EQUITY IN OC

The Equity in OC (EiOC) Initiative was a limited-term project funded by the Centers for Disease Control and Prevention (CDC) under the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103). The initiative concluded in May 2024. This document and any associated EiOC branding were developed as part of that grant-funded effort.

Population Overview

HISPANIC/ LATINOS

OC health CARE AGENCY

An initiative of OC health CARE AGENCY

Population Overview

HISPANIC/ LATINOS

Addressing health inequities across Orange County by enabling system change.

Achieving Equity in Orange County

Health inequities are differences in health status or in the distribution of health resources among various populations. This is due to the social conditions in which people are born, grow, live, work, and age. Across Orange County (OC) we see differences in the length and quality of life; rates of disease, disability, and early death; severity of disease; and access to treatment because of these inequities.

Equity in OC is an OC Health Care Agency (HCA) initiative in collaboration and partnership with local Orange County community partners. Funded by a grant from the Centers for Disease Control and Prevention (CDC), the Equity in OC Initiative is a community-informed and data-driven initiative to address health inequities and disparities in Orange County by laying the foundation for creating a healthier, more resilient, and equitable Orange County.

Why Create Population Overviews?

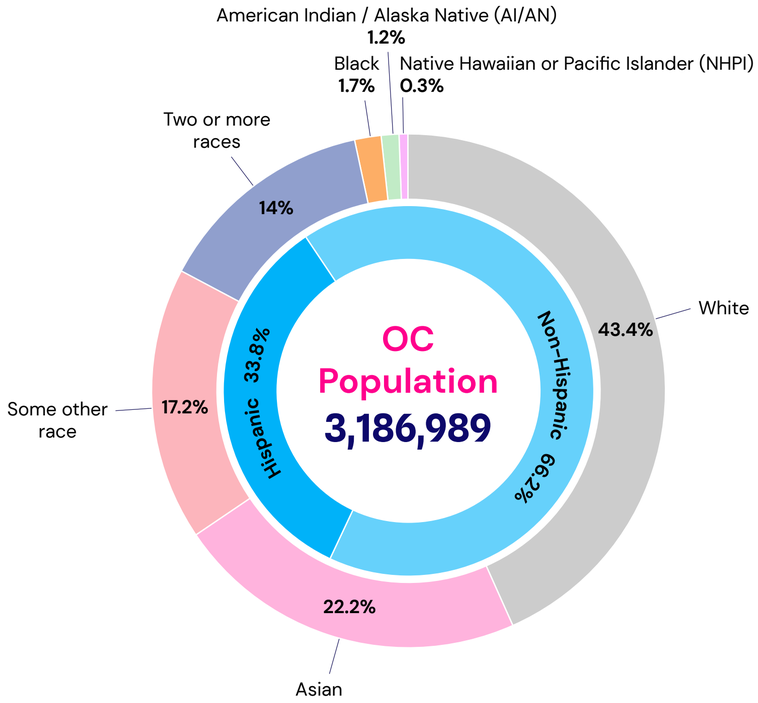
These population overviews are snapshots of available data for various populations in Orange County. By laying out population-specific data in these overviews, we can identify systemic changes that can improve the quality of life within these communities. Since these population overviews are only the start of democratizing community-level data, we welcome feedback and input to further refine and improve this living document.

For more information go to www.equityinoc.com.

Population Overview

HISPANIC/ LATINOS

Orange County at a Glance



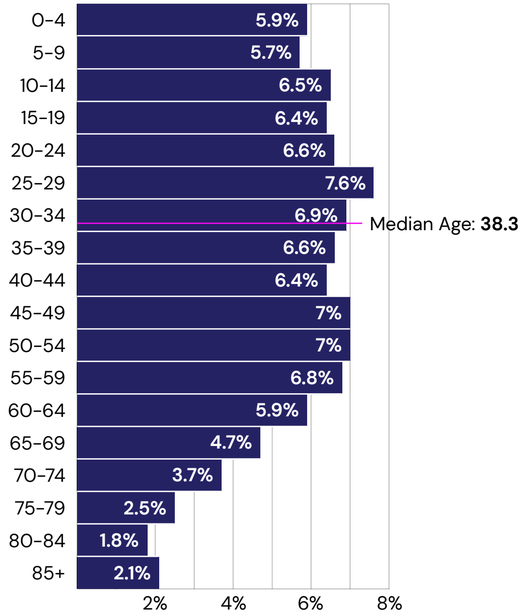
The United States (US) Census Bureau collects racial data according to guidelines by the US Office of Management and Budget (OMB), and these data are based on self-identification.

Racial categories in the census survey reflect a social definition of race in the US. It is not an attempt to define race biologically, anthropologically, or genetically. Also, categories of race include national origin or sociocultural groups. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

About the Topic of Race (census.gov)

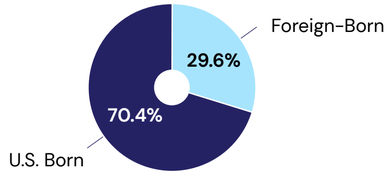
Source: 2020 Decennial Census

Population by Age Group



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

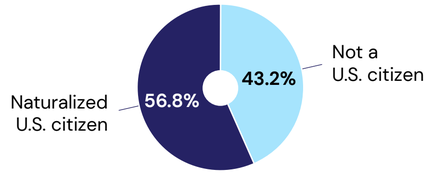
Population by Birth Origin



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

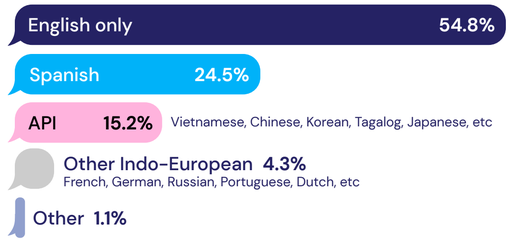
Population by Citizenship

of foreign-born residents



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

Languages Spoken at Home



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

Population Overview

HISPANIC/ LATINOS

Orange County at a Glance

$94,441

Median Household Income

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

56.9%

Home Ownership Rate

as of March 2022

Source: U.S. Bureau of Labor Statistics

1,129,785

Total Housing Units

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

41.2%

Bachelor's Degree or Higher

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

10.1%

Persons in Poverty

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

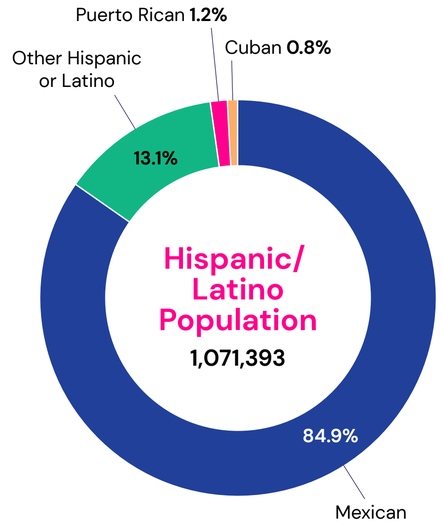
3.1%

Unemployment Rate

as of March 2022

Source: U.S. Bureau of Labor Statistics

Hispanic/Latino Population Overview in OC



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

Understanding Hispanic, Latino, Chicano and other terms

When referring to people who identify as Hispanic, Latino (or Latinx, etc.), Chicano, or another related designation, community members should consult with individuals to figure out the appropriate choice. Note that "Hispanic" is not necessarily an umbrella term, and the labels "Hispanic" and "Latino" have different meanings. The term "Latino" (and its related forms) might be preferred by those originating from Latin America, including Brazil. Some use the word "Hispanic" to refer to those who speak Spanish; however, not every group in Latin America speaks Spanish (for example, in Brazil, the official language is Portuguese). The word "Latino" is gendered, ("Latino" is masculine and "Latina" is feminine). Recently, gender-

Hispanic/Latino Population by Ethnicity

Alone and in other combinations for Orange County, 2020, and percentage change since 2015

Mexican	909,158	-2.6%
Salvadoran	30,536	-6.7%
Guatemalan	20,334	+1.2%
All other Hispanic/Latino	16,604	+42.5%
Puerto Rican	12,581	-10.7%
Spaniard	11,781	+0.7%
Peruvian	9,072	-18.8%
Cuban	9,051	+21.9%
Spanish	8,929	+8.1%
Colombian	8,671	-5.9%
Argentinean	6,581	+112.6%
Honduran	4,065	+10.1%
Costa Rican	3,591	+412.3%
Ecuadorian	3,565	-38.7%
Nicaraguan	3,441	-44.5%
Bolivian	2,811	+35.7%
Venezuelan	2,551	+756.0%
Chilean	2,241	+1.3%
Other Central American	1,573	+173.6%
Other South American	1,412	+7.5%
Uruguayan	959	+8.1%
Panamanian	888	-30.1%
Dominican	760	-37%
Spanish American	167	-57.3%

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

Population Overview

HISPANIC/ LATINOS

inclusive terms have gained popularity, using “Latin@” to mean both. “Latinx” can also be a gender-neutral or nonbinary term, inclusive of all genders. Chicano is terminology used to identify people of Mexican descent born in the United States. The term became popular among Mexican Americans as a symbol of pride and activism during the Chicano Movement of the 1960s.

After talking with community members and organizations serving this community, we will use **Hispanic/Latinos** in this document to be inclusive. It will be our preference to refer to a nation or region of origin when data are available (for example, Bolivian, Salvadoran, or Costa Rican is more specific than Latino, Latinx, Latin American, or Hispanic).

Top Cities of Hispanic/Latino Residents

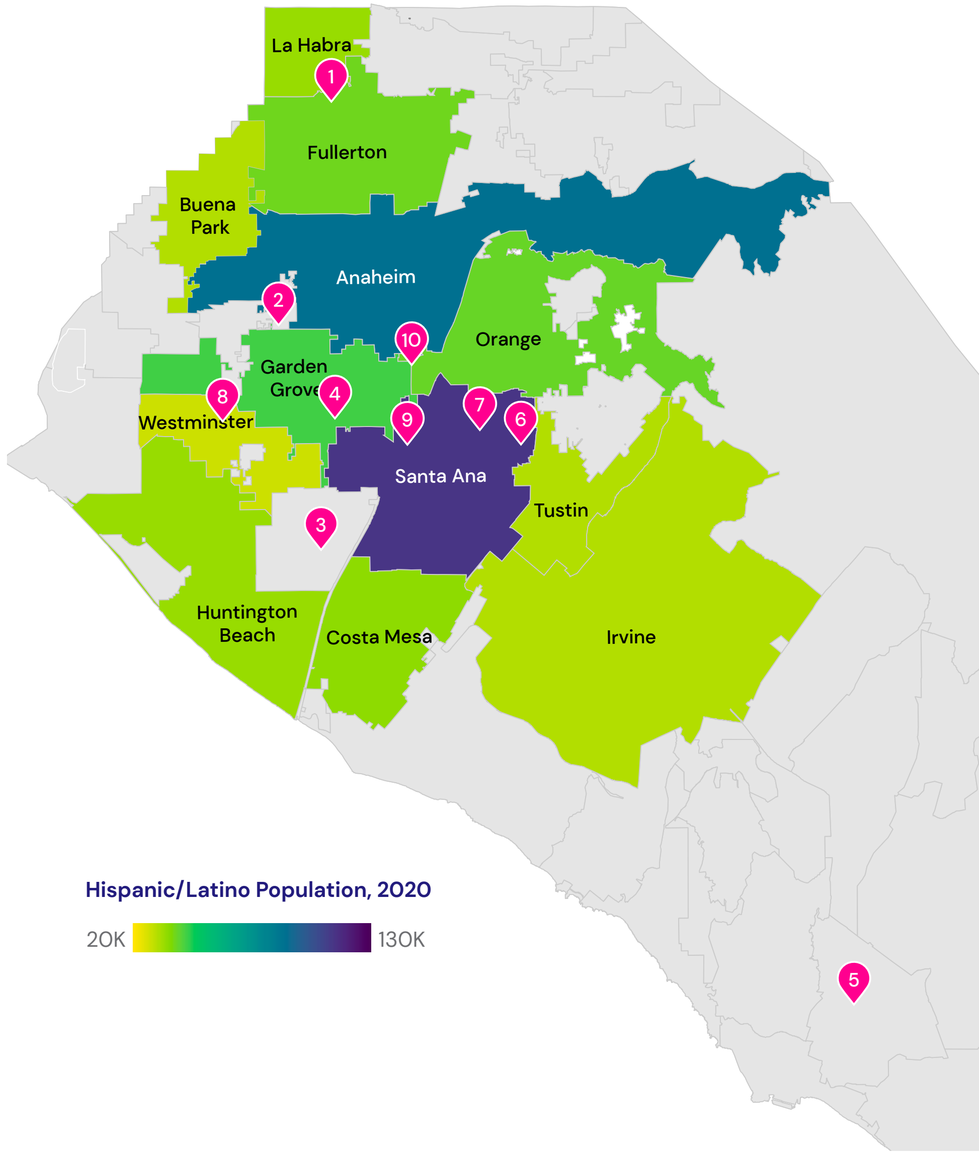
2020, with percentage changes since 2015

City	2020	
Santa Ana	252,762	-3.1%
Anaheim	188,179	+2.6%
Garden Grove	63,289	-1.3%
Orange	53,160	+0.7%
Fullerton	51,901	+6.0%
Costa Mesa	41,070	+2.4%

City	2020	
Huntington Beach	38,116	-0.2%
La Habra	36,869	-1.8%
Tustin	31,572	-0.4%
Buena Park	31,128	-0.5%
Irvine	29,184	+21.7%
Westminster	20,832	-1.9%

Geographical Markers

1. Bastanchury Ranch
2. Colonia Independencia
3. Colonia Juarez
4. Colonia La Paz + Colonia Manzanillo
5. Mission San Juan Capistrano
6. Mexican Consulate
7. Chepa’s Park
8. The Mendez Tribute Monument Park and Freedom Trail
9. Sariñana’s Tamale Factory
10. Christ Cathedral



Population Overview

HISPANIC/ LATINOS

Hispanic/Latino Population: A Historical Context

Mexican Americans come from a culture steeped in rich history in the Americas. For thousands of years, Mexico was already the cultural center of America with a concentration of highly advanced cultures and empires: Aztec, Maya, Toltec, and many more. The Aztec empire was the largest and most powerful nation in the Americas, and only the Inca, in South America, could rival it. In later years, colonization was an unfortunate consequence of Spanish interaction, resulting as generational trauma among native and indigenous communities. Before that, the territory was inhabited exclusively by American Indians. Mexican Americans are, therefore, the second oldest component of American society.

Before 1840, California, Nevada, Texas, New Mexico, Colorado, Utah, and Arizona — about one-third of the United States today — was Mexican territory. In 1846, the United States invaded California, which was then part of the Republic of Mexico. This event, which is one aspect of the 1846-1848 US-Mexican War, led to US annexation of California through the 1848 Treaty of Guadalupe Hidalgo. Mexican American history in California shows that instead of Mexican Americans crossing the border, the border crossed Mexican Americans. That led to the saying among Mexican Americans that "we didn't cross the border, the border crossed us."

According to OC History, the Mexican revolution in 1910 significantly led to increased migration of Mexican families moving north to the United States to escape economic turmoil and violence taking place south of the border. Based on this migration, the Mexican American population in Orange County doubled, making up 14% of the county's total population.

During World War II, much of the US workforce was lost to military and defense work, resulting in shortages of farmworkers. In July 1942, the governments of the United States and Mexico negotiated an agreement called the Mexican Farm Labor Program. Unofficially, it was called the Bracero Program (one definition of bracero is "day laborer"). The program continued until 1964, nearly 20 years after the war's end, largely at the insistence of employers who benefited from it.

Nevertheless, migrant workers earned significantly lower wages than nearly all other American laborers and faced much harsher working conditions. In the 1960s, some migrant workers in the Southwest began to form labor unions under the leadership of activists such as Cesar Chavez and Larry Itliong. Unionization helped improve conditions for migrant workers, but their standard of living still remained much lower compared to the average American worker.

Comparing the city of Santa Ana, where many Hispanic/Latinos reside, and the largely White rich cities that surround it, reveals extreme and persistent segregation and inequality. The Hispanic/ Latino population has grown tremendously in Orange County but still experiences high levels of segregation. Residential segregation is also an issue in other cities in Orange County, such as Irvine. Residents work hard to maintain their property values by using their homeowner's associations to keep Hispanic/Latinos out.

Source: MDPI Journal

Population Overview

HISPANIC/ LATINOS

Hispanic/Latinos also faced inequalities in education throughout California. The 1931 decision in the *Roberto Alvarez v. the Board of Trustees of the Lemon Grove School District* case desegregated Mexican American students in San Diego. Years later, Mexican Americans living in Westminster, Garden Grove, Santa Ana, and El Modena school districts of Orange County challenged the practice of school segregation.

The 1946 court case, *Mendez, et al. v. Westminster School Dist. of Orange County, et al.*, demanded an end to the segregation of 5,000 Mexican students in Orange County school districts. Segregation prevented Mexican students' capacity to learn English and increased occurrence of antagonism and inferiority against students of Mexican descent. This lawsuit led to the end of school segregation in California in 1947 and served as precedent for *Brown v. Board of Education of Topeka* in 1954.

As immigrants continued to expand in Orange County, a small group of activists organized against what they perceived as a threat of illegal immigration. They created an initiative called Save Our State (SOS) that was supported by the governor and passed as California Proposition 187 in November 8, 1994. This proposition restricted undocumented immigrants from the state's public services, including access to public education and healthcare. Proposition 187 challenged immigrants, especially the Hispanic/Latino community. Although Proposition 187 was declared unconstitutional, it created fear and anger in Hispanic/Latino and immigrant communities. This proposition also led to the rise of the Hispanic/Latino vote through persistent organizing that transformed politics and policymaking in California.

While Mexicans are the largest group of Hispanic/Latinos in Orange County, they are among a diverse community that make up the Hispanic/Latino population. Orange County is also home to residents with origins from El Salvador, Guatemala, Puerto Rico, Peru, Cuba, Colombia, and other countries. The rich tapestry of Hispanic/Latino heritage is embedded in Orange County's food, businesses, history, and vernacular. We encourage you to explore more of this diaspora by pursuing ethnic studies, engaging with different cultural organizations, and participating in activities celebrating Hispanic/Latino heritage locally and nationally.

Population Overview

HISPANIC/ LATINOS

Hispanic/Latinos and COVID-19 in OC

According to the OC Health Care Agency as of May 10, 2022, over 500,000 cases and over 7,000 deaths have occurred in Orange County due to COVID-19.

Among the 500,000 cases reported in Orange County, most of the COVID-19 cases are "unknown" since they did not have racial or ethnic classification. Unknown cases include those who did not identify with a particular racial or ethnic classification or may not have been asked for this information. With many unknown COVID-19 cases, generalizations about the impact of COVID-19 among various racial and ethnic groups should be avoided. According to the California Immunization Registry, 76.3% of Orange County residents older than 5 years are fully vaccinated. The vaccination rate of California is 75.1%.

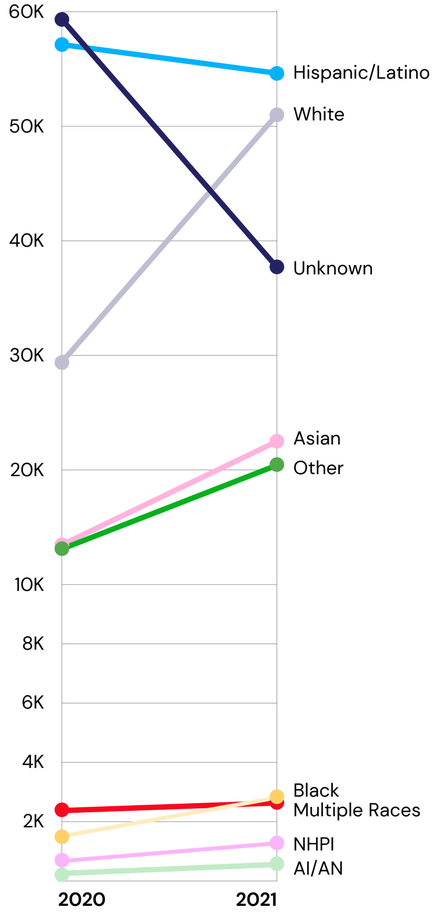
The Hispanic/Latino community had the lowest vaccination rate among all racial and ethnic groups in Orange County.

This can be explained by a number of different factors, including vaccine hesitancy, systemic lack of resources to conduct targeted outreach and counter misinformation, and long-standing structural determinants of health.

To understand the impact of COVID-19 on the various populations of Orange County, a specific public health measurement is used: case or death rates per 100,000 people, which are the total number of cases

Total Cases

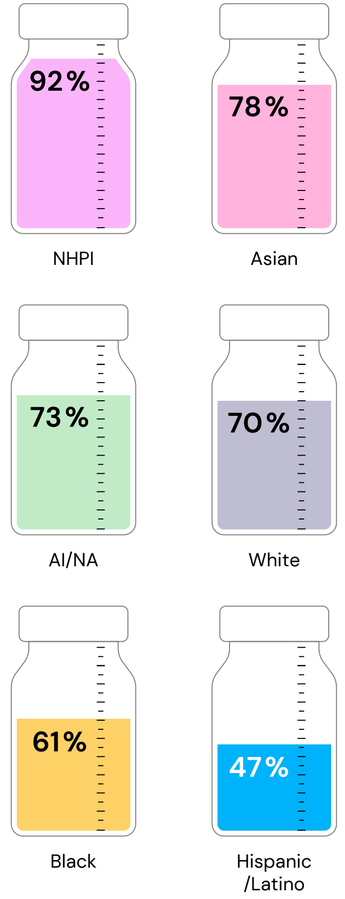
by race/ethnicity, 2020-2021



Source: OC Health Care Agency

Vaccination Rate

per 100K population, 2021



Source: OC Health Care Agency

Hispanic/Latinos and COVID-19 in OC (continued)

or deaths divided by the total population of a specific group and multiplied by 100,000.

For data collection on COVID-19 cases, information is under-reporting among Hispanic/Latinos because of fear of sharing identifiable information about their ethnicity and possibly risking deportation.

The impact of COVID-19 on the Hispanic/Latino community was disproportionately adverse, with some families being impacted by both health and financial loss.

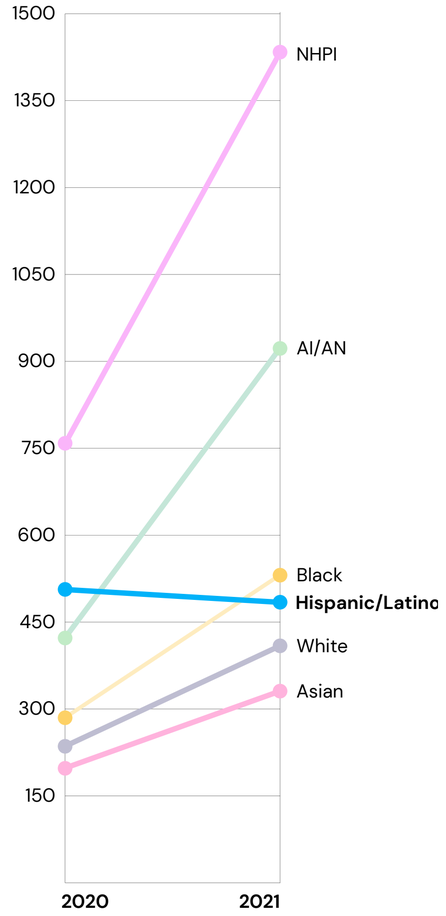
Despite the many structural factors impacting this community, such as housing overcrowding, lack of childcare, and the dependence on public transit, Hispanic/Latinos continue to have the highest incidence and lowest vaccination rates for COVID-19. Their socioeconomic roles as front line workers prevented their ability to socially distance and seek a primary care physician.

The Hispanic/Latino community was heavily dependent on concerted outreach by a broad-based coalition of community-based organizations, faith-based groups, and local clinics to counter historical mistrust, fear, and misinformation.

Ongoing investments to address health literacy, social determinants of health, and organizational capacity building is needed to tackle health barriers for the Hispanic/Latino community.

Case Rate

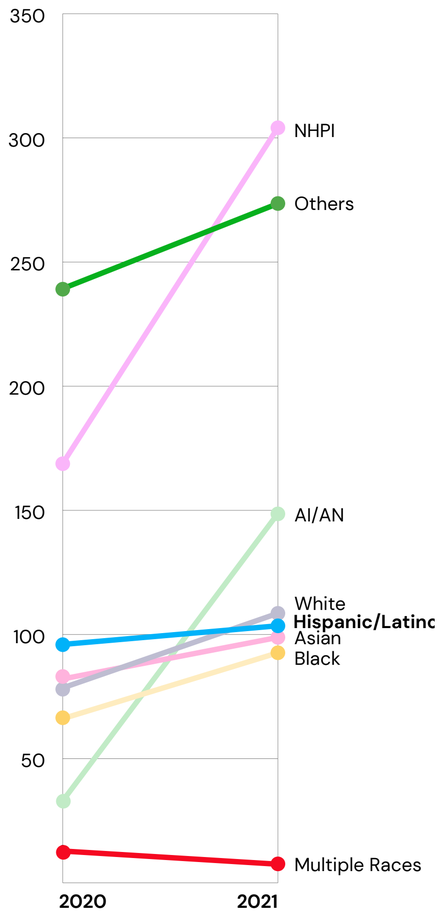
per 100K population, 2020-2021



Source: OC Health Care Agency

Death Rate

per 100K population, 2020-2021



Source: OC Health Care Agency

Health and Mortality

According to the 2022 County Health Rankings, Hispanic/Latinos in Orange County have a life expectancy of 83.2 years, which is the second highest among racial and ethnic groups in the county.

Hispanic/Latinos in the United States typically live longer than Whites — a phenomenon commonly referred to as the "Hispanic Paradox" or "Latino Mortality Advantage."

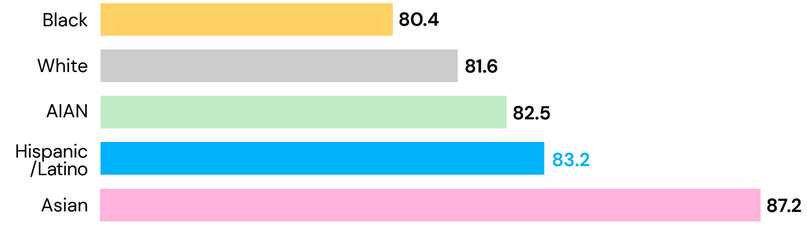
While not totally understood, these epidemiological findings have interested scholars, mostly because Hispanic/Latinos, on average, have lower socioeconomic status than Whites. This is typically associated with higher death rates and worse health outcomes.

Current health trends suggest the gap between US Hispanic/Latinos and Whites may soon be shrinking. Princeton University research points to higher obesity rates, higher incidence of diabetes, and significant disability issues as potential downfalls for Hispanic/Latinos. While Hispanic/Latinos still smoke less than Whites in the United States, this may not be enough to counteract other negative health trends.

Researchers have posed several explanations for the survival advantage: better health among those who immigrate to the United States, better health-related behaviors, particularly lower rates of smoking, and better social support from their families and peer networks. Currently, the strongest explanation for this survival advantage is that Hispanic/Latinos have had and continue to have lower rates of smoking than non-Hispanic/Latino Whites. Based on this fact, Hispanic/Latino immigrants have reported better health outcomes than US-born individuals despite their limited access to health care services and education.

Life Expectancy at Birth in Orange County

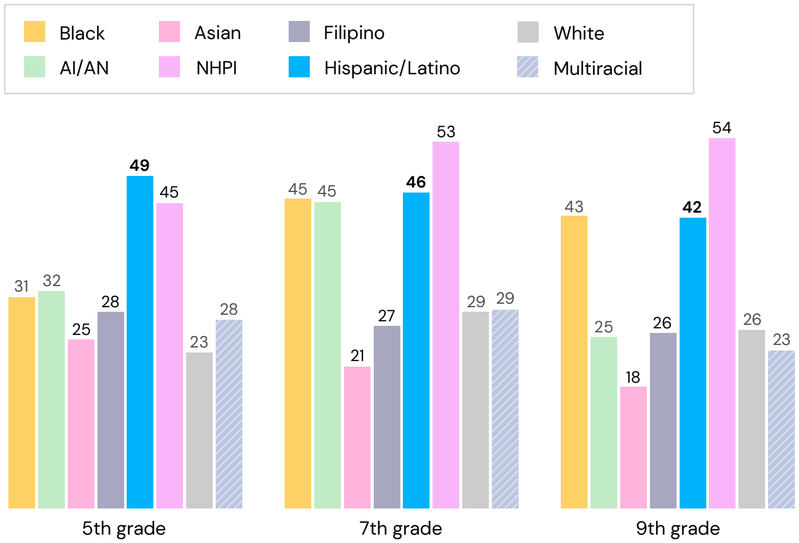
2020



Source: County Health Rankings

Childhood Obesity in Orange County

Percentage by Race/Ethnicity and Grade Level, 2019



Source: Kidsdata.org

Health and Mortality (continued)

Further research suggests that the Hispanic Paradox is explained by the Healthy Migrant Hypothesis and Salmon Bias Hypothesis.

The Healthy Migrant Hypothesis describes the pattern of migration into the United States of individuals and families seeking a better life for themselves. These migrants tend to be in better health than those who remain in their country of origin.

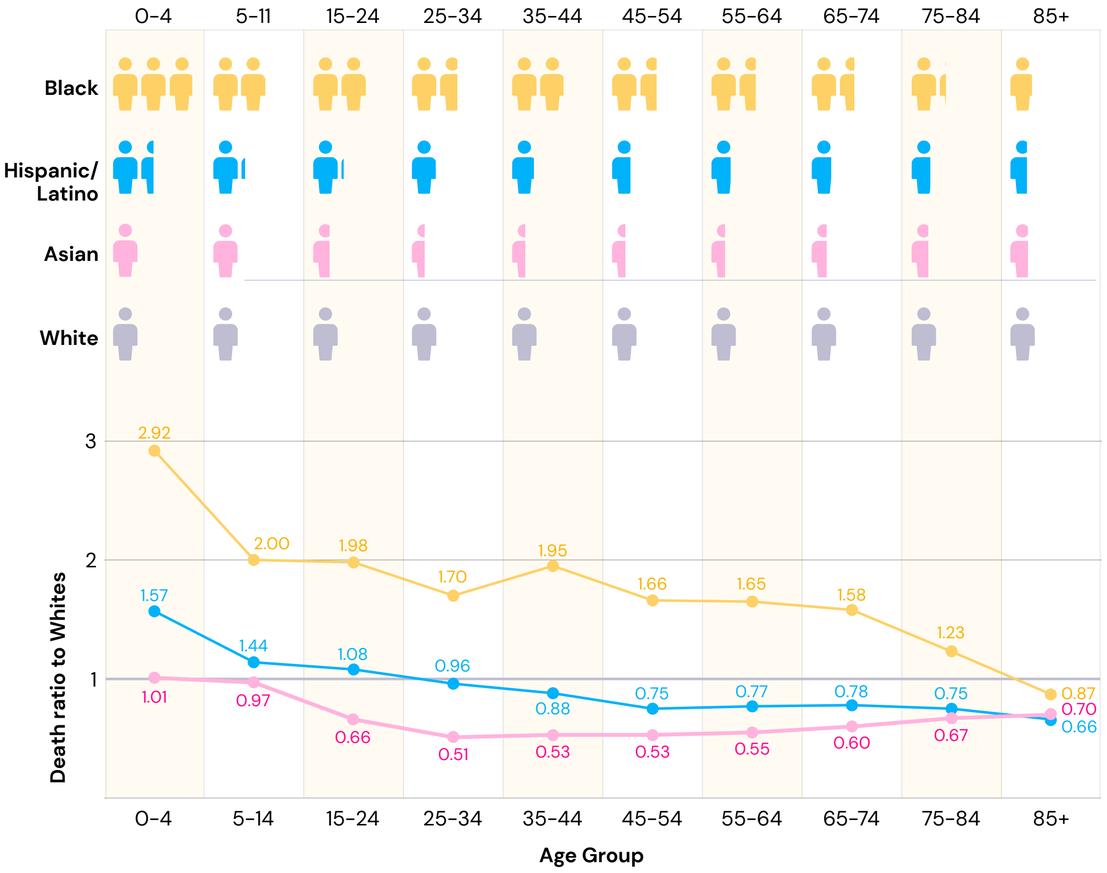
On the other hand, the Salmon Bias Hypothesis explains that the health advantage of Hispanic/Latinos is because those who are less healthy return to their country of origin. Usually, they return home to be with family or seek more affordable healthcare.

On July 21, 2021, the CDC released the report, *Provisional Life Expectancy Estimates for 2020*, which recorded a decline in overall life expectancy of 1.5 years from 2019 to 2020, the lowest level since 2003.

The decline in life expectancy between 2019 and 2020 can primarily be attributed to deaths from the pandemic, as COVID-19 deaths contributed to nearly three-fourths or 74% of the decline.

California Deaths by Age Group

Ratio of the age-specific Asian, Black, and Hispanic/Latinos rates to White rates.
A ratio of 1.0 means the rates are the same.



Source: California State of Public Health Report 2021

Health and Mortality (continued)

Though US Hispanic/Latinos have longer life expectancy than non-Hispanic/Latino Blacks or Whites nationwide, they had the largest decline in life expectancy of these groups during 2020. Hispanic/Latino life expectancy dropped three years from 81.8 years in 2019 to 78.8 years in 2020. Hispanic/Latino males had the largest decline in life expectancy in 2020. COVID-19 was responsible for 90% of the decline in life expectancy for the Hispanic/Latino population.

The California State of Public Health Report 2021 reports all-cause death rates and rate ratios of Asian, Black, Hispanic/Latinos, and White residents. Whites are the reference group since they have been historically the largest group in the state. A rate ratio of 1.0 means that the rates are the same for both groups.

Hispanic/Latinos have worse mortality outcomes than Whites in younger age groups, specifically in the 0-4 age range.

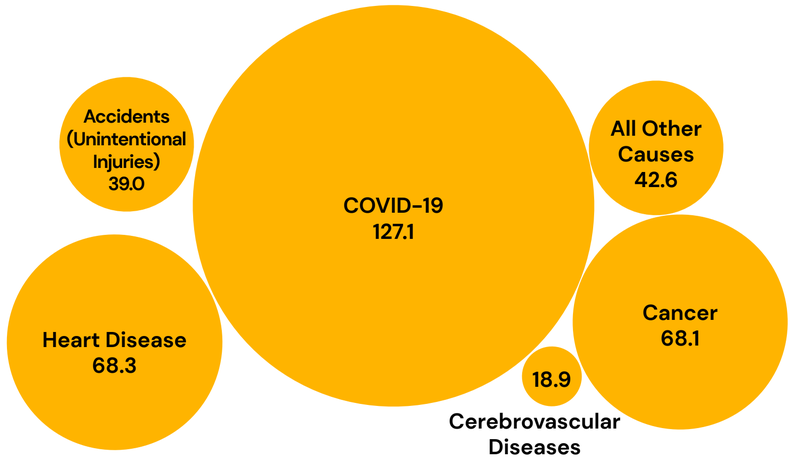
In Orange County, the five leading causes of death in 2021 among Hispanic/Latinos are COVID-19, heart disease, cancer, unintentional injuries, and stroke.

It is significant to note that Hispanic/Latinos have the highest uninsured rates of any racial or ethnic group within the United States. In 2019, the Census Bureau reported that 50.1% of Hispanic/Latinos had private insurance coverage, as compared to 74.7% for non-Hispanic/Latino Whites.

Those without health insurance coverage varied among Hispanic/Latino subgroups: 20.3% of Mexicans, 8.0% of Puerto Ricans, 14.0% of Cubans, and 19.4% of Central Americans. In 2019, 18.7% of the Hispanic/Latino population was not covered by health insurance, as compared to 6.3% of the non-Hispanic/Latino White population.

Top 5 Leading Causes of Death Among Hispanic/Latinos in Orange County

2021, and crude rate per 100,000 Hispanic/Latino population



Source: OC Health Care Agency

In Orange County, 13.3% of residents who identified as Hispanic/Latinos (of any race) are uninsured versus 3.5% of non-Hispanic/Latino Whites.

According to a Kaiser Family Foundation report dated November 2020, 73.7% of uninsured adults were uninsured because the cost of coverage was too high. Many people do not have access to coverage through a job, and some people remain ineligible for financial assistance for coverage.

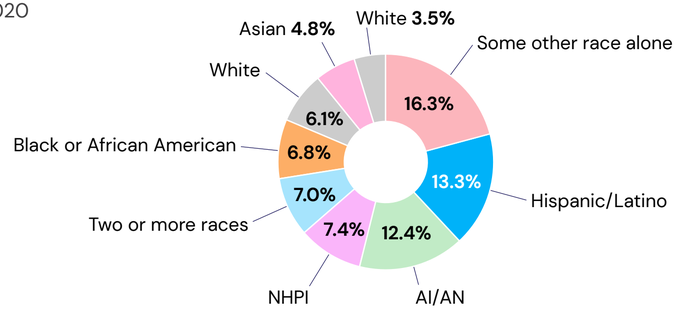
Health and Mortality (continued)

People without insurance coverage have worse access to care than people who are insured. Three in ten uninsured adults in 2019 went without medical care due to cost. Studies repeatedly demonstrate that uninsured people are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

Hispanic/Latino adults with health insurance are 28 percentage points more likely than those without health insurance to see a doctor or other health care provider in the last 12 months (77% versus 49%). Half of Hispanic/Latino adults without health insurance have not seen a provider within the last year. Those who do not have health insurance are more likely to say the process of getting care is hard to understand (55%, compared with 47% of those insured). Language and cultural barriers, as well as higher levels of poverty, particularly among recent Hispanic/Latino immigrants, are among the socioeconomic dynamics that contribute to disparate health outcomes for Hispanic/Latino Americans.

Uninsured Population by Race/Ethnicity in Orange County

2020



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

Public Charge

2022

Public Charge Definition and Programs Considered Under2019 Rule and 2022 Proposed Rule

	2019 Rule	2022 Proposed Rule
Public Charge Definition	More likely than not at any time in future to receive one or more public benefits for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months)	Likely to become primarily dependent on the federal government as demonstrated by use of cash assistance programs or government-funded institutionalized long-term care
Programs Considered in Public Charge Determinations	• Supplemental Security Income (SSI) • Temporary Assistance for Needy Families (TANF) • Federal, state or local cash benefit programs for income maintenance • Non-emergency Medicaid for non-pregnant adults over age 21 • Supplemental Nutrition Assistance Program (SNAP) • Housing assistance	• Supplemental Security Income (SSI) • Temporary Assistance for Needy Families (TANF) • State/local cash assistance program • Long-term institutionalization at government expense (including Medicaid coverage for institutional services)
Heavily Weighted Negative Factors	• Has received one or more public benefits for more than 12 months in the aggregate within the prior 36 month • Not a full-time student and is authorized to work but is unable to demonstrate employment, recent employment, or a reasonable prospect of future employment • Has a medical condition that requires extensive treatment or institutionalization and is uninsured and does not have sufficient resources to pay for medical costs related to the condition • Previously found inadmissible or deportable on public charge grounds	Not specified. Statutory minimum factors (age, family status, health, education, income, and resources) must be considered in their totality
Heavily Weighted Positive Factors	• Household has financial assets/ resource of at least 250% of the federal poverty level (FPL) Authorized to work or employed with an income of at least 250% of the federal poverty level (FPL) • Individual has private insurance that is not subsidized by Affordable Care Act tax credits	

Health and Mortality (continued)

Access to Substance Use/Abuse Services

The current opioid crisis is one of the most widespread drug epidemics in US history for all racial and ethnic groups. In 2017, a national public health emergency was declared, with 47,600 reported deaths from opioid-related overdoses, which accounted for the majority of overdose drug deaths.

Recently, a demographic shift has been observed in the epidemic with dramatic increases in opioid misuse and overdose deaths among Hispanic/Latino*, Black/African American, and American Indian/Alaska Native populations.

National data from multiple sources specific to high school-aged youth indicate that Hispanic/Latino youth are using drugs at rates that are equivalent or higher compared to their racial and ethnic peers. In 2019, the CDC Youth Risk Behavior Survey (YRBS) reported that high school Hispanic/Latino youth had the highest prevalence of illicit drug use (15.5%) and prescription opioid misuse (16.0%) compared to the total high school youth population (14.8% for illicit drug use and 14.3% for opioid use).

Access to Mental Health Services

The CDC YRBS also show 40% of Hispanic/Latino youth nationwide report persistent feelings of sadness and hopelessness, more than any other racial and ethnic group. This aligns with data reported in Orange County where one-third of Hispanic/Latino youth in grades 9 and 11 report these feelings.

Source: *The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue.* a report by Substance Abuse and Mental Health Services Administration, Office of Behavioral Health Equity

Drug and Alcohol Deaths Among 10-17 year olds

	Percent	Rate per 100,000 Popluation*
Gender		
Male		
2020	67%	3.5
2021	55%	6.5
Female		
2020	33%	1.9
2021	45%	5.6
Race		
Non-Hispanic White		
2020	67%	6.0
2021	35%	6.9
Hispanic/Latino		
2020	33%	1.9
2021	40%	5.1
Asian/Pacific Islander		
2020	0%	0.0
2021	20%	7.7
Other/Unknown		
2020	0%	0.0
2021	5%	6.7
Black/African American		
2020	0%	0.0
2021	0%	0.0

*Rates in this table are unstable, based on counts <20.

Source: Orange County Health Care Agency

Population Overview

HISPANIC/ LATINOS

Health and Mortality (continued)

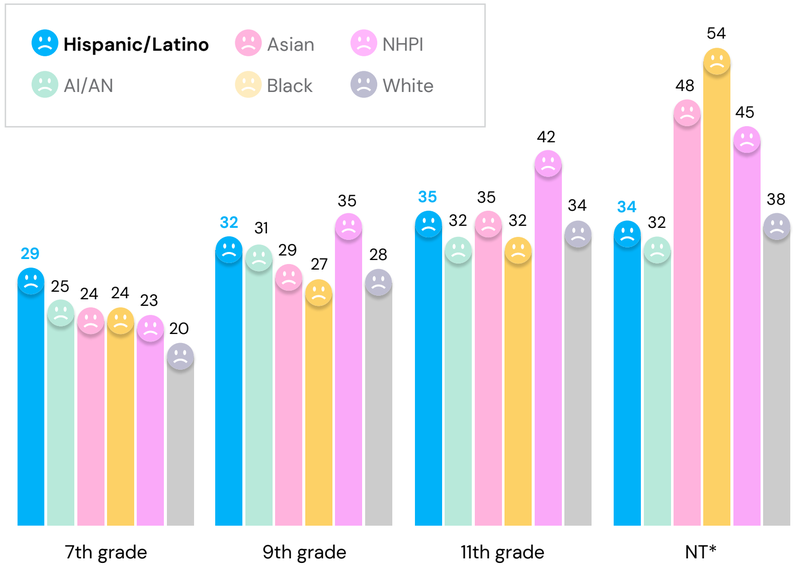
For the Hispanic/Latino community, mental health and mental illness are often stigmatized topics, resulting in prolonged suffering in silence. This silence compounds with experiences that may include immigration, acculturation, trauma, and generational conflicts. Additionally, the Hispanic/Latino community faces unique institutional and systemic barriers that may prevent access to mental health services and result in reduced help-seeking behaviors.

Religion can be a protective factor for mental health in the Hispanic/Latino community (for example, faith, prayer) but can also contribute to stigma against mental illness and treatment (for example, lack of faith, sinful behavior). Working with religious institutions to encourage mental health and treatment and services is important.

Also, older Hispanic/Latino individuals feel that discussing mental health problems can create embarrassment and shame for the family, resulting in fewer people seeking treatment.

Chronic Sadness or Hopelessness in Orange County Schools

Percentage in the past 12 months by grade level, 2017-2019



Percentage of students who felt so sad or hopeless almost every day for two weeks or more that they've stopped doing some usual activities during the past 12 months

7th grade	9th grade	11th grade	NT
25%	30%	35%	36%

Percentage of students who seriously considered attempting suicide during the past 12 months

7th grade	9th grade	11th grade	NT
13%	15%	15%	19%

* NT includes continuation, community day, and other alternative school types
Source: California Healthy Kids Survey

Health and Mortality (continued)

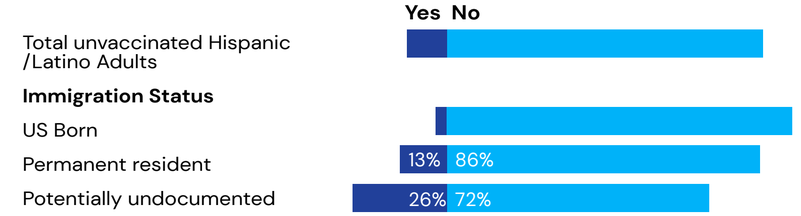
Hispanic/Latinos have been reluctant to seek care for mental health problems. Several health providers have mentioned that reluctance has increased since the 2016 presidential election. People who are undocumented and others who are citizens with family members without legal status worry that contact with a public health clinic will result in their information with be shared with immigration authorities even though their information is protected. The "public charge" rule — a proposal currently on hold but, if implemented, would penalize Green Card applicants for using certain public benefits — is scaring many legal citizens from seeking mental health care for themselves or their US citizen children.

However, the Biden administration sought to restore rules that had been in place since 1999, which did not consider use of non-cash benefits like Supplemental Nutrition Assistance Program (SNAP)/food stamps, health services, and transportation vouchers when determining Green Card eligibility. Programs considered in public charge determinations under the 2022 proposed rule are Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), cash assistance programs, and long term institutionalization at government expense (including Medicaid coverage for institutional services). This will go into effect on December 23, 2022 and will allow citizens to enroll in non-cash public programs, including Medicaid and CHIP, without the fear of being denied Green Card, if eligible. These changes are intended to reduce fears of accessing programs.

Potentially Undocumented Adults and Assistance Program Participation

One Quarter of Potentially Undocumented Hispanic/Latino Adults Say They or a Family Member Did Not Participate in an Assistance Program Due to Immigration Fears

Was there a time in the past 3 year when you or a family member in your household decided not to apply for or stopped participating in a government program that provides assistance with food, housing, or health care, because you were afraid it might negatively affect your or a family member's immigration status?



Source: KFF COVID-19 Vaccine Monitor (April 15-29, 2021)

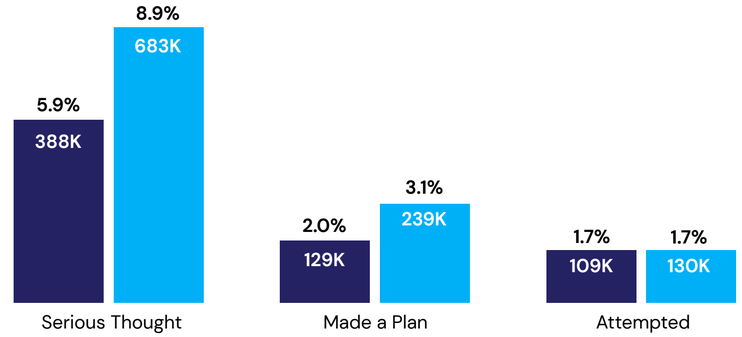
Health and Mortality (continued)

A study in the *Journal of the American Medical Association* Pediatrics, which looked at nearly 400 US-born Hispanic/Latino teens with immigrant parents, found they had higher levels of anxiety, higher blood pressure, and more trouble sleeping. Another study found an unexpected increase in preterm birth rates among Hispanic/Latina mothers. Other surveys by The Children's Partnership and California Immigrant Policy Center showed greater anxiety and fearfulness among Hispanic/Latino parents and their children. These fears are causing immigrants and their children to isolate themselves, further undermining their mental well being.

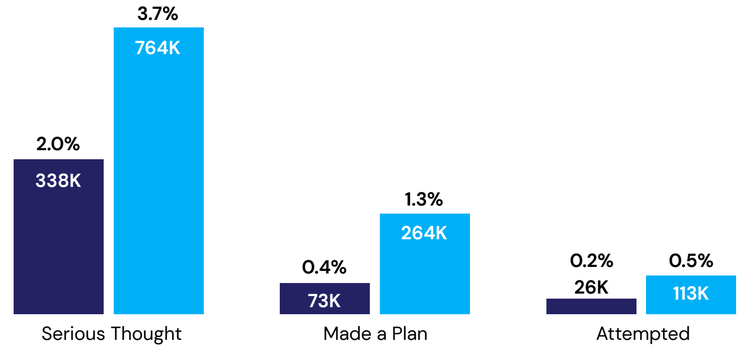
Suicidal Thoughts, Plans, and Attempts for Hispanic/Latino Young Adults Nationally

2010 vs 2020

Ages (18-25)



Ages (26-49)



Source: Hispanics Slides for the 2020 National Survey on Drug Use and Health (samhsa.gov)

What are Social Determinants of Health?

The World Health Organization (WHO) defines social determinants of health (SDoH) as the conditions in which people are born, live, learn, work, play, worship, and age that impact health outcomes of a person or community. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels. These forces are outside the control of an individual or community and can greatly affect their overall health and well-being. Addressing these SDoH requires collective community action on a systemic level. The following pages highlight the status of the Hispanic/Latino population in Orange County across three social factors:

Health and Mortality

Comparing how long a group lives and determining their quality of life to the population at large can be a baseline for whether systemic disparities exist and how these disparities impact the community.

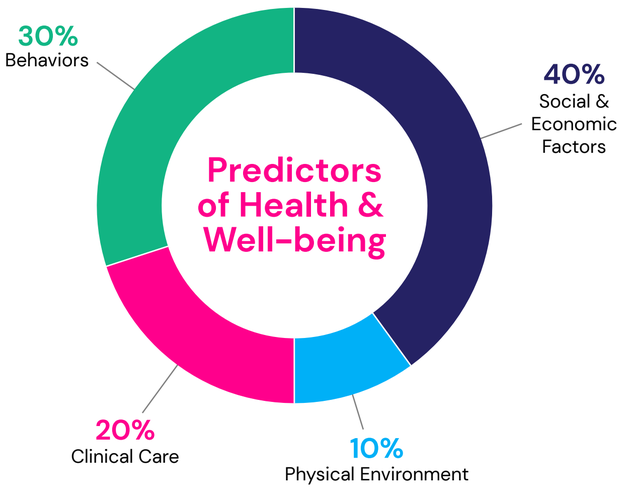
Economics and Education

Education does more than determine one's income. Individuals with higher education are more likely to be healthier and live longer. Improving education in various communities can bring significant health benefits to everyone.

Built Environment and Social Context

Where someone lives, how an individual gets around, and what is going on a person's community can greatly impact both individual and community health and well-being. Things like neighborhood walkability, cleanliness of air and water, and even the age of buildings in the community can affect quality of life.

> *It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and political environment conspire against such change.*
>
> **National Academy of Medicine**



Source: County Health Rankings

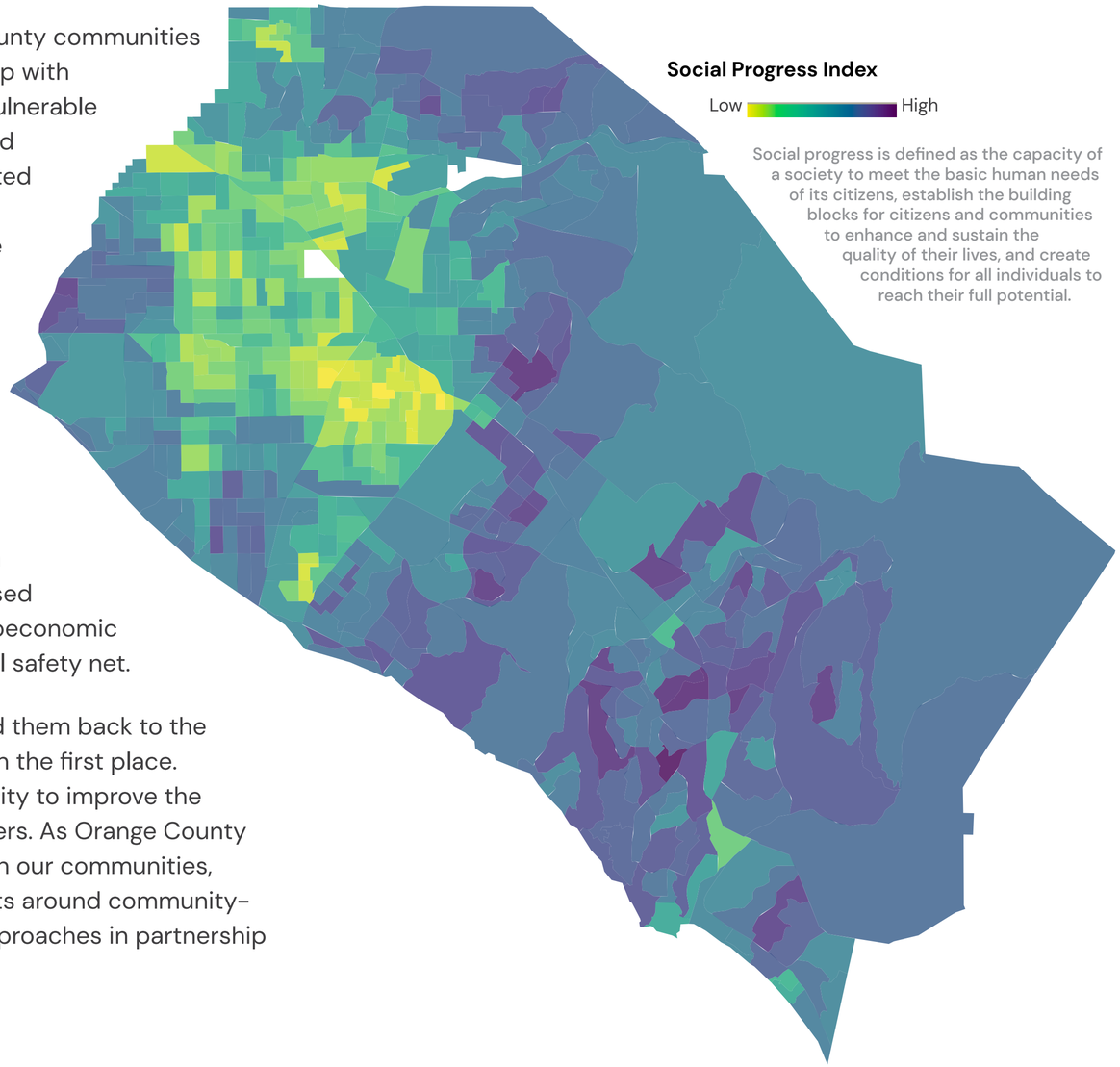
Mapping the Disparity

The COVID-19 pandemic impacted Orange County communities unequally and disproportionately. In partnership with AdvanceOC, a local non-profit, we identified vulnerable communities using comorbidity risk factors and social vulnerability. This rigorous analysis resulted in the Orange County Equity Map and guided the county's response and management of the pandemic.

What We Learned

The OC Equity Map measures social progress in various census tracts of the county. Analyzing and layering COVID-19 cases in Orange County showed that higher concentrations of COVID-19 cases occurred in low social progress areas. The pandemic exposed and magnified existing racial, gender, and socioeconomic inequities, including flaws in the county's social safety net.

We cannot treat and heal individuals then send them back to the systems and conditions that made them sick in the first place. Orange County sees COVID-19 as an opportunity to improve the health and well-being of all community members. As Orange County charts a path forward to rebuild and strengthen our communities, the Health Care Agency will center these efforts around community-informed, data-driven, and equity-oriented approaches in partnership and collaboration with community members.



Source: OC Equity Map, AdvanceOC

SDoH Impacting Hispanic/ Latino Community

The Hispanic/Latino population is the largest minority group in the United States and, after Asians, they are the fastest growing. At 62 million, Hispanic/Latinos accounted for 51% of US population growth from 2010 to 2020. Newborns are driving much of this Hispanic/ Latino population growth, as immigration declined between 2010 and 2019. This is a reversal of historical trends.

In Orange County, over one third of residents identify as Hispanic/ Latino in the 2020 Census survey, equating to over 1 million people. Heart disease and cancer in Hispanic/Latinos are the two leading causes of death, accounting for about 2 out of 5 deaths, which is similar to Whites. According to the CDC, Hispanic/Latinos have lower deaths than Whites from the 10 leading causes of death with two exceptions—more deaths from diabetes and chronic liver disease.

In clinics, hospitals, or doctor offices, discrimination can include dismissing a patient's symptoms or health concerns, offering different treatment based on a patient's type of insurance, or not providing care in a patient's preferred language.

Language fluency varies among Hispanic/Latino subgroups who reside within the mainland United States. Currently, 91% of US-born Hispanic/Latinos are English proficient versus 72% in 1980. Increasingly, less US-born Hispanic/Latinos speak Spanish at home today than in 1980. Compared to foreign-born Hispanic/Latinos where trends did not show changes over the same time period. Hispanic/Latinos with limited English proficiency (LEP) may hesitate to seek care because of fear that their language barrier can result in unequal treatment. LEP individuals do not speak English as their primary language and have limited ability to read, speak, write, or understand English. Hispanic/Latinos, especially older adults, with lower acculturation reported lower access to care.

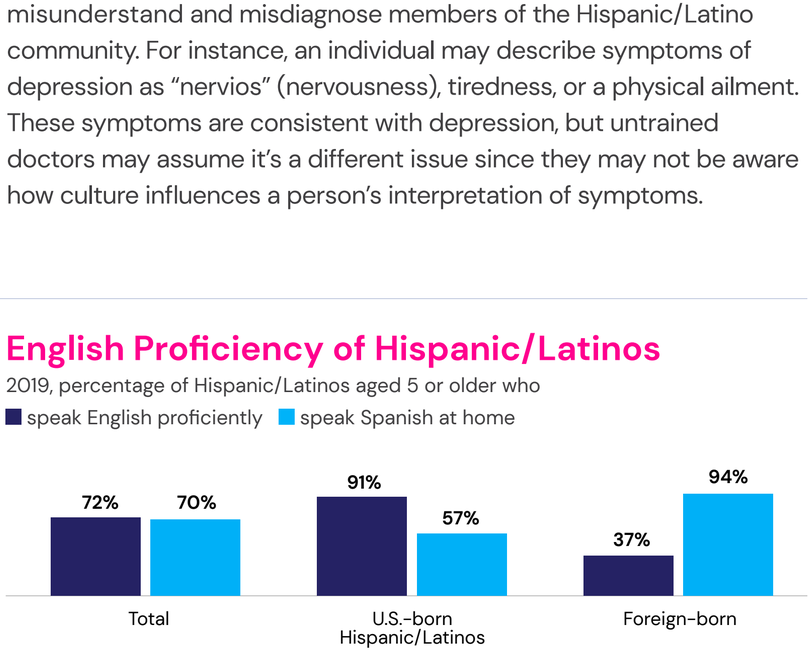
People in the Hispanic/Latino community can often be private and may not want to talk publicly about challenges at home. This can lead to a lack of information and continued stigma about mental health within the community, as talking about it can be taboo.

Many in the Hispanic/Latino community are familiar with the phrase "la ropa sucia se lava en casa" (similar to "don't air your dirty laundry in public"). Some people do not seek treatment for mental illness out of fear of being labeled as "locos" (crazy) or bringing shame or unwanted attention to their families.

Cultural differences may lead mental health providers to misunderstand and misdiagnose members of the Hispanic/Latino community. For instance, an individual may describe symptoms of depression as "nervios" (nervousness), tiredness, or a physical ailment. These symptoms are consistent with depression, but untrained doctors may assume it's a different issue since they may not be aware how culture influences a person's interpretation of symptoms.

English Proficiency of Hispanic/Latinos

2019, percentage of Hispanic/Latinos aged 5 or older who



Source: Pew Research Center

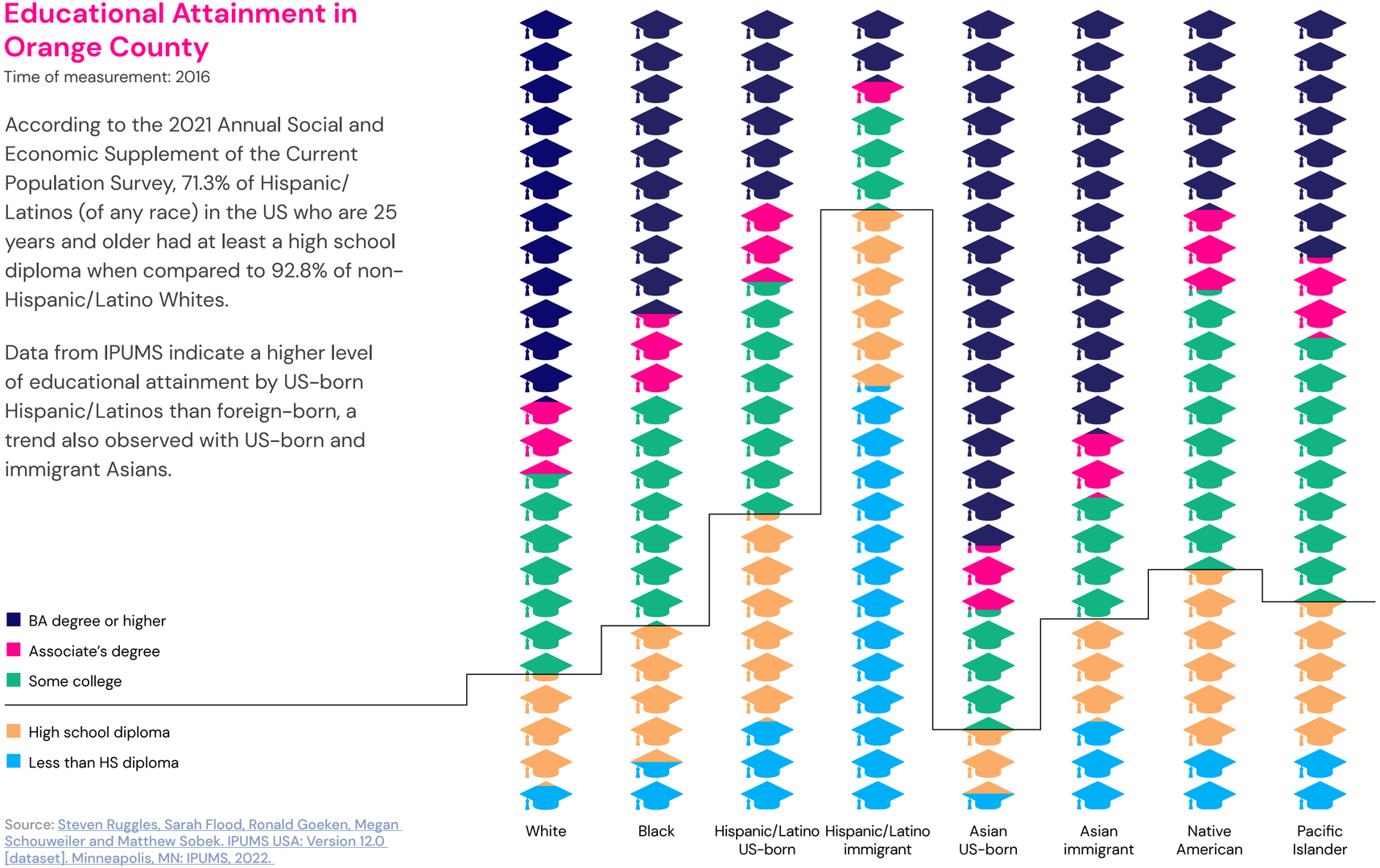
Economics and Education

Educational Attainment in Orange County

Time of measurement: 2016

According to the 2021 Annual Social and Economic Supplement of the Current Population Survey, 71.3% of Hispanic/ Latinos (of any race) in the US who are 25 years and older had at least a high school diploma when compared to 92.8% of non-Hispanic/Latino Whites.

Data from IPUMS indicate a higher level of educational attainment by US-born Hispanic/Latinos than foreign-born, a trend also observed with US-born and immigrant Asians.



Source: Steven Ruggles, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 12.0 [dataset]. Minneapolis, MN: IPUMS, 2022. https://doi.org/10.18128/D010.V12.0

Economics and Education (continued)

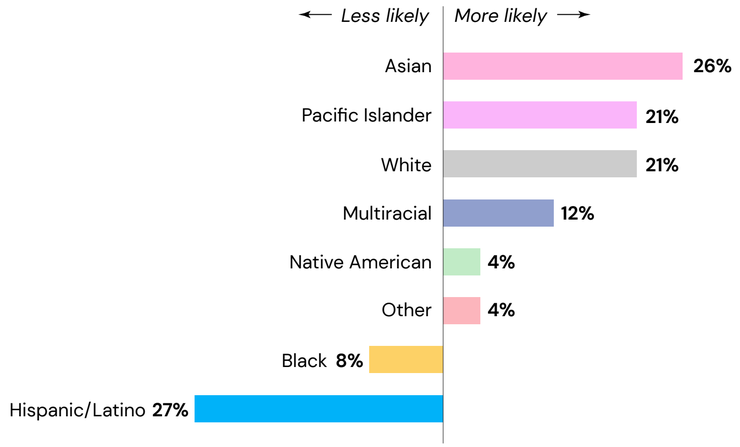
In a recent report by First 5 OC, Hispanic/Latino children were 27% less likely to be ready for kindergarten than other racial and ethnic groups. Black children are 8% less likely to be ready for kindergarten. White children are 21% more likely to be ready for kindergarten, and Asian are 26% more likely to be ready.

Disparity in kindergarten readiness of Hispanic/Latino children can be explained by a variety of factors, including lack of access to preschool facilities in predominant Hispanic/Latino neighborhoods, lack of educational resources for monolingual parents, and inability of working class Hispanic/Latino families to access early childhood development and childcare services.

Child care responsibilities among Hispanic/Latino parents with young children have been more difficult during the COVID-19 pandemic due to the lack of access to full-time childcare. Research shows that 42% of Hispanic/Latino children live in "child care deserts" with no or overfull early care and education centers. Only 40% of Hispanic/Latino children participate in preschool education programs as compared to 53% of non-Hispanic/Latino Whites. Lack of participation in a preschool program is a main contributor to poor school readiness. Another study found that when starting kindergarten, children who completed preschool programs were significantly more advanced in key areas of development: language and literacy, creativity, music and movement, initiative, and social skills.

Children's Likelihood for Being Ready for Kindergarten by Race and Ethnicity

2019



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

Economics and Education (continued)

Education disparity is widespread in the Hispanic/Latino community. According to the College Campaign, 53% of Hispanic/Latino men and 65% of Hispanic/Latina women who enroll in post-high school education complete their degree in 4 years.

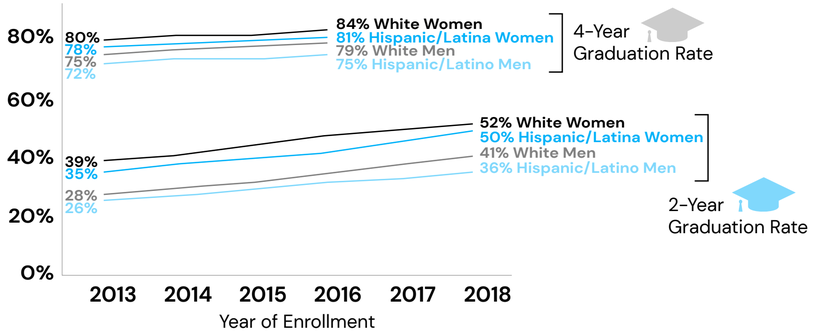
Hispanic/Latino students require additional support to achieve college success. Studies show that many students drop out to provide financial help to their immediate family, due to a lack of funds to continue their education, or because they do not "belong" in a campus culture where they lack a peer group or faculty support.

In addition, early academic problems increase the chances of truancy, dropping out, risky health behaviors, and delinquency. The COVID-19 pandemic has exacerbated many of these inequities. Also, Hispanic/Latino students are more likely than non-Hispanic/Latino Whites to experience remote learning arrangements, yet they have less access to the tools necessary to succeed, such as broadband and computer access.

During the pandemic, the digital divide has emerged as a reinforcing mechanism of education through wealth and of future wealth through education. Nationwide, Black and Hispanic/Latino households have less reliable internet and devices available. This goes along with fewer hours children spend on remote learning. The lack of internet and devices is associated with less wealth and is reflected in lower homeownership rates and greater housing instability. Black and Hispanic/Latino households, in particular, are more likely to be renters and face housing instability.

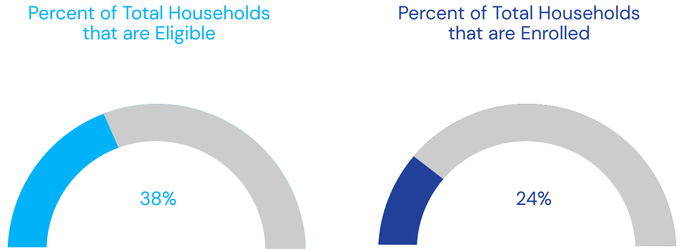
According to data collected by the state, roughly 400,000 Orange County households qualify for free or discounted high-speed internet service through a federally funded initiative called the Affordable Connectivity Program. However, only 24% of eligible households have enrolled.

Graduation Rates for First Time Freshman



Source: University of California. (n.d.) Undergraduate graduation rates.

California Affordable Connectivity Program (ACP) Enrollment



Source: California Affordable Connectivity Program (ACP) Enrollment

Economics and Education (continued)

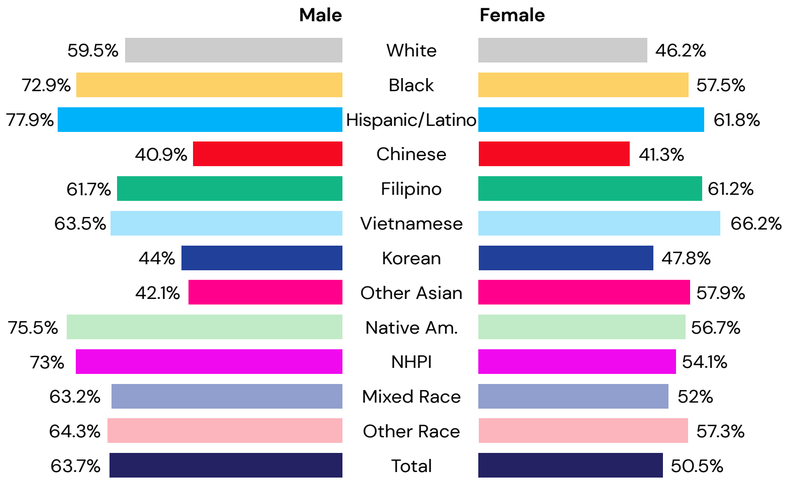
Employment in frontline occupations varies considerably across racial and ethnic groups. For both men and women, Hispanic/ Latinos are most likely workers to hold frontline occupations.

Hispanic/Latino, Black, Native American, and Pacific Islander men are most likely to have frontline occupations – more than 70% of male workers in each of these groups are classified as frontline. In addition, Vietnamese, Latina, and Filipina women are most likely female workers to hold frontline occupations.

A recent Pew Research Center survey shows more adults turning to the "gig work economy." 30% of Hispanic/Latinos performed short-term contract work, compared to 16% of US adults as a whole. The majority of these jobs involved making deliveries, performing household tasks, or running errands. In total, more Hispanic/Latinos performed these types of jobs than any other subgroup.

Frontline Workers

Percentage in recent workers by race/ethnicity, 2018



Source: 2018 American Community Survey

Gig Workers by Race/Ethnicity Nationally

Percentage of adults who say they have ever earned money by...

	Doing any gig platform work	Making deliveries from a restaurant or store for a delivery app	Performing household tasks or running errands	Driving for a ride-hailing app	Shopping or delivering groceries or household items	Using a personal vehicle to deliver packages via an app or website	Doing something else
U.S. adults	16%	7%	6%	5%	4%	3%	4%
White	12%	4%	4%	3%	2%	1%	3%
Black	20%	10%	8%	7%	7%	5%	6%
Hispanic	30%	16%	12%	9%	7%	6%	6%
Asian	19%	7%	2%	8%	7%	4%	7%

Source: Pew Research Center

Economics and Education (continued)

Median household income for Hispanic/Latino families in Orange County is estimated to be $74,319 in 2020, the lowest for any identified racial and ethnic group. This number can be misleading because multiple generations of income earners can be in the same household or some income earners work at cash-paying jobs that may not be reported on a W-2 or to the US Census. Therefore, the income gap between Hispanic/Latino families and other racial and ethnic groups can be potentially wider than what is reported in federal data.

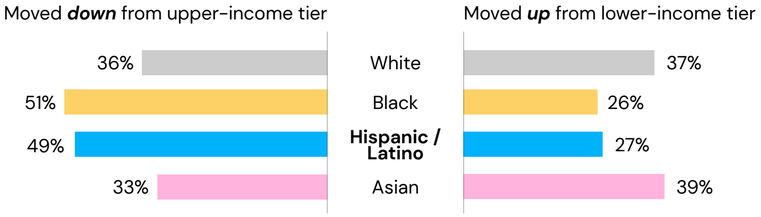
Economic mobility for the Hispanic/Latino community is challenging. The Pew Research Center recently released a study showing the movement of different racial and ethnic groups between different income tiers in the last 20 years. 49% of Hispanic/Latinos moved down from an upper income tier to a lower income tier, compared to only 36% of White adults.

In contrast, only 27% of Hispanic/Latino adults moved up from a lower income tier to a higher income tier in the same period. This is compared to 37% of White adults and 39% of Asian adults nationally.

The uninsured rate among Hispanic/Latino people is alarmingly high, according to a Center on Budget and Policy Priorities analysis. In 2019, 38% of uninsured people under age 65 were Hispanic/Latinos nearly double the 20% Hispanic/Latino share of the non-elderly population. Between 2018 and 2019, the uninsured rate for non-elderly Hispanic/Latinos increased from 17.9% to 18.7%, the largest increase of any major racial and ethnic group and an erosion of earlier gains under the Affordable Care Act (ACA).

Income Tier Movement Nationally

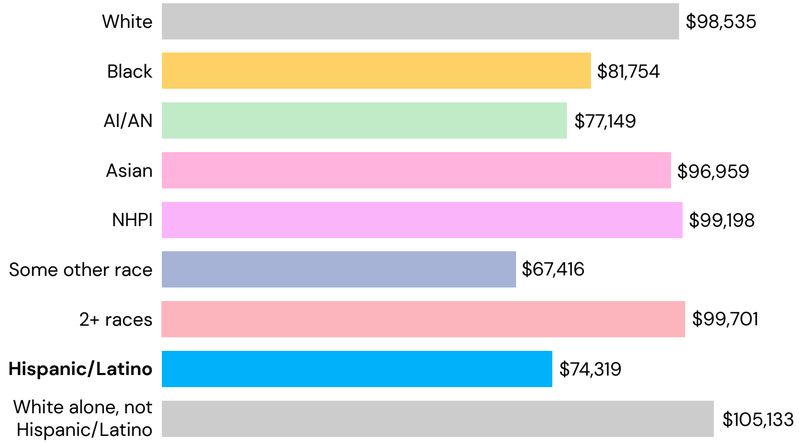
Percentage of adults who moved up from the lower-income tier or down from the upper-income tier, average of annual turnovers from 2000-2001 to 2020-2021



Source: Pew Research Center

Median Household Income by Race/Ethnicity in Orange County

2020



Source: Steven Ruggles, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 12.0 [dataset]. Minneapolis, MN: IPUMS, 2022. https://doi.org/10.18128/D010.V12.0

Population Overview

HISPANIC/ LATINOS

Built Environment and Social Context

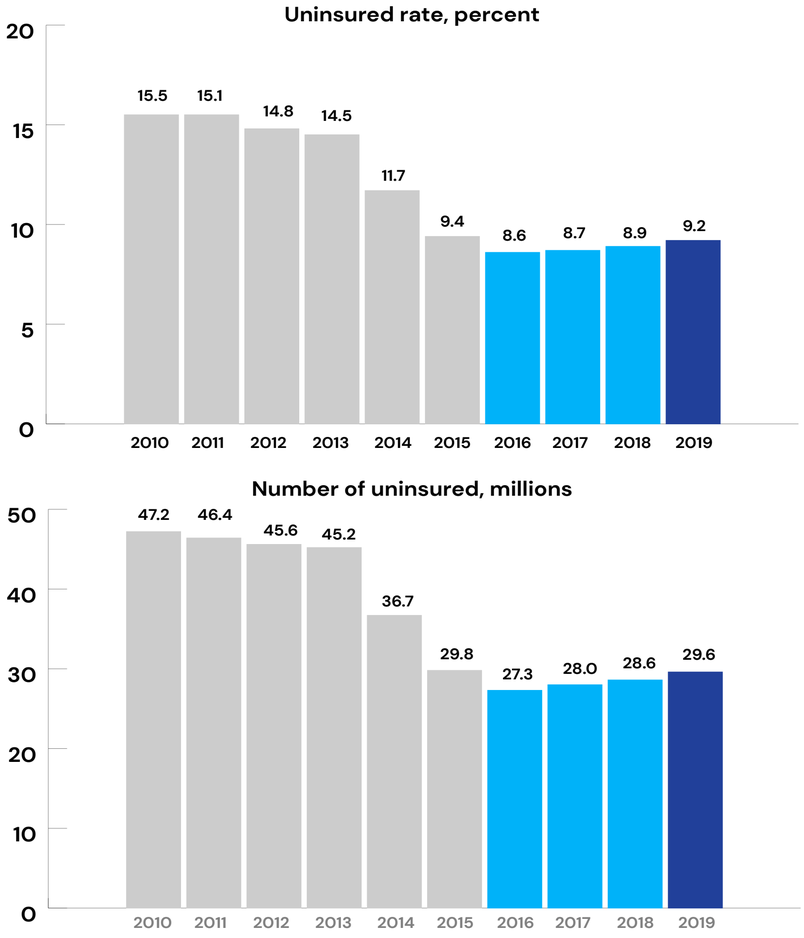
The high Hispanic/Latino uninsured rate reflects several factors. Hispanic/Latinos are less likely to have coverage through their jobs than the overall non-elderly population. Additionally, they often face barriers to enrolling in health insurance affordability programs such as Medicaid, Children's Health Insurance Program (CHIP), and ACA marketplaces. Strict immigration-related eligibility restrictions block some Hispanic/Latinos from enrolling, while others may not know these programs exist or fear that enrolling would negatively affect their families. Others may have tried to enroll but encountered procedural hurdles.

CalOptima was formed in 1995 in response to a healthcare system that was struggling to meet the needs of vulnerable Orange County residents. Today, CalOptima has grown to be the single, largest health insurer in Orange County, providing coverage for one in four residents through four programs: Medi-Cal, OneCare Connect, OneCare, and PACE. CalOptima is a health care program that pays for some medical services of children and adults with limited income and resources. It covers families with children, adults, seniors, people with disabilities, foster care children, pregnant women, and people with specific diseases. Currently, CalOptima provides Medi-cal coverage for 925,756 Orange County residents, including 43% of Santa Ana's citizens, and serves 27% of Spanish speakers. Since 2016, CalOptima has increased its participation in public events serving the Hispanic/Latino community. CalOptima also launched an initiative to strengthen relationships with Hispanic/ Latino community organizations and holds monthly meetings called "Cafecito" to connect with other Hispanic/Latino community-based service providers.

Sources: https://ssa.ocgov.com/health-care-services
https://caloptima.org/en/ForMembers/Medi-Cal/HowToEnroll.aspx
https://www.ochealthinfo.com/providers-partners/county-partnerships/caloptima

Progress on Health Coverage is Eroding

2022



Source: Census Bureau, American Community Survey

Built Environment and Social Context (continued)

In 2017, Santa Ana recognized CalOptima's involvement in the Hispanic/Latino community and honored CalOptima with a Certificate of Recognition for Outstanding Outreach.

Low-income, undocumented Hispanic/Latino young adults were at risk of losing coverage under California's Medicaid program. This required the state to extend health coverage to people between the ages of 26 and 49, which kept Hispanic/Latino young adults covered and healthier. Undocumented Hispanic/Latino immigrants ages 50 and older are much less likely to have health insurance (51%), compared to documented immigrants (91%). Furthermore, undocumented immigrants cannot buy insurance plans through Covered California, the state's insurance marketplace, and are less likely to have insurance through employers. Although undocumented workers are eligible for employer coverage, cost and availability can be barriers.

As of September 2019, Senate Bill (SB) 104 enacted the Young Adult Expansion, which provides full-scope Medi-Cal benefits for individuals between the ages of 19 and 25, who do not have satisfactory immigration status, or unable to receive citizenship verification but meet all other eligibility requirements for the Medi-Cal program. Beginning in 2020, California extended full-scope Medi-Cal to all children and adults, regardless of their immigration status. The California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and the Statewide Automated Welfare System (SAWS) implemented the Older Adult Expansion. It was modeled after the Young Adult Expansion and provides full-scope Medi-Cal benefits for those 50 years and older. Older adults will have access to these benefits in 2022.

CalOptima Health Membership Data

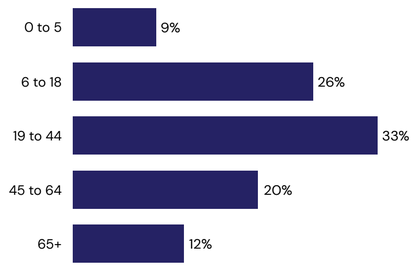
2022

925,756

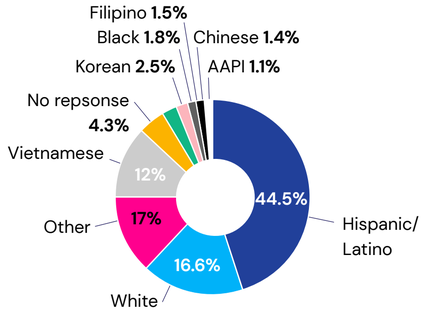
Total CalOptima Health Membership

2022

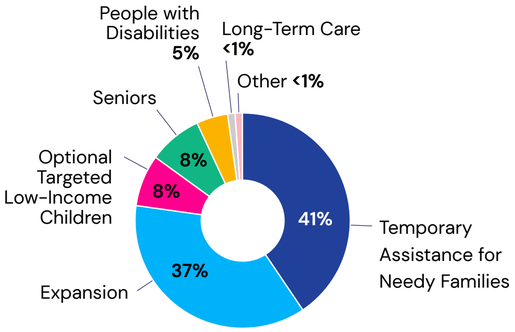
Member Age



Enrollment Rates by Race/ Ethnicity



Medi-Cal Aid Categories



Built Environment and Social Context (continued)

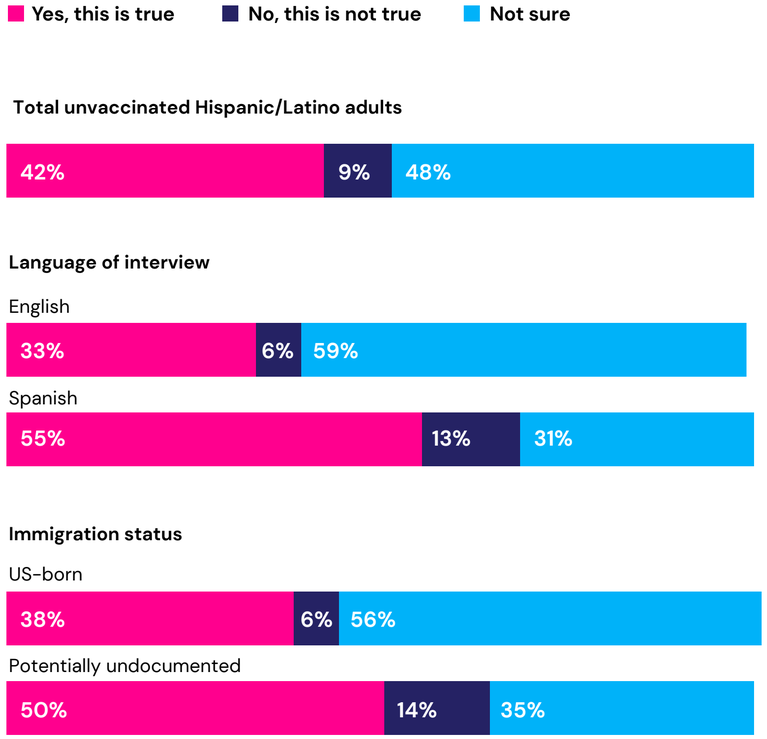
In addition to structural barriers, undocumented immigrants may fear that seeking health care could lead to detection by immigration officials or using government services might prevent them from obtaining legal status. They may also fear being turned away or being mistreated by health care providers. As a result, undocumented immigrants are less likely to have regular sources of care, seek preventive services, or have access to specialty care. This increases their risk for poor overall health. Due to the lack of insurance coverage and limited financial means, many undocumented immigrants rely on safety-net, health care providers for their care.

During the pandemic, half of unvaccinated Hispanic/Latino adults were unsure whether immigrants are eligible to get the COVID-19 vaccine, according to a recent survey by the Kaiser Family Foundation.

Half of Unvaccinated Hispanic/Latino Adults Unsure Whether Immigrants Are Eligible To Get COVID-19 Vaccine

2022

As far as you know, are adults living in the US eligible to get the COVID-19 vaccine, regardless of their immigration status?



Source: KFF COVID-19 Vaccine Monitor (April 15-29, 2021)

Built Environment and Social Context (continued)

Hispanic/Latinos struggle to find stable and affordable housing. The map on the right highlights neighborhoods in Orange County and the housing vulnerability experienced by the Hispanic/Latino community.

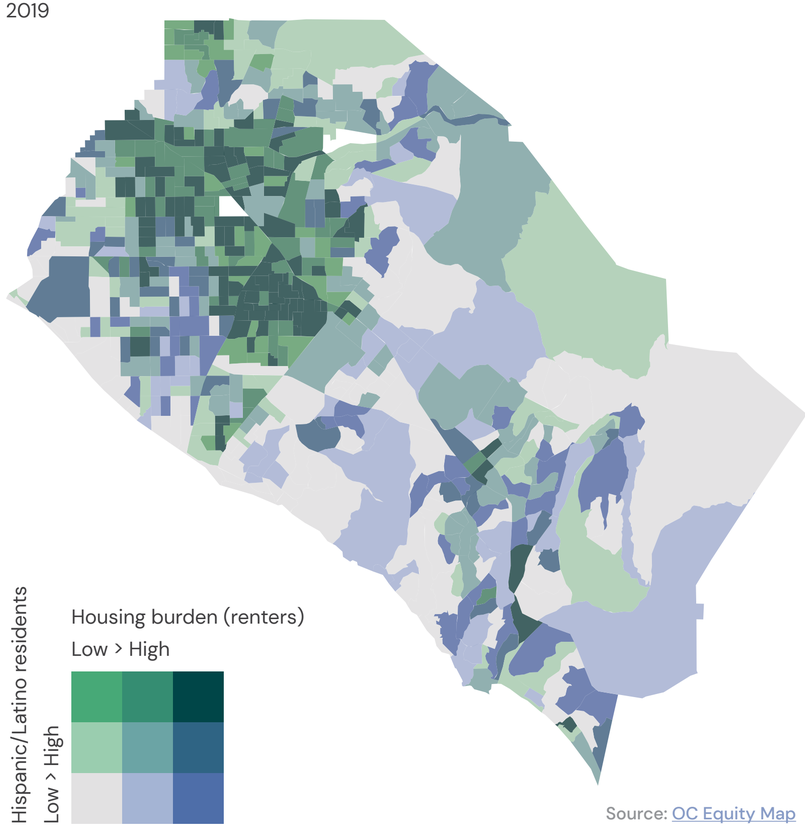
Housing burden is defined as spending 30% or more of one's monthly income on rent. A 2018 study found that housing instability was linked to poor health outcomes in both children and their caregivers. In this study of urban renter families, being behind on rent at any time in the past 12 months, moving more than twice in the past 12 months, or having any history of homelessness was defined as "housing insecurity." Compared with children in stable housing, children with any form of housing insecurity were more likely to have been in the hospital or have fair and/or poor health at any point in their life. Caregivers who face housing insecurity were more likely to have fair and/or poor health or maternal depressive symptoms.

Across counties in the US, every 10% increase in households severely cost burdened is linked to 29,000 more children in poverty, 86,000 more people who are food insecure, and 84,000 more people in fair or poor health, according to the 2019 County Health Rankings.

Overcrowding, defined as a housing situation in which there is more than one person per room, is also more common among Hispanic/ Latinos than among any other racial and ethnic group. This disparity is driven by non-US citizens and especially undocumented Hispanic/ Latinos. Hispanic/Latinos are denied mortgages at disproportionately high rates and were targeted for high-cost, high-risk mortgages in the years leading up to the housing crisis in 2008. This contributed to worse outcomes for these groups. Hispanic/Latinos are shown fewer housing units than White home-seekers who are identical in every respect besides race or ethnicity. This results in Hispanic/Latino households steered toward lower-income neighborhoods with poorer quality housing stock. Despite the challenges they face, Hispanic/ Latinos appear to underuse government housing assistance. Hispanic/ Latinos also underuse homelessness services, leading to the concept of "hidden homelessness" in the community.

Housing Burden for Renters of Hispanic/Latino Residents in Orange County

2019



Source: OC Equity Map

Built Environment and Social Context (continued)

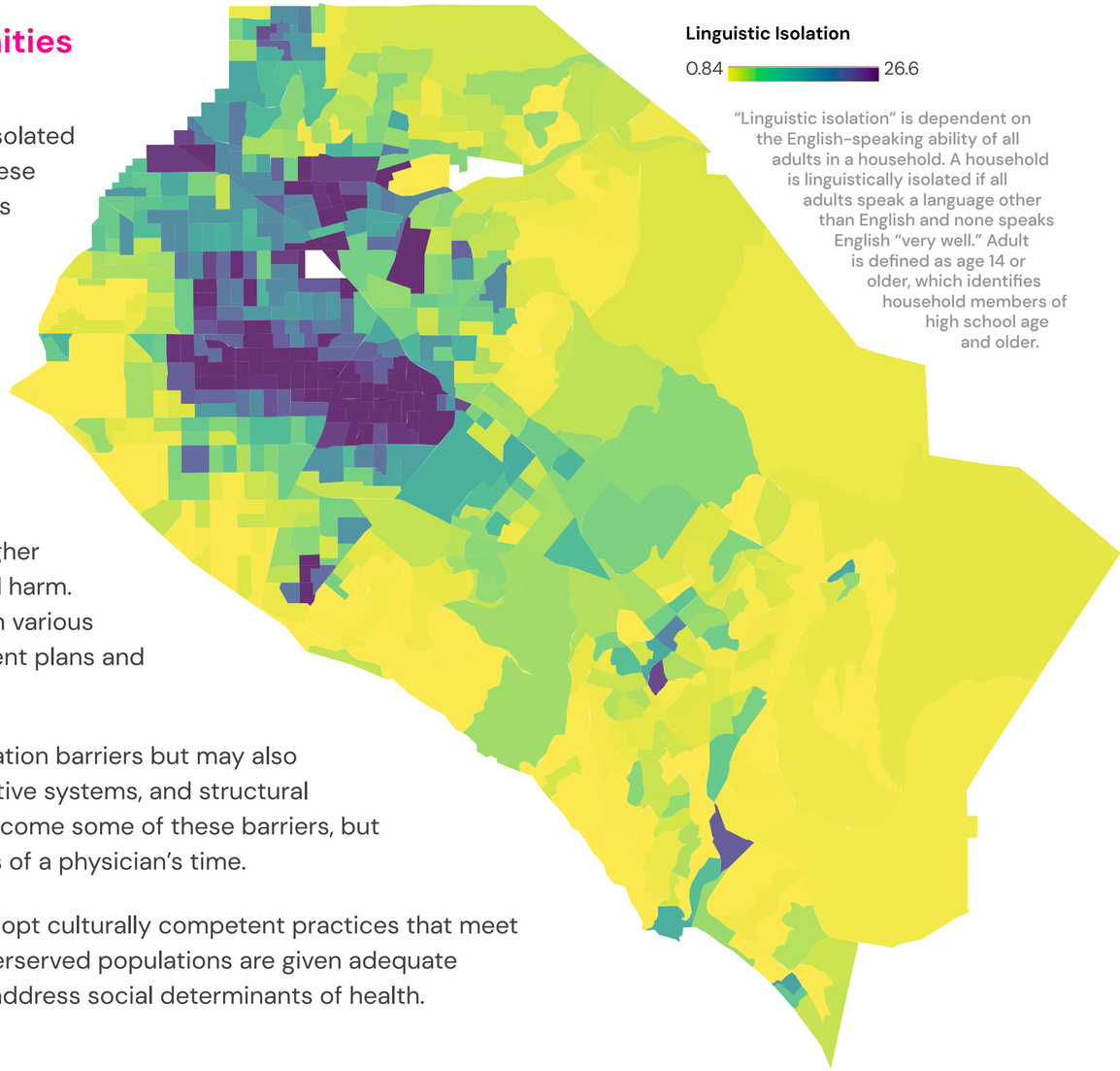
Orange County Language Opportunities and Services

Orange County residents who live in linguistically isolated communities are often from immigrant families. These immigrant families tend to gather in ethnic enclaves as a means of survival because of discriminatory practices or due to being shunned from other parts of the county.

People with limited English proficiency (LEP) are defined by the US Census as those who speak English less than "very well." In 2020, 8.7% of Orange County residents are LEP. They experience high rates of medical errors with worse clinical outcomes than English-proficient patients. This higher incidence of medical errors could result in physical harm. LEP individuals also receive lower quality of care on various measures and are less likely to understand treatment plans and disease processes.

These disparities are rooted in obvious communication barriers but may also reflect cultural differences, clinician biases, ineffective systems, and structural barriers. Medical interpreter services can help overcome some of these barriers, but they have associated costs financially and in terms of a physician's time.

We must strive to remove language barriers and adopt culturally competent practices that meet residents where they are. This will ensure that underserved populations are given adequate resources to access healthcare and services that address social determinants of health.



Source: OC Equity Map, AdvanceOC

Built Environment and Social Context (continued)

Air Pollution Exposure in Orange County

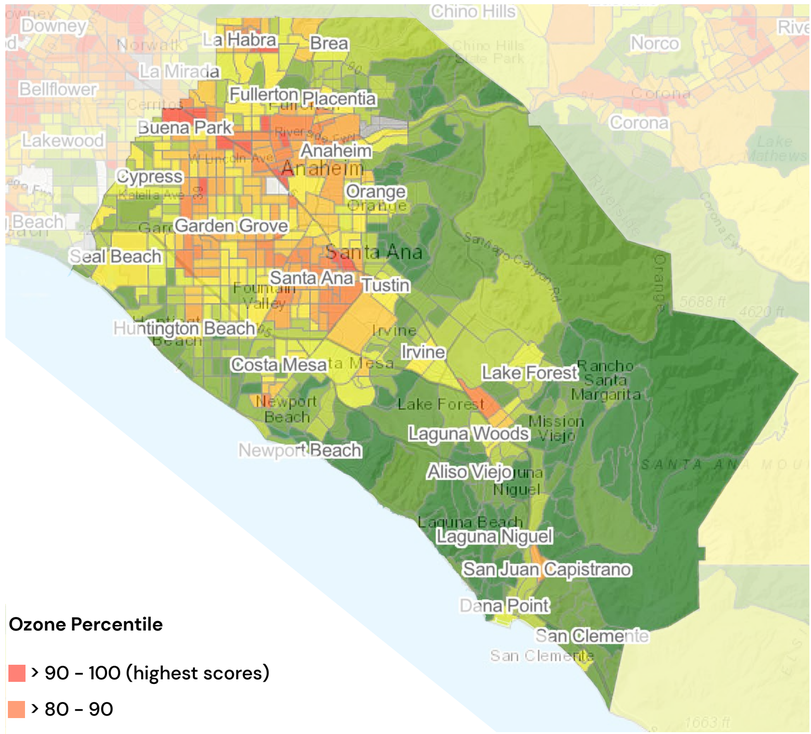
In California, environmental quality has improved over the last few decades. This is seen in improved water quality, reduced air pollution, decrease in pesticide use, continued cleanup of hazardous waste sites, increased recycling, and reduction of solid waste going into landfills. However, pollution reduction and the resulting health and environmental benefits are not uniformly distributed across the state, within a region, or among all population segments. Many communities continue to bear a disproportionate burden of pollution not only from multiple nearby sources but also from pollution in various forms, such as air and water.

Ozone pollution causes adverse health effects including respiratory irritation and worsening of lung disease. Adverse effects of ozone have been studied extensively since the late 1960s, and ongoing exposure to ozone shows inflammation and cell and tissue injury. People with asthma and chronic obstructive pulmonary disease (COPD) are considered sensitive to the effects of ozone. Studies also show that long-term ozone exposure affects respiratory and cardiovascular mortality. A 2019 study estimates 13,700 deaths in California in the year 2012 were due to long-term ozone exposure.

Of these deaths, 7,300 were from respiratory causes, and 6,400 were from cardiovascular causes. The CalEnviroScreen 4.0 draft ozone map of Orange County shows high levels of ozone pollution scores in north and central Orange County. In the OC Equity Map, these communities have low Social Progress Index scores.

Ozone Levels by Pollution Score

2021



Source: CalEnviroScreen

Population Overview

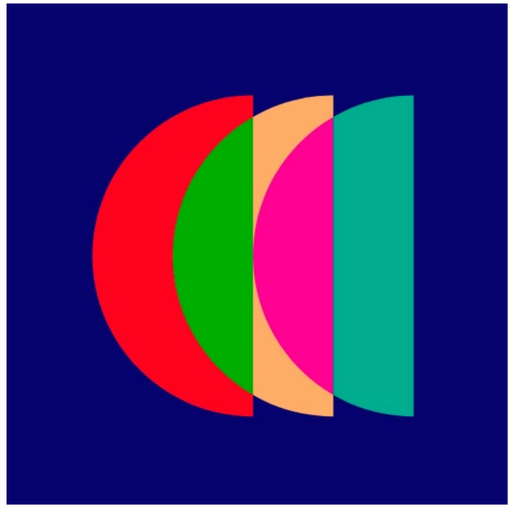
HISPANIC/ LATINOS

Health is a shared value. Your involvement will help create a healthier, more resilient, and equitable Orange County.

Here's how you can get involved:

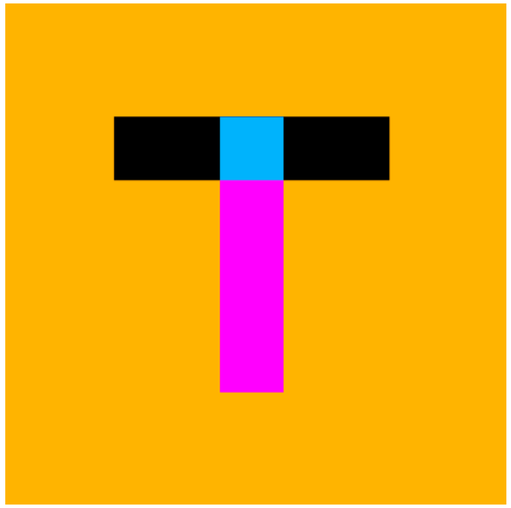
Participate in the EiOC Action and Learning Community

Learn More



Join a Population Health Equity Collective

Learn More



Make your voice heard at EiOC Taskforce Meetings

View Events

An Initiative of OC health CARE AGENCY

EquityinOC.com