California Hospital Medical Center.
A Dignity Health Member

2017 COMMUNITY HEALTH NEEDS ASSESSMENT

Center for Nonprofit Management

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I. Authors and Acknowledgements

Authors

The Center for Nonprofit Management

Maura J. Harrington, Ph.D., MBA, MHarrington@cnmsocal.org

Sarah Flores, M.S., SFlores@cnmsocal.org

Gigi Nang, GNang@cnmsocal.org

Christine Newkirk, CNewkirk@cnmsocal.org

Adam Wyand, AWyand@cnmsocal.org

Melanie Spiegel, M.S., mspiegel@cnmsocal.org

Acknowledgements

The 2016 Metro Hospitals Collaborative, composed of California Hospital Medical Center, Good Samaritan Hospital, and Saint Vincent Medical Center, worked in partnership to conduct this needs assessment.

California Hospital Medical Center

Lynn Yonekura, M.D., Director of Community Health

Good Samaritan Hospital

Katrina R. Bada, Manager of Public Relations and Marketing

Saint Vincent Medical Center

The 2016 Metro Hospital Collaborative would like to thank Catherine M. Farrell, Director of Public Affairs and Brand Communications, and Mario Ceballos, Community Benefit Manager, at Kaiser Foundation Hospital – Los Angeles as well as the many individuals who provided their expertise, time and perspective. For a full list of participants, please see Appendix C. Stakeholders.

II. Summary of Key Findings (Executive Summary)

Nonprofit hospitals have been required to conduct a community health needs assessment or CHNA every three years in order to maintain tax exempt status under California State Senate Bill 697 (SB 697) originally enacted in 1994. The requirement was expanded to the federal level thereafter and further solidified in 2010 under the Patient Protection and Affordable Care Act (ACA). As part of the CHNA, each hospital is required to collect and conduct analysis of extensive data from secondary data sources as well as input (primary data) from individuals in the community: public health experts; representatives of government and civic organizations; members, representatives or leaders of low-income, minority, and medically underserved populations and populations with chronic conditions.

As in previous years, three hospitals in metropolitan Los Angeles — California Hospital Medical Center, Good Samaritan Hospital, and St. Vincent Medical Center — collaborated to work with the Center for Nonprofit Management consulting team to conduct the CHNA. During the initial phase of the CHNA process, community input was collected during focus groups with key stakeholders, including health care professionals, government officials, social service providers, community residents, leaders, and other relevant individuals. Appendix A presents the data collection tools, and Appendix B lists the stakeholders involved. Concurrently, secondary data were collected and compared to relevant benchmarks including Healthy People 2020, Los Angeles County or California when possible. The data were also collected at smaller geographies to allow for more in-depth analysis and identification of health issues. Furthermore, previous CHNA reports were reviewed to identify trends and ensure that previously identified needs were not overlooked. Primary and secondary data were compiled into a scorecard (Appendix C) presenting health needs and health drivers with highlighted comparisons to the available data benchmarks. The scorecard was designed to allow for a comprehensive analysis across all data sources (Appendix D) and for use during the second prioritization phase of the CHNA process.

Originally introduced in 2013, the current CHNA process included a prioritization process involving a facilitated group session that engaged community based participants in a discussion of secondary and primary and an online survey. At the session, participants were provided with a brief overview of the CHNA process, a list of identified needs in the scorecard format, and the brief narrative summary descriptions of the identified health needs described above. In smaller groups, participants considered the scorecards and health needs summaries in discussing the data and identifying key issues or considerations that were then shared with the larger group.

As a follow-up to this session, participants and other members of the hospital collaborative's network completed a questionnaire (hard copy and online) about health needs, drivers, and resources, and ranked each health need according to several criteria including severity, change over time, resources available to address the need or driver, and community readiness to support action on behalf of any health need or driver. The survey results were used to prioritize the health needs and drivers of health identified in the first session.

Ten health and eleven drivers of health were identified as priorities through this process (please see below), which will inform the hospital's community benefit program focus and strategies for the period covering 2018 to 2020. The following full Community Health Needs Assessment provides extensive data and supportive information regarding the assessment process as well as relevant data and analysis of the identified health needs and drivers.

Prioritized Health Needs	Prioritized Drivers of Health
1. Obesity/overweight	1.Homelessness
2. Diabetes	2. Poverty (including unemployment)
3. Mental Health	3. Violence and Injury
4. Oral Health	4. Preventive Care
5. Alcohol, Substance Abuse & Tobacco Use	5. Food Insecurity
6. Hypertension	6. Alcohol, Substance Abuse & Tobacco Use
7. Cardiovascular Disease	7. Access to Care
8. Cholesterol	8. Healthy Behavior
9. Cancer	9. Cultural and Linguistic Barriers
10. Sexually Transmitted Diseases	10. Physical Activity
	11. Transportation

The California Hospital Medical Center community board adopted this CHNA report in October 2017. This report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at CHMC's Community Health Office. Written comments on this report can be submitted to CHMC's Community Health Office, Leavey Hall, Room 313b, 320 West 15th Street, Los Angeles, CA 90015 or by e-mail to m.l.yonekura@dignityhealth.org.

III. Introduction and Background

Purpose of the Community Health Needs Assessment Report

In 1994, the California Legislature enacted Senate Bill 697 (SB 697) which required nonprofit hospitals to complete CHNAs every three years. As part of SB 697, hospitals are also required to annually submit a summary of their Community Benefit contributions, particularly those activities undertaken to address the community needs that arose during the CHNA.

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new stipulations for hospital organizations to maintain their 501(c)(3) status. With regard to the CHNA, the ACA specifically requires nonprofit hospitals to collect and take into account input from public health experts as well as community leaders and representatives of high-need populations (including minority groups, low-income individuals, medically underserved populations, and those with chronic conditions); identify and prioritize community health needs; document a separate CHNA for each individual hospital; and make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy to address the identified community health needs and submit a copy of the implementation strategy along with the organization's annual Form 990.[1]

California Hospital Medical Center

Established in 1887 by Dr. Walter Lindley, California Hospital Medical Center was originally a three-story building located at 315 W. Sixth Street in Los Angeles. Dr. Lindley conceived of a hospital owned and operated solely by physicians. The physicians in Lindley's building were "carriage trade" and affiliated with the University of Southern California Medical School. Twenty-one physicians agreed to acquire property at the corner of 15th and Hope which was a quiet residential street of attractive homes. When the property on Hope Street had been acquired, the first physician-owned and operated hospital in Los Angeles was erected at 1414 S. Hope Street. It was the first building in California especially invented for medical purposes, a project that Walter Lindley supervised at every stage of its design and construction.

Today, California Hospital Medical Center is a 318-bed acute care hospital located at 1401 S. Grand Avenue providing state of the art services to a vibrant and rapidly evolving urban community at the epicenter of America's second largest city. It became a member of Dignity Health in 2004. CHMC has a staff of 1,800 and professional relationships with more than 400 local physicians. Major programs and services include emergency and trauma services, women's health, obstetrics, neonatal intensive care, pediatrics, medical/surgical services, cardiac care, stroke care, critical care, orthopedics, skilled nursing, and cancer care.

Our Mission

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

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

[1] For more information please see: https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

- Dignity - Respecting the inherent value and worth of each person.
- Collaboration - Working together with people who support common values and vision to achieve shared goals.
- Justice - Advocating for social change and acting in ways that promote respect for all persons
- Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.
- Excellence - Exceeding expectations through teamwork and innovation.

Saint Vincent Medical Center

Established in 1856 by the Daughters of Charity of St. Vincent de Paul as the first hospital in Los Angeles, St. Vincent Medical Center has both a strong history and a glorious future.
As a part of Verity Health, Saint Vincent shares the values of the Verity Health System. These values include:

- Respect: We demonstrate that we value others and ourselves through our words and actions
- Caring: We provide our patients and their families with compassionate, quality care, treating them and each other with kindness
- Integrity: We act with honesty and transparency and do the right thing.
- Passion: We are dedicated to making a difference in the health of our communities and in the lives of those we serve.
- Stewardship: We are committed to being wise stewards of our resources, creative in our approach to challenges and opportunities, and accountable for the results we want to achieve as a charitable organization.

Through community benefit, St. Vincent Medical Center is dedicated to nurturing healthy children and families, fostering self-sufficiency, and enhancing individual and community well being. Through value-based collaboration, our goal is to improve the health of our community.

Good Samaritan Hospital

Good Samaritan Hospital is a world-class academic medical center affiliated with both USC and UCLA Schools of Medicine. Each year, Good Samaritan Hospital admits approximately 12,500 patients (excluding newborns) and handles more than 74,000 outpatient visits. More than 3,400 deliveries and 6,500 surgeries are performed annually in 18 surgical suites. Good Samaritan Hospital also handles approximately 36,900 visits per year with the help of 1,300 staff members. Of those members, 625 are part of the medical staff, 450 serve as nurses, and 52 serving as residents/fellows.

Areas of Specialization at Good Samaritan Hospital include:

- Intensive Care
- Cardiac/Coronary Care/Cardiac Telemetry
- Orthopaedic
- Perinatal and Neonatal Intensive Care

In addition, Good Samaritan Hospital has historically been affiliated with the Episcopalian Church. Pastoral Care services are available for several religions/denominations.

Metro Hospital Collaborative

The Metro Hospital Collaborative is comprised of three hospitals serving the Los Angeles community—California Hospital Medical Center, Good Samaritan Hospital, and Saint Vincent Medical Center. These hospitals joined together to conduct one data gathering process and one stakeholder engagement effort in order to better utilize resources and reduce the burden of calling upon community members for input.

CHNA Consultants

The Center for Nonprofit Management (CNM) team has extensive experience through being involved in and conducting more than 30 Community Health Needs Assessments (CHNAs) for hospitals throughout Los Angeles County and San Diego County. In 2013, CNM conducted CHNAs for three Kaiser Foundation hospitals (Baldwin Park, Los Angeles and West Los Angeles), Citrus Valley Health Partners, the Glendale Hospitals Collaborative (Glendale Adventist Medical Center, Glendale Memorial Hospital and Verdugo Hills Hospital) and the Metro Hospitals Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center) and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in community benefit planning based on the needs assessments. In 2014, the CNM team conducted the CHNA for Casa Colina Hospital and Centers for Healthcare, and for Hope Street Family Center. The CNM team recently completed 2016 CHNAs for Children's Hospital Los Angeles, as well as two Kaiser Foundation Hospitals (West Los Angeles and Baldwin Park), the Glendale Hospitals Collaborative (Glendale Adventist Medical Center, Glendale Memorial Hospital and Verdugo Hills Hospital) and Citrus Valley Health Partners.

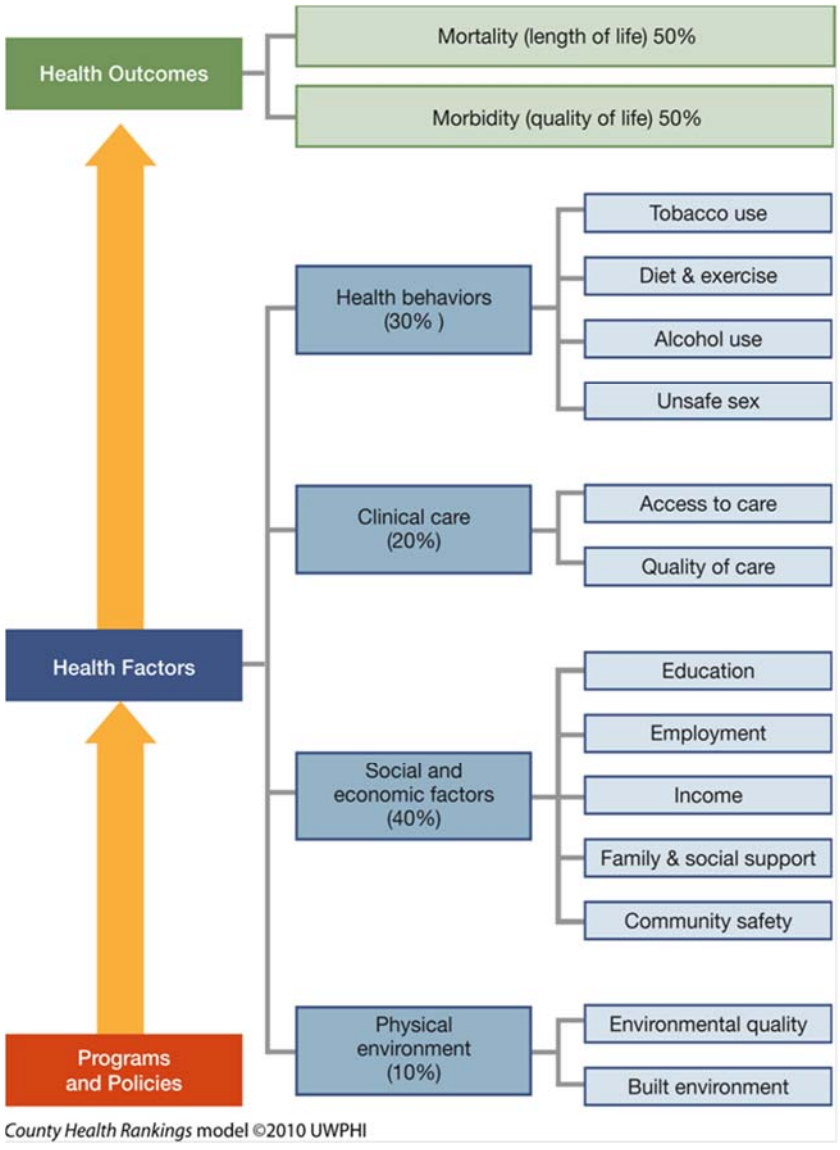
IV. Needs Assessment Methodology and Process

This section outlines the steps taken to identify community health needs, via data indicators (secondary data), and community input (primary data).

Secondary Data

The CHNA included the collection of over 200 data indicators that helped illustrate the health of the community. Secondary data were collected from a wide range of local, county, state and national sources to present demographics, mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment. These categories are based on the Mobilizing Action Toward Community Health (MATCH) framework, which illustrates the interrelationships among the elements of health and their relationship to each other: social and economic factors, health behaviors, clinical care, physical environmental, and health outcomes.

Mobilizing Action Toward Community Health (MATCH)



Data available at the ZIP Code level were compiled for the hospital's service area. When not available by ZIP Code, the data for the appropriate representative portion of the SPA was utilized.

A comprehensive data matrix, the "Scorecard" (**See Appendix A**), was created listing all identified secondary indicators. The Scorecard included hospital-level secondary data (averaged) and primary data mentions (note of mentions in focus groups – see next section for details) as the issues emerged as priorities among community members. The Scorecard also included benchmark data in the form of Healthy People 2020 (HP2020) goals, which are nationally recognized. Additionally, the most recent county or state data source was used as a comparison.

Primary Data—Community Input

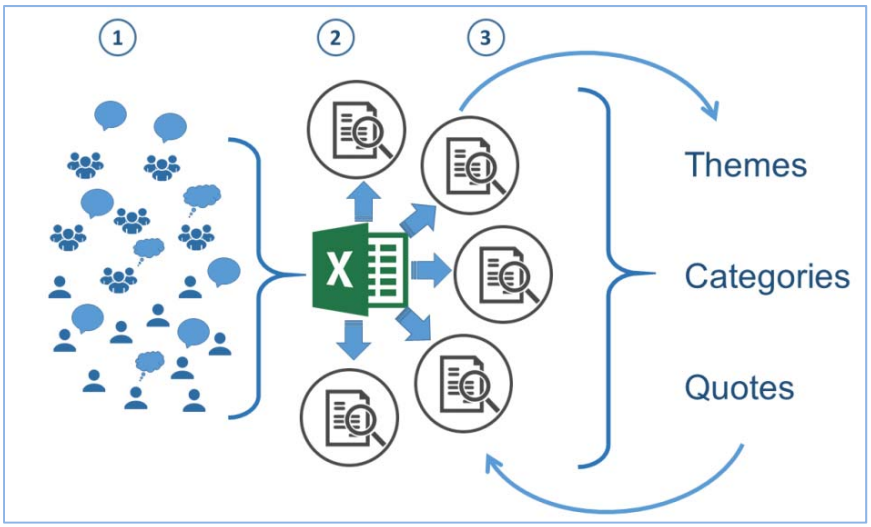
Primary data were collected through interviews and focus groups with key stakeholders including patients, patient navigators, community liaisons, hospital administrators and the Los Angeles County Department of Public Health. Two community focus groups held on Tuesday August 16 and Tuesday August 30, 2016 were attended by a total of 21 people. Participants were invited by the Metro Hospital Collaborative. For a list of focus group questions please refer to **Appendix B – Primary Data Gathering Tools and Appendix C—Stakeholders**. The focus group participants identified a list of most important health needs (including health outcomes and health drivers). To begin to gain a sense of the perceived severity of each health need in the community, each participant was given a total of ten sticker dots and asked to vote for the five most severe health outcomes and the five most severe health drivers on a grid created during the focus group. For the purpose of the voting activity, severity was defined as the level to which a health outcome or health driver affected the health and lives of those in the community. In addition to focus group interviews, in-depth semi-structured interviews were conducted with 5 key stakeholders in August, 2016. Qualitative feedback from both the focus groups and individual interviews are incorporated in the Stakeholder Feedback sections below each Health Outcome.

The goal of this component of the CHNA was to identify broad health outcomes and drivers (known as health needs) as well as assets and gaps in resources through the perceptions and knowledge of varied and multiple stakeholders. An inventory of existing community assets and resources was also compiled as a part of the CHNA process (**Appendix E—Local Community Assets**).

Analytical Methods Used To Identify Community Health Needs

The CNM consultant team used a modified content analysis to identify the main themes that emerged from community input through the focus groups. CNM used a three-step process for analyzing and interpreting primary data (community input): 1) all information gathered during focus groups and interviews were entered into Microsoft Excel, 2) spreadsheet data were reviewed multiple times using content analysis to begin sorting and coding the data, and 3) through the coding process, themes, categories and quotes were identified.

Analysis to Identify Main Themes Emerged Via Community Input



To help identify health needs, two requirements needed to be met: 1) a health need had to be mentioned in the primary data collection more than once and 2) a secondary data indicator associated with the need had to perform poorly against a designated benchmark (county averages, state averages, or Healthy People 2020 goals). Once a health need met both requirements, it was designated as an identified health need.

List of identified health needs, in alphabetical order:

- Access to Health Care
- Alcohol and Substance Abuse, and Tobacco use
- Cancer
- Cardiovascular disease (including Cholesterol)
- Cultural and Linguistic barriers
- Diabetes
- Food insecurity
- Healthy behavior (including Physical Activity)
- Homelessness
- Hypertension
- Mental health
- Obesity/overweight
- Oral health
- Poverty (including Unemployment)
- Preventive care
- Sexually transmitted diseases
- Transportation
- Violence and injury

Data Limitations and Gaps

The secondary data allows for an examination of the broad health needs within a community. However, there are some limitations with regard to this data, as is true with any secondary data. Data were not always available at the ZIP code level, so county-level data as well as SPA-level data were also utilized. Moreover, disaggregated data for age, ethnicity, race, and gender are not available for all data indicators, which limited the examination of disparities of health issues within the community. stakeholder-identified health issue may not always have been reflected by the secondary data indicators. Moreover, data are not always collected on an annual basis, meaning that some data are several years old.

V. Prioritization of Health Needs

Once a list of health needs was developed, they needed to be prioritized. The steps to the prioritization process are outlined as follows.

Community Ranking of Health Needs

A total of 28 community stakeholders convened August 26, 2016 for a Prioritization Forum with the goal of ranking the identified health needs. Participants were provided the data Scorecard (**Appendix A--Scorecard**) and allowed time to review the data and discuss in small groups. CNM consultants were available in the room to answer data questions. To capture all groups' observations, each group was given a worksheet where they could provide input on: geographic areas impacted, specific populations, organizations and programs in the community and gaps in resources. After a large group discussion on their observations, they were given the opportunity to provide input via "dot voting" and completing a survey. For details, please see **Appendix B – Primary Data Gathering Tools**.

All participants were given sticker dots (10 sticker dots each), presented with the list of identified health needs and asked to cast their sticker votes for the most severe health needs in the community.

Post-voting, they were asked to complete a written survey that presented all of the identified health needs, and asked them to score each health need based on the following criteria:

- MAGNITUDE- Does the issue affect a large portion of the population?
- SEVERITY- How severely does this health need impact the community?
- CHANGE OVER TIME - Has the health need improved or is it getting worse over time?
- RESOURCES - The availability of community resources and assets to address this health need.
- DISPARITIES- Does the issue disproportionately affect vulnerable population groups?

Participants were given a companion document that further explained the four criteria and the scoring system. Absent participants were allowed the opportunity to complete the survey online if they were not able to attend the Prioritization forum. A total of 33 participants completed the survey in person and 13 online, for a total of 46. The survey and the companion document can be found in **Appendix B – Primary Data Gathering Tools.**

Ranking: A Deeper Dive

During dot-voting, participants were allowed to put as many or as few stickers on a health need. If they so chose, they could put all 10 dot-stickers on a single health need, or spread them throughout. The number of stickers was less than the total number of identified needs in order to compel participants' voting on the most pressing health needs in the community.

The survey asked participants to provide input for each health need on: (a) the severity in the community, (b) change over time, (c) availability of resources, and (d) community readiness to address the health need. The possible scores ranged from 1 to 4 (to see the survey and scoring guide, please see **Appendix F—Prioritization Forum Survey**). To illustrate, a high score meant the health need was rated as very severe, getting worse, or has a serious shortage of resources and the community has the capacity to address this need and thus focusing on that need would prove to be a good investment. Participants were allowed to mark "don't know" if they did not feel comfortable providing a score –this response carried no scoring weight.

The results of dot-voting and survey scoring were combined to develop prioritized health needs. The needs were first prioritized by survey scores, and second by rank in dot-voting. In the case where multiple health needs received the same score, then ranking from the dot-voting was used to re-rank within the same score. For example, the following health needs all received a survey score of 3.6: obesity/overweight, homelessness, poverty and diabetes. We then took the scores from dot-voting to re-rank. In the case of poverty and diabetes, each also received the same number of dots (16). Thus, these both ended-up occupying the same rank at #3.

Analysis of Survey Scores

The results of the dot-voting process and scores from the surveys were combined to develop a Prioritized Health Needs list (see below). The needs were first ranked based on the outcome of the scoring in the survey (i.e., highest scores meant a higher ranking) and second, ranked by the outcome of the dot votes. To view the outcome in dot-voting and scores from the survey please refer to **Appendix G—Prioritization Forum Voting and Survey Outcomes**. Below is the list of prioritized health needs, and their designation as a driver or an outcome:

Prioritized Health Needs

Rank	Health Need	Driver/Outcome
1	Obesity/Overweight	Outcome
2	Homelessness	Driver
3	Poverty (including unemployment)	Driver
3	Diabetes	Outcome
4	Mental Health	Outcome
5	Violence and Injury	Driver
6	Oral Health	Outcome
7	Preventative Care	Driver
7	Food Insecurity	Driver
8	Alcohol, Substance Abuse and Tobacco Use	Driver/Outcome
9	Hypertension	Outcome
10	Access to Care	Driver
11	Cardiovascular Disease	Outcome
12	Healthy Behavior	Driver
13	Cultural and Linguistic Barriers	Driver
14	Physical Activity	Driver
15	Transportation	Driver
16	Cholesterol	Outcome
17	Cancer	Outcome
18	Sexually Transmitted Diseases	Outcome

VI. Community Health Profile

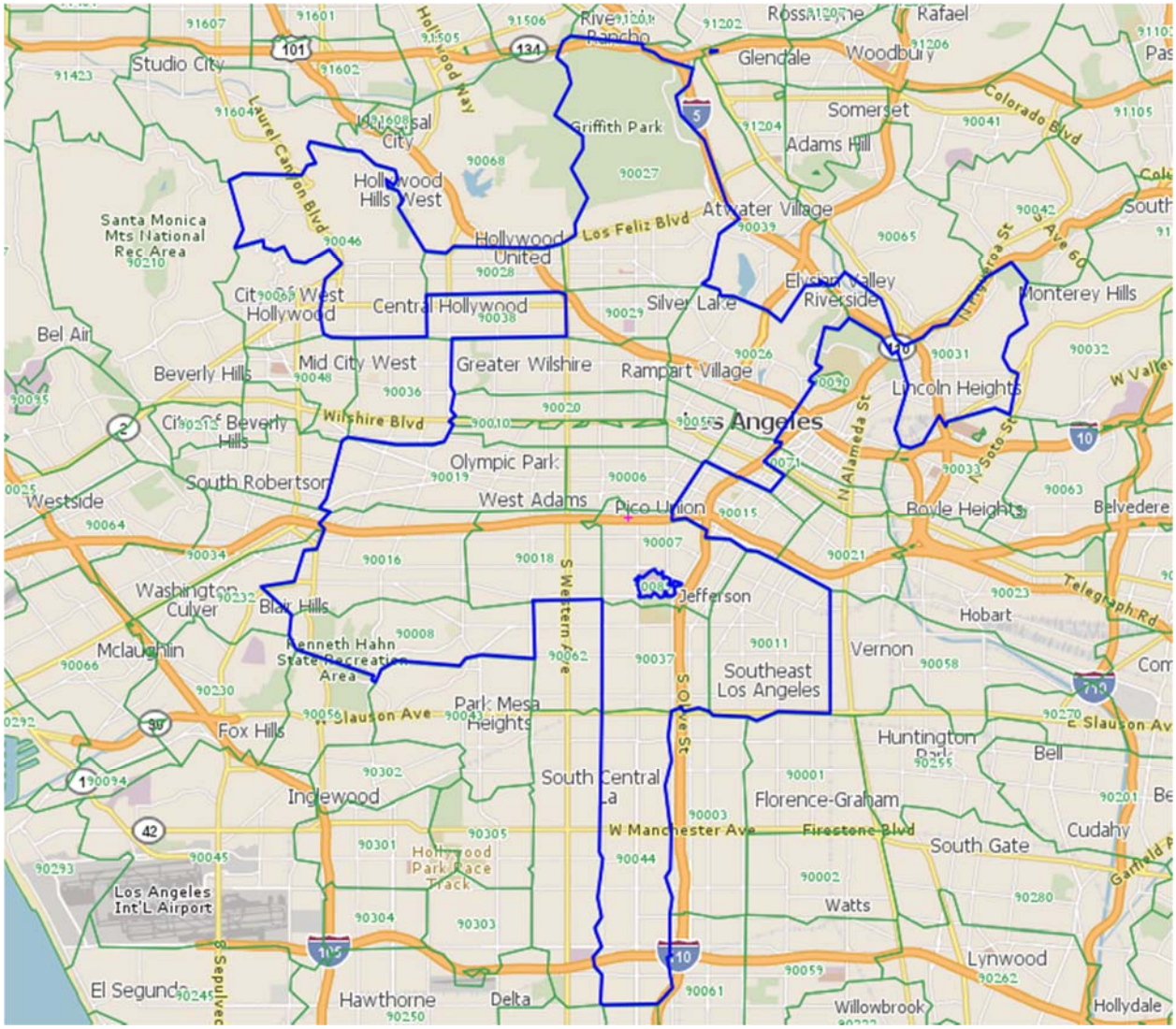
Service Area Definition

The California Hospital Medical Center (CHMC) Service Area provides health services in twenty one ZIP Codes, 17 cities or communities, and 3 Service Planning Areas (SPA) within Los Angeles County.

California Hospital Medical Center (CHMC) Service Area

City/Community	ZIP Code	Service Planning Area
Hancock Park	90004	4
Koreatown	90005	4
Pico Heights	90006	4
Wilshire	90010	4
Downtown Los Angeles	90017	4
Country Club Park/Mid City	90019	4
Hancock Park	90020	4
Echo Park/Silverlake	90026	4
Griffith Park/Los Feliz	90027	4
Hollywood	90028	4
Downtown Los Angeles	90029	4
Montecito Heights	90031	4
Mount Olympus	90046	4
Westlake	90057	4
South Los Angeles	90007	6
Baldwin Hills/Crenshaw	90008	6
South Los Angeles	90011	6
West Adam	90016	6
Jefferson Park	90018	6
South Los Angeles	90037	6
Athens	90044	8

California Hospital Medical Center (CHMC) Service Area by ZIP Code



*Note that ZIP codes 90090 and 90089 are geographically located inside the CHMC service area, but are not included in the CHMC community benefits service area

Demographic Overview

A description of the community serviced by CHMC provided in the following data tables and narrative. All data provided in the following tables are presented by ZIP code.

44.7% **are between 18-44 years old***	**55.9%** of service area population is Hispanic/Latino	**65.8%** have limited English proficiency	**33.6%** 25+ don't have a high school diploma	**8.2%** of individuals were unemployed in 2015 (rate=8.6)	**56.7%** of residents live below 200% FPL**

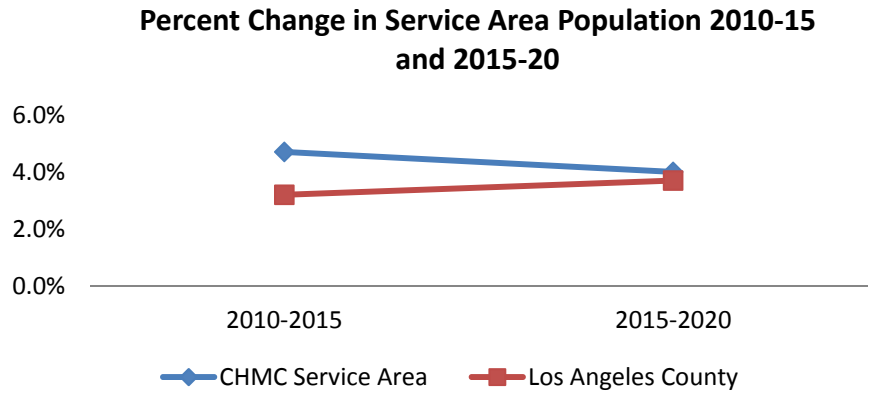
***Reflects largest age group of the service area population**

***For 2015, the Federal Poverty Level (FPL) for one person was $11,770 and $24,250 for a family of four**

Population

From 2010 to 2015, the CHMC service area showed an increase in estimated population for all ZIP codes represented. Overall, the service area population grew by 4.7%, which was a slightly greater increase than that of Los Angeles County (3.2%). In particular, ZIP codes 90017 (8.3%), 90028 (8.1%), and 90037 (5.3%) indicated the highest growth within the service area.

By 2020, the population is expected to increase in the CHMC service area by another 4.0%, which is similar to the current population growth trend. The largest population increases are expected to continue over the next five years in ZIP codes 90017-Downtown Los Angeles (8.3%) and 90028-Hollywood (8.10%).



Estimated Current-Year Population

City	ZIP Code	2010 Population	2015 Estimated Population	2020 Projected Population	Percent Increase 2010-15	Percent Increase 2015-20
Hancock Park	90004	60,921	61,995	63,435	1.8%	2.3%
Koreatown	90005	41,417	42,479	43,744	2.6%	3.0%
Pico Heights	90006	59,501	60,883	62,620	2.3%	2.9%
Wilshire	90010	3,229	3,792	-	17.4%	-
Downtown Los Angeles	90017	24,580	27,516	29,811	11.9%	8.3%
Country Club Park/Mid City	90019	65,036	66,468	68,220	2.2%	2.6%
Hancock Park	90020	39,427	40,660	42,055	3.1%	3.4%
Echo Park/Silverlake	90026	67,165	69,760	72,451	3.9%	3.9%
Griffith Park/Los Feliz	90027	47,518	46,461	45,707	2.28%	1.65%
Hollywood	90028	33,688	31,970	29,574	5.37%	8.10%
Downtown Los Angeles	90029	40,068	39,183	38,556	2.26%	1.63%
Montecito Heights	90031	43,520	41,669	39,706	4.44%	4.94%
Mount Olympus	90046	51,217	49,475	47,880	3.52%	3.33%
Westlake	90057	43,528	45,663	47,742	4.9%	4.6%
South Los Angeles	90007	42,722	43,625	44,648	2.1%	2.3%
Baldwin Hills/Crenshaw	90008	31,041	32,058	33,183	3.9%	3.5%
South Los Angeles	90011	103,622	109,513	115,222	5.7%	5.2%
West Adam	90016	48,097	50,141	52,286	4.3%	4.3%
Jefferson Park	90018	51,382	53,385	55,491	3.9%	3.9%
South Los Angeles	90037	62,241	65,902	69,417	5.9%	5.3%
Athens	90044	89,542	93,457	97,516	4.4%	4.3%
CHMC Service Area		1,049,462	1,076,055	1,099,264	4.7%	4.0%
Los Angeles County		9,818,605	10,136,509	10,510,281	3.2%	3.7%

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Gender

In 2015, 50.4% of the population in the CHMC service area was male while the other 49.6% was female. In contrast, Los Angeles County had a higher percentage of females (50.7%) and a lower percentage of males (49.3%).

Gender

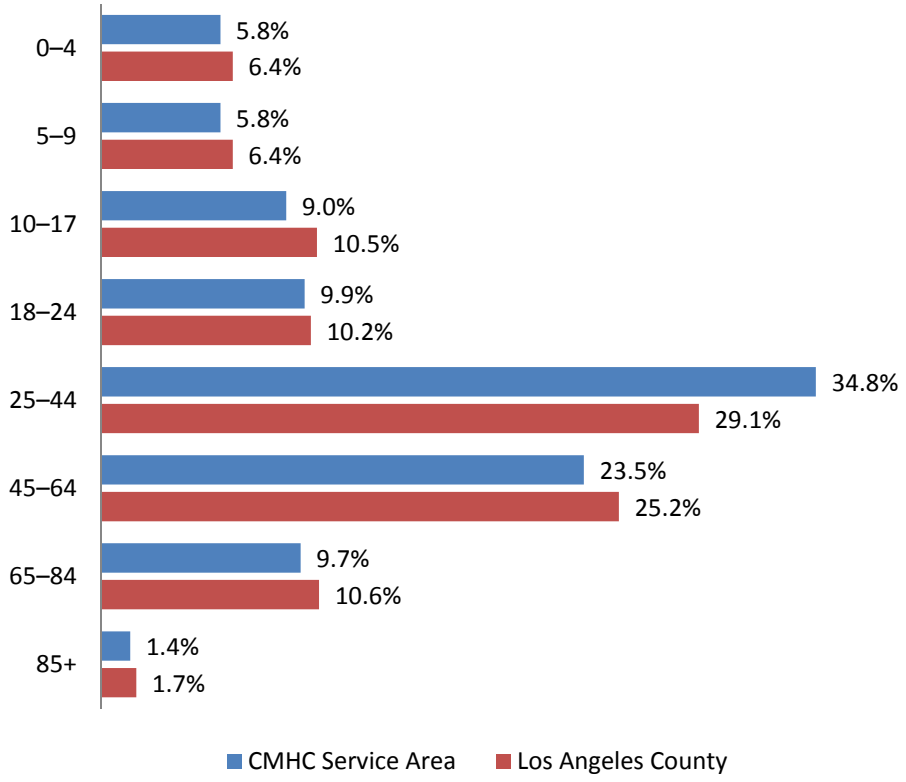
City	ZIP Code	Male		Female	
		Number	Percent	Number	Percent
Hancock Park	90004	31,279	50.5%	30716	49.6%
Koreatown	90005	21,703	51.1%	20776	48.9%
Pico Heights	90006	31,218	51.3%	29665	48.7%
Wilshire	90010	1,809	47.7%	1,983	52.3%
Downtown Los Angeles	90017	14,691	53.4%	12825	46.6%
Country Club Park/Mid City	90019	32,519	48.9%	33949	51.1%
Hancock Park	90020	20,152	49.6%	20508	50.4%
Echo Park/Silverlake	90026	35,546	51.0%	34214	49.1%
Griffith Park/Los Feliz	90027	23,045	49.6%	23,417	50.4%
Hollywood	90028	17,808	55.7%	14,163	44.3%
Downtown Los Angeles	90029	19,905	50.8%	19,279	49.2%
Montecito Heights	90031	20,710	49.7%	20,960	50.3%
Mount Olympus	90046	26,321	53.2%	23,155	46.8%
Westlake	90057	24,552	53.8%	21111	46.2%
South Los Angeles	90007	22,168	50.8%	21457	49.2%
Baldwin Hills/Crenshaw	90008	14,465	45.1%	17593	54.9%
South Los Angeles	90011	55,665	50.8%	53848	49.2%
West Adam	90016	24,127	48.1%	26014	51.9%
Jefferson Park	90018	25,871	48.5%	27514	51.5%
South Los Angeles	90037	33,136	50.3%	32766	49.7%
Athens	90044	45,140	48.3%	48317	51.7%
CHMC Service Area		541,830	50.4%	534,230	49.6%
California		5,001,632	49.3%	5,134,877	50.7%

Source: Nielson Claritas
Data Year: 2016
Source Geography: ZIP

Age

There were fewer residents under the age of 18 (20.6%) in the CMHC service area than in Los Angeles County (23.0%). The majority of the population in the service area were between the ages of 25 and 44 (34.8%), which is a significantly higher percentage than in Los Angeles County (29.1%). The percent of the CHMC service area population over the age of 45 (34.6%) was similar to Los Angeles County (37.5%).

Age Distribution



Age Distribution

City	ZIP Code	0–4	5–9	10–17	18–24	25–44	45–64	65–84	85+	Total
Hancock Park	90004	5.8%	6.2%	8.8%	8.1%	34.5%	25.9%	9.6%	1.0%	100.0%
Koreatown	90005	5.6%	5.9%	8.3%	7.6%	36.5%	24.6%	10.2%	1.3%	100.0%
Pico Heights	90006	7.0%	7.1%	10.0%	9.3%	33.3%	23.5%	8.9%	1.0%	100.0%
Wilshire	90010	1.6%	0.2%	5.0%	9.0%	43.5%	25.8%	14.2%	0.8%	100.0%
Downtown Los Angeles	90017	7.1%	6.9%	10.3%	11.4%	37.6%	18.6%	7.2%	0.9%	100.0%
Country Club Park/Mid City	90019	5.8%	6.0%	8.9%	8.2%	32.3%	26.2%	10.9%	1.7%	100.0%
Hancock Park	90020	5.1%	5.5%	8.1%	6.9%	38.9%	25.4%	9.2%	0.9%	100.0%
Echo Park/Silverlake	90026	5.3%	5.5%	8.5%	8.2%	37.5%	24.6%	9.2%	1.2%	100.0%
Griffith Park/Los Feliz	90027	3.4%	3.8%	5.1%	5.2%	39.7%	27.4%	13.0%	2.3%	100.0%
Hollywood	90028	2.6%	2.7%	4.8%	9.0%	45.5%	23.7%	10.2%	1.5%	100.0%
Downtown Los Angeles	90029	5.3%	5.6%	8.7%	8.4%	34.7%	25.0%	10.5%	1.8%	100.0%
Montecito Heights	90031	6.8%	6.8%	10.8%	10.0%	30.0%	23.4%	10.2%	1.9%	100.0%

City	ZIP Code	0–4	5–9	10–17	18–24	25–44	45–64	65–84	85+	Total
Mount Olympus	90046	2.4%	2.8%	3.3%	2.9%	45.9%	26.7%	12.9%	2.9%	100.0%
Westlake	90057	7.0%	7.0%	9.6%	9.3%	36.4%	20.7%	8.5%	1.6%	100.0%
South Los Angeles	90007	4.7%	4.8%	8.6%	32.3%	27.5%	15.0%	6.2%	0.9%	100.0%
Baldwin Hills/Crenshaw	90008	6.2%	6.1%	9.4%	8.5%	25.7%	27.2%	14.6%	2.4%	100.0%
South Los Angeles	90011	9.9%	8.9%	14.0%	11.6%	31.3%	18.8%	5.1%	0.5%	100.0%
West Adam	90016	6.7%	6.7%	10.6%	9.9%	29.4%	24.9%	10.3%	1.5%	100.0%
Jefferson Park	90018	6.8%	6.9%	10.9%	9.8%	29.7%	24.1%	9.9%	1.9%	100.0%
South Los Angeles	90037	8.5%	8.1%	12.3%	11.2%	31.3%	21.5%	6.4%	0.8%	100.0%
Athens	90044	8.8%	8.3%	13.0%	11.2%	29.0%	21.3%	7.4%	0.8%	100.0%
CHMC Service Area		5.8%	5.8%	9.0%	9.9%	34.8%	23.5%	9.7%	1.4%	100.0%
Los Angeles County		6.4%	6.4%	10.5%	10.2%	29.1%	25.2%	10.6%	1.7%	100.0%

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

In 2016, the average age of residents in the CHMC service area was 36.9 years old, which was slightly lower than Los Angeles County (37.3 years old). Similarly, the median age of residents within the CHMC service area (35.2) was only slightly lower than that of residents in Los Angeles County (36.0). The average age of residents was highest in ZIP codes 90046-Mount Olympus (43.7) and 90027-Griffith Park (42.5), and lowest in ZIP code 90011-South Los Angeles (30.4).

Median and Average Age (in years)

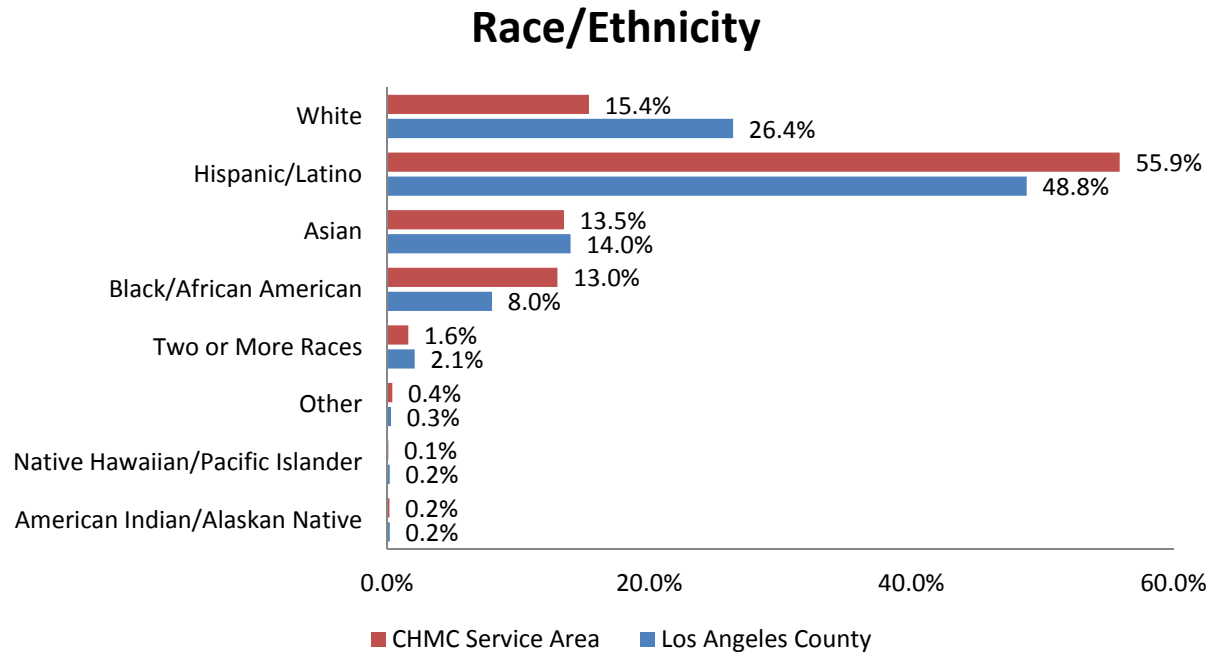
	ZIP Code	Median Age	Average Age
Hancock Park	90004	37.1	37.6
Koreatown	90005	36.8	38.0
Pico Heights	90006	34.5	35.7
Wilshire	90010	39.5	42.9
Downtown Los Angeles	90017	31.7	33.6
Country Club Park/Mid City	90019	38.0	38.6
Hancock Park	90020	37.3	37.9
Echo Park/Silverlake	90026	36.5	37.6
Griffith Park/Los Feliz	90027	41.1	42.5
Hollywood	90028	37.2	40.0
Downtown Los Angeles	90029	37.1	38.5
Montecito Heights	90031	35.0	36.7
Mount Olympus	90046	41.4	43.7
Westlake	90057	33.6	35.4

	ZIP Code	Median Age	Average Age
South Los Angeles	90007	24.9	31.3
Baldwin Hills/Crenshaw	90008	40.3	40.4
South Los Angeles	90011	28.4	30.4
West Adam	90016	35.8	36.9
Jefferson Park	90018	35.0	36.7
South Los Angeles	90037	30.9	32.7
Athens	90044	30.5	32.8
CHMC Service Area		35.2	36.9
Los Angeles County		36.0	37.3

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Race and Ethnicity

In 2015, more than half of the population living in the CHMC service area was of Hispanic/Latino origin (55.9%). In Los Angeles County, just under half of the entire population (48.8%) is Hispanic/Latino. The White population in CHMC's service area (15.4%) was the second largest population by race. In Los Angeles County, the White population makes up 26.4% of the total population. The Asian population in the CHMC service area (13.5%) made up a similar proportion of the population as in Los Angeles County (14.0%). The Black/African-American population in the CHMC service area (13.0%) made up a slightly greater proportion of the population in the service area than in Los Angeles County (8.0%).



Race/Ethnicity

Race/Ethnicity	CHMC Service Planning Area		Los Angeles County	
	Number	Percent	Number	Percent
White Alone	165,411	15.4%	2,676,038	26.4%
Black or African American Alone	139,561	13.0%	810,921	8.0%
Amer. Indian and Alaska Native Alone	1,752	0.2%	20,273	0.2%
Asian Alone	144,554	13.5%	1,419,111	14.0%
Native Hawaiian and Other Pac. Isl. Alone	764	0.1%	20,273	0.2%
Some Other Race Alone	3,841	0.4%	30,410	0.3%
Two or More Races	16,781	1.6%	212,867	2.1%
Hispanic/Latino	599,599	55.9%	4,946,616	48.8%
Total	1,072,263	100.0%	10,136,509	100.0%

Data source: Nielsen Claritas Demographic Data
Data year: 2015
Source geography: ZIP

Education

In 2016, the CHMC service area population had a notably lower level of education than Los Angeles County. Specifically, 33.6% of individuals in the CHMC service area did not graduate from high school or receive their GED, compared to 23.2% in Los Angeles County. Furthermore, the population existing within the CHMC service area reflected a lower percentage of individuals with a college education (27.9%) than Los Angeles County (36.5%). In particular, ZIP codes 90006-Pico Heights (30.3%), 90017-Downtown Los Angeles (36.1%), 90057-Westlake (31.2%), 90011-South Los Angeles (42.8%) and 90037-South Los Angeles (34.8%) had the highest percentage of individuals who had less than a ninth grade education. ZIP codes 90008-Baldwin Hills (47.2%) and 90020-Hancock Park (49.3%) had the highest percentages of individuals who completed a Master's degree or higher. ZIP codes 90031-Montecito Heights (3.2%) and 90029-Downtown Los Angeles (4.5%) had the lowest percentages of individuals who completed a Master's degree.

Educational Attainment

City	ZIP Code	Less than Ninth Grade	Some High School, No Diploma	High School Graduate or GED	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree or Higher
Hancock Park	90004	18.7%	10.9%	16.8%	14.7%	6.0%	24.8%	45.5%
Koreatown	90005	20.5%	10.3%	20.5%	14.6%	4.9%	22.2%	41.8%
Pico Heights	90006	30.3%	16.0%	24.2%	12.3%	3.5%	10.7%	26.5%
Wilshire	90010	4.8%	3.5%	15.0%	18.4%	10.4%	33.2%	14.7%
Downtown Los Angeles	90017	36.1%	12.4%	18.4%	10.2%	4.0%	13.0%	27.2%

Country Club Park/Mid City	90019	15.6%	10.6%	19.9%	16.2%	5.4%	22.3%	43.9%
Hancock Park	90020	13.2%	8.5%	21.1%	16.2%	6.3%	26.8%	49.3%
Echo Park/Silverlake	90026	18.5%	9.9%	16.3%	15.1%	6.2%	24.9%	46.2%
Griffith Park/Los Feliz	90027	7.1%	5.2%	15.4%	17.7%	7.2%	31.9%	10.0%
Hollywood	90028	8.3%	7.4%	15.5%	19.4%	6.6%	32.5%	7.3%
Downtown Los Angeles	90029	22.1%	12.9%	17.6%	16.3%	6.0%	19.2%	4.5%
Montecito Heights	90031	29.8%	14.9%	21.7%	15.1%	4.6%	9.8%	3.2%
Mount Olympus	90046	2.1%	2.3%	11.5%	19.3%	7.0%	42.2%	10.1%
Westlake	90057	31.2%	13.5%	19.4%	13.2%	4.4%	14.8%	32.3%
South Los Angeles	90007	26.5%	14.1%	20.6%	15.1%	4.0%	13.1%	32.2%
Baldwin Hills/Crenshaw	90008	7.3%	12.0%	23.1%	24.5%	8.4%	14.3%	47.2%
South Los Angeles	90011	42.8%	20.2%	20.6%	9.5%	3.1%	2.9%	15.5%
West Adam	90016	17.6%	12.1%	24.3%	22.0%	6.2%	12.4%	40.6%
Jefferson Park	90018	22.1%	14.0%	25.5%	19.1%	5.0%	9.5%	33.6%
South Los Angeles	90037	34.8%	19.4%	23.0%	13.2%	3.3%	4.9%	21.5%
Athens	90044	23.8%	16.3%	26.8%	19.7%	4.8%	6.5%	31.0%
CHMC Service Area		21.4%	12.2%	20.1%	16.2%	5.3%	17.9%	4.7%
Los Angeles County		13.5%	9.7%	20.6%	19.7%	6.8%	19.5%	10.2%

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Marital Status

In 2016, the percentage of the CHMC service area population who had never been married (53.0%) was significantly higher than Los Angeles County (41.5%). Further, the percentage of the population that was married and had their spouse present was much lower in the CHMC service area (26.9%) than in Los Angeles County (38.3%). Only marginal differences (less than 1%) existed between CHMC service area residents and Los Angeles County residents who were either married with their spouse absent, widowed or divorced.

Marital Status

City	ZIP Code	Never Married	Married, Spouse Present	Married, Spouse Absent	Widowed	Divorced
Hancock Park	90004	49.0%	31.3%	8.8%	3.6%	7.3%
Koreatown	90005	49.4%	28.7%	9.3%	4.8%	7.8%
Pico Heights	90006	50.8%	28.9%	9.2%	4.0%	7.1%
Wilshire	90010	40.7%	40.3%	3.3%	5.1%	10.5%
Downtown Los Angeles	90017	59.9%	24.6%	6.2%	4.2%	5.1%
Country Club Park/Mid City	90019	46.2%	30.9%	7.9%	4.6%	10.3%
Hancock Park	90020	50.1%	31.8%	6.7%	3.5%	7.9%
Echo Park/Silverlake	90026	54.0%	27.6%	7.9%	4.0%	6.6%
Griffith Park/Los Feliz	90027	48.9%	27.9%	7.8%	6.7%	8.7%
Hollywood	90028	63.2%	17.6%	6.4%	4.3%	8.5%
Downtown Los Angeles	90029	49.8%	28.7%	9.2%	4.7%	7.5%
Montecito Heights	90031	45.7%	35.3%	7.1%	5.5%	6.4%

City	ZIP Code	Never Married	Married, Spouse Present	Married, Spouse Absent	Widowed	Divorced
Mount Olympus	90046	57.3%	23.2%	3.5%	4.8%	11.2%
Westlake	90057	54.1%	25.6%	9.9%	4.3%	6.1%
South Los Angeles	90007	71.4%	16.3%	5.7%	2.2%	4.3%
Baldwin Hills/Crenshaw	90008	46.7%	25.3%	6.7%	7.1%	14.3%
South Los Angeles	90011	60.5%	26.1%	8.0%	2.3%	3.1%
West Adam	90016	47.2%	29.4%	8.7%	5.1%	9.5%
Jefferson Park	90018	49.5%	27.2%	8.6%	5.5%	9.2%
South Los Angeles	90037	55.3%	25.7%	9.9%	4.0%	5.1%
Athens	90044	51.7%	25.8%	9.8%	5.0%	7.7%
CHMC Service Area		52.4%	27.5%	7.6%	4.5%	7.8%
Los Angeles County		41.5%	38.3%	6.7%	5.0%	8.6%

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Household Income

Households in the CHMC service area earning an average income of less than $15,000 (21.0%) reflected a significantly higher percentage than in Los Angeles County (13.1%). Similarly, approximately two-thirds (67.0%) of the CHMC service area population has a household income less than $50,000, a much higher percentage than Los Angeles County (46.9%).

Household Income

Income level	CHMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Below $15,000	59,058	21.0%	440,017	13.1%
$15,000–$24,999	47,670	17.0%	368,258	11.0%
$25,000–$34,999	37,863	13.5%	324,780	9.7%
$35,000–$49,999	43,397	15.5%	439,461	13.1%
$50,000–$74,999	40,164	14.3%	564,594	16.9%
$75,000–$99,999	21,565	7.7%	384,054	11.5%
$100,000–$124,999	12,077	4.3%	272,585	8.1%
$125,000–$149,999	6,323	2.3%	166,270	5.0%
$150,000–$199,999	5,923	2.1%	181,675	5.4%
$200,000–$249,999	2,476	0.9%	65,904	2.0%
$250,000–$499,999	3,015	1.1%	100,559	3.0%
Above $500,000	1,339	0.5%	40,774	1.2%
Total	280,870	100.0%	3,348,931	100.0%

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Natality

Births

In 2012, there were a total of 503,788 births in California, 2.8% (n=14,492) of which took place in the CHMC service area. In particular, ZIP codes 90011-South Los Angeles (2,188), 90044-Athens (1,579), 90037-South Los Angeles (1,143), and 90006-Pico Heights (908) had the most births.

Births

City	ZIP Code	Number	Percentage
Hancock Park	90004	804	5.5%
Koreatown	90005	516	3.6%
Pico Heights	90006	908	6.3%
Wilshire	90010	29	0.2%
Downtown Los Angeles	90017	359	2.5%
Country Club Park/Mid City	90019	840	5.8%
Hancock Park	90020	525	3.6%
Echo Park/Silverlake	90026	765	5.3%
Griffith Park/Los Feliz	90027	412	2.8%
Hollywood	90028	170	1.2%
Downtown Los Angeles	90029	443	3.1%
Montecito Heights	90031	530	3.7%
Mount Olympus	90046	376	2.6%
Westlake	90057	750	5.2%
South Los Angeles	90007	429	3.0%
Baldwin Hills/Crenshaw	90008	363	2.5%
South Los Angeles	90011	2,188	15.1%
West Adam	90016	657	4.5%
Jefferson Park	90018	706	4.9%
South Los Angeles	90037	1,143	7.9%
Athens	90044	1,579	10.9%
CHMC Service Area		14,492	100.0%

Data source: California Department of Public Health
Data year: 2012
Source geography: ZIP Code

Births by Mother's Age

In 2012, most births in the CHMC service area were to women between the ages of 20 and 29 (47.7%), followed by those between the ages of 30 and 34 (24.0%), and 35 years and older (19.0%). These trends were similar to those found throughout Los Angeles County. There was a slightly higher percentage (9.3%) of mothers in the CHMC service area who were under 20 years old at the birth of their child than in Los Angeles County (7.0%).

Births by Mother's Age

	CHMC Service Area		Los Angeles County	
Age Group	Number	Percentage	Number	Percentage
Under 20 years old	1,355	9.3%	9,296	7.0%
20–29 years old	6,909	47.7%	58,963	44.5%
30–34 years old	3,471	24.0%	36,186	27.3%
35 years old and older	2,757	19.0%	28,161	21.2%
Total	14,492	10.9%	132,606	100.0%

Data source: California Department of Public Health
Data year: 2012
Source geography: ZIP Code

Births by Mother's Ethnicity

In 2012, most births in the CHMC service area were to Hispanic mothers (68.7%), followed by African-American mothers (11.7%). These percentages were higher than those in Los Angeles County (57.6% and 7.1% respectively). In contrast, the percentage of white mothers who gave birth in the CHMC service area (7.7%) was significantly less than Los Angeles County (17.4%).

Births by Mother's Ethnicity

Ethnicity	CHMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Native American or Alaskan Native	6	0.0%	116	0.1%
Asian/Pacific Islander	1,407	9.8%	19,579	14.8%
African-American	1,692	11.7%	9,446	7.1%
Hispanic	9,957	68.7%	76,320	57.6%
White	1,123	7.7%	23,012	17.4%
Two or More Races	158	1.1%	1,847	1.4%
Other Race	149	1.0%	2,288	1.7%
Total	14,492	10.9%	132,608	100.0%

Data source: California Department of Public Health
Data year: 2012
Source geography: ZIP Code

Birth Weight

In the CHMC service area, 176 babies had low birth weight (1,500 to 2,499 grams) and another 902 had very low birth weight (less than 1,500 grams). 90011-South Los Angeles had the most babies born at low (32) and very low (121) birth weights.

Birth Weight

City	ZIP Code	Low Birth Weight (1500 to 2499 grams)		Very Low Birth Weight (Less than 1500 grams)	
		Number	Percentage	Number	Percentage
Hancock Park	90004	8	1.0%	47	5.8%
Koreatown	90005	7	1.4%	25	4.8%
Pico Heights	90006	11	1.2%	62	6.8%
Wilshire	90010	0	0.0%	1	3.4%
Downtown Los Angeles	90017	4	1.1%	21	5.8%
Country Club Park/Mid City	90019	52	6.2%	6	0.7%
Hancock Park	90020	29	5.5%	6	1.1%
Echo Park/Silverlake	90026	33	4.3%	10	1.3%
Griffith Park/Los Feliz	90027	28	6.8%	5	1.2%
Hollywood	90028	13	7.6%	1	0.6%
Downtown Los Angeles	90029	29	6.5%	2	0.5%
Montecito Heights	90031	38	7.2%	7	1.3%
Mount Olympus	90046	24	6.4%	2	0.5%
Westlake	90057	37	4.9%	9	1.2%
South Los Angeles	90007	42	9.8%	7	1.6%
Baldwin Hills/Crenshaw	90008	35	9.6%	8	2.2%
South Los Angeles	90011	121	5.5%	32	1.5%
West Adam	90016	44	6.7%	8	1.2%
Jefferson Park	90018	52	7.4%	7	1.0%

City	ZIP Code	Low Birth Weight (1500 to 2499 grams)		Very Low Birth Weight (Less than 1500 grams)	
		Number	Percentage	Number	Percentage
South Los Angeles	90037	64	5.6%	13	1.1%
Athens	90044	105	6.6%	23	1.5%
CHMC Service Area		902	6.2%	176	1.2%

Data source: California Department of Public Health
Data year: 2011
Source geography: ZIP Code

Breastfeeding

Breastfeeding is an important element in the development of newborns. In the CHMC service area, over half (51.9%) of mothers breastfed their babies for at least six months, which is a higher percentage than in Los Angeles County (49.7%), but still lower than the Healthy People 2020 goal of >=60.6%.

Over a quarter (26.8%) of mothers in the CHMC service area breastfed their babies for at least twelve months, which is a lower percentage than in Los Angeles County (27.6%). A larger percentage (31.7%) of mothers in SPA 6 breastfed their babies at least twelve months—more than in Los Angeles County (27.6%).

Breastfeeding

Report Area	Breastfeeding at Least 6 Months	Breastfeeding at Least 12 Months
	Percentage	Percentage
SPA 4–Metro	55.9%	24.7%
SPA 6–South	44.7%	31.7%
SPA 8–South Bay	52.4%	22.4%
CHMC Service Area	51.9%	26.8%
Los Angeles County	49.7%	27.6%
Healthy People 2020	>=60.6%	>=34.1%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Disability

An umbrella term for impairments, activity limitations, and participation restrictions, disability is the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome, depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports).[2] Examples of disabilities include hearing, vision, movement, thinking, remembering, learning, communication, and/or mental health and social relationships. Disabilities can affect a person at any point in the life cycle.[3]

[2] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [August 2, 2016].

[3] Center for Disease Control and Prevention. Atlanta, GA. Available at http://www.cdc.gov/ncbddd/disabilityandhealth/types.html. Accessed [August 2, 2016].

Over a billion people—corresponding to about 15% of the world population—are estimated to live with some form of disability. Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties functioning. In addition, rates of disability are increasing, in part as a result of aging populations and increases in chronic health conditions. People with disabilities typically have less access to health care services and consequently often do not have their health care needs met.[4]

In California alone, 5.7 million adults, or 23% of the adult population, have a disability. The proportion of the population with disabilities increases among females and African-American, White, or American Indian/Alaskan native populations and with age. People with disabilities are also more likely than others to be poorly educated, unemployed, and living below the poverty level. [5]

Prevalence

In 2014, the population living in the CHMC service area with disability status due to physical, mental or emotional conditions (287.8%) was nearly the same as in Los Angeles County (28.6%). In SPA 6, however, the percentage was significantly higher (39.4%).

Disability status due to physical, mental or emotional condition, adults

Report Area	Percentage
SPA 4–Metro	26.3%
SPA 6–South	39.4%
SPA 8–South Bay	27.3%
CHMC Service Area	27.8%
Los Angeles County	28.6%

Data source: California Health Interview Survey
Data year: 2014
Source geography: SPA

In 2011, a smaller percentage of adults in the CHMC service area (17.3%) cared for or assisted other adults with a long-term illness or disability when compared to Los Angeles County (20.0%).

Adults Who Have Provided Care or Assistance to Another Adult In The Past Month

Report Area	Percentage
SPA 4–Metro	11.3%
SPA 6–South	16.9%
SPA 8–South Bay	24.0%
CHMC Service Area	17.3%
Los Angeles County	20.0%

Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA

[4] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [August 2, 2016].

[5] California Department of Public Health's Living Healthy with a Disability Program and Living Healthy Advisory Committee. Planning for Today, Thinking of Tomorrow—California's 2011-2016 Strategic Directions for Promoting the Health of People with Disabilities Sacramento, CA. Available at http://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/Planning_for_Today.pdf] Accessed [August 2, 2016].

In 2015, a slightly smaller percentage in the CHMC service area (12.9%) of children between 0 and 17 years of age had special health care needs when compared to Los Angeles County (14.5%).

Children 0–17 Years old with Special Health Care Needs

Report Area	Percentage
SPA 4–Metro	12.3%
SPA 6–South	12.5%
SPA 8–South Bay	18.4%
CHMC Service Area	12.9%
Los Angeles County	14.5%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Disparities

In 2015, nearly a fourth (17.1%) of children between 12 and 17 years old had a special health care need in Los Angeles County. Another 16.6% of children between 6 and 11 years old and 9.8% of children between 0 and 5 years old also had a special health care need.

Children 0 to 17 Years old with Special Health Care Needs by Age

Age Group	Percentage
0–5 years old	9.8%
6–11 years old	16.6%
12–17 years old	17.1%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

In 2015 in Los Angeles County, nearly a third (32.4%) of African-American children had a special health care need. In addition, 17.5% of White children and 12.0% of Latino children had a special health care need. Only 10.5% of Asian/Pacific Islander children and 8.7% of American Indian/Alaskan Native children had special health care needs.

Children 0 to 17 Years old with Special Health Care Needs by Ethnicity

Ethnicity	Percentage
Latino	12.0%
White	17.5%
African-American	32.4%
Asian/Pacific Islander	10.5%
American Indian/Alaskan Native	8.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

Disabilities may strike anyone at any point in time; however, disability rates are increasing in part as a result of aging populations and increases in chronic health conditions. People with disabilities typically have less access to health care services and often do not have their health care needs met.[6] People with disabilities are more likely to experience difficulties or delays in getting necessary health care in a timely manner, including visiting a dentist and getting mammogram and Pap smear tests. In addition, they are likely to smoke, to not engage in physical activity, to be overweight or obese, to have high blood pressure, to experience psychological distress, to receive less social/emotional support, and to have high unemployment rates.[7]

Mortality

Deaths

In 2012, deaths in the CHMC service area accounted for 9.3% of deaths in Los Angeles County. ZIP codes accounting for the most deaths in the service area include: 90044-Athens (9.0%), 90019-Country Club Park (7.3%), and 90046-Mount Olympus (7.0%).

Total Deaths

City	ZIP Code	Total	Percentage
Hancock Park	90004	226	4.1%
Koreatown	90005	151	2.8%
Pico Heights	90006	259	4.7%
Wilshire	90010	15	0.3%
Downtown Los Angeles	90017	91	1.7%
Country Club Park/Mid City	90019	401	7.3%
Hancock Park	90020	133	2.4%
Echo Park/Silverlake	90026	332	6.1%
Griffith Park/Los Feliz	90027	353	6.4%
Hollywood	90028	175	3.2%
Downtown Los Angeles	90029	241	4.4%
Montecito Heights	90031	243	4.4%
Mount Olympus	90046	385	7.0%
Westlake	90057	233	4.3%
South Los Angeles	90007	110	2.0%
Baldwin Hills/Crenshaw	90008	315	5.8%
South Los Angeles	90011	344	6.3%
West Adam	90016	317	5.8%
Jefferson Park	90018	379	6.9%
South Los Angeles	90037	284	5.2%
Athens	90044	491	9.0%
CHMC Service Area		5,478	100.0%
Los Angeles County		58,498	-

Data source: California Department of Public Health (CDPH)
Data year: 2012

[6] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [August 2, 2016].

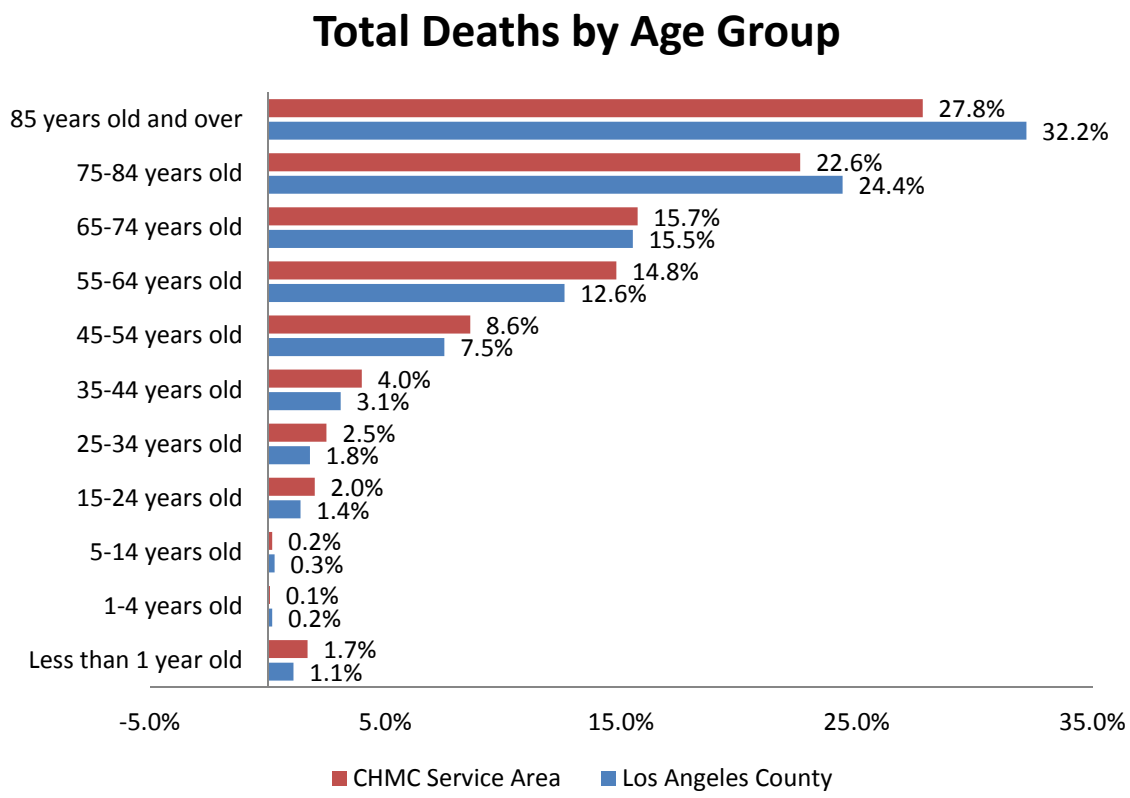
[7] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9. Accessed [August 2, 2016].

City	ZIP Code	Total	Percentage

Source geography: ZIP Code

Deaths by Age Group

Compared to Los Angeles County averages, the incidence of mortality in the CHMC service area is particularly high among children less than 1 year of age (1.7% of all deaths for the CHMC service area compared to 1.1% of all deaths for LA county), as well as among the following age groups: 25-34 years, 35-44 years, 45-54 years, and 55-64 years. Consequently, the probability of living to 85 years and older is much lower in the CHMC service area (27.8%) than in Los Angeles County (32.2%).



Total Deaths, by Age Group

Age Group	CHMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Less than 1 year old	88	1.7%	613	1.1%
1–4 years old	6	0.1%	105	0.2%
5–14 years old	13	0.2%	159	0.3%
15–24 years old	103	2.0%	771	1.4%
25–34 years old	133	2.5%	1,018	1.8%
35–44 years old	210	4.0%	1,716	3.1%
45–54 years old	452	8.6%	4,123	7.5%
55–64 years old	781	14.8%	6,955	12.6%
65–74 years old	829	15.7%	8,572	15.5%
75–84 years old	1,188	22.6%	13,481	24.4%
85 years old and over	1,462	27.8%	17,818	32.2%

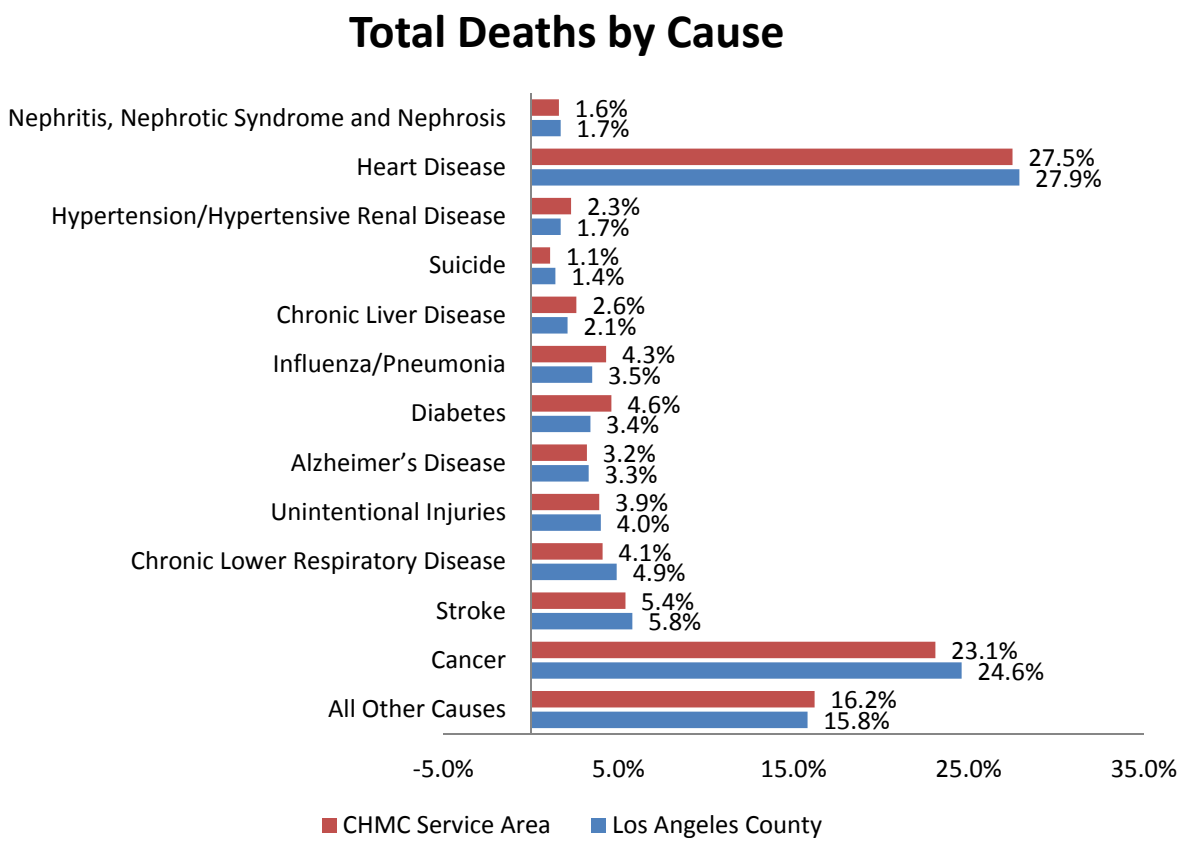
Age Group	CHMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Total	5,265	9.5%	55,331	100.0%

Data source: California Department of Public Health (CDPH)
Data year: 2010/2012
Source geography: ZIP Code

Cause of Death

In 2012, heart disease (27.5%) was the leading cause of death in the CHMC service area, similar to Los Angeles County (27.9%). Cancer (23.1%) was the second leading cause of death in the CHMC service area, a slightly lower percentage than Los Angeles County (24.6%).

The CHMC service area sees a much higher proportion of deaths to influenza/pneumonia and diabetes (4.3% and 4.6%, respectively) than Los Angeles County (3.5% and 3.4%, respectively). Conversely, a lower than average proportion of residents in the CHMC service area die as a result of chronic lower respiratory disease, stroke, and cancer.



Total Deaths, by Cause

Cause	CHMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Heart disease	1,504	27.5%	15,451	27.9%
Cancer	1,264	23.1%	13,624	24.6%
Stroke	295	5.4%	3,231	5.8%
Chronic lower respiratory disease	227	4.1%	2,710	4.9%
Unintentional injuries	216	3.9%	2,213	4.0%
Alzheimer's disease	177	3.2%	1,827	3.3%
Diabetes	252	4.6%	1,866	3.4%
Influenza/pneumonia	238	4.3%	1,922	3.5%
Chronic liver disease	141	2.6%	1,144	2.1%
Suicide	58	1.1%	760	1.4%
Hypertension/hypertensive renal disease	128	2.3%	919	1.7%
Nephritis, nephrotic syndrome, and nephrosis	89	1.6%	946	1.7%
All other causes	889	16.2%	8,718	15.8%
Total	5,478	100.0%	55,331	100.0%

Data source: California Department of Public Health (CDPH)
Data year: 2010/2012
Source geography: ZIP Code

VII. Key Findings—Health Needs

This section presents data and stakeholder input with the identified health needs (outcomes and drivers), in alphabetical order.

Access to Healthcare

Access to health care services is important for everyone's quality of life. It consists of the ability to navigate the health care system, access a health care location where needed services are provided, and find a health care provider with whom the patient can communicate and trust.[8] Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, the detection and treatment of health conditions, quality of life, preventable death, and life expectancy for individuals.[9]

Medicare Beneficiaries

Medicare is a Federal program administered by the Centers for Medicare & Medicaid Services (CMS) and provides health insurance for people age 65 or older, those under age 65 with certain disabilities or ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease), and people of any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).[10] The Medicare program provides insurance through various parts, including insurance for inpatient hospital, skilled nursing facility, and home health services; coverage for physician services, outpatient hospital services, durable medical equipment, and certain home health services; health plan options are provided by Medicare-approved private insurance companies (e.g., HMOs, PPOs); and insurance coverage for prescription drugs.[11]

In 2014, the CHMC service area population had a lower percentage of individuals benefit from using Medicare (0.8%) than Los Angeles County (1.3%). In contrast, a higher percentage of the population living in CHMC's service area received Medicaid (25.3%) than in Los Angeles County (19.2%). It is worth noting that the service area population had a higher percentage of individuals using both Medicare and Medicaid (4.8%) than Los Angeles County (3.5%).

[8] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed [August 1, 2016].

[9] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed [August 1, 2016].

[10] State of California Department of Health Care Services (2012). Medi-Cal's Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [August 1, 2016].

[11] State of California Department of Health Care Services (2012). Medi-Cal's Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [August 1, 2016].

Medicare and Medicaid Beneficiaries

Report Area	Medicare Only Percentage	Medicaid Only Percentage	Medicare & Medicaid Percentage	Medicare & Others Percentage
SPA 4–Metro	0.8%	22.7%	5.0%	5.1%
SPA 6–South	0.6%	31.9%	5.3%	3.6%
SPA 8–South Bay	1.3%	18.2%	1.9%	8.3%
CHMC Service Area	0.8%	25.3%	4.8%	4.9%
Los Angeles	1.3%	19.2%	3.5%	7.1%

Data source: Managed Risk Medical Insurance Board
Data year: 2014
Source geography: ZIP Code

Medi-Cal

Medi-Cal, California's Medicaid program is a public health insurance program that provides health care services at no or low cost to low-income individuals. The federal government dictates a mandatory set of basic services, which include but are not limited to physician, family nurse practitioner, nursing facility, hospital inpatient and outpatient, laboratory and radiology, family planning, and early and periodic screening, diagnosis, and treatment for children. In addition to these mandatory services, California provides optional benefits such as outpatient drugs, home- and community-based waiver services, and medical equipment.[12]

In 2012, 15.6% of the CHMC service area population benefitted from using Medi-Cal while 7.5% were enrolled in Healthy Families. ZIP codes 90011-South Los Angeles (15.1%), 90044-Athens (12.5%), and 90037-South Los Angeles (8.8%) had a high percentage of Medi-Cal beneficiaries. ZIP codes 90011-South Los Angeles (12.8%), 90044-Athens (9.7%), 90037-South Los Angeles (6.6%), and 90019-Country Club Park (6.6%) were areas with the highest percentage of Healthy Families enrollment in the CHMC service area.

Medi-Cal Beneficiaries and Enrollment

		Medi-Cal Beneficiaries[1]	
City	ZIP Code	Number	Percentage
Hancock Park	90004	17,095	4.5%
Koreatown	90005	12,581	3.3%
Pico Heights	90006	24,706	6.5%
Wilshire	90010	538	0.1%
Downtown Los Angeles	90017	10,054	2.6%
Country Club Park/Mid City	90019	17,890	4.7%
Hancock Park	90020	9,351	2.5%
Echo Park/Silverlake	90026	18,416	4.8%
Griffith Park/Los Feliz	90027	9,197	2.4%
Hollywood	90028	6,812	1.8%
Downtown Los Angeles	90029	14,108	3.7%
Montecito Heights	90031	15,457	4.1%
Mount Olympus	90046	5,367	1.4%

[12] State of California Department of Health Care Services (2012). Medi-Cal's Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [August, 1, 2016].

		Medi-Cal Beneficiaries[1]	
City	ZIP Code	Number	Percentage
Westlake	90057	20,955	5.5%
South Los Angeles	90007	15,860	4.2%
Baldwin Hills/Crenshaw	90008	10,034	2.6%
South Los Angeles	90011	57,546	15.1%
West Adam	90016	15,661	4.1%
Jefferson Park	90018	18,623	4.9%
South Los Angeles	90037	33,668	8.8%
Athens	90044	47,510	12.5%
CHMC Service Area		381,429	100.0%
Los Angeles County		2,444,850	-

1 Data source: California Department of Health Care Services (DHCS)
Data year: 2011
Source geography: ZIP Code
2 Data source: Managed Risk Medical Insurance Board
Data year: 2012
Source geography: ZIP Code

Uninsured

In the CHMC service area, 25.9% of adults did not have health insurance (or were uninsured) — which is significantly above the percentage of uninsured adults in the County (16.1%).

In 2014, 5.4% of children in the CHMC service area did not have health insurance (or were uninsured), fewer than in Los Angeles County (6.4%). Fortunately, this number should fall to zero because as of May 16, 2016 all children, including undocumented children, qualify for full-scope Medi-Cal.

Uninsured

Report Area	Adults	Children
SPA 4–Metro	26.4%	5.6%
SPA 6–South	27.3%	2.7%
SPA 8–South Bay	20.2%	3.6%
CHMC Service Area	25.9%	5.4%
Los Angeles County	16.1%	6.4%
Healthy People 2020	0.0%	0.0%

Data source: California Health Interview Survey
Data year: 2014
Source geography: SPA

In 2014, a substantially larger percentage (27.6%) of the CHMC service area population was uninsured when compared to Los Angeles County (21.5%). Higher percentages in ZIP Codes 90006-Pico Heights (33.4%), 90057-Westlake (33.4%), and 90011-South Los Angeles (33.1%) were uninsured when compared to the CHMC service area (27.6%).

Uninsured Population

City	ZIP Code	Percentage
Hancock Park	90004	27.9%
Koreatown	90005	30.3%
Pico Heights	90006	33.4%
Wilshire	90010	25.0%
Downtown Los Angeles	90017	32.0%

City	ZIP Code	Percentage
Country Club Park/Mid City	90019	26.3%
Hancock Park	90020	25.8%
Echo Park/Silverlake	90026	27.5%
Griffith Park/Los Feliz	90027	19.5%
Hollywood	90028	24.4%
Downtown Los Angeles	90029	29.5%
Montecito Heights	90031	30.2%
Mount Olympus	90046	18.5%
Westlake	90057	33.4%
South Los Angeles	90007	27.5%
Baldwin Hills/Crenshaw	90008	22.1%
South Los Angeles	90011	33.1%
West Adam	90016	26.2%
Jefferson Park	90018	27.9%
South Los Angeles	90037	31.7%
Athens	90044	27.6%
CHMC Service Area		27.6%
Los Angeles County		21.5%

Data source: California Health Interview Survey
Data year: 2014
Source geography: ZIP Code

Lack of Consistent Source of Care

In 2015, the CHMC service area had a higher percentage of adults (22.7%) who lacked a consistent source of primary care when compared with Los Angeles County (19.7%).

Lack of a Consistent Source of Primary Care for Adults

Report Area	Percentage
SPA 4–Metro	23.0%
SPA 6–South	23.4%
SPA 8–South Bay	17.5%
CHMC Service Area	22.7%
Los Angeles County	19.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Difficulty Accessing Care

In 2015, the CHMC service area population had a higher percentage of adults (29.1%) experience difficulty in accessing medical care than rest of the Los Angeles County (23.6%). Similarly, a higher percentage (14.0%) of children in the CHMC service area had difficulty accessing medical care in comparison to Los Angeles County (11.0%).

Difficulty Accessing Medical Care

Report Area	Adults (Age 18+)	Children (Age 0-17)
SPA 4–Metro	28.6%	14.5%
SPA 6–South	32.5%	15.0%
SPA 8–South Bay	19.1%	7.0%

Report Area	Adults (Age 18+)	Children (Age 0-17)
CHMC Service Area	29.1%	14.0%
Los Angeles County	23.6%	11.0%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Disparities

Among all uninsured individuals in Los Angeles County, 9.5% were under the age of 18, 89.2% of the uninsured population were between the ages of 18 and 64, and 1.3% of the uninsured population was age 65 or older. In comparison to the state (11.0%), Los Angeles County had a lower percent of their population under age 18 uninsured (9.5%).

Uninsured, by Age

Age Group	Los Angeles County	California
Under 18	9.5%	11.0%
18–64	89.2%	87.8%
65 and above	1.3%	1.2%

Data source: American Community Survey
Data year: 2014
Source geography: County

Stakeholder Input

In focus groups and interviews, stakeholders discussed the particular barriers to care faced by the large undocumented community in the service area. Stakeholders explained that fear of deportation discourages individuals from seeking health care, an issue compounded by the fact that the county is reducing the number of programs that offer care to undocumented residents.

The linguistic and cultural diversity of the service area presents particular challenges with respect to access to and utilization of care. One stakeholder explained that there may be up to 50 different languages spoken in the service area. Therefore, residents may experience frustration or intimidation when clinics and hospitals lack staff with whom they can communicate. Furthermore, the resident population lacks access to health care that is culturally appropriate. Stakeholders expressed a need for more resources that form a bridge between American medical culture and the health care cultures of the residents in the area: simply translating the language is not sufficient, and evidence-based practices that work with patients from the dominant American culture do not always translate to patients from other cultures.

With respect to health care benefits and insurance, many stakeholders explained that the process of enrolling in services can be very confusing and overwhelming, and therefore eligible individuals and families delay and stall out in the registration process. Often, clients do not have easy access to the internet, or encounter challenges in navigating the internet sites where they can most readily access enrollment information, either because the sites are complex or because they have been poorly translated into the user's language. Furthermore, because of the complexity of the process, sick individuals may wait to apply for health care benefits while hoping their health will improve. Due to this delay, residents may not have access to benefits when health care is most needed.

Employment represents another challenge for many individuals seeking health care. Stakeholders expressed that their service area population often do not receive paid time off to go to the doctors. Because clinic hours are open during typical business hours only (8am to 5pm), residents find it difficult to access health care outside of work hours.

Finally, a specific area of concern with respect to health care access was the availability and accessibility of prenatal, maternal and child care, especially for Latinas and African American women in the service area.

Alcohol and Substance Abuse and Tobacco Use

Substance abuse (defined as use of alcohol, tobacco, prescription or illicit substances) has a major impact on individuals, families and communities. Substance abuse is considered both a driver of poor health outcomes and an outcome in and of itself. Key determinants—or drivers—of alcohol and substance abuse and tobacco use outcomes include biological, psychological, familial, community, and cultural factors.All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and larger society, each person's biological and psychological characteristics exist in multiple contexts. . In relationships, drivers include parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision. In communities, drivers include neighborhood poverty and violence. In society drivers include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity[13]. Among adolescents, family, social networks, and peer pressure are key influencers of substance use. [14] Understanding the relationship between key substance abuse drivers in the CHMC service area and substance use and abuse patterns is important to improving substance abuse outcomes indicators.

Importantly, research has demonstrated a strong graded (i.e., dose-response) relationship between adverse childhood experiences (ACEs) and a variety of substance-related behaviors, including: early initiation of alcohol use, problem drinking behavior into adulthood[15], early initiation of smoking, continued smoking into adulthood, prescription drug use, lifetime illicit drug use, ever having a drug problem, and self-reported addiction. [161718]

Alcohol Use

In 2015, nearly half (45.7%) of adults (18+ years old) in the CHMC service area reported drinking alcohol at least once in the past month, while almost one in six (16.2%) adults reported engaging in binge

[13] SAMHSA, Center for the Application of Prevention Technologies; prevention and behavioral health – risk and protective factors.

[14] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/lhi/substanceabuse.aspx?tab=determinants. Accessed [August 1, 2016].

[15] Dube SR et al. Adverse childhood experiences and personal alcohol abuse as an adult. Addictive Behaviors 2002; 27:713-725

[16] Dube SR et al. Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. Journal of Adolescent Health 2006; 38:444.e1-10

[17] Anda RF et al. Adverse childhood experiences and smoking during adolescence and adulthood. JAMA 1999; 282:1652-8

[18] Anda RF et al. Adverse childhood experiences and prescription drug use in a cohort study of adult HMO patients. BMC Public Health 2008; 48: 198

drinking in the past month. Binge drinking is defined for females as consumption of four or more drinks and for males, consumption of five or more drinks on one occasion.

Adult Alcohol Use in the Past Month

Report Area	Drank Alcohol at Least Once	Binge Drinking
SPA 4–Metro	47.2%	17.6%
SPA 6–South	41.3%	13.8%
SPA 8–South Bay	52.7%	16.4%
CHMC Service Area	45.7%	16.2%
Los Angeles County	51.9%	15.8%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

The density of alcohol outlets is associated with heavy drinking, drinking and driving, higher rates of motor vehicle-related pedestrian injuries, child abuse and neglect, and other violence.[19] In 2012, the average number of alcohol outlets per 1,000 persons in the CHMC service area was 2.2. The top rates were reported in 90010-Wilshire (11.8) and 90028-Hollywood (6.4).

Number of Alcohol Outlets per 1,000 Persons

City	ZIP Code	Rate
Hancock Park	90004	1.8
Koreatown	90005	3.3
Pico Heights	90006	2.0
Wilshire	90010	11.8
Downtown Los Angeles	90017	2.4
Country Club Park/Mid City	90019	1.2
Hancock Park	90020	1.5
Echo Park/Silverlake	90026	1.8
Griffith Park/Los Feliz	90027	2.0
Hollywood	90028	6.4
Downtown Los Angeles	90029	1.8
Montecito Heights	90031	1.3
Mount Olympus	90046	2.7
Westlake	90057	1.0
South Los Angeles	90007	1.1
Baldwin Hills/Crenshaw	90008	0.6
South Los Angeles	90011	0.8
West Adam	90016	0.7
Jefferson Park	90018	0.5
South Los Angeles	90037	0.6
Athens	90044	0.5

[19] Stewart, K. (n.d.). How Alcohol Outlets Affect Neighborhood Violence. Calverton, MD. Available at http://urbanaillinois.us/sites/default/files/attachments/how-alcohol-outlets-affect-nbhd-violence.pdf. Accessed [August 1, 2016].

City	ZIP Code	Rate
CHMC Service Area		2.2
Los Angeles County		0.6

Data source: California Department of Alcoholic Beverage Control (ABC)
Data year: 2012
Source geography: ZIP Code

Prescription and Illicit Substance Use

Use in the past year of any form of prescription drugs and marijuana among adults (6.9% and 13.9%, respectively), and marijuana and other illicit drugs among teens (23.2%), was greater in the CHMC service area than in Los Angeles County (5.5%, 11.6% and 14.7%, respectively).

Substance Abuse

Report Area	Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year[1]	Adults Who Reported Using Any Form of Marijuana in the Past Year[1]	Teens Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs[2]
SPA 4–Metro	7.0%	15.1%	18.2%
SPA 6–South	6.8%	11.9%	31.9%
SPA 8–South Bay	6.3%	13.0%	23.4%
CHMC Service Area	6.9%	13.9%	23.2%
Los Angeles County	5.5%	11.6%	14.7%

[1]Data source: Los Angeles County Health Survey
Data years: 2015
Source geography: SPA

Alcohol and Drug Treatment

A higher percentage of individuals in the CHMC service area needed or wanted treatment for alcohol or drug issues in the past five years (2.9%) and needed help for mental, emotional or alcohol/drug issues (19.6%) than in Los Angeles County (2.5% and 18.0%, respectively).

Needed Help or Treatment for Mental, Emotional, Alcohol or Drug Issues

Report Area	Needed or Wanted Treatment for Alcohol or Drug Issues in the Past Five Years	Needed Help for Mental, Emotional, or Alcohol/Drug Issues
	Percentage	Percentage
SPA 4–Metro	3.3%	21.9%
SPA 6–South	2.3%	15.0%
SPA 8–South Bay	2.5%	21.5%
CHMC Service Area	2.9%	19.6%
Los Angeles County	2.5%	18.0%

Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA

Tobacco Use

The proportion of residents in the CHMC service area smoking in 2015 (13.8%) was similar to the percentage in Los Angeles County (13.3%).

Currently Smoking

Report Area	Percentage
SPA 4–Metro	11.4%
SPA 6–South	13.0%
SPA 8–South Bay	14.8%
CHMC Service Area	13.8%
Los Angeles County	13.3%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Associated Drivers of Substance Use

The effects of substance abuse contribute significantly to social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide. Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs. In addition to considerable health implications, substance abuse has been a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.[20]

Tobacco use is known to cause cancer, heart disease, lung disease (such as emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death.[21] Furthermore, secondhand smoke has been known to cause heart disease and lung cancer in adults and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in infants and children.[22] Smokeless tobacco use such as chewing tobacco can also cause a variety of oral

[20] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse. Accessed [August 2, 2016].

[21] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [August 1, 2016].

[22] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [August 1, 2016].

health problems, like cancer of the mouth and gums, tooth loss, and periodontitis. In addition, cigar smoking may cause cancer of the larynx, mouth, esophagus, and lung.[23]

Disparities

In 2015, most tobacco users in Los Angeles County were between the ages of 25 and 29 (18.9%). Another 14.9% were between the ages of 30 and 39 and another 13.8% were between the ages of 50 and 59. The lowest percentage of the population in Los Angeles County who regularly used tobacco was 65 years old or older (7.4%).

Tobacco Use by Age

Age Group	Percentage
18–24 years old	12.2%
25–29 years old	18.9%
30–39 years old	14.9%
40–49 years old	14.0%
50–59 years old	13.8%
60–64 years old	13.1%
65 years old and older	7.4%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

In Los Angeles County, tobacco use is most prevalent among American Indian/Alaskan Natives (19.7%) and African Americans (17.4%). Tobacco use is least prevalent among Latinos (12.3%).

Tobacco Use by Ethnicity

Age Group	Percentage
Latino	12.3%
White	13.4%
African-American	17.4%
Asian/Pacific Islander	13.1%
American Indian/Alaskan Native	19.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Stakeholder Input

Stakeholders identified the homeless as a population with a great need for alcohol and substance use services, particularly because homeless individuals cannot enter transitional housing if they are dealing with substance use issues. Others noted the recent shift in philosophy, to "housing first" and "harm reduction" with the understanding that people can not be expected to become clean and sober while living on the street.

[23] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [August 1, 2016].

Access to alcohol and substance use programs is a challenge in the service area because the community in general does not know where to go to seek treatment and beds are limited in inpatient facilities. Moreover,there is the perception that the high cost of treatment makes it out of reach for most residents, despite available no cost of low-cost options; specific populations, including transgender individuals, lack welcoming and responsive substance abuse and alcohol treatment facilities, and the long wait list for low-cost treatment discourages potential patients.

Finally, stakeholders indicated that cultural shifts, including the increasing acceptance of vaping and marijuana smoking, are influencing access to, and use of, drugs and alcohol by teenagers.

Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year[24]. In 2013, cancer incidence rates per 100,000 persons indicate that the three most common cancers among men in the United States were prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer deaths were breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).[25] Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.[26] Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.[27]

Prevalence

In Los Angeles County, the top invasive cancer incidence rates per 100,000 persons were female breast cancer (113.8), prostate cancer (92.6) and lung cancer (35.9).

Top 10 Cancer Sites Rates per 100,000 pop.

	All Races	Rate
1	**Female Breast**	**113.8**
2	Prostate	92.6
3	Lung and Bronchus	35.9
4	Colon and Rectum	35.7
5	Corpus and Uterus, NOS	25.6
6	Non-Hodgkin Lymphoma	18.4
7	Urinary Bladder	15.2
8	Thyroid	13.7

[24] Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer.* Atlanta, GA. Available at http://www.cdc.gov/Features/CancerResearch/. Accessed [August 1, 2016].

[25] Centers for Disease Control and Prevention. (2013). *Invasive Cancer Incidence.* Atlanta, GA. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a1.htm. Accessed [August 1, 2016].

[26] Centers for Disease Control and Prevention. (2015). *Cancer Prevention*. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 1, 2016].

[27] National Cancer Institute. (2015). *Cancer Prevention Overview*. Available at http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3. Bethesda, MD. Accessed [August 1, 2016].

9	Melanomas of the Skin	13.1
10	Kidney and Renal Pelvis	12.7

Source: Centers for Disease Control, United States Cancer Statistics (USCS)
Data Year: 2013
Source Geography: County
*NOS: non-invasive

Clinical Interventions

Of all cancer-related surgeries performed, the top performed at CHMC are breast (76.4%), colon (8.6%) and rectum (4.3%). Breast cancer and colon cancer are also the top two surgeries performed in Los Angeles County and the state.

Volume of Cancer Surgeries Performed at California Hospital Medical Center

Type of Cancer	CHMC		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Bladder	0	0.0%	362	2.5%	897	1.8%
Brain	3	2.1%	777	5.4%	2,858	5.6%
Breast	107	76.4%	6,176	43.2%	25,290	49.7%
Colon	12	8.6%	1,977	13.8%	7,335	14.4%
Esophagus	0	0.0%	118	0.8%	354	0.7%
Liver	1	0.7%	503	3.5%	1,298	2.6%
Lung	2	1.4%	913	6.4%	3,269	6.4%
Pancreas	1	0.7%	286	2.0%	877	1.7%
Prostate	4	2.9%	2,117	14.8%	5,434	10.7%
Rectum	6	4.3%	638	4.5%	2,239	4.4%
Stomach	4	2.9%	443	3.1%	1,030	2.0%
Total	140	100.0%	14,310	100.0%	50,881	100.0%

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2014
Source geography: Hospital

Screenings

In 2015, cervical cancer screenings were slightly low in the CHMC service area (80.7%) relative to Los Angeles County (84.4%). SPA 6-South had the largest population (84.2%) receiving pap smears in the last three years of the SPAs within the CHMC service area. In regards to breast cancer screenings, the population living within the CHMC service area receiving mammograms in the last two years (78.1%)

was slightly higher than in Los Angeles County (77.3%). The range among SPAs was much smaller (less than 2%) when compared to cervical cancer screenings.

Cancer Screenings

Service Area	Cervical cancer screening (Pap smear) in last 3 years	Breast cancer screening (mammogram) in the last 2 years
SPA 4–Metro	78.4%	78.5%
SPA 6–South	84.2%	77.6%
SPA 8–South Bay	83.1%	74.4%
CHMC Service Area	80.7%	78.1%
Los Angeles County	84.4%	77.3%
Healthy People 2020	>=93.0%	>=81.1%

Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Mortality

In 2012, a total of 1,264 people died from cancer in the CHMC service area, which represented nearly a quarter (23.1%) of all deaths. This percentage is slightly lower than that reported for California (23.7%). The highest percentages of death due to cancer were reported for 90020-Hancock Park (33.1%), 90029-Downtown Los Angeles (27.8%) and 90010-Wilshire (26.7%).

Total Cancer-Related Deaths in 2012

City	ZIP Code	Number of Deaths Cancer-Related	Total Number of Deaths	Percent of Cancer-Related Deaths
Hancock Park	90004	59	226	26.1%
Koreatown	90005	32	151	21.2%
Pico Heights	90006	69	259	26.6%
Wilshire	90010	4	15	26.7%
Downtown Los Angeles	90017	15	91	16.5%
Country Club Park/Mid City	90019	103	401	25.7%
Hancock Park	90020	44	133	33.1%
Echo Park/Silverlake	90026	70	332	21.1%
Griffith Park/Los Feliz	90027	78	353	22.1%
Hollywood	90028	38	175	21.7%
Downtown Los Angeles	90029	67	241	27.8%
Montecito Heights	90031	59	243	24.3%
Mount Olympus	90046	94	385	24.4%
Westlake	90057	47	233	20.2%
South Los Angeles	90007	26	110	23.6%
Baldwin Hills/Crenshaw	90008	81	315	25.7%

City	ZIP Code	Number of Deaths Cancer-Related	Total Number of Deaths	Percent of Cancer-Related Deaths
South Los Angeles	90011	67	344	19.5%
West Adam	90016	63	317	19.9%
Jefferson Park	90018	84	379	22.2%
South Los Angeles	90037	58	284	20.4%
Athens	90044	106	491	21.6%
CHMC Service Area		1,264	5,478	23.1%
California		57,514	242,461	23.7%

Source: California Department of Public Health
Data Year: 2012
Source Geography: ZIP

Disparities

African American/Black persons in Los Angeles County demonstrated higher incidence rates of cancer relative to the county and other races. Relative to the female breast cancer rate reported for the county (113.8 per 100,000 population), Black and White women were disproportionally affected at 122.6 and 116.2 per 100,000 population.

Further, the prostate cancer incidence rate for African American/Black men was greater than 1.5 times (147.9) the rate reported for Los Angeles County men (92.6); while the rate of lung and bronchus cancer was also higher for African American/Black populations (51.3) relative to County residents (35.9).

Associated Drivers of Health

A primary method of preventing cancer is screening for cervical, colorectal, and breast cancers[28]. The most common risk factors for cancer include growing older, obesity, tobacco, alcohol, sunlight exposure, certain chemicals, some viruses and bacteria, family history of cancer, poor diet, and lack of physical activity[29].

Stakeholder Input

Stakeholders observed that there may be a lack of knowledge in the community about the causes of cancer and ways that individuals can reduce their likelihood of developing cancers through various activities. Stakeholders pointed out that unfortunately a number of contextual factors in the community contribute to cancer incidence, including lack of access to healthy food and poor air quality.

Stakeholders observed that they see less successful linkage to care and continuity in care—specifically for cancer--among low-income populations, populations that do not speak English, and populations with cultural backgrounds that differ from the norms in the health care environment. Additionally, the LGBT community experiences unique challenges in accessing cancer screenings and care. Stakeholders recognize a need for greater cultural competency among care providers.

[28] Centers for Disease Control and Prevention. Cancer Prevention. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 7, 2016].

[29] National Cancer Institute. Risk Factors for Cancer. Bethesda, MD. Available at http://www.cancer.gov/about-cancer/causes-prevention/risk. Accessed [August 7, 2016].

While gains made in coverage (through ACA, Medicaid) may have positively impacted individuals' ability to access screenings for prostate, breast and cervical cancer, providers have not seen an increase in clients' utilization of these screenings. Stakeholders explained this may be due to cutbacks in services or long waitlists for screenings that discourage patients from following up. Alternatively, it may be because patients don't know if/that their insurance covers screenings and cancer treatment. Stakeholders have observed a lack of community education around cancer screenings, and some stigma around screening providers like Planned Parenthood, that may be discouraging people from accessing preventive care.

Cardiovascular Disease (including Cholesterol)

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[30]

Cardiovascular disease encompasses and/or is closely linked to a number of health conditions that include arrhythmia, atrial fibrillation, cardiac arrest, , cardiomyopathy, cardiovascular conditions in childhood, high cholesterol, congenital heart defects, diabetes, heart attack, heart failure, high blood pressure, HIV, heavy alcohol consumption, metabolic syndrome, obesity, pericarditis, peripheral artery disease (PAD), and stroke.[31]

Prevalence and Management

In 2014, the percentage of the population in the CHMC service area diagnosed with heart disease (4.7%) was smaller than in Los Angeles County (5.7%), with the largest percentage in SPA 6 (8.6%).

Of those in the CHMC service area with heart disease, more than half (58.1%) receive assistance from a care provider to manage their disease. An even larger percentage of the population in SPA 4 (61.5%) received assistance from a care provider. Los Angeles County had a slightly smaller percentage (55.5%) of its population receive heart disease management when compared to the CHMC service area (58.1%).

[30] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [August 1, 2016].

[31] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [August 1, 2016].

Heart Disease Indicators

Report Area	Ever Diagnosed with Heart Disease Percentage	Health Professional Provided Heart Disease Management Plan Percentage
SPA 4–Metro	2.4%	61.5%
SPA 6–South	8.6%	51.8%
SPA 8–South Bay	5.7%	59.2%
CHMC Service Area	4.7%	58.1%
Los Angeles County	5.7%	55.5%

Data source: California Health Interview Survey (CHIS)
Data year: 2014
Source geography: SPA

Hospitalizations

In 2012, the hospitalization rate resulting from heart failure was higher per 100,000 persons in the CHMC service area (376.6) than in California (366.6). The highest heart failure hospitalization rates were reported in 90008-Baldwin Hills/Crenshaw (728.9) and 90044-Athens (570.6).

Hospitalizations Resulting from Heart Failure per 100,000 Persons

City	ZIP Code	Rate
Hancock Park	90004	257.4
Koreatown	90005	222.8
Pico Heights	90006	247.7
Wilshire	90010	315.3
Downtown Los Angeles	90017	300.3
Country Club Park/Mid City	90019	358.6
Hancock Park	90020	177.7
Echo Park/Silverlake	90026	277.5
Griffith Park/Los Feliz	90027	502.2
Hollywood	90028	476.4
Downtown Los Angeles	90029	432.4
Montecito Heights	90031	242.1
Mount Olympus	90046	403.6
Westlake	90057	369.6
South Los Angeles	90007	291.0
Baldwin Hills/Crenshaw	90008	728.9
South Los Angeles	90011	262.9
West Adam	90016	487.7
Jefferson Park	90018	515.8
South Los Angeles	90037	468.7
Athens	90044	570.6
CHMC Service Area		376.6
Los Angeles County		366.6
California		339.0

Data source: Office of Statewide Health Planning and Development (OSHPD)

City	ZIP Code	Rate

Data year: 2012
Source geography: ZIP Code

Mortality

In 2012, a higher heart disease mortality rate per 10,000 persons was reported in the CHMC service area (14.9) than in California (15.5), particularly in ZIP Codes 90008-Baldwin Hills/Crenshaw (26.6) and 90046-Mount Olympus (24.1).

Heart Disease Mortality Rate per 10,000 Persons

City	ZIP Code	Rate
Hancock Park	90004	10.7
Koreatown	90005	8.8
Pico Heights	90006	11.2
Wilshire	90010	12.6
Downtown Los Angeles	90017	9.2
Country Club Park/Mid City	90019	17.0
Hancock Park	90020	7.1
Echo Park/Silverlake	90026	12.3
Griffith Park/Los Feliz	90027	23.6
Hollywood	90028	19.1
Downtown Los Angeles	90029	18.4
Montecito Heights	90031	15.8
Mount Olympus	90046	24.1
Westlake	90057	13.3
South Los Angeles	90007	7.5
Baldwin Hills/Crenshaw	90008	26.6
South Los Angeles	90011	6.8
West Adam	90016	19.6
Jefferson Park	90018	22.4
South Los Angeles	90037	13.6
Athens	90044	13.9
CHMC Service Area		14.9
California		15.5

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Cholesterol Prevalence and Management

In 2015, a quarter (24.6%) of the population in the CHMC service area had been diagnosed with high cholesterol, very similar to Los Angeles County (25.2%). SPA 8 had the largest percentage (26.5%).

Cholesterol Indicators

Report Area	Adults who were ever diagnosed with high cholesterol Percentage	Adults who take medicine to manage their high cholesterol Percentage
SPA 4–Metro	25.7%	65.1%
SPA 6–South	22.2%	78.3%

SPA 8–South Bay	26.5%	59.9%
CHMC Service Area	24.6%	69.0%
Los Angeles County	25.2%	68.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Disparities

The burden of cardiovascular disease is disproportionately distributed across the population. Significant disparities are evident based on gender, age, race/ethnicity, geographic area, and socioeconomic status with regard to prevalence of risk factors, access to treatment, appropriate and timely treatment, treatment outcomes, and mortality.[32]

In 2015, nearly half (47.5%) of the population in Los Angeles County who were 65 or older had high cholesterol, as did those between the ages of 60 and 64 (41.2%). Over a third (34.5%) of those between the ages of 50 and 59 had high cholesterol, and approximately a quarter (24.8%) of those between the ages of 40 and 49. Another 15.0% of those between the ages of 30 and 39 had high cholesterol, as well as 11.8% of the population between the ages of 25 and 29, a number that has doubled since 2011. Another 5.6% between the ages of 18 and 24 have been diagnosed with high cholesterol.

Cholesterol Prevalence by Age

Age Group	Percentage
18–24 years old	5.6%
25–29 years old	11.8%
30–39 years old	15.0%
40–49 years old	24.8%
50–59 years old	34.5%
60–64 years old	41.2%
65 years old and older	47.5%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

The leading risk factors for heart disease are high blood pressure, high cholesterol, smoking, diabetes, poor diet, physical inactivity, and overweight and obesity. Cardiovascular disease is closely linked with and can often lead to stroke.[33]

[32] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [August 1, 2016].

[33] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [August 1, 2016].

Stakeholder Input

Education/health knowledge:

Stakeholders called for efforts to expand education around the underlying causes of cardiovascular disease (diet, lack of physical exercise), subpopulations at higher risk (Latina women, young Black males) and the disease process (slowly cumulative over time, manageable through diet and exercise).
At the same time, community members discussed the influence of culture and tradition on diet which may influence cardiovascular disease risk. Stakeholders recommended the implementation of health education and outreach campaigns via Spanish and Korean television and radio stations

Stakeholders observed that the built environment in the Metro communities serves as a constraint on dietary choices. For example, there are very few outlets selling affordable healthy ingredients when compared to the number of fast food outlets and liquor stores. Additionally, lifestyle factors including long, stressful workdays make it difficult to allocate time for cooking dinner or engaging in exercise.

Multiple factors limit residents' engagement in physical activity. Primarily, the environment in their communities. Fear of violence in the community, lack of safe green space, lack of affordable/free indoor recreational facilities as well as the high incidence of pedestrian injury discourage people from exercising in the community.

Cultural and Linguistic Barriers

According to the National Standards for Culturally and Linguistically Appropriate Services, culture is defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics[34]. With the Institute of Medicine's publication of Unequal Treatment in 2003, culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities. There have also been rapid changes in demographic trends in the U.S. in the last decade. Additionally, national accreditation standards for professional licensure in the fields of medicine and nursing, and health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services[35].

The enhanced National CLAS Standards address these new developments and trends, and offer an even stronger framework to provide culturally and linguistically appropriate services. The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities.

Language

In 2015, the percent of residents in the CHMC service area who spoke only English (31.9%) was slightly lower than in Los Angeles County (42.9%). Alternatively, the percent of residents in the CHMC service area who spoke only Spanish at home (50.1%) was higher than in Los Angeles County (39.6%). Additionally, the percentage of the CHMC service area population speaking only a language of Indo-

[34] U.S. Department of Health and Human Services. Office of Minority Health. Available at https://www.thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf. Accessed [August 29, 2016]

[35] U.S. Department of Health and Human Services. Office of Minority Health. Available at https://www.thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf. Accessed [August 29, 2016]

European origin (4.9%) was similar that of the rest of the county (5.6%). The percent of residents in the CHMC service area who only spoke a language native to Asia or the Pacific Islands at home (12.2%) was also similar to the county average (10.9%).

Language Spoken at Home

City	ZIP Code	English Only	Asian/Pacific Islander	Indo-European	Spanish	Other
Hancock Park	90004	25.3%	22.2%	3.20%	49.0%	0.4%
Koreatown	90005	17.1%	31.6%	2.31%	48.5%	0.4%
Pico Heights	90006	10.2%	17.6%	0.66%	71.0%	0.5%
Wilshire	90010	79.1%	3.3%	3.7%	13.0%	0.9%
Downtown Los Angeles	90017	17.9%	11.7%	1.58%	68.2%	0.7%
Country Club Park/Mid City	90019	40.4%	13.1%	2.21%	43.0%	1.3%
Hancock Park	90020	19.9%	40.5%	5.75%	32.7%	1.2%
Echo Park/Silverlake	90026	31.7%	14.0%	2.25%	51.4%	0.6%
Griffith Park/Los Feliz	90027	50.4%	9.3%	19.9%	19.4%	0.9%
Hollywood	90028	47.3%	5.0%	15.1%	31.3%	1.4%
Downtown Los Angeles	90029	20.4%	11.3%	9.3%	58.8%	0.3%
Montecito Heights	90031	16.1%	23.3%	0.6%	59.8%	0.1%
Mount Olympus	90046	59.2%	4.2%	23.9%	9.8%	2.8%
Westlake	90057	13.0%	19.2%	0.94%	66.0%	0.9%
South Los Angeles	90007	34.9%	12.6%	4.72%	46.5%	1.3%
Baldwin Hills/Crenshaw	90008	73.0%	1.5%	1.66%	21.9%	1.9%
South Los Angeles	90011	11.5%	0.7%	0.21%	87.5%	0.0%
West Adam	90016	45.7%	1.6%	1.01%	49.4%	2.2%
Jefferson Park	90018	39.3%	2.8%	1.10%	55.0%	1.9%
South Los Angeles	90037	24.2%	0.7%	0.59%	74.3%	0.2%
Athens	90044	40.8%	0.8%	0.42%	57.7%	0.2%
CHMC Service Area		34.2%	11.8%	4.8%	48.3%	1.0%
Los Angeles County		42.9%	10.9%	5.6%	39.6%	1.1%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Stakeholder Input

Stakeholders discussed a need for greater understanding among the health care community of the ways in which gender dynamics and social roles in non-majority cultures impact relationships between health care providers and patients, as well as the implementation of health care recommendations beyond the doctor visit. For example, among many new immigrant families, gender role norms dictate that the male is dominant in the family; this can complicate health behavior recommendations for women if the provider is not cognizant of the impact gender role norms might have on a woman's ability to treat a personal health issue or an issue affecting her child.

Diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset

blindness.[36] A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.

Given the steady rise in the number of people with diabetes, and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and their potential to impact and overwhelm the health care system. There is a clear need to take advantage of recent discoveries about the individual and societal benefits of improved diabetes management and prevention by bringing life-saving findings into wider practice, and complementing those strategies with efforts in primary prevention among those at risk for developing diabetes.[37]

In addition, evidence is emerging that diabetes is associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.[38]

Prevalence and Disease Management

In 2015, 11.5% of the population 18 years and older in the CHMC service area had been diagnosed with diabetes, a higher percentage than in Los Angeles County (9.8%). In SPA 4, a similar percentage was diagnosed with diabetes (11.6%).

In 2015, about one-quarter (25.2%) of the diabetic population had met with their medical provider to develop a diabetes care plan, dramaticlly less than the percentage in Los Angeles County (77.8%). A similarly low percentage of the population in SPA 4 (23.3%%) had a diabetes management plan when compared to the county as well.

Diabetes Indicators

Report Area	Percent of adults ever diagnosed with diabetes Percentage	Percent of adults who feel confident in their ability to manage their diabetes Percentage
SPA 4–Metro	11.6%	23.3%
SPA 6–South	12.3%	77.7%
SPA 8–South Bay	10.4%	45.3%
CHMC Service Area	11.5%	25.2%
Los Angeles County	9.8%	77.8%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

[36] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes. Accessed [August 2, 2016].

[37] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes. Accessed [August 1, 2016].

[38] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes. Accessed [August 1, 2016].

Hospitalizations

In 2012, the diabetes hospitalization rate per 100,000 persons under 18 years of age in the CHMC service area was significantly less (21.8) than that of California (31.2). ZIP code 90008-Baldwin Hills/Crenshaw Angeles reported a significantly higher rate (36.7).

The diabetes hospitalization rate per 100,000 adults in the CHMC service area (203.9) was higher than California (142.6), and rates among adults were much higher in ZIP Codes 90018-Jefferson Park(363.2), 90008-Baldwin Hills/Crenshaw (353.5), and 90044-Athens (328.7).

In 2012, the hospitalization rate per 100,000 persons resulting from uncontrolled diabetes in the CHMC service area (18.9) was over double the rate in California (8.6), and particularly high in ZIP Codes 90018-Jefferson Park (44.4), 90044-Athens (33.0) and 90016-West Adam (27.1).

Diabetes Hospitalizations per 100,000 Persons

City	ZIP Code	Diabetes Hospitalizations (Youth)	Diabetes Hospitalizations (Adults)	Hospitalizations Resulting from Uncontrolled Diabetes
Hancock Park	90004	13.6	127.9	14.4
Koreatown	90005	7.4	119.9	19.6
Pico Heights	90006	4.2	184.9	11.9
Wilshire	90010	-	252.2	-
Downtown Los Angeles	90017	-	200.2	28
Country Club Park/Mid City	90019	11.2	193.3	10.9
Hancock Park	90020	11.7	93.9	2.5
Echo Park/Silverlake	90026	15.1	124.6	9.9
Griffith Park/Los Feliz	90027	15.8	173.8	19.3
Hollywood	90028	79	132.7	6.8
Downtown Los Angeles	90029	19.1	162.8	16
Montecito Heights	90031	15.6	172.9	19.8
Mount Olympus	90046	33.7	76.2	12.4
Westlake	90057	21	203.6	24.3
South Los Angeles	90007	24.8	179.5	12.1
Baldwin Hills/Crenshaw	90008	36.7	353.5	25.0
South Los Angeles	90011	15.5	220.9	18.6
West Adam	90016	26.5	314.7	27.1
Jefferson Park	90018	9.9	363.2	44.4
South Los Angeles	90037	22.9	302.3	22.4
Athens	90044	29.6	328.7	33.0
CHMC Service Area		21.8	203.9	18.9
California		31.2	142.6	8.6

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012

Mortality

In 2012, the diabetes mortality rate per 10,000 persons in the CHMC service area was higher (2.7) than in Los Angeles County (2.1). In particular, ZIP codes 90010-Wilshire (6.3), 90021-Downtown Los Angeles (3.7) and 90018-Jefferson Park (3.7) had higher rates of mortality caused by diabetes.

Diabetes Mortality Per 10,000 Persons

City	ZIP Code	Rate
Hancock Park	90004	1.1
Koreatown	90005	2.0
Pico Heights	90006	2.0
Wilshire	90010	6.3
Downtown Los Angeles	90017	3.2
Country Club Park/Mid City	90019	3.3
Hancock Park	90020	1.5
Echo Park/Silverlake	90026	2.8
Griffith Park/Los Feliz	90027	2.8
Hollywood	90028	3.4
Downtown Los Angeles	90029	3.2
Montecito Heights	90031	3.2
Mount Olympus	90046	1.9
Westlake	90057	2.0
South Los Angeles	90007	1.0
Baldwin Hills/Crenshaw	90008	4.1
South Los Angeles	90011	1.5
West Adam	90016	2.7
Jefferson Park	90018	3.7
South Los Angeles	90037	2.1
Athens	90044	2.8
CHMC Service Area		2.7
California		2.1

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Disparities

In 2015, nearly a quarter (21.2%) of the population age 65 older in Los Angeles County was identified as diabetic. Another 21.7% of the population between the ages of 60 and 64 were diabetic, as was another 15.6% of the population age 50 to 59. A smaller percentage of the population age 40 to 49 (8.3%) was diabetic, along with even smaller percentages of those age 30 to 39 (3.0%), 25 to 29 (2.0%), and 18 to 24 (1.2%). These numbers illustrate a correlation between the incidence of diabetes and aging.

Diabetes Prevalence by Age

Age Group	Percentage
18–24 years old	1.2%
25–29 years old	2.0%
30–39 years old	3.0%
40–49 years old	8.3%
50–59 years old	15.6%
60–64 years old	21.7%
65 years old and older	21.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

In addition, larger percentages of the population in Los Angeles County who were diabetic are American Indian/Alaskan Natives (15.2%) or African-American (13.7%), followed by 10.7% of Latinos, 8.2% of Asian/Pacific Islanders, and 8.2% of Whites.

Diabetes Prevalence by Ethnicity

Age Group	Percentage
Latino	10.7%
White	8.2%
African-American	13.7%
Asian/Pacific Islander	8.2%
American Indian/Alaskan Native	15.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

Factors associated with diabetes include being overweight; having high blood pressure, high cholesterol, high blood sugar (or glucose); physical inactivity, smoking, unhealthy eating, age, race, gender, and having a family history of diabetes.[39]

Stakeholder Input

As with cardiovascular disease, diet is a principal determinant of diabetes. Diet is shaped by both the food environment (what is available for purchase in a community) and cultural practices. The service area is home to many cultural communities. Stakeholders called for the implementation of outreach and education efforts that illustrate strategies for healthier diets that reflect residents' cultural backgrounds. Stakeholders acknowledged that residents' access to healthy food is limited by cost, and acknowledged a need for affordable fruits and vegetables. Moreover, stakeholders observed that clients in the service area lack an understanding of the diabetes disease process. Stakeholders have called for greater education surrounding the relationship between diet and diabetes as well as diabetes co-morbidities.

Stakeholders acknowledged that the costs of diabetes medication are prohibitive for lower-income residents, particularly the undocumented and uninsured populations. Furthermore, individuals experiencing homelessness and housing instability face challenges in maintaining diabetes care because they do not have access to refrigeration for their medications.

Food Insecurity

According to the United States Department of Agriculture, food insecurity is explicitly defined as a household-level economic and social condition of limited or uncertain access to adequate food[40]. The defining characteristic of very low food security is that, at times during the year, the food intake of household members is reduced and their normal eating patterns are disrupted because the household

[40] United States Department of Agriculture. Economic Research Service. Washington D.C. Available at: http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx. Accessed [August 29, 2016].

lacks money and other resources for food. Very low food security can be characterized in terms of the conditions that households in this category typically report in the annual food security survey.[41]

In 2015, nearly one third (32.0%) of households in the CHMC service area with income less than 300% of the poverty level were food insecure. This was slightly higher than Los Angeles County (29.2%).

Households with Incomes <300% Who are Food Insecure

Report Area	Percentage
SPA 4 – Metro	32.0%
SPA 6 – South	32.4%
SPA 8 – South Bay	30.3%
CHMC Service Area	32.0%
Los Angeles County	29.2%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Stakeholder Input

Stakeholders explained that food insecurity in the service area results from the compounded impact of low income, a lack of affordable healthy food, lack of vehicle access, greater availability of fast food restaurants, cycles of food deprivation and overeating, fewer opportunities for physical activity, and high levels of stress, anxiety, and depression. [42]

Healthy Behavior (including Physical Activity)

The Nutrition and Weight Status objectives for Healthy People 2020 reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger[43].

Health Activities

The CHMC service area population indicated a lower percentage of children engaging in physical activity at least one hour a day (25.2%) than Los Angeles County (26.4%), and was also lower than the percentage for the state of California (32.8%).

In addition, the CHMC service area showed a significantly higher percentage of teens (17.2%) engaging in at least one hour of physical activity each day when compared to Los Angeles County (12.3%) and California (12.2%).

[41] United States Department of Agriculture. Economic Research Service. Washington D.C. Available at: http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx. Accessed [August 29, 2016].

[42] Food Research and Action Center. *Understanding the Connections: Food Insecurity and Obesity*.October 2015

[43] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status. Accessed [August 29, 2016].

Physical Activity in Youth

Service Planning Area	Physically Active at Least One Hour Each Day in Last Week	
	Children (0-11)	Teens (12-17)
SPA 4–Metro	24.0%	17.3%
SPA 6–South	28.9%	20.9%
SPA 8–South Bay	18.8%	2.4%
CHMC Service Area	25.2%	17.2%
Los Angeles County	26.4%	12.3%
California	32.8%	12.2%

Data Source: California Health Interview Survey
Data Year:2014
Source Geography: SPA

The percentage of children that ate five or more servings of fruits and vegetables in the past day was nearly the same in the CHMC service area (57.9%) as in Los Angeles County (55.4%). Fewer teens in the CHMC service (13.5%) than in Los Angeles County (19.7%) ate five or more servings of fruits and vegetables in the past day.

Health Activities Related to Diet

Report Area	Drink at least one soda or sweetened beverage a day (Age 0-11)[1]	Fast Food Consumption (2 or more times in a week)[2]			Ate Five or More Servings of Fruits and Vegetables in Past Day[3]		
		Children (Age 0-11)	Teens (Age 12-17)	Adults (Age 18+)	Children (Age 0-11)	Teens (Age 12-17)	Adults (Age 18+)
	Percentage	Percentag	Percentag	Percent	Percenta	Percent	Percentage
SPA 4–Metro	35.0%	36.2%	55.2%	39.7%	54.7%	15.2%	16.0%
SPA 6–South	51.6%	38.1%	57.0%	50.6%	59.5%	6.1%	9.6%
SPA 8–South Bay	41.3%	46.3%	76.5%	48.8%	65.0%	10.2%	14.8%
CHMC Service Area	35.5%	37.7%	57.6%	44.1%	57.9%	11.8%	15.9%
Los Angeles County	39.2%	40.6%	49.7%	41.7%	55.4%	19.7%	14.7%

[1]Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA
[2,3]Data Source: California Health Interview Survey 2014[2], 2012[3]
Data Year: 2012, 2014
Source Geography: SPA

Stakeholder Input

One focus group identified that Latinos are particularly impacted by poor health behaviors. They listed that their current diet does not provide as much nutrition as it could, and that the community would benefit from more information, more nutritional education, and more knowledge about where to buy affordable healthy foods in the community. One woman explained that she has been taking advantage of the Clinica de Control de Ninos, an organization that helped her understand what her children should be eating to be healthy. They also explained that Leichty Middle school provides parent classes, nutrition and cardiovascular classes for parents, as well as child care. The school also brings in mobile dental care clinics.

Stakeholders explained that time constraints, costs of healthy food and medical care, and easy access to cheap, unhealthy food, contribute to the poor eating behaviors. However, there is an observed growing interest in healthy foods and fitness, reflected in the growing popularity of farmers' markets and Zumba studios.

Homelessness

A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing."[44] A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation[45].

In addition, an individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. Furthermore, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness[46]. According to the Los Angeles Homeless Services Authority, individuals include single adults, adult couples with no children, and groups of adults over the age of 18.

Prevalence

The homeless counts used in this section are for the entire service planning areas (SPAs) that span the CHMC service area, and likely provide an overrepresentation of homelessness. In order to best approximate the CHMC service area, the estimated total number of homeless people was calculated by multiplying the number of homeless residents in each service planning area by the percentage of each planning area's population represented in CHMC's service area.

[44] National Health Care for the Homeless Council. Nashville, TN. Available at: https://www.nhchc.org/faq/official-definition-homelessness/. Accessed: [August 29, 2016].

[45] National Health Care for the Homeless Council. Nashville, TN. Available at: https://www.nhchc.org/faq/official-definition-homelessness/. Accessed: [August 29, 2016].

[46] National Health Care for the Homeless Council. Nashville, TN. Available at: https://www.nhchc.org/faq/official-definition-homelessness/. Accessed: [August 29, 2016].

As of 2016, an estimated 43,854 homeless resided in Los Angeles County, most of whom were in SPA 4–Metro.

Total Homeless, 2016

Report Area	Number	Percent
SPA 4–Metro	11,681	26.6%
SPA 6–South	7,459	17.0%
SPA 8–South Bay	3,663	8.4%
CHMC Service Area	9,709	22.1%
Los Angeles County	43,854	100.0%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, SPA

Individuals make up the majority of the homeless population living within SPA 8–South Bay (87.2%). In SPA 4-Metro, homeless families make up a large percentage of the homeless population (22.7%). Of the 125 homeless minors under the age of 18 in all SPAs, they are concentrated within SPA 4–Metro (where 31.2% of the homeless are homeless minors).

Homeless by Type, 2015

	Homeless Individuals		Homeless Families		Homeless Unaccompanied Minors	
Report Area	Number	Percent	Number	Percent	Number	Percent
SPA 4–Metro	10,431	27.7%	1,390	22.7%	39	31.2%
SPA 6–South	6,311	84.6%	1,142	15.3%	6	0.1%
SPA 8–South Bay	3,195	87.2%	465	12.7%	3	0.1%
CHMC Service Area	8,445	86.8%	1,228	13.0%	25	0.2%
Los Angeles County	37,601	85.7%	6,128	14.0%	125	0.3%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, SPA

In the CHMC service area, 27.9% of the homeless were mentally ill, 20.0% had substance abuse issues, 1.9% had been diagnosed with HIV, and 16.3% were physically disabled. These indices were similar to or just above the Los Angeles County averages.

Homeless by Special Population, 2016

	Mentally Ill		With Substance Abuse Issues		With HIV		Physically Disabled	
Report Area	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SPA 4–Metro	3,815	29.3%	2,787	28.0%	284	2.4%	2,075	28.0%
SPA 6–South	1,705	22.9%	1,246	16.7%	102	1.4%	1,065	14.3%
SPA 8–South Bay	653	17.8%	346	9.4%	6	0.2%	602	16.4%
CHMC Service Area	2,845	27.9%	2,067	20.0%	200	1.9%	1,614	16.3%

Los Angeles County	13,006	29.7%	9,941	22.7%	629	1.4%	7,401	16.9%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, SPA

Associated Drivers

Housing instability is a primary driver of homelessness. Housing instability among poor families is the result of multiple overlapping factors ranging from number of income-earning adults in the home, education level of income-earning adults in the home, health of family members, domestic violence exposure, substance use patterns and access to social support and health care.[47] Although Los Angeles is home to the largest health and social services system available to homeless people, given the size of the very poor and homeless population, it faces significant challenges to provide cost effective integrated care for those facing housing instability.[48]

Stakeholder Input

Stakeholders observed that a large proportion of the population in the service area are facing housing insecurity, and agencies should come together to support these individuals and families before they become homeless.

Hypertension

Hypertension, defined as a blood pressure reading of 140/90 or higher, affects one in three adults in the United States.[49] With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to heart failure, blood vessel aneurysms, kidney failure, heart attack, stroke, and vision changes or blindness.[50] High blood pressure can be controlled through medicines and lifestyle change; however, patient adherence to treatment regimens is a significant barrier to controlling high blood pressure.[51]

High blood pressure is associated with smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity. Those at higher risk of developing hypertension include people who have previously had a stroke and those who have high cholesterol or heart or kidney disease. African-Americans and people with a family history of hypertension are also at an increased risk of having hypertension.[52]

[47] A Secondary Analysis by ICPH utilizing data from the Fragile Families and Child Well-being Study.Institute for Children, Poverty & Homelessness. http://www.icphusa.org/index.asp?page=16&report=112&pg=110. Accessed: [September 2, 2016].

[48] Guerrero, E., Henwood, B. and Wenzel, S. (2014). Service Integration to Reduce Homelessness in Los Angeles County: Multiple Stakeholder Perspectives. *Human Service Organizations* 38(1):44-54.

[49] National Institutes of Health. *Hypertension (High Blood Pressure).* Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [August 2, 2016].

[50] National Heart, Lung, and Blood Institute. *Blood Pressure: Signs & Symptoms.* Available at http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.html. Accessed [August 2, 2016].

[51] National Institutes of Health. *Hypertension (High Blood Pressure).* Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [August 2, 2016].

[52] Center for Disease Control and Prevention. Atlanta, GA. Available at http://www.cdc.gov/bloodpressure/family_history.htm. Accessed [August 2, 2016].

Prevalence and Management

In 2015, close to a quarter (23.2%) of the population in the CHMC service area was diagnosed with hypertension (or high blood pressure), slightly less than in Los Angeles County (23.5%). SPA 8 had the highest percentage (24.5%).In 2015, more than half (63.9%) of the population with high blood pressure in the CHMC service area took medication to control their high blood pressure—not as many as in Los Angeles County (67.2%). The rate was higher in SPA 8 (79.8%).

Hypertension Indicators

Report Area	Hypertension Prevalence Percentage	High Blood Pressure Management Percentage
SPA 4–Metro	22.4%	66.2%
SPA 6–South	22.4%	55.5%
SPA 8–South Bay	24.5%	79.8%
CHMC Service Area	23.2%	63.9%
Los Angeles County	23.5%	67.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Mortality

In 2012, 1,504 people in the CHMC service area died as a result of hypertension, making up 26.6% of such deaths in the service area. ZIP codes 90028-Hollywood (32.0%) and 90027-Griffith Park (31.2%) had the highest rates of death due to hypertension within the service area.

Hypertension Mortality

City	ZIP Code	Number	Percentage
Hancock Park	90004	67	29.6%
Koreatown	90005	36	23.8%
Pico Heights	90006	66	25.5%
Wilshire	90010	2	13.3%
Downtown Los Angeles	90017	23	25.3%
Country Club Park/Mid City	90019	109	27.2%
Hancock Park	90020	28	21.1%
Echo Park/Silverlake	90026	87	26.2%
Griffith Park/Los Feliz	90027	110	31.2%
Hollywood	90028	56	32.0%
Downtown Los Angeles	90029	69	28.6%
Montecito Heights	90031	64	26.3%
Mount Olympus	90046	117	30.4%
Westlake	90057	60	25.8%
South Los Angeles	90007	31	28.2%
Baldwin Hills/Crenshaw	90008	85	27.0%
South Los Angeles	90011	73	21.2%
West Adam	90016	94	29.7%
Jefferson Park	90018	116	30.6%

City	ZIP Code	Number	Percentage
South Los Angeles	90037	85	29.9%
Athens	90044	126	25.7%
CHMC Service Area		1,504	26.6%
Los Angeles County		15,916	-

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Disparities

In 2015, more than half (54.2%) of the population age 65 and older in Los Angeles County were diagnosed with hypertension. Similarly, nearly half (42.5%) of the population between age 60 and 64 had hypertension, nearly a third (31.1%) of the population between age 50 and 59, and 17.6% of those between age 40 and 49. The prevalence of hypertension diminishes among the younger population—only 11.4% of those between age 30 and 39, 7.9% of those between age 25 and 29, and 6.2% of those between age 18 and 24.

Hypertension Prevalence by Age

Age Group	Percentage
18–24 years old	6.2%
25–29 years old	7.9%
30–39 years old	11.4%
40–49 years old	17.6%
50–59 years old	31.1%
60–64 years old	42.5%
65 years old and older	54.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Exactly one-third of the African-American population (33.3%) and over a quarter of the White population (27.5%) in Los Angeles County had hypertension, along with almost a quarter (24.2%) of the American Indian/Alaskan Native population, and slightly over one-fifth (20.4%) of the Asian/Pacific Islander population. The Latino population had the lowest percentage (19.7%) of hypertension prevalence in Los Angeles County.

Hypertension Prevalence by Ethnicity

Age Group	Percentage
Latino	19.7%
White	27.5%
African American	33.3%
Asian/Pacific Islander	20.4%
American Indian/Alaskan Native	24.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

Smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity are risk factors for hypertension. People who have previously had a stroke, have high cholesterol, or have heart or kidney disease are also at higher risk of developing hypertension.

Stakeholder Input

Stakeholders indicated that hypertension is one of the top health problems in the community, closely related and linked to obesity, diabetes, and cardiovascular disease.

Mental Health

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.[53] Suicide is considered a major preventable public health problem. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 and 34.[54] An estimated 11 attempted suicides occur per every suicide death.

Research shows that more than 90% of those who die by suicide suffer from depression or other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[55] Among adults, mental disorders are common, with approximately one-quarter of adults being diagnosable with one or more disorders.[56] Mental disorders are not only associated with suicide, but also with chronic diseases, a family history of mental illness, age, substance abuse, and life-event stresses.[57]

Interventions to prevent suicide include therapy, medication, and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors especially given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider in the year before their death.[58]

[53] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28. Accessed [August 2, 2016].

[54] Centers for Disease Control and Prevention. *10 Leading Causes of Death by Age Group, United States – 2010*. Available at http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf. Accessed [August 2, 2016].

[55] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders. Accessed [August 1, 2016].

[56] National Institute of Mental Health. *Any Disorder Among Adults.* Available at http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml. Accessed [August 2, 2016].

[57] Public Health Agency of Canada. *Mental Illness*. Available at http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php. Accessed [August 2, 2016].

[58] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders. Accessed [August 1, 2016].

Prevalence

In 2015, adults experienced an average of 2.6 days of poor mental health–related unhealthy days per month in the CHMC service area, which is slightly higher than Los Angeles County (2.3).

In 2015, a slightly smaller percentage (9.2%) of adults in the CHMC service area reported having serious psychological distress when compared to Los Angeles County (9.6%).

In 2015, a smaller percentage (59.6%) of the population in the CHMC service area reported having the necessary social and emotional support when compared to Los Angeles County (64.0%). Additionally, SPA 6-South (55.7%) had a lower percentage than both the CHMC service area or Los Angeles County.

In addition, the percentage of the population in the CHMC service area diagnosed with anxiety was higher (7.3%) than Los Angeles County (6.4%).

The percentage of the population in the CHMC service area diagnosed with depression was much higher (14.5%) than Los Angeles County (8.6%).

Mental Health Indicators

Report Area	Unhealthy Days Resulting from Poor Mental Health[1]	Adults with Serious Psychological Distress in the Last Year[2]	Adequate Social and Emotional Support[1]	Anxiety Prevalence[3]	Depression Prevalence[4]
	Days	Percentage	Percentage	Percentage	Percentage
SPA 4–Metro	2.7	9.4%	60.2%	7.4%	16.1%
SPA 6–South	2.6	8.2%	55.7%	6.9%	11.9%
SPA 8–South Bay	2.1	11.8%	70.6%	5.5%	13.1%
CHMC Service Area	2.6	9.2%	59.6%	7.1%	14.5%
Los Angeles County	2.3	9.6%	64.0%	6.4%	8.6%

Data source[1]: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
Data source[2]: California Health Interview Survey (CHIS)
Data year: 2014
Source geography: SPA
Data source[3, 4]: Los Angeles County Health Survey
Data year: 2011[3], 2015[4]
Source geography: SPA

Alcohol- and Drug-Related Mental Illness

Alcohol and drug use is often associated with and linked to mental illness. In 2012, the rate per 100,000 adults of alcohol- and drug-induced mental illness in the CHMC service area was slightly higher (108.8) than California (102.5), especially in ZIP Codes 90046-Mount Olympus (205.9), 90028-Hollywood (190.6), and 90008-Baldwin Hills/Crenshaw (172.1).

Alcohol- and Drug-Induced Mental Illness Rate per 100,000 Adults

City	ZIP Code	Rate
Hancock Park	90004	111.9

City	ZIP Code	Rate
Koreatown	90005	63.6
Pico Heights	90006	67.9
Wilshire	90010	63.1
Downtown Los Angeles	90017	96.1
Country Club Park/Mid City	90019	92.0
Hancock Park	90020	43.2
Echo Park/Silverlake	90026	90.6
Griffith Park/Los Feliz	90027	148.1
Hollywood	90028	190.6
Downtown Los Angeles	90029	122.8
Montecito Heights	90031	140.8
Mount Olympus	90046	205.9
Westlake	90057	112.9
South Los Angeles	90007	72.8
Baldwin Hills/Crenshaw	90008	172.1
South Los Angeles	90011	79.2
West Adam	90016	164.7
Jefferson Park	90018	85.0
South Los Angeles	90037	86.4
Athens	90044	74.8
CHMC Service Area		108.8
California		102.5

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code

In the CHMC service area, the percentage of residents who needed help for mental, emotional, or alcohol/drug issues (19.6%) was higher than the total in Los Angeles County (18.0%). There was even a higher percentage of residents in need of help for mental, emotional or alcohol/drug issues (21.9%) in SPA 4-Metro.

Needed Help for Mental, Emotional, or Alcohol/Drug Issues

Report Area	Percentage
SPA 4–Metro	21.9%
SPA 6–South	15.0%
SPA 8–South Bay	21.5%
CHMC Service Area	19.6%
Los Angeles County	18.0%

Data source: Los Angeles County Health Survey
Data year: 2014
Source geography: SPA

Hospitalizations

In 2012, the mental health hospitalization rate per 100,000 adults in the CHMC service area (880.7) was more than 1.5 times that of California (540.9).

The mental health hospitalization rate per 100,000 youth under 18 years old in the CHMC service area was higher (403.7) than in California (294.8), and more than four times higher in ZIP Code 90010-Wilshire (1828.5).

Mental Health Hospitalization Rate per 100,000 persons

City	ZIP Code	Adult Rate	Youth Rate
Hancock Park	90004	634.7	350.7
Koreatown	90005	455.3	324.6
Pico Heights	90006	902.6	346.3
Wilshire	90010	1828.5	1047.4
Downtown Los Angeles	90017	980.8	345.8
Country Club Park/Mid City	90019	703.1	302.5
Hancock Park	90020	850.4	207.0
Echo Park/Silverlake	90026	569.1	324.9
Griffith Park/Los Feliz	90027	680.3	183.8
Hollywood	90028	1283.0	561.6
Downtown Los Angeles	90029	696.6	290.6
Montecito Heights	90031	289.0	302.0
Mount Olympus	90046	994.7	858.5
Westlake	90057	821.1	282.3
South Los Angeles	90007	632.9	350.8
Baldwin Hills/Crenshaw	90008	1107.4	463.0
South Los Angeles	90011	562.1	378.1
West Adam	90016	1386.0	320.9
Jefferson Park	90018	1323.3	360.7
South Los Angeles	90037	897.4	466.3
Athens	90044	896.0	409.5
CHMC Service Area		880.7	403.7
California		540.9	294.8

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code

Suicide

In 2012, the suicide rate per 10,000 persons in the CHMC service area (1.1) was higher than California (1.0), and above the Healthy People 2020 goal (<=1.0). A very high rate was reported in ZIP Code 90010-Wilshire (12.6).

Suicide Rate per 10,000 Persons

City	ZIP Code	Rate
Hancock Park	90004	1.0
Koreatown	90005	0.7
Pico Heights	90006	0.0
Wilshire	90010	12.6
Downtown Los Angeles	90017	0.8
Country Club Park/Mid City	90019	0.6
Hancock Park	90020	1.3
Echo Park/Silverlake	90026	0.7
Griffith Park/Los Feliz	90027	0.4
Hollywood	90028	0.7

City	ZIP Code	Rate
Downtown Los Angeles	90029	0.0
Montecito Heights	90031	0.5
Mount Olympus	90046	0.8
Westlake	90057	1.1
South Los Angeles	90007	0.2
Baldwin Hills/Crenshaw	90008	0.6
South Los Angeles	90011	0.4
West Adam	90016	0.2
Jefferson Park	90018	0.6
South Los Angeles	90037	0.2
Athens	90044	0.4
CHMC Service Area		1.1
California		1.0
Healthy People 2020		<=1.0

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Disparities

Mental health, particularly depression, affects everyone. However, in Los Angeles County, those most affected are between the ages of 50 and 64. Around 12.1% of those from age 50 to 59 have been diagnosed with depression, as have 11.3% of those between the ages of 60 and 64. Another 10.4% of those between ages of 40 and 49, and smaller percentages of those age 65 and older (9.2%), 25 to 29 (6.7%), 30 to 39 (5.9%), and 18 to 24 (5.2%), have been diagnosed with depression.

Depression Prevalence by Age

Age Group	Percentage
18–24 years old	5.2%
25–29 years old	6.7%
30–39 years old	5.9%
40–49 years old	10.4%
50–59 years old	12.1%
60–64 years old	11.3%
65 years old and older	9.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Larger percentages of Whites (13.8%), and African-Americans (10.4%) in Los Angeles County were diagnosed with depression while smaller percentages of American Indian/Alaskan Natives (6.8%), Latinos (6.4%) and Asian/Pacific Islanders (3.6%) were reported.

Depression Prevalence by Ethnicity

Ethnicity	Percentage
Latino	6.4%
White	13.8%
African-American	10.4%
Asian/Pacific Islander	3.6%
American Indian/Alaskan Native	6.8%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

Mental health is associated with many other health factors, including poverty, heavy alcohol consumption, and unemployment. Chronic diseases such as cardiovascular disease, diabetes, and obesity are also associated with mental health disorders such as depression and suicide.[59]

Stakeholder Input

Stakeholders emphasized that stigma around mental health/illness--especially among communities of color--serves as an obstacle to accessing care. In some cases, individuals fear that they might lose their jobs if their employers learn they are seeking metal health care.

Stakeholders observed that mental health practitioners lack competency in providing effective mental health care to seniors, those who speak languages other than English,and those with diverse cultural backgrounds. Additionally, cultural healers and indigenous religions and practices that may provide effective mental health support are not valued or leveraged in mental health care.

Finally, stakeholders addressed a severe shortage of mental health providers for a community with a high need for mental health care. For example, there is only one suicide responding team (PET team) for SPA 4. Overall, stakeholders identified a long waiting list for mental health services and an overreliance on interns in mental health facilities. There are particularly few services available to language minority clients and undocumented clients. Finally, funding for mental health service screening and delivery is limited.

Obesity/Overweight

Obesity, a condition in which a person has an abnormally high and unhealthy proportion of body fat, has risen to epidemic levels in the United States; 68 percent of adults age 20 years and older are overweight

[59] Centers for Disease Control and Prevention. *CDC Mental Illness Surveillance*. Available at http://www.cdc.gov/mentalhealthsurveillance/. Accessed [August 2, 2016].

or obese.[60] Excess weight is a significant national problem and indicates an unhealthy lifestyle that influences further health issues.

Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[61] Obesity is associated with factors including poverty, food insecurity, an unhealthy diet that's high in calories,lacking fresh fruits/vegetables, full of fast food and sugar-sweetened beverages and oversized portions, physical inactivity, , certain medications,quitting smoking[62], lack of sleep, chronic stress,and a history of toxic stress due to adverse childhood experiences. [6364]

Prevalence

In 2014, the CHMC service area had a similar percentage of those who were overweight (29.9%) as Los Angeles County (29.7%). ZIP codes 90011-South Los Angeles (34.6%) and 90037-South Los Angeles (34.1%) also had higher than average percentages of their population who were overweight when compared to Los Angeles County (29.7%) and the CHMC service area (29.9%). ZIP codes 90044-Athens (37.5%) and 90037-South Los Angeles(37.3%) had a higher percentage of their population who were obese than the CHMC service area and Los Angeles County (25.9%).

Overweight and Obese Populations

City	ZIP Code	Percent Overweight	Percent Obese
Hancock Park	90004	28.3%	20.2%
Koreatown	90005	28.4%	18.7%
Pico Heights	90006	29.4%	23.7%
Wilshire	90010	27.5%	13.7%
Downtown Los Angeles	90017	30.0%	18.1%
Country Club Park/Mid City	90019	29.2%	25.3%
Hancock Park	90020	26.5%	16.4%
Echo Park/Silverlake	90026	28.7%	21.5%
Griffith Park/Los Feliz	90027	28.0%	17.3%
Hollywood	90028	29.1%	19.8%
Downtown Los Angeles	90029	28.9%	21.7%
Montecito Heights	90031	27.7%	25.1%
Mount Olympus	90046	29.1%	18.4%
Westlake	90057	29.0%	20.1%
South Los Angeles	90007	28.6%	22.1%
Baldwin Hills/Crenshaw	90008	31.7%	37.2%
South Los Angeles	90011	34.6%	35.5%
West Adam	90016	32.8%	35.5%

[60] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [August 2, 2016].

[61]National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [August 2, 2016].

[62] Harris KK et al. Metabolic Effects of Smoking Cessation. Nature Reviews 2016; 12:299-308

[63] Knutson KL. Does inadequate sleep play a role in vulnerability to obesity? Am J Human Biology 2012; 24:361

[64] Felitti VJ et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences Study. Am J of Preventive Medicine 1998; 14:245-258

City	ZIP Code	Percent Overweight	Percent Obese
Jefferson Park	90018	33.1%	35.3%
South Los Angeles	90037	34.1%	37.3%
Athens	90044	33.5%	37.5%
CHMC Service Area		29.9%	24.8%
Los Angeles County		29.7%	25.9%
Healthy People 2020		-	<=30.5%

Data source: California Health Interview Survey (CHIS)
Data year: 2014
Source geography: ZIP Code

Disparities

In 2015, over a third of the population in Los Angeles County was overweight for those age 65 years old and older (40.7%), age 40 to 49 (39.1%), age 30 to 39 (38.3%), age 60 to 64 (37.5%), and those between 50 and 59 years old (37.4%). Less than a third of those between the ages of 18 and 24 (23.9%) and age 25 to 29 (31.3%) were considered overweight.

For all age groups in Los Angeles, the percentage of obese individuals was less than a third of the population, with those between the ages of 18 and 24 having the lowest percentage of obese (15.3%), followed by individuals age 65 years and older (20.2%).

Overweight/Obesity Prevalence by Age

Age Group	Percent Overweight	Percent Obese
18–24 years old	23.9%	15.3%
25–29 years old	31.3%	24.9%
30–39 years old	38.3%	25.4%
40–49 years old	39.1%	25.8%
50–59 years old	37.4%	27.2%
60–64 years old	37.5%	26.0%
65 years old and older	40.7%	20.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Larger percentages of American Indians/Alaskan Natives (54.2%) and Latinos (39.3%) in Los Angeles County were considered overweight, along with over a third of Whites (34.0%). Nearly a third of African-Americans (32.9%) and Latinos (30.9%) in Los Angeles County were classified as obese.

Overweight/Obesity Prevalence by Ethnicity

Age Group	Percent Overweight	Percent Obese
Latino	39.3%	30.9%
White	35.0%	18.0%
African-American	32.0%	32.9%
Asian/Pacific Islander	30.3%	9.3%
American Indian/Alaskan Native	54.2%	19.1%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

Obesity is associated with factors such as poverty, food insecurity, an unhealthy diet that's high in calories,lacking fresh fruits/vegetables, full of fast food and sugar-sweetened beverages and oversized portions, physical inactivity, , certain medications,quitting smoking,[65] lack of sleep,[66] chronic stress,and a history of toxic stress due to adverse childhood experiences[67]. Obesity is also associated with environmental factors such as living in a food desert, lack of access to affordable fresh fruits and vegetables, lack of vehicle access, greater availability of fast food restaurants, and lack of access to safe parks or open spaces . Obesity increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. The condition also increases the risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[68] For data concerning health drivers, please refer to Appendices.

Stakeholder Input

Stakeholders related the high rates of obesity and being overweight to a lack of physical activity, poor diet, and poor health literacy. Most young people in the service area do not engage in physical education at schools and stay inside after school because of concerns about safety in their communities. The easy availability of fast foods and packaged foods, compared to the lack of access to fresh fruits and vegetables and time for meal preparation leads families to consume more high-calorie and unhealthy food. Finally, health care providers recognize that there is a lack of awareness of the severity and importance of obesity as a precursor to other diseases. Stakeholders called for policies in schools and organizations that enforce the provision of healthy meals and snacks.

[65] Harris KK et al. Metabolic Effects of Smoking Cessation. Nature Reviews 2016; 12:299-308

[66] Knutson KL. Does inadequate sleep play a role in vulnerability to obesity? Am J Human Biology 2012; 24:361

[67] Felitti VJ et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences Study. Am J of Preventive Medicine 1998; 14:245-258

[68] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [August 2, 2016].

Oral Health

Dental care is essential to overall health. It is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and related health problems. In addition, oral diseases such as cavities and oral cancer cause pain and disability for many Americans.[69]

Behaviors that may lead to poor oral health include tobacco use, excessive alcohol consumption, poor oral hygiene, and poor dietary choices. Barriers that prevent or limit a person's use of preventive intervention and treatments for oral health include lack of dental insurance that limits access to and availability of dental services, a lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include poor health literacy, having a disability, and other health conditions such as diabetes.[70]

Access

In the CHMC service area, over half the population (60.7%) did not have dental insurance coverage in 2015, which was higher than the percentage in Los Angeles County (51.8%). However, even those with dental insurance may have difficulty finding dentists willing to accept their insurance; this is particularly true for Denti-Cal, the dental equivalent of Medi-Cal, because the reimbursement rates are so low.

Absence of Dental Insurance Coverage, Adults

Report Area	Percentage
SPA 4–Metro	61.1%
SPA 6–South	62.9%
SPA 8–South Bay	49.3%
CHMC Service Area	60.7%
Los Angeles County	51.8%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

As of May 2013, there are a total of 8,417 dentists in Los Angeles County, making up over a quarter (26.7%) of dentists in California.

For an area to be determined a Dental Health Professional Shortage Area, it must have a population-to-dentist ratio of at least 5,000:1.[71] Los Angeles County does not meet this criterion, as its ratio is 2,484:1.

Dentist Availability

Report Area	Number	Population to Dentist Ratio
Los Angeles County	7,293	2,484:1

Data source: Office of Statewide Health and Planning and Development (OSHPD)
Data year: 2013

[69] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [August 2, 2016].

[70] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [August 2, 2016].

[71] United States Department of Health and Human Services (n.d.). Dental HPSA Designation Overview. Rockville, MD. Available at http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html. Accessed [August 2, 2016].

Source geography: County

Although the population-to-dentist ratio is not high enough in Los Angeles County to be considered critical, there is still an issue with access to dental care and its associated cost.

Affordability

Often, dental insurance is limited and coverage is minimal, so people have to pay high out-of-pocket costs. In addition, most don't have dental insurance coverage and the cost of dental services is too high and therefore unattainable for the average person.

In the CHMC service area, over a third (35.9%) of adults could not afford dental care—including regular check-ups—which is more than Los Angeles County (30.3%). SPA 4 reported an even higher percentage (37.6%).

In Los Angeles County, a number of free or low-cost dental services are available for children through community clinics and state and county programs. However, many of those entities have fallen victim to budget cuts, which have significantly limited the availability of those services.

In 2015, the percentage of children in the CHMC service area who were unable to afford dental care(13.5%) was higher than Los Angeles County (11.5%). SPA 4-Metro's percentage (15.5%) was higher than both the service area and Los Angeles County.

Unable to Afford Dental Care

Report Area	Adult	Child[1]
	Percentage	Percentage
SPA 4–Metro	37.6%	15.5%
SPA 6–South	35.0%	10.4%
SPA 8–South Bay	27.4%	11.9%
CHMC Service Area	35.9%	13.5%
Los Angeles County	30.3%	11.5%

Data source: Los Angeles County Health Survey
Data year: 2011, 2015[1]
Source geography: SPA

Disparities

In 2015, the percentage of children in Los Angeles County who were unable to afford dental care doubled from the age range of 3-5 years old (7.4%) to 12-17 years old (15.1%). The upward trend continues with age, reaching a high at the age bracket of 25-29 years old (38.7%) and steadily declining after that for each age bracket. In particular, the lowest percentage of those unable to afford dental care over the age of 18 occurs with residents over the age of 65 (19.1%).

Unable to Afford Dental Care by Age

Age Group	Percentage
3–5 years old[1]	7.4%
6–11 years old[1]	10.5%
12–17 years old[1]	15.1%

Age Group	Percentage
18–24 years old	27.0%
25–29 years old	38.7%
30–39 years old	35.0%
40–49 years old	30.4%
50–59 years old	33.0%
60–64 years old	27.0%
65 years old and older	19.1%

Data source: Los Angeles County Health Survey
Data year: 2011, 2015[1]
Source geography: County

Over a third of African-American (38.0%) and Latino (36.6%) adults were unable to afford dental care, as were over a quarter of Asian/Pacific Islanders (27.3%) and American Indian/Alaskan Native (25.6%) adults and close to a quarter of White (21.0%) adults.

Upon examining differences in ethnicity among children, larger percentages of Latino (12.6%), White (10.6%), and African-American (10.1%) children had a difficult time obtaining dental care because they could not afford it, along with smaller percentages of Asian/Pacific Islander (7.3%) children. Furthermore, data for American Indian/Alaskan Native children were either unavailable or reflected numbers that were too small to report.

Unable to Afford Dental Care by Ethnicity

	Adult	Child[1]
Age Group	Percentage	Percentage
Latino	36.6%	12.6%
White	21.0%	10.6%
African-American	38.0%	10.1%
Asian/Pacific Islander	27.3%	7.3%
American Indian/Alaskan Native	25.6%	-

Data source: Los Angeles County Health Survey
Data year: 2011, 2015[1]
Source geography: County

Associated Drivers of Health

Poor oral health can be prevented by practicing good oral hygiene, decreasing sugar intake and increasing healthy eating habits to prevent tooth decay and premature tooth loss; consuming more fresh fruits and vegetables to protect against oral cancer; smoking cessation; decreased alcohol consumption to reduce the risk of oral cancers, periodontal disease, and tooth loss; using protective gear when playing sports; and living in a safe physical environment.[72] In addition, oral health conditions

[72] World Health Organization, Oral health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs318/en/index.html. Accessed [August 2, 2016].

such as periodontal (gum) disease have been linked to diabetes, heart disease, stroke, and premature and low-weight births.[73]

Stakeholder Input

Stakeholders explained that the separation between oral care and medical care both in terms of policy (health insurance coverage, permitted "sick time" off at work) and health literacy has a detrimental impact

Cost of services and insurance coverage are barriers to oral care. Stakeholders explained that dental care costs are prohibitive for those who lack insurance, and that dental services are often not covered for those who are insured. Additionally, dental care providers are very selective in the types of insurance they will accept, and they often don't take Denti-Cal because of Denti-Cal's historically low reimbursement rates.

Stakeholders reported that the high costs of dental care are compounded by high rates of dental fraud in the service area. Patients receive recommendations for unnecessary, expensive procedures that are not medically indicated. Additionally, stakeholders observed that some health care providers offer Care Credit packages to non-English speaking customers who most likely do not understand the terms explained in English.

The service area lacks sufficient oral care resources for subpopulations including the elderly and indigent, children, and the homeless.

Poverty (including Unemployment)

Poverty

In 2016, a higher percentage of families in the CHMC service area lived below poverty (27.2%) than in Los Angeles County (14.9%). Similarly, the percentage of families living below poverty with children (21.5%) was higher than Los Angeles County (11.7%). Several areas with a higher concentration of families living below poverty include ZIP codes 90017-Downtown Los Angeles (47.9%), 90007-South Los Angeles (36.4%), and 90057-Westlake (35.2%). The greatest percentage of families with children who were living below poverty were found in ZIP codes 90017-Downtown Los Angeles (35.0%), 90057-Westlake (28.9%), and 90007-South Los Angeles (27.6%).

However, official poverty statistics does not account for local housing costs or other key family needs and resources. The California Poverty Measure (CPM)[74], a joint research effort by Public Policy Institute of California and the Stanford Center on Poverty and Inequality is a more comprehensive approach to gauging poverty in California. It accounts for the cost of living and a range of family resources, including social safety net benefits, and needs. They showed that from 2011 to 2013, Los Angeles County had the highest poverty rate in California: 25.7% of the county's residents were poor. Moreover, a 2015 report[75] from the California Housing Partnership Corporation and the Southern California Association of Non

[73] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Oral-Health-AAG-PDF-508.pdf. Accessed [August 2, 2016].

[74] Bohn S, Danielson C, and Bandy M. Poverty in California. Public Policy Institute of California. December 2015

[75] CHPH and SCANPH, *Lack of Affordable Housing Driving More Los Angelenos into Poverty*. August 2105

Profit Housing (SCANPH) found that when housing costs are considered, Los Angeles County has one of the highest poverty rates in the country at 26%, or one in every 4 households (official poverty rate 18.9%) . An average renter would need to earn 4 times the state minimum wage in rder to afford average asking rents in LA County. Inflation-adjusted median rents in LA County increased 27% from 2000 to 2013, while inflation-adjusted median renter household income declined 7%. The vast majority of LA County's low-income renters spend more than 50% of income on rent, leaving little left for food, transportation, health expenses and other needs. Overcrowding for low-income renters in LA County is 3 times greater than the national average, contributing significantly to poor health and academic achievement among low-income children.

In the CHMC service area a slightly lower percentage of families were at or above the poverty level (72.8%) than in Los Angeles County (85.2%). Only ZIP code 90046-Mount Olympus (90.2%) was higher than the county average. The percentage of families at or above poverty with children was lower in the CHMC service area (31.7%) than in the county (41.9%). In particular, ZIP codes 90017-Downtown Los Angeles (21.9%), 90057-Westlake (24.9%), and 90028-Hollywood (25.2%) were significantly lower than the rest of the service area.

		Poverty			
City	ZIP Code	Families at or Above Poverty	Families at or Above Poverty with Children	Families Below Poverty	Families Below Poverty with Children
Hancock Park	90004	78.3%	33.2%	21.7%	17.1%
Koreatown	90005	77.0%	31.3%	23.0%	18.0%
Pico Heights	90006	69.8%	28.8%	30.2%	24.4%
Wilshire	90010	86.8%	-	13.2%	9.3%
Downtown Los Angeles	90017	52.1%	21.9%	47.9%	35.0%
Country Club Park/Mid City	90019	80.0%	36.0%	20.0%	15.7%
Hancock Park	90020	81.4%	31.2%	18.6%	13.6%
Echo Park/Silverlake	90026	76.3%	32.8%	23.7%	18.1%
Griffith Park/Los Feliz	90027	84.5%	31.1%	15.5%	9.1%
Hollywood	90028	77.1%	25.2%	22.9%	15.2%
Downtown Los Angeles	90029	76.1%	33.6%	23.9%	19.8%
Montecito Heights	90031	71.2%	31.6%	28.8%	23.5%
Mount Olympus	90046	90.2%	27.0%	9.8%	5.4%
Westlake	90057	64.8%	24.9%	35.2%	28.9%
South Los Angeles	90007	63.6%	31.2%	36.4%	27.6%
Baldwin Hills/Crenshaw	90008	77.8%	31.6%	22.2%	18.0%
South Los Angeles	90011	56.4%	33.1%	43.6%	38.3%
West Adam	90016	80.4%	41.3%	19.6%	16.3%
Jefferson Park	90018	74.2%	36.8%	25.8%	20.7%
South Los Angeles	90037	60.2%	34.8%	39.8%	35.0%
Athens	90044	65.1%	37.0%	34.9%	29.5%
CHMC Service Area		73.5%	31.7%	26.5%	20.9%
Los Angeles County		85.2%	41.9%	14.9%	11.7%

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Employment Status

In 2016, a majority of the CHMC service area population was employed (58.0%), a slightly higher percentage than in Los Angeles County (57.0%). However, 8.2% of the population in the CHMC service area was unemployed, slightly higher than Los Angeles County's 7.6% unemployment rate. In particular, ZIP codes 90004-Hancock Park (9.9%), 90026-Echo Park (9.5%), and 90006-Pico Heights (9.3%) reflected areas with the highest percentage of unemployed residents in the CHMC service area. The remaining 33.8% of the population in the CHMC service area were not classified as currently in the labor force.

Employment Status

City	ZIP Code	In Armed Forces	Employed	Unemployed	Not in Labor Force
Hancock Park	90004	0.0%	62.4%	9.9%	27.6%
Koreatown	90005	0.0%	65.0%	7.8%	27.2%
Pico Heights	90006	0.0%	61.6%	9.3%	29.1%
Wilshire	90010	2.0%	-	7.9%	-
Downtown Los Angeles	90017	0.0%	57.3%	5.0%	37.7%
Country Club Park/Mid City	90019	0.0%	61.3%	7.8%	30.8%
Hancock Park	90020	0.0%	62.0%	8.9%	29.1%
Echo Park/Silverlake	90026	0.1%	60.5%	9.5%	30.0%
Griffith Park/Los Feliz	90027	0.0%	62.6%	7.3%	30.1%
Hollywood	90028	0.0%	62.5%	9.9%	27.5%
Downtown Los Angeles	90029	0.0%	59.7%	8.8%	31.5%
Montecito Heights	90031	0.0%	53.0%	8.1%	38.9%
Mount Olympus	90046	0.0%	66.5%	7.3%	26.3%
Westlake	90057	0.0%	60.5%	8.5%	31.0%
South Los Angeles	90007	0.0%	45.5%	6.8%	47.7%
Baldwin Hills/Crenshaw	90008	0.1%	49.6%	9.3%	41.0%
South Los Angeles	90011	0.0%	54.8%	6.2%	39.0%
West Adam	90016	0.0%	57.9%	7.6%	34.4%
Jefferson Park	90018	0.0%	53.5%	8.9%	37.7%
South Los Angeles	90037	0.0%	52.5%	9.2%	38.2%
Athens	90044	0.1%	50.5%	8.0%	41.5%
CHMC Service Area		0.1%	58.0%	8.2%	33.8%
Los Angeles County		0.0%	57.0%	7.6%	35.3%

Data source: Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Students Receiving Free or Reduced-Price Meals

Student eligibility for FRPM serves as a proxy measure of family poverty, as the federal poverty threshold tends to underestimate the extent of poverty, particularly in high cost areas. Research indicates that families in California can earn two or more times the federal poverty level and still struggle to meet their basic needs.[76]

[76] As cited on kidsdata.org, *Self-Sufficiency Standard*. (2015). Insight Center for Community Economic Development and Dr. Diana Pearce, *California Family Economic Self-Sufficiency Standard*. Center for Women's Welfare, School of Social Work, University of Washington. Accessed [August 1, 2016].

A child's family income must fall below 130% of the federal poverty guidelines ($31,005 for a family of four in 2014-2015) to qualify for free meals, or below 185% of the federal poverty guidelines ($44,123 for a family of four in 2014-2015) to qualify for reduced price meals.

In 2015, the percentage of children eligible for the Free or Reduced Price School Meal (FRPM) program was 66.6%, which is an increase from 2011 (61.8%). Overall, these percentages are above that of California (58.6%).

Children Eligible for Free or Reduced-Price Lunch

Report Area	Percentage
Los Angeles County	66.6%
California	58.6%

Data source: California Department of Education (CDE)
Data year: 2015
Source geography: County

Stakeholder Input

Poverty is a challenge in and of itself for residents of the service area, and as part of a chain of related factors it is the upstream determinant of multiple health outcomes.

For residents of the service area, low income means lack of access to personal and public transportation, which impacts access to healthy food, access to health care, and even access to education. Residents' low income limits their access to stable and healthy housing and a clean living environment, as very low-income communities are most impacted by environmental pollution and lack of adequate garbage collection.

Stakeholders explained that residents living in poverty experience structural barriers to health care access including discrimination from service providers, increasingly overburdened social service offices, and lack of adequate educational and vocational programs.

Preventive Care

Along with access to health care, following preventive practices such as having a regular source of care and timely physical and medical tests is important. Adequate, regular primary care can prevent the development of health problems and maintain positive health conditions.

Health Check-Ups

In 2015, the percentage of residents in the CHMC service area (65.6%) who visited a doctor, nurse, or other health care professional was slightly lower than in Los Angeles County (70.7%). Similarly, there were a lower percentage of individuals residing in the CHMC service area who visited a dentist or a dental clinic (54.5%) than in Los Angeles County (59.3%). In SPA 4-Metro, 64.6% of the population visited a doctor, nurse or other health professional while 59.7% saw a dentist or visited a dental clinic in the past year. Similarly, in SPA 6, 65.1% of the population visited a doctor, nurse or other health professional while only 43.1% saw a dentist or visited a dental health clinic.

Visited Health Care Professional in Past Year, 2015

Report Area	Saw Doctor, Nurse, or Other Health Care Professional in the Past Year	Saw Dentist or Visited Dental Clinic in the Past Year
SPA 4–Metro	64.6%	59.7%
SPA 6–South	65.1%	43.1%
SPA 8–South Bay	74.4%	62.4%
CHMC Service Area	65.6%	54.5%
Los Angeles County	70.7%	59.3%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Preventable Hospitalizations

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses aka ambulatory-sensitive conditions (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. Although not all such hospitalizations can be avoided, admission rates in populations and communities can vary depending on access to primary care, care-seeking behaviors, and the quality of care available. Because hospitalization tends to be costlier than outpatient or primary care, potentially preventable hospitalizations often are tracked as markers of health system efficiency. The number and cost of potentially preventable hospitalizations also can be calculated to help identify potential cost savings associated with reducing these hospitalizations overall and for specific populations.[77]

In 2012, the rate at which preventable hospital events occurred (per 1,000) for individuals over the age of 18 in the CHMC service area (13.3) was higher than that of Los Angeles County (11.7). In particular, ZIP codes 90008-Baldwin Hills (24.4) and 90044-Athens (21.7) had very high rates of preventable hospital events.

Preventable Hospital Events Rate per 1,000 Population (18+)

City	ZIP Code	Rate
Hancock Park	90004	10.0
Koreatown	90005	7.3
Pico Heights	90006	10.8
Wilshire	90010	17.7
Downtown Los Angeles	90017	10.4
Country Club Park/Mid City	90019	12.7
Hancock Park	90020	5.8
Echo Park/Silverlake	90026	8.4
Griffith Park/Los Feliz	90027	12.1

[77] https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a23.htm

City	ZIP Code	Rate
Hollywood	90028	12.1
Downtown Los Angeles	90029	13.4
Montecito Heights	90031	10.6
Mount Olympus	90046	10.7
Westlake	90057	13.1
South Los Angeles	90007	9.2
Baldwin Hills/Crenshaw	90008	24.4
South Los Angeles	90011	12.7
West Adam	90016	18.5
Jefferson Park	90018	21.1
South Los Angeles	90037	17.5
Athens	90044	21.7
CHMC Service Area		13.3
Los Angeles County		11.7

Source: California Office of Statewide Health Planning and Development
OSHPD Patient Discharge Data,
Data Year: 2012
Source Geography: ZIP Code

Disparities

Upon looking at the differences between, American Indian/Alaskan Native populations in Los Angeles County have the lowest percentage regarding having a regular source of care (65.4%). Asians (75.6%) and Latinos (76.9%) also fall below the percent level reflected in Los Angeles County (80.3%).

Have Regular Source of Care

Ethnicity	Percent
African American	83.8%
American Indian/Alaskan Native	65.4%
Asian	75.6%
Latino	76.9%
White	86.4%
Los Angeles County	80.3%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

In terms of age, individuals between the ages of 25 and 29 reflect the smallest percentage who have a regular source of care (61.8%). Residents of Los Angeles County between the ages of 18 and 24 (71.7%) and 30-39 years old (75.6%) also represent the lower half of the population that have a regular source of care.

Have Regular Source of Care

Age Group	Percent
18-24 years old	71.7%

Age Group	Percent
25-29 years old	61.8%
30-39 years old	75.6%
40-49 years old	81.5%
50-59 years old	85.7%
60-64 years old	89.3%
65+ years old	94.2%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Stakeholder Input

Stakeholders identified a number of issues with linkage to care and continuity of care that negatively impact the implementation of preventive care. For example, with changes in insurance, people lose their medical homes, which interrupts regular checkups and treatment. Residents are not readily connected with screenings for young children that could identify and address many issues, before more serious issues arise. Additionally, stakeholders reported that residents do not often have access to paid time off for preventive care or early care for illness.

Sexual Health / Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite the burdens, costs, and complications—and their being preventable to a certain extent—STDs remain a significant public health problem in the United States, greatly under-recognized by the public, policymakers, and health care professionals. STDs have the potential to cause many harmful, often irreversible clinical complications including having an impact on reproductive health, fetal and perinatal health problems and cancer, and the transmission of HIV. The spread of STDs is directly affected by social, economic, and behavioral factors. Obstacles to STD prevention include access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, a historical experience with segregation and discrimination exacerbates the influence of these factors. Many studies document the association of substance abuse with STDs. The introduction of illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the spread of STDs.[78]

Adolescents ages 15 to 24 account for nearly half of the 20 million new cases of STDs each year in the United States. Today, four in 10 sexually active teen girls in the United States have had an STD with the potential to cause infertility and even death. Regular screenings are critical, as STDs often have no obvious signs or physical symptoms. Also, certain racial and ethnic groups (mainly African-American, Hispanic/Latino, and American Indian/Alaska Native populations) have high rates of STDs compared with Whites. Race and ethnicity in the United States are correlated with other determinants of health status

[78] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Diseases*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

such as poverty, limited access to health care, fewer attempts to get medical treatment, and living in communities with high rates of STDs.[79]

Prevalence

HIV incidence per 100,000 (59.0) and syphilis incidence (19.7) in the CHMC service area were both significantly higher than in Los Angeles County (24.9 and 8.1, respectively).

Chlamydia incidence per 100,000 in the CHMC service area (716.2) was significantly higher than Los Angeles County (512.9), with SPA 4-Metro (587.7) and SPA 6-South (999.5) showing opposing incidence rates.

Gonorrhea incidence per 100,000 in the CHMC service area (205.4) was nearly twice as much as that of Los Angeles County (103.4). Others SPAs such as SPA 4 (204.7) and SPA 6 (231.9) also exceed the rate of occurrence than the county (103.4).

Incidence Rates of Sexually Transmitted Diseases

Report Area	HIV Incidence per 100,000 (Age 13+)	Syphilis Incidence per 100,000	Chlamydia Incidence per 100,000	Gonorrhea Incidence per 100,000
	Percent	Percent	Rate	Rate
SPA 4–Metro	79.0	27.1	587.7	204.7
SPA 6–South	32.3	10.5	999.5	231.9
SPA 8–South Bay	26.3	4.7	504.9	109.2
CHMC Service Area	59.0	19.7	716.2	205.4
Los Angeles County	24.9	8.1	512.9	103.4
California	11.3%	70.6%	-	-

Source: Los Angeles County Department of Public Health, Key Indicators of Health
Data Year: 2013
Source Geography: SPA

The rate of HIV hospitalizations per 100,000 people in the CHMC service area (43.4) was nearly four times that of the rate for the state of California (11.0). Within the service area, ZIP codes 90010-Wilshire (105.3) and 90028-Hollywood (101.0) had much higher rates than the rest of the CHMC service area.

HIV Hospitalizations per 100,000 Population

City	ZIP Code	Rate
Hancock Park	90004	41.8
Koreatown	90005	18.6
Pico Heights	90006	18.6
Wilshire	90010	105.3

[79] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Diseases*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

City	ZIP Code	Rate
Downtown Los Angeles	90017	42.1
Country Club Park/Mid City	90019	20.2
Hancock Park	90020	20.5
Echo Park/Silverlake	90026	33.9
Griffith Park/Los Feliz	90027	55.4
Hollywood	90028	101.0
Downtown Los Angeles	90029	44.0
Montecito Heights	90031	10.2
Mount Olympus	90046	88.5
Westlake	90057	57.8
South Los Angeles	90007	4.9
Baldwin Hills/Crenshaw	90008	71.1
South Los Angeles	90011	21.2
West Adam	90016	71.4
Jefferson Park	90018	50.7
South Los Angeles	90037	12.8
Athens	90044	22.3
CHMC Service Area		43.4
CA		11.0

Source: Office of Statewide Health Planning and Development
Data Year: 2010
Source Geography: ZIP

Stakeholder Input

Stakeholders have observed an increase in STD incidence among teenagers, and called for preventive education.

Transportation

Transportation barriers are often cited as barriers to healthcare access. Transportation barriers can lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may cause poorer management of chronic illness and thus poorer health outcomes. However, the significance of these barriers is uncertain based on existing literature due to wide variability in both study populations and transportation barrier measures[80].

Personal Transportation

In 2015, the population of the CHMC service area was over three times more likely to use public transportation than the total population of Los Angeles County (21.7% vs. 7.1%). The population of the

[80] Institute for Health and Research Policy. Traveling towards disease: transportation barriers to health care access. Chicago, IL. Available at: http://www.ihrp.uic.edu/content/traveling-towards-disease-transportation-barriers-health-care-access. Accessed: [September 2, 2016].

CHMC service area was also more likely to walk or use a bicycle for transportation than the total population of Los Angeles County. At the same time, residents of the CHMC service area were much less likely than residents of Los Angeles County to drive alone (56.2% vs. 72.6%).

Modes of Transportation

City	ZIP Code	Drove Alone	Car Pooled	Public Transportation	Walked	Bicycle	Other Means	Worked at Home	Average Vehicles Per Household
Hancock Park	90004	56.6%	9.2%	23.9%	2.3%	1.1%	0.7%	6.3%	1.3
Koreatown	90005	44.9%	9.5%	32.0%	5.3%	0.7%	1.3%	6.2%	1.0
Pico Heights	90006	44.3%	10.0%	34.3%	4.5%	1.3%	1.3%	4.4%	1.1
Wilshire	90010	-	-	-	-	-	-	-	-
Downtown Los Angeles	90017	34.9%	8.2%	38.9%	8.6%	1.3%	4.9%	3.2%	0.8
Country Club Park/Mid City	90019	63.9%	8.3%	18.3%	2.1%	1.0%	1.6%	4.9%	1.4
Hancock Park	90020	55.8%	10.1%	22.8%	4.1%	0.5%	1.1%	5.6%	1.1
Echo Park/Silverlake	90026	59.2%	9.3%	19.7%	3.1%	1.3%	1.1%	6.2%	1.3
Griffith Park/Los Feliz	90027	63.9%	6.3%	12.5%	6.8%	1.6%	1.4%	7.6%	1.3
Hollywood	90028	56.8%	4.9%	15.4%	9.6%	1.8%	2.5%	8.9%	1.0
Downtown Los Angeles	90029	51.2%	7.9%	28.9%	5.9%	1.8%	1.5%	2.9%	1.1
Montecito Heights	90031	63.5%	12.3%	14.2%	3.7%	0.5%	1.1%	4.7%	1.6
Mount Olympus	90046	70.8%	3.9%	5.3%	4.1%	0.8%	2.1%	13.0%	1.3
Westlake	90057	37.6%	11.0%	43.4%	3.1%	1.0%	0.9%	3.0%	0.9
South Los Angeles	90007	43.0%	7.6%	17.9%	18.0%	7.7%	1.9%	3.9%	1.2
Baldwin Hills/Crenshaw	90008	68.1%	9.4%	13.5%	1.6%	0.6%	1.1%	5.7%	1.3
South Los Angeles	90011	53.4%	11.4%	22.8%	4.9%	2.5%	1.5%	3.6%	1.4
West Adam	90016	69.1%	11.0%	13.2%	2.3%	0.9%	1.1%	2.3%	1.5
Jefferson Park	90018	63.7%	9.8%	18.5%	1.4%	1.0%	1.9%	3.8%	1.4
South Los Angeles	90037	56.4%	9.8%	23.9%	4.1%	1.7%	1.4%	2.7%	1.3
Athens	90044	66.1%	12.3%	14.6%	1.3%	0.7%	1.4%	3.7%	1.4
CHMC Service Area		56.2%	9.1%	21.7%	4.8%	1.5%	1.6%	5.1%	1.2
Los Angeles County		72.6%	10.1%	7.1%	2.9%	0.9%	1.4%	5.2%	1.8

Data Source: Nielson Claritas Demographic Data
Data Year: 2015
Source Geography: ZIP

Stakeholder Input

Public transportation functions as a barrier to care for residents because of cost and extended travel times, particularly when assigned health care providers are very distant from residents' homes or workplaces.

Additionally, the elderly and the disabled face challenges in accessing transportation to health care providers as well as to healthy food outlets.

Violence/Injury/Safety

Injuries can result from many unintentional or intentional events including motor vehicle accidents, falls, job-related accidents, gunshot and blast wounds and sports injuries. Common diagnoses include brain injury, spinal cord injury, amputation, anoxia, and muscular-skeletal injury.[81]. Injuries affect everyone, regardless of age, gender, ethnicity, or economic status[82]. Although injuries are often unavoidable, there are steps that can be taken to lessen the consequences of injuries, including wearing seat belts, violence prevention education, ignition interlock and in-car breathalyzers to prevent drunk driving, pro-active job site safety precautions and regular physical activity[83].

Traumatic Brain Injuries. Traumatic brain injuries contribute to a significant number of deaths and cases of permanent disability each year. In 2010 alone, 2.5 million traumatic brain injuries occurred in the United States[84]. Traumatic brain injuries are caused by a bump or blow to the head or a penetrating injury that disrupts the normal function of the brain[85]. Traumatic brain injuries are often the result of falls, unintentional blunt traumas, motor vehicle crashes, and physical assaults, including intimate partner violence[86]. Traumatic brain injuries cause a range of short and long term changes that affect an individual's memory and reasoning functions, senses (i.e. touch, taste, and smell), ability to communicate and understand, and overall emotional well-being[87].

Unintentional Injury

In 2012, the CHMC service area experienced 2.1 unintentional injuries leading to death per 10,000 people. The highest rates of unintentional injury leading to death were seen in ZIP codes 90028-Hollywood (6.5) and 90046-Mount Olympus (2.9).

Unintentional Injuries Leading to Death

[81] Centers for Disease Control and Prevention. (2014). *Injury Prevention and Control*. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].

[82] Centers for Disease Control and Prevention. (2014). *Injury Prevention and Control*. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].

[83] Centers for Disease Control and Prevention. (2014). *Injury Prevention and Control*. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].

[84] Centers for Disease Control and Prevention. (2014). *Traumatic Brain Injury*. Atlanta, GA. Available at http://www.cdc.gov/TraumaticBrainInjury/index.html. Accessed [August 2, 2016].

[85] Centers for Disease Control and Prevention. (2015). *Traumatic Brain Injury*. Atlanta, GA. Available at http://www.cdc.gov/TraumaticBrainInjury/index.html. Accessed [August 2, 2016].

[86] Centers for Disease Control and Prevention. (2015). *Traumatic Brain Injury in the United States: Fact Sheet*. Atlanta, GA. Available at http://www.cdc.gov/traumaticbraininjury/get_the_facts.html. Accessed [August 2, 2016].

[87] Centers for Disease Control and Prevention. (2015). *What are the potential effects of TBI?*. Atlanta, GA. Available at http://www.cdc.gov/traumaticbraininjury/outcomes.html. Accessed [August 2, 2016].

City	ZIP Code	Number	Percent	Rate
Hancock Park	90004	7	3.1%	1.1
Koreatown	90005	10	6.6%	2.5
Pico Heights	90006	12	4.6%	2.0
Wilshire	90010	0	0.0%	0.0
Downtown Los Angeles	90017	3	3.3%	1.2
Country Club Park/Mid City	90019	6	1.5%	0.9
Hancock Park	90020	6	4.5%	1.5
Echo Park/Silverlake	90026	13	3.9%	1.8
Griffith Park/Los Feliz	90027	14	4.0%	3.0
Hollywood	90028	19	10.9%	6.5
Downtown Los Angeles	90029	9	3.7%	2.4
Montecito Heights	90031	9	3.7%	2.2
Mount Olympus	90046	14	3.6%	2.9
Westlake	90057	9	3.9%	2.0
South Los Angeles	90007	7	6.4%	1.7
Baldwin Hills/Crenshaw	90008	13	4.1%	4.1
South Los Angeles	90011	24	7.0%	2.2
West Adam	90016	12	3.8%	2.5
Jefferson Park	90018	9	2.4%	1.7
South Los Angeles	90037	8	2.8%	1.3
Athens	90044	12	2.4%	1.3
CHMC Service Area		216	4.1%	2.1
Los Angeles County		2,060	3.5%	-
California		10,750	4.4%	2.8

Source: California Department of Public Health
Data Year: 2012
Source Geography: ZIP

Teens Perception of Injury

In 2012, the number of teens who received threats of violence or physical harm from their peers was slightly higher in the CHMC service area (18.8%) than in Los Angeles County (14.7%) and California (16.2%). Moreover, the percentage of teens in SPA 4-Metro (21.5%) who received threats was higher than the average for the CHMC service area.

The CHMC service area had a higher percentage of teens who feared being attacked at school (20.1%) than Los Angeles County (17.1%) and California (14.3%). SPA 6 had the highest percentage of teens that feared being attacked at school with 22.8%.

Fewer teens in the CMHC service area (11.7%) felt unsafe in a nearby park or playground during the day than in Los Angeles County (11.7%).

Teens Perception of Neighborhood and School Safety, 2012, 2014

Report Area	Received threats of violence or physical harm from peers in past year[1]	Feared of being attacked at school in the past year[1]	Felt unsafe in nearby park or playground during the day[2]
SPA 4–Metro	21.5%	18.7%	7.0%
SPA 6–South	11.7%	22.8%	13.8%
SPA 8–South Bay	27.6%	19.6%	8.8%
CHMC Service Area	18.8%	20.1%	9.4%
Los Angeles County	14.7%	17.1%	11.7%
California	16.2%	14.3%	9.5%

Source:
1 California Health interview Survey, 2012, SPA
2 California Health interview Survey, 2014, SPA

Stakeholder Input

Stakeholders highlighted the fact that the community is impacted by domestic violence because it is often underreported for fear of negative interpersonal, economic and legal repercussions, particularly among families with undocumented family members. Stakeholders observed that domestic violence is becoming more prevalent among younger residents, and explained there is a lack of community education around healthy relationships and very few safe spaces for victims given the dense population in the service area.

Street violence continues to be a concern in the service area, and stakeholders noted that gangs target young people. This is a particular concern because there is a current strained relationship with law enforcement.

Impact of Actions Taken Since 2014 CHNA

Access to mental health services, access to oral health services, drug addiction and alcoholism, type 2 diabetes mellitus, obesity/overweight, and other chronic health conditions were identified as significant health needs in the 2014 CHNA. Below are examples of the known impacts and actions taken since the preceding CHNA that directly addressed these health needs.

Priority Area 1: Poor Access to Mental Health Services

- Hope Street Family Center (HSFC)
    - Parents with children involved in any of HSFC's programs/services are routinely screened for depression/anxiety, intimate partner violence (IPV), and past trauma including adverse childhood experiences (ACEs) and referred to services, as needed.
    - Similarly, children involved in any of HSFC's programs/services are routinely evaluated for mental health needs and referred to CA Behavioral Health Clinic, run by HSFC, which serves children 0-21 years and their parents.
    - Increased the number of family preservation program sites from one to two.
    - Increased the number of CA Behavioral Health Clinic sites from one to two; serve children 0-21 years and their parents
    - Experiential learning for social work students expands the individual, family, or group therapy available.
    - Weekly support group for Spanish-speaking women impacted by IPV
    - Weekly anger management group for Spanish-speaking men and women
    - ~3338 families impacted annually.
- Welcome Baby Replication Initiative & Implementation of Select Home Visitation Programs in 14 Birthing Hospitals in Los Angeles County (2013-present)
    - New perinatal home visitors receive a one-day training on Perinatal Mood and Anxiety Disorders (PMADs); all new WB home visitors receive over 180 hours of training on a variety of topics including becoming a certified lactation educator. ~450-500 home visitors are trained annually.
    - Home visitors routinely screen for PMADs, IPV, and past trauma including ACEs and refer to services, as needed. Maternal mental health referrals are the 4th most common referral made by the home visitors; 6.5% of mothers were linked to mental health resources

- Number of families served:

Fiscal Year	Served by Welcome Baby	Served by Select Home Visitation
FY 14-15	9,686	749
FY 15-16	11,672	1,484
FY 16-17	15,265	1,887
FY 17-18 (to date)	15,650	1,962

  - Evaluation studies done on Welcome Baby Pilot involving CHMC and Maternal Child Health Access, our community partner and whose staff did the home visits:
    - Welcome Baby Home Visiting: Findings from the 12-Month Child and Family Survey and 3-Yr Longitudinal Study, Benatar S et al, Urban Institute and UCLA, 2013
    - Welcome Baby Home Visiting: Findings from the 24-Month Child and Family Survey and 3-Yr Longitudinal Study, Benatar S et al, Urban Institute and UCLA, 2014
    - Welcome Baby Home Visiting: Findings from the 36-Month Child and Family Survey and 3-Yr Longitudinal Study, Sandstrom H et al, Urban Institute and UCLA, 2015
  - Evaluation study done on maternal risk assessment tool used to determine if mother might benefit from a more intensive and longer lasting home visitation program, such as Parents as Teachers or Healthy Families American, instead of Welcome Baby:
    - A Psychometric Study of the Modified Bridges for Newborns Screening Tool, Stucky BD et al, Rand Corporation, 2017
  - Evaluation study of Welcome Baby Replication Initiative
    - An Ecosystem of Communications to Support the Family Engagement Strategy: Findings from Home Visiting Qualitative Research Study, Torres M et al, Social Quest, 2018
  - A prospective, randomized, controlled clinical trial of Welcome Baby is about to be launched involving the 14 participating hospitals and their community partners.
- Dignity Health Community Grant-funded Programs
  - Community Wellness Collaborative Project (2015-present): provides a 12 month daily schedule of fitness classes incorporating health education for youth and parents at HSFC and Immanuel Presbyterian Church
    - In their 2016 Accountability Report, they noted that 80% of those surveyed when asked if they had comments re their participation in yoga/movement classes stated that the classes had a positive impact on their health, emotional well-being, and/or stress level. In their health education and restorative yoga

classes, of those who completed a pre/post survey, 74% noted feeling their stress level decreased after participating in the workshop/class. Furthermore, 91% of pre/post survey responders were able to identify at least two techniques or methods learned in the workshop/class for improving their health and stress level in their everyday life. At the two sites, 200 yoga/movement classes were offered. In total, 331 unduplicated youth and adults attended at least one yoga class, with a total attendance across all classes of 2,619.

- 10th Decile Project (2015-present): Health Care and Supportive Housing for Chronically Homeless Frequent Users of Hospital Services (2015-present): connects top 10% highest cost, highest-need homeless individuals seen at CHMC to intensive case management, supportive housing, and appropriate physical, mental, and behavioral health care services
  - Chronic health conditions of participants: 90% had at least one chronic medical condition; 77% had serious mental illness (bi-polar disorder, schizophrenia, depression); 60% had substance use disorder; 76% had $\geq$ 2 chronic conditions; 46% had co-occurring disorders (SMI & SUD); 37% had tri-morbidities
  - Permanent supportive housing resulted in: 79% reduction in ED utilization; 66% reduction in hospital readmissions; 64% reduction in inpatient days
  - Evaluation of CSH's Social Innovation Fund (SIF) Initiative: Evaluating Supportive Housing as a Solution for People with Complex Health Care Needs, Weitzman BC et al, New York University
  - CSH started convening a Health Systems Integration Learning Community in 2017 to focus on how we could end homelessness in LA County utilizing the new health and housing resources:
    - Proposition HHH, City of LA, 2017-2027: $1.2 b over 10 yrs to create 10,000 supportive housing units
    - Measure H, LA County, 2017-2027: $3.5 b over 10 yr for services; intensive case management & housing, 42 new outreach teams, 1000 interim beds
    - Whole Person Care, CA 1115 Medicaid waiver, 2016-2020: $1.2 b over 5 yr for services
    - Health Homes Program, State ACA Option, 2019- :New Medicaid benefit for patients with complex health condition; target=top 3-5% highest cost Medicaid beneficiaries in the State

- Other Grant-funded Programs Awarded to CHMC
  - UniHealth Transition to Wellness Project (2016-present): navigators from Jewish Family Services provide service navigation to patients with mental illness treated in CHMC's ED and inpatient hospital units to connect them with community resources and treatment interventions to improve their overall health and social well-being; reduce ED utilization; and hospital readmissions

  - CHMC's Welcome Baby Program (2009-present): hospital liaisons recruit patients who have just given birth at CHMC to participate in Welcome Baby or a more intensive home visitation program, as needed. All are routinely screened for PMADs prior to discharge.
- Dignity Health system-wide Maternal Mental Health Initiative (2016-present)
  - Recognizing that PMADs are the most common complication of pregnancy and that many go undetected and untreated resulting in significant long-term morbidity of the mother, infant, and family, Dignity Health initiated a system-wide initiative at its 29 birthing hospitals to train all perinatal staff and social workers as well as providers (M.D.s and certified nurse midwives) on PMADs. Dr. Margaret Lynn Yonekura, Director of Community Health at CHMC, serves as the Physician Champion for this initiative.
  - In 2017 all birthing hospitals began screening postpartum women for PMADs prior to discharge.
  - Providers are encouraged to screen all women during prenatal and postpartum care and during well-child visits during the first year of life.
  - This initiative impacts ~60,000 women annually.

Priority Area 2: Access to Oral Health

- Health Ministry Program offered classes on Oral Hygiene
- Hope Street Family Center
  - Children participating in Early Head Start or early care and learning centers were screened by students of USC Dental School.
  - ~432 impacted annually
- Grant-funded Program Awarded to CHMC
  - UniHealth Community Dental Partnership for Uninsured Adults with Medication-Dependent Diabetes (2014-2017)
    - Free basic dental and periodontal services provided through a collaboration of:
      - Southside Coalition of Community Health Centers
      - CHMC
      - Eisner Health's Dental Department
    - CHMC promotora recruited 1969 unduplicated, uninsured adults with diabetes who required medication for control from the partner FQHCs.
    - All patients received Oral Hygiene classes
    - CDP patients received 716 basic dental visits at Eisner (if their medical home did not offer basic dental services), 2969 periodontal visits, and 322 periodontal maintenance visits. The patient satisfaction rate was extremely high.
    - Policy Change: In 2009, California eliminated nonemergency dental benefits for adults. Some benefits were partially restored in 2014, such as fillings and x-rays, but lab-processed crowns, root canals on back teeth, treatments for gum disease and partial dentures remained uncovered. However, in January 2018 these services became covered once again.
  - *Para Su Salud* Program (2014-present)

        - Enrollers assist individuals and families sign up for health and dental health insurance benefits; recertification required every 6 months.
- Dignity Health Community Grant-Funded Program
    - LAUSD Oral Health Initiative (2016)
        - Universal screening, preventive and restorative dental care for low-income and underserved children, and comprehensive community health education focused on primary prevention of dental disease was expanded to 4 additional elementary school sites through a collaboration of:
            - LA Trust for Children's Health
            - Jefferson High School Wellness Center & South Central Family Health Center
            - Eisner Health
            - Manual Arts High School Wellness Center & St John's Well Child and Family Center

Priority Area 3: High Prevalence of Substance Abuse and Alcoholism

- Prevention of Child Abuse and Neglect and Family Violence Prevention
    - Hope Street Family Center
        - Early Head Start (EHS) is a federal initiative providing child development and parent support services to low-income pregnant women and families with children birth to 3 years old
            - Children participating in this program have lower rates of child abuse and neglect, thereby decreasing the likelihood that they will become an alcoholic or drug addict in the future.
            - Parents are routinely screened for mental health and behavioral health problems including a history of trauma and referred to treatment, as needed.
            - 272 families impacted annually
        - Licensed Child Care Centers (N=3) and Family Childcare Network
            - Parents learn the importance of responsive caregiving and keeping their children safe.
            - Early education and parent support services are provided to low-income families with children birth to 5 yr.
            - 176 families impacted annually
        - CA Behavioral Health Clinic
            - Children aged 0-21 with Medi-Cal and their parents receive evidence-based mental health services
            - By diagnosing and addressing children's mental health needs there is a decreased likelihood that the child will become an alcoholic or drug addict in the future.
            - 1440 impacted annually
        - Support group for Parents of NICU infants

        - Support group for Spanish-Speaking Victims of IPV
    - Welcome Baby Replication Initiative and Implementation of Select Home Visitation Programs in 14 birthing hospitals in Los Angeles County
        - Home visitors teach the families about milestones of child development
        - Families receiving family support services through home visits are significantly less likely to abuse or neglect their children
    - LA County Perinatal and Early Childhood Home Visitation Consortium
        - Membership includes the majority of organizations providing home visiting services in LA County
        - Working with LA County Dept of Public Health and Mental Health to expand home visiting services to reach the majority of new families as per the request of the LA County Board of Supervisors (December 2016): this is part of the Board's plan to decrease the prevalence of child abuse and neglect and improve child well-being throughout the County (2017-present)
    - Dignity Health Community Grant-funded Program
        - Community Wellness Collaborative (2015-present): provides a 12 month daily schedule of fitness classes incorporating health education for youth and parents at HSFC and Immanuel Presbyterian Church
            - Youth and adults learn healthy coping skills using yoga
- Treatment of Substance Abuse and Alcoholism
    - Hope Street Family Center
        - Child welfare services for children and families referred by LA County Dept of Children and Family Services (DCFS) to HSFC include:
            - Family Preservation Services designed to assist families in crisis by improving parenting and family functioning while keeping children safe.
                - As of this year, we are operating two FP program sites: Metro North and Vermont Corridor
                - 60 families served/mo
            - Wraparound Services provide community-based support and individualized planning for children, including those with severe emotional and behavioral disorders (SED) and their families
                - The Wraparound Team creates an intensive family preservation plan that supports keeping the child at home with their family.
                - 30 families served/mo
        - Weekly support group for Spanish-speaking women impacted by IPV
        - Weekly anger management group for Spanish-speaking men and women
        - Weekly parenting group for Spanish-speaking men and women
    - Welcome Baby Replication Initiative and Implementation of Select Home Visitation Programs in 14 birthing hospitals in Los Angeles County
        - Home visitors routinely screen for substance abuse and/or alcoholism and refer individuals to treatment, as needed

        - 10% of clients are impacted by substance abuse at time of initial postpartum screen by Welcome Baby Hospital Liaison
    - Dignity Health Community Grant-Funded Program
        - 10th Decile Project: Health Care and Supportive Housing for Chronically Homeless Frequent Users of Hospital Services (2015-present): connects top 10% highest cost, highest-need homeless individuals seen at CHMC to intensive case management, supportive housing, and appropriate physical, mental, and behavioral health care services
            - Chronic health conditions of participants: 90% had at least one chronic medical condition; 77% had serious mental illness (bi-polar disorder, schizophrenia, depression); 60% had substance use disorder; 76% had ≥ 2 chronic conditions; 46% had co-occurring disorders (SMI & SUD); 37% had tri-morbidities
    - Grant-funded Program Awarded to CHMC
        - UniHealth Transition to Wellness Project (2016-present): navigators from Jewish Family Services provide service navigation to patients with mental illness treated in CHMC's ED and inpatient hospital units to connect them with community resources and treatment interventions to improve their overall health and social well-being; reduce ED utilization; and hospital readmissions
            - Some of these patients have co-morbidity of alcoholism or SUD (SMI & SUD)
    - Los Angeles County-wide Initiative of DPH Substance Abuse Prevention and Control's Substance Abuse Service Helpline (SASH)
        - In July 2017 SAPC launched its new 24/7 helpline and online treatment directory sapccis.ph.lacounty.gov/sbat that enables individuals and providers to promptly access treatment services throughout LA County.

Priority Area 4: High Prevalence of Diabetes

- Prevention of Diabetes
    - Health Ministry Program
        - Screening for prediabetes by Parish Nurse: 1372, 1255, and 1315 individuals were screened using HbA1c in FY 15, FY 16, and FY17, respectively.
            - Those with positive screens were referred to either *Food, Fitness, and Diabetes Prevention Program* offered by our *promotora* or local YMCA's Diabetes Prevention Program
    - LA Best Babies Network
        - Healthy Weight Perinatal Care Collaborative 2014-2016: LABBN led Care Quality Improvement activities to help perinatal care providers of FQHCs implement evidence-based practice guidelines and to link them to community-based services and resources.
            - Healthy weight gain during pregnancy depending on pre-pregnancy BMI
            - Screening and treatment of gestational diabetes

- The referral of postpartum patients with gestational diabetes to local YMCA's Diabetes Prevention Program

- Dignity Health Community Grant-funded Program
  - Community Wellness Collaborative (2015-present): provides a 12 month daily schedule of fitness classes incorporating health education for youth and parents at HSFC and Immanuel Presbyterian Church
- LA Partnership Community Health Assessment & Action Partnership formed in 2017
  - Membership made up of directors of community health/benefit from LA County hospitals and local public health departments including Los Angeles, Pasadena, and Long Beach.
    - Initial mission: to maximize collective impact of community benefit activities in LA County by promoting best practices and alignment in CHNAs and prevention-oriented implementation strategies among hospitals and community partners.
  - Diabetes Prevention Workgroup formed in order to address the escalating prevalence of diabetes.
    - Objectives:
      - Increase collaboration between hospitals, the 3 local public health departments, community-based organizations and others engaged in community-based diabetes prevention efforts
      - Increase investment in upstream prevention strategies to maximize population impact
      - Implement coordinated set of strategies in selected high need communities to achieve measurable gains
      - Foster a learning culture by evaluating our work, sharing results and insights and making adjustments, as needed.
    - Diabetes hotspots identified by LAC DPH and their recommendations for diabetes prevention, strategies to increase early diagnosis (of both pre-diabetes and diabetes) and linkage to services and for improving diabetes management shared
      - In order to address food insecurity (prevalence in Metro LA =33%) : increase participation in SNAP
        - LA County Board of Supervisors had just asked DPSS to increase participation in SNAP by 20% in 2 yr
      - Spread and scale national diabetes prevention program (NDPP)
        - Dr. Yonekura has been a member of the LA County NDPP Community Advisory Board since 2013
          - Initially focused on building the case for insurance coverage

- Increasing screening for pre-diabetes →referral to DPP

- Treatment of Diabetes
  - Health Ministry Program
    - Screening for diabetes by Parish Nurse: 1640, 1821, and 1930 individuals were screened using fast glucose in FY 15, FY 16, and FY 17, respectively.
      - Those with positive screens were referred to a medical home and to *Living with Diabetes Program* offered by our *promotora*
      - Diabetes support group facilitated by *promotora*
      - Because of the significant overlap between diabetes and cardiovascular disease, once participants completed *Living with Diabetes Program* they were referred to *Heart H.E.L.P* taught by another *promotora*
      - In 2017 we began offering *Diabetes Empowerment Education Program* (DEEP) for both prediabetics and diabetics. Our *promotora* became a certified DEEP Peer Educator
- Grant-funded Programs Awarded to CHMC
  - UniHealth Community Dental Partnership for Uninsured Adults with Medication-Dependent Diabetes (2014-2017)
    - People with diabetes, especially those with poorly controlled diabetes, are more likely to have periodontal disease than people without diabetes. In fact, periodontal disease is often considered the sixth complication of diabetes and may make it more difficult for people with diabetes to control their blood sugar.
    - Free basic dental and periodontal services provided through a collaboration of:
      - Southside Coalition of Community Health Centers
      - CHMC
      - Eisner Health's Dental Department
    - CHMC *promotora* recruited 1969 unduplicated, uninsured adults with diabetes who required medication for control from the partner FQHCs.
  - CCF Coordinated Care Initiative (2016-2020): launched as a pilot project initially included CHMC, UMMA, T.H.E. Clinic, South Central Family Health Center and Transworld Health. The goals were to enhance care coordination across the local healthcare continuum in order to improve health outcomes and reduce readmissions and ED revisits for patients diagnosed with congestive heart failure, hypertension, and diabetes. The project was expanded in late 2017 and early 2018 to include 4 additional members of the Southside Coalition of Community Health Centers – St John's Well Child and Family Center, South Bay Family Health Center, Watts Health Corporation, and Eisner Health.
    - Navigators stationed at CHMC work with clinic patients with selected chronic diseases to ensure that they get a follow-up appointment at their medical home within 72 hrs of discharge. The navigator is notified if the patients does not keep the appointment and contacts the patient directly to reschedule as appropriate. The navigator is also able to provide referrals to resources

including CHMC's community health education classes to better manage their disease.

Priority Area 5: Lack of Physical Activity, Poor Dietary Habits, and Rising Prevalence of Overweight/Obesity

- Health Ministry Program
    - Parish Nurse screened 1569, 1803, and 1680 individual adults for overweight/obesity using BMI in FY 15, FY 16, and FY17, respectively.
        - Overweight/obese adults were referred to our *Food, Fitness, and Diabetes Prevention Program*
    - *Healthy Eating Lifestyle Program* (H.E.L.P.) for overweight and obese children aged 5-12
        - 5-week educational program for families with children ages 5-12 who are overweight or obese. Parents must participate with their child(ren) who qualifies (y) for this program. The primary goal is to help families adopt healthier eating habits and increase physical activity. The emphasis is on long-term lifestyle changes (i.e., making better food and beverage choices, integrating activity into their daily lives, and decreasing screen time to < 2 hr/d) rather than short-term diets. Each module is highly interactive so that program participants are able to both learn and apply the facts, principles, and concepts being taught.
    - *Diabetes Empowerment Education Program*: pre-diabetics learn how to prevent type 2 diabetes by addressing obesity/overweight through increasing physical activity and healthy eating
- Hope Street Family Center
    - Parents of children participating in EHS, licensed child care centers, or family childcare network learn about the importance of: exclusive breastfeeding for the first 6 months of life with continued breastfeeding for as long as feasible; the consumption of fresh fruits and vegetables as well as water; the avoidance of fast-food, sugar-sweetened beverages, and calorie-dense, nutrient poor foods; and maintaining an active lifestyle in order to prevent pediatric overweight/obesity.
    - Menus of licensed childcare centers conform with nutrition guidelines of EHS/HS
    - Youth Center: children aged 7-18 yr learn about healthy eating, healthy cooking, portion control, the importance of maintaining an active lifestyle and healthy coping strategies for life's stressors.
- Welcome Baby Replication Initiative and Implementation of Select Home Visitation Programs in 14 birthing hospitals in Los Angeles County
    - All home visitors receive training in order to become certified lactation educators.
    - Home visiting staff learn about the importance of, and how to support: exclusive breastfeeding for the first 6 months of life with continued breastfeeding for as long as feasible; the consumption of fresh fruits and vegetables as well as water; the avoidance of fast-food, sugar-sweetened beverages, and calorie-dense, nutrient poor foods; and maintaining an active lifestyle in order to prevent pediatric overweight/obesity

    - Home visitors discuss this information with families during home visits.
    - Refer families with food insecurity to WIC and CalFresh and local food banks
- LABBN's Healthy Weight Perinatal Care Collaborative 2014-2016: LABBN led Care Quality Improvement activities to help perinatal care providers of FQHCs implement evidence-based practice guidelines and to link them to community-based services and resources.
    - Healthy weight gain during pregnancy depending on pre-pregnancy BMI
    - Referral of postpartum women who were overweight/obese to LAC DPH online website *Choose Health LA Moms* to help them return to their pre-pregnancy weight within 8 weeks – focuses on drinking water, walking, and exclusively breastfeeding.
    - Screening and treatment of gestational diabetes
    - The referral of postpartum patients with gestational diabetes to local YMCA's Diabetes Prevention Program
- Dignity Health Community Grant-funded Programs
    - Community Wellness Collaborative (2015-present): provides a 12 month daily schedule of fitness classes incorporating health education for youth and parents at HSFC and Immanuel Presbyterian Church
        - In their 2016 Accountability Report, they noted that adult participants in the yoga/movement classes had the following improvements in their health screens done by the Parish Nurse: 50% decreased their weight from being overweight or obese; 76% showed an improvement in their blood pressure or maintained a healthy BP; and 67% showed improvement in their BMI or maintained a healthy level.
    - National Health Foundation's Youth-Driven South LA Initiative (2017-2019)
        - Goal: to develop a community-driven action plan for South /central and Central Alameda neighborhoods that maps out key upstream solutions to tackling obesity, diabetes, and cardiovascular disease
        - High school students from these neighborhoods identified 3 key barriers to healthy lifestyles in their neighborhood: lack of access to healthy food, lack of access to open spaces for physical activity, and crime and safety concerns.
        - Students identified corner stores willing to start offering fresh fruits and vegetables through a collaboration with Leadership for Urban Renewal Network (LURN).
        - Patients of South Central Family Health Center and St John's Well Child and Family Centers receive coupons for free fresh produce redeemable at participating corner stores.
        - Fitness classes are offered in various pocket parks and community sites by kinesiology students from CSUN (3WINS Program)

Priority Area 6: Cardiovascular Disease

- Health Ministry Program
    - The Parish Nurse screened 1665, 1353, and 1880 individuals for hypertension in FY 15, FY16, and FY17, respectively. He also screened 1630, 1353, and 1926 individuals for cholesterol in FY 15, FY 16, and FY 17, respectively.
        - Participants with abnormal screening tests were referred to a medical home.
        - They are also referred to our *Heart H.E.L.P. Program*
            - 361, 436, and 341 individuals enrolled in Heart H.E.L.P in FY 15, FY 16, and FY 17, respectively. Program completion rates were 61.2%, 78.2%, and 95.6% in FY 15, FY 16, and FY 17, respectively.
    - Smoking Cessation Assistance Program was offered to participants using tobacco products. The LAC DPH offers free smoking cessation medications. Participants are also referred to 1-800-NO-BUTTS.
- Dignity Health Community Grant-funded Programs
    - Community Wellness Collaborative (2015-present): provides a 12 month daily schedule of fitness classes incorporating health education for youth and parents at HSFC and Immanuel Presbyterian Church
        - In their 2016 Accountability Report, they noted that adult participants in the yoga/movement classes had the following improvements in their health screens done by the Parish Nurse: 50% decreased their weight from being overweight or obese; 76% showed an improvement in their blood pressure or maintained a healthy BP; and 67% showed improvement in their BMI or maintained a healthy level. In addition to yoga/movement classes, Zumba classes (N=35) for adults and "Crossfit for Kids" (N=45), circus arts (N=104), and dance classes (N=260) for youth were also offered on a regular basis.
    - National Health Foundation's Youth-Driven South LA Initiative (2017-2019)
        - Goal: to develop a community-driven action plan for South /central and Central Alameda neighborhoods that maps out key upstream solutions to tackling obesity, diabetes, and cardiovascular disease
- Grant-funded Programs Awarded to CHMC
    - CCF Coordinated Care Initiative (2016-2020): launched as a pilot project initially included CHMC, UMMA, T.H.E. Clinic, South Central Family Health Center and Transworld Health. The goals were to enhance care coordination across the local healthcare continuum in order to improve health outcomes and reduce readmissions and ED revisits for patients diagnosed with congestive heart failure, hypertension, and diabetes. The project was expanded in late 2017 and early 2018 to include 4 additional members of the Southside Coalition of Community Health Centers – St John's Well Child and Family Center, South Bay Family Health Center, Watts Health Corporation, and Eisner Health.

Appendix A—Scorecard

2017 Metro Hospital Collaborative CHNA – Health Needs and Drivers Scorecard

DATA INDICATOR

Legend
†Data from secondary sources aggregated using ZIP codes in the hospital service area
^Data from secondary sources reflecting the entire Service Planning Area (SPA)
*Data reflect the county level
An *italicized indicator* denotes qualitative data collected in the community focus group
Comparison levels: CA - California LAC - LA County

	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison Average	CHMC Service Area Average	GSH Service Area Average	SVMC Service Area Average	Stakeholder Mention
PHYSICAL AND SOCIAL DETERMINANTS								
Demographics								
Percent of adults who completed high school†	2016		LAC	76.8%	**67.7%**	**69.0%**	**64.2%**	
Percent of adults who are employed†	2016		LAC	57.6%	58.0%	**54.6%**	**55.4%**	
Average income per household†	2016		LAC	$78,309	**$53,147**	**$54,977**	**$52,964**	
Median income per household†	2016		LAC	$54,514	**$35,802**	**$31,484**	**$34,616**	
Average household size†	2016		LAC	3.0	2.7	2.1	2.9	
Births and Neonatal Care								
Births to teens (mothers under 20 years of age)†	2012		LAC	7.0%	**9.3%**	**8.4%**	**10.6%**	
Percent of low weight (<2,500 grams) births per 100 live births†	2012		LAC	6.7%	**7.4%**	**7.6%**	**7.6%**	
Breastfeeding (At Least 6 Months)†	2015		LAC	49.7%	51.9%	53.9%	49.7%	
Breastfeeding (At Least 12 Months)†	2015		LAC	27.6%	**26.8%**	**26.0%**	28.0%	
HEALTH OUTCOMES								
Cancers								*
Rate of cancer mortality per 100,000 adults†	2012		CA	15.1	13.2	12.0	12.8	
Breast cancer incidence rate per 100,000 adults*	2013		CA	64.6	63.3	63.3	63.3	
Breast cancer mortality Rate per 100,000 adults*	2013		CA	11.0	3.4	3.4	3.4	
Colon and rectum cancer incidence rate per 100,000 adults*	2013		CA	36.5	**36.6**	**36.6**	**36.6**	
Colon and rectum cancer mortality Rate per 100,000 adults*	2013		CA	13.4	**13.6**	**13.6**	**13.6**	
Leukemia incidence rate per 100,000 persons*	2013		CA	12.4	11.3	11.3	11.3	
Leukemia mortality rate per 100,000 persons*	2013		CA	6.4	6.0	6.0	6.0	
Lung cancer incidence rate per 100,000 persons*	2013		CA	43.3	35.2	35.2	35.2	
Lung cancer mortality rate per 100,000 persons*	2013		CA	32.3	27.0	27.0	27	
Pancreatic cancer incidence rate per 100,000 persons*	2013		CA	11.8	11.5	11.5	11.5	
Pancreatic cancer mortality rate per 100,000 persons*	2013		CA	10.7	6.9	6.9	6.9	
Prostate cancer incidence rate per 100,000 persons*	2013		CA	98.0	88.5	88.5	88.5	
Prostate cancer mortality rate per 100,000 persons*	2013		CA	19.5	10.8	10.8	10.8	
Cardiovascular Disease								
Percent of adults receiving heart disease management services from a care provider^	2014		LAC	55.5%	61.3%	61.1%	60.0%	
Percent of heart disease prevalence^	2014		LAC	5.7%	2.7%	3.5%	**6.0%**	
Rate of cardiovascular disease mortality per 10,000 adults†	2012		CA	15.5	14.9	**16.3**	14.3	
Rate of heart disease hospitalization per 100,000 adults†	2012		LAC	366.6	**376.6**	**398.2**	**403.6**	
Cholesterol								*
Percent of adults 18 and older ever diagnosed with high cholesterol^	2015		LAC	25.2%	24.6%	25.1%	24.0%	
Diabetes								*
Percent of adults 18 and older ever diagnosed with diabetes^	2015		LAC	9.8%	**11.5%**	**11.7%**	**11.8%**	
Percent of adults who feel confident in their ability to manage their diabetes^	2014		LAC	56.9%	**25.2%**	**33.2%**	**53.9%**	
Rate of adult diabetes hospitalizations per 100,000 adults†	2012		LAC	171.7	**203.9**	**221.8**	**241.1**	
Rate of diabetes mortality per 10,000 adults†	2012		CA	2.1	**2.7**	**2.5**	**2.7**	
Rate of hospitalizations for uncontrolled diabetes per 100,000 adults†	2012		LAC	14.1	**18.9**	**21.2**	**21.0**	
Rate of youth diabetes hospitalizations per 100,000 Persons	2012		LAC	27.7	21.8	17.9	24.1	
Hypertension								*
Percent of adults ever diagnosed with high blood pressure^	2015	<=26.9%	LAC	23.5%	23.2%	22.8%	**23.6%**	
Percent of adults taking any medications to control their high blood pressure^	2014	<=69.5%	LAC	67.2%	**63.9%**	**64.2%**	**62.3%**	
Rate of hypertension mortality per 10,000 adults†	2012		CA	15.5	14.9	**16.3**	14.3	
Mental Health								*
Average number of poor mental and/or physical health days in the past month reported by	2015		LAC	2.3	**2.6**	**2.7**	**2.6**	
Percent of adults 18 and older ever diagnosed with depression^	2015		LAC	13.0%	**14.5%**	**15.3%**	**14.6%**	
Percent of adults who received adequate social an emotional support^	2015		LAC	64.0%	**59.6%**	**59.4%**	**59.1%**	
Rate of adult alcohol and drug induced mental illness per 100,000 adults†	2012		LAC	125.8	108.8	**186.5**	116.8	
Rate of adult mental illness hospitalizations per 100,000 adults†	2012		LAC	677.0	**880.7**	**1384.0**	**906.2**	
Rate of suicides per 10,000 adults†	2012	<=1.0	LAC	0.4	**1.1**	**1.7**	**1.1**	
Rate of youth (under 18) Mental Illness hospitalizations per 100,000 adults†			LAC	377.1	**403.7**	**444.3**	**410.2**	
Obesity/Overweight								*
Percent of adults who are obese^	2015	<=30.5%	LAC	23.5%	22.3%	**24.3%**	**28.5%**	
Percent of adults who are overweight^	2015		LAC	35.9%	34.6%	34.2%	34.2%	
Percent of children 2-11 years old who are overweight^	2014		LAC	13.1%	**15.7%**	**19.0%**	12.5%	
Percent of teens 12-17 years old who are overweight or obese^	2014		LAC	29.3%	**32.6%**	**33.1%**	**30.9%**	
Oral Health								
Percent of children (age 3-17 years) who were unable to afford dental care and check-ups in the past year	2015		LAC	11.5%	**13.5%**	**14.6%**	**12.4%**	
Percent of adults who reported seeing a dentist in past year	2015		LAC	59.3%	**54.5%**	**56.7%**	**51.5%**	
Sexually Transmitted Diseases								
Chlamydia incidence rate*	2013		CA	453.4	**539.9**	**539.9**	**539.9**	
Gonorrhea incidence rate*	2013		CA	116.8	**150.3**	**150.3**	**150.3**	
Syphilis incidence rate*	2013		CA	9.9	**11.8**	**11.8**	**11.8**	

HEALTH DRIVERS								
Access to Care								*
Adults uninsured^	2014		LAC	20.0%	25.9%	26.6%	26.1%	
Children uninsured^	2014		LAC	4.4%	5.4%	5.1%	3.9%	
Adults regular source of care^	2015		LAC	80.3%	77.3%	76.9%	77.5%	
Children regular source of care^	2015		LAC	94.3%	92.1%	90.6%	93.6%	
Percent of adults 18 and older who had a difficult time accessing medical care^	2015		LAC	23.6%	29.1%	29.3%	29.5%	
Percent who visited the emergency room in the past 12 months^	2014		CA	17.4%	18.3%	16.3%	20.3%	
Alcohol and Substance Abuse, and Tobacco Use								
Percent of adults 18 and older who reported binge drinking in the past month^	2015		LAC	15.9%	17.5%	16.9%	15.5%	
Percent of adults 18 and older who are currently smoking^	2015		LAC	13.3%	13.8%	13.9%	13.6%	
Percent of adults 18 and older who reported they needed or wanted treatment for alcohol or drug program (excluding tobacco) in the past 5 years^	2014		LAC	18.0%	19.6%	20.6%	18.3%	
Percent of teens 12-17 who used marijuana in the past year^	2012		LAC	9.4%	13.1%	14.7%	10.7%	
Percent of adults who used marijuana in the past year^	2015		LAC	11.6%	13.9%	14.5%	13.2%	
Rate of alcohol/drug induced mental disease hospitalizations per 100,000 adults†	2012		LAC	125.8	108.8	186.5	116.8	
Cultural and Linguistic Barriers								*
Had a hard time understanding doctor^	2016		LAC	3.2%	3.6%	3.8%	3.6%	
Percent of population who speak a language other than English at home†	2016		LAC	56.8%	68.1%	66.5%	67.1%	
Food Insecurity								*
Not able to afford enough food (food insecure)^	2014		LAC	39.5%	48.7%	50.8%	47.1%	
Currently receiving food stamps^	2014		LAC	18.7%	19.5%	19.1%	20.9%	
Percent of households <300% federal poverty level that are food insecure^	2015		LAC	29.2%	32.0%	32.1%	32.0%	
Healthy Behaviors								*
Aerobic exercise and muscle strengthening (adults age 18+)^	2015		LAC	34.1%	33.5%	33.0%	31.7%	
Aerobic exercise and muscle strengthening (children age 6-17)^	2015		LAC	17.7%	16.4%	16.4%	16.9%	
Percent of adults (18+ years old) who reported binge drinking (in the past month)^	2015		LAC	15.9%	17.5%	16.9%	15.5%	
Percent of adults who use walking paths, parks, playgrounds, or sports fields in their neighborhood^	2015		LAC	47.5%	45.3%	46.8%	43.5%	
Percent of children 17 and under who reported drinking at least one soda or sweetened drink per day^	2015		LAC	39.2%	35.5%	38.0%	44.3%	
Percent of adults 18 and older who reported eating five or more servings of fruit and vegetables per day^	2015		LAC	14.7%	15.9%	14.8%	12.6%	
Homelessness								*
Number of homeless persons^	2016		LAC	43,854	9,709	11,074	8,622	
Physical Activity								*
Aerobic exercise and muscle strengthening (adults age 18+)^	2015		LAC	34.1%	33.5%	33.0%	31.7%	
Aerobic exercise and muscle strengthening (children age 6-17)^	2015		LAC	17.7%	16.4%	16.4%	16.9%	
Percent of adults who use walking paths, parks, playgrounds, or sports fields in their neighborhood^	2015		LAC	47.5%	45.3%	46.8%	43.5%	
Rate of open space per 10,000 children 0-5 years old†	2013		CA	259.1	1.3	0.4	0.2	
Poverty (including unemployment)								*
Percent of families living below poverty†	2016		LAC	14.9%	27.2%	25.0%	28.2%	
Percent of families with children living below poverty†	2016		LAC	11.5%	21.5%	18.8%	22.9%	
Percent of Civilians (Age 15+) Unemployed*	2016		LAC	6.9%	8.2%	8.0%	8.2%	
Preventative Care								*
Percent of adults (18+ years old) who reported seeing a doctor, nurse or other health care professional (HCP) for any reason in the past year^	2015		LAC	70.7%	65.5%	64.7%	66.0%	
Percent of women that had a cervical cancer screening in the last 3 years^	2015	<=93%	LAC	84.4%	78.8%	79.5%	81.9%	
Percent of women that had a mammogram in the last 2 years^	2015	<=81.1%	LAC	77.3%	78.1%	78.3%	77.5%	
Transportation								*
Number of vehicles per household†	2016		LAC	1.8	1.2	1.0	1.3	
Average household size†	2016		LAC	3.0	2.7	2.1	2.9	
Percent of residents that car pooled, rode public transit, walked, biked, or other (minus "worked at home" and "drove alone")†	2016		LAC	22.3%	38.7%	44.7%	37.5%	
Violence/Injury								
Unintended injury mortality rate per 10,000 adults	2012		CA	2.8	2.1	2.6	1.9	
Percent of adults 18 and older who perceive their neighborhood to be safe from crime^	2015		LAC	84.0%	64.3%	68.1%	58.4%	

Footnotes:
* = Denotes that a participant identified the health outcome or driver during the stakeholder input process.

California Hospital Medical Center Service Area:
90003 (South Los Angeles, SPA 6)
90006 (Pico Heights, SPA 4)
90007 (South Los Angeles, SPA 6)
90011 (South Los Angeles, SPA 6)
90015 (Downtown Los Angeles, SPA 4)
90016 (West Adam, SPA 6)
90018 (Jefferson Park, SPA 6)
90019 (Country Club Park/Mid City, SPA 4)
90037 (South Los Angeles, SPA 6)
90044 (Athens, SPA 8)
90062 (South Los Angeles, SPA 6)
90071 (ARCO Towers, SPA 4)

Good Samaritan Hospital Service Area:
90004 (Hancock Park, SPA 4)
90005 (Koreatown, SPA 4)
90006 (Pico Heights, SPA 4)
90007 (South Los Angeles, SPA 6)
90010 (Wilshire, SPA 4)
90012 (Chinatown, SPA 4)
90013 (Downtown Los Angeles, SPA 4)
90014 (Los Angeles, SPA 4)
90015 (Downtown Los Angeles, SPA 4)
90017 (Downtown Los Angeles, SPA 4)
90018 (Jefferson Park, SPA 6)
90020 (Hancock Park, SPA 4)
90021 (Downtown Los Angeles, SPA 4)
90026 (Echo Park/Silverlake, SPA 4)
90057 (Westlake, SPA 4)
90071 (ARCO Towers, SPA 4)

St. Vincent Medical Center Service Area:
90004 (Hancock Park, SPA 4)
90005 (Koreatown, SPA 4)
90006 (Pico Heights, SPA 4)
90007 (South Los Angeles, SPA 6)
90008 (Baldwin Hills/Crenshaw, SPA 6)
90010 (Wilshire, SPA 4)
90011 (South Los Angeles, SPA 6)
90016 (West Adam, SPA 6)
90017 (Downtown Los Angeles, SPA 4)
90018 (Jefferson Park, SPA 6)
90019 (Country Club Park/Mid City, SPA 4)
90020 (Hancock Park, SPA 4)
90026 (Echo Park/Silverlake, SPA 4)
90027 (Griffith Park/Los Feliz, SPA 4)
90028 (Hollywood, SPA 4)
90029 (Downtown Los Angeles, SPA 4)
90031 (Montecito Heights, SPA 4)
90037 (South Los Angeles, SPA 6)
90044 (Athens, SPA 8)
90046 (Mount Olympus, SPA 4)
90057 (Westlake, SPA 4)

Appendix B— Primary Data Gathering Tools

Metro Collaborative
Community Health Needs Assessment 2016
Focus Group Protocol

Guiding Questions

1. What do you consider to be **important factors for a healthy community**?
2. What do you think are the **most important health problems or needs** in the community?
    a. **Why** most important (e.g., severity? Wide geographic impact?)
    b. Why is this a problem (***try to uncover drivers***)
3. Which **populations** (groups) or particular **neighborhoods within the community are most affected by these needs**, or where the needs are most acute or prevalent?
4. What kinds of **resources** exist to address these needs? What are particular strengths in Glendale that contribute to community health?
5. What kinds of **gaps in service** are you aware of?
6. What are the **major barriers and challenges for you, your family or friends** to staying healthy?
7. Can you provide us with suggestions about how to help people stay healthy?
8. What else is important for us to know about the community you serve?

Metro Collaborative
Community Health Needs Assessment 2017
Individual Interview Protocol

Introduction:

The Center for Nonprofit Management is working with **Good Samaritan Hospital, St. Vincent, and CA Hospital Med Center** to conduct their 2017 Community Health Needs Assessment. We are talking to health experts to obtain their perspective on the most important health issues facing the local community and to identify areas of need as well as the availability of services to meet those needs. All the information collected will help **the three medical centers** better serve their community. The information you provide is confidential and will not be associated with your name and will only be reported in an aggregated manner.

Familiarity with Medical Center:
Area of Expertise:
Primary Service Area:
Primary Population Served:

COMMUNITY HEALTH NEEDS AND ASSOCIATED DRIVERS

1. What are some of the **major health issues** affecting individuals in the community?

Health Issues	Sub-Populations/ Geography	Better/Worse?

2. What are the most important factors **(socio-economic, behavioral, environmental or clinical factors)** contributing to poor health in the community?

Factors	Sub-Populations/ Geography	Areas in the Community

COMMUNITY ASSETS

3. Where do **community members go** if they have chronic health issues? **Ask by issue**

4. What other **health or social services are available (including mental health care)** in your local community?

    a. **Where** do community members go to receive or obtain information on health-related services?

ACCESS TO CARE

5. What health or social services are **most difficult to access or are missing** in the community? ***(DO NOT SAY ALOUD: This could include access to medical care that is affordable or free, health education workshops, dental care, vision care, substance abuse services, mental health care, etc.)***
    a. Are there specific **factors (socio-economic, behavioral, environmental or clinical factors)** that contribute to this?

    b. Does this affect certain **sub-populations** more than others? Which?

6. In your experience, what are the most **effective program/service delivery models** for addressing:
    a. Health issues? ***(refer to the issues identified in question 1)***

    b. Socio-economic factors (i.e. transportation, language barriers, poverty, etc.)? ***(refer to the issues identified in question 2)***

7. How has the **Affordable Care Act (ACA)** impacted your community members' ability to access care and other services?

COLLABORATION

8. In the last few years, have you noticed any **changes in the way that providers work together** in terms of service coordination, etc.?
    a. Do you feel that access to services/care coordination has improved? Please provide examples.

9. Do you see any potential areas for **collaboration or coordination** between hospitals, community organizations, and/or businesses (i.e. health or social providers, local government, etc.)?

COMMUNICATION

10. What would be the best way to share the findings of this **community health needs assessment**?

11. What would be the most efficient **ways to provide information** to community members about the availability of health and other services?

a. Is there a **particular message** that would appeal to community members?

12. Is there **anything else** you would like to add?

RANKING OF HEALTH NEEDS AND FACTORS/DRIVERS OF HEALTH

13. Of the health issues and contributing factors you mentioned, how would you **rank each health issue and factor** on a scale of 1 to 5 according to severity where 1 is least severe and 5 is most severe?

Appendix C—Stakeholders

Last Name	First Name	Organization	Focus Group Participation	Prioritization Forum Participation
Aguas	Veronica	Good Samaritan Diabetes Class	8/16/2016	
Aguilar	Leslie	CHMC Cardiovascular Health Class	8/30/2016	
Andres Taylor	Coralyn	Good Samaritan Hospital		8/26/2016
Arevalo	Yadira	ECHC		8/26/2016
Bada	Katrina	Good Samaritan Hospital		8/26/2016
Boller	Robert	Project Angel Food		8/26/2016
Bonnot	Younger	Good Samaritan Diabetes Class	8/16/2016	
Boston, BS, CTR	Rosemary	Good Samaritan Hospital		8/26/2016
Carmona	Cynthia	Community Clinic Association of LA County		8/26/2016
Da Costa	Brenda	St. Vincent		8/26/2016
Duncan	Laura	Ascencia		8/26/2016
Estrada	Rossana	Herman Ostrow School of Dentistry of USC		8/26/2016
Flores	Erika	Good Samaritan Diabetes Class	8/16/2016	
Gonzalez	Pedro	CHMC Cardiovascular Health Class	8/30/2016	
Goraa	Ena	CHMC Cardiovascular Health Class	8/30/1026	
Gorman	Dale	Kids' Community Clinic of Burbank		8/26/2016
Jones	Pat	Good Samaritan Diabetes Class	8/16/2016	
Kersey	Lynn	Maternal and Child Health Access		8/26/2016
Kim	Jane	Koreatown Youth & Community Center		8/26/2016
King	Janet	Good Samaritan Diabetes Class	8/16/2016	
Kothasi	Prabba	Good Samaritan Diabetes Class	8/16/2016	
Kotick	John	St. Barnanas Senior Services		8/26/2016
Lewis	Irene	Salvation Army Los Angeles Ridge Shield		8/26/2016
Lopez	Mari	Vision y Compromiso		8/26/2016
Male	Kristyn	Eisner Pediatric & Family Medical Center		8/26/2016
Nathason	Niel	USC Community Health Programs		8/26/2016
Olan	Orlando	Assure Wellness		8/26/2016
Ortiz	Marisol	CHMC Cardiovascular Health Class	8/30/2016	
Ortiz	Rosalia	CHMC Cardiovascular Health Class	8/30/2016	
Parker-Staojakovich	Carol	Herman Ostrow School of Dentistry of USC		8/26/2016
Perez	Cira	CHMC Cardiovascular Health Class	8/30/2016	
Pinto	Diana	South Central LAMP		8/26/2016
Segovia	Sherrie	Hope Street Family Center		8/26/2016

Last Name	First Name	Organization	Focus Group Participation	Prioritization Forum Participation
Shelley	Kimevette	Good Samaritan Diabetes Class	8/16/2016	
Sierra	Malka	American Heart Association		8/26/2016
Skylar	Lana	Dept. of Public Health, Service Planning Areas 3 & 4		8/26/2016
Thorne	Brian	Good Samaritan Hospital	8/16/2016	8/26/2016
Townsend	Sharon	Glendale Healthy Kids		8/26/2016
Vasquez	Julia	CHMC Cardiovascular Health Class	8/30/2016	
Velasquez	Gloria	Los Angeles Unified School District		8/26/2016
Yatomi	Cynthia	Good Samaritan Diabetes Class	8/16/2016	
Yonekura	Dr. M. L.	California Hospital Medical Center		8/26/2016

Appendix D—Data Sources

Category	Indicator	Data Source	Geography	Benchmark
Demographic Overview	Estimated Population	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Gender	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Age Distribution	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Median and Average Age	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Educational Attainment	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Language Spoken at Home	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Marital Status	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Household Income	Nielsen Claritas, 2016	ZIP Code	County Average
Natality	Births	California Department of Public Health, 2012	ZIP Code	State Total
Natality	Births by Mother's Age	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Births by Mother's Ethnicity	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Birth Weight	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Breastfeeding at Least 6 Months	Los Angeles County Health Survey, 2015	SPA Level	County Average
Natality	Breastfeeding at Least 12 Months	Los Angeles County Health Survey, 2015	SPA Level	County Average
Disability	Disability Status Due To Physical, Mental Or Emotional Condition, Adults	California Health Interview Survey, 2014	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Disability	Adults Who Have Provided Care or Assistance to Another Adult In The Past Month	Los Angeles County Health Survey, 2011	SPA Level	County Average
Disability	Children 0–17 Years old with Special Health Care Needs	Los Angeles County Health Survey, 2015	SPA Level	County Average
Disability	Children 0 to 17 Years old with Special Health Care Needs by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Disability	Children 0 to 17 Years old with Special Health Care Needs by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Mortality	Total Deaths	California Department of Public Health (CDPH), 2010	ZIP Code	County Average
Mortality	Total Deaths, by Age Group	California Department of Public Health (CDPH), 2010, 2012	ZIP Code	County Average
Mortality	Total Deaths, by Cause	California Department of Public Health (CDPH), 2010, 2012	ZIP Code	County Average
Access to Healthcare	Medical and Medicare Beneficiaries	Managed Risk Medical Insurance Board, 2012	SPA Level	County Average
Access to Healthcare	Medi-Cal Enrollment	California Department of Health Care Services (DHCS), 2011	ZIP Code	County Average
Access to Healthcare	Healthy Families Enrollment	California Department of Health Care Services (DHCS), 2012	ZIP Code	County Average
Access to Healthcare	Federally Qualified Health Centers	U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), 2012	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Access to Healthcare	Uninsured Adults	Los Angeles County Health Survey, 2014	SPA Level	County Average
Access to Healthcare	Uninsured Children	Los Angeles County Health Survey, 2011	SPA Level	County Average
Access to Healthcare	Uninsured Population	California Health Interview Survey, 2012	ZIP Level	County Average
Access to Healthcare	Lack of a Consistent Source of Primary Care for Adults	Los Angeles County Health Survey, 2015	SPA Level	County Average
Access to Healthcare	Difficulty Accessing Medical Care	Los Angeles County Health Survey, 2015	SPA Level	County Average
Access to Healthcare	Uninsured, by Age	American Community Survey, 2014	County Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Adult Alcohol Use in the Past Month	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Number of Alcohol Outlets	California Department of Alcoholic Beverage Control (ABC), 2016	ZIP Code	County Average
Alcohol and Substance Abuse and Tobacco Use	Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Adults Who Reported Using Any Form of Marijuana in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Teens Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs	Los Angeles County Health Survey, 2014	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Needed or Wanted Treatment for Alcohol or Drug Issues in the Past Five Years	Los Angeles County Health Survey, 2011	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Needed Help for Mental, Emotional, or Alcohol/Drug Issues	Los Angeles County Health Survey, 2011	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Currently Smoking	Los Angeles County Health Survey, 2015	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Alcohol and Substance Abuse and Tobacco Use	Tobacco Use by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Alcohol and Substance Abuse and Tobacco Use	Tobacco Use by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Cancer	Top 10 Cancer Sites Rates	Centers for Disease Control, United States Cancer Statistics (USCS), 2013	County Average	County Average
Cancer	Volume of Cancer Surgeries Performed	Office of Statewide Health Planning and Development (OSHPD), 2014	Hospital Level	County Average
Cancer	Cervical cancer screening (pap smear) in last 3 years	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cancer	Breast cancer screening (mammogram) in the last 2 years	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cancer	Total Cancer-Related Deaths	California Department of Public Health, 2012	ZIP Code	State Average
Cardiovascular Disease	Heart Disease Prevalence	Los Angeles County Health Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Heart Disease Management	Los Angeles County Health Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Hospitalizations Resulting from Heart Failure	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	County Average
Cardiovascular Disease	Heart Disease Mortality	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Cholesterol	Cholesterol Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cholesterol	Cholesterol Management	California Health Interview Survey, 2014	SPA Level	County Average
Hypertension	Hypertension Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Hypertension	Hypertension Management	Los Angeles County Health Survey, 2014	SPA Level	County Average
Hypertension	Essential Hypertension and Hypertensive Renal Disease Death Rate per 10,000 residents	California Department of Public Helath (CDPH)	ZIP Code	State Average
Hypertension	Hypertension Prevalence by Age	Los Angeles County Health Survey	SPA Level	County Average
Cultural and Linguistic Barriers	Language Spoken at Home	Nielsen Claritas, 2016	ZIP Code	County Average
Cultural and Linguistic Barriers	Difficulty Understanding Doctor	California Health Interview Survey, 2014	SPA Level	County Average
Diabetes	Diabetes Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Diabetes	Diabetes Management	California Health Interview Survey, 2014	SPA Level	County Average
Diabetes	Diabetes Hospitalizations (Youth)	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Diabetes	Diabetes Hospitalizations (Adults)	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Diabetes	Hospitalizations Resulting from Uncontrolled Diabetes	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Diabetes	Diabetes Mortality	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Diabetes	Diabetes Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Diabetes	Diabetes Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Food Insecurity	Households with Incomes <300% Who are Food Insecure	Los Angeles County Health Survey, 2015	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Healthy Behavior (Including Physical Activity)	Physically Active at Least One Hour Each Day in Last Week (Children)	California Health Interview Survey, 2014	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Physically Active at Least One Hour Each Day in Last Week (Teens)	California Health Interview Survey, 2014	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Ate Five or More Servings of Fruits and Vegetables in Past Day (Children)	California Health Interview Survey, 2012	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Ate Five or More Servings of Fruits and Vegetables in Past Day (Teens)	California Health Interview Survey, 2012	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Ate Five or More Servings of Fruits and Vegetables in Past Day (Adults)	California Health Interview Survey, 2012	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Obtained Recommended Amount of Aerobic Exercise and Muscle-Strengthening (Children and Teens)	California Health Interview Survey, 2014	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Obtained Recommended Amount of Aerobic Exercise and Muscle-Strengthening (Adults)	California Health Interview Survey, 2014	SPA Level	County Average
Homelessness and Housing	Total Homeless	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Individuals	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Families	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Unaccompanied Minors	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Homelessness and Housing	Homeless Mentally Ill	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless With Substance Abuse Issues	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless With HIV	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Physically Disabled	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Hypertension	Hypertension Prevalence	Los Angeles County Health Survey, 2015	County Average	County Average
Hypertension	High Blood Pressure Management	Los Angeles County Health Survey, 2015	County Average	County Average
Hypertension	Hypertension Mortality	California Department of Public Health, 2012	ZIP Code	County Average
Hypertension	Hypertension Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Hypertension	Hypertension Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Mental Health	Unhealthy Days Resulting from Poor Mental Health	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Adults with Serious Psychological Distress in the Last Year	California Health Interview Survey (CHIS), 2014	SPA Level	County Average
Mental Health	Adequate Social and Emotional Support	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Anxiety Prevalence	Los Angeles County Health Survey, 2011	SPA Level	County Average
Mental Health	Depression Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Alcohol- and Drug-Induced Mental Illness Rate	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Mental Health	Needed Help for Mental, Emotional, or Alcohol/Drug Issues	Los Angeles County Health Survey, 2011	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Mental Health	Mental Health Hospitalization Rate per 100,000 persons	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Mental Health	Suicide Rate	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Mental Health	Depression Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Mental Health	Depression Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Obesity/Overweight	Overweight Adults (Age 18+)	Los Angeles County Health Survey, 2015	SPA Level	County Average
Obesity/Overweight	Obese Adults (Age 18+)	Los Angeles County Health Survey, 2015	SPA Level	County Average
Obesity/Overweight	Overweight or Obese Population (Age 12+)	California Health Interview Survey, 2012	SPA Level	County Average
Obesity/Overweight	Children Overweight for Age (Age 0-11)	California Health Interview Survey, 2012	SPA Level	County Average
Obesity/Overweight	Percent Overweight	California Health Interview Survey, 2009	ZIP Code	County Average
Obesity/Overweight	Percent Obese	California Health Interview Survey, 2009	ZIP Code	County Average
Obesity/Overweight	Overweight/Obesity Prevalence by Age	Los Angeles County Health Survey, 2015	County Level	County Average
Obesity/Overweight	Overweight/Obesity Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Level	County Average
Oral Health	Absence of Dental Insurance Coverage, Adults	Los Angeles County Health Survey, 2011	SPA Level	County Average
Oral Health	Dentist Availability	Office of Statewide Health and Planning and Development (OSHPD), 2013	County Level	County Total
Oral Health	Unable to Afford Dental Care, Adult	Los Angeles County Health Survey, 2011	SPA Level	County Average
Oral Health	Unable to Afford Dental Care, Child	Los Angeles County Health Survey, 2015	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Oral Health	Unable to Afford Dental Care by Age	Los Angeles County Health Survey, 2011	County Level	County Average
Oral Health	Unable to Afford Dental Care by Ethnicity, Adult	Los Angeles County Health Survey, 2011	County Level	County Average
Oral Health	Unable to Afford Dental Care by Ethnicity, Child	Los Angeles County Health Survey, 2015	County Level	County Average
Poverty	Families at or Above Poverty	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Families at or Above Poverty with Children	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Families Below Poverty	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Families Below Poverty with Children	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Employment Status – In Armed Forces	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Employment Status – Employed	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Employment Status – Unemployed	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Employment Status – Not in Labor Force	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Children Eligible for Free or Reduced-Price Lunch	California Department of Education	County Level	State Average
Preventive Care	Saw Doctor, Nurse, or Other Health Care Professional in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Care	Saw Dentist or Visited Dental Clinic in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Care	Preventable Hospital Events Rate per 1,000 Population (18+)	California Office of Statewide Health Planning and Development, 2012	Zip Code	County Average
Preventive Care	Have Regular Source of Care Ethnicity	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Care	Have Regular Source of Care Age Group	Los Angeles County Health Survey, 2015	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Sexual Health / Sexually Transmitted Diseases	HIV Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Syphilis Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Chlamydia Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Gonorrhea Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average
Transportation	Modes of Transportation	Nielson Claritas , 2015	Zip Code	County Average
Transportation	Average Vehicles Per Household	Nielson Claritas , 2015	Zip Code	County Average
Violence/Injury/Safety	Preventable Hospitalization Rates (Under 18)	California Department of Public Health, 2012	Zip Code	State Average
Violence/Injury/Safety	Unintentional Injuries Mortality Rate	California Department of Public Health, 2012	Zip Code	State Average
Violence/Injury/Safety	Received threats of violence or physical harm from peers in past year	California Health interview Survey, 2012, SPA	SPA Level	State Average
Violence/Injury/Safety	Feared of being attacked at school in the past year	California Health interview Survey, 2012, SPA	SPA Level	State Average
Violence/Injury/Safety	Felt unsafe in nearby park or playground during the day	California Health interview Survey, 2014, SPA	SPA Level	State Average

Appendix E—Resources Potentially Available to Address Needs

ZIP Code	Dominant Health Center, 2015
90001	CENTRAL CITY COMMUNITY HEALTH CENTER, INC.
90002	WATTS HEALTHCARE CORPORATION
90003	ST. JOHNS WELL CHILD & FAMILY CENTER
90004	QUEENSCARE HEALTH CENTERS
90005	KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER
90006	ST. JOHNS WELL CHILD & FAMILY CENTER
90007	ST. JOHNS WELL CHILD & FAMILY CENTER
90008	T.H.E. CLINIC, INC.
90010	KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER
90011	SOUTH CENTRAL FAMILY HEALTH CENTER
90012	CHINATOWN SERVICE CENTER
90013	NORTHEAST VALLEY HEALTH CORPORATION
90014	JWCH INSTITUTE, INC.
90015	EISNER PEDIATRIC & FAMILY MEDICAL CENTER
90016	BENEVOLENCE INDUSTRIES INCORPORATED
90017	ARROYO VISTA FAMILY HEALTH FOUNDATION
90018	NORTHEAST COMMUNITY CLINIC, INC
90019	EISNER PEDIATRIC & FAMILY MEDICAL CENTER
90020	KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER
90021	NORTHEAST VALLEY HEALTH CORPORATION
90026	QUEENSCARE HEALTH CENTERS
90027	ASIAN PACIFIC HEALTH CARE VENTURE
90028	ST ANTHONY MEDICAL CENTERS
90029	QUEENSCARE HEALTH CENTERS
90031	ARROYO VISTA FAMILY HEALTH FOUNDATION
90037	ST. JOHNS WELL CHILD & FAMILY CENTER
90043	ST. JOHNS WELL CHILD & FAMILY CENTER
90044	ST. JOHNS WELL CHILD & FAMILY CENTER
90046	LOS ANGELES LGBT CENTER
90047	ST. JOHNS WELL CHILD & FAMILY CENTER
90057	CLINICA MONSENOR OSCAR A. ROMERO
90062	T.H.E. CLINIC, INC.
90071	SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM
90230	VENICE FAMILY CLINIC

Dental Services	Zip Code	Organization
	90033	Clinica Ms Oscar A Romero Dental Clinic
	90015, 90262	Eisner Health Dental Clinic
	90043, 90037, 90007, 90221,	St. John's Dental Clinic
Domestic Violence	24-hr Hotlines	Emergency and Transitional Shelters
	213-745-6434, 310-379-3620 562-388-7652 213-222-1237	1736 Family Crisis Center
	800-339-3940	Center for the Pacific Asian Family, Inc
	800-548-2722	Chicana Service Action Center
	818-887-6589	Haven Hills, Inc
	800-479-7328	Jenesse Center, Inc.
	818-505-0900	Jewish Family Service of Los Angeles
	310-264-6644	Ocean Park Community Center
Mental Health	Zip Codes	
	90057, 90033	Ms Oscar A Romero Mental Health
	90232, 90301, 91205, 90301, 90035, 90066, 90057, 90044	Didi Hirsch
	90007, 90043	LA Child Guidance Clinic
	90017	Amanecer Community Counseling Services
Drug/Alcohol Treatment	24-hr Helpline 844-804-7500	http://Sapccis.ph.lacounty.gov/sbat
Community Resources	2-1-1	www.211la.org; www.1degree.org/LosAngeles

Appendix F—Prioritization Survey

2017 Metro CHNA Prioritization Survey

The Center for Nonprofit Management (CNM) is conducting the 2017 Community Health Needs Assessment (CHNA) for the California Hospital Medical Center, Good Samaritan Hospital, and St. Vincent Medical Center and we need your help.

CNM talked to a variety of individuals from the community to obtain their input on important local and regional health issues, gaining valuable insights about communities served by the three hospitals. After reviewing this input, in conjunction with a range of health indicators from public and private data sources, the CNM evaluation team developed the following list of prominent health needs and drivers. Please note the health needs and drivers are listed in alphabetical order, and NOT by order of importance.

We now need your input to help prioritize these identified health needs and drivers and determine which in your opinion represent the areas of greatest need. The following confidential survey should take about 10 minutes to complete. When considering your responses, please keep your specific service area and community in mind. If you believe some pertinent issues in your community are not included in the survey, please let us know about these in the final section of the survey.

Please refer to the Community Health Needs Assessment Prioritization Criteria Scale when completing this survey. (In the interest of space, this scale is not included on each page of the survey.)

The results from this survey will inform the hospitals in developing strategies for their Community Benefits Plans.

Thank you very much for your time and assistance!

Please contact Maura Harrington at mharrington@cnmsocal.org with any questions about this survey. Or if you have technical issues, please contact Gigi Nang at gnang@cnmsocal.org.

2017 Metro CHNA Prioritization Survey

Please tell us about yourself (for analysis purposes).

Name

Organization

Email

- Please define your service area by selecting which hospital you mostly work with. (Select all that apply.)

☐ California Hospital Medical Center

☐ St. Vincent Medical Center

☐ Good Samaritan Hospital

2017 Metro CHNA Prioritization Survey

Identified Health Needs

Please refer to the Prioritization Criteria Scale when selecting your responses.

Cancer

	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Cardiovascular Disease

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Cholesterol

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Diabetes

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Hypertension

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Mental Health

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Obesity/Overweight

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Oral Health

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Sexually Transmitted Diseases

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

2017 Metro CHNA Prioritization Survey

Drivers of Health

Please refer to the Prioritization Criteria Scale when selecting your responses.

Access to Care

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Alcohol, Substance Abuse and Tobacco Use

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Cultural and Linguistic Barriers

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Food Insecurity

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Healthy Behavior

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Homelessness

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Physical Activity

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Preventive Care

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Poverty (including unemployment)

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Transportation

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Violence and Injury

	1	2	3	4	Don't know
MAGNITUDE- Does the issue affect a large portion of the population?	○	○	○	○	○
SEVERITY- How severely does this health need impact the community?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
DISPARITIES- Does the issue disproportionately affect vulnerable population groups?	○	○	○	○	○

Are there any health needs or drivers you feel have been overlooked that need to be represented? (Please remark on the severity, change over time, resources, and community readiness to support as it relates to this need or driver.)

Health Need or Driver:

Health Need or Driver:

Thank you for your participation in the 2017 Community Health Needs Assessment.

Appendix G—Health Need Profiles

Summary

As mentioned in the introduction to this report, the hospitals included in the Metro Hospital Collaborative (St. Vincent, California Hospital Medical Center and Good Samaritan) worked together to develop the Community Health Needs Assessment (CHNA). The following Health Needs Profile section reports on key health needs indicators for the three hospitals' service areas. The Health Needs Profiles are designed to provide a quick look at health drivers and outcomes in the combined service areas of the Metro Hospital Collaborative. The introductory tables in **Section A** summarize data that can be found in detail in **Section B**.

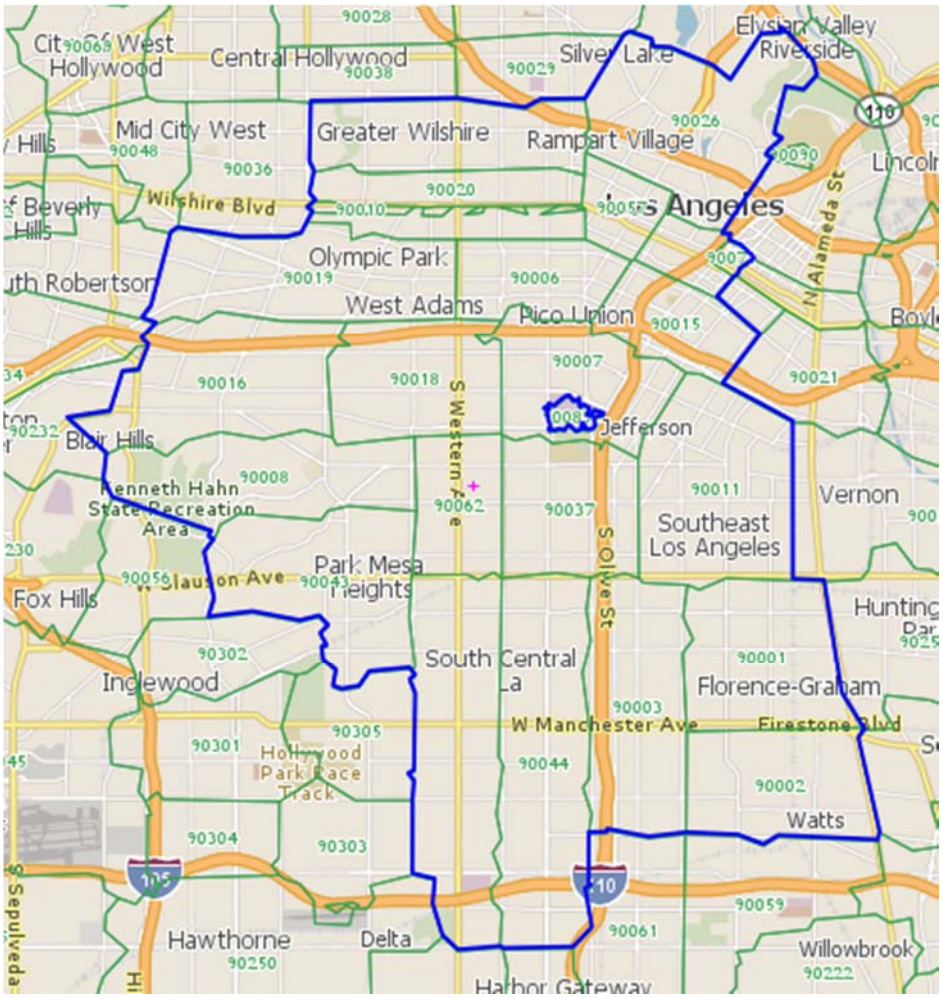
Joint Service Area Key Statistics

					
43-49% are between 18-44 years old*	**52-62%** of service area population is Hispanic/Latino	**65-67%** have limited English proficiency	**33-36%** 25+ don't have a high school diploma	**7-8%** of individuals were unemployed in 2015 (rate=8.6)	**25-27%** of families live below poverty

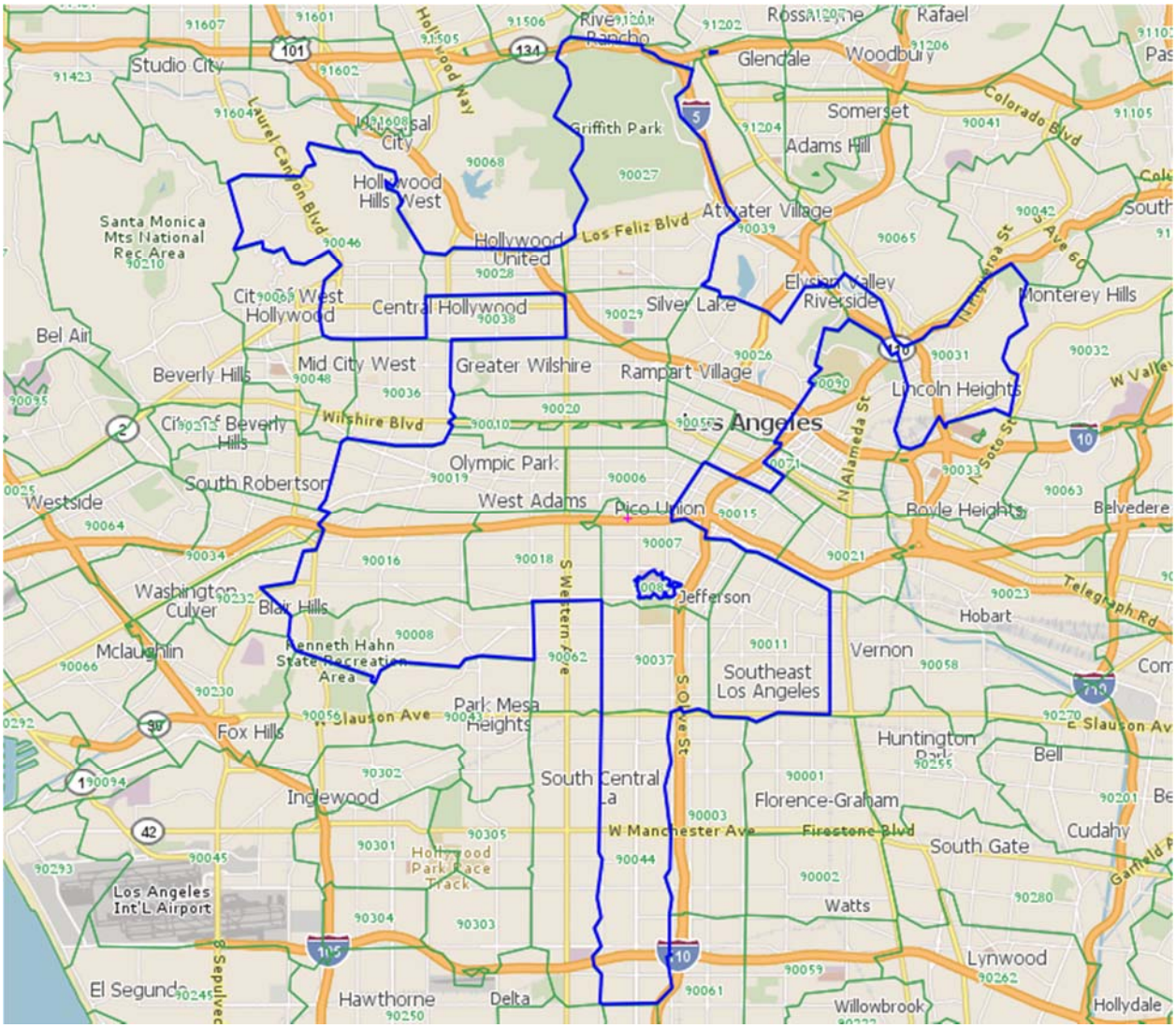
***Reflects largest age group of the service area population**

					
48-70 HIV Incidence (per 100,000)	**11-12%** Diabetes (Adult)	**22-23%** Hypertension	**13-15%** Mental Health (Depression)	**19-21%** of teens feared being attacked at school in the past year	**20-26%** of teens have ever tried marijuana, cocaine, sniffing glue, or other drugs

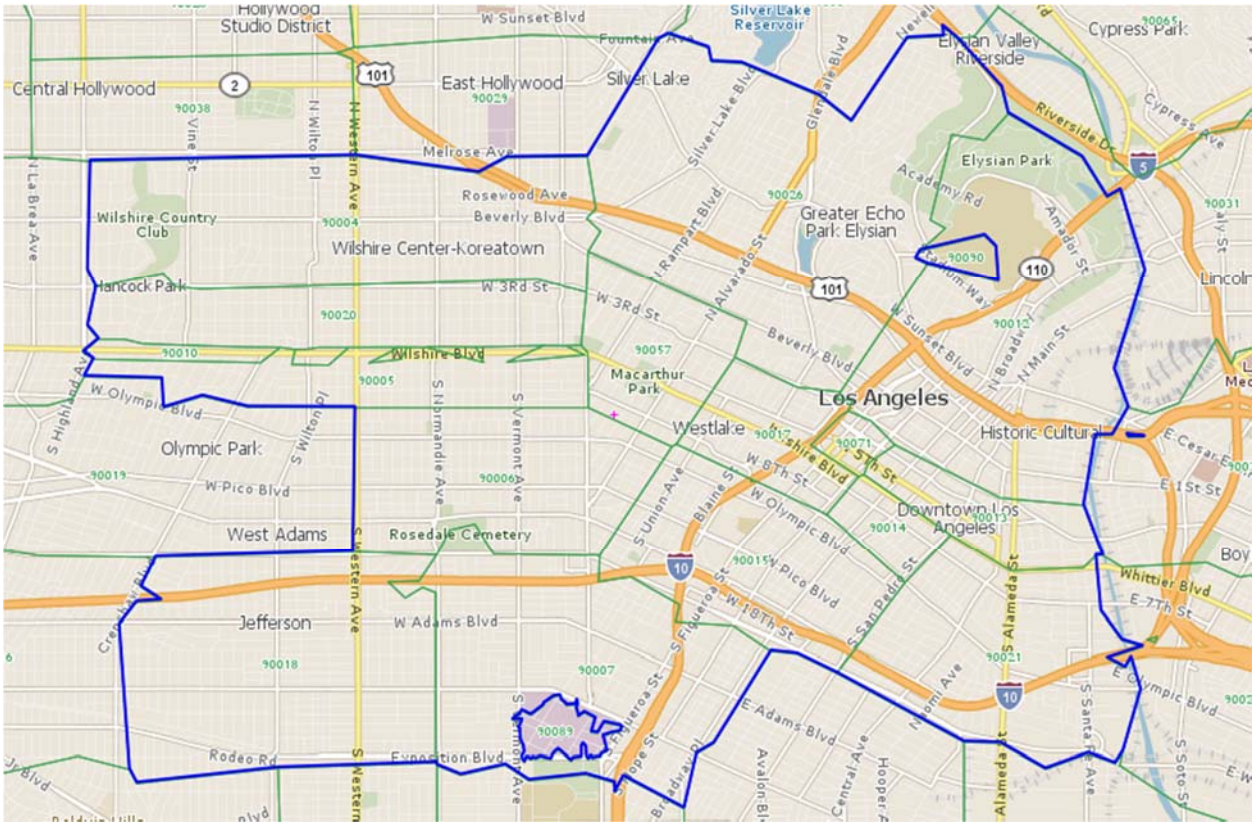
St. Vincent Service Area



California Hospital Medical Center Service Area



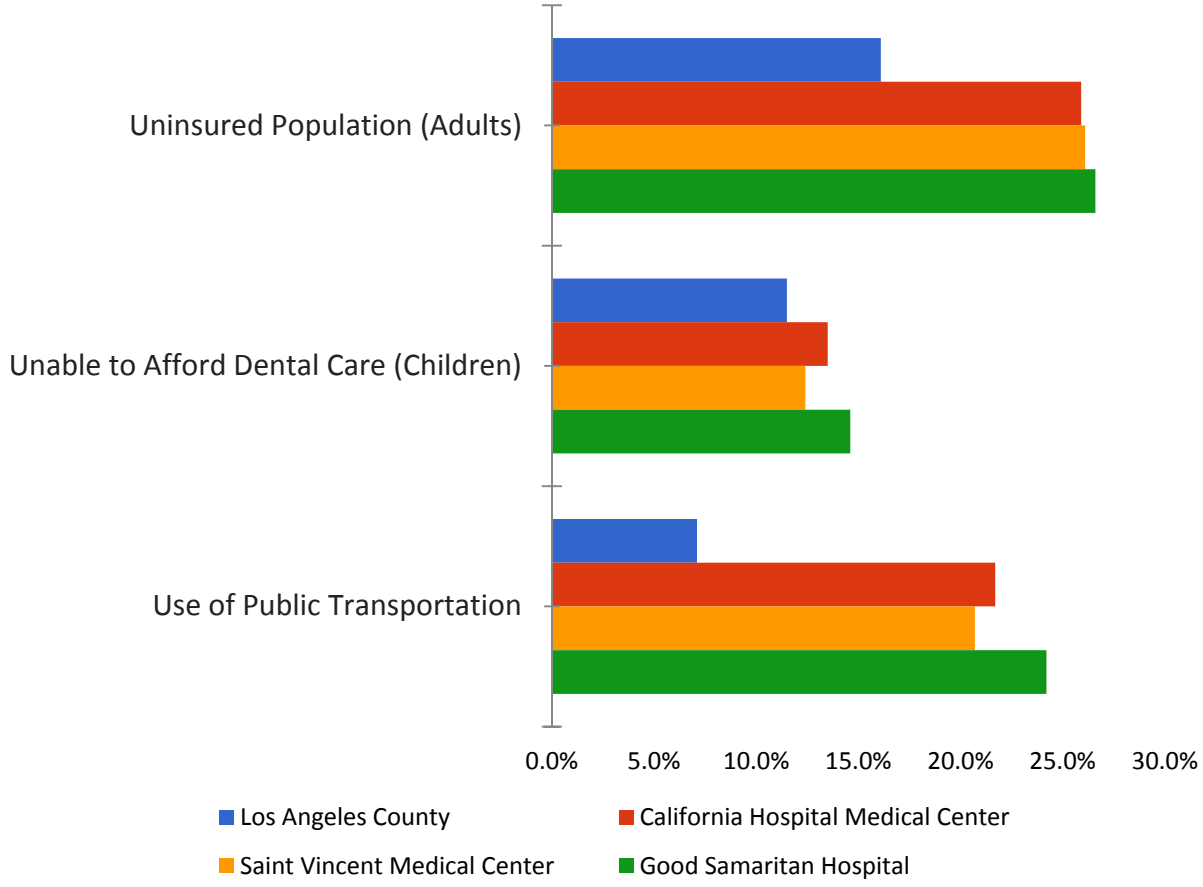
Good Samaritan Service Area



Section A - Key Indicators

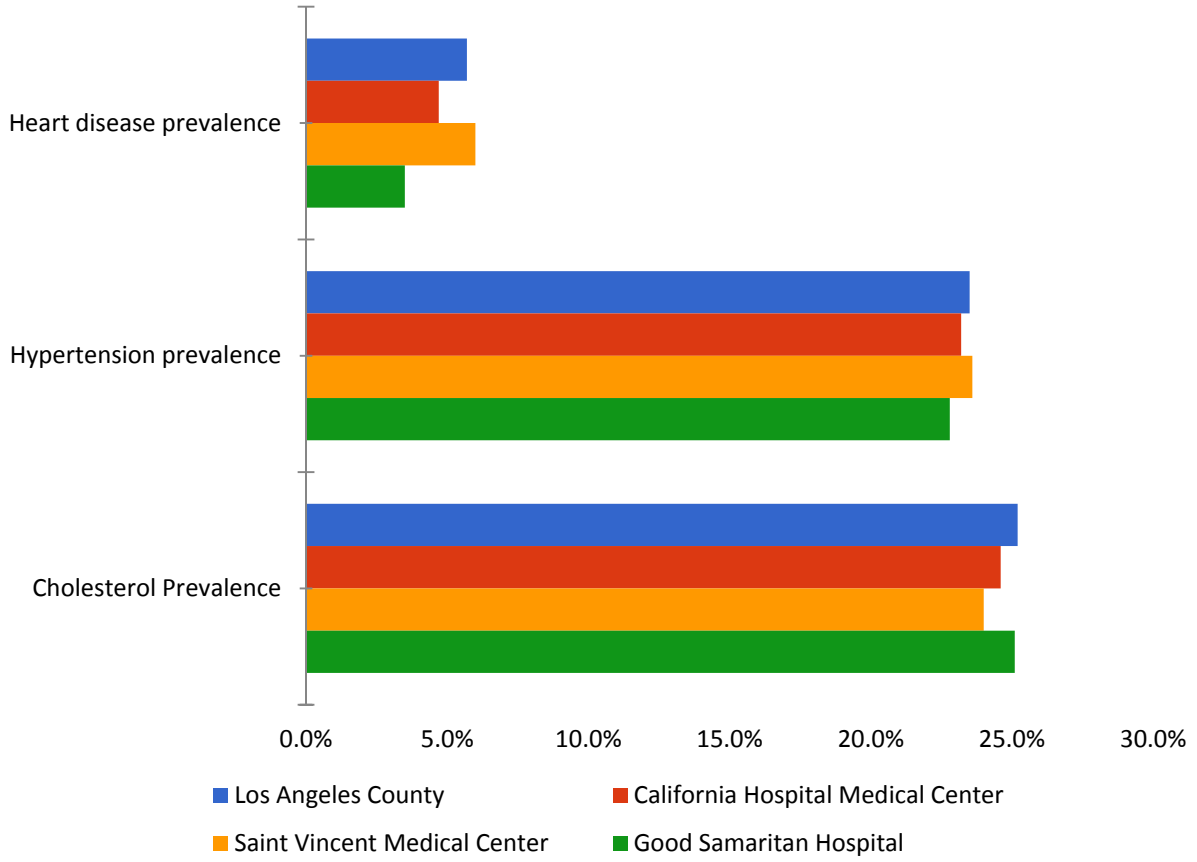
Access to Health Care

- More than one out of four residents of the Metro Hospital Collaborative joint service area are uninsured
- More than one in ten residents struggle to afford dental care
- Nearly one in four residents rely on public transportation to get around
- These rates are higher than the average for Los Angeles County



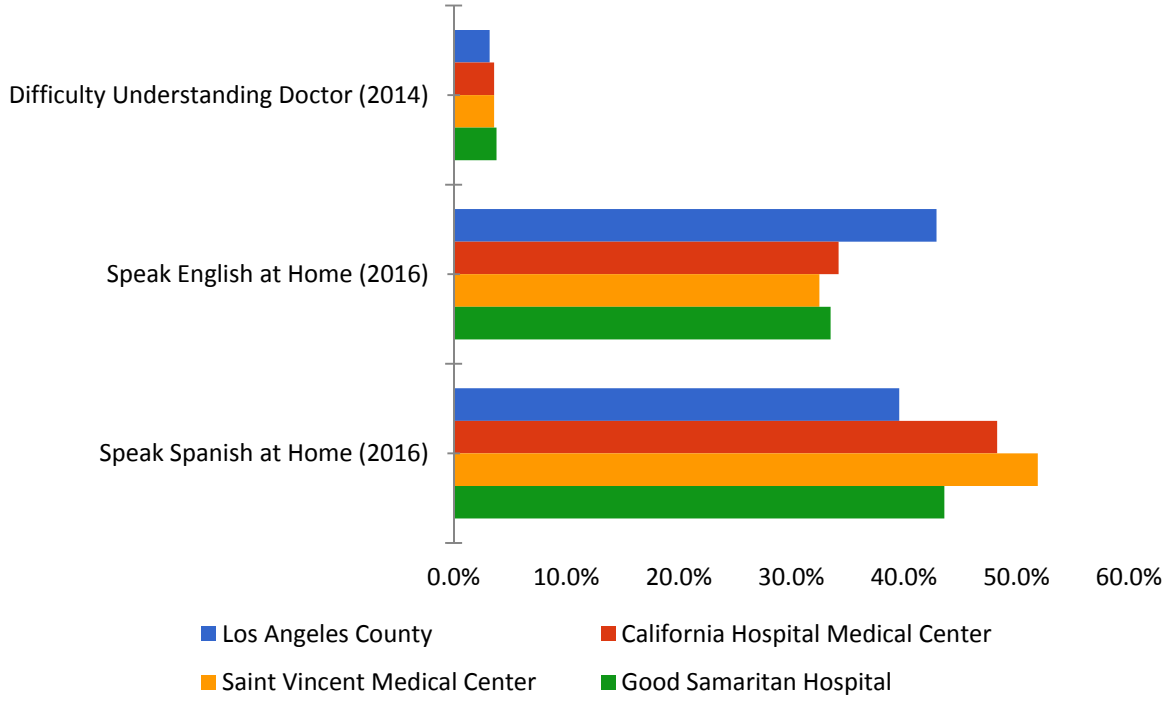
Cardiovascular Disease

- Nearly one in twenty residents of the joint service area have been diagnosed with heart disease
- Nearly one in four residents have been diagnosed with hypertension
- Nearly one in four residents have been diagnosed with high cholesterol
- These rates are below or equivalent to the average for Los Angeles County



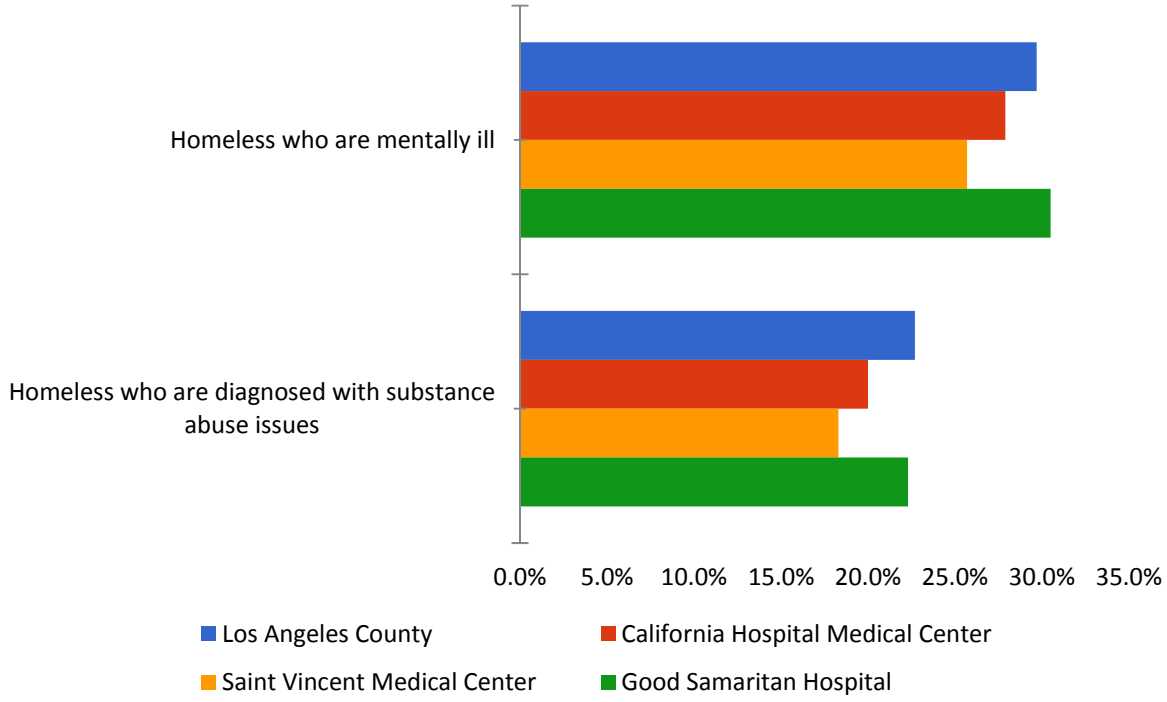
Cultural and Linguistic Barriers

- Nearly one in twenty residents of the joint service area have difficulty understanding their doctor
- While almost half the residents of Los Angeles County speak English at home, only one third of joint service area residents speak English at home
- Spanish is spoken in fifty percent or more of the homes in the joint service area where a language other than English is spoken



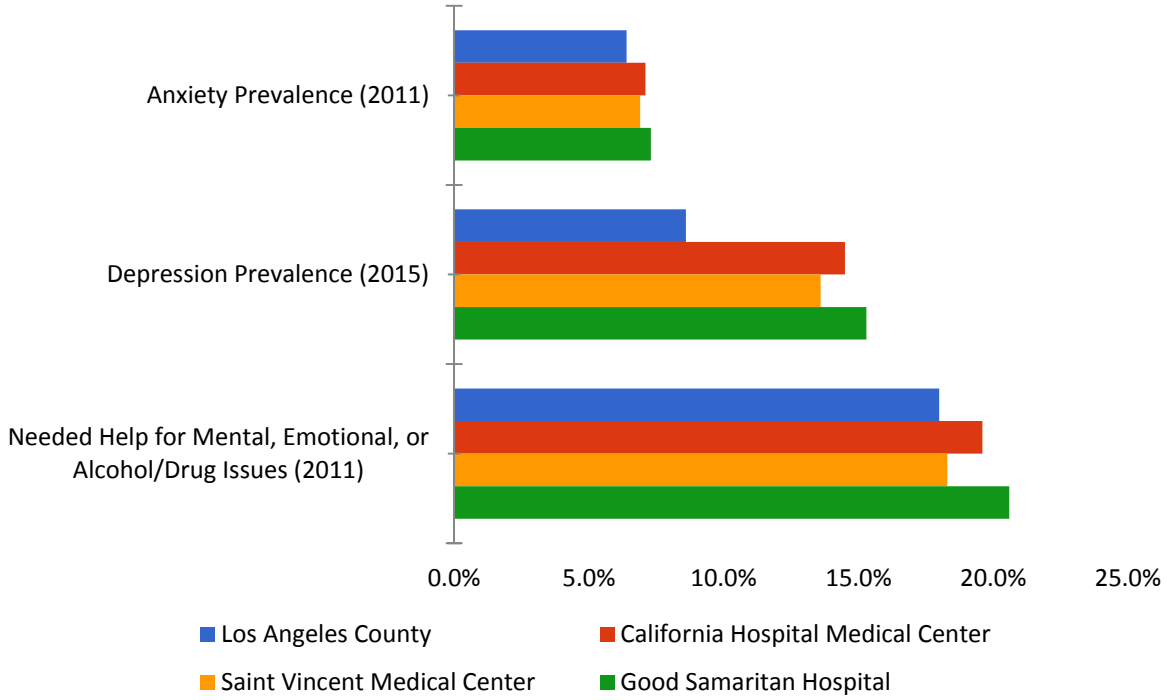
Homelessness

- Nearly one third of the homeless population in the joint service area have been diagnosed with a mental illness
- More than one in five homeless individuals in the joint service area have been diagnosed with a substance abuse issue



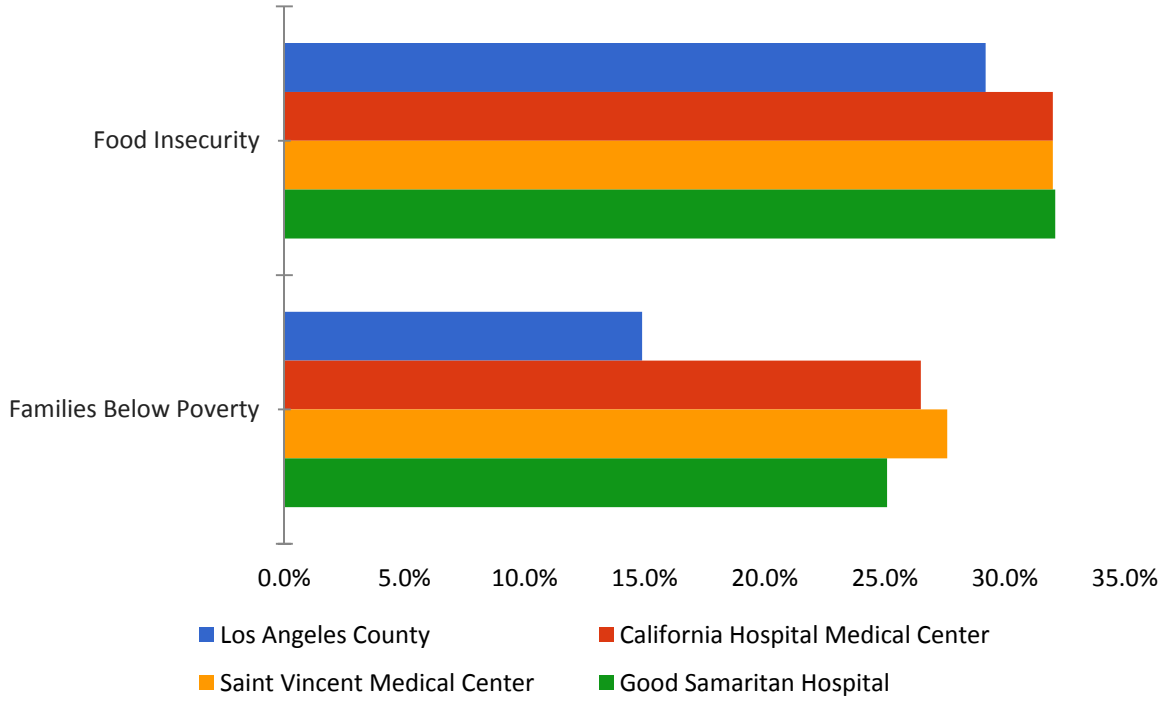
Mental Health

- A much greater proportion (15-17%) of residents in the joint service area were diagnosed with depression than in Los Angeles County (less than 10%).
- A greater proportion of the population in the joint service area needed help for mental, emotional or alcohol/drug issues than in Los Angeles County.



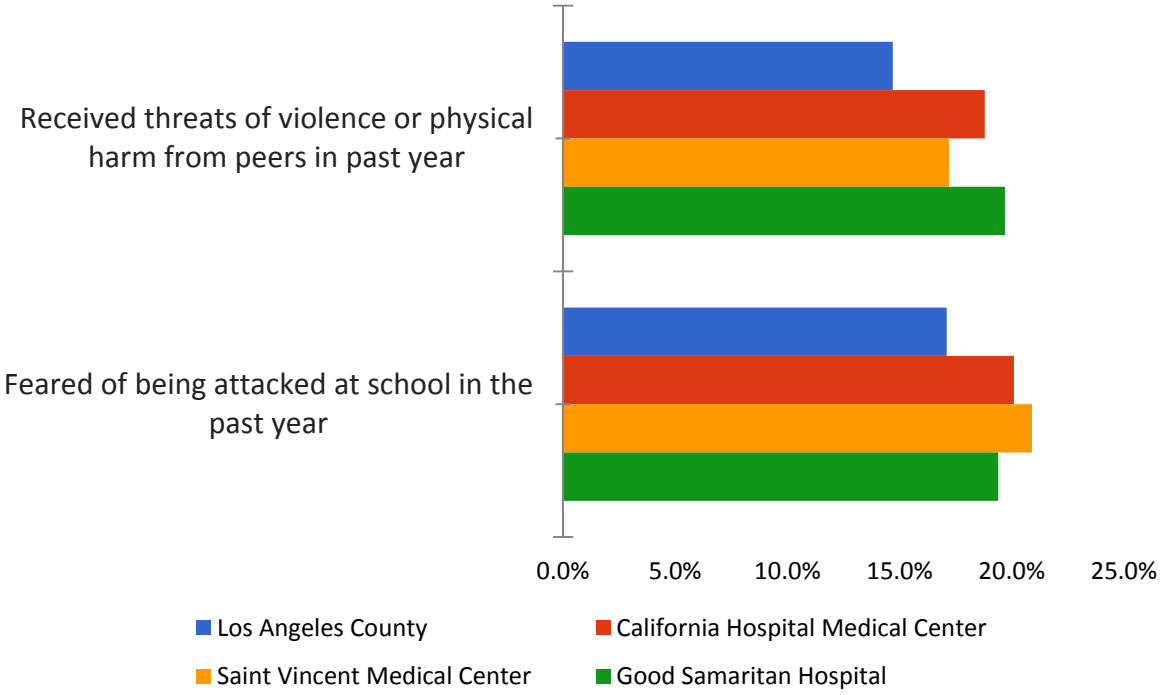
Poverty and Food Insecurity

- More than one in three families in the joint service area are food insecure.
- A much greater proportion of families in the joint service area (25.1% - 27.6%) are living below poverty than in Los Angeles County (14.9%).



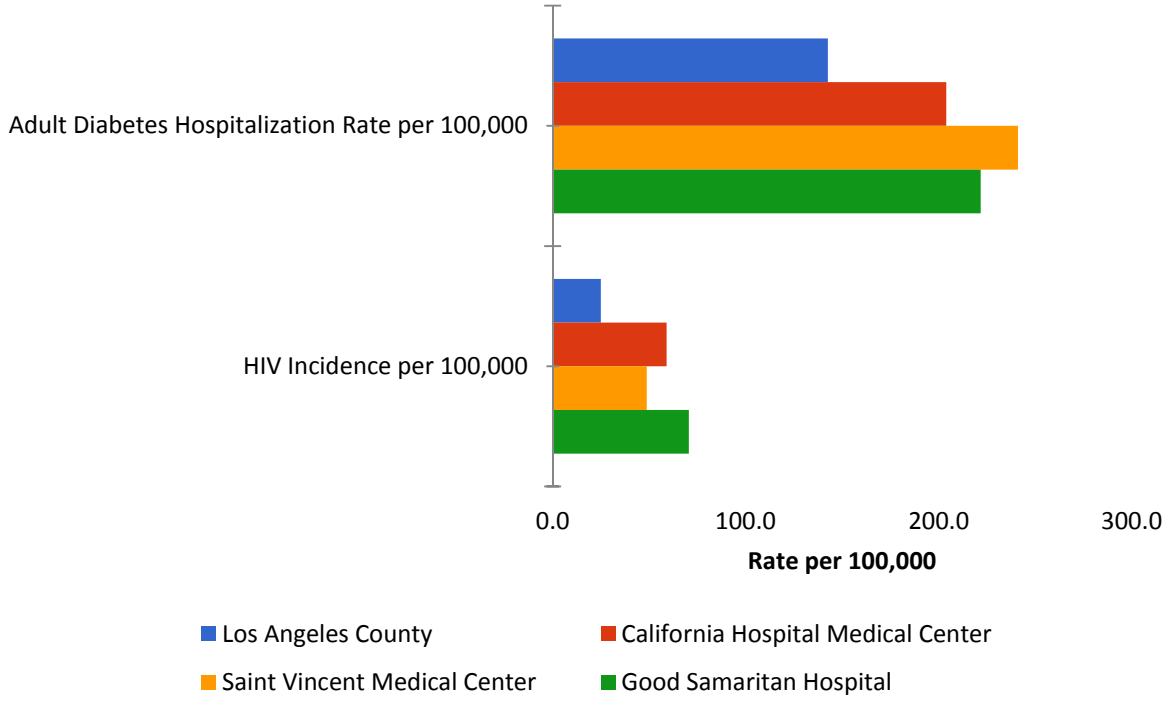
Teen Perceptions of Neighborhood and School Safety

- Nearly one in six teens surveyed in the joint service area received threats of violence or physical harm from peers, a higher proportion than in Los Angeles County .
- One in five teens in the joint service area feared being attacked at school in the past year, a higher proportion than in Los Angeles County.



Select Disease Rates

- Diabetes rates in the joint service area (203.9 to 241.1 per 100,000) are up to 70% higher than the rate in Los Angeles County (142.6 per 100,000).
- HIV Incidence in the joint service area (48.7 to 70.5 per 100,000) are up to 1.8 times higher than the incidence rate in Los Angeles County (24.9 per 100,000)..



Section B – In-depth Analysis

Access to Care (Health Care, Dental Care, and Preventive Health Care)

About Access to Health Care

Access to health care directly impacts the physical, social, and mental health status of patients. Further, the prevention of disease and disability, the detection and treatment of health conditions, quality of life, preventable death and life expectancy for individuals are all directly impacted by access to health care.[88]

Along with access to health care, following preventive practices such as having a regular source of care and timely physical and medical tests is important. Adequate, regular primary care can prevent the development of health problems and maintain positive health conditions.

[88] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed [August 1, 2016].

Statistical data

Access to Healthcare, Dental Care and Preventive Wellness Indicators

Indicators	Year	Comparison		CHMC[1] Service Area	SVMC[2] Service Area	GSH[3] Service Area
		Level	Avg.			
Medicare Beneficiaries[1]	2012	LAC	1.4%	0.8%	0.8%	0.8%
Uninsured Adults[2]	2014	LAC	16.1%	25.9%	26.1%	26.6%
Uninsured Children[3]	2011	LAC	6.4%	5.4%	3.9%	5.1%
Percent of adults 18 and older who do not have dental insurance[1]	2011	LAC	51.8%	60.7%	60.6%	61.4%
Percent of adults 18 and older unable to obtain dental care, including check-ups, in the past year because of affordability[3]	2011	LAC	30.3%	35.9%	35.0%	37.1%
Percent of children (3–17 years old) who were unable to afford dental care and check-ups in the past year[3]	2015	LAC	11.5%	13.5%	12.4%	14.6%
Saw Doctor, Nurse, or Other Health Care Professional in the Past Year[4]	2015	LAC	70.7%	65.6%	66.0%	64.7%
Saw Dentist or Visited Dental Clinic in the Past Year[4]	2015	LAC	59.3%	54.5%	51.5%	56.7%
Physically Active at Least One Hour Each Day in Last Week (Children 0-11)[5]	2014	LAC	26.4%	25.2%	25.9%	24.9%
Physically Active at Least One Hour Each Day in Last Week (Teens 12-17)[5]	2014	LAC	12.3%	17.2%	17.4%	18.0%
Ate Five or More Servings of Fruits and Vegetables in Past Day(Children 0-11)[6]	2012	LAC	55.4%	57.9%	58.4%	55.6%
Ate Five or More Servings of Fruits and Vegetables in Past Day (Teens 12-17)[6]	2012	LAC	19.7%	11.8%	9.9%	13.5%
Ate Five or More Servings of Fruits and Vegetables in Past Day (Adults)[6]	2012	LAC	14.7%	15.9%	12.6%	14.8%
Ate Fast Food 2 or More Times in the Past Week (Children 0-11)[5]	2014	LAC	40.6%	37.7%	38.4%	36.5%
Ate Fast Food 2 or More Times in the Past Week (Teens 12-17)[5]	2014	LAC	49.7%	57.6%	58.7%	55.5%
Ate Fast Food 2 or More Times in the Past Week (Adults)[5]	2014	LAC	41.7%	44.1%	46.4%	41.7%
Drink at least one soda or sweetened beverage a day (Age 0-11)	2014	LAC	39.2%	35.5%	44.3%	36.5%
Average Weekly Soda Consumption (Adults) - More than 7x in a week	2014	LAC	10.2%	12.1%	13.3%	11.2%
Percent of residents that car pooled, rode public transit, walked, biked, or other (minus "worked at home" and "drove alone")[6]	2016	LAC	22.3%	38.7%	44.7%	37.5%

[1]Data source: Managed Risk Medical Insurance Board
Data year: 2012
Source geography: ZIP Code
[2]Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
[3]Data source: Los Angeles County Health Survey
Data year: 2014
Source geography: SPA
LAC=Los Angeles County
CA=California
[1]Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
[3]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[4] Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA
LAC=Los Angeles County
[6]Data Source: Nielson Claritas Demographic Data
Data Year: 2015
Source Geography: ZIP

Geographic areas/subpopulations of greatest impact

- The ZIP codes where nearly a quarter or more of the population is uninsured are listed below:

CHMC Service Area	SVMC Service Area	GSH Service Area
90004-Hancock Park (27.9%)	90004-Hancock Park (27.9%)	90004-Hancock Park (27.9%)
90005-Koreatown (30.3%)	90005-Koreatown (30.3%)	90005-Koreatown (30.3%)
90006-Pico Heights (33.4%)	90006-Pico Heights (33.4%)	90006-Pico Heights (33.4%)
90010-Wilshire (25.0%)	90010-Wilshire (25.0%)	90010-Wilshire (25.0%)
90017-DTLA (32.0%)	90015-DTLA (30.9%)	90015-DTLA (30.9%)
90019-Country Club Park/Mid City (26.3%)	90017-DTLA (32.0%)	90017-DTLA (32.0%)
90020-Hancock Park (25.8%)	90019-Country Club Park/Mid City (26.3%)	90020-Hancock Park (25.8%)
90026-Echo Park/Silverlake (27.5%)	90020-Hancock Park (25.8%)	90026-Echo Park/Silverlake (27.5%)
90028-Hollywood (24.4%)	90026-Echo Park/Silverlake (27.5%)	90057-Westlake (33.4%)
90029-DTLA (29.5%)	90057-Westlake (33.4%)	90012-Chinatown (27.8%)
90031-Montecito Heights (30.2%)	90001-Los Angeles (31.8%)	90013-DTLA (24.5%)
90057-Westlake (33.4%)	90002-Los Angeles (31.0%)	90014-Los Angeles (25.7%)
90007-South Los Angeles (27.5%)	90003-South Los Angeles (31.4%)	90021-DTLA (28.2%)
90011-South Los Angeles (33.1%)	90007-South Los Angeles (27.5%)	90007-South Los Angeles (27.5%)
90016-West Adam (26.2%)	90011-South Los Angeles (33.1%)	90018-Jefferson Park (27.9%)
90018-Jefferson Park (27.9%)	90016-West Adam (26.2%)	
90037-South Los Angeles (31.7%)	90018-Jefferson Park (27.9%)	
90044-Athens (27.6%)	90037-South Los Angeles (31.7%)	
	90062-South Los Angeles (28.9%)	
	90044-Athens (27.6%)	

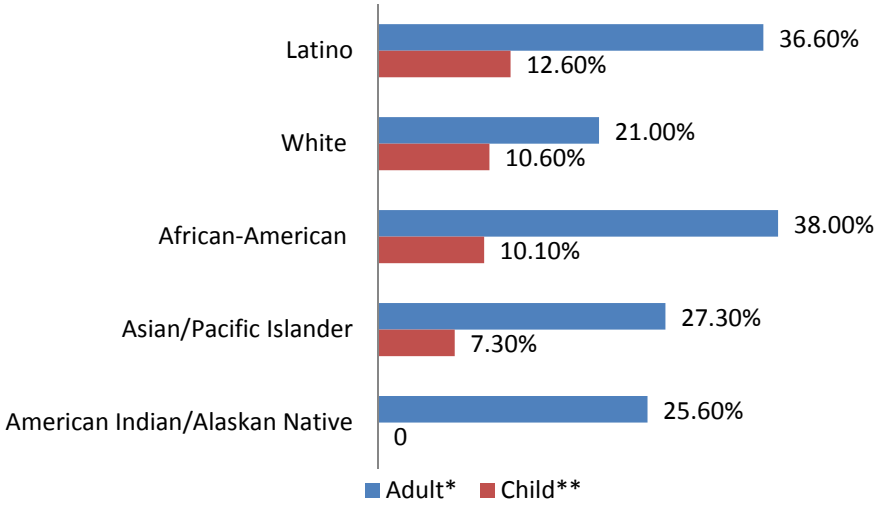
Data source: California Health Interview Survey
Data year: 2012
Source geography: ZIP Code

➢ The ZIP codes with the highest rates of preventable hospitalizations per 1,000 residents are listed below:

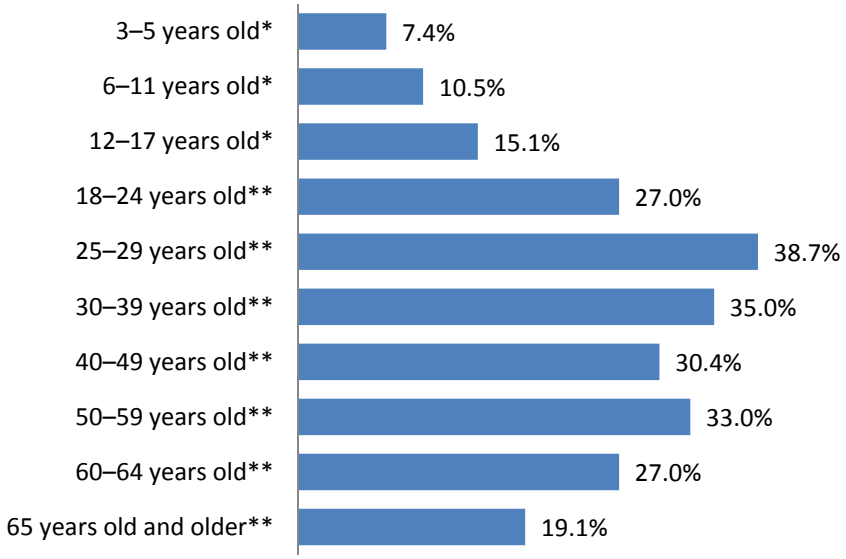
CHMC Service Area	SVMC Service Area	GSH Service Area
90008-Baldwin Hills/Crenshaw (24.4) 90044-Athens (21.7) 90018-Jefferson Park (21.1) 90016-West Adam (18.5) 90010-Wilshire (17.7) 90037-South Los Angeles (17.5)	90008-Baldwin Hills/Crenshaw (24.4) 90047-Los Angeles/West Athens (22.8) 90044-Athens (21.7) 90018-Jefferson Park (21.1) 90043-View Park/Windsor Hills (20.3) 90062-South Los Angeles (19.2) 90037-South Los Angeles (17.5)	90014-Los Angeles (26.2) 90018-Jefferson Park (21.1) 90013-Downtown Los Angeles (20.7) 90021-Downtown Los Angeles (18.6) 90010-Wilshire (17.7)

Source: California Office of Statewide Health Planning and Development
OSHPD Patient Discharge Data,
Data Year: 2012
Source Geography: ZIP Code

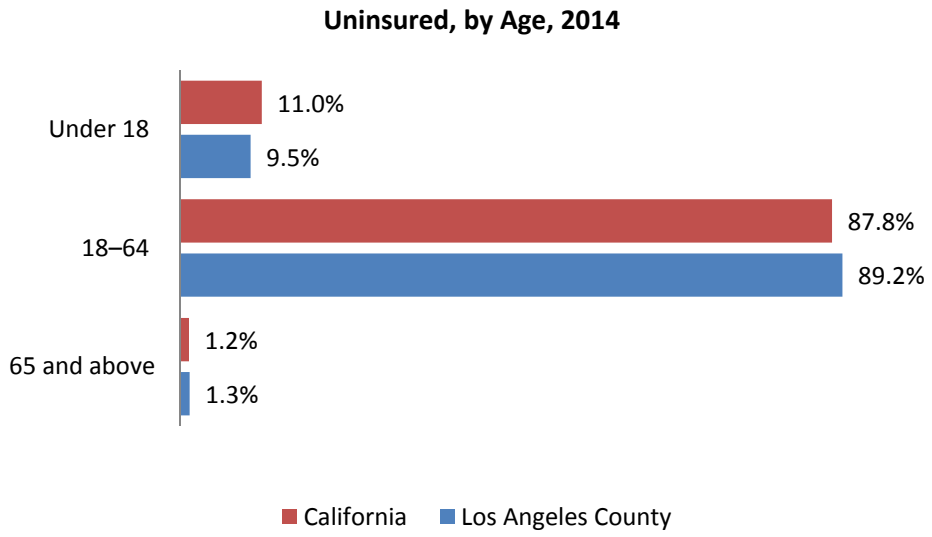
Unable to Afford Dental Care by Ethnicity, 2011, 2015



Unable to Afford Dental Care by Age, 2011, 2015



Data source: Los Angeles County Health Survey
*Data year: 2011
**Data year: 2015
Source geography: SPA



Data source: American Community Survey
Data year: 2014
Source geography: County

Community input

In focus groups and interviews, stakeholders discussed the particular barriers to care faced by the large undocumented community in the service area. Stakeholders explained that fear of deportation discourages individuals from seeking health care, an issue compounded by the fact that the county is reducing the number of programs that offer care to undocumented residents.

The linguistic and cultural diversity of the service area presents particular challenges with respect to access to and utilization of care. One stakeholder explained that there may be up to 50 different languages spoken in the service area. Therefore, residents may experience frustration or intimidation when clinics and hospitals lack staff with whom they can communicate. Furthermore, the resident population lacks access to health care that is culturally appropriate. Stakeholders expressed a need for more resources that form a bridge between American medical culture and the health care cultures of the residents in the area: simply translating the language is insufficient, and evidence-based practices that work with patients from the dominant American culture do not always translate to patients from other cultures.

With respect to health care benefits and insurance, many stakeholders explained that the process of enrolling in services can be very confusing and overwhelming, and therefore eligible individuals and families delay and stall out in the registration process. Often, clients do not have easy access to the internet, or encounter challenges in navigating the internet sites where they can most readily access enrollment information, either because the sites are complex or because they have been poorly translated into the user's language. Furthermore, because of the complexity of the process, sick individuals may wait to apply for health care benefits while hoping their health will improve. Due to this delay, residents may not have access to benefits when health care is most needed.

Employment represents another challenge for many individuals seeking health care. Stakeholders expressed that their service area population often do not receive paid time off to go to the doctors. Because clinic hours are open during typical business hours only (8am to 5pm), residents find it difficult to access health care outside of work hours.

Finally, a specific area of concern with respect to health care access was the availability and accessibility of prenatal, maternal and child care, specifically for Latinas and African American women in the service area.
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[1] California Health Medical Center

[2] St. Vincent Medical Center

[3] Good Samaritan Hospital

Alcohol and Substance Abuse

About alcohol and substance abuse

Substance abuse (defined as use of alcohol, tobacco, prescription or illicit substances) has a major impact on individuals, families and communities. Substance abuse is considered both a driver of poor health outcomes and an outcome in and of itself. Substance use and abuse are key determinants of a number of downstream additional poor health outcomes. The effects of substance abuse contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide. [89] Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs.

Drivers of individual and population substance use and abuse outcomes include gender, race and ethnicity, age, income level, educational attainment and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community dynamics including access to alcohol and drugs.

Tobacco use is known to cause cancer, heart disease, lung disease (such as emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death.[90] Additionally, secondhand smoke has been known to cause heart disease and lung cancer in adults and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in infants and children.[91] Smokeless tobacco use such as chewing tobacco can also cause a variety of oral health problems, like cancer of the mouth and gums, tooth loss, and periodontitis. In addition, cigar smoking may cause cancer of the larynx, mouth, esophagus, and lung.[92]

[89] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse. Accessed [August 2, 2016].

[90] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [August 1, 2016].

[91] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [August 1, 2016].

[92] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [August 1, 2016].

Statistical data

Alcohol and Substance Abuse Indicators

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Percent of adults 18 and older who reported drinking at least once in the past month[1]	2015	LAC	51.9 %	45.7%	53.0%	46.1%
Percent of adults 18 and older who engaged in binge drinking in the past month[1]	2015	LAC	15.8 %	16.2%	15.1%	16.9%
Number of alcohol outlets per 1,000 persons[2]	2016	LAC	0.6	2.2	1.8	3.7
Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year[3]	2015	LAC	5.5%	6.9%	6.8%	7.0%
Adults Who Reported Using Any Form of Marijuana in the Past Year[3]	2015	LAC	11.6 %	13.9%	13.2%	14.5%
Teens Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs[4]	2012	LAC	14.7 %	23.2%	25.9%	20.7%
Percent of adults 18 and older who reported they needed or wanted treatment for an alcohol or drug issue (excluding tobacco) in the past five years[5]	2011	LAC	2.5%	2.9%	2.7%	3.1%
Percentage of the service area population currently smoking[6]	2015	LAC	13.3 %	13.8%	13.6%	13.9%

Data source[1]: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
Data source[2]: California Department of Alcoholic Beverage Control (ABC)
Data year: 2016
Source geography: ZIP Code
Data source[3]: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
Data source[4]: California Health Interview Survey
Data Year: 2012
Source geography: SPA
Data source[5]: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
Data source[6]: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Geographic areas/subpopulations of greatest impact

- Rates of alcohol/drug-induced mental illness per 100,000 adults were highest in the ZIP codes shown below.

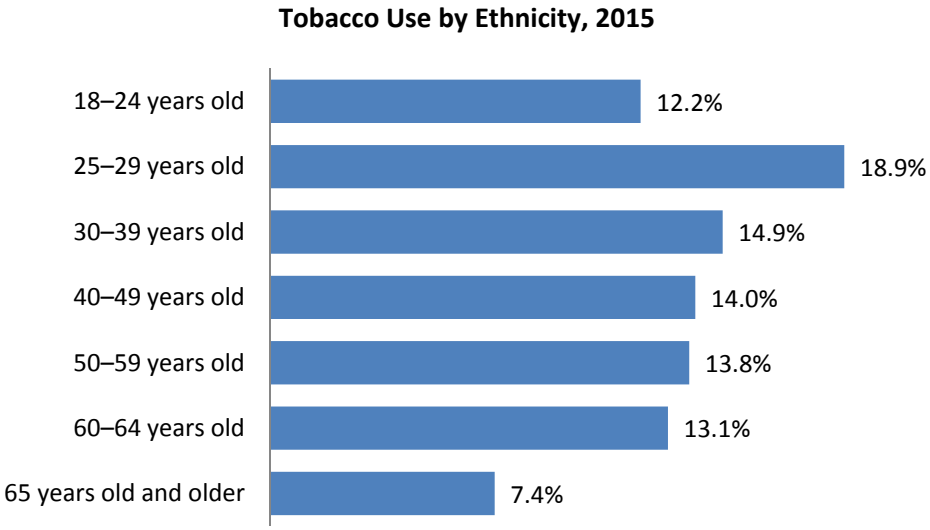
CHMC Service Area	SVMC Service Area	GSH Service Area
90046-Mount Olympus (205.9) 90028-Hollywood (190.6) 90008-Baldwin Hills/Crenshaw (172.1) 90016-West Adam (164.7)	90001-Los Angeles (680.4) 90008-Baldwin Hills/Crenshaw (172.1) 90016-West Adam (164.7)	90021-Downtown Los Angeles (802.6) 90013-Downtown Los Angeles (498.4) 90014-Los Angeles (463.2)

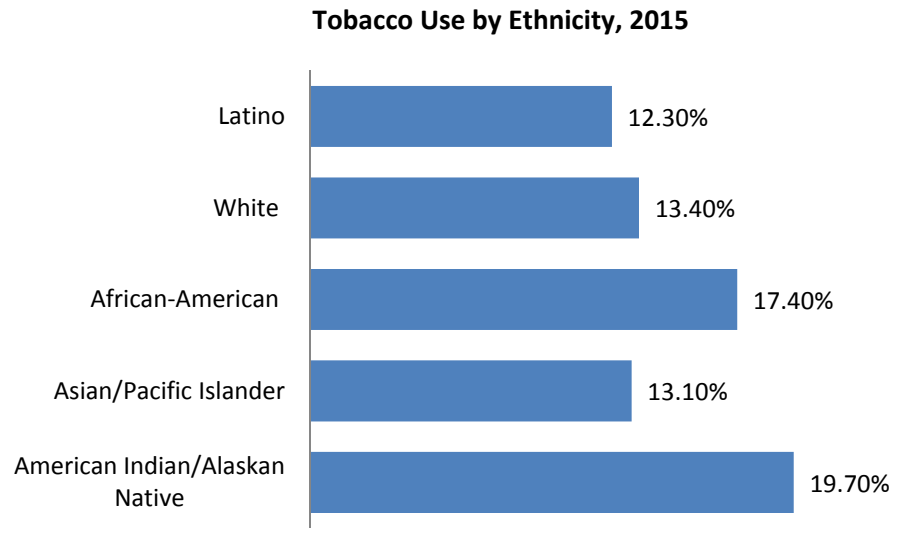
Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code

- Rates of alcohol outlets per 1,000 persons were highest in the ZIP codes shown below.

CHMC Service Area	SVMC Service Area	GSH Service Area
90010-Wilshire (11.8) 90028-Hollywood (6.4) 90005-Koreatown (3.3) 90046-Mount Olympus (2.7) 90017-Downtown Los Angeles (2.4) 90006-Pico Heights (2.0) 90027-Griffith Park/Los Feliz (2.0) 90004-Hancock Park (1.8)	90010-Wilshire (11.8) 90015-Downtown Los Angeles (3.7) 90005-Koreatown (3.3) 90017-Downtown Los Angeles (2.4) 90004-Hancock Park (1.8)	90010-Wilshire (11.8) 90021-Downtown Los Angeles (9.1) 90014-Los Angeles (5.9) 90012-Chinatown (4.8) 90013-Downtown Los Angeles (4.5) 90015-Downtown Los Angeles (3.7) 90005-Koreatown (3.3)

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code





Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers and risk factors

Substance abuse (defined as use of alcohol, tobacco, prescription or illicit substances) has a major impact on individuals, families, and communities. The effects of substance abuse contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide. Heavy alcohol consumption is an important determinant of future health

needs, including cirrhosis, cancers, and untreated mental and behavioral health needs. In addition to considerable health implications, substance abuse has been a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.[93]

Community input

Stakeholders identified the homeless as a population with a great need for alcohol and substance use services, particularly because homeless individuals cannot enter transitional housing if they are dealing with substance use issues.

Access to alcohol and substance use programs is a challenge in the service area because the community in general does not know where to go to seek treatment and beds are limited in inpatient facilities. Moreover, the high cost of treatment makes it out of reach for most residents; specific populations, including transgender individuals, lack welcoming and responsive substance abuse and alcohol treatment facilities, and the long wait list for low-cost treatment discourages potential patients.

Finally, stakeholders indicated that cultural shifts, including the increasing acceptance of vaping and marijuana smoking, are influencing access to, and use of, drugs and alcohol by teenagers.

[93] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse. Accessed [August 2, 2016].

Cancer

About Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year[94]. In 2009, cancer incidence rates per 100,000 persons indicate that the three most common cancers among men in the United States are prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer deaths are breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).[95] Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.[96] Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.[97]

Statistical data

Volume of Cancer Surgeries Performed at Metro Hospital Collaborative, 2014

Type of Cancer	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
	Level	Avg.			
Breast	LAC	43.2%	76.4%	13.6%	23.3%
Prostate	LAC	14.8%	2.9%	1.6%	2.2%
Colon	LAC	13.8%	8.6%	31.2%	22.2%
Lung	LAC	6.4%	1.4%	6.4%	5.6%
Brain	LAC	5.4%	2.1%	9.6%	6.7%
Rectum	LAC	4.5%	4.3%	8.8%	6.7%
Liver	LAC	3.5%	0.7%	1.6%	16.7%
Stomach	LAC	3.1%	2.9%	20.8%	12.2%
Bladder	LAC	2.5%	0.0%	0.0%	0.0%
Pancreas	LAC	2.0%	0.7%	6.4%	4.4%
Total	LAC	99.2%	100.0%	100.0%	100.0%

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2014
Source geography: Hospital

[94] Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer.* Atlanta, GA. Available at http://www.cdc.gov/Features/CancerResearch/. Accessed [August 1, 2016].

[95] Centers for Disease Control and Prevention. (2013). *Invasive Cancer Incidence.* Atlanta, GA. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a1.htm. Accessed [August 1, 2016].

[96] Centers for Disease Control and Prevention. (2015). *Cancer Prevention*. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 1, 2016].

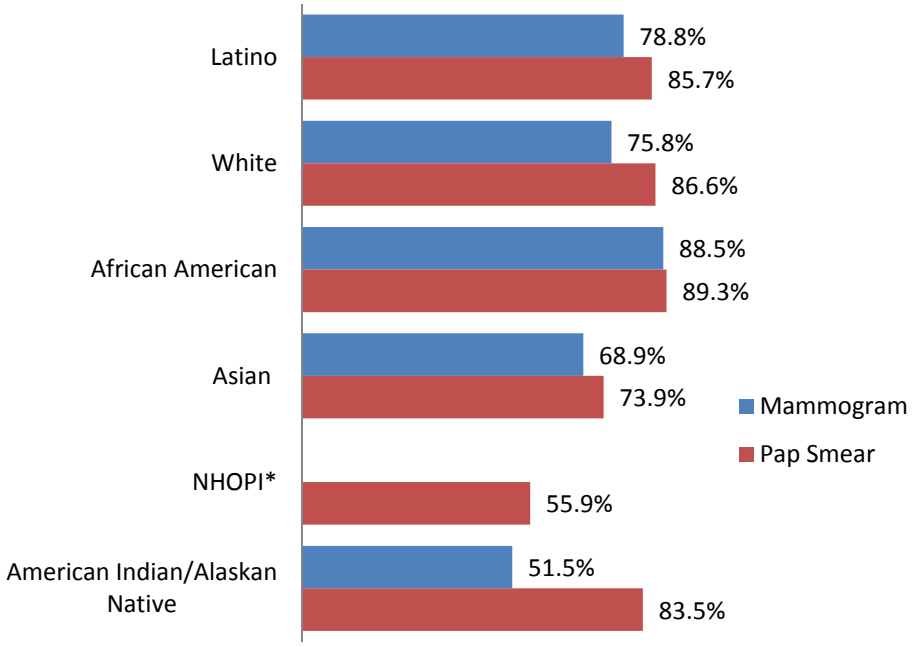
[97] National Cancer Institute. (2015). *Cancer Prevention Overview*. Available at http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3. Bethesda, MD. Accessed [August 1, 2016].

Geographic areas/subpopulations of greatest impact

- Cancer mortality rates (by percent of deaths cancer-related) are highest in the ZIP codes listed below. In the state of California, 23.7% of deaths in 2012 were cancer-related.

CHMC Service Area	SVMC Service Area	GSH Service Area
90020-Hancock Park (33.1%) 90029-Downtown Los Angeles (27.8%) 90010-Wilshire (26.7%) 90006-Pico Heights (26.6%) 90004-Hancock Park (26.1%) 90019-Country Club Park/Mid City (25.7%) 90008-Baldwin Hills/Crenshaw (25.7%)	90020-Hancock Park (33.1%) 90010-Wilshire (26.7%) 90006-Pico Heights (26.6%) 90004-Hancock Park (26.1%) 90019-Country Club Park/Mid City (25.7%) 90008-Baldwin Hills/Crenshaw (25.7%) 90044-Athens (25.7%) 90047-Los Angeles/West Athens (25.6%)	90020-Hancock Park (33.1%) 90010-Wilshire (26.7%) 90006-Pico Heights (26.6%) 90004-Hancock Park (26.1%) 90012-Chinatown (24.5%)

Percent of Women Who Reported Having a Pap Smear or Mammogram in the Past 3 or 2 Years, Respectively, 2015



*Data unavailable
Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Associated drivers and risk factors

A primary method of preventing cancer is screening for cervical, colorectal, and breast cancers[98]. The most common risk factors for cancer include growing older, obesity, tobacco, alcohol, sunlight exposure, certain chemicals, some viruses and bacteria, family history of cancer, poor diet, and lack of physical activity[99].

Community input

Stakeholders observed that there may be a lack of knowledge in the community about the causes of cancer and ways that individuals can reduce their likelihood of developing cancers through various activities. Stakeholders pointed out that unfortunately, however, a number of contextual factors in the community contribute to cancer incidence, including lack of access to healthy food and poor air quality.

Stakeholders observed that they see less successful linkage to care and continuity in care—specifically for cancer--among low-income populations, populations that do not speak English, and populations with cultural backgrounds that differ from the norms in the health care environment. Additionally, the LGBT

[98] Centers for Disease Control and Prevention. Cancer Prevention. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 7, 2016].

[99] National Cancer Institute. Risk Factors for Cancer. Bethesda, MD. Available at http://www.cancer.gov/about-cancer/causes-prevention/risk. Accessed [August 7, 2016].

community experiences unique challenges in accessing cancer screenings and care. Stakeholders recognize a need for greater cultural competency among care providers.

While gains made in coverage (through ACA, Medicaid) may have positively impacted individuals' ability to access screenings for prostate, breast and cervical cancer, providers have not seen an increase in clients' utilization of these screenings. Stakeholders explained this may be due to cutbacks in services or long waitlists for screenings that discourage patients from following up. Alternatively, it may be because patients don't know if/that their insurance covers screenings and cancer treatment. Additionally, stakeholders have observed a lack of community education around cancer screenings, and some stigma around screening providers like Planned Parenthood, that may be discouraging people from accessing preventive care.

Cardiovascular Disease (including Hypertension and Cholesterol)

About cardiovascular disease–*Why is it important?*

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[1]

Cardiovascular disease encompasses and/or is closely linked to a number of health conditions that include arrhythmia, atrial fibrillation, cardiac arrest, cardiac rehab, cardiomyopathy, cardiovascular conditions in childhood, high cholesterol, congenital heart defects, diabetes, heart attack, heart failure, high blood pressure, HIV, heavy alcohol consumption, metabolic syndrome, obesity, pericarditis, peripheral artery disease (PAD), and stroke.[2]

Statistical data—*How is cardiovascular disease measured? What is the prevalence/incidence rate of cardiovascular disease in the community?*

Cardiovascular Disease Indicators

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Heart disease prevalence[1]	20014	LAC	5.7%	4.7%	6.0%	3.5%
Heart disease management[1]	2014	LAC	55.5%	58.1%	60.0%	59.7%
Rate of heart disease mortality per 10,000 persons[2]	2012	CA	15.5	14.9	14.3	16.3
Rate of hospitalizations resulting from heart failure per 100,000 persons[3]	2012	LAC	366.6	376.6	403.6	398.2
Hypertension prevalence[4]	2015	LAC	23.5%	23.2%	23.6%	22.8%
Cholesterol Prevalence[4]	2015	LAC	25.2%	24.6%	24.0%	25.1%
Cholesterol Management[4]	2009	LAC	68.7%	69.0%	71.3%	67.5%

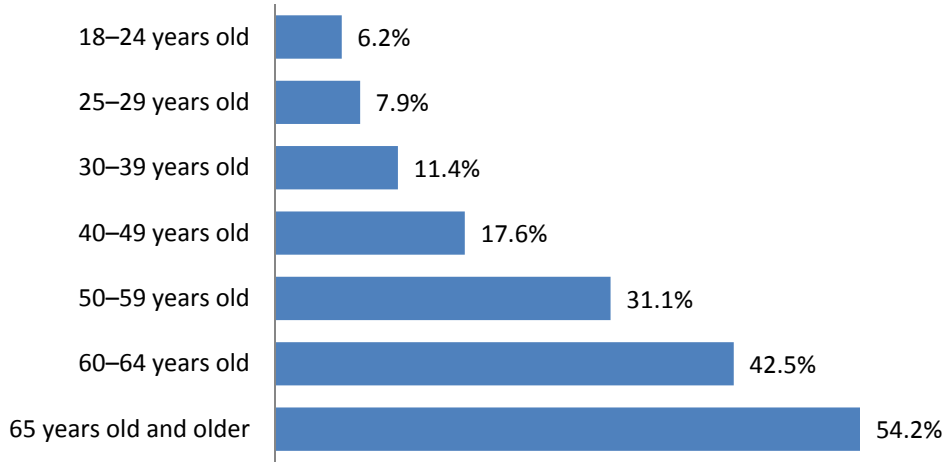
[1] Data source: California Health Interview Survey (CHIS)
Data year: 2014
Source geography: SPA
[2]Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code
[3]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code
[4]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
LAC=Los Angeles County
CA=California

Geographic areas/subpopulations of greatest impact

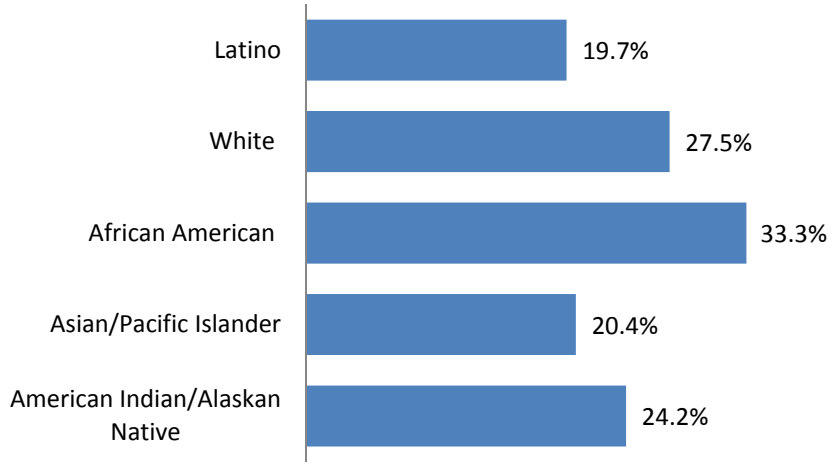
- Hospitalizations resulting from heart failure per 100,000 adults are highest when compared to California (339.0) in the ZIP codes shown below.

CHMC Service Area	SVMC Service Area	GSH Service Area
90008-Baldwin Hills/Crenshaw (728.9) 90044-Athens (570.6) 90018-Jefferson Park (515.8) 90027-Griffith Park/Los Feliz (502.2)	90008-Baldwin Hills/Crenshaw (728.9) 90047-Los Angeles/West Athens (673.4) 90062-South Los Angeles (620.1) 90043-View Park-Windsor Hills (572.3) 90044-Athens (570.6) 90018-Jefferson Park (515.8)	90021-Downtown Los Angeles (985.0) 90014-Los Angeles (743.9) 90013-Downtown Los Angeles (693.0)

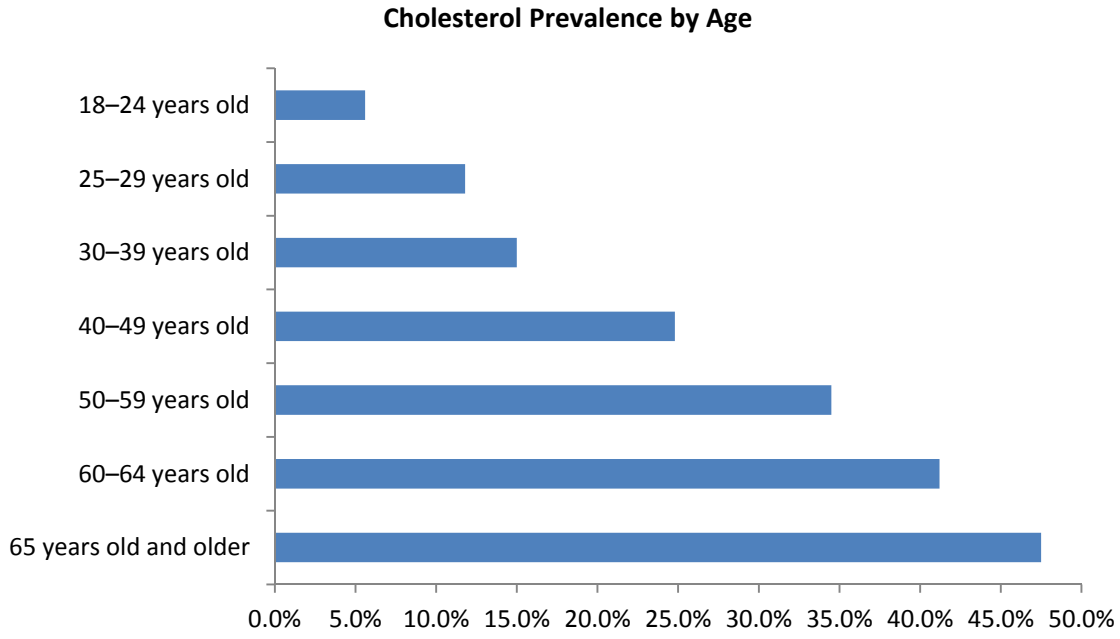
Hypertension Prevalence by Age, 2015



Hypertension Prevalence by Ethnicity, 2015



Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County



Associated drivers and risk factors

The leading risk factors for heart disease are high blood pressure, high cholesterol, smoking, diabetes, poor diet, physical inactivity, and overweight and obesity. Cardiovascular disease is closely linked with and can often lead to stroke.[3]

Community input

Stakeholders called for efforts to expand education around the underlying causes of cardiovascular disease (diet, lack of physical exercise), subpopulations at higher risk (Latina women, young Black males) and the disease process (slowly cumulative over time, manageable through diet and exercise).
At the same time, community members discussed the influence of culture and tradition on diet which may influence cardiovascular disease risk. Stakeholders recommended the implementation of health education and outreach campaigns via Spanish and Korean television and radio stations. Stakeholders observed that the built environment in the Metro communities serves as a constraint on dietary choices. For example, there are very few outlets selling affordable healthy ingredients when compared to the number of fast food outlets and liquor stores. Additionally, lifestyle factors including long, stressful workdays make it difficult to allocate time for cooking dinner or engaging in exercise.

Multiple factors in addition to a lack of time limit residents' engagement in physical activity. Principally, the environment in their communities. Fear of violence in the community, lack of safe green space, lack of affordable/free indoor recreational facilities as well as the high incidence of pedestrian injury discourage people from exercising in the community.

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21]. Accessed [February 28, 2013].

[2] Ibid.

Cultural and Linguistic Barriers

About Cultural and Linguistic Barriers

According to the National Standards for Culturally and Linguistically Appropriate Services, culture is defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics[100]. With the Institute of Medicine's publication of Unequal Treatment in 2003, culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities. There have also been rapid changes in demographic trends in the U.S. in the last decade. Additionally, national accreditation standards for professional licensure in the fields of medicine and nursing, and health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services[101].

Cultural and Linguistic Barriers

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Difficulty Understanding Doctor	2014	LAC	3.2%	3.6%	3.6%	3.8%
Speak English at Home	2016	LAC	42.9%	34.2%	32.5%	33.5%
Speak Asian/Pacific Islander at Home	2016	LAC	10.9%	11.8%	13.0%	19.2%
Speak Indo-European at Home	2016	LAC	5.6%	4.8%	1.8%	2.9%
Speak Spanish at Home	2016	LAC	39.6%	48.3%	51.9%	43.6%
Speak Other Language at Home	2016	LAC	1.1%	1.0%	0.8%	0.7%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Geographic areas/subpopulations of greatest impact

- The percentage of households who speak English at home is 42.9%. The following geographies in each service area have a percentage of households who speak English at home well below the average for Los Angeles County.

CHMC Service Area	SVMC Service Area	GSH Service Area
90006 – Pico Heights (10.2%) 90011 – South Los Angeles (11.5%) 90057 – Westlake (13.0%) 90031 – Montecito Heights (16.1%) 90005 – Koreatown (17.1%) 90017 – Downtown Los Angeles (17.9%) 90020 – Hancock Park (19.9%) 90029 – Downtown Los Angeles (20.4%)	90006 – Pico Heights (10.2%) 90011 – South Los Angeles (11.5%) 90001 – Los Angeles (12.9%) 90057 – Westlake (13.0%) 90005 – Koreatown (17.1%) 90017 – Downtown Los Angeles (17.9%) 90020 – Hancock Park (19.9%) 90010 – Wilshire (21.5%)	90006 – Pico Heights (10.2%) 90057 – Westlake (13.0%) 90005 – Koreatown (17.1%) 90017 – Downtown Los Angeles (17.9%) 90020 – Hancock Park (19.9%)

[100] U.S. Department of Health and Human Services. Office of Minority Health. Available at https://www.thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf. Accessed [August 29, 2016]
[101] U.S. Department of Health and Human Services. Office of Minority Health. Available at https://www.thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf. Accessed [August 29, 2016]

Community Input

Stakeholders discussed a need for greater understanding among the health care community of the ways in which gender dynamics and social roles in non-majority cultures impact relationships between health care providers and patients, as well as the implementation of health care recommendations beyond the doctor visit. For example, among many new immigrant families, gender role norms dictate that the male is dominant in the family; this can complicate health behavior recommendations for women if the provider is not cognizant of the impact gender role norms might have on a woman's ability to treat a personal health issue or an issue affecting her child.

Diabetes

About diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.[1] A diabetes diagnosis can indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.

Given the steady rise in the number of people with diabetes, and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and their potential to impact and overwhelm the health care system. There is a clear need to take advantage of recent discoveries about the individual and societal benefits of improved diabetes management and prevention by bringing life-saving findings into wider practice, and complementing those strategies with efforts in primary prevention among those at risk for developing diabetes.[2]

In addition, evidence is emerging that diabetes is associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.[3]

Statistical data

Diabetes Indicators

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Percent of adults 18 and over ever diagnosed with diabetes (diabetes prevalence)[1]	2015	LAC	9.8%	11.5%	11.8%	11.7%
Rate of adult diabetes hospitalizations per 100,000 persons[2]	2012	CA	142.6	203.9	241.1	221.8
Rate of hospitalizations resulting from uncontrolled diabetes per 100,000 persons[2]	2012	CA	8.6	18.9	21.0	21.2
Rate of youth diabetes hospitalizations per 100,000 persons[2]	2012	CA	31.2	21.8	24.1	17.9
Rate of diabetes mortality per 10,000 persons[3]	2012	CA	2.1	2.7	2.7	2.5

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code
[3]Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Geographic areas/subpopulations of greatest impact

- Adult diabetes hospitalization rates per 100,000 persons were highest compared to the California average (142.6) in the ZIP codes shown below.

CHMC Service Area	SVMC Service Area	GSH Service Area
90018-Jefferson Park (363.2) 90008-Baldwin Hills/Crenshaw (353.5) 90044-Athens (328.7) 90016-West Adam (314.7) 90037-South Los Angeles (302.3) 90010-Wilshire (252.2) 90011-South Los Angeles (220.9)	90047-Los Angeles/West Athens (388.0) 90018-Jefferson Park (363.2) 90002-Los Angeles (357.7) 90008-Baldwin Hills/Crenshaw (353.5) 90044-Athens (328.7) 90037-South Los Angeles (302.3) 90043-View Park-Windsor Hills (298.4) 90001-Los Angeles (259.3)	90014-Los Angeles (449.1) 90013-Downtown Los Angeles (389.3) 90018-Jefferson Park (363.2) 90021-Downtown Los Angeles (328.3) 90010-Wilshire (252.2)

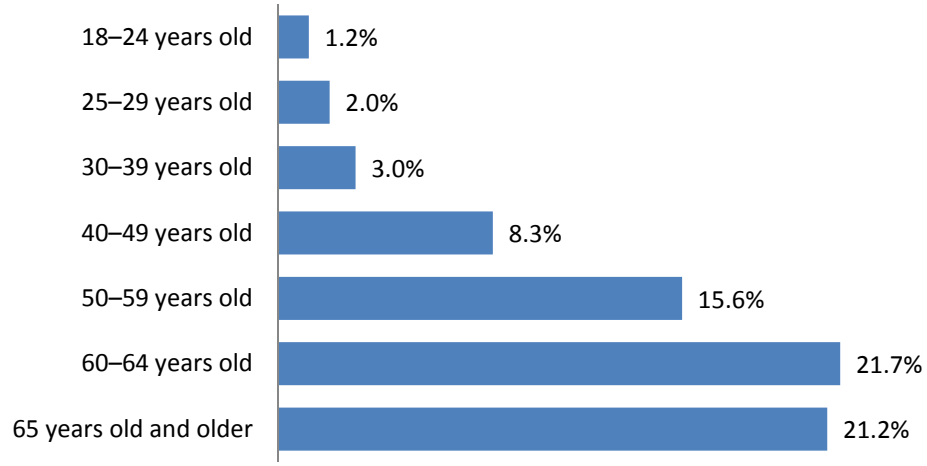
- Diabetes hospitalization resulting from uncontrolled diabetes rates per 100,000 persons were highest compared to the California average (8.6) in the ZIP codes shown below.

CHMC Service Area	SVMC Service Area	GSH Service Area
90018-Jefferson Park (44.4) 90044-Athens (33.0) 90017-Downtown Los Angeles (28.0) 90016-West Adam (27.1) 90008-Baldwin Hills/Crenshaw (25.0) 90057-Westlake (24.3) 90037-South Los Angeles (18.6)	90018-Jefferson Park (44.4) 90044-Athens (33.0) 90017-Downtown Los Angeles (28.0) 90016-West Adam (27.1) 90043-View Park/Windsor Hills (26.7) 90008-Baldwin Hills/Crenshaw (25.0)	90013-Downtown Los Angeles (46.7) 90018-Jefferson Park (44.4) 90021-Downtown Los Angeles (36.5) 90017-Downtown Los Angeles (28.0) 90012-Chinatown (27.6) 90057-Westlake (24.3)

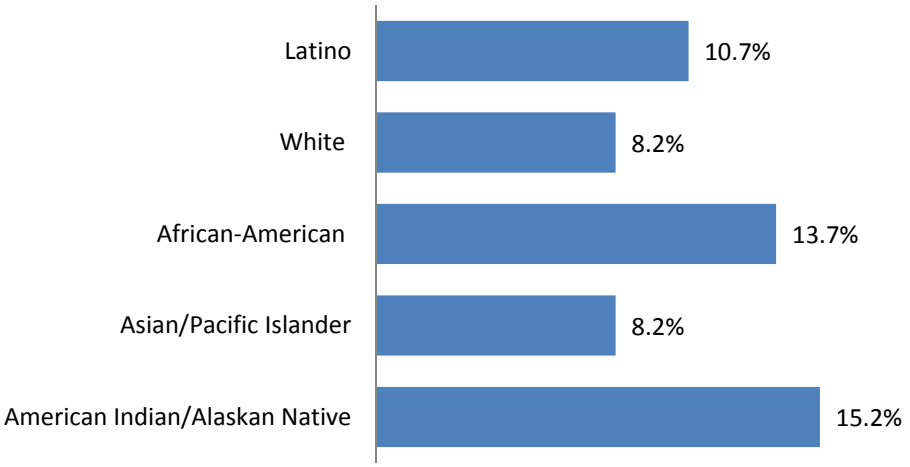
- Diabetes mortality rates per 10,000 persons were highest compared to the California average (2.1) in the ZIP codes shown below.

CHMC Service Area	SVMC Service Area	GSH Service Area
90010-Wilshire (6.3) 90008-Baldwin Hills/Crenshaw (4.1) 90018-Jefferson Park (3.7)	90010-Wilshire (6.3) 90008-Baldwin Hills/Crenshaw (4.1) 90062-South Los Angeles (3.8) 90043-View Park-Windsor Hills (3.8) 90018-Jefferson Park (3.7)	90010-Wilshire (6.3) 90021-Downtown Los Angeles (3.7) 90018-Jefferson Park (3.7)

Diabetes Prevalence by Age, 2015



Diabetes Prevalence by Ethnicity, 2015



Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers

Factors associated with diabetes include being overweight, having high blood pressure, high cholesterol, high blood sugar (or glucose), physical inactivity, smoking, unhealthy eating, age, race, gender, and having a family history of diabetes.[4]

Community input

As with cardiovascular disease, diet is a principal determinant of diabetes. Diet is shaped by both the food environment (what is available for purchase in a community) and cultural practices. The service area is home to many cultural communities. Stakeholders called for the implementation of outreach and

education efforts that illustrate strategies for healthier diets that reflect residents' cultural backgrounds. Additionally, stakeholders acknowledged that residents' access to healthy food is limited by cost, and acknowledged a need for affordable fruits and vegetables. Moreover, stakeholders observed that clients in the service lack an understanding of the diabetes disease process. Stakeholders have called for greater education around the relationship between diet and diabetes, as well as diabetes co-morbidities.

Stakeholders acknowledged that the costs of diabetes medication are prohibitive for lower-income residents, particularly the undocumented and uninsured populations. Additionally, individuals experiencing homelessness and housing instability face challenges in maintaining diabetes care because they do not have access to refrigeration for their medications.

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[2] Ibid.

[3] Ibid.

Food Insecurity

About Food Insecurity

According to the United States Department of Agriculture, food insecurity is explicitly defined as a household-level economic and social condition of limited or uncertain access to adequate food[102]. The defining characteristic of very low food security is that, at times during the year, the food intake of household members is reduced and their normal eating patterns are disrupted because the household lacks money and other resources for food.[103]

Food Insecurity

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Households with Incomes <300% Who are Food Insecure	2015	LAC	29.2%	32.0%	32.0%	32.1%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Community Input

Stakeholders explained that food insecurity in the service area results from the compounded impact of low income and a lack of affordable healthy food.

[102] United States Department of Agriculture. Economic Research Service. Washington D.C. Available at: http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx. Accessed [August 29, 2016].

[103] United States Department of Agriculture. Economic Research Service. Washington D.C. Available at: http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx. Accessed [August 29, 2016].

Healthy Behavior (includes Physical Activity)

About Healthy Behaviors

The Nutrition and Weight Status objectives for Healthy People 2020 reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger[104].

Healthy Behaviors

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Physically Active at Least One Hour Each Day in Last Week (Children 0-11)[1]	2014	LAC	26.4%	25.2%	25.9%	24.9%
Physically Active at Least One Hour Each Day in Last Week (Teens 12-17)[1]	2014	LAC	12.3%	17.2%	17.4%	18.0%
Ate Five or More Servings of Fruits and Vegetables in Past Day (Children 0-11)[2]	2012	LAC	55.4%	57.9%	58.4%	55.6%
Ate Five or More Servings of Fruits and Vegetables in Past Day (Teens 12-17)[2]	2012	LAC	19.7%	11.8%	9.9%	13.5%
Ate Five or More Servings of Fruits and Vegetables in Past Day (Adults 18+)[2]	2012	LAC	14.7%	15.9%	12.6%	14.8%
Obtained recommended amount of aerobic exercise and muscle-strengthening (Children and Teens 6-17)[1]	2014	LAC	17.7%	16.4%	16.9%	16.4%
Obtained recommended amount of aerobic exercise and muscle-strengthening (Adults 18+)[1]	2014	LAC	34.1%	33.5%	31.7%	33.0%

Data Source: California Health Interview Survey 2014[1], 2012[2]
Data Year: 2012, 2014
Source Geography: SPA

Community Input

One focus group identified that Latinos are particularly impacted by poor health behaviors. They listed that their current diet does not provide as much nutrition as it could, and that the community would benefit from more information, more nutritional education, and more knowledge about where to buy affordable healthy foods in the community. One woman explained that she has been taking advantage of the Clinica de Control de Ninos, an organization that helped her understand what her children should be eating to be healthy. They also explained that Leichty Middle school provides parent classes,

[104] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status. Accessed [August 29, 2016].

nutrition and cardiovascular classes for parents, as well as child care. The school also brings in mobile dental care clinics."

Stakeholders explained that time constraints, costs of healthy food and medical care, and easy access to cheap, unhealthy food, contribute to the poor eating behaviors. However, there is an observed growing interest in healthy foods and fitness, reflected in the growing popularity of farmers' markets and Zumba studios.

Homelessness

About Homelessness

A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." More than 20 percent of the nation's homeless population is now living in California, an estimated 115,738 people. More than 43,000 of them live in Los Angeles County—the largest concentration in the United States [105][2].

Statistical data

Homelessness and Housing Indicators

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Percent of homeless who are classified as homeless individuals	2016	LAC	85.7%	86.8%	86.1%	87.3%
Percent of homeless who are classified as homeless families	2016	LAC	14.0%	13.0%	13.7%	12.4%
Percent of homeless who are classified as unaccompanied minors	2016	LAC	0.3%	0.2%	0.2%	0.3%
Percent of homeless who are mentally ill	2016	LAC	29.7%	27.9%	25.7%	30.5%
Percent of homeless who are diagnosed with substance abuse issues	2016	LAC	22.7%	20.0%	18.3%	22.3%
Percent of homeless with HIV	2016	LAC	1.4%	1.9%	1.4%	2.2%
Percent of homeless who are physically disabled	2016	LAC	16.9%	16.3%	15.7%	16.9%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, SPA

Associated drivers and risk factors

Housing instability is a primary driver of homelessness. Housing instability among poor families is the result of multiple overlapping factors ranging from number of income-earning adults in the home, education level of income-earning adults in the home, health of family members, domestic violence exposure, substance use patterns and access to social support and health care.[106] Although Los Angeles is home to the largest health and social services system available to homeless people, given the size of

[2] County of Los Angeles. Office of Countywide Communications. Los Angeles, CA. Available at: http://priorities.lacounty.gov/homeless/. Accessed: [September 2, 2016].

[106] A Secondary Analysis by ICPH utilizing data from the Fragile Families and Child Well-being Study.Institute for Children, Poverty & Homelessness. http://www.icphusa.org/index.asp?page=16&report=112&pg=110. Accessed: [September 2, 2016].

the very poor and homeless population, it faces significant challenges to provide cost effective integrated care for those facing housing instability.[107]

Community input

Stakeholders associated homelessness in the service area with lack of affordable housing and poverty. They have observed that the only consistent source of care for the homeless population is emergency (911) service, which puts a burden on emergency services. Because the homeless population suffers disproportionately with mental health concerns, the reliance on emergency services fails to meet this long term health care need. The high cost of living puts an undue burden on low-income families that spend a large proportion of their incomes on rent (vs. greater investment in healthy food or recreation). Stakeholders have also noted an increase in the homeless population and a lack of shelters. Homeless families face unique challenges in accessing education and health care, and there are insufficient social service providers in place to connect these families with homeless services. In focus groups, stakeholders noted as well that veterans are an ever increasing proportion of the homeless population.

[107] Guerrero, E., Henwood, B. and Wenzel, S. (2014). Service Integration to Reduce Homelessness in Los Angeles County: Multiple Stakeholder Perspectives. *Human Service Organizations* 38(1):44-54.

Mental Health

About mental health

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 and 34.[1] An estimated 11 attempted suicides occur per every suicide death.

Research shows that more than 90% of those who die by suicide suffer from depression or other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[2] Among adults, mental disorders are common, with approximately one-quarter of adults being diagnosable for one or more disorders.[3] Mental disorders are associated not only with suicide, but also with chronic diseases, a family history of mental illness, age, substance abuse, and life-event stresses.[4]

Interventions to prevent suicide include therapy, medication, and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors, given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider in the year before their death.[5]

Statistical data

Mental Health Indicators

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Unhealthy Days Resulting from Poor Mental Health Reported by Adults[1]	2015	LAC	2.3	2.6	2.6	2.7
Adults with Serious Psychological Distress in the Last Year[2]	2014	LAC	9.6%	9.2%	9.1%	9.2%
Adequate Social and Emotional Support[3]	2015	LAC	64.0%	59.6%	59.1%	59.4%
Anxiety Prevalence[4]	2011	LAC	6.4%	7.1%	6.9%	7.3%
Depression Prevalence[5]	2015	LAC	8.6%	14.5%	13.6%	15.3%
Alcohol- and Drug-Induced Mental Illness Rate per 100,000 Adults[6]	2012	CA	102.5	108.8	116.8	186.5
Needed Help for Mental, Emotional, or Alcohol/Drug Issues[7]	2011	LAC	18.0%	19.6%	18.3%	20.6%
Mental Health Hospitalization Rate per 100,000 persons, Adults[8]	2012	CA	540.9	880.7	906.2	1384.0
Mental Health Hospitalization Rate per 100,000 persons, Youth[8]	2012	CA	294.8	403.7	410.2	444.3
Suicide Rate per 10,000 Persons[9]	2012	CA	1.0	1.1	1.1	1.7

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey (CHIS)
Data year: 2014
[3]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[4, 5]Data source: Los Angeles County Health Survey
Data year: 2011, 2015
Source geography: SPA
[6]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
[7]Data source: Los Angeles County Health Survey
Data year: 2011
[8]Data source:Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012

Geographic areas of greatest impact (disparities)

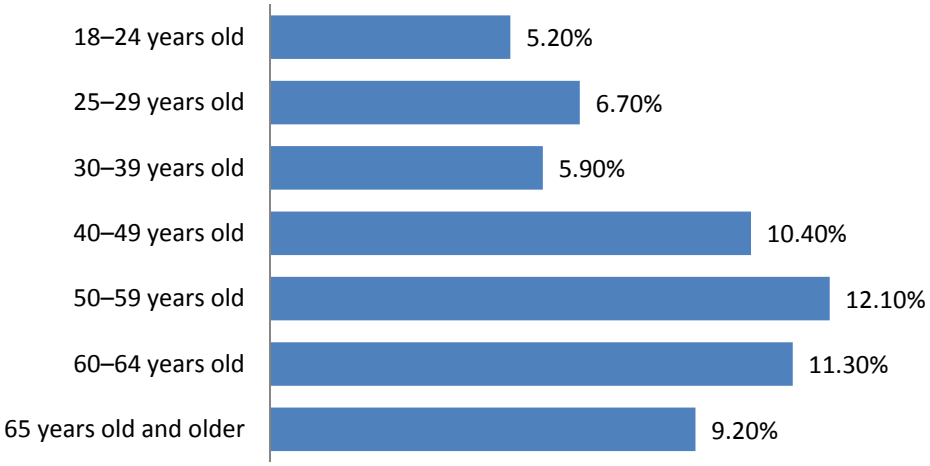
- The ZIP codes most impacted by mental health hospitalizations per 100,000 persons (Adults) are listed below for each service area.

CHMC Service Area	SVMC Service Area	GSH Service Area
90010-Wilshire (1828.5) 90016-West Adam (1386.0) 90018-Jefferson Park (1323.3) 90028-Hollywood (1283.0)	90010-Wilshire (1828.5) 90016-West Adam (1386.0) 90018-Jefferson Park (1323.3)	90014-Los Angeles (3719.3) 90021-Downtown Los Angeles (3283.5) 90010-Wilshire (1828.5)

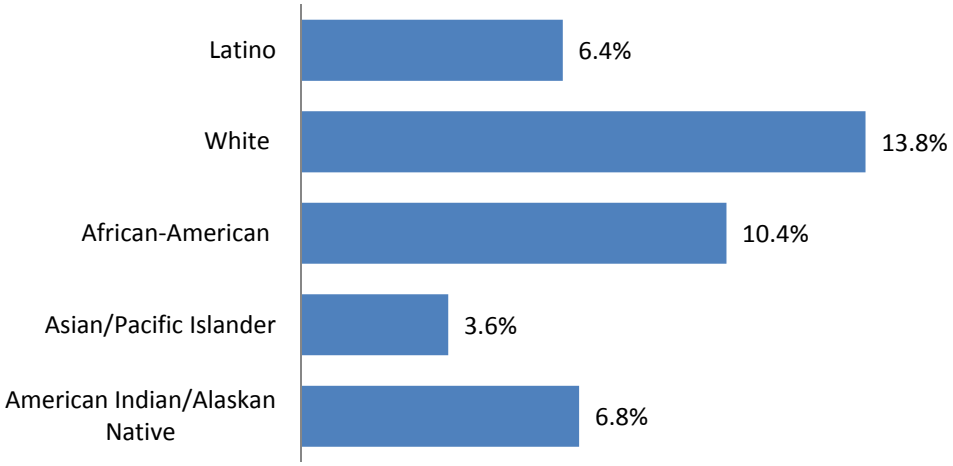
90008-Baldwin Hills/Crenshaw (1107.4)	90062-South Los Angeles (1120.0) 90043-View Park-Windsor Hills (1109.0) 90008-Baldwin Hills/Crenshaw (1107.4)	90018-Jefferson Park (1323.3)

Data source[1]: Office of Statewide Health Planning and Development (OSHPD)

Depression Prevalence by Age, 2015



Depression Prevalence by Ethnicity



Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers and risk factors

Mental health is associated with many other health factors, including poverty, heavy alcohol consumption, and unemployment. Chronic diseases such as cardiovascular disease, diabetes, and obesity are also associated with mental health disorders such as depression and suicide.[6]

Community input

Stakeholders emphasized that stigma around mental health/illness--especially among communities of color--serves as an obstacle to accessing care. In some cases, individuals fear that they might lose their jobs if their employers learn they are seeking metal health care.

Stakeholders observed that mental health practitioners lack competency in providing effective mental health care to seniors, those who speak languages other than English, those with diverse cultural backgrounds. Additionally, cultural healers and indigenous religions and practices that may provide effective mental health support are not valued or leveraged in mental health care.

Finally, stakeholders addressed a severe shortage of mental health providers for a community with a high need for mental health care. For example, there is only one suicide responding team (PET team) for SPA 4. Overall, stakeholders identified a long waiting list for mental health services and an overreliance on interns in mental health facilities. There are particularly few services available to language minority clients and undocumented clients. Finally, funding for mental health service screening and delivery is limited.

Obesity/Overweight

About obesity/overweight

Obesity, a condition in which a person has an abnormally high and unhealthy proportion of body fat, has risen to epidemic levels in the United States; 68 percent of adults age 20 years and older are overweight or obese.[108] Excess weight is a significant national problem and indicates an unhealthy lifestyle that influences further health issues.

Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[109] Obesity is associated with factors including poverty, inadequate fruit/vegetable consumption, breastfeeding, and lack of access to grocery stores, parks, and open space.

Statistical data

Obesity/Overweight Indicators

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Percent of adults who are overweight[1]	2015	LAC	35.9%	34.3%	34.2%	34.2%
Percent of adults who are obese[1]	2015	LAC	23.5%	26.2%	28.5%	24.3%
Percent of children who are overweight for age[2]	2012	LAC	13.3%	15.7%	12.5%	33.1%
Percent of teens who are overweight and obese[2]	2012	LAC	54.8%	32.6%	30.9%	19.0%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey (Accessed at www.healthycity.org)
Data year: 2012
Source geography: SPA

Geographic areas/subpopulations of greatest impact

- More people are overweight and significantly over the Los Angeles County average (29.7%) in the ZIP codes shown below.

[108] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [August 2, 2016].

[109]National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [August 2, 2016].

CHMC Service Area	SVMC Service Area	GSH Service Area
90011-South Los Angeles (34.6%) 90037-South Los Angeles (34.1%) 90044-Athens (33.5%) 90018-Jefferson Park (33.1%) 90016-West Adam (32.8%)	90011-South Los Angeles (34.6%) 90001-Los Angeles (34.2%) 90037-South Los Angeles (34.1%) 90003-South Los Angeles (33.9%) 90044-Athens (33.5%) 90002-Los Angeles (33.5%) 90062-South Los Angeles (33.2%) 90018-Jefferson Park (33.1%) 90016-West Adam (32.8%)	90018-Jefferson Park (33.1%) 90021-Downtown Los Angeles (32.2%) 90013-Downtown Los Angeles (31.7%) 90014-Los Angeles (31.3%)

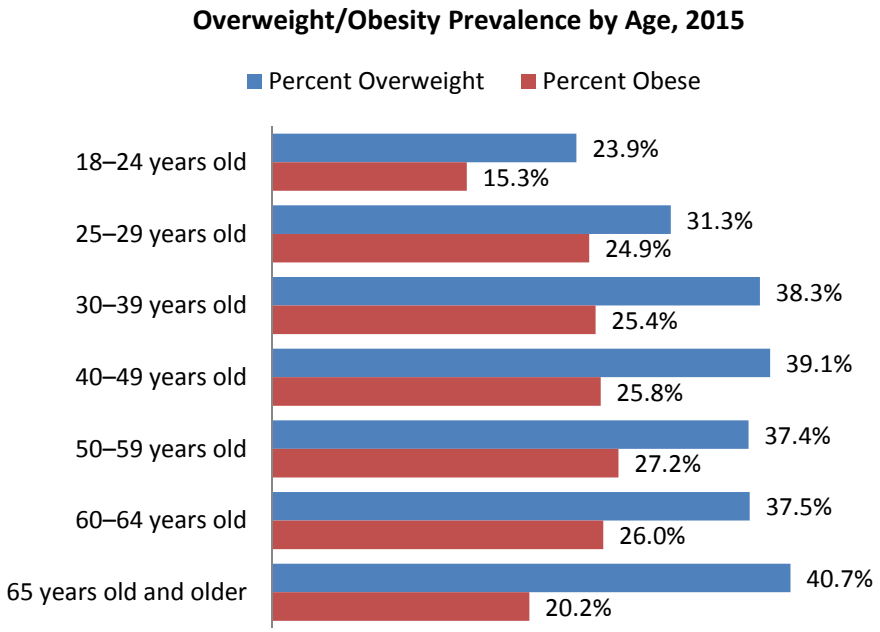
Data source: Healthy Cities
Data year: 2009
Source geography: ZIP Code

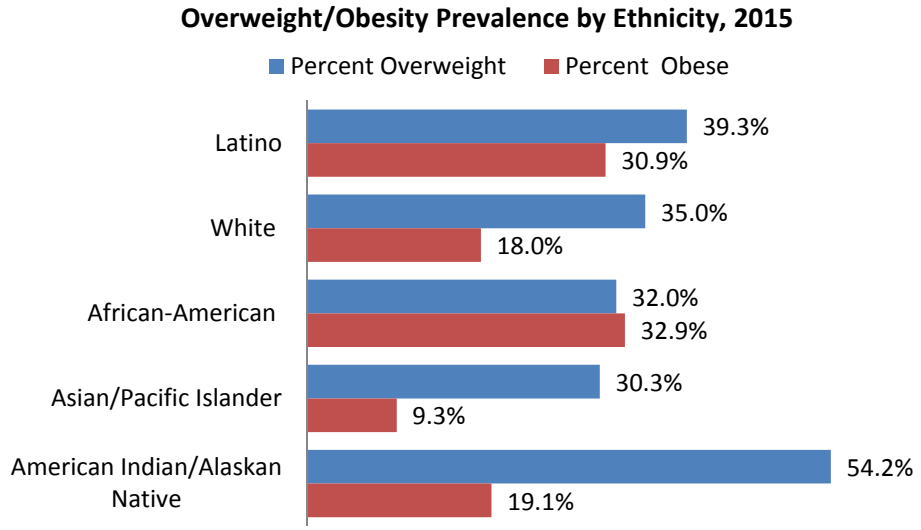
- More people are obese and over the Los Angeles County average (21.2%) in the ZIP codes shown below.

CHMC Service Area	SVMC Service Area	GSH Service Area
90037-South Los Angeles (30.7%) 90011-South Los Angeles (30.3%) 90044-Athens (30.0%)	90001-Los Angeles (30.9%) 90043-View Park-Windsor Hills (30.8%) 90037-South Los Angeles (30.7%) 90002-Los Angeles (30.6%) 90003-South Los Angeles (30.6%) 90062-South Los Angeles (30.5%)	90018-Jefferson Park (29.6%)

Data source: Healthy Cities
Data year: 2009

Source geography: ZIP Code





Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers and risk factors

Obesity is associated with factors such as poverty, inadequate consumption of fruits and vegetables, physical inactivity, and lack of access to grocery stores, parks, and open space. Obesity increases the risk

of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. The condition also increases the risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[110]

Community input

Stakeholders related the high rates of obesity and being overweight to a lack of physical activity, poor diet, and health literacy. Most young people in the service area do not engage in physical education at schools and stay inside after school because of concerns about safety in their communities. The easy availability of fast foods and packaged foods, compared to the lack of access to healthy fruits and vegetables and time for meal preparation leads families to consume more high-calorie and unhealthy food. Finally, health care providers recognize that there is a lack of awareness of the severity and importance of obesity as a precursor to other diseases. Stakeholders called for policies in schools and organizations that enforce the provision of healthy snacks and lunches.

[110] National Cancer Institute. Obesity and Cancer Risk. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [August 2, 2016].

Oral health

About Oral Health

Dental care is a relevant health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and related health problems. In addition, oral diseases such as cavities and oral cancer cause pain and disability for many Americans.[111] Behaviors that may lead to poor oral health include tobacco use, excessive alcohol consumption, and poor dietary choices. Barriers that prevent or limit a person's use of preventive intervention and treatments for oral health include limited access to and availability of dental services, a lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include lower levels or lack of education, having a disability, and other health conditions such as diabetes.[112]

Statistical Data- *How is Oral Health Measured? How accessible is Dental Insurance Coverage? How affordable is Dental Care?*

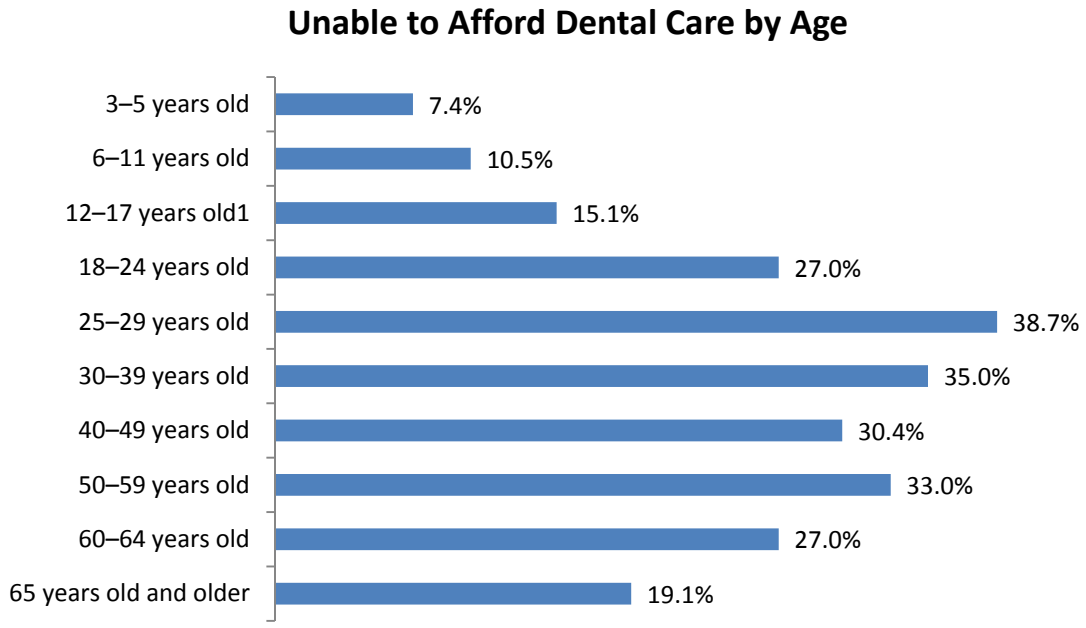
Dental Care Access and Affordability

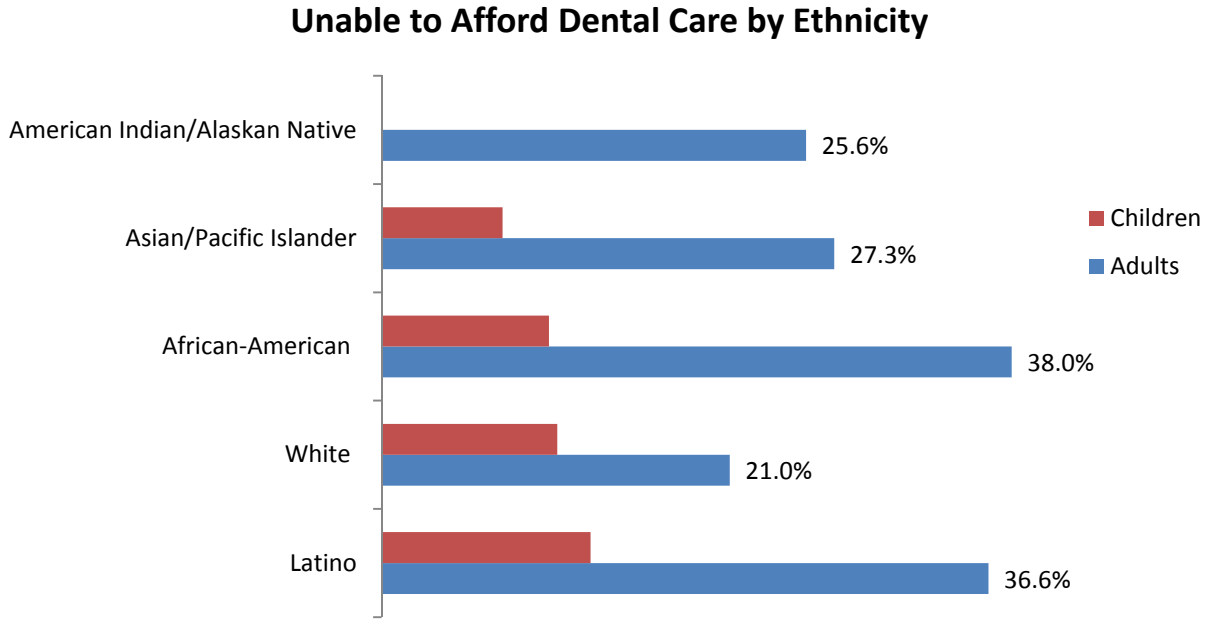
Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Absence of Dental Insurance Coverage (Adults)[1]	2015	LAC	51.8%	60.7%	60.6%	61.4%
Unable to Afford Dental Care (Adults)[2]	2011	LAC	30.3%	35.9%	35.0%	37.1%
Unable to Afford Dental Care (Children)[1]	2015	LAC	11.5%	13.5%	12.4%	14.6%

Data source: Los Angeles County Health Survey
Data year: 2015[1],2011[2]
Source geography: SPA

[111] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [August 2, 2016].

[112] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [August 2, 2016].





Associated drivers and risk factors

Poor oral health can be prevented by decreasing sugar intake and increasing healthy eating habits to prevent tooth decay and premature tooth loss; consuming more fruits and vegetables to protect against oral cancer; smoking cessation; decreased alcohol consumption to reduce the risk of oral cancers, perio-dontal disease, and tooth loss; using protective gear when playing sports; and living in a safe physical

environment.[113] In addition, oral health conditions such as periodontal (gum) disease have been linked to diabetes, heart disease, stroke, and premature, low-weight births.[114]

Community input

Stakeholders explained that the separation between oral care and medical care both in terms of policy (health insurance coverage, permitted "sick time" off at work) and health literacy has a detrimental impact

Cost of services and insurance coverage are barriers to oral care. Stakeholders explained that dental care costs are prohibitive for those who lack insurance, and that dental services are often not covered for those who are insured. Additionally, dental care providers are very selective in the types of insurance they will accept, and they often don't take Medi-Cal because of Medi-Cal's historically low reimbursement rates.

Stakeholders reported that the high costs of dental care are compounded by high rates of dental fraud in the service area. Patients receive recommendations for unnecessary, expensive procedures that are not medically indicated. Additionally, stakeholders observed that some health care providers offer Care Credit packages to non-English speaking customers who most likely do not understand the terms explained in English in the Care Credit materials.

The service area lacks sufficient oral care resources for subpopulations including the elderly and indigent, children, and the homeless.

[113] World Health Organization, Oral health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs318/en/index.html. Accessed [August 2, 2016].

[114] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Oral-Health-AAG-PDF-508.pdf. Accessed [August 2, 2016].

Poverty (Includes Housing Instability and Food Insecurity)

About Poverty, Housing Instability, and Food Insecurity

Housing instability among poor families is the result of multiple overlapping factors ranging from a number of income-earning adults in the home, education level of income-earning adults in the home, health of family members, domestic violence exposure, substance use patterns and access to social support and health care.[115] Families and individuals are much more likely to become unstably housed or homeless if they are shouldering a high housing cost burden, typically thought of housing costs that exceed 30% of monthly income.

According to the United States Department of Agriculture, food insecurity is explicitly defined as a household-level economic and social condition of limited or uncertain access to adequate food[116]. The defining characteristic of very low food security is that, at times during the year, the food intake of household members is reduced and their normal eating patterns are disrupted because the household lacks money and other resources for food.[117]

Statistical Data- *How is poverty measured? What is the prevalence of poverty in the service areas for metro hospitals?*

Poverty Indicators

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Families Below Poverty[1]	2016	LAC	14.9%	26.5%	27.6%	25.1%
Families Below Poverty with Children[1]	2016	LAC	11.7%	20.9%	22.4%	18.9%
Percent of adults who are unemployed	2016	LAC	7.6%	8.2%	8.2%	7.9%
Average Estimated Household Income	2016	LAC	$78,309	$53,147	$52,964	$56,088
Households with Incomes <300% Who are Food Insecure[2]	2015	LAC	29.2%	32.0%	32.0%	32.1%

[1] Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code
[2]Los Angeles County Health Survey
Data Year: 2015
Source geography: County
LAC=Los Angeles County
CA=California

[115] A Secondary Analysis by ICPH utilizing data from the Fragile Families and Child Well-being Study.Institute for Children, Poverty & Homelessness. http://www.icphusa.org/index.asp?page=16&report=112&pg=110. Accessed: [September 2, 2016].

[116] United States Department of Agriculture. Economic Research Service. Washington D.C. Available at: http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx. Accessed [August 29, 2016].

[117] United States Department of Agriculture. Economic Research Service. Washington D.C. Available at: http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx. Accessed [August 29, 2016].

Geographic areas/subpopulations of greatest impact

- The percentage of families living below poverty level is 14.9%. The following geographies in each service area have a percentage of families living below poverty level well below the average for Los Angeles County.

CHMC Service Area	SVMC Service Area	GSH Service Area
90017-Downtown Los Angeles (47.9%) 90011-South Los Angeles (43.6%) 90016-West Adams (39.8%)	90017-Downtown Los Angeles (47.9%) 90011-South Los Angeles (43.6%) 90037-West Adams (39.8%) 90003-Los Angeles (39.4%)	90017-Downtown Los Angeles (47.9%) 90007-South Los Angeles (36.4%) 90057-Westlake (35.2%)

Community Input

Stakeholders explained that food insecurity in the service area results from the compounded impact of low income and a lack of affordable healthy food.

Sexually Transmitted Diseases

About communicable diseases including sexually transmitted diseases (STDs)

Sexually transmitted diseases (STDs) refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite the burdens, costs, and complications—and their being preventable to a certain extent—STDs remain a significant public health problem in the United States, greatly under-recognized by the public, policymakers, and health care professionals. STDs have the potential to cause many harmful, often irreversible clinical complications, including having an impact on reproductive health, fetal and perinatal health problems and cancer, and the transmission of HIV. The spread of STDs is directly affected by social, economic, and behavioral factors. Many studies document the association of substance abuse with STDs. The introduction of illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the spread of STDs.[118]

Adolescents ages 15 to 24 account for nearly half of the 20 million new cases of STDs each year in the United States. Today, four in 10 sexually active teen girls in the United States have had an STD with the potential to cause infertility and even death. Regular screenings are critical, as STDs often have no obvious signs or physical symptoms. Also, certain racial and ethnic groups (mainly African-American, Hispanic/Latino, and American Indian/Alaska Native populations) have high rates of STDs compared with Whites. Race and ethnicity in the United States are correlated with other determinants of health status such as poverty, limited access to health care, fewer attempts to get medical treatment, and living in communities with high rates of STDs.[119]

Statistical data

Sexually Transmitted Diseases

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
HIV Incidence per 100,000[3]	2012	LAC	24.9	59.0	48.7	70.5
Syphilis Incidence per 100,000[3]	2014	LAC	8.1	19.7	15.9	24.1
Chlamydia Incidence per 100,000[3]	2013	LAC	512.9	716.2	789.8	662.8
Gonorrhea Incidence per 100,000[3]	2013	LAC	103.4	205.4	207.3	209.7

[118] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Diseases*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

[119] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Diseases*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

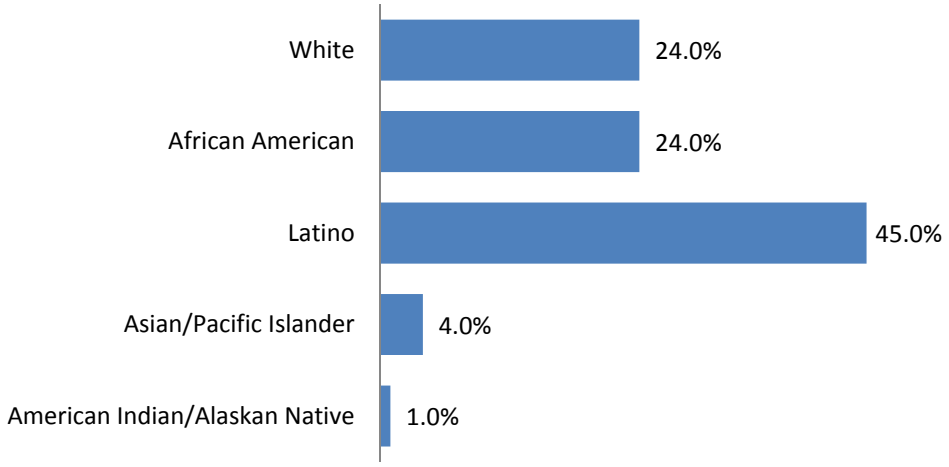
[1]Data source: Los Angeles County Health Survey
Data year: 2012
Source geography: SPA
[2]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2014
Source geography: ZIP Code
[3]Data source: California Department of Public Health (CDPH)
Data year: 2013
Source geography: ZIP Code
[4]Data source: Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report
Data year: 2013
Source geography: SPA
[5] Data source: Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report
Data year: 2013

Geographic areas/subpopulations of greatest impact (disparities)

- The rate of HIV hospitalizations per 100,000 people were highest in each service area in the following ZIP codes.

CHMC Service Area	SVMC Service Area	GSH Service Area
90010-Wilshire (105.3) 90028-Hollywood (101.0) 90046-Mount Olympus (88.5) 90016-West Adam (71.4) 90008-Baldwin Hills/Crenshaw (71.1)	90010-Wilshire (105.3) 90016-West Adam (71.4) 90008-Baldwin Hills/Crenshaw (71.1)	Not in report

HIV Diagnoses by Race/Ethnicity, 2013



Data source: 2014 Annual HIV/STD Surveillance Report
Data year: 2013
Source geography: County

Associated drivers and risk factors

Different ethnicities see different patterns of HIV infection. The largest proportion of HIV diagnoses reported in 2013 in Los Angeles County occurred among Latinos (45%), and almost half of Stage 3 diagnoses in 2013 occurred among Latinos. HIV diagnosis rates also increased among Asian males by nearly 20% from 2010-2012[120]. Other sexually transmitted diseases including chlamydia and gonorrhea can increase the spread of HIV through various biological mechanisms. [121]

The spread of STDs is directly affected by social, economic, and behavioral factors. Obstacles to STD prevention include access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, a historical experience with segregation and discrimination exacerbates the influence of these factors. Many studies document the association of substance abuse with STDs. The introduction of illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the spread of STDs.[122]

Community input

Stakeholders stated that there are a growing number of community members with tuberculosis. Many tuberculosis patients do not seek treatment early on, accelerating the transmission of the disease to others.

[120] Los Angeles County Department of Public Health. (2014). 2014 Annual HIV/STD Surveillance Report. Available at: http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf.

[121] Centers for Disease Control and Prevention (2015). California-2015 State Health Profile. Available at https://www.cdc.gov/nchhstp/stateprofiles/pdf/california_profile.pdf.

[122] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Diseases*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

Transportation

About Transportation

Transportation barriers are often cited as barriers to healthcare access. Transportation barriers can lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may cause poorer management of chronic illness and thus poorer health outcomes. However, the significance of these barriers is uncertain based on existing literature due to wide variability in both study populations and transportation barrier measures[123].

Modes of Transportation

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Drove Alone	2015	LAC	72.6%	56.2%	58.0%	49.1%
Car Pooled	2015	LAC	10.1%	9.1%	9.9%	7.8%
Public Transportation	2015	LAC	7.1%	21.7%	20.7%	24.2%
Walked	2015	LAC	2.9%	4.8%	4.3%	8.7%
Bicycled	2015	LAC	0.9%	1.5%	1.3%	2.0%
Other Means	2015	LAC	1.4%	1.6%	1.4%	2.1%
Worked from home	2015	LAC	5.2%	5.1%	4.6%	6.1%
Average Vehicles per Household	2015	LAC	1.8	1.2	1.3	1.0

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Community Input

Public transportation functions as a barrier to care for residents because of cost and extended travel times, particularly when assigned health care providers are very distant from residents' homes or workplaces.

Additionally, the elderly and the disabled face challenges in accessing transportation to health care providers as well as to healthy food outlets.

[123] Institute for Health and Research Policy. Traveling towards disease: transportation barriers to health care access. Chicago, IL. Available at: http://www.ihrp.uic.edu/content/traveling-towards-disease-transportation-barriers-health-care-access. Accessed: [September 2, 2016].

Violence/Injury/Safety

About Violence, Injury and Safety

Injuries can result from many unintentional or intentional events including motor vehicle accidents, falls, job-related accidents, gun shot and blast wounds and sports injuries. Common diagnoses include brain injury, spinal cord injury, amputation, anoxia, and muscular-skeletal injury[124]. Injuries affect everyone, regardless of age, gender, ethnicity, or economic status[125]. Although injuries are often unavoidable, there are steps that can be taken to lessen the consequences of injuries, including wearing seat belts, violence prevention education, ignition interlock and in-car breathalyzers to prevent drunk driving, pro-active job site safety precautions and regular physical activity[126].

Statistical data—*How are violence, injury and safety measured? What is the prevalence/incidence rate of violence, injury and safety in the community?*

Teens Perception of Neighborhood and School Safety, 2012, 2014

Indicators	Year	Comparison		CHMC Service Area	SVMC Service Area	GSH Service Area
		Level	Avg.			
Received threats of violence or physical harm from peers in past year[1]	2012	LAC	14.7%	18.8%	17.2%	19.7%
Feared of being attacked at school in the past year[1]	2012	LAC	17.1%	20.1%	20.9%	19.4%
Felt unsafe in nearby park or playground during the day[2]	2014	LAC	11.7%	9.4%	10.7%	8.2%

[1]California Health interview Survey, 2012, SPA
[2]California Health interview Survey, 2014, SPA
[*]Data for SPA 2 unavailable—Not included in GMHHC estimated calculation

Geographic areas/subpopulations of greatest impact

The ZIP codes with the highest percentages of unintentional injuries leading to death, compared to the Los Angeles County average (3.5%), are listed below:

CHMC Service Area	SVMC Service Area	GSH Service Area
90028-Hollywood (10.9%) 90011-South Los Angeles (7.0%) 90005-Koreatown (6.6%)	90011-South Los Angeles (7.0%) 90005-Koreatown (6.6%) 90007-South Los Angeles (6.4%)	90013-Downtown Los Angeles (10.1%) 90014-Los Angeles (9.0%) 90007-South Los Angeles (6.4%)

[124] Centers for Disease Control and Prevention. Injury Prevention and Control. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].
[125] Centers for Disease Control and Prevention. Injury Prevention and Control. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].
[126] Centers for Disease Control and Prevention. Injury Prevention and Control. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].

Community input

Stakeholders highlighted the fact that the community is impacted by domestic violence because it is often underreported for fear of negative interpersonal, economic and legal repercussions, particularly among families with undocumented family members. Stakeholders observed that domestic violence is becoming more prevalent among younger residents, and explained there are a lack of community education around healthy relationships and very few safe spaces for victims given the very dense population in the service area.

Street violence continues to be a concern in the service area, and stakeholders noted that gangs particularly target young people. This is a particular concern because there is a current strained relationship with law enforcement

[1] Centers for Disease Control and Prevention. *10 Leading Causes of Death by Age Group, United States – 2010*. Available at http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf. Accessed [March 12, 2013].

[2] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

[3] National Institute of Mental Health. *Any Disorder Among Adults.* Available at http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml. Accessed [March 12, 2013].

[4] Public Health Agency of Canada. *Mental Illness*. Available at http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php. Accessed [March 12, 2013].

[5] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

[6] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/nationalhealthyworksite/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf. Accessed [May 1, 2013].