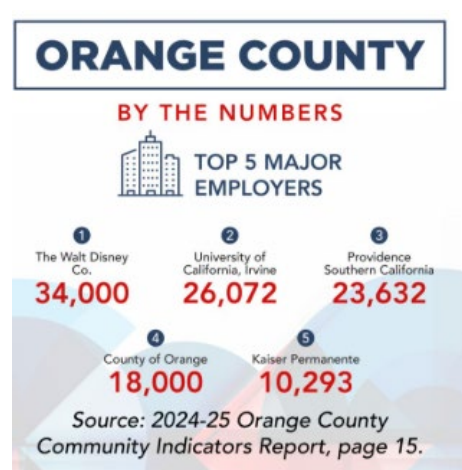
## Socioeconomic

### Employment/Unemployment

Orange County's labor market has experienced notable changes over the past few years. While there was a significant rebound in job postings between 2020 and 2021, more recent data from 2024 indicates a slowdown in job growth. In July 2024, Orange County recorded 31,876 job postings, representing an 11.2% decrease compared to the same month in the previous year. Despite this decline, the county's economic foundation remains relatively strong. The median household income reached \$100,559 in 2021, reflecting solid income levels, though more recent data is still forthcoming for a current assessment.

Certain industries continue to show strong demand. The technology sector remains a key driver of economic opportunity, with salaries averaging 9% above the national average. Roles in artificial intelligence, cybersecurity, and green technology are particularly in demand. Similarly, the healthcare sector continues to experience strong growth, with registered nurses and nurse practitioners among the most sought-after occupations. Projections suggest this demand will persist in the coming years due to the region's growing population and healthcare needs.

Major employers in the county, including The Walt Disney Co, University of California, Irvine, Providence of Southern California, County of Orange, and Kaiser Permanente, play a critical role in supporting the local economy. Although job posting trends have cooled, ongoing investment in high-demand sectors such as technology and healthcare is essential for sustaining economic resilience and supporting future growth in Orange County.



### Business Diversity

Orange County's economy in 2024 continues to demonstrate resilience and diversity, underpinned by a robust mix of industries and a dynamic small business environment. The county's industrial sector remains active, with significant demand from high-tech, automotive, energy, and bio-manufacturing industries. This demand has led to a rise in sophisticated and efficient manufacturing, surpassing distribution and warehousing activities.

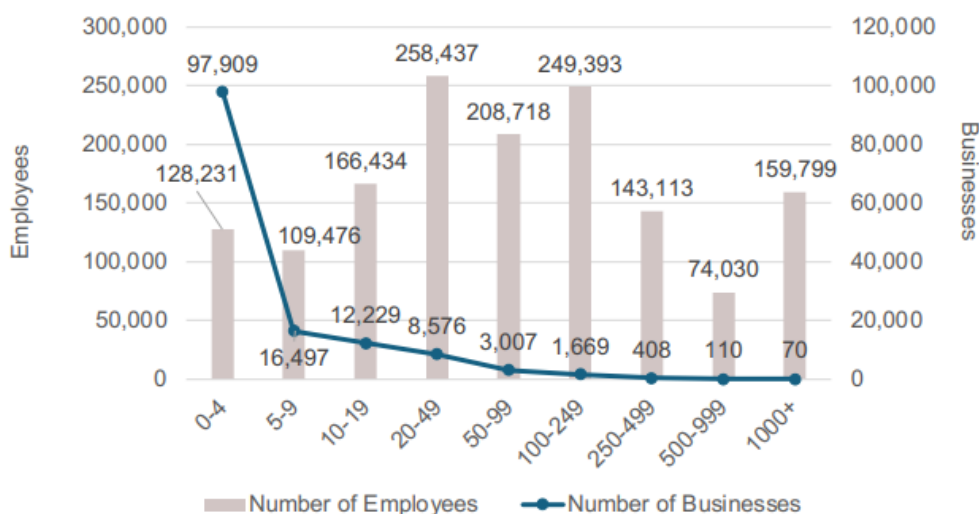
Small businesses are a vital component of Orange County's economic landscape. As of 2024, 96% of businesses in the county are small enterprises, accounting for 45% of all employment. This prevalence

fosters a diverse range of services and contributes significantly to the local economy.

## BUSINESSES OF ALL SIZES THRIVE IN ORANGE COUNTY

**96 PERCENT OF ALL OC BUSINESSES EMPLOY LESS THAN 50 WORKERS, ACCOUNT FOR 44 PERCENT OF ALL WORKERS**

NUMBER OF BUSINESSES AND EMPLOYEES, BY SIZE OF BUSINESS, 2023



Source: California Employment Development Department, Size of Business Data 2023

Women-owned businesses have seen substantial growth in recent years. In 2022, there were 19,506 women-owned employer firms in Orange County, reflecting an upward trend in female entrepreneurship. These businesses span various sectors, contributing to the county's economic diversity and resilience.

### High-Tech Diversity and Growth

The technology sector, while still a significant contributor to the local economy, has experienced a shift in its national standing. Orange County's high-tech concentration ranking dropped to 23rd in 2023–2024, indicating increased competition and the need for continued innovation and investment in this area.

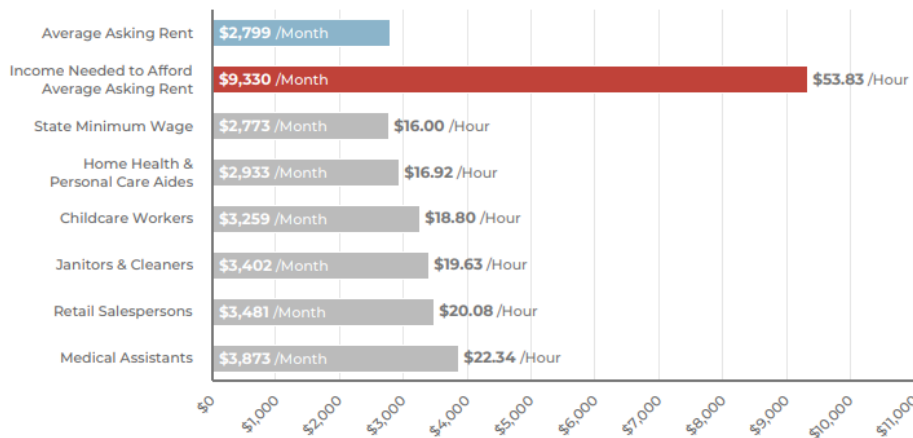
### Unemployment

Despite these strengths, Orange County faces significant challenges in housing affordability. The 2024 Affordable Housing Needs Report highlights that renters need to earn \$53.83 per hour—approximately 3.4 times the state minimum wage—to afford the average monthly asking rent of \$2,799. This situation underscores the pressing need for affordable housing solutions to ensure that economic growth benefits all residents.



## WHO CAN AFFORD TO RENT

Renters need to earn **3.4 times** the minimum wage to afford the average asking rent in Orange County.



Source: 2024 Affordable Housing Needs Report

The 2024 Point-in-Time (PIT) count revealed a 28% increase in homelessness over the past two years, totaling 7,322 individuals experiencing homelessness in the county. Of these, 4,173 were unsheltered, highlighting a growing need for permanent supportive housing and comprehensive services. Despite efforts to provide shelter, the lack of affordable housing options continues to hinder progress in reducing homelessness.

## Family Financial Stability

The United Way's 2024 FACE report emphasizes the importance of financial stability for families, focusing on income, employment, and housing costs. Many families in Orange County face economic challenges, with a significant percentage paying more than 50% of their income on rent. Initiatives like SparkPoint OC have expanded to nine locations, offering financial coaching and resources to help families achieve long-term stability.

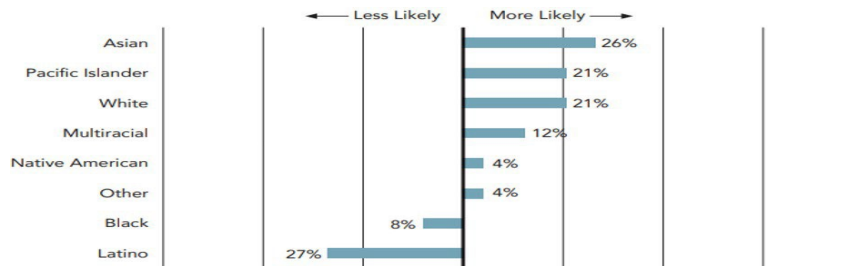
## Early Childhood Development and Education

Education remains a cornerstone for community stability. Orange County's Early Development Index (EDI), administered by First 5 Orange County, assesses kindergarten readiness across five key developmental areas: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills. The EDI provides valuable insights into the developmental needs of children, guiding interventions to support early learning and long-term academic success.

In summary, addressing the intertwined issues of housing affordability, homelessness, financial stability, and early childhood development is crucial for fostering a resilient and equitable community in Orange County.

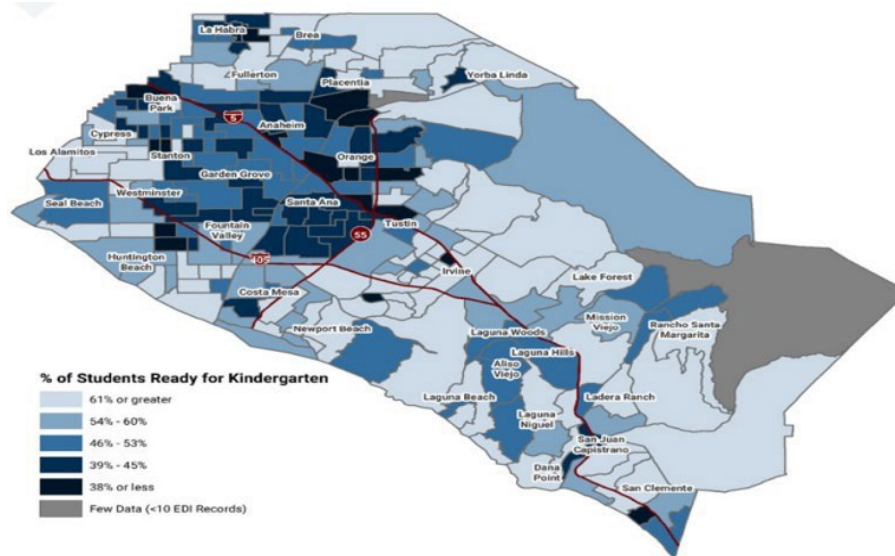
There is a disparity in developmental readiness among Orange County's kindergarten-age children. Latino children are 27% less likely to be ready for kindergarten than non-Latino children, while Asian children are 26% more likely to be kindergarten ready than non-Asian children. In addition, there is a noticeable difference in kindergarten readiness between North and South Orange County.

**Exhibit 39 - Children's Likelihood of Being Ready for Kindergarten**



Source: First 5 Orange County, Early Development Index, Equity Ratio

**Exhibit 40 - Students Ready for Kindergarten Orange County**



Source: Orange County Early Development Index 2019

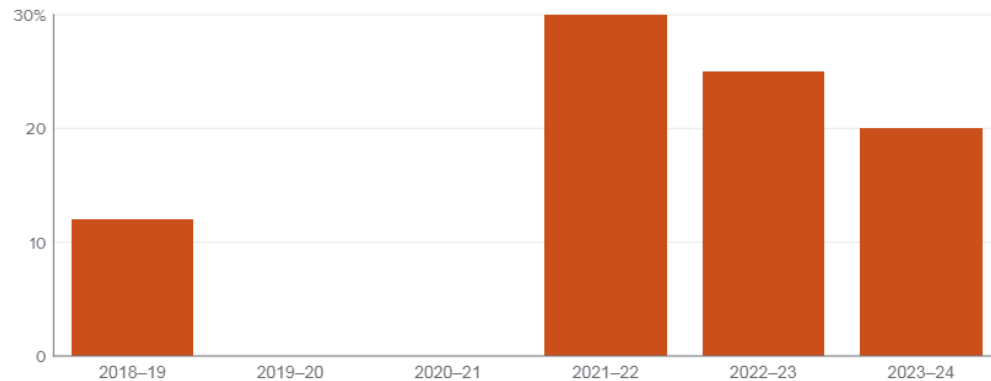
## High School Graduation Rate

As of the 2023–24 academic year, Orange County's four-year high school graduation rate has risen to nearly 92%, marking a 2.1 percentage point increase over the past five years. This rate surpasses the California statewide average of 86.4% for the same period. Districts such as Capistrano Unified report even higher graduation rates, with Capistrano Unified achieving a 97.2% graduation rate.

Additionally, Chronic absenteeism rates in California remain persistently high, even as recent data shows some improvement. During the 2021–22 school year, absenteeism peaked with nearly 1.8 million TK–12 students—approximately 30%—classified as chronically absent. Although the rate has since declined to around 20%, it remains significantly above the pre-pandemic level of 12% recorded in 2018–19. In terms of instructional time lost, students with any absences missed an average of 17 days in 2021–22, a number that has dropped to 13 days in 2023–24. However, this is still higher than the pre-pandemic average of 10 days. Most notably, chronically absent students missed an average of 33 days in 2023–24, well beyond the 18-day threshold that defines chronic absenteeism.

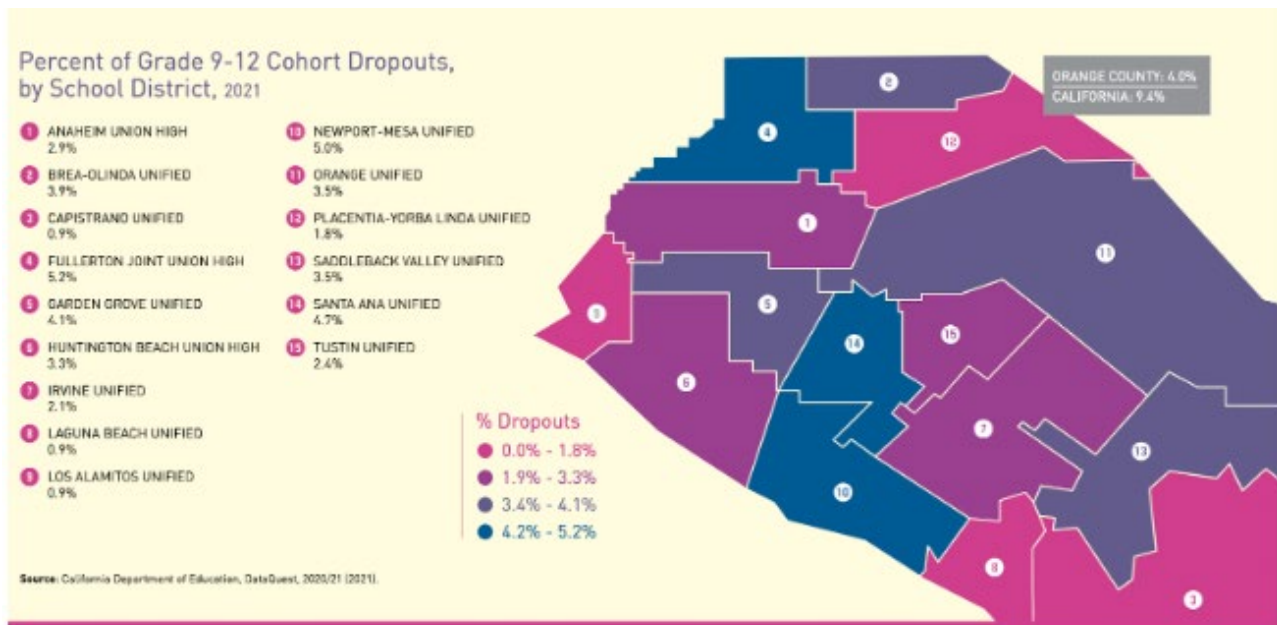
### Chronic absenteeism rates have yet to return to pre-pandemic levels

Share of chronically absent students (%)



SOURCE: California Department of Education (CDE) Absenteeism Reason and Chronic Absenteeism Data.

Another measure of educational effectiveness is the high school dropout rate. According to the 28th Annual Report on the Conditions of Children in Orange County, the county's high school dropout rate was 4% in 2021, marking a ten-year low and a significant decrease from 8.9% in 2011-12. This rate is also notably lower than California's statewide dropout rate of 9.4% for the same year.

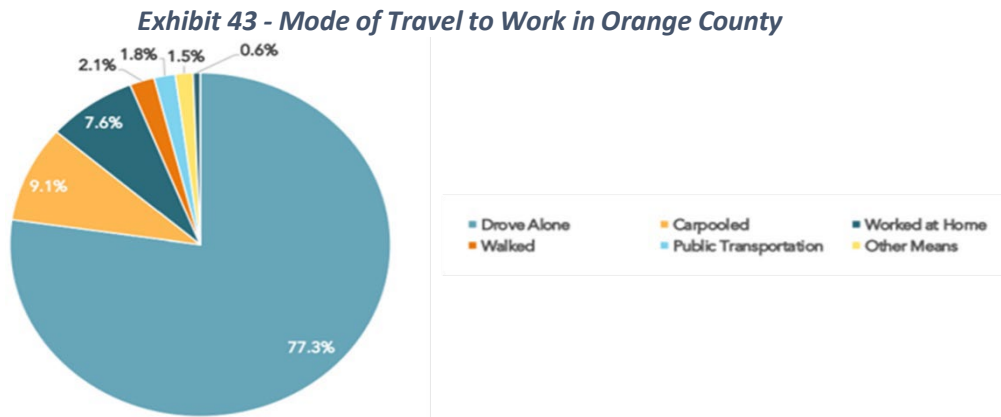


Graphic from the 28th Annual Report on the Conditions of Children in Orange County.

## Transportation

In terms of transportation, the Orange County Transportation Authority (OCTA) is actively developing a Transportation Demand Management (TDM) Plan aimed at reducing single-occupancy vehicle trips and enhancing access to alternative travel options. This plan includes strategies such as carpooling, vanpooling, telecommuting, and other measures to improve mobility and sustainability across the county. Despite

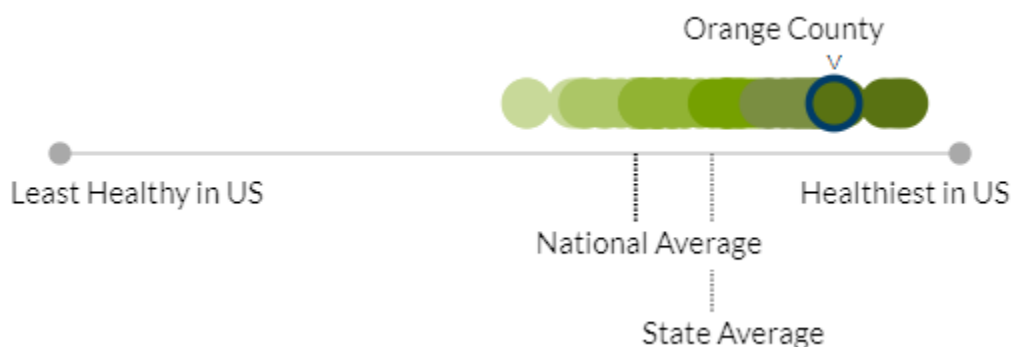
these efforts, public transportation usage in Orange County has experienced a decline over recent years. According to the U.S. Census Bureau's American Community Survey, the percentage of Orange County residents using public transportation for their commute decreased from 2% in 2019 to 1% in 2021. This trend indicates ongoing challenges in public transit accessibility and utilization within the county.



Source: 2021 Orange County Community Indicators Report

## Health Outcomes

Health outcomes represent how healthy Orange County is currently. They reflect the mental, physical, social, and faith-based well-being of residents through measures representing the breadth and depth of a person's quality of life typically experienced in the community. As shown, Orange County is ranked one of the healthiest counties in California.



Source: County Health Rankings Orange County, CA 2024

## Mortality

A tool for measuring overall health of a community is the average life expectancy at birth. This can also be used to differentiate disparities between different groups. To calculate life expectancy, life tables include the population count at each age and the number of deaths per year for each age.

Orange County life expectancy is highly correlated with socioeconomic factors. The higher a city's median household income, the longer the life expectancy. Higher income families are more likely to have health insurance and better access to healthcare, as well as the resources necessary for a healthier lifestyle. Higher education attainment is also highly correlated with a longer life expectancy. Conversely, cities with higher poverty rates tend to have a lower life expectancy.

As of 2023, Orange County continues to exhibit disparities in life expectancy among its diverse populations. Asian residents have the highest life expectancy at 88.1 years, followed by Hispanic residents at 84.7 years. White residents have a life expectancy of 81.7 years, while Black residents have the lowest at 81 years. Overall, the county's average life expectancy stands at 83.2 years, surpassing both the California average of 81.1 years and the national average of 77.3 years.

	Orange (OR) County	California	United States
Life Expectancy	81.3	79.4	77.1

In Orange County, California, the average life expectancy was 81.3 years.

Definition: Average number of years people are expected to live.

Error margin: 81.2-81.4

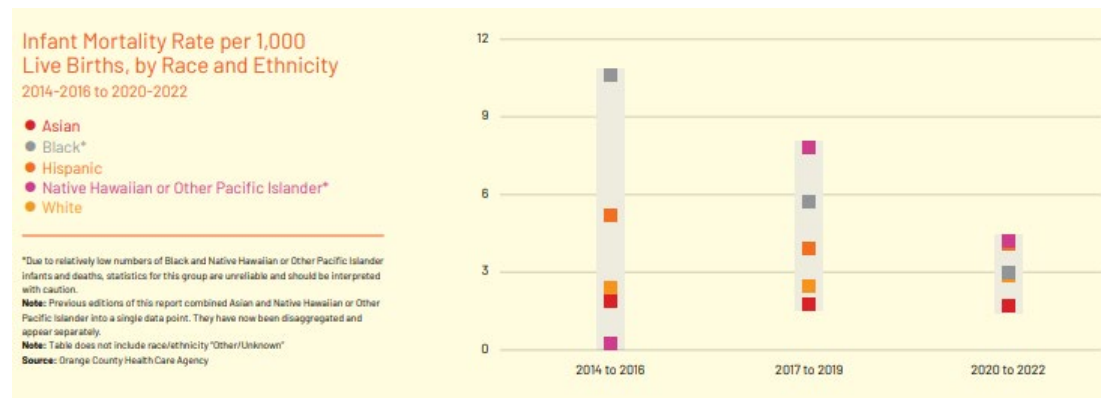
Years of data used: 2020-2022

Use caution if comparing these data with prior years

Source: County Health Rankings and Roadmaps, 2024

## Infant Mortality

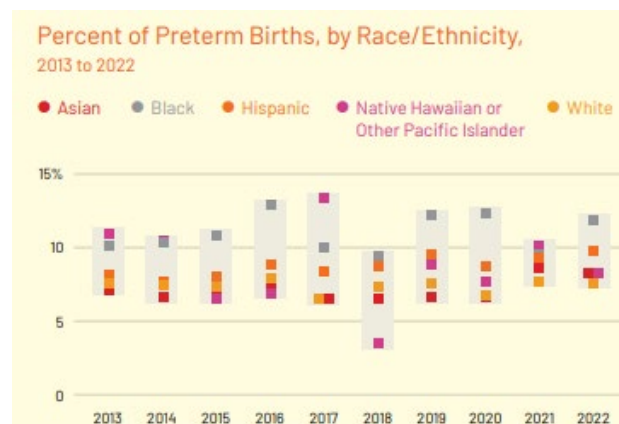
The infant mortality rate was 3.8 deaths per 1,000 live births in 2022, an increase since 2013 from 3.3. This rate was lower than California's 2022 rate of 4.12 and the United States' rate of 5.6. Nationally, the Healthy People 2030 goal is fewer than 5.0 infant deaths per 1,000 live births. However, disparities persist among racial and ethnic groups. Pacific Islander and Black infants experience higher mortality rates compared to other groups, highlighting ongoing health inequities.



Source: 30<sup>th</sup> Annual Report of the Conditions of Children in Orange County

Short gestation, or preterm births, is an important public health issue. Economic, personal, medical, and behavioral factors may increase the probability of a woman entering preterm labor and delivery. Preterm infants are more likely to develop lifelong neurologic, cognitive, and behavioral problems.

Preterm births, defined as births before 37 weeks of gestation, accounted for 8.8% of the 30,852 births to Orange County residents in 2022. By comparison, the rate for the United States was higher at 10.4% as was the rate for California (9.1%). Nationally, the Healthy People 2030 goal is to reduce preterm births to 9.4% or less. The percentage of preterm births in Orange County was highest among Black infants (11.8%), followed by Hispanic (9.7%), Asian (8.2%), Native Hawaiian or Other Pacific Islander (8.2%) and White (7.6%) infants. The percentages decreased for infants across all races compared to 2021 except Black and Hispanic infants, which increased.



Source: 30<sup>th</sup> Annual Report of the Conditions of Children in Orange County

Low birthweight infants also have an increased risk of developmental delays and issues. They have a higher risk for severe illness, disability, and lifelong health issues, and are more likely to die prior to their first

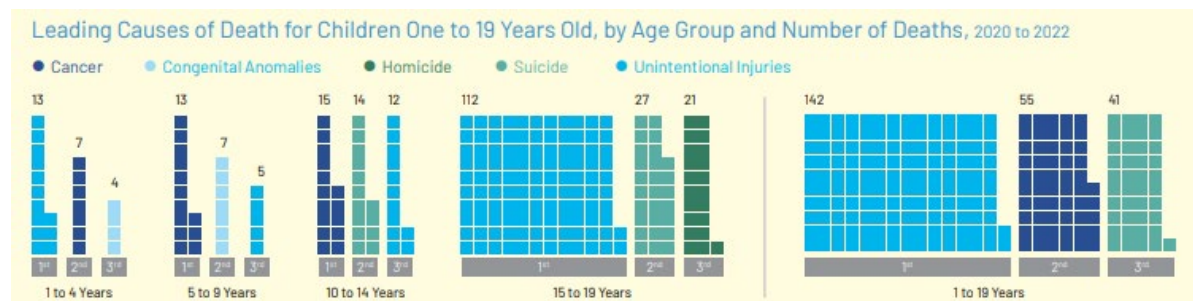


birthday. Risk factors for low birth weight include smoking, alcohol/drug use during pregnancy, poor nutrition, maternal age, infection, multiple births, and other socioeconomic factors. Preterm births and low birth weight are often, but not always, associated.

## Child Mortality

As of 2023, Orange County continues to face significant challenges regarding child and adolescent mortality, with unintentional injuries and suicide remaining leading causes of death among youth.

Recent data indicates that the overall child mortality rate in Orange County has remained relatively stable, with unintentional injuries—such as motor vehicle accidents, drownings, and poisonings—being the predominant causes of death among children and adolescents. These incidents are often linked to socioeconomic factors, including poverty and limited access to healthcare resources. Notably, disparities persist among racial and ethnic groups, with Black and Native American youths experiencing higher mortality rates compared to their White counterparts.



Source:

Orange County Health Care Agency

## Childhood and Teenage Suicide

Mental Health support is one of the primary needs identified by input from primary data collection sources and is supported by research. Suicide remains a pressing public health concern in Orange County. According to the California Department of Public Health, the suicide rate among youth aged 10-24 in Orange County was 8.1 per 100,000 individuals in recent years. This rate underscores the urgency of addressing mental health issues among adolescents. Factors contributing to youth suicide include mental health disorders, substance abuse, and exposure to trauma. Efforts are ongoing to enhance mental health support services, increase awareness, and implement preventive measures within schools and communities. These statistics highlight the critical need for continued investment in public health initiatives aimed at reducing preventable deaths among children and adolescents in Orange County.



Source: Orange County Health Care Agency

## Community Input

To identify the community's significant health needs, HealthBridge engaged with various public health professionals and community stakeholders in a formal process through interviews and survey groups. HealthBridge reached out to well over 100 people seeking community input on the perceived health needs of the service area. That information was used to complement the analysis of publicly available data. The CHNA process effectively engaged the Orange County service area in a broad, systematic, and inclusive way.

The interview questions and survey were not intended to be a scientific or statistically valid sampling of the population. Rather, they were designed to gather both qualitative and quantitative data from experts and stakeholders from within the Orange County community who represent residents, including low-income, medically underserved, and minority populations, with an emphasis on gaining an understanding of the perceived health needs impacting children.

The survey and interview questions (found in Appendix I and II respectively) centered around five themes:

- What are the most important/pressing health needs in the community / relate to children?
- What drivers or barriers are impacting the top health needs of children?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to impact health needs?

The Assessment identified numerous challenges facing both adults and children living in Orange County. Using the published data and statistics from primary data and various sources, several themes emerged regarding needs and/or gaps in service for those living in Orange County including:

1. Mental Health
2. Education Challenges
3. Housing
4. Nutrition
5. Access to Care
6. Child Safety



## Summary of Findings

The overarching goals in conducting a CHNA are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs. A variety of data sources were utilized to gather demographic and health indicators for the community served. Commonly used data sources include ESRI, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (“CDC”).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public health issues in a hospital organization’s community and that community’s access to services related to those issues. For the purposes of identifying community health needs through the application of an analytical methodology, the scientific process of classification was chosen due to its usability and simplicity. Classification of data is the process of arranging data into homogeneous (similar) groups according to their common characteristics. Arrangement of data into similar groupings allows for the information to be compared and analyzed based on the common features. This analysis technique was especially useful for consolidating the volume of available public data and in grouping the information acquired from the various interviews and collected survey responses.

The HealthBridge CHNA Team collaborated on community targets to solicit input for this CHNA. The HealthBridge CHNA Team (collectively the Team) consists of:

- Roberta Consolver, RN – HealthBridge Children’s Hospital – Orange; CEO and CCO
  - Maxine Colvin, RN – HealthBridge Children’s Hospital – Orange; Nurse Liaison
  - Sherri Medina – HealthBridge Kids Management, LLC; CEO
  - Jessica Black – HealthBridge Kids Management, LLC; VP Business Operations
  - Armanino Healthcare Team – HealthBridge contracted with Armanino LLP to assist
- \*The Armanino Healthcare Team supported the development of the initial CHNA. For this update, the HealthBridge CHNA Team independently conducted the assessment and analysis.*

Based upon identified targets, HealthBridge solicited input from a number of health professionals, community professionals and other community members. They include members representing the underserved, low-income, and minority populations as required. In total, HealthBridge had over 20 participating key informants. See Appendix IV to see the full list of key informants. The information was gathered through focus groups, in person 1:1 interviews, 1:1 interviews via phone or zoom, and mailed surveys.

Although numerous people and/or groups were identified, the responses provided valuable insight, but the response rate was less than anticipated during the data collection time frame. Opinions gathered from community representatives could differ from those of the general Orange County population. Significant effort was made to identify a realistic representative of HealthBridge’s entire pediatric population, the diverse group of participants representing different portions of Orange County could not be guaranteed.

The Assessment identified numerous challenges facing both adults and children living in Orange County. Using the published data and statistics from various sources, several themes emerged regarding needs and/or gaps in service for those living in Orange County including:

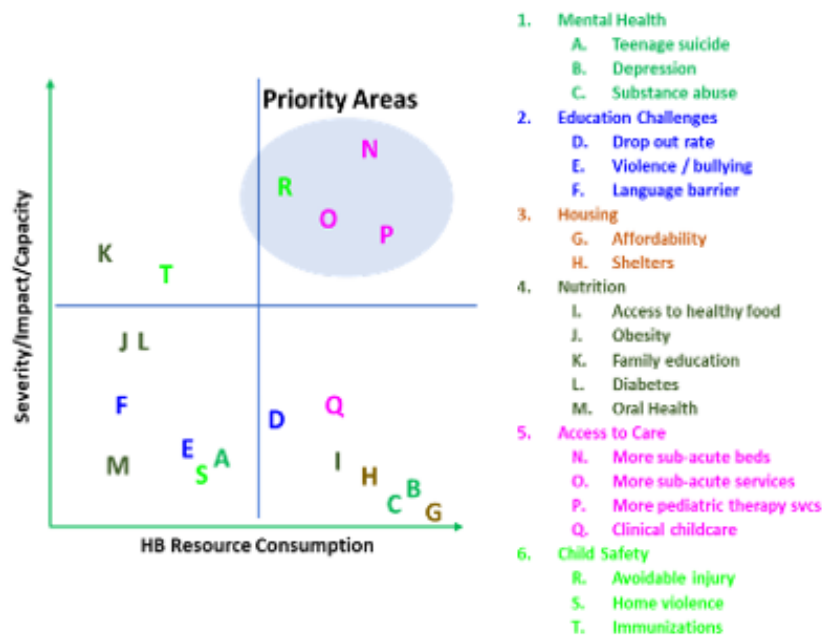
1. Mental Health

2. Education Challenges
3. Housing
4. Nutrition
5. Access to Care
6. Child Safety

The above list incorporates 20 health challenges (as shown below) which are also identified and discussed in this Assessment. Some or all of the 20 health challenges were discussed as part of the interviews with community representatives. In those discussions, people were asked to share their perception of which challenges were the greatest priority.

To formally prioritize the narrowed field of identified challenges even further, the HealthBridge CHNA Team was asked to keep in mind the six overall identified health challenges and then prioritize the list of 20 health challenges based upon HealthBridge's scope of service, personnel and other identified criteria as shown:

- Impact: Those challenges that HealthBridge might impact
- Capacity: Size of the population that would be affected
- Severity: Acuity of healthcare needs
- Resource Consumption: Appropriate allocation of time, talent and treasury



The final prioritized list was developed in part using a modified four- square decision methodology. The result of that prioritization exercise is shown here. From the identified list of 20 community needs, a total of four Strategic Priorities were identified whereby HealthBridge could make a positive impact in the community.

The four identified Strategic Priorities will be formalized into an Implementation Plan that will require approval by HealthBridge leadership and governing body. This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and Implementation Plan. The overall purpose of the Implementation Plan is to align

HealthBridge's focused resources, program services, and activities with the findings of the CHNA. A brief

statement of the categories of need are identified with explanation as to why some subsets were not chosen as a Strategic Priority. Note: the identified Health Challenges are recognized as a community need, but HealthBridge may already offer some level of identified service to its patient population but is limited to provide services to community, or it is out of the scope of services.

In addition to its very strong relationship with clinical providers including CHOC and UCI, HealthBridge has several community partnerships and/or provides needed services to provide better care and support for the community mitigating some of the identified needs including:

- Special Access Dental<sup>2</sup> – mobile dental hygiene service for the disabled/elderly
- Regional Center of Orange County – provides services for the developmentally disabled
- Access TL – assists families with filing HCBA waivers for admission to congregate homes at age 21
- OC Access<sup>1</sup> – transportation service through OCTA for the disabled/physically challenged
- Triumph Foundation – provides services/activities for people with spinal cord injuries
- HB3 – parent education and home programs are an integral part of our approach
- HB4 – focus in achieving optimal therapeutic outcomes and transfer of skills
- HB5 – provides acute and sub-acute care to medically complex technology dependent children

Identified Health Challenge Category	Identified Health Challenge Subset	HealthBridge New Priority?	Why/Why Not?
Mental Health	Teenage Suicide <sup>3</sup>	No	Inpatient counseling services available now
Mental Health	Depression <sup>3</sup>	No	Inpatient counseling services available now
Mental Health	Substance Abuse	No	Beyond the scope of services
Education	Drop Out Rate	No	Has School in the Hospital program for inpatients
Education	Violence/Bullying <sup>3</sup>	No	Inpatient counseling services available now
Education	Language Barrier	No	Interpreters currently in place
Housing	Affordability	No	Beyond the scope of services
Housing	Shelters	No	Beyond the scope of services
Nutrition	Access to Healthy Food	No	Nutrition counseling part of care plan if needed
Nutrition	Obesity	No	Nutrition counseling part of care plan if needed
Nutrition	Family Education <sup>3</sup>	No	Nutrition counseling part of care plan if needed
Nutrition	Diabetes	No	Nutrition counseling part of care plan if needed
Nutrition	Oral Health <sup>1</sup>	No	Nutrition counseling part of care plan if needed
Access to Care	Sub-Acute Beds <sup>5</sup>	Yes	Part of strategic plan to expand the number of beds
Access to Care	Acute/Sub-Acute Services <sup>5</sup>	Yes	Telemetry services in process for acute care patients
Access to Care	Pediatric PT/OT/ST <sup>4</sup>	Yes	Recognized as need and expanding outpatient services
Access to Care	Clinical Child Day Care	No	Part of planned strategy – FY 2024
Child Safety	Avoidable Injury	Yes	Continue providing injury prevention education and bike helmets to community
Child Safety	Home Violence	No	Coordinate with public services if needed
Child Safety	Immunizations	No	Orange Cnty has one of highest levels of immunization

## Limitations and Data Gaps

This assessment was designed to provide a broad overview of health and well-being and identify critical issues related to community health in Orange County. However, it is not inclusive of every health-related issue that residents face and does not represent all possible populations of interest.

### Data Collection Context and Limitations

Data in this report reflect the most current available at the time of publication. While the acute phase of the COVID-19 pandemic has passed, its long-term effects continue to influence health outcomes and healthcare system operations. Some data sources may still reflect pandemic-related disruptions, including changes in healthcare utilization patterns, mental health trends, and access to services.

### Community Survey

Another limitation is the convenience sampling methodology used to conduct the community survey (dissemination online and via community organizations). Because the sample of survey respondents was not randomly selected, generalizability of the findings to the broader population is limited. Compared to the population of Orange County, people of color, men, and younger adults (age 25 and younger) were underrepresented among survey respondents, and those with a bachelor's degree or higher were overrepresented. Dissemination was primarily conducted through identification of key community leaders and partner networks which may have further limited the scope of potential respondents and increased the likelihood for selection bias.

### Gaps in Data

For secondary data, the most recent year of data available differs depending on the source and health topic. Additionally, some data in this report cannot be stratified by race, ethnicity, income, education level, zip code, etc., limiting the ability to explore differences or disparities among some sub-populations. Not all comparisons between groups could be tested for statistical significance (e.g., some secondary data); however, significance is noted when applicable and all significant differences are based on the 95% confidence interval. In effort to consolidate findings, data have been disaggregated to highlight disparities between groups and not every demographic group for which data is available is presented in the report.

# Appendices

## Survey Questions

This survey is part of HealthBridge's Community Health Needs Assessment (CHNA). We are working to identify the health and healthcare needs for Orange County, CA residents as well as possible options to mitigate those needs. Your valuable insight allows us to incorporate your views and opinions of both needs and solutions. The survey is confidential in nature and only summary results will be included in the final report.

**1. What gender do you identify as?**

- ☐ Male      ☐ Female      ☐ Other

**2. In what year range were you born?**

- ☐ 1928 - 1945      ☐ 1965 - 1980  
☐ 1946 - 1954      ☐ 1981 - 1996  
☐ 1955 - 1964      ☐ 1997 - 2012

**3. What is your household income?**

- ☐ \$0 - \$50,000      ☐ >\$200,000 – \$250,000  
☐ >\$50,000 – \$100,000      ☐ >\$250,000  
☐ >\$100,000 – \$150,000      ☐ Prefer not to say  
☐ >\$150,000 – \$200,000

**4. What is the highest level of formal education you achieved?**

- ☐ High School      ☐ PhD  
☐ Some College      ☐ Medical Degree  
☐ College Undergraduate Degree      ☐ Other Professional Education Degree  
☐ Master's Degree      ☐ None of the above

**5. What race and/or ethnicity do you most identify as?**

- ☐ Asian  
☐ American Indian or Alaska Native  
☐ Black  
☐ Latino or Hispanic  
☐ Pacific Islander or Hawaiian  
☐ White or Caucasian  
☐ Other  
☐ Prefer not to say

**6. What keeps you from getting/receiving health and/or healthcare services?**

- ☐ Availability of services  
☐ Not enough free time  
☐ No desire to improve my health  
☐ Communication and/or language barriers  
☐ Difficulty completing forms and/or intake process  
☐ Medical debt (current or future)  
☐ High deductible and/or co-pay  
☐ No health insurance or under insured  
☐ Lack of transportation  
☐ Not sure how to access care  
☐ Lack of primary or specialty services in community

- ☐ Other
- ☐ None of the above

**7. What do you believe are the biggest challenges and/or Social Determinants of Health (SDOH) Orange County adults (over age 21) face in receiving appropriate care? Mark all that apply**

- ☐ Lack of knowledge and/or access to primary care and other healthcare services
- ☐ Lack of quality formal education and/or job training
- ☐ Financial resources
- ☐ Challenging housing options
- ☐ Public safety
- ☐ Discrimination
- ☐ Racism
- ☐ Community violence / unrest
- ☐ Concentrated poverty
- ☐ Cultural differences
- ☐ Traumatic injury
- ☐ Access to technology (cell phones / internet / ~~etc~~)
- ☐ Lack of insurance or underinsured
- ☐ Insecure/embarrassed/afraid to reach out for help
- ☐ Do not know how to reach out for help
- ☐ Lack of transportation
- ☐ Illegal drug use
- ☐ Smoking
- ☐ Language barriers
- ☐ Literacy
- ☐ Other
- ☐ None of the above

**8. What do you believe are the biggest challenges and/or Social Determinants of Health (SDOH) Orange County (children under age 21) face in receiving appropriate care? Mark all that apply**

- ☐ Lack of knowledge and/or access to primary care and other healthcare services
- ☐ Lack of quality formal education and/or job training
- ☐ Financial resources
- ☐ Challenging housing options
- ☐ Public safety
- ☐ Discrimination
- ☐ Racism
- ☐ Community violence / unrest
- ☐ Concentrated poverty
- ☐ Cultural differences
- ☐ Traumatic injury
- ☐ Access to technology (cell phones / internet / ~~etc~~)
- ☐ Lack of insurance or underinsured
- ☐ Insecure/embarrassed/afraid to reach out for help
- ☐ Do not know how to reach out for help
- ☐ Lack of transportation
- ☐ Illegal drug use
- ☐ Smoking
- ☐ Language barriers
- ☐ Literacy
- ☐ Other
- ☐ None of the above



**9. What do you believe are the biggest healthcare diagnoses of residents in Orange County? Please mark all that apply**

- ☐ Cancer
  - ☐ Heart disease
  - ☐ Diabetes
  - ☐ COPD / Lung disease
  - ☐ Mental health issues / Alzheimer's / Suicide
  - ☐ Stroke / High blood pressure
  - ☐ Infectious disease / AIDS
  - ☐ Obesity
  - ☐ Sexually transmitted diseases
  - ☐ Kidney disease
  - ☐ Traumatic injury
  - ☐ Other (Please specify)
- 
- 

**10. What do you believe are the best and/or most realistic options the community can implement and/or improve to positively impact health and/or healthcare issues for residents in Orange County? Please mark all that apply**

- ☐ Improve access to healthy food
  - ☐ Adjust pricing for affordable healthy foods
  - ☐ Better education on how to prepare/cook healthy food
  - ☐ More education on healthy eating habits
  - ☐ Better and/or more low-income housing options
  - ☐ Improved access to public transportation
  - ☐ Improve connectivity and communication (internet access for example)
  - ☐ More retail-based / convenient healthcare services (services in grocery stores for example)
  - ☐ More and better access to community support groups
  - ☐ Greater police presence
  - ☐ Alternative immigration policies
  - ☐ More job opportunities with "learning on the job" support
  - ☐ Access to technical and/or healthcare training
  - ☐ Broader job opportunities
  - ☐ Use of Artificial Intelligence and Predictive Modeling to drive community-based services
  - ☐ Other (Please specify)
- 
- 

Thank you for your time in helping improve the lives of residents in Orange County.

## Interview Questionnaire

### Interview questions for the Community Health Needs Assessment (CHNA)

**To be shared with person being interviewed: We are having this discussion to create a foundation for HB's CHNA. This is in response to a regulatory requirement as part of the ACA. The information obtained in this discussion is confidential but will be disclosed in summary form unless directed by you. The results of our assessment must be made public per regulation.**

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you familiar with a CHNA? (If no, explain to person being interviewed)
2. Name:
3. Title and organization? And Relationship to HB?
4. How many years have you been involved with HB and/or the community?
5. How often are you in touch with the organization? In what ways?
6. How do you describe the services offered by HB? What services are HB most well-known?
7. How familiar are you with Orange County (in what way do you have this knowledge – resident, work in area, political connection, social service agency, etc).
8. What do you believe are the top five health challenges in Orange County? Why?
9. What factors contribute to the health challenges you shared?
10. Do you have documentation to support your answers? Is that documentation something you can share with me? (If yes, coordinate getting that documentation)
11. Are there specific groups or characteristics of people that you believe are more at risk than others? (including by regulation medically underserved, low-income, Medicaid eligible patients/families, minorities, and other socio-economic characteristics)
12. What barriers do you perceive are exacerbating the health and social issues?
13. How could HB address the community health needs? List any programs or known community outreach.
14. What resources are in the community that serves the health issues/concerns of these people? (include names of organizations, names of services and the programs provided)
15. What resources are needed that address the community needs that are not available?
16. With your understanding of HB and a CHNA, what other information can you share that would be important to include/know?

## Data Sources and Citations

Apartment Guide – Rent Affordability. <https://www.apartmentguide.com>

Be Well OC Initiative. <https://www.bewelloc.org>

California Department of Education – DataQuest. <https://dq.cde.ca.gov/dataquest>

California Department of Finance – Demographic Projections. <https://dof.ca.gov/forecasting/demographics>

California Department of Public Health – Immunization Branch.  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School-Law.aspx>

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California Health Interview Survey (CHIS). <https://healthpolicy.ucla.edu/chis>

California Healthy Kids Survey – Orange County. <https://calschls.org/reports-data/>

California Open Data Portal – Immunizations. <https://data.chhs.ca.gov>

CalOptima Health – Press Releases. <https://caloptima.org/About/PressAndMedia>

Center for Demographic Research, Cal State Fullerton

CHOC – Community Health Needs Assessment. <https://www.choc.org/about/community-benefit/>

CDC – Health Equity & Violence Prevention. <https://www.cdc.gov/healthequity>

Esri Tapestry Segmentation. <https://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>

First 5 Orange County – Reports. <https://first5oc.org/about-us/reports/>

HRSA Data Warehouse. <https://data.hrsa.gov>

KidsData. <https://www.kidsdata.org>

OC Health Care Agency – Needs and Gaps Analysis, 2019.  
<https://ochealthinfo.com/sites/hca/files/import/data/files/107926.pdf>

Orange County Affordable Housing Needs Report, 2023. <https://www.kennedycommission.org>

Orange County Community Indicators Report, 2023. <https://oc-indicators.com>

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Robert Wood Johnson Foundation – County Health Rankings. <https://www.countyhealthrankings.org>

U.S. Bureau of Labor Statistics – LAUS. <https://www.bls.gov/lau>

U.S. Census Bureau – QuickFacts: Orange County, CA. <https://www.census.gov/quickfacts/orangecountycalifornia>

U.S. Small Business Administration – Office of Advocacy. <https://advocacy.sba.gov>

UC Irvine Health Reports. <https://www.ucihealth.org>

United Way Orange County – Family Financial Stability Index, 2023. <https://www.unitedwayoc.org>

## List of Key Interviews, Communications, Surveyed Groups

Name	Title	Organization	Area Supported/Served
Roberta Consolver, RN	CEO, CCO	HealthBridge - Orange	Low-income, underserved, minorities
Lynn Barut	Nurse Manager	HealthBridge - Orange	Low-income, underserved, minorities
Gina Martinek	Infection Control	HealthBridge - Orange	Low-income, underserved, minorities
Sam Kang	Rehab Director	HealthBridge - Orange	Low-income, underserved, minorities
Melissa Delaney	Activity Leader	HealthBridge - Orange	Low-income, underserved, minorities
Adrienne Velasquez	Dietician	HealthBridge - Orange	Low-income, underserved, minorities
Thuy Nguyen	Business Office Director	HealthBridge - Orange	Low-income, underserved, minorities
Lisa Lopez	HR Director	HealthBridge - Orange	Low-income, underserved, minorities
Ronesha Hamilton	Dir. of Staff Develop.	HealthBridge - Orange	Low-income, underserved, minorities
Al Horta	Respiratory Therapy Dir	HealthBridge - Orange	Low-income, underserved, minorities
Valorie Horta	RN/Case Manager	HealthBridge - Orange	Low-income, underserved, minorities
Maxine Colvin	Nurse Liaison	HealthBridge - Orange	Low-income, underserved, minorities
Sherri Medina	CEO	HealthBridge Spec. Care	Business Community
Prashi Mohan	Strategist	CHOC	Pediatric Community
Mary Zimmer	VP of Operations	CHOC	Pediatric Community
Heather MacEwan	Director of Rehab	CHOC	Pediatric Community
Dr. Patricia Liao	HB Medical Director	CHOC	Pediatric Community
Tiffany Alva	Dir of Partnerships	First 5 Orange	Pediatric Community
Sue Parks	CEO	OC United Way	Low-income, underserved, minorities
Joe Erven	Director	OC Unified Sch. Dist.	Education
Dr. Nguyen-Tang	Pediatric Hospitalist	CHOC	Low-income, underserved, minorities
Julia Bidwell	Director	Housing & Comm. Dev.	Low-income, underserved, minorities
Clayton Chau, MD	Agency Director	OC Health Care Agency	Low-income, underserved, minorities

Electronic surveys were sent to representatives of

- Orange County United Way,
- Orange Unified School District,
- Orange County Business Leaders Forum

*\*These sources were initially interviewed in 2022 and were contacted again in 2025 during the CHNA update process to either update their responses or confirm that no changes were necessary.*

## CHNA Checklist

### 26 CFR §1.501(r)-3 Community Health Needs Assessment for Charitable Hospital Organizations

#### GENERAL REQUIREMENTS CHECKLIST

REQUIREMENT	CITATION	REPORT SECTION	APPROVAL DATE
Define the community it serves	(b)(1)(i)	VI. HealthBridge Service Area VII. Demographics VIII. Orange County Health Assessment	
Assess the health needs of that community	(b)(1)(ii)	VIII. Orange County Health Assessment	
Solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health	(b)(1)(iii)	VIII. Orange County Health Assessment X. Community Input	
Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility	(b)(1)(iv)	I. Acknowledgements and Access XI. Summary of Findings	June 27, 2025
Make the CHNA report widely available to the public	(b)(1)(v)	I. Acknowledgements and Access	June 30, 2025

#### DOCUMENTATION CHECKLIST

REQUIREMENT	CITATION	REPORT SECTION
Definition of the community served by the hospital facility and a description of how the community was determined	(b)(6)(i)(A)	VI. HealthBridge Service Area
Description of the process and methods used to conduct the CHNA	(b)(6)(i)(B)	V. Methodology
Description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves	(b)(6)(i)(C)	X. Community Input, Appendix IV
A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs	(b)(6)(i)(D)	XI. Summary of Findings
Description of the resources potentially available to address the significant health needs identified through the CHNA	(b)(6)(i)(E)	VI. HealthBridge Service Area, VIII. Orange County Health Assessment
An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s)	(b)(6)(i)(F)	N/A V. Methodology

SOURCE: [Charitable Hospitals - General Requirements for Tax-Exemption Under Section 501\(c\)\(3\)](#)  
[Internal Revenue Service \(irs.gov\)](#)