



# 2019 Community Needs Assessment

Prepared by the CAP OC Planning and Business Development  
Department

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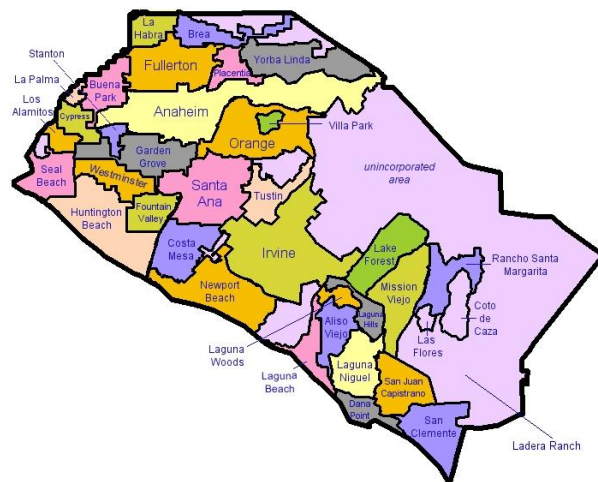
## EXECUTIVE SUMMARY

Every two years, Community Action Partnership of Orange County (CAP OC) develops a Community Action Plan (CAP) that provides a roadmap for the agency for the next two years. The CAP serves to assess the needs of the community and provides a plan for delivering services to individuals and households affected by poverty. As part of the CAP, CAP OC engaged in a comprehensive community needs assessment process to capture the problems and conditions of poverty in the agency's service area based on objectives, verifiable data, and information gathered through various sources.

The community needs assessment process included the completion of a Community Needs Assessment Survey (CNA), six community forums, a Customer Satisfaction Survey (CSS), and two focus groups.

Through the community needs assessment evaluation process, the following needs were identified:

- ❖ Access to Healthcare
- ❖ Affordable Housing
- ❖ Drug Use and Abuse
- ❖ Mental Health Services
- ❖ High Cost of Living
- ❖ Homelessness
- ❖ Food Insecurity
- ❖ Services to the Unincorporated Communities of Orange and Anaheim
- ❖ Nutrition Education
- ❖ Lack of Affordable Education
- ❖ Immigration



Partnering with community-based organizations that serve low-income populations throughout Orange County, outreach was conducted from October 2018 to April 2019. Relying heavily on the use of an AmeriCorps VIP Fellow and ten interns from local universities, outreach took place at various community events, CAP OC programs, educational institutes, faith-based organizations, public and private events.

The Community Needs Assessment Survey was available from January 2019 through end of April 2019 to anyone who lived or worked in Orange County. The

CNA was accessible digitally on Survey Monkey and available in print. Accessible in English, Spanish and Vietnamese, the survey consisted of 49 questions. Countywide it received 900 responses, with majority of survey responses coming from North Orange County residents. Lack of affordable housing, high cost of living, homelessness, drug and alcohol abuse/ addiction, lack of affordable education and immigration were identified as the top five issues affecting Orange County in the CNA.

While the CNA provided a countywide perspective of the issues affecting Orange County, the community forums gave CAP OC a snapshot of each community's specific needs. CAP OC conducted six forums countywide. Forums took place at community-based organizations in San Clemente, Anaheim, Lake Forest, Santa Ana, Orange and Garden Grove. In attendance, there were 117 participants at the forums. Consistently, housing, access to healthcare and drug abuse proved to be significant issues affecting the various communities. However, each forum highlighted unique factors affecting each community.

Looking specifically at CAP OC participants, the Customer Satisfaction Survey aimed to improve service delivery efficiency. The CSS consisted of 10 questions and received 343 responses. The CSS was only accessible to CAP OC participants agency wide from October 2018 through the end of December 2018. It was available in person and in three languages (English, Spanish and Vietnamese). In general, survey participants were satisfied with CAP OC's staff and services.

The two focus groups provided CAP OC with a closer look at participant service satisfaction. The focus groups took place at CAP OC's two-family resource centers – Anaheim Independencia and El Modena. Both focus groups were held completely in Spanish and recorded for future analysis. Overall, 19 participants attended the forums. In general, most attendees were long-term participants of CAP OC, received more than one service and appreciated the services provided and staff at the center.

The 2019 Community Needs Assessment serves as the basis for the agency's goals and program delivery strategies. CNA results will help guide CAP OC for the next two years and be used to properly allocate resources. This valuable feedback can be built upon and is available for community stakeholders that serve low-income populations throughout Orange County.

## Comprehensive Overview of Orange County

Community Action Partnership of Orange County proudly serves all of Orange County (OC). OC is the third most populous county in California and the sixth most populous county in the United States. <sup>1</sup> Due to Orange County's large population and growing inequality between the wealthy and those living in poverty, the future presents substantial challenges for the County. Orange County is densely populated, the issues highlighted in this section affect many people – including children, families, seniors, and ethnic minorities. CAP OC recognizes that the causes and effects of poverty are often inter-generational and perpetuated by class, race and gender. CAP OC has been committed to breaking the cycle of poverty through its programming and services which are aimed at enhancing the lives of children, seniors, and families.

This section will cover the following topics:

- Community Profile
- Geographical Area
- Demographics
- Economy
- Education
- Immigration
- Transportation
- Access to Healthcare
- Chronic Disease
- Drug & Alcohol Use, Opioids
- Food Insecurity
- Workforce Development
- Crime-Safety
- Housing
- Mental Health
- Nutrition

## Community Profile

Over the years, Orange County has been characterized as primarily white and wealthy, however, the region has become increasingly demographically diverse and multicultural within its densely populated area.<sup>1</sup> Compared to other counties across California and the nation, Orange County residents have a higher median household income estimated at \$83,837 per year, experience lower rates of unemployment estimated to be about 2.6%, and are exposed to a lower overall crime rate due to a 6% drop over the past 10 years.<sup>2</sup> Although these indicators demonstrate a general illusion of a high standard of living, Orange County residents face underlying racial and geographic inequities relating to income, employment, poverty, healthcare access, education, and public safety.<sup>3</sup>

The Well-Being Index, a national annual poll by the Gallup firm (which factors in physical health, emotional health, healthy behavior, and access to basic necessities) highlights the disparity mentioned above. The 48<sup>th</sup> Congressional district, which includes parts of Seal Beach, Costa Mesa, Newport Beach, Laguna Beach, Aliso Viejo, Sunset Beach, Huntington Beach, and Midway City, ranks among the top 1% for overall well-being. In contrast, the bordering 46<sup>th</sup> district, which includes Garden Grove, Santa Ana, Westminster, and parts of Huntington Beach and Seal Beach, ranks in the bottom third for overall well-being.<sup>4</sup> Because Orange County is densely populated, the social issues highlighted in the following pages affect a large number of people – including children, families, seniors, and ethnic minorities.

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<sup>1</sup> Baldassare, M., “My Turn: Tectonic Shifts in Orange County.” *CALmatters*, October 7, 2019. <https://calmatters.org/articles/commentary/my-turn-tectonic-shifts-in-orange-county/>

<sup>2</sup> Orange County, *Orange County Community Indicators Report 2018*, 2018, Santa Ana, CA: July 2018.

<sup>3</sup> Ibid.

<sup>4</sup> UCLA Labor Center and UCI Community & Labor Project, *Orange County on the Cusp of Change Report*, 2014.

## Geographical Location

Orange County is located in the heart of Southern California, bordering Los Angeles County to the north, San Diego County to the south, and Riverside and San Bernardino Counties to the east.<sup>5</sup> There are currently 34 cities and 33 unincorporated islands within the county.<sup>6,7</sup> The county of Orange is situated along 42 miles of southern California coasts and extends 15 miles inland, comprising of 798.23 square miles.<sup>8</sup> Orange County crosses 11 watershed and major bodies of water, including the Santa Ana River and Irvine Lake.<sup>9</sup> Orange County is also a major commuter region. Major thoroughfares include I-5 Santa Ana Freeway, SR-57 Orange Freeway, I-405 San Diego Freeway, and I-605 San Gabriel Freeway, which all run north-south, and SR-91 Riverside Freeway and the SR-22 Garden Grove Freeway, which run east-west.<sup>10</sup>

## Demographics

California is one of the largest and most diverse states in the nation. Trends, patterns and anomalies in the distribution of age, sex, race, and ethnicity, and education can elucidate future problems and provide time to prepare to mitigate these issues. Orange County's sex ratio is near even, with 49.4% of the population being male and 50.6% being female.<sup>11</sup> California's sex ratio is slightly higher, with 49.7% of the population being male and 50.3% of the population being female.<sup>12</sup> Orange County's

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<sup>5</sup> Orange County. *At Your Service Delivering for Orange County: A Guide to Agencies and Departments*. Santa Ana, CA: 2017.

<sup>6</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2013-2017 American Community Survey*, 2017. Washington D.C.: 2018.

<sup>7</sup> Orange County Local Agency Formation Commission. *Unincorporated Areas*. <https://oclafco.org/index.php/unincorporated-islands/> (accessed April 1, 2019)

<sup>8</sup> Community Action Partnership of Orange County. *2014-2015 Community Action Plan for the Community Services Block Grant Program*. Garden Grove: 2013.

<sup>9</sup> Orange County. *Introduction to Watersheds in Orange County, California*. Santa Ana, CA: 2017.

<sup>10</sup> Orange County Transportation Authority. *Freeways & Streets*. <http://www.octa.net/Freeways-and-Streets/> (accessed April 1, 2019)

<sup>11</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2013-2017 American Community Survey*, 2017. Washington D.C.: 2018.

<sup>12</sup> Ibid.

median age, 37.5 years old, is slightly higher than California's, which is 36.1 years old.<sup>13</sup> Reflecting this, almost half, 49.1%, of all Orange County residents are between 20 and 55 years old.<sup>14</sup> However, among those with no college degree, California has a slightly higher amount of high school graduates, at 29.5%, compared to Orange County's 27.0%.<sup>15</sup>

Orange County's population differs from the rest of California. Compared to 37.9% of the national population, about 41.4% of the county identifies as Whites in Orange County than California.<sup>16</sup> On a county level, 19.5% identify as Asian, which is significantly more than those at the state level; only 13.9% of California identify as Asian.<sup>17</sup> Latinos and Blacks, however, are slightly less than populous in Orange County than in California. Each population's percentage dropped nearly 4% in Orange County.<sup>18</sup> Latinos went from 38.8% to 34.2% and Blacks went 5.5% from to 1.6%.<sup>19</sup> Orange County's education levels also differ from California as a whole. Far more than half of Orange County residents, 62.9% hold a college degree of some kind.<sup>21</sup> This is higher than California's rate, which is 58.1%.<sup>20</sup>

With such a varied population comes a variety of languages spoken throughout Orange County. Knowing the distribution of languages can help understand the specifics needs of the population we serve and improve the services we provide. Almost half, 45.6%, of the county's population over the age of 5 speak a language other than English.<sup>21</sup> Of this group, 56.2% say they speak English "very well."<sup>22</sup> Spanish is most prominent among this group, 56.7% identify as Spanish speakers, compared to the 31.9% that identify as Asian/Pacific Island language speakers.<sup>23</sup> Only 11.4% of this demographic speak a language other than Spanish or an Asian/Pacific Island language. It must be noted that these numbers include those

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<sup>13</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2013-2017 American Community Survey*, 2017. Washington D.C.: 2018.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

who are bilingual and who are not.<sup>24</sup>

Bilingualism varies largely by age group in all ethnicities. For instance, only 20.7% of Asian/Pacific Island language speaking individuals, above the age of 65, identify as speaking English “very well.”<sup>25</sup> However, this percentage jumps to 50.7% when adjusting the age group to those between 18 and 64 and jumps even higher, to 76.6%, when adjusting to those between 5 and 17 years old.<sup>26</sup> All language speaking demographics follow this pattern.

## **Economy**

Orange County is known for its vibrant industry clusters, world-class educational institutions, diverse workforce, and ideal geographical location. It has a powerful combination of high economic growth, low unemployment rates, and a high quality of life for its residents, which outperforms neighboring regions.<sup>27</sup> Unemployment rate and job growth are typically used as indicators of economic success. The 2019 unemployment rate in Orange County (3.0%) is lower than the rate in California (4.4%) and has gained a total of 1,650,300 jobs since the economy expansion in 2018.<sup>28</sup> These aspects contribute to the growing and successful economy of Orange County as a whole, but there are stark economic differences between cities within the county.

There is an unequal distribution of unemployment and income throughout Orange County, with certain regions characterized by both relatively low income and high unemployment. The cities with unemployment rates higher than Orange County’s rate of 3.0% are Villa Park (4.7%), Seal Beach (3.4%), Buena Park (3.4%), Garden

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<sup>24</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2013-2017 American Community Survey*, 2017. Washington D.C.: 2018.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Orange County Business Council et al. *2019 Orange County Workforce Indicators Report*. Irvine, CA: 2018.

<sup>28</sup> State of California, California Employment Development Department, Labor Market Information Division, *2019 County Press Release for Orange County*. Anaheim, CA: 2019.

Grove (3.3%), Westminster (3.3%), Los Alamitos (3.3%), Anaheim (3.2%), Cypress (3.2%), La Habra (3.2%), Placentia (3.2%), Santa Ana (3.2%), Stanton (3.2%), Fullerton (3.1%), and Mission Viejo (3.1%).<sup>29</sup> These central cities tend to also have the highest rates of residents experiencing poverty.<sup>30</sup> Of the 3.0% unemployed workers in Orange County, Black or African American, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander populations have the highest unemployment rates of 9.7%, 9.1%, and 9.0% respectively; the populations with the lowest unemployment rates are Asian (5.2%) and White (5.5%).<sup>31</sup>

About 39.1% of Orange County's population, over the age of 25, have a bachelor's degree or higher.<sup>32</sup> The populations with the highest rates of a bachelor's degree or higher—Asian (53.1%) and White (47.8%)<sup>33</sup>—are the same populations that experience the lowest unemployment rates. Residents who have a bachelor's degree or higher have a median income of at least \$61,639, while residents who have an associate's degree or lower have a median income of \$40,511 or less.<sup>34</sup> This suggests that higher educational attainment increases the chances of employment that pays above the Housing Wage, which is defined as the hourly wage needed to afford a one-bedroom unit.<sup>35</sup> In Orange County, this equates to an annual income of just under \$60,000.<sup>36</sup>

The majority still (64%) of Orange County jobs pay less than the Housing Wage.<sup>37</sup> The largest sectors in Orange County have the lowest average salaries—tourism (\$26,000), health care and social assistance (\$58,000), construction (\$66,000), and manufacturing (\$76,000)—while the smaller sectors have the highest average

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<sup>29</sup> State of California, California Employment Development Department, Labor Market Information Division, *Labor Force and Unemployment Rate for Cities and Census Designated Places*. Anaheim, CA: 2019.

<sup>30</sup> State of California, California Employment Development Department, Labor Market Information Division, *Labor Force and Unemployment Rate for Cities and Census Designated Places*. Anaheim, CA: 2019.

<sup>31</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2013-2017 American Community Survey*, 2017. Washington D.C.: 2018.

<sup>32</sup> *Ibid.*

<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.*

<sup>35</sup> Orange County, *Orange County Community Indicators Report 2017*, 2017, Santa Ana, CA: 2017.

<sup>36</sup> Orange County, *Orange County Community Indicators Report 2018*, 2018, Santa Ana, CA: July 2018.

<sup>37</sup> *Ibid.*

salaries — information (\$107,705), finance and insurance (\$110,695), and utilities (\$123,916).<sup>38</sup> Overall, the California Employment Development Department projects the fastest-growing occupations in Orange County between 2014 and 2024, ones which will enjoy relatively higher wages, but still face the challenge of a skills gap.<sup>39</sup> Skills gap is characterized by an imbalance between employers' demand for skills and applicants' supply of skills. Applicants can be unfit for a higher-paying job due to unmet requirements of minimum educational attainment level or lack of specific skills. Those unable to bridge the skills gap are often part of the 55% of employed Orange County residents who commute to work outside of the county for better opportunities.<sup>40</sup>

## **Education**

Orange County has consistently exceeded the California state averages for the population's average rates of secondary educational attainment in recent years. Orange County's high school graduation rate was 89.2% in 2018. This is significantly greater than the state's average rate of 88.8% for the same year.<sup>41</sup> Educational attainment among adults ages 25 or older is higher in Orange County for those with a Bachelor's degree or higher compared to statewide statistics, with about 42% of adults in Orange County compared to nearly 36% of adults in the state population.<sup>42</sup>

There are educational attainment gaps within Orange County, as certain districts tend to have higher proportions of the population without a high school diploma. The districts with the highest proportion of the population without a high school diploma are Anaheim Union High (6.4%), Garden Grove Unified (6.2%), and Placentia-Yorba Linda Unified (5.7%) compared to the Orange County average (5.4%).<sup>43</sup>

According to the California Department of Education, Orange County public schools had a total of 6,220,413 students enrolled for the 2017-2018 school year.<sup>44</sup> The

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<sup>38</sup> Orange County Business Council et al. *2019 Orange County Workforce Indicators Report*. Irvine, CA: 2018.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> California Department of Education, Data Reporting Office. *Fingertip Facts on Education in California 2017-2018*. Sacramento: 2018.

<sup>42</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2017 American Community Survey 1-Year Estimates*, 2017. Washington D.C.: 2018.

<sup>43</sup> Orange County, *Orange County Community Indicators Report 2018*, 2018, Santa Ana, CA: July 2018.

<sup>44</sup> California Department of Education, Data Reporting Office. *Fingertip Facts on Education in California 2017-2018*. Sacramento: 2018.

demographics of the Orange County student body have changed over the years, and this trend seems to be continuing. Latino students currently make up the largest share of public students in the county (54.30%), followed by White non-Hispanic students (23.20%), Asian American students (9.20%), African American non-Hispanic students (5.50%), two or more races Non-Hispanic (3.50%), and lastly, Filipino students (2.40%).<sup>45</sup>

### **English Learners**

The acquisition of the English language by children who speak another language is a challenge for teachers, administrators, children and families, and their communities. Among Orange County, public school students enrolled in the 2016/17 school year, 23.5% were classified as English Learners (EL), a slightly smaller share than seen in recent years.<sup>46</sup> In the 2015/16 and 2016/17 school years, there were 24.9% and 24.3% English Learners, respectively.<sup>47</sup> Thus, there is a decrease in the county's proportion of English Learner students.

Within Orange County, the proportion of English Learner students varies greatly according to the school district with a high of 57.4% at Anaheim Elementary and a low of 2.2% at Los Alamitos Unified.<sup>48</sup> School districts with large English Learners proportions include Anaheim District (57.4%), Magnolia District (48.3%), Savanna District (40.1%), Westminster District (40.0%), Santa Ana (38.7%), and Buena Park District (38.3%).<sup>49</sup> These school districts are clustered in northern Orange County, serving communities with higher rates of poverty and large foreign-born populations, mainly of Hispanic/Latino or Vietnamese origin.

### **High School Dropouts**

Although Orange County's high school dropout rate is below that of the state average, the dropout rates vary considerably within Orange County. In 2015-16, Los Alamitos Unified had the lowest dropout rate (0.8%) while Anaheim Unified had the highest (6.4%).<sup>50</sup> However, both figures are lower than the dropout rates seen in previous

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<sup>45</sup> California Department of Education, Data Reporting Office. *Fingertip Facts on Education in California 2017-2018*. Sacramento: 2018.

<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

<sup>50</sup> Orange County, *Orange County Community Indicators Report 2018*, 2018, Santa Ana, CA: July 2018.

years. In 2013-2014, Los Alamitos had a dropout rate of 1.1% while Anaheim Unified had a dropout rate of 8.6%.<sup>51</sup> Differences among dropout rates between different race and ethnicities in the county also exist. Asian students had the lowest (0.6%) dropout rates and African American students had the highest (2.8%) during the 2016-17 school year, as consistent with previous years.<sup>52</sup>

### **Suspension & Truancy**

Consistent school attendance is a strong predictor of academic success and may indicate high levels of community engagement. Frequent absences are associated with poorer test scores and a higher likelihood of dropping out of high school which can have a lifelong impact on the opportunities available to a student.<sup>53</sup> Students who are suspended lose the benefits of school attendance but are subjected to additional risks, including a higher likelihood of entering the criminal justice system.<sup>54</sup> Additionally, disproportionate suspension rates among different student demographic groups may indicate school discipline disparities.<sup>55</sup>

The Orange County public school system had a suspension rate of 2.5% for the 2017-18 school year.<sup>56</sup> This rate, as consistent with the past, was lower than the California state average of 3.5%.<sup>57</sup> However, within Orange County, strong variability exists regarding suspension rates between school districts as well as between different race and ethnicities. Among high schools, Fullerton Joint Union, located in northern Orange County, had the highest suspension rate (5.2%), while Irvine Unified, located in southern Orange County, had the lowest (1.2%).<sup>58</sup> Differences in suspension rates exist also at the elementary level, with Buena Park Elementary having the highest (2.5%) and Centralia Elementary having the lowest (0.3%).<sup>59</sup> Additionally, within Orange County as a whole, suspension rates widely differed according to race and ethnicity with African Americans having the highest rate of 5.1% and Asians having

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<sup>51</sup> Orange County, *Orange County Community Indicators Report 2015*, 2015, Santa Ana, CA: 2015.

<sup>52</sup> Ibid.

<sup>53</sup> UCLA Center for Health Policy Research. *California Health Interview Survey, 2014-2017*. Los Angeles, CA: 2017.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

<sup>58</sup> Ibid.

<sup>59</sup> Ibid.

the lowest rate of 0.9% for 2017/18.<sup>60</sup>

The truancy rates in Orange County have increased over the past years, although they repeatedly have been under the state average. The truancy rate for the 2015/16 school year in Orange County was 23.7% compared to the state average of 34.07%.<sup>61</sup> Truancy rates also range widely within the county. In the 2014/15 school year, Fullerton Joint Union High had the highest truancy rate at 54.55% and Saddleback Valley Unified had the lowest truancy rate at 12.24%.<sup>62</sup>

### **Crime and Safety**

Any crime can affect a person's life satisfaction and well-being, ultimately affecting their quality of life. The impact can have secondary effects on one's ability to perform a variety of roles related to parenting, intimate relationships, as well as occupational and social functioning.<sup>63</sup> In 2016, California made 1.35 million arrests.<sup>64</sup> For Orange County, in 2014, the arrest rate per 100,000 people was 781.4 for felonies, 168.7 for violent offenses, 179.3 for property offenses, 300.7 for drug offenses, and 1,583.6 for misdemeanors.<sup>65</sup> Felonies are the most serious type of criminal offense and can involve imprisonment for more than a year.<sup>66</sup> The 2014 data revealed that the cities with the highest felony arrest rates per 100,000 people were Buena Park (1,252.90), Laguna Beach (1085.92), and Newport Beach (1028.94), while the cities with the lowest rates were Laguna Woods (116.55), Villa Park (186.09), and Rancho Santa Margarita (270.72).<sup>67</sup>

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<sup>60</sup> UCLA Center for Health Policy Research. *California Health Interview Survey, 2014-2017*. Los Angeles, CA: 2017.

<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

<sup>63</sup> R.F. Hanson, G.K. Sawyer, A.M. Begle, and G.S. Hubel. "The Impact of Crime Victimization on Quality of Life." *Journal of Traumatic Stress* 23, no. 2 (2010): 189-197.

<sup>64</sup> Lofstrom, M., et al. "New Insights into California Arrests: Trends, Disparities, and County Differences." *Public Policy Institute of California*. San Francisco, CA: 2018.

<sup>65</sup> State of California, Department of Justice, Criminal Justice Statistics Center. *Statistics: Arrests*. Sacramento, CA: 2017.

<sup>66</sup> U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *Monthly Arrest and Citation Register*. Washington D.C.: 2016.

<sup>67</sup> State of California, Department of Justice, Criminal Justice Statistics Center. *Statistics: Arrests*. Sacramento, CA: 2017.

The least severe category of criminal offense is known as a misdemeanor, which can be punishable by up to a year in jail and includes fines, probation, community service, and restitution.<sup>68</sup> In 2014, the highest Orange County arrest rates per 100,000 people were seen in the cities of Laguna Beach (5,360.39), Newport Beach (2,288.84), and Buena Park (2271.47), while the lowest arrest rates were in Laguna Woods (190.16), Yorba Linda (305.20), and Rancho Santa Margarita (406.09).<sup>69</sup>

Orange County has formed a partnership with the community and the Crime Prevention Unit of the Sheriff's Department to keep Orange County safe. The goal of Stay Safe OC is to educate, encourage and provide information to residents of Orange County in preserving the safety of their neighborhood. This program provides information and resources on property crimes, bike safety, how to catch a crook, child car seats and child safety, home security tips, and much more.<sup>70</sup>

Overall, as a county, the trend from the years 2005 to 2014 has shown a decrease in all crime.<sup>71</sup> However, in comparison to all California counties, Orange County had the highest property crime rate in 2015.<sup>72</sup> This may be attributable to the county's high average price of rent and the 2014 passage of Proposition 47, which reduced certain felonies to misdemeanors and made it difficult for low-level offenders to be charged for their violations and placed behind bars.<sup>73</sup>

## **Housing**

Housing is the most basic human right. It provides a foundation in which an individual or family can obtain shelter and safety. It allows individuals and families to access the services and support they need to achieve stability and pursue personal

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<sup>68</sup> U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *Monthly Arrest and Citation Register*. Washington D.C.: 2016.

<sup>69</sup> Ibid.

<sup>70</sup> Orange County Sheriff's Department. *Stay Safe OC*. [http://www.ocsd.org/about\\_ocsd/staysafeoc/](http://www.ocsd.org/about_ocsd/staysafeoc/) (accessed February 22, 2019)

<sup>71</sup> U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *Monthly Arrest and Citation Register*. Washington D.C.: 2016.

<sup>72</sup> Public Policy Institute of California. *Crimes Rates in California*. San Francisco, CA: 2016.

<sup>73</sup> State of California, California Department of Correction and Rehabilitation. *Proposition 47*. Sacramento, CA: 2017.

goals.<sup>74</sup>

Affordable housing is an important aspect for creating a strong foundation for a community's health and wellbeing.<sup>75</sup> However, the rise in housing and rental costs in Orange County create barriers for residents when seeking adequate affordable housing, especially those of lower socioeconomic status.

According to the Orange County Community Indicators Report, an epidemic of homelessness, low wages, and an increase in the cost of living and housing makes Orange County one of the least affordable places to live.<sup>76</sup> Housing prices in Orange County are 356% higher than the national average.<sup>77</sup> Compared to its neighboring counties; Los Angeles County, Riverside County, San Diego County, and even the notoriously expensive San Francisco Bay Area, Orange County is considered to be the least affordable out of all.<sup>78</sup>

### **Housing Affordability**

Housing affordability in Orange County is a growing concern for its residents. From December 2016 to December 2017, the median home sales price rose 5.4%.<sup>79</sup> On average, prior to the increase, houses were priced around \$745,000 and has inflated to 785,0000, with only 40% of households able to afford an entry-level home.<sup>80</sup> In order for a first-time buyer to qualify, they would need a minimum income of approximately \$102,000 for an entry-level home in Orange County, making homes unaffordable for many of the residents.<sup>81</sup>

### **Rental Affordability**

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<sup>74</sup> U.S. Interagency Council of Homelessness. *Housing*. <https://www.usich.gov/solutions/housing/> (accessed April 1, 2019)

<sup>75</sup> V. Vaughn. "Affordable Housing Provides a Strong Foundation for a Community's Health, Well-Being and Especially Its Children." *American City & County Exclusive Insight*. May 11, 2016.

<sup>76</sup> Orange County, *Orange County Community Indicators Report 2018*, 2018, Santa Ana, CA: July 2018.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> Ibid.

<sup>80</sup> Ibid.

<sup>81</sup> Ibid.

In addition to housing affordability, rental affordability is also a high concern. The median gross rent is \$1,255 in California and \$1,548 in Orange County.<sup>82</sup> Examples of high rent in some cities in Orange County's median gross rent are: \$2,758 in Villa Park and \$2,009 in Newport Beach, making it the highest.<sup>83</sup> Lower median gross rent tends to be in cities with higher rates of immigrants like Santa Ana, which averages about \$1,310 and Stanton, costing about \$1,264, which is the lowest gross rent in Orange County.<sup>84</sup> In 2018, Orange County residents would have to make about \$60,000, or \$28.71 per hour, to afford a median-priced one-bedroom apartment.<sup>85</sup> This "housing wage" has increased by 14% from five years ago. Those workers who are earning above minimum wage face increased economic insecurity, as a larger portion of their earnings are designated towards housing expenses. Overcrowding and homelessness may be a result of this rent burden. As Orange County's home sale prices and rent continues to increase significantly, household income has been unable to keep up. This places a major housing cost burden on many Orange County residents which can inadvertently adversely affect residents' health and employment.<sup>86</sup>

### **Homelessness**

Economic hardship, physical or mental disability, and family issues can contribute to homelessness and vice versa. The top reasons for homelessness include difficulty

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<sup>82</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2011-2015 American Community Survey*, 2015. Washington D.C.: 2016.

<sup>83</sup> U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau, *2011-2015 American Community Survey*, 2015. Washington D.C.: 2016.

<sup>84</sup> Ibid.

<sup>85</sup> Ibid.

<sup>86</sup> Ibid.

securing or retaining jobs with sustainable wages, difficulty finding or retaining affordable housing (including evictions and foreclosures), and family issues.<sup>87</sup> California has the highest rate of unsheltered homeless persons in the country.<sup>88</sup> Homelessness in Orange County increased 5% from 2013 to 2015.<sup>89</sup> The majority of homeless in Orange County are U.S. citizens and long-term Orange County residents of over 10 years.<sup>90</sup> The U.S. homeless population is made up of both family and individual households, with 32% of homeless unsheltered.<sup>91</sup> In Orange County, nearly half (49%) of the homeless population lives unsheltered, which is a ten percent increase from 2013.<sup>92</sup> Homeless households with adults only and individual adult homeless households are more likely to be unsheltered than homeless households with children. Of the unsheltered homeless population, 99.8% are persons in households without children.<sup>93</sup> The unsheltered homeless population is especially vulnerable to health and security threats, which increases their use of medical and safety services. The estimated annual cost of services of a homeless individual is \$100,759, which can be cut by at least 50% if the individual is housed permanently or temporarily.<sup>94</sup>

## **Mental Health**

Mental Health constitutes human cognitive, physiological, and emotional wellness to ensure that individuals can navigate daily tasks and personal choices, as well as handle stress and engage in healthy social interactions. In Orange County, the crisis with homelessness along with youth admittance to medical care demonstrates the imminent need for immediate action.

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<sup>87</sup> Orange County United Way, Jamboree, and University of California, Irvine. *Cost of Homelessness*. Irvine, CA: 2017.

<sup>88</sup> U.S. Department of Housing and Urban Development, Office of Community Planning and Development. *The 2016 Annual Homeless Assessment Report (HAR) to Congress*. Washington D.C.: 2016.

<sup>89</sup> County of Orange and OC Community Services. *Orange County Homeless Count & Survey Report*. Santa Ana, CA: 2015.

<sup>90</sup> Orange County United Way, Jamboree, and University of California, Irvine. *Cost of Homelessness*. Irvine, CA: 2017.

<sup>91</sup> U.S. Department of Housing and Urban Development, Office of Community Planning and Development. *The 2016 Annual Homeless Assessment Report (HAR) to Congress*. Washington D.C.: 2016.

<sup>92</sup> County of Orange and OC Community Services. *Orange County Homeless Count & Survey Report*. Santa Ana, CA: 2015.

<sup>93</sup> Ibid.

<sup>94</sup> Orange County United Way, Jamboree, and University of California, Irvine. *Cost of Homelessness*. Irvine, CA: 2017.

The mental health crisis requires action towards destigmatizing mental health treatment. The societal perception may discourage people from seeking treatment. From 2007-2016, the rate of urgent medical care rose among early adolescence for psychiatric health and substance abuse by 44%, which initially started as a measure of 16.8 every 10,000 adolescents in 2007 but now reflects a high of 24.2 for every 10,000 adolescents in 2016.<sup>95</sup>

In 2015, Orange County measures of work impairment and the number of work days missed due to mental health causes remained under state averages. However, a comparison of the populations living above and below the poverty line in Orange County shows that those in poverty report greater “moderate-to-severe” work impairment (7.3% and 10.7%, respectively). Racial and ethnic groups still have substantially less access to mental health services and receive a lower quality of care for those services. Major depression is a leading behavioral health issue in Orange County which impacts youth and older adults. Indicators for older adults suggest that in 2007, major depression that leads to hospitalization has decreased by 45%.<sup>96</sup> It is a cause for concern the disproportionate impact mental health has on those living below the poverty line and on particular populations, by racial or ethnic identity.

Another factor contributing to mental health concerns is substance use. There has been a 72% reduction for youth and a 19% rise for adults between the ages of 18-60.<sup>97</sup> Increasing hospitalizations for severe depression among youth are alarming. The fact that substance abuse remains an issue for adults highlights the critical need to identify the environmental conditions which are causing these symptoms to arise. For instance, 55% of the 1,733-youth admitted to hospitals, were in Orange County.<sup>98</sup>

### **Drug & Alcohol Use**

Student reported data regarding alcohol and marijuana use indicates disparities along racial lines. Except for Whites and Asians, all racial groups reported rates of alcohol and marijuana usage greater than state use. Native Hawaiian/Pacific

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<sup>95</sup> County of Orange and Orange County Children’s Partnership. *The 24th Annual Report on the Conditions of Children in Orange County*. Santa Ana, CA: 2018.

<sup>96</sup> Orange County, *Orange County Community Indicators Report 2018*, 2018, Santa Ana, CA: July 2018.

<sup>97</sup> Ibid.

<sup>98</sup> County of Orange and Orange County Children’s Partnership. *The 24th Annual Report on the Conditions of Children in Orange County*. Santa Ana, CA: 2018.

Islanders had the greatest county- to state-rate discrepancy, with 12.5% and 7% respectively. African Americans were also found to have higher county rates of marijuana use, with 17.4% compared to the state's 12.9%.<sup>99</sup>

While most measures of mental health for Orange County are better than state averages, higher rates of substance abuse and gang membership among youth of certain minorities suggests a lack of resources for coping and integration in the community.<sup>100</sup> These rates correlate with a disproportionate number of those in particular ethnic groups, given note that African Americans and Native Hawaiian/Pacific Islanders have a minority presence even among the minorities in Orange County. However, research has shown that school engagement and academic achievement have protective factors towards prevention of substance use.<sup>101</sup> Mental health policies targeting these groups can bring about substantial change if set in the right direction, starting with youth of color.

### **Opioid Crisis**

More than 700,000 deaths are accounted for drug overdose in the United States from 1999 till 2017.<sup>102</sup> The Centers for Disease Control and Prevention states that approximately 130 Americans die each day from an opioid overdose.<sup>103</sup> Over-prescription of opioid pain relievers, beginning in the 1990's, led to a rapid influx of prescription drug abuse, stimulating a resurgence of misuse of other opioid-related substances that served as cheaper alternatives, such as heroin. The Surgeon

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<sup>99</sup> California Department of Education, Cal-SCHLS data system. *California Healthy Kids Survey, 2015-2018*. San Francisco, CA: 2017.

<sup>100</sup> Scholl, L. et al. "Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017." *MMWR. Morbidity and Mortality Report, Center for Disease Control and Prevention*. Atlanta, GA: 2018.

<sup>101</sup> Kolodny, A. et al. "The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction." *Annual Review of Public Health*, vol 36, no. 1 (2015): 559-574.

<sup>102</sup> Rudd, R. et al. "Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014." *MMWR. Morbidity and Mortality Report, Center for Disease Control and Prevention*, vol. 64, no. 50-51 (2016): 1378-1382.

<sup>103</sup> California Department of Education, Cal-SCHLS data system. *California Healthy Kids Survey, 2015-2018*. San Francisco, CA: 2017.

General's Report on Alcohol, Drugs, and Health addressed the growing concerns over the opioid epidemic and declared it a national priority in 2016.<sup>104</sup> In 2013, a wave of overdose deaths were caused by illicitly manufactured fentanyl (IMF).<sup>105,106</sup> As 12.5 million Americans self-reported prescription pain reliever abuse, researchers estimate that 78 people die daily in the U.S. alone from opioid overdose.

The opioid crisis warrants attention in Orange County. A collaboration study between the Orange County Healthcare Agency and the Orange County Sheriff-Coroner Division in 2017 documented that 66.8% of all overdose deaths were related to opioid use, with over half of those opioid-related cases (56.0%) involving prescriptions.<sup>107</sup> Key findings of the study included that females were 1.6 times more likely to overdose by use of prescriptions than their male counterparts. These figures were amplified in each subsequent age group after 35-44 years of age. The overall rate of drug and alcohol overdose deaths have increased by 82% in the county since 2000.<sup>108</sup> Each year in Orange County, approximately 1,500 residents are treated in the Emergency Department for an opioid related overdose or dependence, with around 61% cases of men and 39% of women. The demographics are as follows: Non-Hispanics White residents (78%), Hispanics (15%), Other/unknown (4%), Asian/Pacific Islanders (2%), and African-Americans (1%). In 2015, San Clemente had the highest number of cases (71) for Southern cities, Costa Mesa (174) for General cities, and Anaheim (179) for Northern cities.

### **Chronic Disease**

Chronic diseases are ongoing long-term diseases that affect anyone, regardless of age,

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<sup>104</sup> U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Injury Prevention and Control, and U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. *Changing Course: Preventing Gang Membership*. Washington D.C.: 2016.

<sup>105</sup> Patrick, Megan, and Schulenberg, John. "Prevalence and Predictors of Adolescent Alcohol Use and Binge Drinking in the United States." *Alcohol Research Current Reviews*, vol. 35, no. 2 (2014).

<sup>106</sup> Ibid.

<sup>107</sup> Orange County, Health Care Agency and Sheriff-Coroner. *Drug & Alcohol Morbidity & Mortality in Orange County Report*, Santa Ana, CA: 2017.

<sup>108</sup> Ibid.

gender or ethnicity. These conditions include asthma, diabetes, heart disease, and cancer. Chronic diseases account for most deaths in the United States and are responsible for nearly 7 of 10 deaths.<sup>109</sup>

A 2015 report from the California Healthcare Foundation obtained data on how the top five significant chronic conditions - diabetes, high blood pressure, asthma, heart disease, and psychological distress affected Californians as a whole. The report ranked high blood pressure as the most prevalent, at a staggering 27.2% while the other illnesses like asthma and diabetes range from 6.3% to 8.4%.<sup>110</sup> Within Orange County, 36.1% of individuals reported having one or more chronic diseases.<sup>111</sup> According to the 2017 California Health Interview Survey, approximately 28.5% of residents were diagnosed or have had high blood pressure in 2017.<sup>112</sup> Prevalence has increased significantly from previous years with reports of 23.6% in 2015 and 22.4% in 2016.<sup>113</sup> In 2017, it was also reported that about 8.7% of community members in Orange County who were living at least 99% above the Federal Poverty Level have been diagnosed with heart disease. As the percentage of the federal poverty decreases, the percentage of individuals reported having heart disease increases.<sup>114</sup> Approximately 8.8% of Orange County residents have been diagnosed with diabetes, with data showing a steady increase in prevalence from 2014.<sup>115</sup> There have also been reports stating that approximately 13.8% of Orange County residents have been told that they have pre- or borderline diabetes.<sup>116</sup> This is a significant jump from 2015 and 2016 where reports showed relatively stagnant rates of 11.4% and 11.3%.<sup>117</sup>

The health of minors provides information regarding future trends in population

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<sup>109</sup> U.S. Department of Health and Human Services, Centers for Disease Control & Prevention. *Chronic Disease Overview*. Atlanta, GA: 2017.

<sup>110</sup> Meng, Y. et al. "Californians with the Top Chronic Conditions: 11 Million and Counting." *California Health Care Almanac*. (2015)

<sup>111</sup> Ibid.

<sup>112</sup> UCLA Center for Health Policy Research. *California Health Interview Survey, 2014-2017*. Los Angeles, CA: 2017.

<sup>113</sup> UCLA Center for Health Policy Research. *California Health Interview Survey, 2014-2017*. Los Angeles, CA: 2017.

<sup>114</sup> Ibid.

<sup>115</sup> Ibid.

<sup>116</sup> Ibid.

<sup>117</sup> Ibid.

health. Students in California schools are required to take the California Physical Fitness Test to determine whether or not they meet adequate health standards for their age group. The Cooper Institute of Dallas, Texas developed the Healthy Fitness Zone (HFZ) which represents the minimum levels of fitness that offer protection against diseases that result from sedentary living.<sup>118</sup> The test assesses for the following: aerobic capacity, body composition, abdominal strength, trunk extension strength, upper body strength, and flexibility. Among the assessed fields, Orange County students consistently reported body composition as the lowest value across grades 5, 7, and 9.<sup>119</sup> In the 2017-2018 school year, 63.8% of fifth-graders, 66.1% of seventh-graders, and 70.6% of ninth-graders reported within the HFZ.<sup>120</sup> Over the past 3 years, the results in these categories remained relatively consistent. However, though recent test results under the aerobic capacity category showed a significant increase, there was also a significant drop. Among fifth-graders, there was an increase to 68.4% that were in the HFZ and an increase to 72.9% in seventh-graders.<sup>121</sup> In the 9th grade group, however, there was a significant drop down to 70.6%.<sup>122</sup> The data suggests that even though county rates are stagnant, populations in certain areas of the county are at higher risk for chronic conditions, such as childhood obesity.

### **Food Insecurity**

Food security is characterized by the availability and accessibility of affordable, nutritious foods to maintain an active and healthy life.<sup>123</sup> Food insecurity is a concerning social and public health issue that fluctuates in degree and its effects on individuals and communities. An estimated 1 in 8 or 40 million Americans were food insecure in 2017.<sup>124</sup> This is a multifaceted concern—as it does not exist in isolation. Low-income families are affected by numerous, overlapping matters such as social

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<sup>118</sup> California Department of Education, Statewide Assessment Division. *Physical Fitness Report 2004-2016*. Sacramento: 2018.

<sup>119</sup> Ibid.

<sup>120</sup> Ibid.

<sup>121</sup> California Department of Education, Statewide Assessment Division. *Physical Fitness Report 2004-2016*. Sacramento: 2018.

<sup>122</sup> Ibid.

<sup>123</sup> U.S. Department of Agriculture, Economic Research Service. *Food Security in the U.S.*, (Washington DC: 2018)

<sup>124</sup> Feeding America. *Hunger in America 2018 National Report*. Chicago, IL: 2018.

isolation, affordable housing, health problems and low wages along with a lack of financial services for food.<sup>125</sup> Many do not have the necessary tools they need to meet basic needs and these challenges increase a family's risk of food insecurity.

Although the trend for food insecurity in Orange County indicates a decrease in food insecure households,<sup>126</sup> 9.6% of Orange County residents in 2016 experienced food insecurity highlighted by reduced quality, variety, and desirability of their diets; in the worst cases, some experienced disruptions to their eating patterns and reduced food quantity.<sup>127</sup> Driven by the high housing costs and cost of living in Orange County, individuals living with low to very low food security experience anxiety about their food supply and make unhealthy changes in eating habits to cope with limited food resources.<sup>128</sup> When food insecurity rates are compared by congressional districts in Orange County, California's 48th (10.9%), 45th (11.1%), and 47th (13%) districts were estimated to have the highest rates of food insecurity in 2016.<sup>129</sup> CalFresh, federally known as the Supplemental Nutrition Assistance Program (SNAP), offers eligible low-income individuals and households support to help them meet their nutritional needs.<sup>130</sup> In 2017, an estimated 6.5% of households and 41.3% of individuals living below the poverty level in Orange County received SNAP benefits.<sup>131</sup> Current trends in CalFresh enrollment reveal that the gap between those eligible (nonparticipants) and those participating is narrowing. This indicates that more of those eligible and in need of food resources are getting nutrition assistance coverage.<sup>132</sup>

Certain populations in Orange County are at higher risk for food insecurity than others such as older adults, women, and children. Older adults live on fixed incomes and oftentimes have deteriorating health compared to younger adults. Nearly five million seniors are currently facing food insecurity in America. Oftentimes, they are faced with the impossible choice—to buy groceries or medical care. As the baby-

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<sup>125</sup> Feeding America. *Hunger in America 2018 National Report*. Chicago, IL: 2018.

<sup>126</sup> Ibid

<sup>127</sup> Ibid

<sup>128</sup> County of Orange and Orange County Children's Partnership. *The 24th Annual Report on the Conditions of Children in Orange County*. Santa Ana, CA: 2018.

<sup>129</sup> Ibid

<sup>130</sup> California Department of Social Services. *Apply for Food Stamps*. <http://www.cdss.ca.gov/food-nutrition/calfresh> (accessed April 1, 2019)

<sup>131</sup> Ibid

<sup>132</sup> Ibid

boomer generation ages, the number of older adults facing food insecurity are expected to increase.<sup>133</sup> These vulnerable populations may be eligible for other federal food resource programs like the Commodity Supplemental Food Program (CSFP) for low-income older adults. Another group who is at higher risk of food insecurity is pregnant women and families with young children. Insecure pregnant women and families with young children can receive assistance through the Women, Infant, and Children (WIC) as well as the national Free and Reduced Lunch Program (FRLP) programs. The special nutrition program offered by WIC served over 61,000 participants in 2017 where more than 75% of those served were children between the ages of zero to five.<sup>134</sup> Students and children are an especially vulnerable population to food insecurity as one in two children in Orange County live in households with incomes below 185% of the Federal Poverty Level and are eligible for the national Free and Reduced Lunch Program (FRLP).<sup>135</sup>

Taken together, issues such as affordable housing, unemployment and food insecurity, these are important social determinants of health. Therefore, effective responses such as linking the older population to supplemental programs or referring one to a food bank is key to addressing food insecurity. Though there are various assistance programs, not all individuals who are food insecure and in need of dietary support, qualify for federal nutrition assistance benefits. Understanding the discrepancies of federal and state nutrition program eligibility is valuable for charitable food services because it informs better food resource mobilization approaches to meet local need.

## **Nutrition**

In Orange County, approximately 350,000 residents are struggling to get their food needs met on a day-to-day basis and the number is continually climbing.<sup>136</sup> This is not because of the lack of available foods in the community, but for the lack of access

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<sup>133</sup> Feeding America. *Senior Hunger Facts*. Chicago, IL: 2018.

<https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts> (accessed April 1, 2019)

<sup>134</sup> County of Orange and Orange County Children's Partnership. *The 24th Annual Report on the Conditions of Children in Orange County*. Santa Ana, CA: 2018.

<sup>135</sup> Ibid.

<sup>136</sup> OC Food Access Coalition. *Welcome to the OC Food Access Coalition*. <http://ocfoodaccess.org/> (accessed April 1, 2019)

to affordable, healthy/nutritious food options for low-income residents. According to the Harvard School of Public Health, a healthy diet costs about \$1.50 more per day.<sup>137</sup> Unhealthy diets may cost less because food policies have been focusing on the production of making inexpensive, yet high volume of commodities. This leads to farming, processing, and manufacturing highly processed foods for maximal industry profit. Therefore, prices are then reduced, making unhealthy options more affordable.

Low-income or underserved communities face greater barriers in accessing healthy and affordable food retailers, which negatively affects diet and food security.<sup>138</sup> A lack of access to nutritious foods is often a significant barrier to eating healthy.<sup>139</sup> People living farther away from grocery stores are less likely to access healthy food options on a regular basis, and thus, more likely to consume foods that are readily available at convenience stores and fast food outlets even though those are not always the best choices.<sup>140</sup> As a result, the population is consuming foods that are unhealthy and lack nutritional value. Lack of access to nutritious foods, especially over time, causes social, physical, and psychological problems in children and adults. In addition, infants and toddlers have high correlation with higher hospitalizations rates and general poor health.<sup>141</sup> Overall, lack of access to healthy and nutritious meals is linked to poor nutrition outcomes in families with children.

Families with children are significantly affected by lack of nutritious food options. Among US households with children under the age of 18 in 2017, both children and adults were food insecure in 7.7% of households, equivalent to 2.9 million households.<sup>142</sup> The state of California alone accounted for 22.9% of children living in food insecure households. In comparison to the state level, food insecurity in Orange County was at 19.3% in 2014.<sup>143</sup> This is a significantly high number, as it is close to California's overall rate. Therefore, addressing and expanding nutritious food access

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<sup>137</sup> Rao, M. et al. "Do Healthier Foods and Diet Patterns Cost More than Less Healthy Options? A Systematic Review & Meta-Analysis" *BMJ Open*, vol. 3, no. 12 (2013).

<sup>138</sup> U.S. Department of Agriculture, Economic Research Service. *Food Access*. Washington, D.C.: 2018. <https://www.ers.usda.gov/topics/food-choices-health/food-access/> (accessed April 1, 2019)

<sup>139</sup> University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. *2019 County Health Rankings Report: California*. Madison, WI: 2019.

<sup>140</sup> Ibid.

<sup>141</sup> FoodPrint. *Hunger and Food Insecurity*. <https://foodprint.org/issues/hunger-and-food-insecurity> (accessed April 1, 2019)

<sup>142</sup> U.S. Department of Agriculture, Economic Research Service. *Key Statistics & Graphics*. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx> (accessed April 1, 2019).

<sup>143</sup> Gundersen, C., et al. "Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level." *Feeding America*. Chicago, IL: 2016.

to families with children is the best way to help alleviate negative health outcomes.

## **Workforce Development**

In order to prepare individuals in Orange County to enter and adjust to the new demands of the current workforce, strategies have been developed to focus on developing businesses, jobs, and companies. Due to the trend of globalization and the increased usage of technology in the workforce, the needs of the workforce have changed along with job requirements and the skill set needed of an economically competitive individual has adapted. Understanding these trends, every five years, the Comprehensive Economic Development Strategy (CEDS) Committee, in partnership with the Orange County Development Boards (OCDB), and on behalf of the Orange County Board of Supervisors, develops an economic development and management program. The CEDS addresses Orange County's poverty and chronic economic issues in order to promote the well-being of all of its residents and businesses. By proposing action to advance the lives of residents, education, workforce opportunities, infrastructure, competitive and growing clusters, the economic competitiveness of those living in Red-Zone areas can improve.<sup>144</sup> Red Zone areas are defined as geographic locations experiencing high unemployment and substantially lower levels of income relative to the rest of the county.<sup>145</sup> In Orange County, these areas include Anaheim, Buena Park, Costa Mesa, Fullerton, Garden Grove, Huntington Beach, Irvine, La Habra, Orange, Placentia, Santa Ana, Stanton, and Westminster.<sup>146</sup>

The 2013-2018 Comprehensive Economic Development Strategy was a 5 year strategic plan with the following goals: advancement of the lives of red-zone residents, provision of world class education and workforce opportunities, planning for and development of state-of-the-art infrastructure, and promotion of competitive and growing clusters.<sup>147</sup> The standards by which performance will be measured is through the number of jobs created after implementation of the 5 year CEDS plan, number and types of investments undertaken in the region, number of jobs retained in the region, and the amount of private sector investment in the region after

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<sup>144</sup> County of Orange, Orange County Workforce Investment Board. *The 2013-2018 Comprehensive Economic Development Strategy*. Santa Ana, CA: 2013.

<sup>145</sup> Ibid.

<sup>146</sup> Ibid.

<sup>147</sup> County of Orange, Orange County Workforce Investment Board. *The 2013-2018 Comprehensive Economic Development Strategy Annual Update: November 2017*. Santa Ana, CA: 2017.

implementation of the CEDS.<sup>148</sup>

In a 2017 update, it was reported that as of September 2017, civilian employment has reached 1,554,200 with an increase of 92,400 jobs from June 2013.<sup>149</sup> The original goal of job creation was 50,000 between June 2013-2018.<sup>150</sup> For Red-Zone specific economic investment projects involving infrastructure and transit-transportation centers, the recently completed Anaheim Regional Trans Intermodal Center (ARTIC), the Santa Ana/Garden Grove fixed guideway project, and the OC Bus 360 program were all partially funded by Measure M2 funds to allow Orange County to improve its position to meet the goals of the CEDS.<sup>151</sup> These projects have also helped secure private-sector investment by increasing mobility within low-income regions.<sup>152</sup>

In addition to the CEDS, the Orange County Development Board manages workforce development activities and creates programs to respond to the county's workforce needs. The Orange County One-Stop Center Network is crucial to the provision of these services. They provide various job-seeker services, business services, and young adult specific services. Through the provision of these services, Orange County residents will be able to develop the skills, materials, and experience needed to meet the current demands of Orange County's current workforce.

### **Immigration**

Orange County is the sixth most populous county in the nation and accounts for the fourth largest population of foreign-born. As of July 2017, the total population of Orange County is 3,190,400.<sup>153</sup> Of the total population, 31.5% of Orange County residents are made up of foreign-born.<sup>154</sup>

Within Orange County, Asians make up 45.2% of the population, Latino Americans make up 44.8%, Europeans make up 6.1%, and African American makes up about 1.8%. The top five countries that contribute to the immigrant population are: Mexico,

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<sup>148</sup> County of Orange, Orange County Workforce Investment Board. *The 2013-2018 Comprehensive Economic Development Strategy Annual Update: November 2017*. Santa Ana, CA: 2017.

<sup>149</sup> Ibid.

<sup>150</sup> Ibid.

<sup>151</sup> Ibid.

<sup>152</sup> Ibid.

<sup>153</sup> U.S. Census Bureau, *Quick Facts*, <https://www.census.gov/quickfacts/fact/table/US/PST045218> (accessed April 1, 2019).

<sup>154</sup> Wong, T. *Orange County Immigration Profile: A Report of the OC Opportunity Initiative*. San Diego, CA: September 2017.

Vietnam, Korea, the Philippines, and India. Compared to the United States, Orange County has the largest population of Vietnamese immigrants.<sup>155</sup>

In terms of employment, 93.3% of foreign-born in Orange County are employed and showing a positive contribution to the economy. About 40.9% of business owners in Orange County are made up of immigrants. Foreign-born individuals contribute to about 32.3% of the total income tax in Orange County, equating to about \$25.9 billion dollars.

As for education, 31.3% of foreign-born young adults, ages 25 and older, have at least a Bachelor's degree or higher. This percentage is 2.4% higher compared to foreign-born in the United States. In comparison to the foreign-born population in California, Orange County foreign-born percentage is higher than California by 5.1%. As for college attendance, Orange County foreign-born population make up 47.7%, which is 5.5% higher than the national rate and 5.8% higher than the state, respectively.<sup>156</sup>

### **Transportation**

Orange County Transportation Authority (OCTA) provides the largest form of public transportation. OCTA moves residents and commuters across 34 cities and unincorporated areas within the third largest county in the state of California.<sup>157</sup> There are several ongoing projects that encompass all modes of transportation ranging from rail projects, street projects, freeway projects, transit facility projects, and active transportation projects for OCTA. Rail projects include railroad crossing enhancements and improvements to specific stations. Street projects focus on widening streets, improving intersections, coordinating signals, building Smart Streets, and fixing uneven pavement.<sup>158</sup> Freeway projects find ways to decrease congestion on all the freeways that run through Orange County.<sup>159</sup> The transit facility project is a state and federally funded project to build a center for dispatch,

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<sup>155</sup> U.S. Census Bureau, *Quick Facts*, <https://www.census.gov/quickfacts/fact/table/US/PST045218> (accessed April 1, 2019).

<sup>156</sup> Wong, T. *Orange County Immigration Profile: A Report of the OC Opportunity Initiative*. San Diego, CA: September 2017.

<sup>157</sup> Orange County Transportation Authority. *Who We Are: Overview*. <https://www.octa.net/About-OCTA/Who-We-Are/Overview/> (accessed April 1, 2019)

<sup>158</sup> Ibid.

<sup>159</sup> Ibid.

field operations for transit, an Emergency Operations Center, information systems, information technologies, and transit police. Lastly, the active transportation projects promote active living.<sup>160</sup> The programs aim to increase physical activity by making improvements on roads, sidewalks, and adding more green spaces to encourage biking, walking, skating, and using a wheelchair to get to any desired destination.<sup>161</sup>

In conjunction with Orange County Transportation Authority (OCTA), the OC Streetcar is an exciting upcoming light rail project. As part of the OC Go program, this modern street car project is designed to reach the backbone of Orange County.<sup>162</sup> The OC Streetcar railway is designed to run through areas of key employment, dense populations, and activity centers in the cities of Santa Ana and Garden Grove.<sup>163</sup> It will link the Santa Ana Regional Transportation Center (SARTC) to a new hub at Harbor Blvd/Westminster Ave in Garden Grove. The OC Streetcar will connect 18 OCTA bus routes, downtown Santa Ana, the Civic Center that encompasses government offices, federal, state and local courthouses, and a wide variety of impactful community organizations. Running 8.30 miles along Santa Ana Blvd, 4th Street, and Pacific Electric right-of-way to Harbor Blvd in Garden Grove, the OC Streetcar will increase access to transportation to those who need it.<sup>164</sup>

In addition to the OC Streetcar, OCTA launched the Central Harbor Boulevard Transit Corridor Study.<sup>165</sup> This will provide connections to the four corridor cities of Fullerton, Anaheim, Garden Grove, and Santa Ana.<sup>166</sup> As of February 2018, four modes of transportation and three routes were proposed.<sup>167</sup> The modes of transportation include enhanced bus, bus rapid transit, streetcar and “rapid” streetcar.<sup>168</sup> The proposed routes are an eight-mile route extending from Harbor Blvd to downtown Fullerton, running through Anaheim, Garden Grove towards

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<sup>160</sup> Orange County Transportation Authority. *Who We Are: Overview*. <https://www.octa.net/About-OCTA/Who-We-Are/Overview/> (accessed April 1, 2019)

<sup>161</sup> Ibid.

<sup>162</sup> Orange County Transportation Authority. *OC Streetcar*. <http://octa.net/Projects-and-Programs/All-Projects/Rail-Projects/OC-Streetcar/?frm=7683#!Overview> (accessed April 1, 2019)

<sup>163</sup> Ibid.

<sup>164</sup> Ibid.

<sup>165</sup> Orange County Transportation Authority. *Central Harbor Boulevard Transit Corridor Study*. Orange, CA: 2017.

<sup>166</sup> Ibid.

<sup>167</sup> Ibid.

<sup>168</sup> Ibid.

Westminster Ave, to the border of Garden Grove and Santa Ana. Running parallel of Lemon St. and Anaheim Blvd will connect downtown Fullerton to Katella Ave, Harbor Blvd, to Westminster Ave. Lastly, the Anaheim Regional Transportation Intermodal Center (ARTIC), located within Anaheim's Platinum Triangle district, will use this corridor to connect at Katella Ave. and Harbor Blvd.<sup>169</sup> These proposals were a response to the community survey replies. Criteria was set for this study. Some of the criteria include transit performance, land use, connectivity, community support, corridor constraints, mode choice/user experience, and cost effectiveness.<sup>170</sup> The proposed ideas meet these evaluation criteria.

OC Flex is another prominent service provided by OCTA. OC Flex is a public shared-ride service that shuttles people for \$4.50 a day, operating 7 days a week without surge prices.<sup>171</sup> The shuttle service runs in two zones. The first zone includes parts of Huntington Beach and Westminster. The second zone includes Aliso Viejo, Laguna Niguel, and Mission Viejo.<sup>172</sup> The professional drivers take passengers of any age. Kids age 13+ can ride independently. The purchase of a day pass will work on both the OC Flex and OC buses.<sup>173</sup> Nearby restaurants are collaborating with OC Flex to offer riders special discounts in the two zones. This pilot project will help decrease emission of gases that decreases air quality.<sup>174</sup>

### **Access to Healthcare**

Access to healthcare can be measured and assessed by examining key indicators including insurance rates amongst the population, healthcare providers available in the region, and overall utilization of services. According to research conducted by the UCLA Center for Health Policy Research, being uninsured is the main characteristic of those who do not have sufficient access to healthcare.<sup>175</sup> The report projected that

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<sup>169</sup> Orange County Transportation Authority. *Central Harbor Boulevard Transit Corridor Study*. Orange, CA: 2017.

<sup>170</sup> Ibid.

<sup>171</sup> Orange County Transportation Authority. *Who We Are: Overview*. <https://www.octa.net/About-OCTA/Who-We-Are/Overview/> (accessed April 1, 2019)

<sup>172</sup> Ibid.

<sup>173</sup> Ibid.

<sup>174</sup> Ibid.

<sup>175</sup> Dietz, M., et al. "CalSIM v 2.0 Regional Remaining Uninsured Projections." *UCLA Center for Health Policy Research and UC Berkeley Labor Center*. Berkeley, CA: August 2016.

there are 264,000 people uninsured in Orange County, which is a rate of about 8.5 percent of the total regional population.<sup>176</sup> Of that 264,000 people, 166,000 were estimated to be ineligible for insurance due to their immigration status, 13,000 because of Medi-Cal utilization, 27,000 due to eligibility for Covered CA subsidization, 58,000 estimated as non- subsidy eligible citizens and lawfully present immigrants, and 19,000 estimated to be undocumented children qualified for Medi-Cal.<sup>177</sup>

According to the Kaiser Foundation Hospital’s 2016 Community Health Needs Assessment for the Anaheim and Irvine regions, there is a sufficient amount of primary care physicians compared to the population needs.<sup>178</sup> For instance, it is reported that in 2014, there were 93 primary care physicians per 100,000 people in the population.<sup>179</sup> Relating to dental services access, the issue lies not with the proportion of providers compared to the population but rather with lack of dental insurance and the financial burden of services.<sup>180</sup> Conversely, within the scope of mental health services, there is a quantifiable shortage of providers in the Orange County region.<sup>181</sup> In Anaheim, for example, there are 123.6 mental health providers per 100,000 people.<sup>182</sup> The Anaheim mental health provider proportion is less than the California average of about 157 mental health providers per 100,000 people.<sup>183</sup> Orange County is faced with the challenge of improving health care attainment for those most vulnerable in the population who are the uninsured that account for about 8.5% of the entire county’s population.

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<sup>176</sup> Dietz, M., et al. “CalSIM v 2.0 Regional Remaining Uninsured Projections.” *UCLA Center for Health Policy Research and UC Berkeley Labor Center*. Berkeley, CA: August 2016.

<sup>177</sup> Ibid.

<sup>178</sup> Ersoylu, L., et al. “2016 Community Health Needs Assessment.” *Kaiser Foundation Hospital Anaheim & Irvine*. Costa Mesa, CA: 2016.

<sup>179</sup> Ibid.

<sup>180</sup> Ibid.

<sup>181</sup> Ibid.

<sup>182</sup> Ibid.

<sup>183</sup> Ibid.

## Methodology

CAP OC engaged in a comprehensive community needs assessment process to identify the causes and conditions of poverty in Orange County. During this process, the agency completed a Community Needs Assessment and a Customer Satisfaction Survey aimed at understanding these challenges in a focused and objective way. The information was analyzed using qualitative and quantitative information that provided a comprehensive portrait of Orange County.

CAP OC relied on a variety of primary and secondary sources to inform its findings through the Community Needs Assessment process. CAP OC took both a qualitative and quantitative approach in the collection and analysis of data. Qualitative data collected refers to all types of non-numerical data such as written feedback, interviews, and forums; It is data that cannot be measured or analyzed numerically. Quantitative data, on the other hand, refers to information that can be measured and written down with numbers such as statistical studies and databases. The following section identifies the qualitative and quantitative approach that was used during the Community Needs Assessment process.

CAP OC's qualitative approach included:

- Open-ended questions in the Community Needs Assessment Survey and Customer Satisfaction Survey.
- Two focus groups with CAP OC participants.
- Five community forums in the cities of San Clemente, Anaheim, Lake Forest, Santa Ana, and Orange.
- A two-question questionnaire in San Clemente.
- A community session in Garden Grove.
- Secondary sources such as federal and other national annual reports and scholarly published papers.
- A public hearing at CAP OC's main facility in Garden Grove.

CAP OC's quantitative approach included:

- A Customer Satisfaction Survey
- Review of secondary data sources/statistics
- The Community Needs Assessment Survey

The Customer Satisfaction Survey gathered the input of CAP OC's participants throughout Orange County. The Community Needs Assessment collected the responses of Orange County's residents and workforce.

## Outreach

With the use of an AmeriCorps VIP Fellow and ten interns from local universities, outreach was conducted throughout Orange County paying particular attention to low-income populations. The Survey Team collected surveys, conducted focus groups, a questionnaire, community forums and a community session.

For the Customer Satisfaction Survey, outreach was conducted at:


- CAP OC's two-family resource centers: Anaheim Independencia and El Modena
- Energy and Environmental Department at CAP OC
- Commodity Supplemental Food Program (Senior Food Boxes) food distributions
- OC Food Bank

For the Community Needs Assessment Survey, outreach was conducted at:

- Community events such as the Black History Parade and Cultural Fair in Anaheim
- Multiple Family Resource Centers
- Senior Centers
- Community Centers
- CAP OC programs
- Food distributions
- School events such as Open Houses
- Parent meetings
- College campuses
- Farmer's markets
- Job fairs
- Faith based sites

The Community Needs Assessment and the Customer Satisfaction Survey were available in three languages: English, Spanish and Vietnamese and accessible digitally through Survey Monkey and in print.

The focus groups were conducted at CAP OC's two-family resource centers. The first focus group held in Anaheim was with participants from the senior program at the Anaheim Independencia Family Resource Center. The second focus group in Orange was conducted at the El



Helping people. Changing lives.

**YOUR OPINION MATTERS!**

COMMUNITY NEEDS ASSESSMENT SURVEY

Help us identify the important issues affecting our community in Orange County by taking the 2019 Community Needs Assessment survey.

Based on what is learned from the survey, Community Action Partnership of Orange County (CAP OC) will be in a better position to help address critical issues in our community such as poverty and food insecurity.

The survey will take approximately 10-15 minutes to complete and will help foster change in your community. At the end of the survey, you will have the opportunity to enter into a drawing to win a \$50 Target gift card.


You can find the survey online at [www.capoc.org/2019Survey](http://www.capoc.org/2019Survey) or by scanning the QR code below.

This survey is 100% anonymous and your responses will be kept confidential.

Thank you.

**FOR MORE INFORMATION, CONTACT:**  
[planning@capoc.org](mailto:planning@capoc.org)

11870 Monarch Street, Garden Grove, CA 92841  
[www.CAPOC.org](http://www.CAPOC.org) | 714-897-6670



Modena Family Resource Center with its parent leadership group, the Community Engagement Advisory Committee (CEAC).

Partnering with community-based organizations that serve low-income populations in Orange County, CAP OC distributed a questionnaire, held community forums and a community session to distinguish what and how issues affects low-income populations. They were held at three family resource centers; a community center, a faith-based charitable non-profit organization and an Orange County One-Stop Center.

All information gathered helped to inform CAP OC of the needs of the low-income populations in Orange County. The use of reporting software such as Survey Monkey, Excel and Tableau, helped CAP OC analyze the information gathered and determine needs. Using verifiable information, the community needs assessment allowed CAP OC to substantiate the information gathered between October 2018 and May 2019.

## Results

### Community Needs Assessment Survey

The Community Needs Assessment Survey (CNA) was conducted to capture the problems and conditions of poverty in Orange County. The CNA was modified from the previous 2017 Community Needs Assessment. The survey was accessible digitally on Survey Monkey and in print from January 2019 to the end of April 2019. It was available in three language: English, Spanish and Vietnamese. Anyone who worked or lived in Orange County was eligible to participate in the survey.

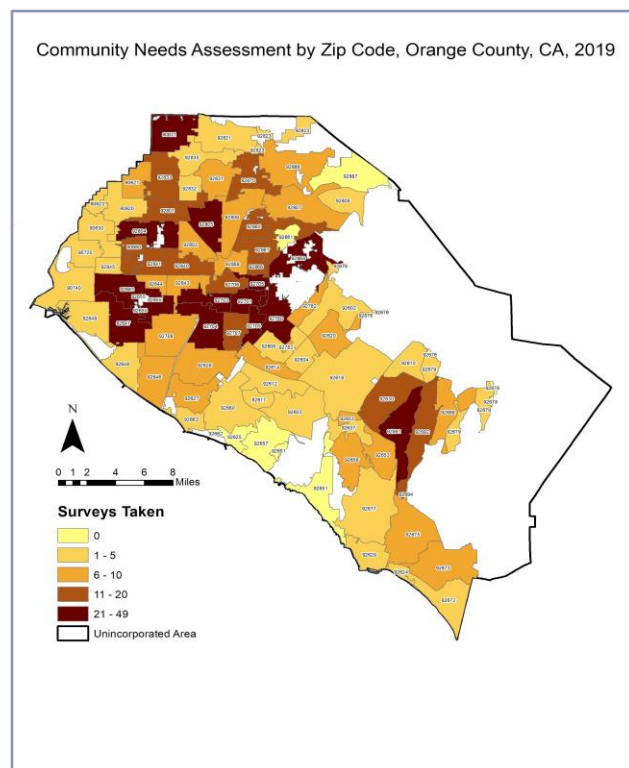
The survey consisted of 49 questions and took approximately 10 -15 minutes to complete.

It focused on the following topics:

1. Demographic Information
2. Transportation
3. Internet Access
4. Housing
5. Health
6. Nutrition
7. Employment and Finances
8. Needs and Services
9. Community Action Partnership of Orange County

Countywide a total of 900 surveys were completed.

The map to the right reflects survey participation throughout Orange County. A majority of our surveys were taken by people who live in North Orange County, especially Garden Grove, Orange, Westminster, and Anaheim.



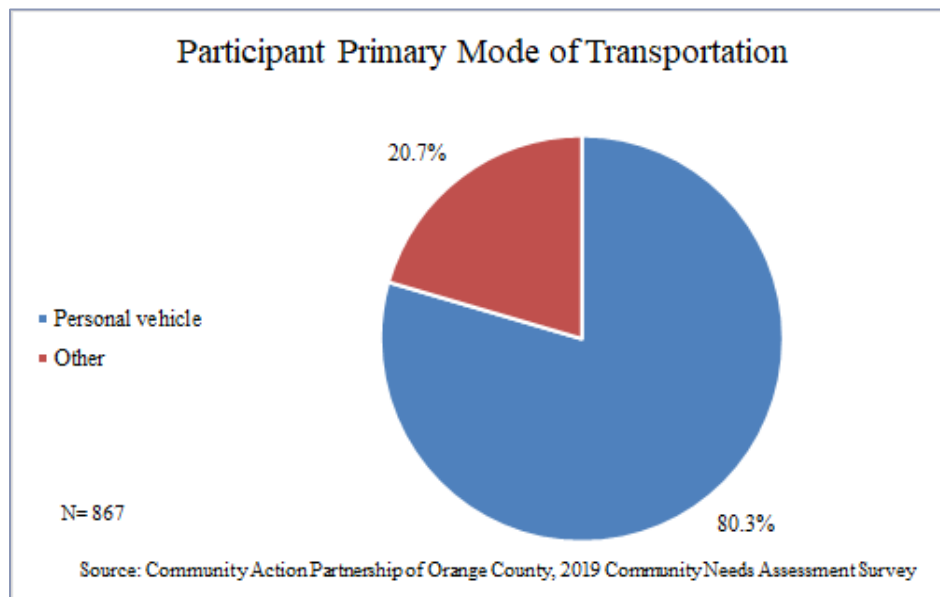
# Community Needs Assessment Survey Results

## Demographics

Majority of the survey participants indicated that were between the ages 25-44 or 60 years and older. As for gender, 81% identified as female, 18.8% as male, 0.1% as transgender, and 0.2% preferred not to answer. Most of the participants reported as Hispanic/Latino, around 52.5%. Indicating a skew in the data towards Hispanic/Latinos females. Other commonly reported ethnicities were Caucasian and Asian/Pacific Islander at 21.6% and 16.0%, respectively. Education level varied but, most indicated that they have obtained a bachelor's degree, high school diploma or GED, and some post-secondary education. Only 24.9% did not have a high school diploma. The most common primary languages spoken at home were English and Spanish. Other significant languages mentioned were Vietnamese, Korean and Tagalog. Majority of the survey participants indicated that their household contains 2 or 4 members. As for household income, before taxes, majority of participants' household income ranged from under \$9,999 to \$49,999.

## Transportation

Of survey participants, 80.3% stated a personal vehicle was their primary mode of transportation. Other forms of transportation included walking or riding the bus as the most significant at 75 and 74 respectively. On a typical day, most survey participants indicated that they commute an average of 0-5 miles, one way to work.



## Electric Vehicles

More than half of survey participants, 60%, indicated that they have never considered buying an electric vehicle. The educational attainment of respondents among varying interest in the purchase of an electric vehicle was commonly a bachelor's degree. The few, 20, who already owned an electric vehicle had a slightly higher education attainment of a graduate/professional degree. Price was the primary factor deterring participants from purchasing an electric vehicle.

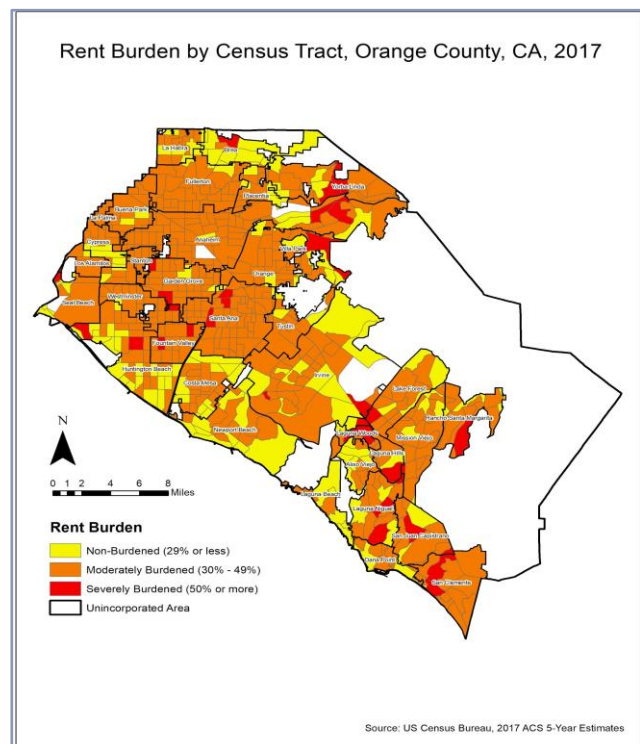
## Internet Access

Majority of participants, 84%, indicated they have access to the internet. Of these participants, most accessed the internet from a mobile phone or at home from a computer, tablet or IPAD.

## Housing

Almost all participants rented or owned their house. Most rented, around 61%, while another 30% owned their house. Majority of these were single family homes or multi-family housing. Only 11% indicated that they lived in "other" types of housing, around half of which stated this to be Section 8 housing.

A uniting aspect of housing for most participants was being rent burdened, with 83% of participants indicating they spend equal to or more than 30% of their monthly income on housing.



## Health

Majority of the survey participants indicated both their health and mental status as "good." In addition, most of the survey participants stated that their family does not have a history of drug/alcohol abuse, mental health issues, and or both. Most participants stated that the last routine doctor checkup was within the last year.

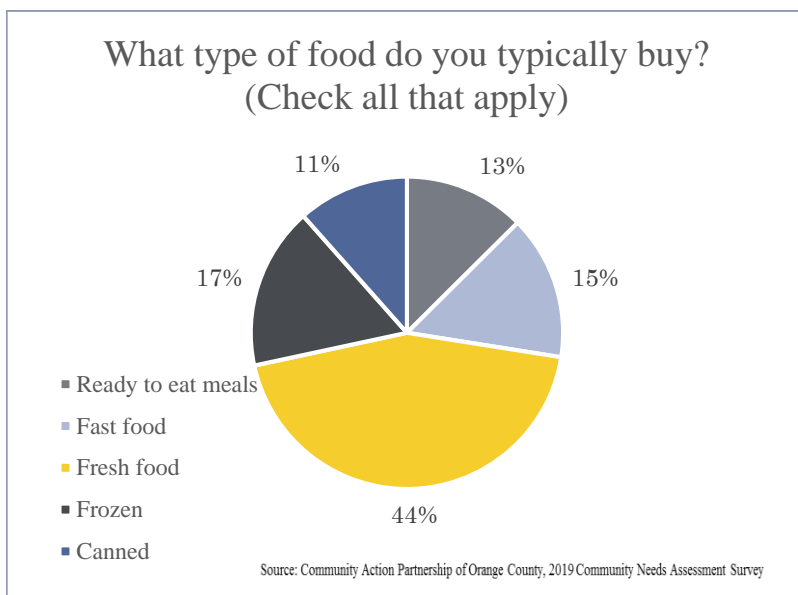
## Physical Fitness

Most participants considered themselves to be active, as 86% marked that they engaged in physical activity. On a daily basis, around 40% said they are active for 30 - 59 minutes and another 35% said they were active for longer than an hour. Most people said that this “active“ time took place at home or at a park.

## Nutrition

To measure food insecurity, we asked participants if, in the last year, there had been any times they had to cut or skip meals because of insufficient funds. The results show a sense of insecurity perpetuating throughout Orange County, with 26% of participants responding to the question with “yes.”

Three-quarters of participants stated that they acquired most of their food from a grocery store. Most of the food they are buying is fresh food, 44%. The purchase of frozen, canned, ready-to-eat meals, and fast food all ranged between 11% - 17%.



Around half of participants eat out more than once a week, whether it be fast food or at a sit-down restaurant. However, around 40% of people said they never eat at either of these types of restaurants. Even more extreme, 87% of participants indicated that they never use food delivery services.

What people look for in their food was split rather evenly. Around 450 participants said they look at the nutritional value of the meal. Another 250-350 people, for each category, marked that they prioritize ease, taste, or affordability. Most people said they would eat healthier if they had more time, more money, and access to cooking classes.

## Employment

Most survey participants indicated that they are full-time employees. Many also identified as unemployed, retired, part-time employees or students. More than half of the survey participants indicated that they have a disability or health problems holding them from acquiring adequate employment. Many also stated that lack of childcare and low-paying jobs are barriers from finding employment.

## Finances

Most survey participants indicated employment (including self-employment) as a source of their household income for the past year. As for debt, 66% claimed they do not have any debt. Type of debt varies but most participants indicated that their debt stemmed from credit cards. The most common debt otherwise was student loans and car loans.

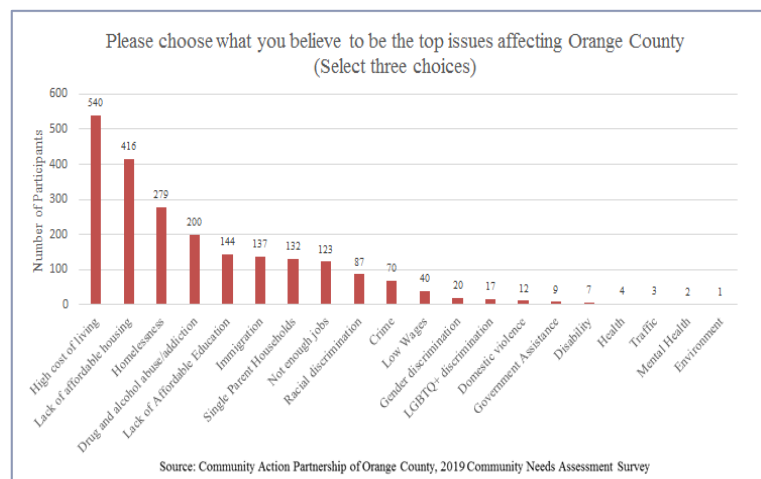
Regarding debt burden, 39% of participants stated that they spend “21-50%” of their monthly income paying off debt. Another 37% indicated they spend “20% or less” and 24% of the participants said they spend “51% or more.” Lastly, most of the survey participants indicated that they are financially fairly stable. Very few stated that they are very stable.

In the past 12 months, 76% of survey participants indicated that they are not behind on their utility bills while the remaining 24% said they are.

## Issues of OC

When asked what the top issues affecting Orange County are, the number one issue indicated by those surveyed was a high cost of living. High cost of living is an indication of a variety of issues, but one major cause is the burdening cost of housing in Orange County.

Lack of affordable housing was the second issue most selected. Both high cost of living and lack of affordable housing had more than 400 participants select them. Homelessness and drugs/alcohol abuse each had more than 200 participants who considered them to be



concerning issues. Lack of affordable education, immigration, single parent households, and not enough jobs were also common concerning issues, but not as many people as the previous categories, ranging from 123-144.

## Services

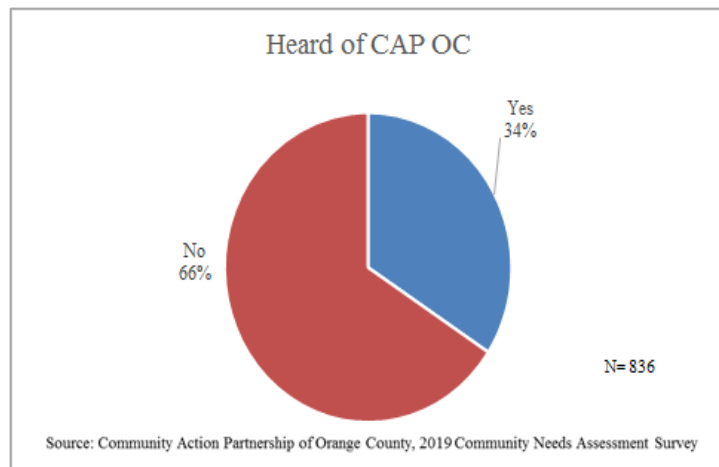
Surveyed participants were asked what services they would like to see more of and most of them indicated a desire for more family and financial services. For family services, majority of the participants desire senior service and affordable daycare programs. As for financial assistance, utilities and financial workshops were most desired. A majority of participants also desire mental health wellness programs, and job training services.

## CAP OC

Of 836 participants surveyed, only 286 (34%) have heard about Community Action Partnership of Orange County (CAP OC).

Even less (22%) said they had contacted CAP OC in the last year. This is significant information because a large portion of the participants surveyed are receiving services from CAP OC and were surveyed while receiving services from CAP OC. For example, surveying took place at many Senior Food Box distribution sites all over Orange County. Of those 286 participants that knew about CAP OC, only 81 (29%) have used the services provided by CAP OC. Even less, 63 participants (22%) have contacted CAP OC in the last 12 months.

The most commonly known program at CAP OC is the OC Food Bank. The OC Food Bank is one of CAP OC's biggest programs and provides many food related services such as CalFresh, Senior Food Boxes and Clementine Mobile Food Trolley. CalFresh, the Senior Food Box Program, and the Utility Assistance Program were also commonly known.



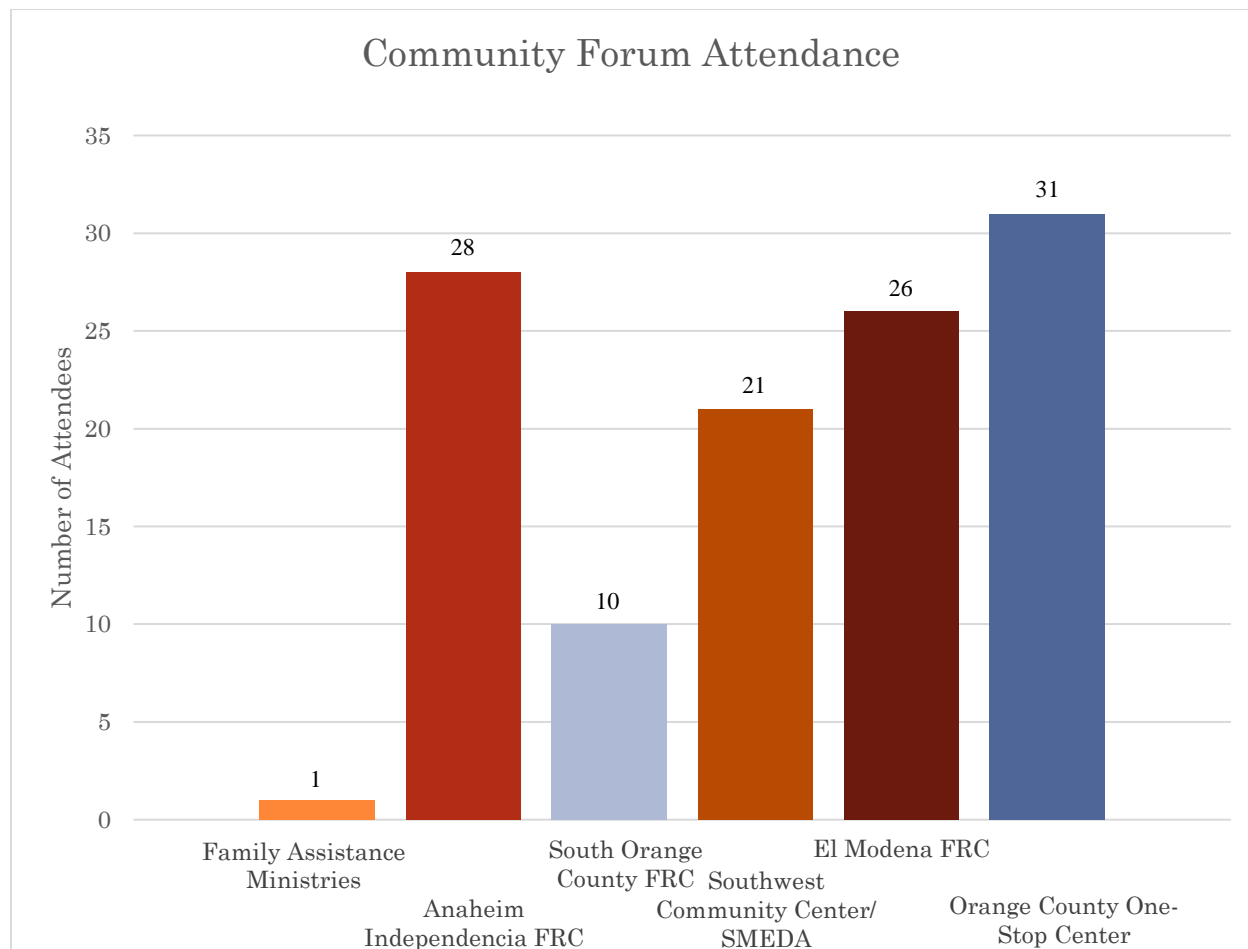
## Community Forums

CAP OC held 6 community forums countywide. The final one was considered a community session. The forums were conducted throughout April 2019 with the first one held on Wednesday, April 10 and the last on Thursday, April 25.

Partnering with community-based organizations that focus on serving low-income populations in Orange County, the forums and session were held at the following locations according to chronological order:

1. Family Assistance Ministries
2. Anaheim Independencia Family Resource Center
3. South Orange County Family Resource Center
4. Southwest Community Center/ SMEDA
5. El Modena Family Resource Center
6. Orange County One-Stop Center

The forums were well attended with a total of 117 participants, despite a bad start.



Flyers in multiple languages (English and Spanish) were distributed in person by the Surveying Team and CAP OC staff. They were posted on-site at various CAP OC programs and advertised on social media through CAP OC's Facebook. The multiple forum locations also helped to encourage attendance through personal invitations, by sending out emails to their participants, and posting flyers on-site.

On the right, is an example of a flyer that was used for outreach for community forums. The flyers were tailored to each location.

Overall, the structure of the forums allowed for participants to voice their

opinions on paper or out loud, brainstorm in groups and start a dialogue. Paper and index cards were provided for additional comments to be stated and turned in at the end of each forum or session.

CAP OC catered to the language needs of the community in attendance which were identified during the planning process. Spanish translation support was available at four out of the six forums. Childcare was also available at two out of the six forums to allow for parents with younger children to participate.



## Community Forum Highlights

**San Clemente, CA**  
**Family Assistance Ministries**  
**Held on April 10, 2019**  
**Time 5:00 - 7:00 pm**  
**Languages: English**  
**Attendance: 1**



The first community forum was held at Family Assistance Ministries in San Clemente on Monday, April 10, 2019. It was attended by a single female resident of the San Clemente community. Due to the lack of attendance, a questionnaire was emailed to Family Assistance Ministries Executive Director, Mary Gray Perdue, so her staff could distribute to their participants to fill out voluntarily. We received 12 responses.

The single participant identified several issues within the community. Her comments were mainly aimed towards helping the homeless. She suggested for a restructuring of food programs so that there is a focus on quality rather than quantity, recovery programs that are tailored to the individual, and pointed out that many homeless are veterans that need specialized help. She also stressed that Orange County's drug problems are a result of the entire county's population despite often being seen as a poor and/or homeless issue.

The questionnaire consisted of two questions. The first question asked residents to list the top three issues they believe to be affecting Orange County, the second asked residents what services they would like to see in the future. Responses to the first question tended to mention the high cost of living in San Clemente, especially regarding housing. Residents also brought up the amount of homeless in the area. Responses to the second question varied. Many centered around the need for more outreach programs, especially those affecting families in poverty. Others brought up the oceanic pollution and the high cost of healthcare.

Though this forum did not go as expected, the time spent with the female resident and the questionnaire responses provided CAP OC with both an in-depth individualistic account as well as a holistic representation of the San Clemente community.

**Anaheim, CA**  
**Anaheim Independencia Family Resource Center**  
**Held on Thursday, April 11, 2019**  
**Time 5:00 - 7:00 pm**  
**Languages: English and Spanish**  
**Attendance: 28**

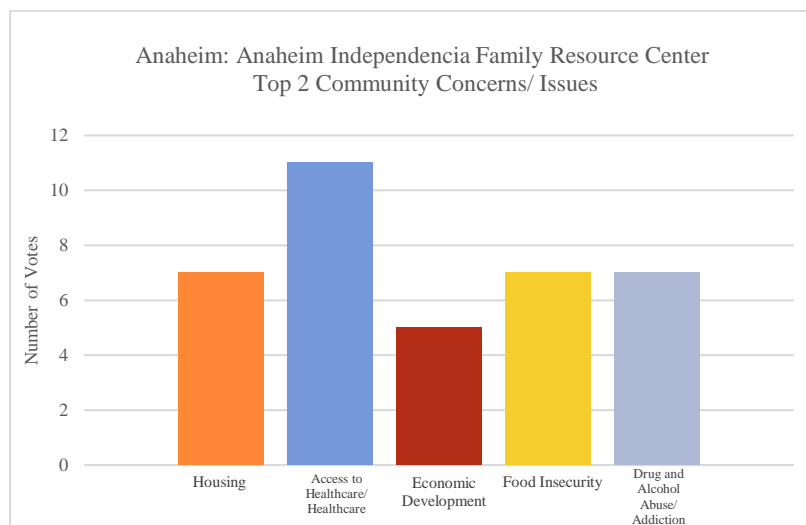


The second community forum was held at the Anaheim Independencia Family Resource Center in Anaheim on Thursday, April 11th, 2019. Most participants in attendance were females and Hispanic/Latinos. Therefore, the forum was translated into Spanish throughout to allow for everyone’s participation. A majority of the participants were residents from the 92804-area code and other area codes close to the city of Anaheim. One organization present was *Stand Up for Kids OC* as well as a few staff members from *Community Action Partnership of Orange County (CAP OC)*. There were 28 community members in total who attended the forum.

The meeting began with a “Wealth of a Community” activity that asked members of the group to name the three things they love most about their community. Common responses included the love for the community by acknowledging the friendly atmosphere, the community center, the diverse environment, and the Church.

As participants walked in they were asked to vote on the top two topics they thought were most pertinent to their communities to discuss during the forum. The most popular topic was *Access to Healthcare*. There was a tie between *Housing*, *Drugs & Alcohol Abuse/Addiction*, and *Food Insecurity*.

However, of the three topics, the participants indicated a greater push for *Housing*. There was a brief presentation about each topic and afterwards the floor was open for discussion.



On the topic of *Housing*, participants expressed their concerns with the lack of resources and services provided to unincorporated areas which the Anaheim Independencia Family Resource Center is located. Residents of unincorporated areas find it hard to navigate for basic services such as more street sweeping or changes to local sidewalks because they are technically not “responsibilities” of the city they are in. Participants expressed the need for recommendations for finding services within the nonprofit community. The unincorporated areas would like to see more community development.



As for the topic of *Access to Healthcare/ Healthcare*, participants expressed their concerns with the lack of help devoted to the homeless community, lack of education about mental health with efforts to defeat stigma around it, and lack of education on medical insurance. Representatives from *Stand Up for Kids OC* urged a push for better education and outreach

on mental health services especially for youth. More mental health screening and anti-stress activities for teens were suggested. Also, participants stated that they would like to see more education about Obamacare, and more access to transportation for the disabled. Additional transportation would allow people with a disability to attend therapy and consultations. As for Obamacare, the participants stated that they were not educated enough, couldn't pay due to insufficient funds, and or were not sure of the policies/rules.

**Lake Forest, CA**  
**South Orange County Family Resource Center**  
**Held on Monday, April 15, 2019**  
**Time 5:30 - 7:30 pm**  
**Languages: English and Spanish**  
**Attendance: 10**

The third community forum was held at the South Orange County Family Resource Center in Lake Forest on Monday, April 15th, 2019. The community forum was attended by an entirely female group of 10 attendees, most of whom were Hispanic/Latino and based in the 92630 or 92653 zip codes. Most of the group was part of the *Community Engagement Advisory Committee (CEAC)*, a parent leadership program through Families and Communities Together (FaCT) that works with the community to advocate for themselves, their families, and the rest of

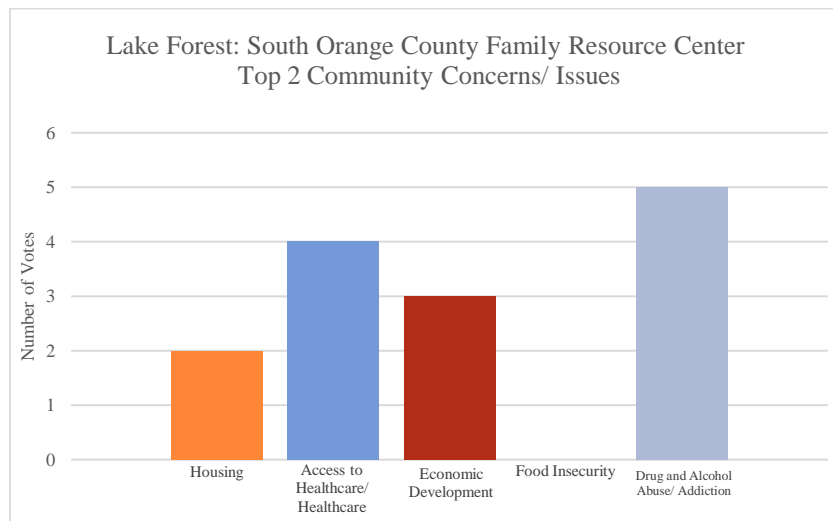


the community. One member of the CEAC group was also part of Latino Health Access. The other participants were staff from the South Orange County Family Resource Center (SOC FRC). Due to the primarily Hispanic/Latino base of the participants, the presentation was translated into Spanish throughout.

The meeting began with a “Wealth of a Community” activity that asked

members of the group to name the three things they love most about their community. Common responses were the security and diversity of the area, as well as the large amount of open space.

As participants walked in they were asked to vote on the top two topics they thought were most pertinent to their communities to



discuss during the forum. The participants selected *Drugs & Alcohol Abuse/Addiction* and *Access to Healthcare/ Healthcare*. There was a brief presentation about each topic and afterwards the floor was open for discussion.

On the topic of *Drugs & Alcohol Abuse/Addiction*, CAP OC's PowerPoint covered the rise of opioids in the community as well as kids' increasing access to drugs. During the open floor, participants identified that much of the problem stems from the over-prescription of drugs. Many participants commented that they were prescribed drugs that were unnecessary for their ailment. The concern became not just possible abuse but the increasing access to prescribed drugs in their own homes and communities. Many felt that by having them in their homes they were contributing to the problem and getting rid of unused prescribed drugs was not a simple solution. Participants felt there was a lack of options and high cost of disposing of prescribed drugs. They also pointed out the lack of drug education in their community makes it hard for kids to be knowledgeable about drugs. It is hard for parents to keep up with drugs that have flooded into popularity. Participants also expressed concern regarding the legalization of marijuana and the potential for legalization of other drugs.

As for the topic of *Access to Healthcare/ Healthcare*, participants expressed gratitude for the local clinic. They also pointed out the various barriers that keep residents from acquiring healthcare. Many are uninformed, and don't know where to go to get the care they require or how to gain access to these facilities. Language and cultural competency is also a barrier for many in regards to healthcare. Transportation to these facilities is an issue that both families and the homeless population in the area struggle with.



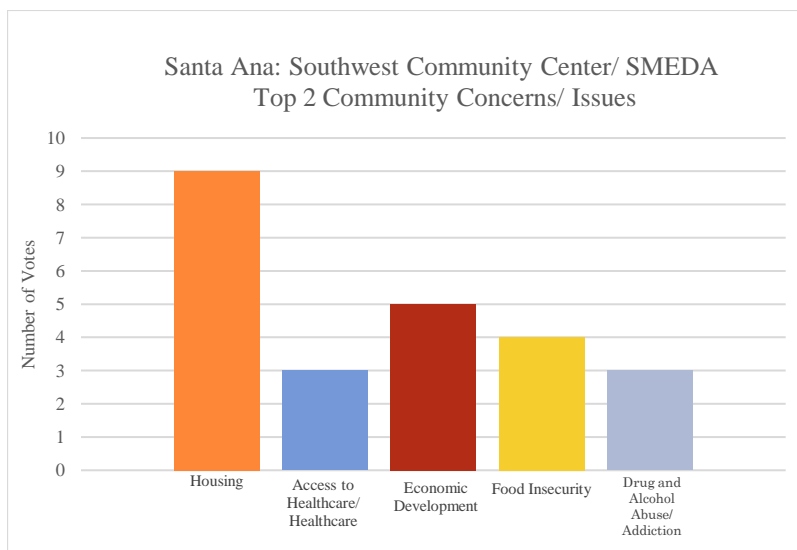
**Santa Ana, CA**  
**Southwest Community Center/**  
**SMEDA**  
**Held on Wednesday, April 17, 2019**  
**Time 11:00 - 1:00 pm**  
**Languages: English and Spanish**  
**Attendance: 21**



The fourth community forum was held at the Southwest Community Center/SMEDA in Santa Ana on Wednesday, April 17th, 2019. The majority of participants in attendance were females and Hispanic/Latinos. Due to the large Hispanic/Latino presence, the forum was translated in Spanish throughout. A majority of the participants were residents from the 92703 area code and other areas within the city of Santa Ana. Staff members from *Community Action Partnership of Orange County (CAP OC)* as well as *SMEDA* staff and volunteers were present at the forum. In total there were 21 participants at the community forum.

The meeting began with a “Wealth of a Community” activity that asked members to name three qualities they love most about their community. Common responses included the community and the center. However, one participant expressed displeasure for question stating, “What qualities, look around, there isn’t enough to be proud of yet.”

As participants walked in they were asked to vote on the top two topics they thought were most pertinent to their communities to discuss during the forum. The



participants selected *Housing* and *Economic Development*. There was a brief presentation about each topic and afterwards the floor was open for discussion.

On the topic of *Housing*, participants stated the “lack of unaffordable housing” as a great need for people who are low income. The lack of

housing is pushing residents to live in their cars. Participants recommended the city to buy houses that are not in use and rent them to people in need. There are too many barriers when buying a house. Younger generations cannot buy their own homes like older generations could. Participants expressed the need for more homeless housing in central locations like Santa Ana. Currently, surrounding cities are pushing homelessness into Santa Ana, making it the “dumping zone” of Orange County.



As for the topic of *Economic Development*, participants would like there to be more workforce opportunities and knowledge about the various career choices youth can seek. There is a rise in middle-skilled jobs, however, not enough skilled workers to fill these jobs. The general public is not aware of these jobs that can be easier to obtain as they require less than a four-year college degree. In addition, they expressed their frustration with temporary job agencies as companies use them to redirect workers. Participants expressed their desire to share their opinions more often yet are unaware of meetings about economic development and/or living wages.

**Orange, CA**  
**El Modena Family Resource Center**  
**Held on Wednesday, April 24, 2019**  
**Time: 5:00 - 7:00 pm**  
**Languages: English and Spanish**  
**Attendance: 26**

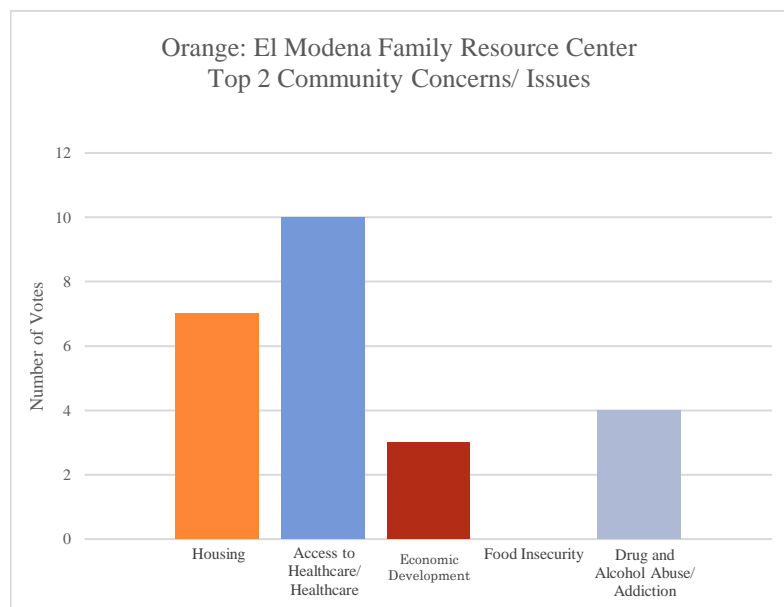


The fifth community forum was held at the El Modena Family Resource Center in Orange on Wednesday, April 24, 2019. This forum was attended by 26 individuals that consisted of residents from the community, various staff and interns of CAP OC, and one representative from the Department of Child Support Services. Most residents of the community lived in the 92867 or

92869 zip codes. The residents of the community were female members of the *Community Engagement Advisory Committee (CEAC)*, a parent leadership program through Families and Communities Together (FaCT) that works with the community to advocate for themselves, their families, and the rest of the community. The residents also included youth who take part in the youth and karate programs at El Modena. The presentation was translated to Spanish throughout the forum because of the audience’s large Hispanic/Latino presence.

The meeting began with a “Wealth of a Community” activity that asked residents to name the three things they love most about the community. Common responses included the schools and parks. Many said they were thankful for the family resource center.

As participants walked in they were asked to vote on the top two topics they thought were most pertinent to their communities to discuss during the forum.



The residents selected *Housing* and *Access to Healthcare/ Healthcare*. Time allowed for a third topic to be discussed. The participants selected *Drugs and Alcohol Abuse/Addiction*. Each topic had a brief presentation. Afterwards the floor was opened for discussion.

On the topic of *Housing*, there was great concern for the lack of rent control and the related increasing charges from landlords, high cost of living in the area, and lack of government help. Residents pointed out that landlords have continually been raising rent prices because of new interest in the area from people like college students, who can pay more than families already in the area. This forces some families to live in the same house as other families or find other extremes to make ends meet. Residents asked for more structure to the application process and more attention from the county to the area's issues.

As for the topic of *Access to Healthcare/ Healthcare*, residents pointed out the lack of affordable healthcare plans and the high costs of medical services. Residents also said that this largely affects the adults of the community, as many are not U.S. citizens. Their children, on the other hand, are eligible for Medical. There was also a universal need for closer clinics and doctors with cultural competency.



Much of the *Drugs and Alcohol Abuse/Addiction* discussion centered around children's use of drugs. Parents expressed concern regarding the ease of access to nicotine devices, marijuana, and prescription drugs. They pointed out that much of this drug use is a coping mechanism for depressed youths that is a result of the socioeconomic status of the community. Residents requested more outreach programs and substance abuse assistance programs to take care of this issue.

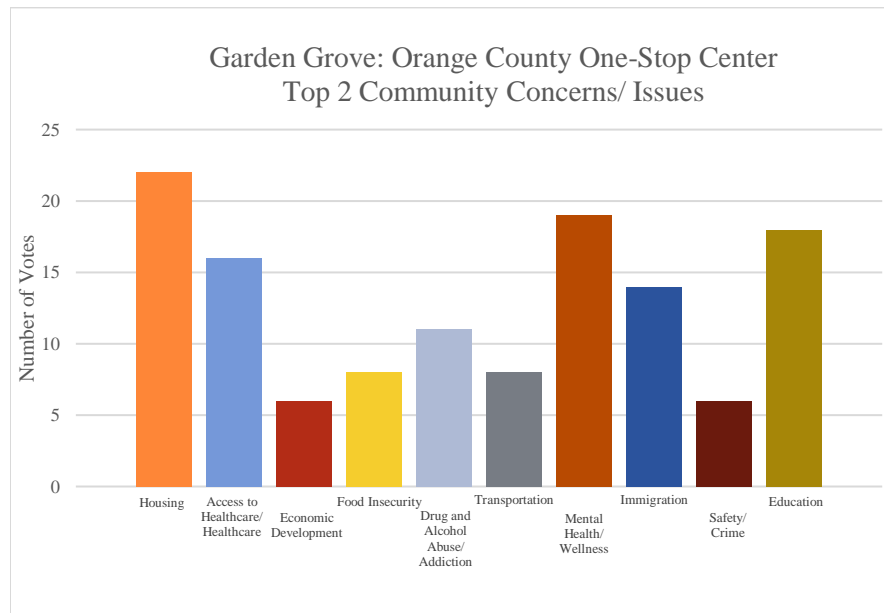
**Garden Grove, CA**  
**Orange County One-Stop Center**  
**Held on Thursday, April 25th, 2019**  
**Time 12:00 - 2:00 pm**  
**Languages: English and Spanish**  
**Attendance: 31**

The community session was held at the Orange County One-Stop Center in Garden Grove on Thursday, April 25th, 2019. The majority of participants in attendance were females and stated residence in the 92841-area code and other areas throughout Orange County. All the session’s participants consisted of staff from the *Orange County One-Stop Center*. The *Orange County One-Stop Center* focuses on workforce development for youth, older adults, people with disabilities, dislocated workers, Veterans, and adults. Staff members in attendance consisted of employees from the *Employment Development Department (EDD)*, *Managed Career Services (MCS)*, *Orange County Asian and Pacific Islander Community Alliance (OCAPICA)*, and the *Greater Los Angeles Agency on Deafness, Inc. (GLAD Inc.) as well as Community Action Partnership of Orange County (CAP OC)*. The session was split into two sessions to accommodate staff’s varying lunch hours. There were 30 members who attended the first session and one member who attended the second session.

As participants walked in they were asked to vote on the top two topics they wanted to discuss. The participants selected *Housing* and *Mental Health & Wellness*. Time was allowed for participants to write down comments before the discussion began.

Most of the staff at the One-Stop Center attended the first session.

On the topic of *Housing*, participants expressed their concerns for the need of affordable housing, lack of inclusionary housing, and the



struggle for first time buyers to afford a down payment. Regarding the down payment, participants recommended more assistance programs, more information and education for first time buyers, as well as how to apply for help/more information. Furthermore, participants expressed their concern for Section 8 clients. The participants stated that Section 8 clients are often turned down because landlords don't want to do big repairs as well as there being a stigma that Section 8 clients not wanting to take care of their property. Participants stated that most homeowners eventually move elsewhere because of the high housing prices. Lastly, participants stated that there is a need for more housing for homeless veterans.

As for the topic of *Mental Health/Wellness*, participants stated the stigma of mental health can be changed by educating the youth, substituting the term mental health for a softer term, and by assisting people with mental health by providing more education and medications. Furthermore, participants stated that mental health medications are extremely expensive, hotlines need to be less judgmental, therapy and treatment resources need to become normalized, and a need for an overall increase in wellness resources. Participants would like to see more emotional support for family members and a better training system in law enforcement where unwell behavior is spotted quicker. In addition, participants expressed the importance of focusing on the homeless community. They stated that the homeless often have mental health issues, so it is important to acknowledge and not overlook this community.

The second session consisted of one new staff member from Managed Career Services, so an informal conversation ensued between the employee and CAP OC staff and interns. The discussion started with the topic of *Housing*. The staff member discussed the topic of developing connections with the homeless community. She stated that there is a stigma associated with the homeless in how they are always needing help. The truth is that each homeless individual and their story varies. Instead of throwing the homeless in the case work system, make the connection with the individual first. Furthermore, the staff member suggested that it is more important to address health insurance and the management of budgeting rather than teaching the homeless to get a job. Addressing the cost of living, the staff member stated that bigger companies need to address income issues as opposed to maintaining profit. Cost of living varies in different states, but prices have significantly raised over the past years to unreasonable costs.

## Community Forums Summary

The community forums collected information about the most pressing concerns of community members relevant to their city and area. The top three issues chosen to discuss were access to healthcare, drug abuse, and housing, however, the conversations mainly focused on addressing specific problems faced by the community and how services could be better mobilized to help community members overcome those obstacles. For healthcare, a common sentiment shared across all forums is the importance of culturally sensitive care and increasing mental health services. Community members from all forums stressed the necessity of a holistic approach to rehabilitation and more consistent effective outreach to better inform the community about social services to combat drug/alcohol abuse. The high cost of living was a shared concern across Orange County residents, especially the effects of unaffordable housing on the homeless population. From the community's responses, we saw that the same issues affecting Orange County residents were relatable throughout the county, but because of the variability among Orange County residents, the way to address these problems is to adapt to each region.

## Customer Satisfaction Survey

The Customer Satisfaction Survey (CSS) was conducted to understand how to better serve CAP OC participants and to improve services. The CSS was modified from the previous 2017 Customer Satisfaction Survey. The survey was administered in person and in print from October 2018 to the end of December 2018. It was available in three language: English, Spanish and Vietnamese. Only those receiving services provided by CAP OC were eligible to take part in the survey.

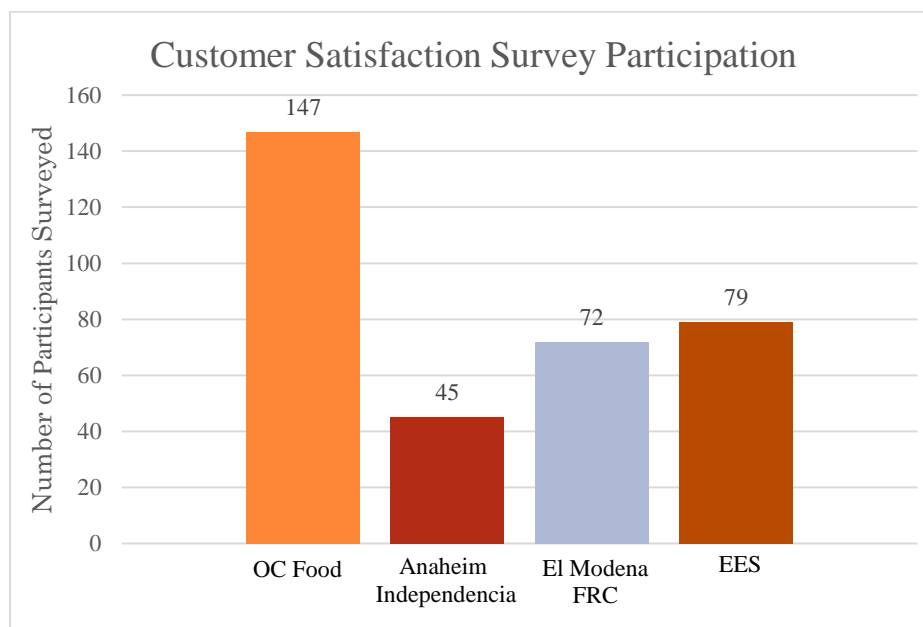
The survey consisted of 10 questions and took less than two minutes to complete.

The CSS focused on the following:

1. Services Used
2. Service Satisfaction
3. Staff Assistance
4. Service Need
5. Overall Experience

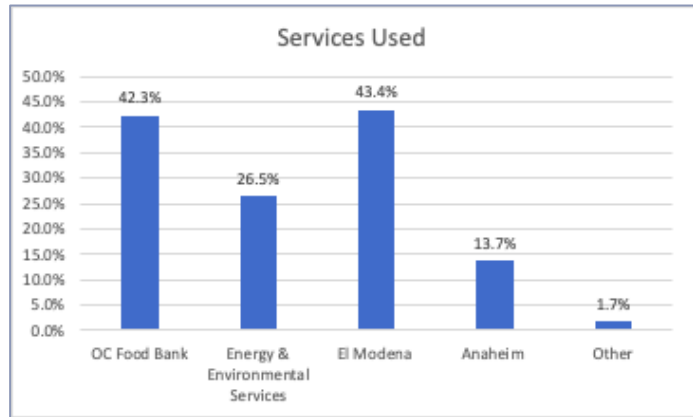
A total of 343 surveys were completed CAP OC wide.

The Surveying Team targeted CAP OC participants from its two-family resource centers: Anaheim Independencia and El Modena, the Energy and Environmental Service Department (EES), and OC Food Bank programs such as the Senior Food Box Program and Donated Food Program to complete the survey.



## Customer Satisfaction Survey Results

There were four main services that have been analyzed with the Customer Satisfaction Survey and those are: the OC Food Bank, Energy and Environmental Services, El Modena Family Resource Center and Anaheim Independencia Family Resource Center. The two main services being used were the OC Food Bank and El Modena Family Resource Center averaging the most checked for usage of the four services listed. Following was Energy and Environmental Services and lastly the Anaheim Independencia Family Resource Center being used the least.



Overall, the customer satisfaction reports show that Energy and Environmental Services showed the greatest feedback for satisfying the needs according to the data provided. Customers generally ranked Energy as the easiest to understand, most helpful staff, services needed being met in a timely manner and forms were ranked easiest to understand.

On the contrary, the two listed Family Resource Centers were ranked lowest on the Satisfaction survey, but El Modena was a program used the most according to the survey. Additionally, when reviewing the comments, there were no negative comments documented from the survey regarding El Modena. Most comments that were documented stated they were thankful for the services provided.

In order to get a better understanding of what programs were lacking, it would be beneficial to create another survey asking for a more detailed explanation of what the program could improve on. In addition, target a wider array of CAP OC participants from other programs that were left out such as the Healthy Marriage and Family Program and CAP OC's new food program, Clementine the Mobile Food Trolley.

## Focus Groups

CAP OC conducted two focus groups in early December 2018. The purpose of the focus groups was to capture an in-depth understanding of CAP OC's service efficiency.

The administrators of the focus groups consisted of a facilitator/ moderator and a recorder/ notetaker. It should be noted, none of the administrators directly administer services to the focus group attendees, therefore, allowing the participants to answer questions freely and uninfluenced.

The focus groups were conducted at CAP OC's family resource centers because of the accessibility of participants. They were also conducted during programming hours to ensure attendance.

The first focus group consisted of 10 participants from the senior program at Anaheim Independencia Family Resource Center. The focus group lasted 36 minutes.

The second focus group consisted of nine participants from the Community Engagement Advisory Committee (CEAC). The focus group lasted about eight minutes.

Focus Groups	
Location	Attendance
Anaheim Independencia FRC	10
El Modena FRC	9

While the content of the discussions from each focus group varied, both focus groups followed similar response procedures for audio transcribing and analysis. Open-ended questions and a PowerPoint were prepared beforehand. Both focus groups were conducted entirely in Spanish to cater to the needs of the participants. The focus groups were recorded through a generic phone audio recording application. The recording was transcribed in Spanish and later translated into English.

Since the entirety of our assessment is voluntary, the focus groups began with a statement of confidentiality and notice that the conversations would be audio recorded. All participants were instructed to state their name and the number of years they have been receiving services from CAP OC, one-by-one. The focus group followed this same format throughout the session with occasional probing questions to further investigate the participants' experiences.

## Focus Group Highlights

### **Focus group 1: Senior Program**

**Location: Anaheim Independencia Family Resource Center**

**December 7<sup>th</sup>, 2018**

**Participants: 10**

The focus group conducted at the Anaheim Independencia Family Resource Center consisted of 10 participants from the senior program. The senior program is available Monday through Friday for older adults aged 55 +. The program consists of daily “Loteria,” social, recreational and educational workshops.

From the focus group, we learned that many members have been accessing services from Anaheim Independencia for over five years and consider the center another “home.” A few of the services the seniors seek include: the food pantry, community building and companionship, SNAP enrollment, and citizenship assistance. One interviewee mentioned that she does not live close to the family resource center but is willing to take two buses to get to the center for companionship and the services offered. She has been doing that for many years and she will continue to do so because she has benefited greatly. Another interviewee recalled coming to Anaheim Independencia because she felt lonely and depressed and the center was where she found friendships. Anaheim Independencia became a new home for many, helping them feel comfortable and happy. One interviewee who has been utilizing the center for over thirty years, mentioned that she will never leave the center because the services are superb, but she has built a family and formed a community with the staff and participants. These seniors feel a sense of vitality when coming to the center because the staff celebrate the seniors by recognizing them on their birthdays and making special events for them. Seniors leave everyday feeling happy and connected, and many cannot see themselves leaving Anaheim Independencia because it is not just a resource center but a home with people they can call their family. However, the seniors would like to see more hands-on activities be provided at the center such as knitting, crafts, dancing and even computer literacy classes. They wish to continue learning and have fun doing so.

**Focus group 2: Community Engagement Advisory Committee (CEAC)**  
**Location: El Modena Family Resource Center**  
**December 19, 2018**  
**Participants: 9**

The focus group conducted at the El Modena Family Resource Center in Orange consisted of nine participants from the Community Engagement Advisory Committee (CEAC). CEAC is a parent leadership program through FaCT (Families and Communities Together) that works with the community to advocate for themselves, their families and their community.

Participants from the focus groups outlined how their participation in the CEAC program has helped foster growth in their character and improved the well-being of their children. Some parents in the program have been involved for years and some decided to join the program after their children began getting services at the center. The participants also shared their satisfaction with the different afterschool programs offered to children. The inclusion of the karate classes and YMCA provide parents with a sense of security. As one participant mentioned, it ensures that their children are off the streets and engaging in positive activities that build character through helping others. However, a concern raised by a participant mentions the age requirement of the karate program being age eight. The participant continued to highlight the importance of engaging all children in a household, including the youngest ones who are unable to enroll in the karate program. Some participants recommended that more services for arts and crafts be offered to children in the community to encourage creativeness, with tangible projects everyone can benefit from. Lastly, some participants voiced their satisfaction with the center hours as “okay.”

## Focus Groups Summary

The information collected during the focus groups provided CAP OC with an in-depth perspective on service satisfaction. The majority of attendees were long-term participants of CAP OC who took advantage of the multitude of services provided. They used the center as a hub for the whole family from the children to the older adults. In general, participants were appreciative of all the services and staff. Many even claimed the center to feel like a “family.” However, participants would like to see more services that encourage creativity such as arts and crafts, knitting and dancing.

## Conclusion

The community needs assessment process gathered data that helped to inform our findings, both at the community level and county-wide. Consistently, these issues were access to healthcare, the high cost of living, drug use and abuse, mental health services, homeless, food insecurity, service to unincorporated communities in Orange and Anaheim, nutrition education, immigration and the lack of affordable housing.

A multi-pronged approach was used in this assessment as the agency felt that surveys alone would not be able to capture the richness of data that other methods of data collection would garner. By hearing directly from the community at our community forums, we were able to compliment that information gathered from our surveys and current statistical data. During this process, we learned first-hand about the direct and indirect effects of those living in poverty in Orange County. Their voices were invaluable during this months-long process and reinforced the agency's commitment to alleviate poverty and provide pathways to prosperity to those we serve.

Serving as the basis for the agency's goals and program delivery strategies, the 2019 Community Needs Assessment will guide CAP OC for the next two years. It will also be used to inform the agency as it develops its next strategic plan in 2019.

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