



Dignity Health™

Northridge Hospital
Medical Center

2016 Community Health Needs Assessment

A Triennial Report Summary



Northridge Hospital Medical Center: 2016 Community Health Needs Assessment

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EXECUTIVE SUMMARY

Purpose Statement

“The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health Northridge 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 the 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.”

Community Definition

The hospital’s service region is located in Service Planning Area 2 (SPA 2) the most populous SPA of the eight SPA’s located in Los Angeles County, CA. The region spans cities, communities, and incorporated areas in the San Fernando and Santa Clarita Valleys of Los Angeles County and Ventura County encompassing 37 zip codes. The region has higher income and middle class household juxtaposed by pockets of extreme poverty and ethnic mobility. The economy includes leading educational institutions (California State University, Northridge and a workforce-oriented community college and occupational training system) and Van Nuys airport. The entertainment, technology business services, and biomedical sectors have thrived, while manufacturing and aerospace have declined since the 1970’s. In that timeframe, the economic base has shifted from durable goods to the services and retail sectors. Regarding service sector employment, higher wage occupations are found in motion picture production, software development, and health sciences, while lower wage industries include tourism, childcare, car wash, taxi driving, and retail. While this region is home to several large well-known companies, small-to-medium sized firms comprise 90% of businesses.

The area is very ethnically and culturally diverse, racial/ethnic diversity has increased substantially due to immigration from countries including Mexico, El Salvador, Iran, Israel, Armenia, Vietnam, Korea, India, and China. A nearly equal percentage of the region’s residents are Latino and Caucasian at close to 40% each, with a significant yet smaller percentage of Asian/Pacific Islanders and African Americans.

Assessment Process and Methods

Data and information used in this CHNA report began with a review of common indicators that would be included in the report. Indicators included consist of demographic data, social and economic factors, risky health behaviors, public safety, and environmental data. The report includes primary data and secondary data comprised of demographics, health behavior, and health outcome data publically available from the United States Census Bureau, California Department of Public Health, Los Angeles Department of Public Health, UCLA Center for Health Policy Research, Los Angeles Police Department, Los Angeles Homeless Services Authority, and Dignity Health Community Needs Index (CNI) in partnership with Truven Health Analytics Inc. A comprehensive list of these secondary data sources is presented in Appendix F.

Secondary data were collected from the above noted resources and descriptive statistics were prepared. For cities that were represented by more than one ZIP code, the city level data was derived as a weighted average of the statistics for the component ZIP codes, the weights being the population count for each of the ZIP codes; similarly statistics for the service region were computed as a weighted average of the statistics for all 37 ZIP codes in the service region, the weights being the population count for each ZIP code. When appropriate and when data were available, proportions were compared to those comparable for the service area as a whole, Los Angeles County and/or California. For some data (for example, homelessness and some health behaviors) the most detailed information was only available at the Service Planning Area (SPA) level. In addition, it is important to note the potential information gap due to timeliness of publically available secondary data; for some data, the most recent years available are 2011-2013.

Primary data, which is new data collected directly from first-hand experience, was collected through 28 key-informant interviews and 330 paper and online surveys through Survey Monkey and Turning Point. Additionally, 6 focus groups and 2 community forums (physicians' staff and business members) representing community members (elementary schools and Mid-Valley YMCA), health professionals and business members were scheduled across the hospital's catchment area. A variety of community settings (schools, hospital, Mid-Valley YMCA, local businesses) were selected with a special emphasis on those persons and areas most impacted by health disparities. Staff used the Health Research & Educational Trust eight-step Assessment and Implementation Pathway model to engage community residents in the CHNA process.

Process and Criteria to Identify and Prioritize Significant Health Needs

Each of the primary methods included brainstorming sessions to identify health needs, health risk factors/behaviors, resources, and gaps. These methodologies led to multiple lists of health needs that varied from concerns about community blithe to income levels,

and health concerns. Following the identification of health needs, the methodology used for prioritization consisted of each group being presented with the following criteria and then asked to prioritize the list into the top ten highest needs based on:

1. How severe is the problem (burden) (i.e. meeting benchmarks, leads to premature death)?
2. Is the issue getting worse over time (severity of problem)?
3. How does the community rank the issue over other issues (community importance)?
4. Are there reasonable solutions to the issues (hospital capacity)?

Participants were then asked to rank what they consider to be the 10 most significant health needs for their community. This approach was effective for condensing a long list into a more compact list of major health needs. Participants ranged in age, economic status, education levels, community residents, public health, and providers of care to vulnerable populations. Results were tabulated at the end of each event and all items were entered into an excel spreadsheet, where they were assigned a point value. The top ten priority needs were assessed based on highest to lowest need. The cumulative value of each community need was calculated, and prioritized by the total points received.

List of Prioritized Significant Health Needs

The 10 most identified health needs that rose to the top based on the prioritization process were: (from highest to lowest priority)

1. Diabetes – The vast majority of community members and providers listed diabetes as the number one concern. Diabetes is one of the top leading causes of death in the in our primary service area.
 - In 2011, 9.0% of adults in SPA were diagnosed with diabetes⁵⁴
 - Data from the Los Angeles County Health Survey indicates that, in 2015, 8.2% of the adults in SPA 2 were ever diagnosed with diabetes.
2. Obesity/overweight (Children and Adults) - Many parents participating in focus groups stated that fast food and lack of formal physical education and nutrition in schools are creating children who are at greater risk of obesity.
 - According to the data from the 2015 Los Angeles County Health Survey, in SPA 2, nearly 20% of adults are obese and an additional 37% are considered overweight.⁷
 - In 2012, 20% of children grades 5, 7 and 9 were obese in SPA 2.⁵⁶

3. Mental Health (Mainly Depression)- Mental health issues were a concern of community residents stating that many of the homeless population and teenagers in the community are dealing with mental health and substance use.
 - In SPA 2, 12.5% of the adult population was diagnosed with depression at some point. Currently, 8.0% of the population in SPA 2 is diagnosed with depression.⁸
4. Heart Disease and Stroke –Cardiovascular disease is the leading cause of death in the primary service area.
 - In SPA 2, coronary heart disease is the second cause of premature death in females and the first cause of premature death in males.⁵⁵
 - In SPA 2, coronary heart disease is the number one cause of premature death before age 75.⁵⁵
5. Affordable Housing/Homelessness – The largest increase of homelessness between 2015 and 2016 occurred in our service area, where an increase of 35% was noted by the Los Angeles Homeless Services Agency.
 - In 2015, the total homeless count for SPA 2 was 5,215, which is roughly 8% higher from 2013.^{15,16}
 - In 2015, of the 5,215 homeless individuals, 73% of which are unsheltered.
6. Cancer (All Types) - The majority of focus groups participants stated Cancer was a great concern, with many participants stating that this is a disease that has affected them personally or they are in the process of assisting a family member or friend.
 - Lung cancer is the third leading cause of death in SPA 2.⁵⁵
 - Breast cancer is the first leading cause of death among females in SPA 2.⁵⁵
7. Hypertension/High Blood Pressure – Death rates due to stroke continues to be in the top five leading causes of death.
 - In 2015, 23.7% of the adults in SPA 2 were diagnosed with hypertension at some point.¹²
8. Dental/Oral Health – Parents at focus groups in Title 1 schools stated that lack of access to affordable dental care prevented them from seeking treatment.
 - In SPA 2, 49 % of adults do not have dental insurance, and 30 % of adults did not obtain dental care in the past year because they could not afford it.⁵⁵
 - In SPA 2, 22% of children do not have dental insurance, and 10% of children did not obtain dental care in the past year because they could not afford it.⁵⁵

9. Child/Domestic Abuse (Including Sexual Assault)

- The rate of emergency room visits for intimate partner violence is 10 per 100,000 women ages 18 and older.⁴³
- There were 702,000 victims of child abuse and neglect reported to child protective services (CPS) in 2014.⁴⁶
- About 1,580 children died from abuse or neglect in 2014.⁴⁶

10. Substance Abuse (Drugs & Alcohol)

- In SPA 2, drug overdose is the third cause of premature death in people before the age of 75.⁵⁵
- In SPA 2, 15% of adults reported binge drinking in the past month.⁵⁵

The overall health status of the community is the result of many inter-related factors. Many of the new identified key concerns for the majority of the community residents for the 2016 report that did not rise to the top of the list, included community blight, bedbugs, gun violence, and drought. Community residents and some of the experts included other concerns, such as the recession ongoing impact, unemployment, cost of living and feeling unsafe in their neighborhoods. Six out of the ten most identified health needs were chronic diseases, including diabetes, obesity, mental health illness, heart disease, cancer, and hypertension. The remaining four of the ten top health needs were directly related to the availability of resources within the community, including affordable housing and homelessness, affordable dental care, and resources for child and domestic abuse as well as substance abuse. The overall consensus was that many issues including chronic diseases and concerns routing from lack of resources could be the result of stress that emerges from being part of the “working poor” population.

Resources Potentially Available

Resources potentially available to address identified needs include services currently being offered by Northridge Hospital Center for Healthier Communities, local hospitals, clinics, community based and government based organizations. Resource/Asset mapping is a tool designed to identify the community resources available to address community health needs. This CHNA identified a number of community assets, including a broad range of health care, mental health care, oral health, housing, health and human services, and parks and recreation resources (A detailed list of community resources has been posted along with this report as a separate report). Resource/Asset mapping is a process that offers an effective strategy for involving a variety of people and organizations in community improvement efforts. It is a positive way of identifying both strengths and gaps, and identifying a plan for moving forward.

This CHNA report was adopted by the Northridge Hospital Medical Center community board in May 2016.

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 the NHMC Center for Healthier Communities.

Written comments on this report can be submitted to the Northridge Hospital Center for Healthier Communities, 8210 Etiwanda Avenue, Reseda, CA, 91335, at or by e-mail at CHNA.NorthridgeHospital@DignityHealth.org.

ASSESSMENT PURPOSE AND ORGANIZATIONAL COMMITMENT

Purpose Statement

Dignity Health – Northridge Hospital Medical Center (NHMC) is dedicated to enhancing the health of the communities it serves. The community health needs assessment (CHNA) is conducted every three years. It is a systematic process containing qualitative and quantitative data to analyze community health needs. Community members, public health, community based non-profits, clinics, and other health care providers participated in surveys, focus groups, community forums, and key informant interviews to provide their voice to identify the needs and the resources in their communities in order to prioritize identified needs. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act and Senate Bill 697 that not-for profit hospitals conduct a community health needs assessment at least once every three years. Findings from this CHNA report will serve as the foundation for NHMC to plan and act upon significant unmet community health needs. Additionally, it will be used to create the Implementation Strategy for NHMC as part of our Community Benefit Plan.

Organizational Commitment

Northridge Hospital located at 18300 Roscoe Blvd., Northridge CA, celebrated its 60th anniversary in 2015. NHMC, founded in 1955, has 409 beds, 1,800 staff, more than 800 affiliated physicians, and over 275 volunteers. Our goal is to deliver high quality; compassionate care, and partner with others in the community to improve the quality of life. NHMC is owned and operated by Dignity Health. Rooted in Dignity Health's mission, vision and values, Northridge Hospital Medical Center is dedicated to delivering community benefits with the engagement of its CEO, Senior Leadership Team, and Community Board.

Dignity Health Mission Statement

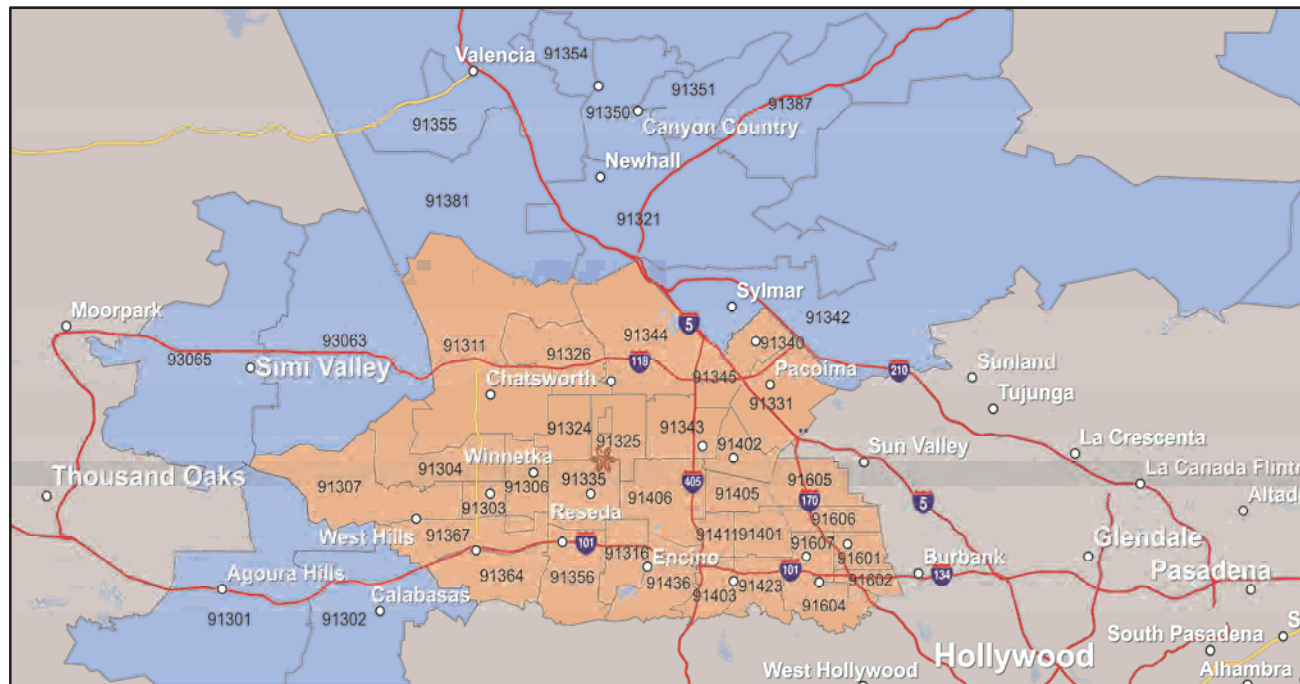
“We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

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

COMMUNITY DEFINITION

Northridge Hospital Medical Center's (NHMC) service region spans cities, communities, and unincorporated areas in the San Fernando and Simi Valleys of Los Angeles County and Ventura County. The region is bordered to the north by the Santa Susana Mountains, the 5 freeway and parkways, and the cities of Chatsworth, Porter Ranch, Granada Hills and Sylmar; to the east by the communities of Sun Valley, North Hollywood and Lake Balboa, the San Gabriel Mountains and the Pacoima wash; to the south by the communities of Studio City, Sherman Oaks, Encino, Tarzana and Woodland Hills, and the Santa Monica Mountains; and to the west by the community of West Hills in Los Angeles County and Simi Valley in Ventura County.

The geographic area is comprised of 26 cities with 37 ZIP codes which represent roughly 90% of the total patients seen at Northridge Hospital Medical Center in fiscal year 2014-2015. Northridge Hospital's primary service area is comprised of 20 ZIP codes in Canoga Park, Chatsworth, Granada Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, Reseda, Sylmar, Valley Village, Van Nuys, Winnetka and Woodland Hills. These 20 zip codes represent roughly 77% of NHMC patients.



Northridge Hospital Medical Center Service Region				
ZIP Code Directory by City				
Canoga Park	North Hills	Porter Ranch	Studio City	Valley Village
91303	91343	91326	91602	91607
91304	North Hollywood	Reseda	91604	Van Nuys
Chatsworth	91605	91335	Sun Valley	91411
91311	91606	San Fernando	91352	91405
Encino	91601	91340	Sylmar	West Hills
91316	Northridge	Sherman Oaks	91342	91307
91436	91324	91403	Tarzana	Winnetka
Granada Hills	91325	91423	91355	91306
91344	Pacoima	Simi Valley	91356	Woodland Hills
Lake Balboa	91331	93063	Valley Glen	91364
91406	Panorama City	93065	91401	91367
Mission Hills	91402			
91345				

This comprehensive report captures the primary and secondary catchment area data, reviewing and reporting on the 37 ZIP codes that make up 90% of the total patients seen at NHMC. All ZIP codes fall in the Los Angeles County Department of Health Services Service Planning Area 2 (SPA 2) except the two in Simi Valley. A ZIP code directory by city is presented above. When possible, all narratives in this report are presented in terms of the cities represented as this geographic unit is more familiar than its corresponding ZIP codes.

Demographic Profile

A description of the Northridge Hospital Medical Center's service region in terms of population size and characteristics such as age, sex ratio, race and ethnicity, level of education, place of birth, language spoken, role of grandparents as caregivers, economic status and features of the built environment provides a framework to identify needs, issues and barriers, and develop planning priorities.

Population Characteristics

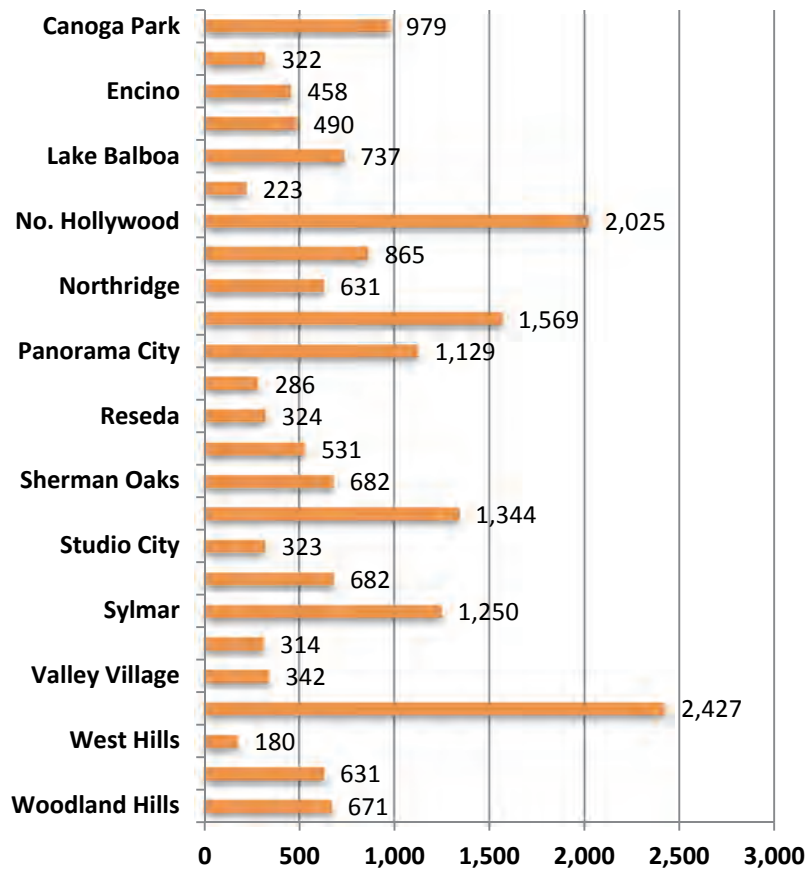
The NHMC service region is comprised of nearly 1.6 million residents. Its population is roughly 16% of Los Angeles County's and 4% of California's total population. The largest cities based on population count are North Hollywood, Simi Valley, Pacoima, Sylmar, Canoga Park and Van Nuys, each representing between 5% and 8% percent of the service region. Mission Hills, Valley Village, and West Hills each represent less than 2% of the service region.

The median age of the residents in the NHMC service region is 35.9 years; this is not significantly different than that for Los Angeles County or California. However, the median age in Pacoima and Panorama City is approximately 5 years lower and in Chatsworth, Encino, Granada Hills, West Hills, Tarzana and Woodland Hills it is 5-7 years higher on average than the service region. Also notable with respect to age distribution is that 8% of the population is age 0-4 in Canoga Park, Lake Balboa, North Hills and San Fernando (compared to 6.6% service region wide); and roughly 3% of the population in Encino, Granada Hills and Tarzana is age 85 and over (roughly double that of the service region as a whole).

The age distribution in the service region is influenced by the number of live births in the area. In 2012, there were 19,616 births in the region; 58% of these were to mothers of Hispanic origin and roughly 6% were to mothers under age 20. These percentages are roughly the same as for Los Angeles County. The cities with the highest number of births are Pacoima and Sylmar (1,438 and 1,055 births, respectively); whereas San Fernando has the highest percentage of births among women under 20 years old at 12.4%.

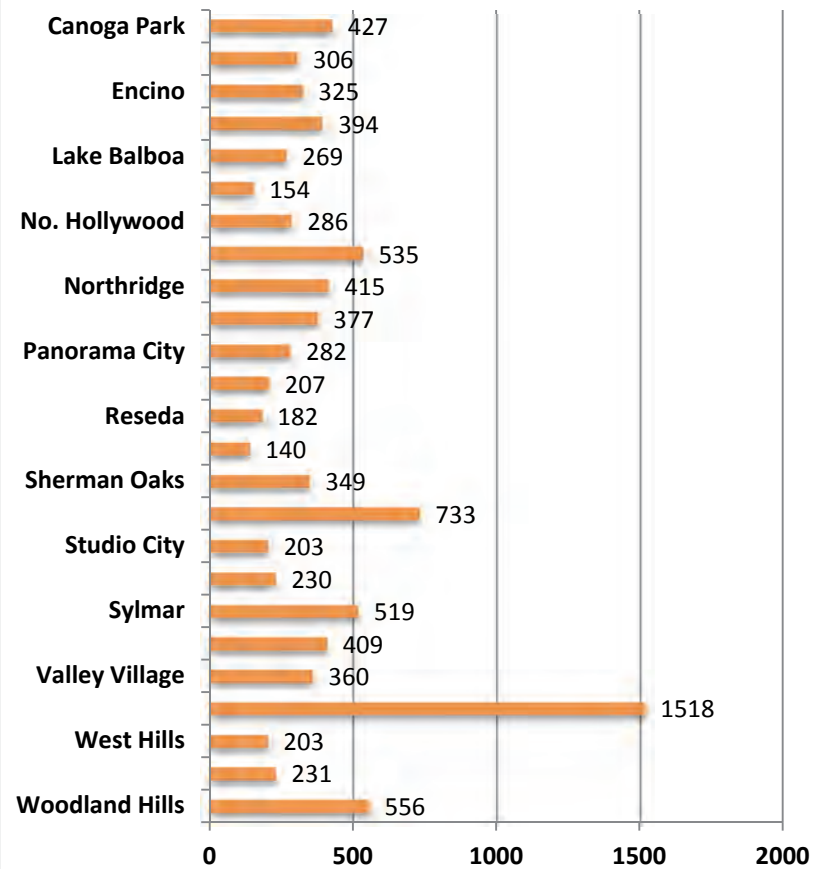
Until the older age groups, the population is roughly a 50-50 split by sex. However, after age 65, the ratio of females to males ranges from roughly 55/45 to 67/33 (in Valley Village). The exception is Porter Ranch which maintains the 50-50 split in the 65 and over age group.

Number of Births Comparison



Source: California Department of Public Health, 2012 Birth Records

Number of Deaths Comparison



Source: California Department of Public Health, 2012 Death Record

The racial composition of residents in the NHMC service region is 40% Latino 44% White, 11% Asian, 4% African American and 1%. In comparison, Los Angeles County has fewer White residents (28%) and more Latino, Asian and African American residents (48%, 14% and 9%, respectively). In Los Angeles County 21% of the population identifies itself as “Other” race. These proportions also vary significantly by city, ranging from areas that are 43% White and 40% “Other” (Panorama City) to nearly 90% White in Encino. There is also a large Asian population in Porter Ranch, about 31%, and nearly 20% in Granada Hills, Northridge, West Hills and Woodland Hills.

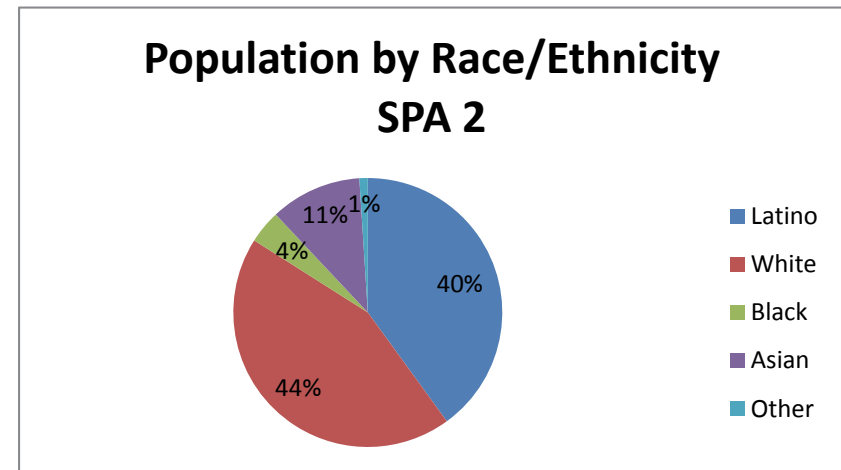
Region wide, 40% of the residents are of Hispanic ethnicity, compared to 48% across Los Angeles County. This percentage

Social Characteristics

Education presents an individual with their greatest opportunity to further their income level. Roughly 78% of NHMC service region residents over age 25 are high school graduates, and nearly 33% have at least a bachelor’s degree. These percentages are slightly higher than in Los Angeles County as a whole but significantly by city. In Encino, Porter Ranch, Sherman Oaks, Studio City, and Woodland Hills at least 90% of the residents over age 25 are high school graduates and at least 50% have at least a bachelor’s degree. In contrast, in Pacoima only 50% are high school graduates and roughly 8% have at least a bachelor’s degree. In San Fernando, the percentages are 57% and 10%, respectively.

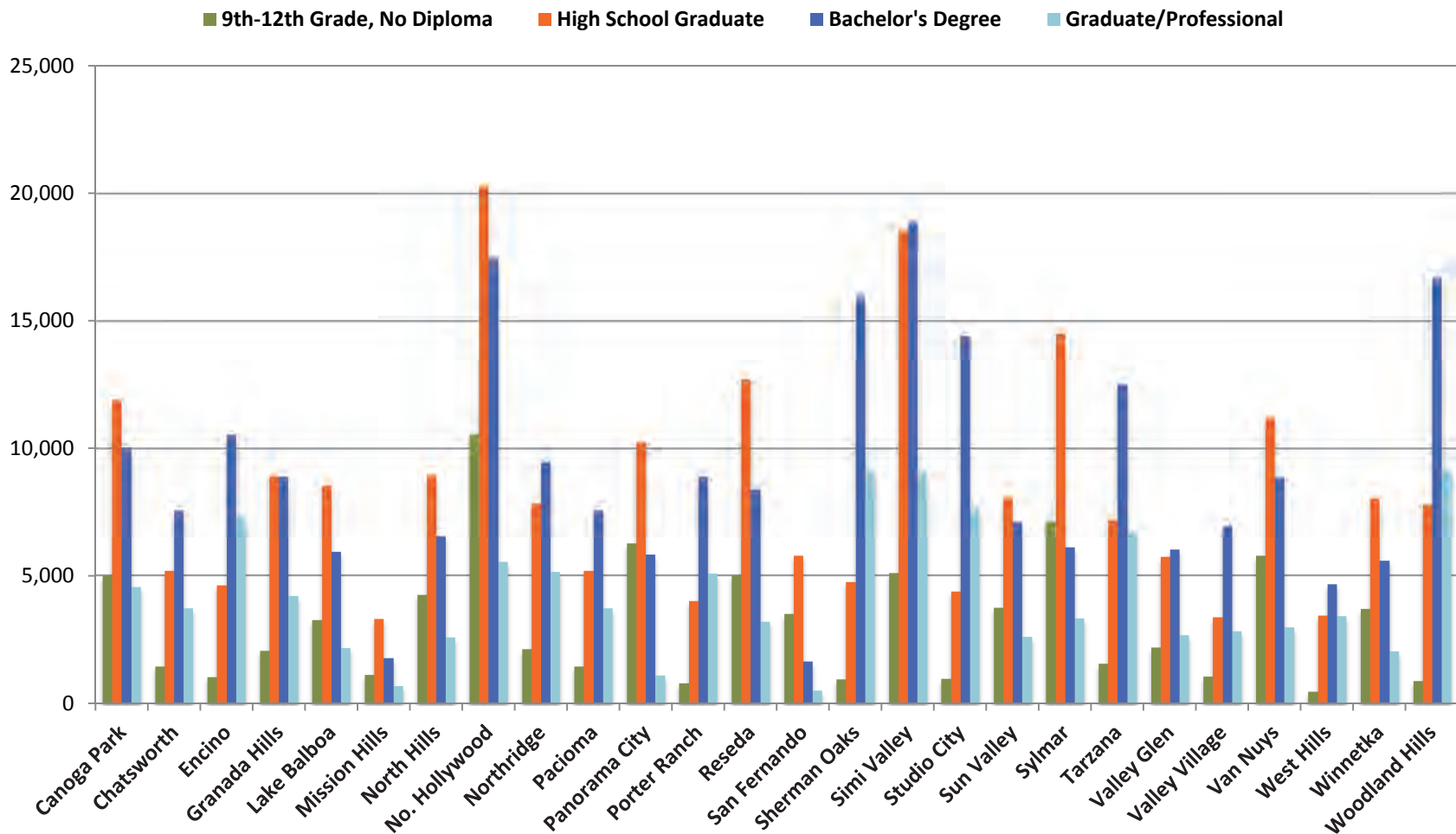


varies from as low as 10% in Encino to more than 85% in Pacoima and San Fernando.



Source: Los Angeles County Department of Public Health Community Health Assessment 2015 (Supplement)

Educational Attainment Comparison



Source: U.S. Census Bureau, American Fact Finder, 2014

*See Appendix B for additional details

Roughly 37% of the residents in the NHMC service region are foreign born; of those that are foreign born, nearly 50% are not US citizens. In North Hollywood, Panorama City, Porter Ranch, Reseda, Sylmar and Winnetka at least 45% of the residents are foreign born and at least 50% of those foreign born are not US citizens. The comparable percentage in Encino, Sherman Oaks, Tarzana, Valley Village, West Hills and Woodland Hills is 30% or less, and less than 40% of those are not US citizens.

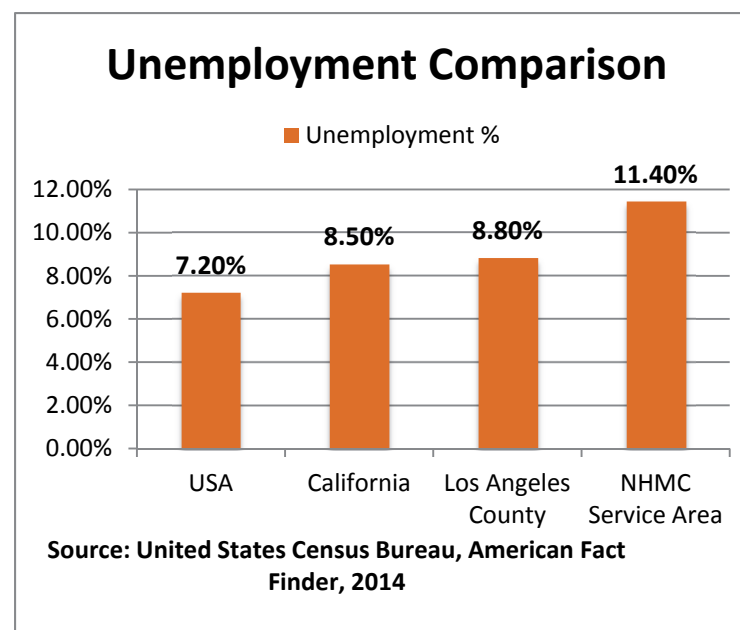
The language spoken at home reflects the ethnic composition in the service region. In the region as a whole, 43% of residents speak English only and 25% speak English less than very well. This is comparable to Los Angeles County but varies significantly by city in the service region. Roughly 75% of the residents in Simi Valley, Studio City, and West Hills speak English only and less than 10% speak English less than very well; less than 20% of those that live in Pacoima, Panorama City and Sun Valley speak English only, and roughly 40% or more speak English less than very well.

Grandparents that are responsible for raising their grandchildren face a unique set of issues and barriers. In the NHMC service region, 23% of grandparents that live with their grandchildren, that are less than 18 years old, are responsible for them. This varies from 30% or greater in Northridge, Studio City, Sun Valley, and Van Nuys to 15% or less in Canoga Park, Mission Hills, and West Hills.

Economic Characteristics

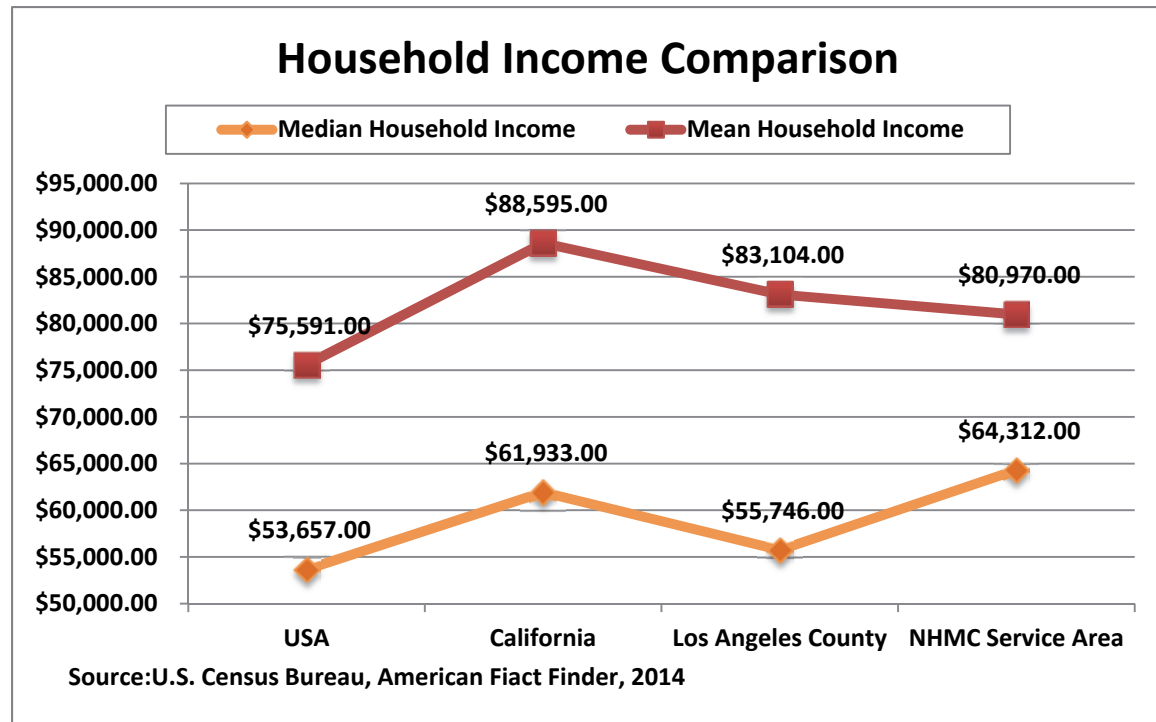
One indicator of economic status is the percent of unemployed. In the NHMC service region, 11.4 percent of the population age 16 and over in the civilian labor force were unemployed. This compares to 8.8% in Los Angeles County. Some cities in the service region have an unemployment percentage of nearly 15 (North Hollywood, Pacoima, Panorama City, and Sun Valley). The percentages for Canoga Park, Simi Valley and West Hills are comparable to Los Angeles County's. Porter Ranch and Woodland Hills have unemployment percentages of 7.0 and 7.7 respectively.

The median household income in the NHMC service region is nearly \$65,000, which is significantly higher than that in Los Angeles County (\$55,746) as well as California as a whole (\$61,933). However, median household income varies greatly across the region, with the highest



median income being more than twice that of the lowest in the service region. The median household incomes in Simi Valley, West Hills and Porter Ranch range from approximately \$93,000 to \$99,000. The lowest median household incomes in the region are found in Panorama City, Van Nuys and North Hollywood, ranging approximately from \$40,000 to \$48,000.

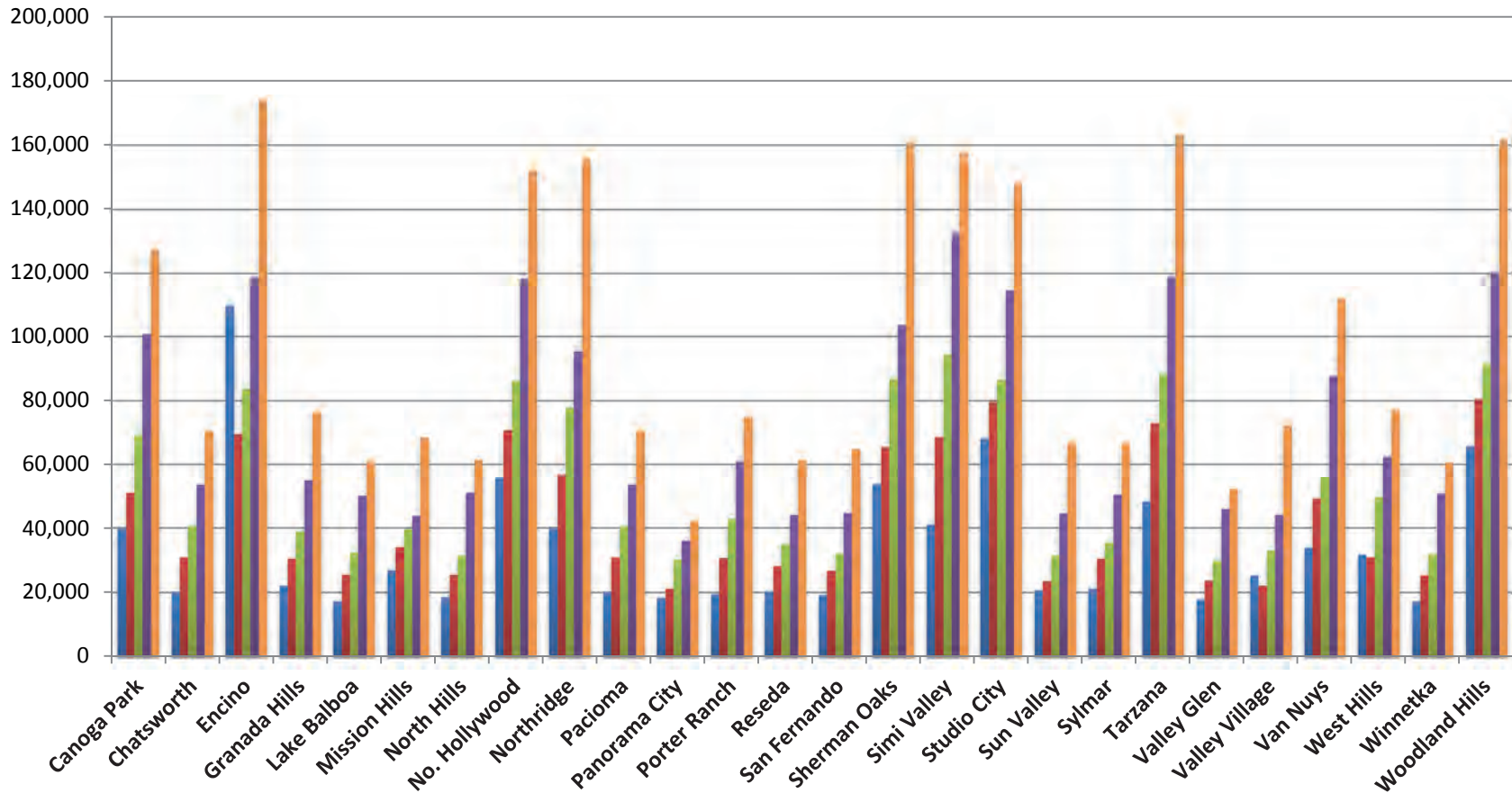
Many of the cities with the lowest median household incomes are also represented among the cities with the highest percentage of mean public assistance dollars received relative to total household income. Nearly 11% of average household income in Panorama City is comprised of public assistance income. For Van Nuys and North Hollywood, these percentages are 8.7 and 9.0, respectively. Interestingly, Porter Ranch – the city with the highest average household incomes in the service region – also has the highest mean level of public assistance at \$11,203, representing 9.1% of the total average household income in the city.



The percent of individuals living below the federal poverty level is another indicator of economic status. Nearly 16% of the residents in the NHMC service region are considered to be living below the poverty level. This percent ranges from 8% or less in West Hills, Tarzana, Studio City, Porter Ranch and Granada Hills to roughly 27% in Van Nuys and Panorama City. These rankings are largely mimicked with respect to the percent of residents with no health insurance coverage. West Hills, Tarzana, and Porter Ranch recorded 9-11% of their populations as having no health insurance coverage; and Van Nuys and Panorama City having roughly 33% of their populations without coverage.

Median Earnings Comparison by Education Level

■ Less than High School Graduate ■ High School Graduate ■ Some College, or Associate's Degree ■ Bachelor's Degree ■ Graduate/Professional Degree



Source: U.S. Census Bureau, American Fact Finder, 2014

*It appears there may have been an error on the U.S. Census for the median earnings of Encino's "Less than High School Graduate" population.

Built Environment

The physical environment that characterizes the NHMC service region is important as it represents a variety of assets and barriers for the community's residents. Considered here are mean travel times to work, homelessness, crime, physical determinants of neighborhoods, built environment, and brownfields in the service region. The mean travel time to work in the NHMC service region is roughly 30 minutes. This does not differ significantly by city or ZIP code.

In 2015, the total homeless count for SPA-2 was 5,216, 73% of which are unsheltered, 68% are male, 54% are between the ages of 25 and 54, 40% are white, and roughly 30% are of Hispanic ethnicity. The total count is up roughly 8% from 2013; however the proportion that is African American is down from 38% to 15% of the total. This increase since 2013 is relatively less than that observed in Los Angeles County as a whole at an increase of 12%.

The NHMC Service Region is comprised of six of the Los Angeles Police Department's Valley Bureau Divisions: Devonshire, Mission, North Hollywood, Topanga, Van Nuys and West Valley. Through June 26, 2016, the total numbers of violent crimes and property crimes in these six divisions totaled 2,629 and 13,630, respectively. For violent crimes, the divisions vary from 352 in the Devonshire Area to 587 in the Mission Area. For property crimes, the year-to-date totals vary from 2,033 in the West Valley to 2,721 in the North Hollywood Division. Child/spousal abuse crimes are also detailed, ranging from 235 year-to-date in the Devonshire Area to 462 in the Mission Area. The least variation is in rape crimes, which are recorded between 25 and 39 year-to-date in each division. There has been an increase in nearly all crimes by type since 2014, some more than 100%. The exceptions are rape in the Mission Area and North Hollywood Area, personal/other theft in the Mission Area, and homicide in the West Valley Area, which has declined 6.7% and 12.1%, 25.6% and 50.0%, respectively.

Results from the 2015 Los Angeles County Health Survey indicate that 95.2% of adults in SPA 2 believe that their neighborhood is safe from crime (compared to 85% in Los Angeles County). Moreover, 86.3% of children ages 1-17 in SPA 2 are reported to be able to easily get to a park or other safe place to play; the comparable number in Los Angeles County is 86.8%. Only roughly 13% of the

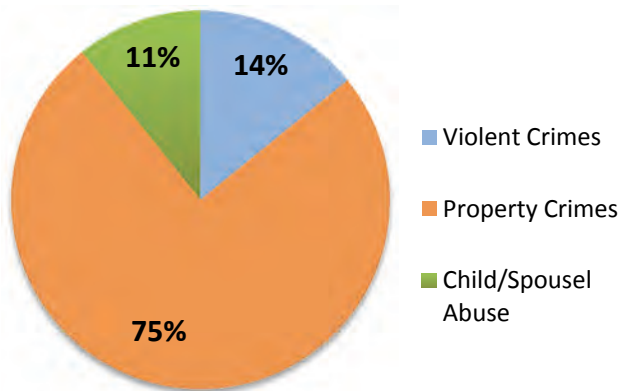


adults in SPA 2 live in neighborhoods that do not have walking paths, parks, playgrounds or sports fields. This is further evidenced by each city in the NHMC service region having at least one (and typically more than one) park

and/or recreation facility; by the many miles of bike and walking path inventory (most notably, Balboa Park); and by the Community Gardens found in Encino, Granada Hills, North Hollywood, Pacoima, West Hills, and Woodland Hills. Fifty percent of the adults in SPA 2 (and 47.5% in Los Angeles County) report using these resources in their neighborhoods.

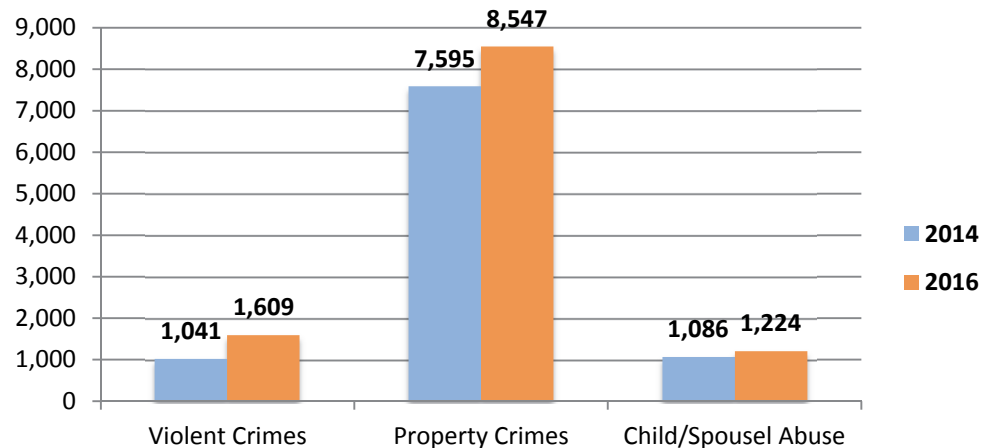
Most of the cities that comprise the NHMC service regions do not have areas of Brownfields designation – spaces that are contaminated by hazardous materials thus limiting their reusability or repurposing. However, there are a number of Environmental Protection Agency designated Brownfields in Pacoima and Sun Valley and two in North Hollywood.

**Crime Statistics, NHMC
Service Area 2016**



Source: Compstat Unit, Crime Statistics, 2016

**Crime Statistics Comparison of 2014 vs 2016
in the NHMC Service Area**



Source: Compstat Unit, Crime Statistics, 2016

Medically Underserved Area (MUA) Designations

There are three areas within the NHMC service region that are designated Medically Underserved Areas (MUAs): Pacoima East/Sun Valley West, Panorama City and North Hollywood. MUAs designations are based on a weighted value score that considers: (1) percent of population at 100% below poverty; (2) percent of population over age 65; (3) infant mortality rate; and primary care physicians per 1,000 populations. Once an area is designated as an MUA they remain such even if the area experiences socio-demographic changes over time. These three areas are also designated as Primary Care Shortage Areas (PCSAs), Primary Care Health Professional Shortage Areas (PCHPSAs) and Registered Nurses Shortage Areas (RNSAs).



Hospital Utilization and Prevention Quality Indicators

In the fiscal year 2015 (FY15), Northridge Hospital provided inpatient care for 15,383 patients. The type of care provided was divided into three categories acute care (87.98%), physical rehabilitation (1.53%), and psychiatric care (10.49%) of discharges. The average length of stay (ALOS) was 4.3 days, which is better than the state average of 4.5 days. ALOS in hospitals is generally regarded as an indicator of efficiency.

The top five principle diagnosis groups that make up over 50% of inpatient discharges in FY15 consisted of: 1) circulatory system, 2) mental disorders, 3) digestive system, 4) injuries/poisonings/complications, and 5) pregnancies.

Prevention Quality Indicators

Prevention Quality Indicators (PQI) measure hospital visits for health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”¹ Thus, the

¹ *Prevention Quality Indicators Overview*, Agency for Healthcare Research and Quality. Downloaded from http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx in January 2016.

incidence of hospitalizations for these ambulatory care sensitive conditions (ACSC) can “provide insight into the community health care system or services outside the hospital setting.” This can include the availability and accessibility of primary and preventive health care services. PQI data can also be used to help identify health disparities.

For health care delivered at Northridge Hospital Medical Center between July 1, 2014 and June 30, 2015 (FY15), there were 1,207 cases of hospital admissions for ambulatory care sensitive conditions. This constitutes 7.9 % of all inpatient cases. The largest numbers of ACSC cases were for congestive heart failure (262), bacterial pneumonia (231), COPD or asthma in older adults (190), and urinary tract infection (187).²

Examining inpatient PQI data by health coverage status can be used as a proxy to identify disparities by income. Of the total PQI cases, 31.8 % overall were for Medicaid patients, slightly more than the 29.4 % of all inpatient cases that were Medicaid. However, Medicaid patients composed a significantly larger proportion of PQI cases for asthma in younger adults (73.4 %), low birth weight (58.3 %), perforated appendix (57.6 %), and diabetes short term complications (57.4 %).

Prevention Quality Indicators, Cases and Percent Medicaid Northridge Hospital Medical Center, Inpatients, FY15	Number of Cases	Number Medicaid	Percent Medicaid
Angina without Procedure	8	2	25.0%
Asthma in Younger Adults	79	58	73.4%
Bacterial Pneumonia	231	76	32.9%
Congestive Heart Failure	262	46	17.6%
COPD or Asthma in Older Adults	190	53	27.9%
Diabetes Long Term Complications	84	22	26.2%
Diabetes Short Term Complications	47	27	57.4%
Low Birth Weight	48	28	58.3%
Lower Extremity Amputation among Diabetes Patients	4	0	0.0%
Perforated Appendix	59	34	57.6%
Uncontrolled Diabetes	8	2	25.0%
Urinary Tract Infection	187	36	19.3%
Total Inpatient PQI Cases	1,207	384	31.8%
Total Inpatient Cases	15,383	4,528	29.4%

Source: Dignity Health data analyzed with McKesson Performance Analytics.

² Dignity Health data analyzed with McKesson Performance Analytics.

Hospital Emergency Department Utilization

According to the Office of Statewide Health Planning and Development, majority of hospitals, Northridge Hospital included, are general acute care hospitals. According to the Los Angeles County Department of Public Health Community Health Assessment 2015, “78% of the hospitals have emergency departments”. Northridge Hospital is designated a Level II Trauma Center and has the only Pediatric Trauma Center in the San Fernando Valley. The American Trauma Society defines level II trauma center as:

A Level II Trauma Center is able to initiate definitive care for all injured patients.

Elements of Level II Trauma Centers Include:

- 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care
- Tertiary care needs such as cardiac surgery, hemodialysis and microvascular surgery may be referred to a Level I Trauma Center
- Provides trauma prevention and to continuing education programs for staff.
- Incorporates a comprehensive quality assessment program.

In calendar year 2015 there were a total of 47,718 emergency department encounters.

Top 5 Emergency Department Encounters:

Principle Diagnosis Group	Number of ED Encounters	Percent of Total ED Encounters
Injuries/Poisonings/Complications	7,512	15.74%
Respiratory System	5,554	11.64%
Musculoskeletal System	3,021	6.33%
Injuries/Poisonings	2,947	6.18%
Mental Disorders	2,700	5.66%

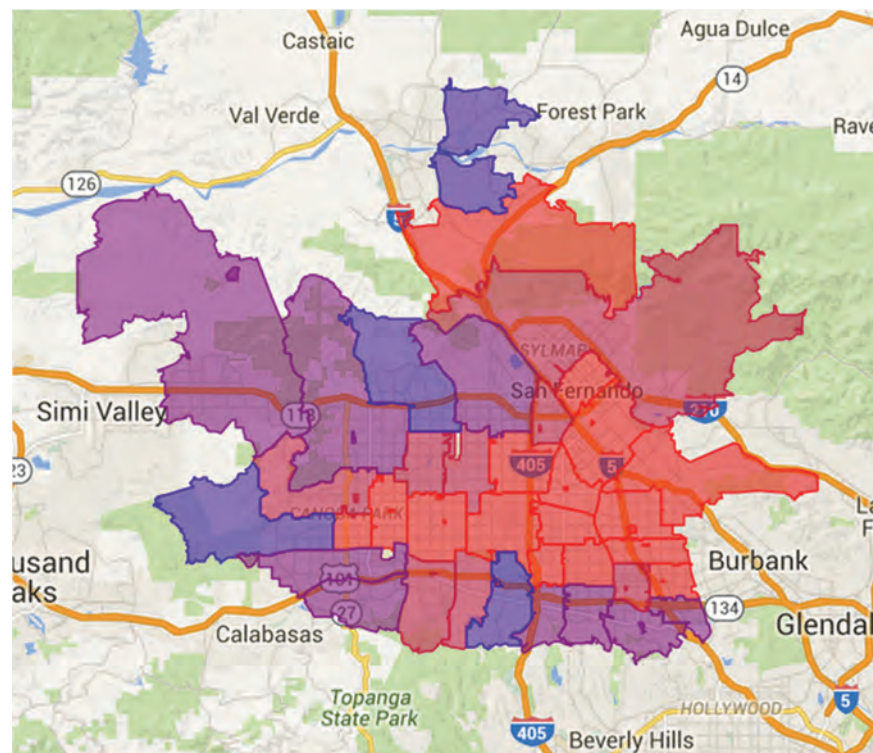
Source: State of California Office of Statewide Health Planning and Development, ED Hospital Discharge Data

Community Need Index

One tool used to assess health need is the Community Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the ZIP code level based 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.

The mean and median 2015 CNI scores for the NHMC service region are 3.7 and 4.0, respectively. Across the region, the CNI varies from 1.8 in West Hills to 4.8 in Panorama City and parts of North Hollywood. Index values of 4.2 to 5 indicate areas of highest need. In the NHMC service area, 16 ZIP codes are considered “highest need”, representing nearly 50% of the region’s population. Notably, the largest influence on this score is the “cultural barrier” – the percent of the population that is minority and the percent over age 5 that speaks English poorly or not at all – and the “housing barrier” – the percent of households renting their homes. A wide majority of the ZIP codes have recorded a 5 for these two barriers; 65% were given a 5 for “cultural barrier” and 75% were given a 5 for “housing barrier”.

The geographic area is comprised of 26 cities with 37 ZIP codes which represent roughly 90% of the total patients seen at Northridge Hospital Medical Center (NHMC) in fiscal year 2014-2015. We consider our primary service area as that comprised of the 20 ZIP codes in Canoga Park, Chatsworth, Granada Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, Reseda, Sylmar, Valley Village, Van Nuys, Winnetka and Woodland Hills.



	Lowest Need
	1-1.7
	1.8-2/5
	2.6-3.3
	3.4-4.1
	4.2-5
	Highest Need

CNI Scores									
Zip Code	City	2015 Population	2015 CNI Score	2014 CNI Scores	Income Quintile	Culture Quintile	Education Quintile	Insurance Rank	Housing Quintile
91303	Canoga Park	28,453	4.6	4.4	4	5	5	4	5
91304	Canoga Park	51,867	4.0	4.0	3	5	4	3	5
91306	Winnetka	46,332	4.4	4.4	3	5	5	4	5
91307	West Hills	25,132	1.8	2.0	1	4	1	2	1
91311	Chatsworth	37,891	3.0	3.0	1	5	2	3	4
91324	Northridge	28,535	4.0	4.2	2	5	4	4	5
91325	Northridge	36,252	3.8	3.8	2	5	3	4	5
91326	Porter Ranch	35,947	2.4	2.4	1	5	1	2	3
91331	Pacoima	107,147	4.6	4.4	4	5	5	4	5
91335	Reseda	76,791	4.2	4.4	2	5	5	4	5
91340	San Fernando	35,812	4.4	4.2	3	5	5	4	5
91342	Sylmar	95,299	4.0	4.0	3	5	5	3	4
91343	North Hills	62,689	4.6	4.6	4	5	5	4	5
91344	Granada Hills	52,752	3.2	3.2	2	5	3	3	3
91345	Mission Hills	18,904	3.8	4.0	2	5	5	3	4
91356	Tarzana	30,127	3.4	3.4	2	4	2	4	5
91364	Woodland Hills	25,819	2.6	2.6	1	4	1	3	4
91367	Woodland Hills	41,748	2.8	2.8	1	4	1	3	5
91401	Van Nuys	39,977	4.4	4.6	3	5	5	4	5
91402	Panorama City	72,780	4.8	4.8	4	5	5	5	5
91403	Sherman Oaks	23,998	3.0	3.0	2	4	1	3	5
91405	Van Nuys	52,476	4.6	4.6	4	5	5	4	5
91406	Van Nuys	55,439	4.6	4.8	4	5	5	4	5
91411	Van Nuys	24,335	4.4	4.4	3	5	5	4	5
91423	Sherman Oaks	30,150	3.0	4.0	2	4	1	3	5
91436	Encino	15,299	2.2	2.0	2	3	1	3	2
91601	North Hollywood	39,643	4.2	4.4	3	5	4	4	5
91602	North Hollywood	17,555	3.0	3.0	2	4	1	3	5
91604	Studio City	29,873	2.8	3.0	1	4	1	3	5
91605	North Hollywood	57,474	4.6	4.6	4	5	5	4	5
91607	Valley Village	29,432	3.4	3.4	2	4	2	4	5
Total Population		1,325,928							

Sources:

2015 Demographic Data, The Nielson Company

2015 Poverty Data, The Nielson Company

2015 Insurance Coverage Estimates, Truven Health Analytics

Community Need Index (CNI) is an influential resource for community organizations around the nation to assess needs of communities and identify disparities. The CNI assists to create coalitions among different hospitals, clinics, health associations, and centers that are in their neighborhoods. Hundreds of providers are using CNI information across the nation. Strategic use of CNI helps to address the causes of disparity in our community and provides data that could help hospitals to contain costs while maintaining high quality and improve access to healthcare. According to research by Dignity Health, people who reside in communities with the highest need CNI scores are more likely to use healthcare services or are more likely to be hospitalized. The following figure shows the CNI score for 32 zip codes (1,325,928 Individuals) in Northridge Medical Center's area.

Income: Income barrier to healthcare services is defined by lack of affordability to pay for health related issues. Single parent's poverty level in North Hills has increased to 50.55%, making North Hills the highest population of single parents who deal with poverty. Van Nuys (91405) has the highest percentage of elderly and children poverty. The number of elderly living in poverty has increased almost two times in Van Nuys since 2013.

Income Barriers in Zip Codes with Highest Community Need Index (CNI) Score					
Zip Code	City	Elderly Poverty	Children Poverty	Single Parent w/ Kids Poverty	Barrier Score
91303	Canoga Park	24.84%	23.83%	44.68%	4
91304	Canoga Park	7.70%	22.16%	38.38%	3
91601	North Hollywood	22.38%	19.56%	38.67%	3
91605	North Hollywood	18.32%	27.04%	42.07%	4
91343	North Hills	16.22%	29.29%	50.55%	4
91324	Northridge	10.89%	15.40%	30.55%	2
91331	Pacoima	19.91%	25.49%	44.37%	4
91335	Reseda	22.64%	18.54%	29.18%	2
91340	San Fernando	13.19%	20.84%	30.80%	3
91342	Sylmar	12.95%	19.48%	35.66%	3
91402	Van Nuys	12.19%	28.71%	38.09%	3
91405	Van Nuys	27.45%	31.33%	43.38%	4
91406	Van Nuys	23.98%	24.69%	41.94%	4
91411	Van Nuys	16.56%	22.52%	41.03%	3
91306	Winnetka	11.39%	20.86%	36.28%	3

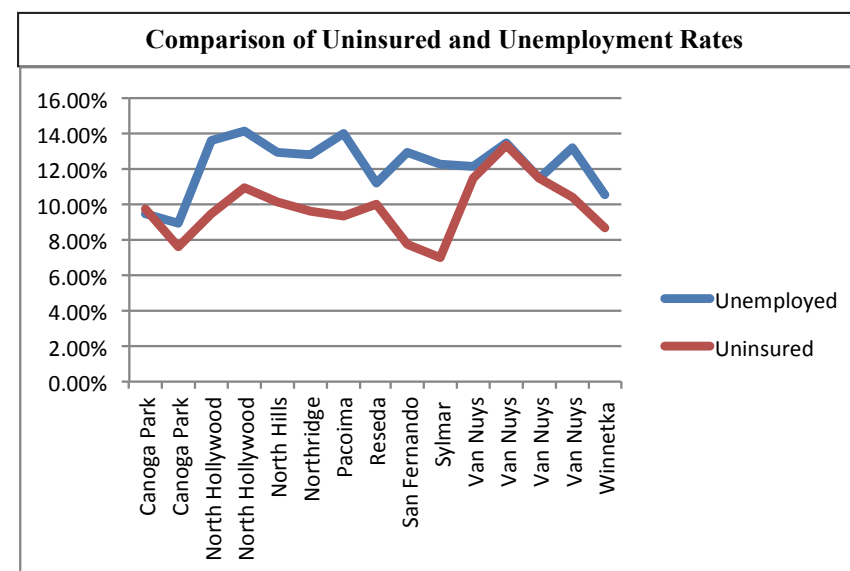
Sources: 2015 Demographic Data, The Nielson Company
2015 Poverty Data, The Nielson Company
2015 Insurance Coverage Estimates, Truven Health Analytics

Cultural/Language: Having effective communication is a crucial part of patient safety and quality of care. Some barriers that can affect communication include cultural differences, and language barriers. Of Northridge Medical Center's highest need zip code areas; the 15 zip codes described in the following chart have the highest barrier scores of 5. Pacoima has the highest population of people who speak English. Pacoima and San Fernando have the largest population of minorities.

Education: Education has a critical role in health disparities elimination. Lack of education is one of the important barriers to healthcare. Different measures of the quality of care such as life expectancy and mortality rates are related to the level of education. People who are less educated about how and where to get healthcare services don't check their health status regularly and resort to healthcare services only when a disease gets severe. In the CNI, education barriers are defined as the number of people who have education level less than high school diploma. 12 zip codes out of 15 have the highest barrier score (5) in regards to education, which is more than two third of their population (682,224/802,269 individuals). Pacoima and San Fernando have the highest percentage of the people less than high school diploma, which is close to 50%.

Insurance: Access to care for people who are insured is much easier than people without insurance. People who are uninsured are less likely to receive healthcare services for their severe

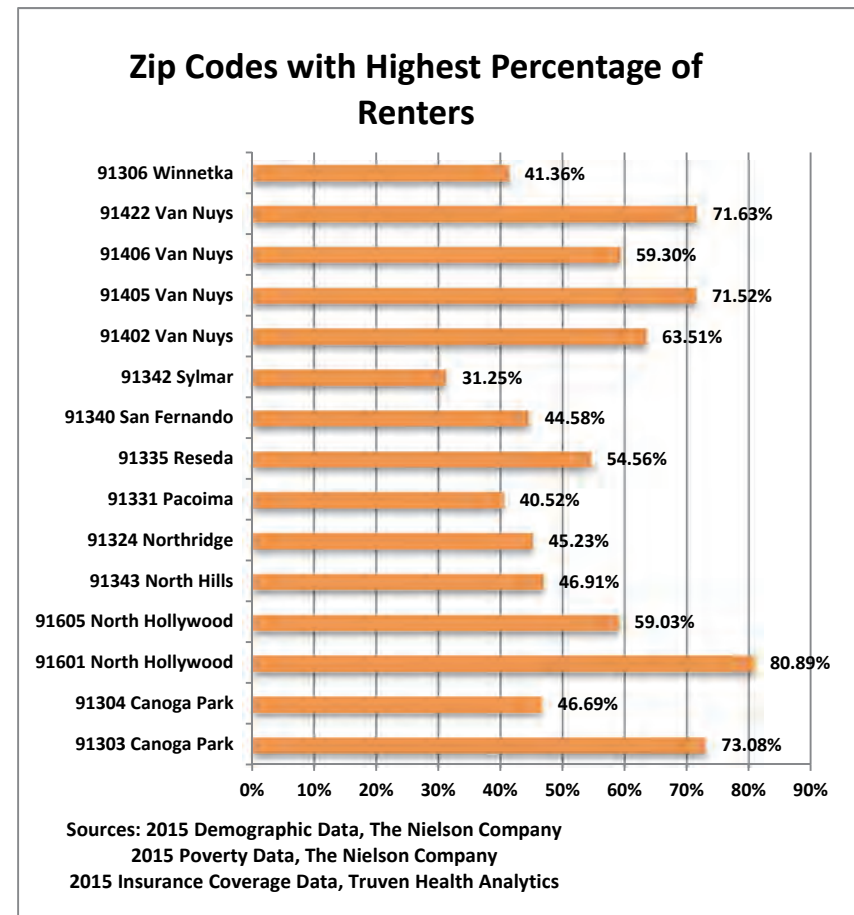
Zip Code	City	Limited English	Minority	Barrier Score
91303	Canoga Park	20.39%	78.88%	5
91304	Canoga Park	12.27%	64.32%	5
91601	North Hollywood	13.37%	58.08%	5
91605	North Hollywood	19.81%	67.30%	5
91343	North Hills	19.11%	81.78%	5
91324	Northridge	11.68%	66.36%	5
91331	Pacoima	23.27%	96.61%	5
91335	Reseda	19.31%	73.09%	5
91340	San Fernando	18.59%	96.07%	5
91342	Sylmar	14.54%	87.94%	5
91401	Van Nuys	17.25%	53.82%	5
91405	Van Nuys	22.05%	74.24%	5
91406	Van Nuys	17.71%	73.17%	5
91411	Van Nuys	17.10%	65.17%	5
91306	Winnetka	15.06%	76.14%	5



Sources: 2015 Demographic Data, The Nielson Company
 2015 Poverty Data, The Nielson Company
 2015 Insurance Coverage Estimates, Truven Health Analytics

health conditions, or get preventive care. It is important to provide care for uninsured people as they are generally less healthy and at a higher risk of being hospitalized. Postponing or foregoing to receive health care services because of high costs for uninsured individuals could bring more expenses for the healthcare industry. The CNI defines insurance barriers as lack of employment and insurance. Fortunately, none of the 15 zip codes have the highest (5) insurance barrier score. In comparison to 2013, the number of insured people has increased. Canoga Park (91304), and Sylmar (91342) have the lowest number of unemployed.

Housing: Having an affordable housing is one of the most important determinants of people's health status. The quality of the house, the cost of renting, and even the location can effect residents' health. Access to a healthy neighborhood with high quality of care can provide great health outcomes and will reduce healthcare spending, including reduction of emergency rooms visits. When individuals are forced to pay most of their incomes for renting, it is less possible to spend on healthcare needs. According to the CNI, housing barriers are reflected by the percentage of individuals who pay rent for housing. All of the 15 zip codes of the highest need in Northridge Medical Center's area, except Sylmar, have the highest barrier score in regards to housing. North Hollywood (91601) and Canoga Park (91303) have the highest renting percentage.



ASSESSMENT PROCESS AND METHODS

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, added new requirements for triennial Community Health Needs Assessment reporting that requires hospitals to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions. This report has been conducted in compliance with these federal requirements.

The Community Health Needs Assessment (CHNA) process was to collect primary (qualitative) and secondary (quantitative) data. The process included the collection of existing public data and to engage community stakeholders (residents, providers, public health experts, etc...). The assessment was conducted in three stages that occurred simultaneously.

Primary data, which is new data that reflects the broad interest of the community, was collected directly from first-hand experience, through 36 key-informant interviews with individuals that serve the community and 313 paper and online surveys through Survey Monkey and Turning Point. Additionally, 5 focus groups and 3 community forums engaging members of underserved populations and communities as well as (physicians' staff and business members) representing community members (elementary schools and Mid-Valley YMCA), health professionals and business members were scheduled across the hospital's catchment area. A variety of community settings (schools, hospital, Mid-Valley YMCA, local businesses) were selected with a special emphasis on those persons and areas most impacted by health disparities. Staff used the Health Research & Educational Trust eight-step Assessment and Implementation Pathway model to engage community residents in the CHNA process. Copies of the data collection survey tools and focus group questionnaires are located under Appendix E.

Secondary data collected through internet research, public health data, and other assessments have been collected and published by another entity and are typically numerical in nature. Secondary data comprised of demographics, health behavior, and health outcome data publically available from the United States Census Bureau, California Department of Public Health, Los Angeles Department of Public Health, and UCLA Center for Health Policy Research, Los Angeles Police Department, Los Angeles Homeless Services Authority, and Dignity Health in partnership with Truven Health Analytics Inc. A comprehensive list of these secondary data sources is presented in Appendix F. Members from LA County Department of Public Health including the SPA 2 Area Health Officer was provided through key informant interviews and attendance at community forums and focus groups.

Secondary data were collected from the above noted resources and descriptive statistics were prepared. For cities that were represented by more than one ZIP code, the city level data was derived as a weighted average of the statistics for the component ZIP codes, the weights being the population count for each of the ZIP codes; similarly statistics for the service region were computed as a

weighted average of the statistics for all the 37 ZIP codes in the service region, the weights being the population count for each ZIP code. When appropriate and when data were available, proportions were compared to those comparable for the service area as a whole, Los Angeles County and/or California. For some data (for example, homelessness and some health behaviors) the most detailed information was only available at the Service Planning Area (SPA) level.

The table below provides the community engagement methods, sites, types of stakeholders involved, and dates, with a more detailed listing available in Appendix A. The survey instruments used for collecting data are provided in Appendix E.

Method	Location	Participants	Date
Community Forums (Total 65)	Liggett Elementary School, Panorama City, CA	Community residents: 29 adults	3/15/16
	Northridge Hospital Medical Center, Northridge, CA	Physician assistants and nurses: 36 adults	3/31/16
Focus Groups (Total 91)	Los Angeles County Dept. of Health Services Mid Valley Comprehensive Health Clinic	MD/PA/NP Clinicians: 13 adults	9/29/15
	Valley Industrial Commerce Association (VICA)	VICA Health Committee members: 16 adults	10/7/15
	Valley Care Community Consortium	Community non-profit and public health 26 adults	10/28/15
	Mid-Valley YMCA, Van Nuys, CA	Community residents: 7 adults	3/9/16
	Noble Elementary School, North Hills, CA	Community residents: 15 adults	3/17/16
	Limerick Elementary School, Canoga Park, CA	Community residents: 14 adults	4/1/16
Key Informant Interviews (Total 28)	Conducted via in person, phone, or email	City and county government, clinics, hospitals, housing providers, mental health agencies, and community organization: 28	Various Dates
Paper Surveys (Total 346)	Van Nuys Recreation Center health fair, Van Nuys, CA	Health fair participants: 11 adults	3/26/16
	Northridge Hospital Medical Center Physician staff luncheon, Northridge, CA	Physician staff and nurses: 36 adults	3/31/16
	California State University, Northridge, Northridge, CA	Students from Public Health internship: 10 adults	4/1/16
	California State University, Northridge, Northridge, CA	Students from Health Administration: 13 adults	4/2/16
	Valley Care Community Consortium	SPA 2 community residents and providers: 276	Various

Dignity Health Northridge Hospital Medical Center solicited the feedback from a broad cross-section of 184 professionals, students, and community members in the hospital's service area over an 8-month period from 9/1/15 to 4/15/16. Hospital staff utilized four methods to collect information from community stakeholders and residents regarding health problems, risky behaviors, community resources, barriers, and solutions. In addition, participants prioritized the top health needs.

Data was collected using paper surveys, Survey Monkey online surveys, and the Turning Point audience response system in order to collect real-time polling information from the community forums and focus groups, which included a large number and array of participants. Multiple list of the health needs emerged as the most pressing concerns for the communities in the hospital service area, based on the cumulative results from the community engagement methods. This list which is provided in Appendix C was used for the prioritization process. The results from each community engagement methods are summarized in the Assessment Data and Findings on the next page.

Information Gaps

Information gaps that limit the ability of this CHNA to assess the community's health needs include limited quantitative data in some areas. In addition, it is important to note the potential information limitations and gaps due to the timeliness of publically available secondary data; for some data, the most recent years available are 2011-2013.

While the data in this report came from various reliable sources, there are limitations that exist when data is self-reported such as in the survey data and the UCLA CHIS data.

Primary and secondary data gathering in service area generated an abundance of information. However, there were gaps when issues were identified by the community residents and no local secondary data was available. Additionally, some data was not available for analysis by race and ethnicity at the zip code level.

Collaborations

Community collaboration for the CHNA included the Valley Care Community Consortium who conducted some of the focus groups, community forums and lead the collection of surveys. Secondary data was researched and analyzed by a contracted consultant, Dr. Christine Schaeffer.

ASSESSMENT DATA AND FINDINGS

Primary Data Collection

The broad interest of the community reflected in this report was gathered four ways including; community forums, focus groups, surveys, and key informant interviews. Participants included members of underserved populations, low-income communities, and providers of services including the uninsured/underinsured, immigrant, homeless, youth, mentally ill, elderly, and disabled. A brief discussion on each collection method is listed here with extensive response details of each sector listed under the Summary of Community Engagement located under Appendix C.

Community Forums

Two forums were conducted, one at Limerick Elementary School (Panorama City) and another at the NHMC Physician Staff Luncheon (Northridge). The Liggett Elementary School group consisted of 29 community members and school parents attending the English as a Second Language (ESL) class. Their English skills were limited so the forum was conducted in Spanish to better capture their feedback. The second group at Northridge Hospital included 36 nurses and office managers attending a quarterly informative luncheon. The majority of participants live in the hospital service area by their zip code of residence obtained during the sign in process. A table that summarizes the health priorities and issues identified can be located under Appendix C.

Focus Groups

Members of the community were recruited to participate in 6 focus groups that were convened to gather a wide range of perspectives from 91 residents and stakeholders representing a multitude of races, ethnicity, age, sex, and lifestyle. Three of the focus groups were conducted with community residents at Noble Elementary School, Limerick Elementary School, and Mid Valley YMCA. Community residents were confirmed to live in the hospital service area by their zip code of residence obtained during the sign-in process. The additional three focus groups consisted of VICA health Committee members, clinicians, public health and community health experts. A standard protocol was used for all focus groups located under Appendix E. Input from all focus groups were compiled and was the foundation for the process for prioritization when added to forum and survey data.

Focus group participants input was combined and the issues they identified as most pressing are listed below along with some recommended solutions for health improvement. Full detail reports of the focus group findings including feedback see Appendix C.

- Chronic conditions
- Obesity
- Mental health (suicide, stress & depression)
- Obesity (adult & youth)
- Dental healthcare
- Primary healthcare

The focus group participants felt that the ten most significant solutions to addressing these issues were:

- Nutrition and fitness education at schools and community centers
- Diabetes clinics and services
- Access to primary care physicians (mental, medical and oral)
- Mobile clinics
- Increase of community support
- A one stop shop for all services
- Substance abuse education and screenings at schools
- Training, employment and housing for homelessness
- Effective sanitation services and higher citation fees for individuals who litter the community (blight)
- Teen pregnancy prevention services and education

Paper Surveys

Paper surveys were conducted with an array of members representing various communities in Dignity Health Northridge Hospital's catchment area collecting a total of 70 surveys. In addition, NHMC worked in conjunction with Valley Care Community Consortium and collected 260 surveys convened from Health Community Leaders, Business Leaders, and Non-profit Leaders primary service area members totaling to an overall of **330** surveys.

Key survey results are summarized under Appendix C.

Key Informant Interviews

Twenty-eight key informant interviews were conducted to identify the community health needs most affecting the community. Key informants were identified as those that work in public or community health that are most familiar with the target population the hospital serves. The survey tool asked the participants to identify the most significant health problems, the most significant education/environmental and socio-economic factors affecting the community, risky behaviors and potential solutions to issues identified. Key informant questionnaire with informant's feedback is located under Appendix C.

The key informants were employed or resided in the NHMC catchment area.

“A livable community is one that is safe and secure, has affordable and appropriate housing and transportation option, and offers supportive community features and services. Once in place, those resources, enhance personal independence; allow residents to age in place; and foster residents’ engagement in the community’s civic, economic, and social life.”

-AARP Public Policy Institute

PRIORITIZED DESCRIPTIONS OF SIGNIFICANT COMMUNITY HEALTH NEEDS

Prioritization of the systematic collection of community health needs identified through community engagement process was assigned a numeric score based on individual priority ranking. Individuals were instructed to prioritize the identified health needs based on the following criteria: 1) Severity of the issue; 2) Whether there are feasible interventions the hospital can work with the community to improve; 3) the scope of the issue (number of people affected); 4) If the issue is getting worse over time; and 5) Does the community prioritize this issue over other needs.

Based on the criteria above the ten most immediate community health needs were identified based on combined scores of individual prioritization and were accepted and approved by the community board.

Description of Prioritized Community Health Needs

Diabetes

Focus group participants and key informants overwhelmingly felt that Diabetes was the number one factor affecting the community. The Centers of Disease Control and Prevention define diabetes as “a group of diseases marked by high levels of blood glucose (a fasting blood sugar level ≥ 126 milligrams per deciliter (mg/dL) after an overnight fast, or a 2 hour blood sugar level ≥ 200 mg/dL after a 2-hour oral glucose tolerance test (OGTT), or an A1c level $\geq 6.5\%$ resulting from defects in insulin production, insulin action or both” (CDC: 2011 National Diabetes Fact Sheet)¹. Nationally there has been a significant increase in incidence of Type II diabetes. From 1991- 2009 newly diagnosed cases of diabetes among 18-79 year olds has greatly increased from 573,000 to over 1.7 million. However, from 2009- 2014 there has been a slight decrease in newly diagnosed cases from 1.7 million to 1.4 million²

There are three types of diabetes: Type I, where the pancreas produces little or no insulin; Type II, diabetes is where the body becomes resistant to insulin; and Gestational Diabetes, which represents women without previously diagnosed diabetes developing high blood sugar during pregnancy. Type II is the most common type of diabetes and accounts for 90-95% of all diabetes cases. Obesity is the greatest risk factor for type II diabetes³. Other risk factors include being obese, race/ ethnicity, poor dietary habits, and lack of physical activity. Diabetes is the seventh leading cause of death in the hospital service area.

Data from the Los Angeles County Health Survey indicate that, in 2015, 8.2% of the adults in SPA 2 were ever diagnosed with diabetes (compared to 9.8% in the Los Angeles County).⁵ Neighborhood estimates, derived from the California Health Interview Survey (CHIS) based on 2010-2011 data, show this percentage varies from 10.6% and 10.2% respectively in Pacoima and San Fernando to a low of 5.2% in Valley Village. Additionally clinicians participating in the focus group state that up to 70% of diabetic



patients they serve are non-compliant either with medication, diet, or exercise. Additionally they state there is a need for early screening and detection of diabetes in the community.

Obese and Overweight Adults and Children

Obesity and Overweight was ranked as the second area of concern by respondents in both children and adults. An individual is considered obese if their Body Mass Index (BMI) is ≥ 30 and overweight if their BMI is between 25 and 30.⁶ Obese and overweight adults and children have become prevalent in the U.S. An individual that is obese or overweight is at increased risk of heart disease, Type II diabetes, other chronic diseases such as stroke, arthritis and many forms of cancers; thus is a public health concern. Obesity and being overweight are among the most preventable health problems and causes of type II diabetes. Many of the participants suggested that lack of knowledge about proper nutrition and access to affordable healthy foods are major contributing factors to obesity.

According to data from the 2015 Los Angeles County Health Survey, in SPA 2 nearly 20% of adults are obese and an additional 37% are considered overweight. Among the Latino and African American populations in Los Angeles County, the percentages are 30.9% and 32.9%, respectively for obesity.⁷

Poor Mental Health

Mental health a key driver of health status was ranked the third top concern of respondents. Mental health is defined as someone functioning at a satisfactory level of emotional and behavioral adjustment. The World Health Organization attributes poor mental health to a stressful work environment, risk of violence, rapid social changes, unhealthy lifestyle and ill health. Persistent social stressors such as loss of employment, economic hardship, poverty and low level education are also identified with poor mental health of an individual or community.

In 2015, Los Angeles County and SPA 2 were characterized by the following mental health statistics⁸:

Mental Health				
	Los Angeles County		SPA 2	
	Percent	Estimated #	Percent	Estimated #
Adults ever diagnosed with depression	13.0%	1,003,000	12.5%	211,000
Adults with current depression	8.6%	661,000	8.0%	136,000
Adults at risk of major depression	11.8%	875,000	10.1%	166,000

Heart Disease and Stroke

Respondents are concerned about heart disease, the number one leading cause of death in our area. Cardiovascular disease, which includes heart disease and stroke, is a leading cause of death in the U.S. Coronary heart disease is the most common heart disease and causes more than 50% of all heart disease related deaths in the United States.⁹ The death rate from heart disease per 100,000 individuals was 171.6 nationally, 154.6 in California, 165.1 in Los Angeles County, and 137 in the San Fernando Valley. The rates in Los Angeles County vary significantly by race and ethnicity. The death rates are 258.4, 189.1, 128.9, 175.8 and 106.1 per 100,000 for Non-Hispanic Blacks, Non-Hispanic Whites, Hispanics, American Indian and Alaskan Natives, and Asian and Pacific Islanders, respectively.^{10, 11}



Coronary artery disease occurs when a waxy, fat like substance called plaque blocks the arteries that supply blood to the heart. Plaque gradually builds up and narrows the artery leading to atherosclerosis. Stroke occurs when either a blood clot blocks the blood supply to a part of the brain or a blood vessel in the brain bursts. There are two types of strokes, ischemic and hemorrhagic. The majority of strokes are ischemic at 85%, where a blood clot or plaque blocks the blood supply. The remaining 15% are hemorrhagic strokes, where a blood vessel in the brain bursts. Risk factors for heart disease and stroke include high blood cholesterol, high blood pressure/hypertension, and diabetes, tobacco use, being obese or overweight, diet, lack of physical activity, alcohol use, family history, age, sex, and ethnicity⁹.

In 2015, 23.7% of the adults in SPA 2 were ever diagnosed with hypertension and 24.9% were ever diagnosed with high cholesterol¹².

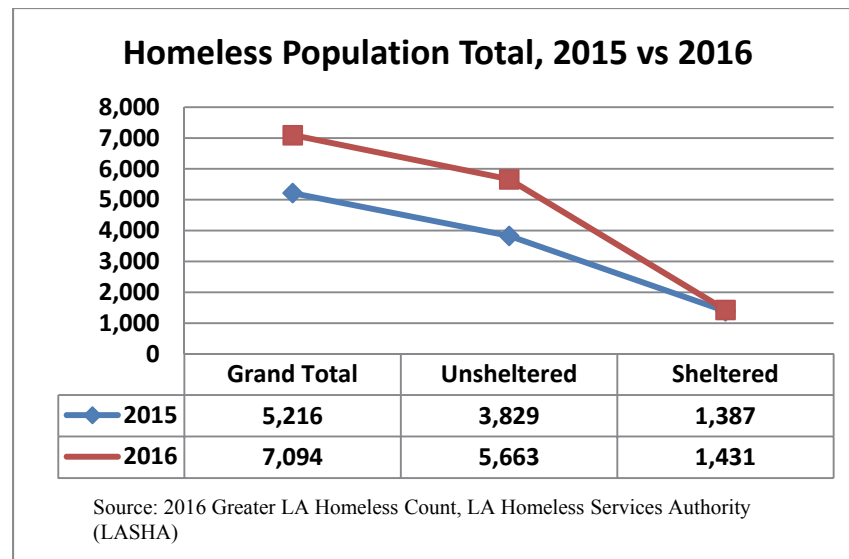
Affordable Housing and Homelessness

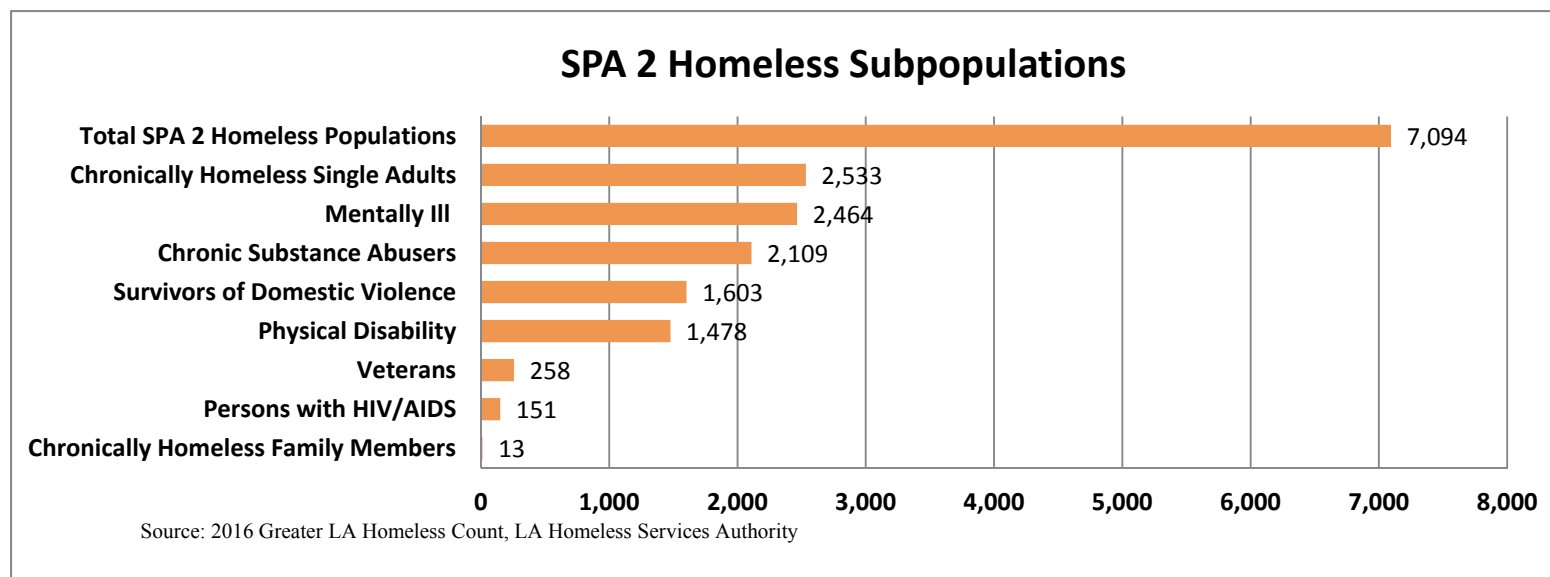
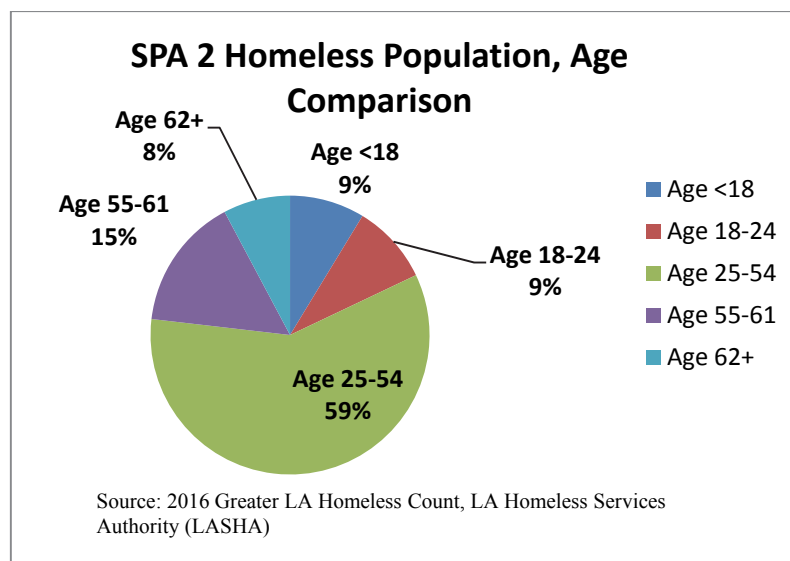
Respondents identified homelessness as their fifth top concern. A homeless count was completed in January 2016 by the Los Angeles Homeless Services Authority. Their report shows that homelessness grew by 35% in the San Fernando Valley. Safe and affordable housing is an important part of health. Low and middle-income homes facing high housing cost can be afflicted with multiple mental and physical stressors that are associated with adverse health outcomes. In the face of high housing costs, individuals may not have the means to meet basic needs such as food, clothing, transportation or healthcare. In addition, low income and middle income individuals may find themselves living in overcrowded homes, poor quality dwellings, and far from employment and social networks of support.¹³

Poor quality housing also increases the risk for illness or injury. Affordability may also necessitate long commutes from work, which can expose individuals to poorer air quality and contribute to having less time to invest in activities that reduce stress such as

socializing and exercising. In turn not being to reduce stress may contribute to other psychosocial issues¹³. Unfortunately, some individuals who may no longer be able to afford housing become homeless. Those who are homeless have a “mortality rate four to nine times higher than those who are not homeless¹⁴.”

As noted in the Community Description section of this report, in 2015, the total homeless count for SPA 2 was 5,216; 73% of which are unsheltered, 68% are male, 54% are between the ages of 25 and 54, 40% are white, and roughly 30% are of Hispanic ethnicity. The total count is up roughly 8% from 2013; however the proportion that is African American is down from 38% to 15% of the total. This increase since 2013 is relatively less than that observed in Los Angeles County as a whole at an increase of 12%.^{15,16}





Cancers

Cancer continues to be one of the leading causes of death and one that most of the key informants and community residents stated has affected either themselves, a family member or friend.

Top Cancers and Cancer Related Deaths Among Men and Women In the United States, 1999-2012¹⁷

Three Most Common Cancers Among Women	Breast Cancer (122.2)
	Lung Cancer (52.1)
	Colorectal Cancer (34.1)
Leading Cancer Deaths Among Women	Lung Cancer (36.4)
	Breast Cancer (21.3)
	Colorectal Cancer (12.4)
Three Most Common Cancers Among Men	Prostate Cancer (105.3)
	Lung Cancer (71.6)
	Colorectal Cancer (44.8)
Leading Cancer Deaths Among Men	Lung Cancer (56.2)
	Prostate Cancer (19.6)
	Colorectal (17.6)
	Liver Cancer (N/A)
Cancer Among Children	Leukemia
	Brain and Central Nervous System Cancers
<i>Rate per 100,000</i>	

Breast Cancer

Breast cancer is a cancer that forms in the tissues of the breast, usually in milk ducts and glands that produce milk. Even though breast cancer can occur in both women and men, it is rare males. Some of the breast cancer risk factors include: increasing age, genetic mutations, early menstrual period, late or no pregnancy, obesity, alcohol consumption, family history of breast cancer, or having inherited the BRCA1 and BRCA2 genes.

In 2012 (2011 in Los Angeles), the incidence of breast cancer per 100,000 individuals was 21.2, 21.2 and 22.2 in Los Angeles County, California and United States respectively. The death rate in 2012 (2011 in Los Angeles) from breast cancer per 100,000 population was 21.3 nationally, 21.1 in California, and 20.7 in Los Angeles County. The rates in Los Angeles County vary significantly by race and ethnicity. The death rates



are 258.4, 189.1, 128.9, 175.8 and 106.1 per 100,000 for Non-Hispanic Blacks, Non-Hispanic Whites, Hispanics, American Indian and Alaskan Natives, and Asian and Pacific Islanders, respectively.¹⁸ Breast cancer affects women of all ethnicities, however White (123.3) and Black (120.1) women have the highest incidence rates of breast cancer in the United States. Women aged 75-79 have the highest incidence of breast cancer. The American Cancer Society anticipates there will be 24,985 new cases and 4,245 deaths in 2014.¹⁹

Regular exercise, early pregnancy, limiting exposure radiation and breastfeeding can reduce the risks of breast cancer. Breast cancer screening by Mammogram is recommended between the ages of 50 and 74 by the United States Preventive Services Task Force. In 2015, 77.9% of the women age 50-74 in SPA 2 had a Mammogram in the past 2 years.²⁰

Cervical Cancer

Cervical cancer occurs in the tissue of the cervix, the organ connecting the uterus and vagina. This cancer is slow-growing and symptomless, until it is advanced and potentially causes bleeding or discharge after sex. Human Papilloma Virus (HPV) is almost always the cause of cervical cancers. The greatest risk for cervical cancer is having Human Papilloma Virus (HPV) infection. Other risks include smoking; not using condoms during sex; having HIV; using birth control pills for five or more years; giving birth to three or more children; and having multiple sexual partners.²¹

Cervical cancer was once the number one killer of women, but thanks to Pap smear and Human Papilloma Virus testing, this is no longer the case. In Los Angeles, the expected incidence of cervical cancer was 6,595 cases in 2014; in the United States, 12,042 cases were expected in 2012. The incidence rate in California was 7.6 per 100,000 in 2012. In 2014, 1,340 individuals were expected to die from cervical cancer; the comparable number nationwide was 4,074 in 2012. In California, the mortality rate from cervical cancer was 2.1 per 100,000 in 2012.²² Hispanic women had the highest rates of cervical cancer, followed by black, white, American Indian/Alaska Native and Asian Pacific Islander. However, black women had the highest number of deaths.²³

Regular Pap smear tests and/or receiving the HPV vaccination are the most effective methods of reducing risk of cervical cancer. According to data from the 2015 Los Angeles County Health Survey, in SPA 2 roughly 88% of women aged 21-65 had a Pap smear within the past 3 years.²⁴

Colorectal Cancer

Colorectal cancer develops over the course of several years by starting as a simple growth of tissue (polyp) or as a flat lesion in the lining of the colon or rectum. Colon cancer develops in the tissue of the colon, the longest part of the large intestine. Most colon

cancers are cancers that start in the cells that produce and release mucus and other fluids. Rectal cancer forms in the tissue of the rectum, the last part of the large intestine close to the anus. Colon cancer and rectal cancer are often referred to as colorectal cancer. Risk factors for colorectal cancer include family history, being age 50 years or over, or having polyps in the colon or rectum. Even though most polyps are non-cancerous, some could become cancerous. Other risk factors are personal history of cancer, diet, and smoking.²⁵

With screening, growths in the colon or rectum can be detected early and removed before they progress to cancer. Although there has been an increase in the number of people being screened, the number is still fairly lower than it should be. If colon cancer is found early, the 5-year survival rate is 90 %. Indicators contributing to the rates of colorectal cancer include inadequate fruit/vegetable consumption, physical inactivity, heavy alcohol consumption, tobacco usage

In 2012, there were 51,516 deaths in the United States due to colorectal cancer. In Los Angeles and California, the comparable rates were 14.5 per 100,000 and 13.5 per 100,000, respectively.²⁶ Black males and females have the highest incidence and death rates than any other race group. In respects to cancer incidence among men and women, they are followed by white, Hispanic, American Indian/Alaska Native and Asian Pacific Islander. Among death rates the numbers vary among women, but they are followed by white, American Indian/Alaska Native, Asian/Pacific Islander, and Hispanic.

The risk of developing colorectal cancer also varies by age. The data shows the risk increasing with age.

Percent Who Develop Colorectal Cancer over 10-, 20-, and 30-Year Intervals According to Their Current Age, 2010–2012²⁷				
Current Age		10 Years	20 Years	30 Years
30	U.S. Men	0.07	0.32	0.96
	U.S. Women	0.07	0.30	0.79
40	U.S. Men	0.26	0.90	2.00
	U.S. Women	0.23	0.73	1.53
50	U.S. Men	0.67	1.80	3.27
	U.S. Women	0.50	1.33	2.59
60	U.S. Men	1.22	2.81	4.04
	U.S. Women	0.86	2.18	3.46
70	U.S. Men	1.87	3.30	n/a
	U.S. Women	1.46	2.88	n/a

Lung Cancer

Lung cancer usually develops in the cells lining the air passages. Lung cancer consists of three main types: small cell, non-small cell, and neuroendocrine tumors. Roughly 85% of lung cancers are non-small cell cancers, small cell cancers account for an additional 10% to 15% of lung cancers, with neuroendocrine tumors occurring the least frequently of the three types. Risk factors include tobacco use, radon, inhaling chemicals including arsenic, beryllium, cadmium, silica, vinyl chloride, nickel compounds, chromium compounds, coal products, mustard gas, and chloromethyl ethers, diesel exhaust, asbestos, some dietary supplements, family history of lung cancer, and air pollution.

Lung cancer is asymptomatic until the cancer is advanced. Some of the symptoms that affect those who are in this stage: coughing up blood, coughing that gets worse or doesn't go away, chest pain, wheezing, shortness of breath, weight loss and/or feeling very tired all the time (CDC, 2013). Low-dose computed tomography can be used to detect lung cancer. Other symptoms may include pneumonia and swollen or enlarged lymph nodes. An individual can reduce their risk of developing cancer by not smoking, avoiding secondhand smoke, testing homes for radon and being careful around chemicals.

In the United States, 210,828 new cases of lung cancer were expected in 2012. The incidence rate in California was 44.2 per 100,000.

In 2012, 157,423 individuals were expected to die from lung cancer nationwide. In California, the mortality rate from lung cancer was 33.3 per 100,000 in 2012; in Los Angeles the comparable rate was 31.0 in 2011.²⁸ Black men have the highest rate of lung cancer, followed by White, Asian/Pacific Islander, American Indian/Alaska Native, and Hispanic men. Among women, White women had the highest incidence on lung cancer. They are followed by Black, American Indian/Alaska Native, Asian/Pacific Islander, and Hispanic women.²⁹ The risk of developing lung cancer also increases with age.

Percent Who Develop Lung Cancer over 10-, 20-, and 30-Year Intervals According to Their Current Age, 2010–2012 ³⁰				
Current Age		10 Years	20 Years	30 Years
30	U.S. Men	0.02	0.16	0.82
	U.S. Women	0.02	0.17	0.72
40	U.S. Men	0.14	0.81	2.58
	U.S. Women	0.15	0.71	2.11
50	U.S. Men	0.69	2.51	5.34
	U.S. Women	0.57	2.00	4.28
60	U.S. Men	1.96	5.01	7.04
	U.S. Women	1.50	3.89	5.49
70	U.S. Men	3.57	5.93	n/a
	U.S. Women	2.64	4.42	n/a

Prostate Cancer

The prostate is a gland that is only found in men. Prostate cancer develops in the prostate gland, which is located below the bladder and in front of the rectum. Prostate cancer generally occurs in older men. Notable risk factors include being over 50 years of age, ethnicity, family history of prostate cancer, smoking, being overweight and engaging in little physical activity. A healthy diet, regular exercise and avoiding tobacco use will also reduce the risk of cancer in general.^{31,32,33}

In the United States, the expected incidence of prostate cancer was 177,489 cases in 2012; in California, 103.8 cases per 100,000 were expected that year. In 2012, nationwide 27,244 individuals were expected to die from prostate cancer; the comparable number in California was 19.4 per 100,000.³⁴

The percent of men that develop prostate cancer increases with age.

Percent of Men Who Develop Prostate Cancer over 10-, 20-, and 30-Year Intervals-According to Their Current Age, 2010–2012³⁵			
Current Age	10 Years	20 Years	30 Years
30	0.01	0.32	2.31
40	0.31	2.33	7.47
50	2.09	7.41	12.50
60	5.84	11.43	13.50
70	6.91	9.46	n/a

High blood Pressure/Hypertension

Community residents are concerned with the rate of high blood pressure in the community. High blood pressure is a disease where the pressure in the blood vessels is high for long amounts of time. The normal blood pressure level is 120mmHg/80mmHg. Blood pressure is considered “high” if it is measured as 120–139 mmHg/ 80–89 mmHg or higher. High blood pressure increases the risk of developing heart disease and suffering from a stroke – the top causes of death in the United States. High blood pressure is asymptomatic; therefore individuals who suffer from the disease often do not know they have it. It also increases the risk of developing heart disease. Risk factors include family history, unhealthy diet, physical inactivity, obesity, excessive consumption alcohol and tobacco use. Prevention strategies largely focus on not engaging in the risk factors detailed above.³⁶ preventing medical conditions, like controlling blood pressure and properly managing diabetes, can reduce the risk of developing high blood pressure.³⁶

According to the most recent data available, black males and females have the highest rate of hypertension, followed by white and those of Mexican origin. In 2013, hypertension was ranked the 13th top cause of death in the United States. According to the CDC, 1 in every 3 adults – 70 million individuals – has high blood pressure. Also due to the recent increase of diabetes in children, higher rates of hypertension in children has also been observed.³⁷



Oral Health

Access to affordable dental health services for adults and children was a concern of both community residents and key informants. Oral health is not about preventing bad breath or cavities. It is about keeping a healthy mouth to prevent disease and keeping your body in good health. It is important to have good oral hygiene to prevent gum disease, cavities, and bad breath. The most common oral health problems are gum disease and cavities.³⁸ According to the Centers of Disease Control and Prevention 83% of children ages 2-17 had a dental visit in the past year.³⁸ According to the Centers for

Disease Control and Prevention about 40% of low income adults ages 20 or more are identified as having at least one untreated decayed tooth compared to 16% of non-poor adults. In the past decade, the percent of adults 60 years or older that are missing all their teeth decreased from 31% to 25% and between the ages of 40 to 59 decreased to 5%. Only one out of 20 middle-aged adults is missing all their teeth.³⁹ The risk factors include brushing teeth at least twice each day with fluoride toothpaste and daily flossing. Having a healthy lifestyle by eating healthy meals and avoiding tobacco products will also contribute in an overall oral health. Getting dental checkups twice a year is also recommended.³⁸



Dental insurance and access to dental care, especially for older adults was identified as an immediate need in many of the communities in SPA 2.⁴⁰

Domestic Violence and Sexual Assault

The Center for Assault Treatment Services in Van Nuys treated 1,107 victims of sexual and domestic violence in 2015. Domestic violence and sexual assault is a public health issue and can affect many individuals regardless of age, gender, socioeconomic status, race, religion or education. This is an intentional life-threatening crime that not only affects the victims, but the community as a whole.⁴¹ According to the Centers of Disease Control and Prevention the term “Intimate Partner Violence (IPV) “describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner”⁴². Domestic violence results in injury, and sometimes death. Every day in the U.S, more than three women are murdered by their husbands or boyfriends. Domestic violence victims lose nearly 8 million days of paid work per year in the U.S. alone—the equivalent of 32,000 full-time jobs .⁴³

Domestic violence has a huge impact on our society not only because of the emotional impact on the victims, but the financial impact on our economy. The costs of intimate partner violence in the U.S. alone exceed \$5.8 billion per year: \$4.1 billion are for direct medical and health care services, while productivity losses account for nearly \$1.8 billion.⁴³ The rate of emergency room visits for intimate partner violence (treated and released home) is 10 per 100,000 women ages 18 and older, compared to 0.8 per 100,000 for men ages 18 and older. Three percent of women (97,000) report physical or sexual violence by an intimate partner in the past.⁴⁴ Domestic violence has an impact in our emergency room visits, and this crime is very costly to its victims. There are many contributing risk factors for sexual abuse and domestic violence. A child that witnesses physical abuse or sexual abuse is more likely to commit such crimes in adulthood. Men who as children witnessed their parents’ domestic violence were twice more likely to abuse their own wives than sons of nonviolent parents.⁴⁵

Child Abuse

Child maltreatment includes many different types of abuse and neglect that can occur towards a child under the age of 18, usually by a caregiver or a parent. There are four common types of neglect: physical abuse, sexual abuse, emotional abuse, and neglect. There were 702,000 victims of child abuse and neglect reported to child protective services (CPS) in 2014. About 1,580 children died from abuse or neglect in 2014. The total lifetime cost of child abuse and neglect is \$124 billion each year.⁴⁵ Child abuse is deliberate and intentional; “words or over actions that cause harm, potential harm, or threat of harm” .⁴⁵

Child abuse not only has traumatic effect on the children that have endured it, but the communities that have to deal with the aftermath of the crime. Approximately 5 children die every day because of child abuse. Boys (48.5%) and girls (51.2%) become victims at nearly the same rate. In the United States, more than 4 children die from child abuse and neglect on a daily basis. Over 70% of these children are below the age of 3.⁴⁶ A preventative measure that can be taken to prevent child abuse is to identify the contributing risk factors.

Alcohol and Drug Abuse and Addiction

In the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, substance abuse is defined as: “a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household);
- Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired);
- Recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct); or
- Continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights).⁴⁷



The most commonly abused substances are alcohol and drugs, both illicit and prescription.

Alcohol

Alcohol affects every organ in the body, and “the intensity of the effect of alcohol on the body is directly related to the amount consumed.”⁴⁸ Alcohol affects each person differently and each person should be aware on how much alcohol they consume. According to the National Institute on Alcohol Abuse and Alcoholism published by the Centers of Disease Control and prevention (CDC) binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08%

or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men and 4 or more drinks on a single occasion for women, generally within 2 hours.⁴⁸

Drinking too much alcohol can affect your health. Many people die in motor vehicle crashes each year due excessive alcohol consumption. Excessive alcohol use led to approximately 88,000 deaths and 2.5 million years of potential life lost (YPLL) each year in the United States from 2006 – 2010, shortening the lives of those who died by an average of 30 years.⁴⁹ According to Los Angeles County of Department of Public Health, Community Health Assessment of 2015, “self -reported binge drinking is lowest among black (11%) and Asian (12%) adults compared to Latino (18%) and white adults (15%).”⁵⁰

There is a difference between alcohol abuse and alcohol dependency. Alcohol addiction or dependency on alcohol is a chronic disease. People who suffer from this disease must seek medical help to undergo withdrawal methods. According to the Centers of Diseases Control and Prevention the signs and symptoms of alcohol dependence include:

- A strong craving for alcohol;
- Continued use despite repeated physical, psychological, or interpersonal problems; and/or
- The inability to limit drinking.⁴⁸

Illicit Drug Use

According to the Los Angeles County Department of Public Health, “drug overdose is the sixth leading cause of premature death and causes over 18,000 years of life lost”. According to the *Supplement to Community Health Assessment Service Planning Area (SPA) 2: San Fernando*, drug overdose is one of the top 5 causes of premature death in SPA 2.⁵²

According to the Substance Abuse and Mental Health Services Administration Services (SAMHSA):

- 4.8 million people have used heroin at some point in their lives.
- Among people between the ages of 12 and 49, the average age of first use was 28.
- 212,000 people aged 12 or older used heroin for the first time within the past 12 months.

- Approximately 435,000 people were regular users of heroin in the past month.⁵¹

In addition to increasing the risk of overdose, the intravenous use of heroin also places individuals at higher risk of diseases like HIV and hepatitis C.⁵¹

Prescription Drug Use

Individuals, who may seek help from a physician for pain management, are often prescribed opioids. The main objective is to relieve the pain, but in some cases the opioids are misused. Some opioids that are prescribed include hydrocodone, oxycodone, morphine, and codeine. Many young people tend to misuse prescription drugs because they are cheaper, and more accessible than illicit drugs.

According to the National Survey on Drug Use and Health (NSDUH):

- 4.3 million Americans engaged in non-medical use of prescription painkillers in the last month.
- Approximately 1.9 million Americans meet the criteria for “prescription painkillers use disorder” based on their use of prescription painkillers in the past year.
- 1.4 million people used prescription painkillers non-medically for the first time in the past year.
- The average age for prescription painkiller first-time use was 21.2 in the past year.⁵¹



COMMUNITY RESOURCES

The assets available to the residents in the Northridge Hospital Medical Center catchment area were inventoried to better understand the existing landscape so that new partnerships may be forged and gaps warranting attention could be identified in order to address unmet community needs. Resources to address identified needs include services and programs available through hospitals, clinics, government, and community based organizations. The service area is rich in health care resources however access for some segments of the population remains. Many of the service providers including Northridge Hospital participate in the Valley Care Community Consortium, a collaborative of health, mental health, dental, and social service providers in SPA 2. The table below summarizes the five broad types of assets that were collected and the number of resources listed for each category. A complete listing of community assets may be found in a separate Community Asset Mapping Report at www.northridgehospital.org.

Type of Asset	Category	Number of Agencies Listed in Report
Health Care Assets	Cancer Resources	23
	Clinics	116
	Heart Disease Resources	5
	HIV Services	11
	Home Health/Hospice	277
	Hospitals	21
	Long Term Care	184
	STD Services	4
Mental Health Care Assets	Mental Health and Crisis Resources	34
	Mental Health Services for Adults	19
	Mental Health Services for Children	33
	Mental Health Services for Older Adults	6
	Suicide Prevention Services	13
Oral Health Care Assets	Dental Services	30
Health and Human Assets	Child Abuse Resources	17
	Community Organizations	57
	Health and Human Services	71
	Homelessness Resources	14
	Housing and Shelters	10
	Violence Prevention Services	14
	Youth Development Services	54
Parks and Recreation Assets	Parks and Recreation Resources	81

IMPACT OF ACTIONS TAKEN SINCE THE PRECEDING CHNA

At Northridge Hospital we share a commitment to optimize the health of our community. Between fiscal years 2013-2016 Northridge Hospital provided \$471,678,238 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. A total of 328,526 community residents from 28 community benefit programs were impacted. Additionally, between 2013 and 2016 thousands more lives were impacted by our Community Grants program that provided \$541,869 to 16 local non-profit groups whose project work was in alignment with the needs identified in the 2013 Community Health Needs Assessment (CHNA) report.

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital that addressed the top community health needs identified in 2013. The programs addressed issues of access, mental health, nutrition, uninsured population, heart disease, obesity, and lack of prevention and wellness programs.

- o Emergency Department Initiative – A collaborative project between Northridge Hospital and Tarzana Treatment Center to reduce health disparities among those that are uninsured/underinsured with mental health and/or alcohol or chemical dependency. Since 2013 the program has impacted 895 community residents through connections to primary care medical homes, detox, housing, and mental health/substance abuse services.

- o Welcome Baby Program – A free maternal-child home visitation program that provides support to mothers during their pregnancy and throughout the baby's first nine months. This program provides the support for healthy beginnings and has impacted over 1,200 mothers and their newly born child.

- o Patient Navigator Program – Outreach and educational presentations that are done at schools, churches, health fairs, breast cancer support groups, and smoking cessation workshops to inform women about risk factors, early detection, self-exams, screening guidelines, and the importance of scheduling an annual mammogram.

- o Family Medicine Center & Residency Program – This clinic has provided 116,808 primary and specialty medical services for the underserved.

- o Center for Assault Treatment Services (C·A·T·S) – Dedicated to the treatment of children and adults who are victims of sexual abuse/assault or domestic violence, CATS is the only program in the San Fernando/Santa Clarita Valleys that provides forensic interviews and medical exams to collect forensic evidence 24 hours a day seven days a week. Services were provided to over 3,000 children and adults at no cost to the victim (over 50% of the victims annually are provided to children under the age of 17)

Collaborative partners are co-located under one roof at the Family Justice Center. Partners include: Strength United, Los Angeles Police Department, Los Angeles City Attorney, and Neighborhood Legal Services. Additionally, 3,690

Community and School Wellness Initiatives – Include programs designed to reduce rates of obesity, increase physical activity, and reduce chronic disease.

1. Choose Health LA Kids – A collaborative place-based initiative working in 8 high-need areas in partnership with Los Angeles County Department of Public Health and funded by First 5. The focus is on public education, skills building, advocacy/policy change and provision of resource directories for families of children 0 to 5 to promote physical activity and healthy eating
2. School Wellness Initiative – This program focuses on nutrition and fitness and is designed to combat obesity and reduce the risk of chronic disease for children, parents, and faculty at 34 Los Angeles Unified School District sites.
3. Activate your Heart – A program in collaboration with and lead by Mid Valley YMCA to improve the cardiovascular health of community residents. Heart disease is the leading cause of death in our area as well as the nation therefore ten sets of eight-week classes is provided to community residents free of charge.

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those listed above. Like the above programs, the list below is a reflection of the hospital's mission and commitment to improving community health and well-being.

- Angie's Spa – Free therapeutic massages to cancer patients
- Administrative Inter Program – Collaboration with California State University, Northridge providing internships and mentorships to health administration and public health interns to build effective future health leaders.
- Health education sessions – Free health education to reduce the risk of chronic disease, medicine reconciliation, and healthy living. In the past three years 16,423 community residents participated in health education sessions.

Appendix A

Acknowledgements

Appendix A: Acknowledgements

The development of the 2016 Community Health Needs Assessment (CHNA) would have not been possible without the help of California State University, Northridge Public Health and Health Administration interns who collected surveys for this project, assisted with the focus groups and researched resources for the asset analysis section.

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Appendix B

Demographic Tables

Appendix B: Demographic Tables

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Table 1: Number of Live births by Race of Mother, 2012

City	Total Births	Mother's Race/Ethnicity									
		AMER IND	ASIAN	SE ASIAN	BLACK	FILIPINO	HISPANIC	HAWAIIAN/ PAC. ISL	WHITE	TWO+ RACES	OTHER/ UNK
Canoga Park	979	1	63	20	39	45	615	2	170	15	9
Chatsworth	322	2	39	3	16	17	98	-	133	12	2
Encino	458		28	2	16	12	61	1	318	12	4
Granada Hills	490	-	50	11	14	30	191	2	176	9	7
Lake Balboa	737	-	25	7	24	25	496	-	133	15	12
Mission Hills	223	-	2	1	10	13	172	-	21	1	3
North Hills	865	-	22	15	34	47	632	2	97	4	12
No. Hollywood	2,025	1	74	18	65	57	1,241	3	523	29	12
Northridge	631	2	53	8	26	47	331	2	148	7	7
Pacoima	1,569	1	7	9	23	37	1,438	1	45	3	5
Panorama City	1,129	3	11	10	17	65	969	1	42	6	5
Porter Ranch	286	3	74	5	11	20	52	-	113	4	4
Reseda	324	1	18	3	3	16	59	-	152	7	65
San Fernando	531	-	1	1	4	4	503	-	15	-	3
Sherman Oaks	682		63	8	20	17	104		435	17	18
Simi Valley	1,344	1	115	18	8	26	418	1	703	38	18
Studio City	323	-	35	4	10	3	31	-	225	6	9
Sun Valley	682	-	8	1	9	10	566	-	83	1	4
Sylmar	1,250	3	15	8	37	30	1,055	2	85	4	11
Tarzana	314	-	16	2	9	8	66	-	202	8	3
Valley Village	342	-	15	4	18	12	72	-	212	7	2
Van Nuys	2,427		71	27	88	63	1,557	6	553	30	32
West Hills	180	-	23	5	7	11	32	1	95	2	4
Winnetka	631	1	27	41	20	27	398	1	104	7	5
Woodland Hills	671		122	6	24	17	85		397	12	8

Source: California Department of Public Health, 2012 Birth Records

Table 2: Number of Live births by Age of Mother, Infant Birth Weight, and Mother's Prenatal Care, 2012

City	Total Births	Mother's Age at Delivery					Birth Weight (grams)				Trimester Prenatal Care Began				
		<20	20-29	30-34	35+	UNK	<1500	1500-2499	2500+	UNK	0-None	1st	2nd	3rd	UNK
Canoga Park	979	71	468	259	181		9	64	906		3	899	53	18	6
Chatsworth	322	10	130	99	83	-	6	15	301	-	1	291	22	2	6
Encino	458		120	179	159		4	31	423			401	22	4	31
Granada Hills	490	8	168	187	127	-	2	34	454	-	1	430	38	13	8
Lake Balboa	737	44	350	197	146	-	3	38	696	-	1	656	62	9	9
Mission Hills	223	5	109	76	33	-	4	13	206	-	1	201	18	3	-
North Hills	865	83	421	199	162	-	12	49	804	-	2	773	70	15	5
No. Hollywood	2,025	127	1,004	509	385		20	122	1,883		5	1,748	203	38	31
Northridge	631	36	265	186	144		2	38	591		3	556	47	17	8
Pacoima	1,569	135	828	359	247	-	25	68	1,476	-	1	1,337	177	47	7
Panorama City	1,129	110	603	245	171	-	7	59	1,063	-	5	1,008	80	32	4
Porter Ranch	286	5	80	108	93	-	4	13	206	-	1	201	18	3	-
Reseda	324	8	123	125	68	-	7	20	297	-	2	283	32	4	3
San Fernando	531	66	268	112	85	-	8	39	484	-	4	460	53	12	2
Sherman Oaks	682	3	135	269	275		4	55	623			583	35	7	57
Simi Valley	1,344	32	546	451	315		19	63	1,262		1	1,224	106	9	4
Studio City	323	4	63	109	147	-	2	29	292	-	-	263	15	4	41
Sun Valley	682	59	347	164	112	-	8	34	640	-	3	587	71	13	8
Sylmar	1,250	84	605	325	236	-	11	72	1,167	-	8	1,069	139	28	
Tarzana	314	6	102	109	97	-	4	18	292	-	1	274	26	2	11
Valley Village	342	3	115	121	103	-	2	19	321	-	1	286	27	3	25
Van Nuys	2,427	147	1,147	608	525		31	141	2,255		4	2,155	187	41	40
West Hills	180	1	38	79	62	-	2	8	170	-	-	170	4	2	4
Winnetka	631	44	273	177	137	-	15	35	581	-	2	560	55	6	8
Woodland Hills	671	9	182	255	225		4	45	622			619	27	9	16

Source: California Department of Public Health, 2012 Birth Record

Table 3: Number of Deaths by Sex and Age, 2012

City	Total Deaths	Sex		Age											
		Male	Female	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	UNK
Canoga Park	427	206	221	3	1	1	2	9	11	38	65	51	88	158	-
Chatsworth	306	160	146	2	-	-	2	3	7	21	36	46	82	107	-
Encino	325	158	167	1	-	-	-	1	7	9	26	36	80	165	-
Granada Hills	394	194	200	-	-	1	1	5	10	31	43	50	95	158	-
Lake Balboa	269	127	142	2	2	1	3	2	11	24	46	47	51	80	-
Mission Hills	154	74	80	3	-	-	-	1	3	9	8	18	40	72	-
North Hills	286	141	145	5	1	-	4	7	9	18	38	38	60	106	-
No. Hollywood	535	297	238	2	-	-	6	8	21	48	76	85	136	153	-
Northridge	415	200	215	3	-	-	2	6	9	24	49	39	103	180	-
Pacoima	377	193	184	8	4	1	9	12	16	38	60	54	83	92	-
Panorma City	282	131	151	4	-	-	5	12	11	17	50	45	69	69	-
Porter Ranch	207	97	110	2	1	-	-	4	7	8	23	24	69	69	-
Reseda	182	87	95	2	-	-	1	3	3	10	15	30	45	73	-
San Fernando	140	72	68	1	1	-	1	6	4	19	19	23	33	33	-
Sherman Oaks	349	170	249	1	-	-	3	3	5	15	35	33	79	175	-
Simi Valley	733	358	375	8	-	2	11	15	21	41	90	117	197	231	-
Studio City	203	103	100	1	-	-	1	6	4	8	20	25	49	89	-
Sun Valley	230	132	98	3	1	1	5	8	10	13	34	33	61	61	-
Sylmar	519	306	213	4	-	2	10	10	20	45	86	107	99	136	-
Tarzana	409	205	204	2	-	-	2	6	7	17	32	64	83	196	-
Valley Village	360	181	179	1	1	-	3	5	12	27	51	51	75	134	-
Van Nuys	1,518	824	694	10	2	1	20	29	49	102	203	255	318	527	-
West Hills	203	100	103	-	-	-	2	4	1	7	14	29	50	96	-
Winnetka	231	116	115	4	-	-	5	2	5	20	36	41	49	69	-
Woodland Hills	556	274	282	1	1	1	5	9	7	23	51	69	141	248	-

Source: California Department of Public Health, 2012 Death Record

Table 4: Number of Deaths by Selected Leading Causes of Death, 2012

City	Total Deaths	HTD	CAN	STK	CLD	ALZ	INJ	DIA	PNF	LIV	HYP	SUI	NEP	OTH
Canoga Park	427	137	100	24	18	27	14	11	7	8	3	9	5	64
Chatsworth	306	80	75	11	13	21	12	13	7	5	8	4	3	54
Encino	325	87	78	20	22	20	11	10	20	2	5	3	2	45
Granada Hills	394	107	110	24	17	26	18	10	10	7	12	5	3	45
Lake Balboa	269	80	76	8	8	9	12	10	6	8	4	2	1	45
Mission Hills	154	51	36	10	4	7	-	5	2	1	7	2	2	27
North Hills	286	81	75	11	15	12	13	10	7	4	8	3	2	45
No. Hollywood	535	160	122	32	18	21	18	23	24	15	6	9	6	81
Northridge	415	95	75	21	9	19	27	25	5	10	14	4	8	65
Pacoima	377	80	79	10	9	7	17	12	8	3	5	2	10	40
Panorama City	282	55	61	14	7	5	6	6	2	1	12	3	3	32
Porter Ranch	207	49	46	10	10	13	6	2	4	3	4	6	1	28
Reseda	182	29	34	12	4	2	3	9	5	6	2	1	1	32
San Fernando	140	98	81	13	19	15	12	12	15	3	7	5	6	63
Sherman Oaks	349	162	174	39	42	41	30	22	6	15	19	10	8	165
Simi Valley	733	207	75	12	20	17	9	4	13	5	7	8	1	53
Studio City	203	74	58	11	9	3	10	6	4	4	4	5	1	41
Sun Valley	230	159	122	26	23	13	15	31	18	18	11	7	9	67
Sylmar	519	114	106	20	23	26	12	7	16	4	5	13	4	59
Tarzana	409	111	75	24	17	18	8	8	27	8	8	11	5	60
Valley Village	360	127	90	16	19	25	20	11	12	-	9	9	5	72
Van Nuys	1,518	324	230	48	38	40	31	23	22	27	18	11	9	156
West Hills	203	52	47	17	9	16	6	4	6	2	6	3	5	30
Winnetka	231	56	62	23	14	5	10	9	6	1	4	4	6	31
Woodland Hills	556	146	146	27	18	52	18	12	10	5	7	12	12	91

Source: California Department of Public Health, 2012 Death Record

Cause of Death Definitions and ICD-10 Codes (International Classification of Disease, Revision 10

HTD	Diseases of the Heart	I00-I09, I11, I13, I20-I51
CAN	Malignant Neoplasms (Cancer)	C00-C97
STK	Cerebrovascular Disease (Stroke)	I60-I69
CLD	Chronic Lower Respiratory Disease	J40-J47
ALZ	Alzheimer's Disease	G30
INJ	Unintentional Injuries (Accidents)	V01-X59, Y85-Y86
DIA	Diabetes Mellitus	E10-E14

PNF	Influenza and Pneumonia	J09-J18
LIV	Chronic Liver Disease and Cirrhosis	K70, K73-K74
SUI	Intentional Self Harm (Suicide)	U03, X60-X84, Y87.0
HYP	Essential Hypertension & Hypertensive Renal Disease	I10, I12, I15
NEP	Nephritis, Nephrotic Syndrome and Nephrosis	N00-N07, N17-N19, N25-N27
OTH	All Other Causes	Residual Codes

Table 5: Educational Attainment Estimates by Zip Code, 2014

Zip Code	City	Total Population 25 years and older	Less than 9th grade %	Less than 9th grade total	9th to 12th grade, no diploma %	9th to 12th grade, no diploma total	High school graduate %	High school graduate total	Some college, no degree %	Some college, no degree total	Associate's degree %	Associate's degree total	Bachelor's degree %	Bachelor's degree total	Graduate or professional degree %	Graduate or professional degree total
91303	Canoga Park	17,743	18.9%	3353	11.5%	2040	22.2%	3939	18.1%	3211	5.3%	940	17.5%	3105	6.5%	1153
91304	Canoga Park	35,710	11.2%	3999	8.2%	2928	22.3%	7963	22.5%	8035	6.9%	2464	19.3%	6892	9.5%	3392
91311	Chatsworth	27,673	4.6%	1273	5.3%	1467	18.7%	5175	21.8%	6033	8.9%	2463	27.3%	7555	13.4%	3708
91316	Encino	21,555	1.8%	388	3.5%	754	16.9%	3643	19.1%	4117	7.2%	1552	33.1%	7135	18.4%	3966
91436	Encino	10,599	0.4%	42	2.8%	297	9.1%	965	17.5%	1855	6.3%	668	32.1%	3402	31.7%	3360
91344	Granada Hills	37,026	5.0%	1851	5.6%	2073	24.1%	8923	21.8%	8072	8.1%	2999	24.0%	8886	11.3%	4184
91406	Lake Balboa	35,133	14.4%	5059	9.3%	3267	24.3%	8537	21.4%	7518	7.6%	2670	16.8%	5902	6.2%	2178
91345	Mission Hills	12,333	16.6%	2047	9.1%	1122	26.7%	3293	21.3%	2627	6.3%	777	14.4%	1776	5.7%	703
91343	North Hills	38,557	16.7%	6439	11.0%	4241	23.2%	8945	19.4%	7480	6.1%	2352	17.0%	6555	6.7%	2583
91605	N Hollywood	35,957	21.5%	7731	13.3%	4782	22.5%	8090	17.3%	6221	7.0%	2517	14.3%	5142	4.1%	1474
91606	N Hollywood	30,347	18.1%	5493	12.1%	3672	23.1%	7010	19.5%	5918	5.6%	1699	16.9%	5129	4.8%	1457
91601	N Hollywood	27,229	10.2%	2777	7.7%	2097	19.0%	5174	20.9%	5691	6.4%	1743	26.4%	7188	9.5%	2588
91324	Northridge	18,450	8.4%	1550	5.7%	1052	19.7%	3635	22.2%	4096	8.3%	1531	23.9%	4410	11.9%	2196
91325	Northridge	21,095	5.8%	1223	5.1%	1076	19.9%	4198	22.9%	4831	8.5%	1793	23.9%	5042	13.9%	2932
91331	Pacoima	27,673	4.6%	1273	5.3%	1467	18.7%	5174	21.8%	6033	8.9%	2463	27.3%	7555	13.4%	3708
91402	Panorama City	42,331	24.5%	10371	14.7%	6223	24.2%	10244	15.8%	6688	4.5%	1905	13.7%	5799	2.6%	1101
91326	Porter Ranch	25,763	2.8%	721	3.1%	799	15.5%	3993	17.9%	4616	6.6%	1700	34.5%	8888	19.6%	5050
91335	Reseda	50,824	15.9%	8081	9.8%	4981	25.0%	12706	20.3%	10317	6.2%	3151	16.5%	8386	6.3%	3202
91340	San Fernando	21,415	26.7%	5718	16.3%	3491	26.9%	5761	14.3%	3062	5.6%	1199	7.7%	1649	2.4%	514
91403	Sherman Oaks	19,090	1.5%	286	1.7%	325	11.3%	2157	17.5%	3341	8.8%	1680	35.6%	6796	23.5%	4486
91423	Sherman Oaks	24,366	1.8%	439	2.6%	634	10.6%	2583	21.9%	5336	6.3%	1535	37.5%	9137	19.2%	4678
93063	Simi Valley	38,370	2.6%	998	5.5%	2110	22.2%	8518	28.5%	10935	10.3%	3952	22.3%	8556	8.5%	3261
93065	Simi Valley	48,650	4.3%	2092	6.1%	2967	20.6%	10022	25.1%	12211	10.6%	5157	21.2%	10314	12.0%	5838
91602	Studio City	14,568	1.3%	189	3.0%	437	13.0%	1894	21.3%	3103	7.5%	1093	40.7%	5929	13.2%	1923
91604	Studio City	22,329	1.2%	268	2.4%	536	11.1%	2479	19.1%	4265	5.1%	1139	37.9%	8463	23.1%	5158
91352	Sun Valley	29,692	22.5%	6681	12.6%	3741	27.1%	8047	17.7%	5255	5.9%	1752	10.5%	3118	3.8%	1128
91342	Sylmar	56,784	18.1%	10278	12.6%	7155	25.5%	14480	19.7%	11186	6.9%	3918	12.5%	7098	4.6%	2612
91355	Tarzana	22,592	2.6%	587	3.4%	768	15.2%	3434	26.6%	6009	10.6%	2395	26.9%	6077	14.7%	3321
91356	Tarzana	21,522	3.7%	796	3.7%	796	17.4%	3745	21.5%	4627	7.9%	1700	29.9%	6435	15.8%	3400
91401	Valley Glen	27,719	13.1%	3631	7.9%	2190	20.6%	5710	20.5%	5682	6.7%	1857	21.6%	5987	9.6%	2661
91607	Valley Village	21,840	3.6%	786	4.9%	1070	15.4%	3363	25.2%	5504	6.1%	1332	31.8%	6945	12.9%	2817
91411	Van Nuys	16,592	13.6%	2256	9.4%	1560	19.1%	3169	20.0%	3318	7.0%	1161	23.6%	3916	7.3%	1211
91405	Van Nuys	33,594	18.3%	6148	12.5%	4199	23.9%	8029	19.5%	6551	5.9%	1982	14.7%	4938	5.2%	1747
91307	West Hills	18,019	2.8%	505	2.7%	487	19.0%	3424	21.9%	3946	8.9%	1604	25.8%	4649	18.9%	3406
91306	Winnetka	32,930	15.2%	5005	11.2%	3688	24.4%	8035	18.5%	6092	7.7%	2536	16.9%	5565	6.2%	2042
91364	Woodland Hills	19,214	2.3%	442	1.8%	346	17.6%	3382	20.2%	3881	5.9%	1134	33.9%	6514	18.4%	3535
91367	Woodland Hills	30,266	1.6%	484	1.8%	545	14.6%	4419	21.0%	6356	8.5%	2573	33.7%	10200	18.8%	5690

Source: U.S. Census Bureau, American Fact Finder, 2014

Table 6: Median Earnings in the Past 12 Months by Education Attainment, 2014

Zip Code	City	Total Population Average 25 Years and Over	Less Than High School Graduate Earnings \$	High School Graduate Earnings \$	Some College or Associate's Degree Earnings \$	Bachelor's Degree Earnings \$	Graduate or Professional Degree \$
91303	Canoga Park	32,132	\$20,328	\$25,838	\$36,593	\$51,177	\$66,450
91304	Canoga Park	30,299	\$19,597	\$25,010	\$32,790	\$49,538	\$61,324
91311	Chatsworth	41,922	\$20,066	\$30,796	\$40,563	\$53,323	\$70,487
91316	Encino	43,830	\$33,095	\$34,228	\$40,393	\$42,761	\$70,379
91436	Encino	*72,923	\$76,719	\$35,357	\$43,438	\$75,766	\$103,850
91344	Granada Hills	40,892	\$22,054	\$30,457	\$38,931	\$54,753	\$76,383
91406	Lake Balboa	30,045	\$17,191	\$25,532	\$32,432	\$49,934	\$60,774
91345	Mission Hills	36,211	\$26,773	\$33,955	\$39,635	\$43,779	\$68,417
91343	North Hills	29,665	\$18,463	\$25,527	\$31,344	\$50,726	\$61,387
91605	No. Hollywood	24,653	\$19,492	\$22,146	\$27,085	\$34,279	\$40,962
91606	No. Hollywood	25,916	\$18,956	\$23,048	\$27,474	\$41,196	\$54,179
91601	No. Hollywood	32,265	\$16,988	\$25,526	\$31,625	\$42,920	\$56,895
91324	Northridge	37,388	\$19,621	\$26,338	\$36,687	\$53,402	\$83,250
91325	Northridge	40,496	\$20,417	\$30,359	\$41,175	\$41,875	\$72,412
91331	Pacoima	41,922	\$20,066	\$30,796	\$40,563	\$53,323	\$70,487
91402	Panorama City	22,210	\$18,294	\$21,166	\$29,976	\$36,030	\$42,109
91326	Porter Ranch	52,281	\$19,472	\$30,526	\$42,900	\$60,833	\$74,831
91335	Reseda	30,817	\$20,245	\$28,042	\$34,970	\$44,127	\$61,413
91340	San Fernando	26,721	\$19,225	\$26,538	\$32,117	\$44,625	\$64,886
91403	Sherman Oaks	50,677	\$28,000	\$32,103	\$41,658	\$49,736	\$83,622
91423	Sherman Oaks	50,677	\$25,423	\$33,328	\$44,929	\$53,784	\$76,715
93063	Simi Valley	46,771	\$20,561	\$34,088	\$44,951	\$62,213	\$73,664
93065	Simi Valley	50,512	\$20,397	\$34,618	\$49,309	\$70,396	\$84,023
91602	Studio City	45,611	\$30,962	\$31,363	\$41,588	\$50,567	\$58,597
91604	Studio City	60,976	\$37,212	\$48,174	\$44,798	\$63,778	\$89,485
91352	Sun Valley	25,827	\$20,618	\$23,555	\$31,567	\$44,524	\$66,719
91342	Sylmar	31,204	\$21,156	\$30,349	\$35,449	\$50,151	\$66,566
91355	Tarzana	42,626	\$23,701	\$23,969	\$36,382	\$52,566	\$77,456
91356	Tarzana	60,530	\$24,436	\$49,054	\$51,845	\$66,278	\$85,545
91401	Valley Glen	27,445	\$17,745	\$23,668	\$29,682	\$45,739	\$52,049
91607	Valley Village	37,052	\$25,420	\$22,153	\$32,955	\$44,076	\$72,198
91411	Van Nuys	30,230	\$16,888	\$27,457	\$27,541	\$44,491	\$59,922
91405	Van Nuys	23,669	\$17,028	\$21,541	\$28,028	\$43,032	\$51,968
91307	West Hills	54,388	\$31,603	\$30,706	\$49,526	\$62,355	\$76,999
91306	Winnetka	28,798	\$17,316	\$25,294	\$31,935	\$50,615	\$60,417
91364	Woodland Hills	52,124	\$22,174	\$39,976	\$46,863	\$57,397	\$75,799
91367	Woodland Hills	57,067	\$43,571	\$40,497	\$44,529	\$62,956	\$85,791

Source: U.S. Census Bureau, American Fact Finder, 2014

*It appears there may have been an error on the U.S. Census for the median earnings of Encino's "Less than High School Graduate" population.

Table 7: Household Income in the last 12 Months, 2014

Zip Code	City Name	2014 Total Household Count	<\$15K	% of Comm.	15K to 24K	% of Comm.	25K to 34K	% of Comm.	35K to 49K	% of Comm.	50K to 74K	% of Comm.	75K to 99K	% of Comm.	100K +	% of Comm.
91304	Canoga Park	16953	1780	10.5%	1610	9.5%	1729	10.2%	2272	13.4%	3085	18.2%	1865	11.0%	4611	27.2%
91303	Canoga Park	9209	1160	12.6%	1160	12.6%	1335	14.5%	1308	14.2%	1658	18.0%	1170	12.7%	516	5.6%
91311	Chatsworth	13508	1040	7.7%	824	6.1%	891	6.6%	1351	10.0%	2296	17.0%	2175	16.1%	4944	36.6%
91316	Encino	12300	1488	12.1%	984	8.0%	1070	8.7%	1353	11.0%	2202	17.9%	1267	10.3%	3948	32.1%
91436	Encino	5528	409	7.4%	298	5.4%	177	3.2%	260	4.7%	426	7.7%	470	8.5%	3488	63.1%
91344	Granada Hills	16885	1131	6.7%	1148	6.8%	1165	6.9%	2009	11.9%	2668	15.8%	2482	14.7%	6281	37.2%
91406	Lake Balboa	17387	2278	13.1%	2017	11.6%	1773	10.2%	2538	14.6%	3147	18.1%	2156	12.4%	3477	20.0%
91345	Mission Hills	5149	484	9.4%	407	7.9%	535	10.4%	602	11.7%	1097	21.3%	747	14.5%	1277	24.8%
91343	North Hills	16929	1964	11.6%	1862	1.1%	1676	9.9%	2302	13.6%	3030	17.9%	1947	11.5%	4165	24.6%
91605	No. Hollywood	15495	2371	15.3%	2340	15.1%	1844	11.9%	2154	13.9%	2526	16.3%	1844	11.9%	2417	15.6%
91606	No. Hollywood	15137	2225	14.7%	2422	1.6%	1801	11.9%	2165	14.3%	2785	18.4%	1620	10.7%	2119	14.0%
91601	No. Hollywood	16374	2440	14.9%	1850	11.3%	1785	10.9%	2472	15.1%	2931	17.9%	1768	10.8%	3127	19.1%
91324	Northridge	9503	1321	13.9%	608	6.4%	960	10.1%	1178	12.4%	1682	17.7%	1045	11.0%	2718	28.6%
91325	Northridge	11695	1567	13.4%	819	7.0%	1123	9.6%	1392	11.9%	2175	18.6%	1474	12.6%	3134	26.8%
91331	Pacoima	22307	2342	10.5%	2610	11.7%	2677	1.2%	3257	14.6%	4751	21.3%	3301	14.8%	3368	15.1%
91402	Panorama City	18499	2756	14.9%	2867	15.5%	2701	14.6%	2941	15.9%	3219	17.4%	1757	9.5%	2257	12.2%
91326	Porter Ranch	12173	876	7.2%	536	4.4%	609	5.0%	1120	9.2%	1461	12.0%	1570	12.9%	6001	49.3%
91335	Reseda	23152	3357	14.5%	2570	11.1%	2338	10.1%	3010	13.0%	3982	17.2%	3056	13.2%	4885	21.1%
91340	San Fernando	8273	877	10.6%	860	10.4%	802	9.7%	1117	13.5%	1977	23.9%	1018	12.3%	1630	19.7%
91403	Sherman Oaks	11455	1019	8.9%	745	6.5%	1157	10.1%	1249	10.9%	1546	13.5%	1386	12.1%	4353	38.0%
91423	Sherman Oaks	14746	973	6.6%	1165	7.9%	1017	6.9%	1607	10.9%	2536	17.2%	1873	12.7%	4099	27.8%
93063	Simi Valley	19095	1146	6.0%	1107	5.8%	1394	7.3%	1757	9.2%	2979	15.6%	2960	15.5%	7753	40.6%
93065	Simi Valley	23856	954	4.0%	1121	4.7%	1193	5.0%	2099	8.8%	3722	15.6%	3674	15.4%	11093	46.5%
91602	Studio City	9224	747	8.1%	775	8.4%	941	10.2%	1061	11.5%	1614	17.5%	1135	12.3%	2933	31.8%
91604	Studio City	13917	1044	7.5%	877	6.3%	891	6.4%	1086	7.8%	1962	14.1%	1809	13.0%	6277	45.1%
91352	Sun Valley	12335	1665	13.5%	1591	12.9%	1172	9.5%	1826	14.8%	2233	18.1%	1616	13.1%	2220	18.0%
91342	Sylmar	23787	2093	8.8%	2093	8.8%	2141	9.0%	3520	14.8%	4686	19.7%	3639	15.3%	5614	23.6%
91355	Tarzana	12674	963	7.6%	494	3.9%	824	6.5%	874	6.9%	2028	16.0%	2294	18.1%	5209	41.1%
91356	Tarzana	11321	1279	11.3%	815	7.2%	736	6.5%	1279	11.3%	1891	16.7%	1404	12.4%	3917	34.6%
91401	Valley Glen	14621	2105	14.4%	1725	11.8%	1608	11.0%	1959	13.4%	2515	17.2%	1477	10.1%	1535	10.5%
91607	Valley Village	13322	1785	13.4%	1452	10.9%	1452	10.9%	1572	11.8%	2411	18.1%	1252	9.4%	3397	25.5%
91411	Van Nuys	9423	1338	14.2%	1498	15.9%	1093	11.6%	1206	12.8%	1555	16.5%	971	10.3%	1753	18.6%
91405	Van Nuys	16748	2646	15.8%	2713	16.2%	2462	14.7%	2763	16.5%	2412	14.4%	1658	10.0%	2093	12.5%
91307	West Hills	8464	440	5.2%	508	6.0%	525	6.2%	626	7.4%	1083	12.8%	1185	14.0%	4105	48.5%
91306	Winnetka	14220	1550	10.9%	1223	8.6%	1593	11.2%	1635	11.5%	2574	18.1%	1962	13.8%	3697	26.0%
91367	Woodland Hills	17284	1642	9.5%	1037	6.0%	812	4.7%	1815	10.5%	3059	17.7%	2195	12.7%	6706	38.8%
91364	Woodland Hills	10239	625	6.1%	543	5.3%	737	7.2%	911	8.9%	1311	12.8%	1280	12.5%	4823	47.1%
	SPA 2	545323	57442	10.5%	50857	9.3%	50221	92.1%	66158	12.1%	92732	17.01%	69679	12.8%	154253	28.3%

Source: U.S. Census Bureau, American Fact Finder, 2014

Table 8: Economic Characteristics-Unemployment, Household Income, Public Assistance

			Unemployment %		Median Household Inc. (\$2014)		Mean Household Inc. (\$2014)		Mean Public Assistance \$						
USA			7.2%		53,657		75,591		3,150						
CA			8.5%		61,933		88,595		4,414						
LAC			8.8%		55,746		83,104		4,476						
				City Average %		City Average		City Average		City Average	% of mean HH Inc.				
NHMC Catchment Area			11.4%		64,312		80,970		5,752		7.1%				
Canoga Park	91303	8.7%	8.7%		47,484		55,073		58,470		71,057	4,736	5,085	7.2%	
Canoga Park	91304	8.7%			58,889				77,386		5,261				
Chatsworth	91311	10.3%	10.3%		78,414		78,414		101,967		101,967		9,878	9,878	9.7%
Encino	91316	10.4%	9.9%		59,199		83,967		95,321		127,059		4,999	3,795	3.0%
Encino	91436	8.8%			132,520				189,277		1,436				
Granada Hills	91344	10.9%	10.9%		77,604		77,604		93,656		93,656		5,579	5,579	6.0%
Lake Balboa	91406	10.4%			49,231				63,348		5,020				
Mission Hills	91345	10.1%	10.1%		60,352		60,352		73,862		73,862		5,047	5,047	6.8%
North Hills	91343	11.9%	11.9%		54,166		54,166		73,247		73,247		4,855	4,855	6.6%
North Hollywood	91601	13.0%	14.1%		48,638		44,492		63,358		57,570		6,490	5,000	8.7%
North Hollywood	91605	14.5%			43,301				56,089				4,927		
North Hollywood	91606	14.6%			42,521				54,596				3,859		
Northridge	91324	13.0%	11.5%		58,663		59,202		81,817		81,879		4,955	5,140	6.3%
Northridge	91325	10.2%			59,646				81,930				5,292		
Pacoima	91331	14.8%	14.8%		51,477		51,477		59,275		59,275		5,303	5,303	8.9%
Panorama City	91402	14.3%	14.3%		40,186		40,186		51,243		51,243		5,530	5,530	10.8%
Porter Ranch	91326	7.0%	7.0%		99,230		99,230		122,968		122,968		11,203	11,203	9.1%
Reseda	91335	10.7%	10.7%		51,266		51,266		64,448		64,448		4,856	4,856	7.5%
San Fernando	91340	13.4%	13.4%		54,440		54,440		62,837		62,837		5,772	5,772	9.2%
Sherman Oaks	91403	7.8%	9.8%		69,956		72,270		115,901		115,345		8,872	8,800	7.6%
Sherman Oaks	91423	11.3%			74,011				114,926				8,745		
Simi Valley	93063	9.1%	8.5%		84,216		88,420		97,278		105,996		4,227	4,546	4.3%
Simi Valley	93065	8.1%			91,686				112,768				4,794		
Studio City	91602	11.9%	11.8%		66,652		80,152		91,242		119,006		6,017	7,621	6.4%
Studio City	91604	11.7%			88,579				136,336				8,622		
Sun Valley	91352	14.1%	14.1%		48,844		48,844		63,358		63,358		4,668	4,668	7.4%
Sylmar	91342	12.5%	12.5%		59,329		59,329		69,872		69,872		5,926	5,926	8.5%
Tarzana	91355	9.8%	10.0%		88,415		79,898		106,389		107,708		9,590	7,904	7.3%
Tarzana	91356	10.2%			70,759				109,123				6,096		
Valley Glen	91401	11.1%	11.1%		46,420		46,420		66,643		66,643		5,637	5,637	8.5%
Valley Village	91607	13.2%	13.2%		56,635		56,635		84,829		84,829		5,202	5,202	6.1%
Van Nuys	91405	14.1%	13.5%		38,847		40,626		54,147		56,647		5,188	5,087	9.0%
Van Nuys	91411	12.1%			44,570				62,191				4,863		
West Hills	91307	8.8%	8.8%		97,081		97,081		116,216		116,216		9,714	9,714	8.4%
Winnetka	91306	10.6%	10.6%		61,112		61,112		73,084		73,084		5,273	5,273	7.2%
Woodland Hills	91364	8.7%	7.7%		91,100		82,233		124,603		110,767		5,065	5,237	4.7%
Woodland Hills	91367	7.0%			76,548				101,895				5,347		

Sources: United States Census Bureau / American FactFinder. "DP03: Selected Economic Characteristics." 2014 American Community Survey 1-Year Estimates. U.S. Census Bureau's American Community Survey Office
United States Census Bureau / American FactFinder. "DP03: Selected Economic Characteristics." 2009-2013 American Community Survey 5-Year Estimates. U.S. Census Bureau's American Community Survey Office

Table 9: Crime Statistics by Area

	Devonshire Area			Mission Area			North Hollywood Area		
	YTD 2016 (6/25/16)	YTD 2014	% Change	YTD 2016 (6/25/16)	YTD 2014	% Change	YTD 2016 (6/25/16)	YTD 2014	% Change
Violent Crimes									
Homicide	1	0	0.0%	9	6	60.0%	6	5	20.0%
Rape	39	25	56.0%	28	30	-6.7%	29	33	-12.1%
Robbery	101	72	40.3%	203	144	41.0%	148	67	120.9%
Aggravated Assault	211	143	47.3%	347	211	64.5%	249	180	38.3%
Total	352	240	46.7%	587	391	50.1%	432	285	51.6%
Property Crimes									
Burglary	493	423	16.5%	365	293	24.6%	388	321	20.9%
Grand Theft Auto	294	213	38.0%	492	414	18.8%	451	272	65.8%
Burglary/Theft from Motor Vehicle	718	534	34.5%	690	651	6.0%	1016	970	4.7%
Personal/Other Theft	903	812	11.2%	518	696	-25.6%	866	802	8.0%
Total	2408	1982	21.5%	2065	2054	0.5%	2721	2365	15.1%
Child/Spousal Abuse	235	256	-8.2%	462	399	8.5%	331	229	44.5%
	Topanga Area			Van Nuys Area			West Valley Area		
	YTD 2016 (6/25/16)	YTD 2014	% Change	YTD 2016 (6/25/16)	YTD 2014	% Change	YTD 2016 (6/25/16)	YTD 2014	% Change
Violent Crimes									
Homicide	5	1	400.0%	3	3	0.0%	1	2	-50.0%
Rape	31	25	24.0%	32	24	33.3%	25	19	31.6%
Robbery	160	84	90.5%	156	109	43.1%	138	92	50.0%
Aggravated Assault	234	158	48.1%	253	152	66.4%	220	183	20.2%
Total	430	268	60.4%	444	288	54.2%	384	296	29.7%
Property Crimes									
Burglary	476	347	37.2%	353	268	31.7%	487	371	31.3%
Grand Theft Auto	247	190	30.0%	296	212	39.6%	267	234	14.1%
Burglary/Theft from Motor Vehicle	538	468	15.0%	707	617	14.5%	711	516	37.8%
Personal/Other Theft	1006	959	4.9%	780	753	3.6%	568	525	8.2%
Total	2267	1964	15.4%	2136	1850	15.5%	2033	1646	23.5%
Child/Spousal Abuse	301	276	9.1%	336	344	20.7%	267	252	6.0%

Source: COMPSTAT Unit, Crime Statistics by Area, 2016

Table 10: Selected Indicators from the Physical Determinants, Preventive Services, and Health Outcomes from Key Indicators of Health for LA County and SPA 2

<u>Physical Determinants</u>	LA County					SPA 2				
	Percent	95% CI			Estimated #	Percent	95% CI			Estimated #
<i>Neighborhoods</i>										
Adults who believe their neighborhood is safe from crime	84%	80.6	-	87.4	6,455,000	95.2%	91.4	-	99.1	1,616,000
Children ages 1-17 years who can easily get to a park, playground or other safe place to play	86.80%	85.3	-	88.3	1,962,000	86.3%	82.8	-	89.9	408,000
<i>Built Environment</i>										
Adults who use walking paths, playgrounds, or sports fields in their neighborhood	47.50%	46.0	-	49.1	3,657,000	50.4%	47.2	-	53.6	856,000
Adults whose neighborhoods do not have walking paths, parks, playgrounds, or sports fields	15.20%	14.1	-	16.4	1,173,000	12.9%	10.7	-	15.0	218,000
<i>Preventive Services</i>										
<i>Women's Health</i>										
Women ages 21-65 years who had a Pap Smear within the past 3 years	84.40%	82.5	-	86.3	2,363,000	88.2%	85.1	-	91.3	543,000
Women ages 50-74 years who had a mammogram in the past 2 years	77.30%	74.7	-	79.8	1,042,000	77.9%	73.0	-	82.8	241,000
<i>Immunizations</i>										
Adults 18-64 years vaccinated for influenza in the past year	34.8%	33.1	-	36.4	2,257,000	36.70%	33.3	-	40.2	524,000
Adults (18+ Years Old) who reported having a flu vaccine in the past 12 months	40.1%	38.6	-	41.6	3,078,000	42.1%	39	-	45.2	714,000
Adults 65 years or older vaccinated for influenza in the past year	69.0%	66.4	-	71.6	821,000	70.6%	65.4	-	75.7	190,000
Adults 65 years or older ever vaccinated for pneumonia	62.0%	59.1	-	64.8	709,000	65.0%	59.6	-	70.4	171,000
<i>Health Outcomes</i>										
<i>Overweight & Obesity</i>										
Adults who are obese (BMI≥30)	23.5%	22.2	-	24.9	1,717,000	19.8%	17.3	-	22.4	317,000
Adults who are overweight (25≤BMI<30)	35.9%	24.4	-	37.4	2,620,000	37.0%	33.8	-	40.2	592,000
<i>Diabetes</i>										
Adults ever diagnosed with diabetes	9.8%	9.0	-	10.6	758,000	8.2%	6.6	-	9.9	139,000
<i>Cardiovascular Disease</i>										
Adults ever diagnosed with hypertension	23.5%	22.3	-	24.7	1,806,000	23.7%	21.2	-	26.2	401,000
Adults ever diagnosed with high cholesterol	25.2%	23.9	-	26.5	1,935,000	24.9%	22.3	-	27.5	422,000
<i>Mental Health</i>										
Adults ever diagnosed with depression	13.0%	12.1	-	14.0	1,003,000	12.5%	10.5	-	14.4	211,000
Adults with current depression	8.6%	7.9	-	9.4	661,000	8.0%	6.5	-	9.5	136,000
Adults at risk for major depression	11.8%	10.7	-	12.8	875,000	10.1%	8.0	-	12.2	166,000
<i>Respiratory Disease</i>										
Children age 0-17 years with current asthma (Ever diagnosed with asthma and reported still has asthma and/or had an asthma attack in the past year)	7.4%	6.3	-	8.5	171,000	6.6%	4.5	-	8.7	32,000

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

Appendix C

Summary of Community Engagement

Summary of Community Engagement


Detailed responses of community forums, focus groups, surveys, and key informant interviews are described below.

Community Forums

Two forums were conducted, one at Liggett Elementary School (Panorama City) and another at the NHMC Physician Staff Luncheon (Northridge). The Liggett Elementary School group consisted of 29 community members and school parents attending the English as a Second Language (ESL) class. Their English skills were limited so the forum was conducted in Spanish to better capture their feedback. The second group at Northridge Hospital included 36 nurses and office managers attending a quarterly informative luncheon. The majority of participants live in the hospital service area by their zip code of residence obtained during the sign in process. The table on the following page summarizes the health priorities and issues that survey respondents and NHMC staff physician luncheon participants identified for the community in which they reside.

Health Priorities and Issues	Liggett Elementary School n=29 3/15/16	Northridge Hospital (nurses and office managers) n=36 3/31/16
Most important health issues	Cost of life Health coverage Diabetes Obesity Other chronic conditions	Smoking Obesity/chronic health conditions Child abuse/domestic violence Unemployment Uninsured
Other health and risky behavior problems	Stress Allergies Lack of nutrition education Blithe Bedbugs/lice	Traffic Access to healthcare Too many fast food restaurants Homelessness Unemployment
Most important factors in a healthy community	Free educational services (nutrition, English classes, computer classes) More full time and part time employment Community centers (a one stop shop) Rent Limit Visible police safety Clean neighborhoods Bilingual and friendly staff at public health services (WIC, Social Services) Health services that include dental insurance	Access to healthy food Better transportation Affordable services for the young and elderly Crime control Better schools Decrease in child abuse

Feedback from the forum participants

- Nearly half of the participants indicated that blight is a major problem in many of the communities in the hospital's catchment area. The Merriam-Webster Dictionary defines "urban blight" in terms of a deteriorated condition which impairs or destroys. Residents place their old and unused furniture and electronics on sidewalks or in alley disfiguring the tapestry of the colorful communities and decreasing the value of properties. The impact of blight is not only an aesthetic matter but an issue affecting the emotional health of its residents. Blight also contributes to roach and other insect infestation thus increasing gastrointestinal and respiratory illnesses.
- 
- The majority of the participants at Liggett Elementary School indicated that the high cost of life was a barrier to obtaining quality health care which includes dental services. The physician assistants and nurses stated as well that many of their patients are unable to afford healthcare services. Liggett Elementary School participants also expressed that they would like full time and part time jobs closer to home, including an increase in minimum wage.
 - About one-third of the physician office staff participants indicated that "being proactive" is a key factor to the betterment of their health. This includes managing their health by eating healthier, sleeping the necessary number of hours, drinking enough water, managing stress and being physically active. They stated that individuals who have a chronic condition sometimes fail to take necessary steps to control and manage their conditions. The community members also mentioned that there are places that provide nutrition education and fitness activities; however they often lack the time, interest, desire, or transportation, to attend the services.
 - Most of the participants in the forum groups reported that chronic conditions such as type II diabetes, obesity, and high blood pressure continue to be a preventable condition that is untreated due to lack of accessibility to affordable services.

- Two-thirds stated that a decrease in childhood abuse, crime, and an increase in community beautification, better schools, affordable healthcare services, and community educational (nutrition, fitness, computer and ESL) classes are key factors to a healthy community.

Focus Groups

A total of 6 focus groups were convened to gather a wide range of perspectives from 91 residents and stakeholders. Community residents were confirmed to live in the hospital service area by their zip code of residence obtained during the sign-in process and health care professionals provided services to residence in the primary and secondary service areas.

Focus group participants identified the following as the five most significant health problems impacting their community:

- Chronic conditions
- Obesity
- Mental health (suicide, stress & depression)
- Obesity (adult & youth)
- Dental healthcare
- Primary healthcare

The focus group participants felt that the five most significant educational/environment/social economic factors impacting their communities were:

- Substance use
- Homelessness
- Cost of life
- Access to mental health providers
- Poverty

The focus group participants felt that the five most significant risky health behaviors impacting their communities were:

- HIV/AIDS/STIs
- Blight

- Teen Births
- Gangs
- Robbery

The focus group participants felt that the five most significant community resources that were available to address these issues were:

- Clinics and hospitals
- Local community services
- Police/Fire/First respondents
- Homecare services (hospice and elderly care)
- Local gyms (YMCA, Boys and Girls Club of America)

The focus group participants felt that the five most significant barriers to accessing these community resources were:

- Economic security (unemployment, poverty, affordable housing)
- Social barriers (cultural beliefs and language)
- Lifestyle (eating habits, physical activity level)
- Environmental (green spaces, poor air quality)
- Healthcare (access to affordable healthcare services)

The focus group participants felt that the ten most significant solutions to addressing these issues were:

- Nutrition and fitness education at schools and community centers
- Diabetes clinics and services
- Access to primary care physicians (mental, medical and oral)
- Mobile clinics
- Increase of community support
- A one stop shop for all services
- Substance abuse education and screenings at schools
- Training, employment and housing for homelessness
- Effective sanitation services and higher citation fees for individuals who litter the community (blight)
- Teen pregnancy prevention services and education

Surveys

Paper surveys were conducted with an array of members representing various communities in Dignity Health Northridge Hospital's catchment area collecting a total of 70 surveys. In addition, NHMC worked in conjunction with Valley Care Community Consortium and collected 260 surveys convened from Health Community Leaders, Business Leaders, and Non-profit Leaders primary service area members totaling to an overall of **330** surveys.

Key survey results are summarized below:

Northridge Hospital and Valley Care Community Consortium: n=330

- Eighteen percent of respondents reported that they have no medical insurance and pay out of pocket for doctor visits.
- Over 47% of the respondents indicated that they go their doctor's office/family doctor when they are sick or need advice about health.
- Thirty-seven percent reported being somewhat healthy.
- The top 10 needs identified by respondents were:
 1. Diabetes
 2. Obesity/overweight (children and adults)
 3. Mental Health (mainly depression)
 4. Heart Disease and Stroke
 5. Affordable Housing/Homelessness
 6. Cancer (all types)
 7. Hypertension/High Blood Pressure
 8. Dental/Oral Health
 9. Child/Domestic Abuse (Including Sexual Assault)
 10. Substance Abuse (Drugs & Alcohol)
- Thirty-eight of the respondents indicated nutrition education as a service needed to create a healthier community followed by availability of physical activity groups (19%), and school parent services (16%).

Northridge Hospital: n=70

- Over one-third of the respondents stated having moderate physical activity on a daily basis.
- Over 24% of the respondents reported that they have had 5 or more alcoholic drinks in a single day and 99% did not smoke in the past month.
- Forty percent reported that they were obese or overweight according to a doctor, nurse, or other health professional.
- One in 5 respondents indicated that they have been told by their doctors that they have high blood pressure and cholesterol with 4% of the reported individuals being diagnosed with diabetes.
- One in seven respondents reported participating in physical activity for 20 minutes that made them sweat or breathe hard three times or less in the past seven days.
- Close to 83% of respondents indicated that they had vegetables on the previous day, one in three had at least one can/glass of soda the day before, and two out of three reported eating at a fast food restaurant one to three times a week.
- Eleven percent of respondents reported seeing a doctor, nurse, counselor, psychiatrist, or social worker for mental health, with 84% reporting their mental health status as good, very good, or excellent.
- An equal 33% of respondents indicated that they look up to doctors or internet for health related information.
- The majority of respondents expressed that their neighborhood is somewhat safe.
- Four in 7 respondents indicated that it is somewhat safe to walk or play in their neighborhood park.
- In a scale of 1 (very unsatisfied) to 5 (very satisfied), forty-four of the respondents selected 3 as their satisfaction level with the health care system in their county.
- Majority of respondents indicated that they would like to know more information about cancer, diabetes, heart disease, obesity and mental health.

Valley Care Community Consortium: n=260

- Fifty percent of the respondents indicated being employed and full time.
- One fourth of respondents reported using Medicaid/Medicare as their health coverage.
- The top health issues respondents reported for children under 12 were: Being overweight (5%), Poor eating habits (7%), Minimal or absence of exercise (4%), No safe place to play outside (2%), Unable to access medical care (.36%), Unable to

access dental care (1%), School or behavioral problems (2%), I do not have any concerns (12%), None of the above apply to me (23%), and other (1%).

- Thirty-two percent of the respondents reported feeling stressed, overwhelm and depressed.
- Eleven percent of respondents stated that one of the reasons from stopping them from seeking medical care is financial cost.
- Nearly 23% indicated overweight/obesity as the top health challenged they faced followed by high blood pressure (18%) and diabetes (17%).
- A combined thirty percent of respondents indicated that their community is unhealthy and very unhealthy.

Key Informant Interviews

The following is a report compiled from twenty-eight key informant interviews conducted in the San Fernando Valley. The key informants were employed or resided in the NHMC catchment area.

The top six most significant health problems identified by the key informants were:

- Diabetes, 30-70 years of age (28%)
- Blood pressure, 30+ years of age (14%)
- Cancer, 30-90 years of age (14%)
- Dental health, 0-99 years of age (14%)
- Mental health, 14-65years of age (14%)
- Obesity, 30-70 years of age (14%)

The top five significant education/environmental & socio-economic factors which affect the community as described by the key informants were:

- Low income, all ages (50%)
- Low education, all ages (39%)
- Lifestyle, i.e. diet and exercise, all ages (14%)
- Lack of social services/programs, 30-70 years of age (10%)
- Low or no health literacy, all ages (10%)

The top three most risky behaviors observed by the key informants in the community were:

- Drug abuse, 17-49 years of age (25%)
- Alcohol abuse, 13-55 years of age (17%)
- Lifestyle, i.e. diet and exercise, all ages (21%)

** The percentages above represent the number of key informants which mentioned the issue

A broad list of resources, barriers, and solutions was proposed, as summarized in the table below.

Community Resources	Barriers to Accessing Resources	Solutions
<ul style="list-style-type: none"> ● Adult Day Care Centers ● Community Clinics ● Community Parks ● Community Service ● Health Education ● Health Educators ● Multilingual marketing and health promotion ● State hospitals ● Valley Care Community Consortium ● YMCA 	<ul style="list-style-type: none"> ● Acceptance by society ● Education ● Food and clothing ● Funding ● Lack of health insurance ● Shortage of clinical professionals ● Language barriers ● Lifestyle (e.g. nutrition and exercise) ● Low income ● State funding ● Time ● Unemployment 	<ul style="list-style-type: none"> ● Alternative medicine ● Coalitions ● Community outreach ● Cooperating with insurance ● Companies and federal government ● Free healthcare services ● Health education to patients ● Customized patient care programs ● Health seminars ● Medication samples ● More health insurance options ● More volunteers ● One to one consults ● Partnerships to promote oral health ● Private hospitals ● Southern California Society of Pediatric Dentists ● American Academy of Pediatric Dentistry ● Tarzana Treatment Center ● Valley Care Community Consortium ● Working with other medical groups

Community Input Public Health and Community Health Leader Participants

Valley Care Community Consortium		Non-profit Leaders (N=26)	10/8/2015
Name	Title	Affiliation	Department
Amy Wiese	Community Benefit Manager	Kaiser Permanente Medical Center, Panorama City	Community Benefit
Andaye Hill	Project and Health Education Manager	Glendale Adventist Medical Center	Community Health
Angie Aramayo	Field Representative	Assembly Member Adrin Nazarian	District 46
Christina Miller	Program Director	LA Family Housing	
Delina Johnson	Chief Executive Officer	Vista Community Health Center	
Helen Arriola	Government and Community Relations Officer	Northeast Valley Health Corporation	
Iris Gomez	Community Representative	L.A. Care Health Plan	
Janis Lake	Organization Facilitator	Los Angeles Unified School District	District Nursing Services
Jenny Gutierrez	Chief Operations Officer	Meet Each Need with Dignity (MEND)	
Joni Novosel	Director	Northridge Hospital Medical Center	Center for Healthier Communities
Krisianna Bock	Director of Strategic Initiatives	Valley Presbyterian Hospital	
Maggie Torres	Director	Meet Each Need with Dignity (MEND)	Programs and Services
Marielena Rivas	Outreach Coordinator	Therapeutic Living Centers for the Blind (TLC)	Outreach
Michael Gutierrez	Data Analyst	Tarzana Treatment Centers, Inc.	Administration
Michele Shepherd	Assistant Director of Older Adults Services	San Fernando Valley Community Mental Health Center, Inc.	Older Adults
Nik Gupta	Chief Executive Officer	Mission City Community Network, Inc	
Olga Vigdorichik	Health Analyst	Los Angeles County, SPA 1&2	Department of Public Health
Peggi Matsuda	Foundation President & Senior Vice President	Valley Presbyterian Hospital	Community Development

Philip Solomon	Chief Executive Officer	Samuel Dixon Family Health Center	
Rena Shpegel	Grants and Contract Administrator	Northeast Valley Health Corporation	Fund Development
Neha Duggal	Psychological Assistant	South Asian Helpline and Referral Agency (SAHARA)	
Shiarron Baker	Community Liaison-Public Health Nurse	Los Angeles County, SPA 2	Department of Public Health
Marie Mayen-Cho	Director of Community Access to Care Program	Providence Health & Services	Center for Community Health Improvement
Frank Alvarez, MD	Area Health Officer	Los Angeles County, SPA 1&2	Department of Public Health
Theresa "Missy" Nitescu	Chief Operations Officer	Northeast Valley Health Corporation	
Marine Dzhgalyan	Chief Executive Officer	All-Inclusive Community Health Center	
Valley Industrial Commerce Association (VICA)		Business Leaders (N=16)	10/7/2015
Name	Title	Affiliation	Department
Michael Gruen	Senior Patient Coordinator	AAA T.L.C. Health Care, Inc.	
Ronda Wilkin	Chief Executive Officer	Beauty Bus Foundation	
Brandon Stephenson	Vice President	Cerrell Associates	Campaign & Issues Management
Michael Tou	Director	Providence Health & Services	Government Relations
Christine Aghassi	Partner	The Dolphin Group	
Emelyn Judge	Associate Dean	Glendale Community College	Health Sciences Department
Ted Green	President	Green Public Affairs & Campaigns	
David Adelman	Partner	Greenberg & Bass LLP	
Carol Kim	Manager	Health Net, Inc.	Corporate Communications
Jaime Garcia	Regional Vice President	Hospital Association of Southern California	Los Angeles County
Shauna Day	Director	Hospital Association of Southern	Association Services

		California	
Charles Robbins	Vice President	The Village Family Services	Communications & Development
Stephanie Lee	Supervising Attorney	Neighborhood Legal Services of L.A. County	Health Law
Stuart Waldman	President	Valley Industry and Commerce Association (VICA)	
Justin Orenstein	Legislative Deputy	Office of Councilmember David Ryu	Council District 4
Fred Leaf	Senior Health Policy Advisor	Office of Los Angeles County Supervisor Michael Antonovich	Supervisory District 5
LA County DHS, Mid-Valley Comprehensive Health Center		Health Professionals (N=13)	9/29/2015
Name	Title	Affiliation	Department
Mindy Cheng	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Internal Medicine
Christopher Fox	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine
Melissa Gee	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine
Joseph Blank	Administrator/Medical Director	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Internal Medicine
Absalon Galat	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine
Arthur Ohannessian	Physician	Los Angeles County Department of Health Services, Mid Valley	Family Medicine

		Comprehensive Health Center	
Abrey Daniel	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Dentist
Kim Vu	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Internal Medicine
James Ngugi	Nurse Practitioner	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine
Danica Lomeli	Resident	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine
Maureen Mavrinac	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine
Trinidad Solis	Physician	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine
Monica Silvian	Resident	Los Angeles County Department of Health Services, Mid Valley Comprehensive Health Center	Family Medicine

Appendix D

Community Engagement Survey Tools

Appendix E: Community Engagement Survey Tools

Focus Group Questions

1. What is the most significant education/environmental/socioeconomic factor(s) affecting your community? What ages are most impacted?
2. What are the most risky health behaviors affecting your community?
3. What are the community resources that are in place to support the community to address the issues?
4. What are some of these barriers to accessing the resources?
5. What do you think are the solutions to these problems?
6. Rank the community issues (top 5):

Community Forum Survey

1. What age range do you fall in?
 - a. 25 or less
 - b. 26-39
 - c. 40-54
 - d. 55-64
 - e. 65 or over
2. What is your gender?
 - a. Male
 - b. Female
3. What is the ethnic group you most identify with?
 - a. African American
 - b. Hispanic/Latino
 - c. White/Caucasian
 - d. Asian or Pacific Islander
 - e. Native American
 - f. Other
4. What is your marital status?
 - a. Married & living together
 - b. Married & currently separated
 - c. Widowed
 - d. Not married/living with partner
 - e. Not married/single
5. What is your highest level of education?

- a. Less than high school
- b. High school diploma/ GED
- c. Some college
- d. Associate degree
- e. Undergraduate
- f. Post graduate degree
- g. Graduate degree
- h. Other

6. How do you pay for health care? (check all that apply)

- a. Pay cash (no insurance)
- b. Medicaid
- c. Veterans Administration
- d. Health Insurance
- e. Medicare
- f. Indian health services
- g. Other

7. What do you think are the three most important factors for a “Healthy Community” you live in? (rank by priority)

- _____ Good place to raise children
- _____ Low crime/safe neighborhoods
- _____ Good schools
- _____ Parks and recreations
- _____ Clean environment
- _____ Affordable housing
- _____ Good jobs and healthy economy
- _____ Access to health care (e.g. family doctor)
- _____ Arts and cultural events
- _____ Other

8. What do you think are the three most important “Health Problems” in your city? (rank by priority)

- _____ Cancer
- _____ Dental problems
- _____ Diabetes
- _____ Heart disease and stroke
- _____ High blood pressure
- _____ Mental health problems
- _____ Respiratory/lung disease
- _____ Sexually transmitted diseases
- _____ Teenage pregnancy
- _____ Other

9. What do you think are the three most important “Risky Behaviors” in your city?

- _____ Alcohol abuse
- _____ Overweight
- _____ Dropping out of school
- _____ Drug abuse
- _____ Lack of exercise
- _____ Poor eating habits
- _____ Tobacco use
- _____ Not using birth control/contraceptives
- _____ Unsafe sex
- _____ Other

10. How would you rate your own personal health?

- a. Very unhealthy
- b. Unhealthy
- c. Somewhat healthy

- d. Healthy
- e. Very healthy
- f. I lack the nutritional knowledge to evaluate my status

11. How would you rate the community you live in as a “Health Community”?

- a. Very unhealthy
- b. Unhealthy
- c. Somewhat healthy
- d. Healthy
- e. Very healthy

12. Do you think you use or participate in any of the following in excess? (check all that apply)

- ☐ Alcohol
- ☐ Gambling
- ☐ Tobacco
- ☐ Prescription drugs
- ☐ Recreational drugs
- ☐ Unsafe driving
- ☐ Food
- ☐ None of the above

13. If you children (under age 12) what do you consider to be their greatest health issues? (Rank from most to least impact)

- ☐ Being overweight
- ☐ Poor eating habits
- ☐ Minimal or absence of exercise
- ☐ No safe place to play outside
- ☐ Unable to access medical care
- ☐ Unable to access dental care
- ☐ School or behavioral problems

_____ I do not have any concerns

_____ This does not apply to me

14. Have you seen your regular doctor in the past two years?

- a. Yes
- b. No
- c. I do not have one

15. Do you receive regular dental care?

- a. Yes
- b. No
- c. I do not have a dentist

16. Do you have a support system (family or friends) with whom you can talk and share?

- a. Yes
- b. No

17. How many days a week do you exercise?

- a. 0-1
- b. 2-3
- c. More than 3
- d. Everyday
- e. Never

**Dignity Health – Northridge Hospital Medical Center
Center for Healthier Communities
2016 Community Health Survey**

To preserve your confidentiality, do not put your name or other personal identifiers on the survey. If you are at least 18 years of age, please take a few minutes to complete the survey below. The purpose of the survey is to create a snapshot of the health of the community in which you live. The information gathered can then be used for planning, programs and community benefit resource allocations. Make your opinion count by completing this survey! If you have any questions about this survey, please call Joni Novosel at (818) 718-5936. Thank you.

- 1) **Zip code:** _____
- 2) **City you live in:** _____
- 3) **Age: (Please check one)**
_____ 25 or less _____ 26-39 _____ 40-54 _____ 55-64 _____ 65 or older
- 4) **Sex: (Please check one)**
_____ Male _____ Female
- 5) **Are you Latino or Hispanic?**
_____ Yes _____ No
- 6) **Which race do you identify with:**
_____ African America/Black _____ Asian/Pacific Islander
_____ Hispanic / Latino _____ Native American
_____ White/Caucasian _____ Other: _____
- 7) **Marital Status: (Please check one)**
_____ Married _____ Divorced/Separated
_____ Widowed _____ Living with a partner (not married)
_____ Single

8) Highest Level of Education: (Please check one)

☐ Less than High School ☐ Some College
☐ High School diploma/GED ☐ College degree or higher

9) What is your household income? (Check one)

☐ Less than \$20,000 ☐ \$20,000 to \$39,999
☐ \$40,000 to \$59,999 ☐ \$60,000 to \$79,999
☐ \$80,000 or higher

10) How do you primarily pay for your health care? (Check all that apply)

☐ Cash (No insurance)
☐ Medicaid
☐ My Health LA (formerly Healthy Way LA)
☐ Medicare (with or without Medicare supplemental coverage)
☐ Health insurance purchased through an insurance company or through Covered California
☐ Military health care (CHAMPUS/CHAMP-VA, TRICARE, VA)
☐ Don't go to a doctor because I can't pay
☐ Other: _____

11) During the past 12 months, was there any time when you needed to see a doctor, but could not because of the cost? (Check one)

☐ Yes ☐ No

12) During the past 12 months, was there any time that you did not have any health insurance or coverage? (Check one)

☐ Yes ☐ No

13) Where do you go most often when you are sick or need advice about your health?(Check one)

☐ Doctor's Office/Family Doctor ☐ Community Clinic

_____ Local health department
_____ Urgent care center
_____ Hospital outpatient clinic

_____ Hospital emergency room
_____ Free clinic
_____ Other: _____

14) Which of the following best describes your typical daily physical activity level? (*Check one*)

_____ No activity
_____ Limited
_____ Moderate

_____ Active
_____ Very Active

15) Compared to 12 months ago, how is your health now? (*Check one*)

_____ Much better now than 12 months ago
_____ Better now than 12 months ago
_____ About the same as 12 months ago
_____ Worse now than 12 months ago

16) How would you rate your own personal health? (*Check one*)

_____ Excellent
_____ Very Good
_____ Good
_____ Fair
_____ Poor

17) In the past month, about how many times did you have 5 or more alcoholic drinks in a single day?

_____ Times

18) On average, how many cigarettes do you smoke per day? _____ Number of cigarettes

19) Have you ever been told by a doctor, nurse, or other health professional that you are overweight or obese?

_____Yes _____No

20) Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

_____Yes _____No

21) Have you ever been told by a doctor, nurse, or other health professional that you have high cholesterol?

_____Yes _____No

22) Have you ever been told by a doctor that you have diabetes or sugar diabetes?

_____Yes _____No

23) In the past 12 months, have you seen a doctor, nurse, counselor, psychiatrist, or social worker for your mental health, emotions, or nerves?

_____Yes _____No

24) How do you rate your mental health? (*Select one choice that fits best*)

_____Excellent
_____Very Good
_____Good
_____Fair
_____Poor

25) How many times in the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

_____Times

26) Did you eat vegetables yesterday?

DO count: Cooked & uncooked vegetables; salads; and boiled, baked, and mashed potatoes

DO NOT count: French fries, potato chips, or lettuce that is on a sandwich or sub

_____ Yes _____ No

If yes, how many times did you eat vegetables yesterday? _____ Times

27) Yesterday, how many cans or glasses regular soda or pop that contains sugar did you drink? (Do not include diet soda)

_____ cans or glasses

28) In the past week, how many times did you eat fast food? (Include fast food meals eaten at work, at home, or at fast food restaurants, carryout or drive thru)

_____ Times

29) What type of medical provider do you use for routine care? (Check all that apply)

_____ Family doctor

_____ Emergency Room / Hospital

_____ Community Health Center/ Clinic

_____ Specialist

_____ Health Department

_____ Other: _____

30) What concerns you most about health within your community?

(Select 5 concerns: rate 1-5 with 1 being the most concerning and 5 being the least concerning)

_____ Aging Problems

_____ Infant death

_____ High blood pressure

_____ Cancers

_____ Infectious diseases

_____ HIV/AIDS

_____ Child abuse/neglect

_____ Mental health problems

_____ Obesity

_____ Dental problems

_____ Motor vehicle crash injuries

_____ Homicide

_____ Diabetes

_____ Rape & sexual assault

_____ Teenage Pregnancy

_____ Domestic violence

_____ Respiratory diseases

_____ Suicide

_____ Firearm-related injuries

_____ Sexually transmitted diseases

_____ Heart disease & stroke

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Lack of Arts & Culture	<input type="checkbox"/> Drug & alcohol abuse
<input type="checkbox"/> Employment opportunities	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Climate control
<input type="checkbox"/> Education	<input type="checkbox"/> Human trafficking (labor/sex)	<input type="checkbox"/> Water resources
<input type="checkbox"/> Gangs	<input type="checkbox"/> Bed bugs/lice	<input type="checkbox"/> Vision
<input type="checkbox"/> Affordable child care		
<input type="checkbox"/> Other: _____		

31) What sources do you primarily use to get your health-related information? (Check one)

<input type="checkbox"/> Friends & family	<input type="checkbox"/> Hospital	<input type="checkbox"/> Doctor or nurse
<input type="checkbox"/> Health department	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Help/advice lines
<input type="checkbox"/> Church	<input type="checkbox"/> Books/magazines	<input type="checkbox"/> Internet
<input type="checkbox"/> My child's school	<input type="checkbox"/> Other: _____	

32) How safe do you think your neighborhood is?

☐ Very safe
☐ Somewhat safe
☐ Somewhat unsafe
☐ Very unsafe

33) How safe is it to walk or play in the neighborhood park?

☐ Very safe
☐ Somewhat safe
☐ Somewhat unsafe
☐ Very unsafe

34) Are you satisfied with the health care system in your County? (Consider health care options, access, cost, availability, quality, etc.) (Circle one)

Very Unsatisfied 1 2 3 4 5 Very Satisfied

35) What 2 health topics or diseases would you like to learn more about?

36) In your opinion, what services are needed in your community to create a healthier community?

Please return the completed survey to the person conducting the survey or by mail to:

**Dignity Health – Northridge Hospital Medical Center
Center for Healthier Communities
Attn: Joni Novosel
8210 Etiwanda Avenue
Northridge, CA 91328**

Key Informant Interview Questions

Name:

Degree:

Title:

Agency:

City (Zip code of employment):

Email:

Phone:

Experience and expertise in public health or working with low-income, indigent population:

1. What are the most significant health problems in the community you serve? What ages are affected by the issue?
2. What are the most significant education/environmental & socio-economic factors affecting the community? What ages are impacted?
3. What are the most risky behaviors affecting the community? What age groups are most impacted?
4. What problems affect the health of your clients? If you prioritize the issues, what are the top 5 issues, what age groups?
5. To address the list of concerns, what are some of the community resources that you could think of that could help address the issues?
6. What are some of barriers?
7. Could you please suggest some solutions?
8. What opportunities are there for your organization to partner/collaborate to address the needs you stated?

Appendix E

List of Secondary Sources

Appendix E: List of Secondary Sources

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Diabetes

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