

2022 Community Health Needs Assessment



Kaiser Permanente Orange County–Anaheim Medical Center
Kaiser Permanente Orange County–Irvine Medical Center

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Approved by Kaiser Foundation Hospitals Board of Director’s Community Health Committee

September 27, 2022



Kaiser Permanente Orange County–Anaheim Medical Center Kaiser Permanente Orange County–Irvine Medical Center 2022 Community Health Needs Assessment

CONTENTS

Summary	2
Introduction/background	3
Community served	5
Kaiser Permanente’s CHNA process	8
Identification and prioritization of the community’s health needs	9
Description of prioritized significant health needs	10
Health need profiles	11
2019 Implementation Strategy evaluation of impact	24
Appendix	
A. Secondary data sources	29
B. Community input	31
C. Community resources	32

Kaiser Permanente Orange County–Anaheim and Irvine medical centers 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Orange County–Anaheim and Irvine medical centers conduct a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Orange County–Anaheim and Irvine medical centers have identified the following significant health needs, in priority order:

1. Mental & behavioral health
2. Income & employment
3. Access to care
4. Housing
5. Food insecurity
6. Education

To address those needs, Kaiser Permanente Orange County–Anaheim and Irvine medical centers have developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente’s and the community’s assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

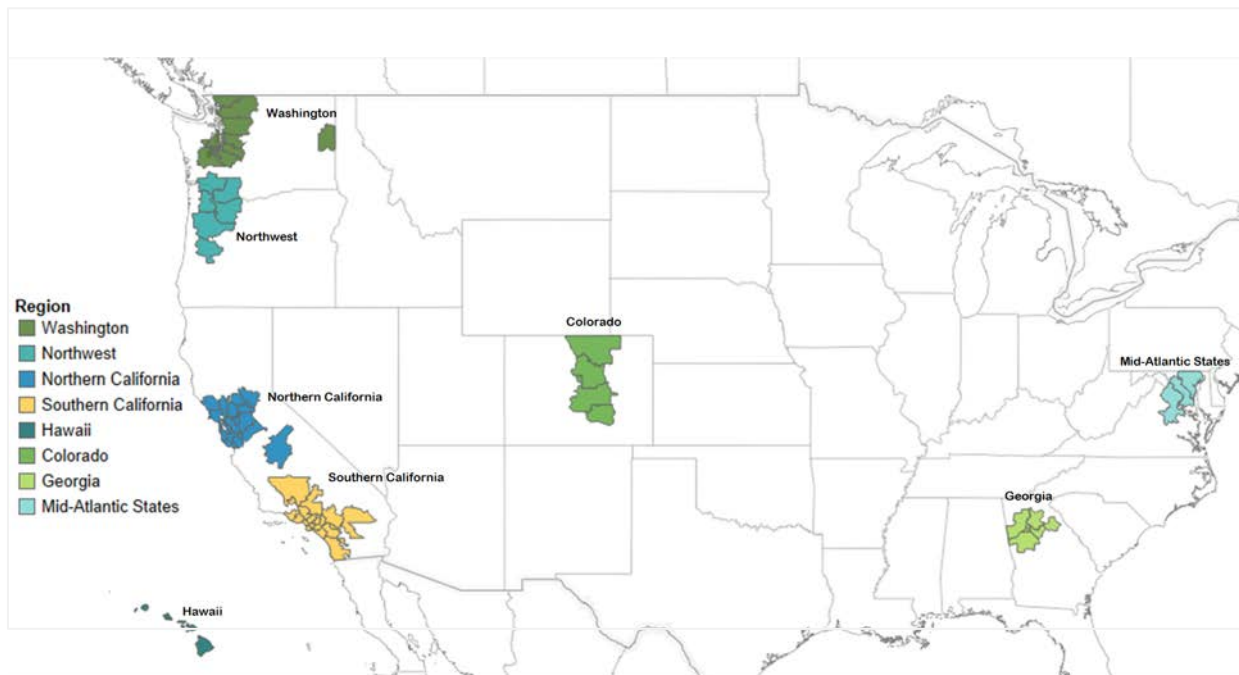
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

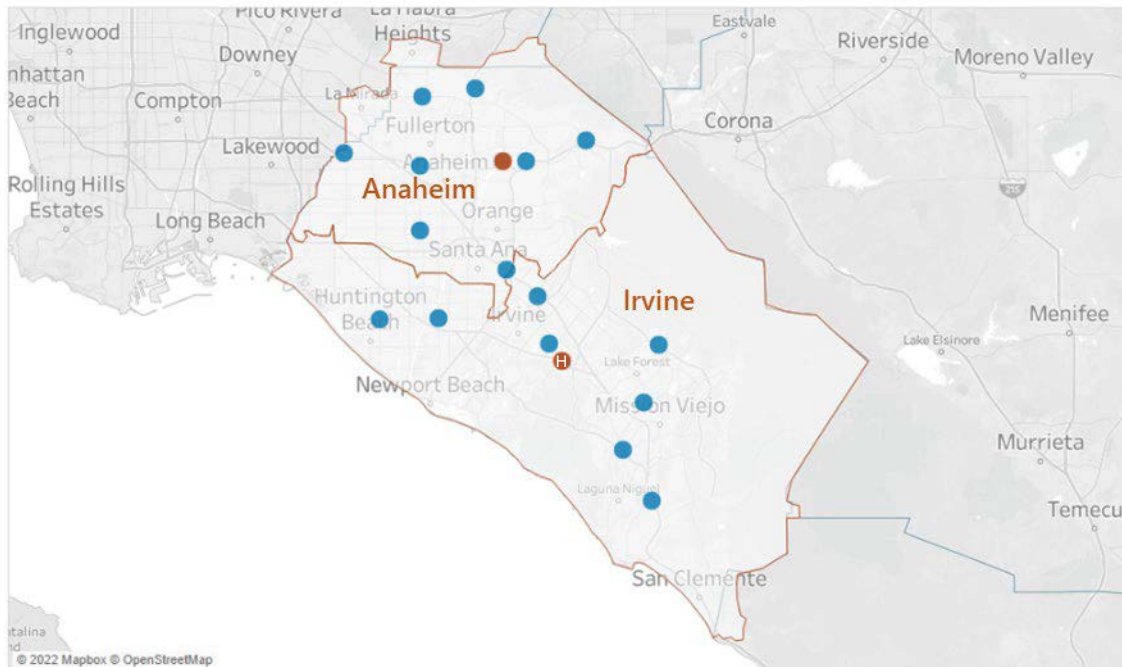
The Kaiser Permanente Orange County–Anaheim and Irvine medical centers 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente Orange County–Anaheim Medical Center and Orange County–Irvine Medical Center hospital service areas include residents in a defined geographic area surrounding the hospitals and do not exclude low-income or underserved populations.

Orange County–Anaheim and Irvine service areas

🏥 Kaiser Permanente hospital ● Kaiser Permanente medical offices



Orange County–Anaheim and Irvine service areas demographic profile

	Anaheim	Irvine
Total population:	1,576,905	1,712,669
American Indian/Alaska Native	0.2%	0.2%
Asian	21.4%	21.2%
Black	1.9%	1.4%
Hispanic	45.5%	24.4%
Multiracial	2.2%	3.6%
Native Hawaiian/other Pacific Islander	0.3%	0.2%
Other race/ethnicity	0.2%	0.2%
White	28.3%	48.8%
Under age 18	23.2%	21.1%
Age 65 and over	13.2%	15.7%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we’ve witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals’ and communities’ physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

Neighborhood disparities in the Orange County–Anaheim and Irvine service areas

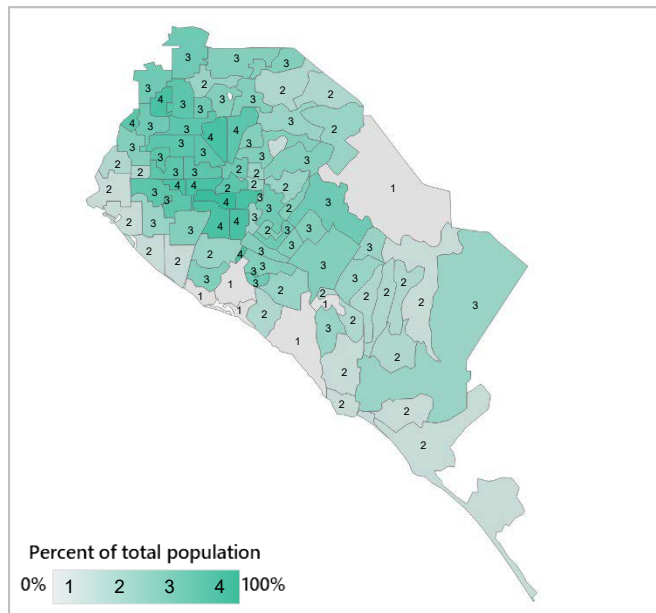
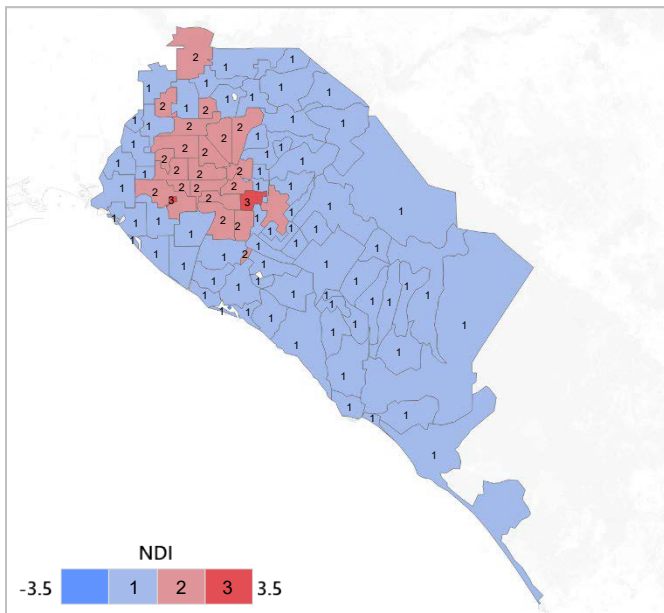
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

The map on the left shows the NDI for ZIP codes in the Orange County–Anaheim and Irvine service areas. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right.

ORANGE COUNTY–ANAHEIM AND IRVINE SERVICE AREAS

Neighborhood Deprivation Index

People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

No other hospitals or partner organizations collaborated on this assessment.

Consultants who were involved in completing the CHNA

EVALCORP Research and Consulting was used to conduct the assessment within the Panorama City/Antelope Valley service area. This consulting group was selected for its expertise and capacity to conduct large scale needs assessments and prioritization processes. All of EVALCORP's evaluation staff have master's or Ph.D. level degrees in applied research, providing the firm with the necessary skill set and training to conduct this type of process that requires a need for both qualitative and quantitative data collection, coding, and analysis expertise.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Orange County–Anaheim and Irvine medical centers Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Orange County-Anaheim and Irvine medical centers had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Orange County-Anaheim and Irvine medical centers staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Orange County–Anaheim and Irvine medical centers have developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente’s assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community’s health needs

Process for identifying community needs in the Orange County–Anaheim and Irvine service areas

Before beginning the prioritization process, Kaiser Permanente Orange County–Anaheim and Irvine medical centers Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Orange County–Anaheim and Irvine medical centers Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

Description of prioritized significant health needs in the Orange County–Anaheim and Irvine service areas

1. Mental & behavioral health: Mental health: needs in Orange County are particularly apparent among youth and the uninsured. Uninsured individuals have higher rates of suicidal ideation and higher rates of having serious psychological issues during the past year. Teens in Orange County are more likely than other California teens to have needed help for mental and emotional issues in the last year, and this need is even greater among Asian and Pacific Islander teens. Improving the mental health crisis response system and improving services for younger children were among the recommended strategies for improving local mental health.

2. Income & employment: Inequities of income and employment in Orange County tend to be associated with geographic patterns of de facto racial segregation. In communities of color unemployment rates tend to be higher and median incomes lower. As one key informant noted the high costs of living impacts people more, so there is less money for health care, and other things. Orange County is an expensive place to be poor. Overall, many employees who work in Orange County tend to have long commutes, as they are forced to live far from their workplace where housing is more affordable. In addition, the lack of affordable childcare (for working parents) as also identified as a key concern for Orange County.

3. Access to care: Latinos and Asians in Orange County are more likely to be uninsured compared to Latinos and Asians in California overall, and uninsured rates can vary significantly by ZIP code. In the Irvine service area, access to care is geographically associated with communities in which a larger proportion of people of color live: The increased use of telehealth since the start of the COVID-19 pandemic has improved access to care in some ways but can be difficult to navigate for some populations. The importance of cross-service collaboration was also highlighted as key to improving overall access to care.

4. Housing: Rent and mortgage costs are very high in Orange County. In addition, higher rates of overcrowded housing and lower home ownership rates tend to be associated with geographic areas that have a higher percent of people of color. The high cost of housing was attributed to an overall housing shortage, high development costs, and opposition to affordable housing projects from existing property owners. The cost of housing has made it difficult for younger individuals and newer families to afford local housing, and many are forced to move out of the area.

5. Food insecurity: Some areas within Orange County have very high rates of students eligible for free and reduced-price lunches, including Santa Ana, Anaheim, Costa Mesa, and Garden Grove. In addition, Orange County teens consume much fewer servings of fruits and vegetables, and more fast food, than California teens in general. Streamlining the administrative process for Cal Fresh enrollment, as well as further tailoring supportive food programs to individuals' nutritional profiles, especially for older individuals, were recommended as local improvements.

6. Education: Although there is a high rate of individuals with post-secondary degrees in Orange County, there is also a high rate of adults without a high school diploma in some areas within the county, including Anaheim. Higher rates of adults without high school diplomas also tend to be found in areas with a higher percentage of people of color throughout Orange County. The importance of health education was also identified as of particular concern, related to an increase in misinformation and increasing distrust in government or other medical services that are intended to help individuals.

Health need profiles

Detailed descriptions of the significant health needs in the Orange County–Anaheim and Irvine service areas follow.

Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Mental and behavioral health were identified as health needs in both Anaheim and Irvine, largely using secondary data sources. Both Anaheim and Santa Ana are designated as Mental Health Provider Shortage Areas. Several indicators point to mental health needs among youth in the Orange County area. While the rate of suicidal ideation in Orange County is comparable to that of the California population, this statistic likely conceals inequalities. For example, among those who are not currently insured, the rate of those who have ever experienced suicidal ideation is 22 percent, compared to 15 percent in the CA population (CHIS, 2020). Similarly, the proportion of those who likely have had serious psychological issues during the past year is similar between Orange County and the California average, but among those who are uninsured the rate is 31 percent in Orange County versus 19 percent in California (CHIS, 2020).

Across Orange County, higher rates of chronic sadness/hopelessness and suicidal ideation among Pacific Islander students (CHKS, 2017-2019) indicates a need for focused interventions that are culturally appropriate for this population. Teens in Orange County are 27 percent more likely than the state average to have needed help for mental and emotional issues in the last year (CHIS, 2020). This difference from the state average is particularly pronounced among teens of some minority groups, such as Asian teens, who are more than twice as likely as the state average to require help for mental and emotional issues (CHIS, 2020).

[Our organization] is very concerned with people being taken out of society and sequestered in homes [in the context of the COVID-19 pandemic]. There is a tsunami of mental health issues coming.

– Mental health leader

Key informants emphasized that mental health issues are often interrelated with other issues, such as economic security and housing. Several stakeholders identified mental health issues as one of the most important needs, and most acknowledged that mental health issues are worse because of COVID-19. Interviewees identified the increased isolation associated with the pandemic, as well as the increasing suicide rate in middle aged men as particular issues of note. Specific recommendations mentioned included a better crisis response system and improved services for younger children.

[We need to] stop waiting for crises, and instead build preventative mental health care. We are seeing earlier and more frequent issues with mental health. It is not enough to work on early warning and detection, and then wait until the teen years when there is a massive problem. A lot could be altered with developmental screenings and access to additional supportive services for young children. Too many [people assume] kids will just grow out of problems.

– Early childhood development leader

SERIOUS PSYCHOLOGICAL DISTRESS BY INSURANCE STATUS, 2020

Individuals in Orange County who are not currently insured are more likely to have serious psychological distress compared to uninsured individuals across California.

	Currently insured	Not currently insured	All
Orange (County)	10.5%	30.9%	12.0%
California	11.7%	19.2%	12.2%

Source: CHIS (2020)

TEENS WHO NEEDED HELP FOR EMOTIONAL HEALTH PROBLEMS BY SELECTED DEMOGRAPHIC GROUPS, 2020

A higher percentage of Latino and Asian (non-Latino) teens in Orange County reported needing help with emotional health problems, compared to Latino and Asian (non-Latino) teens across California.

	Latino	White (non-Latino)	Asian (non-Latino)	All
Orange (County)	33.4%	42.7%	42.3%	32.6%
California	26.2%	38.5%	19.9%	30.4%

Source: CHIS (2020)

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Overall health status in Orange County is fairly similar to the California average across income levels (CHIS, 2020). However, this generalization likely conceals some disparities in outcomes. In the Anaheim service area, several income and employment indicators are geographically associated with communities in which a larger proportion of people of color live. Within these ZIP codes residents tend to have lower median household income and higher unemployment rates. Likewise, Anaheim ZIP codes that have a higher proportion of people of color tend to have higher poverty rates and higher child poverty rates.

In the Irvine service area, similar patterns emerge when geographic correlations between economic data and race/ethnicity are explored. Irvine ZIP codes that have a higher proportion of people of color tend to have higher poverty rates and higher child poverty rates and tend to also have lower median household income and higher unemployment rates.

Inequities tend to fall along income, more than anything else. The high costs of living impacts people more, so there is less money for health care, and other things. Orange County is an expensive place to be poor.

– Employment and business leader

People with stable jobs and higher incomes have the ability to pay for services, so services come to them.

– Housing leader

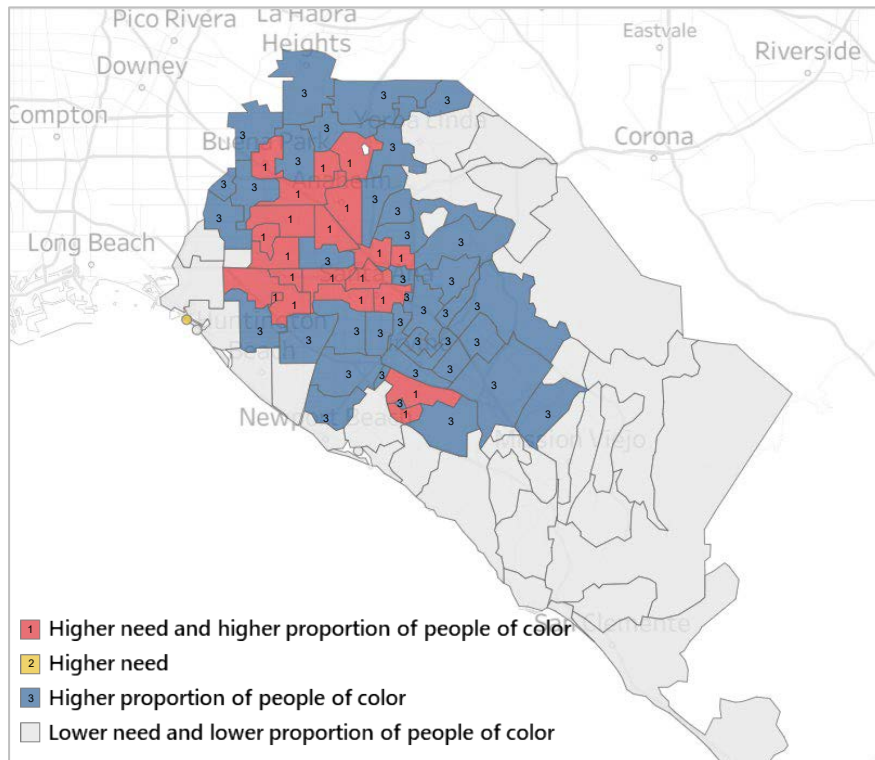
Interviews with key informants reaffirmed that inequities of income can impact many other health needs. It was also noted that there are many individuals who work in Orange County, but live far away where housing is more affordable, leading to very long commutes for many OC employees. In addition, the lack of adequate and affordable childcare (for working parents) was highlighted as an issue prior to the COVID-19 pandemic and was made even more apparent during the pandemic.

We need to look not just at the needs of individuals, but at the structure. For example, there are few groups with licensed clinicians who speak an Asian language, so [we should] look at the pipeline of mental health workers that are bilingual/bicultural. [We need to] look at the system, and how to make the system more equitable.

– Equity leader

POVERTY RATE, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

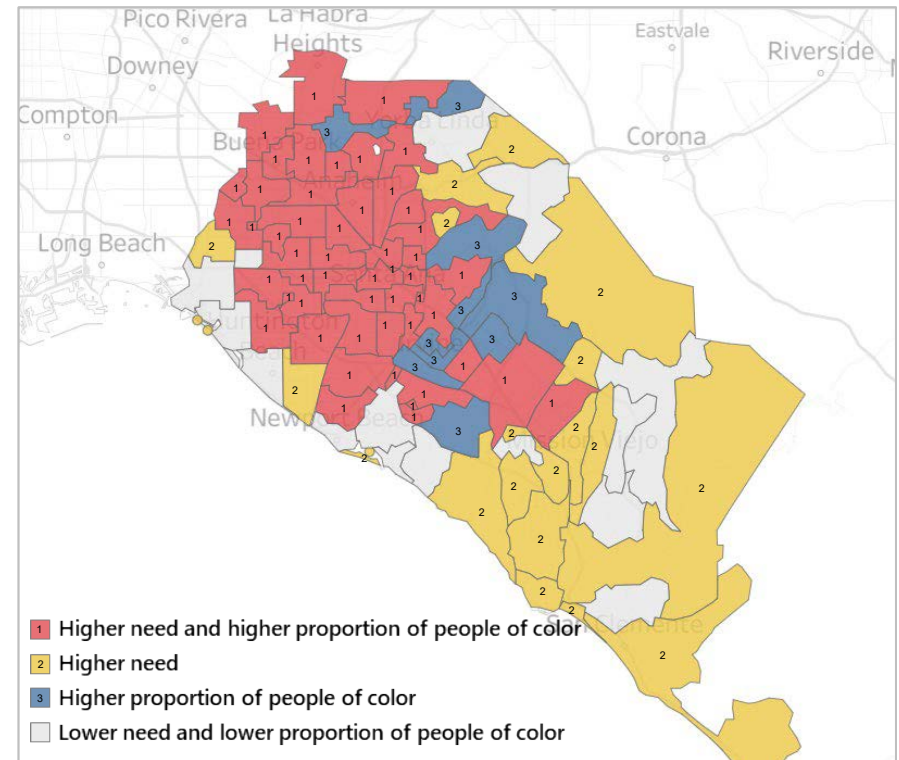
Areas shaded **red (1)** are ZIP codes with a relatively **higher proportion of people of color and higher poverty rate**.



Source: [Kaiser Permanente Community Health Data Platform](#)

UNEMPLOYMENT RATE, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2020

Areas shaded **red (1)** are ZIP codes with a relatively **higher proportion of people of color and higher unemployment rate**.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Anaheim's overall access to care needs are fairly typical for a California city. However, this average conceals large geographic disparities. Some ZIP codes in the Anaheim service area (e.g. 92701) have rates of uninsured people that are double or nearly double the national rate (20 percent vs 9 percent, respectively).

Access to care has been identified as an area of concern for Irvine as well. In Irvine, Medicaid and public insurance enrollment is 15 percent lower than the national average. In the Irvine service area, access to care is geographically associated with communities in which a larger proportion of people of color live: ZIP codes that have a higher proportion people of color tend to have a greater proportion of the population uninsured.

In particular, Latinos and Asians in Orange County are more likely to be uninsured than the state average for each group, with Latinos 21 percent less likely to be insured than the state average and Asians 29 percent less likely to be insured than the state average (CHIS, 2020). More than 1 in 4 Latinos in Orange County are uninsured (CHIS, 2020). More than 1 in 6 Asians in Orange County are uninsured (CHIS, 2020).

Access to service is built on appointments and going to the office, but this can be a struggle. Tele-health is a huge plus and we need to push it further. We shouldn't expect everyone to come to us.

– Health care leader

[Because of the COVID-19 pandemic], people couldn't go to the doctor unless it was very urgent, and preventative screenings and checkups stopped. How can we get back to these in a way that people will feel comfortable with?

– Equity leader

In key informant interviews, access to care was identified as an ongoing priority for the Orange County service area. Several interviewees described the centrality of cross-service collaboration as a key component in improving access to care. Additionally, the benefits and challenges associated with telecare were frequently discussed. In particular, the convenience of using telehealth to bring services directly to individuals was praised as a positive advancement since the start of the COVID-19 pandemic. However, some populations may not be comfortable or familiar with accessing care remotely and may have simply stopped seeking care for non-emergencies.

We need to think about how we can collaborate with other systems and be very intentional about coordinating so that we are not doing “mini-projects”. The current focus is just program outcomes, but we need [to focus on] community impact and making sure there is systemic alignment, not just adding more programs.

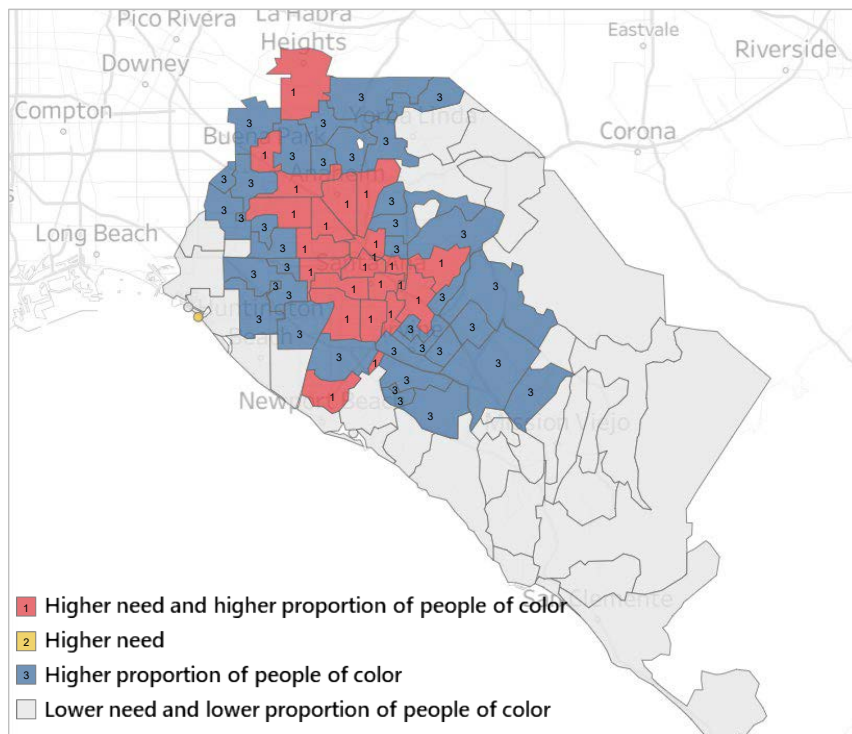
– Equity leader

PERCENT UNINSURED, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

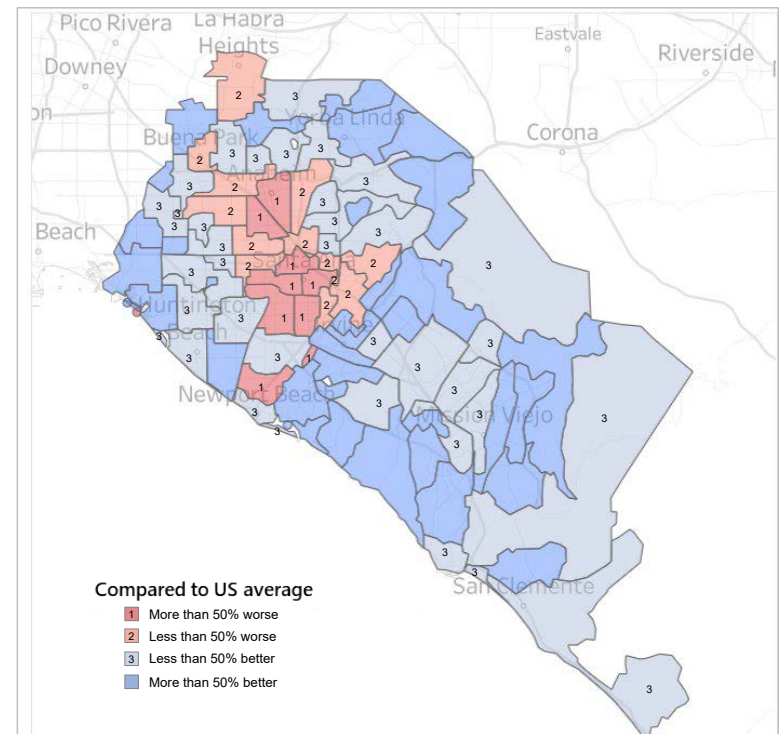
Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and higher uninsured rate.

PERCENT UNINSURED, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

Areas shaded red (1) are ZIP codes with the percent uninsured more than 50 percent worse than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Of the seven housing indicators assembled in the Kaiser Permanente Community Health Data Platform, all show that housing conditions in the Anaheim service area are worse than the national average, and 6 of the 7 of these are more than 20 percent worse than the national benchmark. Both rental and mortgage costs exceed the national average, both in absolute terms and as a proportion of income. The median rental cost is \$1,800, which is 56 percent higher than the national average. Residents of the Anaheim service area who have a mortgage spend 31 percent of their income on their mortgages, 82 percent more than the national average. The housing affordability index places the Anaheim service area at 47 percent less affordable than the national average.

There are likely several equity issues related to housing in Anaheim. ZIP codes in the Anaheim service area that have a higher proportion of residents who identify as Black, Latino/a, American Indian/Alaska Native, Asian, and/or Native Hawaiian/other Pacific Islander tend to have more overcrowded housing. Likewise, Anaheim ZIP codes that have a higher proportion of residents who identify as Black, Latino/a, American Indian/Alaska Native, Asian, and/or Native Hawaiian/other Pacific Islander tend to have lower home ownership rates and a larger proportion of residents with a “severe” housing cost burden.

Housing conditions in Irvine are similar to Anaheim. Again, of the seven housing indicators assembled in Kaiser Permanente Community Health Data Platform, all show that housing conditions in the Irvine service area are worse than the national average, and 6 of the 7 of these are more than 20 percent worse than the national benchmark. Rental and mortgage costs exceed the national average, both in absolute terms and as a proportion of income. The median rental cost is roughly \$2,200, 88 percent higher than the national average. Residents of the Irvine service area who have a mortgage spend 33 percent of their income on their mortgages, 92 percent more than the national average. The housing affordability index places the Irvine service area at 49 percent less affordable than the national average.

As in Anaheim, there are likely several equity issues related to housing in Irvine. ZIP codes in the Irvine service area that have a higher proportion of residents who identify as Black, Latino/a, American Indian/Alaska Native, Asian, and/or Native Hawaiian/other Pacific Islander tend to have more overcrowded housing. Irvine ZIP codes that have a higher proportion of residents who identify as Black, Latino/a, American Indian/Alaska Native, Asian, and/or Native Hawaiian/other Pacific Islander tend to have lower home ownership rates.

Co-occurring with the pandemic is the incredible increase in the cost of housing, especially in Irvine/Anaheim. How can a family with one income, even at \$40/hour, support two children and afford a home?

– Housing leader

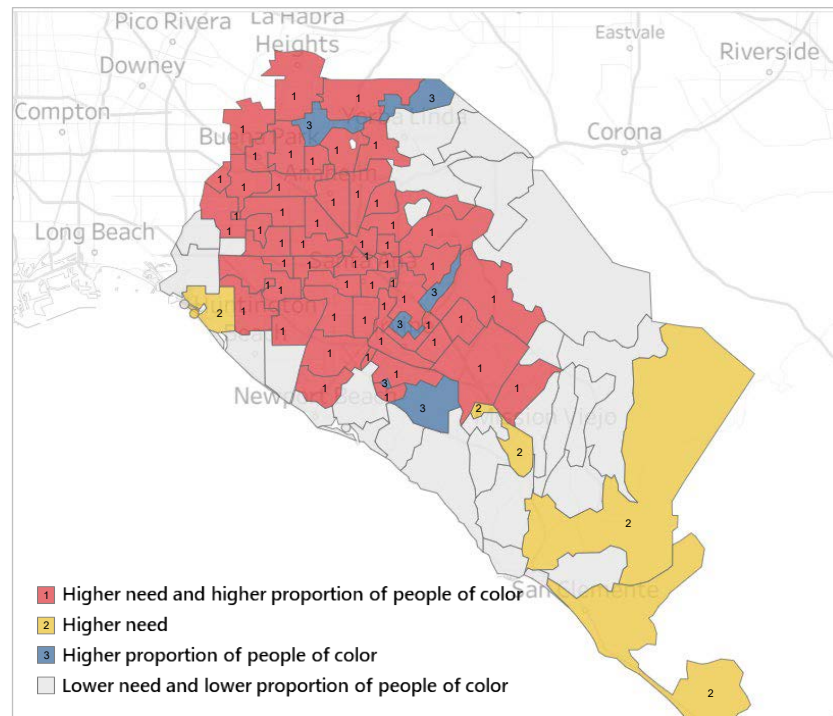
Throughout key informant interviews, housing prices were identified as a significant barrier to individuals developing healthy lifestyles. The high cost of housing was attributed to several factors, including a shortage of housing in general, extremely high development costs, and resistance of existing property owners to the development of additional affordable housing near them. These barriers have led to situations such as the doubling and tripling of families within smaller units, and individuals who have a job and health insurance, but live in a tent or vehicle. An additional impact of the high housing costs identified during the interviews was the demographic shift towards an older population in Orange County, as younger individuals and newer families are forced to move out of the area because they are unable to afford housing.

The cost of development for new housing is very expensive, and requires large subsidies to make it affordable, but nobody wants new housing near them.

– Housing leader

OVERCROWDED HOUSING, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

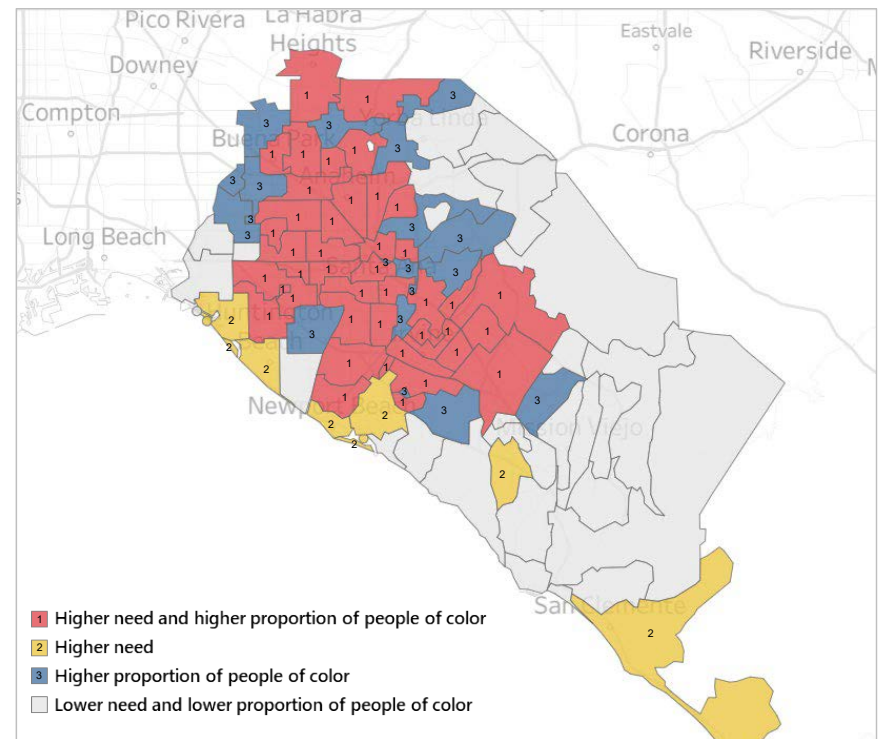
Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and more overcrowded housing.



Source: [Kaiser Permanente Community Health Data Platform](#)

HOMEOWNERSHIP RATE, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and lower homeownership rates.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Food insecurity



Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Hispanic households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

Food security was identified as a health need in the Irvine and Anaheim service areas. Residents of the Irvine service area have food security that is typical for US residents on average. However, this average may conceal some equity issues in food security: ZIP codes that have a higher proportion of people of color tend to have higher SNAP enrollment on average.

Likewise, residents of the Anaheim service area have food security that is typical for US residents on average. Again, this average may conceal some equity issues in food security. ZIP codes that have a higher proportion people of color tend to have higher SNAP enrollment on average.

In some areas of Orange County, the proportion of students eligible for free and reduced lunch far exceeds the California average (59 percent). For example, in Santa Ana, 90 percent of students are eligible for free/reduced lunch (HPI), and more than 70 percent of students in Anaheim, Costa Mesa, and Garden Grove are eligible for free/reduced lunch (HPI). The proportion of Orange County teens that consume five or more servings of fruit and vegetables a day is less than 4 percent, compared to the California average of 24 percent (CHIS, 2020). Adults, teens, and children in Orange County were 13 percent more likely than the average Californian to have eaten fast food two or more times last week (CHIS, 2020) – with nearly half of Orange County residents (47 percent) having done so (compared to 42 percent of all California residents).

Some low income, older adults live on social security only, and don't have enough to pay for everything (food, rent, medical costs, etc.), and so they can't absorb the cost of a co-pay. Even \$20 is 2-3 days of food.

– Food security leader

Interviews with key informants revealed the importance of implementing a person-centered approach to food security, as there is no “one-size-fits-all” solution. In developing medically balanced meals, additional work is need to further tailor supportive food programs to the unique nutritional profile of individuals, particularly for older individuals who rely on food assistance. However, some common concerns identified were that high fat, high sugar, “junk food” is often cheaper and more convenient than healthier options. In addition, removing and streamlining administrative, regulatory, and logistical processes to Cal Fresh enrollment would improve food security for individuals who are eligible and in need, but unable to navigate the enrollment process effectively.

Diabetes and obesity may or may not be linked to food insecurity. High fat, high sugar junk food is cheaper and more convenient, but also linked to poor exercise and poor nutrition.

– Food security leader

Census tracts with predominately low-income households typically have fewer health care outlets, fewer grocery stores. Services (such as good restaurants, stores with fresh food) will not chase low-income individuals without subsidies.

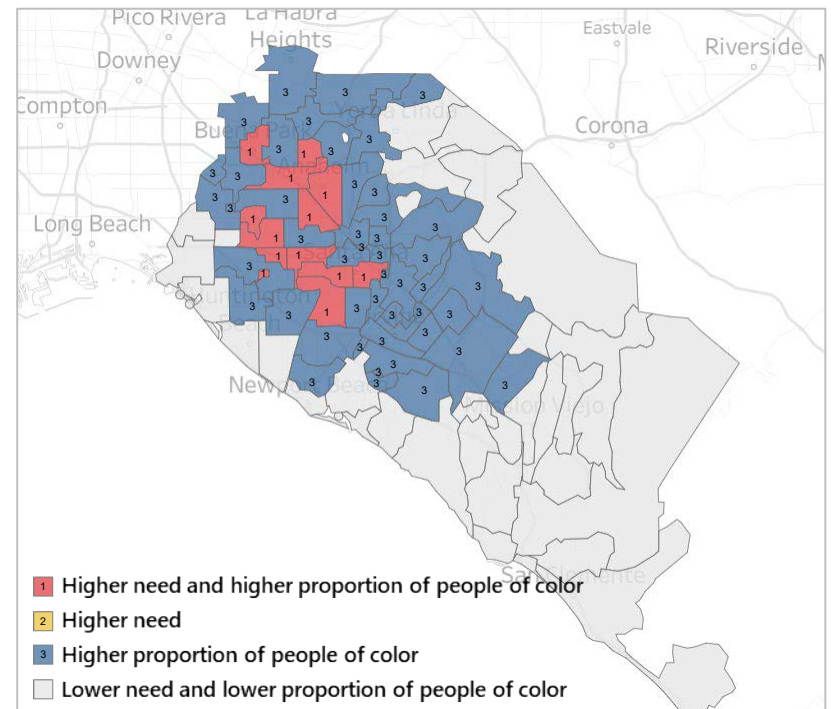
– Housing leader

[We need to] embed services within neighborhoods and align them across multiple sectors with large scale community development strategies. For example, in addition to providing housing, also provide a health care clinic, and a grocery store.

– Housing leader

SNAP ENROLLMENT, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

Areas shaded **red (1)** are ZIP codes with a relatively higher proportion of people of color and **higher SNAP enrollment**.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Education



The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of children from low income households do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Education has been identified as a health need in both the Anaheim and Irvine service areas. In Orange County, the percent of individuals who attain a post-secondary degree matches or exceeds the state average across racial/ethnic groups and across genders (CHIS, 2020). However, these averages likely conceal disparities that pattern geographically across the county.

Residents of the Anaheim service area have less formal education than the average American. The proportion of adults in the Anaheim service area without a high school diploma is 21 percent, which is 66 percent higher than the national average. Additionally, there may be some equity issues in educational attainment in Anaheim, affecting both adults and children. ZIP codes that have a higher proportion of people of color tend to have fewer adults with a high school diploma on average and tend to have lower preschool enrollment on average.

Educational needs in Irvine are less pronounced than those of Anaheim. Residents of the Irvine service area have educational attainment that is typical for US residents on average. Nonetheless, this average may conceal some equity issues in education for adults. ZIP codes that have a higher proportion of people of color tend to have fewer adults with a high school diploma on average and tend to have fewer adults with a college diploma on average.

Income and education are very closely linked. Less education leads to lower incomes, but the education system is failing some students in some parts of the county. Also, there are people currently in the workforce who would benefit from additional training.

– Employment and business leader

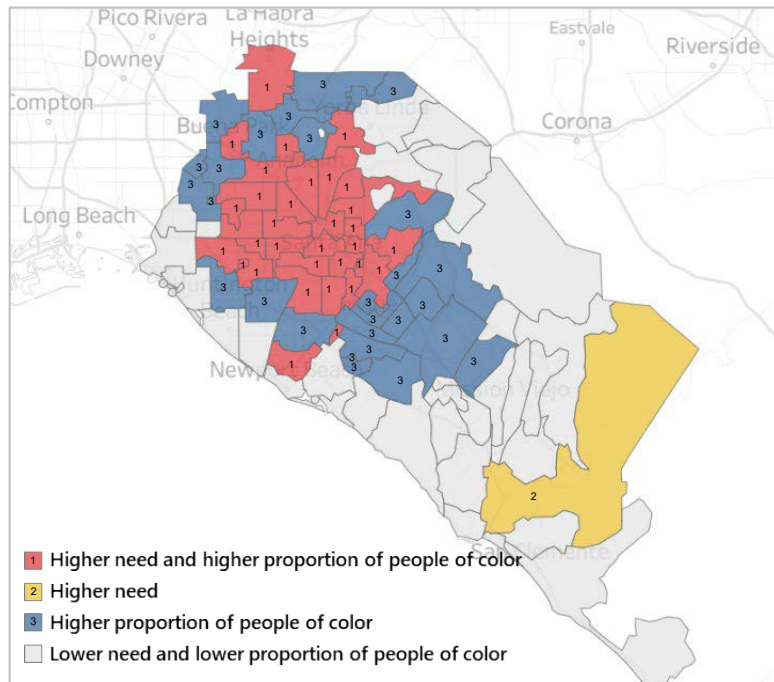
Education related needs were also identified during key informant interviews as being closely linked with other health needs, especially income and employment and access to care. The explicit link between higher levels of formal education and higher income was mentioned, along with the need for additional workforce training and other adult education opportunities. In addition, an increasing lack of trust in government and medical systems was identified with an increase in misinformation, and an inadequate public health education system. The clearest example of this mentioned is in the increase in COVID-19 vaccine skepticism, however this applies more broadly to other government and medical services intended to help individuals. This skepticism was identified as further exacerbating access to care issues in at least some communities.

The areas with the most high-risk students tend to be with newcomers or populations that fear, or don't want to engage with, authority. If we want to raise these kid's grades, we need to involve community leaders to help educate their parents.

– Education and employment leader

ADULTS WITH NO HIGH SCHOOL DIPLOMA, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

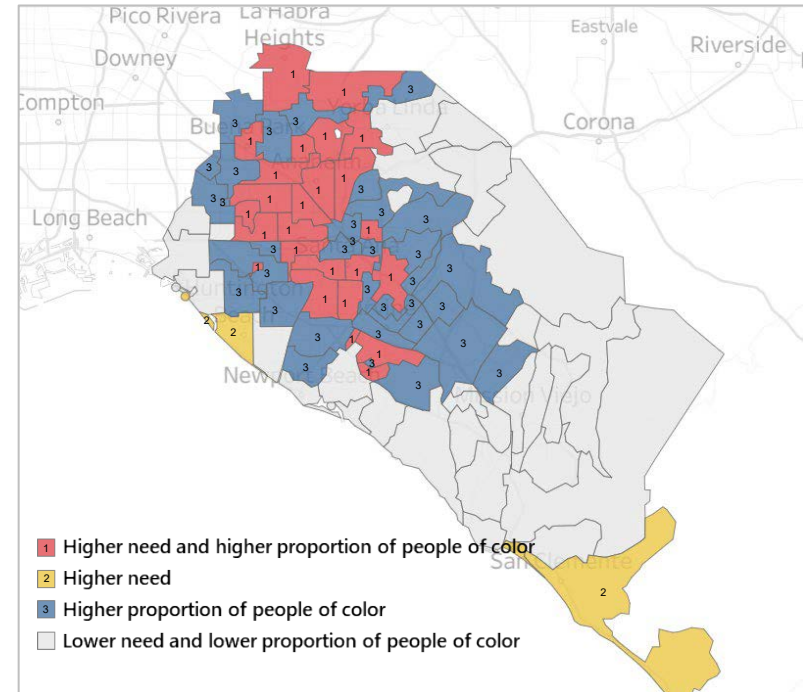
Areas shaded **red (1)** are ZIP codes with a relatively **higher proportion of people of color and more adults with no high school diploma.**



Source: [Kaiser Permanente Community Health Data Platform](#)

PRE-SCHOOL ENROLLMENT, ORANGE COUNTY-ANAHEIM AND IRVINE SERVICE AREAS, 2015-2019

Areas shaded **red (1)** are ZIP codes with a relatively **higher proportion of people of color and less pre-school enrollment.**



Source: [Kaiser Permanente Community Health Data Platform](#)

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Orange County–Anaheim and Irvine service areas include community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Orange County–Anaheim and Irvine medical centers 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Orange County–Anaheim and Irvine medical centers’ 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente Orange County–Anaheim and Irvine medical centers 2019 Implementation Strategy priority health needs

1. Access to care
2. Economic opportunity
3. Mental health

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Orange County–Anaheim and Irvine medical centers Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Orange County–Anaheim and Irvine medical centers address community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 31 grants totaling \$3,664,242 in the Anaheim service area and 31 grants totaling \$3,664,241 in the Irvine service area in service of 2019 IS health.

One example of a key accomplishment in response to our 2019 IS includes the Project Hope grant to address mental health. During the pandemic, calls for mental health to Orange County Asian and Pacific Islander Community Alliance, Inc. (OCAPICA) tripled. OCAPICA’s clinicians found that the pandemic and anti-hate incidences were the major cause of depression, anxiety, panic attacks, and suicide ideation. The support from Kaiser Permanente enabled OCAPICA to provide ongoing counseling, suicide prevention, and racial trauma and healing work in multiple languages to community members in need.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Over the course of the pandemic, support from Kaiser Permanente played an essential role in ensuring that each Mercy House-operated emergency shelter and housing program was outfitted with the essential PPE and telecommunications infrastructure to operate safely and flexibly during a time of great uncertainty. Equipped with these critical tools, Mercy House was able to end the homelessness of 2,090 individuals across its service areas within the year.

Kaiser Permanente Orange County–Anaheim and Irvine medical centers 2019 IS priority health needs and strategies

Access to care

Care and coverage: Kaiser Permanente Orange County–Anaheim and Irvine medical centers ensure health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

Orange County–Anaheim Medical Center	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	30,429	33,381	\$19,393,761	\$3,649,527
Charitable Health Coverage	122	106	\$9,754	\$9,244
Medical Financial Assistance	11,848	8,489	\$11,278,531	\$7,125,713
Total care & coverage	42,399	41,976	\$30,682,046	\$10,784,484
Orange County–Irvine Medical Center	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	19,286	21,306	\$11,713,893	\$1,734,750
Charitable Health Coverage	103	84	\$7,721	\$6,043
Medical Financial Assistance	3,015	2,726	\$1,127,957	\$517,019
Total care & coverage	22,404	24,116	\$12,849,571	\$2,257,812

Other access to care strategies: During 2020-2021, 13 grants were awarded to community organizations, for a total investment of \$1,996,908 to address access to care in the Anaheim service area.

Other access to care strategies: During 2020-2021, 13 grants were awarded to community organizations, for a total investment of \$1,996,908 to address access to care in the Irvine service area.

Examples and outcomes of most impactful other strategies

A Pilot Program to Provide Navigation Services to Improve Breast Health in Orange County

Susan G. Komen Breast Cancer Foundation Orange County Chapter enriched patient navigation services to women in Orange County to improve breast health. This program is expected to serve 2,820 individuals by connecting women who have not been screened for breast cancer with clinic partners.

California Primary Care Association (CPCA) Core Grant Proposal

CPCA was awarded \$300,000 over two years to support the organization's core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.

Core operating support

The Coalition of Orange County Community Clinics has supported quality improvements and core operating support for its members. The resources will build the county's health care workforce to reflect the ethnic, cultural, and linguistic needs of the community, and is expected to serve more than 350,000 individuals.

Economic opportunity

During 2020-2021, 21 grants were awarded to community organizations, for a total investment of \$676,678 to address economic opportunity care in the Anaheim service area.

During 2020-2021, 17 grants were awarded to community organizations, for a total investment of \$571,680 to address economic opportunity care in the Irvine service area.

Examples and outcomes of most impactful strategies

HHOC Housing Navigation and Supportive Services

Friendship Shelter, Inc. was awarded \$50,000 to offer a comprehensive, county-wide approach to aligning housing units with navigation and housing sustainability support services. This program is expected to serve 150 individuals by providing persons experiencing homelessness with permanent housing, preventing program participants from returning to the homeless management system, and increasing stayers' income while in the program.

California Housing Services & Operating Subsidy Fund for Project Homekey

Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.

Initiative for a Competitive Inner City, Inc. was awarded \$180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.

Mental health

During 2020-2021, 15 grants were awarded to community organizations, for a total investment of \$420,779 to address mental health in the Anaheim service area.

During 2020-2021, 12 grants were awarded to community organizations, for a total investment of \$298,279 to address mental health in the Anaheim service area.

Examples and outcomes of most impactful strategies

Project HOPE

Orange County Asian and Pacific Islander Community Alliance, Inc. was awarded \$50,000 to provide mental health and wellness, culturally competent and linguistically appropriate services, including: outreach and engagement to promote mental health awareness, healthy social activities such as support groups, educational trainings, resource referral and linkage, and short-term counseling. This program is expected to serve 580 individuals by providing increased knowledge of mental wellness, increased self-efficacy to navigate mental health resources, and improved resiliency.

Child Behavioral Health Agenda

Children Now was awarded \$300,000 over 2 years to lead the development of California CBHA policies to improve children's behavioral health. The program is expected to develop a policy agenda to better serve children and youth exposed to poverty, racism, and adverse childhood experiences in California.

First OC Regional Wellness Hub

Mind OC has supported building the first Be Well Hub to better meet the needs of those in acute distress. The program is expected to serve 3,618 individuals by providing mental health and substance abuse services in north and central Orange County.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

Source	Dates
1. California Health Interview Survey (CHIS)	2019 - 2020
2. California Healthy Places Index (HPI)	2010 - 2015

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Jamboree Housing	1	Persons experiencing homelessness	Leader	07/21/2021
2	Key informant interview	Orange County Health Care Agency	1	Persons experiencing homelessness	Leader	07/22/2021
3	Key informant interviews	Orange County Business Council	2	Low-income, local businesses	Leaders	07/22/2021 & 08/05/2021
4	Key informant interview	NAMI OC	1	Persons with mental illness	Leader	08/04/2021
5	Key informant interview	Mind OC	1	Persons with mental illness	Leader	07/20/2021
6	Key informant interview	First Five Orange County	1	Young children, parents/caregivers of young children	Leader	07/20/2021
7	Key informant interview	Meals on Wheels Orange County	1	Food insecure	Leaders	08/03/2021
8	Key informant interview	Office of Population Health and Equity	1	Public Health, Low-income, Hispanic/Latino, Asian/Pacific Islander, LGBTQ+ communities	Leader	07/21/2021
9	Key informant interview	Orange County Asian Pacific Islander Community Alliance	1	Asian/Pacific Islander community	Leader	07/28/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	OC Health Care Agency - Office of Population Health and Equity	The Office of Population Health & Equity (OPHE) is a division of Orange County's Health Care Agency (HCA). The objectives of OPHE are to increase the HCA's impact and action related to addressing health disparities, and to develop policy measures and practices to combat structural and social injustices in health and human services. https://www.ochealthinfo.com/about-hca/directors-office/office-population-health-equity-ophe
	Community Action Partnership of Orange County	Community Action Partnership of Orange County (CAPOC) is a collaboration of community organizations working to address the root causes of poverty. https://capoc.org/
Mental/behavioral health	National Alliance on Mental Illness (NAMI) OC	NAMI OC works to improve the lives of people in the community affected by mental illness, and to eliminate stigma associated with mental illness. https://www.namioc.org/
	Mind OC – Be Well OC	Mind OC is a community-owned, not-for-profit organization created to support the advancement of the Be Well OC system of mental healthcare and support. Be Well OC is a system that brings together cross-sector organizations to create a community-wide, coordinated ecosystem to support optimal mental health. https://bewelloc.org/
	Multi-Ethnic Collaborative of Community Agencies (MECCA) OC	MECCA is actively creating culturally and linguistically responsive programs to destigmatize mental health and addiction, focusing on traditionally underserved multicultural communities. https://www.ocmecca.org/
	Access California Services	Access California Services is a culturally sensitive community-based organization dedicated to empowering underserved populations, focusing on Arab American and Muslim-American communities. Services provided include case management, refugee services, health coverage access, employment services, and counseling. https://www.accesscal.org/
	Radiant Health Centers	Formerly known as the AIDS Services Foundation Orange County, Radiant Health Centers provides the LGBTQ+ community medical services that are compassionate and comprehensive while continuing to serve those living with and affected by HIV. https://www.radianthealthcenters.org/
	LGBTQ Center Orange County	The LGBTQ Center OC offers mental health services, HIV testing, and outreach and education services. The center provides these services to more than 14,000 individuals annually across a broad spectrum of culture, ethnicity, age, and economic background. https://www.lgbtqcenteroc.org/

Identified need	Resource provider name	Summary description
	Shanti Orange County	Shanti OC offers services for people living with chronic disease, including HIV/AIDS, such as mental health therapy, case management, and connection to community resources. Shanti OC also offers education seminars specializing in a variety of topics related to living with chronic disease. https://www.shantioc.org/
Income & employment	Orange County Business Council	Orange County Business Council represents and promotes the business community, working with government and academia to enhance Orange County's economic development and prosperity. https://ocbc.org/
	Orange County United Way - Sparkpoint OC	Sparkpoint OC is a program within Orange County United Way that provides financial empowerment for low-income residents in the form of financial coaching and other resources. https://www.unitedwayoc.org/how-we-are-doing-more/united-for-financial-security/sparkpoint-oc/
	Women Helping Women (WHW)	WHW is a non-profit organization based in Irvine that provides unemployed and underemployed the skills and resources they need to get and keep a good job. https://whw.org/
	Working Wardrobes (WW)	Working Wardrobes (WW) is a non-profit organization based in Santa Ana that has served over 100,000 clients in overcoming challenges to meaningful employment, including substance abuse, domestic violence, incarceration, homelessness, and military to civilian transition. https://www.workingwardrobes.org/
	CEILO	CIELO is a non-profit organization that empowers Orange County residents to pursue economic self-sufficiency through entrepreneurship. https://cielocommunity.org/
Access to care	Coalition of Orange County Community Health Centers (COCCC)	The Coalition of Orange County Community Health Centers is a consortium of safety net providers and key partners creating quality healthcare for vulnerable, underserved communities. https://www.coccc.org/
	OC Health Care Agency (HCA)	The Orange County Health Care Agency is a regional provider, charged with protecting and promoting individual, family and community health through the coordination of public and private sector resources. Some examples of services include food protection, hazardous waste regulation, water quality monitoring, mental health services, preventive health services for the aging, child health and disability programs, and public health clinics. https://www.ochealthinfo.com/
	CalOptima	CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors, and people with disabilities. https://caloptima.org/en.aspx
	OC Asian and Pacific Islander Community Alliance (OCAPICA)	OCAPICA is a non-profit organization dedicated to enhancing the health and social and economic well-being of Asians and Pacific Islanders in Orange County. https://www.ocapica.org/

Identified need	Resource provider name	Summary description
	Council on Aging Southern California (COASC)	The council on Aging – Southern California operates from 93 locations, including senior centers, across Orange, Riverside, San Bernardino, Inyo and Mono counties. Their mission is to promote the independence, health, and dignity of older adults through compassion, education, and advocacy. https://www.coasc.org/
Housing	Orange County United Way – United to End Homelessness	United to End Homelessness, one of Orange County United Way’s three key initiatives, works to provide permanent housing with supportive services within targeted populations, including veterans, youth, seniors, and families. https://www.unitedwayoc.org/how-we-are-doing-more/united-to-end-homelessness/
	HomeAid Orange County	HomeAid Orange County is a non-profit organization that helps people experiencing or at risk of homelessness through construction, community engagement, and education. https://www.homeaidoc.org/
	Kennedy Commission	The Kennedy Commission is a non-profit organization that works to increase affordable housing opportunities in Orange County through policy, advocacy, and community engagement. https://www.kennedycommission.org/
	National CORE	National CORE is a non-profit affordable housing developer that also works to enhance neighborhood stability through long-term management and maintenance and by providing services such as senior wellness, preschool and after school programs, and family financial training. https://nationalcore.org/
	Orange County Community Housing Corporation (OCCHC)	OCCHC is a non-profit organization whose mission is to transition extremely low-income families to greater self-sufficiency by assisting with housing and education. https://www.occhc.org/
Food security	Meals on Wheels OC	Meals on Wheels OC is the largest nonprofit senior nutrition and supportive service provider in Orange County, serving nearly one million meals to over 10,000 at-risk older adults annually. They deliver programs and services that reduce hunger and improve wellness for older adults so that they may live independently in their homes and communities. https://www.mealsonwheelsoc.org/
	Age Well Senior Services	Age Well Senior Services is a non-profit organization that provides resources to Orange County’s older adults to support their independence and promote their wellbeing through nutrition programs, transportation programs, and case management. https://agewellseniorservices.org/
	OC Hunger Alliance	OC Hunger Alliance is an alliance between the three largest anti-hunger/anti-poverty organizations in Orange County that coordinate resources to tackling root causes of poverty, including hunger, barriers to healthcare, education and job training, social and racial inequalities, and a lack of affordable housing. https://ochungeralliance.org/
	ICNA Relief	ICNA Relief seeks to alleviate human suffering by providing caring and compassionate service to victims of adversities and survivors of disasters through a nationwide network of shelters, food

Identified need	Resource provider name	Summary description
		pantries, health clinics, skill development programs, disaster relief services, refugee services and more. ICNA clinics and offices are located throughout the US, including a clinic in Anaheim. https://icnarelief.org/
Education	Orange County Department of Education (OCDE)	The Orange County Department of Education provides support and fiscal oversight to 28 school districts serving more than 600 schools and approximately 475,000 students in Orange County, including alternative and special education programs. https://ocde.us/
	California State University, Fullerton	California State University, Fullerton serves over 41,000 students and is one of 23 campuses of the California State University system. http://www.fullerton.edu/
	University of California, Irvine	University of California, Irvine serves over 37,000 students and is one of 10 campuses of the University of California system. https://uci.edu/