Dignity Health™
California Hospital
Medical Center

California Hospital Medical Center

Community Health Needs Assessment

2019

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Executive Summary

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by California Hospital Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a Community Health Needs Assessment at least once every three years.

California Hospital participated in a collaborative process for the Community Health Needs Assessment, in partnership with Good Samaritan Hospital and St. Vincent Medical Center.

Community Definition

California Hospital Medical Center (California Hospital) is located at 1401 S. Grand Avenue, Los Angeles, California 90015. The hospital service area includes 28 ZIP Codes in Los Angeles City Council District 14. The service area is comprised of portions of Los Angeles County Service Planning Areas (SPAs) 4, 6, 7 and 8. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data, at the ZIP Code level, on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. CNI scores range from 1.0 (lowest barriers) to 5.0 (highest barriers) for each ZIP Code in the hospital service area. All California Hospital service area ZIP Codes scored higher than 4.0, making them High Need communities.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through interviews with 29 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Significant Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, and resulted in an overall average for each health need. Among the interviewees, housing and homelessness, access to health care and mental health were ranked as the top three priority needs in the service area. A brief description of the top ten significant health needs listed in priority order follows:

1. **Housing and homelessness** – Data from the annual Greater Los Angeles Homeless Count show a large increase in homelessness from 2015 to 2018. 58.6% of service area owner and renter-occupied households spend 30% or more of their income on housing. This percent is higher than the county rate of 48%. Stakeholders noted that many families, who spend a high percent of their income on housing, often live in crowded housing conditions and poor housing and that contributes to adverse health outcomes.
2. **Access to health care** – Health insurance coverage is a key component to accessing health care. Among service area children, 97.7% are insured. 82.3% of area adults have insurance coverage. In the service area, 95.7% of children and 73.0% of adults have a regular source of health care. A community stakeholder commented that not having enough providers is the highest issue. “We can’t increase access if we don’t have providers to see patients.”
3. **Mental health** – In the hospital service area, 9.1% of SPA 4 adults, 7.2% of adults in SPA 6, and 9.3% of SPA 7 adults had experienced serious psychological distress in the past year. Stakeholders noted that for many ethnic communities, there is stigma around needing mental health services. Those with mental health suffer broadly disproportionate adverse health outcomes. They live

shorter lives, suffer higher rates of heart disease, diabetes, cancer, and stroke, and experience higher levels of violence and substance use.

4. **Chronic diseases** – Heart disease, cancer, and stroke are the top three causes of death in the service area. Diabetes is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death in the service area.
5. **Economic insecurity** – Among the residents represented in the California Hospital service area, 29.9% live in households with incomes less than 100% of the Federal Poverty Level. A high poverty rate is both a cause and a consequence of poor economic conditions. Stakeholders noted there are not enough jobs, which results in increased numbers of low-income people.
6. **Substance use and misuse** – Prescription drug misuse and its related problems are among society's most pervasive health and social concerns. In SPA 4, 20% of the population had misused prescription drugs. 18% of SPA 6 residents and 16% of SPA 7 residents had misused prescription drugs. Stakeholders commented that substance misuse is not confined to low-income, less advantaged, people with middle and upper class incomes overuse and abuse prescription opiates as well.
7. **Food insecurity** – 38.1% of service area households, with incomes equal to or less than 300% of the Federal Poverty Level, are food insecure. This percent is higher than the county rate of 29.2%.
8. **Education** – The high school graduation rate for the Los Angeles Unified School District (76.1%) is lower than the Healthy People 2020 objective of 87% high school graduation rate. Community stakeholders noted that not everyone needs to go to college, but everyone needs skills and knowledge for which others are willing to pay a living wage.
9. **Preventive practices** – In the service area, 56.3% of children, 6 months to 17 years, and 32.3% of adults have been vaccinated for influenza. The Healthy People 2020 objective is to have 70% of the population receive a flu shot. The Healthy People 2020 objective for mammograms is that 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In the service area, 80.3% of women had a mammogram in the past two years.
10. **Birth indicators** – Babies born at a low birth weight are at higher risk for disease, disability and possible death. The service area rate of low birth weight babies is 7.9% (78.8 per 1,000 live births). This is higher than the county (7.1%) and state (6.8%) rates. The service area rate does not meet the Healthy People 2020 objective of 7.8% of low birth weight births. Breastfeeding rates at California Hospital Medical Center indicate 91.0% of new mothers use some breastfeeding and 63.8% use breastfeeding exclusively.

Resources Potentially Available

Community stakeholders and residents identified community resources potentially available to address the identified health needs. These resources are documented in the report. Resources are also available at Think Health LA at www.thinkhealthla.org, 211 Los Angeles County at www.211la.org/, and www.1degree.org/losangeles.

Report Adoption, Availability and Comments

This CHNA report was adopted by the California Hospital Medical Center community board in April 2019.

This report is widely available to the public on the hospital's web site, and a paper copy is available for inspection, upon request, at Dignity Health California Hospital Medical Center, Community Health, 1401 S. Grand Ave., Los Angeles, CA 90015.

Written comments on this report can be submitted to Dignity Health California Hospital Medical Center, Community Health, 1401 S. Grand Ave., Los Angeles, CA 90015 or by e-mail to Margaret Lynn Yonekura, MD, Director, Community Health at m.l.yonekura@dignityhealth.org.

Assessment Purpose and Organizational Commitment

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health – California Hospital Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act and in California Senate Bill 697 that not-for-profit hospitals conduct a Community Health Needs Assessment at least once every three years. This Community Health Needs Assessment was carried out in partnership with Good Samaritan Hospital and St. Vincent Medical Center.

California Hospital Medical Center was founded in 1887. It became a member of Dignity Health, formerly Catholic Healthcare West (CHW) in 2004. The facility has 318 licensed beds, and will begin construction on a new patient tower in early 2019. California Hospital Medical Center has a staff of more than 1,800 and professional relationships with more than 400 local physicians. Major programs and services include: emergency and trauma services, women's health, obstetrics, neonatal intensive care, pediatrics, medical/surgical services, cardiac care, stroke care, critical care, orthopedics, and cancer care.

Rooted in Dignity Health's mission, vision and values, California Hospital Medical Center is dedicated to improving community health and delivering community benefit, with the engagement of its management team, Community Board and Community Benefit/Health Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff. As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

<u>Dignity Health Mission Statement</u>

We are committed to furthering the healing ministry of Jesus. We dedicate our

resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

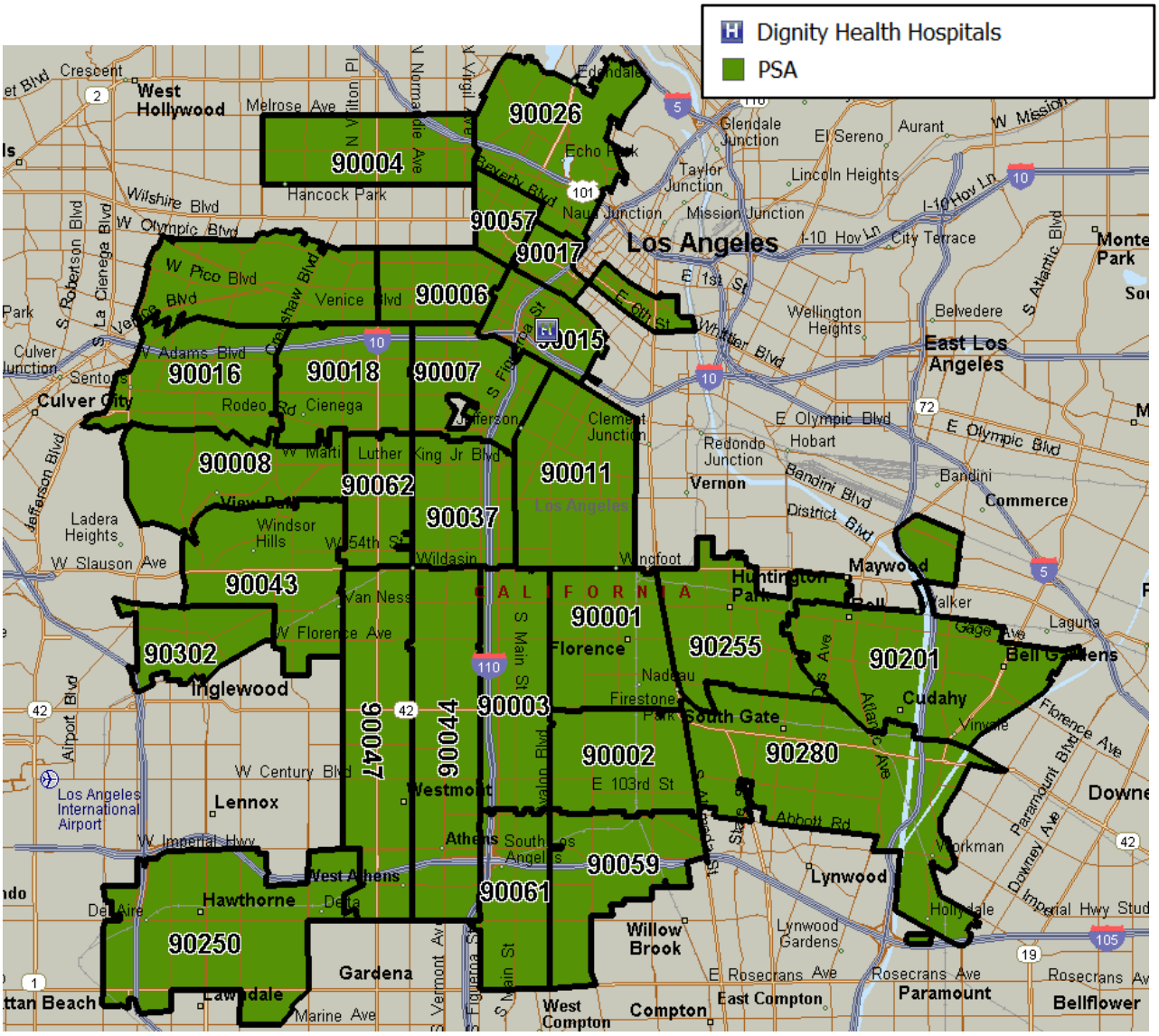
Community Definition

California Hospital Medical Center (California Hospital) is located at 1401 S. Grand Avenue, Los Angeles, California 90015. The hospital service area includes 28 ZIP Codes in Los Angeles City Council District 14. The service area is comprised of portions of Los Angeles County Service Planning Areas (SPAs) 4, 6, 7 and 8. With only two ZIP Codes in SPA 8, that Service Planning Area will not be examined within this report. The hospital service area is detailed below by community and ZIP Code, and was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

California Hospital Medical Center Service Area

Geographic Area	ZIP Code	SPA
Bell	90201	7
Hawthorne	90250	8
Huntington Park	90255	7
Inglewood	90302	8
Los Angeles	90006	4
Los Angeles	90011	6
Los Angeles	90013	4
Los Angeles	90015	4
Los Angeles	90016	6
Los Angeles	90017	4
Los Angeles	90018	6
Los Angeles	90019	4
Los Angeles	90026	4
Los Angeles	90037	6
Los Angeles	90057	4
Los Angeles	90062	6
Los Angeles/Baldwin Hills/Leimart Park	90008	6
Los Angeles/Dockweiler	90007	6
Los Angeles/Oakwood	90004	4
Los Angeles/View Park/Windsor Hills	90043	6
Los Angeles/West Compton	90061	6
South Central LA	90003	6
South Central LA	90044	6
South Central LA	90047	6
South Central LA	90059	6
South Central LA/Firestone Park	90001	6
South Central LA/Watts	90002	6
South Gate	90280	7

California Hospital Medical Center Service Area Map

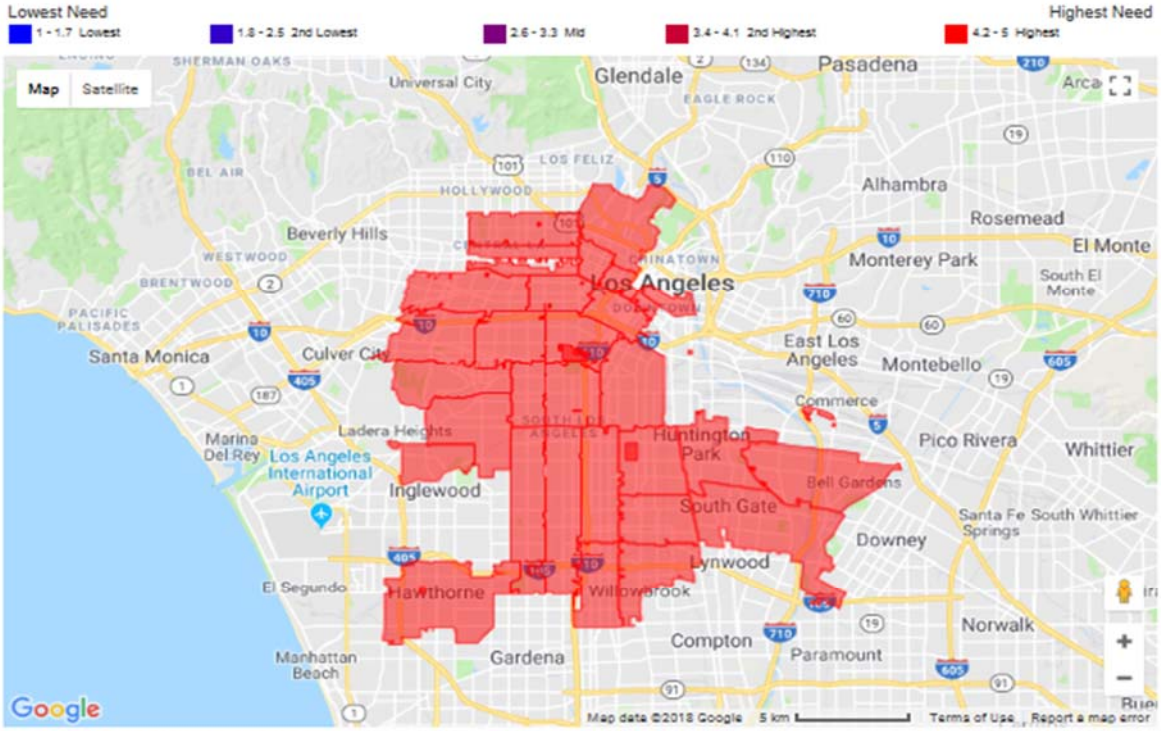


Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data, at the ZIP Code level, on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with

the lowest scores.

All California Hospital service area ZIP Codes scored higher than 4.0, making them High Need communities. The following map depicts the Community Need Index for the hospital's geographic service area based on national need.



Mean(zipcode): 4.8 / Mean(person): 4.7 CNI Score Median: 4.8 CNI Score Mode: 5

Zip Code	CNI Score	Population	City	County	State
90001	4.8	59074	Los Angeles	Los Angeles	California
90002	5	55112	Los Angeles	Los Angeles	California
90003	5	73132	Los Angeles	Los Angeles	California
90004	4.6	61837	Los Angeles	Los Angeles	California
90005	4.8	42458	Los Angeles	Los Angeles	California
90006	4.8	60445	Los Angeles	Los Angeles	California
90007	5	43523	Los Angeles	Los Angeles	California
90008	4.6	32334	Los Angeles	Los Angeles	California
90011	5	109569	Los Angeles	Los Angeles	California
90013	5	14653	Los Angeles	Los Angeles	California
90014	4.6	9093	Los Angeles	Los Angeles	California
90015	5	20909	Los Angeles	Los Angeles	California
90016	4.4	49819	Los Angeles	Los Angeles	California
90017	5	28412	Los Angeles	Los Angeles	California
90018	4.8	53382	Los Angeles	Los Angeles	California
90019	4.6	66342	Los Angeles	Los Angeles	California
90020	4.6	40222	Los Angeles	Los Angeles	California
90026	4.6	69683	Los Angeles	Los Angeles	California
90037	5	66120	Los Angeles	Los Angeles	California
90043	4.8	45265	Los Angeles	Los Angeles	California
90044	5	93928	Los Angeles	Los Angeles	California
90047	4.8	49991	Los Angeles	Los Angeles	California
90057	5	45643	Los Angeles	Los Angeles	California
90059	5	42139	Los Angeles	Los Angeles	California
90061	4.8	28962	Los Angeles	Los Angeles	California
90062	5	32941	Los Angeles	Los Angeles	California
90201	4.6	103170	Bell Gardens	Los Angeles	California
90250	4.2	96485	Hawthorne	Los Angeles	California
90255	4.6	77553	Huntington Park	Los Angeles	California
90280	4.4	97904	South Gate	Los Angeles	California
90302	4.2	29816	Inglewood	Los Angeles	California

Population

The population of the California Hospital service area is 1,576,013. From 2011 to 2016, the population increased by 5.1%, higher than the 2.8% increase in population countywide.

Total Population and Change in Population, 2011-2016

	California Hospital Service Area	Los Angeles County
Total population	1,576,013	10,057,155
Change in population, 2011-2016	5.1%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. http://factfinder.census.gov

Of the area population, 48.9% are male and 51.1% are female.

Population by Gender

	California Hospital Service Area	Los Angeles County
Male	48.9%	49.3%
Female	51.1%	50.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. http://factfinder.census.gov

Children and youth, ages 0-17, make up 23.4% of the population; 65.0% are adults, ages 18-64; and 9.1% of the population are seniors, 65 and over. The service area has a higher percentage of children and adults, ages 21 to 44, than the county.

Population by Age

	California Hospital Service Area	Los Angeles County
0 – 4	6.9%	6.3%
5 – 9	6.4%	6.2%
10 – 14	6.3%	6.3%
15 – 17	3.8%	4.0%
18 – 20	2.8%	4.3%
21 – 24	8.3%	6.1%
25 – 34	16.3%	15.6%
35 – 44	14.4%	13.9%
45 – 54	12.5%	13.7%
55 – 64	10.7%	11.3%
65 – 74	5.2%	6.8%
75 – 84	2.8%	3.7%
85+	1.1%	1.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. http://factfinder.census.gov

South Central 90003 has the largest percentage of youth, ages 0-17, (33.7%). Los Angeles/Baldwin Hills/Leimart Park has the highest percentage of residents 65 and older (17.6%); however, this Zip Code also has a smaller population. Some

communities may have a higher number of seniors but a lower percentage given the size of the total population.

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bell	90201	102,786	31.6%	6.7%
Central LA	90017	25,772	21.6%	8.0%
Central LA	90026	67,557	17.9%	9.9%
Hawthorne	90250	96,987	26.1%	9.2%
Huntington Park	90255	75,770	28.2%	8.5%
Inglewood	90302	31,064	26.6%	8.6%
Los Angeles	90006	61,230	23.6%	10.1%
Los Angeles	90011	104,762	32.3%	5.4%
Los Angeles	90013	11,668	2.8%	11.8%
Los Angeles	90015	19,378	21.4%	9.2%
Los Angeles	90016	47,079	21.3%	11.3%
Los Angeles	90019	68,530	19.8%	11.5%
Los Angeles	90037	61,451	29.7%	7.4%
Los Angeles	90062	33,690	25.6%	9.8%
Los Angeles/Baldwin Hills/Leimart Park	90008	32,060	18.1%	17.6%
Los Angeles/Dockweiler	90007	41,979	15.6%	7.1%
Los Angeles/Oakwood	90004	63,095	19.9%	10.0%
Los Angeles/View Park/Windsor Hills	90043	44,328	21.1%	15.3%
Los Angeles/West Compton	90061	27,203	29.7%	9.0%
South Central LA	90003	70,208	33.7%	5.9%
South Central LA	90044	90,155	29.2%	8.7%
South Central LA	90047	48,306	23.5%	14.3%
South Central LA	90059	46,027	35.3%	5.6%
South Central LA/Firestone Park	90001	57,942	32.2%	6.8%
South Central LA/Watts	90002	51,826	32.1%	6.3%
South Gate	90280	95,219	27.5%	8.8%
University	90018	51,639	24.6%	10.9%
Wilshire/LA	90057	48,302	23.5%	9.1%
California Hospital Service Area		**1,576,013**	**24.8%**	**9.4%**
Los Angeles County		**10,057,155**	**22.8%**	**12.2%**

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. http://factfinder.census.gov

Race/Ethnicity

In the California Hospital service area, 62.0% of the population is Hispanic/Latino, 22.2% are Black/African American, 6.8% are White, 6.8% are Asian, and the remaining 2.1% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, or multiple races. There is a lower percentage of Whites and Asians and a higher percentage of

Hispanic/Latinos and Black/African Americans in the hospital service area than found at the county level.

Race/Ethnicity

	California Hospital Service Area	Los Angeles County
Hispanic/Latino	62.0%	48.3%
Black/African American	22.2%	8.0%
Asian	6.8%	14.1%
White	6.8%	26.7%
Other/Multiple	1.8%	2.5%
Native Hawaiian/Pacific Islander	0.2%	0.2%
American Indian/Alaska Native	0.1%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. http://factfinder.census.gov

Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the service area communities. Spanish is spoken in the home among 55.3% of the population. English is spoken in the home among 35.1% of the population, 5.6% of the population speaks an Asian language, and 2.6% of the population speaks an Indo-European language in the home.

Language Spoken at Home, Population 5 Years and Older

	California Hospital Service Area	Los Angeles County
Speaks Spanish	55.4%	39.4%
Speaks only English	35.1%	43.3%
Speaks Asian/Pacific Islander language	5.7%	10.9%
Speak Indo-European language	2.6%	5.4%
Speaks other language	0.8%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. http://factfinder.census.gov

Huntington Park (92.8%) and South Central 90001 (86.3%) have a high percentage of Spanish speakers. Los Angeles 90004 (21.9%) and Los Angeles 90006 (18%) have a high percentage of Asian language speakers. The highest percentage of Indo-European languages spoken at home is in Bell (34.7%).

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Bell	90201	49.3%	5.4%	7.4%	34.7%
Hawthorne	90250	40.3%	48.7%	5.3%	2.9%
Huntington Park	90255	6.2%	92.8%	0.7%	0.2%
Inglewood	90302	53.3%	38.7%	1.2%	3.6%
Los Angeles	90006	11.0%	69.8%	18.0%	0.8%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Los Angeles	90011	11.7%	87.5%	0.6%	0.1%
Los Angeles	90013	70.2%	11.7%	13.1%	4.2%
Los Angeles	90015	24.6%	61.0%	11.4%	1.7%
Los Angeles	90016	44.9%	49.7%	2.0%	1.5%
Los Angeles	90017	19.8%	62.9%	13.2%	2.8%
Los Angeles	90018	38.8%	53.8%	3.6%	1.6%
Los Angeles	90019	39.0%	44.0%	13.6%	2.4%
Los Angeles	90026	36.6%	46.9%	4.8%	2.6%
Los Angeles	90037	23.8%	74.3%	0.9%	0.8%
Los Angeles	90057	13.4%	66.8%	17.9%	0.8%
Los Angeles	90062	37.0%	61.3%	1.0%	0.3%
Los Angeles/Baldwin Hills/Leimart Park	90008	73.2%	22.4%	2.5%	0.7%
Los Angeles/Dockweiler	90007	33.9%	45.4%	15.3%	4.4%
Los Angeles/Oakwood	90004	27.1%	47.0%	21.9%	3.8%
Los Angeles/View Park/Windsor Hills	90043	67.5%	30.1%	0.5%	0.8%
Los Angeles/West Compton	90061	39.1%	60.2%	0.4%	0.1%
South Central LA	90003	26.0%	73.3%	0.2%	0.2%
South Central LA	90044	40.5%	58.4%	0.5%	0.3%
South Central LA	90047	67.7%	29.2%	0.5%	1.5%
South Central LA	90059	37.4%	61.4%	0.6%	0.2%
South Central LA/Firestone Park	90001	13.5%	86.3%	0.1%	0.0%
South Central La/Watts	90002	27.0%	72.2%	0.6%	0.2%
South Gate	90280	10.7%	88.5%	0.4%	0.3%
California Hospital Service Area		**35.1%**	**55.3%**	**5.7%**	**2.6%**
Los Angeles County		**43.3%**	**39.4%**	**10.9%**	**5.4%**

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. http://factfinder.census.gov

Assessment Process and Methods

Collaborative Process

California Hospital participated in a collaborative process for the Community Health Needs Assessment, in partnership with Good Samaritan Hospital and St. Vincent Medical Center. Given that these hospitals share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue, as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Los Angeles County Department of Public Health, Think Health LA, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings compared to Healthy People 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Appendix 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

California Hospital Medical Center conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the medical center. Twenty-nine (29) interviews were completed from November 2018 to January 2019. Community stakeholders, identified by the Metro Los Angeles

Collaborative, were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Los Angeles County Department of Public Health.

The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview, in the context of the needs assessment, was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Health issues in the community
- Challenges and barriers people face in addressing these issues
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Additional comments and concerns

A list of the stakeholder interview respondents, their titles and organizations can be found in Appendix 2.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website https://www.dignityhealth.org/socal/locations/california hospital/about-us/community-programs/community-health-needs-assessment-plan. Public comment was solicited on the reports; however, to date, no comments have been received.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Margaret Lynn Yonekura, MD
Director, Community Health

Dignity Health – California Hospital Medical Center
Katrina R. Bada
Manager, Marketing & Public Relations
Good Samaritan Hospital

Kirsten Holguin
Executive Director, Public Relations
Verity Health System
St. Vincent Medical Center

Consultants

Jeff Merkow and Biel Consulting, Inc. conducted the CHNA. Jeff Merkow is a recognized leader in marketing communications, business development and public relations fields. Biel Consulting, Inc. is a specialist in the field of community benefit for nonprofit hospitals. Dr. Biel has over 24 years of experience conducting hospital Community Health Needs Assessments. For this CHNA, they were assisted by Sevanne Sarkis, JD, MHA, MEd and Jennifer Lopez, MPA, LSSBB.
www.bielconsulting.org

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings examines social and economic indicators as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with a 1 to 58 ranking system for the best to the poorest ranked counties. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked as 29, at the midpoint of all California counties, according to social and economic factors. The LA County ranking was 42 two years ago.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	29

Source: County Health Rankings, 2018. www.countyhealthrankings.org

The 2018 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need), based on their Index Value.

Except for Los Angeles 90013, all California Hospital service area Zip Codes have a rank of 5, the highest Index Value (highest socioeconomic need). Los Angeles 90013 has a SocioNeeds ranking of 4.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Los Angeles	90011	99.8	5
South Central LA/Firestone Park	90001	99.5	5
South Central LA	90003	99.5	5
Los Angeles	90037	99.5	5
South Central LA/Watts	90002	99.3	5
South Central LA	90059	99.3	5
Los Angeles	90057	98.9	5
Los Angeles	90017	98.8	5
Huntington Park	92055	98.8	5
Los Angeles	90006	98.6	5
Bell	90201	98.6	5
Los Angeles/Dockweiler	90007	98.5	5
South Central LA	90044	98.3	5
Los Angeles/West Compton	90061	98.0	5

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Los Angeles	90062	96.9	5
South Gate	90280	96.7	5
Los Angeles	90015	95.8	5
Los Angeles	90018	95.3	5
South Central LA	90047	91.0	5
Los Angeles	90016	90.4	5
Los Angeles/Oakwood	90004	88.3	5
Los Angeles/Baldwin Hills/Leimart Park	90008	86.6	5
Los Angeles/View Park/Windsor Hills	90043	85.1	5
Los Angeles	90026	84.9	5
Inglewood	90302	84.8	5
Hawthorne	92050	83.8	5
Los Angeles	90019	82.2	5
Los Angeles	90013	71.7	4
Los Angeles County		**91.1**	**N/A**

Source: 2018 SocioNeeds Index, https://www.conduent.com/community-population-health/

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the Federal Poverty Level (FPL) was set at an annual income of $11,880 for one person and $24,300 for a family of four. Among the residents represented in the California Hospital service area, 29.9% live in households which have incomes <100% of the Federal Poverty Level. A high poverty rate is both a cause and a consequence of poor economic conditions.

Individuals in Households with Income <100% FPL

	California Hospital Service Area	Los Angeles County
Household incomes at 100% FPL	29.9%	17.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Geography was defined by Zip Code Tabulation Areas (ZCTA).

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical health problems and are more likely to have behavioral and emotional problems. A view of children in poverty by SPA indicates that 45.4% of children in SPAs 4 and 6, and 29.9% of children in SPA 7 live below the poverty level. In SPA 4, 78.9% of children are categorized as poverty-level or low-income (≤200% FPL), 82.2% of children in SPA 6 and 72% of SPA 7 children are poverty-level or low-income.

Children in Poverty, Ages 0-17

	SPA 4	SPA 6	SPA 7	Los Angeles County
0-99% FPL	45.4%	45.4%	29.9%*	30.4%
100-199% FPL	26.2%	29.9%	36.0%*	22.9%
200-299% FPL	7.3%*	6.9%*	6.1%*	10.6%
300% FPL and above	21.1%	17.8%*	27.9%*	36.1%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Unemployment

The unemployment rate in Los Angeles is 4.8%. Los Angeles County has an unemployment rate of 4.7%.

Unemployment Rate, 2017 Average

	Percent
Los Angeles City	4.8%
Los Angeles County	**4.7%**
California	**4.8%**

Source: California Employment Development Department, Labor Market Information;
http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html
**Data available by city, therefore, ZIP Code-only areas in the service area are not listed.*

Free and Reduced Price Meals

The National School Lunch Program is a federally assisted meal program provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Among Los Angeles Unified School District schools, over three-fourths (78.8%) of the student population are eligible for the free and reduced-price meal program, which indicates a high level of low-income families. This is higher than county and state rates.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
Los Angeles Unified School District	78.8%
Los Angeles County	**67.3%**
California	**58.1%**

Source: California Department of Education, 2016-2017.http://data1.cde.ca.gov/dataquest/

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments, quotes and opinions edited for clarity:

- There are not enough jobs, so there are a lot of low-income people and they can't afford housing. There just are not enough jobs that they are qualified for.
- Vulnerable communities are those who do not speak any English, or are

undocumented, or are domestic violence survivors, who are 100% reliant on their abusers. Not having a stable income source or working for cash leaves people vulnerable and housing costs are on the rise.

- It is so important to have good educational opportunities and achieve some success. It leads to better employment, which leads to greater economic security.
- Wages are low compared to the cost of living. It takes so much of a person's income to afford housing. LA is rife with hunger and homelessness. The disparities in Los Angeles are shocking with housing and hunger and economic wellbeing.
- The majority of people in South Los Angeles are renters. There is so much new development coming in and many people are being displaced. There used to be African Americans who were able to have a place to live here, but now they are displaced to downtown Skid Row.
- Skid Row has greater economic insecurity. There are blocks and blocks of people living on the street. The Housing Justice Taskforce is looking at available land to acquire to create affordable and sustainable housing. It is slow going.
- What I perceive is there is a "donut hole." The most indigent, who are welfare recipients, are able to work through things, but people who are low-income and middle class sometimes have financial issues that limit their ability to access care.
- Access to a well-paying job and livable wages results in benefits for individuals and their families. Those who've returned to the community from being incarcerated, have trouble finding good job opportunities.
- Seniors are one of the fastest growing homeless populations. That tells you a lot about the impact of high rents and individual housing. Sometimes people stay with friends and family or live in their cars. There is a lot of excellent work going on that is looking for alternative housing solutions that are affordable. Solutions that encourage social connectedness and decrease isolation are also important.
- The unemployment rate has dropped, but there is limited access to a living wage. This continues to be a challenge and has an effect on homelessness. If you do not earn a living wage, you can't afford housing and that impacts public health.

Public Program Participation

A higher percentage of residents in SPA 6 participate in government-sponsored public programs compared to residents in SPA 4 and SPA 7. In SPA 4, 46.4% of adults below 200% of the FPL can't afford food and 25.5% utilize food stamps. In SPA 6, 49.3% of residents below 200% FPL can't afford food and 29% utilize food stamps. In SPA 7, 49.7% of residents below 200% FPL can't afford food and 24.6% utilize food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps but do not access this resource.

WIC benefits are more readily accessed. Among children in SPA 4, 53.6% access WIC benefits, 69.9% in SPA 6 access WIC benefits and in SPA 7 49.7% access WIC benefits. Among SPA 6 residents, 15.8% are TANF/CalWorks recipients, 10.7% of SPA 4 residents and 11.0% of SPA 7 residents are TANF/CalWorks recipients.

Public Program Participation

	SPA 4	SPA 6	SPA 7	Los Angeles County
Not able to afford food (<200%FPL)	46.4%	49.3%*	49.7%	42.6%
Food stamp recipients (<300% FPL)	25.5%	29.0%*	24.6%	21.6%
WIC usage among children, 6 years and under	53.6%	69.9%*	49.7%*	54.1%
TANF/CalWorks recipients	10.7%	15.8%*	11.0%	10.5%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percent of households in the service area with incomes less than 300% of the Federal Poverty Level that are food insecure is 38.1%. This percent is higher than the county rate of 29.2%.

Food Insecure Households, <300% FPL

	California Hospital Service Area	Los Angeles County
Food insecure households, <300% FPL	38.1%	29.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Farmers Markets Accepting EBT or WIC

Electronic Benefits Transfer (EBT) is how CalFresh (the California food stamp program), CalWORKs and other food and cash aid benefits are accessed in California. WIC stands for the Special Supplemental Nutrition Program for Women, Infants and Children, a federal assistance program. Most Farmers Markets in the area accept public benefit programs (EBT or WIC). Eight of the nine markets in LA City Council District 14 accept benefit programs.

Farmers Markets Accepting EBT or WIC

	Farmers Markets	Accepting EBT or WIC
Los Angeles City Council District 14	9	8

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Ecology Center's Farmers' Market Finder, 2017. http://publichealth.lacounty.gov/ohae/cchp/index.htm

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments, quotes and opinions edited for clarity:

- Food insecurity is very real. Parents make sure their kids are up early enough to go to school to get the school breakfast, because they know they don't have enough food to feed the family throughout the week. Their wages and salary are not enough to allow them to buy enough food.
- People try to stretch their money between paychecks by going to food pantries and receiving donations.
- Everyone is on limited budgets. We have food pantries everywhere because it's hard to get healthy food. Healthy food tends to be more expensive, so we supplement their dietary needs with food pantries. It's an issue for those on a fixed income.
- People may go to better neighborhoods to go to their grocery stores. There is food decay at their local markets.
- Our clients share that they are low income, maybe they don't have a job or they are underemployed and their kids don't have access to fresh fruit and vegetables or they have the same foods all the time, what we call "beige foods." It is not a lot of meat and vegetables; instead it's flour, beans and rice.
- People with food insecurity lack knowledge about programs like CalFresh and SNAP. There are a lot of people who think they are not eligible for these programs, so they don't apply. Among the undocumented, there is some fear with public charge and signing up for programs.
- Healthy food tends to be more expensive and those who don't have a lot of money tend to buy cheaper, less healthy alternatives.
- People buy the lowest cost food and go to food pantries, but they do not know where their next meal is coming from. Once people are in housing, they can cook. Some buildings have kitchens to cook nutritious meals that save money, and some people are able to start working after they are in housing.
- The safety net system does not provide food that is culturally sensitive to the needs of the Korean community. Food banks do not provide Korean food. Many are lactose intolerant, so they need soy, not milk and they eat more seafood. Instead of bread and tortillas, they eat rice. There is not an understanding of being culturally competent for Asians, so they end up not receiving the food they need.
- There are seniors who know how to get to food pantries. These are seniors who've been here 20-30 years and they tend to have immigration status and somehow, they've figured out how to access the safety net services. You will see senior Koreans at food pantries, but other than this one group, there are many vulnerable Koreans who are not accessing food resources.

- The 99 cent store, where people can afford to buy food, may have vegetables, but we see patients in the waiting room eating junk food all the time and children are rewarded with junk food as well.
- Transportation is a big issue, especially if you have to carry food around. With bulk foods, it is hard to manage food bags and children on a bus.
- When people try to choose between buying food or paying rent, it creates a real insecurity. Students, college students, even students at USC and affluent places, face food insecurity.
- We are seeing high rates of food insecurity, about 30% of households are below 300% of FPL. It is increasingly due to the higher cost of living, greater economic insecurity, and housing instability. 100 years ago, the food insecure were malnourished and underweight. Today, with our toxic food environment, the food insecure have higher rates of obesity, because they can only afford junk food that is calorie dense. And that tends to lead to some dysfunctional patterns, where they hoard and overconsume when they have more income. At the end of the month, when they are out of food, they starve themselves, then they get money and overconsume low nutrient, calorie-dense foods.
- There are food deserts in the county, where there is no affordable fresh food in lower income communities. There is an increase in diabetes and heart disease with access to unhealthy foods. A significant portion of students suffer from food and housing insecurity, as they are sacrificing wages in order to get a better education.
- Seniors who lack money don't eat in a healthy manner. This impacts their health.

Parks, Playgrounds and Open Spaces

The built environment influences an individuals' level of activity and ultimately their health. Youth who live in close proximity to safe parks, playgrounds, and open spaces are more physically active than those who do not live near those facilities. Lack of physical activity is associated with several negative health outcomes including cancer, diabetes, obesity, and attention deficit disorder. 78.0% of service area children, ages 1-17 years of age, had easy access to a park, playground or other safe place to play. 42.2% of adults utilized walking paths, parks, playgrounds or sports fields in their neighborhood. There are 0.95 park acres of green pace per 1,000 persons in the service area compared to 8.0 countywide.

Access to and Utilization of Parks, Playgrounds and Open Space

	California Hospital Service Area	Los Angeles County
Can easily get to a park, playground, or other safe place to play, ages 1 to 17	78.0%	86.8%

Adults who use walking paths, parks, playgrounds or sports fields in their neighborhood	42.2%	47.5%
Amount of green space (park acres) per 1,000 population	0.95	8.0

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. 2015 LA County Land Types, Los Angeles County GIS Data Portal; July 1, 2015 Population Estimates, prepared for Urban Research, LA County ISD, released 2016/04/08. Green space includes regional parks, gardens, and recreational centers.

Households

In the California Hospital service area there are 474,121 households and 501,827 housing units. Over the last five years, households grew by 4.0%, housing units grew at a lower rate (2.3%), and vacant units decreased by 12%. Owner-occupied housing increased by 1.8% and renter-occupied units increased by 6.1%.

Households and Housing Units, and Percent Change, 2011-2016

	California Hospital Service Area			Los Angeles County		
	2011	2016	Percent Change	2011	2016	Percent Change
Households	455,753	474,121	4.0%	3,218,518	3,281,845	2.0%
Housing units	490,754	501,827	2.3%	3,437,584	3,490,118	1.5%
Owner occ.	133,493	135,934	1.8%	1,539,554	1,499,576	(-2.6%)
Renter occ.	321,660	341,322	6.1%	1,637,009	1,782,269	8.9%
Vacant	34,971	30,776	(-12.0%)	219,066	208,273	(-4.9%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. http://factfinder.census.gov

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. 58.6% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. This percent is higher than the county rate of 48%.

Households that Spend 30% or More of Income on Housing

	California Hospital Service Area	Los Angeles County
Households that spend ≥30% of income on housing	58.6%	48.0%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. http://factfinder.census.gov. Geography was defined by ZIP Code Tabulation Areas (ZCTA).

Household income is defined as the sum of money received over a calendar year by all household members 15 years and older. Median household income reflects the relative affluence and prosperity of an area. The median household income in the service area is $35,956 and the average household income is $52,322.

Household Income

	California Hospital Service Area	Los Angeles County
Median* household income	$35,956	$57,952

Average household income	$52,322	$85,514

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. http://factfinder.census.gov
**Weighted mean across Service Area cities' medians. Median income is the amount that divides the income distribution into two equal groups, half having income above that amount, and half having income below that amount.*

Homelessness

In the service area, 8% of adults reported being homeless or not having their own place to live or sleep in the past five years. This percent is higher than the county rate (4.8%).

Homeless Adults

	California Hospital Service Area	Los Angeles County
Homeless adults	8.0%	4.8%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from this survey show a large increase in homelessness from 2015 to 2018.

In SPA 4, 89.7% of the homeless are individual adults and 9.9% are families. In SPA 6, 70.1% of the homeless are single adults and 25.8% are families. In SPA 7, 85.2% of the homeless are single adults and 19.5% are families. From 2015 through 2018, the percent of sheltered homeless in SPA 6 increased while the percent of sheltered homeless in SPA 4 and SPA 7 decreased. Shelter includes cars, RV's, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. The percentage of homeless families and unaccompanied minors has decreased from 2015 to 2018.

Homeless Population*, 2015-2018 Comparison

	SPA 4		SPA 6		SPA 7		Los Angeles County	
	2015	2018	2015	2018	2015	2018	2015	2018
Total homeless	11,681	14,218	7,513	8,343	3,571	4,569	41,174	49,955
Sheltered	34.3%	25.6%	29.1%	29.8%	25.4%	23.2%	29.7%	24.8%
Unsheltered	65.7%	74.4%	70.9%	70.2%	74.6%	76.8%	70.3%	75.2%
Individual adults	85.2%	89.7%	77.5%	70.1%	79.3%	85.2%	81.1%	84.1%
Family members	14.1%	9.9%	28.1%	25.8%	26.8%	19.5%	18.2%	15.8%
Unaccompanied minors (<18)	0.6%	0.3%	1.3%	0.06%	0.4%	0.02%	0.7%	0.1%

*Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count. https://www.lahsa.org/homeless-count/ *These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.*

Among the homeless population, 30.2% in SPA 4, 20.7% in SPA 6, and 18.7% in SPA 7

are chronically homeless. The rates of chronic homelessness among individuals in SPA 4 have increased from 2015 to 2018, and decreased in SPAs 6 and 7. Rates of serious mental illness have gone down in SPA 6 and SPA 7. From 2015 to 2018, there has been an increase in the homeless population with domestic violence experience in SPA 4 and SPA 6. Substance abuse rates among the homeless have decreased across the service area SPAs from 2015 to 2018. The rates of homeless veterans have also decreased as a percentage of total homelessness in service area SPAs.

Homelessness Subpopulations*

	SPA 4		SPA 6		SPA 7		Los Angeles County	
	2015	2018	2015	2018	2015	2018	2015	2018
Chronically homeless individuals	28.4%	30.2%	26.3%	20.7%	29.4%	18.7%	30.0%	25.7%
Chronically homeless family members	2.9%	1.5%	3.0%	0.6%	4.7%	8.0%	4.9%	0.9%
Brain injury	3.9%	3.5%	2.2%	3.5%	0.4%	2.2%	5.0%	3.5%
Chronic illness	8.9%	23.9%	5.3%	21.4%	0.4%	20.0%	6.7%	23.2%
Domestic violence experience	22.5%	31.4%	16.6%	21.3%	25.8%	25.3%	21.5%	26.8%
Persons with HIV/AIDS	3.2%	3.2%	1.3%	0.6%	0.2%	0.5%	1.9%	1.4%
Physical disability	17.4%	16.1%	18.0%	10.9%	20.7%	11.1%	19.5%	13.5%
Serious mental illness	29.2%	29.4%	25.2%	14.6%	30.3%	17.3%	29.6%	24.2%
Substance abuse disorder	24.3%	17.8%	17.1%	10.5%	43.8%	8.3%	25.2%	13.5%
Veterans	10.6%	7.6%	6.3%	5.4%	8.0%	6.6%	10.6%	7.1%

*Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count. https://www.lahsa.org/homeless-count/ *These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.*

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments, quotes and opinions edited for clarity:

- We have to understand there are very few who choose to be homeless. Many people live paycheck to paycheck, and if they lose their jobs, they will very quickly become homeless. They worry about where their next meal is coming from, especially if they have children. Unfortunately, the homeless can be voiceless. We have clients at risk of homelessness, but we are less likely to see them sleeping on the street. They are more hidden, in the shadows, in churches or a friend's house or in their cars to hide away. We have seen more clients with housing insecurity and a need for jobs and skills training, more so this year than ever before.
- Rents go up and multiple families live in a single unit; two or three families live in one apartment, sleeping on the floor, just making do, sharing the rent.
- Housing is expensive and people have to decide between paying the rent and utility bills or paying for medications or buying food. People don't have much of a margin

and if their cars gets impounded or they get a ticket, that can push someone over the edge. We need more of a safety net. It has been shredded. 75% or 80% of people do not have the ability to cover an emergency of $500, without going into debt or borrowing that money, if an emergency comes up.

- There is a huge connection with homeless and violence. Sometimes people are in a homeless situation because they are escaping violent situations.
- There has been a renaissance in downtown with restaurants, bars, hotels, etc. Gentrification is a very specific term where rich people move into an area and displace poor people from housing and jobs, but not one affordable housing facility has been displaced by improvement of the area. Right now, we are in the lowest level of unemployment. There are jobs out there, you can still be employed and live in your car.
- There is an intersection with mental health, substance use and homelessness. There is a significant gap in how we support our unsheltered neighbors who have multiple health challenges and substance abuse to get them linked to services.
- One of the biggest issues is being able to reach people. It's hard to find people on the street if they don't have a phone or phone number. This is a barrier to be able to engage people and get them enrolled in services.
- For people who have multiple, complex chronic conditions, once we engage them and enroll them in the coordinated entry system, they will go to the top of the list for housing, so that is a good thing. We are increasing our focus on serving these individuals with complex health issues, who are chronically homeless.
- There is a wait for housing once a person is enrolled in the coordinated entry system. It takes 6-8 months until a person who is matched with a housing voucher will get a permanent apartment. It is important that they have interim housing and recuperative care while waiting for permanent housing.
- There are two types of permanent housing: single site with supportive housing units and scattered site supportive housing where there is an individual apartment within the community and a landlord willing to accept section 8 vouchers. Those are harder to find as the real estate market has gone up. Landlords who used to accept supportive housing tenants are not accepting them anymore because they can get higher rents and those who are living on the edge have been displaced. There were 9,000 newly homeless in the county this year, due to the real estate market.
- For mothers, we need to increase their availability to have a home space. Being on waiting lists for housing impacts the whole family.
- One of the issues is NIMBY; we have to get to YIMBY. In Venice, community housing, is lovely and functional.
- Residents suffer from higher rates of poverty and fewer opportunities for quality education, fewer employment opportunities, limited infrastructure for job

development and youth development programs, a housing crisis and lots of pollution in the neighborhood. Many families who spend a high percent of their income on housing often live in crowded housing conditions, which contribute to adverse health outcomes.

- We need to recognize the homeless are not a homogenous group. The chronically homeless need different services than the short-term and intermittent homeless. The chronically homeless have conditions that are contributing to their homelessness, issues like mental health and substance use. There is some evidence that permanent supportive housing can help them become more stable, reduce ED care and reduce health care costs.
- There is never enough housing, and for those moving off the streets into housing, the transition period is at least two years.
- Many homeless people perceive that being in a shelter is more dangerous than being on the street.
- The city and county are making a great effort and have made huge strides in advancing health care for the homeless.

Educational Attainment

In the service area, 37.4% of the adult population has less than a high school education. This rate is higher than the county (27.5%) and the state (17.9%). 22.5% of the population are high school graduates and 22.4% have a college degree.

Educational Attainment

	California Hospital Service Area	Los Angeles County	California
Population age 25 and over	976,715	6,712,079	25,554,412
Less than 9th grade	23.0%	16.8%	9.9%
9th to 12th grade, no diploma	14.4%	10.7%	8.0%
High school graduate	22.5%	19.2%	20.6%
Some college, no degree	17.7%	17.6%	21.7%
Associate degree	5.1%	5.2%	7.8%
Bachelor's degree	12.0%	19.7%	20.1%
Graduate or professional degree	5.3%	10.8%	11.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. http://factfinder.census.gov

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rate for LAUSD (76.1%) is lower than the county (84.8%) and state (86.6%). None of these meet the Healthy People 2020 objective of 87% high school graduation rates.

High School Graduation Rates, 2017-2018

	Graduation Rate
Los Angeles Unified School District	76.1%
Los Angeles County	**84.8%**
California	**86.6%**

Source: California Department of Education, 2018. https://data1.cde.ca.gov/dataquest/

Preschool Enrollment

The percent of 3 and 4 year-olds enrolled in preschool in the Los Angeles City Council District 14 is 54%.

Children, 3 and 4 Years of Age, Enrolled in Preschool

	Percent
Los Angeles City Council District 14	54%
Los Angeles County	**54%**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Census Bureau's American Community Survey, 2011-2015. http://publichealth.lacounty.gov/ohae/cchp/index.htm

Reading to Children

Adults with children in their care, ages 0 to 5, were asked whether the children were read to daily by family members in a typical week. 50.4% of adults interviewed in the hospital service area responded yes to this question. This is lower than the county rate of 56.4%.

Children Who Were Read to Daily by a Parent or Family Member

	California Hospital Service Area	Los Angeles County
Children read to daily by parent	50.4%	56.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Community Input – Education

Stakeholder interviews identified the following issues, challenges and barriers related to education. Following are their comments, quotes and opinions edited for clarity:

- Not everyone needs to go to college, but everyone needs skills and knowledge for which others are willing to pay a living wage.
- A lot of parents are interested in the distinction between charter schools and non-charter schools. They don't know the benefits of each and ask us to provide some instruction or training on the differences between the types of schools.
- Parents lack knowledge of higher education. They can't guide their kids because they do not know much about financial aid, completing applications, loans, the different types of schools, pricing, and the matriculation process.
- A child getting out of school may need a job, otherwise they are a financial burden

on the household. Parents need their kids to go to work. They feel bad and want them to live better than they do, but they need them to work rather than go to school.
- Health literacy literature should be available in multiple languages and service providers should be able to provide services in multiple languages. Health education should be provided with early childhood education.
- Hospitals can focus on improving health literacy, adding school-based clinics and working with schools on prevention and vaccination issues.
- Anything that can be done to shore up classroom teachers the better. Students who are hungry and homeless impact learning.
- Decreasing levels of education are a great detriment to the social fabric of the community.
- Underfunded public schools don't provide enough early childhood education. Low-income kids are already behind because there are not adequate preschools and kids are not being read to at home. They start behind and end behind. We need to focus on early childhood education and early screening for developmental delays.
- One pathway for better education and health is greater health literacy.
- Health literacy is related to cultural sensitivity. We need to serve people that speak different languages and have different cultures.
- Often kids have to be bused or driven further out for better education opportunities. There is a lack of diversity and access to supplemental educational activities related to STEM and the arts, and students just don't have access.

Crime

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. 60.0% of adults in the service area perceived their neighborhoods to be safe from crime. This is lower than the 84.0% of LA County residents who perceived their neighborhoods to be safe from crime.

Perceived Neighborhood Safe from Crime

	California Hospital Service Area	Los Angeles County
Perceived neighborhood safe from crime	60.0%	84.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Intimate Partner Violence

13.8% of adults in the service area have reported experiencing physical (hit, slapped, pushed, kicked, etc.) or sexual (unwanted sex) violence by an intimate partner.

Intimate Partner Violence

	California Hospital Service Area	Los Angeles County
Intimate partner violence	13.8%	13.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

Domestic violence calls are categorized as "with" or "without a weapon." Weapons include firearms, knives, other weapons, and fists or other parts of the body that inflict great-bodily harm. The Los Angeles Police Department's "with weapon" domestic violence call rate (74.7%) was higher than the county (66.3%) and the state rate (43%).

Domestic Violence Calls

	Total	Without Weapon	With Weapon	Percent With Weapon
Los Angeles Police Dept.	23,197	5,876	17,321	74.7%
Los Angeles County	42,148	14,193	27,955	66.3%
California	164,569	93,783	70,786	43.0%

Source: California Department of Justice, Office of the Attorney General, 2017. https://oag.ca.gov/crime
**Data available by city, therefore, ZIP Code-only areas in the service area are not listed.*

Community Input – Violence and Injury

Stakeholder interviews identified the following issues, challenges and barriers related to violence and injury. Following are their comments, quotes and opinions edited for clarity:

- We see high rates of domestic violence and sexual assault with Korean intimate partner violence. They are embarrassed to ask for help, there are language barriers and people do not know where to go. Koreans have high rates of alcohol abuse and there is a high correlation with domestic violence. We have a long history of accepting violence, letting it be tolerated for the sake of the family. We have begun to report sexual assault. Part of that is the #MeToo movement, but also there has been a huge change in Korea and more women are now aware of sexual assault. They are breaking the stigma and silence to report it.
- The interaction between police and the community is problematic. There is fear of the institutions that are supposed to protect us. There is a reason to have fear if you are Black or Brown; you fear the police will kill you and ask questions later. If you call the police here, they don't show up or they come after you first.
- We've seen great improvement and declines in violent homicide. Violence has many forms; with gangs and homicide, we've seen a dramatic decline, but we don't understand all the factors that contributed to the decline. Perhaps it is better policing and law enforcement, community organizations with violence prevention, youth development programs to help keep kids from joining gangs, the gang culture itself may be changing and becoming less violent. But it continues to be a leading cause

of premature death with African American males. Other forms of violence we see are domestic violence, intimate partner violence, and we see far too much child abuse and elder abuse.

- Interpersonal violence is what I think of most often in communities we work with. It's an issue related to child abuse and domestic violence and even suicide.
- Prevention is key. There are too many guns in our households and a lot of angry and stressed people. If you are angry and stressed and have access to a gun, it is a recipe for disaster. With immigrants, we've seen a significant decrease in reporting violence. Domestic violence and community violence are not getting reported and addressed.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2020 objective is for 100% insurance coverage for all population groups.

Among service area children, ages 0 to 17, 97.7% are insured. 82.3% of adults in the area have insurance coverage.

Health Insurance Coverage

	California Hospital Service Area	Los Angeles County
Insured children, ages 0-17 years	97.7%	96.6%
Insured adults, ages 18-64 years	82.3%	88.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

When the type of insurance coverage was examined for the service area, 32.7% of the residents in SPA 4, 48.7% in SPA 6, and 25.2% in SPA 7 have Medi-Cal coverage. In SPA 4, 30.3% have employment-based insurance, in SPA 6 22.7% have employment-based insurance and in SPA 7, 38.1% of the population have employment-based insurance.

Insurance Coverage by Type

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Medi-Cal	32.7%	48.7%	25.2%	28.6%	26.1%
Medicare only	1.6%*	0.8%*	1.6%*	1.2%	1.3%
Medi-Cal/Medicare	6.0%	6.4%*	8.3%	4.5%	3.8%
Medicare and others	4.9%	3.6%	6.3%	7.5%	8.8%
Other public	1.2%*	1.0%*	1.4%*	1.1%	1.3%
Employment based	30.3%	22.7%	38.1%	39.8%	43.3%
Private purchase	5.8%	3.5%	4.4%*	6.4%	6.2%
No insurance	17.4%	13.3%	14.8%	11.0%	9.3%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 95.7% of children and 73.0% of adults in the service area have a regular source of health care.

Regular Source of Health Care

	California Hospital Service Area	Los Angeles County
Percent of children ages 0-17 years with a regular source of health care	95.7%	94.3%
Percent of adults 18-64 years with a regular source of health care	73.0%	77.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

In SPA 4, 43% of adults access care at a doctor's office, HMO or Kaiser and 30.5% access care at a clinic or community hospital. 39.2% of adults in SPA 6 access care at a doctor's office, HMO or Kaiser and 41.5% access care at a clinic or community hospital. 46.7% of adults in SPA 7 access care at a doctor's office, HMO or Kaiser and 30.9% access care at a clinic or community hospital.

Sources of Care

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Dr. office/HMO/Kaiser	43.0%	39.2%	46.7%	56.8%	59.4%
Community clinic/government clinic/ community hospital	30.5%	41.5%	30.9%	24.3%	23.7%
ER/Urgent Care	2.5%*	3.7%*	2.6%*	2.1%	1.7%
Other	1.0%*	0.5%*	1.9%*	1.0%	0.9%
No source of care	23.0%	15.0%	17.9%	15.8%	14.3%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Access to primary care providers increases the likelihood that community member will have routine checkups and screenings. When access to care through a usual source of care is examined by race/ethnicity, Asians are the least likely to have a usual source of care in SPA 4 (70.7%), SPA 6 (68.9%) and SPA 7 (56.1%).

Usual Source of Care by Race/Ethnicity

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
African American	83.6%*	91.2%*	81.8%	87.9%	88.6%
Asian	70.7%	68.9%*	56.1%*	81.4%	83.1%
Latino	75.4%	82.7%	82.8%	80.3%	80.9%
White	86.5%	83.4%	97.1%	91.3%	90.8%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

26.1% of the population in SPA 7 visited an ER in the past 12 months. This is higher than in SPA 4 (19.7%) and SPA 6 (24.3%). In SPA 6, adults, 18-64 years old, visited the ER at the highest rates (28%). In SPA 6 seniors visited the ER at higher rates (27.1%) than SPA 4 seniors (21.6%) and SPA 7 seniors (17.6%). Low-income and poverty level

residents tend to visit the ER at higher rates than the total population.

Use of the Emergency Room

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Visited ER in last 12 months	19.7%	24.3%	26.1%	20.8%	20.6%
0-17 years old	19.2%*	15.4%*	28.9%	18.6%	19.4%
18-64 years old	19.5%	28.0%	27.1%	21.1%	20.5%
65 and older	21.6%	27.1%	17.6%	23.0%	23.2%
<100% of poverty level	25.6%	25.1%*	27.5%	22.5%	25.1%
<200% of poverty level	21.6%	23.3%	17.6%	21.8%	23.5%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Delayed or Forgone Care

Individuals who receive services in a timely manner have greater opportunity to prevent disease or detect disease during earlier, treatable stages. A delay of necessary care can lead to an increased risk of complications.

Residents of SPA 4 delayed or did not get medical care (13.4%) when needed at higher rates than in SPA 6 (9.8%) or SPA 7 (8.3%). The percent of respondents who ultimately went without needed medical care was 9.4% of residents in SPA 7, 8.2% of residents in SPA 4, and 5.4% of SPA 6 residents. These rates are higher than the Healthy People 2020 objective of 4.2% of the population who forgo care.

Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 60.4% of SPA 4, 54.1% of SPA 6 and 39.1% of SPA 7 residents who delayed or went without care listed “cost/Insurance Issues” as a barrier.

Delayed Care in Past 12 Months, All Ages

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Delayed or did not get medical care	13.4%	9.8%	8.3%	11.7%	10.9%
Had to forgo needed medical care	8.2%	5.4%	9.4%	6.7%	4.7%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	60.4%	54.1%	31.9%	46.8%	49.4%
Delayed or did not get prescription meds	8.7%	8.6%	10.1%	8.5%	9.1%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/

Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care. Following are their comments, quotes and opinions edited for clarity:

- Not having enough providers is the biggest issue. We can’t increase access if we

don’t have providers to see patients.

- Health care is accessible but people do not know how to access it.
- The biggest issue I see is ethnic diversity and lack of ways to communicate with residents in the community. Many of them may be monolingual or English is a second language. They want to read material in a language they are most familiar with. It interferes with health outcomes if they do not have education materials to support their conversations with clinicians.
- Health insurance is too expensive for many people.
- People without insurance use the ED as their primary health care because hospitals have to provide care with no guarantee of reimbursement.
- For our community, language needs are not met, because they do not rise to certain thresholds for language availability. Immigrants from indigenous populations in Mexico and Guatemala and Asian dialects, and so many other languages, do not have translation and interpretation. I’m not sure if there is use of language lines and accommodations. There are certainly not materials in the needed languages.
- For older populations, they do not understand how to keep their doctors if they are enrolled in Medicare. Transportation is a huge issue, particularly for the elderly. If they are dual eligible, and they are in a health plan, a managed care plan, they don’t know transportation to medical appointments is free.
- The majority of our residents are Latino and many are undocumented. There is a decrease in people wanting to enroll in health care coverage. Current policies have been detrimental to how we can enroll people.
- There is always a problem with utilization. Even when people had signed up and have obtained insurance, utilization is a problem.
- The waiting time to get an appointment is long. Once a person gets an appointment, the wait time to be seen is also long. People on Medi-Cal may have multiple jobs and have to take time out from their jobs to see a doctor. Then, they may be waiting for 3-5 hours to see the doctor.
- Given the diverse health needs that hospitals address, being able to stitch together various safety net programs is a big challenge. In serving low-income populations, when they leave the hospital and return to the clinic, the information about the hospital visit and discharge is not routinely shared with the primary care provider. If the information is not transmitted, we have to start the care process again.
- Sometimes the people who need help the most have the hardest time getting the treatment they need. Poverty creates an enormous strain on the county hospital system and this is a barrier to accessing health care.
- Some people can’t access services in the language they are most comfortable with.
- Primary care doctors are taking on a huge volume of patients and they are unable to care for all of them adequately. Many physicians are underpaid such that they

actually become less available to their patients, by virtue of the volume of the people that they care for.

- There is a need for multidisciplinary care that will improve access to care and broaden the use of physician assistants and nurse practitioners.
- Lower drug costs will allow patients to more readily access health care.
- For clinics, the biggest challenge is the political climate around immigration. There is an uptick in people not going to their doctor appointments, based on their immigration status, which has an impact on access to care. With specialty care, there are certain specialists who are hard to access for patients who have Medi-Cal.
- To access care, transportation is a challenge. There is also a need for child care. Patients may have multiple children and they have difficulty securing child care prior to their visits. Access to care, when people are not working, after school or in the evening or other nontraditional working hours like weekends, is important for our population. Often times, their need to make health appointments can be economically challenging because they have to miss work.
- Koreans, if they are undocumented, don't have Medi-Cal. Many Koreans are still underinsured. They work in a small business or they are small business owners and they choose not to get insurance and pay the penalty.
- Many people don't have access to technology. They may have a phone but are afraid to use data. If they go to the local neighborhood clinic, it's crowded, there is a huge waiting line and they don't want to go there, because they give referrals to larger organizations and hospitals.

Dental Care

Oral health is essential to a person's overall health and wellbeing. 52.9% of adults in the service area did not visit a dentist in the past year.13.9% of children in the service area did not obtain dental care in the past year because they could not afford it.

Delay of Dental Care

	California Hospital Service Area	Los Angeles County
Adults who did not see a dentist or go to a dental clinic in the past year	52.9%	40.7%
Children, ages 3-17, who did not obtain dental care (including check-ups) in the past year because they could not afford it	13.9%	11.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to dental care. Following are their comments, quotes and opinions edited for clarity:

- Even with insurance, dental care is very expensive. As a result, people don't continue to take care of their teeth. We need reasonable coverage for dental care.
- A lot of dental services that are needed are not covered by insurance. Patients who have Medi-Cal are largely unaware that their benefits include dental care.
- There are not enough dental providers in South Los Angeles, who take Medi-Cal.
- People are not able to access dental care because of a lack of insurance. Koreans do not have health insurance let alone dental insurance, so there are issues with not getting enough dental care.
- A lot of seniors have dental problems as a result of not being able to get care, because of the high price of dental care.
- There are not enough pediatric dentists. We also don't have enough providers who will see pregnant women.
- There was an interruption of publicly-funded dental care (Denti-Cal) from 2009 to 2014. But now it's been re-funded. A challenge and barrier will be to get people to come back in for dental care.
- Dental care is an unmet need and prevention is not adequate. Fluoride varnishes aren't provided often enough for low-income, at-risk populations.
- There is a lack of services for oral care. The community clinics that do offer care are often at capacity and can't accept new patients. We can't refer patients to other nonprofit community centers that accept Medi-Cal. In some areas, private dental providers do not accept Medicare or Medi-Cal. As a result, patients have to pay out of pocket or they just don't receive care.
- Dental care was recently given more funding. Tobacco tax 56, which raised $2 per pack for cigarettes and e-cig products, has some funds allocated for oral health.
- A big concern among kids is tooth decay and poor oral health. It's relatively prevalent and a source of discomfort that can get in the way of learning in school.
- There are big deficits in the percent of people who get the dental care they need. They are not getting preventive care. They are just accessing care when they absolutely need it.
- The water is fluoridated in LA, but some communities don't have this. There is some public opposition and fear that it can be harmful, but it is not really substantiated. It has been shown to be very safe.
- I understand that people think bottled water is good. But it is bad to drink only bottle water because in LA drinking water has fluoride. Especially for children, fluoride is important to prevent cavities and have proper teeth formation. Public water also has minerals and nutrients that aren't in bottled water.
- Basic cleaning of teeth and oral hygiene is a challenge. In some neighborhoods, people go to other people's homes and they receive makeshift dental care. They are

doing root canals in garages.

- Over the past 30 years the segmentation or separation of health insurance and dental insurance has created a dichotomy that resulted in the perception that dental insurance is not as important as health insurance. Oral health does not have as high a priority as other things in life. As long as they are not in pain, people tend to not seek treatment. Those who have a high value for oral health, or are convinced that oral is connected to general health, or have a health care provider who emphasizes that connection; they are the ones who do whatever they need to access dental care.
- With a large immigrant population in the area, cultural understanding and nuances play a big role. More recent immigrants tend to access dental care that is more consistent with the country they came from. This may include not providing children with dental care.
- Many Medi-Cal recipients don't know they have dental insurance. This issue is being addressed at the state level and Medi-Cal is having a campaign to ensure their patients know they have dental services.

Birth Characteristics

Births

From 2013 to 2015, there was an average of 24,743 births in the hospital service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 782.0 per 1,000 live births, which is higher than county (581.2 per 1,000 live births) or state (524.0 per 1,000 live births) rates.

Delivery Paid by Public Insurance or Self-Pay, per 1,000 Live Births

	California Hospital Service Area	Los Angeles County	California
Delivery paid by public insurance or self-pay	782.0	581.2	524.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015,and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Prenatal Care

Pregnant women in the service area entered prenatal in the first trimester at a rate of 78.1%. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Mother Received Early Prenatal Care, among All Live Births

	California Hospital Service Area	Los Angeles County
Early prenatal care	78.1%	82.9%

Source: California Department of Public Health: 2016 Birth Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Program on September 2018

Teen Birth Rate

Teen births occurred at a rate of 88.3 (8.8%) per 1,000 live births in the service area. This rate is higher than the teen birth rate in the county (55.5) and state (55.4).

Births to Teenage Mothers (Under Age 20), 2013-2015

	California Hospital Service Area	Los Angeles County	California
Births to teen mothers	8.8%	5.6%	5.5%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Premature Birth

The rate of premature births occurring before the start of the 37th week of gestation in the service area is 5.9% (59.1 per 1,000 live births). This rate of premature births is higher than the county and state rate (5.3%) of premature births.

Premature Birth before Start of 37th Week or Unknown, per 1,000 Live Births

	California Hospital Service Area	Los Angeles County	California
Premature birth	5.9%	5.3%	5.3%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possible death. The service area rate of low birth weight babies is 7.9% (78.8 per 1,000 live births). This is higher than the county (7.1%) and state (6.8%) rates. The service area rate does not meet the Healthy People 2020 objective of 7.8% of low birth weight births.

Low Birth Weight (<2,500g), per 1,000 Live Births

	California Hospital Service Area	Los Angeles County	California
Low birth weight	7.9%	7.1%	6.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Mother Smoked Regularly During Pregnancy

The service area rate of mothers who smoked regularly during pregnancy was 6% (60.0 per 1,000 live births), which is higher than the county rate (2.1%) and state rate (2.4%).

Mothers Who Smoked Regularly During Pregnancy, per 1,000 Live Births

	California Hospital Service Area	Los Angeles County	California
Mother smoked	6.0%	2.1%	2.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Infant Mortality

The infant (less than one year of age) mortality rate in in the service area was 5.4 deaths per 1,000 live births. The infant death rate is less than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	California Hospital Service Area	Los Angeles County
Infant death rate	5.4	4.1

Source: 2012-2016 Birth Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, July 2018. Five years combined. 2016 Death Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, July 2018.

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at California Hospital Medical Center indicate 91.0% of new mothers breastfeed and 63.8% breastfeed exclusively.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
California Hospital Medical Center	2,853	91.0%	2,000	63.8%
Los Angeles County	**101,802**	**93.9%**	**67,939**	**62.6%**
California	**384,637**	**93.9%**	**285,146**	**69.6%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at California Hospital. Among Latina mothers, 93.5% initiate breastfeeding and 66.6% breastfeed exclusively. Among African American mothers, 80.1% initiate breastfeeding and 49.2% breastfeed exclusively. Among White mothers, 90.4% initiate breastfeeding and 71.4% breastfeed exclusively. 100% of Asian mothers chose to breastfeed and 71.4% breastfeed exclusively.

In-Hospital Breastfeeding, California Hospital Medical Center, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latino/Hispanic	2,136	93.5%	1,522	66.6%
African American	459	80.1%	282	49.2%
White	94	90.4%	77	74.0%
Asian	28	100%	20	71.4%
California Hospital Medical Center	**2,853**	**91.0%**	**2,000**	**63.8%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Community Input – Birth Characteristics

Stakeholder interviews identified the following issues, challenges and barriers related to birth characteristics. Following are their comments, quotes and opinions edited for clarity:

- There is a need for more education to reduce low-birth rates for African Americans.
- Issues occur with younger women who get pregnant and pregnant women who do not go to the doctor right away and get proper medications and tests.
- A lot of Koreans don't have health care coverage so they are not getting adequate prenatal care.

- Breastfeeding may be perceived as being inferior to formula when the reverse is actually true. Breastfeeding is self-regulated and babies can't be forced to overeat.
- When a child turns 3, it is the one thousandth day of life. In those days, if we can keep children healthy, it will have an impact on their development for the rest of their lives. By age 3, particularly with immigrants, damage to teeth is debilitating. By age 3, they already have baby bottle syndrome; they are dentally disabled. Education needs to start before the woman is pregnant and on through the early days of a child's life. There are a number of positive influences that can occur when you educate the mother on good oral hygiene for a child and watch their diets and how to brush and floss and apply fluoride varnish. One of the absolute indicators that a child is at high risk for decay is if the mom has an unhealthy mouth.
- There is a higher risk with back-to-back pregnancies. It is important to space pregnancies to improve the health of the mother and the baby.
- One issue we are starting to uncover is exposure to trauma. Home visitation programs are a good way to integrate care throughout pregnancy.
- Younger women tend to bottle feed their babies. Those who know the benefits, they will breastfeed. Some are working mothers so it is easier to give a bottle.
- For working moms, mortality rates are driven by family planning knowledge and resources. Prenatal care includes access to proper nutrition. Breastfeeding is very important and is not so easy for women who are working.
- Infant mortality rates are double for African Americans. Infant mortality rates for Black women are related to the stress of racism.
- For families, it's sad to see such high levels of poverty, which work against healthy birth outcomes. We are seeing rising rates of congenital syphilis. This is completely preventable. Women are not getting screened or treated for STIs. This gets passed along to their children with devastating outcomes.
- The rates of prematurity are rising. There is a lack of knowledge about what to do to avoid premature birth.

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Los Angeles City Council District 14 was 82.7 years.

Life Expectancy at Birth

	Years of Life Expected
Los Angeles City Council District 14	82.7
Los Angeles County	**82.3**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2016.
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Child/Youth Death Rate, by Race/Ethnicity

From 2013 to 2015, African-American children and youth, 1 to 24 years of age, were almost twice as likely to die as White children and youth, and almost three times as likely to die as Asian/Pacific Islander children and youth.

Mortality Rate, per 100,000 Children and Youth, Ages 1 to 24, 2013-2015

	Los Angeles County	California
Asian/Pacific Islander	18.3	19.5
White	28.0	31.6
Hispanic/Latino	27.4	28.4
Black/African-American	54.3	61.9
Multiracial	16.5	19.2

Source: kidsdata.org, a Program of the Lucile Packard Foundation for Children's Health, based on CA Dept. of Public Health data, 2013-2015 three-year totals; https://www.kidsdata.org/

Leading Causes of Death

Heart disease, cancer, and stroke are the top three causes of death in the service area. The causes of death are calculated using age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted Rate per 100,000 Persons, 2013-2015

	California Hospital Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Average Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	6,561	201.4	166.9	161.5	No Objective
Ischemic heart disease	4,709	145.3	120.4	103.8	103.4

	California Hospital Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Average Annual Deaths	Rate	Rate	Rate	Rate
Cancer	5,313	155.6	150.6	158.4	161.4
Stroke	1,356	42.2	35.6	38.2	34.8
Diabetes	1,228	36.6	23.9	22.6	Not Comparable
Chronic Lower Respiratory Disease	955	29.7	30.9	36.0	Not Comparable
Alzheimer's disease	808	27.8	32.2	35.5	No Objective
Pneumonia and influenza	832	26.7	22.7	16.8	No Objective
Unintentional injuries	1,035	24.4	21.5	31.8	36.4
Liver disease	731	19.3	14.4	13.8	8.2
Kidney disease	517	15.8	11.1	8.5	Not Comparable
Homicide	568	11.1	5.4	4.9	5.5
Suicide	247	5.5	7.8	11.0	10.2
HIV	224	5.4	2.4	1.9	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) was higher in the service area (145.3 deaths per 100,000 persons) than in the county (120.4 deaths per 100,000 persons) or state (103.8 deaths per 100,000 persons). The rate of ischemic heart disease death in the service area was higher than the Healthy People 2020 objective of 103.4 heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was higher in the service area (42.2 deaths per 100,000 persons) than in the county (35.6 deaths per 100,000 persons) and the state (38.2 deaths per 100,000 persons). The rate of stroke death does not meet the Healthy People 2020 objective of 34.8 stroke deaths per 100,000 persons.

Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	6,561	201.4	166.9	161.5
Ischemic heart disease death rate	4,709	145.3	120.4	103.8
Stroke death rate	1,356	42.2	35.6	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million

Cancer

In the service area the age-adjusted cancer mortality rate was 155.6 per 100,000 persons. This was lower than the state rate of 158.4 per 100,000 persons. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 cancer deaths per 100,000 persons.

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	5,313	155.6	150.6	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In the county, the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the state rates of death.

Cancer Mortality, Age-Adjusted, per 100,000 Persons

	Los Angeles County	California
Cancer all sites	**142.1**	**146.6**
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia*	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015 http://www.cancer-rates.info/ca/ *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri*

Lung Cancer

The service area lung cancer death rate was 27.2 per 100,000 persons, higher than the county rate of 26.4 per 100,000 persons.

Lung Cancer Mortality Rate, per 100,000 Persons

	California Hospital Service Area	Los Angeles County
Lung cancer death rate	27.2	26.4

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Breast Cancer

Breast cancer is a leading cause of cancer death among women in the United States. The breast cancer death rate in the hospital service area was 19.7 per 100,000 females.

Breast Cancer Mortality Rate, per 100,000 Females

	California Hospital Service Area	Los Angeles County
Breast cancer death rate	19.7	19.5

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Colorectal Cancer

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer—cancer of the colon or rectum—is one of the most commonly diagnosed cancers and is the second leading cancer killer in the United States. In the service area, the colorectal cancer death rate was 14.9 per 100,000 persons. This was less than the county rate for colorectal cancer deaths (26.4 per 100,000 persons).

Colorectal Cancer Mortality Rate, per 100,000 Persons

	California Hospital Service Area	Los Angeles County
Colorectal cancer death rate	14.9	26.4

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Diabetes

Diabetes is a leading cause of death. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the population ages. In the service area, the diabetes death rate was 36.6 per 100,000 persons, which was higher than county and state rates.

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate

Diabetes death rate	1,228	36.6	23.9	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, accounting for 50% to 80% of dementia cases. In the service area, the Alzheimer's disease death rate was 27.8 per 100,000 persons. This was lower than county and state rates.

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	808	27.8	32.2	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Chronic Lower Respiratory Disease (CLRD)

Chronic Lower Respiratory Disease refers to a group of diseases that cause airflow blockage and breathing-related problems. CLRD most commonly includes COPD, chronic bronchitis and emphysema. In the service area, the CLRD death rate was 29.7 per 100,000 persons. This was lower than county and state rates.

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	955	29.7	30.9	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 24.4 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 deaths from unintentional injuries per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area	Los Angeles County	California

	Number	Rate	Rate	Rate
Unintentional injury death rate	1,035	24.4	21.5	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Homicide

In the service area, the age-adjusted death rate from homicides was 11.1 per 100,000 persons. This rate was more than double county or state rates for homicides. The Healthy People 2020 objective for homicides is 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	568	11.1	5.4	4.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Suicide

In the service area, the age-adjusted death rate due to suicide was 5.5 per 100,000 persons. The Healthy People 2020 objective for suicides is 10.2 per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	247	5.5	7.8	11.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million

Liver Disease

In the service area, the liver disease death rate was 19.3 per 100,000 persons. This exceeds the Healthy People 2020 objective for liver disease death of 8.2 per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	731	19.3	14.4	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Drug Overdose

The death rate due to drug overdose has been increasing over the last few decades. The majority of deaths due to pharmaceutical overdose involve opioid analgesics (prescription painkillers). In the service area, the death rate due to drug overdose in total Years of Potential Life Lost (YPLL) was 194.2 per 100,000 persons.

Drug Overdose Death Rate (YPLL), per 100,000 Persons

	California Hospital Service Area	Los Angeles County
Drug overdose death rate	194.2	209.0

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Motor Vehicle Crashes

The death rate due to motor vehicle crashes in total Years of Potential Life Lost (YPLL) was 303.7 per 100,000 populations among service area residents.

Motor Vehicle Crash Death Rate (YPLL), per 100,000 Persons

	California Hospital Service Area	Los Angeles County
Motor vehicle crash death rate	303.7	237.2

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 26.7 per 100,000 persons, which was higher than county and state rates.

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and Influenza death rate	832	26.7	22.7	16.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Kidney Disease

In the service area, the kidney disease death rate was 15.8 per 100,000 persons. This rate was higher than county and state rates of death from kidney disease.

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area	Los Angeles County	California

	Number	Rate	Rate	Rate
Kidney disease death rate	517	15.8	11.1	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

HIV

In the service area, the death rate from HIV was 5.4 per 100,000 persons. This rate was higher than the county death rate from HIV (2.4) and state rate of death from HIV (1.9).

HIV Mortality Rate, Age-Adjusted, per 100,000 Persons

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	224	5.4	2.4	1.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Acute and Chronic Disease

Diabetes

In the hospital service area 13% of adults have been diagnosed with diabetes.

Adult Diabetes

	California Hospital Service Area	Los Angeles County
Adult diabetes	13.0%	9.8%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Among adults in SPA 4, 11.6% have been diagnosed as pre-diabetic, 13.0% of adults in SPA 6, and 16.5% of adults in SPA 7 reported they have been diagnosed as pre-diabetic. For adults with diabetes, 41.4% in SPA 4 felt very confident that they could control their diabetes, 57.4% of adults with diabetes in SPA 6 and 59.1% of adults with diabetes in SPA 7 felt very confident that they could control their diabetes.

Adult Diabetes

	SPA 4	SPA 6	SPA 7	Los Angeles County
Diagnosed pre-diabetic	11.6%	13.0%	16.5%	12.4%
Diagnosed with diabetes	10.1%	12.7%	12.0%	9.7%
Very confident to control diabetes	41.4%	57.4%*	59.1%	56.5%
Somewhat confident	36.7%	37.1%*	32.7%	32.8%
Not confident	21.8%*	5.5%*	8.2%*	10.7%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Among Latino adults in SPAs 4, 6 and 7, 12.5% have been diagnosed with diabetes. 11.0% of Asian residents and 7.7% of African American adults, in SPAs 4, 6 and 7 have been diagnosed with diabetes.

Adult Diabetes by Race/Ethnicity

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
Latino	12.5%	11.7%	11.3%
Asian	11.0%*	7.8%	8.8%
African American	7.7%	13.7%	11.6%
White	3.9%	6.9%	7.6%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Diabetes is an Ambulatory Care Sensitive (ACS) condition defined by the Agency for Healthcare Research and Quality as a condition resulting in hospital admissions that with improved high quality outpatient care could have been avoided, and result in lower

cost to the hospital and better quality of life for the patient. In the service area, diabetes-related hospitalizations occur at a rate of 22.2 per 10,000 persons.

Diabetes Hospitalization Rate, per 10,000 Persons

	California Hospital Service Area	Los Angeles County
Diabetes hospitalization	22.2	15.7

Source: California Office of Statewide Health Planning and Development, 2016 Nonpublic Patient Discharge Data (AB2876 File); July 1, 2016 Population Estimates, prepared for Urban Research, LA County ISD, released 2017/04/01 (catchment areas); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates (Los Angeles County). Includes Los Angeles County residents who went to licensed hospitals in Los Angeles County with principal diagnosis of diabetes mellitus (ICD-10 codes: E10-E14). Geography was defined by patients' residential ZIP Codes.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). 20.8% of adults in the service area have been diagnosed with hypertension. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%.

Adults with Hypertension

	California Hospital Service Area	Los Angeles County
Hypertension	20.8%	23.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Among adults in SPAs 4, 6 and 7, 37.4% of Whites, 36.7% of African Americans, 31.4% of Asians, and 28.0% of Latinos reported high blood pressure.

Adult High Blood Pressure by Race/Ethnicity

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
White	37.4%	29.3%	31.1%
African American	36.7%	42.6%	39.8%
Asian	31.4%	25.5%	23.7%
Latino	28.0%	25.6%	25.3%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/

The rate of hypertension-related hospital admissions in the service area was 8.0 per 10,000 persons. This rate is higher than in the county (5.1 per 10,000 persons).

Hypertension Hospitalization Rate, per 10,000 Persons

	California Hospital Service Area	Los Angeles County
Hypertension hospitalization	8.0	5.1

Source: California Office of Statewide Health Planning and Development, 2016 Nonpublic Patient Discharge Data (AB2876 File); July 1, 2016 Population Estimates, prepared for Urban Research, LA County ISD, released 2017/04/01 (catchment areas); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates (Los Angeles County). Includes Los Angeles County

residents who went to licensed hospitals in Los Angeles County with principal diagnosis of hypertension (ICD-10 codes: I10, I12, I15). Geography was defined by patients' residential ZIP Codes

Heart Disease

For adults in SPA 4, 3.8% reported they have been diagnosed with heart disease. 5.4% of adults in SPA 6, and 5.1% of SPA 7 adults reported they have been diagnosed with heart disease. Among adults diagnosed with heart disease, 66.5% in SPA 4 were given a management care plan by a health care provider, 66% in SPA 6 were given a management care plan by a health care provider, and 46.2% in SPA 7 were given a management care plan.

Adult Heart Disease

	SPA 4	SPA 6	SPA 7	Los Angeles County
Diagnosed with heart disease	3.8%	5.4%	5.1%	5.6%
Has a management care plan	66.5%	66.0%*	46.2%	66.5%
Very confident to control condition**	45.5%			57.7%
Somewhat confident to control condition**	46.0%			35.7%
Not confident to control condition**	8.5%*			6.6%*

*Source: California Health Interview Survey, 2014-2016. **2015-2016 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

SPAs 4, 6 and 7 have higher rates of heart disease among Asians (6.8%) and Latinos (5.4%) than were reported in the county or the state

Adult Heart Disease by Race/Ethnicity

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
Asian	6.8%*	4.9%	5.0%
Latino	5.4%	4.2%	4.2%
White	4.9%	7.8%	8.6%
African American	4.0%*	6.2%	5.6%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Asthma

In the service area, 7.6% of children have been diagnosed with asthma (ever diagnosed and reported still having asthma and/or having an asthma attack in the past year).

Pediatric Asthma

	California Hospital Service Area	Los Angeles County
Pediatric asthma	7.6%*	7.4%

*Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. *Unstable percentages due to small numbers. Interpret with caution.*

The rate of hospital admissions in the service area for pediatric asthma was 14.1 per 10,000 children.

Pediatric Asthma Hospital Admissions, per 10,000 Children

	California Hospital Service Area	Los Angeles County
Pediatric asthma hospitalizations	14.1	10.8

Source: California Office of Statewide Health Planning and Development, 2016 Nonpublic Patient Discharge Data (AB2876 File); July 1, 2016 Population Estimates, prepared for Urban Research, LA County ISD, released 2017/04/01 (catchment areas); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates (Los Angeles County). Includes Los Angeles County residents who went to licensed hospitals in Los Angeles County with principal diagnosis of asthma (ICD-10 codes: J45-J46; ages 0-17 years). Geography was defined by patients' residential ZIP Codes.

In SPA 4, 10.9% of the population has been diagnosed with asthma. 9.2% of persons in SPA 6 and 13.8% of residents in SPA 7 have been diagnosed with asthma. Among those with asthma, 55.4% in SPA 4, 49.9% in SPA 6 and 23.8% in SPA 7 take daily medication to control their symptoms.

Asthma

	SPA 4	SPA 6	SPA 7	Los Angeles County
Ever diagnosed with asthma, total population	10.9%	9.2%	13.8%	12.4%
ER or urgent care visit in past year due to asthma, total asthmatic population	12.0%*	14.2%*	10.8%*	11.2%
Takes daily medication to control asthma, total asthmatic population	55.4%*	49.9%	23.8%	43.8%
Diagnosed with and currently has asthma and/or had an attack in past year, 0-17 years old**	5.9%	7.8%	7.5%	7.4%
ER or Urgent Care visit in past year due to asthma, 0-17 years old**	49.0%*	48.5%*	26.4%	38.7%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*
***Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;*
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm

Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer rates are lower overall than at the state level. However, the rates of colorectal cancer (36.3 per 100,000 persons), uterine cancers, (25.9 per 100,000), thyroid cancer (13.6 per 100,000 persons), and ovarian cancer (12.0 per 100,000) exceed the state rates.

Cancer Incidence, Age-Adjusted, per 100,000 Persons

	Los Angeles County	California
Cancer all sites	**375.5**	**395.2**
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and bronchus	36.7	42.2
Colon and rectum	36.3	35.5
In situ breast (female)	26.1	28.2

	Los Angeles County	California
Uterine** (females)	25.9	24.9
Non-Hodgkin lymphoma	17.8	18.2
Urinary bladder	15.1	16.8
Thyroid	13.6	12.8
Melanoma of the skin	13.3	21.6
Kidney and renal pelvis	13.2	13.9
Ovary (females)	12.0	11.6
Leukemia*	11.6	12.3

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015 http://www.cancer-rates.info/ca/ *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri*

The rate of newly-diagnosed breast cancer in Los Angeles City Council District 14 was 127.3 per 100,000 females.

Newly Diagnosed Breast Cancer Cases, per 100,000 Females

	Rate
Los Angeles City Council District 14	127.3
Los Angeles County	**140.5**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. http://publichealth.lacounty.gov/ohae/cchp/index.htm

The rate of newly-diagnosed colon cancer in Los Angeles City Council District 14 is 43.4 per 100,000 persons

Newly Diagnosed Colon Cancer Cases, per 100,000 Persons

	Rate
Los Angeles City Council District 14	43.4
Los Angeles County	**37.9**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. http://publichealth.lacounty.gov/ohae/cchp/index.htm

HIV

In the service area, the incidence of HIV (annual new cases) for persons ages 13 and older is 46.4 per 100,000 persons. The service area HIV incidence rate is twice the county rate of HIV (23.1 per 100,000 persons).

Incidence of HIV, Ages 13+, per 100,000 Persons

	California Hospital Service Area	Los Angeles County
HIV incidence	46.4	23.1

Source: 2016 new HIV diagnosis based on June 2018 enhanced HIV Surveillance Database; Division of HIV and STD programs, Los Angeles County Department of Public Health

Community Input – Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic diseases. Following are their comments, quotes and opinions edited for clarity:

- In the US, we focus on treatment versus prevention and we need to shift to prevention. What you do now affects your life 10-20 years from now.
- High blood pressure is a challenge as many people don't know they have it and they are not routinely checked. There is a lack of places to get quick screenings done so that people do not need to take time off of work to attend an appointment.
- Koreans have disproportionately high rates of chronic diseases like Hepatitis B, Hepatitis C and stomach cancer. Since these conditions are not generally as prevalent in larger communities, early screening doesn't happen. People are not diagnosed until the disease is pretty far along. Koreans may not have health insurance, so they are not getting regular checkups and screenings. As a result, detection for chronic disease is delayed.
- Chronic heart disease, diabetes and respiratory disease are impacted by bacteria from oral health disease and periodontal disease.
- It is tough to access and to manage diabetes if there is no safe place to exercise, a person can't afford medications, or there aren't places to get fresh fruits and vegetables.
- A person with insurance through Medi-Cal or My Health LA may be able to get a primary care provider, but the wait to see a specialist can be very long and take a lot of communication back and forth. We are seeing delays of three months to a year for access to specialists in the county system.
- We still don't do an adequate job with prevention. It is pretty well known that our ability to prevent chronic diseases is influenced by the social determinants of health. To do a better job with prevention and screenings, we have to do a better job of spreading the adoption of electronic medical records, clinic records and health information exchange and community-based care management.
- Heart disease and diabetes are the top two health conditions we see in our patients. Sometimes they exist as comorbidities. We serve a diverse ethnic population and our challenges are providing education that is most relevant to their cultures regarding nutrition and physical activity.
- We are seeing a rise in diabetes. A large portion of the population is pre-diabetic and a significant percent don't know this. Diabetes is strongly linked with obesity. Society and the environment fuel the epidemic of obesity and diabetes. We have a toxic food environment where we are inundated with high calorie, low nutrient foods. In addition, our environment works against us to be physically active.
- Health literacy is how people can absorb health education. When they become more health literate they become more action-oriented toward prevention. Promotoras, home visitors, teachers and student peers can play an important role in educating

the community.

- People over-utilize ED services to deal with chronic diseases when they should be managed by a primary care provider or specialist.
- There are limited resources available to manage chronic diseases like diabetes, when a person does not have access to healthy foods and safe neighborhoods.
- Some substance use providers don't feel they have the medical expertise to deal with chronic complex medical issues. Providers, who deal with chronic conditions, don't always inquire about substance use, even though it may be a primary contributor. We need better screening for all conditions someone is experiencing.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings measures healthy behaviors and ranks counties according to health behavior data. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top 20% of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Health Status

Among the residents in the service area, 28.6% rate themselves as being in fair or poor health, which is higher than the county rate of 21.5%.

Adult Health Status, Fair or Poor Health

	California Hospital Service Area	Los Angeles County
Fair or poor health status, adults	28.6%	21.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Limited Activity Due to Poor Health

Adults in the hospital service area limited their activities due to poor mental or physical health on an average of 2.6 days in the previous month.

Activities Limited Due to Poor Mental/Physical Health, Average Days in Past Month

	California Hospital Service Area	Los Angeles County
Days of limited activities from poor health	2.6	2.3

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Disability

24.1% of adults in SPA 4, 26.3% of adults in SPA 6 and 32.3% of adults in SPA 7 reported that they had a physical, mental or emotional disability. The rate of disability in the county is 22.6%.

Adults with a Disability

	SPA 4	SPA 6	SPA 7	Los Angeles County
Adults with a disability	24.1%	26.3%	32.3%	22.6%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm

Children with Special Health Care Needs

In LA County, 14.5% of children were reported by their caretakers to meet the criteria of having a Special Health Care Need. This negative metric is higher in the hospital service area (14.7%).

Children with Special Health Care Needs

	California Hospital Service Area	Los Angeles County
Children, 0-17, with special needs	14.7%	14.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Sexually Transmitted Infections

The rate of sexually transmitted infections (STIs) was higher in the service area than in the county. The rate of new cases of chlamydia was 818.6 per 100,000 persons. The rate of new cases of gonorrhea was 349.7 per 100,000 persons and the rate of new cases of syphilis was 26.4 per 100,000 persons.

STI Incidence, Annual New Cases, per 100,000 Persons

	California Hospital Service Area	Los Angeles County
Chlamydia	818.6	572.4
Gonorrhea	349.7	215.8
Primary and secondary syphilis	26.4	17.7

Source: 2016 STD Surveillance Database; Division of HIV and STD programs, Los Angeles County Department of Public Health

Teen Sexual History

In SPAs 4, 6 and 7, 98.4% of teens, ages of 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. This was a higher rate of abstinence than seen at the county level (88.9%).

Teen Sexual History, 14 to 17 Years Old

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
Teen never had sex	98.4%*	88.9%*	81.2%

*Source: California Health Interview Survey, 2015-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to

sexually transmitted infections (STIs). Following are their comments, quotes and opinions edited for clarity:

- We provide information on birth control options. Some Latinos do not want to talk about contraception. Many women don't take our resource information home because they don't want their partners to know they were talking about safe sex or birth control. African Americans are open to birth control, but a group of girls say African American men will not use condoms provided at free health clinics. There continues to be pressure to have unprotected sex.
- Rates of infection for people ages18-25 are high, especially with AIDS transmission. For men having sex with men in prison, when they are released, the AIDS epidemic increases in the areas they were released.
- We provide birth control to kids as young as middle school age because they are having sex. They are 12 and already they are having sex. In predominately White communities it happens too, but they will have abortions. Our families can't afford abortions. People don't want to acknowledge their kids are having sex or that they have STIs and are getting pregnant.
- No one is talking about homosexuality and transgenderism and bisexuality. They want to know more about it, but they do not know where to get more information. We had a health fair but people were afraid to go to the table and be seen there. No one talked to them.
- The LGBQT community is stigmatized in the Korean community, so there is a lack of awareness and education to address the needs of LGBQT Koreans. This includes STI education. Koreans have problems with sex trafficking and Korean immigrants who have problems with STIs.
- For teens and young adults, there is a sense of invincibility and it seems like there are more people having casual sexual encounters. If women get into care early enough, there can be less risk to the newborn from HIV, syphilis or gonorrhea.
- We underspend in prevention for STIs. Now we don't have enough prevention programs and we have this epidemic. We have tools and effective interventions but not the necessary resources on the ground to make a dent in the problem.
- Education and prevention are needed in communities of color. Treatments are enhanced, and people are living longer, so that is an encouraging sign.
- We use clinician routinized screening for HIV and other STIs. We screen all patients, ages 15 and above, for HIV and chlamydia. The refusal rate is negligible when we do this.
- There is not adequate funding to address the rate of infections right now, it is very challenging because a couple of decades ago, there was such fear about HIV. People were using condoms and were more careful about partners. With more effective treatments, we have relaxed our behaviors and concerns. In addition,

certain populations have new ways of meeting partners, like through the Internet, which has fueled more risk for STIs. In some communities, some men are bisexual and closeted and that places more women at risk of STI. And again, the challenge with getting women into timely prenatal care is needed to eliminate congenital syphilis. We are looking for additional resources to address the rising rates of STIs.

- Young people, ages 12 to 24, have the highest risk of STIs. LGBT kids have a higher risk than the average teenager.
- Health education in the county has been cut and the state requires that Healthy Use Act. How well equipped are teachers to present this?
- Rates for STI have gone up significantly. There is a lot of education out there, but we don't create culturally appropriate practices and norms embedded in that education to reach the right communities.
- On the West side, there is an issue with increased funding of PrEP. Now there has been a reduction in HIV diagnoses, but an increase in STIs because individuals stopped using prophylactics.
- With HIV, there are unintended consequences to the advent of HIV drugs. What is happening generationally is that young people today think if they have unprotected sex and get HIV, they will just take a pill and it will be okay.
- If we have access to condoms and tampons, we could reduce infections and accidental pregnancy.

Overweight and Obesity

13.8% of children in SPA 4, 18% in SPA 6 and 18.4% of children in SPA 7 are overweight. This is lower than the county rate of overweight children (19.8%). 40.9% of teens in SPA 4, 29.9% in SPA 6 and 28% of teens in SPA 7 are overweight. This is higher than the county rate of overweight teens (24.3%). 34.2% of adults in SPA 4, 26.6% in SPA 6 and 36.2% of adults in SPA 7 are overweight. The rate of overweight adults in SPA 7 is higher than the county rate of overweight adults (35.1%).

Overweight For Age

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Adult (18+ years)	34.2%	26.6%	36.2%	35.1%	35.9%
Teen (ages 12-17)	40.9%*	29.9%*	28.0%*	24.3%*	18.1%
Child (under 12)	13.8%*	18.0%*	18.4%*	19.8%	16.6%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

29.2% of adults in the service area are obese with a Body Mass Index of 30.0 or above. This is higher than the rate of obesity in the county (23.5%). The Healthy People 2020 objective for adult obesity is 30.5%.

Adult Obesity

	California Hospital Service Area	Los Angeles County
Adult obesity	29.2%	23.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

The Healthy People 2020 objective for teen obesity is 16.1%. 7.8% of teens in SPA 4, 18.9% of teens in SPA 6 and 10.7% of teens in SPA 7 are obese.

Teen Obesity

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Teen, ages 12-17, obesity	7.8%*	18.9%*	10.7%*	12.9%*	22.6%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Over half of the adult population of every race in the service area except for Whites in SPA 4 and Asians in SPA 6 are overweight and obese.

Adults, 20+ Years of Age, Overweight and Obese by Race/Ethnicity

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
African American	76.9%*	71.3%*	50.6%*	70.6%	71.7%
Asian	55.3%*	41.5%*	59.2%*	45.8%	43.6%
Latino	66.5%	83.7%	78.0%	74.8%	73.9%
White	41.6%*	59.7%*	63.0%*	52.7%	58.1%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as "needing improvement" (overweight) or "at health risk" (obese). In LAUSD, over a quarter of 5th, 7th and 9th grade students tested as body composition being "at health risk."

5th, 7th and 9th Graders; Body Composition, 'Needs Improvement' and 'Health Risk'

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Los Angeles Unified School District	20.4%	30.1%	21.2%	25.9%	22.1%	24.3%
Los Angeles County	**19.9%**	**25.3%**	**19.9%**	**21.9%**	**20.4%**	**20.1%**
California	**19.2%**	**21.5%**	**19.1%**	**19.6%**	**19.2%**	**18.0%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Fast Food

Adults consume fast food at higher rates than children, teens or seniors. In SPA 4, 23.8% of adults, 15.5% of children and 10.3% of seniors consume fast food three or more times a week. 32.4% of adults, 21% of children and 16.1% of seniors in SPA 6 consume fast food three or more times per week. In SPA 7, 18.1% of adults, 21.0% of children and 11.7% of seniors consume fast food three or more times per week.

Fast Food Consumption, Three or More Times a Week

	SPA 4	SPA 6	SPA 7	Los Angeles County
Adult, ages 18-64	23.8%	32.4%	18.1%	29.6%
Children and youth, ages 0-17	15.5%*	21.0%*	21.0%*	20.7%
Seniors, ages 65+	10.3%*	16.1%*	11.7%*	13.4%

Source: California Health Interview Survey, 2014-2016.http://ask.chis.ucla.edu/

Soda/Sugar-Sweetened Beverage (SSB) Consumption

45.7% of children in the service area drink at least one soda or sweetened drink a day. This exceeds the county rate of 39.2% of children who consume a SSB daily.

Children Who Consume Soda or Sweetened Beverages

	California Hospital Service Area	Los Angeles County
Daily soda/SSB consumption, children	45.7%	39.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

Adequate Fruit and Vegetable Consumption

10.8% of adults in the service area consume five or more servings of fruits and vegetables a day.

Adults Who Consume Five or More Servings of Fruits and Vegetables Daily

	California Hospital Service Area	Los Angeles County
Adults who consume 5+ servings of fruits and vegetables a day	10.8%	14.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

61.9% of children in the service area have excellent or good access to fresh fruits and vegetables in their community.

Children with Access to Fruits and Vegetables

	California Hospital Service Area	Los Angeles County
Children with access to fruits and vegetables	61.9%	75.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Physical Activity

32% of adults in the service area obtained the recommended amount of aerobic exercise each week plus muscle strengthening. 16.4% of children, ages 6-17, in the service area obtained the weekly recommended amount of aerobic exercise of 60 or more minutes daily and muscle-strengthening at least two days a week.

Adults and Children Meeting Aerobic Activity and Muscle Strengthening Guidelines

	California Hospital Service Area	Los Angeles County
Adult physical activity	32.0%	34.1%
Child physical activity	16.4%	17.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Moderate amounts of physical activity are recommended for people of all ages. 15.4% of area children and teens spent over five hours in sedentary activities after school on a typical weekday, and 5.7% spent over 8 hours a day on sedentary activities on weekend days. Among SPA 4, 6, and 7 teens, 14.6% did not engage in physical activity for at least one hour a day.

Sedentary Children and Teens

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	15.4%*	12.7%	12.8%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	5.7%*	8.7%	8.3%
Teens no physical activity in a typical week	10.9%*	11.6%	10.8%

*Source: California Health Interview Survey, 2014-2016; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity, including health eating and physical activity. Following are their comments, quotes and opinions edited for clarity:

- Some healthy foods are more expensive than junk food.
- A lot of people are not aware of what the park and recreation centers provide and some people don't feel safe to walk outside.
- Access to food touches on nutrition and obesity and physical activity. One major problem here is we still don't have access to affordable and healthy produce. We lack grocery stores in South Los Angeles. There are a lot of liquor stores,
- People will not exercise for 30 minutes a day if they do not feel safe walking about outdoors.
- Healthy eating can start in pregnancy with education of the pregnant women on how

to eat.

- In certain parts of LA County, there are no moratoriums on fast food restaurants, and no requirements for them to serve or have healthy options.
- There need to be more comprehensive, aggressive public health initiatives with healthy education around prevention and the long-term impact of obesity and diabetes for children.
- There are a lot of foods that provide calories but are not healthy; those tend to be inexpensive foods. It used to be thought of malnutrition as the skinny kid, but now we also have the overweight and obese because they are not well nourished. They may be over-nourished with fat and calories.
- Today's environment has really taken out the need for physical activity. It used to be you had to go under your own power by walking or riding your bike, but not so much now. You don't have to move, you can do the drive-through for even the carwash. And with fast-food, you don't have to exert yourself or even cook.
- One of the challenges in the community we serve is that there are not enough opportunities for exercise. There are not a lot of parks and they are not safe and people do not feel comfortable to exercise. There is a lack of access to healthy foods and people still say there are more liquor stores than grocery stores in the community we serve.
- Koreans have traditionally not had a problem with obesity and overeating, but it is rapidly becoming a problem. Among kids, there is a higher rate of being sedentary. Koreatown is one of the most park-poor neighborhoods in LA. There are few green spaces for kids to run around and be physically active, so a lot of kids are stuck at home in apartments and not getting much activity at all.
- There is a lack of access to health centers and workout facilities.
- There is a lack of knowledge about nutrition and fatty foods and understanding fresh versus processed food. People do not have good information about eating nutritionally and how it can impact their weight and other chronic conditions.

Mental Health

Mental Health, Adults

In the service area, 9.6% of adults in SPA 4, 4.8% in SPA 6, and 7.8% in SPA 7 have seriously thought about committing suicide. 9.1% of SPA 4 adults, 7.2% of adults in SPA 6, and 9.3% of SPA 7 adults had experienced serious psychological distress in the past year. 10.9% of adults in SPA 4, 6.3% in SPA 6, and 9.9% of SPA 7 adults had taken a prescription medication for an emotional/mental health problem during the past year.

Mental Health Indicators, Adults

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Ever seriously thought about committing suicide	9.6%	4.8%*	7.8%*	7.3%	9.3%
Adults who had serious psychological distress during past year	9.1%*	7.2%*	9.3%*	8.0%	8.0%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.9%*	6.3%*	9.9%*	8.4%	11.1%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Mental Health Care Access, Adults

Over half (51.4%) of residents in SPA 4, 31.9% in SPA 6 and 34.9% in SPA 7 reported receiving care for mental and emotional issues from primary care physicians and mental health professionals in the past year.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Primary care physician only	4.2%*	34.4%*	30.6%*	18.7%	23.1%
Mental health professional only	44.4%*	33.7%*	34.6%*	44.7%	39.4%
Both	51.4%*	31.9%*	34.9%*	36.6%	37.5%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

14.2% of residents in SPA 4, 7% in SPA 6 and 4.3% in SPA 7 had visited a professional more than three times in the past year for mental health/drug/alcohol issues.

Visits to a Professional for Mental/Drug/Alcohol Issues in Past Year

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
0 Visit	83.3%	88.6%*	92.1%*	88.5%	87.4%

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
1 – 3 Visits	2.4%*	4.4%*	3.6%*	3.0%	4.6%
4 – 6 Visits	4.6%*	2.1%*	0.4%*	2.3%	2.6%
7+ Visits	9.6%*	4.9%*	3.9%*	6.2%	5.4%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Mental Health, Teens

2.4% of teens needed help for emotional or mental health problems. 8.4% of teens who reported needing help were low-income, 3.6% were female, 2.9% were Latino and 8.5% were 15-17 years old.

Teen Needed Help for Emotional or Mental Health Problems

	SPAs 4, 6, 7	Los Angeles County	California
Teen population	2.4%*	30.4%	35.7%
0-99% Federal Poverty Level (FPL)	2.6%*	5.1%*	17.4%*
100-199% FPL	0.9%*	3.9%*	12.2%*
200-299% FPL	8.4%*	15.8%*	16.9%
300%+ FPL	No data	22.7%*	23.8%
Male	No data	13.0%*	12.4%*
Female	3.6%*	10.6%*	25.3%
White	No data	28.8%*	28.5%
Black	No data	11.1%*	21.1%*
Latino	2.9%*	7.7%*	92.3%*
Asian	No data	No data	8.0%*
12 - 14 years old	No data	6.3%*	13.7%*
15 - 17 years old	8.5%*	21.4%*	25.1%

*Source: California Health Interview Survey, 2012-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

1.8% of teens in the area reported receiving psychological and emotional counseling in the past year. 4.6% of these teens were living in poverty, 2.2% were male and 1.6% were female. Older children (3.8%), ages 12 to 14, received counseling services at higher rates.

Received Psychological/Emotional Counseling in Past Year, Teens

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
Teen population	1.8%*	15.9%*	10.1%
0-99% Federal Poverty Level (FPL)	4.6%*	12.7%	11.4%
100-199% FPL	No data	8.8%*	9.2%
200-299% FPL	No data	13.2%*	9.8%
300%+ FPL	No data	14.6%	13.8%
Male	2.2%*	13.0%	10.5%

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
Female	1.6%*	12.9%	12.8%
White	No data	16.7%	15.1%
Black	No data	14.8%*	13.5%*
Latino	2.4%*	12.7%	10.2%
Asian	No data	4.7%*	6.7%*
12 - 14 years old	1.1%*	10.7%	9.8%
15 - 17 years old	3.8%*	16.1%	13.6%

*Source: California Health Interview Survey, 2011-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments, quotes and opinions edited for clarity:

- If we don't understand something we are scared of it. In the past, we had family units, neighbors knew neighbors. Especially in LA, people are lonely. We have a high rate of suicide.
- With cancer, everyone is empathetic, and we support them because people can understand it. But people won't do that with bipolar disease because they know they will be shunned. They are scared and they keep it to themselves.
- There are not enough mental health providers in the community. There are more people who need services than there are providers to see them in a timely fashion.
- For many ethnic communities, there is stigma around needing mental health services.
- Those with mental health issues suffer broadly disproportionate adverse health outcomes. They live shorter lives, suffer higher rates of heart disease, diabetes, cancer, and stroke, and experience higher levels of violence and substance use.
- Clinics don't have easy access to mental health providers who are willing to serve in the community. People experience anxiety and depression and need licensed professionals. We can't find enough licensed professionals to work in clinics.
- Depression is widespread, under-recognized and under-diagnosed. The treatment service system is fragmented and there is poor coordination with medical services.
- LA Unified is fortunate to have about 500 mental health providers, but that is not enough for all the schools.
- We don't want to air our dirty laundry to outsiders for fear of being crazy and giving stigma to the rest of the family who would lose face. There is a lack of understanding what mental health is and so people think you can pray it away or take herbs or that they just need more willpower. People lack understanding where they can go to access mental health care and there is a lack of culturally sensitive care and linguistically competent providers.
- In the African American community, when there is a definite need for mental health,

most will prefer to go to church and seek support with their pastor versus professional mental health services. In Latino communities, they say it is a sign of weakness and they do not want others to know they had mental health services. Many families suffer and it causes a stain on the whole family.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. 14.9% of adults in the service area smoke cigarettes.

Smoking, Adults

	California Hospital Service Area	Los Angeles County
Adults who smoke	14.9%	13.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

5.7% of teens in the service area have reported smoking an e-cigarette. According to the Centers for Disease Control, tobacco use is started and established primarily during adolescence.

Smoking, Teens

	SPA 4, SPA 6, SPA 7	Los Angeles County	California
Ever smoked an e-cigarette	5.7%*	10.3%*	9.1%
Smoked one in the past 30 days	No data	28.3%*	33.7%*

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period. For males, this is five or more drinks per occasion and for females, it is four or more drinks per occasion. In the service area, 16.7% of adults reported binge drinking in the past 30 days.

Adults who Binge Drink

	California Hospital Service Area	Los Angeles County
Adults who binge drink	16.7%	15.9%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

16.8% of SPA 4, 18.9% of SPA 6 and 16.3% of SPA 7 teens reported ever having an alcoholic drink.

Teen Alcohol Experience

	SPA 4	SPA 6	SPA 7	Los Angeles County	California
Teen ever had an alcoholic drink	16.8%*	18.9%	16.3%*	19.8%	22.5%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana

Marijuana use (ever) was reported by 49% of residents in SPA 4, and 15% of the population used marijuana on an average of 14.9 days in the past 30 days. In SPA 6, 47% of the population had tried marijuana, and 17% of the population used marijuana an average of 14.4 days in the past 30 days. In SPA 7, 41% of the population had tried marijuana, and 10% of the population used marijuana an average of 14.5 days in the past month. The average age to initiate marijuana use was 18 years old in SPA 4, 17 years old in SPA 6, and 17.2 years old in SPA 7.

Marijuana Use

	SPA 4	SPA 6	SPA 7	Los Angeles County
Ever tried marijuana, total population	49%	47%	41%	48%
Ever tried marijuana, 12-17 years old	22%	26%	30%	
Ever tried marijuana, 18-24 years old	53%	65%	48%	
Ever tried marijuana, 25+	47%	49%	38%	
Used marijuana past 30 days, total population	15%	17%	10%	14%
Used marijuana past 30 days, 12-17	9%	11%	13%	
Used marijuana past 30 days, 18-24	27%	33%	20%	
Used marijuana past 30 days, 25+	15%	17%	8%	
Avg. days used, past 30, total population	14.9	14.4	14.5	14.0
Avg. days used, past 30, users 12-17	10.7	11.5	7.9	
Avg. days used, past 30, users 18-24	15.2	14.8	11.7	
Avg. days used, past 30, users 25+	15.5	16.8	15.8	
Avg. age at initiation of use, total population	18.0	17.0	17.2	17.3
Avg. age at initiation of use, users 12-17	13.0	12.3	13.3	
Avg. age at initiation of use, users 18-24	15.7	15.5	15.3	
Avg. age at initiation of use, users 25+	17.7	17.7	17.3	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Prescription Drug Misuse

Prescription drug misuse and its related problems are among society's most pervasive health and social concerns. In SPA 4, 20% of the population had misused prescription drugs. 18% of SPA 6 residents and 16% of SPA 7 residents had misused prescription drugs. In SPA 4, 3% of the population misused prescription drugs on an average of 9.1 days in the past 30 days. In SPA 6, 6% of the population misused prescription drugs on an average of 9.1 days in the past 30 days. In SPA 7, 1% of the population misused prescription drugs on an average of 11.3 days in the past 30 days. The average age to initiate drug misuse was 22.8 years old in SPA 4, 17.5 years old in SPA 6 and 20.4 years old in SPA 7.

Prescription Drug Misuse

	SPA 4	SPA 6	SPA 7	Los Angeles County
Ever misused Rx meds, total population	20%	18%	16%	19%
Ever misused Rx meds, 12-17 years old	14%	11%	14%	
Ever misused Rx meds, 18-24 years old	22%	21%	18%	
Ever misused Rx meds, 25+	21%	16%	16%	
Misused Rx meds past 30 days, total population	3%	6%	1%	3%
Misused Rx meds past 30 days, 12-17	4%	5%	5%	
Misused Rx meds past 30 days, 18-24	3%*	4%	2%	
Misused Rx meds past 30 days, 25+	4%	4%	1%	
Avg. days misused, past 30, total population	9.1	9.1	11.3	9.1
Avg. days misused, past 30, users 12-17	7.7	8.8	7.2	
Avg. days misused, past 30, users 18-24	3.5*	3.3*	5.5	
Avg. days misused, past 30, users 25+	9.9	10.6	15.0	
Avg. age at initiation of misuse, total population	22.8	17.5	20.4	21.4
Avg. age at initiation of misuse, users 12-17	11.1	11.8	15.3	
Avg. age at initiation of misuse, users 18-24	15.9	17.4	14.8	
Avg. age at initiation of misuse, users 25+	22.4	18.5	21.6	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

For those who had misused prescription drugs, 57% of users in SPA 4, 33% in SPA 6, and 52% in SPA 7 misused sedatives. Sedatives were the most likely to be misused in SPAs 4 and 7, and Vicodin was the most likely to be misused in SPA 6 (44%).

Type of Prescription Drug Misuse

	SPA 4	SPA 6	SPA 7	Los Angeles County
Sedatives/sleeping pills	57%	33%	52%	52%
Vicodin/Vikings	40%	44%	46%	49%
OxyContin/percs	29%	39%	26%	33%
Adderall/skippy	24%	13%	25%	25%
Don't know	9%	6%	12%	9%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Opioid Use

The rate of hospitalizations due to an opioid overdose was 5.6 per 100,000 persons in Los Angeles County. This was lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate was lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. https://discovery.cdph.ca.gov/CDIC/ODdash/

Community Input – Substance Use and Misuse

Stakeholder interviews identified the following issues, challenges and barriers related to substance use and misuse. Following are their comments, quotes and opinions edited for clarity:

- Alcohol misuse continues to be a problem in the Korean community. We see DUIs and driving accidents, fatalities and injuries as a result of alcohol.
- Many people who have substance abuse issues also have mental health issues. Mental health is multifaceted and if we address it we will decrease some substance use issues.
- We talk to young people, and many started using because they had a sports injury and they were prescribed opioids. They became used to it, increased the dosage, and then before they knew it, they were addicted. And then, they move onto street drugs.
- There are not enough providers and facilities to provide substance use services and there is not enough training for providers and clinical staff about how to work with people who have substance use issues.
- There is a lack of culturally responsive substance abuse providers in the Korean-American community. Most agencies do not have bilingual or bicultural staff and they do not have cultural competency for Korean Americans. Koreans do not know where to go to get these services.
- There is a definite stigma and lack of education and awareness around what substance abuse is. Without education, people just ignore it until it gets to a crisis point where their child is failing in school or getting arrested or something critical is happening.
- There is still a lack of coordination around mental health and substance use. There was a lot more emphasis on prevention a couple of years ago.
- There has been legalization of cannabis for adults, but not for youth. Wherever adults overindulgence in substance use, where adults have access to substances, youth will also have access. The challenge is youth programs are based on adult models but that may not be the most effective with youth.

- Substance use is not confined to low-income, less advantaged, it is also people with middle and upper-class incomes who overuse and abuse prescription opiates.
- People are really hooked on pain medications and what is particularly challenging is there are people who need those medications. Trying to distinguish between those who need it versus those being harmed is challenging.
- With the CURES website there are new restrictions on prescribing. This is going to prevent much of the opioid problem in the future.
- When teens or young people are exposed to drugs or do not receive the message that drugs can be harmful, they are more likely to experiment. Pot is often a gateway drug and leads to more dangerous issues.
- A lot of men drink after work and feel it is their right because they worked hard. This causes problems. Parents complain about fighting and children witnessing it.
- With pot, people don't see it as a problem drug, since it's legal. They don't see how it can impact younger children and slow productivity.

Preventive Practices

Immunization of Children

Rates of complete vaccinations for Kindergarten students in the 2017-2018 school year were off slightly statewide from 2016-2017 when they reached their highest levels since 2001. However, rates of compliance with childhood immunizations upon entry into Kindergarten in Los Angeles Unified School District again increased (from 94.3% in 2016-2017) and are now above the state average (94.9%) and the county (94.7%). Great progress toward higher rates of childhood immunizations was made in the past three years; in the 2014-2015 school year, only 78.9% of Kindergartners in Los Angeles Unified had the required immunizations.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018

	Immunization Rate
Los Angeles Unified School District (LAUSD)	95.2%
Los Angeles County*	**94.7%**
California*	**94.9%**

*Source: California Department of Public Health, Immunization Branch, 2017-2018. *For those schools where data were not suppressed due to privacy concerns over small numbers.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Vaccines

In the service area, 56.3% of children 6 months to 17 years, and 32.3% of adults have been vaccinated for influenza. The Healthy People 2020 objective is to have 70% of the population receive a flu shot.

Flu Vaccination

	California Hospital Service Area	Los Angeles County
Children, 6 months - 17 years	56.3%	55.2%
Adults	32.3%	40.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 65.8% pf seniors in SPA 4, 51.1% of SPA 6 seniors, and 60.9% of SPA 7 seniors received a pneumonia vaccine.

Pneumonia Vaccine, Adults 65+

	SPA 4	SPA 6	SPA 7	Los Angeles County
Pneumonia vaccine, adults 65+	65.8%	51.1%	60.9%	62.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm

Senior Falls

Among seniors in the hospital service area, 32.3% fell in the past year. This is a higher rate of falls than found among county seniors (27.1%).

Adults 65+ Years, Who Have Fallen in the Past Year

	California Hospital Service Area	Los Angeles County
Seniors who have fallen	32.3%	27.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

Among seniors in SPA 4, 9.9% who fell were injured. Of seniors in SPA 6 who fell, 16.4% were injured. 10.6% of seniors who fell in SPA 7 were injured.

Seniors, Injured from Falls Previous Year

	SPA 4	SPA 6	SPA 7	Los Angeles County
Seniors injured due to a fall	9.9%	16.4%	10.6%	11.3%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm

Mammograms

The Healthy People 2020 objective for mammograms is that 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In the service area, 80.3% of women had a mammogram in the past two years.

Women Who Had a Mammogram

	California Hospital Service Area	Los Angeles County
Mammogram	80.3%	77.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, ages 21-65 years, be screened in the past three years. In the service area, 84.9% of women had a Pap smear in the prior 3 years, which falls short of the Healthy People 2020 objective.

Women Who Had a Pap smear

	California Hospital Service Area	Los Angeles County
Pap smear	84.9%	84.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments, quotes and opinions edited for clarity:

- In LA County, there are over 30 Asian Pacific Islander languages, so to create a whole strategy and awareness on how to provide preventive care campaigns to address one specific ethnic population has been challenging.
- When people are working multiple jobs, they may not prioritize preventive care.
- An effective, underutilized practice is tobacco screening and cessation counseling. We don't do a good enough job of screening for tobacco use.
- For slips and falls with the elderly, it is that fall that starts the quick slide to the finish line. A fall or hip break can generate a cascade of negative events that lead to premature death.
- Blood pressure screenings are very important. High blood pressure is a significant problem and it can be treated, and the risk of stroke and heart disease can be greatly reduced with effective treatment.
- It is important that adolescents get HPV to prevent infections that predispose people to cervical cancer.
- All preventive services get done more effectively if you have a regular medical provider or medical home. With the ACA, people are getting insured, but they are not given the information needed to use their insurance correctly and they are less likely to get the services that are so important.
- If people do not have health care, they are not getting vaccinations.

Prioritized Description of Significant Health Needs

Review of Primary and Secondary Data

Significant health needs were identified from secondary data, using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs, which performed poorly against one or more of these benchmarks, met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Birth indicators, including breastfeeding
- Chronic diseases (asthma, cancer, diabetes, heart disease, lung disease, stroke)
- Dental care
- Economic insecurity
- Education
- Food Insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Pneumonia and influenza
- Preventive practices
- Sexually transmitted infections
- Substance use and misuse
- Unintentional injuries
- Violence and injury

Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, and discover gaps in resources. Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, mental health, substance use and misuse, housing and homelessness, and overweight and obesity received the highest rankings for severe and significant impact on the community. Economic insecurity and housing and homeless had the highest scores for worsened over time. Economic insecurity, food insecurity, housing and homelessness, and preventive practices received a ranking of 100% for insufficient resources available.

Significant Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to health care	84.6%	21.4%	92.3%
Birth indicators, including breastfeeding	55.6%	14.3%	80.0%
Chronic diseases	84.6%	50.0%	90.9%
Dental care	54.5%	35.7%	90.0%
Economic insecurity	85.7%	100%	100%
Education	78.5%	28.6%	83.3%
Food insecurity	84.6%	50.0%	100%
Housing and homelessness	92.9%	92.9%	100%
Mental health	100%	57.1%	91.7%
Overweight and obesity	92.6%	71.4%	83.3%
Pneumonia and influenza	37.5%	7.1%	50.0%
Preventive practices	63.6%	14.3%	100%
Sexually transmitted infections	77.8%	35.7%	85.7%
Substance use and misuse	100%	50.0%	90.0%
Unintentional injuries	33.3%	7.1%	83.3%
Violence and injury	63.6%	21.4%	85.7%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, housing and homelessness, access to health care and mental health were

ranked as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Housing and homelessness	4.00
Access to health care	3.87
Mental health	3.87
Chronic diseases	3.80
Economic insecurity	3.80
Substance use and misuse	3.79
Food insecurity	3.73
Education	3.64
Preventive practices	3.60
Birth indicators, including breastfeeding	3.53
Overweight and obesity	3.47
Dental care	3.40
Sexually transmitted infections	3.40
Violence and injury	3.31
Unintentional injuries	3.20
Pneumonia and influenza	2.86

Resources to Address Significant Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at www.thinkhealthla.org, 211 Los Angeles County at www.211la.org/, and www.1degree.org/losangeles.

Health Need	Community Resources
Access to health care	AltaMed Clinica Oscar Romero Community Health Councils Eisner Family Medicine El Nido Family Centers Hope Street Family Center KHEIR Center Korean American Family Services LA Access to Health Coverage Coalition Planned Parenthood Queenscare South Bay Family Healthcare St. John's Well Child and Family Center THE Clinic Union Rescue Mission Venice Family Clinic Welcome Baby, First 5 LA WIC
Birth indicators, including breastfeeding	Black Women for Wellness LA County Black Infant Health March of Dimes Welcome Baby WIC
Chronic diseases	American Diabetes Association American Heart Association Asthma Coalition of LA County County Hepatitis B Coalition Latino Health Coalition Leadership Council for Chronic Conditions Prevention Institute
Dental care	Children's Dental Center USC School of Dentistry Kids' Community Clinic of Burbank
Economic insecurity	Disability Commission, City of Los Angeles Los Angeles Community Action Network St. Barnabas Senior Services United Way
Education	Cadre Crystal Stairs, Inc. Korean Resource Center Korean Special Education Center

Health Need	Community Resources
	Los Familias del Pueblo Magnolia Community Initiative Strategic Actions for a Just Economy
Food insecurity	Catholic Charities Every Table Jewish Family Services Los Angeles Regional Food Bank Oriental Mission Church Seeds of Hope Wat Thai Temple
Housing and homelessness	Downtown Women's Center Esperanza Community Housing Housing for Health Housing Works Investing in Place Los Angeles Homeless Services Authority Los Angeles Mission Midnight Mission People Assisting the Homeless – PATH Pico Union Project Salvation Army Skid Row Housing Trust Weingart Center
Mental health	Didi Hirsch Mental Health Services LA County Department of Mental Health Our House Grief Support Center Pacific Asian Counseling Services Special Services for Groups
Overweight and obesity	Champions for Change Students Run LA YMCA
Substance use and misuse	Asian Pacific Treatment Center Department of Public Health Substance Abuse Services NAMI Westside Los Angeles Substance Abuse Prevention and Control
Violence and injury	API Domestic Violence Task Force API Human Trafficking Task Force Brotherhood Crusade Community Prevention Task Force Legal Aid Peace Over Violence

Impact of Actions Taken

In 2017, California Hospital conducted its previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy, associated with the 2017 CHNA, California Hospital chose to address cancer, cardiovascular disease, diabetes, mental health, oral health, overweight and obesity, and substance use disorders through a commitment of community benefit programs and resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2017 CHNA.

Community Grants Program

One important way the hospital addressed community health needs was by awarding financial grants to non-profit organizations working together to improve health status and quality of life in the communities we serve. Grant funds were used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

Organization	Years Funded	Funded Program
Corporation for Supportive Housing	FY17, FY18	10th Decile Project for Chronically Homeless Frequent Users
Immanuel Presbyterian Church	FY17, FY18	Community Wellness Collaborative
National Health Foundation	FY17, FY18	Youth-Driven Healthy South LA Project

Cancer

- Through the Health Ministry Program, the parish nurse refers persons with signs and symptoms of cancer to local FQHCs for diagnosis and treatment. Women who needed mammography or cervical cancer screening were referred to the Women's Health Center for free screening services.
- The Chronic Disease Self-Management Program provided participants with chronic conditions, including cancer, with a six-week workshop to manage and improve their health.

Cardiovascular Disease

- The Parish Nurse in the Health Ministry Program screened people for hypertension, cholesterol, and overweight and obesity. Through the screenings, 981 persons were identified with pre-hypertension and 668 persons had hypertension. Through the community screening, 322 persons were identified with high cholesterol. Those with abnormal results were referred to a FQHC or their primary care provider for follow up.
- Heart H.E.L.P. assisted 873 participants to minimize their risk for cardiovascular disease by healthy eating, addressing risk factors and maintaining an active lifestyle. 96% of attendees completed the five-week workshop series. Data indicated that participation in Heart H.E.L.P. workshops resulted in 100% reduction in ED visits and 50% reduction in hospital stays for cardiovascular disease-related illnesses in the six months following participation in the program compared to the six months prior to program participation.
- The Chronic Disease Self-Management Program provided participants with chronic conditions (including cardiovascular disease), with a six-week workshop to manage and improve their health.
- Healthy cooking demonstrations provided participants with skills to adapt favorite recipes to be more heart healthy.
- The Coordinated Care Initiative supported California Hospital patients with hypertension and congestive heart failure, who have their medical home at South Central Family Health Center, T.H.E. Clinic, UMMA Community Clinic, St. John's Well Child and Family Center, South Baby Family Health Center, or Watts Health Center. The initiative:
    - Deployed HIE*Lite for patient identification and management
    - Created care plans for enrolled patients
    - Coordinated post-discharge care for hospitalized patients
    - Decreased 30-day readmissions and ED revisits

  As a result of this initiative, 3,280 patients were treated, 1,164 appointments were made. This reduced delays in patients getting clinic appointments after hospital discharge, which resulted in 86% of follow-up appointments being kept. Additionally, among this patient population, the program reduced hospital re-admissions in FY17 by 18% and in FY18 by 38% and reduced Emergency Department revisits in FY17 by 35% and in FY18 by 53%.

Diabetes

- The Parish Nurse in the Health Ministry Program screened people for diabetes and identified 731 with pre-diabetes and 309 with diabetes. Those with abnormal results were referred to a FQHC or their primary care provider for follow up.

- The Diabetes Empowerment Education program assisted pre-diabetics and diabetics with disease management education. 204 persons participated in the classes. Classes that addressed reading food labels and carbohydrate counting reached 66 persons.
- The Chronic Disease Self-Management Program provided participants with chronic conditions, including diabetes, with a six-week workshop to manage and improve their health.
- A diabetes support group offered healthy cooking demonstrations, health education and peer support.
- The Coordinated Care Initiative supported California Hospital patients with diabetes who have their medical home at South Central Family Health Center, T.H.E. Clinic, UMMA Community Clinic, St. John's Well Child and Family Center, South Baby Family Health Center, or Watts Health Center. The initiative:
    - Deployed HIE*Lite for patient identification and management
    - Created care plans for enrolled patients
    - Coordinated post-discharge care for hospitalized patients
    - Decreased 30-day readmissions and Emergency Department (ED) revisits
- The hospital participated in the LA County Partnership Diabetes Prevention Workgroup. This collaborative workgroup will increase collaboration among LA County hospitals, the three local health departments, community organizations, and others engaged in community-based diabetes prevention efforts. It will promote a coordinated set of strategies in selected high-need communities to achieve measurable gains.

Mental Health

- The UniHealth Transition to Wellness project is a partnership with Jewish Family Services, designed to provide service navigation to patients with mental illness, treated in ED and inpatient hospital units, to connect them with community resources and treatment interventions to improve their overall health and social well-being, reduce ED utilization and hospital readmissions.
- Parents, teens and children were screened for depression/anxiety, intimate partner violence and other mental health concerns. Those seeking treatment were referred to community resources.
- Mental Health First Aid training was provided by LA County Department of Mental Health for home visitors of the Welcome Baby program, Healthy Families America, and Parents as Teachers
- All perinatal and early childhood home visitors funded through First 5 LA receive eight hours of training on screening, diagnosis, and treatment of perinatal mood and anxiety disorders (PMADs) by a trainer from Maternal Mental Health NOW.

- Mothers participating in our various perinatal and early childhood home visiting programs are routinely screened by perinatal mood and anxiety disorders and referred for treatment as needed.
- The Wraparound Services Program provided community-based support and individualized planning for children, including those with severe emotional and behavioral disorders (SED), and their families

Oral Health

- The Community Dental Partnership (CDP) is a collaboration among Eisner Health's dental clinic, the Southside Coalition of Community Health Centers, and California Hospital, which provided free basic dental services and periodontal services for uninsured adults with medication-dependent Type 2 diabetes, living in Central Los Angeles. Participants must have their medical home at one of the clinics of the Southside Coalition. As part of the CDP, a *promotora* from CHMC provided oral hygiene classes and referred persons needing oral health services to Eisner Health's dental clinic. 698 new, unduplicated, uninsured patients with medication-dependent Type 2 diabetes were referred to this program from 9 community health centers. 510 patients attended 71 oral hygiene classes. 266 basic dental appointments were scheduled for CDP patients. Eisner Health provided 1,082 periodontal visits to 361 new, unduplicated, uninsured adults with medication-dependent diabetes. Eisner provided 166 periodontal maintenance visits for patients who had completed periodontal treatment services. Periodontal treatment services resulted in a mean improvement of HbA1c of -0.77%, equivalent to a fall in mean blood sugar of 23.1 mg/dL (range -5.2 to +1.1%).
- *Para Su Salud* enrollers assisted individuals and families to sign up for health and dental insurance benefits.
- The oral health initiative of the LA Trust for Children's Health provided oral health education, screenings, fluoride varnish treatments and links to continued dental services for LAUSD students, their families and community members visiting school-based clinics.

Overweight and Obesity

- The Parish Nurse in the Health Ministry Program screened 3,328 people and identified 932 who were overweight and 1,337 who were obese. Those with abnormal results were referred to a FQHC or their primary care provider for follow up.
- Overweight and obese children, ages 5-12, were referred to the Healthy Eating and Lifestyle Program by their pediatrician/family physician. The children and

their parents learned about healthy eating, increasing physical activity, and decreasing screen time to less than two hours/day.
- Pregnant and parenting women learned about breastfeeding, which has been shown to decrease overweight among children.
- Children, ages 7-18, learned about healthy eating and an active lifestyle.
- Patients of South Central Family Health Center and St. John's Well Child and Family Centers received coupons for free fresh produce redeemable at participating corner stores.
- Fitness classes were offered in local parks and community sites in partnership with kinesiology students from California State University, Northridge.

Substance Use Disorders

- The Pico Union Family Preservation Program provided short-term, family-focused services to families in crisis thereby improving parenting and family functioning, while keeping children safe. Some of these parents required referral for treatment of alcoholism/SUD (substance use disorder), while others needed classes related to domestic violence, anger management and/or parenting.

Appendix 1. Benchmark Comparisons

Where data were available, health and social indicators in the California Hospital service area were compared to the Healthy People 2020 objectives. The **red items** are indicators that did not meet established benchmarks; **green items** met or exceeded benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate **76.1%**	High school graduation rate 87%
Child health insurance rate **97.7%**	Child health insurance rate 100%
Adult health insurance rate **82.3%**	Adult health insurance rate 100%
Persons unable to obtain medical care **8.2% SPA 4; 5.4% SPA 6; 9.4% SPA 7**	Persons unable to obtain medical care 4.2%
Heart disease deaths **145.3 per 100,000**	Heart disease deaths 103.4 per 100,000
Cancer deaths **155.6 per 100,000**	Cancer deaths 161.4 per 100,000
Stroke deaths **42.2 per 100,000**	Stroke deaths 34.8 per 100,000
Unintentional injury deaths **24.4 per 100,000**	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths* **19.3 per 100,000**	Liver disease deaths 8.2 per 100,000
Homicide **11.1 per 100,000**	Homicide 5.5 per 100,000
Suicide **5.5 per 100,000**	Suicide 10.2 per 100,000
HIV deaths **5.4 per 100,000 persons**	HIV deaths 3.3 per 100,000 persons
High blood pressure **20.8%**	High blood pressure 26.9%
On-time (1st Trimester) prenatal care **78.1% of women**	On-time (1st Trimester) prenatal care 78% of women
Low birth weight infants **7.9% of live births**	Low birth weight infants 7.8% of live births
Infant death rate **5.4 per 1,000 live births**	Infant death rate 6.0 per 1,000 live births
Adult obese **29.2%**	Adult obese 30.5%
Teens obese **7.8% SPA 4; 18.9% SPA 6; 10.7% SPA 7**	Teens obese 16.1%
Cigarette smoking by adults **14.9%**	Cigarette smoking by adults 12%
Pap smears **84.9%**	Pap smears 93%, ages 21-65, screened in the past 3 years
Annual adult influenza vaccination, 18+ **32.3%**	Annual adult influenza vaccination, 18+ 70%

Appendix 2. Stakeholder Interviewees

Name	Title	Organization
Aida Simonian	Executive Director	Perinatal Advisory Council: Leadership, Advocacy and Consultation
Amy Williams	Director of Community Engagement	Child 360
Andrea Williams	Executive Director	Southside Coalition of Community Health Centers
Catherine Sanders	Program Officer	Carrie Estelle Doheny Foundation
Connie Chung Joe	Executive Director	Korean American Family Service Center
Coralyn AndresTaylor	Community Health Programs Manager/Supervisor	Good Samaritan Hospital
Daniel Romo	Director, Dental Clinic	Eisner Clinic
Deborah Christian	Program Manager	Health Services Advisory Group
Gabrielle Kaufman	Director, Training	Maternal Mental Health NOW
Gary Tsai	Medical Director and Science Officer	LA County Substance Abuse Prevention and Control
George Chey	Retired President	Hanmi Bank
Hal Bastian	President and CEO	Hal Bastian, Inc.
Irene Lewis	Executive Director	LA Red Shield Youth Community Center
Jennifer Vanore	CEO	UniHealth Foundation
June Simmons	CEO	Partners in Care Foundation
L'Quana Williams	Associate Program Manager	Prevention Institute
Lynn Kersey	Executive Director	Maternal & Child Health Access
Margaret Bates	Physician, Former Chief of Staff	Good Samaritan Hospital
Maria Marquez	Director of Resident Services	LINC Housing
Mary Jane Puffer	Executive Director	LA Trust for Children's Health
Paul Simon	Chief Science Officer	Los Angeles County Department of Public Health
Pedro Ramirez	Outreach Director	Mission City Community Network
Phyllis Thai	Fund Development Coordinator	Asian Pacific Health Care Venture
Richard Seidman	Medical Director	LA Care Health Plan
Robert Williams	Canon, Community Relations	Episcopal Diocese of LA
Rosemary Veniegas	Senior Program Officer, Health	California Community Foundation
Susan Lee	Senior Program Manager	Corporation for Supportive Housing
Trudi Butts	Retired nurse	Community member
Veronica Flores	CEO	Community Health Councils