Mission Hospital

Community Health Needs Assessment Report*

* Updated to align with The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on non-profit hospitals. Section 501(r)(3) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through such assessment. The CHNA must (1) take into account input from persons 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 (2) be made widely available to the public. Section 501(r)(3)(B). St. Joseph Health, Mission Hospital relied on Notice 2011-52: Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals to meet the requirements.

Updated January 2013

St. Joseph Health
Mission • Mission Laguna Beach
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSION, VISION AND VALUES</td>
<td>3</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>Who We Are and Why We Exist</td>
<td>3</td>
</tr>
<tr>
<td>COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Defining the Community Benefit Service Area</td>
<td>4</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td></td>
</tr>
<tr>
<td>Analytic Methods Used</td>
<td>6</td>
</tr>
<tr>
<td>Prioritization Process and Criteria</td>
<td>8</td>
</tr>
<tr>
<td>Information Gaps</td>
<td>9</td>
</tr>
<tr>
<td>Collaborative Agencies</td>
<td>9</td>
</tr>
<tr>
<td>COMMUNITY INPUT</td>
<td></td>
</tr>
<tr>
<td>Identity and Qualifications of Third Parties</td>
<td>11</td>
</tr>
<tr>
<td>DATA</td>
<td></td>
</tr>
<tr>
<td>See Appendix 4 and 5</td>
<td>20</td>
</tr>
<tr>
<td>COMMUNITY HEALTH NEEDS</td>
<td>21</td>
</tr>
<tr>
<td>ATTACHMENTS</td>
<td></td>
</tr>
<tr>
<td>Appendix 1: Other Individuals Providing Input</td>
<td></td>
</tr>
<tr>
<td>Appendix 2: Community Benefit Committee Roster</td>
<td></td>
</tr>
<tr>
<td>Appendix 3: Facilities that provide health care services in Orange County</td>
<td></td>
</tr>
<tr>
<td>Appendix 4: 2011 PRC Community Health Report: San Clemente, San Juan Capistrano, Lake Forest, CA</td>
<td></td>
</tr>
<tr>
<td>Appendix 5: 2009 PRC Community Health Report: Laguna Beach</td>
<td></td>
</tr>
</tbody>
</table>
MISSION, VISION AND VALUES

Our Mission
To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision
We bring people together to provide compassionate care, promote health improvement and create healthy communities.

Our Values
The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

Mission Hospital has a lengthy history of community service to the residents of south Orange County. As a member of the Saint Joseph Health System, Mission Hospital is committed to improving the health status and quality of life of the people it serves. The values of Dignity, Excellence, Service, and Justice are the guiding principles which help to direct the mission of the hospital, and have compelled the Sisters of St. Joseph of Orange and all of their sponsored ministries to dedicate resources to the care of the medically underserved, and to advocate for the alleviation of conditions which limit access to basic health services. A specific percentage of net income is allocated to outreach programs to address specific unmet health needs, separate from the ordinary vehicle of acute health care delivery.

Mission Hospital provides south Orange County communities with access to advanced care through dozens of locations. We have been serving the greater needs of the community for more than 40 years, improving the quality of life in the communities it serves. Mission Hospital in Mission Viejo, the region’s only designated trauma center, offers 24-hour emergency care and specialized services for imaging, heart, stroke, maternity, and women’s wellness needs. Mission Hospital Laguna Beach offers 24-hour emergency, intensive and medical-surgical care as well as the South County’s only behavioral health services including hospital-based chemical and pain medication dependency treatment. CHOC Children’s at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. Mission is the only hospital to twice earn the Ernest A. Codman Award for Excellence in quality healthcare presented by The Joint Commission for its Traumatic Brain Injury protocol and Rapid Response Nursing Team, and recently earned Magnet® recognition from the American Nurses Credentialing Center. A member of the St. Joseph Health System, we are one of 14 not-for-profit hospitals sponsored by the St. Joseph Health Ministry. For more information, visit www.mission4health.com.

Our medical staff comprises nearly 800 physicians representing 50 specialties and sub-specialties. Currently there are more than 2,600 employees and over 800 volunteers. As the largest medical center in south Orange County, licensed for 552 beds, we are fully accredited by The Joint Commission. Since 1980, we have housed the region’s designated trauma center that served 1,066 patients in fiscal year 2012.
ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

Mission Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff, financial resources, participation and collaboration. The Community Benefit Committee was engaged in the FY 12- FY 14 planning process in identifying targeted cities and prioritization of programs. This committee has representation of Mission Hospital’s Executive Team via the CEO, Chief Financial Officer, and Vice President of Mission Integration.

Full engagement of the Hospital’s Community Benefit Committee occurred in the review of the 2010 Laguna Beach health needs assessment data as well as the 2011 health needs assessment data and committee members actively participated in the prioritization of the initiatives our ministry would dedicate resources based upon feedback from survey data, local focus groups and partners. Together, we identified needs to impact the health and quality of life for residents having the greatest disproportionate unmet needs in south Orange County.

Our Community

Defined as geographic location as well as target populations served

Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. (The Laguna Beach campus was purchased in July 2009). The hospital’s service area extends from the junction of the 405 and 5 freeways in the north to Camp Pendleton in the south. Geographically, South County is bordered by the Pacific Ocean to the west, the Santa Ana Mountains to the north and east, and the marine base Camp Pendleton to the south. Our Primary Service Area includes the cities of Mission Viejo, Laguna Beach, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point Ladera Ranch Trabuco Canyon, Capistrano Beach and Aliso Viejo. This includes a population of approximately 623,000 people, an increase of 4% from the prior assessment. Mission Hospital’s Secondary Service area includes Laguna Woods, Irvine, Foothill Ranch and Silverado.
South Orange County is a relatively affluent community with a median household income of $92,124 compared to the Orange County median household income of $58,605 (US Census Quick Facts). The average household size is 2.70 compared to the Orange County wide household size of 3.00.

Demographically, the area is primarily Caucasian (78%), with the Hispanic population growing to 19.2%.

**Community Served**

*Description of the community served by the hospital facility and how it was determined.*

Community Benefit is characterized as programs or activities that promote health and healing in response to identified community needs. In order to accurately define community need, we use two tools provided by St. Joseph Health System. The first tool, The Community Need Index (CNI) was developed by Catholic Healthcare West (CHW) and Solucient (an information products company). CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers). Barriers include: Income; elder poverty, child poverty and single parent poverty; Culture, non-Caucasian limited English; Education, % population without HS diploma; Insurance, unemployed and uninsured; and Housing, renting percentage.

CNI demonstrates need at the zip-code level where each zip is assigned a score from 1 (low need) to 5 (high need) for each barrier. For barriers with more than one measure, the average of the measures is used as the barrier score. Once each zip code is assigned a score from 1 to 5 for each of the five barriers, the average score is calculated to yield the CNI.

**Color-Coded Maps**

- **Red- Highest Need** (CNI scores: 4.2-5)
- **Pink- High Need** (CNI scores: 3.4-4.1)
- **Yellow- Average Need** (CNI scores: 2.6-3.3)
- **Light Green- Less Need** (CNI Scores: 1.8-2.5)
- **Dark Green- Least Need** (CNI Scores: 1-1.7)

The second tool, Intercity Hardship Index (IHI) was developed by the Urban & Metropolitan Studies Program at the Nelson A. Rockefeller Institute of Government. IHI aggregates six socioeconomic indicators that contribute to health disparities:
- Income level: Per capita Income
- Crowded Housing: % of Households with 7+ people
- Unemployment: % of those 16 and over without employment
- Education: % of those 25 and over without a High School diploma
- Poverty: % of people living below the Federal Poverty Level
- Dependency: % of the population under 18 years and over 64 years

In addition, we further distinguished local data by block level within each city.

In general, Mission’s service area reflects a high degree of health and quality of life. However, isolated areas of need have been identified in the cities of San Clemente, San Juan Capistrano, Dana Point, Laguna Beach, and Lake Forest.

Although needs were identified in all of these areas, based on hospital resources and partnerships and in an effort to show significant outcomes at the end of the three-year plan, a decision was made to primarily focus on the cities of San Clemente, San Juan Capistrano, Laguna Beach and Lake Forest. This decision was made in partnership with Community Benefit Department Staff, the hospital’s Executive Team and the Community Benefit Committee.

METHODOLOGY

Analytic Methods Used

*Includes a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.*

Mission Hospital conducted its Community Health Needs Assessment in the cities of San Clemente, San Juan Capistrano and Lake Forest between February and May 2011 (Laguna Beach needs assessment was conducted in 2010 just after purchasing South Coast Medical Center in July 2009). The chart to the right visually describes our process used in conducting the needs assessment and creating the strategic plans that respond to the community needs. The following information will focus on our most recent survey conducted in 2011, as the process was similar to our Laguna Beach assessment conducted the year prior. See Appendix 5 for complete information regarding the Laguna Beach survey and its results.
Telephone Survey

Professional Research Consultants (PRC) conducted a telephone survey of 146 questions focused on issues such as general health, chronic disease, injury and violence, health risks, preventive care, access to healthcare services and broad community issues between January and April 2011. The survey was modeled after the Centers for Disease Control's (CDC) Behavioral Risk Factor Surveillance System, which enables to benchmark local results to statewide and national data. PRC completed 919 random phone interviews with adults from San Clemente (n: 326), San Juan Capistrano (n: 300) and Lake Forest (n: 293). These three cities had the largest concentration of residents with high need. Sample size was demographically representative of each of the communities. Validity of results is at a 95% confidence level (and 95% when looking at city-specific data).

Key Informant Panels

As part of the community health assessment, two key informant panels were held (one in San Clemente and one in San Juan Capistrano). These panels included meetings with 34 key informants in the community, including physicians, other health professionals, social services providers, employers and other community leaders.

A list of recommended participants for the panels was provided by Mission Hospital. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key Informant candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.
The key informant panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker’s group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

Community/Resident Forums

Six Resident focus groups were conducted in San Clemente, San Juan Capistrano and Lake Forest (1 in English and 1 in Spanish in each city) in March and May 2011 to prioritize and understand residents’ and stakeholders’ views of the most pressing health and quality of life issues. Community forums were conducted by External consultant, Dr Erualdo Gonzales, California State University, Fullerton, using prioritization and focus group methods.

A summary of the aggregate findings from the telephone survey community needs assessment conducted by PRC were presented to participants. Participants were then allowed to identify new health and quality of life issues that they felt were important in the particular city and were not part of the phone survey results. The facilitator then aggregated the new issues with the phone survey results, referred to collectively as “health issues.”

Participants collectively ratified the results via consensus. The facilitator then led a focus group using semi-structured interview questions in order to obtain the participants’ reflections on the issue and to discuss what the participants believed to be the root causes for the issues.

Prioritization Process and Criteria

Description of the process and criteria used in prioritizing identified community health needs.

Mission Hospital Community Benefit Committee considered the following criteria: Relative prevalence of health and quality of life issues in each community, including whether local residents identify the topic as an issue and has a perceived sense of importance, scope of the issue –when compared to state or national data, seriousness – and consequences if left unaddressed, availability of community resources to assist in addressing the issue, overall alignment with hospital goals and strategic priorities, and alignment in managing charity care costs.

In addition, the hospital’s Community Benefit Committee used the following lens to select and prioritize initiatives: High impact on the poor and vulnerable; Identified by resident forums and, or PRC data; At least one issue must address a Quality of Life concern; Partners/momentum exists to work collaboratively; Existence of a
reasonable outcome; Availability of Mission Hospital capacity and resources to lead efforts, Alternative resources are not available.

Information Gaps
Report information gaps that impact the hospital organization’s ability to assess the health needs of the community served.

The agency used to identify needs, Professional Research Consultants, Inc (PRC) currently utilize the telephone to conduct surveys. We recognize this limits access to people who may not own traditional home-based telephones and those residents who are homeless. Despite this, it did not affect St. Joseph Health, Mission Hospital’s ability to reach reasonable conclusions regarding community health needs.

Collaborative Agencies
Identify all of the organizations with which the hospital collaborated with in conducting the CHNA Report.

We have a broad network of agencies with whom we collaborate on a regular basis. Because of these relationships, we were able to gain insight and feedback during the needs assessment process from the following agencies:

- Orange County Congregation Community Organization (OCCCO)
- City of Lake Forest
- City of San Clemente
- CREER, Communidad y Familia
- Las Palmas Elementary School
- Marco Forster Middle School
- Mission Basilica
- Orange County Human Relation (OCHR)
- Ralph A. Gates Elementary School

Collaboration ranged from promoting resident focus groups, identifying key informants to participate in panel discussions and working together to create strategic plans once the needs assessment was completed.

Identity and Qualifications of Third Parties
Disclose and identity and qualifications of third parties contracted to assist in conducting a CHNA.

The 2011 CHNA phone survey, key stakeholder panels and written report was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized marketing research firm dedicated exclusively to exploring health-related issues for hospitals, health systems, foundations and community-based groups. PRC has extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Bruce Lockwood, Director, Community Health Division
Professional Research Consultants, Inc.
As division director, Bruce Lockwood oversees all aspects of community health assessment research for Professional Research Consultant, Inc. (PRC). Mr. Lockwood was instrumental in the development of PRC’s Community Health Assessment research product offering from its inception, including refining PRC’s approach, core survey instruments, data collection and reporting tools.
Mr. Lockwood has been with PRC since 1990, and has overseen Community Health Assessment projects in more than 300 communities nationwide. Mr. Lockwood received a Bachelor of Arts degree summa cum laude from the University of Nebraska.

Erualdo R. Gonzalez, Ph.D. California State University, Fullerton Assistant Professor facilitated bilingual resident focus groups in San Clemente, San Juan Capistrano and Lake Forest. Dr. González has over 15 years of evaluation experience. His current evaluation work is as a Senior Research Associate at the Psychology Applied Research Center (Loyola Marymount University, Los Angeles) as part of the Robert Wood Johnson Foundation national evaluation of “Communities Creating Healthy Environments.” Dr. Erualdo González’ research and teaching focus on community development and urban health. He received his doctorate at UC Irvine in Urban and Regional Planning with an emphasis on Community Health Planning. Dr. González has published in a number of journals, including the Journal of Urban Affairs, Environment and Planning, and the Journal of Urbanism: International Research on Placemaking and Urban Sustainability.

Identification of Community Organization and Individuals

Key Informant panels consisted of representatives from the following agencies. Names are not connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

- Boys & Girls Clubs of Capistrano Valley
- Camino Health Center
- Capistrano Unified School District Adult and Community Education Division
- City of San Clemente
- City of San Clemente
- CREER Comunidad y Familia
- Dayle McIntosh Center
- Family Assistance Ministries
- Great Opportunities
- Help Me Grow-OC
- iHOPE
- Las Palma Elementary School
- Orange County Human Relations
- Our Lady of Fatima Church
- Raise Foundation
- Ricardo's Place
- City of San Clemente Human Affairs Committee
- Orange County Sheriff Department
- San Clemente Collaborative
- San Clemente Presbyterian Church
- City of San Juan Capistrano Housing Advisory Board
- St. Vincent de Paul, Mission Basilica
- The Soto Company
- Western Youth Services

Individuals Providing Public Health Expertise

Identify individual by name, title and affiliation, who provided input, that has special knowledge of or expertise in public health. Give brief description of the individual’s special knowledge or expertise.

Public Health experts provided input to the Key Informant panels as well as in the development of the strategic plans, however, because Key Informant panels were held in confidentiality to ensure open, honest feedback could be obtained for the needs assessment, these names cannot be shared during this needs assessment. Future needs assessments will disclose names and agencies of public health experts as requested by State or Federal agencies.
Other individuals who provided expertise during the needs assessment process are identified below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christy Cornwall, MPH, CHES</td>
<td>Director, Community Benefit Mission Hospital</td>
<td>Health Disparities and Community Benefit programs</td>
</tr>
<tr>
<td>Eduardo Moreno, MPAff., MA.</td>
<td>Coordinator, Healthy Communities Mission Hospital</td>
<td>Health Disparities and Community benefit programs</td>
</tr>
<tr>
<td>Euraldo Gonzalez, PhD</td>
<td>Assistant Professor Chicana and Chicano Studies California State University, Fullerton</td>
<td>Community Development and Urban health</td>
</tr>
<tr>
<td>Marie Prosper, MPH, MBA</td>
<td>Project Manager, Community Health St. Joseph Health</td>
<td>Community health and research</td>
</tr>
<tr>
<td>Veronica Gutierrez, MPH</td>
<td>Community Benefit Manager, Community Health St. Joseph Health</td>
<td>Community health and Health Disparities</td>
</tr>
<tr>
<td>Azhar Qureshi, MD, MBA, DrPH</td>
<td>Vice President, Community Health St. Joseph Health</td>
<td>Public Health, statistical analysis</td>
</tr>
</tbody>
</table>

See Appendix 3 for brief description of qualifications.

Local Community Leaders Providing Input

*Identify any individual providing input who is a leader or representative of populations by name and describe the nature of the individual’s leadership or representative role.*

Local leaders provided input to the Key Informant panels, Resident Focus Groups, and the development of the strategic plans. Because Key Informant Panels and Resident Focus Groups were held in confidentiality to ensure candid dialogue surrounding community needs, these names cannot be shared during this needs assessment.

Description of Existing Health Care Facilities and Other Resources Available

*List existing health care facilities and other resources within the community available to meet the community health needs identified.*

**Camino Health Center – San Juan Capistrano**
Camino is a fully licensed, community-based health center that provides affordable, quality primary medical and dental care. The center serves over 100,600 visits annually through its medical clinic, mobile medical vans, pediatric dental clinic and Women, Infants and Children (WIC) program.

**CHEC Family Resource Center**
The Community Health Enrichment Collaborative (CHEC) Family Resource Center has been serving families in South Orange County. Created in 2001 as a sister-center to the South Orange County Family Resource Center, it works to improve family and community life. The Family Resource Center brings together services and activities that educate, support and provide resources to families with children. Its goal is to promote healthy families and healthy communities.

**Family Assistance Ministries**
Family Assistance Ministries is a 501(c)3 organization that provides food, shelter, and client aid to thousands of people in South Orange County. We provide shelter, utility assistance, transportation
assistance, medical, dental, prescriptions assistance, financial counselling and courses as well as collaborating with other social services organizations to provide referrals and medical screenings, immunizations, and eye glasses.

**Friendship Shelter**
Friendship Shelter operates an emergency overnight shelter with the City of Laguna Beach which shelters 45 individuals each night. Their self-sufficiency program in Laguna Beach provides a home, three meals daily and a wide range of support services for 32 men and women. Residents are expected to work, save money and develop skills to rebuild their lives. Graduates may apply to Henderson House Transitional Living apartments located in San Clemente, where 24 residents live for up to one year, allowing them to consolidate their gains and continue on the path to fully productive lives.

**Gilchrist House**
Gilchrist House is owned and operated by Family Assistance Ministries and offers transitional shelter for single women and women with children under 12 years of age. Residents may stay at the shelter for up to a year as they progress through the program. Residents must be clean and sober and must be employable.

**iHOPE Orange County, San Clemente**
iHOPE's mission is to provide basic services to the homeless, at-risk, underserved, and working poor in south Orange County. It provides basic needs, shelter, tools and training for the homeless, at-risk, and working poor to guide them in their return to self-sufficiency.

**Laguna Beach Community Clinic**
Laguna Beach Community Clinic is as a nonprofit, community based clinic that offers quality medical, dental and health education services. The clinic performs over 16,000 visits annually to residents throughout south Orange County. The highly skilled and dedicated staff of physicians, nurse practitioners and medical support staff is to provide excellent medical care for all individuals in Orange County, regardless of the ability to pay.

**Mission Basilica**
In collaboration with the Basilica is St. Vincent de Paul. This agency independently operates a Food Bank that serves many families in the south Orange County area.

**Saddleback Memorial Medical Center**
Saddleback Memorial Medical Center provides the San Clemente community with quality, compassionate care to its local residents, helping generation after generation reach better health. In addition to 24-hour emergency services and complete critical care, Saddleback Memorial offers state-of-the-art imaging, infusion, surgical, outpatient rehabilitation, digital mammography, orthopedics, home care, ancillary services and more.

**South Orange County Family Resource Center**
Since 1996, the South Orange County Family Resource Center has been serving families in many south Orange County communities. To improve family and community life, the Family Resource Center brings together services and activities that educate, support and provide resources to families with children. Its goal is to promote healthy families and healthy communities.

*See Appendix 3 for additional listings*
DATA
Mission Hospital conducted its Community Health Needs Assessment in the cities of San Clemente, San Juan Capistrano and Lake Forest between February and May 2011 (Laguna Beach needs assessment was conducted in 2010 just after purchasing South Coast Medical Center in July 2009).

See Appendix 4 and 5 for detailed CHNA reports

COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH CHNA

Access to Healthcare
- Lack of insurance & insurance instability
- Having a “medical home”
- Transportation (a priority issue identified in the key informant panels)

Heart Disease & Stroke
- High cholesterol

Housing
- Affordable housing
- Homeless programs and shelters

Immunizations
- Influenza/pneumonia vaccination

Physical Activity
- Use of parks/recreational facilities

Mental Health
- Service availability and access were priority issues identified in the key informant panels

Substance Abuse
- Alcohol use

See Appendix 4 and 5 for detailed CHNA reports
Appendix 1

Other Individuals Providing Input

Christy Cornwall, MPH, CHES has over 15 years of experience working in population health. As the Director of Community Benefit at Mission Hospital she is responsible for overseeing all Community Benefit programs and services within the hospital’s two campuses, providing strategic direction for the ministry’s health needs assessment and Community Benefit initiatives, creating and sustaining community partnerships, and annually reporting Community Benefit activities and financial contributions. She is a member of the Board of Directors for the San Clemente Community Resource Center (CRC) whose mission is to serve local providers who attend to the needs of the community’s vulnerable. The CRC provides space, coordination of activities and promotional support for programs designed for residents in San Clemente. Christy has a Master’s in Public Health from California State University, Long Beach and is a Certified Health Education Specialist (CHES).

Eduardo Moreno, MPAff, MA is the Healthy Communities Coordinator in the Community Benefit Department at Mission Hospital. He has extensive professional experience working with diverse groups on social policy, public health and communications in the United States and Latin America. Eduardo has a BA in Social Communications and Journalism from the Universidad del Valle in Cali, Colombia, a Master of Arts in Latin American Studies, and a Masters in Public Affairs, both from the University of Texas at Austin.

Eduardo provides leadership and strategic direction to Mission Hospital’s Community Benefit Initiatives in communities with Disproportionate Unmet Health Needs, particularly around programs and issues affecting the quality of life of local residents, such as the Affordable Homes Initiative, the Homeless Working Group, senior services and community leadership and educations efforts. He facilitates the development of collaborations and partnerships and oversees the implementation of strategic plans and evaluation processes. Eduardo has contributed to the planning and implementation of Mission Hospital Community Health Needs Assessments.

Azhar Qureshi, MD, MPH, MBA, DrPH is currently Senior Vice President for Community Health, St. Joseph Health (SJH). SJH is a not-for-profit healthcare organization that owns and operates fifteen hospitals in California and Texas. The System employs 22,000 employees and reported gross revenues of $4 billion for fiscal year 2012. Dr. Qureshi is also the Lead Consultant for the California Hospital Association (CHA) on all issues concerning measurement and public reporting of hospital quality performance in CA. He is also a member of the Board of Directors for Latino Health Access (LHA). Latino Health Access is a nonprofit organization founded in 1993 in Santa Ana, California. LHA reaches out to residents in laundromats, garages, churches and their recently-opened new headquarters to combat serious public health problems plaguing a community of uninsured and under-served families.

Dr. Qureshi is also a member of the Board of Directors for National Health Foundation (NHF). National Health Foundation has been addressing healthcare issues of the underserved for more than 35 years. Throughout its history, the organization's mission and direction have evolved in order to best serve the community, healthcare providers and policy makers. In addition to his MBA and Medical Degree, Dr. Qureshi has a Master in Public Health with an emphasis on Community Health and Health Education. He also has a Doctorate in Public Health with a cognate in Bio-Statistics from the University of California, Los Angeles (UCLA). He has published various articles and has been invited to present at many
prestigious seminars. He has received many academic awards, scholarships and grants, including a fellowship awarded by the Centers for Disease Control (CDC). Last, but not least, Dr. Qureshi was a faculty member at the Center for Continuing Professional Education, Harvard School of Public Health where he co-taught a course titled “Probabilistic Risk Analysis: Assessment, Management and Communication.”

Marie Prosper, MPH, MBA graduated from the University of Michigan with a Bachelor of Arts degree in Sociology and attended Loma Linda University where she received two Master degrees; one in Public Health and the other in Business Administration. Marie is currently pursuing a PhD in Public Health with a concentration in Epidemiology. She has had the opportunity to be involved in a variety of research projects including youth violence in South African schools, motor behavior and development in infants with Down’s syndrome, and barriers to the use of nutrition centers by senior residents in San Bernardino County, CA. Her most recent study exploring the relationship between obesity and self-rated health was published in the American Journal of Health Behavior. She is most passionate about issues related to health disparities, poverty, minority health, and maternal and child health. Marie is currently a Project Manager in the Community Health Department at St. Joseph Health where she is dedicated to improving the health and quality of life of underserved populations through research and evaluating effective programs. In her current role, she lends her expertise in conducting community needs assessments, program design and evaluation, research methods and biostatistics.

Verónica F. Gutiérrez, MPH received her Bachelor of Arts Degree in Sociology and Anthropology with a concentration in Latin American Studies and a certificate in Spanish Language and Literature from Carleton College in Northfield, Minnesota. Ms. Gutiérrez received her Master of Public Health Degree with a specialization in Socio-Cultural Aspects of Health from University of California, Los Angeles (UCLA) Fielding School of Public Health.

Verónica is currently the Manager of Community Benefit for St. Joseph Health (SJH), a Catholic health care non-profit in Orange, California, where she coordinates system-wide community benefit efforts aimed at improving the health and quality of life of local residents. She has managed projects that include the implementation of performance improvement efforts in community health and a project dedicated to build increased focus and accountability in governance, management and operations of community health efforts across SJHS ministries (hospitals). Currently she serves on the Bethany in Transition Board and the Wellness Corridor Stakeholder group convened by Latino Health Access, a non-profit organization in Santa Ana, CA.

Prior to joining St. Joseph Health, Verónica collaborated on research on access to care and preventive care utilization at the UCLA Center for Health Policy Research. She has also conducted qualitative research on therapeutic communication. She has served on the Executive Board of the Latino Caucus, in official relations with American Public Health Association (APHA), The Gerontological Health Section, APHA, and is co-founder of UCLA Students of Color for Public Health.
## Appendix 2: Community Benefit Committee Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Cruz de Aikin</td>
<td>President &amp; CEO</td>
<td>123 Calle Amistad, Unit 8102</td>
<td>(949) 492-5759 <a href="mailto:elizabethcruzg@hotmail.com">elizabethcruzg@hotmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Kenn McFarland</td>
<td>President &amp; CEO</td>
<td>Mission Hospital Regional Medical Center</td>
<td>27700 Medical Center Road Mission Viejo, CA 92691 (949)365-2248, ext. 4 (office) (949)364-2056 (fax)</td>
<td><a href="mailto:Kenneth.McFarland@stjoe.org">Kenneth.McFarland@stjoe.org</a></td>
</tr>
<tr>
<td>Doreen Chesebro</td>
<td>Director, Mission Services</td>
<td>St. Joseph Heritage Healthcare 1515 Orangewood Anaheim, CA 92805 (714) 937-6208 (714) 271-8433 (cell) (714) 937-6189 (fax)</td>
<td><a href="mailto:Doreen.Chesebro@stjoe.org">Doreen.Chesebro@stjoe.org</a></td>
<td></td>
</tr>
<tr>
<td>Ginny Linting</td>
<td></td>
<td>830 Temple Hills Drive Laguna Beach, CA 92651 (949) 376-3760 <a href="mailto:glinting@aol.com">glinting@aol.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eileen Haubl</td>
<td>V.P. Financial Operations</td>
<td>Mission Hospital 27700 Medical Center Road Mission Viejo, CA 92691 (949) 364-1400 ext. 5408</td>
<td><a href="mailto:Eileen.Haubl@stjoe.org">Eileen.Haubl@stjoe.org</a></td>
<td></td>
</tr>
<tr>
<td>Joseph W. Robben, Jr.</td>
<td>Colonel USMC (Ret.)</td>
<td>7 Corte Tallista San Clemente, CA 92673 (949) 240-6687</td>
<td><a href="mailto:jwrobben@cox.net">jwrobben@cox.net</a></td>
<td></td>
</tr>
<tr>
<td>Sister MaryAnne Huepper</td>
<td></td>
<td>480 S. Batavia St. Orange, CA 92868 (714) 939-9788 (714) 744-3149 (cell)</td>
<td><a href="mailto:mhuepper@csjorange.org">mhuepper@csjorange.org</a></td>
<td></td>
</tr>
<tr>
<td>Judd Jessup</td>
<td></td>
<td>30962 Via Serenidad Coto de Caza, CA 92679 (949) 589-1172</td>
<td><a href="mailto:rjuddjessup@gmail.com">rjuddjessup@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Pat Kelly</td>
<td>Business</td>
<td>30632 Hunt Club Drive San Juan Capistrano, CA 92675 (949) 488-8303 (office) (949) 488-8304 (fax) (949) 493-4714 (home)</td>
<td><a href="mailto:plkelly@cox.net">plkelly@cox.net</a></td>
<td></td>
</tr>
<tr>
<td>Chris Leo</td>
<td>Regional Advocacy Director</td>
<td>St. Joseph Health System 500 S. Main Street, Suite 600 Orange, CA 92868 (714) 347-7602</td>
<td><a href="mailto:Christopher.Leo@stjoe.org">Christopher.Leo@stjoe.org</a></td>
<td></td>
</tr>
<tr>
<td>Susan Markey</td>
<td></td>
<td>26136 Sally Drive Lake Forest, CA 92630 (949) 583-0758</td>
<td><a href="mailto:Susmark524@cox.net">Susmark524@cox.net</a></td>
<td></td>
</tr>
<tr>
<td>Sister Eileen McNerney</td>
<td></td>
<td>2109 Olive Street Santa Ana, CA 92706-1909 (714) 542-3380 (714) 270-2805 (cell)</td>
<td><a href="mailto:eileenmcnerney@yahoo.com">eileenmcnerney@yahoo.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Staff:

Christy Cornwall, Director – Community Benefit
Mission Hospital
(949) 364-1400 ext. 4778
Christy.Cornwall@stjoe.org

Sister Martha Ann Fitzpatrick
Vice President, Advocacy and Ministry Formation
Mission Hospital Regional Medical Center
(949) 365-2248
(949) 364-1400 ext. 5383
(949) 364-2056 (Fax)
SisterMarthaAnn.Fitzpatrick@stjoe.org

Cindy Mueller, Vice President
Mission Integration
Mission Hospital Regional Medical Center
(949) 364-1400, x4864 (office)
(949) 364-4903 (fax)
Cindy.Mueller@stjoe.org

(staff – continued)

Aaron Neuharth, Controller
Accounting
Mission Hospital
(949) 364-1400 ext. 7387
Aaron.Newhart@stjoe.org

Louise Pham, Budget Manager
Accounting
Mission Hospital
(949) 364-1400 ext. 7980
Louise.Pham@stjoe.org

Khin Yu, Senior Accountant
Mission Hospital Regional Medical Center
(949) 364-1400 ext. 7299
Khin.Yu@stjoe.org

Lori Vassalle- Administrative Assistant
Mission Integration
(949) 365-2253
Lori.Vassalle@stjoe.org
Appendix 3  
Facilities that provide healthcare in Orange County  

The following are other facilities providing health care in Orange County region. This list is not exhaustive.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Amistad de San José Family Health Center</td>
<td>353 South Main Street, Orange 92868</td>
<td>Medical and Dental Services</td>
</tr>
<tr>
<td>Puente a La Salud Mobile Clinics</td>
<td>363 South Main Street, Suite 2004, Orange 92868</td>
<td>Medical, Dental, Vision Services</td>
</tr>
<tr>
<td>Camino Health Center</td>
<td>30300 Camino Capistrano, San Juan Capistrano 92675</td>
<td>Medical and Dental Services</td>
</tr>
<tr>
<td>St. Jude Neighborhood Clinic</td>
<td>731 South Highland Avenue, Fullerton 92832</td>
<td>Medical and Dental Services</td>
</tr>
<tr>
<td>Orange County Health Care Agency</td>
<td>1725 West 17th Street, Santa Ana, 92706</td>
<td>For more information go to: <a href="http://ochealthinfo.com/">http://ochealthinfo.com/</a></td>
</tr>
<tr>
<td>AltaMed Medical and Dental Group</td>
<td>1814 West Lincoln Ave., Anaheim, CA 92801; 1820 West Lincoln Ave., Anaheim, CA 92801</td>
<td>Medical and Dental Services</td>
</tr>
<tr>
<td>Lestonnac Free Clinic</td>
<td>1215 East Chapman Avenue, Orange 92866</td>
<td>Medical Services</td>
</tr>
<tr>
<td>Share Ourselves Clinic</td>
<td>1550 Superior Avenue, Costa Mesa, CA 92627</td>
<td>For more information go to: <a href="http://shareourselves.org/">http://shareourselves.org/</a></td>
</tr>
<tr>
<td>UCI Family Health Center - Anaheim</td>
<td>300 West Carl Karcher Way, Anaheim, 92801</td>
<td>Medical Services</td>
</tr>
<tr>
<td>UC Irvine Medical Center</td>
<td>101 The City Drive South, Orange, CA 92868</td>
<td>For more information go to: <a href="http://www.healthcare.uci.edu/">http://www.healthcare.uci.edu/</a></td>
</tr>
<tr>
<td>Children’s Hospital of Orange County</td>
<td>455 South Main Street, Orange, CA 92868</td>
<td>Pediatric health care services For more information go to: <a href="http://www.choc.org/">http://www.choc.org/</a></td>
</tr>
<tr>
<td>CHOC Clinic For Children</td>
<td>406 South Main St., Santa Ana, CA 92701; 1000 West Highland St., Santa Ana, CA 92703; 10602 Chapman St., Garden Grove, CA 92840; 136 Broadway, Costa Mesa, CA 92627</td>
<td>Pediatric health care services For more information go to: <a href="http://www.choc.org/clinics/index.cfm?id=P00332">http://www.choc.org/clinics/index.cfm?id=P00332</a></td>
</tr>
</tbody>
</table>
Appendix 3 (continued)

Other Facilities that provide healthcare in Orange County (continued)

The following are other facilities providing health care in Orange County region. This list is not exhaustive.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph Health, St. Joseph Hospital Orange*</td>
<td>1100 West Stewart St., Orange, CA 92868</td>
<td>SJH, SJO provides a comprehensive range of services, centers and programs: Anesthesia Services, Bariatric Care Center, In-patient Behavioral Health/Psychological Services, Blood Donor Center, Comprehensive Breast Center, Cancer Genetics, Cardiology Services, Colorectal Services, Dialysis Center, Head and Neck Cancer, Kidney Transplant, Melanoma Services, Minimally Invasive Surgery, Nasal Sinus Services, Neurosurgical Services, Obstetrics, Orthopedics, Prostate Cancer, Radiology and Imaging Services, Rehab Services, Sleep Disorder Center, Thoracic Oncology Center and Vascular Institute.</td>
</tr>
<tr>
<td>St. Joseph Health, St. Jude Medical Center*</td>
<td>101 E. Valencia Drive, Fullerton, CA 92835</td>
<td>SJH, SJMC provides a comprehensive range of services, centers and programs: Caregiver Resource Center, Chronic Pain Center, Community Outreach Services, Critical Care, Diabetes Management, Ears, Nose and Throat, Emergency Services, Endoscopy, Fetal Diagnostic Center, Gastroenterology, Home Health Services, Hospice Care Services, Imaging, Laboratory, Lymphedema, Minimally Invasive Surgery, Neurology and Neurosurgical Services, Ophthalmology, Palliative Care, Pathology, Radiology, Robotic Surgery, Senior Services, Sleep Disorders Institute, Speech Therapy, Surgery, Transitional Care Center, Urology, Wellness and Fitness, Wound Care</td>
</tr>
</tbody>
</table>
Appendix 3 (continued)

Other Facilities that provide healthcare in Orange County (continued)

The following are other facilities providing health care in Orange County region. This list is not exhaustive.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St. Joseph Health, Mission Hospital</strong></td>
<td>Mission Viejo: 27700 Medical Center Road Mission Viejo, CA 92691</td>
<td>Mission Viejo: Services include 24-hour emergency care; Mission Imaging Center offering the most advanced diagnostic care, Mission Heart Center providing cardiac rehabilitation and chest pain center; Mission Stroke Center, providing the region's most comprehensive and advanced neurological care; Mission Maternity Center including special care for high risk pregnancy; and Mission Women's Wellness Center offering comprehensive breast, heart and pelvic care. Mission Hospital also offers the highest level of care in orthopedics, rehabilitation, cancer, spine and vascular services. Laguna Beach: Services include 24-hour emergency, intensive and medical-surgical care as well as behavioral health and chemical and pain medication dependency treatment.</td>
</tr>
<tr>
<td></td>
<td>Laguna Beach: 31872 Coast Highway Laguna Beach, CA 92651</td>
<td>For more information go to: <a href="http://www.mission4health.com/For-Visitors/Visitor-Information/Laguna-Beach.aspx">http://www.mission4health.com/For-Visitors/Visitor-Information/Laguna-Beach.aspx</a></td>
</tr>
</tbody>
</table>
| **Western Medical Center Santa Ana** | 1001 N. Tustin Avenue Santa Ana, CA 92705 | 24-Hour Emergency Department, Cardiology Services, Community Education, Designated, Trauma Center, Grossman Burn Center, Maternity Services, Neonatal Intensive Care Unit, Neurosurgical Services, Pediatric Services, and Physician Referral Service. For more information go to: http://www.westernmedicalcenter.com/defau 
| **Orange Coast Memorial Medical Center** | 9920 Talbert Ave Fountain Valley, CA 92708 | For more information go to: http://www.orangecostmemorialmedicalcenter.com/ |
Appendix 3

Other Facilities that provide healthcare in Orange County (continued)

The following are other facilities providing health care in Orange County region. This list is not exhaustive.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fountain Valley Regional Medical</td>
<td>17100 Euclid Street</td>
<td></td>
<td>For more information go to:</td>
</tr>
<tr>
<td>Kaiser Permanente Orange County</td>
<td>441 N Lakeview Ave Anaheim, CA 92807</td>
<td></td>
<td>For more information go to:</td>
</tr>
<tr>
<td></td>
<td>1188 N Euclid St Anaheim, CA</td>
<td></td>
<td><a href="https://healthy.kaiserpermanente.org/health/care/consumer/locate-our-services">https://healthy.kaiserpermanente.org/health/care/consumer/locate-our-services</a></td>
</tr>
<tr>
<td>Hoag Hospitals</td>
<td>Irvine: 16200 Sand Canyon Avenue Irvine, CA 92618</td>
<td></td>
<td>Irvine:</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.hoag.org/Locations/Pages/HoagHospitalIrvine.aspx">http://www.hoag.org/Locations/Pages/HoagHospitalIrvine.aspx</a></td>
<td></td>
<td>General Medical/Surgical Units, Critical Care (ICU/CCU/CVICU/Sub ICU)</td>
</tr>
<tr>
<td></td>
<td>Newport Beach: 1 Hoag Drive</td>
<td></td>
<td>Newport Beach:</td>
</tr>
<tr>
<td></td>
<td>Newport Beach, CA 92663</td>
<td></td>
<td>General Medical/Surgical Units, Mother/Baby Unit, Labor and Delivery</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.hoag.org/Locations/Pages/HoagHospitalNPBeach.aspx">http://www.hoag.org/Locations/Pages/HoagHospitalNPBeach.aspx</a></td>
<td></td>
<td>Unit, Neonatal Intensive Care Unit, Chemical Dependency</td>
</tr>
</tbody>
</table>

* Affiliated with St. Joseph Health

Source:
AltaMed: [http://www.altamed.org/contact_altamed/orange_county_locations](http://www.altamed.org/contact_altamed/orange_county_locations)
Orange County Hospitals: [http://www.orangecounty.net/html/hospitals.html](http://www.orangecounty.net/html/hospitals.html)
Table Of Contents

INTRODUCTION

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Overview</td>
<td>5</td>
</tr>
<tr>
<td>Project Goals</td>
<td>5</td>
</tr>
<tr>
<td>Methodology</td>
<td>5</td>
</tr>
<tr>
<td>Summary of Findings</td>
<td>12</td>
</tr>
<tr>
<td>Areas of Opportunity for Community Health Improvement</td>
<td></td>
</tr>
<tr>
<td>Summary Tables: Comparisons With Benchmark Data</td>
<td></td>
</tr>
<tr>
<td>Priorities Identified Among Key Informant Panel Participants</td>
<td>25</td>
</tr>
</tbody>
</table>

SELF-REPORTED HEALTH STATUS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health Status</td>
<td>28</td>
</tr>
<tr>
<td>Self-Reported Health Status</td>
<td>28</td>
</tr>
<tr>
<td>Activity Limitations</td>
<td>30</td>
</tr>
<tr>
<td>Impairments Among Children</td>
<td>34</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>35</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td>36</td>
</tr>
<tr>
<td>Depression</td>
<td>41</td>
</tr>
<tr>
<td>Related Key Informant Panel Findings: Mental Health Services</td>
<td>47</td>
</tr>
<tr>
<td>Stress</td>
<td>48</td>
</tr>
<tr>
<td>Related Key Informant Panel Findings: Stress</td>
<td>50</td>
</tr>
</tbody>
</table>

DISEASE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>52</td>
</tr>
<tr>
<td>Prevalence of Heart Disease &amp; Stroke</td>
<td>52</td>
</tr>
<tr>
<td>Cardiovascular Risk Factors</td>
<td>55</td>
</tr>
<tr>
<td>Cancer</td>
<td>62</td>
</tr>
<tr>
<td>Prevalence of Cancer</td>
<td>62</td>
</tr>
<tr>
<td>Cancer Screenings</td>
<td>65</td>
</tr>
<tr>
<td>Asthma</td>
<td>69</td>
</tr>
<tr>
<td>Violence</td>
<td>73</td>
</tr>
<tr>
<td>Diabetes</td>
<td>77</td>
</tr>
<tr>
<td>Prevalence of Diabetes</td>
<td>77</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia</td>
<td>80</td>
</tr>
<tr>
<td>Flu Shots</td>
<td>80</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>81</td>
</tr>
</tbody>
</table>

MODIFIABLE HEALTH RISK BEHAVIORS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Causes Of Death</td>
<td>83</td>
</tr>
<tr>
<td>Nutrition</td>
<td>84</td>
</tr>
<tr>
<td>Fruits/Vegetables</td>
<td>85</td>
</tr>
<tr>
<td>Junk Food, Fast Food &amp; Sugar-Sweetened Beverages</td>
<td>91</td>
</tr>
<tr>
<td>Meals Prepared at Home</td>
<td>96</td>
</tr>
<tr>
<td>Related Key Informant Panel Findings: Nutrition &amp; Overweight</td>
<td>98</td>
</tr>
<tr>
<td>Body Weight</td>
<td>100</td>
</tr>
<tr>
<td>Adult Weight Status</td>
<td>100</td>
</tr>
<tr>
<td>Child Weight Status</td>
<td>106</td>
</tr>
</tbody>
</table>
The PRC Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of our community residents.
Project Overview

Project Goals

This Community Health Assessment, a follow-up to a similar study conducted in 2008, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the cities of San Clemente, San Juan Capistrano, and Lake Forest, California. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Methodology

This assessment incorporates quantitative data from primary research (the 2011 PRC Community Health Survey) and qualitative data from key informant panels. Survey data allow for comparison to benchmark data at the state and national levels, as well as for trending in the San Clemente and San Juan Capistrano communities.

**2011 PRC Community Health Survey**

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Mission Hospital and Professional Research Consultants (PRC), and is similar to previous surveys used in the region, allowing for data trending.
Community Defined for This Assessment

The study area for the survey effort (referred to as the “Overall” region in this report) is defined as the combined communities of San Clemente, San Juan Capistrano, and Lake Forest in southern California, segmented into sub-areas defined by level of need (see below).

Geographical descriptions of the communities are illustrated in the following maps.
Need levels for these communities were determined by Mission Hospital and St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables. The following table outlines the placement of targeted block groups within these categories.

<table>
<thead>
<tr>
<th>Block Group Designation</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High/Highest Need</strong></td>
<td>060590421034</td>
<td>060590422011</td>
<td>060590320141</td>
</tr>
<tr>
<td></td>
<td>060590421071</td>
<td>060590423104</td>
<td>060590320142</td>
</tr>
<tr>
<td></td>
<td>060590421072</td>
<td>060590423105</td>
<td>060590320291</td>
</tr>
<tr>
<td></td>
<td>060590421081</td>
<td>060590423123</td>
<td>060590320471</td>
</tr>
<tr>
<td></td>
<td>060590421083</td>
<td>060590423124</td>
<td>060590524111</td>
</tr>
<tr>
<td></td>
<td>060590421084</td>
<td>06059042</td>
<td>060590524112</td>
</tr>
<tr>
<td></td>
<td>060590421086</td>
<td>06059042</td>
<td>060590524232</td>
</tr>
<tr>
<td></td>
<td>060590421091</td>
<td>060590524112</td>
<td>060590524241</td>
</tr>
<tr>
<td></td>
<td>060590421093</td>
<td>060590524253</td>
<td>060590524253</td>
</tr>
<tr>
<td></td>
<td>060590421141</td>
<td>060590524253</td>
<td>060590524253</td>
</tr>
<tr>
<td><strong>Average/Lower Need</strong></td>
<td>060590421031</td>
<td>060590320221</td>
<td>060590320272</td>
</tr>
<tr>
<td></td>
<td>060590421032</td>
<td>060590320231</td>
<td>060590320292</td>
</tr>
<tr>
<td></td>
<td>060590421033</td>
<td>060590320411</td>
<td>060590524081</td>
</tr>
<tr>
<td></td>
<td>060590421035</td>
<td>060590320431</td>
<td>060590524082</td>
</tr>
<tr>
<td></td>
<td>060590421061</td>
<td>060590320564</td>
<td>060590524084</td>
</tr>
<tr>
<td></td>
<td>060590421062</td>
<td>060590422031</td>
<td>060590524101</td>
</tr>
<tr>
<td></td>
<td>060590421085</td>
<td>060590422032</td>
<td>060590524102</td>
</tr>
<tr>
<td></td>
<td>060590421082</td>
<td>060590422033</td>
<td>060590524103</td>
</tr>
<tr>
<td></td>
<td>060590421092</td>
<td>060590422034</td>
<td>060590524104</td>
</tr>
<tr>
<td></td>
<td>060590421094</td>
<td>060590422035</td>
<td>060590524113</td>
</tr>
<tr>
<td></td>
<td>060590421111</td>
<td>060590423102</td>
<td>060590524151</td>
</tr>
<tr>
<td></td>
<td>060590421112</td>
<td>060590423103</td>
<td>060590524152</td>
</tr>
<tr>
<td></td>
<td>060590421113</td>
<td>060590423113</td>
<td>060590524161</td>
</tr>
<tr>
<td></td>
<td>060590421114</td>
<td>060590423121</td>
<td>060590524162</td>
</tr>
<tr>
<td></td>
<td>060590421121</td>
<td>060590423122</td>
<td>060590524163</td>
</tr>
<tr>
<td></td>
<td>060590421122</td>
<td>060590423125</td>
<td>060590524221</td>
</tr>
<tr>
<td></td>
<td>060590421223</td>
<td>060590524222</td>
<td>060590524222</td>
</tr>
<tr>
<td></td>
<td>06059042131</td>
<td>060590524223</td>
<td>060590524223</td>
</tr>
<tr>
<td></td>
<td>06059042132</td>
<td>060590524231</td>
<td>060590524231</td>
</tr>
<tr>
<td></td>
<td>06059042133</td>
<td>060590524233</td>
<td>060590524233</td>
</tr>
<tr>
<td></td>
<td>06059042134</td>
<td>060590524242</td>
<td>060590524242</td>
</tr>
<tr>
<td></td>
<td>06059042142</td>
<td>060590524243</td>
<td>060590524243</td>
</tr>
<tr>
<td></td>
<td>06059042143</td>
<td>060590524251</td>
<td>060590524251</td>
</tr>
<tr>
<td></td>
<td>060590422051</td>
<td>060590524252</td>
<td>060590524252</td>
</tr>
<tr>
<td></td>
<td>060590422052</td>
<td>060590524254</td>
<td>060590524254</td>
</tr>
<tr>
<td></td>
<td>060590422053</td>
<td>060590524262</td>
<td>060590524262</td>
</tr>
<tr>
<td></td>
<td>060590422061</td>
<td>060590524263</td>
<td>060590524263</td>
</tr>
<tr>
<td></td>
<td>060590422062</td>
<td>060590524271</td>
<td>060590524271</td>
</tr>
<tr>
<td></td>
<td></td>
<td>060590524272</td>
<td>060590524281</td>
</tr>
<tr>
<td></td>
<td></td>
<td>060590524282</td>
<td>060590524282</td>
</tr>
<tr>
<td></td>
<td></td>
<td>060590524283</td>
<td>060590524283</td>
</tr>
<tr>
<td></td>
<td></td>
<td>060590524284</td>
<td>060590524284</td>
</tr>
<tr>
<td></td>
<td></td>
<td>060590524285</td>
<td>060590524285</td>
</tr>
</tbody>
</table>
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the 2011 PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 919 individuals aged 18 and older, stratified by community: 326 interviews in San Clemente (including 126 in the high/highest need areas); 300 in San Juan Capistrano (including 100 in the high/highest need areas); and 293 in Lake Forest (including 93 in the high/highest need areas).

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 919 respondents is ±3.2% at the 95 percent level of confidence. At the city levels, confidence intervals range from ±5.5% to ±5.7%.

Expected Error Ranges
at the 95 Percent Level of Confidence

Sample Characteristics

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

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

![Population & Sample Characteristics](chart.png)

Population & Sample Characteristics
(Overall, 2011)

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2011 guidelines place the poverty threshold for a family of four at $22,350 annual household income or lower). In sample segmentation: “Below 300% FPL” (or below three times the Federal Poverty Level) refers to community members living in a household with defined poverty status, or in households with incomes up to three times the poverty threshold for their household size; “300%+” refers to those households with incomes three times the federal poverty level or higher.

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

As part of the community health assessment, two key informant panels were held (one in San Clemente and one in San Juan Capistrano). These panels included meetings with 34 key informants in the community, including physicians, other health professionals, social services providers, employers and other community leaders.

A list of recommended participants for the panels was provided by Mission Hospital. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>GROUP</th>
<th>PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/22/11</td>
<td>4:30p</td>
<td>San Clemente</td>
<td>17</td>
</tr>
<tr>
<td>02/23/11</td>
<td>4:30p</td>
<td>San Juan Capistrano</td>
<td>17</td>
</tr>
</tbody>
</table>

The key informant panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker’s group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

Trending: San Clemente & San Juan Capistrano

A similar survey was administered in San Clemente and San Juan Capistrano in 2008 by PRC on behalf of Mission Data. Trending data, as revealed by comparison to the prior survey results, are provided throughout this report whenever available.

California Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2020

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

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

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

### Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Access to Healthcare** |  - Lack of insurance & insurance instability  
- Having a “medical home”  
- Transportation (a priority issue identified in the key informant panels) |
| **Heart Disease & Stroke** |  - High cholesterol |
| **Housing** |  - Affordable housing  
- Homeless programs and shelters |
| **Immunizations** |  - Influenza/pneumonia vaccination |
| **Physical Activity** |  - Use of parks/recreational facilities |
| **Mental Health** |  - Service availability and access were priority issues identified in the key informant panels |
| **Substance Abuse** |  - Alcohol use |
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Overall community, including comparisons between the individual communities and trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Overall results are shown in the larger, blue column.

■ The green columns [to the left of the Overall column] provide comparisons between San Clemente, San Juan Capistrano, and Lake Forest, identifying differences for each as “better than” (⊙), “worse than” (⊗), or “similar to” (⊙⊙) the opposing combined communities.

■ The columns to the immediate right of the Overall column provide comparisons between the Overall area and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Overall community compares favorably (⊙), unfavorably (⊗), or comparably (⊙⊙) to these external data.

■ The columns to the far right provide trending comparisons for the San Clemente and San Juan Capistrano communities.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
## Health: Access to Health Services

<table>
<thead>
<tr>
<th></th>
<th>Each City vs. Others</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>☁️ 22.4</td>
<td>☁️ 23.5</td>
<td>☀️ 15.3</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>☁️ 9.2</td>
<td>☁️ 7.0</td>
<td>☁️ 5.4</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>☁️ 12.0</td>
<td>☁️ 12.0</td>
<td>☁️ 13.4</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>☁️ 4.7</td>
<td>☁️ 7.1</td>
<td>☁️ 5.7</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>☁️ 4.8</td>
<td>☁️ 9.6</td>
<td>☁️ 1.7</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>☁️ 78.6</td>
<td>☁️ 75.5</td>
<td>☁️ 78.0</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>☁️ 76.2</td>
<td>☁️ 73.4</td>
<td>☁️ 75.7</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>☁️ 87.9</td>
<td>☁️ 86.1</td>
<td>☁️ 92.9</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>☁️ 60.1</td>
<td>☁️ 61.6</td>
<td>☁️ 69.3</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>☁️ 80.2</td>
<td>☁️ 84.7</td>
<td>☁️ 88.2</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>☁️ 5.2</td>
<td>☁️ 7.1</td>
<td>☁️ 5.5</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>☁️ 9.4</td>
<td>☁️ 13.4</td>
<td>☁️ 10.8</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## Health: Cancer

<table>
<thead>
<tr>
<th></th>
<th>Each City vs. Others</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.3</td>
<td>9.0</td>
<td>7.7</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.4</td>
<td>5.8</td>
<td>4.0</td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>81.1</td>
<td>86.7</td>
<td>76.9</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>85.8</td>
<td>79.1</td>
<td>91.7</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>90.8</td>
<td>85.8</td>
<td>92.1</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

## Health: Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Each City vs. Others</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.2</td>
<td>9.3</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Each City vs. Others

<table>
<thead>
<tr>
<th>Health: General Health Status</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>🌧️ 13.2</td>
<td>🌧️ 16.1</td>
<td>🌧️ 15.1</td>
<td>14.7</td>
<td>🌞 19.6</td>
<td>🌧️ 16.8</td>
<td>🌧️ 12.1</td>
<td>🌦️ 12.3</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>🌧️ 14.5</td>
<td>🌧️ 15.9</td>
<td>🌧️ 18.0</td>
<td>16.5</td>
<td>🌞 17.2</td>
<td>🌧️ 17.0</td>
<td>🌞 20.4</td>
<td>🌦️ 21.6</td>
</tr>
<tr>
<td>% [Parents] Child Has Major Health Impairment</td>
<td>🌧️ 4.1</td>
<td>🌧️ 4.0</td>
<td>🌧️ 3.1</td>
<td>3.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Health: Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Health: Heart Disease &amp; Stroke</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>🌧️ 3.9</td>
<td>🌧️ 6.9</td>
<td>🌧️ 5.1</td>
<td>5.1</td>
<td>🌞 6.1</td>
<td>🌧️ 4.5</td>
<td>🌞 4.4</td>
<td>🌧️ 4.4</td>
</tr>
<tr>
<td>% Stroke</td>
<td>🌧️ 1.6</td>
<td>🌧️ 1.3</td>
<td>🌧️ 0.9</td>
<td>1.2</td>
<td>🌞 2.3</td>
<td>🌧️ 2.7</td>
<td>🌞 2.1</td>
<td>🌧️ 1.6</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>🌧️ 23.7</td>
<td>🌧️ 26.3</td>
<td>🌧️ 20.5</td>
<td>22.7</td>
<td>🌞 25.7</td>
<td>🌧️ 34.3</td>
<td>🌞 26.9</td>
<td>🌥️ 26.8</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>🌧️ 20.7</td>
<td>🌧️ 21.3</td>
<td>🌧️ 20.2</td>
<td>20.6</td>
<td>🌞 36.5</td>
<td>🌧️ 31.4</td>
<td>🌥️ 13.5</td>
<td>🌧️ 29.5</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>🌧️ 70.0</td>
<td>🌧️ 70.3</td>
<td>🌧️ 67.5</td>
<td>68.9</td>
<td>🌞 86.3</td>
<td></td>
<td></td>
<td>🌥️ 75.0</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Health: Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Each City vs. Others</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Shot in Past Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
</tr>
<tr>
<td></td>
<td>75.3</td>
<td>77.7</td>
<td>72.9</td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>70.6</td>
<td>79.4</td>
<td>67.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Health: Injury & Violence Prevention

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Each City vs. Others</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
</tr>
<tr>
<td></td>
<td>0.6</td>
<td>1.6</td>
<td>0.5</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.7</td>
<td>8.1</td>
<td>8.3</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Health: Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th></th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>San Clemente vs. CA</th>
<th>San Clemente vs. US</th>
<th>San Clemente vs. HP2020</th>
<th>San Juan Capistrano TREND</th>
<th>San Juan Capistrano TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>7.9</td>
<td>☀️</td>
<td>11.7</td>
<td>6.9</td>
<td>11.4</td>
<td></td>
</tr>
<tr>
<td>% 3+ Days/Month Poor Mental Health</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>16.9</td>
<td>☁️</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
<td>9.0</td>
<td>☁️</td>
<td>11.5</td>
<td>13.6</td>
<td>10.6</td>
<td></td>
</tr>
<tr>
<td>% Major Depression</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>5.6</td>
<td>☀️</td>
<td>11.7</td>
<td>8.2</td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>18.9</td>
<td>☀️</td>
<td>26.5</td>
<td>26.5</td>
<td>27.5</td>
<td></td>
</tr>
<tr>
<td>% 3+ Visits to Mental Health Professional for Depression</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>8.9</td>
<td>☁️</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% 3+ Visits to a Support Group for Depression</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>2.4</td>
<td>☁️</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Prescribed Medication for Depression</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>15.4</td>
<td>☁️</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Health: Nutrition &amp; Weight Status</th>
<th>Each City vs. Others</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
<td>vs. CA</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>☁ 52.6</td>
<td>☁ 53.1</td>
<td>☁ 49.5</td>
<td>☁ 51.2</td>
</tr>
<tr>
<td>% Eat 2+ Servings of Fruit per Day</td>
<td>☀ 74.1</td>
<td>☁ 65.9</td>
<td>☁ 65.4</td>
<td>☀ 68.3</td>
</tr>
<tr>
<td>% Eat 3+ Servings of Vegetables per Day</td>
<td>☁ 44.0</td>
<td>☁ 42.5</td>
<td>☁ 40.9</td>
<td>☁ 42.2</td>
</tr>
<tr>
<td>% Keep Fruits/Vegetables at Home for Snacks</td>
<td>☁ 96.4</td>
<td>☁ 96.4</td>
<td>☁ 94.5</td>
<td>☁ 95.5</td>
</tr>
<tr>
<td>% Obtaining Affordable Fresh Produce is &quot;Very/Somewhat&quot; Difficult</td>
<td>☁ 14.5</td>
<td>☁ 16.8</td>
<td>☁ 20.4</td>
<td>☁ 17.8</td>
</tr>
<tr>
<td>% Drink 7+ Sugary Beverages Per Week</td>
<td>☁ 22.2</td>
<td>☁ 22.6</td>
<td>☁ 20.8</td>
<td>☁ 21.4</td>
</tr>
<tr>
<td>% Ate 3+ Fast Food Meals Last Week</td>
<td>☀ 14.6</td>
<td>☁ 17.9</td>
<td>☁ 25.0</td>
<td>☁ 20.2</td>
</tr>
<tr>
<td>% 7+ Meals Prepared at Home in Past Week</td>
<td>☁ 87.3</td>
<td>☁ 84.1</td>
<td>☁ 82.3</td>
<td>☁ 84.2</td>
</tr>
<tr>
<td>% [Parents] Child Eats 5+ Fruits/Veggies Daily</td>
<td>☁ 67.6</td>
<td>☀ 74.0</td>
<td>☁ 57.0</td>
<td>☁ 63.4</td>
</tr>
<tr>
<td>% [Parents] Child Has &quot;Junk Food&quot; on 7+ Days Per Week</td>
<td>☁ 32.4</td>
<td>☁ 23.5</td>
<td>☁ 20.8</td>
<td>☁ 24.5</td>
</tr>
<tr>
<td>% [Parents] Child Has &quot;Fast Food&quot; on 7+ Days Per Week</td>
<td>☁ 1.8</td>
<td>☁ 2.0</td>
<td>☁ 5.3</td>
<td>☁ 3.7</td>
</tr>
<tr>
<td>% [Parents] Family Eats 7+ Meals Together Per Week</td>
<td>☁ 70.4</td>
<td>☁ 72.6</td>
<td>☁ 66.7</td>
<td>☁ 69.0</td>
</tr>
</tbody>
</table>
### Health: Nutrition & Weight Status (continued)

<table>
<thead>
<tr>
<th></th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>San Clemente TRENDS</th>
<th>San Juan Capistrano TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Healthy Weight (BMI 18.5-24.9)</strong></td>
<td>49.3</td>
<td>42.5</td>
<td>47.3</td>
<td>46.9</td>
<td>vs. CA: 31.7 vs. US: 33.9 vs. HP2020: 41.9</td>
<td>39.8</td>
<td></td>
</tr>
<tr>
<td><strong>% Overweight</strong></td>
<td>50.6</td>
<td>56.8</td>
<td>49.9</td>
<td>51.6</td>
<td>vs. CA: 61.3 vs. US: 66.9 vs. HP2020: 57.3</td>
<td>57.7</td>
<td></td>
</tr>
<tr>
<td><strong>% Obese</strong></td>
<td>10.8</td>
<td>21.3</td>
<td>17.9</td>
<td>16.4</td>
<td>vs. CA: 25.5 vs. US: 28.5 vs. HP2020: 17.8</td>
<td>18.8</td>
<td></td>
</tr>
<tr>
<td><strong>% [Overweights] Trying to Lose Weight</strong></td>
<td>64.5</td>
<td>62.7</td>
<td>68.3</td>
<td>65.8</td>
<td>vs. CA: 62.3 vs. US: 67.0 vs. HP2020: 52.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% Children [Age 6-17] Overweight</strong></td>
<td>11.6</td>
<td>19.3</td>
<td>7.5</td>
<td>10.8</td>
<td>vs. CA: 30.7 vs. US: 11.3 vs. HP2020: 18.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% Children [Age 6-17] Obese</strong></td>
<td>7.2</td>
<td>8.8</td>
<td>3.4</td>
<td>5.4</td>
<td>vs. CA: 18.9 vs. US: 14.6 vs. HP2020: 2.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% Children [Age 3-11] Overweight</strong></td>
<td>23.9</td>
<td></td>
<td></td>
<td></td>
<td>vs. CA: 35.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% Children [Age 3-11] Obese</strong></td>
<td>16.1</td>
<td></td>
<td></td>
<td></td>
<td>vs. CA: 28.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Health: Oral Health

<table>
<thead>
<tr>
<th></th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>San Clemente TRENDS</th>
<th>San Juan Capistrano TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Child [Age 2-17] Dental Visit in Past Year</strong></td>
<td>85.2</td>
<td>83.3</td>
<td>82.1</td>
<td>83.2</td>
<td>vs. CA: 79.2 vs. US: 49.0 vs. HP2020: 83.4</td>
<td>83.4</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Health: Physical Activity

<table>
<thead>
<tr>
<th></th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>☃</td>
<td>☃</td>
<td>☁</td>
<td>14.9</td>
<td>☁ vs. CA ☃ vs. US ☉ vs. HP2020</td>
<td>☁</td>
<td>☁</td>
</tr>
<tr>
<td></td>
<td>12.4</td>
<td>11.8</td>
<td>18.0</td>
<td></td>
<td></td>
<td>22.1</td>
<td>28.7</td>
</tr>
<tr>
<td>% [Adults] 3+ Hours of Screen Time Per Day</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>48.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>44.5</td>
<td>50.2</td>
<td>51.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Did Not Use Park/Rec Facility in Past Year</td>
<td>☃</td>
<td>☁</td>
<td>☁</td>
<td>31.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27.6</td>
<td>34.4</td>
<td>32.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] No Physical Activity as a Family in Past Month</td>
<td>☀</td>
<td>☁</td>
<td>☁</td>
<td>23.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.4</td>
<td>35.5</td>
<td>24.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</td>
<td>☁</td>
<td>☀</td>
<td>☁</td>
<td>40.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>57.5</td>
<td>31.4</td>
<td>33.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Child Has 3+ Hours TV on a Typical School Day</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>16.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23.1</td>
<td>14.8</td>
<td>13.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Child 3+ Hrs Non-TV Screen Time per School Day</td>
<td>☁</td>
<td>☁</td>
<td>☀</td>
<td>10.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.6</td>
<td>14.4</td>
<td>6.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Child's Dr Has Given Advice About Diet/Exercise</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>48.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45.9</td>
<td>38.3</td>
<td>54.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Health: Respiratory Diseases

<table>
<thead>
<tr>
<th></th>
<th>Each City vs. Others</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>% Adults Asthma (Ever Diagnosed)</td>
<td>☁ 6.1</td>
<td>☁ 6.6</td>
<td>☁ 10.1</td>
</tr>
<tr>
<td>% Child [Age 2-17] Asthma (Ever Diagnosed)</td>
<td>☁ 5.2</td>
<td>☁ 4.2</td>
<td>☁ 14.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Health: Substance Abuse

<table>
<thead>
<tr>
<th></th>
<th>Each City vs. Others</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>San Clemente</td>
<td>San Juan Capistrano</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>☁ 69.1</td>
<td>☁ 61.8</td>
<td>☀ 55.8</td>
</tr>
<tr>
<td>% Binge Drinker</td>
<td>☁ 19.2</td>
<td>☁ 17.6</td>
<td>☁ 11.3</td>
</tr>
<tr>
<td>% Member of Household Has Issues w/Alcohol</td>
<td>☁ 6.1</td>
<td>☁ 3.7</td>
<td>☁ 3.6</td>
</tr>
<tr>
<td>% Have Had Alcohol/Substance Abuse Problems</td>
<td>☁ 1.4</td>
<td>☁ 0.8</td>
<td>☁ 0.6</td>
</tr>
<tr>
<td>% Received Treatment for Chemical Dependency</td>
<td>☁ 1.6</td>
<td>☁ 1.4</td>
<td>☁ 1.0</td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Health: Tobacco Use

<table>
<thead>
<tr>
<th>% Current Smoker</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.3</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.2</td>
<td>9.0</td>
<td>8.0</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Quality of Life: Housing

<table>
<thead>
<tr>
<th>% &quot;Always/Usually&quot; Worry About Housing Payments</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.7</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.7</td>
<td>18.8</td>
<td>11.2</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Share Housing Costs to Help w/Expenses</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25.2</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18.2</td>
<td>29.6</td>
<td>27.8</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Lived w/Friend or Relative Due to Housing Emergency</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.9</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.5</td>
<td>9.8</td>
<td>6.7</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Have Considered Relocating Due to Cost of Living</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.5</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22.9</td>
<td>31.2</td>
<td>26.9</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

| % Affordable Housing Perceived as "Fair/Poor"     | San Clemente | San Juan Capistrano | Lake Forest | OVERALL | Total Area vs. Benchmarks | Trends |
|                                                  |              |                     |             | 64.7    | 12.8 vs. CA vs. US vs.   |        |
|                                                  | 69.5         | 61.8                | 62.7        |         | HP2020                  |        |

<table>
<thead>
<tr>
<th>% Feel Community Supports Affordable Housing Developments</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54.8</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>47.7</td>
<td>53.1</td>
<td>60.1</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Programs/Shelters for Homeless Perceived as &quot;Fair/Poor&quot;</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66.4</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>66.5</td>
<td>67.3</td>
<td>65.9</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Lived in Car/on Street/in Shelter in the Past Year</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.2</td>
<td>12.8 vs. CA vs. US vs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5</td>
<td>0.0</td>
<td>1.5</td>
<td></td>
<td>HP2020</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Quality of Life: Education

<table>
<thead>
<tr>
<th>Indicator</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Area Schools Do a “Fair/Poor” Job Preparing Children</td>
<td></td>
<td></td>
<td></td>
<td>26.6</td>
<td>21.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>29.3</td>
<td>25.6</td>
<td>25.2</td>
<td></td>
<td>31.4</td>
<td></td>
</tr>
<tr>
<td>% Feel That Educational Goals Have Been Met</td>
<td></td>
<td></td>
<td></td>
<td>77.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>77.4</td>
<td>71.8</td>
<td>79.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Child Excels at School ( Mostly A’s or 4’s)</td>
<td></td>
<td></td>
<td></td>
<td>50.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>48.5</td>
<td>44.1</td>
<td>54.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Some Discomfort Guiding Child Through School System</td>
<td></td>
<td></td>
<td></td>
<td>33.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32.1</td>
<td>26.2</td>
<td>36.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Some Discomfort Discussing Child’s Progress at School</td>
<td></td>
<td></td>
<td></td>
<td>22.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.1</td>
<td>20.8</td>
<td>21.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Did Not Participate in Child’s School Activities in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>17.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30.3</td>
<td>17.8</td>
<td>10.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Quality of Life: Spirituality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>OVERALL</th>
<th>Total Area vs. Benchmarks</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Spirituality is “Not Important”</td>
<td></td>
<td></td>
<td></td>
<td>16.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18.4</td>
<td>15.6</td>
<td>15.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have a Priest, Clergy, etc. for Spiritual Support</td>
<td></td>
<td></td>
<td></td>
<td>56.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>56.8</td>
<td>57.5</td>
<td>56.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Feel That Spiritual Needs Are Being Met</td>
<td></td>
<td></td>
<td></td>
<td>96.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>96.2</td>
<td>94.8</td>
<td>98.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each city is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
Priorities Identified Among Key Informant Panel Participants

Over the course of two key informant panels, the health needs of San Clemente and San Juan Capistrano were discussed. Though many topics were covered, there were some which took a higher priority than others.

All participants agreed that because mental health feeds into so many other health issues, it should be a definite priority. There aren’t enough psychiatric beds in the community for the number of people who need them, nor are there enough psychiatrists willing to help those with a limited income/lack of insurance.

“We have a lot of homeless with mental health issues. Mental health is huge and our deputies say, ‘What do you do with them? Where do you bring them?’ There’s really no place. A woman in town who’s been on the streets for years, she goes to jail sometimes and she gets out and she has means to every now and then and then go in a hotel and clean up and whatnot. I think the worst-case scenarios that you hear and read about are happening here to people with poor mental health. You see them walking up and down the street and then you read about them dead.” – San Clemente participant

“And then there’s no outpatient care down here; you have to go further north. For children it starts probably in San Juan Capistrano. In order for adults to get it covered by insurance at all, they have to go probably as far north as Mission Viejo to start getting practitioners that take insurance if you have behavioral health insurance.” – San Clemente participant

“Most practitioners will take one person, one or two people on a sliding scale at a time, but you don’t have people in town really that take insurance.” – San Clemente participant

“I think also depression is huge, and so you end up with someone who has housing, the depression gets worse, they lose their housing and now they’re on the street. And so it impacts all the areas of their life. And it’s happening more and more and more. These people have lost their jobs and there’s that hopeless feeling.” – San Clemente participant

“The other population at risk is the youth who have no insurance. They have mental health issues and trying to resolve the issues themselves, the kids self-medicate with drugs. That’s a problem.” – San Clemente participant

“The Latino community has a long time block about mental health. It is a stigma and the answer is usually, “I’m not crazy, but I need mental health care. And for those who recognize the need for services, there are very few bilingual providers. They do exist, but there are very few.” – San Juan Capistrano participant

“You have to have certain medical necessity, you have to meet certain things for the children. The child has to be the one with the impairment. As far as the adult mental health side, I think it’s a lot more challenging. We have parents who aren’t really able to get the assistance if the kids aren’t displaying difficulties. The other thing about all of this is that it is Medi-Cal-eligible only, so if for some reason the family’s impoverished but not Medi-Cal, they can’t get services through a clinic like mine or the county clinics because they only accept Medi-Cal. So there’s a huge gap in psychiatry needs. Where do we refer a family for psychiatric medication needs if the kid doesn’t really need therapy and we can’t justify keeping them because they don’t have enough behavioral issues or emotional issues or mental health issues, but they need this medication because it works and it keeps them stable but there nowhere else to refer them, Medi-Cal or not?” – San Juan Capistrano participant

“If you have a child who needs to be hospitalized, inpatient psychiatry in Orange County today and you’ve got the best medical insurance, period, you’re going to get sent to UC San Diego or to SC. There is no inpatient — even UCI doesn’t have child psych inpatient beds.” – San Juan Capistrano participant
Additionally there is concern that people aren’t acquiring available services because they don’t know what is available, or they may be embarrassed to receive services that they’ve never had to use before. Many of the participants felt that they knew some of what was available, but that the community could do a better job of distributing information in regards to which agencies provide which services. Participants agreed that there is a need for some kind of **clearinghouse** outlining the services that are available to the community. Both groups would like a one-stop center where people can get all of their needs met instead of struggling to find those who can help.

“**Speaking of my communities, some of them, they don’t have the knowledge that there are different resources in the community, so they don’t have access to the services because they don’t have that information.**” – San Clemente participant

“I don’t believe there’s an organized method in addressing a lot of these problems. I think that it’s kind of hit and miss, and I think different organizations focus on different groups. And they’re doing what they believe is right and meanwhile they should be interfacing with another group or organization that’s similar. I think that we need almost a clearinghouse— where if a family has health issues as it relates to Medi-Cal for diabetes or somewhere they can call and they can be referred.” – San Clemente participant

“Also, I don’t know how you explain it, but knowledge of services for lower income people ... lack of knowledge is huge. I’ve talked to a lot of people who are at the very bottom of the ladder and it’s almost as if ‘Gee, that clinic sounds great, but when is it?’ If you have health insurance, you make an appointment and you go to your doctor. If you don’t have it and you don’t have any money and you hear about a clinic, you’d like to go, but again, access. ‘Gee, I don’t know that I can get there at that particular time.’” – San Clemente participant

“And then when you have that kind of stuff going on and people either don’t know how to or where to find services ... direct somebody to that kind of stuff, whether it be a place like ours or other community-based agencies, that’s in general we’re saying as far as communication, knowing where and how to direct people or people just simply knowing that they can find services.” – San Juan Capistrano participant

“We need to have some sort of list of our resources. This is Camino Health Center, this is what we do and this is how we can help your patient, your clients or patients. But something that’s not necessarily for the people, but it’s for all of you.” – San Juan Capistrano participant
SELF-REPORTED HEALTH STATUS
Physical Health Status

The first inquiry of the 2011 PRC Community Health Survey asked respondents the following:

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

Self-Reported Health Status

A total of 59.7% of area adults rate their general health as “excellent” or “very good.”

- Another 25.7% gave “good” ratings of their overall health.

However, 14.7% of area adults believe that their overall health is “fair” or “poor.”

- Much better than statewide findings.
- Similar to the national percentage.
- Statistically similar among the three communities.
- No statistically significant changes occurred when comparing “fair/poor” overall health reports to previous survey results in San Clemente and San Juan Capistrano.

Experience “Fair” or “Poor” Physical Health

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 7]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
When viewed by level of need (block groups defined as “high/highest need” vs. those with “average/lower need”), there are no statistically significant differences in “fair/poor” health evaluations.

**Experience “Fair” or “Poor” Overall Health**
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>12.4%</td>
<td>13.5%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>20.7%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>16.5%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Overall</td>
<td>16.0%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 7]
Notes: Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:
- Seniors.
- Residents living at lower incomes.
- Hispanics.

**Experience “Fair” or “Poor” Physical Health**
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>16.6%</td>
<td>12.8%</td>
<td>12.5%</td>
<td>13.8%</td>
<td>21.5%</td>
<td>30.8%</td>
<td>8.4%</td>
<td>11.8%</td>
<td>24.4%</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 7]
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Activity Limitations

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

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

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

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

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

– Healthy People 2020 (www.healthypeople.gov)

A total of 16.5% of area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the prevalence in California.
- Similar to the prevalence nationwide.
- No significant difference by community.

Marks a statistically significant decrease in activity limitations since 2008 for residents of San Clemente (a positive finding); no change was noted for residents of San Juan Capistrano.

**RELATED ISSUE:**
See also **Potentially Disabling Conditions** in the **Death, Disease & Chronic Conditions** section of this report.
Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

No significant difference in prevalence of activity limitations by level of need.
In looking at responses by key demographic characteristics, note the following:

- Adults aged 40 or older are much more often limited in activities (note the positive correlation with age).
- Non-Hispanic Whites are more likely than Hispanics to report activity limitations.

**Limited in Activities in Some Way**  
Due to a Physical, Mental or Emotional Problem  
(Overall, 2011)

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking.

**Type of Problem That Limits Activities**  
(Among Those Reporting Activity Limitations; Overall, 2011)
In a related inquiry, seniors and adults with activity limitations were asked about their frequency of engaging in activity outside the home. [Note that the segments are not necessarily mutually-exclusive.]

**Note that one-fourth (24.6%) of seniors gets out of the house at least daily, as do 29.9% of adults with activity limitations.**

- In contrast, 12.6% of seniors did not leave the house at all in the past two weeks, and 17.6% reported taking part in activities outside the home only one to three times.

- Among adults with activity limitations, 9.3% did not leave the house at all in the past two weeks, and nearly one-fifth (19.4%) left the house only one to three times.

**Number of Times Respondent Took Part in Activities Outside the Home in the Past 2 Weeks**

(Among Seniors and/or Adults With Activity Limitations, 2011)

**Among Seniors (65+)**

<table>
<thead>
<tr>
<th>Number of Times</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Least Daily</td>
<td>24.6%</td>
</tr>
<tr>
<td>None</td>
<td>12.6%</td>
</tr>
<tr>
<td>1 to 3 Times</td>
<td>17.6%</td>
</tr>
<tr>
<td>4 to 7 Times</td>
<td>27.4%</td>
</tr>
<tr>
<td>8 to 13 Times</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

**Among Those w/Activity Limitations**

<table>
<thead>
<tr>
<th>Number of Times</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Least Daily</td>
<td>29.9%</td>
</tr>
<tr>
<td>None</td>
<td>9.3%</td>
</tr>
<tr>
<td>1 to 3 Times</td>
<td>19.4%</td>
</tr>
<tr>
<td>4 to 7 Times</td>
<td>25.4%</td>
</tr>
<tr>
<td>8 to 13 Times</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey [Item 90]
Notes: Asked of seniors and/or adults with some type of activity limitation.
Impairments Among Children

Among parents of children under 18 at home, 3.6% indicate that their child has a major health problem or impairment.

- Statistically comparable among the three communities (not shown).
- Among parents of these children, autism, diabetes, eczema and birth defects were the most commonly cited conditions (keep in mind that the percentages outlined in the chart below reflect very small numbers of respondents).

Child Has Some Type of Impairment or Health Problem
(Overall Parents of Children <18, 2011)

![Pie charts showing percentages of children with impairments or health problems and types of impairments.]

Sources: Professional Research Consultants, Inc. PRC Community Health Survey (Items 118-119)
Notes: Asked of all respondents with children under 18 at home.
Mental Health & Mental Disorders

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)
Mental Health Status

Self-Reported Mental Health Status

A total of 69.8% of area adults rate their mental health as “excellent” or “very good.”

- Another 22.3% gave “good” ratings of their mental health.

However, 7.9% of area adults believe that their mental health is “fair” or “poor.”

- Better than the national percentage.
- Most favorable in the San Clemente community.
- No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.

Experience “Fair” or “Poor” Mental Health

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 77]
Notes: ● Asked of all respondents.
Adults in the higher need areas of Lake Forest are more likely to report poor mental health when compared to adults in the average/lower need areas.

Experience “Fair” or “Poor” Mental Health
(Overall, 2011)

[Graph showing percentage of adults experiencing fair or poor mental health in High/Highest Need Areas and Average/Lower Need Areas for San Clemente, San Juan Capistrano, Lake Forest, and Overall.]

Sources:
Professional Research Consultants, Inc. PRC Community Health Survey (Item 77)

Notes:
1. Asked of all respondents.
2. Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults more likely to report experiencing “fair” or “poor” mental health include:

- Adults under age 65.
- Residents living at lower incomes.
- Hispanics.

Experience “Fair” or “Poor” Mental Health
(Overall, 2011)

[Graph showing percentage of men and women experiencing fair or poor mental health in different age groups and income levels for Overall, White, Hispanic, and Overall.

Sources:
Professional Research Consultants, Inc. PRC Community Health Survey (Item 77)

Notes:
1. Asked of all respondents.
2. Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Average Days of Poor Mental Health

Two-thirds (66.3%) of survey respondents have not experienced any days of poor mental health in the past month.

- Others reported experiencing one (9.0%), two (7.8%), or three days (4.8%) of poor mental health in the past month, while 12.1% of area adults had four or more days of poor mental health.

Number of Days in Past Month On Which Mental Health Was “Not Good”
(Overall, 2011)

<table>
<thead>
<tr>
<th>Days</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>66.3%</td>
</tr>
<tr>
<td>One Day</td>
<td>9.0%</td>
</tr>
<tr>
<td>Two Days</td>
<td>7.8%</td>
</tr>
<tr>
<td>Three Days</td>
<td>4.8%</td>
</tr>
<tr>
<td>Four/More Days</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

Median = 0 days

In looking at the proportion of adults with three or more days of poor mental health:

- There is no statistically difference by community.

  - Percentages have not changed significantly since 2008 in San Clemente and San Juan Capistrano.

Mental Health Was “Not Good” for 3+ Days in the Past Month

<table>
<thead>
<tr>
<th></th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>Overall 2008</th>
<th>Overall 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.8%</td>
<td></td>
<td></td>
<td></td>
<td>14.8%</td>
<td>14.8%</td>
</tr>
<tr>
<td>15.1%</td>
<td></td>
<td></td>
<td></td>
<td>17.9%</td>
<td>15.1%</td>
</tr>
<tr>
<td>19.2%</td>
<td></td>
<td></td>
<td></td>
<td>19.2%</td>
<td>14.8%</td>
</tr>
<tr>
<td>16.9%</td>
<td></td>
<td></td>
<td></td>
<td>16.9%</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 78]

Notes:
- Asked of all respondents.
Mental Health Was “Not Good” for 3+ Days in the Past Month
(Overall, 2011)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey (Item 78)

Notes:
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults more likely to have experienced 3+ days of poor mental health in the past 30 days include:
- Women.
- Adults under 40.
- Residents living at lower incomes.

Mental Health Was “Not Good” for 3+ Days in the Past Month
(Overall, 2011)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey (Item 78)

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
The majority (87.6%) of area adults reports that poor mental health did not limit their usual activities (such as work, self-care, or recreation) at all in the past month.

- On the other hand, 3.1% of respondents mentioned that poor mental health limited their usual activities on one day last month, compared with 2.0% reporting two days, and 7.3% reporting three or more days of such limitations.

Number of Days Last Month On Which Poor Mental Health Prevented Usual Activities
(Overall, 2011)

<table>
<thead>
<tr>
<th>Days</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>87.6%</td>
</tr>
<tr>
<td>One</td>
<td>3.1%</td>
</tr>
<tr>
<td>Two</td>
<td>2.0%</td>
</tr>
<tr>
<td>Three/More</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

Median = 0 days

The following population segments are more likely to report that poor mental health prevented their usual activities on one or more days in the past month:

- Adults under 65.
- Residents with lower incomes.
- Hispanics.

Poor Mental Health Prevented Usual Activities on 1+ Days in the Past Month
(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14.1%</td>
</tr>
<tr>
<td>Women</td>
<td>10.7%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>17.4%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>10.9%</td>
</tr>
<tr>
<td>65+</td>
<td>6.1%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>21.6%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>8.8%</td>
</tr>
<tr>
<td>White</td>
<td>10.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.7%</td>
</tr>
<tr>
<td>Overall</td>
<td>12.4%</td>
</tr>
</tbody>
</table>
Depression

Major Depression

A total of 5.6% of area adults have been diagnosed with major depression by a physician or other healthcare professional.

- More favorable than the national figure.
- Higher in Lake Forest; lower among San Clemente adults.
- Denotes a statistically significant decrease in major depression among San Clemente adults over time; no change to report for San Juan Capistrano.

Have Been Diagnosed With Major Depression

Have Been Diagnosed With Major Depression

(Overall, 2011)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 26]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

No statistically significant differences by level of need.
The prevalence of major depression is higher among adults between the ages of 40 and 64.

### Have Been Diagnosed With Major Depression
(Overall, 2011)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0%</td>
<td>5.2%</td>
<td>3.4%</td>
<td>7.5%</td>
<td>5.9%</td>
<td>9.3%</td>
<td>5.1%</td>
<td>6.7%</td>
<td>5.2%</td>
<td>5.6%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 26]
Notes:● Asked of all respondents.
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

### Symptoms of Chronic Depression

A total of 18.9% of area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than the national findings.
- Similar by community.
- Marks a statistically significant decrease over time in chronic depression in the San Clemente and San Juan Capistrano communities.

### Have Experienced Symptoms of Chronic Depression

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>17.9%</td>
<td>16.1%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>20.8%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>26.5%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Overall</td>
<td>United States</td>
<td>27.5%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 81]
● Professional Research Consultants. PRC National Health Survey. 2011.
Notes: ● Asked of all respondents.
The higher-need areas in San Juan Capistrano and Lake Forest (and thus the Overall community as a whole) are more likely to report experiencing chronic depression than those adults living in average/lower-need areas.

**Have Experienced Symptoms of Chronic Depression**
*(Overall, 2011)*

<table>
<thead>
<tr>
<th>Area</th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>17.4%</td>
<td>18.2%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>27.1%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>31.6%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Overall</td>
<td>25.7%</td>
<td>16.4%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 81]
Notes: Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:
- Adults living below the 300% poverty threshold.
- Hispanics.

**Have Experienced Symptoms of Chronic Depression**
*(Overall, 2011)*

<table>
<thead>
<tr>
<th>Gender/Age</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.0%</td>
<td>20.8%</td>
<td>22.1%</td>
<td>17.0%</td>
<td>16.3%</td>
<td>27.6%</td>
<td>15.6%</td>
<td>17.2%</td>
<td>28.9%</td>
<td>18.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 81]
Notes: Asked of all respondents.

Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
Mental Health Treatment for Depression

A total of 7.4% of survey respondents have been referred to a mental health or social service agency for depression by a physician.

- This prevalence is higher among adults between the ages of 40 and 64 when compared with seniors, and is notably higher among adults living on lower incomes.
- The prevalence is 65.3% among adults with major depression (diagnosed by a physician), and 18.1% among adults with symptoms of chronic depression.

### Have Ever Been
Referred to a Mental Health or Social Service Agency for Depression by a Physician
(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>6.9%</td>
</tr>
<tr>
<td>Women</td>
<td>7.8%</td>
</tr>
<tr>
<td>18-39</td>
<td>7.1%</td>
</tr>
<tr>
<td>40-64</td>
<td>8.7%</td>
</tr>
<tr>
<td>65+</td>
<td>5.0%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>12.5%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>5.4%</td>
</tr>
<tr>
<td>White</td>
<td>7.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.4%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>65.3%</td>
</tr>
<tr>
<td>Symptoms of Chronic Depression</td>
<td>18.1%</td>
</tr>
<tr>
<td>Overall</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey [Item 82]
Notes: • Asked of all respondents.
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

While most adults (84.7%) have never visited a medical or mental health provider for depression, 6.4% have done so one or two times, and 8.9% have done so three or more times.

### Frequency of Visiting a Medical or Mental Health Provider for Depression
(Overall, 2011)

- Never: 84.7%
- One or Two Times: 6.4%
- Three/More Times: 8.9%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey [Item 83]
Notes: • Asked of all respondents.
Among adults who have not sought professional help for depression, most indicated that they did not need those types of services. Other responses given referred to lack of awareness about services for depression, issues with cost or insurance, or a general sense of embarrassment.

The prevalence of adults who have visited a professional for depression on three or more occasions (8.9%) is 28.0% among those adults with recognized depression.

Have Visited a Medical or Mental Health Provider for Depression on Three or More Occasions
(Overall, 2011)

Among All Adults

Among Adults With Recognized Depression
(Major Depression and/or Symptoms of Chronic Depression)

Adults under the age of 65 are more likely to have visited a medical or mental health provider for depression at least three times.

Have Visited a Medical/Mental Health Provider for Depression on 3+ Occasions
(Overall, 2011)
Overall, 2.4% of survey respondents have attended a support group for depression led by their peers, by laypersons or by clergy on three or more occasions.

- No difference by community (not shown).
- The prevalence is higher (8.4%) among adults with recognized depression.

### Have Attended a Support Group for Depression Led by Peers, Laypersons or Clergy on Three or More Occasions

(Overall, 2011)

Among All Adults

- Yes: 2.4%
- No: 97.6%

Among Adults With Recognized Depression

(Major Depression and/or Symptoms of Chronic Depression)

- Yes: 8.4%
- No: 91.6%

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 85]

**Notes:**
- Asked of all respondents.

### Medication

Overall, 15.4% of adults have been prescribed medication for depression.

Of those prescribed depression medication, 10.3% report “seldom” or “never” taking this medication as prescribed.

- 73.2% reported that they “always” took their medication as prescribed, and 14.4% took it as prescribed “most of the time.”

**Medication for Depression**

(Overall, 2011)

- Yes: 15.4%
- No: 84.6%

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 86-87]

**Notes:**
- Asked of all respondents with children under 18 at home.
Among adults with recognized depression, 42.6% have been prescribed medication for the depression.

Have Been Prescribed Medication for Depression
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among All Adults</td>
<td>15.4%</td>
<td>84.6%</td>
</tr>
<tr>
<td>Among Adults With Recognized Depression</td>
<td>42.6%</td>
<td>57.4%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey [Item 86]
Notes: Asked of all respondents.

Related Key Informant Panel Findings: Mental Health Services

All participants agreed that since mental health feeds into so many other health issues, it should be a definite priority. There aren’t enough psychiatric beds in the community for the number of people who need them, nor are there enough psychiatrists willing to help those with a limited income/lack of insurance.

“We have a lot of homeless with mental health issues. Mental health is huge and our deputies say, ‘What do you do with them? Where do you bring them?’ There’s really no place. A woman in town who’s been on the streets for years, she goes to jail sometimes and she gets out and she has means to every now and then and then go in a hotel and clean up and whatnot. I think the worst-case scenarios that you hear and read about are happening here to people with poor mental health. You see them walking up and down the street and then you read about them dead.” – San Clemente participant

“And then there’s no outpatient care down here; you have to go further north. For children it starts probably in San Juan Capistrano. In order for adults to get it covered by insurance at all, they have to go probably as far north as Mission Viejo to start getting practitioners that take insurance if you have behavioral health insurance.” – San Clemente participant

“Most practitioners will take one person, one or two people on a sliding scale at a time, but you don’t have people in town really that take insurance.” – San Clemente participant

“I think also depression is huge, and so you end up with someone who has housing, the depression gets worse, they lose their housing and now they’re on the street. And so it impacts all the areas of their life. And it’s happening more and more and more. These people have lost their jobs and there’s that hopeless feeling.” – San Clemente participant

“The other population at risk is the youth who have no insurance. They have mental health issues and trying to resolve the issues themselves, the kids self-medicate with drugs. That’s a problem.” – San Clemente participant

“The Latino community has a long time block about mental health. It is a stigma and the answer is usually, “I’m not crazy, but I need mental health care. And for those who recognize the need for services, there are very few bilingual providers. They do exist, but there are very few.” – San Juan Capistrano participant
"You have to have certain medical necessity, you have to meet certain things for the children. The child has to be the one with the impairment. As far as the adult mental health side, I think it’s a lot more challenging. We have parents who aren’t really able to get the assistance if the kids aren’t displaying difficulties. The other thing about all of this is that it is Medi-Cal-eligible only, so if for some reason the family’s impoverished but not Medi-Cal, they can’t get services through a clinic like mine or the county clinics because they only accept Medi-Cal. So there’s a huge gap in psychiatry needs. Where do we refer a family for psychiatric medication needs if the kid doesn’t really need therapy and we can’t justify keeping them because they don’t have enough behavioral issues or emotional issues or mental health issues, but they need this medication because it works and it keeps them stable but there nowhere else to refer them, Medi-Cal or not?” – San Juan Capistrano participant

“If you have a child who needs to be hospitalized, inpatient psychiatry in Orange County today and you’ve got the best medical insurance, period, you’re going to get sent to UC San Diego or to SC. There is no inpatient — even UCI doesn’t have child psych inpatient beds.” – San Juan Capistrano participant

**Stress**

On a typical day, 49.2% of survey respondents are “not very” or “not at all” stressed.

- Another 41.8% gave “moderately stressed” evaluations of their usual day.

**Perceived Level of Stress on a Typical Day**

<table>
<thead>
<tr>
<th>Level of Stress</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All Stressful</td>
<td>16.4%</td>
</tr>
<tr>
<td>Extremely Stressful</td>
<td>0.6%</td>
</tr>
<tr>
<td>Very Stressful</td>
<td>8.4%</td>
</tr>
<tr>
<td>Moderately Stressful</td>
<td>41.8%</td>
</tr>
<tr>
<td>Not Very Stressful</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

**Sources:** Professional Research Consultants, Inc. PRC Community Health Survey. [Item 80]

**Notes:** Asked of all respondents.

On the other hand, 9.0% of area adults consider a typical day to be “extremely” or “very” stressful.

- Similar to the national percentage.
- More favorable in San Juan Capistrano.

Note the statistically significant decreases in both San Clemente and San Juan Capistrano.
Perceive Most Days as “Extremely” or “Very” Stressful

(Overall, 2011)

No significant difference by level of need.

Adults under the age of 65 are more likely to experience stressful days.

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Related Key Informant Panel Findings: Stress

The San Juan Capistrano group discussed how so many more children these days are dealing with stresses that few had to deal with even 20 years ago. Their concern lies in how best to take care of these children who are carrying burdens that normally would be carried by their parents. No one had an answer, but the concern is there nonetheless.

“I’m concerned about the family makeup. I see a lot of kids who are carrying a lot of the burden of the single parent in the home, be it a mom or dad. Actually, I’ve seen more single dads as parents now in the last couple of years, but I also see the kids coming to the club with a lot more stress of dealing with the relationship or the non-relationship between their mom and their dad.” – San Juan Capistrano participant

“I’ve been doing a lot of research lately on positive youth development and a key component is having positive parent-child interactions or a caring relationship at home. And knowing this community and some of the issues that it deals with especially as it pertains to youth, the violence, gang activity or the increase in substance abuse and that sort of thing, and I think a lot of that correlates with what happens in the home. And again, a lot of it is caring relationships at home, positive parent-child interactions.” – San Juan Capistrano participant

“For parents of children who are mental challenged – there is pressure to be with that child and after they don’t have a service, they don’t have the ability to get the service because of they may not have the job or whatever, but they still want their kid in an environment and our whole population in the last couple of years have changed, with autism increasing and everything. I look at my staff and I see the kids and it’s just the way it is, but we have so many more kids who we need to pay so much more attention to—275 kids in the building, where we have to spend so much time from an individual. Our staff—what are we doing with the rest of the kids that we’ve spent so much time on this one kid is because we—the population have changed. I think we’ve got an influx of a lot more kids that—we see a lot more of those kids that have went through that generation the parents being crack parents or crank and their kids are now coming through the population and it’s just unbelievable the types of kids that are having to deal with a lot of different things on their plate that they shouldn’t deal with.” – San Juan Capistrano participant
DISEASE
Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar by community.
- Statistically unchanged across San Clemente and San Juan Capistrano since 2008.
Prevalence of Heart Disease

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 19]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

◆ No significant difference by level of need.

Prevalence of Heart Disease
(Overall, 2011)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 19]

Notes:
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (aged 65+), especially males.
- Whites.

**Prevalence of Heart Disease**

(Overall, 2011)

Just 1.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- More favorable than statewide findings.
- More favorable than national findings.
- No difference by community.

Note: Among residents aged 65 and older, 6.3% have had a stroke.

Stroke prevalence has been unchanged over time.
No statistical difference in prevalence of stroke by level of need.

Prevalence of Stroke
(Overall, 2011)

<table>
<thead>
<tr>
<th>Community</th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>1.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>2.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>2.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Overall</td>
<td>2.0%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Sources:
Professional Research Consultants, Inc. PRC Community Health Survey. [Item 22]

Notes:
1. Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

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

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Hypertension

A total of 22.7% of adults have been told at some point that their blood pressure was high.

- More favorable than the California prevalence.
- More favorable than the national prevalence.
- Satisfies the Healthy People 2020 target.
- No difference by community.
- Statistically unchanged over time.
Prevalence of High Blood Pressure

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 20]
- Professional Research Consultants, PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Notably higher in the average-to-lower-need areas of San Juan Capistrano.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

San Clemente 23.7% 26.3%
San Juan Capistrano 20.5% 22.7%
Lake Forest 25.7% 34.3%
Overall 26.8% 23.7%
California 26.1% 26.3%
United States 26.3%

Healthy People 2020 Target = 26.9% or Lower

San Clemente 17.8% 26.1%
San Juan Capistrano 18.0% 29.4%
Lake Forest 22.2% 19.8%
Overall 19.8% 23.8%

Notably higher in the average-to-lower-need areas of San Juan Capistrano.

Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Hypertension diagnoses are higher among:

- Men.
- Seniors.
- Whites.

Prevalence of High Blood Pressure
(Overall, 2011)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 20]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

Healthy People 2020 Target = 26.9% or Lower
High Blood Cholesterol

Self-Reported High Blood Cholesterol

One-fifth (20.6%) of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the California findings.
- More favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target.
- No difference by community.

Marks a statistically significant decrease in high cholesterol levels over time for both San Clemente and San Juan Capistrano.

Prevalence of High Blood Cholesterol

- Healthy People 2020 Target = 13.5% or Lower

No difference by area of need.

Prevalence of High Blood Cholesterol

- Healthy People 2020 Target = 13.5% or Lower
- High/Highest Need Areas
- Average/Lower Need Areas

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 21]
- Professional Research Consultants. PRC National Health Survey. 2011.

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

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 21]

Notes:
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Note the higher prevalence among men compared with women.

Note the positive correlation between age and high blood cholesterol.

Whites report a higher prevalence than Hispanics.

### Prevalence of High Blood Cholesterol
(Overall, 2011)

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 13.5% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>25.7%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 21]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

### Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:
- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
A total of 68.9% of area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably lower than national findings.
- Statistically similar by community.

Denotes a statistically significant decrease over time for adults in the San Clemente community; no change to report for San Juan Capistrano.

**Present One or More Cardiovascular Risks or Behaviors**

![Bar chart showing percentage of adults reporting cardiovascular risks by community and year.](chart)

<table>
<thead>
<tr>
<th>Community</th>
<th>2008</th>
<th>2011</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>70.0%</td>
<td>70.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>67.5%</td>
<td>68.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>86.3%</td>
<td>79.1%</td>
<td>-7.2%</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>79.1%</td>
<td>70.0%</td>
<td>-9.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 149]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as having no leisure-time physical activity OR regular/occasional smoking OR hypertension OR high blood cholesterol OR being overweight/obese.

**No difference by level of need.**

**Present One or More Cardiovascular Risk Factors**

(Overall, 2011)

![Bar chart showing percentage of adults reporting cardiovascular risks by level of need.](chart)

<table>
<thead>
<tr>
<th>Community</th>
<th>High/Highest Need</th>
<th>Average/Lower Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>70.9%</td>
<td>69.6%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>70.3%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>67.9%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Overall</td>
<td>69.5%</td>
<td>68.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 149]

**Notes:**
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

**RELATED ISSUE:** See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Seniors.
- Adults living on lower incomes.

### Present One or More Cardiovascular Risks or Behaviors
(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>84.9%</td>
</tr>
<tr>
<td>Women</td>
<td>53.1%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>59.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>71.4%</td>
</tr>
<tr>
<td>65+</td>
<td>88.3%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>77.7%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>69.2%</td>
</tr>
<tr>
<td>White</td>
<td>69.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>69.9%</td>
</tr>
<tr>
<td>Overall</td>
<td>68.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 149]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

**Notes:**
- Cardiovascular risk is defined as having no leisure-time physical activity OR regular/occasional smoking OR hypertension OR high blood cholesterol OR being overweight/obese.
Cancer

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

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

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

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

Prevalence of Skin Cancer

Skin Cancer

A total of 9.5% of surveyed area adults report having been diagnosed with skin cancer.

- Similar to the national average.
- Particularly high in San Clemente.

The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 24]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
Statistically different by level of need in the San Juan Capistrano community.

Prevalence of Skin Cancer
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>7.8%</td>
<td>14.0%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>4.4%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>10.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Overall</td>
<td>8.3%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey (Item 24)
Notes: Asked of all respondents.
Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Population segments more likely to be afflicted with skin cancer include seniors, residents in the higher income breakout, and Whites.

Prevalence of Skin Cancer
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300% FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>10.5%</td>
<td>8.4%</td>
<td>1.3%</td>
<td>11.7%</td>
<td>23.5%</td>
<td>6.0%</td>
<td>11.4%</td>
<td>13.7%</td>
<td>0.9%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey (Item 24)
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Other Cancer

A total of 5.5% of respondents have been diagnosed with some type of (non-skin) cancer.

- Identical to the prevalence reported nationally.
- Statistically similar by community.
- The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)

![Graph showing prevalence of cancer by community and year]

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 23]
● Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes: ● Asked of all respondents.

◆ Statistically different by level of need in San Clemente.
Cancer Risk

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

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

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

Cancer Screenings

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

Screening levels in the community were measured in the 2011 Community Health Survey relative to three cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); and cervical cancer (Pap smear testing).
Prostate Cancer Screenings

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

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

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

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

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

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

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

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


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

PSA Testing and/or Digital Rectal Examination

Among men aged 50 and older, 8 in 10 (80.5%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Higher than national findings.
- Statistically similar by community.
- Statistically unchanged since 2008.

Have Had a Prostate Screening in the Past 2 Years
(Among Overall Men 50+, 2011)

Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.
Female Breast Cancer Screening

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

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

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


**Mammography**

**Among women aged 50 through 74, 87.5% have had a mammogram within the past two years.**

- More favorable than statewide findings (reflecting California women 50+).
- More favorable than national findings.
- Satisfies the Healthy People 2020 target.
- Highest among Lake Forest women aged 50-74.
- Statistically unchanged since 2008 (*it is important to keep in mind the sample sizes when making comparisons*).

### Have Had a Mammogram in the Past Two Years

(Among Overall Women 50-74, 2011)

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2011</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>85.8</td>
<td>79.1</td>
<td>91.7</td>
<td>SC</td>
</tr>
<tr>
<td>Women 50-74</td>
<td></td>
<td></td>
<td></td>
<td>SC</td>
</tr>
<tr>
<td>San Juan Cap.</td>
<td>87.5</td>
<td>83.0</td>
<td>79.9</td>
<td>SJC</td>
</tr>
<tr>
<td>Women 50-74</td>
<td></td>
<td></td>
<td></td>
<td>SJC</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>84.5</td>
<td>85.8</td>
<td>91.5</td>
<td></td>
</tr>
<tr>
<td>Women 50-74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>84.5</td>
<td>85.8</td>
<td>91.5</td>
<td></td>
</tr>
<tr>
<td>Women 50-74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>84.5</td>
<td>85.8</td>
<td>91.5</td>
<td></td>
</tr>
<tr>
<td>Women 50+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>84.5</td>
<td>85.8</td>
<td>91.5</td>
<td></td>
</tr>
<tr>
<td>Women 50-74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 198]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Asked of all female respondents aged 50 to 74 and older.
- Note: that state data reflects all women 50 and older (as opposed with women 50-74 represented in the county and US figures).
Cervical Cancer Screenings

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

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

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

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

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

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


Pap Smear Testing

Among women aged 21-65, 90.4% have had a Pap smear in the past 3 years.

- Higher than the California figure (which represents all women 18+).
- Higher than US findings.
- Comparable to the Healthy People 2020 target.
- Similar testing prevalence by community.
- Statistically unchanged since 2008.

Have Had a Pap Smear in the Past 3 Years

(Among Overall Women 21-65, 2011)

![Graph showing Pap Smear Testing](image)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey, [item 56].
- Note: the California percentage represents all women aged 18 and older.

Notes:
- Statistically unchanged since 2008.
Asthma

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

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

COPD. COPD is the fourth leading cause of death in the United States. In 2006, approximately 120,000 individuals died from COPD, a number very close to that reported for lung cancer deaths (approximately 158,600) in the same year. In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD.

Genetic factors strongly influence the development of the disease. For example, not all smokers develop COPD. Quitting smoking may slow the progression of the disease. Women and men are affected equally, yet more women than men have died of COPD since 2000.

– Healthy People 2020 (www.healthypeople.gov)
**Adults**

A total of 8.1% of area adults have been diagnosed with asthma.

- More favorable than the statewide prevalence.
- More favorable than the national prevalence.
- Statistically similar by community.

The prevalence of adults who have been diagnosed with asthma decreased significantly since 2008 in both San Clemente and San Juan Capistrano.

**Ever Diagnosed With Asthma**

Viewed by level of need, note the statistical difference in Lake Forest.

**Ever Diagnosed With Asthma**

(Overall, 2011)

- **High/Highest Need Areas**
- **Average/Lower Need Areas**
No significant difference when viewed by demographic characteristic.

**Ever Diagnosed With Asthma**
*(Overall, 2011)*

<table>
<thead>
<tr>
<th>%</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1%</td>
<td>7.1%</td>
<td>10.5%</td>
<td>6.0%</td>
<td>9.3%</td>
<td>5.1%</td>
<td>8.6%</td>
<td>9.6%</td>
<td>5.7%</td>
<td>8.1%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 25]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

**Children**

Among parents of children under 18 9.5% say their child has been diagnosed with asthma.

- Similar to national findings.
- Much higher among Lake Forest children; lower in San Juan Capistrano.

**Viewed by gender, the difference in asthma prevalence is not statistically significant.**

The prevalence of children who have been diagnosed with asthma has not changed significantly over time.

**Child Ever Diagnosed With Asthma**
*(Among Parents of Children <18)*

<table>
<thead>
<tr>
<th>%</th>
<th>Overall Boys</th>
<th>Overall Girls</th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>Overall</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.3%</td>
<td>7.7%</td>
<td>SC 2008</td>
<td>SC 2011</td>
<td>SJC 2008</td>
<td>SJC 2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 117]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents with children under 18 at home.
No significant difference in prevalence of children’s asthma by level of need.

**Child Has Been Diagnosed With Asthma**
(By Level of Need, Reported by Parents of Children <18, 2011)

- **Overall High/Highest Need**
  - Yes: 10.9%
  - No: 89.1%

- **Overall Average/Lower Need**
  - Yes: 8.9%
  - No: 91.1%

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 117]

**Notes:**
- Asked of all respondents with children under 18 at home.
- Need levels were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

*Healthy People 2020 (www.healthypeople.gov)*

Violent Crime

Just 0.7% of respondents acknowledge that they have been the victim of a violent crime at some point in the past 5 years.

- Similar to national findings.
- Statistically similar by community.
Have Been the Victim of a Violent Crime in the Past 5 Years

![Bar chart showing percentages of violent crime victims in various areas.]

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 29]  
- Professional Research Consultants. PRC National Health Survey. 2011.  

Notes:  
- Asked of all respondents.

◆ Statistically similar by level of need.

Have Been the Victim of a Violent Crime in the Past 5 Years  
(Overall, 2011)

![Bar chart showing violent crime victimization by need level.]

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 29]

Notes:  
- Asked of all respondents.  
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Family Violence

A total of 8.7% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Statistically lower than national findings.
- Statistically similar by community.

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

![Bar chart showing percentages of respondents hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner in San Clemente, San Juan Capistrano, Lake Forest, Overall, and United States.]

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 30]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Note the statistically significant difference by level of need in San Clemente.

Have Ever Been Hit, Slapped, Pushed, Kicked or Hurt in Any Way by an Intimate Partner (Overall, 2011)

![Bar chart showing percentages of respondents hit, slapped, pushed, kicked, or otherwise hurt in high/highest need areas and average/lower need areas for San Clemente, San Juan Capistrano, Lake Forest, and Overall.]

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 30]

Notes:
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Reports of domestic violence are also notably higher among:

- Women.
- Adults between the ages of 40 and 64.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Overall, 2011)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 30]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 8.6% of area adults report having been diagnosed with diabetes.

- Similar to the proportion statewide.
- Similar to the national proportion.
- Notably lower in San Clemente.
- Statistically unchanged since 2008.


Prevalence of Diabetes

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 28]
● Professional Research Consultants. PRC National Health Survey. 2011.

Notes: ● Asked of all respondents.

◆ No significant difference by level of need.

Prevalence of Diabetes
(Overall, 2011)

[Bar chart showing prevalence of diabetes by community and need level.]

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 28]
Notes: ● Asked of all respondents.

Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
The following population segments are more likely to be diabetic:

- Men.
- Low-income residents.
- Hispanics.

Note also the positive correlation between diabetes and age (with 21.1% of seniors with diabetes).

**Prevalence of Diabetes**
(Overall, 2011)

- Men: 11.8%
- Women: 5.4%
- 18 to 39: 3.2%
- 40 to 64: 7.6%
- 65+: 21.1%
- <300% FPL: 12.6%
- 300%+ FPL: 6.1%
- White: 6.3%
- Hispanic: 12.1%
- Overall: 8.6%

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 28]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

Flu Shots

Seniors

Among area adults aged 65 and older, three-fourths (74.9%) received a flu shot within the past year.

● More favorable than the California finding.
● Similar to the national finding.
● Fails to satisfy the Healthy People 2020 target.
● Statistically similar by community.
● Statistically unchanged in San Clemente and San Juan Capistrano since 2008.

Flu Vaccine in the Past Year
(Among Adults Age 65+)

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2011</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>75.3%</td>
<td>77.7%</td>
<td>72.9%</td>
<td>74.9%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>75.3%</td>
<td>78.7%</td>
<td>65.1%</td>
<td>71.6%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 90% or Higher

Sources:
● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 183]  
● Professional Research Consultants. PRC National Health Survey. 2011.  

Notes:
● Reflects respondents age 65 and older.
Pneumonia Vaccination

Seniors

Another 71.3% of area adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- More favorable than the California finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 objective.
- Notably higher among San Juan Capistrano seniors.

Statistically unchanged over time.

Pneumonia Vaccine Ever
(Among Adults Age 65+)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>70.6%</td>
<td>79.4%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>67.4%</td>
<td>71.3%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>59.9%</td>
<td>68.1%</td>
</tr>
<tr>
<td>Overall</td>
<td>66.8%</td>
<td>70.6%</td>
</tr>
<tr>
<td>California</td>
<td>71.7%</td>
<td>79.4%</td>
</tr>
<tr>
<td>United States</td>
<td>70.6%</td>
<td>90.0%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 185]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Reflects respondents age 65 and older.
MODIFIABLE HEALTH RISK BEHAVIORS

It is estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors, such as the daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress. Behavior patterns represent the single-most prominent domain of influence over health prospects in the US.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. “Actual Causes of Death in the United States.” JAMA, 291(2004):1238-1245.
Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Occupational/environmental exposures</td>
</tr>
</tbody>
</table>


Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.


Professional Research Consultants, Inc.
Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

- Healthy People 2020 (www.healthypeople.gov)
Fruits/Vegetables

Daily Recommendation

A total of 51.2% of area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.
- Similar by community.
- Fruit/vegetable consumption has not changed significantly since 2008.

**Consume 5+ Servings of Fruits/Vegetables Per Day**

<table>
<thead>
<tr>
<th></th>
<th>2008 SC</th>
<th>2011 SC</th>
<th>2008 SJC</th>
<th>2011 SJC</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>52.6%</td>
<td>53.1%</td>
<td>49.5%</td>
<td>51.2%</td>
<td>48.8%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>52.6%</td>
<td>52.6%</td>
<td>50.2%</td>
<td>53.1%</td>
<td></td>
</tr>
<tr>
<td>Lake Forest</td>
<td>52.1%</td>
<td>52.6%</td>
<td>50.2%</td>
<td>53.1%</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>52.1%</td>
<td>52.6%</td>
<td>50.2%</td>
<td>53.1%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 165]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

◆ Note the statistical difference by level of need in Lake Forest.

**Consume 5+ Servings of Fruits and Vegetables per Day**
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>49.7%</td>
<td>53.6%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>45.3%</td>
<td>56.0%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>39.4%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Overall</td>
<td>44.1%</td>
<td>53.8%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 165]

Notes:
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Area men are less likely to get the recommended servings of daily fruits/vegetables.

**Consume 5+ Servings of Fruits/Vegetables Per Day**
(Overall, 2011)

![Chart showing consumption of fruits and vegetables](chart)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 160]
Notes: ● Asked of all respondents.
   ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
   ● For this issue, respondents were asked to recall their food intake on the previous day.

**Fruits**

The majority (68.3%) of area adults reports eating at least two servings of fruit per day.

- More favorable than national findings.
- Higher in San Clemente (not shown).
- Denotes a statistically significant decrease in fruit consumption among San Juan Capistrano adults since 2008; no change in San Clemente.

**Vegetables**

A total of 42.2% of survey respondents reports eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Similar to national findings.
- Similar among the three communities (not shown).
- Statistically unchanged since 2008.

**Fruits/Vegetable Consumption**
(Overall, 2011)

![Chart showing consumption of fruits and vegetables](chart)
Children

The majority (63.4%) of parents reports that their child eats five or more fruits and/or vegetables per day.

- Higher among San Juan Capistrano children; lower in Lake Forest.

Child Eats 5+ Fruits/Vegetables Per Day
(Parents of Children Under 18, 2011)

![Bar chart showing percentage of children eating 5+ fruits/vegetables per day by community and overall.]

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 199]
Notes: • Asked of all respondents with children under 18 at home.

Produce for Snacking

Nearly all (95.5%) survey respondents indicate that they generally keep fresh fruits and vegetables on hand for meals and snacks.

- Statistically similar by community.
- Statistically unchanged over time.

Normally Keep Fresh Fruits and Vegetables at Home for Meals and Snacks

![Bar chart showing percentage of respondents keeping fresh fruits/vegetables at home by community and over time.]

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 67]
Notes: • Asked of all respondents.
Across the Overall community, there is a statistically significant difference by level of need in the prevalence of adults who generally keep fruits and vegetables at home for meals and snacks.

**Normally Keep Fresh Fruits and Vegetables at Home for Meals and Snacks**

(Overall, 2011)

![Bar chart showing the percentage of adults who normally keep fresh fruits and vegetables at home for meals and snacks in San Clemente, San Juan Capistrano, Lake Forest, and Overall. The chart compares High/Highest Need Areas and Average/Lower Need Areas.](chart)

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. (Item 67)

**Notes:**
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults less likely to keep fresh fruits and vegetables at home include men, young adults and seniors, residents living at lower incomes, and Hispanics.

Note that 94.2% of households with children under 18 generally have fruits and vegetables on hand for meals and snacking.

**Normally Keep Fresh Fruits and Vegetables at Home for Meals and Snacks**

(Overall, 2011)

![Bar chart showing the percentage of adults who normally keep fresh fruits and vegetables at home for meals and snacks by gender, age, income, and household size.](chart)

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. (Item 67)

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Difficulty Obtaining Affordable Fresh Produce

The majority (82.2%) of survey respondents does not have difficulty buying affordable fresh produce.

- In contrast, 15.0% of respondents find it “somewhat difficult” to buy affordable fresh produce, and 2.8% report that it is “very difficult.”

![Level of Difficulty Buying Affordable Fresh Produce](chart.png)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 66]
Notes: Asked of all respondents.

- Statistically similar among the three communities.

- No significant change occurred over time in San Clemente and San Juan Capistrano.

### Feel It Is “Very” or “Somewhat Difficult” to Buy Fresh Produce at an Affordable Price

![Feel It Is “Very” or “Somewhat Difficult”](chart.png)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 66]
Notes: Asked of all respondents.
Difficulty obtaining affordable fresh produce is more apparent among:

- Young adults.
- Residents living on lower incomes
- Hispanics.
- Households with children.

**Obtaining Affordable Fresh Produce is “Very” or “Somewhat” Difficult**
(Overall, 2011)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey (Item 66)
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Junk Food, Fast Food & Sugar-Sweetened Beverages

**Junk Food**

A typical child in the Overall area has **four servings of junk food** (candy, chips, French fries, etc.) **per week**.

- 15.2% of parents indicate that their child does not eat any junk food, and 60.3% report that their child has junk food less than once daily.
- However, 17.1% of parents report that their child eats junk food daily and 7.4% indicate that their child eats junk food more than once per day.

**Servings of Junk Food Eaten by Child Per Week**

(Parents of Children <18, 2011)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 137]

Notes: ● Asked of all respondents with children under 18 at home.

<table>
<thead>
<tr>
<th>None</th>
<th>15.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than Daily</td>
<td>60.3%</td>
</tr>
<tr>
<td>Daily</td>
<td>17.1%</td>
</tr>
<tr>
<td>More Than Daily</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

Median = 4 servings

**Fast Food**

In the past week, the typical adult in the area had **one fast food meal**.

- 41.2% of adults did not have any fast food last week, while 23.2% had one fast food meal, and 15.4% had two.
- Note that one-fifth (20.2%) of respondents had three or more fast food meals in the past week.

**Number of Fast Food Meals in the Past Week**

(Overall, 2011)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 64]

Notes: ● Asked of all respondents.

<table>
<thead>
<tr>
<th>None</th>
<th>41.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>23.2%</td>
</tr>
<tr>
<td>Two</td>
<td>15.4%</td>
</tr>
<tr>
<td>Three/More</td>
<td>20.2%</td>
</tr>
</tbody>
</table>

Median = 1 meal
Higher (less favorable) in Lake Forest; lower in San Clemente. Statistically unchanged from the 2008 survey findings.

**Ate Three or More Fast Food Meals in the Past Week**

- San Clemente: 14.6%
- San Juan Capistrano: 17.9%
- Lake Forest: 25.0%
- Overall: 20.2%

Note the statistically significant difference by level of need in San Juan Capistrano.

**Ate Three or More Fast Food Meals in the Past Week**

(Overall, 2011)

- San Clemente: 19.4%
- San Juan Capistrano: 26.7%
- Lake Forest: 25.1%
- Overall: 23.5%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey [Item 64]
Notes: Asked of all respondents.

Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Residents more likely to eat three or more fast food meals per week include:

- Men.
- Young adults.
- Hispanics.
- Overweight/obese adults.

**Ate Three or More Fast Food Meals in the Past Week**  
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Healthy Weight</th>
<th>Overwt/Obese</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>29.4</td>
<td>11.1</td>
<td>25.9</td>
<td>18.0</td>
<td>15.2</td>
<td>22.5</td>
<td>20.3</td>
<td>17.1</td>
<td>24.0</td>
<td>17.9</td>
<td>24.4</td>
<td>20.2</td>
</tr>
</tbody>
</table>

**Children**

While 32.2% of parents indicate that their child does not eat fast food, the typical child has one fast food meal per week.

- 23.8% report that their child had one fast food meal in the past week, and 19.4% say their child had two.
- One-fourth (24.6%) of parents reports that their child had three or more fast food meals in the past week.

**Fast Food Meals Eaten by Child Per Week**  
(Parents of Children <18, 2011)

- None 32.2%
- One 23.8%
- Two 19.4%
- Three/More 24.6%

**Median = 1 meal**
Beverages

Diet, Light or Low-Calorie Beverages

While most survey respondents (60.9%) do not drink any diet or low-calorie beverages, 23.2% report drinking three or more in the past week.

Servings of Diet or Low-Calorie Beverages in the Past Week
(Overall, 2011)

- None: 60.9%
- One: 6.9%
- Two: 9.0%
- Three/More: 23.2%

Median = 0 servings

A total of 12.8% of residents drink at least one diet or low-calorie beverage daily.

Highest among the 40-64 population.

Drink 7+ Servings of Diet or Low-Calorie Drinks Per Week
(Overall, 2011)

- Men: 12.3%
- Women: 13.7%
- 18 to 39: 10.2%
- 40 to 64: 16.9%
- 65+: 7.8%
- <300% FPL: 11.5%
- 300%+ FPL: 15.5%
- White: 14.8%
- Hispanic: 11.5%
- Overall: 12.8%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 62]
Notes: Asked of all respondents.

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Sugar-Sweetened Beverages

Area residents are more likely to report drinking sugary beverages, with 21.4% drinking at least one daily. The typical adult has 2 servings per week.

**Servings of Sugar-Sweetened Beverages in the Past Week**
(Overall, 2011)

<table>
<thead>
<tr>
<th>Servings</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven/More</td>
<td>21.4%</td>
</tr>
<tr>
<td>Six</td>
<td>11.1%</td>
</tr>
<tr>
<td>Five</td>
<td>6.1%</td>
</tr>
<tr>
<td>Four</td>
<td>6.5%</td>
</tr>
<tr>
<td>Three</td>
<td>5.5%</td>
</tr>
<tr>
<td>Two</td>
<td>10.6%</td>
</tr>
<tr>
<td>One</td>
<td>9.0%</td>
</tr>
<tr>
<td>None</td>
<td>39.8%</td>
</tr>
</tbody>
</table>

*Median = 2 servings*

**Drink 7+ Sugar-Sweetened Beverages Per Week**
(Overall, 2011)

<table>
<thead>
<tr>
<th>Area</th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>25.2%</td>
<td>21.0%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>23.1%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>26.2%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Overall</td>
<td>25.3%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

*No significant difference by level of need.*

**Sources:** Professional Research Consultants, Inc. PRC Community Health Survey. [Item 63]

**Notes:**
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
The following adults are more likely to drink sugar-sweetened beverages at least daily:

- Men.
- Adults under the age of 40.
- Hispanics.

### Drink 7+ Sugar-Sweetened Beverages Per Week

(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Healthy Weight</th>
<th>Overwt/Obese</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>28.0%</td>
<td>15.0%</td>
<td>27.3%</td>
<td>17.6%</td>
<td>21.8%</td>
<td>26.4%</td>
<td>20.9%</td>
<td>15.1%</td>
<td>30.6%</td>
<td>21.8%</td>
<td>21.9%</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 63]
Notes: ● Asked of all respondents.
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

### Meals Prepared at Home

The majority of households (84.2%) prepares and eats at least one meal per day at home (including 82.8% of households with children under 18).

- Note the median of 14 meals per week among all households; 15 meals per week among those with children under 18.

### Seven or More Meals in the Past Week Were Prepared and Eaten at Home

(Overall, 2011)

- Among All Households: Median = 14 Meals
- Among All Households With Children <18: Median = 15 Meals

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 65]
Notes: ● Asked of all respondents.
Among parents of children under 18, more than two-thirds (69.0%) report that they eat a meal together as a family at least daily.

- In contrast, 31.0% of parents report eating meals as a family less than daily.
- Statistically similar by community (not shown).

### Meals Eaten Together as a Family Per Week
(Parents of Children <18, 2011)

<table>
<thead>
<tr>
<th>Meals Eaten Together as a Family Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than Daily</td>
</tr>
<tr>
<td>31.0%</td>
</tr>
<tr>
<td>At Least Daily (7+)</td>
</tr>
<tr>
<td>69.0%</td>
</tr>
</tbody>
</table>

Median = 8 meals

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 139]
**Notes:**
- Asked of all respondents with children under 18 at home.
- In this case, meals eaten include breakfast, lunch, and dinner together.

The percentage of families who eat their meals together decreases with the child’s age.

### Seven or More Meals in the Past Week Were Eaten Together as a Family
(Households With Children <18, 2011)

<table>
<thead>
<tr>
<th>Overall Children 0-5</th>
<th>Overall Children 6-12</th>
<th>Overall Children 13-17</th>
<th>Overall Children &lt;18</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.9%</td>
<td>72.3%</td>
<td>55.8%</td>
<td>69.0%</td>
</tr>
</tbody>
</table>

Median = 8 meals/week

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 139]
**Notes:**
- Asked of all respondents with children under 18 at home.
- In this case, meals eaten include breakfast, lunch, and dinner together.
Related Key Informant Panel Findings: Nutrition & Overweight

The rise in childhood obesity has key informant panel participants concerned. They spoke of seeing fewer children playing outside and of rarely seeing children walking to school. Additionally, participants are concerned with the cost of healthy food and people’s choices to eat fast food as opposed to cooking a healthy meal at home.

There is a program called Fun On The Run that participants are excited about since it brings exercise and fitness to a different neighborhood each day. Participants agreed that many parents are afraid to let their children play outside and instead keep them cooped up in the house playing video games or computer games. More organized exercise activities would help the community in the long run.

Though Fun On The Run is an excellent example of improving the activity levels in youth, there is also a need for organized sports to be available for students of any income level. Participants commented that many students don’t have the funds available to be on an organized team and there aren’t enough intramural teams at the schools to involve the students who need the involvement the most.

“Even if you know that that’s the way you should be eating, very often you can’t afford it. And it’s getting more expensive. Cost of fruits and vegetables and milk is going up all the time. And the cost of McDonald’s hamburgers is going down.” – San Clemente participant

“I’m really concerned about our children because if you’re obese as a child, how do you get that fat off and keep it off? If you want to live until you’re 70 or whatever, how is your life going to be?” – San Clemente participant

“Some areas don’t have access to parks within a reasonable distance. There are so many other influences, bad influences in the neighborhoods that parents choose to have their kids in the house because they’ll be safe, yet their kids are just sitting down and probably eating junk.” – San Clemente participant

“This is one reason why San Clemente instituted Fun On The Run through the recreation department. It’s in a van with a lot of play equipment and that sort of thing and instead of having the kids come to them, they go to the kids. And there are several neighborhoods where they’re going.” – San Clemente participant

“I remember going to play Boys and Girls club or just even park sports, but even park sports have become so professionalized and costly that I get parents knocking on my door saying, ‘Do you think the church can help me? My kid wants to play soccer. He wants to be healthy, but it’s going to cost him for a league in San Juan $40.00 for the shirt and a $100.00 fee.’ We professionalize these kids. I want them out there playing, but there is a sense that economically they can’t even afford to play because it costs to play.” – San Clemente participant

“By the time they get to high school, if they haven’t played every top league already, they don’t get on a high school team. So that may totally shut down a sport in high school. The cheapest sports cost $300.00, the cheapest varsity sport for a kids to participate in if they’re good enough to begin with, and they’re cutting sports funding even more. So what happened to letting them play intramurals on just a fun team? The kids have a Frisbee team and they actually organized that all themselves.” – San Clemente participant

“And working with the youth, what I see (and it’s probably one of our biggest issues) is that they do become overweight and it’s really hard on their self-esteem because they’re seeing other peers who are playing these club levels or these teams, and they’re not allowed or they can’t afford it. It’s a luxury for a lot of these families and these kids.” – San Clemente participant
“And I haven’t seen an outcry whenever a new burger joint shows up. In fact, everyone’s happy there’s a new burger joint. It’s local economy, it’s building the economy. And so cheap burgers: bad food, bad health. We all want the guy to succeed and have a successful business, but no one’s calling into question the fact that they’re contributing to this sort of McDonaldsville.” –San Clemente participant

“We in the medical clinic see the end points in adults who never learned these habits, and we see people who actually die because they never learned these habits. But regretfully we see an alarming amount of children who clearly have not had these lessons engrained into them and who are obese, quite obese, twice their BMI. And it’s really something that deserves to be emphasized because it needs to be engrained in families and in children at a very early age, but it’s also a very difficult message to get into people because it’s a very unpopular one. The First Lady has been attempting to put this forth on a nationwide basis, and frankly she’s been ridiculed because of it. And that shows what a tremendous mind-change that really is. So it’s an uphill battle, but speaking as one who sees that one corner, which is to say the end point and the disease, it’s really painful when you see a 12-year-old diabetic. And it’s even more painful when you know it was preventable.” –San Juan Capistrano participant

“Possibly all the schools should start at kindergarten and teach these kids about the food pyramid. And it seems to me that we’re addressing the problem and they’re already at the doctor’s doorstep asking for treatment—clearly we’re a few days too late. And I think it has to be bilingual education. And some folks are very hesitant in doing that especially as it relates to the public schools. But again, we have to address problems at that early age through the educational process.” –San Juan Capistrano participant
Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


### Classification of Overweight and Obesity by BMI

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


### Adult Weight Status

#### Healthy Weight

Based on self-reported heights and weights, 46.9% of area adults are at a healthy weight.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target.
- Statistically similar by community.
- Marks a statistically significant increase in healthy weight among San Clemente adults since 2008; no change across San Juan Capistrano.

*Healthy weight “means neither underweight, nor overweight (BMI = 18.5-24.9).*
Healthy Weight
(Body Mass Index Between 18.5-24.9)

Healthy People 2020 Target = 33.9% or Higher

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>49.3%</td>
<td>49.3%</td>
<td>41.9%</td>
<td>39.8%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>42.5%</td>
<td>42.5%</td>
<td>49.3%</td>
<td>42.5%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>47.3%</td>
<td>47.3%</td>
<td>42.5%</td>
<td>42.5%</td>
</tr>
<tr>
<td>Overall</td>
<td>46.9%</td>
<td>46.9%</td>
<td>41.9%</td>
<td>41.9%</td>
</tr>
<tr>
<td>United States</td>
<td>31.7%</td>
<td>31.7%</td>
<td>31.7%</td>
<td>31.7%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 154]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Just over one-half of area adults (51.6%) are overweight.

- More favorable than the California prevalence.
- More favorable than the US overweight prevalence.
- No significant difference among the three communities.
- Statistically unchanged since 2008.

Prevalence of Total Overweight
(Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>50.6%</td>
<td>50.6%</td>
<td>57.3%</td>
<td>57.3%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>56.8%</td>
<td>56.8%</td>
<td>57.7%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>49.9%</td>
<td>49.9%</td>
<td>56.8%</td>
<td>56.8%</td>
</tr>
<tr>
<td>Overall</td>
<td>51.6%</td>
<td>51.6%</td>
<td>56.8%</td>
<td>56.8%</td>
</tr>
<tr>
<td>California</td>
<td>61.3%</td>
<td>61.3%</td>
<td>57.3%</td>
<td>57.3%</td>
</tr>
<tr>
<td>United States</td>
<td>66.9%</td>
<td>66.9%</td>
<td>57.3%</td>
<td>57.3%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 154]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0.
- The definition for obesity is a BMI greater than or equal to 30.0.

Here, “overweight” includes those respondents with a BMI value ≥25.
No difference by level of need.

### Prevalence of Total Overweight
(Overall, 2011)

<table>
<thead>
<tr>
<th>Community</th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>57.9%</td>
<td>47.9%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>60.7%</td>
<td>53.6%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>53.6%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Overall</td>
<td>56.5%</td>
<td>49.8%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 154]

Notes: ● Asked of all respondents.

Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Survey respondents more likely to be overweight/obese include:

- Men (note the dramatic difference by gender).
- Those aged 40-64.
- Lower-income residents.
- Hispanics.

### Prevalence of Overweight or Obesity
(Body Mass Index of 25.0 or Higher; Overall, 2011)

<table>
<thead>
<tr>
<th>Gender/Age</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>63.4%</td>
<td>48.8%</td>
<td>51.9%</td>
<td>51.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 154]


- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight or obese is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender.
Specifically, 16.4% of area adults are obese.

- More favorable than the California percentage.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target.
- Least favorable in San Juan Capistrano; most favorable in San Clemente.

Denotes a statistically significant decrease in obesity in San Clemente since 2008; no significant change in San Juan Capistrano.

### Prevalence of Obesity

**Per 100%**

- Healthy People 2020 Target = 30.6% or Lower

**Percentage of area adults who are obese:**

- **San Clemente:** 16.4%
- **San Juan Capistrano:** 25.5%
- **Lake Forest:** 21.3%
- **Overall:** 24.5%
- **California:** 28.5%
- **United States:** 25.5%

**Healthy People 2020 Target = 30.6% or Lower**

- **San Clemente:** 16.4%
- **San Juan Capistrano:** 25.5%
- **Lake Forest:** 21.3%
- **Overall:** 24.5%
- **California:** 28.5%
- **United States:** 25.5%

**Sources:**

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 154]

**Notes:**

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Note the statistically significant difference by level of need in San Clemente and San Juan Capistrano.

**Prevalence of Obesity**

**Per 100%**

- **Healthy People 2020 Target = 30.6% or Lower**
- **High/Highest Need Areas**
- **Average/Lower Need Areas**

**Percentage of area adults who are obese:**

- **San Clemente:** 16.4%
- **San Juan Capistrano:** 25.5%
- **Lake Forest:** 21.3%
- **Overall:** 24.5%

**Healthy People 2020 Target = 30.6% or Lower**

- **San Clemente:** 16.4%
- **San Juan Capistrano:** 25.5%
- **Lake Forest:** 21.3%
- **Overall:** 24.5%

**Sources:**

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 154]

**Notes:**

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Obesity is notably more prevalent among Hispanics.

### Prevalence of Obesity
(Body Mass Index of 30.0 or Higher; Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 30.6% or Lower</td>
<td>17.5%</td>
<td>15.0%</td>
<td>14.9%</td>
<td>18.7%</td>
<td>16.6%</td>
<td>19.0%</td>
<td>16.1%</td>
<td>14.5%</td>
<td>16.4%</td>
<td></td>
</tr>
</tbody>
</table>

#### Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 154]

#### Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

#### Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

- Hypertension (high blood pressure).
- High cholesterol.
- Chronic and/or major depression.
- Activity limitations.
- “Fair” or “poor” physical health.
- Asthma.
- Diabetes.

Obese residents appear more likely to have obese children.

#### Relationship of Overweight With Other Health Issues
(Overall; By Weight Classification)

<table>
<thead>
<tr>
<th></th>
<th>Healthy Weight</th>
<th>Overweight/Not Obese</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>16.6%</td>
<td>24.2%</td>
<td>38.3%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>17.8%</td>
<td>28.4%</td>
<td>38.5%</td>
</tr>
<tr>
<td>Chronic Depression</td>
<td>15.7%</td>
<td>27.1%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Activity Limitations</td>
<td>10.8%</td>
<td>19.0%</td>
<td>24.7%</td>
</tr>
<tr>
<td>“Fair/Poor” Health</td>
<td>9.3%</td>
<td>14.6%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Asthma</td>
<td>6.2%</td>
<td>14.4%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.6%</td>
<td>14.0%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Child is Obese</td>
<td>3.3%</td>
<td>2.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>3.8%</td>
<td>5.9%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>
Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 65.8% of area adults who are overweight say that they are trying to lose weight.

- Similar to national findings.
- Statistically unchanged since 2008.

Note: 71.6% of obese area adults report that they are trying to lose weight, similar to the 74.2% found nationally.

### Trying to Lose Weight
(By Weight Classification)

![Graph showing weight classification and percentage of individuals trying to lose weight.]

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 159]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Based on reported heights and weights, asked of all respondents.
Child Weight Status

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

- Centers for Disease Control and Prevention.

Overweight Children

Based on the heights/weights reported by surveyed parents, 10.8% of area children aged 6 to 17 are overweight or obese (≥85th percentile).

- Much more favorable than found nationally.
- Statistically similar by community.
- Statistically unchanged since 2008.
- Statistically similar by child’s gender; higher among children aged 6-12 when compared with teens.

Child Total Overweight Prevalence

(Percent of Children 6-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 158]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children aged 6-17 at home.
- Overweight among children is estimated based on children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
Among children aged 3-11, 23.9% are considered to be overweight.

- Comparable to the US prevalence among children 3-11.
- Statistically unchanged over time (not shown).

**Child Total Overweight Prevalence**

(Percent of Children 3-11 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)

![Child Total Overweight Prevalence Graph](image)

**Obese Children**

Specifically, 5.4% of children aged 6 to 17 are **obese** (≥95th percentile).

- More favorable than the national percentage.
- Satisfies the Healthy People 2020 target (for children aged 2-19).
- Statistically similar by community.
- Statistically unchanged since 2008.
- Statistically similar by gender; much higher among children aged 6-12 when compared with area teens.

**Child Obesity Prevalence**

(Percent of Children 6-17 Who Are Obese; Body Mass Index in the 95th Percentile or Higher)

![Child Obesity Prevalence Graph](image)

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 157]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents with children aged 3-11 at home.
- Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
Among children aged 3-11, 16.1% are considered to be obese.

- Statistically lower than the US prevalence.
- Statistically unchanged over time (not shown).

**Child Obesity Prevalence**

(Percent of Children 3-11 Who Are Obese; Body Mass Index in the 95th Percentile or Higher)

![Child Obesity Prevalence Chart]

Healthy People 2020 Target = 14.6% or Lower

- Overall Children 3-11: 16.1%
- United States Children 3-11: 28.2%

---

**Health Advice**

Among parents of children aged 2 through 17, 18.6% indicate that the child’s physician has discussed the child’s weight with them.

- Unchanged from the 18.4% reported in 2008.
- Note that 31.2% of parents with overweight/obese children report that their child’s physician has discussed the child’s weight (vs. 43.9% in 2008).

**Physician Has Discussed Child’s Weight**

(Parents of Children 2-17, 2011)

---

Notes:
- Asked of all respondents with children aged 2-17 at home.
- Obesity among children is estimated based on children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
Nearly one-half (48.5%) of households with children have been given diet/exercise advice by the child’s physician.

- Lower in San Juan Capistrano.
- Note that 78.1% of parents with overweight/obese children have been given diet/exercise advice.

**Children’s Physician Has Given Diet/Exercise Advice**
(Households With Children 2-17, 2011)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC Age 2-17</td>
<td>45.9%</td>
</tr>
<tr>
<td>SJC Age 2-17</td>
<td>38.3%</td>
</tr>
<tr>
<td>LF Age 2-17</td>
<td>54.1%</td>
</tr>
<tr>
<td>Overall Children 2-5</td>
<td>59.4%</td>
</tr>
<tr>
<td>Overall Children 6-12</td>
<td>45.2%</td>
</tr>
<tr>
<td>Overall Children 13-17</td>
<td>46.0%</td>
</tr>
<tr>
<td>Overweight Children 6-17</td>
<td>78.1%</td>
</tr>
<tr>
<td>Overall Children 2-17</td>
<td>48.5%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. (PRC) Community Health Survey. [Item 120]
Notes: Asked of all respondents with children 2-17 at home.
Physical Activity & Fitness

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:
- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:
- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:
- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)
Leisure-Time Physical Activity

A total of 14.9% of area adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 objective.
- Less favorable in Lake Forest.
- Statistically unchanged since 2008.

No Leisure-Time Physical Activity in the Past Month

![No Leisure-Time Physical Activity in the Past Month](chart)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 70]
● Professional Research Consultants. PRC National Health Survey. 2011.

Notes: ● Asked of all respondents.

◆ Note the statistically significant difference by level of need in each of the geographical areas illustrated below.

No Leisure-Time Physical Activity in the Past Month

![No Leisure-Time Physical Activity in the Past Month](chart)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 70]

Notes: ● Asked of all respondents.

● Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Lack of leisure-time physical activity in the area is higher among:

- Seniors.
- Lower-income residents.
- Hispanics.

### No Leisure-Time Physical Activity in the Past Month
(Overall, 2011)

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Research Consultants, Inc. PRC Community Health Survey</td>
<td>[Item 70]</td>
</tr>
</tbody>
</table>

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

Among survey respondents, 37.6% gave personal reasons (such as lack of motivation or time, health problems, etc.) for not being more active, while 10.3% cited various community- or neighborhood-related reasons.

Specific community- or neighborhood-related reasons include a lack of recreational facilities, weather, crime, dogs without leashes, and lack of unsafe sidewalks. A lack of bike lanes was also mentioned, as were transportation issues, too many hills, and traffic or safety issues.

### Community or Neighborhood Factors Which Prevent Leading a More Active Lifestyle
(Overall, 2011)

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Research Consultants, Inc. PRC Community Health Survey</td>
<td>[Item 69]</td>
</tr>
</tbody>
</table>

Notes:
- Asked of all respondents.
Physical Activity as a Family

Among households with children, the majority participated in physical activity as a family at least once in the last month (median = 4 times).

- Specifically, 32.5% of these households report exercising together as a family between 1 and 4 times in the past month, and 26.2% reported exercising together between 5 and 10 times.
- Note that 23.7% did not participate in any physical activity together as a family in the past month (highest in San Juan Capistrano, lowest in San Clemente; not shown).

Frequency of Participating in Physical Activity as a Family in the Past Month
(Among Households With Children <18; Overall, 2011)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>23.7%</td>
</tr>
<tr>
<td>1 to 4 Times</td>
<td>32.5%</td>
</tr>
<tr>
<td>5 to 10 Times</td>
<td>26.2%</td>
</tr>
<tr>
<td>11+ Times</td>
<td>17.6%</td>
</tr>
<tr>
<td>1 to 4 Times</td>
<td>32.5%</td>
</tr>
</tbody>
</table>

Households least likely to have participated in physical activity as a family in the past month include those with teens, and Hispanics.

Participated in No Physical Activity as a Family in the Past Month
(Overall Among Households With Children <18, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>27.5%</td>
</tr>
<tr>
<td>Girl</td>
<td>18.7%</td>
</tr>
<tr>
<td>Child Age 0-5</td>
<td>17.9%</td>
</tr>
<tr>
<td>Child Age 6-12</td>
<td>15.4%</td>
</tr>
<tr>
<td>Child Age 13-17</td>
<td>36.2%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>21.2%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>22.5%</td>
</tr>
<tr>
<td>White</td>
<td>18.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>32.5%</td>
</tr>
<tr>
<td>Overall</td>
<td>23.7%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 124]
Notes: Asked of all respondents with children under 18 at home.
Use of Parks and Recreational Facilities

Overall, the majority of residents have used a local park, community center, or recreational facility at least once in the past year (median = 5 times).

- A total of 3.3% of local adults used a park, community center, or recreational facility daily, and 18.3% used one at least weekly in the past year.
- However, 31.4% of local adults did not visit a park, community center, or recreational facility at all in the past year.

**Number of Visits to Local Parks, Community Centers, or Recreational Facilities in Past Year**
(Overall, 2011)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 Times</td>
<td>15.2%</td>
</tr>
<tr>
<td>5 to 19</td>
<td>13.3%</td>
</tr>
<tr>
<td>20 to 50</td>
<td>18.5%</td>
</tr>
<tr>
<td>At Least Weekly</td>
<td>18.3%</td>
</tr>
<tr>
<td>Daily</td>
<td>3.3%</td>
</tr>
<tr>
<td>None</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

*Median = 5 times*

- The prevalence of adults who did not use a park, community center, or recreational facility in the past year is notably higher than the US (note, however, that the phrasing of the inquiries was slightly different, possibly accounting for the different results).
- Similar by community.
- Statistically unchanged over time.

**Did Not Use a Park, Community Center, or Recreational Facility in the Past Year**

<table>
<thead>
<tr>
<th>Community</th>
<th>2008</th>
<th>2011</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>27.6%</td>
<td>27.6%</td>
<td>11.5%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>34.4%</td>
<td>28.0%</td>
<td></td>
</tr>
<tr>
<td>Lake Forest</td>
<td>32.6%</td>
<td>34.4%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>31.4%</td>
<td>34.4%</td>
<td></td>
</tr>
</tbody>
</table>

*Sources: Professional Research Consultants, Inc. PRC Community Health Survey. Item 68*
*Notes: Asked of all respondents.*
No statistical difference by level of need.

Did Not Use a Park, Community Center, or Recreational Facility in the Past Year
(Overall, 2011)

Area seniors are more likely to indicate that they did not visit a park, community center, or recreational facility last year.

Note also that households with children are more likely to have used such a facility.

Did Not Use a Park, Community Center, or Recreational Facility in the Past Year
(Overall, 2011)
Screen Time

Adults

Nearly one-half of area adults (48.9%) spend three or more hours per day on screen time (e.g., TV, video games, computer/Internet use) for entertainment purposes (median = 2 hours).

- Specifically, 27.6% of survey respondents report spending two hours per day on screen time for entertainment, while 21.3% spend three hours and 27.6% spend four or more hours per day on screen time.
- In contrast, 15.3% average one hour per day and 8.2% spend less than one hour daily on screen time for entertainment.

Daily Number of Hours Spent On Screen Time for Entertainment
(Overall, 2011)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than One Hour</td>
<td>8.2%</td>
</tr>
<tr>
<td>One Hour</td>
<td>15.3%</td>
</tr>
<tr>
<td>Two Hours</td>
<td>27.6%</td>
</tr>
<tr>
<td>Three Hours</td>
<td>21.3%</td>
</tr>
<tr>
<td>Four/More Hours</td>
<td>27.6%</td>
</tr>
</tbody>
</table>

Median = 2 hours

Area adults more likely to spend at least three hours per day on screen time for entertainment include men, seniors, and Whites.

The difference by weight classification is not statistically significant.

Spend 3+ Hours on Screen Time for Entertainment Daily
(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>53.5%</td>
</tr>
<tr>
<td>Women</td>
<td>44.3%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>41.4%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>40.8%</td>
</tr>
<tr>
<td>65+</td>
<td>60.9%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>40.8%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>49.9%</td>
</tr>
<tr>
<td>White</td>
<td>51.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39.1%</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>46.3%</td>
</tr>
<tr>
<td>Overwt/Obese</td>
<td>53.5%</td>
</tr>
<tr>
<td>Overall</td>
<td>48.9%</td>
</tr>
</tbody>
</table>
Children

Among parents of children 2-17, 16.5% report that their child spends three or more hours watching television on a typical week-day; 10.6% report at least three hours on non-television screen time (i.e., video games or Internet for entertainment). The categories are not mutually-exclusive.

- In contrast, more than one-half (54.8%) of parents with children aged 2-17 report that their child spends one hour or less on television during weekdays.
- Another 71.8% indicate that their child spends one hour or less on other screen time for entertainment on a typical weekday.

Children's Screen Time

(Among Parents of Children Ages 2-17; Overall, 2011)

When combined, a total of 40.2% of area children aged 2-17 spend at least three hours per day on television and/or other screen time for entertainment.

- Significantly higher among area teens.
- Higher among children in San Clemente (not shown).

Children: Spend 3+ Hours per Day on Screen Time

(Among Parents of Children Ages 2-17; Overall, 2011)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey [Items 122-123]
Notes: Asked of respondents with a child aged 2 to 17 in the household.

In this case the term “screen time” includes watching television, playing video games, and Internet use for entertainment.
In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America’s youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)
Alcohol Use

A total of 61.3% of survey respondents are current drinkers (adults having one or more servings of alcohol in the past month).

- Higher than the California prevalence.
- Similar to the US finding.
- Highest in San Clemente; lowest in Lake Forest.

Statistically unchanged since 2008 in San Clemente and San Juan Capistrano.

**Current Drinkers**

![Bar chart showing current drinker rates for San Clemente, San Juan Capistrano, Lake Forest, overall, California, and United States.]

**Current drinking is more prevalent among:**

- Men.
- Adults aged 40 and older.
- Residents with higher incomes.
- Whites.

**Current Drinkers (Overall, 2011)**

![Bar chart showing current drinker rates for different categories: Men, Women, 18 to 39, 40 to 64, 65+, <300% FPL, 300%+ FPL, White, Hispanic, Overall.]
A total of 15.2% of area adults are binge drinkers.

- Similar to that reported in California.
- Similar to that reported nationwide.
- Satisfies the Healthy People 2020 target.
- Worse in San Clemente; better in Lake Forest.

Statistically unchanged since 2008 in San Clemente and San Juan Capistrano.

Binge drinkers include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

No statistical difference by level of need.
Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 40 (note the negative correlation with age).

### Binge Drinkers
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men &lt;40</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22.0%</td>
<td>8.4%</td>
<td>22.7%</td>
<td>12.2%</td>
<td>6.5%</td>
<td>17.0%</td>
<td>15.3%</td>
<td>16.8%</td>
<td>12.4%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey.

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

### Number of Drinks Considered Problematic

A typical adult in the Overall community believes that three or more drinks of alcohol per day is the threshold qualifying as having a drinking problem.

- When asked to consider the number of daily drinks that qualify a person as having a drinking problem, nearly one-fourth (24.4%) mentioned three drinks, while 10.0% consider four daily drinks to signal a problem.
- While 27.7% of area adults consider five or more drinks to be problematic, 14.3% consider only one drink to be a problem and 15.0% report that two daily drinks signals a drinking problem.
- Note that 8.6% of adults feel it “depends on the person.”

#### Perceived Number of Drinks per Day That Qualify as Having a Drinking Problem
(Overall, 2011)

- **Median = 3 Drinks/Day** (excluding those saying it “depends on the person”)
- One 14.3%
- Two 15.0%
- Three 24.4%
- Four 10.0%
- Five 14.2%
- Six/More 13.5%
- Depends on Person 8.6%

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 36]

**Notes:**
- Asked of all respondents.
Problems With Alcohol

Less than one percent of area adults report having or being diagnosed with alcohol or substance abuse problems.

- Similar by community.

Have Suffered From or Been Diagnosed With Alcohol or Substance Abuse Problems

Alcohol & Drug Treatment

A total of 1.2% of survey respondents have received treatment for chemical dependency such as drug or alcohol problems.

- Similar by community.

Among adults reporting substance abuse problems, 6.1% have received treatment for chemical dependency.

Have Received Treatment for Chemical Dependency Such as Drug or Alcohol Problems

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 27]

Notes:
- Asked of all respondents.
Problems in the Household

A total of 4.4% of respondents report that they (or a member of their household) have issues with alcohol which affect their home, work, and/or social settings.

- Similar by community.

Member of Household Has Issues With Alcohol Which Affect Home, Work, and/or Social Settings

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 35]

Notes: Asked of all respondents.
Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 8.3% of area adults currently smoke cigarettes, either regularly (4.6% every day) or occasionally (3.7% on some days).

Cigarette Smoking Prevalence
(Overall, 2011)

- Never Smoked 67.9%
- Regular Smoker 4.6%
- Occasional Smoker 3.7%
- Former Smoker 23.8%

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey (Item 166)

Notes:
- Asked of all respondents
• More favorable than statewide findings.
• More favorable than national findings.
• Satisfies the Healthy People 2020 target.
• No difference when viewed by community.

Marks a statistically significant decrease in smoking among San Clemente adults since 2008; no change over time for San Juan Capistrano.

### Current Smokers

- **Healthy People 2020 Target = 12% or Lower**
- **Current Smoker (%) at Top**

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>8.2%</td>
<td>5.5%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>9.0%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>8.1%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Overall</td>
<td>8.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>California</td>
<td>12.8%</td>
<td>11.1%</td>
</tr>
<tr>
<td>United States</td>
<td>16.6%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

### Current Smoker Trend

- **San Clemente:** 8.2% to 5.5%
- **San Juan Capistrano:** 9.0% to 5.5%
- **Lake Forest:** 8.1% to 8.1%
- **Overall:** 8.3% to 8.3%
- **California:** 12.8% to 11.1%
- **United States:** 16.6% to 15.0%

### Current Smokers (Every Day or Some Days)

- **Healthy People 2020 Target = 12.0% or Lower**
- **High/Highest Need Areas**
- **Average/Lower Need Areas**

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>10.2%</td>
<td>7.4%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>7.4%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>9.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Overall</td>
<td>7.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td>High/Lower Needs</td>
<td>8.1%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

### Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

---

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 166]
- US Department of Health and Human Services. [Objective TU-1.1]
- Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia. US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 California Data.
Cigarette smoking is more prevalent among:

- Men.
- Lower-income residents.

Note also:

- Just 2.7% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers
(Overall, 2011)

- Healthy People 2020 Target = 12% or Lower

Among women 18-44, 2.7% are regular or occasional smokers.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300% FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>12.0%</td>
<td>4.6%</td>
<td>6.9%</td>
<td>9.6%</td>
<td>8.4%</td>
<td>13.2%</td>
<td>7.8%</td>
<td>9.5%</td>
<td>5.8%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 166]  

Notes:  
- Asked of all respondents  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
ACCESS TO HEALTHCARE SERVICES
Health Insurance Coverage

Type of Healthcare Coverage

Two-thirds (67.0%) of area adults aged 18 to 64 report having healthcare coverage through private insurance. Another 13.3% report coverage through a government-sponsored program (e.g., Medi-Cal, Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18 to 64; Overall, 2011)

Sources:● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 187]

Notes:● Reflects respondents aged 18 to 64.

Recent Lack of Coverage

Further, among currently insured adults, 6.9% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Similar by community.
- No significant change since 2008 in San Clemente and San Juan Capistrano.

Went Without Coverage at Some Point in the Past Year
(Insured Adults, 2011)

Sources:● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]
● Professional Research Consultants. PRC National Health Survey. 2011.

Notes:● Asked of all respondents with healthcare coverage.
Note the significant difference by level of need in San Clemente.

**Went Without Coverage at Some Point in the Past Year**
(Insured Adults, 2011)

<table>
<thead>
<tr>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>16.4%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>6.6%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>11.0%</td>
</tr>
<tr>
<td>Overall</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]
Notes: Asked of all respondents with healthcare coverage.
Levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Among insured adults, those more likely to have gone without healthcare insurance coverage in the past year include:

- Men.
- Adults under 40.
- Lower-income residents.
- Hispanics.

**Went Without Coverage at Some Point in the Past Year**
(Insured Adults, 2011)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]
Notes: Asked of insured respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
Lack of Health Insurance Coverage

Among adults aged 18 to 64, 19.2% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Less favorable than the national finding.
- The Healthy People 2020 target is universal coverage.
- Notably lower in Lake Forest.
- Statistically similar to 2008 findings in San Clemente and San Juan Capistrano.

Lack of Healthcare Insurance Coverage
(Among Overall Adults Under 65, 2011)

Healthy People 2020 Target = 0.0% (Universal Coverage)

San Clemente 22.4% 23.5%
San Juan Capistrano 15.3% 19.2%
Lake Forest 19.6% 14.9%
Overall California 16.8% 22.4% 21.6% 23.5%
United States 18.0%

22.4% 23.5% 15.3% 19.2% 19.6% 14.9%

Note the statistically significant difference by level of need in Lake Forest.

Lack of Healthcare Insurance Coverage
(Among Adults 18-64, 2011)

Healthy People 2020 Target = 0.0% (Universal Coverage)

San Clemente 26.0% 20.7%
San Juan Capistrano 31.8% 20.3%
Lake Forest 32.2% 9.8%
Overall 29.9% 15.2%

Note: Asked of all respondents under the age of 65.

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey.
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents under the age of 65.
- Levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
The following population segments are more likely to be without healthcare insurance coverage:

- Adults under 40.
- Residents living at lower incomes (note the 39.5% uninsured prevalence among adults living below the 300% poverty threshold).
- Hispanics.

**Lack of Healthcare Insurance Coverage**  
(Overall Adults Under 65, 2011)

As might be expected, uninsured adults are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

**Preventive Healthcare**  
(By Insured Status; Overall, 2011)
Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Lack of Transportation

A total of 5.7% of survey respondents indicate that a lack of transportation prevented them from obtaining medical care at some point in the past year.

- Comparable to national findings.
- Comparable by community.
- Statistically similar to 2008 findings.

Lack of Transportation Prevented Medical Care in the Past Year
(Overall, 2011)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 9]
● Professional Research Consultants. PRC National Health Survey. 2011.

Notes: ● Asked of all respondents.

San Clemente 4.7%
San Juan Capistrano 7.1%
Lake Forest 5.7%
Overall 5.7%
United States 7.7%

San Clemente SC 2008 4.7% SC 2011 6.1%
San Juan Capistrano SJC 2008 6.2% SJC 2011 7.1%
Note the statistically significant difference in transportation as a barrier to access by level of need in San Clemente and San Juan Capistrano.

**Lack of Transportation Prevented Medical Care in Past Year**  
(Overall, 2011)

<table>
<thead>
<tr>
<th>Area</th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>9.8%</td>
<td>2.7%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>15.2%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>6.8%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Overall</td>
<td>9.6%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

**Sources:** Professional Research Consultants, Inc. PRC Community Health Survey. [Item 9]

**Notes:**
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Area adults more likely to report that a lack of transportation prevented their medical care in the past year include:

- Those living on lower incomes.
- Hispanics.

**Lack of Transportation Prevented Medical Care in the Past Year**  
(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4%</td>
<td>6.0%</td>
<td>6.4%</td>
<td>5.8%</td>
<td>3.0%</td>
<td>13.1%</td>
<td>1.7%</td>
<td>3.5%</td>
<td>12.3%</td>
<td>5.7%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** Professional Research Consultants, Inc. PRC Community Health Survey. [Item 9]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

**Related Key Informant Panel Findings: Transportation**

Both groups agreed that transportation or lack of it has tremendous impact on the health of community members. With the current economic crisis, many people have lost their cars and no longer have a vehicle to transport them or their children to their health appointments. Those who rely on the city bus must often spend an hour or so traveling a short distance, which becomes difficult when ill or when they have ill children. Additionally, the transportation services available to seniors aren’t inexpensive for those living on a fixed income and they aren’t always reliable.
“Orange County and South Orange County do not have a good public transportation system where you can access a subway or a bus. It’s just one bus that comes once every hour. If you miss that one bus, then you have to make two transfers. You know, you’re lugging along strollers and your kids.” – San Clemente participant

“Just to get around a bus a here in town here could take you an hour to get from one end of town to the other.” – San Clemente participant

“More and more people lose their cars and are not able to renew their registrations.” – San Clemente participant

“If you don’t use the system, then you don’t really know it that well and I’m sure that most of us who can afford one have a car because otherwise you could be in serious trouble to get around.” – San Clemente participant

“(Referring to Access transportation) And you’ve got to make your reservations at least 24 hours in advance. And they’re really unreliable, so you may have a 10:00am appointment and they may pick you up at 7:00am or they may pick you up late and then you miss your appointment.” – San Clemente participant

“The services for children with disabilities: the funding was severely cut and in South Orange County there are a limited number of providers anyway. For us, transportation is a big issue because families will call looking for resources in general and need services, but don’t have transportation to get to them because geographically it’s a lot bigger area down here and there are fewer providers.” – San Juan Capistrano participant

“I know for the Boys and Girls Club we’ve been getting tons of calls from parents who were paying $300-$800 a month for daycare but now can’t do that anymore. So they call us to see how we can get transportation from one school to another.” – San Juan Capistrano participant

“Many people don’t have cars. Many people walk. Their feet are their transportation.” – San Juan Capistrano participant
Cost of Prescriptions

A total of 12.6% of survey respondents indicate that cost prevented them from obtaining prescription medication at some point in the past year.

- Similar to the national prevalence.
- Similar when viewed by community.
- Statistically similar to 2008 findings.

Cost Prevented Prescription Medication in the Past Year
(Overall, 2011)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 10]
Notes: Asked of all respondents.

Note the statistically significant difference by level of need in Lake Forest.

Cost Prevented Prescription Medication in the Past Year
(Overall, 2011)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 10]
Notes: Asked of all respondents. Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
The following population segments are more likely to report that cost prevented them from obtaining prescription medication last year:

- Women.
- Adults under age 65.
- Residents with lower incomes.
- Hispanics.

### Cost Prevented Prescription Medication in the Past Year

**Overall, 2011**

<table>
<thead>
<tr>
<th>Category</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>9.1%</td>
<td>16.1%</td>
<td>15.8%</td>
<td>13.2%</td>
<td>3.8%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Women</td>
<td>9.1%</td>
<td>16.1%</td>
<td>15.8%</td>
<td>13.2%</td>
<td>3.8%</td>
<td>26.0%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>6.0%</td>
<td>12.6%</td>
<td>24.6%</td>
<td>26.0%</td>
<td>24.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>6.0%</td>
<td>12.6%</td>
<td>24.6%</td>
<td>26.0%</td>
<td>24.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>65+</td>
<td>6.0%</td>
<td>12.6%</td>
<td>24.6%</td>
<td>26.0%</td>
<td>24.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>9.3%</td>
<td>26.0%</td>
<td>40%</td>
<td>54%</td>
<td>68%</td>
<td>82%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>9.3%</td>
<td>26.0%</td>
<td>40%</td>
<td>54%</td>
<td>68%</td>
<td>82%</td>
</tr>
<tr>
<td>White</td>
<td>9.3%</td>
<td>26.0%</td>
<td>40%</td>
<td>54%</td>
<td>68%</td>
<td>82%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.3%</td>
<td>26.0%</td>
<td>40%</td>
<td>54%</td>
<td>68%</td>
<td>82%</td>
</tr>
<tr>
<td>Overall</td>
<td>9.3%</td>
<td>26.0%</td>
<td>40%</td>
<td>54%</td>
<td>68%</td>
<td>82%</td>
</tr>
</tbody>
</table>

**Sources:** Professional Research Consultants, Inc. PRC Community Health Survey (Item 10).

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

---

**Related Key Informant Panel Findings: Prescriptions**

The San Clemente group discussed the high cost of medications and the reality of people not filling their prescriptions. For many people, the cost of their prescriptions is almost as much as their take-home pay. They simply can’t afford to get their prescriptions filled. There was some talk about drug companies offering to offset the cost of prescriptions to those who can’t afford them, but the group felt that because a social security number is required when filling out the paperwork, there are many people who just don’t fill out the forms needed.

“I’m still seeing people who are not getting generic prescriptions. It’s a real issue—they go back and forth. They’re not getting generic written, and so they can’t get the $4.00 co-pays.”

- San Clemente participant

“I also see a lot of diabetics who are not getting the strips, they’re not getting insulin even because they can’t afford it. Insulin and test strips are the highest price. They get the glucometers and they get all of that stuff from the hospital but it’s the test strips that are so expensive.”

- San Clemente participant

“I think one of the concerns I have are the ones who come in, people who come in and get a prescription and don’t get it filled. Even people with insurance, they don’t have really good drug benefits. $50.00 on this and that for co-pays is still pretty prohibitive sometimes.”

- San Clemente participant
Accessing Healthcare for Children

A total of 4.4% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to that reported nationwide.
- Worse in San Juan Capistrano; better in Lake Forest.
- Statistically unchanged since 2008.

### Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children <18, 2011)

Parents with trouble obtaining medical care for their child reported barriers due to cost or lack of insurance coverage, as well as issues with transportation and inconvenient office hours.

- 4.8% in San Clemente
- 9.6% in San Juan Capistrano
- 1.7% in Lake Forest
- 4.4% Overall
- 1.9% United States

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 114-115]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children under 18 at home.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited transportation issues and inconvenient office hours.
Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

### Specific Source of Ongoing Care

A total of 77.6% of area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Similar by community.
- Statistically unchanged over time.

Among adults age 18-64, 75.4% have a specific source for ongoing medical care, nearly identical to national findings (similar by community).

- Fails to satisfy the Healthy People 2020 target for this age group.

Among adults 65+, 89.5% have a specific source for care, more favorable than reported among seniors nationally (similar by community).

- Fails to satisfy the Healthy People 2020 target for seniors.

### Have a Specific Source of Ongoing Medical Care

[Bar chart showing the percentage of adults with a specific source of ongoing medical care by age group and location.]

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 188]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
Note the statistically-significant difference by level of need in San Juan Capistrano.

Have a Specific Source of Ongoing Medical Care (18-64)

<table>
<thead>
<tr>
<th></th>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>68.6%</td>
<td>79.6%</td>
<td>81.9%</td>
<td>70.3%</td>
</tr>
<tr>
<td>High/Highest Need Areas</td>
<td>R81.6%</td>
<td>65.6%</td>
<td>77.5%</td>
<td>79.1%</td>
</tr>
<tr>
<td>Average/Lower Need Areas</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 188]

Notes:
● Asked of all respondents under the age of 65.
● Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.
- Lower-income adults.
- Hispanics.

Have a Specific Source of Ongoing Medical Care
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>72.7%</td>
<td>82.5%</td>
<td>64.3%</td>
<td>83.9%</td>
<td>91.6%</td>
<td>64.8%</td>
<td>85.8%</td>
<td>83.9%</td>
<td>60.3%</td>
<td>77.6%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 188]

Notes:
● Asked of all respondents.
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (52.4%) identified a particular doctor’s office.

A total of 22.7% say they usually go to some type of clinic, while 0.8% rely on a hospital emergency room.

Survey respondents who rely on a clinic for their regular medical care were further asked to name the clinic. The largest share of responses was for Kaiser Permanente (mentioned by 19.4% of these adults), followed by Saddleback Family and Urgent Care (9.1%), Bristol Park Medical Group in San Juan Capistrano (8.0%), Camino Health Center in San Juan Capistrano (7.3%), Mission Hospital in Mission Viejo (3.4%), and Saddleback Memorial Medical Center in Laguna Hills (3.4%).
**Utilization of Primary Care Services**

**Adults**

Nearly two-thirds (64.7%) of adults visited a physician for a routine checkup in the past year.

- Comparable to national findings.
- Higher in Lake Forest; lower in San Clemente.
- Statistically similar to 2008 findings in San Clemente and San Juan Capistrano.

**Have Visited a Physician for a Checkup in the Past Year**

<table>
<thead>
<tr>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>Overall</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.1%</td>
<td>61.6%</td>
<td>69.3%</td>
<td>64.7%</td>
<td>67.3%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 16]
Professional Research Consultants. PRC National Health Survey. 2011.

Notes: Asked of all respondents.

- No significant difference by level of need.

**Have Visited a Physician for a Checkup in the Past Year**  
(Overall, 2011)

<table>
<thead>
<tr>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.8%</td>
<td>57.8%</td>
<td>63.2%</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 16]
Notes: Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Men and adults under age 65 are less likely to have received routine care in the past year.

Have Visited a Physician for a Checkup in the Past Year
(Overall, 2011)

Children

Among surveyed parents, 85.3% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Similar by community.
- Statistically similar to 2008 findings in both San Clemente and San Juan Capistrano.
Statistically similar by level of need.

Child Had a Routine Checkup in the Past Year
(By Level of Need, Reported by Parents of Children <18, 2011)

<table>
<thead>
<tr>
<th>Overall High/Highest Need</th>
<th>Overall Average/Lower Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 82.4%</td>
<td>Yes 86.5%</td>
</tr>
<tr>
<td>No 17.6%</td>
<td>No 13.5%</td>
</tr>
</tbody>
</table>

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey (Item 116)
Notes: • Asked of all respondents with children under 18 at home
• Need levels were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Additional Key Informant Panel Findings: Vision Care

Several participants from the San Clemente group are concerned about vision care for those with little or no insurance. There are some places to get a free vision exam, but then the concern is how to get people the glasses they need once their vision has been checked. Unfortunately, vision care is one area that is seldom covered by insurance and is expensive to pay for out of pocket.

“If you offer a vision assessment, you get a lot of people because that’s another thing people have no money for. But free glasses, if they can get free glasses they come.” - San Clemente participant

“That is also another one of Medi-Cal’s services that’s no longer covered is the glasses. They’ve gone back to covering the exam. They cut them both out but now they cover the exam, but then you get an exam and what are you going to do? You need glasses, so people don’t go. So something like vision care is huge.” – San Clemente participant
Emergency Room Utilization

A total of 5.8% of area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- Similar findings among the three communities.
- Statistically unchanged over time.

### Have Used a Hospital Emergency Room More Than Once in the Past Year

<table>
<thead>
<tr>
<th>San Clemente</th>
<th>San Juan Capistrano</th>
<th>Lake Forest</th>
<th>Overall</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2%</td>
<td>7.1%</td>
<td>5.5%</td>
<td>5.8%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Of those using a hospital ER, 64.2% say this was due to an emergency or life-threatening situation, while 20.2% indicated that the visit was during after-hours or on the weekend. A total of 8.5% cited difficulties accessing primary care for various reasons, and 5.6% visited the ER based on a physician’s recommendation.
No significant differences by level of need.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>5.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>7.0%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>7.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Overall</td>
<td>6.7%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

Use of the ER is highest among adults in the lower income category.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300% FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.0%</td>
<td>5.5%</td>
<td>7.2%</td>
<td>3.6%</td>
<td>6.6%</td>
<td>7.0%</td>
<td>3.3%</td>
<td>5.0%</td>
<td>7.4%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]
Notes: Asked of all respondents.
Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventative programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person’s use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation’s oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)
A total of 83.2% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target.

No statistical change over time in San Clemente and San Juan Capistrano.

**Child Has Visited a Dentist or Dental Clinic Within the Past Year**

(Asked of Adults With Children Aged 2-17; Overall, 2011)

![Graph showing percentage of children visited a dentist or dental clinic]

**Child Visited a Dentist or Dental Clinic in the Past Year**

(By Level of Need, Reported by Parents of Children 2-17, 2011)

**Overall High/Highest Need**
- Yes: 79.9%
- No: 20.1%

**Overall Average/Lower Need**
- Yes: 84.5%
- No: 15.5%

**Statistically similar by level of need.**

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 121]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents with children aged 2 through 17.
- Need levels were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Related Key Informant Panel Findings: Dental Care

The San Clemente participants focused for some time on the dental needs of the community. In their opinion, there aren’t enough dentists offering discounted care in the area. Many people are traveling to Santa Ana, and area Hispanics are often traveling to Tijuana to get dental care. Fortunately, people are finding a way through word of mouth to receive affordable dental care.

“Well, I just had a patient in the ER who had a dental problem and needed to have some teeth extractions and they were just having a horrible time trying to find somebody. It’s actually a huge problem. We have the Camino Health Clinic close by and the overall clinic, but we need access to somebody who can take a look and see what they need.” – San Clemente participant

“That’s who can afford a little bit, still can’t afford it. If they have insurance, they can’t afford what they have to pay that’s above and beyond what the insurance doesn’t cover, but most of them don’t have insurance. And so for the residents at our transitional shelter, we’ve gone out and sought out different dentists to help and we’ve had people reduce their fees or the women will go on a payment plans, but some of them can’t afford a payment plan at some point. So we’ve been able to help our clients at the transitional shelter a little bit. Other clients as they come in, we just have to assess them one at a time and that’s definitely an area that we find is a big problem.” – San Clemente participant

“I go to a popular dentist with an HMO and they’re down to a quarter of the business they had four years ago. Nobody can afford dental care anymore.” – San Clemente participant

“I go to Santa Ana on a recommendation from one of my members. It’s great. And there’s this informal network of care available in different parts of Orange County that a lot of our folks, at least my folks in my congregation are connected to, where you get payment plans that are out of this world. But they make access possible.” – San Clemente participant
Healthcare Information Sources

Family physicians and the Internet are residents’ primary sources of healthcare information.

- 42.7% of area adults cited their **family physician** as their primary source of healthcare information, comparable to the prevalence found across the United States.
- The **Internet** received the second-highest response (26.6%), higher than the national norm.
  - Other sources mentioned include friends and relatives (6.9%), books and magazines (4.6%) and newspapers (3.2%).
- Note that 3.0% of survey respondents say that do not receive any healthcare information.

### Primary Source of Healthcare Information (Overall, 2011)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dr</td>
<td>42.7%</td>
</tr>
<tr>
<td>Internet</td>
<td>26.6%</td>
</tr>
<tr>
<td>Other</td>
<td>17.1%</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>7.0%</td>
</tr>
<tr>
<td>Books/Magazines</td>
<td>6.9%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>3.2%</td>
</tr>
<tr>
<td>None</td>
<td>1.5%</td>
</tr>
<tr>
<td>Insurance</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

### United States

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dr</td>
<td>43.4%</td>
</tr>
<tr>
<td>Internet</td>
<td>18.5%</td>
</tr>
<tr>
<td>Other</td>
<td>17.1%</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>7.5%</td>
</tr>
<tr>
<td>Books/Magazines</td>
<td>4.2%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>5.0%</td>
</tr>
<tr>
<td>None</td>
<td>3.0%</td>
</tr>
<tr>
<td>Insurance</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 92]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

**Related Key Informant Panel Findings: Communication**

The San Juan Capistrano group spent some time discussing how best to communicate with the members of the community in order to have the biggest impact on alerting people to what is available. They have found that other forms of communication aren’t as effective as verbal communication and though it can be costly, it is felt that verbal communication is the best for the majority of folks who need to find out the information that key informant panel members would need to disseminate.

“Learning the basics of how our society operates would be high on my list. People don’t know how to access so many things, and because of that lack of communication, those we reach are the smaller numbers, not the larger numbers.” – San Juan Capistrano participant

“If you don’t have mouth-to-mouth communication built in, it falls on deaf ears because newspapers, if people put newspapers on their front door, they stay on the ground at the front door, they get picked up and put in the trash—that form of communication doesn’t work. It has to be some way to get that information to this target market and that’s a real
tough one. That’s a tough one for us and most of that comes by word of mouth and spreading it out.” –San Juan Capistrano participant

“It has to be communicated verbally because people who don’t read, don’t read what you write or I write or they write. If someone writes them, people who don’t read, don’t read. That’s part of the situation here. It’s got to be verbalized and told to people in a group way that respects people and really communicates and the only way I’ve ever found that you know if somebody gets it, is if they can repeat it back to you.” – San Juan Capistrano participant
PERCEPTIONS OF LOCAL HEALTHCARE
Ratings of Local Healthcare Services

Just over 6 in 10 area adults (61.2%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 27.9% gave “good” ratings of their healthcare services.

Rating of Overall Healthcare Services Available in the Community
(Overall, 2011)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>32.1%</td>
</tr>
<tr>
<td>Very Good</td>
<td>29.1%</td>
</tr>
<tr>
<td>Good</td>
<td>27.9%</td>
</tr>
<tr>
<td>Fair</td>
<td>7.8%</td>
</tr>
<tr>
<td>Poor</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
Notes: Asked of all respondents.

However, 10.9% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than the prevalence reported nationally.
- Statistically similar by community.
- Marks a statistically significant improvement in San Clemente over time; no change since 2008 for San Juan Capistrano.

Perceive Local Healthcare Services as “Fair” or “Poor”

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
Professional Research Consultants. PRC National Health Survey. 2011.
Notes: Asked of all respondents.
Note the statistical difference by level of need in San Juan Capistrano and Lake Forest.

Perceive Local Healthcare Services as “Fair” or “Poor”
(Overall, 2011)

Source: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
QUALITY OF LIFE ISSUES
Concerns for Families & Neighborhoods

Problems Facing Families

When asked to consider what they feel to be the number-one cause of family problems today, 44.0% of respondents gave answers relating to the economy, unemployment, and/or finances (percentages do not include those respondents who could not provide an answer).

- Another 15.2% mentioned family issues (including divorce), followed by alcohol/drugs (8.7%), no time for family (8.1%), lack of communication (7.8%), and crime (3.0%).

Population segments more likely to feel that family issues are the number-one cause of problems for families today include Whites and residents with higher incomes.

Family Issues Are the Number-One Cause of Problems for Local Families Today

(Overall, 2011)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 93]
Notes: Asked of all respondents.
- Does not include respondents who were uncertain or who could not provide an answer.

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 93]
- Asked of all respondents.
- Percentages exclude those respondents who were uncertain or could not provide an answer.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
On the other hand, these adults are more likely to feel that alcohol/drugs are the number-one cause of problems for local families today:

- Seniors.
- Residents with lower incomes.
- Hispanics.

### Alcohol/Drugs Are the Number-One Cause of Problems for Local Families Today
(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Drugs</td>
<td>12.7%</td>
<td>4.9%</td>
<td>11.0%</td>
<td>6.2%</td>
<td>17.5%</td>
<td>17.3%</td>
<td>4.7%</td>
<td>6.0%</td>
<td>21.1%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 93]
Notes: Asked of all respondents. Percentages exclude those respondents who were uncertain or could not provide an answer. Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

### Problems Facing Neighborhoods

The largest share of respondents (47.3%) indicated that the economy (and/or unemployment, finances, taxes, foreclosures) is the number-one problem facing neighborhoods today (percentages do not include those who could not provide a response).

- Another 12.5% of residents consider crime to be the number-one problem, and 7.6% mentioned family issues (including divorce).

### Number-One Problem Facing the Neighborhood Today
(Overall, 2011)

- Economy/Unemployment 47.3%
- Crime 12.5%
- Family issues 7.6%
- Other (<3%) 32.6%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 94]
Notes: Asked of all respondents. Does not include respondents who were uncertain or who could not provide an answer.
Adults more likely to consider crime (including references to crime, gangs, domestic violence, and sexual predators) to be the number-one problem facing local neighborhoods today include the following:

- Adults under 40.
- Lower-income residents.
- Hispanics.

**Crime Is the Number-One Problem Facing Local Neighborhoods Today**

*(Overall, 2011)*

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 94]

Notes:
- Asked of all respondents.
- Percentages exclude those respondents who were uncertain or could not provide an answer.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Housing

Housing Situation

Household Members & Bedrooms

The majority of survey respondents (56.0%) indicate having between one and three people in the household; likewise, 63.5% of survey respondents report having between one and three bedrooms in the household.

- On the other hand, 21.7% of survey respondents have four people in the household, 13.1% have five, and 9.2% have six or more.
- A total of 28.1% of survey respondents have four bedrooms in the home, and 8.0% have five or more.

Household Specifics
(Overall, 2011)

<table>
<thead>
<tr>
<th># of Household Members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>11.5%</td>
</tr>
<tr>
<td>Two</td>
<td>27.3%</td>
</tr>
<tr>
<td>Three</td>
<td>17.2%</td>
</tr>
<tr>
<td>Four</td>
<td>21.7%</td>
</tr>
<tr>
<td>Five</td>
<td>13.1%</td>
</tr>
<tr>
<td>Six/More</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of Bedrooms in Household</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>4.2%</td>
</tr>
<tr>
<td>Two</td>
<td>24.2%</td>
</tr>
<tr>
<td>Three</td>
<td>35.1%</td>
</tr>
<tr>
<td>Four</td>
<td>28.1%</td>
</tr>
<tr>
<td>Five/More</td>
<td>8.0%</td>
</tr>
<tr>
<td>None</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Items 98-99]
Notes: ● Asked of all respondents.
Multi-Family & Multi-Generational Households

A total of 8.2% of survey respondents have more than one family living in the household.
A total of 8.3% of survey respondents have more than two generations living in the household.

Multiple Families and Generations in Area Homes
(Among Households With 2+ Residents, 2011)

Residents more likely to have more than one family living in the house include:

- Women.
- Young adults.
- Residents with lower incomes.
- Hispanics.

Have More Than One Family Living in the Household
(Excludes Single-Person Households; Overall, 2011)
Housing Costs

When asked about their monthly housing expense:

The median mortgage payment (among adults with a mortgage payment) is $2,000 per month.

The median rental payment (among adults with a rent payment) is $1,600 per month.

Current Monthly Rent or Mortgage Payment
(Overall, 2011)

<table>
<thead>
<tr>
<th>Payment Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Monthly Payment</td>
<td>14.2%</td>
</tr>
<tr>
<td>Less Than $1,000</td>
<td>10.3%</td>
</tr>
<tr>
<td>$1k to $1,499</td>
<td>22.0%</td>
</tr>
<tr>
<td>$1,500 to $1,999</td>
<td>18.3%</td>
</tr>
<tr>
<td>$2k to $2,499</td>
<td>15.2%</td>
</tr>
<tr>
<td>$2,500 to $2,999</td>
<td>10.0%</td>
</tr>
<tr>
<td>$3k to $3,999</td>
<td>6.2%</td>
</tr>
<tr>
<td>$4k/Higher</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 100]
Notes: Asked of all respondents.

Most residents (64.3%) currently own their own home or condo.

- Another 22.0% currently rent (an apartment, a house, or a room within a house), while 10.6% report living with a family member.

Dwelling Situation
(Overall, 2011)

- Own Home/Condo 64.3%
- Rent Apt 11.1%
- Rent House 9.9%
- Rent Room 2.0%
- Live w/Family 10.6%
- Other 2.2%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 96]
Notes: Asked of all respondents.
Compared to US findings, local area residents are less likely to own a home or condo and more likely to live with relatives.

**Dwelling Situation**
(Overall, 2011)

- **Own Home/Condo:** 64.3% (Local), 71.8% (US)
- **Rent Apt:** 11.1% (Local), 10.8% (US)
- **Live w/Relatives:** 10.6% (Local), 9.9% (US)
- **Rent House:** 9.9% (Local), 9.1% (US)
- **Other:** 4.2% (Local), 2.4% (US)

**Stress Over Housing Payments**

Overall, 12.7% of area adults are “always” or “usually” stressed over making their monthly housing payment.

- Higher in San Juan Capistrano (not shown).

Still, most (70.4%) are “rarely” or “never” worried over making their monthly housing payment.
No significant difference in stress over housing payments when viewed by level of need.

"Always" or "Usually" Worried About Making Mortgage or Rent Payments in the Past Year
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>12.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>18.1%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>16.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Overall</td>
<td>15.6%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

San Clemente, San Juan Capistrano, Lake Forest, Overall

Source: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 101]
Notes: Asked of all respondents.
Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults more likely to worry over making monthly housing payments include:

- Women.
- Adults under 65.
- Lower-income residents.

"Always" or "Usually" Worried About Making Mortgage or Rent Payments in the Past Year
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.3%</td>
<td>15.0%</td>
<td>13.8%</td>
<td>14.5%</td>
<td>3.6%</td>
<td>25.7%</td>
<td>7.6%</td>
<td>12.3%</td>
<td>13.5%</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 101]
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
One-fourth (25.2%) of area adults currently shares housing costs with someone in order to decrease monthly expenses.

- Lower in San Clemente (not shown).

Currently Share Housing Costs
With Another Person in Order to Reduce Expenses
(Households With 2+ Residents, 2011)

By level of need, note the significant difference in San Clemente.

Currently Share Housing Costs
With Another Person in Order to Reduce Expenses
(Households With 2+ Residents, 2011)
Adults more likely to share housing costs with someone include:

- Women.
- Adults under 40 (note the negative correlation with age).
- Residents with lower incomes.
- Hispanics.
- Among households with more than one family, 70.1% currently share housing costs; among those with more than two generations living in the household, 63.0% are sharing housing costs.

### Currently Share Housing Costs
**With Another Person in Order to Reduce Expenses**
(Handsholds With 2+ Residents, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>&gt;1 Family in HH</th>
<th>&gt;2 Generations in HH</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>22.2%</td>
<td>28.1%</td>
<td>39.4%</td>
<td>19.8%</td>
<td>8.2%</td>
<td>35.4%</td>
<td>23.8%</td>
<td>19.8%</td>
<td>38.0%</td>
<td>70.1%</td>
<td>63.0%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 to 64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>300%+ FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;1 Family in HH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;2 Generations in HH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 102]

**Notes:**
- Asked of all respondents with more than one person living in the home.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Housing Emergency

A total of 7.9% of survey respondents lived with a friend or relative at some point in the past year due to a housing emergency.

- Better than the national percentage.
- Similar by community.

Lived With a Friend or Relative At Some Point in the Past Year Due to a Housing Emergency

![Bar chart showing percentages of respondents living with a friend or relative for different areas.]

Sources:  ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 103]

Notes:  ● Asked of all respondents.

Viewed by level of need, note the statistical difference in San Juan Capistrano.

Lived With a Friend or Relative At Some Point in the Past Year Due to a Housing Emergency
(Overall, 2011)

![Bar chart showing percentages of respondents living with a friend or relative for different need levels.]

Sources:  ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 103]
Notes:  ● Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
Adults more likely to have lived with a friend or relative in the past year include:

- Adults under the age of 40 (note the negative correlation).
- Residents with lower incomes.
- Hispanics.

**Lived With a Friend or Relative At Some Point in the Past Year Due to a Housing Emergency**
(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.8%</td>
<td>7.0%</td>
<td>14.3%</td>
<td>5.3%</td>
<td>0.9%</td>
<td>14.0%</td>
<td>5.2%</td>
<td>6.3%</td>
<td>13.4%</td>
<td>7.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 103]
Notes: ● Asked of all respondents.
         ● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
More than one-fourth (26.5%) of survey respondents have considered leaving the area because of the high cost of living.

- Statistically similar among the three communities (not shown).

Adults more likely to have considered relocating include:

- Women.
- Residents under the age of 65.
- Lower-income residents.
- Renters.

Have Considered Leaving the Area In the Past Year Due to Cost of Living
(Overall, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Own</th>
<th>Rent</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>26.5%</td>
<td>22.4%</td>
<td>30.6%</td>
<td>29.4%</td>
<td>28.7%</td>
<td>12.1%</td>
<td>33.3%</td>
<td>23.9%</td>
<td>26.9%</td>
<td>29.4%</td>
<td>23.1%</td>
<td>35.5%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Income Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 300% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>300%+ FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 104]

Notes: Asked of all respondents.
Income Categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
Availability of Affordable Housing

A total of 13.7% of area adults rate the availability of affordable housing as “excellent” or “very good.”

- Another 21.6% gave “good” ratings of the availability of affordable housing in the community.

Rating of the Availability of Affordable Housing
(Overall, 2011)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5.0%</td>
</tr>
<tr>
<td>Very Good</td>
<td>8.7%</td>
</tr>
<tr>
<td>Good</td>
<td>21.6%</td>
</tr>
<tr>
<td>Fair</td>
<td>31.8%</td>
</tr>
<tr>
<td>Poor</td>
<td>32.9%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 97]
Notes: Asked of all respondents.

However, nearly two-thirds (64.7%) believe that the availability of affordable housing in the community is “fair” or “poor.”

- Much less favorable than the national finding.
- Least favorable in San Clemente.

Note the statistically significant decrease over time (a positive change) in San Juan Capistrano; the change for San Clemente is not statistically significant.

Availability of Affordable Housing Perceived as “Fair” or “Poor”

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>69.5%</td>
<td>61.8%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>62.7%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>52.3%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>75.9%</td>
<td>75.2%</td>
</tr>
<tr>
<td>United States</td>
<td>61.8%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 97]
Notes: Asked of all respondents.
No significant difference by level of need.

Availability of Affordable Housing Perceived as “Fair” or “Poor”
(Overall, 2011)

<table>
<thead>
<tr>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td></td>
</tr>
<tr>
<td>64.6%</td>
<td></td>
</tr>
<tr>
<td>71.6%</td>
<td></td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td></td>
</tr>
<tr>
<td>61.1%</td>
<td></td>
</tr>
<tr>
<td>62.0%</td>
<td></td>
</tr>
<tr>
<td>Lake Forest</td>
<td></td>
</tr>
<tr>
<td>68.4%</td>
<td></td>
</tr>
<tr>
<td>60.9%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
</tr>
<tr>
<td>65.5%</td>
<td></td>
</tr>
<tr>
<td>64.5%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 97]
Notes: Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults more likely to give a “fair” or “poor” rating include:

- Young adults.
- Whites.

Availability of Affordable Housing Perceived as “Fair” or “Poor”
(Overall, 2011)

Men 62.5%  Women 66.9%  18 to 39 69.7%  40 to 64 64.0%  65+ 54.9%  <300% FPL 61.4%  300%+ FPL 65.2%  White 68.9%  Hispanic 57.3%  Overall 64.7%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 97]
Notes: Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
**Perceived Support for Affordable Housing**

Nearly one-half (45.2%) of adults feel that the community is “not very supportive” or “not at all supportive” toward affordable housing developments.

- A total of 16.2% of survey respondents consider the community's level of support toward affordable housing developments to be “very supportive,” while 38.6% gave “somewhat supportive” opinions.
- The prevalence of ratings is comparable by community (not shown).

**Perception of the Community's Support Toward Affordable Housing Developments**

*(Overall, 2011)*

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Supportive</td>
<td>16.2%</td>
</tr>
<tr>
<td>Somewhat Supportive</td>
<td>38.6%</td>
</tr>
<tr>
<td>Not Very Supportive</td>
<td>30.6%</td>
</tr>
<tr>
<td>Not At All Supportive</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

**Issues of Homelessness**

**Homeless Programs & Shelters**

A total of 10.9% of area adults rate the community’s programs and shelters for the homeless population to be “excellent” or “very good.”

- Another 22.6% gave “good” ratings.

**Rating of the Programs and Shelters Available for the Homeless**

*(Overall, 2011)*

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>4.6%</td>
</tr>
<tr>
<td>Very Good</td>
<td>6.3%</td>
</tr>
<tr>
<td>Good</td>
<td>22.6%</td>
</tr>
<tr>
<td>Fair</td>
<td>25.1%</td>
</tr>
<tr>
<td>Poor</td>
<td>41.3%</td>
</tr>
</tbody>
</table>
However, two-thirds of respondents (66.4%) consider the area’s homeless programs and shelters to be only “fair” or “poor.”

- Less favorable than the national percentage.
- Similar by community.

**Programs and Shelters for the Homeless Perceived as “Fair” or “Poor”**

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>66.5%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>67.3%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>65.9%</td>
</tr>
<tr>
<td>Overall</td>
<td>66.4%</td>
</tr>
<tr>
<td>United States</td>
<td>56.8%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 108]
- Professional Research Consultants. PRC Quality of Life Survey. 2008.

Notes:  
- Asked of all respondents.

- No significant difference when viewed by level of need.

**Programs and Shelters for the Homeless Perceived as “Fair” or “Poor”**

(Overall, 2011)

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.3%</td>
<td>68.5%</td>
</tr>
<tr>
<td>63.1%</td>
<td>69.4%</td>
</tr>
<tr>
<td>68.1%</td>
<td>65.2%</td>
</tr>
<tr>
<td>64.4%</td>
<td>67.2%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 108]

Notes:  
- Asked of all respondents.
- Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.
White residents are more likely to give local homeless shelters and programs “fair” or “poor” ratings.

**Programs and Shelters for the Homeless Perceived as “Fair” or “Poor”**

(Overall, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Fair” or “Poor”</td>
<td>69.2%</td>
<td>63.5%</td>
<td>65.1%</td>
<td>68.1%</td>
<td>67.8%</td>
<td>67.8%</td>
<td>69.1%</td>
<td>69.4%</td>
<td>57.3%</td>
<td>66.4%</td>
</tr>
</tbody>
</table>

**Experience With Homelessness**

**Just 1.2% of area adults** (who are currently housed) **have lived on the street, in a car, or in a homeless shelter at some point in the past two years.**

- More favorable in San Juan Capistrano (not shown).
- Reasons given for respondents’ experience with homelessness included family issues or lack of money.

**Lived On the Street, In a Car, or In a Shelter In the Past 2 Years**

(Overall, 2011)

- Yes 1.2%
- No 98.8%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 108]
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Related Key Informant Panel Findings: Housing

Because of the country’s economic state, participants have reported hearing of more and more people who have lost their housing or are on the verge of losing it. They also spoke of three or four families living in single-dwelling units meant for one family. Participants agreed that without proper housing it’s easy for a person’s health to decline, and that the housing issue is a very important issue to address when trying to meet the health needs of the community.

Though there are shelters and services available for people who have lost their housing, it’s not uncommon to find some homeless who simply don’t want the responsibility of owning a home or being a productive part of society. However, many of the homeless are new to being homeless and are embarrassed to ask for assistance believing that they aren’t the type of people who need help.

“What do you do with that type of population that really likes to hang out at the beach, or is it that chronic homelessness sort of developed an informal network to house themselves? I think we see some of that here. And so they’ll park their stuff, their carts and stuff on part of our basement and we provide a space for them to park it, but we’re sort of shocked that they wouldn’t take the help.” – San Clemente participant

“We’re finding more and more people coming into FAM who are at the verge of losing their home and they’ve been people who have taken care of their family, and they’ve gone through their savings, they’ve dug into their retirement and they’re at that point. They are so embarrassed to be there or they’re depressed because they never thought they would be in this position, so it’s a very hard thing to navigate and part of what we do is try to help them by pointing them to the services that are around here. It’s a new population dealing with depression.” – San Clemente participant

“There are some resources out there we could send people to if they would come in time, but they’re embarrassed. They never thought this would happen to them and it’s going to change, but housing—it’s huge.” – San Clemente participant

“We’ll have people come in and say, ‘I need rent and it’s $3,500 or a mortgage and it’s $3,500 or $4,000’ and we don’t have that. We can help keep lights on or help with food.” – San Clemente participant

“I think there’s a lot of misinformation also in terms of housing. I’m getting calls all the time and people think that you can just sign up for Section 8 and that once you sign up you’ll be given this vast array of housing options from here all the way up to Santa Ana. So I think again it’s a new population that doesn’t know how to navigate the services, but I also think there’s that outreach piece that we’re missing.” – San Clemente participant

“We’re talking especially about immigrant families, that they probably have the lowest rate of home ownership in California. And I say homes, they don’t live in houses. They all live in apartments or condominiums, so that affects your lifestyle because when you buy your first home, whether it’s a condo or a home, no one has to represent you anymore. Something happens to you in all the American experience when you buy your first home or you own your first home. That is a far-away goal for many, many families in this area who are the ones in need.” – San Juan Capistrano participant

“These people have moved in here with their house, in a one bedroom house. They probably have six people living in that one bedroom house, and there’s nowhere for these kids to study or practice good eating. You open the refrigerator because you just can’t all commune together at the same time to eat, and so a lot of them bleed out in the streets and run around just in the common areas. The kids play running through people front yards or whatever, and in amongst the bushes, right next to another condo which is invading somebody else’s little area.” – San Juan Capistrano participant
“What you’re proposing is that they pass legislation to reduce the numbers in the house. The alternative I’m proposing would be more housing, hoping that the density within a living unit—because that’s part of what you’re describing. There’s no place for the kid to do him homework when his uncle is asleep in the bedroom.” – San Juan Capistrano participant

“When you’re working two or three minimum-wage jobs with no benefits, you’re going to live where you can. And in many of these cases, they’re living in a palace compared to where they came from.” – San Juan Capistrano participant
Education

Ratings of Public Schools

A total of 44.6% of area adults rate local public schools as “excellent” or “very good” in terms of preparing children for college or the job market.

- Another 28.8% gave “good” ratings.

Rating of Public Schools in Preparing Children for College or the Job Market
(Overall, 2011)

![Pie chart showing ratings of public schools]

However, 26.6% of area adults believe that local public schools are doing a “fair” or “poor” job of preparing local children for college or the job market.

- Better than found nationally.
- Similar by community.

Marks a statistically significant increase in “fair/poor” ratings since 2008 in San Clemente; statistically unchanged in San Juan Capistrano.

Area Schools Do a “Fair” or “Poor” Job Preparing Children for College or the Job Market

Sources: 
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 46]
- Professional Research Consultants. PRC Quality of Life Survey. 2008.

Notes: 
- Asked of all respondents.
Viewed by level of need, note the statistical difference in Lake Forest.

Area Schools Do a “Fair” or “Poor” Job
Preparing Children for College or the Job Market
(Overall, 2011)

San Clemente 33.0% 27.9% 24.5% 26.0% 34.4% 31.9% 27.9% 26.0% 22.0% 24.7% 0% 20% 40% 60% 80% 100%
San Juan Capistrano Lake Forest Overall

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 46]
Notes: Asked of all respondents.
Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults more likely to give local schools a “fair” or “poor” rating for their preparation of children for college or the workplace include:

- Men.
- Seniors.

Area Schools Do a “Fair” or “Poor” Job
Preparing Children for College or the Job Market
(Overall, 2011)

Men Women 18 to 39 40 to 64 65+ <300% FPL 300%+ FPL White Hispanic Overall

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 46]
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Educational Goals

Attainment of Education Goals (Adults)

Over three-fourths of area adults (77.4%) feel that they have reached the educational goals they had set for themselves for this point in their lives.

- Statistically similar by community.
- Among those who have not reached their educational goals, reasons included family responsibilities, cost, work-related issues, lack of time, lack of interest, and lack of awareness about educational opportunities.

Have Achieved Personal Educational Goals
(Overall, 2011)

<table>
<thead>
<tr>
<th>Reason For Not Achieving Personal Educational Goals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Responsibilities</td>
<td>28.9%</td>
</tr>
<tr>
<td>Cost</td>
<td>19.8%</td>
</tr>
<tr>
<td>Work</td>
<td>18.4%</td>
</tr>
<tr>
<td>Time</td>
<td>8.2%</td>
</tr>
<tr>
<td>No Interest</td>
<td>6.5%</td>
</tr>
<tr>
<td>Unaware of Opportunities</td>
<td>4.4%</td>
</tr>
<tr>
<td>Other</td>
<td>13.8%</td>
</tr>
<tr>
<td>Other</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Have Achieved the Educational Goals Set For Self

- Yes: 77.4%
- No: 22.6%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Items 47-48]
Notes: Asked of all respondents.
Adults less likely to have achieved their personal educational goals include the following population segments:

- Women.
- Young adults (note the positive correlation).
- Lower-income residents.
- Hispanics.

### Have Achieved the Educational Goals Set for Self
(Overall, 2011)

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80.7%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>74.1%</td>
</tr>
<tr>
<td>18 to 39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80.3%</td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>91.8%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54.7%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>86.2%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>85.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50.7%</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>77.4%</td>
</tr>
</tbody>
</table>

### Educational Goals Set for Children

When asked about the educational goals they have for their school-aged children, 53.3% of parents mentioned a 4-year degree and 29.2% hope for an advanced degree for their child.

Note, however, that lower-income parents are much less likely to have college as a goal for their child.
Children’s Academic Achievement

Among elementary-aged children, **40.7% are excelling** (receiving mostly grades of 3s or 4s in the past school year).

Among junior and senior high children, **58.3% are excelling** (receiving mostly grades of As or Bs in the past school year).

**Child’s Grades This School Year**
(Overall Parents With School-Aged Children at Home, 2011)

**Elementary School (K-5)**

- **Excelling (4s)**: 40.7%
- **Above Avg (3s)**: 33.5%
- **Average (2s)**: 24.9%
- **Below Avg (1s/2s)**: 0.8%

**Jr/Sr High (Grades 6-12)**

- **Excelling (As)**: 58.3%
- **Above Avg (Bs)**: 34.4%
- **Average (Cs)**: 6.4%
- **Below Avg (Ds/Fs)**: 0.8%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 195]
Notes: Asked of all respondents with school-aged children (who are not home-schooled).

Children more likely to be receiving above-average grades include teens, those in higher-income households, and Whites.

**Child’s Achieves Mostly Above-Average Grades (As/Bs or 3s/4s)**
(Parents of Children 6-17, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Boy</th>
<th>Girl</th>
<th>Grade K-5</th>
<th>Grade 6-12</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>83.2%</strong></td>
<td>92.7%</td>
<td>74.2%</td>
<td>91.6%</td>
<td>90.5%</td>
<td>72.1%</td>
<td>84.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 195]
Notes: Asked of all respondents with children 6-17 at home.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Parental Involvement in Children’s Education

Comfort in Navigating the School System

A total of two-thirds (67.0%) of area parents say they are “very comfortable” navigating their child through the public school system.

- Another 28.8% are only “somewhat comfortable” navigating their child through the school system, and 4.3% “not very” or “not at all” comfortable.

Level of Comfort in Guiding Child Through the School System

(Parents of School-Aged Children at Home, 2011)

**Very Comfortable**
- 67.0%

**Somewhat Comfortable**
- 28.8%

**Not Very Comfortable**
- 3.9%

**Not At All Comfortable**
- 0.4%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 129]
Notes: Asked of all respondents with school-aged children (who are not home-schooled).

- No difference by community.
- No difference by child’s age or race.

Some Discomfort in Guiding Child Through the School System

(Parents of School-Aged Children, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 6-12</td>
<td>32.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 13-17</td>
<td>33.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>31.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>39.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Clemente</td>
<td>32.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Juan Capitano</td>
<td>26.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Forest</td>
<td>36.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>33.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 129]
Notes: Asked of all parents with school-aged children who are not home-schooled.
Another 77.8% of area parents say they are “very comfortable” discussing their child’s progress with teachers.

- In contrast, 19.5% are only “somewhat comfortable” and 2.8% are “not very comfortable” discussing their child’s progress with his or her teacher.

Level of Comfort in Discussing Child’s Progress With Teacher
(Parents of School-Aged Children at Home, 2011)

- No difference by community.
- No difference by child’s age or race.

Some Discomfort in Discussing Child’s Progress With Teachers
(Parents of School-Aged Children at Home, 2011)
Participation in School Programs or Activities

The majority of parents with school-aged children frequently participates in school programs or activities.

- Specifically, more than one-half (52.3%) of parents attended a school program or activity on four or more occasions in the past year.
- In contrast, 17.7% did not attend any.
- School participation is significantly higher in San Clemente (not shown).

Frequency of Participating in School Events in the Past Year
(Parents of School-Aged Children at Home, 2011)

- Never 17.7%
- Once 5.9%
- Twice 15.1%
- Three Times 9.0%
- Four/More Times 52.3%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 131]
Notes: Asked of all respondents with children under 18 who are not home-schooled.
Educational Attainment

A total of 47.3% of survey respondents have some type of postsecondary degree (college or postgraduate).

- Higher than the prevalence reported nationally.
- Adults more likely to have a postsecondary degree include those aged 40 and older, residents living on higher incomes, and Whites.

Have a Postsecondary Degree (College or Postgraduate) (Overall, 2011)

On the other hand, 13.9% of survey respondents have no education beyond high school.

- Lower than the prevalence reported nationally.
- Adults more likely to have no education beyond high school include those under 40, residents in the lower income breakout, and Hispanics.

No Education Beyond High School (Overall, 2011)
Spirituality

Importance of Spirituality

When asked about the importance of spirituality in their daily life, 55.6% of area adults consider it to be “very important.”

- Another 27.8% of respondents give spirituality “somewhat important” evaluations, while 16.6% of adults do not consider spirituality to be important.

Self-Reported Importance of Spirituality
(Overall Adults, 2011)

<table>
<thead>
<tr>
<th>Importance Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Important</td>
<td>55.6%</td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>27.8%</td>
</tr>
<tr>
<td>Not Important</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 73]
Notes: Asked of all respondents.

- Does not vary significantly by community.

Note the statistically significant increase in San Clemente since 2008; no significant change reported for San Juan Capistrano.

Spirituality is “Not Important”

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 73]
Notes: Asked of all respondents.
Viewed by level of need, note the significant difference in San Juan Capistrano (higher-need areas place more importance on spirituality).

**Spirituality is “Not Important”**
(Overall, 2011)

<table>
<thead>
<tr>
<th>High/Highest Need Areas</th>
<th>Average/Lower Need Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Clemente</td>
<td>17.8%</td>
</tr>
<tr>
<td>San Juan Capistrano</td>
<td>18.7%</td>
</tr>
<tr>
<td>Lake Forest</td>
<td>19.1%</td>
</tr>
<tr>
<td>Overall</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 73]

Notes: Asked of all respondents.

Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults more likely to consider spirituality to be “not important” in daily life include:

- Men.
- Seniors.
- Residents with higher incomes.
- Whites.

**Spirituality is “Not Important”**
(Overall, 2011)
**Religious Affiliation & Support**

**Religious Affiliation**

The largest share of respondents (31.9%) affiliate with the Catholic faith.

- Another 21.1% are Protestant, while 19.4% mentioned Christianity without specifying a denomination.
- In contrast, 15.1% of survey respondents do not affiliate with a religion.

**Respondent’s Religion**
(Overall, 2011)

- Catholic 31.9%
- Protestant 21.1%
- Christian 19.4%
- None 15.1%
- Other 12.5%

**Have Someone for Spiritual Support**

A total of 56.9% of area adults have someone to turn to (a priest, rabbi, minister, or other person) for spiritual support.

- Lower than the US figure.
- Statistically similar by community.
- Statistically unchanged since 2008 in San Clemente and San Juan Capistrano.

**Have a Priest, Minister, Rabbi, or Other Person to Turn To for Religious Support**

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 76]

Notes: ● Asked of all respondents.
No significant differences when viewed by level of need.

**Have a Priest, Minister, Rabbi, or Other Person to Turn to for Spiritual Support**
(Overall, 2011)

![Graph showing spiritual support by level of need](image)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 74]
Notes: Asked of all respondents.
Need levels for these communities were determined by St. Joseph Health System at the block group level. Each block group population was examined for key demographic and socioeconomic variables associated with community need (either positively or negatively), and ranked based on a composite rating of these variables.

Adults *more* likely to have someone to turn to for spiritual support include:
- Women.
- Adults under the age of 65.

**Have a Priest, Minister, Rabbi, or Other Person to Turn to for Religious Support**
(Overall, 2011)

![Graph showing religious support](image)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 74]
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Feel Religious Needs Are Being Met

Regardless of their religious affiliation, the vast majority (96.9%) of adults feel that their religious needs are being met in their faith community.

Feel Spiritual Needs Are Being Met by Faith Community
(By Religious Affiliation; Overall, 2011)

Sources: Professional Research Consultants, Inc. PRC Community Health Survey [Item 75]
Notes: Asked of all respondents.
2009 PRC Community Health Survey
Laguna Beach, California

REPORT OF FINDINGS

Prepared For

Mission Hospital Laguna Beach
# Table Of Contents

## INTRODUCTION

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Overview</td>
<td>6</td>
</tr>
<tr>
<td>Project Goals</td>
<td>6</td>
</tr>
<tr>
<td>Methodology</td>
<td>6</td>
</tr>
<tr>
<td><strong>Summary of Assessment Findings</strong></td>
<td>11</td>
</tr>
<tr>
<td>Comparison With National Benchmarks</td>
<td>11</td>
</tr>
<tr>
<td>Summary Tables</td>
<td>13</td>
</tr>
</tbody>
</table>

## SELF-REPORTED HEALTH STATUS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Health Status</strong></td>
<td>22</td>
</tr>
<tr>
<td>Self-Reported Health Status</td>
<td>22</td>
</tr>
<tr>
<td>Activity Limitations</td>
<td>24</td>
</tr>
<tr>
<td>Older Adults &amp; Activities Outside the Home</td>
<td>26</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Mental Disorders</strong></td>
<td>27</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td>27</td>
</tr>
<tr>
<td>Depression</td>
<td>31</td>
</tr>
<tr>
<td>Stress</td>
<td>36</td>
</tr>
</tbody>
</table>

## DISEASE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>39</td>
</tr>
<tr>
<td>Prevalence of Heart Disease &amp; Stroke</td>
<td>39</td>
</tr>
<tr>
<td>Cardiovascular Risk Factors</td>
<td>41</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>46</td>
</tr>
<tr>
<td>Prevalence of Cancer</td>
<td>46</td>
</tr>
<tr>
<td>Cancer Screenings</td>
<td>48</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td>54</td>
</tr>
<tr>
<td>Prevalence of Asthma in Adults</td>
<td>54</td>
</tr>
<tr>
<td>Prevalence of Asthma in Children</td>
<td>56</td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td>57</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>57</td>
</tr>
<tr>
<td>Family Violence</td>
<td>57</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>59</td>
</tr>
<tr>
<td><strong>Influenza &amp; Pneumonia</strong></td>
<td>62</td>
</tr>
<tr>
<td>Flu Shots</td>
<td>62</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>63</td>
</tr>
</tbody>
</table>

## MODIFIABLE HEALTH RISK BEHAVIORS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actual Causes Of Death</strong></td>
<td>65</td>
</tr>
<tr>
<td><strong>Nutrition &amp; Overweight</strong></td>
<td>66</td>
</tr>
<tr>
<td>Nutrition</td>
<td>66</td>
</tr>
<tr>
<td>Body Weight</td>
<td>73</td>
</tr>
<tr>
<td>Weight Management</td>
<td>77</td>
</tr>
<tr>
<td>Child Overweight</td>
<td>79</td>
</tr>
</tbody>
</table>
### Physical Activity & Fitness
- Work-Related Physical Activity
- Leisure-Time Physical Activity
- Activity Levels
- Physical Activity & Community-Related Factors
- Sedentary Behavior: Television & Other Screen Time
- Health Advice About Physical Activity & Exercise

### Substance Abuse
- High-Risk Alcohol Use
- Prevalence of Substance Abuse Problems

### Tobacco Use
- Cigarette Smoking Prevalence
- Smoking Cessation Attempts

### ACCESS TO HEALTHCARE SERVICES

#### Health Insurance Coverage
- Type of Healthcare Coverage
- Lack of Health Insurance Coverage

#### Difficulties Accessing Healthcare
- Difficulties Accessing Services
- Barriers to Healthcare Access
- Prescriptions
- Accessing Healthcare for Children

#### Primary Care Services
- Specific Source of Ongoing Care
- Utilization of Primary Care Services

#### Emergency Room Utilization

#### Oral Health
- Adults: Access to Dental Care
- Children: Dental Visits

#### Healthcare Information Sources

### COMMUNITY ISSUES

#### Local Concerns
- Family Issues
- Neighborhood Issues

#### Housing
- Housing Characteristics
- Housing Affordability
- Homelessness

#### Education
- Educational Characteristics
- Children’s Education
- Perceptions of Local Public Schools
- Perceptions of Local Adult Educational Opportunities

#### Spirituality
- Importance of Spirituality
- Personal Spirituality

#### Healthcare
APPENDIX: HOMELESS SURVEY FINDINGS

Methodology ........................................................................................................ 146
Issues of Homelessness ...................................................................................... 147
  Characteristics of the Homeless ................................................................. 147
  Meeting the Needs of the Homeless in Laguna Beach ......................... 151
Health ............................................................................................................... 154
  Health Status ............................................................................................... 154
  Prevalence of Selected Diseases ............................................................. 155
  Mental Health Issues ................................................................................. 157
  Substance Abuse Issues ........................................................................... 160
  Access to Healthcare Services ................................................................. 162
  Perceptions of Local Healthcare ............................................................... 164
Safety ............................................................................................................... 165
  Concern for Personal Safety .................................................................... 165
  Violent Crime ............................................................................................. 166
Spirituality ........................................................................................................ 167
  Importance of Spirituality ....................................................................... 167
  Spiritual Support ......................................................................................... 168
Utilization of Services & Resources ............................................................. 169
Demographic Characteristics ........................................................................ 171
  Gender ........................................................................................................ 171
  Age .............................................................................................................. 171
  Race/Ethnicity ............................................................................................ 172
  Education .................................................................................................. 172
  Employment ............................................................................................... 173
The PRC Community Health Survey is a systematic, data-driven approach to determining the health status, behaviors and needs of our community residents.
Project Overview

Project Goals

This Community Health Survey is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Laguna Beach, California. Subsequently, this information may be used to formulate strategies to improve community health and wellness. This survey provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Survey will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Methodology

2009 PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.
Community Defined for This Assessment

The study area for this effort includes 24 census block groups associated with Laguna Beach, California (see map below).

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the 2009 PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.
The sample design used for this effort consisted of a random sample of 401 individuals aged 18 and older in the defined area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 401 respondents is ±4.9% at the 95 percent level of confidence.

### Expected Error Ranges for a Sample of 401 Respondents at the 95 Percent Level of Confidence

![Graph showing expected error ranges for a sample of 401 respondents at the 95 percent level of confidence.]

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

Examples:
- If 10% of the sample of 401 respondents answered a certain question with a “yes,” it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond “yes” if asked the question.

Sample Characteristics

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

The following chart outlines the characteristics of the final weighted sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Population & Sample Characteristics
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Actual Population</th>
<th>Weighted Survey Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>50.3%</td>
<td>51.6%</td>
</tr>
<tr>
<td>Women</td>
<td>49.7%</td>
<td>48.4%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>25.5%</td>
<td>25.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>50.9%</td>
<td>50.5%</td>
</tr>
<tr>
<td>65+</td>
<td>23.6%</td>
<td>23.6%</td>
</tr>
<tr>
<td>White*</td>
<td>62.5%</td>
<td>82.5%</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>7.3%</td>
<td>7.5%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>10.8%</td>
<td>11.6%</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>20%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>40%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>60%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>80%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2009 guidelines place the poverty threshold for a family of four at $22,050 annual household income or lower). In sample segmentation: “<300% FPL” refers to community members living in a household earning up to three times the poverty threshold; “300%+ FPL” refers to households with incomes at three times or more the poverty threshold defined for the household size.

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

Benchmark Data

Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

National data, which are also provided in comparison charts, are taken from the 2008 PRC National Health Survey and 2008 PRC Quality of Life Survey, independent studies of Americans’ health and quality of life. The methodological approach for these national studies is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.
Healthy People 2010

*Healthy People 2010: Understanding and Improving Health* is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation’s health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Supplemental Data Collection (Appendix)

2009 Mission Hospital Laguna Beach Survey of the Homeless

Note that a paper-based survey was also administered in face-to-face interviews with members of the homeless population of Laguna Beach. A description of this process and findings from these surveys are provided as an appendix to this report.
Summary of Assessment Findings

Comparison With National Benchmarks

Self-Reported Health Status

Favorable Compared to National Benchmarks

In comparison with national findings, there are several positive indicators relative to self-reported health status. Laguna Beach residents are much less likely to report “fair/poor” physical or mental health when compared with their US counterparts. Further, the prevalence of chronic depression is notably lower among Laguna Beach adults when compared with adults nationwide.

Death & Disability

Favorable Compared to National Benchmarks

In comparison with national findings, there are several positive indicators relative to injury and disease in the area. For example, the Laguna Beach prevalence of prostate cancer screenings is higher than the national prevalence.

The Laguna Beach diabetes prevalence is less than half the US prevalence.

With regard to cardiovascular disease, the Laguna Beach stroke prevalence is lower than the national figure, and the percentage of local adults with hypertension is more favorable than the percentage reported nationally. Overall, only two-thirds of Laguna Beach adults exhibit at least one cardiovascular risk factor (dramatically lower than the national average).

The percentage of community residents who have been victims of violent crime is notably lower than the national figure.

With regard to respiratory disease, the prevalence of asthma among children in Laguna Beach is much lower than the national prevalence.

Unfavorable Compared to National Benchmarks

However, the Laguna Beach community compares unfavorably to national findings in the following regards:

- **Cholesterol.** High blood cholesterol is more prevalent among Laguna Beach community members when compared with adults nationwide.

- **Cancer.** Survey respondents are three times more likely than adults nationwide to suffer from skin cancer.

- **Diabetes Management.** The Laguna Beach percentage of diabetics taking insulin or other medication for diabetes is lower than that reported across the nation.
Modifiable Health Risks

Favorable Compared to National Benchmarks

In comparison to national averages, positive findings relating to modifiable health risk behavior in Laguna Beach include: higher **fruit/vegetable consumption**; a lower prevalence of **overweight/obesity** (both adults and children); a larger percentage of residents meeting **physical activity** recommendations and/or participating in moderate/vigorous physical activity; and a lower prevalence of **smoking**.

Unfavorable Compared to National Benchmarks

In contrast, note the following unfavorable findings:

- **Use of Parks/Recreational Centers.** Survey respondents are less likely than adults across the US to have made use of a local park or recreational facility in the past year.
- **Current Drinkers.** The local prevalence of adults who had at least one drink of alcohol in the past month is significantly greater than found nationally.
- **Smokeless Cessation.** Among current smokers in Laguna Beach, a lower percentage quit for at least one day in the past year when compared with smokers across the country.

Access to Healthcare Services

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. While the levels for access limitations in the Total Area as a whole are better than the US for most of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income residents.

Favorable Compared to National Benchmarks

Positive survey findings related to access in Laguna Beach include a lower proportion of residents reporting **difficulties accessing healthcare** in the past year (including access to children’s healthcare among local parents), and a lower prevalence of community residents have skipped a **prescription medication** in order to save money. **Ratings of local healthcare** are also much better than found nationwide.

Community Issues

Favorable Compared to National Benchmarks

When compared to national findings, Laguna Beach residents are less likely to indicate that a member of the household has **worked extra hours last year in order to pay for housing**. Further, ratings of local **programs for the homeless** are more favorable than ratings nationwide, as are residents’ **ratings of public schools and adult education**.
On the other hand, note the following **negative** finding:

- **Availability of Affordable Housing.** Laguna Beach residents are more likely than adults nationwide to give low ratings of the availability of affordable housing.

### Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem. In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- **Impact.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.
- **Seriousness.** The degree to which the problem leads to death, disability or impairs one’s quality of life.
- **Feasibility.** The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of exacerbating the problem by not addressing at the earliest opportunity.

### Summary Tables

The following tables provide an overview of indicators in Laguna Beach. These data are grouped to correspond with the Focus Areas presented in Healthy People 2010.

#### Reading the Summary Tables

- In the following charts, Laguna Beach results are shown in the larger, blue column.

- The columns to the right of the Laguna Beach column provide comparisons between Laguna Beach and any available state and national findings, as well as Healthy People 2010 targets. Again, symbols indicate whether Laguna Beach compares favorably (☉), unfavorably (☆), or comparably (☉).
### Access to Healthcare Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Lack Health Insurance (Aged 18-64)</td>
<td>13.2</td>
<td>🌞 20.2 🌠 17.7 🐐 0.0</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year</td>
<td>28.8</td>
<td>🌠 42.4 🌐 7.0</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>9.2</td>
<td>🌞 12.9</td>
</tr>
<tr>
<td>% Transportation Prevented Dr Visit in Past Year</td>
<td>7.8</td>
<td>🌠 8.5</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>13.8</td>
<td>🐐 18.2</td>
</tr>
<tr>
<td>% Cost Prevented Getting Rx in Past Year</td>
<td>9.0</td>
<td>🌞 19.7</td>
</tr>
<tr>
<td>% Skipped Rx Doses to Save Costs</td>
<td>9.4</td>
<td>🌠 17.5</td>
</tr>
<tr>
<td>% Difficulty Getting Child’s Healthcare in Past Year</td>
<td>0.0</td>
<td>🌞 7.7</td>
</tr>
<tr>
<td>% Have a Specific Source of Ongoing Care</td>
<td>79.5</td>
<td>🌠 76.8 🌐 96.0</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>69.8</td>
<td>🌠 65.2</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>86.2</td>
<td>🐐 91.3</td>
</tr>
<tr>
<td>% Gone to ER More Than Once in Past Year</td>
<td>8.0</td>
<td>🌠 10.6</td>
</tr>
<tr>
<td>% Rate Local Healthcare “Excellent/Very Good”</td>
<td>67.0</td>
<td>🌞 47.7</td>
</tr>
</tbody>
</table>

### Cancer

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Skin Cancer</td>
<td>14.8</td>
<td>🐐 4.6</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>7.3</td>
<td>🐐 5.8</td>
</tr>
<tr>
<td>% Mammogram in Past 2 Years (Women 40+)</td>
<td>80.9</td>
<td>🌠 78.9 🌐 74.6 🐐 70.0</td>
</tr>
<tr>
<td>% Pap Smear in Past 3 Years (Women)</td>
<td>82.4</td>
<td>🐐 84.1 🐱 81.3 🏵 90.0</td>
</tr>
<tr>
<td>% Prostate Exam in Past 2 Years (Men 50+)</td>
<td>83.5</td>
<td>🌞 73.7</td>
</tr>
</tbody>
</table>

- Blank - no data
- Favorable
- Unfavorable
- Similar
### Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach</th>
<th>Lagun Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>4.7</td>
<td>☀️ 8.5</td>
</tr>
<tr>
<td>% (Diabetics) Taking Insulin/Medication</td>
<td>57.5</td>
<td>☁️ 84.2</td>
</tr>
</tbody>
</table>

|                                 | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |
|                                 |              |               |            |

### Disability

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Activity Limitations</td>
<td>24.1</td>
<td>☁️ 18.8</td>
</tr>
</tbody>
</table>

| % Activity Limitations          | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach</th>
<th>Lagun Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Chronic Heart Disease</td>
<td>5.3</td>
<td>☁️ 6.7</td>
</tr>
<tr>
<td>% Stroke</td>
<td>1.3</td>
<td>☁️ 2.2</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure</td>
<td>28.1</td>
<td>☁️ 25.2</td>
</tr>
<tr>
<td>% Told Have High Cholesterol</td>
<td>36.1</td>
<td>☁️ 30.5</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>66.0</td>
<td>☁️ 85.1</td>
</tr>
</tbody>
</table>

| % Chronic Heart Disease         | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |
| % Stroke                        | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |
| % Told Have High Blood Pressure | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |
| % Told Have High Cholesterol    | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |
| % 1+ Cardiovascular Risk Factor | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |

### Influenza & Pneumonia

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach</th>
<th>Lagun Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Flu Shot in Past Yr (Aged 65+)</td>
<td>68.9</td>
<td>☁️ 70.0</td>
</tr>
<tr>
<td>% Pneumonia Vaccine Ever (Aged 65+)</td>
<td>71.5</td>
<td>☁️ 62.7</td>
</tr>
</tbody>
</table>

| % Flu Shot in Past Yr (Aged 65+) | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |
| % Pneumonia Vaccine Ever (Aged 65+) | ☁️ favorable  | ☀️ unfavorable | ☁️ similar |
### Injury & Violence

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>0.6</td>
<td>2.4</td>
</tr>
<tr>
<td>% Physically Injured by Intimate Partner</td>
<td>13.3</td>
<td>15.0</td>
</tr>
<tr>
<td>% Aware of Community Resources for Domestic Violence</td>
<td>71.5</td>
<td>-blank-no data</td>
</tr>
</tbody>
</table>

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>7.9</td>
<td>12.9</td>
</tr>
<tr>
<td>% 3+ Days of Poor Mental Health in Past Month</td>
<td>17.6</td>
<td>30.3</td>
</tr>
<tr>
<td>% Poor Mental Health Prevented Usual Activities in Past Month</td>
<td>11.3</td>
<td>-blank-no data</td>
</tr>
<tr>
<td>% Major Depression</td>
<td>11.1</td>
<td>9.7</td>
</tr>
<tr>
<td>% Chronic Depression (2+ Years)</td>
<td>23.7</td>
<td>-blank-no data</td>
</tr>
<tr>
<td>% Been Referred to Agency for Depression by Physician</td>
<td>10.9</td>
<td>30.3</td>
</tr>
<tr>
<td>% 3+ Visits to Health Professional for Depression</td>
<td>15.8</td>
<td>-blank-no data</td>
</tr>
<tr>
<td>% 3+ Visits to a Support Group for Depression</td>
<td>5.8</td>
<td>-blank-no data</td>
</tr>
<tr>
<td>% Taken Medication for Depression</td>
<td>20.1</td>
<td>-blank-no data</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>16.8</td>
<td>13.4</td>
</tr>
</tbody>
</table>

The table above provides data on injury and violence as well as mental health and mental disorders for Laguna Beach compared to various benchmarks. The data indicates a lower incidence of violent crimes and physical injuries for the community. However, it shows a higher percentage of people experiencing poor mental health and depression, with certain treatments and diagnoses being more common in the community compared to benchmarks.
<table>
<thead>
<tr>
<th>Nutrition &amp; Overweight</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>56.3</td>
<td>🌞 28.9 🌞 43.5</td>
</tr>
<tr>
<td>% Children Eat 5+ Fruits/Vegetables Daily</td>
<td>70.1</td>
<td>🌞 58.4 🌞 75.0</td>
</tr>
<tr>
<td>% Eat 2+ Servings of Fruit per Day</td>
<td>70.1</td>
<td>🌞 61.4 🌞 67.4</td>
</tr>
<tr>
<td>% Children Eat 2+ Servings of Fruit per Day</td>
<td>95.1</td>
<td>🌞 75.0 🌞 80.0</td>
</tr>
<tr>
<td>% Eat 3+ Servings of Vegetables per Day</td>
<td>42.1</td>
<td>🌞 38.8 🌞 50.0</td>
</tr>
<tr>
<td>% Children Eat 3+ Servings of Vegetables per Day</td>
<td>53.3</td>
<td></td>
</tr>
<tr>
<td>% Keep Fruits/Vegetables On Hand</td>
<td>92.9</td>
<td></td>
</tr>
<tr>
<td>% &quot;Very/Somewhat Difficult&quot; to Buy Fresh Produce Affordably</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>% Eat Junk Food 3+ Times Weekly</td>
<td>36.6</td>
<td></td>
</tr>
<tr>
<td>% Children Eat Junk Food 3+ Times Weekly</td>
<td>62.1</td>
<td></td>
</tr>
<tr>
<td>% Eat 3+ Fast Food Meals Weekly</td>
<td>11.9</td>
<td></td>
</tr>
<tr>
<td>% Children Eat 3+ Fast Food Meals Weekly</td>
<td>21.2</td>
<td></td>
</tr>
<tr>
<td>% Drink 3+ Servings of Soda Pop Weekly</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>% Drink 3+ Servings of Other Sweetened Drinks (Not Soda)</td>
<td>19.5</td>
<td></td>
</tr>
<tr>
<td>% Eat 7+ Meals Together as Family in Past Week (With Children)</td>
<td>90.6</td>
<td></td>
</tr>
<tr>
<td>% Received Advice on Nutrition in Past Year</td>
<td>40.8</td>
<td>🌞 38.2 🌞 40.0</td>
</tr>
<tr>
<td>% Unhealthy Weight (BMI &lt;18.5 or 25+)</td>
<td>40.7</td>
<td>🌞 68.0 🌞 40.0</td>
</tr>
<tr>
<td>% Overweight</td>
<td>36.8</td>
<td>🌞 61.4 🌞 67.4</td>
</tr>
<tr>
<td>% Obese</td>
<td>7.0</td>
<td>🌞 24.3 🌞 29.0 🌞 15.0</td>
</tr>
<tr>
<td>% Overweights Advised to Lose Weight</td>
<td>37.1</td>
<td></td>
</tr>
<tr>
<td>% Overweight Trying to Lose</td>
<td>60.7</td>
<td></td>
</tr>
<tr>
<td>% Children (Aged 6-17) Overweight</td>
<td>12.0</td>
<td>🌞 26.1 🌞 29.0</td>
</tr>
<tr>
<td>% Child Aged 3-11 Overweight</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>% Child's Physician Has Given Diet/Exercise Advice</td>
<td>59.9</td>
<td></td>
</tr>
</tbody>
</table>

- blank-no data  🌞 favorable  🌞 unfavorable  🌞 similar
### Oral Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cost Prevented Dental Visit in the Past Year</td>
<td>15.6</td>
<td>vs. CA 23.3, vs. US 28.8, vs. HP2010 20.0</td>
</tr>
<tr>
<td>% Child (Aged 2-17) Has Visited Dentist in Past Year</td>
<td>82.6</td>
<td>-blank-</td>
</tr>
</tbody>
</table>

### Physical Activity & Fitness

<table>
<thead>
<tr>
<th>Metric</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>6.9</td>
<td>vs. CA 23.3, vs. US 28.8, vs. HP2010 20.0</td>
</tr>
<tr>
<td>% Meeting Physical Activity Recommendations</td>
<td>70.0</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>56.0</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>40.1</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Did Not Use Park/Rec Facility/Community Ctr in Past Year</td>
<td>23.1</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Average 3+ Hours of Television Daily (18+)</td>
<td>37.3</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Average 3+ Hours of Other Screen Time Daily (18+)</td>
<td>10.9</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Average 3+ Hours of Television Daily (Children &lt;18)</td>
<td>17.8</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Average 3+ Hours of Other Screen Time Daily (Children &lt;18)</td>
<td>22.0</td>
<td>-blank-</td>
</tr>
<tr>
<td>% Received Advice on Exercise in Past Year</td>
<td>44.9</td>
<td>vs. CA 44.9, vs. US 42.7, vs. HP2010 42.7</td>
</tr>
</tbody>
</table>

### Physical Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>7.6</td>
<td>vs. CA 18.6, vs. US 17.4</td>
</tr>
</tbody>
</table>

- **favorable**
- **unfavorable**
- **similar**

- **blank-**
- **no data**
<table>
<thead>
<tr>
<th>Respiratory Disease</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Asthma</td>
<td>12.8</td>
<td>🌧️ 13.8 13.6</td>
</tr>
<tr>
<td>% Currently Treated by Health Professional for Asthma (Asthmatics)</td>
<td>39.0</td>
<td>🌞</td>
</tr>
<tr>
<td>% Child Has Asthma</td>
<td>3.0</td>
<td>🌧️ 19.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Drinker</td>
<td>76.4</td>
<td>🌧️ 52.4 52.6</td>
</tr>
<tr>
<td>% Binge Drinker</td>
<td>15.6</td>
<td>🌧️ 15.6 17.8 6.0</td>
</tr>
<tr>
<td>% 5+ Drinks Daily Is Perceived As a Drinking Problem</td>
<td>20.8</td>
<td>🌧️</td>
</tr>
<tr>
<td>% Alcohol or Other Substance Abuse Problem</td>
<td>1.8</td>
<td>🌧️</td>
</tr>
<tr>
<td>% Received Treatment for Alcohol or Substance Abuse</td>
<td>2.5</td>
<td>🌧️</td>
</tr>
<tr>
<td>% Member of Household Has Drinking Problem</td>
<td>8.3</td>
<td>🌧️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>14.6</td>
<td>🌧️ 14.0 19.2 12.0</td>
</tr>
<tr>
<td>% Have Quit Smoking 1+ Days in Past Year (Smokers)</td>
<td>29.6</td>
<td>🌧️ 57.0 75.0</td>
</tr>
</tbody>
</table>

-Blank-no data
favorable  unfavorable  similar
<table>
<thead>
<tr>
<th>Community Issues</th>
<th>Laguna Beach</th>
<th>Laguna Beach vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Member of HH Worked Extra to Afford Housing Payment</td>
<td>15.5</td>
<td>22.7</td>
</tr>
<tr>
<td>% Have Moved Multiple Times in the Past Five Years</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>% Have More Than One Family Living in the Household</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>% Have a Multigenerational Household (3+ Generations)</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>% Availability of Affordable Housing is &quot;Fair/Poor&quot;</td>
<td>84.5</td>
<td>52.3</td>
</tr>
<tr>
<td>% Feel Community &quot;Not Supportive&quot; of Affordable Housing</td>
<td>58.6</td>
<td></td>
</tr>
<tr>
<td>% Has Ever Been Homeless</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Do Not Feel Educational/Career Goals Have Been Achieved</td>
<td>14.9</td>
<td></td>
</tr>
<tr>
<td>% Perceive Programs/Shelters for Homeless to be &quot;Fair/Poor&quot;</td>
<td>40.7</td>
<td>56.8</td>
</tr>
<tr>
<td>% Public Schools Doing &quot;Fair/Poor&quot; Job Preparing Children</td>
<td>13.1</td>
<td>31.4</td>
</tr>
<tr>
<td>% Local Adult Educational Opportunities Are &quot;Fair/Poor&quot;</td>
<td>9.3</td>
<td>18.0</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Spirituality is &quot;Very Important&quot; in Daily Life</td>
<td>48.9</td>
<td></td>
</tr>
<tr>
<td>% Have Priest, Minister, Rabbi or Other People for Spiritual Support</td>
<td>53.2</td>
<td>70.6</td>
</tr>
<tr>
<td>% Feel Their Spiritual Needs are Being Met in their Faith Community</td>
<td>89.6</td>
<td></td>
</tr>
</tbody>
</table>

Blank indicates no data.
SELF-REPORTED HEALTH STATUS
Physical Health Status

Self-Reported Health Status

Nearly 3 in 4 adults in Laguna Beach (73.0%) rate their overall health as “excellent” or “very good.”

- Another 19.5% offer “good” ratings of their overall health.

In contrast, 7.6% of adults believe that their overall health is “fair” or “poor.”

- More favorable than statewide findings (18.6% “fair/poor”).
- More favorable than the national percentage (17.4% “fair/poor”).

Experience “Fair” or “Poor” Overall Health

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
The following chart further examines self-reported health status by various key demographic characteristics. Note that:

Laguna Beach adults living below 300% of the federal poverty level are more likely to report experiencing “fair” or “poor” overall health (a “fair/poor” response more than seven times that found among adults with higher incomes).

**Experience “Fair” or “Poor” Overall Health**
(Laguna Beach, 2009)

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: *Asked of all respondents.*
*FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].*
Activity Limitations

An estimated 54 million persons in the United States currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the US] are more than $300 billion, or 4 percent of the gross domestic product. This total cost includes $160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching $155 billion.

The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.


A total of 24.1% of adults in Laguna Beach are limited in some way in some activities due to a physical, mental or emotional problem.

- Higher than the 18.8% prevalence in California.
- Statistically comparable to the 21.8% prevalence nationwide.

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

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
In looking at responses by key demographic characteristics, there are no statistically significant disparities within population sample sub-segments.

### Limited in Activities in Some Way
**Due to a Physical, Mental or Emotional Problem**  
(Laguna Beach, 2009)

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems and arthritis/rheumatism.

### Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Laguna Beach, 2009)

---

**Notes:**  
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]  
- Asked of all respondents.  
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

---

**Notes:**  
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]  
- Asked of those respondents reporting activity limitations.
Older Adults & Activities Outside the Home

A total of 11.1% of older adults (65+) in Laguna Beach report not engaging in any activities outside the home in the past month (such as errands, social engagements, medical appointments, etc.).

- In all, roughly one out of five (19.9%) report fewer than five activities outside the home in the past month.
- The median response was 17.5 times in the past month.

For those reporting fewer than five outside activities in the past month, most (80%) had no specific reason for not getting out more. Other reasons mentioned included lack of transportation, lack of time, and lack of interest.
Mental Health & Mental Disorders

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

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [Global Burden of Disease study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the US—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.


Mental Health Status

Self-Reported Mental Health Status

Nearly three-fourths (73.3%) of adults in Laguna Beach rate their overall mental health as “excellent” or “very good.”

- Another 18.8% give “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Laguna Beach, 2009)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.
However, 7.9% of adults believe that their overall mental health is “fair” or “poor.”

- Much better than the 12.9% “fair/poor” reported across the nation.

### Experience “Fair” or “Poor” Mental Health

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.9%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

### Notes:
- Asked of all respondents.

---

Adults under age 65 are more likely to report “fair” or “poor” mental health than are those aged 65+.

### Experience “Fair” or “Poor” Mental Health

(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.7%</td>
<td>10.1%</td>
<td>12.7%</td>
<td>7.5%</td>
<td>3.8%</td>
<td>11.2%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

### Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- 2009 PRC National Health Survey, Professional Research Consultants, Inc.

### Notes:
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
- Percentages represent combined “fair” and “poor” responses.
The majority of Laguna Beach adults (57.6%) report zero days in the past month on which their mental health was “not good.”

- The median response was also zero days of poor mental health in the past month.

In contrast, 17.6% of Laguna Beach adults report three or more days of poor mental health in the past month.

Those under the age of 65 are more likely to report three or more days of poor mental health.

**Number of Days of Poor Mental Health per Month**

**Number of Days in Past Month On Which Mental Health Was “Not Good”**

(Laguna Beach, 2009)

**Median = 0 Days/Month**

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.

**Mental Health Was “Not Good” for 3+ Days in the Past Month**

(Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Activity Limitations Attributed to Mental Health

A total of 11.3% of Laguna Beach adults report one or more days in the past month when poor mental health kept them from performing their usual activities, such as self-care, work or recreation.

- The median response for the population was zero days.

Number of Days in Past Month On Which Poor Mental Health Prevented Usual Activities

(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Days</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>88.7%</td>
</tr>
<tr>
<td>One Day</td>
<td>3.2%</td>
</tr>
<tr>
<td>Two Days</td>
<td>0.6%</td>
</tr>
<tr>
<td>Three Days</td>
<td>2.0%</td>
</tr>
<tr>
<td>Four/More Days</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Median = 0 Days/Month

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: Asked of all respondents.

Adults more likely to report that mental health limited their activities include:

- Men.
- Adults under age 65 (and especially those under age 40).

Poor Mental Health Prevented Usual Activities on 1+ Days in the Past Month

(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>15.7%</td>
</tr>
<tr>
<td>Women</td>
<td>6.5%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>27.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>8.2%</td>
</tr>
<tr>
<td>65+</td>
<td>1.2%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>12.0%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>12.0%</td>
</tr>
<tr>
<td>Laguna Beach</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Depression

Major Depression

Across Laguna Beach, 11.1% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

- Comparable to the 9.7% reported nationally.

Prevalence of Major Depression

Women report a higher prevalence of major depression than do men.

Diagnoses of major depression decrease with age.

Prevalence of Major Depression
(Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
Notes: Asked of all respondents.

Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.
Nearly one-fourth (23.7%) of adults in Laguna Beach have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- More favorable than national findings (30.3%).

Note that self-reported prevalence of chronic depression is statistically comparable when viewed by key demographic segments.
Treatment for Depression

Roughly 1 in 10 Laguna Beach adults (10.9%) has ever been referred to a mental health or social service agency for depression by a doctor.

This prevalence is higher among:

- Women.
- Adults under 65.
- Note that 58.4% of adults with a history of major depression have been referred to a mental health or social service agency for depression by a physician, as have 30.7% of adults with past symptoms of chronic depression.

Have Ever Been
Referred to a Mental Health or Social Service Agency for Depression by a Physician
(Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes: FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
While three-fourths of Laguna Beach adults have not visited a medical or mental health provider for depression, 15.8% have visited on three or more occasions.

**Frequency of Visiting a Medical or Mental Health Provider for Depression**
(Laguna Beach, 2009)

- One or Two Times: 9.5%
- Three/More Times: 15.8%
- Never: 74.7%

**Sources:** 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]

**Notes:** Asked of all respondents.

Among adults reporting major depression or symptoms of chronic depression, 46.8% have visited a medical or mental health provider for depression on three or more occasions.

**Have Visited a Medical or Mental Health Provider for Depression on Three or More Occasions**
(Laguna Beach 2009)

- Yes: 15.8%
- No: 84.2%

**Among Adults**

- Yes: 46.8%
- No: 53.2%

**Among Adults With Recognized Depression**
(Major Depression and/or Symptoms of Chronic Depression)

**Sources:** 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]

**Notes:** Asked of all respondents.

Among those with depression who have never visited a medical/mental health provider, reasons included cost/lack of insurance, age, embarrassment, and the perception that they didn’t need outside help.
Support Groups for Depression

In all, 5.8% of Laguna Beach adults have attended a support group for depression led by peers, laypersons, or clergy, on three or more occasions.

Among adults reporting major depression or symptoms of chronic depression, 17.3% have attended three or more such support groups.

Have Attended a Support Group for Depression Led by Peers, Laypersons or Clergy on Three or More Occasions

(Laguna Beach 2009)

Among All Adults
- Yes 5.8%
- No 94.2%

Among Adults With Recognized Depression
(Major Depression and/or Symptoms of Chronic Depression)
- Yes 17.3%
- No 82.7%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 109]
Notes: Asked of all respondents.

Medication for Depression

In all, 20.1% of Laguna Beach adults have ever taken medication for depression.

Among adults reporting major depression or symptoms of chronic depression, 59.7% have ever taken medication for depression.

Have Ever Taken Medication for Depression

(Laguna Beach 2009)

Among All Adults
- Yes 20.1%
- No 79.9%

Among Adults With Recognized Depression
(Major Depression and/or Symptoms of Chronic Depression)
- Yes 59.7%
- No 40.3%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 110]
Notes: Asked of all respondents.
There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills.


**Stress**

A total of 45.0% of adults in Laguna Beach say their typical day is “not very stressful” (32.8%) or “not at all stressful” (12.2%).

- Just under 4 in 10 (38.1%) report “moderately stressful” typical days.

### Perceived Level of Stress on a Typical Day
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Level of Stress</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All Stressful</td>
<td>12.2%</td>
</tr>
<tr>
<td>Very Stressful</td>
<td>13.3%</td>
</tr>
<tr>
<td>Extremely Stressful</td>
<td>3.5%</td>
</tr>
<tr>
<td>Not Very Stressful</td>
<td>32.8%</td>
</tr>
<tr>
<td>Moderately Stressful</td>
<td>38.1%</td>
</tr>
</tbody>
</table>

**In contrast, 16.8% say their typical day is “extremely” or “very” stressful.**

- Statistically comparable to the US prevalence (13.4%).

### Perceive Most Days as “Extremely” or “Very” Stressful

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laguna Beach 2009</td>
<td>16.8%</td>
</tr>
<tr>
<td>US 2008</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

**RELATED ISSUE:**
See also **Substance Abuse in the Modifiable Health Risk** section of this report.
Laguna Beach women and adults under age 40 are more likely to perceive their days to be “extremely/very stressful.”

This also appears to be higher among lower-income residents, although the difference is not statistically significant.

Perceive Most Days as “Extremely” or “Very” Stressful
(Laguna Beach, 2009)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
DISEASE
Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 adults die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million adults (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million adults.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the US healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was $300 billion: for heart disease the cost was $105 billion; for stroke, $28 billion. Lost productivity due to stroke and heart disease cost more than $129 billion.

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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.3% of surveyed adults suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Statistically similar to the national finding (6.7%).

Self-Reported Prevalence of Heart Disease

<table>
<thead>
<tr>
<th></th>
<th>5.3%</th>
<th>6.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laguna Beach 2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US 2008</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 23)
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents who have ever been diagnosed with heart attack (myocardial infarction) or with angina or coronary heart disease.
- Asked of all respondents.
Those aged 65 and older are more likely to have been diagnosed with chronic heart disease.

**Self-Reported Prevalence of Heart Disease**
*(Laguna Beach, 2009)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>6.9%</td>
<td>3.6%</td>
<td>0.0%</td>
<td>3.4%</td>
<td>13.8%</td>
<td>10.0%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 to 64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prevalence of Stroke**

Just 1.3% of surveyed adults in Laguna Beach suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings (2.2%).
- More favorable than the national prevalence (4.9%).

Note: Among Laguna Beach residents aged 65 and older, 2.6% have had a stroke.

**Self-Reported Prevalence of Stroke**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Laguna Beach 65+</th>
<th>Laguna Beach 2009</th>
<th>California 2008</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1.3%</td>
<td>2.2%</td>
<td>4.9%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- Reflected respondents who have ever been diagnosed with heart attack (myocardial infarction) or with angina or coronary heart disease.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
Cardiovascular Risk Factors

Prevalence of Hypertension (High Blood Pressure)

High blood pressure is known as the “silent killer” and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.


More than one in four surveyed adults (28.1%) have been told at some point that their blood pressure was high.

- Similar to the California prevalence (25.2%).
- More favorable than the national prevalence (34.0%).
- Fails to satisfy the Healthy People 2010 target (16% or lower).

Self-Reported

Prevalence of High Blood Pressure

![Bar chart showing prevalence of high blood pressure in Laguna Beach 2009, California 2007, and United States 2008]

Healthy People 2010 Target = 16% or Lower

Laguna Beach 2009: 28.1%
California 2007: 25.2%
United States 2008: 34.0%

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among the following groups:

- Men.
- Adults aged 40 and older.
Prevalence of High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million US adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

In all, 36.1% of adults in Laguna Beach have been told by a health professional that their cholesterol level was high.

- Higher than the national prevalence (30.5% diagnosed).
- Fails to satisfy the Healthy People 2010 target (17% or lower).
Men are more likely than women to report high cholesterol levels.

Note the positive correlation between age and high blood cholesterol in Laguna Beach.

Self-Reported Prevalence of High Blood Cholesterol Levels
(Laguna Beach, 2009)

Healthy People 2010 Target = 17% or Lower

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42.5%</td>
<td>29.4%</td>
<td>8.2%</td>
<td>42.4%</td>
<td>53.4%</td>
<td>31.1%</td>
<td>36.9%</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]

Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
- Healthy People 2010 Target = 17% or Lower
Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:
- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

In all, 66.0% of adults in Laguna Beach report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.
- Notably lower than national findings (85.1%).

### Present One or More Cardiovascular Risk Factors or Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>66.0%</td>
<td>85.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

RELATED ISSUE:
See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.
Laguna Beach adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults aged 40 and older.
- Residents living below 300% of the federal poverty level.

**Present One or More Cardiovascular Risk Factors or Behaviors**
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>77.9%</td>
<td>53.2%</td>
<td>45.1%</td>
<td>72.1%</td>
<td>77.3%</td>
<td>88.2%</td>
<td>63.2%</td>
<td>66.0%</td>
</tr>
</tbody>
</table>

**Source:**
2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 162)

**Notes:**
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Cancer

Cancer, the second-leading cause of death among adults, is responsible for one of every four deaths in the United States. In 2003, over half a million adults—or more than 1,500 people a day—will die of cancer. Black adults are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than $170 billion in 2002. This includes more than $110 billion in lost productivity and over $60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person’s risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all adults is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

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

Prevalence of Cancer

A high 14.8% of adults in Laguna Beach report having ever been diagnosed with skin cancer.

- Significantly higher than the national average (4.6%).

Self-Reported Prevalence of Skin Cancer

Skin cancer in Laguna Beach appears to increase with age.

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Self-Reported Prevalence of Skin Cancer
(Laguna Beach, 2009)

A total of 7.3% of adults in Laguna Beach report having been diagnosed with another type of cancer (non-skin).

- Statistically similar to the national average (5.8%).

Self-Reported Prevalence of Cancer (Other Than Skin Cancer)

Cancer Risk

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

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

-- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
Cancer Screenings

Screening levels in the community were measured in the 2009 PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and prostate cancer (prostate-specific antigen testing and digital rectal examination).

Female Breast Cancer Screening

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.


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

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

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


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

Mammography

Among Laguna Beach women aged 40 and older, 80.9% have had a mammogram within the past two years.

- Similar to statewide findings (78.9%).
- Similar to national findings (74.6%).
- Satisfies the Healthy People 2010 target (70% or higher).
No significant difference among Laguna Beach women when viewed tested by age.

**Have Had a Mammogram in the Past Two Years**
(Among Women Aged 40 and Older)

![Graph showing mammogram rates]

- **Laguna Beach 2009**: 80.9%
- **California 2008**: 78.9%
- **United States 2008**: 74.6%

**Healthy People 2010 Target = 70% or Higher**

**Women 40-64**: 81.0%; **Women 65+**: 80.8%

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Centers for Disease Control and Prevention (CDC): 2008 California data.

Notes:
- Asked of all female respondents aged 40 and older.
- Healthy People 2010 Target = 70% or Higher
- Women 40-64 = 81.0%; Women 65+ = 80.8%
Cervical Cancer Screenings

CERVICAL CANCER

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

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

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

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

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

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


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

Pap Smear Testing

Among Laguna Beach women aged 18 and older, 82.4% have had a Pap smear within the past three years.

- Similar to the California percentage (84.1%).
- Similar to national findings (81.3%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).

Testing levels are lower among Laguna Beach women aged 65+.
Have Had a Pap Smear in the Past Three Years
(Among Women Aged 18 and Older)

Healthy People 2010 Target = 90% or Higher

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all female respondents.

By Age:
- 18-39: 86.1%
- 40-64: 86.5%
- 65+: 67.5%

Laguna Beach 2009: 82.4%
California 2008: 84.1%
United States 2008: 81.3%
Prostate Cancer Screenings

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men aged 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.


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

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

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

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

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

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

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

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


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

PSA Testing and/or Digital Rectal Examination

Among Laguna Beach men aged 50 and older, 83.5% have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Much higher than national findings (73.7%).
Have Had a Prostate Exam in the Past Two Years
(Among Men Aged 50 and Older)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Includes men aged 50 and older who have had a prostate-specific antigen (PSA) test or a digital rectal exam (DRE) in the past two years.
Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in adults]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.


**Prevalence of Asthma in Adults**

Among surveyed adults, **12.8%** have ever been diagnosed with asthma.

- Similar to the **13.8%** prevalence reported across California.
- Similar to the **13.6%** reported nationally.

![Graph showing prevalence of asthma in adults](image)

**Ever Diagnosed With Asthma**

**Sources:**
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Differences in asthma diagnoses by key demographic characteristic are not statistically significant.

### Ever Diagnosed With Asthma
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.9%</td>
<td>15.8%</td>
<td>7.7%</td>
<td>15.0%</td>
<td>13.8%</td>
<td>5.6%</td>
<td>12.4%</td>
<td>12.8%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]

Notes: Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

Among the 53 surveyed Laguna Beach adults with an asthma diagnosis, 39.0% are currently being treated by a doctor or health care professional in order to manage their asthma.

### Currently Being Treated by a Doctor or Other Health Care Professional to Manage Asthma
(Among Adults Ever Diagnosed With Asthma; Laguna Beach, 2009)

- Yes 39.0%
- No 61.0%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

Notes: Asked of respondents ever diagnosed with asthma.
Prevalence of Asthma in Children

While the number of adults with asthma is greater than the number of children with asthma, the asthma rate is rising more rapidly in preschool-aged children than in any other group.


Among Laguna Beach children under age 18, just 3.0% have ever been diagnosed with asthma.

- Dramatically lower than the 19.2% reported among children nationwide.

**Child Has Ever Been Diagnosed With Asthma**

![Asthma Prevalence Chart]

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children under 18.
Violence

Violent Crime

Among surveyed adults, less than one percent (0.6%) acknowledge being the victim of a violent crime in the area in the past five years.

- More favorable than national findings (2.4%).

![Violent Crime Chart]

Family Violence

Among surveyed adults, 13.3% report that they have been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Statistically similar to national findings (15.0%).

![Family Violence Chart]

Respondents were told:

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

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 38]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Reports of domestic violence are more prevalent among:

- Women.
- Adults under age 40.
- Residents in the higher income category.

**Have Ever Been Hit, Slapped, Pushed, Kicked or Hurt in Any Way by an Intimate Partner**
(Laguna Beach, 2009)

In addition, 71.5% of all Laguna Beach adults are aware of community resources for issues of domestic violence.

- Awareness is higher among women and residents under age 65.
- Note: Awareness is noted among 80.5% of those adults who report experiencing domestic violence in the past (this, however, reflects a relatively small sample size of 34 people).
Diabetes

Diabetes affects nearly 16 million adults and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million adults are unaware they have the disease.

Among adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.

The direct and indirect costs of diabetes in America are nearly $100 billion a year.

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

Among surveyed Laguna Beach adults, 4.7% report having been diagnosed with diabetes.

- More favorable than the proportion statewide (8.5%).
- Much lower than the national proportion (11.1%).

Self-Reported Prevalence of Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>California 2008</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>% prevalence</td>
<td>4.7%</td>
<td>8.5%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
A higher prevalence of diabetes is reported among older adults (note a positive correlation with age, with 11.0% of seniors with diabetes).

**Self-Reported Prevalence of Diabetes**
(Laguna Beach, 2009)

Among the 29 surveyed Laguna Beach adults with diabetes, 87.8% are currently being treated by a doctor or other health care professional in order to manage their diabetes.

**Currently Being Treated by a Doctor or Other Health Care Professional to Manage Diabetes**
(Among Adults With Diabetes; Laguna Beach, 2009)

Note:
Sample size ("n") = 29 respondents.

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
Notes: Asked of respondents ever diagnosed with diabetes.
Of the 29 surveyed Laguna Beach diabetics, 57.5% are currently taking insulin or some type of medication to manage their condition. Lower than the 84.2% found nationally.

**Currently Taking Insulin or Other Medicine for Diabetes**
(Among Adults With Diabetes; Laguna Beach, 2009)

- Yes 57.5%
- No 42.5%

*Note: Sample size ("n") = 29 respondents.*

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with diabetes.
- vs. 84.2% across the US

Among 29 surveyed Laguna Beach adults with diabetes, only one reported difficulties purchasing diabetic supplies.

**Have Experienced Difficulty Purchasing Diabetic Supplies**
(Among Adults With Diabetes; Laguna Beach, 2009)

- Yes 1.5%
- No 98.5%

*Note: Sample size ("n") = 29 respondents.*

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with diabetes.
Influenza & Pneumonia

**Flu Shots**

**Seniors**

Among Laguna Beach adults aged 65 and older, 68.9% received a flu shot within the past year.

- Statistically similar to the California finding (70.0%).
- Similar to national finding (73.2%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).

**Have Received a Flu Shot in the Past Year**

(Among Adults Aged 65+)

![Graph showing flu shot rates](source)

Sources:
- 2002, 2006, & 2009 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 196]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects adults aged 65 and older.
- Healthy People 2010 Target = 90% or Higher
Pneumonia Vaccination

Seniors

A total of 71.5% of Laguna Beach adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- More favorable than the California finding (62.7%).
- Comparable to the national finding (69.7%).
- Fails to satisfy the Healthy People 2010 objective of 90% or higher.

Have Ever Had a Pneumonia Vaccination
(Among Adults Aged 65+)

![Bar chart showing vaccination rates: Laguna Beach 2009: 71.5%, California 2008: 62.7%, United States 2008: 69.7%]

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects adults aged 65 and older.
MODIFIABLE HEALTH RISK BEHAVIORS

It is estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors, such as the daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress. Behavior patterns represent the single-most prominent domain of influence over health prospects in the US.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. “Actual Causes of Death in the United States.” JAMA, 291(2004):1238-1245.
Actual Causes Of Death

A 2002 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

### Leading Causes of Death

<table>
<thead>
<tr>
<th>Disease</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use, Elevated serum cholesterol, High blood pressure, Obesity, Diabetes, Sedentary lifestyle</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use, Improper diet exposures, Alcohol, Occupational/environmental</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure, Tobacco use, Elevated serum cholesterol</td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance, Alcohol/substance abuse, Reckless driving, Occupational hazards, Stress/fatigue</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use, Occupational/environmental exposures</td>
</tr>
</tbody>
</table>


### Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Monitoring premature mortality trends at the national level is important for public health professionals. While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

**Source:**
Nutrition & Overweight

Nutrition

Consumption of Fruits & Vegetables

Adults: Daily Recommendation

A total of 56.3% of area adults report eating five or more servings of fruits and/or vegetables per day.

- More favorable than national findings (43.5%).

Consume 5+ Servings of Fruits/Vegetables per Day

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.
- For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.
- For this issue, the word “fruits” also represents the intake of fruit juices.

Note that the differences in fruit/vegetable consumption by demographic characteristic are not statistically significant.

Consume 5+ Servings of Fruits/Vegetables per Day
(Laguna Beach, 2009)

Sources:
- 2009 PRC National Health Survey, Professional Research Consultants, Inc. [Item 178]
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
- For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.
- For this issue, the word “fruits” also represents the intake of fruit juices.
A total of 7 in 10 (70.1%) of adults in Laguna Beach report eating at least two servings of fruit per day.
  
  - More favorable than the 58.4% prevalence reported nationally.
  - Fails to satisfy the Healthy People 2010 target (75% or higher).

Fewer (42.1%) adults report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.
  
  - Comparable to the 38.8% reported nationally.
  - Fails to satisfy the Healthy People 2010 target (50% or higher).

Children: Daily Recommendation

A total of 70.1% of area parents report that their child has five or more servings of fruits and/or vegetables per day.

  - Among the 50 respondents with children under 18 at home, the vast majority (95.1%) reports that their child eats at least two servings of fruits per day (including fruit juices), while a lower percentage (53.3%) indicates that their child eats at least three servings of vegetables per day (one-third of which are dark green/orange).
Availability of Fresh Fruits & Vegetables

A majority of respondents (92.9%) report that they normally keep fresh fruits and vegetables in their home for meals and snacks.

- Adults more likely to keep fresh fruits and vegetables on hand include women, residents aged 40 and older, and those living at lower incomes.
- No significant difference between homes with children and those without.

Typically Keep Fresh Fruits & Vegetables in the Home for Meals & Snacks
(Laguna Beach, 2009)

However, 11.1% of adults feel it is "very difficult" or "somewhat difficult" for them to buy fresh produce like fruits and vegetables at a price they can afford.

- 71.8% feel this is "not at all difficult," while 17.1% feel it is "not too difficult."
- Women, adults under age 40, residents living on lower incomes, and households with children are more likely to feel that it is difficult to buy fresh produce at an affordable price.

Feel It Is “Very” or “Somewhat Difficult” to Buy Fresh Produce at an Affordable Price
(Laguna Beach, 2009)
“Junk Food”

The typical Laguna Beach adult reports eating “junk food” (such as candy, chips, or French fries) twice in the past week (median response).

For kids, the median response was four times in the past week (as reported by the parent).

- In all, 36.6% of adults had “junk food” three or more times in the past week; 62.1% of kids had “junk food” three or more times in the past week.

Have Had “Junk Food”
Three or More Times in the Past Week
(Laguna Beach 2009)

Fast Food

The typical Laguna Beach adult reports eating zero meals from “fast food” restaurants in the past week (median response).

For kids, the median response was also zero “fast food” meals per week (as reported by the parent).

- In all, 11.9% of adults had three or more “fast food” meals in the past week; 21.2% of kids had three or more meals from “fast food” restaurants in the past week.

Have Had Three or More
“Fast Food” Meals in the Past Week
(Laguna Beach 2009)
Soda Pop & Sugary Drinks

**Soda Pop**

The typical Laguna Beach adult reports having zero servings of soda or pop in the past week (median response).

Among those who do drink soda, 52.5% report that they mostly drink diet soda, while 47.5% mostly drink “regular” or non-diet soda.

- In all, 22.9% of adults had three or more 12-ounce servings of soda or pop in the past week.
- Diet soda drinkers consume more servings per week than non-diet soda drinkers (median of 4 servings vs. 2 servings).

**Sweetened Drinks Other Than Soda Pop**

The typical Laguna Beach adult reports having zero servings of other sweetened drinks (such as Gatorade, Monster or other “power” drinks, specialty coffee drinks, etc.) in the past week (median response).

- In all, 19.5% of adults had three or more 12-ounce servings of sweetened drinks (other than soda).
Meals Prepared & Eaten at Home

The typical Laguna Beach adult reports 15 meals in the past week that were prepared and eaten at home (median response).

- In all, 88.1% of adults had seven or more meals prepared and eaten at home in the past week.
- Among respondents in households with children, 89.3% had seven or more meals that were prepared and eaten at home in the past week (also a median of 15 meals per week).

Seven or More Meals in the Past Week Were Prepared and Eaten at Home
(Laguna Beach 2009)

Among Laguna Beach households with children, respondents report a median of 14 meals in the past week that were eaten together as a family.

- In all, 90.6% of households with children had seven or more meals together as a family in the past week.
- Most likely to be reported among households with children under age 6.

Seven or More Meals in the Past Week Were Eaten Together as a Family
(Laguna Beach Households With Children <18; 2009)
Health Advice About Diet & Nutrition

A total of 40.8% of Laguna Beach respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Statistically comparable to national findings (38.2%).

Note: Among obese respondents, 67.7% report receiving diet/nutrition advice (meaning that roughly one-third did not).

Physician Has Asked About or Given Advice Regarding Diet & Nutrition in the Past Year

By Weight Status (Laguna Beach)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m\(^2\)). To estimate BMI using pounds and inches, use: \[
\text{BMI (kg/m}^2\text{)} = \frac{[\text{weight (pounds)/height squared (inches}^2\text{)}] \times 703}{12}
\]

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m\(^2\) and obesity as a BMI of 30 kg/m\(^2\). The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m\(^2\). The increase in mortality, however, tends to be modest until a BMI of 30 kg/m\(^2\) is reached. For persons with a BMI of 30 kg/m\(^2\), mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m\(^2\).

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m(^2))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


Healthy Weight

Based on self-reported heights and weights, 59.3% of adults in Laguna Beach are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Notably higher than national findings (32.0%).
- Comparable to the Healthy People 2010 target (60% or higher).
Healthy Weight
(Body Mass Index Between 18.5 and 24.9)

Healthy People 2010 Target = 60% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>59.3%</td>
<td>32.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

BMI-Based Overweight Status

In all, just 36.8% of adults in Laguna Beach are overweight (BMI ≥25).
- Dramatically lower than both the California (61.4%) and the US (67.4%) prevalence of overweight among adults.

Prevalence of Overweight

Healthy People 2010 Target for Obesity = 15% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>California 2008</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>36.8%</td>
<td>61.4%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Overweight/Not Obese</td>
<td>63.2%</td>
<td>38.6%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
Specifically, 7.0% of adults in Laguna Beach are obese (BMI ≥30, a subset of overweight prevalence discussed previously).

- Significantly lower than the California (24.3%) and the US (29.0%) percentage.
- Satisfies the Healthy People 2010 target (15% or lower).

**Prevalence of Obesity**

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>California 2008</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>7.0%</td>
<td>24.3%</td>
<td>29.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Note that Laguna Beach adults aged 40+ are more likely than adults under age 40 to be obese.

**Prevalence of Obesity**

(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>9.3%</td>
<td>4.7%</td>
<td>0.0%</td>
<td>9.9%</td>
<td>8.7%</td>
<td>3.3%</td>
<td>7.9%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]

Notes:
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Relationship of Overweight With Other Health Issues

Among Laguna Beach community members, overweight/obese adults are more likely to report a number of adverse health conditions.

These include:

- Hypertension (high blood pressure).
- High cholesterol.
- Chronic depression.
- Major depression.
- Diabetes.
- Chronic heart disease.
- Stroke.

In addition, overweight/obese adults in Laguna Beach are more likely to have overweight children.

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23, 24, 27, 31, 36, 37, 105, 171]

Notes: Among all of respondents, segmented by their BMI-based weight status (categories are mutually exclusive).
Weight Management

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain.


Health Advice About Weight Management

Just over one-fifth (22.1%) of adults in Laguna Beach have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Comparable to the national findings (25.7%).
- Note that 56.4% of obese Laguna Beach adults have been given advice about their weight by a health professional in the past year (while over 43% have not).
- Among overweight or obese adults, 37.1% have been given professional advice about their weight in the past year (comparable to the 33.4% reported nationwide).

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year

Among adults overweight or obese, this percentage is 37.1% (vs. 33.4% nationally).

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Weight Loss Efforts

A total of 60.7% of Laguna Beach adults who are overweight/obese say that they are trying to lose weight.

- Similar to national findings (62.2%).
- Note: 81.3% of obese Laguna Beach adults report that they are trying to lose weight (compared to 78.5% among obese Americans).

**Currently Trying to Lose Weight**
(Among Respondents Who Are Overweight; By Weight Status)

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>US 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese Adults</td>
<td>81.3%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Overweight or Obese Adults</td>
<td>60.7%</td>
<td>62.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects responses among overweight adults (categories are not mutually exclusive).
**Child Overweight**

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children’s body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender- and age-specific. BMI-for-age is plotted on gender-specific growth charts. These charts are used for children and teens 2-20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

- **Underweight**: <5th percentile
- **At Risk of Overweight**: 85th to 95th percentile
- **Overweight**: ≥ 95th percentile

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

**Overweight in School-Aged Children**

Based on the heights/weights reported by surveyed parents, 12.0% of Laguna Beach children aged 6 to 17 are overweight (95th percentile).

- Significantly lower than the national percentage (26.1%).
- Appears higher among girls and teens in Laguna Beach *(keeping in mind the small sample sizes represented here)*.

**Child Overweight**

(Among School-Aged Children: Ages 6 to 17)

![Graph showing overweight percentages]

**Overweight in Children Ages 3 to 11 Years**

**NOTE:** In order to increase the sample size for the following indicators, parents were asked about the randomly-selected child or about any other child aged 3 to 11, if any resided in the household. However, the total resulting sample size remains extremely small (16 children). Any assumptions based on these findings should be made with caution.

**Sources:**
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 171)
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents with children aged 6 to 17 at home.
- Overweight among children is estimated based on children’s Body Mass Index status above the 95th percentile of US growth charts by gender and age.
Based on the heights/weights reported by surveyed parents, 7.4% of Laguna Beach children aged 3 to 11 are overweight (95th percentile), notably lower than the 35.1% reported nationally among children in this age grouping.

**Child Overweight**
(Among Younger Children: Ages 3 to 11; Laguna Beach, 2009)

![Pie chart showing 7.4% Yes and 92.6% No for Child Overweight among younger children.]

**Health Advice About Weight Management (Children Ages 3 to 17 Years)**

Among parents of children aged 3 to 17, 59.9% report that their child’s physician has given advice on healthy diet and the activities that their child needs.

- Higher among Laguna Beach teens.
- Note that this percentage increases to 100% among surveyed parents of overweight Laguna Beach children (aged 3-17).

**Child’s Physician Has Given Diet/Exercise Advice**
(Asked Among Parents of Children Aged 3 to 17)

![Bar chart showing percentage of children by age group who have received diet/exercise advice.]

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 136)

Notes: Asked of all respondents with children aged 3 to 17 at home.
Physical Activity & Fitness

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General’s report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.


Work-Related Physical Activity

A majority of employed Laguna Beach respondents report low levels of physical activity at work.

- 77.0% of employed Laguna Beach respondents report that their job entails mostly sitting or standing, much higher than the US figure (59.3%).
- 15.2% report that their job entails mostly walking (lower than the 26.3% reported nationally).
- 7.8% report that their work is physically demanding (lower than the 14.4% reported across the nation).

Primary Level of Physical Activity at Work
(Among Employed Respondents)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Laguna Beach</th>
<th>US 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting/Standing</td>
<td>77.0%</td>
<td>59.3%</td>
</tr>
<tr>
<td>Walking</td>
<td>15.2%</td>
<td>26.3%</td>
</tr>
<tr>
<td>Physically Demanding</td>
<td>7.8%</td>
<td>14.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all employed respondents.
Leisure-Time Physical Activity

Effects of Physical Inactivity & Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

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

Just 6.9% of adults in Laguna Beach report no leisure-time physical activity in the past month.

- More favorable than the 23.3% reported across California.
- More favorable than national findings (28.8%).
- Satisfies the Healthy People 2010 objective (20% or lower).

No Leisure-Time Physical Activity in the Past Month

Healthy People 2010 Target = 20% or Lower

---

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

---

Effects of Physical Inactivity & Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

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

Just 6.9% of adults in Laguna Beach report no leisure-time physical activity in the past month.

- More favorable than the 23.3% reported across California.
- More favorable than national findings (28.8%).
- Satisfies the Healthy People 2010 objective (20% or lower).

No Leisure-Time Physical Activity in the Past Month

Healthy People 2010 Target = 20% or Lower

---

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Physical inactivity is more prevalent among seniors (aged 65+).

No Leisure-Time Physical Activity in Past Month
(Laguna Beach, 2009)

Healthy People 2010 Target = 20% or Lower

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.7%</td>
<td>6.0%</td>
<td>1.9%</td>
<td>7.0%</td>
<td>12.5%</td>
<td>11.5%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

Sources:  
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]  

Notes:  
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

Activity Levels

Recommended Levels of Physical Activity

All adults should strive to meet either of the following physical activity recommendations:

- **Moderate-intensity physical activities** (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.
  - Centers for Disease Control and Prevention/American College of Sports Medicine

  OR

- **Vigorous-intensity physical activity** (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.
  - Healthy People 2010

A full 70.0% of adults in Laguna Beach participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Higher than California findings (50.2%).
- Much higher than national findings (38.5%).
Still, Laguna Beach seniors (65+) are less likely than others to meet physical activity recommendations.
Moderate & Vigorous Physical Activity

In the past month:

A total of 40.1% of adults in Laguna Beach participated in moderate physical activity (5 times a week, 30 minutes at a time).

- More favorable than the national level (22.6% nationally).
- Satisfies the Healthy People 2010 objective for moderate activity (30% or higher).

A total of 56.0% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Twice the nationwide figure (28.0%).
- Satisfies the Healthy People 2010 objective for vigorous activity (30% or higher).

The individual indicators of moderate and vigorous physical activity are shown in the following chart.

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 173-174]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, the term "moderate physical activity" refers to exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for 30 minutes at a time.
- The term "vigorous physical activity" includes activities that cause heavy sweating or large increases in breathing or heart rate at least three times a week for 20 minutes at a time.
Family-Oriented Physical Activity

The typical Laguna Beach family participated in physical activity together as a family 4 times in the past month (median response).

- Note that 32.6% participated in physical activity together as a family 12 or more times in the past month (roughly three or more times per week).
- In contrast, 15.6% of families did not participate in physical activity together at all in the past month.

Frequency of Participating in Physical Activity as a Family in the Past Month
(Among Households With Children 0-18; Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>15.6%</td>
</tr>
<tr>
<td>1 to 4 Times</td>
<td>35.3%</td>
</tr>
<tr>
<td>5 to 11 Times</td>
<td>16.5%</td>
</tr>
<tr>
<td>12+ Times</td>
<td>32.6%</td>
</tr>
</tbody>
</table>

Median = 4 Times/Month

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
Notes: Asked of all respondents with children under 18 at home.
Physical Activity & Community-Related Factors

A total of 76.9% of Laguna Beach adults have used a local park, community center or recreational facility in the past year.

- Lower than the 88.0% reported nationwide.
- Typical usage was 18 times in the past year (median response).

Number of Visits to Local Parks, Community Centers, or Recreational Facilities in Past Year
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Number of Visits</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>23.1%</td>
</tr>
<tr>
<td>1 to 12 Times</td>
<td>24.5%</td>
</tr>
<tr>
<td>13 to 24 Times</td>
<td>9.0%</td>
</tr>
<tr>
<td>25 to 36 Times</td>
<td>3.4%</td>
</tr>
<tr>
<td>&gt;36 Times</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

Median = 18 Times/Year

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: Asked of all respondents.

Laguna Beach demographic groups more likely to use local facilities include:

- Residents under age 65 (and especially those under age 40).
- Those in the higher income category.
- Households with children at home.

Used a Park, Community Center, or Recreational Facility in the Past Year
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>74.4%</td>
</tr>
<tr>
<td>Women</td>
<td>79.6%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>93.0%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>77.3%</td>
</tr>
<tr>
<td>65+</td>
<td>61.0%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>65.7%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>84.1%</td>
</tr>
<tr>
<td>HH w/ Children</td>
<td>86.8%</td>
</tr>
<tr>
<td>HH w/o Children</td>
<td>73.6%</td>
</tr>
<tr>
<td>Laguna Beach</td>
<td>76.9%</td>
</tr>
<tr>
<td>US</td>
<td>88.0%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
2008 PRC Quality of Life Health Survey, Professional Research Consultants
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
When asked what, if anything, in their community or neighborhood keeps them from being more active, most responded “nothing” or cited personal reasons for not being more active.

- A total of 16.3% did cite community- or neighborhood-related reasons. These most often included things like no sidewalks, inconvenient location, dogs not being allowed on the beach, or weather.

### Community or Neighborhood Factors Which Prevent Leading a More Active Lifestyle (Laguna Beach 2009)

#### Pie Chart

- **Nothing**: 52.7%
- **Personal Reasons**: 31.1%
- **Community/Neighborhood Reasons**: 16.3%

#### Bar Chart

- **No Sidewalks**: 8.1%
- **Inconvenient Location**: 4.0%
- **Dogs Not Allowed on Beach**: 0.9%
- **Weather**: 0.6%
- **Homeowner Association Rules**: 0.5%
- **Not Enough Bike Lanes**: 0.4%
- **Homeless People**: 0.4%
- **Dogs in the Park**: 0.3%
- **Crime**: 0.1%
- **Parking**: 0.1%

**Sources:** 2009 PRC Community Health Survey, Professional Research Consultants, Inc.  
**Notes:** Asked of all respondents.
Sedentary Behavior: Television & Other Screen Time

Adults

The typical Laguna Beach adult watches 2 hours of television on a typical day (median response).

- 7.5% report watching none, while 7.4% typically watch less than one hour per day, 22.0% typically watch one hour per day, and 25.9% typically watch two hours per day.
- 37.3% typically watch three or more hours of television per day.

Number of Hours Spent Watching Television on an Average Day

(Laguna Beach, 2009)

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: Asked of all respondents.

Television watching is highest among:

- Men.
- Residents aged 40 and older.
- Those in the lower income category.
- Overweight/obese adults.
The typical Laguna Beach adult spends less than 1 hour per day on other screen time (including playing video games, or using the computer or Internet for entertainment).

- 32.8% report no other (non-TV) screen time on a typical day, while 18.8% report less than one hour, 27.8% report one hour, and 9.8% report two hours.
- 10.9% typically spend three or more hours of other (non-TV) screen time per day.

Number of Hours Spent Playing Video Games or Using Computer/Internet for Entertainment on An Average Day
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>32.8%</td>
</tr>
<tr>
<td>Less/1 Hour</td>
<td>18.8%</td>
</tr>
<tr>
<td>One</td>
<td>27.8%</td>
</tr>
<tr>
<td>Two</td>
<td>9.8%</td>
</tr>
<tr>
<td>Three</td>
<td>4.2%</td>
</tr>
<tr>
<td>Four/More</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]
Notes: Asked of all respondents.
The prevalence of adults who spend 3+ hours on screen time for entertainment is similar when viewed by key demographic groups.

### Spend Three or More Hours per Day Playing Video Games or Using Computer/Internet for Entertainment

(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Healthy Weight</th>
<th>Over-weight</th>
<th>Obese</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>11.2%</td>
<td>10.5%</td>
<td>13.0%</td>
<td>8.6%</td>
<td>13.5%</td>
<td>8.7%</td>
<td>10.6%</td>
<td>8.3%</td>
<td>11.0%</td>
<td>0.0%</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]

Notes: * Asked of all respondents.
* FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Among children aged 3 to 17:

Parents report that their child typically watches 1 hour of television on an average weekday (median response).
- 17.8% typically watch three or more hours of television per day.

Parents report that their child typically spends 1 hour per day (median response) on other screen time, such as playing video games or using the computer or Internet for entertainment.
- 22.0% typically spend three or more hours per day on other (non-TV) screen time.

Children’s Screen Time
(Among Parents of Children Ages 3-17; Laguna Beach, 2009)

Number of Hours/Day of Television
(i.e., video games and computer/Internet entertainment)

Number of Hours/Day of Other Screen Time

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 138-139]
Notes:
- Asked of respondents with a child aged 3 to 17 in the household.
A total of 44.9% of Laguna Beach adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Statistically similar to the national average (42.7%).

Note: 57.4% of overweight (and 57.6% of obese) Laguna Beach respondents say that they have talked with their doctor about physical activity/exercise in the past year.

### Physician Has Asked About or Given Advice Regarding Physical Activity in Past Year

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Laguna Beach 2009</th>
<th>US 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>36.5%</td>
<td></td>
</tr>
<tr>
<td>Overweight/Not Obese</td>
<td>57.4%</td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>57.6%</td>
<td></td>
</tr>
<tr>
<td>Laguna Beach 2009</td>
<td>44.9%</td>
<td>42.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Substance Abuse

Substance abuse and its related problems are among society’s most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was $276 billion. This represents more than $1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior.


High-Risk Alcohol Use

Binge Drinking

A total of 15.6% of adults in Laguna Beach are binge drinkers.

- Identical to the California prevalence.
- Similar to the 17.8% reported nationwide.
- Fails to satisfy the Healthy People 2010 target (6% or lower).

Binge Drinkers

<table>
<thead>
<tr>
<th>Healthy People 2010 Target = 6% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
<tr>
<td>90%</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>70%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>50%</td>
</tr>
<tr>
<td>40%</td>
</tr>
<tr>
<td>30%</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>10%</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Laguna Beach 2009 15.6%  California 2008 15.6%  United States 2008 17.8%

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Binge drinkers are those who report drinking 5 or more alcoholic drinks on any single occasion during the past month.
Most key demographic groups shown below fall well outside the targeted Healthy People 2010 range. Binge drinking in Laguna Beach is more prevalent among:

- Adults under age 65 (and especially men under 40).
- Lower-income residents.

### Binge Drinkers
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Healthy People 2010 Target = 6% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>18 to 39</td>
</tr>
<tr>
<td>40 to 64</td>
</tr>
<tr>
<td>65+</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
</tr>
<tr>
<td>300%+ FPL</td>
</tr>
<tr>
<td>Lagun Beach</td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>18.9%</td>
</tr>
<tr>
<td>12.2%</td>
</tr>
<tr>
<td>31.9%</td>
</tr>
<tr>
<td>12.7%</td>
</tr>
<tr>
<td>5.0%</td>
</tr>
<tr>
<td>34.2%</td>
</tr>
<tr>
<td>13.7%</td>
</tr>
<tr>
<td>15.6%</td>
</tr>
</tbody>
</table>

**Sources:** 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]

**Notes:** Asked of all respondents.

**Healthy People 2010** is a comprehensive, evidence-based, 10-year health improvement plan developed by the US Department of Health & Human Services. It is updated every 10 years to reflect the latest advances in science and technology.

**Perceptions of Alcohol Abuse**

When asked how many alcohol drinks per day someone needs to drink for it to be considered a problem, the typical response was 3 drinks/day (median response, excluding one-fifth of adults who believe it “depends on the person”).

- Note that 7.4% believe that one drink per day constitutes a problem.

### Perceived Number of Drinks per Day That Qualify as Having Qualify a Drinking Problem
(Laguna Beach, 2009)

**Median = 3 Drinks/Day**
(excluding those saying it “depends on the person”)

- One 7.4%
- Two 13.0%
- Three 25.1%
- Four 13.8%
- Five 12.3%
- Six or More 8.5%
- Depends on the Person 19.9%

**Sources:** 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]

**Notes:** Asked of all respondents.
Prevalence of Substance Abuse Problems

A total of 1.8% of Laguna Beach adults acknowledge having ever had an alcohol or other substance abuse problem.

Have Ever Been Diagnosed With an Alcohol or Substance Abuse Problem
(Laguna Beach, 2009)

- Yes 1.8%
- No 98.2%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
Notes: Asked of all respondents.

A total of 2.5% of Laguna Beach adults acknowledge having ever had treatment for chemical dependency, such as alcohol or drug problems.

Have Ever Received Treatment for Alcohol or Substance Abuse
(Laguna Beach, 2009)

- Yes 2.5%
- No 97.5%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: Asked of all respondents.
In all, 8.3% of Laguna Beach respondents acknowledge that someone living in their household has a drinking problem.

Statistically similar among key demographic segments.

Report that a Member of the Household Has a Drinking Problem
(Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birthweight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least $50 billion per year [other sources estimate more than $75 billion in 1998 (about 8% of the personal healthcare expenditures in the US)]; direct medical costs related to smoking during pregnancy are approximately $1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

Similar to the Healthy People 2010 target (12% or lower).

Cigarette Smoking Prevalence

A total of 14.6% of adults in Laguna Beach currently smoke cigarettes, either regularly (5.8% every day) or occasionally (8.8% on some days).

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 179)
Notes: Asked of all respondents.

- Similar to the 14.0% reported across California.
- More favorable than the national findings (19.2%).
- Similar to the Healthy People 2010 target (12% or lower).
Cigarette smoking is more prevalent among:

- Women.
- Adults under age 65 (and especially those under age 40).
- Lower-income residents.
Smoking Cessation Attempts

Just 29.6% of regular smokers in Laguna Beach went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Much lower than the national percentage (57.0%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Regular Smokers; Laguna Beach 2009)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all regular smokers.
Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States.

Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

Health Insurance Coverage

Type of Healthcare Coverage

The majority (78.6%) of Laguna Beach adults aged 18 to 64 report having healthcare coverage through private insurance. Another 8.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18 to 64; Laguna Beach, 2009)

Prescription Drug Coverage

Among all adults with health insurance coverage (aged 18+), the vast majority (94.3%) report having prescription coverage as part of their insurance plan.

- Nearly identical to the national prevalence (94.4%).

- Laguna Beach residents with private insurance are more likely to report having prescription coverage as part of their plan when compared with those relying on Medicare.

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
Notes: Reflects respondents aged 18 to 64.
Recent Lack of Coverage

Further, among currently insured adults in Laguna Beach, 8.3\% report that they were without healthcare coverage at some point in the past year.

- Statistically comparable to US findings (10.3\%).

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Adults With Health Insurance Coverage; Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]  
2008 PRC National Health Survey, Professional Research Consultants, Inc.  
2009 PRC Community Health Survey, Professional Research Consultants, Inc.  
2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked only of respondents with healthcare coverage.
Among insured adults, those more likely to have gone without healthcare insurance coverage in the past year include:

- Women.
- Residents under age 40.
- Adults in the lower income category.

### Went Without Healthcare Insurance Coverage at Some Point in the Past Year
(Among Adults With Health Insurance Coverage; Laguna Beach, 2009)

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]

Notes:
- Asked only of adults with healthcare insurance coverage.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Among Laguna Beach adults aged 18 to 64, 13.2% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding (20.2%).
- Lower than, but statistically similar to national finding (17.7%).
- The Healthy People 2010 target is universal coverage (0% uninsured).

Lack of Health Insurance Coverage
(Among Adults Aged 18 to 64)

Healthy People 2010 Target = 0% (Universal Coverage)

Lack Healthcare Insurance Coverage
(Among Adults Aged 18 to 64)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.

Note that one-third of residents living at lower incomes report a lack of health insurance coverage.

Lack of coverage is also higher among men than among women.

Lack Healthcare Insurance Coverage
(Among Adults Aged 18 to 64; Laguna Beach, 2009)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]

Notes:
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Difficulties Accessing Healthcare

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. Access to high-quality healthcare across each of the components in the continuum of care must be improved to realize the full potential of prevention. For example, success in reducing the burden of heart disease and narrowing the gap in heart disease outcomes between different racial groups will depend on several factors. These factors include ensuring access to clinical preventive services, such as blood pressure and cholesterol screening; effective primary care to educate people about modifiable risk factors, such as smoking, and to manage effectively chronic conditions like hypertension; high-quality emergency services to improve outcomes of acute cardiac events; and access to rehabilitative and long-term care for heart disease patients.

Improving access to appropriate preventive care requires addressing many barriers, including those that involve the patient, provider, and system of care. Patient barriers include lack of knowledge, skepticism about the effectiveness of prevention, lack of a usual source of primary care, and lack of money to pay for preventive care. Having health insurance, a high income, and a primary care provider are strong predictors that a person will receive appropriate preventive care.


Difficulties Accessing Services

In all, 28.8% of adults in Laguna Beach report some type of difficulty or delay in obtaining healthcare services in the past year.

- Notably lower than national findings (42.4%).

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.
The following chart examines access difficulties by respondent demographics. Note:

- Women more often report access difficulties than do men.
- Adults under age 65 report difficulties accessing healthcare more often than older adults.
- As might be expected, adults living at lower incomes are much more likely to experience difficulties or delays of some kind in receiving healthcare in the past year.

**Experienced Difficulties or Delays in Receiving Healthcare in the Past Year**
(Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 202)

Notes: Represents the total sample of respondents.
FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Barriers to Healthcare Access

Of the tested barriers, cost as a barrier to physician visits impacted the greatest share of adults in Laguna Beach (13.8% were unable to visit a physician for medical care in the past year because of the cost).

The proportion of Laguna Beach adults impacted was statistically more favorable than that found nationwide for ability to find a physician, and for cost as a barrier to both physician visits and prescription medications. [Laguna Beach findings were similar to US findings for lack of transportation as a health care access barrier.]

Finding a Physician

The following chart examines difficulties finding a physician by key respondent demographics. Note here the lack of statistically significant differences.

Had Difficulty Finding a Physician in the Past Year
(Laguna Beach, 2009)
Cost of a Physician Visit

Laguna Beach respondents more likely to indicate that the cost of a physician visit prevented their medical care in the past year include:

- Adults under age 65.
- Those in households with incomes below 300% of the federal poverty level.

**Cost Prevented a Physician Visit in the Past Year**
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Prevented</td>
<td>10.7%</td>
<td>17.0%</td>
<td>25.9%</td>
<td>13.5%</td>
<td>0.9%</td>
<td>48.6%</td>
<td>5.9%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]
Notes: Represents the total sample of respondents.
FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).

Lack of Transportation

Community residents more likely to indicate that a lack of transportation impeded their medical care in the past year include:

- Adults under age 40.
- Those in households with incomes below 300% of the federal poverty level.

**Lack of Transportation Made Difficult or Prevented a Physician Visit in the Past Year**
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>8.3%</td>
<td>7.2%</td>
<td>21.0%</td>
<td>3.5%</td>
<td>3.0%</td>
<td>24.9%</td>
<td>3.5%</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
Notes: Represents the total sample of respondents.
FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Prescriptions

Cost of Prescription Medications

Respondents in lower-income households are more likely to indicate that cost prevented them from obtaining a needed prescription medication in the past year.

Cost Prevented Obtaining a Prescription Medication in the Past Year
(Laguna Beach, 2009)

Among all Laguna Beach adults, 9.4% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Much lower than the 17.5% reported nationwide.

Skipping or Reducing Prescription Doses

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
Notes: Represents the total sample of respondents.
FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
Notes: Asked of all respondents.

Respondents living below 300% of the federal poverty level are much more likely to have skipped doses or otherwise “stretched” their prescriptions.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.2%</td>
<td>9.7%</td>
<td>17.9%</td>
<td>7.8%</td>
<td>4.2%</td>
<td>25.6%</td>
<td>7.5%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]

Notes: Represents the total sample of respondents.
FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).

Accessing Healthcare for Children

When Laguna Beach parents of children under 18 were asked whether they had experienced any difficulty accessing medical care for their child in the past year, none of those surveyed had experienced any problems.
Primary Care Services

Improving primary care across the nation depends in part on ensuring that people have a usual source of care. Having a primary care provider as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community. Increasing the number and proportion of members of underrepresented racial and ethnic groups who are primary care providers also is important because they are more likely to practice in areas where health services are in short supply and in areas with high percentages of underrepresented racial and ethnic populations.


Specific Source of Ongoing Care

A full 8 in 10 adults in Laguna Beach (79.5%) were determined to have a specific source of ongoing medical care.

- Statistically similar to national findings (76.8%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).

Have a Specific Source of Ongoing Medical Care

Healthy People 2010 Target = 96% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Laguna Beach 2009</th>
<th>United States 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.5%</td>
<td></td>
<td>76.8%</td>
</tr>
<tr>
<td>70% - 80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60% - 70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50% - 60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40% - 50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30% - 40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% - 30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10% - 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0% - 10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- A specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.
When viewed by demographic characteristics, residents in the lower income breakout are less likely to have a specific source of care.

### Have a Specific Source of Ongoing Medical Care
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Healthy People 2010 Target = 96% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men 80.2%</td>
</tr>
<tr>
<td>Women 78.7%</td>
</tr>
<tr>
<td>18 to 39 70.7%</td>
</tr>
<tr>
<td>40 to 64 82.2%</td>
</tr>
<tr>
<td>65+ 84.2%</td>
</tr>
<tr>
<td>&lt;300% FPL 58.7%</td>
</tr>
<tr>
<td>300%+ FPL 84.0%</td>
</tr>
<tr>
<td>Laguna Beach 79.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 201)
- Represents the total sample of respondents.
- A specific source of ongoing care includes having a doctor’s office, clinic, urgent care/ walk-in clinic, health center facility, hospital outpatient clinic, HMO (health management organization)/prepaid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).

**Notes:**
- Represented the total sample of respondents.

### Among surveyed adults, 58.4% typically use a particular physician or physician’s office as their regular source for medical care.

- 20.1% typically go to a **clinic**, while 11.4% indicate they have **no place** that they typically use for their regular medical care.

### Type of Place
Typically Used for Routine Medical Care
(Laguna Beach 2009)

- **Dr’s Office** 58.4%
- **Health Clinic** 20.1%
- **None** 11.4%
- **Other** 10.1%

**Sources:**
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 15-16)
- Asked of all respondents.

Of those reporting that they use a clinic, some of the specific clinics mentioned include South Coast Family Medi-Center, Sleepy Hollow Medical Group, Hoag Memorial Hospital Presbyterian, Kaiser, and Laguna Beach Community Clinic.
Utilization of Primary Care Services

Adults

A total of 7 in 10 adults in Laguna Beach (69.8%) visited a physician for a routine checkup in the past year.
- Comparable to national findings (65.2%).

Have Visited a Physician for a Routine Checkup Within the Past Year

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: Asked of all respondents.

Routine checkups increase with age in Laguna Beach.

Have Visited a Physician for a Routine Checkup in the Past Year
(Laguna Beach, 2009)

Source: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: Represents the total sample of respondents.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
Among surveyed parents, 86.2% report that their child has had a routine checkup in the past year.

- Comparable to national findings (91.3%).
- Note that routine checkups are highest among area children under age 6.

### Child Has Visited a Physician for a Routine Checkup Within the Past Year

<table>
<thead>
<tr>
<th></th>
<th>0-5</th>
<th>6-12</th>
<th>13-17</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laguna Beach</td>
<td>97.6%</td>
<td>62.1%</td>
<td>89.5%</td>
<td>86.2%</td>
<td>91.3%</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

Notes: 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Asked of all respondents.
Emergency Room Utilization

A total of 8.0% of adults in Laguna Beach have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings (10.6%).

Have Used a Hospital Emergency Room More Than Once in the Past Year

Of those using a hospital ER:

- 60.8% say this was due to an emergency or life-threatening situation.
- 30.5% indicated that the visit was during after-hours or on the weekend.
- A total of 5.5% used the ER because of a physician’s recommendation.

Multiple ER visits do not vary significantly when viewed by key demographic characteristics.
Oral Health

Oral health is an essential and integral component of health throughout life. No one can be truly healthy unless he or she is free from the burden of oral and craniofacial diseases and conditions. Millions of people in the United States experience dental caries, periodontal diseases, and cleft lip and cleft palate, resulting in needless pain and suffering; difficulty in speaking, chewing, and swallowing; increased costs of care; loss of self-esteem; decreased economic productivity through lost work and school days; and, in extreme cases, death. Further, oral and pharyngeal cancers, which primarily affect adults over age 55 years, result in significant illnesses and disfigurement associated with treatment, substantial cost, and more than 8,000 deaths annually.

Poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life. Millions of people in the United States are at high risk for oral health problems because of underlying medical or handicapping conditions, ranging from very rare genetic diseases to more common chronic diseases such as arthritis and diabetes. Oral and facial pain affects a substantial proportion of the general population.

Many persons in the United States do not receive essential dental services. Through increased access to appropriate and timely care, individuals can enjoy improved oral health. Barriers to care include cost; lack of dental insurance, public programs, or providers from underserved racial and ethnic groups; and fear of dental visits. Additionally, some people with limited oral health literacy may not be able to find or understand information and services.

In general, access to primary preventive and early intervention services must be improved, and barriers to the dental care system should be removed. Many persons of all ages are receiving professional services in the oral healthcare system, but more emphasis must be placed on vulnerable populations who need professional care.


Adults: Access to Dental Care

A total of 15.6% of Laguna Beach adults report that there was a time in the past year when they needed to see a dentist, but could not because of the cost.

Cost Prevented a Dental Visit in the Past Year
(Laguna Beach 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: Asked of all respondents.
Cost of dental visits particularly impacts:

- Residents under age 65 (and especially those under age 40).
- Adults living below 300% of the federal poverty level.

**Cost Prevented a Dental Visit in the Past Year**  
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Prevented</td>
<td>12.5%</td>
<td>18.9%</td>
<td>29.4%</td>
<td>13.8%</td>
<td>4.7%</td>
<td>45.8%</td>
<td>9.7%</td>
<td>15.6%</td>
</tr>
</tbody>
</table>

Sources:  
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]  
- Represents the total sample of respondents.

Notes:  
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

**Children: Dental Visits**

A total of 82.6% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings (85.1%).
- Satisfies the Healthy People 2010 target (56% or higher).

**Child Has Visited a Dentist or Dental Clinic in Past Year**  
(Among Children Aged 2 to 17 Years)

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2010 Target = 56% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laguna Beach 2009</td>
<td>82.6%</td>
</tr>
<tr>
<td>United States 2008</td>
<td>85.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents with children aged 2-17.
Healthcare Information Sources

Family physicians and the Internet are residents’ primary sources of healthcare information.

- Nearly one-half (48.8%) of Laguna Beach adults cited their family physician as their primary source of healthcare information, much higher than the 36.1% across the United States.
- The Internet received the second-highest response (25.5%), also higher than the 17.4% reported nationally.
- Other sources frequently mentioned include friends and relatives (7.3%), books and magazines (5.2%), and hospital publications (4.4%).

Primary Source of Healthcare Information
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dr</td>
<td>48.8%</td>
</tr>
<tr>
<td>Internet</td>
<td>25.5%</td>
</tr>
<tr>
<td>Other</td>
<td>8.4%</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>7.3%</td>
</tr>
<tr>
<td>Books/Magazines</td>
<td>5.2%</td>
</tr>
<tr>
<td>Hospital Pub</td>
<td>4.4%</td>
</tr>
<tr>
<td>Don’t Receive Any</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: Asked of all respondents.
COMMUNITY ISSUES
Local Concerns

Family Issues

When asked to identify what they feel is the number-one cause of family problems in their community today, the largest share of responses related to financial troubles or the economy (mentioned by 31.1%).

- Other frequently mentioned causes include substance abuse (11.9%), divorce (6.1%), parenting/family issues (8.9%) and mental health (3.9%).
- Note that 26.4% of respondents were unable to identify anything, responding either “nothing” (10.6%) or “I don’t know” (15.8%).

Perceived “Number-One” Problem Facing Families in the Community Today
(Laguna Beach 2009)

- Economy/Finances 31.1%
- Substance Abuse 11.9%
- Parenting/Families 8.9%
- Divorce 6.1%
- Mental Health 3.9%
- Nothing 10.6%
- Other 11.7%
- Don’t Know 15.8%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: Asked of all respondents.
Neighborhood Issues

When asked to identify what they feel is the number-one problem facing their neighborhood, the largest share of responses again related to economic troubles (mentioned by 17.9%).

- Other frequently mentioned issues include traffic and overcrowding (8.7%) and substance abuse (6.2%).
- Note that one-third (33.6%) of respondents were unable to identify anything, responding either “nothing” (21.7%) or “I don’t know” (11.9%).

Perceived “Number-One” Problem Facing My Neighborhood
(Laguna Beach 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: Asked of all respondents.
Housing

Housing Characteristics

Rent/Mortgage Payments

The typical Laguna Beach resident with a monthly rent or mortgage payment pays $2,000 per month on housing (median response).

- Note that this excludes 23.3% of Laguna Beach adults who do not have monthly housing costs (e.g., living rent-free or in a home that is paid for).

Current Monthly Rent or Mortgage Payment
(Among Adults With a Monthly Rent/Mortgage Payment; Laguna Beach 2009)

Median = $2,000/Month

In the past year, 15.5% of Laguna Beach adults report that they or someone in their household has worked extra hours or an extra job in order to make a housing or rental payment.

- More favorable than the 22.7% reported nationwide.

Household Member Has Worked Extra Hours or an Extra Job in the Past Year in Order to Make Mortgage or Rental Payments
(Laguna Beach, 2009)
Note that younger adults and residents living on lower incomes are more likely to report that a household member has worked extra hours in the past year in order to make housing payments.

As might be expected, this is also higher among residents with higher monthly housing payments.

### Household Member Has Worked Extra Hours or an Extra Job in the Past Year in Order to Make Mortgage or Rental Payments

(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>13.3%</td>
</tr>
<tr>
<td>Women</td>
<td>17.9%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>31.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>12.2%</td>
</tr>
<tr>
<td>65+</td>
<td>5.4%</td>
</tr>
<tr>
<td>&lt;300% FPL</td>
<td>36.8%</td>
</tr>
<tr>
<td>300%+ FPL</td>
<td>9.2%</td>
</tr>
<tr>
<td>Rent/Mtg. &lt;$2k/Mo.</td>
<td>13.5%</td>
</tr>
<tr>
<td>Rent/Mtg. $2k+/Mo.</td>
<td>19.7%</td>
</tr>
<tr>
<td>Laguna Beach</td>
<td>15.5%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes: Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

### Transience

A total of 27.1% of Laguna Beach households have moved at least once in the past five years.

- This includes 8.0% of households who have moved two or more times in the past five years.

### Number of Household Moves in the Past Five Years

(Laguna Beach 2009)

- None 72.9%
- Once 19.1%
- Two or More Times 8.0%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]

Notes: Asked of all respondents.
More frequent moves are noted among the under-65 population.

**Have Moved Two or More Times in the Past Five Years**
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.8%</td>
<td>7.2%</td>
<td>11.4%</td>
<td>9.0%</td>
<td>2.0%</td>
<td>4.5%</td>
<td>10.5%</td>
<td>8.0%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

**Multi-Family Households**

A total of 5.3% of Laguna Beach households include more than one family living together.

Residents aged 40+ and those living in the lower income category are more likely to report more than one family living under the same roof.

**Have More Than One Family Living in the Household**
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.7%</td>
<td>4.8%</td>
<td>0.0%</td>
<td>6.5%</td>
<td>8.1%</td>
<td>16.2%</td>
<td>3.2%</td>
<td>5.3%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
Multi-Generational Households

A total of 5.4% of Laguna Beach households include three or more generations of people living together.

- Multi-generational households are much more common in households with incomes below 300% of the federal poverty level.

Multigenerational Households
[Including Three or More Generations]
(Laguna Beach, 2009)

Housing Affordability

Rating of the Availability of Affordable Housing

Just 5.9% of Laguna Beach residents consider the availability of affordable housing in the community to be “excellent” or “very good.”

- Another 1 in 10 (9.6%) gave “good” ratings.

Rating of the Availability of Affordable Housing in the Community
(Laguna Beach 2009)
In contrast, 84.5% of Laguna Beach respondents gave “fair” or “poor” ratings of the local availability of affordable housing.

- Significantly higher than that reported nationally (52.3%).

**Feel That the Local Availability of Affordable Housing Is “Fair” or “Poor”**

![Chart showing comparison between Laguna Beach 2009 and United States 2008](chart)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2008 PRC Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults under age 65 are more likely to feel that the local availability of affordable housing is “fair” or “poor.”

**Feel That the Local Availability of Affordable Housing Is “Fair” or “Poor” (Laguna Beach 2009)**

![Chart showing breakdown by age and income for Laguna Beach 2009](chart)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members (US Department of Health & Human Services poverty guidelines).
The majority of Laguna Beach residents feel that the community is “not very supportive” (40.4%) or “not at all supportive” (18.2%) of affordable housing developments.

- 41.4% of Laguna Beach feel that people in their community are “very” or “somewhat supportive” of affordable housing developments.

### Perceptions of the Community’s Level of Support for Affordable Housing Developments
(Laguna Beach 2009)

- Not Very Supportive: 40.4%
- Somewhat Supportive: 31.9%
- Very Supportive: 9.5%
- Not At All Supportive: 18.2%

Population segments more likely to feel that people in the community are “not very” or “not at all” supportive of affordable housing developments include:

- Men.
- Adults with lower incomes.

### Feel That People in the Community Are “Not Very” or “Not At All” Supportive of Affordable Housing Developments
(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel “Not Very”</td>
<td>63.3%</td>
<td>53.3%</td>
<td>61.9%</td>
<td>59.2%</td>
<td>49.7%</td>
<td>82.4%</td>
<td>55.6%</td>
<td>58.6%</td>
</tr>
<tr>
<td>Feel “Not At All”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]

Notes: Asked of all respondents.
Homelessness

Rating of the Homeless Shelters & Programs

More than 1 in 3 (37.8%) Laguna Beach adults consider local programs and shelters for the homeless to be “excellent” or “very good.”

- Another 21.5% gave “good” ratings.

![Rating of Local Programs and Shelters for the Homeless (Laguna Beach 2009)]

In contrast, note that 40.7% of adults gave “fair/poor” ratings of local programs and shelters for the homeless.

- More favorable than the 56.8% reported nationally.

![Feel That Local Programs and Shelters for the Homeless Are “Fair” or “Poor”]

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2008 PRC Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Laguna Beach males and adults over 40 are more likely to give “fair” or “poor” ratings of local programs and shelters for the homeless.

**Feel That Local Programs and Shelters for the Homeless Are “Fair” or “Poor”**

(Laguna Beach 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel Fair/Poor</td>
<td>51.7%</td>
<td>29.3%</td>
<td>46.7%</td>
<td>45.0%</td>
<td>47.5%</td>
<td>39.3%</td>
<td>40.7%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

**Experiences of Homelessness**

A total of 3.2% of Laguna Beach respondents (currently housed) acknowledge having been homeless at some point in their lives.

Statistically comparable when viewed by key population segments.

**Have Ever Been Homeless**

(Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;300% FPL</th>
<th>300%+ FPL</th>
<th>Laguna Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Ever Be Homeless</td>
<td>3.5%</td>
<td>3.0%</td>
<td>3.7%</td>
<td>4.0%</td>
<td>1.3%</td>
<td>6.4%</td>
<td>1.6%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

For those who have been homeless, some of the reasons included “no money,” “lost my job,” “kicked out by parents,” and mental health issues.
Education

Educational Characteristics

Level of Education

Over two-thirds of Laguna Beach adults have at least a four-year college degree (including 40.5% with a bachelor’s degree and 27.9% with a postgraduate degree).

- Another 27.0% of Laguna Beach residents have an associate’s degree.

Level of Educational Attainment
(Laguna Beach 2009)

However, 14.9% of Laguna Beach adults do not feel that, at this point in their lives, they have been able to achieve their personal educational or career goals.

- Those more likely to feel they have not attained their personal educational or career goals include residents under age 65 (and especially those under age 40), and those in the lower income category.
- Note also the correlation with education level, as shown.

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: Asked of all respondents.
Do Not Feel That Personal Educational or Career Goals Have Been Achieved
(Laguna Beach, 2009)

For those who do not feel they have achieved their educational or career goals, the largest share of reasons given pertained to cost and family responsibilities.

**Length of Time Between High School & Postsecondary Education**

Most adults with postsecondary education went on to college directly following high school graduation.

- 9.1% of respondents with postsecondary education went to college one year after graduating high school, while 4.3% waited two years, and 5.5% waited three years.
- 6.9% began college four or more years after high school.

**Length of Time Between High School Graduation and Postsecondary Schooling**

(Among Laguna Beach Adults With Postsecondary Education; 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: Asked of all respondents with education beyond high school.
Children’s Education

Educational Goals for Children

Most parents of school-aged children have goals of college for their child.

- 35.7% plan that their child will achieve a four-year college degree, while another 38.0% plan that their child will achieve an advanced degree.
- 23.2% hope for a community college education for their child, and 3.0% mentioned technical schooling.

Educational Goals for Children
(Among Households With Children Ages 5-17; Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four-Year College</td>
<td>35.7%</td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>38.0%</td>
</tr>
<tr>
<td>Community College</td>
<td>23.2%</td>
</tr>
<tr>
<td>Technical School</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Note:
Sample size ("n") = 47 respondents.

Involvement With Child’s Education

A total of 71.7% of Laguna Beach parents of school-aged children feel “very comfortable” that they are able to guide their child through the school system.

- Another 26.8% of parents feel “somewhat comfortable” guiding their child through the school system, while only 1.4% gave “not comfortable” responses.

Level of Comfort in Guiding Child Through the School System
(Among Households With Children Ages 5-17; Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Comfort Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Comfortable</td>
<td>71.7%</td>
</tr>
<tr>
<td>Somewhat Comfortable</td>
<td>26.8%</td>
</tr>
<tr>
<td>Not Very Comfortable</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Note:
Sample size ("n") = 52 respondents.

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]

Notes:
- Asked of all respondents with children ages 5-17 at home.
An even higher percentage of Laguna Beach parents (94.7%) feel “very comfortable” discussing their child’s progress at school with his or her teacher.

- The remaining 5.3% of parents gave “somewhat comfortable” responses.

**Level of Comfort in Discussing Child’s Progress at School With His/Her Teacher**
(Among Households With Children Ages 5-17; Laguna Beach, 2009)

<table>
<thead>
<tr>
<th>Level of Comfort</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Comfortable</td>
<td>94.7%</td>
</tr>
<tr>
<td>Somewhat Comfortable</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

*Note: Sample size ("n") = 52 respondents.*

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: Asked of all respondents with school-aged children in the home.

Nearly all parents of school-aged children report participating in school programs or activities in the past school year.

- The typical parent reported participation on six occasions in the past school year (median response).
- Only 6.1% reported no participation in school activities in the past school year.

**Number of Times Participated in Programs or Activities at Child’s School in the Past Year**
(Laguna Beach Parents of Children 5-17; 2009)

<table>
<thead>
<tr>
<th>Number of Times</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>6.1%</td>
</tr>
<tr>
<td>Twice</td>
<td>14.6%</td>
</tr>
<tr>
<td>Three Times</td>
<td>0.6%</td>
</tr>
<tr>
<td>Four Times</td>
<td>6.0%</td>
</tr>
<tr>
<td>Five Times</td>
<td>10.1%</td>
</tr>
<tr>
<td>Six or More Times</td>
<td>62.6%</td>
</tr>
</tbody>
</table>

*Note: Sample size ("n") = 42 respondents.*

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
Notes: Asked of all respondents with school-aged children in the home.
Perceptions of Local Public Schools

When asked to rate the job that local public schools are doing in preparing children for college or the job market, 63.0% of Laguna Beach adults gave “excellent” or “very good” evaluations.

- Another 24.0% gave “good” reports on local schools.

In contrast, 13.1% of local adults gave “fair” or “poor” evaluations regarding local schools’ job preparing their children for college or the job market.

- Notably more favorable than the 31.4% reported nationwide.

Feel That Local Public Schools Do a “Fair/Poor” Job in Preparing Children for College/Job Market

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
Notes: Asked of all respondents.
Statistically similar when viewed by key demographic groups.

Note the 3.7% “fair/poor” indication among households with school-aged children.

**Feel That Local Public Schools Do a “Fair/Poor” Job in Preparing Children for College/Job Market**

(Laguna Beach 2009)

Perceptions of Local Adult Educational Opportunities

Two-thirds (66.4%) of Laguna Beach adults gave “excellent” or “very good” ratings of adult educational opportunities in the community.

- Another 24.3% gave “good” reviews.

Rating of Adult Educational Opportunities in the Community

(Laguna Beach 2009)
In contrast, 9.3% of survey respondents gave “fair” or “poor” ratings regarding adult educational opportunities in the community.

- Much lower than the 18.0% reported across the US.

Low ratings are more common in the 40-64 age segment.
Spirituality

Importance of Spirituality

Nearly one-half (48.9%) of survey respondents feel that spirituality is “very important” in daily life, while 31.2% gave “somewhat important” indications.

- Note that 1 in 5 Laguna Beach adults (19.9%) gave “not important” responses.

Importance of Spirituality in Daily Life
(Laguna Beach, 2009)

When viewed by demographics, women are more likely to consider spirituality to be “very important” in daily life.

Note also the significant differences by self-reported religion.

Spirituality is “Very Important” in Daily Life
(Laguna Beach, 2009)

Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes:
- Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
**Personal Spirituality**

**Spiritual Support**

Just over one-half (53.2%) of Laguna Beach adults report having a priest, minister, rabbi or other person they can turn to for spiritual support when needed.

- Lower than the 70.6% reported among adults nationwide.

![Diagram showing spiritual support rates](image)

**Have a Priest, Minister, Rabbi, or Other Person to Turn to for Spiritual Support**
(Laguna Beach, 2009)

- US = 70.6%
- Yes 53.2%
- No 46.8%

---

**Notes:**
- Asked of all respondents.

---

- Adults under age 40 and those in the higher income category are more likely to have someone to turn to for spiritual support.
- As might be expected, those without a religious preference are much less likely to have a spiritual mentor.

**Have a Priest, Minister, Rabbi, or Other Person to Turn to for Spiritual Support**
(Laguna Beach, 2009)

---

**Sources:**
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 98]
- 2009 PRC Quality of Life Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

---

**FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].**
Most residents (89.6%) feel that their spiritual needs are being met in their faith community.

- Note that this excludes over one-half of respondents who report that they do not attend church or that this inquiry is otherwise not applicable to them.

**Feel That Personal Spiritual Needs Are Being Met in Their Faith Community**
(Laguna Beach, 2009)

Source:
- 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes:
- Excludes those respondents who do not attend a church or feel the inquiry was not applicable to them.

Adults aged 40+ are more likely to feel that their personal spiritual needs are being met in their faith community.

Note also that the prevalence is lower among Catholics than among other Christians and non-Christians.
Religious Affiliation

While one-fourth (24.7%) of Laguna Beach adults have no specific religious affiliation, 24.2% identify with Catholicism and 22.0% are Protestant. A total of 17.6% identify themselves as Christian without mentioning denomination.

- Note that 4.5% of survey respondents are of the Jewish faith.

Religious Affiliation
(Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: Asked of all respondents.
Two-thirds (67.0%) of adults in Laguna Beach rate the overall healthcare services available in their community as “excellent” or “very good.”

- More favorable than the 47.7% reported nationally.
- Another 25.2% of survey respondents gave “good” ratings of the overall healthcare services available in their community.

However, 7.8% of Laguna Beach residents characterize local healthcare services as “fair” or “poor.”

- Significantly better than the national findings (22.2%).

Note that residents with lower incomes are especially critical of local healthcare services.
Higher percentages are also found among adults under age 65.

Perceive Local Healthcare Services as “Fair/Poor”
(Laguna Beach, 2009)

By Insurance Status

As might be expected, insured adults are much more likely to give positive ratings of local healthcare than are the uninsured or those with government-sponsored plans.

Ratings of Local Healthcare Services
(Laguna Beach, 2009)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7, 200]
Notes: Asked of all respondents.
FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
Finally, note that Laguna Beach residents with recent access difficulties gave much lower overall ratings of local healthcare services.

### Ratings of Local Healthcare Services
(By Access Difficulties; Laguna Beach 2009)

**Among Those Who Have Experienced Access Difficulties in the Past Year**
- Excellent: 20.8%
- Very Good: 26.2%
- Good: 31.0%
- Fair: 19.7%
- Poor: 2.4%

**Among Those Who Have Not Experienced Access Difficulties in the Past Year**
- Excellent: 43.9%
- Good: 31.0%
- Very Good: 26.2%
- Fair: 12.1%
- Poor: 1.0%

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7, 202]

Notes: Asked of all respondents.
APPENDIX: HOMELESS SURVEY FINDINGS
Methodology

Through this assessment, Mission Hospital Laguna Beach wanted to ensure that all sectors of the community had input to the process in order to best determine community needs. Because the homeless community is a special population in Laguna Beach that would not be represented in the telephone survey, measures were taken to develop and administer a specialized survey for this population.

To survey the homeless community, a 50-question survey was developed. Many of the questions in this survey parallel those asked in the general population telephone survey, while others were specific to the needs of the homeless. Surveys were administered by four individuals (three Mission Hospital staff members and one county public health nurse) in face-to-face interviews at various locations where homeless residents were to be found. Surveys were administered at the following times and locations:

- Thursday, October 22nd – 4:00 pm  
  Laguna Beach Friendship Shelter
- Monday, November 2nd – 10:00am-4:00pm  
  Heisler Park and Main Beach
- Wednesday November 4th – 10:00am-3:00pm  
  Laguna Beach Relief and Resource Center, Heisler Park and Main Beach

On average, surveys took approximately 15 minutes to complete. Respondents were each remunerated with a $10 gift card to SUBWAY® restaurants.

In all, 58 surveys were completed (22 at the Laguna Beach Friendship Shelter and 36 at the park and beach locations). The following sections of this report outline the findings collected from these face-to-face homeless surveys. These results are segmented according to the respondent’s shelter status: those who sleep at the shelter (“Friendship Shelter Homeless”) versus those who sleep on the beach, in the park, on the streets, etc. (“Unsheltered Homeless”). Please note that these data were collected prior to the opening of the ACT V shelter.

Mission Hospital Laguna Beach would also like to recognize and thank the following individuals for their assistance in making this phase of the research project possible:

- Mari Hill, RN, MA, Behavioral Health & Adult Mental Health Services, Orange County Healthcare Agency
- Don Black, Homeless Outreach Manager, Laguna Relief & Resource Center
- Dawn Price, Executive Director, Friendship Shelter
- John F. Pietig, Assistant City Manager, Laguna Beach
Issues of Homelessness

Characteristics of the Homeless

Main Reasons for Homelessness

Job loss and unemployment were most often identified by respondents as the primary cause of their homelessness.

- Mentioned by 33% of the unsheltered homeless and 30% of the Friendship Shelter homeless.

Other frequently mentioned reasons include:

- **Family-related issues** (reported by 24% of unsheltered homeless and 13% of Friendship Shelter homeless);
- **Financial troubles/hard times** (15% among unsheltered homeless and 26% among Friendship Shelter homeless);
- **Health-related issues** (9% among unsheltered homeless and 4% among Friendship Shelter homeless); and
- Problems related to **drugs or alcohol** (6% among unsheltered homeless and 13% among Friendship Shelter homeless).

Main Reason for Being Homeless
(Laguna Beach Homeless Population 2009)

- Unemployment 33%
- Finances/Hard Times 15%
- Family Issues 14%
- Health issues 9%
- Drugs/Alcohol 6%
- Abandoned by Friends 6%
- Other 7%

Sources:
- 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 3]

Notes:
- *Asked of all respondents.*
Length of Time Being Homeless

Most homeless in the Friendship Shelter have been homeless less than a year; most unsheltered homeless have been homeless for more than a year.

- 40% of unsheltered homeless and 60% of Friendship Shelter homeless became homeless within the past year.
- Roughly one-third of unsheltered homeless respondents (34%) have been homeless for five years or more.
- The median length of homelessness for unsheltered homeless was 15.5 months, compared to 9 months for the Friendship Shelter homeless.

**Length of Time Being Homeless**
(Laguna Beach Homeless Population 2009)

Unsheltered Homeless  
(Median = 15.5 Months)

- <3 Months 9%
- 3-6 Months 22%
- 7-11 Months 9%
- 1-4 Years 30%
- 5 Years or More 34%

Friendship Shelter Homeless  
(Median = 9 Months)

- <3 Months 0%
- 3-6 Months 30%
- 7-11 Months 30%
- 1-4 Years 30%
- 5 Years or More 8%

Sources:
- 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 53]

Notes:
- Asked of all respondents.
Places Where the Homeless Sleep at Night

The beach and the park are frequent locations where the unsheltered homeless sleep at night.

- A total of 46% of unsheltered homeless sleep at the beach, while 37% sleep in the park.
- Just 6% of unsheltered homeless adults mention sleeping in a vehicle at night; 6% mention sleeping on the ground or on the streets.
- Note again that these data were collected prior to the opening of the ACT V shelter.

Place Where the Unsheltered Homeless Typically Sleep at Night
(Laguna Beach Unsheltered Homeless Population 2009)

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents.
Data collected prior to the ACT V Shelter opening.

Homeless Families

A total of 15% of the unsheltered homeless surveyed are part of a homeless family, having a spouse and/or children who are also homeless.

- None of the Friendship Shelter homeless surveyed reported having a homeless spouse or child.

Have a Spouse and/or Children Who Are Also Homeless
(Laguna Beach Homeless Population 2009)

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 29]
Notes: Asked of all respondents.
**History in Laguna Beach**

Only 10% of the unsheltered homeless population sampled grew up in Laguna Beach; among Friendship Shelter homeless, this percentage is 25%.

Among unsheltered homeless who did not grow up in Laguna Beach:

- Most came from other parts of Orange County (90%) and most were homeless prior to coming to Laguna Beach (70%).
- Over 40% came within the past six months and have family who live here.

**Characteristics of Homeless Who Did Not Grow Up in Laguna Beach**

(Among Respondents Not Growing Up in Laguna Beach, 2009)

![Bar Chart](chart.png)

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 31-33, 36]
Notes: Asked of all respondents.

Further note among those who did not grow up in Laguna Beach:

- The majority of those who do not have family here mentioned that their nearest family members live elsewhere in Southern California (65% of unsheltered homeless, 57% of Friendship Shelter homeless). The remainder report that their nearest family members live out of state.
- Median length of time living in Laguna Beach: 10 months among unsheltered homeless; 5 months among Friendship Shelter homeless.

**Length of Time Living in Laguna Beach**

(Among Those Who Did Not Grow Up in Laguna Beach; Laguna Beach Homeless Population 2009)

![Pie Chart](chart.png)

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 55]
Notes: Asked of all respondents.
Meeting the Needs of the Homeless in Laguna Beach

Ratings of Local Homeless Programs & Shelters

Unsheltered homeless are more critical of local programs and shelters for the homeless than are Friendship Shelter homeless.

- Only 3% of unsheltered homeless rate local programs and shelters for the homeless to be “excellent” or “very good.”
  - Compared to 45% among Friendship Shelter homeless, and 38% in the general population.
- In contrast, 77% of unsheltered homeless gave “fair/poor” ratings.
  - Compared to 23% of Friendship Shelter homeless, and 41% in the general population.

“Fair/Poor” Ratings of Local Programs and Shelters for the Homeless
(Laguna Beach 2009)

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 1]
Notes: Asked of all respondents.
Greatest Needs of the Homeless

Unsheltered homeless most often report “shelter” or a “place to sleep” as their greatest need; while this is a concern among Friendship Shelter homeless as well, this group also frequently mentioned health and dental care.

- Jobs and housing also received frequent mention among both groups.

Greatest Needs of the Homeless
(Top First-Mention Responses; Laguna Beach Homeless Population 2009)

<table>
<thead>
<tr>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter/Place to Sleep</td>
<td>37%</td>
</tr>
<tr>
<td>Job</td>
<td>14%</td>
</tr>
<tr>
<td>Housing</td>
<td>9%</td>
</tr>
<tr>
<td>Transportation</td>
<td>9%</td>
</tr>
<tr>
<td>Healthcare/Medications</td>
<td></td>
</tr>
<tr>
<td>Shelter/Place to Sleep</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Job</td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc.   

Notes:
- Asked of all respondents.
- Data collected prior to ACT V Shelter opening.

Suggestions to Better Meet the Needs of the Homeless

Some of the most common suggestions to better meet the needs of the homeless include:

- More shelters (both groups).
- Job training/education/placement (both groups).
- Increased public awareness/understanding (both groups).
- Various healthcare services (Friendship Shelter homeless).
- Transportation (unsheltered homeless).
- Showers (unsheltered homeless).
- All-night facilities (unsheltered homeless).
Ideas to Better Meet the Needs of the Homeless
(Laguna Beach Homeless Population 2009)

Unsheltered Homeless

- More Shelters: 15%
- Job Training, Education & Placement: 20%
- Public Awareness: 15%
- Healthcare: 30%
- Storage: 5%
- Transportation: 7%
- More Showers: 7%
- Public Awareness: 7%
- Uncertain/Refused: 13%
- Storage: 3%
- All Night Facilities: 5%
- Other: 14%

Friendship Shelter Homeless

- More Shelters: 26%
- Job Training, Education & Placement: 13%
- Public Awareness: 15%
- Transportation: 7%
- Storage: 5%
- Healthcare: 30%
- Public Awareness: 15%
- Storage: 15%
- Other: 15%
- Job Training, Education & Placement: 20%

Sources:
- 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 50]

Notes:
- Asked of all respondents.
- Data collected prior to ACT V Shelter opening.
**Health Status**

**Friendship Shelter homeless rate their own general health more highly than unsheltered homeless.**

- Nearly one-half (48%) of Friendship Shelter homeless believe that their health in general is “excellent” or “very good.”
  - Much better than the 14% reported among unsheltered homeless, but still dramatically below the 73% found in the general population.

- In contrast, 51% of unsheltered homeless rate their overall health as “fair” or “poor.”
  - Compared to 22% of Friendship Shelter homeless and only 8% in the general population.

**Self-Reported “Fair/Poor” Ratings of Overall Health**

(Laguna Beach 2009)

![Bar chart showing the percentage of people rating their health as fair or poor for different groups: Unsheltered Homeless (51%), Friendship Shelter Homeless (22%), General Population (8%). Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 9] Notes: Asked of all respondents.]
Approximately one-half of the homeless are limited in their activities because of a physical, mental or emotional problem.

- Roughly twice that found in the general population (24%).

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

(Laguna Beach 2009)

![Bar chart showing the prevalence of limited activities among different groups.]

**Prevalence of Selected Diseases**

A total of 17% of unsheltered homeless report having ever suffered from or having been diagnosed with chronic heart disease, such as coronary heart disease, angina or heart attack.

- Compared to 4% among Friendship Shelter homeless, and 5% in the general population.

**Self-Reported Prevalence of Heart Disease**

(Laguna Beach 2009)

![Bar chart showing the self-reported prevalence of heart disease among different groups.]
The homeless report a relatively high prevalence of **asthma**.

- 26% among unsheltered homeless, 22% among Friendship Shelter homeless.
  - Compared to 13% in the general population.

**Self-Reported Prevalence of Asthma**
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevalence</strong></td>
<td>26%</td>
<td>22%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 14]
Notes: Asked of all respondents.

Diabetes prevalence in the homeless population is roughly the same as that found in the community at large.

- Reported prevalence of diabetes among the homeless is 6% (unsheltered homeless) and 9% (Friendship Shelter homeless).
  - Compared to 5% in the general population.

**Self-Reported Prevalence of Diabetes**
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevalence</strong></td>
<td>6%</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 15]
Notes: Asked of all respondents.
Excludes diabetes experienced only during a pregnancy.
Mental Health Issues

The homeless report a much less favorable mental health status than found in the community at large.

- Only 26% of unsheltered homeless and 48% of Friendship Shelter homeless rate their overall mental health (including stress, depression and problems with emotions) as “excellent” or “very good.”
  - Compared to 73% in the general population.

- In contrast, 34% of unsheltered homeless and 35% of Friendship Shelter homeless rate their overall mental health as “fair” or “poor.”
  - More than four times that found in the general population (8%).

Self-Reported “Fair/Poor” Ratings of Mental Health
(Laguna Beach 2009)

![Graph showing the percentage of homeless and general population rating their mental health as fair or poor.]

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 22]
Notes: Asked of all respondents.
Approximately one-third of the homeless has been diagnosed with major depression by a physician.

- 32% among unsheltered homeless and 35% among Friendship Shelter homeless.
  - Compared to 11% in the general population.
- Note that this does not include undiagnosed cases.

**Self-Reported Prevalence of Major Depression**
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Reported Prevalence of Major Depression (Laguna Beach 2009)</td>
<td><img src="chart.png" alt="" /></td>
<td><img src="chart.png" alt="" /></td>
<td><img src="chart.png" alt="" /></td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 26]
Notes: Asked of all respondents.

Most homeless report symptoms of chronic depression.

- The majority of surveyed homeless (62% of unsheltered homeless, 52% of Friendship Shelter homeless) have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.
  - Much higher than the 24% found in the general population.

**Have Experienced Symptoms of Chronic Depression**
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Experienced Symptoms of Chronic Depression (Laguna Beach 2009)</td>
<td><img src="chart.png" alt="" /></td>
<td><img src="chart.png" alt="" /></td>
<td><img src="chart.png" alt="" /></td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 23]
Notes: Asked of all respondents.
A total of 23% of the unsheltered homeless and 39% of the Friendship Shelter homeless have ever had three or more visits to a medical or mental health provider for depression.

- This compares to 16% in the general population.

Frequency of Visiting a Medical or Mental Health Provider for Depression
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1-2 Times</th>
<th>3+ Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsheltered Homeless</td>
<td>17%</td>
<td>23%</td>
<td>60%</td>
</tr>
<tr>
<td>Friendship Shelter Homeless</td>
<td>39%</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>General Population</td>
<td>9%</td>
<td>16%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 24]
Notes: Asked of all respondents.

Among the 21 unsheltered homeless respondents who have “never” visited a medical or mental health provider for depression, 14 indicated that this was because they were not depressed or that there was no need to seek help, and seven did not give a reason.

Among the nine sheltered homeless respondents who have “never” visited a medical or mental health provider for depression, four indicated that this was because they were not depressed or that there was no need to seek help, and one respondent cited a past “bad experience” as the reason. Another four did not give a reason.
Substance Abuse Issues

Self-reported alcohol use is much more prevalent in the unsheltered homeless population.

- Among unsheltered homeless, most (69%) report drinking any alcohol in the month prior to the survey.
  - Close to the 76% found in the community at large.
- Only 22% of Friendship Shelter homeless report recent use of alcohol.

Had At Least One Drink in the Past Month
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>69%</td>
<td>22%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Sources: [2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc.][18]
Notes: *Asked of all respondents.

- 29% of unsheltered homeless report drinking alcohol every day in the month prior to the survey (0% among Friendship Shelter homeless respondents).
  - This compares to 11% in the general population.

Drank Alcohol Every Day in the Past Month
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>29%</td>
<td>0%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Sources: [2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc.][18]
Notes: *Asked of all respondents.
A significant share of the homeless have had alcohol or substance abuse problems.

- 46% of unsheltered homeless and 57% of Friendship Shelter homeless report that they have ever had problems with alcohol or substance abuse.
  - Dramatically higher than the 2% reported in the general population.

Have Ever Had Alcohol or Substance Abuse Problems
(Laguna Beach 2009)

Of those homeless reporting a history of substance abuse, most have received treatment (particularly among Friendship Shelter homeless).

- 57% among unsheltered homeless, 77% among Friendship Shelter homeless.
  - Compared to 62% in the general population.
  - Note that these responses are based on very small subsamples of respondents, limiting the interpretation of these results.

Have Ever Received Treatment for Chemical Dependency
(Among Respondents With Substance Abuse History; Laguna Beach 2009)

For those few who did not get treatment, reasons included: “no need,” “just haven’t,” “don’t have a problem anymore” and “no insurance.”
Access to Healthcare Services

Most homeless do not have any type of insurance coverage for health care expenses (neither through private nor government-sponsored plans).

- 71% among unsheltered homeless and 52% among Friendship Shelter homeless.
  - Compared to 13% in the general population.
- For those homeless with some type of health insurance coverage, Medical Services Initiative (MSI), Medi-Cal and Medicare are typical sources.

Health Insurance Coverage
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Private Insurance</th>
<th>Gov't-Sponsored Coverage</th>
<th>No Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsheltered Homeless</td>
<td>71%</td>
<td>48%</td>
<td>23%</td>
</tr>
<tr>
<td>Friendship Shelter Homeless</td>
<td>0%</td>
<td>52%</td>
<td>8%</td>
</tr>
<tr>
<td>General Population (18-64)</td>
<td>0%</td>
<td>79%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Most homeless have not received recent routine medical care.

Friendship Shelter homeless are more likely than the unsheltered to report recent routine medical checkups:

- 53% of Friendship Shelter homeless have had a medical checkup in the past 2 years.
  - Median: 18 months since the last routine medical checkup.
- Almost one-half of unsheltered adults, on the other hand, indicate that their most recent medical checkup was 5+ years ago.
  - Median: 24 months since the last routine medical checkup.
### Length of Time Since Last Routine Medical Checkup
(Laguna Beach 2009)

**Unsheltered Homeless:**
- 0-11 Months Ago: 29%
- 12 to 23 Months Ago: 43%
- 24 to 59 Months Ago: 70%
- 5 Years or Longer Ago: 6%

**Friendship Shelter Homeless:**
- 0-11 Months Ago: 18%
- 12 to 23 Months Ago: 10%
- 24 to 59 Months Ago: 14%
- 5 Years or Longer Ago: 11%

**General Population:**
- 0-11 Months Ago: 11%
- 12 to 23 Months Ago: 11%
- 24 to 59 Months Ago: 7%

**Sources:** 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 54]

**Notes:** Asked of all respondents.

---

The homeless report relatively high usage of hospital emergency rooms.

- 46% of unsheltered homeless and 26% of Friendship Shelter homeless have had multiple visits to a hospital emergency room in the past year.
  - Much higher than the 8% found in the general population.
- Note also that 29% of unsheltered respondents reported three or more emergency room visits in the past year.

### Number of Hospital Emergency Room Visits in the Past Year
(Laguna Beach 2009)

**Unsheltered Homeless:**
- None: 43%
- One: 11%
- Two: 29%
- Three or More: 22%

**Friendship Shelter Homeless:**
- None: 52%
- One: 22%
- Two: 17%
- Three or More: 9%

**General Population:**
- None: 77%
- One: 15%
- Two: 5%
- Three or More: 3%

**Sources:** 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 12]

**Notes:** Asked of all respondents.
Perceptions of Local Healthcare

The homeless are highly critical of local health care services.

- Only 22% of unsheltered homeless and 32% of Friendship Shelter homeless rate the healthcare services available in the community as “excellent” or “very good.”
  - Compared to 67% in the general population.
- In contrast, 66% of unsheltered adults and 59% of Friendship Shelter homeless rate local healthcare services as “fair” or “poor.”
  - Dramatically higher than that reported in the general population (8%).

“Fair/Poor” Ratings of Health Care Services Available in the Community
(Laguna Beach 2009)

Sources:
- 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 10]
Notes:
  • Asked of all respondents.
Safety

Concern for Personal Safety

Roughly one out of three homeless is “often” concerned for his or her personal safety.

Often Concerned for Personal Safety
(Laguna Beach Homeless Population 2009)

![Pie chart showing concerns for personal safety among unsheltered and friendship shelter homeless individuals.]

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 6]
Notes: Asked of all respondents.

Most of those with concerns attributed these to worries about their physical safety, especially with regard to being **attacked while sleeping**, being **robbed**, or being “**around bad people.**”
The homeless, especially the unsheltered homeless, experience violent crime much more often than the general population.

- 46% of unsheltered homeless have been the victim of a violent crime in the area in the past five years; this percentage is 22% among Friendship Shelter homeless.
  - Each of these percentages is dramatically higher than found in the general population (1%).

### Have Been the Victim of a Violent Crime in the Area in the Past Five Years
(Laguna Beach 2009)

![Chart showing percentage of those who have been the victim of a violent crime in the area in the past five years.](chart.png)

**Sources:** 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 8]

**Notes:** Asked of all respondents.
**Spirituality**

**Importance of Spirituality**

A majority of the homeless feel that spirituality is “very important” in their daily lives.

- 59% of unsheltered homeless and 65% of Friendship Shelter homeless feel that spirituality is “very important” in their daily lives.
  - Compared to 49% in the general population.

- On the other hand, 9% of the unsheltered homeless and 17% of Friendship Shelter homeless feel that spirituality is “not important.”
  - Compared to 20% in the general population.

**Perceive Spirituality as “Very Important” in Daily Life**

(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Unsheltered Homeless</th>
<th>Friendship Shelter Homeless</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceive Spirituality as “very important”</td>
<td>59%</td>
<td>65%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 27]
Notes: Asked of all respondents.
Most homeless feel that they have a priest, minister, rabbi or other person to whom they can turn for spiritual support.

- Among unsheltered homeless, this response was 68%; among Friendship Shelter homeless, this response was 52%.
  - Compared to 53% of adults in the general population.

**Have a Priest, Minister, Rabbi, or Other Person to Turn to for Spiritual Support**

*(Laguna Beach 2009)*

---

**Sources:** 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 28]

**Notes:** Asked of all respondents.
Utilization of Services & Resources

Among unsheltered homeless:
- Most (82%) have tried to access the Laguna Relief & Resource Center.
- 38% have tried to access the Friendship Shelter.
- 27% have tried to get Social Security and/or Disability benefits.

Among Friendship Shelter homeless:
- 30% have tried to access the Laguna Relief & Resource Center.
- 27% have tried to get Social Security and/or Disability benefits.

Note that none of the homeless adults surveyed has ever attempted to access veteran's benefits.

Further, 35% of unsheltered homeless and 43% of Friendship Shelter homeless reported accessing or trying to access some type of county facility in the past.

Note, however, that when asked to identify the county facility they tried to access, not all of the specific services or programs mentioned were county government facilities or programs.

- The following received multiple mentions:
  - Food Stamps
  - Share Our Selves (SOS)
  - Mental Health Agencies
  - Salvation Army

Sources: 2009 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 38-43]
Notes: Asked of all respondents.
The following each received a single mention:

- Cooper Fellowship
- Cold Shelter in Laguna Beach
- Santa Ana Social Services
- Orange County REACH program
- PATH Hollywood Center
- General Relief Services
Demographic Characteristics

Gender

The unsheltered homeless population is predominantly male.

- In the survey of unsheltered homeless, 71% were men (vs. 52% among Friendship Shelter homeless).

Gender of Respondent

(Laguna Beach 2009)

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>52%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Unsheltered Homeless  Friendship Shelter Homeless  General Population

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 44]
Notes: Asked of all respondents.

Age

Most homeless adults surveyed were between the ages of 40 and 64.

- None were aged 65 or older.

Age of Respondent

(Laguna Beach 2009)

<table>
<thead>
<tr>
<th>Refused</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>82%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5%</td>
<td>18%</td>
<td>77%</td>
<td>0%</td>
</tr>
<tr>
<td>26%</td>
<td>50%</td>
<td>24%</td>
<td></td>
</tr>
</tbody>
</table>

Unsheltered Homeless  Friendship Shelter Homeless  General Population (18-64)

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 45]
Notes: Asked of all respondents.
Race/Ethnicity

The racial and ethnic distribution of homeless respondents is roughly similar to that found in the community at large.

- 85% of unsheltered homeless and 77% of Friendship Shelter homeless are non-Hispanic White.

**Race/Ethnicity of Respondent**
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Other</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsheltered Homeless</td>
<td>85%</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Friendship Shelter Homeless</td>
<td>77%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>General Population</td>
<td>83%</td>
<td>10%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 47]
Notes: Asked of all respondents.

Education

While educational levels are overall much lower in the homeless population than in the general population, significant shares have postsecondary education.

- Note that 50% of unsheltered homeless and 87% of Friendship Shelter homeless have some education beyond high school.
- In fact, 30% of Friendship Shelter homeless are college graduates.

**Level of Educational Attainment**
(Laguna Beach 2009)

<table>
<thead>
<tr>
<th></th>
<th>Less Than High School</th>
<th>High School Diploma</th>
<th>Some College/Technical School</th>
<th>Bachelor's Degree</th>
<th>Post-Graduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsheltered Homeless</td>
<td>18%</td>
<td>32%</td>
<td>38%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Friendship Shelter Homeless</td>
<td>4%</td>
<td>9%</td>
<td>57%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>General Population</td>
<td>27%</td>
<td>28%</td>
<td>30%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 48]
Notes: Asked of all respondents.
Employment

Over 60% of the homeless report being out of work.
- 68% among unsheltered homeless (24% for less than one year, 44% for more than one year).
- 61% of Friendship Shelter homeless (44% for less than one year, 17% for more than one year).

A total of 18% of unsheltered homeless and 9% of Friendship Shelter homeless report that they are unable to work.
- Compared with 2% in the general population sample.

However:
- 12% of unsheltered homeless and 26% of Friendship Shelter homeless are currently employed, either full-time or part-time.

Employment Status
(Laguna Beach 2009)

Sources: 2009 Mission Hospital Laguna Beach Homeless Survey, Professional Research Consultants, Inc. [Item 49]
Notes: Asked of all respondents.