Dignity Health
California Hospital
Medical Center

Community Health Needs Assessment 2022

Report adopted by the Board of Directors in April 2022.

Contents

Executive Summary

Purpose Statement
The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by California Hospital Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement
The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators
This CHNA was conducted in partnership with PIH Health Good Samaritan Hospital. California Hospital Medical Center engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition
California Hospital Medical Center (California Hospital) is located at 1401 S. Grand Avenue, Los Angeles, California 90015. The population of the California Hospital service area is 1,942,854. Children and youth, ages 0-17, make up 25.2% of the population, 65.1% are adults, ages 18-64, and 9.8% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (67.8%), 17.3% of the population identifies as Black/African American, 6.8% are Asian, 6.2% are White. 1.3% of the population identifies as multiracial (two-or-more races), 0.2% are American Indian/Alaskan Native and 0.2% are Native Hawaiian/Pacific Islander. Those who are of a race/ethnicity not listed represent an additional 0.3% of the service area population. In the service area, 29.1% of the population, 5 years and older, speak only English in the home. Among the area population, 63% speak Spanish, 5.7% speak an Asian/Pacific Islander language, and 1.2% speak an Indo-European language in the home.

Among the residents in the service area, 24% are at or below 100% of the federal poverty level (FPL) and 52% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be "cost burdened." In the service area,

56.2% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than county (47.3%) and state (41.7%) rates. Educational attainment is a key driver of health. In the hospital service area, 36.2% of adults, ages 25 and older, lack a high school diploma, which is higher than the county (20.9%) and state (16.7%) rates. 17.9% of area adults have a Bachelor's degree or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing California Hospital community data findings with Healthy People 2030 objectives.

California Hospital conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Forty-three (43) interviews were conducted during December 2021 and January 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility."

California Hospital also conducted surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. The surveys were available in an electronic format through a SurveyMonkey link. The surveys were available in English, Spanish and Korean and were collected from November 15, 2021 to February 19, 2022. During this time, 32 community members completed the survey.

Process and Criteria to Identify and Prioritize Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews and surveys with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.

- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The key informant stakeholders and survey respondents were asked to prioritize the health needs according to the highest level of importance in the community.

List of Prioritized Significant Health Needs
Access to care, birth indicators, chronic diseases, COVID-19 and mental health were identified as priority needs by the community stakeholders.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 84.2% of the civilian, non-institutionalized population in the service area has health insurance and 94.9% of children, ages 18 and younger, have health insurance coverage in the service area. There are a number of identified barriers to accessing health care, including: a shortage of primary care and specialty care providers, long waits for appointments, cost of care, cultural and language issues, lack of insurance, and a lack of transportation.

Birth indicators – The service area sees over 26,000 births a year. There are high rates of preterm births, low birth weight babies and teen births in the hospital service area. Prenatal care is not routinely accessed and minority populations start care late in their pregnancies. Poor birth indicators are disproportionately seen among low-come populations, affecting primarily African American, Latinx, and Native Americans.

Chronic diseases – The hospital service area has high rates of death from heart disease, cancer, stroke and diabetes. Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percent of adults who reported being diagnosed with high blood pressure was 27.3 % and was 25.1% with high cholesterol.

COVID-19 – In Los Angeles County there have been 2,666,804 confirmed cases of COVID-19 in Los Angeles County, with a rate of 26,630.7 cases per 100,000 residents as of 2/28/22. Through February 28, 2022, 30,410 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 303.7 deaths per 100,000 persons. Community stakeholders noted that COVID-19 has impacted how people access health care services. People put off accessing many needed health services during the pandemic. COVID has had a disproportionate impact on children, low-income residents and communities of color.

Mental health – Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the county, the rate of mental distress among adults was 14.7%. Community stakeholders noted the high rates of depression and anxiety being experienced by area residents. Barriers to care include: a lack of mental health providers, inadequate resources and services, stigma and confusion as to how to access mental health care services.

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the California Hospital Board of Directors in April 2022. The report is widely available to the public on the hospital's web site at https://www.dignityhealth.org/socal/locations/californiahospital/about-us/community-programs/community-health-needs-assessment-plan. A paper copy is available for inspection upon request at the California Hospital Foundation at 1401 S. Grand Avenue, Los Angeles, CA 90015. Please send comments or questions about this report to Margaret Lynn Yonekura, M.D., Director, Community Health at m.l.yonekura@commonspirit.org.

Community Definition

Service Area

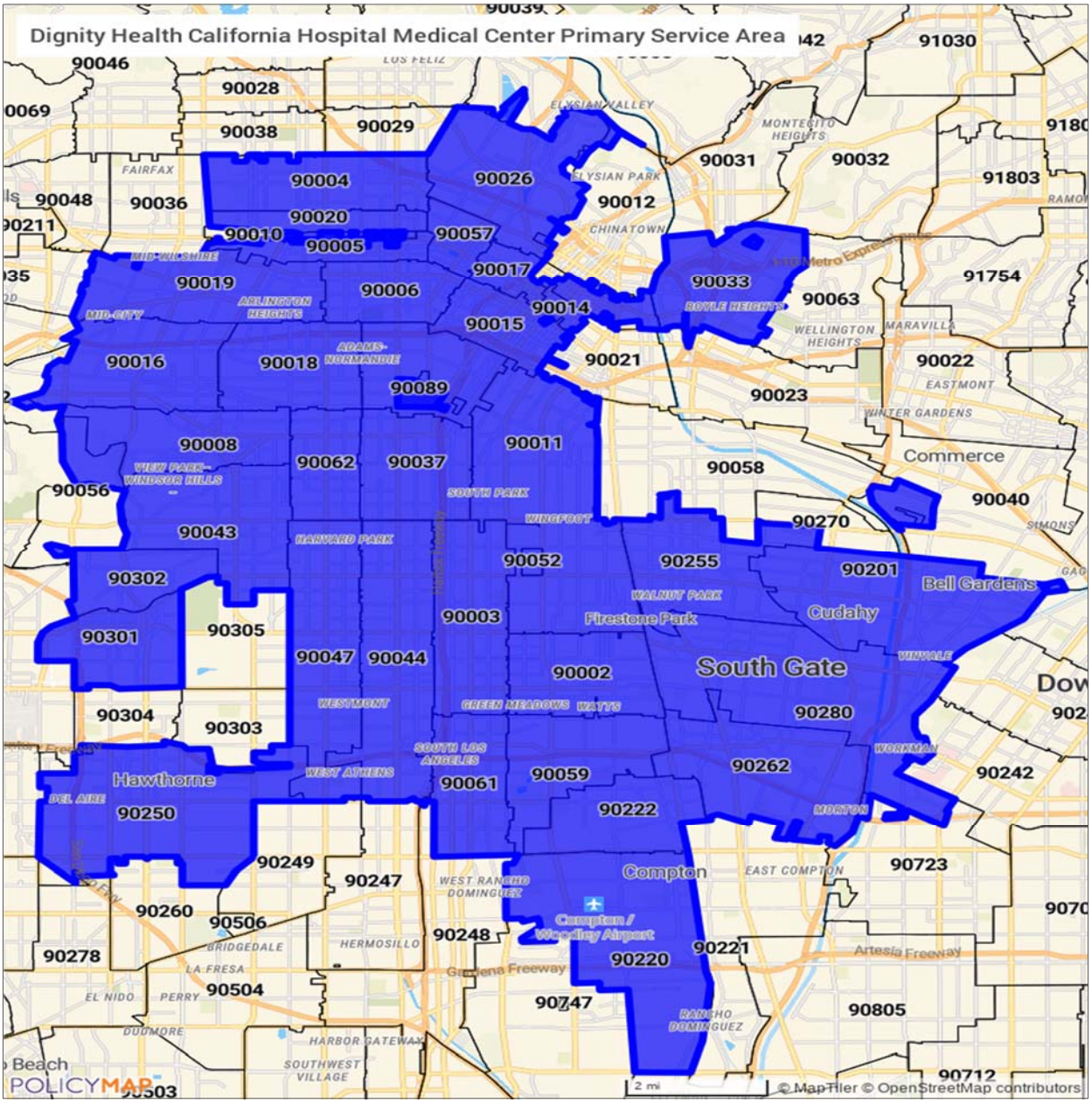
Dignity Health California Hospital Medical Center (California Hospital) is located at 1401 S. Grand Avenue, Los Angeles, California 90015. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area that includes the following 36 ZIP Codes in 10 cities within Los Angeles County, and comprises portions of Los Angeles County Service Planning Areas (SPAs) 4, 6, 7 and 8. Five ZIP Codes are located in SPAs 7 and 8, and are not examined within this report. The hospital service area is detailed below by community, ZIP Code and Service Planning Area.

Dignity Health California Hospital Medical Center Primary Service Area

Geographic Area	ZIP Code	SPA
Bell Gardens	90201	7
Compton/Crystal City	90220	6
Compton	90222	6
Hawthorne	90250	8
Huntington Park	90255	7
Inglewood	90301, 90302	8
Los Angeles/Oakwood	90004	4
Los Angeles/Koreatown	90005	4
Los Angeles/Pico Heights	90006	6
Los Angeles/Dockweiler/University Park	90007	4
Los Angeles/Baldwin Hills/Leimert Park	90008	4
Los Angeles/Downtown LA	90013	6
Los Angeles	90014	4
Los Angeles/Downtown LA	90015, 90017	4
Los Angeles/West Adams	90016	4
Los Angeles/Jefferson Park	90018	4
Los Angeles/Country Club Park/Mid-City	90019	6
Los Angeles/Hancock Park	90020	4
Los Angeles/Echo Park/Silverlake	90026	4
Los Angeles/Boyle Heights	90033	4
Los Angeles/View Park/Windsor Hills	90043	6
Los Angeles/Westlake	90057	6
Los Angeles/West Compton	90061	6
Lynwood	90262	6
South Gate	90280	7
South Los Angeles/Firestone Park	90001	6
South Los Angeles/Watts	90002	6

Geographic Area	ZIP Code	SPA
South Los Angeles/Green Meadows	90003	6
South Los Angeles/Central-Alameda	90011	6
South Los Angeles/Exposition Park	90037	6
South Los Angeles/Vermont Vista	90044	6
South Los Angeles/Gramercy Park	90047	6
South Los Angeles/Willowbrook	90059	6
South Los Angeles/Vermont Square	90062	6

California Hospital Medical Center Service Area Map



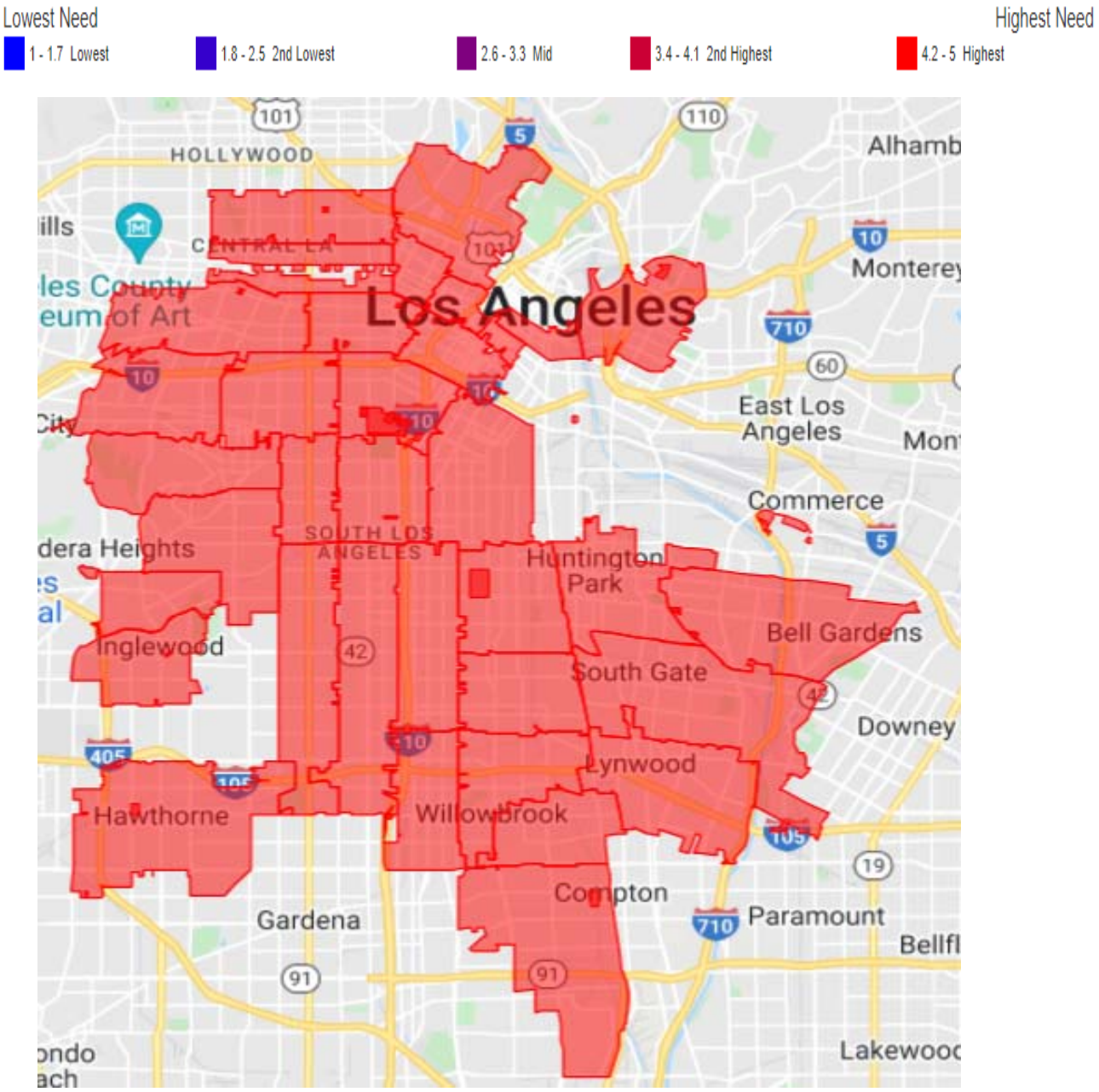
The population of the California Hospital service area is 1,942,854. Children and youth, ages 0-17, make up 25.2% of the population, 65.1% are adults, ages 18-64, and 9.8% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (67.8%), 17.3% of the population identifies as Black/African American, 6.8% are Asian, 6.2% are White. 1.3% of the population identifies as multiracial (two-or-more races), 0.2% are American Indian/Alaskan Native and 0.2% are Native Hawaiian/Pacific Islander. Those who are of a race/ethnicity not listed represent an additional 0.3% of the service area population. In the service area, 29.1% of the population, 5 years and older, speak only English in the home. Among the area population, 63% speak Spanish, 5.7% speak an Asian/Pacific Islander language, and 1.2% speak an Indo-European language in the home.

Among the residents in the service area, 24% are at or below 100% of the federal poverty level (FPL) and 52% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 56.2% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than county (47.3%) and state (41.7%) rates. Educational attainment is a key driver of health. In the hospital service area, 36.2% of adults, ages 25 and older, lack a high school diploma, which is higher than the county (20.9%) and state (16.7%) rates. 17.9% of area adults have a Bachelor’s degree or higher degree.

Los Angeles County is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The mean CNI score for the California Hospital service area is 4.7. CNI scores range from 4.2 in Hawthorne to 5.0 in Los Angeles.


Lowest Need
1 - 1.7 Lowest
1.8 - 2.5 2nd Lowest
2.6 - 3.3 Mid
3.4 - 4.1 2nd Highest
4.2 - 5 Highest
Highest Need
HOLLYWOOD
Los Angeles
East Los Angeles
Commerce
Huntington Park
Bell Gardens
South Gate
Downey
Lynwood
Willowbrook
Compton
Paramount
Gardena
Hawthorne
Inglewood
Monterey
Alhamb
SOUTH LOS ANGELES

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

Zip Code	CNI Score	Population	City	County	State
90001	4.8	58592	Los Angeles	Los Angeles	California
90002	5	54551	Los Angeles	Los Angeles	California
90003	5	71556	Los Angeles	Los Angeles	California
90004	4.4	61188	Los Angeles	Los Angeles	California
90005	5	43641	Los Angeles	Los Angeles	California
90006	5	59104	Los Angeles	Los Angeles	California
90007	5	43200	Los Angeles	Los Angeles	California
90008	4.6	32203	Los Angeles	Los Angeles	California
90011	5	107184	Los Angeles	Los Angeles	California
90013	5	14508	Los Angeles	Los Angeles	California
90014	4.6	9524	Los Angeles	Los Angeles	California
90015	5	23862	Los Angeles	Los Angeles	California
90016	4.6	48623	Los Angeles	Los Angeles	California
90017	5	29533	Los Angeles	Los Angeles	California
90018	4.8	52489	Los Angeles	Los Angeles	California
90019	4.4	64912	Los Angeles	Los Angeles	California
90020	4.4	38966	Los Angeles	Los Angeles	California
90026	4.6	68737	Los Angeles	Los Angeles	California
90033	5	48887	Los Angeles	Los Angeles	California
90037	5	65344	Los Angeles	Los Angeles	California
90043	4.8	44699	Los Angeles	Los Angeles	California
90044	4.8	92374	Los Angeles	Los Angeles	California
90047	4.6	49349	Los Angeles	Los Angeles	California
90057	5	44565	Los Angeles	Los Angeles	California
90059	5	41698	Los Angeles	Los Angeles	California
90061	4.8	28526	Los Angeles	Los Angeles	California
90062	4.8	32400	Los Angeles	Los Angeles	California
90201	4.8	100450	Bell Gardens	Los Angeles	California
90220	4.4	51108	Compton	Los Angeles	California
90222	4.4	33891	Compton	Los Angeles	California
90250	4.2	95378	Hawthorne	Los Angeles	California
90255	4.6	75343	Huntington Park	Los Angeles	California
90262	4.6	68274	Lynwood	Los Angeles	California
90280	4.4	95308	South Gate	Los Angeles	California
90301	4.6	36831	Inglewood	Los Angeles	California
90302	4.4	29110	Inglewood	Los Angeles	California

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

California Hospital conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Forty-three (43) telephone interviews were conducted during December 2021 and January 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the Los Angeles service area who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2

lists the stakeholder interview respondents, their titles and organizations. The interviews were structured to obtain greater depth of information and build on the secondary data review. During the interviews, participants were asked to identify the major health issues in the community and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. Attachment 3 provides stakeholder responses to the interview overview questions.

Surveys

California Hospital distributed a survey to engage community residents. The survey was available in an electronic format through a SurveyMonkey link. The electronic survey was available in English, Spanish, and Korean. The survey link was available from November 15, 2021 to February 19, 2022 and during this time, 32 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Groups most impacted by community issues
- Where people access routine health care services
- Reasons for not having health coverage/insurance
- Reasons for delaying needed health care
- COVID-19 pandemic impact and the vaccine
- Priority ranking of community needs
- Whether they have received any cancer screenings and reasons for delaying
- Barriers experienced while receiving cancer treatment

The survey responses are detailed in Attachment 4.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews and surveys focused on these significant health needs:

- Access to health care (primary care, specialty care, dental care)
- Birth indicators (teen births, prenatal care, low-birth weight babies)
- Chronic diseases (asthma, cancer, diabetes, heart disease, liver disease, stroke)
- COVID-19
- Economic insecurity
- Education

- Food insecurity
- Housing/homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (vaccines, screenings, fall prevention)
- Substance abuse
- Violence and injury prevention

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. California Hospital invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at https://www.dignityhealth.org/socal/locations/californiahospital/about-us/community-programs/community-health-needs-assessment-plan. No written comments have been received.

Project Oversight

The CHNA process was overseen by:
Margaret Lynn Yonekura, M.D.
Director, Community Health
California Hospital Medical Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Denise Flanagan, BA and Vanessa Ivie, BS, MSG. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Community Demographics

Population

The service area population is 1,942,854. From 2014 to 2019, the population increased by 3.6%. During this same period, the population of the county grew by 1.1% and the state by 3.2%. Growth was highest in Los Angeles 90014 (30.5%) and Los Angeles/Downtown LA 90013 (24.3%), while the population of Los Angeles/Oakwood 90004 fell (4.7%), as did that of Los Angeles/Country Club Park/Mid-City 90019 (4.5%).

Total Population and Change in Population

	ZIP Code	Total Population	Change in Population, 2014-2019
Bell Gardens	90201	101,965	(-0.5%)
Compton/Crystal City	90220	52,817	5.2%
Compton	90222	33,200	2.6%
Hawthorne	90250	97,072	1.9%
Huntington Park	90255	75,019	(-1.6%)
Inglewood	90301	38,234	4.1%
Inglewood	90302	30,017	(-0.7%)
Los Angeles/Oakwood	90004	60,541	(-4.7%)
Los Angeles/Koreatown	90005	39,732	2.8%
Los Angeles/Pico Heights	90006	59,576	(-3.0%)
Los Angeles/Dockweiler/University Park	90007	42,433	(-3.1%)
Los Angeles/Baldwin Hills/Leimert Park	90008	31,754	(-3.8%)
Los Angeles/Downtown LA	90013	12,559	18.8%
Los Angeles	90014	8,688	30.5%
Los Angeles/Downtown LA	90015	22,651	24.3%
Los Angeles/West Adams	90016	45,899	(-3.9%)
Los Angeles/Downtown LA	90017	27,723	16.9%
Los Angeles/Jefferson Park	90018	53,490	9.5%
Los Angeles/Country Club Park/Mid-City	90019	64,534	(-4.5%)
Los Angeles/Hancock Park	90020	39,189	0.2%
Los Angeles/Echo Park/Silverlake	90026	68,906	1.4%
Los Angeles/Boyle Heights	90033	49,155	1.2%
Los Angeles/View Park/Windsor Hills	90043	45,873	6.0%
Los Angeles/Westlake	90057	50,152	9.6%
Los Angeles/West Compton	90061	27,873	(-2.7%)
Lynwood	90262	70,536	(-0.2%)
South Gate	90280	94,642	(-0.9%)
South Los Angeles/Firestone Park	90001	59,832	6.2%
South Los Angeles/Watts	90002	53,302	6.4%
South Los Angeles/Green Meadows	90003	73,730	10.2%
South Los Angeles/Central-Alameda	90011	111,165	8.0%

	ZIP Code	Total Population	Change in Population, 2014-2019
South Los Angeles/Exposition Park	90037	67,640	9.9%
South Los Angeles/Vermont Vista	90044	99,443	12.5%
South Los Angeles/Gramercy Park	90047	51,411	9.4%
South Los Angeles/Willowbrook	90059	46,185	8.7%
South Los Angeles/Vermont Square	90062	35,916	9.9%
California Hospital Service Area		**1,942,854**	**3.6%**
Los Angeles County		**10,081,570**	**1.1%**
California		**39,283,497**	**3.2%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. http://data.census.gov

The hospital service area population is 50.6% female and 49.4% male.

Population, by Gender

	California Hospital Service Area	Los Angeles County	California
Male	49.4%	49.3%	49.7%
Female	50.6%	50.7%	50.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05.http://data.census.gov

In Los Angeles County, 91.4% of the adult population identify as straight or heterosexual, and 99.7% as cisgender, or not transgender.

Population, by Sexual Orientation and Gender Identity, Adults

	Los Angeles County	California
Straight or heterosexual	91.4%	92.4%
Gay, lesbian or homosexual	2.9%	2.5%
Bisexual	3.7%	3.4%
Not sexual/celibate/none/other	2.0%	1.7%
Cisgender/not transgender	99.7%	99.5%
Transgender/gender non-conforming	0.3%	0.5%

*Source: California Health Interview Survey, 2015-2019 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 25.2% of the population, 65.1% are adults, ages 18-64, and 9.8% of the population are seniors, ages 65 and older. The service area has a higher percentage of children, ages 0-17, and a lower percentage of seniors ages 65 and older, than does the county.

Population, by Age

	California Hospital Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	137,083	7.1%	611,485	6.1%	2,451,528	6.2%
Age 5-17	351,360	18.1%	1,603,275	15.9%	6,570,618	16.7%
Age 18-24	216,242	11.1%	979,915	9.7%	3,789,808	9.6%
Age 25-44	608,207	31.3%	3,003,060	29.8%	11,173,751	28.4%
Age 45-64	440,506	22.7%	2,547,857	25.3%	9,811,751	25.0%
Age 65+	189,456	9.8%	1,335,978	13.3%	5,486,041	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

When the service area is examined by ZIP Code, the Willowbrook area of South Los Angeles 90059, has the highest percentage of children and youth (34.3%), followed by the Watts area of South Los Angeles 90002 (32.4%) and the Green Meadows area of South Los Angeles 90003 (32.1%). Los Angeles 90014 has the lowest percentage of children and youth in the services area (1.5%) and Los Angeles/Downtown LA 90013 (3.2%).

Baldwin Hills/Leimert Park area of Los Angeles 90008, has the highest percentage of seniors in the area (17.4%), followed by Los Angeles 90014 (17.2%) and View Park/Windsor Hills area of Los Angeles 90043 with 16.1%. Green Meadows South Los Angeles 90003 shows a senior population of 6.2%.

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bell Gardens	90201	101,965	29.5%	8.2%
Compton/Crystal City	90220	52,817	29.1%	10.1%
Compton	90222	33,200	31.3%	8.5%
Hawthorne	90250	97,072	25.5%	9.1%
Huntington Park	90255	75,019	26.8%	9.7%
Inglewood	90301	38,234	23.9%	12.0%
Inglewood	90302	30,017	24.9%	10.1%
Los Angeles/Oakwood	90004	60,541	19.2%	10.8%
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Los Angeles/Pico Heights	90006	59,576	22.2%	11.0%
Los Angeles/Dockweiler/University Park	90007	42,433	14.2%	7.6%
Los Angeles/Baldwin Hills/Leimert Park	90008	31,754	15.8%	17.4%
Los Angeles/Downtown LA	90013	12,559	3.2%	13.0%
Los Angeles	90014	8,688	1.5%	17.2%
Los Angeles/Downtown LA	90015	22,651	17.7%	7.6%
Los Angeles/West Adams	90016	45,899	19.6%	13.4%

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Los Angeles/Downtown LA	90017	27,723	21.4%	8.4%
Los Angeles/Jefferson Park	90018	53,490	23.0%	11.5%
Los Angeles/Country Club Park/Mid-City	90019	64,534	17.9%	12.9%
Los Angeles/Hancock Park	90020	39,189	18.3%	9.7%
Los Angeles/Echo Park/Silverlake	90026	68,906	16.5%	10.2%
Los Angeles/Boyle Heights	90033	49,155	29.1%	10.9%
Los Angeles/View Park/Windsor Hills	90043	45,873	19.4%	16.1%
Los Angeles/Westlake	90057	50,152	22.4%	10.2%
Los Angeles/West Compton	90061	27,873	27.5%	9.6%
Lynwood	90262	70,536	28.3%	7.5%
South Gate	90280	94,642	27.0%	10.0%
South Los Angeles/Firestone Park	90001	59,832	31.7%	6.9%
South Los Angeles/Watts	90002	53,302	32.4%	6.3%
South Los Angeles/Green Meadows	90003	73,730	32.1%	6.2%
South Los Angeles/Central-Alameda	90011	111,165	31.6%	6.3%
South Los Angeles/Exposition Park	90037	67,640	27.8%	8.3%
South Los Angeles/Vermont Vista	90044	99,443	29.6%	8.8%
South Los Angeles/Gramercy Park	90047	51,411	21.7%	15.6%
South Los Angeles/Willowbrook	90059	46,185	34.3%	6.7%
South Los Angeles/Vermont Square	90062	35,916	23.2%	10.6%
California Hospital Service Area		**1,942,854**	**25.1%**	**9.8%**
Los Angeles County		**10,081,570**	**22.0%**	**13.3%**
California		**39,283,497**	**23.0%**	**14.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Race/Ethnicity

The largest portion (67.8%) of the population in the service area identifies as Hispanic/Latino, 17.3% of the population identifies as Black/African American, 6.8% are Asian, 6.2% are White. 1.3% of the population identifies as multiracial (two-or-more races), 0.2% are American Indian/Alaskan Native and 0.2% are Native Hawaiian/Pacific Islander. Those who are of a race/ethnicity not listed represent an additional 0.3% of the service area population. The service area has a population that is more Hispanic/Latino and Black/African American than Los Angeles County.

Race/Ethnicity

	California Hospital Service Area	Los Angeles County	California
Hispanic or Latino	67.8%	48.5%	39.0%
Black/African American	17.3%	7.8%	5.5%
Asian	6.8%	14.4%	14.3%
White	6.2%	26.2%	37.2%
Multiracial	1.3%	2.3%	3.0%
Some other race	0.3%	0.3%	0.3%
American Indian/AK Native	0.2%	0.2%	0.4%
Native HI/Pacific Islander	0.2%	0.2%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

When race/ethnicity is examined by ZIP Code, Huntington Park has 97.2% of the population identifying as Hispanic/Latino, followed by South Gate (95.6%). Baldwin Hills/Leimert Park area of Los Angeles 90008 has the highest percentage of Blacks/African Americans (64.1%), followed by the View Park/Windsor Hills area of Los Angeles 90043 (60.2%) and Gramercy Park in the area of South Los Angeles 90047 (59.1%). The Hancock Park area of Los Angeles 90020 has the highest percentage of Asians in the service area (45.0%), followed by Koreatown 90005 (34.1%). Los Angeles 90014 (38.1%) has the highest percentages of Whites in the service area.

Race/Ethnicity, by ZIP Code

	ZIP Code	Hispanic/ Latino	Black	Asian	White
Bell Gardens	90201	94.3%	1.1%	0.6%	3.6%
Compton/Crystal City	90220	61.2%	32.9%	0.8%	2.5%
Compton	90222	73.0%	23.4%	1.1%	1.2%
Hawthorne	90250	54.9%	22.3%	7.6%	11.7%
Huntington Park	90255	97.2%	0.6%	0.4%	1.4%
Inglewood	90301	60.0%	29.3%	2.1%	4.2%
Inglewood	90302	46.3%	40.8%	2.1%	7.3%
Los Angeles/Oakwood	90004	50.3%	3.5%	25.2%	18.0%
Los Angeles/Koreatown	90005	49.5%	5.3%	34.1%	8.8%
Los Angeles/Pico Heights	90006	73.1%	3.0%	18.2%	4.5%
Los Angeles/Dockweiler/University Park	90007	51.1%	10.4%	19.2%	16.3%
Los Angeles/Baldwin Hills/Leimert Park	90008	23.8%	64.1%	3.4%	5.8%
Los Angeles/Downtown LA	90013	15.8%	28.3%	17.7%	30.4%
Los Angeles	90014	14.7%	23.5%	18.5%	38.1%
Los Angeles/Downtown LA	90015	62.1%	6.6%	15.7%	13.4%
Los Angeles/West Adams	90016	52.4%	29.7%	5.2%	9.5%
Los Angeles/Downtown LA	90017	62.2%	8.1%	16.6%	10.8%
Los Angeles/Jefferson Park	90018	59.0%	28.5%	4.9%	5.8%

	ZIP Code	Hispanic/ Latino	Black	Asian	White
Los Angeles/Country Club Park/Mid-City	90019	44.5%	17.9%	16.8%	16.8%
Los Angeles/Hancock Park	90020	32.4%	6.5%	45.0%	12.4%
Los Angeles/Echo Park/Silverlake	90026	51.4%	3.9%	14.5%	27.0%
Los Angeles/Boyle Heights	90033	90.9%	1.7%	4.3%	2.5%
Los Angeles/View Park/Windsor Hills	90043	30.2%	60.2%	1.3%	4.5%
Los Angeles/Westlake	90057	69.5%	3.8%	17.9%	7.0%
Los Angeles/West Compton	90061	67.0%	28.6%	0.7%	1.3%
Lynwood	90262	88.2%	7.9%	0.7%	2.4%
South Gate	90280	95.6%	0.5%	0.5%	2.9%
South Los Angeles/Firestone Park	90001	90.1%	8.5%	0.2%	0.6%
South Los Angeles/Watts	90002	78.9%	18.3%	0.8%	0.4%
South Los Angeles/Green Meadows	90003	78.3%	20.2%	0.2%	0.5%
South Los Angeles/Central-Alameda	90011	91.0%	7.3%	0.6%	0.5%
South Los Angeles/Exposition Park	90037	80.0%	15.8%	1.1%	1.6%
South Los Angeles/Vermont Vista	90044	65.0%	32.2%	0.7%	0.9%
South Los Angeles/Gramercy Park	90047	35.6%	59.1%	0.4%	2.1%
South Los Angeles/Willowbrook	90059	69.8%	27.8%	0.3%	1.0%
South Los Angeles/Vermont Square	90062	63.0%	30.8%	2.1%	2.2%
California Hospital Service Area		**67.8%**	**17.3%**	**6.8%**	**6.2%**
Los Angeles County		**48.5%**	**26.2%**	**14.4%**	**7.8%**
California		**39.0%**	**37.2%**	**14.3%**	**5.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Language

In the service area, 29.1% of the population, five years and older, speak only English in the home, while 63.0% speak Spanish in the home. 5.7%of the service area population speaks an Asian/Pacific Islander language, and 1.2% speaks an Indo-European language other than Spanish in the home. The service area population speaks more Spanish in the home more often than the county population.

Language Spoken at Home for the Population, Ages 5 and Older

	California Hospital Service Area	Los Angeles County	California
Population, 5 years and older	1,805,771	9,470,085	36,831,969
English only	29.1%	43.4%	55.8%
Speaks Spanish	63.0%	39.2%	28.7%
Speaks Asian or Pacific Islander language	5.7%	10.9%	10.0%
Speaks non-Spanish Indo-European language	1.2%	5.3%	4.5%
Speaks other language	0.9%	1.1%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The highest percentage of Spanish speakers, within the service area, can be found in Huntington Park (92.1%) and Bell Gardens (88.9%). Hancock Park area of Los Angeles 90020 has the highest percentage of Asian/Pacific Islander language speakers in the service area (39.8%). Downtown Los Angeles 90013 (5.7%) and Los Angeles 90014 (5.6%) have the highest percentages of Indo-European languages spoken at home in the service area. English is spoken in the home by 70.9% of those living in the Baldwin Hills area of Los Angeles 90008, 70.2% of those living in Downtown Los Angeles 90013, and 69.7% in Los Angeles 90014.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Bell Gardens	90201	9.2%	88.9%	0.6%	0.2%
Compton/Crystal City	90220	43.2%	55.5%	0.9%	0.3%
Compton	90222	31.1%	67.0%	1.3%	0.2%
Hawthorne	90250	39.9%	48.2%	5.2%	2.6%
Huntington Park	90255	7.3%	92.1%	0.3%	0.2%
Inglewood	90301	40.9%	54.5%	1.0%	2.5%
Inglewood	90302	51.6%	40.3%	1.1%	3.7%
Los Angeles/Oakwood	90004	28.4%	46.6%	21.3%	3.4%
Los Angeles/Koreatown	90005	19.9%	46.0%	31.6%	1.6%
Los Angeles/Pico Heights	90006	12.8%	68.8%	17.2%	0.8%
Los Angeles/Dockweiler	90007	35.2%	46.0%	12.6%	4.9%
Los Angeles/Baldwin Hills	90008	70.9%	22.6%	2.1%	2.5%
Los Angeles/Downtown LA	90013	70.2%	9.8%	13.6%	5.7%
Los Angeles	90014	69.7%	9.0%	14.4%	5.6%
Los Angeles/Downtown LA	90015	30.5%	54.8%	12.3%	1.6%
Los Angeles/West Adams	90016	43.9%	49.3%	3.5%	1.5%
Los Angeles/Downtown LA	90017	25.3%	56.8%	14.1%	2.6%
Los Angeles/Jefferson Park	90018	38.1%	54.7%	4.3%	1.5%
Los Angeles//Mid-City	90019	40.0%	41.6%	14.2%	2.7%
Los Angeles/Hancock Park	90020	25.0%	29.1%	39.8%	4.0%
Los Angeles/Echo Park	90026	40.2%	45.6%	11.5%	2.2%
Los Angeles/Boyle Heights	90033	12.8%	83.1%	3.6%	0.4%
Los Angeles/Windsor Hills	90043	67.9%	27.8%	0.9%	1.1%
Los Angeles/Westlake	90057	15.5%	66.3%	16.5%	1.0%
Los Angeles/West Compton	90061	34.6%	63.7%	0.7%	0.7%
Lynwood	90262	15.7%	83.2%	0.9%	0.2%
South Gate	90280	11.7%	87.5%	0.5%	0.3%
South LA/ Firestone Park	90001	15.0%	84.7%	0.1%	0.0%
South LA/Watts	90002	24.1%	75.0%	0.7%	0.2%
South LA/Green Meadows	90003	23.8%	75.5%	0.1%	0.5%
South LA/Central-Alameda	90011	11.0%	88.3%	0.5%	0.0%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
South LA/Exposition Park	90037	21.8%	76.2%	0.9%	0.6%
South LA/Vermont Vista	90044	37.0%	61.6%	0.6%	0.5%
South LA/Gramercy Park	90047	63.8%	33.3%	0.5%	0.9%
South LA/Willowbrook	90059	33.7%	65.3%	0.2%	0.3%
South LA/Vermont Square	90062	37.2%	59.9%	1.6%	0.6%
California Hospital Service Area		**29.1%**	**63.0%**	**5.7%**	**1.2%**
Los Angeles County		**43.4%**	**39.2%**	**10.9%**	**5.3%**
California		**55.8%**	**28.7%**	**10.0%**	**4.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Los Angeles County school districts, the percentage of students who were classified English Learners was 18%. Among area school districts, English Learners ranged from 7.9% of the student body in the Wiseburn Unified School District to 33.4% of students being English Learners in the Montebello Unified School District (which serves most of Bell Gardens, in addition to other non-service-area cities).

English Learner (EL) Students, by School District

	Number	Percent
Centinela Valley Union High School District	1,347	17.8%
Compton Unified School District	6,108	26.4%
Hawthorne School District	2,081	26.3%
Inglewood Unified School District	2,396	21.8%
Los Angeles Unified School District	119,626	20.1%
Lynwood Unified School District	3,558	27.0%
Montebello Unified School District	8,130	33.4%
Paramount Unified School District	3,700	25.8%
Wiseburn Unified School District	362	7.9%
Los Angeles County	**258,775**	**18.0%**
California	**1,148,024**	**18.6%**

Source: California Department of Education DataQuest, 2019-2020. http://dq.cde.ca.gov/dataquest/

Veteran Status

In the service area, 2.1% of the civilian population, 18 years and older, are veterans. This is lower than county (3.3%) and state (5.2%) rates. Rates of former military service ranged from 0.6% in the Dockweiler/University Park area of Los Angeles 90007 to 7.3% in Los Angeles 90014 and 7.0% in Inglewood 90301.

Veteran Status

	ZIP Code	Percent
Bell Gardens	90201	1.0%
Compton/Crystal City	90220	2.9%
Compton	90222	1.4%
Hawthorne	90250	3.3%
Huntington Park	90255	0.8%
Inglewood	90301	7.0%
Inglewood	90302	3.5%
Los Angeles/Oakwood	90004	1.6%
Los Angeles/Koreatown	90005	1.3%
Los Angeles/Pico Heights	90006	1.2%
Los Angeles/Dockweiler/University Park	90007	0.6%
Los Angeles/Baldwin Hills/Leimert Park	90008	6.0%
Los Angeles/Downtown LA	90013	6.4%
Los Angeles	90014	7.3%
Los Angeles/Downtown LA	90015	1.1%
Los Angeles/West Adams	90016	2.9%
Los Angeles/Downtown LA	90017	1.2%
Los Angeles/Jefferson Park	90018	2.6%
Los Angeles/Country Club Park/Mid-City	90019	2.7%
Los Angeles/Hancock Park	90020	1.6%
Los Angeles/Echo Park/Silverlake	90026	1.6%
Los Angeles/Boyle Heights	90033	1.5%
Los Angeles/View Park/Windsor Hills	90043	5.9%
Los Angeles/Westlake	90057	1.4%
Los Angeles/West Compton	90061	2.5%
Lynwood	90262	1.4%
South Gate	90280	1.2%
South Los Angeles/Firestone Park	90001	1.2%
South Los Angeles/Watts	90002	0.9%
South Los Angeles/Green Meadows	90003	1.2%
South Los Angeles/Central-Alameda	90011	0.8%
South Los Angeles/Exposition Park	90037	1.5%
South Los Angeles/Vermont Vista	90044	2.3%
South Los Angeles/Gramercy Park	90047	4.5%
South Los Angeles/Willowbrook	90059	2.2%
South Los Angeles/Vermont Square	90062	2.8%
California Hospital Service Area		**2.1%**
Los Angeles County		**3.3%**
California		**5.2%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Citizenship

In the service area, 39.1% of the population is foreign-born, which is higher than the county (34.0%) and state (26.8%) rates. Of the foreign-born, 64.6% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	California Hospital Service Area	Los Angeles County	California
Foreign born	39.1%	34.0%	26.8%
Of the foreign born, not a U.S. citizen	64.6%	47.7%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 indicates the county with the best factors and a ranking of 58 indicates the county with the poorest factors. This ranking examines the following: high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked 34 among ranked counties in California, down from 30 in 2020 according to social and economic factors, placing it in the bottom half of the state's counties.

Social and Economic Factors Ranking

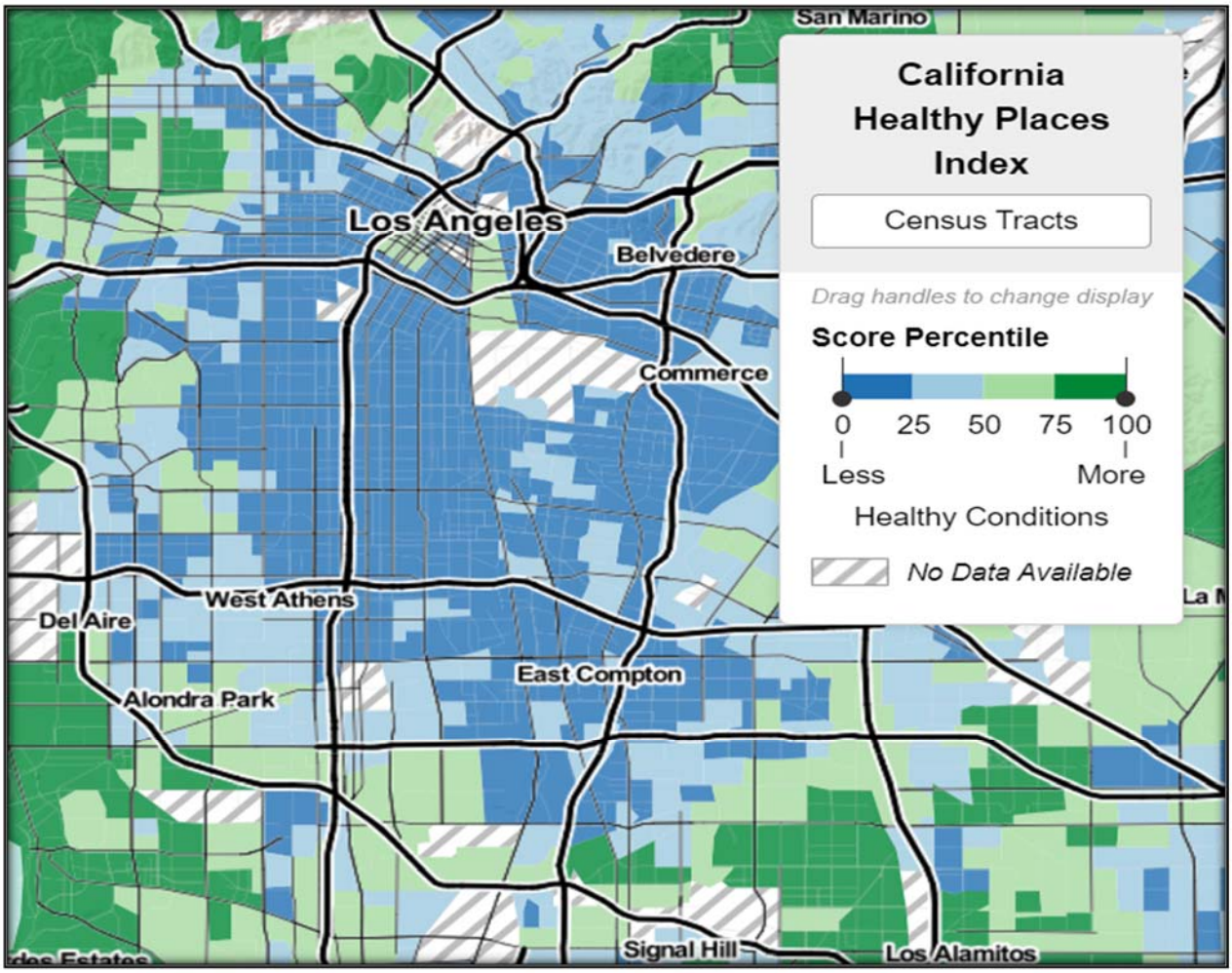
	County Ranking (out of 58)
Los Angeles County	34

Source: County Health Rankings, 2021 http://www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the identified policy action areas: economic, education, transportation, social, neighborhood, health care access, housing and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these policy action areas and life expectancy at birth, and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays Los Angeles and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.)



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 7.5%. This is higher than LA County and the state unemployment rate (each 6.1%). The highest rate of unemployment is found in the Dockweiler/University Park area of Los Angeles 90007 (12.4%). The lowest unemployment rates in the service area can be found in the Country Club Park/Mid-City area of Los Angeles 90019 (4.3%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Bell Gardens	90201	48,152	3,681	7.6%
Compton/Crystal City	90220	23,862	2,203	9.2%
Compton	90222	14,553	1,049	7.2%
Hawthorne	90250	52,142	2,951	5.7%
Huntington Park	90255	37,315	2,915	7.8%
Inglewood	90301	20,127	1,707	8.5%
Inglewood	90302	16,896	1,785	10.6%

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Los Angeles/Oakwood	90004	35,094	1,626	4.6%
Los Angeles/Koreatown	90005	23,238	1,307	5.6%
Los Angeles/Pico Heights	90006	33,342	2,329	7.0%
LA/Dockweiler/University Park	90007	20,430	2,535	12.4%
LA/Baldwin Hills/Leimert Park	90008	17,125	1,726	10.1%
Los Angeles/Downtown LA	90013	6,237	640	10.3%
Los Angeles	90014	5,152	408	7.9%
Los Angeles/Downtown LA	90015	13,586	847	6.2%
Los Angeles/West Adams	90016	24,180	1,255	5.2%
Los Angeles/Downtown LA	90017	15,524	874	5.6%
Los Angeles/Jefferson Park	90018	27,740	2,167	7.8%
LA/Country Club Park/Mid-City	90019	36,987	1,598	4.3%
Los Angeles/Hancock Park	90020	23,367	1,118	4.8%
Los Angeles/Echo Park/Silverlake	90026	42,254	2,707	6.4%
Los Angeles/Boyle Heights	90033	21,411	1,224	5.7%
LA/View Park/Windsor Hills	90043	23,666	2,119	9.0%
Los Angeles/Westlake	90057	29,023	2,036	7.0%
Los Angeles/West Compton	90061	12,690	725	5.7%
Lynwood	90262	31,888	2,673	8.4%
South Gate	90280	47,201	4,509	9.6%
South Los Angeles/Firestone Park	90001	27,148	2,351	8.7%
South Los Angeles/Watts	90002	22,640	2,191	9.7%
South Los Angeles/Green Meadows	90003	32,790	2,951	9.0%
South LA/Central-Alameda	90011	51,765	4,251	8.2%
South Los Angeles/Exposition Park	90037	31,197	2,390	7.7%
South Los Angeles/Vermont Vista	90044	43,456	3,096	7.1%
South Los Angeles/Gramercy Park	90047	24,907	2,122	8.5%
South Los Angeles/Willowbrook	90059	19,742	2,120	10.7%
South Los Angeles/Vermont Square	90062	18,227	813	4.5%
California Hospital Service Area		**975,054**	**72,999**	**7.5%**
Los Angeles County		**5,249,298**	**319,435**	**6.1%**
California		**19,790,474**	**1,199,233**	**6.1%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was $13,011 and for a family of four $25,926. Among the residents in the service area, 24.0% are at or below 100% of FPL and 52.0% are at 200% of FPL or below. These poverty and low-income rates are higher than county and state rates. The highest poverty rates in the service area are found in Downtown Los Angeles 90013

(45.6%) and the Dockweiler/University Park area of Los Angeles 90007 (41.1%). The highest low-income rates in the service area are found in the Dockweiler/University Park area of Los Angeles 90007 (66.9%) and the Central-Alameda area of South Los Angeles 90011(65.5%). Hawthorne has the lowest rate of poverty-level (14.5%) and the View Park/Windsor Hills area of Los Angeles 90043 has the smallest percentage of low-income residents (34.7%).

Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Bell Gardens	90201	26.3%	58.0%
Compton/Crystal City	90220	20.0%	45.4%
Compton	90222	22.0%	49.6%
Hawthorne	90250	14.5%	37.5%
Huntington Park	90255	21.7%	53.2%
Inglewood	90301	17.8%	46.8%
Inglewood	90302	18.9%	41.6%
Los Angeles/Oakwood	90004	17.8%	46.5%
Los Angeles/Koreatown	90005	26.1%	54.4%
Los Angeles/Pico Heights	90006	27.0%	61.2%
Los Angeles/Dockweiler/University Park	90007	41.1%	66.9%
Los Angeles/Baldwin Hills/Leimert Park	90008	21.1%	40.5%
Los Angeles/Downtown LA	90013	45.6%	59.2%
Los Angeles	90014	38.0%	50.5%
Los Angeles/Downtown LA	90015	30.1%	55.5%
Los Angeles/West Adams	90016	16.9%	43.0%
Los Angeles/Downtown LA	90017	35.9%	63.8%
Los Angeles/Jefferson Park	90018	20.7%	46.3%
Los Angeles/Country Club Park/Mid-City	90019	17.3%	40.2%
Los Angeles/Hancock Park	90020	15.4%	41.7%
Los Angeles/Echo Park/Silverlake	90026	18.7%	39.3%
Los Angeles/Boyle Heights	90033	30.1%	61.7%
Los Angeles/View Park/Windsor Hills	90043	18.1%	34.7%
Los Angeles/Westlake	90057	30.1%	61.5%
Los Angeles/West Compton	90061	28.0%	54.3%
Lynwood	90262	17.8%	49.7%
South Gate	90280	17.2%	45.2%
South Los Angeles/Firestone Park	90001	25.6%	59.4%
South Los Angeles/Watts	90002	31.4%	63.1%
South Los Angeles/Green Meadows	90003	30.1%	63.2%
South Los Angeles/Central-Alameda	90011	30.2%	65.5%
South Los Angeles/Exposition Park	90037	34.1%	63.1%
South Los Angeles/Vermont Vista	90044	30.4%	56.9%
South Los Angeles/Gramercy Park	90047	16.4%	38.9%

	ZIP Code	<100% FPL	<200% FPL
South Los Angeles/Willowbrook	90059	26.0%	58.0%
South Los Angeles/Vermont Square	90062	17.7%	45.3%
California Hospital Service Area		**24.0%**	**52.0%**
Los Angeles County		**14.9%**	**34.8%**
California		**13.4%**	**31.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

In the service area, Downtown Los Angeles 90017 has the highest rate of poverty among children (55.9%) and among female heads-of-household (HoH), living with their own children under the age of 18 (60.3%). Los Angeles 90014 has the highest rate of poverty among seniors (55.4%) in the service area.

Poverty Levels of Children, under Age 18, Seniors, Ages 65 and Older, and Female HoH

	ZIP Code	Children	Seniors	Female HoH with Children*
Bell Gardens	90201	38.8%	20.2%	51.9%
Compton/Crystal City	90220	29.5%	15.5%	33.6%
Compton	90222	29.5%	22.2%	33.4%
Hawthorne	90250	20.1%	12.7%	23.0%
Huntington Park	90255	32.9%	18.5%	42.1%
Inglewood	90301	22.1%	19.3%	26.5%
Inglewood	90302	27.7%	15.7%	31.4%
Los Angeles/Oakwood	90004	26.4%	18.9%	38.2%
Los Angeles/Koreatown	90005	39.8%	30.5%	53.8%
Los Angeles/Pico Heights	90006	43.2%	28.5%	48.8%
Los Angeles/Dockweiler/University Park	90007	35.6%	26.9%	50.5%
Los Angeles/Baldwin Hills/Leimert Park	90008	30.0%	18.6%	39.7%
Los Angeles/Downtown LA	90013	22.2%	49.1%	0.0%
Los Angeles	90014	0.0%	55.4%	N/A
Los Angeles/Downtown LA	90015	45.0%	37.2%	51.1%
Los Angeles/West Adams	90016	22.7%	16.8%	28.3%
Los Angeles/Downtown LA	90017	55.9%	40.4%	60.3%
Los Angeles/Jefferson Park	90018	31.3%	20.9%	34.1%
Los Angeles/Country Club Park/Mid-City	90019	26.4%	18.8%	37.9%
Los Angeles/Hancock Park	90020	19.6%	19.8%	27.3%
Los Angeles/Echo Park/Silverlake	90026	29.2%	19.3%	43.0%
Los Angeles/Boyle Heights	90033	44.8%	25.4%	53.0%
Los Angeles/View Park/Windsor Hills	90043	28.1%	13.1%	49.2%
Los Angeles/Westlake	90057	45.0%	30.7%	56.6%
Los Angeles/West Compton	90061	40.9%	23.8%	47.6%
Lynwood	90262	26.7%	12.9%	41.1%
South Gate	90280	24.3%	13.6%	34.3%

	ZIP Code	Children	Seniors	Female HoH with Children*
South Los Angeles/Firestone Park	90001	35.4%	19.0%	43.7%
South Los Angeles/Watts	90002	44.8%	23.3%	56.5%
South Los Angeles/Green Meadows	90003	38.8%	27.1%	50.1%
South Los Angeles/Central-Alameda	90011	42.0%	25.5%	53.4%
South Los Angeles/Exposition Park	90037	44.4%	31.6%	55.1%
South Los Angeles/Vermont Vista	90044	40.7%	24.4%	45.9%
South Los Angeles/Gramercy Park	90047	22.6%	11.3%	31.8%
South Los Angeles/Willowbrook	90059	34.3%	21.1%	42.9%
South Los Angeles/Vermont Square	90062	23.9%	18.2%	36.7%
California Hospital Service Area		**34.0%**	**21.1%**	**43.4%**
Los Angeles County		**20.8%**	**13.2%**	**33.3%**
California		**18.1%**	**10.2%**	**33.1%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & *S1702. http://data.census.gov/ N/A=no female HoH with children under age 18 recorded in this ZIP Code.*

The service area has higher rates of poverty among every racial and ethnic group listed, than does the county or state. The rate of poverty in the service area is about twice as high for Asians and Whites as compared to Asians and Whites at the county level. At all geographic levels, Black/African American residents have the highest rates of poverty, followed by American Indian/Alaskan Natives and those who identify as some Other race not listed, with Hispanic/Latino residents following closely.

Poverty Levels, by Race/Ethnicity

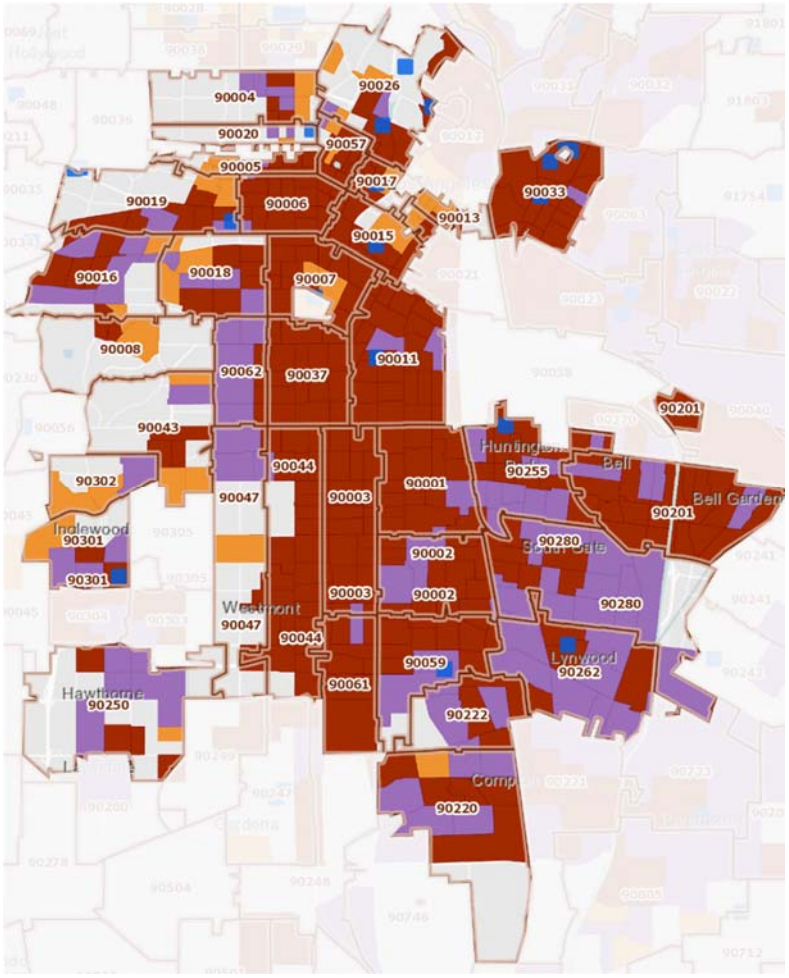
	California Hospital Service Area	Los Angeles County	California
Black/African American	25.4%	20.8%	20.5%
Some other race	25.3%	18.7%	19.2%
American Indian/AK Native	24.8%	19.5%	18.1%
Hispanic or Latino	24.6%	17.7%	18.1%
Asian	20.6%	10.2%	11.1%
White, non-Hispanic	18.0%	9.1%	9.6%
Native HI/Pacific Islander	17.8%	13.3%	11.5%
Multiracial	17.3%	12.4%	11.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map shows the California Hospital Service Area and surrounding areas, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in purple). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown. Blue squares represent area hospitals.

Parts of Inglewood 90301 and 90302, South Los Angeles 90047, and Los Angeles ZIP Codes 90005, 90008 90015, 90017, 90019 and others show high percentages of poverty without low education levels, while large portions of Lynwood, South Gate, Hawthorne, South Los Angeles ZIP Codes 90047 and 90062 and others show areas of population with low education levels without high levels of poverty. Vulnerable populations – those with both low education and high poverty, in brown – are found throughout the service area, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population. California Hospital Medical Center is represented by the blue square located in 90015. (Source: *https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint*



Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges from 38.0% of students in the Wiseburn Unified School District to 94.7% in the Paramount Unified School District.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Centinela Valley Union High School District	69.4%
Compton Unified School District	93.4%
Hawthorne School District	85.9%
Inglewood Unified School District	83.3%
Los Angeles Unified School District	80.3%
Lynwood Unified School District	90.9%
Montebello Unified School District	84.3%

	Percent Eligible Students
Paramount Unified School District	94.7%
Wiseburn Unified School District	38.0%
Los Angeles County	**68.9%**
California	**59.3%**

Source: California Department of Education, 2019-2020.http://data1.cde.ca.gov/dataquest/

Public Program Participation

In the service planning area, 35.3% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat, while only 26.3% of low-income residents utilize food stamps. For SPA 6 the rates of both need and usage are higher, 43.3% are not able to afford food and 40.8% receive food stamps. WIC benefits are accessed by 38.8% of SPA 4 children and 58.4% of SPA 6 children, 6 years and younger. 10.7% of SPA 4 residents are TANF/CalWorks recipients, compared to 15.8% for SPA 6.

Among SPA 4 adult immigrants, 24% indicated there had been a time when they avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship; this number was 20.3% for immigrants in SPA 6. 15.3% of adult immigrants in SPA 4 and 10.5% in SPA 6 indicated they were asked to provide a Social Security Number or other proof of citizenship within the past year in order to obtain medical services or school enrollment. These differences suggest that immigrants in SPA 4 are facing greater pressure and scrutiny in SPA 4 than SPA 6, though the percentages are not negligible in either region.

Public Program Participation

	SPA 4	SPA 6	Los Angeles County
Not able to afford food (<200%FPL)	35.3%	43.3%	38.6%
Food stamp recipients (<200% FPL)**	26.3%	40.8%	25.2%
WIC usage among children, 6 years and under***	38.8%	58.4%	47.6%
TANF/CalWorks recipients****	10.7%	15.8%	10.5%
Ever a time you avoided gov't benefits due to concern about disqualification from green card/citizenship for you or family member (asked only of adult immigrants)**	24.0%	20.3%	18.8%
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year**	15.3%	10.5%	15.8%

*Source: California Health Interview Survey, 2017-2019; **2019 ***2015-2016 & 2018-2019, combined, ****2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In the service area, 8.6% of residents received SSI benefits, 6.1% received cash public assistance income, and 16.8% of residents received food stamp benefits. These rates are higher than county and state rates.

Household Supportive Benefits

	California Hospital Medical Center	Los Angeles County	California
Total households	**588,046**	**3,316,795**	**13,044,266**
Supplemental Security Income (SSI)	8.6%	6.7%	6.1%
Public Assistance	6.1%	3.4%	3.2%
Food Stamps/SNAP	16.8%	8.7%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov

Community Input – Economic Insecurity

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

- The negative impact that COVID had on income distribution overall profoundly affected health.
- There's a growing gap between rich and poor and we're seeing this in the housing crisis. The cost of housing in the County is so high that minimum wage earners can't afford to live here, so we see dense multi-families in one apartment - terrible for public health. Lower-income communities of color are disproportionately affected.
- Economic insecurity is the fundamental cause of homelessness. Most renters are behind on rent, causing enormous stress. Often, people are paying 70-80% of their income toward housing.
- The rate of poverty continues to increase. The poverty level in SPA 4 higher than other SPAs.
- The middle working class is barely above the poverty threshold; few services are available for them.
- Many people are working below the living wage. There aren't many jobs available that will support a family, so they have multiple jobs. Minority populations are most impacted.
- Many people had to choose between childcare, rent, utilities, etc. Black and brown families with young children were most impacted.
- Most older adults are living on social security and living below the poverty line, one paycheck away from becoming homeless. There isn't a good safety net.
- We see many seniors in Koreatown who are struggling.
- Unemployment is higher in SPAs 4 and 6 compared to the rest of County. The Eastside communities were greatly impacted with economic insecurity - East Hollywood, Downtown, Boyle Heights, etc. Westlake was also a hard-hit area with a significant indigent population.
- The unemployment rate is lower now, but many aren't counted because they are no longer trying to search for work.
- Some financial assistance was available, but there weren't enough resources, and it was hard to navigate. People got discouraged when they didn't get assistance. It

took a toll on staff helping and people applying. Rent subsidies need more investment.
- Mobile units came to communities to help people apply for rent and utility relief, but the challenge was getting them to come to South Los Angeles, where people have transportation barriers.
- Many were trying to figure out how the child tax credit worked; they were confused by it.
- Government supports helped people realize they can live on one income. We have staff quitting because they can eliminate childcare expenses and stay home.
- If more families were receiving assistance through WIC and CalFresh, it could help provide stability because they could redirect financial resources to other needs.
- Minimum wage workers and contract workers don't have health insurance or other benefits, which often means they do not access health care.
- There's a need for more jobs that include health insurance, sick leave and paid time off.
- Available jobs seem to be shifting to more knowledge-based, rather than manufacturing. Many jobs require advanced training and skills. Workforce development and job training is important.
- There's a lack of safe and affordable childcare so parents can get to their jobs.
- Many people have dependency on check cashing stations that charge large fees and banks or predatory lending institutions that charge compounding penalties on overdraws.
- There is oversaturation of check cashing businesses in Pico Union.

Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: *http://www.freddiemac.com/research/insight/20181205 major_challenge_to_u.s._housing_supply.page*)

In the service area, there are 588,046 households and 626,937 housing units. Over the last five years, the population increased by 3.6%, but the number of households grew at a rate of 5.1% (suggesting easing of constraints on housing formation). Housing units grew at a rate of 4.4%, and vacant units decreased by 5.8%, to 6.2% of overall housing stock. Owner-occupied housing increased by 6.3% and renter-occupied increased by 4.7% from their 2014 levels. The service area has a lower rate of vacancy and a higher

rate of renting versus ownership compared to the county.

Households and Housing Units and Percent Change

	California Hospital Service Area			Los Angeles County		
	2014	2019	Percent Change	2014	2019	Percent Change
Households	559,337	588,046	5.1%	3,242,391	3,316,795	2.3%
Housing units	600,628	626,937	4.4%	3,462,075	3,542,800	2.3%
Owner occ.	26.2%	26.7%	6.3%	43.4%	42.9%	1.0%
Renter occ.	66.9%	67.1%	4.7%	50.2%	50.7%	3.4%
Vacant	6.9%	6.2%	(-5.8%)	6.3%	6.4%	2.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

The weighted average of the median household income in the service area is $45,953, which is much lower than the county median of $68,044. Median household income ranges from $22,316 in Downtown Los Angeles 90013 to $65,269 in the Echo Park/Silverlake area of Los Angeles 90026.

Median Household Income

	ZIP Code	Households	Median Household Income
Bell Gardens	90201	24,464	$44,046
Compton/Crystal City	90220	13,206	$57,074
Compton	90222	7,979	$49,894
Hawthorne	90250	31,905	$56,304
Huntington Park	90255	18,577	$44,962
Inglewood	90301	12,046	$47,464
Inglewood	90302	10,636	$51,850
Los Angeles/Oakwood	90004	22,004	$49,675
Los Angeles/Koreatown	90005	16,781	$38,491
Los Angeles/Pico Heights	90006	19,337	$37,072
Los Angeles/Dockweiler/University Park	90007	11,919	$27,406
Los Angeles/Baldwin Hills/Leimert Park	90008	14,858	$43,364
Los Angeles/Downtown LA	90013	7,308	$22,316
Los Angeles	90014	5,644	$40,641
Los Angeles/Downtown LA	90015	10,270	$43,890
Los Angeles/West Adams	90016	17,218	$48,715
Los Angeles/Downtown LA	90017	11,510	$35,605
Los Angeles/Jefferson Park	90018	16,568	$45,984
Los Angeles/Country Club Park/Mid-City	90019	24,464	$56,389
Los Angeles/Hancock Park	90020	16,396	$49,068
Los Angeles/Echo Park/Silverlake	90026	26,045	$65,269
Los Angeles/Boyle Heights	90033	13,303	$38,266

	ZIP Code	Households	Median Household Income
Los Angeles/View Park/Windsor Hills	90043	17,376	$54,729
Los Angeles/Westlake	90057	17,298	$37,700
Los Angeles/West Compton	90061	7,396	$42,500
Lynwood	90262	15,374	$52,313
South Gate	90280	24,071	$52,321
South Los Angeles/Firestone Park	90001	13,669	$43,360
South Los Angeles/Watts	90002	12,917	$37,285
South Los Angeles/Green Meadows	90003	17,484	$40,598
South Los Angeles/Central-Alameda	90011	24,433	$40,940
South Los Angeles/Exposition Park	90037	17,699	$35,424
South Los Angeles/Vermont Vista	90044	29,029	$35,981
South Los Angeles/Gramercy Park	90047	17,893	$52,605
South Los Angeles/Willowbrook	90059	10,906	$44,838
South Los Angeles/Vermont Square	90062	10,063	$49,443
California Hospital Service Area		**588,046**	**$45,953**
Los Angeles County		**3,316,795**	**$68,044**
California		**13,044,266**	**$75,235**

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 56.2% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than the county (47.3%) and state (41.7%) rates. Exposition Park area of South Los Angeles 90037 (64.8%) has the highest percentage of households spending 30% or more of their income on housing. There are eight service area ZIP Codes where more than 60% of the population spends 30% or more of income on housing: Los Angeles ZIP Codes 90002, 90003, 90005, 90006, 90007, 90011, 90037 and 90044. The ZIP Code where the smallest percentage of the population is housing-cost burdened is Compton/Crystal City ZIP Code 90220 (46.1%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Bell Gardens	90201	58.4%
Compton/Crystal City	90220	46.1%
Compton	90222	52.1%
Hawthorne	90250	49.6%
Huntington Park	90255	54.3%
Inglewood	90301	52.5%
Inglewood	90302	54.7%
Los Angeles/Oakwood	90004	56.4%

	ZIP Code	Percent
Los Angeles/Koreatown	90005	61.0%
Los Angeles/Pico Heights	90006	60.8%
Los Angeles/Dockweiler/University Park	90007	64.4%
Los Angeles/Baldwin Hills/Leimert Park	90008	57.6%
Los Angeles/Downtown LA	90013	52.1%
Los Angeles	90014	49.8%
Los Angeles/Downtown LA	90015	55.9%
Los Angeles/West Adams	90016	55.0%
Los Angeles/Downtown LA	90017	57.7%
Los Angeles/Jefferson Park	90018	55.1%
Los Angeles/Country Club Park/Mid-City	90019	53.0%
Los Angeles/Hancock Park	90020	57.2%
Los Angeles/Echo Park/Silverlake	90026	47.0%
Los Angeles/Boyle Heights	90033	57.5%
Los Angeles/View Park/Windsor Hills	90043	55.2%
Los Angeles/Westlake	90057	56.8%
Los Angeles/West Compton	90061	57.5%
Lynwood	90262	54.1%
South Gate	90280	50.9%
South Los Angeles/Firestone Park	90001	56.1%
South Los Angeles/Watts	90002	62.2%
South Los Angeles/Green Meadows	90003	64.1%
South Los Angeles/Central-Alameda	90011	60.4%
South Los Angeles/Exposition Park	90037	64.8%
South Los Angeles/Vermont Vista	90044	63.7%
South Los Angeles/Gramercy Park	90047	54.5%
South Los Angeles/Willowbrook	90059	56.6%
South Los Angeles/Vermont Square	90062	54.8%
California Hospital Service Area		**56.2%**
Los Angeles County		**47.3%**
California		**41.7%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. http://data.census.gov/

Households by Type

In the service area, 21.5% of households are family households (married or cohabiting couples) with children, under 18 years old, and 8.2% of households have a female as head-of-household (HoH), with children, under 18, and no spouse or partner present. There is a higher rate of female HoH with children than seen at the county and state level. Finally, 7.7% of area households are seniors who live alone. Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family* Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
California Hospital Service Area	588,046	21.5%	8.2%	7.7%
Los Angeles County	3,316,795	21.9%	5.1%	8.8%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

In the service area, there are 588,046 households. Just over one-third (34.1%) are households with four or more (4+) persons, while (23.5%) are two-person households. Over a quarter (26.3%) of households are residents who live alone. This is a smaller percentage of two person and 4+ person households and a larger percentage of one and three person households than found at the county level.

Household Size

	California Hospital Medical Center	Los Angeles County	California
1 person households	26.3%	25.7%	23.8%
2 person households	23.5%	28.1%	30.4%
3 person households	16.1%	16.9%	16.7%
4+ person households	34.1%	29.4%	29.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2501. http://data.census.gov

Homelessness

A point-in-time count of homeless people is conducted annually by The Los Angeles Homeless Services Authority (LAHSA) for the Los Angeles Continuum of Care (LA CoC). The Los Angeles Continuum of Care is Los Angeles County, excluding the cities of Glendale, Long Beach and Pasadena, which conduct separate counts. It is conducted to determine how many individuals and families are homeless on a given day, and is scheduled to occur on a single night in the third week of January, unless weather does not permit. The 2021 homeless count was postponed due to COVID-19.

From January 2017 to January 2020, there was a 21.5% increase in the total homeless count, though the percent of homeless who were unsheltered declined slightly. Of the 63,706 homeless people in the Los Angeles CoC in 2020, 19.5% were family members (with at least one child, under 18, and one adult, age 18 and older), 6.6% were transitional age youth (18 to 24), 9.9% were adults, ages 62 and older, and 11.8% were minors (under the age of 18), though few were unaccompanied minors. The percent of chronic homelessness and substance use disorder increased from 2017 to 2020, while

both the number and percent of homeless for serious mental illness and veterans fell.

Homeless Subpopulations, Los Angeles Continuum of Care

	2017		2020	
	Number	Percent of Total	Number	Percent of Total
Count of homeless individuals	52,442	100.0%	63,706	100.0%
Sheltered individuals	13,972	26.6%	17,616	27.7%
Unsheltered individuals	38,470	73.4%	46,090	72.3%
Chronically homeless persons	16,241	31.0%	24,482	38.4%
Survivor of domestic violence	16,422	31.3%	18,345	28.8%
Homeless due to domestic violence	N/A	N/A	3,884	6.1%
Persons with HIV/AIDS	1,110	2.1%	1,165	1.8%
Serious mental illness	14,664	28.0%	14,125	22.2%
Substance use disorder	8,408	16.0%	15,203	23.9%
Developmental disability	3,062	5.8%	5,292	8.3%
Physical disability	8,710	16.6%	10,833	17.0%
Veterans	4,440	8.5%	3,681	5.8%
Homeless family members	7,856	15.0%	12,416	19.5%
Older adults, age 62+	4,005	7.6%	6,290	9.9%
Transitional age youth 18 - 24	3,199	6.1%	4,181	6.6%
Under 18 years of age	4,791	9.1%	7,491	11.8%
Unaccompanied youth (under 18)	94	0.2%	69	0.1%
LGBT+	N/A	N/A	5,821	9.1%
Transgender	463	0.9%	842	1.3%

Source: The Los Angeles Homeless Services Authority (LAHSA), 2020 Homeless Count. https://www.lahsa.org/documents

Within the area of the City of Los Angeles, Council Districts, and SPAs, the largest number of homeless individuals is located in the City of Los Angeles, with a 16% increase from 2019-2020. There was an increase in the percentage of homeless individuals in Los Angeles Council District 8 (72%) and SPA 6 (36%). There was a decrease (-4%) in the percentage of homeless individuals in Los Angeles Council District 1, and a slight decrease (-0.3%) in Los Angeles Council District 14. Increases or decreases in the various geographic areas may be related to changes in the number of shelter beds available in each region. SPA 4, for instance, had 4,716 sheltered individuals on the 2017 PIT Count, whereas SPA 6 had only 2,364 sheltered persons, suggesting a large increase in shelter beds located in SPA 6 over the intervening three years to a high of 5.121, particularly as opposed to SPA 4 with a decrease to 4,667 in the number of shelter beds. Similarly, the shelter beds in Council District 1 (CD1) and Council District 14 (CD14) appear to have decreased (there were 536 sheltered individuals in CD1 in 2017 and 3,170 in CD14), while the bed capacity in the other area council districts, particularly Council District 8 (CD8), have increased significantly (there were 814 sheltered individuals in CD8 in 2017).

Homeless Individuals, by Geographic Region

	Sheltered	Unsheltered	Total	% Change 2019-2020
Los Angeles	12,438	28,852	41,290	16%
Los Angeles Council District 1	451	2,374	2,825	(-4%)
Los Angeles Council District 8	2,337	2,049	4,386	72%
Los Angeles Council District 9	2,238	2,653	4,891	9%
Los Angeles Council District 10	666	1,264	1,930	20%
Los Angeles Council District 14	2,912	4,705	7,617	(-0.3%)
SPA 4	4,667	12,454	17,121	4%
SPA 6	5,121	7,891	13,012	36%
Los Angeles County*	**18,395**	**48,041**	**66,436**	**13%**

Source: The Los Angeles Homeless Services Authority (LAHSA), 2020 Greater Los Angeles Homeless Count by Geographic Area
**Data include all Continuums of Care in Los Angeles. County https://www.lahsa.org/documents*

Community Input – Housing and Homelessness

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

- The unrecognized housing crisis is real. The cost of housing and cost of living is inequitable.
- In a period of crisis, money moves the agenda. Current funding is pushing gentrification of buildings. This is universally good if buildings will be accessible and affordable for all. With these pushes, we must be careful that racial and economic equity is included before policies roll out, otherwise, it's at the expense of affordable housing and we'll see homelessness continue to increase.
- Landlords can charge what the market will bear. Unregulated ownership and unprotected tenancy are issues. We need to rethink housing as a right instead of profit being the major driver of policy.
- Unstable housing affects social, physical, and mental well-being of patients. There's so much displacement and many wait an extremely long time for Section 8 housing to become available.
- In SPA 4, overcrowded housing as an issue. Many are just a paycheck away from homelessness.
- The Hispanic community is disproportionately affected by housing insecurity.
- Older adults struggle most with housing. Supplemental Security Income doesn't provide enough to pay rent, so they must move in with family. HUD isn't taking applications any longer.
- Housing is being built but it's not affordable. Low-income units for families are needed and while being built, they should post signage about how to apply, otherwise people find out too late.
- Tiny home living must be regulated to maintain discipline.
- NIMBYism pushback is frustrating.

- There's a shortage of low-income senior housing. Many older adults are already living with roommates or family, and many of these people got sick, lost income, and became housing insecure.
- Help is needed for seniors to stay in their homes. They need assistance with subsidy applications.
- There are inadequate housing subsidies and vouchers for the working poor.
- Eviction contributes to overcrowded housing. Eviction and rent protections are critical.
- More renters' rights workshops are needed. Some renters don't understand that they'll have to start paying back rent, which will result in legal and illegal evictions.
- Los Angeles County is the epicenter in the country for homelessness, and it only got worse with COVID. We had to skip the homeless count in 2021 but hope not to skip it in 2022.
- When transition age youth exit the foster system, there is an issue with where they go, especially in this COVID environment where the structure of group homes has changed. Often, they age out onto the street. There's a need for continuum of care to work more effectively.
- Persons who are homeless require customized solutions and case management. There are those suffering from substance abuse who need treatment, those suffering with mental illness, and persons who are chronically homeless who may be helped with income support and job training.
- Sexual assault and intimate partner violence are also underlying causes of homelessness.
- Most impacted areas in terms of homelessness are Downtown Los Angeles and Hollywood. Many encampments are under freeway bridges due to the cover that's provided.
- Areas of MacArthur Park have large encampments. Sometimes there are large amounts of money and fentanyl in a tent; it's not always the traditional drug house anymore.
- We're at the beginning stages of building homes for persons who are homeless. There are a lot of resources and efforts available, but it takes a long to time to build when the government is involved. The next step is to provide services they need to be well, which may take longer than people realize.
- We're grateful to see changed law and cities starting to get tents off the street. A lot of addiction and psychiatric problems show up in these populations; it's ravaging neighborhoods.
- There are a disproportionate number of African Americans who are homeless.
- Skid Row is a hot spot, but we are also seeing an increase in persons who are homeless in West Hollywood. Seeing more LGBTQ persons who are homeless, some are living with HIV.

- Some people work and still experience homelessness. They have extremely limited resources.
- It's very difficult to place people even in an emergency shelter due to COVID; places are locked down. We have an increase in clients coming in for treatment who are living in their cars.
- With CalAIM, managed care includes a benefit related to medical respite. There's opportunity for partnerships to ensure patients are discharged in timely way and receiving needed services.
- The Los Angeles Homeless Services Authority needs to improve permanent housing options/access, especially for those with mental health issues. Temporary housing for three months doesn't help.

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, in Los Angeles County, 74% of eligible households in 2018, and 789,617 total households in March 2020, received food stamps (CalFresh).

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Percent of Eligible Households
Los Angeles County	789,617	74%
California	2,431,060	71%

*Source: California Department of Social Services' CalFresh Data Dashboard, March 2020 and *2018.*
http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially-acceptable ways. SPA 4 (31.8%) and SPA 6 (35.1%) have higher percentages of households with incomes less than 300% of the Federal Poverty Level, that are food insecure, than does the county (26.8%). The highest rate in the service area was seen in the Southwest Health District (40.1%). Countywide, food insecurity rises with age until ages 50-59, at which point it begins to decline. Food insecurity declines with increases in income and education, is more prevalent among Black (33.3%) and Latino (30.2%) residents and is least prevalent among Asian (16.4%) residents.

Food Insecure Households, <300% FPL, Los Angeles County, by Demographics

	Percent
18-24	25.7%
25-29	26.5%

	Percent
30-39	29.9%
40-49	31.3%
50-59	34.5%
60-64	26.3%
65 or older	14.4%
0-99% FPL	37.1%
100-199% FPL	25.9%
200-299% FPL	13.0%
Less than high school	33.9%
High school	25.7%
Some college or trade school	24.2%
College or post graduate school	17.9%
Black	33.3%
Latino	30.2%
White	21.2%
Asian	16.4%
Central Health District	29.9%
Compton Health District	25.8%
Inglewood Health District	28.8%
San Antonio	29.1%
South Health District	38.9%
Southeast Health District	34.2%
Southwest Health District	40.1%
SPA 4	**31.8%**
SPA 6	**35.1%**
Los Angeles County	**26.8%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Input – Food Insecurity

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

- The inability to afford healthy, nutritious food was exacerbated during the pandemic. Many older adults, working families, and college students had to choose between food and rent.
- Food insecurity is a marker for increased risk for social vulnerabilities.
- We need proactive strategies to ensure families always have access to food. Right now, we're just being reactive, which can be expensive. How can we support the capacity of community-based organizations to store food and efficiently distribute it? Many people stand in line for hours.

- We saw long lines for families to receive food. Inflation makes it difficult for families to afford meals. There's a bigger call for food banks and other supportive resources.
- Families with special needs children are impacted. They can't stand in food lines without assistance.
- We hear of people trying to eat once every other day because they're trying to feed their children, or not eating meat because they're saving it for their kids.
- We need more fresh grocery outlets, affordable farmers markets, and access to community gardens.
- Food desert issues are front and center, especially in Pico Union.
- With food deserts in many communities such as South Los Angeles, many rely on food pantries. There are some small markets that don't always sell healthy produce. In contrast, there are many liquor stores. Good, healthy food is expensive.
- The quality of food in markets in South Los Angeles versus West Los Angeles is very different.
- A tremendous amount of the American dollar goes to food with no nutrient value. It's cheap but not when measured in terms of money per unit of valuable nutrition. The proliferation of fast-food places in impoverished neighborhoods is a problem.
- In under-resourced areas, many get food from street vendors almost daily. No one is shopping at Costco to stock up on groceries. The focus is on whatever food is most available and affordable.
- The population underutilizes food assistance programs. We need accessible, trusted locations like schools to offer enrollment for benefits, and advocacy to ensure these programs aren't scaled back.
- Lack of awareness of resources is an issue. Previously, Social Security recipients couldn't apply for CalFresh, but that has been revised. Many older adults aren't aware of this change.
- Many people are on General Relief until they find a job. The monthly CalFresh benefit doesn't go far.
- Clients are requesting grocery gift cards to help them out.
- South Asians don't want to apply for food assistance benefits; they feel ashamed to ask for help.
- Families are afraid to sign up for WIC and CalFresh due to their immigration status.
- Many community clinics started food distribution. There's an opportunity to strengthen relationships with food banks and clinics for referral relationships, i.e., food is medicine program.
- Food distribution programs aren't always well-tailored to cultural needs and some items aren't of interest. Some people have never had canned food or don't have a kitchen to cook.
- Breast milk is the most affordable and abundant source of food for infants. There's a need for better lactation support; this could augment the provision of formula.

- There's a great need for medically tailored meals, a specialty niche for the invisible people who can't leave home to shop and cook. CalAIM includes medically tailored meals as a benefit.
- Food delivery for seniors requires an address, a barrier for anyone who is unhoused or housing insecure.
- We're seeing a major increase in food insecurity and homelessness. Clinics are practicing street-based medicine and partnering with food banks to address food needs.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 36.2% of adults, 25 and older, lack a high school diploma, which is higher than the county (20.9%) and state (16.7%) rates. 17.9% of area adults have a Bachelor's degree or higher, which is lower than the county (32.5%) and state (34.0%) rates.

Education Levels, Population 25 Years and Older

	California Hospital Service Area	Los Angeles County	California
Population 25 years and older	**1,238,169**	**6,886,895**	**26,471,543**
Less than 9th grade	22.3%	12.3%	9.2%
9th to 12th grade, no diploma	13.9%	8.6%	7.5%
High school graduate	23.4%	20.6%	20.5%
Some college, no degree	17.3%	19.0%	21.1%
Associate's degree	5.3%	7.0%	7.8%
Bachelor's degree	12.7%	21.2%	21.2%
Graduate/professional degree	5.2%	11.3%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. No area school district met this objective in 2019, and only Paramount Unified School District met the objective in 2020. Graduation rates rose from the 2019 to 2020 graduation years in five of seven area school districts, stayed the same in Lynwood Unified, and fell in Inglewood Unified. The effects of the pandemic on these graduation rates are unknown.

High School Graduation Rates

	2018-2019	2019-2020
Centinela Valley Union High School District	87.8%	90.6%
Compton Unified School District	84.1%	86.4%
Inglewood Unified School District	87.2%	81.3%

	2018-2019	2019-2020
Los Angeles Unified School District	78.0%	80.1%
Lynwood Unified School District	90.1%	90.0%
Montebello Unified School District	80.9%	84.1%
Paramount Unified School District	87.9%	91.5%
Los Angeles County	**86.1%**	**86.5%**
California	**88.1%**	**87.6%**

Source: California Department of Education DataQuest, 2018-2020. http://dq.cde.ca.gov/dataquest/

Preschool Enrollment

49.7% of 3 and 4-year-olds were enrolled in preschool in the service area, which was below the county (54.5%). The enrollment rates ranged from 31.0% in Exposition Park in the area of South Los Angeles 90037 to 100% in both Downtown Los Angeles in the area of Los Angeles 90013 and Los Angeles 90014, though with the lowest number of enrollees.

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Bell Gardens	90201	3,524	49.0%
Compton/Crystal City	90220	1,933	55.5%
Compton	90222	1,509	36.2%
Hawthorne	90250	2,851	54.1%
Huntington Park	90255	2,318	46.4%
Inglewood	90301	940	51.7%
Inglewood	90302	705	51.5%
Los Angeles/Oakwood	90004	1,354	40.3%
Los Angeles/Koreatown	90005	799	61.6%
Los Angeles/Pico Heights	90006	1,329	55.5%
Los Angeles/Dockweiler/University Park	90007	559	46.7%
Los Angeles/Baldwin Hills/Leimert Park	90008	302	75.5%
Los Angeles/Downtown LA	90013	54	100.0%
Los Angeles	90014	20	100.0%
Los Angeles/Downtown LA	90015	491	53.0%
Los Angeles/West Adams	90016	1,166	61.0%
Los Angeles/Downtown LA	90017	676	46.2%
Los Angeles/Jefferson Park	90018	1,226	59.5%
Los Angeles/Country Club Park/Mid-City	90019	1,381	69.8%
Los Angeles/Hancock Park	90020	855	60.2%
Los Angeles/Echo Park/Silverlake	90026	1,600	70.6%
Los Angeles/Boyle Heights	90033	1,458	49.3%
Los Angeles/View Park/Windsor Hills	90043	1,050	67.0%
Los Angeles/Westlake	90057	1,626	60.0%

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Los Angeles/West Compton	90061	1,025	37.9%
Lynwood	90262	2,437	44.2%
South Gate	90280	2,517	44.8%
South Los Angeles/ Florence/Firestone Park	90001	1,826	34.4%
South Los Angeles/Watts	90002	2,123	57.2%
South Los Angeles/Green Meadows	90003	2,897	44.0%
South Los Angeles/Central-Alameda	90011	4,044	45.4%
South Los Angeles/Exposition Park	90037	2,087	31.0%
South Los Angeles/Vermont Vista	90044	3,866	42.9%
South Los Angeles/Gramercy Park	90047	1,534	56.3%
South Los Angeles/Willowbrook	90059	1,732	49.8%
South Los Angeles/Vermont Square	90062	1,005	52.3%
California Hospital Service Area		**56,819**	**49.7%**
Los Angeles County		**255,273**	**54.5%**
California		**1,021,926**	**49.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. http://data.census.gov/

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members during a typical week. 67.1% of adults interviewed in SPA 4 responded “yes” to this question, which was higher than Los Angeles County (60.2%) and SPA 6, where only 35.5% of adults said children ages 0 to 5 were read to daily.

Read to Daily by a Parent or Family Member, Children, Ages 0 to 5

	SPA 4		SPA 6	Los Angeles
Children read to daily	67.1%		35.5%	

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu

Community Input – Education

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

- Education is critical to changing the cycle of poverty. It provides a chance to increase one’s income and therefore their economic status.
- Those who lack education are at higher health risk and are more likely to lack access to health care.
- Many immigrants are educated back home, but their education isn’t accepted here. They are stuck in low paying jobs because they must work. We know of those who were engineers in their home country but now work in a store.

- It’s important to embed health care and well-being approaches into school campuses. There are opportunities to do more health intervention with younger children. If kids need glasses, have tooth abscesses, or have family trauma, then they don’t learn.
- We hear concern with educational outcomes in local schools. Some people won’t take jobs in the Los Angeles area due to poor school performance.
- The school systems struggle with resources. There are large class sizes and not a lot of funding resources or behavioral support staff.
- The system is failing our kids. Many Latino students lack proficiency in courses like math and English.
- Some teachers and counselors don’t understand the languages of their students.
- We need schools with small enough classes for kids to feel secure. Pay teachers more. Have the expectation that every kid will do well. Do away with standardized testing, which causes enormous stress.
- Truancy is a concern; the challenge is to keep kids in school. South Los Angeles area schools have high dropout rates.
- Some students need to work so they dropout, but not by choice. Many first generation and recent immigrants are impacted, specifically in Latino communities.
- Safety can be an issue with getting to school.
- Low-income communities were disadvantaged with remote learning. Many families didn’t have reliable internet access and kids had to go to Starbucks or McDonalds to attend classes. Kids in South Los Angeles and SPA 6 on the east side were most impacted.
- The digital divide requires parent involvement. It took schools a long time for schools to provide laptops, but when kids brought home equipment, often parents didn’t know how to help. Even tracking their child’s grades requires use of technology and knowledge that parents may not have.
- If students were behind a grade level, they are further behind now. College students were affected with learning loss, too.
- Parents need to understand how to be empowered advocates for their kids.
- During distance learning, education quality wasn’t always there. This hit the students hard, with no fault on the teachers. Families with resources could augment education, but low-income families could not.
- There’s a need for accessible educational enrichment so kids can catch up.
- Health messaging needs to be distributed through community-based organizations, schools, and churches. Latinos and African Americans believe messages they get from trusted, safe places.

Transportation

Service area workers spend, on average, 33.5 minutes a day commuting to work.

66.6% of all workers drive alone to work and 56.9% of solo drivers have a commute of 30 minutes or more. Few workers commute by public transportation (13.0%) or walk to work (3.3%), yet these rates are higher than county and state rates.

Transportation/Commute to Work

	California Hospital Service Area	Los Angeles County	California
Mean travel time to work (in minutes)	33.5	31.8	29.8
Workers who drive alone	66.6%	74.0%	73.7%
Solo drivers with a long (> 30 min.) commute**	56.9%	50.6%	42.2%
Workers commuting by public transportation	13.0%	5.8%	5.1%
Workers who walk to work	3.3%	2.7%	2.6%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S0801 & **S0802. http://data.census.gov/ *Weighted average of area means*

Parks, Playgrounds and Open Spaces

95.9% of SPA 4 and 87.8% of SPA 6 children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 83.3% of SPA 4 and 73.9% of SPA 6 children and teens had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	SPA 4	SPA 6	Los Angeles County
Walking distance to park, playground or open space, ages 1 to 17	*95.9%	*87.8%	91.4%
Visited park, playground or open space in past month, ages 1 to 17	83.3%	73.9%	82.9%

*Source: California Health Interview Survey, 2014-2018; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

There are 3.3 park acres of green space per 1,000 persons in Los Angeles County. Hawthorne and Los Angeles City Council District 9 have only 0.4 park acres of green space per 1,000 persons.

Amount of Green Space (Park Acres), per 1,000 Persons

	Acres per 1,000 Persons
Bell Gardens	1.7
Compton	0.6
Hawthorne	0.4
Huntington Park	0.9
Inglewood	0.8
Los Angeles Council District 1	2.9
Los Angeles Council District 8	0.5
Los Angeles Council District 9	0.4
Los Angeles Council District 10	0.6
Los Angeles Council District 14	1.1

	Acres per 1,000 Persons
Lynwood	0.6
South Gate	1.3
Los Angeles County	**3.3**

Source: Los Angeles Department of Public Health, Parks and Public Health in Los Angeles County, 2016.
http://publichealth.lacounty.gov/chronic/docs/Parks%20Report%202016-rev_051816.pdf

The *Los Angeles Countywide Comprehensive Parks & Recreation Needs Assessment of 2016* reported Bell Gardens, Hawthorne, Huntington Park, Inglewood, South Gate, and many areas of Los Angeles City including Florence-Firestone, Wilshire/Koreatown, Boyle Heights, Exposition Park/University Park/Vermont Square, Southeast Los Angeles and South Los Angeles as having a 'Very High' need for parks. Compton, Lynwood, and the Baldwin Hills/Leimert/Hyde Park area of Los Angeles were reported as having a 'High' need. The Silverlake/Echo Park/Elysian Valley area of Los Angeles was reported as having a 'Moderate' need for parks.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. For most service area police departments, property crime declined from 2015 to 2019 while violent crime rose. The rate of violent crime in area cities with the exception of Bell Gardens is higher than county and state rates, particularly in Compton. South Gate, Huntington Park, and Los Angeles, have higher rates of property crime than other service area cities, the county and the state.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Bell Gardens	782	630	1,845.8	1,487.0	137	147	323.4	347.0
CalState Univ. Los Angeles	147	99	N/A	N/A	14	4	N/A	N/A
Compton	2,410	2,346	2,493.8	2,427.6	988	1,104	1,022.4	1,142.4
Hawthorne	2,482	1,485	2,842.9	1,700.9	628	636	719.3	728.5
Huntington Park	2,027	1,595	3,484.0	2,741.4	386	458	663.4	787.2
Inglewood	2,612	2,321	2,387.9	2,121.8	775	671	708.5	613.4
Los Angeles	93,503	95,704	2,328.5	2,383.3	25,156	29,400	626.5	732.2
L.A. County Highway Patrol	797	507	N/A	N/A	48	48	N/A	N/A
L.A. County MTA	44	21	N/A	N/A	5	6	N/A	N/A
L.A. County Sherriff's Office	16,301	15,040	N/A	N/A	5,173	5,564	N/A	N/A
Lynwood	1,419	1,419	2,009.4	2,009.4	414	454	586.2	642.9
South Gate	3,278	2,754	3,470.8	2,916.0	561	622	594.0	658.6
UCLA	817	756	N/A	N/A	97	89	N/A	N/A

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Los Angeles County	**240,050**	**224,192**	**2,387.1**	**2,229.4**	**50,466**	**56,416**	**501.9**	**561.0**
California	**1,023,828**	**915,648**	**2,591.8**	**2,317.9**	**166,588**	**173,298**	**421.7**	**438.7**

Source: U.S. FBI UCR program, Crime Data Explorer. https://crime-data-explorer.fr.cloud.gov/
**All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, 2015 rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers, such as violent crimes.*

Intimate Partner Violence

In SPA 4, 11.3% of male adults and 15.0% of female adults reported ever experiencing physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner. In SPA 6 the rate (19.6%) was higher for women who had experienced physical violence at the hands of an intimate partner, which is also higher than the county (16.0%). 3.3% of males in SPA 4 and 5.8% of males in SPA 6 reported experiencing sexual violence (unwanted sex) by an intimate partner. 11.7% of women in SPA 4 and 10.2% in SPA 6 reported experiencing sexual violence by an intimate partner. The rates in SPA 4 are higher for women, and in SPA 6 they are higher for men, than the average rates of sexual violence for Los Angeles County.

Intimate Partner Violence

	SPA 4	SPA 6	Los Angeles County
Women have experienced physical violence	15.0%	19.6%	16.0%
Women have experienced sexual violence	11.7%	10.2%	10.1%
Men have experienced physical violence	11.3%	11.1%	11.8%
Men have experienced sexual violence	*3.3%	*5.8%	3.3%

*Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2018; *Statistically unstable due to small sample size. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

16.8% of Los Angeles County residents, 16.2% of SPA 4 residents, and 18.2% of SPA 6 residents have experienced domestic violence (physical or sexual) by an intimate partner. The highest rate in the service area is seen in the Southwest Health District (22.3%). Countywide, intimate partner violence is more likely to be experienced by women (20.2%) and disabled persons (25.4%), though the incidence also appears to increase with household income with individuals 300% or above FPL (17.7%). Older residents age 65 or older (11.8%) are less likely to have experienced violence in the course of their lives than are younger residents ages 30 to 39 (19.9%). Domestic violence is more likely among U.S.-born residents of every ethnic and racial group than among immigrants. Domestic violence is most likely to be reported by African-American respondents (27.1%), followed by Whites (21.6%), Latinos (13.5%) and Asians (10.4%).

Intimate Partner Violence, by Demographics

	Percent
Male	13.2%
Female	20.2%
Disability	25.4%
No disability	14.0%
18 to 24	13.0%
25 to 29	19.8%
30 to 39	19.9%
40 to 49	18.8%
50 to 59	18.5%
60 to 64	14.3%
65 or older	11.8%
0-99% FPL	15.5%
100-199% FPL	16.7%
200-299% FPL	16.4%
300% or above FPL	17.7%
Less than high school	13.1%
High school	14.5%
Some college or trade school	22.2%
College or post graduate degree	16.1%
African American	27.1%
U.S. born	28.1%
White	21.6%
U.S. born	23.1%
Latino	13.5%
U.S. born	18.0%
Asian	10.4%
U.S. born	13.4%
Central Health District	15.1%
Compton Health District	18.4%
Inglewood Health District	18.9%
San Antonio Health District	15.0%
South Health District	11.7%
Southeast Health District	14.9%
Southwest Health District	22.3%
SPA 4	**16.2%**
SPA 6	**18.2%**
Los Angeles County	**16.8%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

Domestic violence calls are categorized as with or without a weapon. 78.2% of domestic violence calls in Los Angeles County were reported to involve a weapon, which is above the statewide average of 46.6%. However, 100% of domestic violence calls in the city of Los Angeles are reported to involve a weapon; this, combined with the high rate of 4.41 calls per 1,000 residents, suggests that the distinction of with or without weapons is not truly being reported by that jurisdiction, which will skew the county average higher. South Gate (2.56) has the lowest rate of domestic violence. Compton (4.60) has the highest rate of domestic violence, higher than the county (3.59) and state (4.10).

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Bell Gardens	133	3.14	88.7%	11.3%
CalState Univ. Los Angeles	4	N/A	0.0%	100.0%
Compton	445	4.60	11.0%	89.0%
Hawthorne	304	3.48	7.6%	92.4%
Huntington Park	226	3.88	89.8%	10.2%
Inglewood	290	2.65	85.9%	14.1%
Los Angeles	17,721	4.41	0.0%	100.0%
L.A. County Highway Patrol	16	N/A	25.0%	75.0%
L.A. County MTA	2	N/A	0.0%	100.0%
L.A. County Sherriff's Office	3,623	N/A	19.8%	80.2%
Lynwood	250	3.54	20.4%	79.6%
South Gate	242	2.56	38.8%	61.2%
Los Angeles County	**36,707**	**3.59**	**21.8%**	**78.2%**
California	**161,123**	**4.10**	**53.4%**	**46.6%**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, 2015 rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers, such as violent crimes.*

Teens in the service area were asked about neighborhood cohesion. 83.8% of teens in SPA 4 and 86.2% of teens in SPA 6 felt people in their neighborhood were willing to help. However, only 68.7% of SPA 4 and 59.3% of SPA 6 teens felt their neighbors could be trusted, lower than the county (78.2%)

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	SPA 4	SPA 6	Los Angeles County
People in neighborhood are willing to help	*83.8%	*86.2%	85.8%
People in neighborhood can be trusted	*68.7%	*59.3%	78.2%

*Source: California Health Interview Survey, 2015-2019 & **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

In Los Angeles County, the rate of children, under 18 years old, who experienced abuse or neglect was 10.0 per 1,000 children. This is higher than the state rate of 7.5 per

1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children, 2018

	Los Angeles County	California
Child abuse rates	10.0	7.5

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019. Accessed from KidsData.org at http://kidsdata.org

Community Input – Violence and Injury Prevention

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

- We're seeing a breakdown in social fabric of our society, with a lot more anger and violence. We need strategic interventions like gang interventionists, collaboration with law enforcement, and community policing that targets social networks where violence is originating.
- Prevention takes community organizing. We need to engage youth, challenge the notion that violence is an inevitable part of life, and figure out where anger is coming from so early interventions can begin.
- The criminal justice system needs to be re-envisioned; current practices breed violence. People think they need to protect themselves from the police.
- SPAs 4 and 6 have more concentrated numbers of permanent supportive housing units. There's a need for training around de-escalation of violence and trauma-informed care for those living and working there so they can better manage triggers due to trauma.
- Some organizations only deliver meals to homebound clients during daylight hours due to safety concerns.
- There has been a significant rise in violence around Black Lives Matter and Asian hate. Things became heightened and more controversial with the pandemic and political issues.
- Issues are domestic partner violence, gun ownership, and the increase in petty crime. When the economy is out of whack, property crimes increase, and this drives other kinds of violence. There is an emphasis on protecting yourself, but this can bring problems.
- In South Los Angeles, gun homicide is an issue. People need places to recreate where they feel safe.
- There has been a big increase in violent activity in Downtown Los Angeles and the Westlake District. Gun violence is a big concern, as well as domestic violence, especially affecting children.
- In areas with high gang activity, children can't play, and people can't walk in the neighborhood or go to parks. The safety of Skid Row, Pico Union, and Boyle Heights

are a concern.

- In the Rampart area, there's an area of apartments with the most declared gang groups in the area. Crossing into rival territories is a problem.
- There's not enough training for medical providers to recognize domestic violence and know where to send patients for help. Anger management and family treatment is critical. There are not enough shelters for those wanting to escape abuse.
- When workplaces went remote, it sometimes meant staff worked at home where they already were experiencing domestic violence. The office was their safe environment.
- Domestic violence resources such as restraining orders are available, but many aren't seeking help due to cultural barriers.
- The missing piece is targeting domestic violence abusers or would-be abusers. There's a lack of prevention outreach and talking about generational traumas that bring about abusive behavior.
- There's a need for education in schools and during doctor appointments. Teens may encounter dating violence, which is a big issue that not many talk about. It's not always physical abuse. Teens should know what a healthy relationship looks like.
- Substance abuse is a risk factor for domestic violence. We see those impacted as primarily being under-resourced communities, with trends in black and brown communities and also among older adults.
- Pregnant and post-partum moms are at high risk for violence in the home.
- During distance learning, child abuse reporting went way down because teachers weren't seeing kids in-person. Homes became less safe due to a great deal of stress among families. Violence leads to mental health issues and vice versa.
- If a student is being abused, they need to know they can go somewhere safe to disclose and get confidential help.
- The impact of domestic and sexual violence has a great impact on people's health. We need to give it a name and make sure people understand this trauma has a long life. Prevention is key; we need to consider how to work with the community to solve issues of violence, understand the cycles that happen, and hear from them what will work.
- There's a need to eliminate public transit cost barriers so people can ride safely.
- Pedestrian safety is a concern. Many women work at night and bus stops are a safety issue.
- We need more places for people to safely gather for activities.
- With predatory behavior increasing, persons who are homeless are targeted in violent ways. They need more safe havens, places to shower and eat without harm. The most obvious cause of violence can be attributed to untreated mental health issues such as paranoia or anger management, but they also get beat up by drug dealers who are looking for payment.

- Women and children who are homeless have a high incidence of sexual and domestic assault, with the impact seen predominantly among Latinos and African Americans. Sex trafficking is another reality; these victims are unable to advocate for themselves.
- We see a lot of young girls who are working as prostitutes on Strawberry Lane in South Los Angeles.
- The LGBTQ community has many issues with rape and physical battery.

Air Quality

Days with Ozone Levels above Regulatory Standard

Children are more vulnerable to air pollution than adults, and younger children are more vulnerable than older children. Long-term effects can extend beyond physical health to deficits in cognitive and behavioral development.

In 2019, Los Angeles County had 58 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. This was a decrease of two days from the 2016 count. The state average in 2019 was 11 days of readings above the U.S. standard, and in 2016 it was 22 days.

Ozone Levels above Regulatory Standard, Number of Days

	Los Angeles County	California
Ozone levels above standards, in days	58	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via http://www.kidsdata.org

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 84.2% of the civilian, non-institutionalized population in the service area has health insurance. The Baldwin Hills/Leimert Park area of Los Angeles 90008 has the highest health insurance rate (92.5%) and the Westlake area 90057 has the lowest rate of health insurance in the service area (70.0%).

94.9% of service area children, ages 18 and younger, have health insurance coverage in the service area. Los Angeles 90013 and 90014 have full health insurance coverage among children (100%), while the Dockweiler/University Park 90007 (92.5%) and Pico Heights 90006 (92.9%) areas of Los Angeles have the lowest percentage of children with health insurance.

Among adults, ages 19-64, 77.9% in the service area have health insurance. Los Angeles Baldwin Hills/Leimert Park 90008 has the highest insurance rate (89.1%), and Los Angeles Westlake 90057 has the lowest health insurance rate (58.5%) among adults, ages 19-64.

In the service area, only Los Angeles 90008 meets the Healthy People 2030 objective of 92.1% coverage overall, and no ZIP Code meets that goal among adults, ages 19 to 64. All area ZIP Codes do meet the Healthy People 2030 objective for health insurance among children, ages 0-18.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Bell Gardens	90201	83.7%	96.1%	75.6%
Compton/Crystal City	90220	89.4%	96.1%	84.4%
Compton	90222	87.1%	95.5%	81.3%
Hawthorne	90250	88.0%	93.6%	84.3%
Huntington Park	90255	83.5%	95.4%	75.9%
Inglewood	90301	89.1%	98.0%	83.9%
Inglewood	90302	87.9%	94.3%	83.6%
Los Angeles/Oakwood	90004	82.7%	95.2%	77.0%
Los Angeles/Koreatown	90005	76.7%	94.5%	68.0%
Los Angeles/Pico Heights	90006	73.8%	92.9%	63.7%
Los Angeles/Dockweiler/University Park	90007	87.2%	92.5%	85.0%

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Los Angeles/Baldwin Hills/Leimert Park	90008	92.5%	98.6%	89.1%
Los Angeles/Downtown LA	90013	89.0%	100.0%	87.2%
Los Angeles	90014	88.6%	100.0%	86.1%
Los Angeles/Downtown LA	90015	81.4%	97.2%	75.7%
Los Angeles/West Adams	90016	86.7%	95.6%	81.8%
Los Angeles/Downtown LA	90017	75.4%	93.8%	67.0%
Los Angeles/Jefferson Park	90018	84.3%	93.1%	78.7%
Los Angeles/Country Club Park/Mid-City	90019	85.6%	95.1%	80.7%
Los Angeles/Hancock Park	90020	81.1%	93.2%	75.8%
Los Angeles/Echo Park/Silverlake	90026	84.5%	94.3%	80.6%
Los Angeles/Boyle Heights	90033	84.2%	95.7%	76.0%
Los Angeles/View Park/Windsor Hills	90043	91.2%	94.9%	87.9%
Los Angeles/Westlake	90057	70.0%	91.9%	58.5%
Los Angeles/West Compton	90061	85.9%	97.0%	79.4%
Lynwood	90262	84.3%	94.1%	77.7%
South Gate	90280	84.9%	93.7%	78.7%
South Los Angeles/Firestone Park	90001	84.1%	95.4%	76.5%
South Los Angeles/Watts	90002	84.1%	95.6%	76.3%
South Los Angeles/Green Meadows	90003	83.2%	93.8%	76.3%
South Los Angeles/Central-Alameda	90011	80.3%	95.5%	70.6%
South Los Angeles/Exposition Park	90037	82.0%	95.3%	73.8%
South Los Angeles/Vermont Vista	90044	86.4%	95.3%	80.2%
South Los Angeles/Gramercy Park	90047	91.2%	95.5%	87.9%
South Los Angeles/Willowbrook	90059	86.6%	94.6%	80.3%
South Los Angeles/Vermont Square	90062	86.9%	95.5%	82.0%
California Hospital Service Area		**84.2%**	**94.9%**	**77.9%**
Los Angeles County		**90.4%**	**96.1%**	**86.6%**
California		**92.5%**	**96.7%**	**89.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

When insurance coverage was examined, 33.0% of SPA 4 and 46.4% of SPA 6 residents have Medi-Cal coverage. 34.3% of SPA 4 and 25.2% of SPA 6 residents have employment-based insurance. Both SPAs have a higher level of Medi-Cal and a lower level of employment-based coverage than in the county.

Insurance Coverage, by Type

	SPA 4	SPA 6	Los Angeles County
Medi-Cal	33.0%	46.4%	28.8%
Medicare only	1.6%	*0.9%	1.3%
Medi-Cal/Medicare	5.7%	7.8%	5.0%
Medicare and others	5.3%	4.1%	7.8%

	SPA 4	SPA 6	Los Angeles County
Other public	*0.7%	*1.2%	1.2%
Employment based	34.3%	25.2%	41.1%
Private purchase	6.7%	2.5%	5.8%
No insurance	12.6%	12.0%	9.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Adults who are uninsured but eligible for Medi-Cal, and at 200% or under the Federal Poverty Level, were asked why they were not enrolled in Medi-Cal. 28.7% said it was because they didn't know if they were eligible; 14.7% said that it was because their income was too high; 15.1% said that they were not eligible due to their citizenship or immigration status; 9.4% said they didn't need it because they were healthy and 29.7% gave some other reason that was not listed.

Main Reason Not Enrolled in Medi-Cal, Residents <= 200% FPL

	Los Angeles County	California
Didn't know if eligible	28.7%	19.1%
Income too high	14.7%	19.1%
Not eligible due to citizenship/immigration status	15.1%	20.5%
Not eligible (other reason)	*1.6%	*1.8%
Don't need it because healthy	*9.4%	*3.8%
Don't know how to apply/have not applied	*0.8%	*2.0%
Other	29.7%	33.8%

*Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Health insurance coverage data by race/ethnicity in the service area show that in every age group, coverage is lowest among American Indian/Alaskan Natives and those who identified as some Other race.

The service area average for health insurance coverage in children (noted in a previous data table) is 94.9%. The lowest rate of coverage (92.1%) is seen in the service area children identified as American Indian/Alaskan Natives. Lower than average rates were also seen in those who are identified as Asian (93.7%), children who were identified as Other race (94.0%), and Hispanic (94.5%) children.

Among adults, ages 19 to 64, in the service area, 89.5% have health insurance on average. The lowest rates are found among adults who identify as Other race (70.4%) and adults who identify as American Indian/Alaskan Native adults (70.8%) and Hispanic adults (72.5%). The lowest rate of coverage among service area seniors, ages 65 and older, is found among seniors who identify as Other race (93.7%) and Hispanic (94.9%).

Health Insurance, Service Area Population, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Black/African American	93.2%	97.1%	90.3%	99.1%
Native Hawaiian/Pacific Islander	92.4%	96.0%	90.5%	96.0%
Non-Hispanic White	91.2%	95.5%	89.3%	99.9%
Multiracial	91.0%	96.9%	86.9%	98.0%
Asian	87.2%	93.7%	83.1%	97.9%
Hispanic	80.8%	94.5%	72.5%	94.9%
Other race	79.0%	94.0%	70.4%	93.7%
American Indian/Alaskan Native	78.3%	92.1%	70.8%	98.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, C27001B thru C27001I. http://data.census.gov/

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 36.4% of adults in the service area do not have a usual primary care provider. An estimated 43.5% of adults in Central-Alameda in the area of South Los Angeles 90011 have no usual primary care provider, while only 24.2% of Baldwin Hills/Leimert Park in the area of Los Angeles 90008 has no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Bell Gardens	90201	41.1%
Compton/Crystal City	90220	34.3%
Compton	90222	36.9%
Hawthorne	90250	33.1%
Huntington Park	90255	40.8%
Inglewood	90301	33.1%
Inglewood	90302	30.6%
Los Angeles/Oakwood	90004	33.1%
Los Angeles/Koreatown	90005	34.4%
Los Angeles/Pico Heights	90006	37.7%
Los Angeles/Dockweiler/University Park	90007	38.7%
Los Angeles/Baldwin Hills/Leimert Park	90008	24.2%
Los Angeles/Downtown LA	90013	29.4%
Los Angeles	90014	30.8%
Los Angeles/Downtown LA	90015	37.3%
Los Angeles/West Adams	90016	32.4%
Los Angeles/Downtown LA	90017	39.9%
Los Angeles/Jefferson Park	90018	34.0%
Los Angeles/Country Club Park/Mid-City	90019	30.2%

	ZIP Code	Percent
Los Angeles/Hancock Park	90020	31.8%
Los Angeles/Echo Park/Silverlake	90026	34.1%
Los Angeles/Boyle Heights	90033	39.3%
Los Angeles/View Park/Windsor Hills	90043	26.3%
Los Angeles/Westlake	90057	38.5%
Los Angeles/West Compton	90061	35.6%
Lynwood	90262	39.3%
South Gate	90280	39.4%
South Los Angeles/Firestone Park	90001	41.0%
South Los Angeles/Watts	90002	39.5%
South Los Angeles/Green Meadows	90003	40.3%
South Los Angeles/Central-Alameda	90011	43.5%
South Los Angeles/Exposition Park	90037	39.6%
South Los Angeles/Vermont Vista	90044	35.6%
South Los Angeles/Gramercy Park	90047	28.4%
South Los Angeles/Willowbrook	90059	37.3%
South Los Angeles/Vermont Square	90062	35.0%
California Hospital Service Area*		**36.4%**
Los Angeles County		**30.2%**
California		**25.3%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

When data for having a usual source of care are examined by race/ethnicity for all age groups, SPA 4 (42.2%) and SPA 6 (44.4%) American Indian/Alaska Native population was the least likely to have a usual source of care, followed by Native Hawaiian/Pacific Islander residents in SPA 4 (47.9%) and SPA 6 (71.5%). all other racial groups in SPA 4 and SPA 6 appear to be more likely to have a usual source of care.

Usual Source of Care, by Race/Ethnicity, All Ages

	SPA 4	SPA 6	Los Angeles County
Multiracial (non-Latino)	*84.2%	*98.0%	89.3%
Black/African American (non-Latino)	*81.7%	93.5%	90.0%
White (non-Latino)	86.8%	*81.4%	90.8%
Latino	78.1%	80.7%	80.5%
Asian (non-Latino)	79.0%	*76.3%	84.3%
Native Hawaiian/Pacific Islander (NL)	*47.9%	*71.5%	*81.8%
American Indian/Alaskan Native (NL)	*42.2%	*44.4%	*83.1%
Total population	**80.4%**	**84.2%**	**84.7%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In SPA 4, 47.6% of residents accessed care at a doctor's office, HMO or Kaiser, while in

SPA 6 the rate was 39.1%. 29.4% of SPA 4 and 42.0% of SPA 6 residents accessed care at a clinic or community hospital. 19.6% of SPA 4 and 15.8% of SPA 6 residents had no usual source of care, and in SPA 4 (2.5%) and SPA 6 (2.5%) said their usual source of care was the emergency room (ER) or Urgent Care.

Sources of Care

	SPA 4	SPA 6	Los Angeles County
Dr. office/HMO/Kaiser Permanente	47.6%	39.1%	56.8%
Community clinic/government clinic/ community hospital	29.4%	42.0%	25.1%
ER/Urgent care	2.5%	2.5%	2.1%
Other place/no one place	*1.0%	*0.6%	0.8%
No usual source of care	19.6%	15.8%	15.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 18.5% of SPA 4 and 25.2% of SPA 6 residents visited an ER in the past year. In SPA 4, seniors, ages 65 and older, visited the ER at the highest rate (21.0%) and in SPA 6, individuals ages 18-64 visited the ER at the highest rate (28.4%). Poverty-level residents visited the ER at almost equal to or at a slightly higher rate on average in SPA 4 (19.4%) and SPA 6 (25.6%) than the general population. SPA 6 ER utilization rates were higher than the county for those living at <100% and <200% of poverty level and for ages 18-64 and 65 and older than did the general population.

Use of Emergency Room

	SPA 4	SPA 6	Los Angeles County
Visited ER in last 12 months	18.5%	25.2%	21.2%
0-17 years old	*15.9%	18.2%	18.9%
18-64 years old	18.8%	28.4%	21.7%
65 and older	21.0%	25.2%	23.0%
<100% of poverty level	19.4%	25.6%	24.4%
<200% of poverty level	18.9%	25.2%	23.0%

*Source: California Health Interview Survey, 2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Difficulty Accessing Care

7.3% of SPA 4 and 4.9% of SPA 6 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 18.5% of SPA 4 and 18.2% of SPA 6 adults reported difficulty accessing specialty care. 7.5% of SPA 4 and 5.5% of SPA 6 adults had been told by a primary care physician office that their insurance would not be accepted, while 13.6% of SPA 4 and 9.0% of SPA 6 adults were told by a specialist office that their insurance was not accepted.

Difficulty Accessing Care in the Past Year, Adults

	SPA 4	SPA 6	Los Angeles County
Reported difficulty finding primary care	7.3%	4.9%	6.2%
Reported difficulty finding specialist care	18.5%	18.2%	14.7%
Primary care doctor not accepting their insurance	7.5%	5.5%	6.5%
Specialist not accepting their insurance	13.6%	*9.0%	12.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Delayed or Forgone Care

15.3% of SPA 4 and 9.9% of SPA 6 residents delayed or did not get medical care when needed. Of these residents, 62.6% in SPA 4 and 52.1% in SPA 6 ultimately went without needed medical care, meaning that 9.6% of the overall population in SPA 4, and 5.2% in SPA 6, had to forgo needed care. These rates are higher than the Healthy People 2030 objective of 3.3% of the population who forgo care. 49.3% of SPA 4 and 46.2% in SPA 6 residents who delayed or went without care agreed that 'cost/lack of insurance was a reason. SPA 4 (10%) and SPA 6 (9.7%) residents showed a higher rate of delayed and unfilled prescriptions compared to the county (8.7%).

Delayed Care in Past 12 Months, All Ages

	SPA 4	SPA 6	Los Angeles County
Delayed or did not get medical care	15.3%	9.9%	11.9%
Had to forgo needed medical care	9.6%	5.2%	7.0%
Delayed or did not get medical care due to cost or lack of insurance	49.3%	46.2%	46.3%
Delayed or did not get prescription meds	10.0%	9.7%	8.7%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In SPA 4, non-Latino Whites (12.0%) and in SPA 6, non-Latino Asian (5.1%) are more likely to say they have delayed or foregone needed medical care during the prior year due to cost or lack of insurance than are Black (non-Latino) SPA 4 residents (4.0%) and non-Latino Multiracial SPA 6 residents (3.5%). County rates for both non-Latino Asian (3.6%) and non-Latino Black (3.8%) were below SPA 4 and SPA 6 rates.

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	SPA 4	SPA 6	Los Angeles County
White (non-Latino)	12.0%	*4.5%	6.7%
Latino	7.4%	4.5%	5.8%
Multiracial (non-Latino)	*6.5%	*3.5%	*3.7%
Asian (non-Latino)	*4.9%	*5.1%	3.6%
Black (non-Latino)	*4.0%	*4.0%	3.8%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Lack of Care Due to Cost

1.8% of Los Angeles County, 1.8% of SPA 4, and 0.8% of SPA 6 children, ages 0 to 17, missed or delayed care within the prior 12 months due to cost or lack of insurance. 1.3% of SPA 4 and 0.7% of SPA 6 children ultimately did not receive care. 6.0% of SPA 4 and 6.1% of SPA 6 children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	SPA 4	SPA 6	Los Angeles County
Child's care delayed or foregone due to cost or lack of insurance	*1.8%	*0.8%	1.8%
Child missed care	*1.3%	*0.7%	1.1%
Child's prescription medication delayed or unfilled	*6.0%	*6.1%	4.7%

*Source: California Health Interview Survey, 2013-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Primary Care Physicians

The ratio of the population to primary care physicians in Los Angeles County is 1,360:1, which is higher than the state ratio of 1,250:1 person per primary care physicians.

Primary Care Physicians, Number and Ratio

	Los Angeles County	California
Number of primary care physicians	7,412	31,557
Ratio of population to primary care physicians	1,360:1	1,250:1

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

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZIP Code Tabulation Area (ZCTA) data for the Dignity Health California Hospital Service Area and information from the Uniform Data System (UDS)[1], 52.0% of the population in the service area is low-income (200% of Federal Poverty Level) and 24.0% of the population are living in poverty. There are many Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Aghaby Comprehensive Community Health Center, Alta Med Health Services Corporation, APLA Health & Wellness, Arroyo Vista Family Health Foundation, Asian Pacific Health Care Venture, Behavioral Health Services Inc., Benevolence Industries Inc., Central City Community Health Center Inc., Central Neighborhood Health

1 The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Foundation, Children's Clinic Serving Children & Their Families, Clinica Monsenor Oscar A. Romero, Complete Care Community Health Center Inc., Eisner Health, Family Health Care Centers of Greater Los Angeles Inc., Health Access for All Inc., JWCH Institute Inc., Korean Health, Education, Information and Research Center, Los Angeles Christian Health Centers, Los Angeles LGBT Center, Northeast Community Clinic Inc., Northeast Valley Health Corporation, Queenscare Health Centers, Roads Foundation Inc., Saban Community Clinic, South Bay Family Healthcare Center, South Central Family Health Center, St. Anthony Medical Centers, St. Johns Well Child & Family Center, T.H.E. Clinic Inc., Universal Community Health Center, University Muslim Medical Association Inc., Venice Family Clinic, Watts Healthcare Corporation, and White Memorial Community Health Center a CA Nonprofit Public Benefit Corp.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 426,379 patients in the service area, which equates to 42.7% penetration among low-income patients and 22% penetration among the total population. From 2017-2019, the Community Health Center providers served 45,481 additional patients for a 11.9% increase in patients served by Community Health Centers in the service area. Despite this, there remain 572,694 (57.3%) low-income residents of the population at or below 200% FPL not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
999,073	426,379	42.7%	22.0%	572,694	57.3%

Source: UDS Mapper, 2019, 2014-2018 population numbers. http://www.udsmapper.org

Dental Care

15.5% of children, ages 3 to 11, in SPA 4 and 15.4% in SPA 6 have never been to a dentist. In the past year, 2.7% of SPA 4 children and 6.8% in SPA 6 needed dental care and did not receive it. SPA-level data for teens is currently unstable or unavailable due to limited years of data and small sample size.

Delay of Dental Care, Children

	SPA 4	SPA 6	Los Angeles County
Children, ages 3 to 11, never been to the dentist	*15.5%	*15.4%	14.5%
Children, ages 3 to 11, needed but didn't get dental care in past year	*2.7%	*6.8%	3.9%
Teen, ages 12 to 17, either never been to the dentist or more than one year ago**	*0.0%	*20.5%	7.0%
Teen, ages 12 to 17, condition of teen is fair or poor***	*18.7%	N/A	*10.1%

	SPA 4	SPA 6	Los Angeles County
Teen, ages 12 to 17, missed school due to a dental problem in the past year***	*7.4%	*0.0%	*8.4%

*Source: California Health Interview Survey, 2015-2019 **2017-2019 ***2018-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size. N/A = unavailable due to small sample size.*

66.2% of SPA 4 adults and 61.4% of SPA 6 adults described the condition of their teeth as 'good to excellent.' 4.8% of SPA 4 adults and 5.2% of SPA 6 adults had never been to a dentist.

Dental Care, Adults

	SPA 4	SPA 6	Los Angeles County
Condition of teeth: good to excellent	66.2%	61.4%	69.9%
Condition of teeth: fair to poor	33.0%	36.0%	28.1%
Condition of teeth: has no natural teeth	*0.8%	2.6%	1.9%
Never been to a dentist	*4.8%	*5.2%	3.2%
Visited dentist < 6 months to two years	78.0%	73.4%	79.9%
Visited dentist more than 5 years ago	7.6%	9.1%	7.4%

*Source: California Health Interview Survey, 2016-2019 pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

The ratio of residents to dentists in Los Angeles County is 1,120:1, which is more dentists per capita than the state rate.

Dentists, Number and Ratio

	Los Angeles County	California
Number of dentists	8,999	34,385
Ratio of population to dentists	1,120:1	1,150:1

Source: County Health Rankings, 2019. http://www.countyhealthrankings.org

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Los Angeles County, the ratio of residents to mental health providers is 280:1, which reflects there are fewer mental health providers than the state rate of 270 persons per 1 mental health provider.

Mental Health Providers, Number and Ratio

	Los Angeles County	California
Number of mental health providers	36,404	147,492
Ratio of population to mental health providers	280:1	270:1

Source: County Health Rankings, 2020. http://www.countyhealthrankings.org

Community Input – Access to Care

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

access to care. Following are their comments edited for clarity:

- General health care access, especially specialty care, is a concern.
- We need better primary care access integrated with social support. A warm welcome is needed to ensure people know providers are there for them.
- There's already a shortage in primary care access, especially in medically underserved areas, but that's now at a critical high in health care, with burnout being a top reason. Also, many clinics had to furlough/lay off employees and are not able to bring staff back yet.
- Providers say it's challenging to hire medical assistants; many left the workforce to care for their kids.
- Dental care is either inaccessible due to lack of insurance or too costly, so many delayed preventive dental care. This can result in health emergencies.
- Many are under/uninsured with only access to Medi-Cal. It is hard to access care and find providers. This impacts communities of color, older adults, lower-income individuals, and all those who lost jobs.
- When renewing health insurance, patients often get auto-assigned somewhere else, and then someone must help them fix this for continuity of care. Seniors are commonly affected; they don't understand the process for navigating health care.
- The systems in place to address needs of families are fragmented. For example, a homeless family must seek mental health services and substance abuse services on different days and in different places. This is a huge barrier.
- When applying for health insurance, many may not have the right documentation or the time it takes to apply. We need more street-based care.
- Those working 9a-5p need the ability to access care during off hours. Latinos who are essential workers are especially impacted, plus they have jobs that don't provide paid leave.
- Clinics see every need and many disparities. Many patients are low income; health care isn't a priority until it's an emergency. By the time they see us, it's overwhelming to address all their needs.
- Many have significant concerns with how health care costs will affect them financially.
- Lack of knowledge and health literacy are barriers. A person may be insured, but not know how to navigate the system. Some learn through word of mouth in the community or having someone who can support them in navigating the system.
- Cost can be a barrier. The emergency room is generally avoided due to cost and lack of insurance. Being able to afford medications is also a concern.
- Disability access is a challenge. We need ADA compliance, so access is ensured for all. We live in a virtual world, but not everyone can access the computer.
- Those who struggle with mental illness don't have always have the capacity to access health care.

- Language and cultural issues are barriers. Folks who are still speaking indigenous languages are most impacted. People want to feel like they are understood and heard. This specifically impacts Latinos, African Americans, Asian Pacific Islanders, and Hawaiian Pacific Islanders. Native Indians are a small population, but they are also impacted.
- Many South Asians can't make their own doctor appointments because of language barriers.
- Many are fearful that seeking health care will impact their immigration status. There is still fear from our previous federal administration, especially when there is a mixed immigration status family.
- Other barriers include transportation and lack of childcare, often impacting persons who are homeless and families with members with special needs.
- Trusted faith- and community-based organizations assist individuals/communities in increasing knowledge. For example, there's a movement to increase access to doulas, especially with infant mortality concerns among low-income and at-risk women.
- For persons who are homeless, their lives are chaotic living on the street, they're not likely to get/keep appointments or manage medications. Poor hygiene becomes a barrier to getting care.

Birth Indicators

Births

From 2014 to 2018, there were, on average, 26,078 births per year in the service area.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 28.8 per 1,000 females, ages 15-19. This rate is higher than the county and state rate (17.3 per 1,000 females, ages 15-19).

Teen Birth Rate, per 1,000 Females, Ages 15 to 19

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers	1,897	28.8	17.3	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 186.4 per 1,000 live births. This rate of entry into prenatal care translates to 18.6% of women entering prenatal care late or not at all. While 81.4% of women entered prenatal care on time, this rate is lower than the county and state rates.

Late Entry to Prenatal Care (After 1st Trimester) Rate, per 1,000 Live Births

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	4,861	186.4	148.2	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low birth weight babies in the service area is 7.9% (79.3 per 1,000 live births). This rate is higher than the county and state rates, but did not meet the Healthy People 2020 objective of 7.8% of births being low birth weight; this objective has been eliminated from the Healthy People 2030 objectives.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	2,068	79.3	72.0	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 746.9 births per 1,000 live births, which is higher than the county rate of 542.9 per 1,000 live births, and state rate of 498.5 per 1,000 live births.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	19,478	746.9	542.9	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Preterm Births

The service area rate of premature births, occurring before the start of the 37th week of gestation, is 9.9% (99.3 per 1,000 live births). This rate of premature birth is higher than the county rate (8.9%) and state rate (8.5%).

Premature Births before Start of 37th Week Rate, per 1,000 Live Births

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature births	2,589	99.3	88.5	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Maternal Smoking During Pregnancy

The rate of mothers in the service area who smoked regularly during pregnancy, at least once per day for at least three months, was 0.5% (4.9 per 1,000 live births), lower than the county rate (0.6%) and state (1.6%) rates.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Mothers who smoked	129	4.9	6.2	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under one year old. The infant mortality rate in Los Angeles County, from 2016 to 2018, was 4.11 deaths per 1,000 live births. This does meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births, and is lower than state rates.

Infant Mortality Rate, per 1,000 Live Births, Three-Year Average

	Rate
Los Angeles County	4.11
California	4.21

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html

Breastfeeding

Breastfeeding has been proven to have considerable benefits to both baby and mother. The California Department of Public Health recommends babies be fed only breast milk for the first six months of life. California Hospital Medical Center breastfeeding reports indicated 94.2% of new mothers used some breastfeeding, higher than the county and state rates (93.7%), while 62.8% used breastfeeding exclusively, also higher than the county (62.5%), but lower than the state rate (70%). The rate of breastfeeding met the Healthy People 2020 objective for 81.9% of women to utilize some breastfeeding. This objective has been removed from the list of Healthy People 2030 objectives.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
California Hospital Medical Center	2,515	94.2%	1,677	62.8%
Los Angeles County	92,163	93.7%	61,455	62.5%
California	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered in California Hospital Medical Center. The breastfeeding rates of Multiracial (96.4%), Hispanic/Latina (95.9%), Asian (95.1%), White (93.5%), and African American (86.5%) met the Healthy People 2020 objective of 81.9% of all infants having ever been breastfed. While Multiple Race had the highest rate of breastfeeding initiation, White mothers had the highest rate of exclusive breastfeeding (81.3%), followed by Asian (78.0%). The lowest in-hospital rates of any breastfeeding and exclusive breastfeeding were among African American mothers (86.5% and 45.1%), respectively.

In-Hospital Breastfeeding, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Multiple Race	27	96.4%	20	71.4%
Latina/Hispanic	1,909	95.9%	1,299	65.3%
Asian	39	95.1%	32	78.0%
White	75	93.8%	65	81.3%
African American	386	86.5%	201	45.1%
California Hospital Medical Center	**2,515**	**94.2%**	**1,677**	**62.8%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. N/A = not available
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Community Input – Birth Indicators

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

- There are many prenatal programs available, but they are not accessed at the level they should be. Generally, minority populations start care too late.
- Prenatal care isn't an existing culture of care; too many women are rejected from visits for Medi-Cal. It should be that "we'll see you and help straighten it out," instead not being seen at all.
- There's a lack of reproductive health and maternal-child information and lack of understanding what one qualifies for. There's also a lack of providers in the area. African Americans are most impacted.
- Undocumented mothers lack health insurance and options for care.
- With the pandemic, prenatal care shifted to virtual visits.
- Pregnancies need to start off on a strong footing with access to information and troubleshooting around lactation support. Lactation consults that are culturally congruent or covered by insurance can be hard to find. African Americans struggle with access to care and an historic bias against providers believing what these women are saying when they seek care.
- Prenatal lactation education is lacking and that is when breastfeeding decision are made. Many clinics don't focus on breastfeeding. Physicians should recognize the influence they have on this decision. Duration of breastfeeding is a priority.
- Access to breast pumps is an issue, as well as NICU access to pasteurized human donor milk.
- Elective c-sections maybe more for convenience and are not necessary.
- Work on poor birth indicators got sidetracked with COVID. We need to get back to a focus on the disproportionately high mortality rates among black infants.
- Preterm births are often connected with the health of women going into pregnancy. Black mothers are affected most.
- Poor birth indicators are disproportionately seen among low-come populations,

affecting primarily African American, Latinx, and Native Americans.

- Black women's health and black infant health is the worst of the worst. There's a lack of prenatal care and a need to strengthen birth control access and education, including why it's important to wait longer between births.
- New moms lack support to make sure they stay connected with services to keep mental health together and to build their capacity to live a healthy life. Post-partum needs are significant. SPA 6 is most impacted. SPA 4 has migrants with many dialects, which makes education challenging.
- Low birth weight is often tied to substance use. Providers should screen for substance use among patients to help prevent this.
- With stress, people turn to substance abuse. Drug addiction can lead to a child being in the NICU.
- Doulas, Promotoras, and home visiting program support for pregnant and new parents is important.
- Teen pregnancy is a big issue. There's a high rate of girls aging out of the foster care system who have their first baby already. Comprehensive services and education for parents and young children is important to prevent cycling back into the foster care system.
- Teen pregnancy is still a challenge with the Hispanic population.
- There's a need for sex education for teens in schools and through community-based organizations and faith-based organizations. Parents need to become more involved.
- Teen pregnancy won't cease until education is spread, otherwise gang life supersedes because it's all they know.
- The assault on women's rights around choice is an issue. Continued support for family planning and easy access to contraception is critical.
- Congenital syphilis is a growing issue right now. We need to raise consciousness regarding the impact on mother and baby.

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Los Angeles County is 82.4 years. Data indicate 260 of 100,000 Los Angeles County residents die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 5,000 years. Residents of Los Angeles County have a slightly greater life-expectancy than do Californians overall.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Los Angeles County	California
Life expectancy at birth in years	82.4	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	260	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	5,000	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

Life expectancy in Los Angeles County is 82.3 years. In the service area, it ranges from a low of 76.9 years in Los Angeles Council District 8 and 77.1 years in Compton to a high of 84.7 years in South Gate and 84.5 in Council District 1.

Life Expectancy at Birth

	Years of Life Expected
Bell Gardens	82.0
Compton	77.1
Hawthorne	80.4
Huntington Park	83.2
Inglewood	81.0
Los Angeles, City of	82.5
Los Angeles Council District 1	84.5
Los Angeles Council District 8	76.9
Los Angeles Council District 9	80.6
Los Angeles Council District 10	82.6
Los Angeles Council District 14	82.7
Lynwood	81.3
South Gate	84.7
Los Angeles County	**82.3**

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

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 636.7 per 100,000 persons, which is higher than Los Angeles County rate (569.8 deaths per 100,000 persons) and higher than the state rate (614.4 deaths per 100,000 persons).

Mortality Rate, Age-Adjusted, per 100,000 Persons, Five-Year Average

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Deaths	9,303	636.7	569.8	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the California Hospital service area are heart disease and cancer. The heart disease mortality rate in the service area is 173.2 deaths per 100,000 persons, which is higher than the county (146.9 deaths per 100,000 persons) and state rates (142.7 deaths per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease only and is 71.1 deaths per 100,000 persons. The service area rate is 119.9 deaths from ischemic heart disease per 100,000 residents, which is higher than Los Angeles County (106.8 deaths per 100,000 persons), and the state rate (88.1 deaths per 100,000 persons) and the Healthy People 2030 objective.

The cancer death rate in the service area is 138.0 per 100,000 persons, which is higher than the county rate (134.3 per 100,000 persons) but below the state rate (139.6 deaths per 100,000 persons). The service area does not meet the Healthy People 2030 objective for cancer mortality, which is 122.7 deaths per 100,000 persons.

In addition to heart disease and cancer, the top five leading causes of death in the service area also includes: stroke, diabetes and Alzheimer’s disease. The rates for 11 of the 13 leading causes in the chart below are higher in the service area than in the county and 8 are higher than the state as a whole, with the exceptions of cancer, unintentional injuries, chronic lower respiratory disease, Alzheimer’s disease, and suicide. In addition to ischemic heart disease and cancer death objectives, the service area does not meet the Healthy People 2030 objectives for stroke, liver disease, or homicide deaths.

Leading Causes of Death, Rates per 100,000 Persons, Age-Adjusted, Five-Year Average

	California Hospital Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	2,710	173.2	146.9	142.7	No Objective
Ischemic heart disease	751	119.9	106.8	88.1	71.1
Cancer	2,214	138.0	134.3	139.6	122.7
Stroke	601	39.5	33.3	36.4	33.4
Diabetes	537	33.7	23.1	21.3	Not Comparable
Unintentional injuries	480	25.2	22.6	31.8	43.2
Chronic Lower Respiratory Disease	406	26.9	28.1	32.1	Not Comparable
Alzheimer's disease	385	27.2	34.2	35.4	No Objective
Pneumonia and influenza	346	23.4	19.2	14.8	No Objective
Liver disease	313	17.3	13.0	12.2	10.9
Kidney disease	240	15.3	11.2	8.5	No Objective
Homicide	236	11.4	5.7	5.0	5.5
Suicide	127	6.5	7.9	10.5	12.8
HIV	80	4.2	2.1	1.6	No Objective

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 119.9 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 39.5 deaths per 100,000 persons. These rates do not meet the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	751	119.9	106.8	88.1
Stroke death rate	601	39.5	33.3	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 138.0 per 100,000 persons. This rate does not meet the Healthy People 2030 objective of 122.7 deaths from cancer, per 100,000 persons.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	2,214	138.0	134.3	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

In Los Angeles County, the rate of death from cancer is below the state cancer death rate. Rates of death from some cancers are notably higher in the county, however, including the rates of colorectal, liver, cervical and uterine, and stomach cancer deaths.

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

	Los Angeles County	California
Cancer all sites	**136.9**	**140.0**
Lung and bronchus	25.4	28.0
Prostate (males)	20.1	19.8
Breast (female)	19.5	19.3
Colon and rectum	13.1	12.5
Pancreas	10.3	10.3
Liver and intrahepatic bile duct	8.2	7.7
Cervical and Uterine (female)*	8.0	7.2
Ovary (females)	7.2	6.9
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Urinary bladder	3.4	3.8
Myeloid and monocytic leukemia	3.0	3.0
Kidney and renal pelvis	3.1	3.3
Myeloma	2.8	2.9
Esophagus	2.5	3.1

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018. https://explorer.ccrcal.org/application.html*
**Cervix Uteri, Corpus Uteri and Uterus, NOS*

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 25.2 deaths per 100,000 persons, higher than the county (22.6 deaths per 100,000), but lower than the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	480	25.2	22.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) and chronic obstructive pulmonary disease

(COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 26.9 per 100,000 persons.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	406	26.9	28.1	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 27.2 deaths per 100,000 persons. This is lower than the county rate (34.2 deaths per 100,000 persons).

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	385	27.2	34.2	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 33.7 deaths per 100,000 persons. This is higher than the county rate (23.1 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	537	33.7	23.1	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 17.3 deaths per 100,000 persons. This is higher than the county (13.0 deaths per 100,000 persons), the state (12.2 deaths per 100,000 persons) and the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	313	17.3	13.0	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 6.5 deaths per 100,000 persons. This is lower than the county rate (7.9 per 100,000 persons). The service area and county are lower than the state rate (10.5) and meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	127	6.5	7.9	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 23.4 per 100,000 persons. This rate is higher than the county (19.2 per 100,000 persons) and the state (14.8 per 100,000 persons) rates.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	346	23.4	19.2	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease is 15.3 deaths per 100,000 persons. This is higher than the county rate (11.2 per 100,000 persons) and the state rate (8.5 deaths per 100,000 persons).

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	240	15.3	11.2	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate in the service area is 11.4 deaths per 100,000 persons. This rate is higher than the county (5.7 deaths per 100,000 persons) and state (5.0 deaths per 100,000 persons) rates, and the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	236	11.4	5.7	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area is 4.2 deaths per 100,000 persons. This is double the county rate (2.1 deaths per 100,000 persons) and more than double the California rate (1.6 deaths per 100,000 persons).

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

	California Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV/AIDS	80	4.2	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdoses

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising, particularly over the last several years. Drug overdose deaths in Los Angeles County (12.1) are lower than the state rates (15.0). The state and county meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Death Rates, \ per 100,000 Persons, Age-Adjusted

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Los Angeles County	7.7	6.9	6.7	6.6	7.8	6.9	6.9	7.6	8.5	9.3	12.1
California	10.7	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER.
https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2019, the age-adjusted death rate from opioid overdoses in Los Angeles County was 6.7 deaths per 100,000 persons, which is lower than the state rate. While the rate of opioid deaths is rising steeply, statewide, it has risen more-swiftly in Los Angeles County, more than doubling over the past four years. The Healthy People 2030 objectives is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county met in 2019.

Opioid Drug Overdose Death Rates, per 100,000 Persons, Age-Adjusted, 2016 - 2019

	Annual Rate			
	2016	2017	2018	2019
Los Angeles County	3.2	4.1	4.6	6.7
California	4.9	5.2	5.8	7.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

In 2019, there were approximately 7.2 per 100,000 persons overdose deaths involving opioids in the service area. Rates were highest in Los Angeles 90014 (76.1 deaths per 100,000 persons) and 90013 (49.7 deaths per 100,000 persons). The rate was higher in the service area than in the county (6.7 deaths per 100,000 persons), but lower than the state (7.9 deaths per 100,000 persons). Rates were higher than the county average in seventeen of the 36 service area ZIP codes.

Opioid Drug Overdose Death Rates, per 100,000 Persons, Age-Adjusted

	ZIP Code	Rate
Bell Gardens	90201	3.7
Compton/Crystal City	90220	4.3
Compton	90222	12.2
Hawthorne	90250	4.4
Huntington Park	90255	5.7
Inglewood	90301	3.2
Inglewood	90302	8.9
Los Angeles/Oakwood	90004	5.4
Los Angeles/Koreatown	90005	16.3
Los Angeles/Pico Heights	90006	5.2
Los Angeles/Dockweiler/University Park	90007	7.7
Los Angeles/Baldwin Hills/Leimert Park	90008	5.2

	ZIP Code	Rate
Los Angeles/Downtown LA	90013	49.7
Los Angeles	90014	76.1
Los Angeles/Downtown LA	90015	27.8
Los Angeles/West Adams	90016	8.0
Los Angeles/Downtown LA	90017	8.3
Los Angeles/Jefferson Park	90018	1.7
Los Angeles/Country Club Park/Mid-City	90019	6.0
Los Angeles/Hancock Park	90020	7.7
Los Angeles/Echo Park/Silverlake	90026	11.8
Los Angeles/Boyle Heights	90033	7.4
Los Angeles/View Park/Windsor Hills	90043	10.1
Los Angeles/Westlake	90057	15.6
Los Angeles/West Compton	90061	22.7
Lynwood	90262	4.7
South Gate	90280	3.7
South Los Angeles/Firestone Park	90001	2.1
South Los Angeles/Watts	90002	1.5
South Los Angeles/Green Meadows	90003	13.3
South Los Angeles/Central-Alameda	90011	2.5
South Los Angeles/Exposition Park	90037	5.0
South Los Angeles/Vermont Vista	90044	7.9
South Los Angeles/Gramercy Park	90047	0.0
South Los Angeles/Willowbrook	90059	1.6
South Los Angeles/Vermont Square	90062	6.0
California Hospital Service Area*		**7.2**
Los Angeles County		**6.7**
California		**7.9**

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

Opioid overdose deaths in Los Angeles County were more likely to occur in men (10.4 deaths per 100,000 men) than women (3.0 deaths per 100,000 women). The rate rises sharply starting with the 15 to 19-year-old demographic (4.3 deaths per 100,000) to the 30 to 34-year-old demographic (14.3 deaths per 100,000).

Rates of opioid overdose death are highest among the Native American/Alaska Native residents of the county (18.8 deaths per 100,000 persons), followed by White residents (12.3 deaths per 100,000 persons). These groups are followed by Black/African American (10.2 deaths per 100,000 persons) and Hispanic/Latino (4.7 deaths per 100,000 persons. Rates were the lowest among Asian/Pacific Islander residents of the county (1.2 deaths per 100,000 persons).

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	10.4
Female	3.0
10 to 14 years old	0.2
15 to 19 years old	4.3
20 to 24 years old	12.7
25 to 29 years old	11.5
30 to 34 years old	14.3
35 to 39 years old	10.7
40 to 44 years old	10.1
45 to 49 years old	8.7
50 to 54 years old	9.2
55 to 59 years old	8.2
60 to 64 years old	6.2
65 to 69 years old	2.8
70 to 74 years old	2.8
75 to 79 years old	1.2
80 to 84 years old	1.2
85+ years old	0.0
Native American/Alaska Native	18.8
White	12.3
Black/African American	10.2
Hispanic/Latino	4.7
Asian/Pacific Islander	1.2
Los Angeles County	**6.7**

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020; data from 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

COVID-19

COVID-19 Incidence, Mortality, and Vaccination Rates

As of February 28, 2022, there have been 2,666,804 confirmed cases of COVID-19 in Los Angeles County, with a rate of 26,630.7 cases per 100,000 residents. This rate was higher than the statewide average of 21,201.4 cases per 100,000 persons. Through February 28, 2022, 30,410 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 303.7 deaths per 100,000 persons. This was higher than the statewide rate of 214.3 deaths per 100,000 residents.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 2/28/22

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	2,666,804	26,630.7	8,382,656	21,201.4
Deaths	30,410	303.7	84,712	214.3

Source for LA County and California case and death numbers: California State Health Department, COVID19 Dashboard, Updated March 1, 2022, with data from February 28, 2022. https://covid19.ca.gov/state-dashboard Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data.

The number of Los Angeles County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine was 8,018,395 or 83% of that population. This was similar to the 83.1% statewide COVID-19 vaccination rate for those ages 5 and older. Among seniors, 86.4% received at least one vaccine dose, which was lower than the statewide rate of 91.7% for seniors. For adults, ages 50 to 64, the county rate of any level of vaccination was 89.6%, compared to 91.8% statewide. For youth, ages 12-17, the rate of at least partial vaccination was 80.2%, compared to 73.3% for California.

COVID-19 Vaccinations, by Age, as of 2/22/22

	Los Angeles County		California	
	Partially Vaccinated	Completed	Partially Vaccinated	Completed
Population, ages 5-11	6.7%	29.1%	7.0%	30.2%
Population, ages 12-17	8.3%	71.9%	8.3%	65.0%
Population, ages 18-49	9.1%	79.5%	10.3%	76.6%
Population, ages 50-64	7.5%	82.1%	8.9%	82.9%
Population, ages 65+	7.2%	79.2%	9.2%	82.5%

Source: California Department of Public Health. https://covid19.ca.gov/vaccination-progress-data/#progress-by-group Updated February 23, 2022 with data from February 22, 2022[h]. https://covid19.ca.gov/vaccination-progress-data/

In Los Angeles County, Hispanic/Latino and non-Hispanic Black residents appear to be underrepresented among the number of vaccines administered compared to the corresponding vaccine-eligible population.

COVID-19 Vaccinations, by Race, as of 2/22/2022

	Percent of Vaccines Administered*	Percent of Vaccine Eligible Population
Latino	38.3%	49.6%
White	25.3%	26.3%
Asian	15.0%	13.5%
Multiracial	2.2%	2.0%
Black	5.9%	8.1%
Native Hawaiian/Pacific Islander	0.3%	0.2%
American-Indian/Alaska Native	0.2%	0.2%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated February 23, 2022 with data from February 22, 2022[h]. https://covid19.ca.gov/vaccination-progress-data/ *Where race/ethnicity was known.*

COVID-19 Vulnerability and Recovery Index

The Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including: the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/ Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of the federal poverty level, percent of population in overcrowded housing units, population, ages 75 and older, living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates.

ZIP Codes in the 0 to 19th percentile as in the 'Lowest' Vulnerability and Recovery Index category, those in the next-highest quintiles are 'Low', then 'Moderate', while those in the 60th to 79th percentile are 'High' and 80th percentile and above are 'Highest' in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19 on the population.

Within the service area, South Los Angeles 90003 is ranked the highest vulnerability, with an Index score higher than 99.1% of California ZIP Codes. The Echo Park/ Silverlake area of Los Angeles 90026 is ranked as the lowest vulnerability of the service area ZIP Codes, though the composite score is higher than 65% of California ZIP Codes.

Vulnerability and Recovery Index, Percentile of California ZIP Codes

	ZIP Code	Risk	Severity	Recovery Need	Index
Bell Gardens	90201	84.1%	73.3%	82.8%	82.2%
Compton/Crystal City	90220	84.9%	92.6%	86.2%	89.1%
Compton	90222	95.9%	97.5%	94.3%	97.1%
Hawthorne	90250	79.4%	72.1%	74.3%	76.2%

	ZIP Code	Risk	Severity	Recovery Need	Index
Huntington Park	90255	89.6%	86.0%	86.6%	88.5%
Inglewood	90301	84.0%	97.9%	87.6%	90.9%
Inglewood	90302	77.6%	90.3%	85.0%	85.2%
Los Angeles/Oakwood	90004	74.1%	65.1%	59.4%	66.3%
Los Angeles/Koreatown	90005	86.8%	79.5%	81.7%	84.4%
Los Angeles/Pico Heights	90006	90.3%	81.1%	87.1%	87.4%
Los Angeles/Dockweiler/University Park	90007	85.4%	80.7%	84.7%	85.3%
Los Angeles/Baldwin Hills/Leimert Park	90008	60.3%	89.4%	72.3%	74.4%
Los Angeles/Downtown LA	90013	78.3%	97.8%	74.2%	85.6%
Los Angeles	90014	67.0%	96.0%	57.2%	75.4%
Los Angeles/Downtown LA	90015	86.0%	85.9%	78.9%	84.8%
Los Angeles/West Adams	90016	74.8%	93.2%	71.7%	80.9%
Los Angeles/Downtown LA	90017	89.9%	87.4%	83.2%	87.9%
Los Angeles/Jefferson Park	90018	84.5%	95.9%	85.3%	90.0%
Los Angeles/Country Club Park/Mid-City	90019	78.5%	85.0%	68.6%	77.7%
Los Angeles/Hancock Park	90020	75.3%	61.7%	62.4%	67.0%
Los Angeles/Echo Park/Silverlake	90026	64.1%	70.4%	61.7%	65.0%
Los Angeles/Boyle Heights	90033	87.8%	91.2%	76.9%	86.7%
Los Angeles/View Park/Windsor Hills	90043	53.9%	79.4%	74.0%	68.7%
Los Angeles/Westlake	90057	92.7%	93.0%	88.9%	92.2%
Los Angeles/West Compton	90061	94.3%	97.2%	87.0%	95.1%
Lynwood	90262	90.5%	82.1%	89.8%	89.0%
South Gate	90280	80.4%	69.6%	82.8%	79.4%
South Los Angeles/Firestone Park	90001	94.6%	92.6%	93.6%	94.8%
South Los Angeles/Watts	90002	96.2%	96.4%	97.8%	97.7%
South Los Angeles/Green Meadows	90003	98.1%	98.3%	98.1%	99.1%
South Los Angeles/Central-Alameda	90011	95.1%	86.2%	92.8%	92.3%
South Los Angeles/Exposition Park	90037	96.4%	98.6%	96.4%	97.9%
South Los Angeles/Vermont Vista	90044	89.6%	96.0%	87.9%	92.1%
South Los Angeles/Gramercy Park	90047	64.5%	87.3%	79.4%	77.7%
South Los Angeles/Willowbrook	90059	91.3%	94.5%	91.9%	93.4%
South Los Angeles/Vermont Square	90062	92.9%	95.7%	88.3%	93.6%

Source: Advancement Project California, Vulnerability and Recovery Index, Published February 3, 2021, data as of January 31, 2021. https://www.racecounts.org/covid/covid-statewide/

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- Care providers are suffering as much with COVID as the community-at-large.
- Many people are still dealing with health issues due to the residual effects of having COVID.
- Women haven't been able to get their mammograms, so we're catching breast

cancer later, which may require more invasive treatment at the hospital.

- Pregnant women are concerned with COVID-related policies when they deliver their babies at the hospital. Policies are changing constantly so making them clear to patients will alleviate anxiety.
- The changing requirements with quarantining and masking was confusing. It's also confusing to keep on top of vaccine mandates and extensions for vaccination deadlines with schools.
- The financial implications of COVID are real, impacting the ability to pay for food, rent and utilities.
- People are scared to say they have COVID. They fear missing work and losing their housing.
- Many have front line jobs that can't be done remotely, making it hard to avoid exposure. The Hispanic population and essential workers were hit first and hardest with food and economic insecurity.
- With the Hispanic population, there are often many large families living together with no opportunity to quarantine so COVID spread quickly.
- Persons experiencing homelessness have a harder time with social distancing and isolating.
- COVID further limited access to services for those in-need. Many public spaces and services were no longer available, having a tremendous negative impact.
- Access to food was challenging with not having a car and having to stand in line for food. There was fear of exposure with taking public transportation.
- There were ongoing challenges with technology, particularly for older adults, and those with low literacy, and low English proficiency. There were also many challenges with large families living together and kids trying to attend school classes from home, while sharing one device.
- The pandemic put a spotlight on helping organizations that were inundated with new clients. Sustainability for these organizations is key – how can we keep funding expanded services?
- How can primary care providers do more to address vaccine hesitancy? There was tremendous cost associated with unnecessary hospitalizations, which deferred other critical services.
- There are disparities with communities of color. American Indians and Native Alaskans have been vaccinated at rates similar to Whites and Asians, while Native Hawaiians, African Americans and Latinx (young people especially) have poor vaccination rates and high case rates.
- The Westlake area was hard hit area with the lowest vaccination rates in the County's First District.
- We need more community health workers integrated into communities with high rates of unvaccinated to help dispel myths/misinformation via one-on-one

conversations.

- Promotoras are surveying quarantined people referred by the County to ensure they’re following COVID protocols, only to find out the family needs diapers or water, which aren’t covered services. Many Promotoras have paid out-of-pocket to provide these basic supplies.
- We don’t do a great job explaining the COVID variants, vaccinations, and boosters. Vaccinations have been made mandatory without enough explanation. There’s a need for more scientific conversations with the community to dispel mistrust.
- We need COVID test kits available to families for free. Rapid at-home tests remain unaffordable.

Acute and Chronic Disease

Hospitalizations by Diagnoses

At California Hospital, the top four primary diagnoses resulting in hospitalization were: 1) complications of pregnancy and childbirth; 2) certain conditions originating in the perinatal period; 3) circulatory system diseases; and 4) injury and poisonings.

Hospitalizations, by Principal Diagnoses, Top Twelve Causes

	Percent
Complications of pregnancy, childbirth and postpartum period	17.8%
Certain conditions originating in perinatal period	15.2%
Circulatory system	13.8%
Injury and poisoning	9.9%
Digestive system	9.1%
Infectious and parasitic diseases	6.9%
Respiratory system	5.1%
Endocrine, nutritional, and metabolic diseases and immunity disorders	4.0%
Genitourinary system	3.4%
Musculoskeletal system and connective tissue	2.6%
Nervous system and sense organ	2.6%
Neoplasms	2.6%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

At California Hospital, the top four primary diagnoses seen in the Emergency Department were: 1) injury and poisoning; 2) respiratory system diagnoses; 3) musculoskeletal system/connective tissue; and 4) nervous system and sense organ diagnoses.

Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	Percent
Injury and poisoning	20.8%
Respiratory system	12.4%
Musculoskeletal system and connective tissue	8.9%
Nervous system and sense organs	8.4%
Genitourinary system	7.1%
Circulatory system	6.3%
Digestive system	5.7%
Complications of pregnancy, childbirth and postpartum period	4.4%
Skin and subcutaneous tissue	4.2%
Mental illness	4.1%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Fair or Poor Health

When asked to self-report on health status in the past 30 days, 25.3% of adults in the hospital service area indicated they were in fair or poor health, higher than the county rate (20.5%) and state rate (18.1%). Among area ZIP Codes, Huntington Park (29.5%), South Los Angeles 90011 (29.3%) and Los Angeles, Boyle Heights 90033 (29.1%) had the highest rates of self-reported fair or poor health. Los Angeles Hancock Park 90020 had the lowest area rate of self-reported fair or poor health (17.9%).

Fair or Poor Health, Adults

	ZIP Code	Percent
Bell Gardens	90201	27.9%
Compton/Crystal City	90220	26.0%
Compton	90222	26.6%
Hawthorne	90250	21.7%
Huntington Park	90255	29.5%
Inglewood	90301	24.4%
Inglewood	90302	22.3%
Los Angeles/Oakwood	90004	20.7%
Los Angeles/Koreatown	90005	20.7%
Los Angeles/Pico Heights	90006	25.4%
Los Angeles/Dockweiler/University Park	90007	20.0%
Los Angeles/Baldwin Hills/Leimert Park	90008	23.1%
Los Angeles/Downtown LA	90013	22.6%
Los Angeles	90014	22.2%
Los Angeles/Downtown LA	90015	23.8%
Los Angeles/West Adams	90016	24.1%
Los Angeles/Downtown LA	90017	22.9%
Los Angeles/Jefferson Park	90018	25.6%
Los Angeles/Country Club Park/Mid-City	90019	20.4%
Los Angeles/Hancock Park	90020	17.9%
Los Angeles/Echo Park/Silverlake	90026	21.7%
Los Angeles/Boyle Heights	90033	29.1%
Los Angeles/View Park/Windsor Hills	90043	23.0%
Los Angeles/Westlake	90057	23.6%
Los Angeles/West Compton	90061	26.8%
Lynwood	90262	26.5%
South Gate	90280	28.2%
South Los Angeles/Firestone Park	90001	28.0%
South Los Angeles/Watts	90002	27.6%
South Los Angeles/Green Meadows	90003	27.9%
South Los Angeles/Central-Alameda	90011	29.3%
South Los Angeles/Exposition Park	90037	27.5%
South Los Angeles/Vermont Vista	90044	25.5%

	ZIP Code	Percent
South Los Angeles/Gramercy Park	90047	25.5%
South Los Angeles/Willowbrook	90059	26.7%
South Los Angeles/Vermont Square	90062	27.0%
California Hospital Service Area*		**25.3%**
Los Angeles County		**20.5%**
California		**18.1%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Limited Activity Due to Poor Health

Adults in SPA 4 limited their activities due to poor mental or physical health on an average of 2.6 days in the previous month, while in SPA 6 the average was 3.5 days. The highest number of days in the service area was seen in the Compton Health District (3.7 days). At the county level, the likelihood of limiting activities generally increased with age until age 65, and was higher among women (2.9 days) than men (2.5 days). The likelihood of limiting activities decreased with income, was highest among Black/African-American residents, and was more likely among U.S. born populations than among foreign-born, with the exception of Asian populations.

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

	Percent
Male	2.5
Female	2.9
18-24	2.0
25-29	1.7
30-39	2.5
40-49	2.9
50-59	3.2
60-64	4.0
65 or older	3.0
0-99% FPL	3.9
100-199% FPL	3.3
200-299% FPL	2.5
300%+ FPL	1.9
Less than high school	2.9
High school	3.1
Some college or trade school	3.1
College or post graduate school	2.0
Black	4.0
U.S. Born	4.0
White	2.7

	Percent
U.S. Born	3.0
Latino	2.6
U.S. Born	3.0
Asian	2.2
U.S. Born	1.9
Central Health District	2.0
Compton Health District	3.7
Inglewood Health District	3.4
San Antonio Health District	3.1
South Health District	3.2
Southeast Health District	3.5
Southwest Health District	3.5
SPA 4	**2.6**
SPA 6	**3.5**
Los Angeles County	**2.7**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Diabetes

In the service area, 11.3% of adults had ever been diagnosed with diabetes by a health professional. Among area communities, the Dockweiler region of Los Angeles 90007 had the lowest estimated rate (8.0%) and South Los Angeles 90047 (14.4%) and the Baldwin Hills/Leimert Park area of Los Angeles 90008 (14.3%) had the highest estimated rates of adults diagnosed with diabetes.

Diabetes, Adults

	ZIP Code	Percent
Bell Gardens	90201	10.8%
Compton/Crystal City	90220	12.4%
Compton	90222	11.7%
Hawthorne	90250	10.2%
Huntington Park	90255	11.7%
Inglewood	90301	11.8%
Inglewood	90302	11.3%
Los Angeles/Oakwood	90004	10.3%
Los Angeles/Koreatown	90005	10.4%
Los Angeles/Pico Heights	90006	11.4%
Los Angeles/Dockweiler/University Park	90007	8.0%
Los Angeles/Baldwin Hills/Leimert Park	90008	14.3%
Los Angeles/Downtown LA	90013	13.1%
Los Angeles	90014	12.1%

	ZIP Code	Percent
Los Angeles/Downtown LA	90015	10.5%
Los Angeles/West Adams	90016	12.2%
Los Angeles/Downtown LA	90017	9.4%
Los Angeles/Jefferson Park	90018	12.4%
Los Angeles/Country Club Park/Mid-City	90019	11.1%
Los Angeles/Hancock Park	90020	9.8%
Los Angeles/Echo Park/Silverlake	90026	10.2%
Los Angeles/Boyle Heights	90033	12.3%
Los Angeles/View Park/Windsor Hills	90043	13.9%
Los Angeles/Westlake	90057	10.5%
Los Angeles/West Compton	90061	12.3%
Lynwood	90262	10.6%
South Gate	90280	11.4%
South Los Angeles/Firestone Park	90001	10.9%
South Los Angeles/Watts	90002	11.2%
South Los Angeles/Green Meadows	90003	11.1%
South Los Angeles/Central-Alameda	90011	10.6%
South Los Angeles/Exposition Park	90037	11.3%
South Los Angeles/Vermont Vista	90044	11.6%
South Los Angeles/Gramercy Park	90047	14.4%
South Los Angeles/Willowbrook	90059	11.4%
South Los Angeles/Vermont Square	90062	12.7%
California Hospital Service Area*		**11.3%**
Los Angeles County		**10.4%**
California		**10.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma), long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders), amputation, and uncontrolled diabetes. By the measure of short-term complications and amputation PQI measures, hospitalization rates were lower in Los Angeles County than in California, while for long-term complications, uncontrolled diabetes and the overall diabetes composite, hospitalization rates in Los Angeles County were higher than the statewide average.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Los Angeles County	California
Diabetes short term complications	55.9	60.9
Diabetes long term complications	105.8	97.1
Lower-extremity amputation among patients with diabetes	26.8	29.6
Uncontrolled diabetes	36.1	**30.5**
Diabetes composite	**209.6**	**202.2**

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease and Stroke

2.4% of service area adults report having been told by a health professional that they have heart disease. The lowest estimated rate was seen in the Dockweiler/University Park area of Los Angeles 90007 (1.8%) and the highest rate was in Downtown Los Angeles 90013, where an estimated 3.4% of adults had been told they have heart disease. 2.9% of service area adults were told by a health professional they have had a stroke. Stroke rates in the service area ranged from 2.2% in Dockweiler/University Park in the area of Los Angeles 90007 and Hancock Park in the areas of Los Angeles 90020 to 4.5% in Baldwin Hills/Leimert Park in the area of Los Angeles 90008 and Gramercy Park in the area of South Los Angeles 90047.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Bell Gardens	90201	2.2%	2.4%
Compton/Crystal City	90220	2.6%	3.5%
Compton	90222	2.4%	3.2%
Hawthorne	90250	2.3%	2.5%
Huntington Park	90255	2.4%	2.6%
Inglewood	90301	2.5%	3.0%
Inglewood	90302	2.4%	3.0%
Los Angeles/Oakwood	90004	2.3%	2.4%
Los Angeles/Koreatown	90005	2.2%	2.4%
Los Angeles/Pico Heights	90006	2.4%	2.7%
Los Angeles/Dockweiler/University Park	90007	1.8%	2.2%
Los Angeles/Baldwin Hills/Leimert Park	90008	3.3%	4.5%
Los Angeles/Downtown LA	90013	3.4%	3.8%
Los Angeles	90014	3.2%	3.6%
Los Angeles/Downtown LA	90015	2.3%	2.6%
Los Angeles/West Adams	90016	2.7%	3.5%
Los Angeles/Downtown LA	90017	2.1%	2.3%
Los Angeles/Jefferson Park	90018	2.8%	3.6%
Los Angeles/Country Club Park/Mid-City	90019	2.6%	3.0%
Los Angeles/Hancock Park	90020	2.1%	2.2%
Los Angeles/Echo Park/Silverlake	90026	2.4%	2.5%

	ZIP Code	Heart Disease	Stroke
Los Angeles/Boyle Heights	90033	2.8%	3.1%
Los Angeles/View Park/Windsor Hills	90043	3.1%	4.2%
Los Angeles/Westlake	90057	2.4%	2.5%
Los Angeles/West Compton	90061	2.6%	3.5%
Lynwood	90262	2.1%	2.5%
South Gate	90280	2.4%	2.6%
South Los Angeles/Firestone Park	90001	2.2%	2.6%
South Los Angeles/Watts	90002	2.2%	3.0%
South Los Angeles/Green Meadows	90003	2.2%	3.0%
South Los Angeles/Central-Alameda	90011	2.1%	2.7%
South Los Angeles/Exposition Park	90037	2.3%	3.1%
South Los Angeles/Vermont Vista	90044	2.4%	3.3%
South Los Angeles/Gramercy Park	90047	3.2%	4.5%
South Los Angeles/Willowbrook	90059	2.3%	3.2%
South Los Angeles/Vermont Square	90062	2.7%	3.7%
California Hospital Service Area*		**2.4%**	**2.9%**
Los Angeles County		**2.8%**	**2.8%**
California		**3.2%**	**2.6%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

4.4% of service area adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (myocardial infarction). The lowest rate was in the Dockweiler/University Park area of Los Angeles 90007 (3.3%), and the highest rate was in Downtown Los Angeles 90013 (6.0%).

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Bell Gardens	90201	4.3%
Compton/Crystal City	90220	4.7%
Compton	90222	4.5%
Hawthorne	90250	4.0%
Huntington Park	90255	4.7%
Inglewood	90301	4.5%
Inglewood	90302	4.1%
Los Angeles/Oakwood	90004	4.1%
Los Angeles/Koreatown	90005	3.9%
Los Angeles/Pico Heights	90006	4.4%
Los Angeles/Dockweiler/University Park	90007	3.3%
Los Angeles/Baldwin Hills/Leimert Park	90008	5.4%
Los Angeles/Downtown LA	90013	6.0%
Los Angeles	90014	5.5%

	ZIP Code	Percent
Los Angeles/Downtown LA	90015	4.3%
Los Angeles/West Adams	90016	4.7%
Los Angeles/Downtown LA	90017	3.8%
Los Angeles/Jefferson Park	90018	4.9%
Los Angeles/Country Club Park/Mid-City	90019	4.5%
Los Angeles/Hancock Park	90020	3.7%
Los Angeles/Echo Park/Silverlake	90026	4.2%
Los Angeles/Boyle Heights	90033	5.2%
Los Angeles/View Park/Windsor Hills	90043	5.2%
Los Angeles/Westlake	90057	4.3%
Los Angeles/West Compton	90061	4.7%
Lynwood	90262	4.0%
South Gate	90280	4.6%
South Los Angeles/Firestone Park	90001	4.2%
South Los Angeles/Watts	90002	4.2%
South Los Angeles/Green Meadows	90003	4.2%
South Los Angeles/Central-Alameda	90011	4.1%
South Los Angeles/Exposition Park	90037	4.3%
South Los Angeles/Vermont Vista	90044	4.3%
South Los Angeles/Gramercy Park	90047	5.5%
South Los Angeles/Willowbrook	90059	4.3%
South Los Angeles/Vermont Square	90062	4.9%
California Hospital Service Area*		**4.4%**
Los Angeles County		**4.7%**
California		**5.0%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

In SPA 4, 6.5% of adults have been diagnosed with heart disease, which is higher than the county rate of 6.1%; in SPA 6 the rate is 6.2%. Among adults diagnosed with heart disease, 64.7% in SPA 4 and 69.8% in SPA 6 said they were given a management care plan by a health care provider. Among adults with a management plan, 46.1% in SPA 4 and 51.8% in SPA 6 were very confident in their ability to control their condition. 2.8% of SPA 4 and 9.9% of SPA 6 adults reported lacking confidence to control their condition.

Heart Disease, Adults

	SPA 4	SPA 6	Los Angeles County
Diagnosed with heart disease	6.5%	6.2%	6.1%
Has a management care plan**	*64.7%	*69.8%	71.0%

	SPA 4	SPA 6	Los Angeles County
Very confident to control condition***	*46.1%	*51.8%	57.7%
Somewhat confident to control condition***	*51.1%	*38.3%	35.7%
Not confident to control condition***	*2.8%	*9.9%	*6.6%

*Source: California Health Interview Survey, 2015-2019. **2014-2018. ***2015-2016 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in LA County (363.0 annual hospitalizations per 100,000 persons, risk-adjusted) is above the state rate (355.0 hospitalizations per 100,000 persons).

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to heart failure	363.0	355.0

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. In the service area, 27.3% of adults reported being diagnosed with high blood pressure and 25.1% were diagnosed with high cholesterol. The highest rates of diagnosed high blood pressure was in the Baldwin Hills/Leimert Park area of Los Angeles 90008 (39.0%) and the highest rates of diagnosed high cholesterol were reported in Downtown Los Angeles 90013 (29.1%) and Baldwin Hills/Leimert Park area of Los Angeles 90008 (29.0%).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Bell Gardens	90201	23.9%	24.4%
Compton/Crystal City	90220	31.7%	25.9%
Compton	90222	29.0%	24.8%
Hawthorne	90250	27.1%	24.9%
Huntington Park	90255	25.1%	25.5%
Inglewood	90301	30.0%	26.1%
Inglewood	90302	31.1%	25.3%
Los Angeles/Oakwood	90004	24.3%	25.9%
Los Angeles/Koreatown	90005	23.9%	25.4%
Los Angeles/Pico Heights	90006	25.0%	26.0%
Los Angeles/Dockweiler/University Park	90007	19.6%	19.1%
Los Angeles/Baldwin Hills/Leimert Park	90008	39.0%	29.0%
Los Angeles/Downtown LA	90013	32.9%	29.1%
Los Angeles	90014	31.6%	27.7%

	ZIP Code	Hypertension	High Cholesterol
Los Angeles/Downtown LA	90015	24.1%	24.4%
Los Angeles/West Adams	90016	31.2%	26.5%
Los Angeles/Downtown LA	90017	22.3%	22.7%
Los Angeles/Jefferson Park	90018	30.6%	26.5%
Los Angeles/Country Club Park/Mid-City	90019	28.2%	26.6%
Los Angeles/Hancock Park	90020	23.2%	25.1%
Los Angeles/Echo Park/Silverlake	90026	24.0%	25.3%
Los Angeles/Boyle Heights	90033	26.1%	26.4%
Los Angeles/View Park/Windsor Hills	90043	37.8%	28.6%
Los Angeles/Westlake	90057	24.2%	24.8%
Los Angeles/West Compton	90061	31.1%	25.4%
Lynwood	90262	24.9%	24.0%
South Gate	90280	25.2%	25.6%
South Los Angeles/Firestone Park	90001	25.1%	24.0%
South Los Angeles/Watts	90002	26.9%	23.9%
South Los Angeles/Green Meadows	90003	26.7%	23.8%
South Los Angeles/Central-Alameda	90011	24.2%	23.4%
South Los Angeles/Exposition Park	90037	27.0%	24.3%
South Los Angeles/Vermont Vista	90044	29.6%	24.7%
South Los Angeles/Gramercy Park	90047	37.8%	28.3%
South Los Angeles/Willowbrook	90059	28.8%	24.2%
South Los Angeles/Vermont Square	90062	31.2%	26.3%
California Hospital Service Area*		**27.3%**	**25.1%**
Los Angeles County		**26.9%**	**27.1%**
California		**28.4%**	**31.7%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

In SPA 4, 20.1% of adults have been diagnosed with high blood pressure, while in SPA 6 the rate is 29.4%. 6.2% of SPA 4 adults and 3.5% of SPA 6 have been told they have borderline high blood pressure. 66.3% of persons diagnosed with high blood pressure in SPA 4 take medication for their condition, while 74.9% of those in SPA 6 do. The county rate (25.5%) of high blood pressure diagnosis is higher than SPA 4 rates and lower than SPA 6 rates.

High Blood Pressure, Adults

	SPA 4	SPA 6	Los Angeles County
Diagnosed with high blood pressure	20.1%	29.4%	25.5%
Borderline high blood pressure	6.2%	3.5%	7.2%
Doesn't/never had high blood pressure	73.7%	67.2%	67.4%
Takes medication for high blood pressure**	66.3%	74.9%	69.9%

*Source: California Health Interview Survey, 2019 **2016-2017. http://ask.chis.ucla.edu/*

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Los Angeles County (50.2 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (43.4 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to hypertension	50.2	43.4

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Cancer

Cancer diagnoses (incidence rates) have been increasing, while cancer mortality rates have been decreasing. In Los Angeles County, the age-adjusted cancer incidence rate was 373.5 cancers per 100,000 persons, which was lower than the state rate of 394.5 per 100,000 persons. The incidence of colorectal and stomach cancers was higher for Los Angeles County than for the state.

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

	Los Angeles County	California
All sites	**373.5**	**394.5**
Breast (female)	117.9	122.2
Prostate (males)	90.6	91.7
Lung and bronchus	35.6	40.0
Colon and rectum	35.6	34.8
Corpus Uteri (females)	27.3	26.6
Non-Hodgkin lymphoma	17.7	18.3
Kidney and renal pelvis	14.1	14.7
Melanoma of the skin	13.9	23.1
Thyroid	13.3	13.1
Leukemia	11.9	12.4
Ovary (females)	11.7	11.1
Pancreas	11.6	11.9
Liver and intrahepatic bile duct	9.3	9.7
Stomach	9.1	7.3
Urinary bladder	8.2	8.7

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018. https://explorer.ccrcal.org/application.html*

Asthma

Reported rates of adult asthma in the service area (9.8%) were higher than county rates (9.1%) and state rates (8.5%). The area ZIP Codes with the highest estimated rates based on self-report (11.8%) were Baldwin Hills/Leimert Park area of Los Angeles 90008 and Gramercy Park area of South Los Angeles 90047. The ZIP Code with the lowest rate of adult asthma in the service area was Hancock Park area of Los Angeles 90020 (7.7%).

Asthma Prevalence, Adults

	ZIP Code	Percent
Bell Gardens	90201	9.0%
Compton/Crystal City	90220	10.9%
Compton	90222	10.4%
Hawthorne	90250	9.5%
Huntington Park	90255	9.1%
Inglewood	90301	10.0%
Inglewood	90302	10.7%
Los Angeles/Oakwood	90004	8.5%
Los Angeles/Koreatown	90005	8.1%
Los Angeles/Pico Heights	90006	8.7%
Los Angeles/Dockweiler/University Park	90007	9.7%
Los Angeles/Baldwin Hills/Leimert Park	90008	11.8%
Los Angeles/Downtown LA	90013	9.3%
Los Angeles	90014	9.6%
Los Angeles/Downtown LA	90015	9.1%
Los Angeles/West Adams	90016	10.6%
Los Angeles/Downtown LA	90017	8.9%
Los Angeles/Jefferson Park	90018	10.4%
Los Angeles/Country Club Park/Mid-City	90019	9.3%
Los Angeles/Hancock Park	90020	7.7%
Los Angeles/Echo Park/Silverlake	90026	8.8%
Los Angeles/Boyle Heights	90033	9.3%
Los Angeles/View Park/Windsor Hills	90043	11.5%
Los Angeles/Westlake	90057	8.5%
Los Angeles/West Compton	90061	11.0%
Lynwood	90262	9.4%
South Gate	90280	9.0%
South Los Angeles/Firestone Park	90001	9.6%
South Los Angeles/Watts	90002	10.5%
South Los Angeles/Green Meadows	90003	10.6%
South Los Angeles/Central-Alameda	90011	10.1%
South Los Angeles/Exposition Park	90037	10.3%
South Los Angeles/Vermont Vista	90044	10.8%
South Los Angeles/Gramercy Park	90047	11.8%
South Los Angeles/Willowbrook	90059	10.9%
South Los Angeles/Vermont Square	90062	10.9%
California Hospital Service Area*		**9.8%**
Los Angeles County		**9.1%**
California		**8.5%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

In SPA 4, 12.9% of the population has been diagnosed with asthma, while in SPA 6 the rate is 11.7. When looking at children, 13.1% of SPA 4 children and 10.5% in SPA 6 have been diagnosed with asthma. 27.6% of the general public in SPA 4 with diagnosed asthma had an asthma episode/attack in the past year and 46.6% take daily medication to control their symptoms, while in SPA 6 34.4% had an episode/attack while 54.4% take daily medication. Among diagnosed children, 29.9% in SPA 4 and 22.7% in SPA 6 experienced an asthma episode/attack in the past year and 19.9% of SPA 4 children and 20.8% of SPA 6 missed days of daycare/school due to asthma. 62.4% of children in SPA 4 and 22.9% in SPA 6 of diagnosed children take daily medication. Rates of diagnosed asthma are lower in both SPAs than the county rate (13.9%).

Asthma

	SPA 4	SPA 6	Los Angeles County
Diagnosed with asthma, total population	12.9%	11.7%	13.9%
Diagnosed with asthma, ages 0-17	*13.1%	*10.5%	14.2%
Had asthma episode/attack in past 12 months	27.6%	34.4%	27.9%
Had asthma episode/attack in past 12 months, ages 0-17**	*29.9%	*22.7%	33.3%
Missed days of daycare/school in the past 12 months, ages 0-17**	19.9%	*20.8%	24.4%
Takes daily medication to control asthma, total population	46.6%	54.4%	45.4%
Takes daily medication to control asthma, ages 0-17**	*62.4%	*22.9%	43.6%

*Source: California Health Interview Survey, 2015-2019 pooled. **2012-2019 pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Two Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) or asthma in older adults, and asthma in younger adults. In 2019, the rate in Los Angeles County for COPD and asthma hospitalizations among adults, ages 40 and older, was 233.2 hospitalizations per 100,000 persons, which is higher than the statewide rate (220.2 hospitalizations per 100,000 persons). The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 22.4 per 100,000 persons, which is higher than the state rate of 19.7 per 100,000 persons.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Los Angeles County	California
COPD or asthma in older adults, ages 40+	233.2	220.2
Asthma in younger adults, ages 18 to 39	22.4	19.7

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

Tuberculosis rates in Los Angeles County increased in 2019 to 5.6 cases per 100,000 persons, continuing a 2-year upward trend for the county, which was above the statewide rate of 5.3 cases per 100,000 persons.

Tuberculosis, Number and Crude Rates, per 100,000 Persons

	2015		2016		2017		2018		2019	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Los Angeles County	602	6.3	550	5.7	509	5.3	528	5.5	537	5.6
California	2,131	5.5	2,059	5.2	2,057	5.2	2,097	5.3	2,115	5.3

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2019.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Community Input – Chronic Diseases

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

- The biggest challenge is preventing chronic disease. We need more strategies such as education, community gardens, and stress reduction, but it's hard to show the cost benefit analysis of prevention. The system is upside down – it should be more prevention, not intervention.
- Social determinants of health are the biggest contributors to the rise of chronic disease. We need to stop blaming individuals and instead see their circumstances for what they are.
- The degree of control over chronic disease is tied to income, class, and race. A lack of a social safety net drives stress and, ultimately, chronic disease.
- Lower-income individuals usually don't have time for self-care, so they don't access services. They're overstressed already with money, food insecurity, and childcare issues.
- COVID has dominated everyone's thinking and everything else took a backseat. When things opened back up, there was a scurry for appointments, most being three to four months out. This was a barrier for those who were easily discouraged.
- We need to get those with existing chronic diseases back into care with their provider and ensure access to telehealth, although we do still need in-person monitoring of health and wellbeing.
- We're starting to see poorer health outcomes due to deferred care during the pandemic. We're looking at deeper investments into things like blood pressure cuffs and electronic scales so patients can self-monitor and providers can track health outcomes data.
- The digital divide prevents lower income communities from benefitting from remote health monitoring. Many who lacked the ability to access telehealth just forewent care entirely.

- Many older adults who present with chronic conditions are in so much pain that it interferes with seeking mental health services. Their poor physical health contributes to no-shows and cancelation of appointments.
- Obesity has worsened with the pandemic and it contributes to other chronic diseases. The lack of fresh foods is a problem. Fast food is less expensive.
- We see an alarming incidence of diabetes. With the immigrant population, good nutrition is lacking because they don't know what cultural foods they can eat. They lack medicine, or they bring medicine from their own countries. They need help talking with doctors due to language barriers.
- With diabetes management in a wealthy community, you see your clinician and get medications. In comparison, in poorer communities, there's an unbelievable difference with amputations in the African American community and early deaths in communities of color.
- We're concerned about diabetes with young kids who have too much access to sugary drinks and fatty foods. Many Latino kids are overweight and the long-term impact is a concern.
- Food desert issues contribute to chronic disease. There's not enough education and access assistance benefits for fresh fruits and vegetables. There is an opportunity to saturate the community to make the programs such as WIC the norm, rather than having stigma.
- Lack of access to parks and safe outdoor spaces impacts health. We need physical activity options.
- Respiratory conditions are concerning issues within black and brown communities. Some who sought asthma care during the pandemic couldn't get care.
- There are many freeways on the east side of Los Angeles. Asthma rates are high, especially in the Boyle Heights area, specifically the Ramona Gardens neighborhood.
- Some clinic patients, especially those with asthma, have been affected by poor air quality due to fires.
- Understanding how to navigate disease management, especially cancer, is a barrier. When someone is diagnosed, there needs to be more support, including emotional support, for patient and family.
- We need better education in low-income communities especially, with strategic emphasis on certain ethnicities, in languages and in ways people can understand.
- We've seen successful chronic disease management happen through the work of community health workers.
- Among persons who are homeless, we see issues with Hepatitis C, HIV, and skin problems, as well as sanitary issues, and lack of medical equipment, dialysis access, and recuperation options.

- There's an increase in need for street hospice, palliative care and managing chronic conditions when there's no place to store medications. We are challenged when patients are discharged from the hospital but require recuperative care or have medical respite needs.
- Diabetes is particularly hard to manage for persons who are homeless. They don't have a lot of control over what food they eat. They're dependent on what is served by providers.

Disability

The U.S. Census Bureau collects data on six different categories of disability or difficulties: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area and the county, 9.9% of the non-institutionalized civilian population identified as having a disability. The rate of disability in the state was 10.6%.

Disability, Five-Year Average

	California Hospital Service Area	Los Angeles County	California
Population with a disability	9.9%	9.9%	10.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Disability is defined as having limited activity because of physical, mental or emotional problems, having a health problem requiring the use of special equipment, or a self-perception of being disabled. Utilizing this description, 24.1% of SPA 4 and 26.2% of SPA 6 residents reported having a disability. The district reporting the highest rate of adults with a disability was Southwest Health District (35.1%). Those reporting disabilities were more likely to be older and have a lower income. Black residents were the most likely to report a disability (36.8%), followed by Whites (30.1%) and Latinos (21.5%). Asian residents (14.4%) were the least-likely to report having a disability. Disability was more likely to be reported by U.S.-born (versus foreign-born) Black, White and Latino individuals, but less-likely to be reported by U.S.-born Asians.

Disability, Adults, by Demographics

	Percent
18-24	10.9%
25-29	14.7%
30-39	17.7%
40-49	19.8%
50-59	30.3%
60-64	40.1%
65 or older	41.4%

	Percent
0-99% FPL	33.2%
100-199% FPL	25.9%
200-299% FPL	22.3%
300% or above FPL	20.2%
Black	36.8%
U.S. Born	38.5%
White	30.1%
U.S. Born	32.1%
Latino	21.5%
U.S. Born	22.6%
Asian	14.4%
U.S. Born	11.7%
Central Health District	23.0%
Compton Health District	20.5%
Inglewood Health District	27.1%
San Antonio Health District	21.8%
South Health District	24.2%
Southeast Health District	16.2%
Southwest Health District	35.1%
SPA 4	**24.1%**
SPA 6	**26.2%**
Los Angeles County	**24.6%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Children with Special Health Care Needs

Having a special healthcare need is defined as dependency on prescription medications, service use above that considered usual or routine, and/or a functional limitation. In SPA 4, 13.5% and in SPA 6, 15.6% of children were reported by their caretakers to meet the criteria. 19.3% South Health District children were reported as having a special healthcare need.

Boys (17.0%) are more likely than girls (12.4%) to meet the criteria for having special healthcare needs, and children, ages 6 to 17 years (17.3%), were more likely to have an identified special healthcare need than were children, ages 5 and younger (9.2%). Black children (25.3%) were the most likely to have a special healthcare need followed by White children (18.2%), with 12.7% of Latino and Asian children reported as having a special healthcare need.

Special Health Care Needs, Children, Ages 0 to 17

	Percent
Male	17.0%
Female	12.4%
0 to 5 years old	9.2%
6 to 17 years old	17.3%
Black	25.3%
White	18.2%
Latino	12.7%
Asian	12.7%
Central Health District	15.6%
Compton Health District	15.2%
Inglewood Health District	14.4%
San Antonio Health District	11.1%
South Health District	19.3%
Southeast Health District	*10.8%
Southwest Health District	16.5%
SPA 4	**13.5%**
SPA 6	**15.6%**
Los Angeles County	**14.7%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unstable due to sample size.*

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. The Los Angeles County ranking is 11, which is in the top quartile of California counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

Overweight and Obesity

In the service area, 30.6% of adults are obese and 34.6% are overweight. Estimated rates of obesity in service area ZIP Codes ranged from 21.2% in the Hancock Park area of Los Angeles 90020 to 35.1% in the Gramercy Park area of South Los Angeles 90047. Combined rates of overweight and obesity were lowest in the Dockweiler/University Park area of Los Angeles 90007 (54.2%) and the Hancock Park area of Los Angeles 90020 (54.3%) and highest in Gramercy Park area of South Los Angeles 90047 (69.1%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, age 20 and older, which the service area and all area ZIP Codes meet.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Bell Gardens	90201	36.0%	31.0%	67.0%
Compton/Crystal City	90220	34.2%	33.6%	67.8%
Compton	90222	34.8%	32.7%	67.5%
Hawthorne	90250	34.8%	30.0%	64.8%
Huntington Park	90255	36.3%	31.3%	67.6%
Inglewood	90301	35.6%	32.3%	67.9%
Inglewood	90302	34.7%	33.2%	67.9%
Los Angeles/Oakwood	90004	34.2%	25.0%	59.2%
Los Angeles/Koreatown	90005	34.0%	23.7%	57.7%
Los Angeles/Pico Heights	90006	34.9%	27.3%	62.2%
Los Angeles/Dockweiler/University Park	90007	30.3%	23.9%	54.2%
Los Angeles/Baldwin Hills/Leimert Park	90008	33.9%	34.4%	68.3%
Los Angeles/Downtown LA	90013	34.8%	28.8%	63.6%
Los Angeles	90014	35.0%	30.0%	65.0%

	ZIP Code	**Overweight	Obese	Combined
Los Angeles/Downtown LA	90015	34.0%	26.9%	60.9%
Los Angeles/West Adams	90016	34.6%	32.4%	67.0%
Los Angeles/Downtown LA	90017	34.2%	26.8%	61.0%
Los Angeles/Jefferson Park	90018	34.3%	31.9%	66.2%
Los Angeles/Country Club Park/Mid-City	90019	34.5%	27.7%	62.2%
Los Angeles/Hancock Park	90020	33.1%	21.2%	54.3%
Los Angeles/Echo Park/Silverlake	90026	34.2%	26.0%	60.2%
Los Angeles/Boyle Heights	90033	35.4%	30.1%	65.5%
Los Angeles/View Park/Windsor Hills	90043	34.4%	34.3%	68.7%
Los Angeles/Westlake	90057	34.8%	26.2%	61.0%
Los Angeles/West Compton	90061	34.2%	33.6%	67.8%
Lynwood	90262	35.6%	31.5%	67.1%
South Gate	90280	36.3%	31.1%	67.4%
South Los Angeles/Firestone Park	90001	35.6%	31.7%	67.3%
South Los Angeles/Watts	90002	34.4%	32.5%	66.9%
South Los Angeles/Green Meadows	90003	34.1%	32.8%	66.9%
South Los Angeles/Central-Alameda	90011	34.7%	31.9%	66.6%
South Los Angeles/Exposition Park	90037	34.5%	32.4%	66.9%
South Los Angeles/Vermont Vista	90044	34.4%	33.2%	67.6%
South Los Angeles/Gramercy Park	90047	34.0%	35.1%	69.1%
South Los Angeles/Willowbrook	90059	33.9%	33.0%	66.9%
South Los Angeles/Vermont Square	90062	34.3%	33.3%	67.6%
California Hospital Service Area*		**34.6%**	**30.6%**	**65.2%**
Los Angeles County		**34.7%**	**26.9%**	**61.6%**
California		**36.4%**	**25.8%**	**62.2%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates. **Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.*

When adult obesity levels are tracked over time, SPAs 4 and 6 has had an increase in obesity. From 2009 to 2019, SPA 4 had an increase in obesity of 3.2%, and SPA 6 had an increase in obesity of 3.1%.

Obesity, Adults, Ages 20 and Older, 2009 - 2019

	2009	2011-12	2013-14	2015-16	2017-18	2019	Change 2009-2019
SPA 4	21.8%	21.3%	22.2%	29.1%	24.9%	25.0%	3.2%
SPA 6	28.4%	39.6%	40.0%	39.7%	35.3%	31.5%	3.1%
Los Angeles County	23.2%	25.6%	26.2%	29.5%	28.6%	28.9%	5.7%

Source: California Health Interview Survey, 2005-2019. http://ask.chis.ucla.edu

Among adults In SPA 6, 76.8% of Latino adults, 69.6% of African-American (non-Latino), 68.8% of White, 61.6% of Multiracial and 46.8% of Asian adults were

overweight or obese among county residents. The SPA 6 rates for all races and ethnicities are higher than SPA 4, and the SPA 6 rates for all races and ethnicities (except for African American) are higher than the county rates.

Overweight and Obesity, Adults, Ages 20 and Older, by Race/Ethnicity

	SPA 4	SPA 6	Los Angeles County
Latino	69.5%	76.8%	73.8%
Native Hawaiian/Pacific Islander (NL)	N/A	N/A	*73.0%
African American (non-Latino)	64.9%	69.6%	70.4%
White (non-Latino)	47.6%	*68.8%	55.7%
Multiracial (non-Latino)	*44.3%	*61.6%	54.7%
American Indian/Alaska Native (NL)	N/A	N/A	*52.8%
Asian (non-Latino)	*41.8%	*46.8%	40.2%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = suppressed due to small sample size*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition, measured by skinfold measurement, body mass index (BMI), or bioelectric impedance. Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). With the exception of Wiseburn Unified, all area school districts had worse-than-county (which in turn were worse-than-state) rates, with about half of their 5th and 7th grade students and over 42% of their 9th grade students being overweight or obese. Compton Unified School District had among the worst rates, with 54% of their 5th grade, 56.2% of their 7th grade, and 51% of their 9th grade students needing improvement or at health risk. Inglewood Unified had the worst rates by 9th grade, with 54.6% of that year’s students being overweight or obese. Only Wiseburn Unified, with just over a third of their 5th and 7th grade students overweight or obese, had better-than-state rates.

Body Composition, Needs Improvement and at Health Risk, 5th, 7th and 9th Grader Youth

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Wiseburn Unified	16.1%	20.2%	19.1%	16.6%	N/A	N/A
Compton Unified	20.3%	33.7%	19.9%	36.3%	20.2%	30.8%
Hawthorne School Dist.	19.6%	33.9%	18.8%	33.2%	20.1%	22.0%
Inglewood Unified	23.4%	29.2%	20.5%	27.6%	24.5%	30.1%
Los Angeles Unified	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Lynwood Unified	19.6%	30.0%	21.8%	30.4%	20.1%	22.3%
Montebello Unified	26.2%	21.2%	29.4%	16.7%	27.7%	17.9%
Paramount Unified	20.4%	30.9%	21.5%	29.3%	18.5%	23.8%

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Centinela Valley Union High School District	N/A	N/A	N/A	N/A	26.0%	17.1%
Los Angeles County	**20.2%**	**25.4%**	**19.8%**	**23.2%**	**20.3%**	**21.0%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

*Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable https://data1.cde.ca.gov/dataquest/page2.asp?level=District&subject=FitTest&submit1=Submit *Suppressed due to 10 or fewer students.*

In SPA 6, 30.5% of teens and 15.8% of children are overweight, while 19.3% of teens are obese. The rates of overweight and obese children and teens are higher than SPA 4 and the county rates. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%, which SPA 6 exceeds.

Overweight, Children and Teens, and Obesity in Teens

	SPA 4	SPA 6	Los Angeles County
Overweight, teens, ages 12-17	*18.4%	*30.5%	19.0%
Overweight, children, ages under 12	12.5%	15.8%	12.8%
Obese, teens, ages 12-17	*11.3%	*19.3%	16.3%

*Source: California Health Interview Survey, 2011-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Input – Overweight and Obesity

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

- This is an issue across class and race lines and across all age groups.
- People of color are more prone to being obese.
- South Los Angeles is affected with high obesity rates.
- A person can be both obese and malnourished. Many of those who are obese have chronic conditions.
- Eating healthy is hard with food insecurity. There aren't enough affordable, healthy choices. We see clinic patients who eat food purchased from 7-11 stores. Lower-income communities are most impacted.
- High carbohydrate foods are cheap and easy, but not good for those struggling with chronic disease.
- SPA 4 is a food desert. There's a lack of investment from food retailers. Food for Less is the closest grocery store in a very dense area.
- There are missed opportunities to promote breastfeeding for reducing the risk of childhood obesity.
- Increased alcohol use during the pandemic has contributed to a rise in obesity.
- During the pandemic, many kids missed well child visits and weight monitoring. Now, it's harder to get appointments and many appointments are still done virtually, which can be a barrier.

- During COVID there was too much screen time for kids, which affected weight and health.
- Poor communities often have to say “no” to their kids’ requests, but they don’t have to say “no” to poor nutritional food that’s inexpensive and of high interest to kids. This if often where parents say “yes.”
- We need education with families about nutrition and healthy living and it must start with schools. This will build self-efficacy to make better choices, such as reducing soda and sugary drinks.
- There’s a need for more youth programs to keep kids active and teach them how to eat healthy.
- There aren’t enough physical education teachers in schools.
- SPAs 4 and 6 are park poor with no access to green space. Many are not able to exercise outdoors due to safety concerns or lack of nearby open or green space.
- With COVID, the impact of staying at home and isolating made active living challenging. Plus, many people are scared to go outside or walk around the block. They don’t feel safe.
- There are long-term consequences to lack of physical activity. Working long hours, concerns with safety, and lack of in-person exercise classes all contributed.
- We need more access to green space, but the bigger challenge is that youth sports programs are expensive; we need support and funding for free programs. Lower income communities are most impacted.
- Many are surprised that persons who are homeless are overweight, but they’re surviving on whatever food is available.

Soda/Sugar-Sweetened Beverage Consumption

6.2% of children and teens in SPA 6 consumed at least two glasses of non-diet soda the previous day, and 8.3% consumed at least two glasses of a sugary drink other than soda the previous day. 17.6% of SPA 6 adults consumed non-diet sodas at a high rate (7 or more times per week), while 43.1% reported drinking no non-diet soda in an average week. These rates show a higher rate of soda/sugar-sweetened-beverage consumption than seen in SPA 4 (except with adults drinking no non-diet soda weekly).

Soda or Sweetened Drink Consumption

	SPA 4	SPA 6	Los Angeles County
Children and teens reported to drink at least two glasses of non-diet soda yesterday	*4.9%	*6.2%	5.2%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	*3.9%	*8.3%	9.8%
Adults who reported drinking non-diet soda at least 7 times weekly***	9.7%	17.6%	10.4%

	SPA 4	SPA 6	Los Angeles County
Adults who reported drinking no non-diet soda weekly***	54.8%	43.1%	56.9%

*Source: California Health Interview Survey, 2014-2017 & 2019, combined, **2014-2018, ***2015-2017. http://ask.chis.ucla.edu*
**Statistically unstable due to sample size.*

51.6% of SPA 6 children and teens consume at least one sugar-sweetened beverage per day, while only 37.1% of SPA 4 children do. Rates are highest in the South Health District (57.2%). At the county level (37.2%) the rate is higher in boys (40.8%) than girls (33.5%) and increases with age (26.5% of children five and under and 45% of youth 12 to 17 years of age). Rates are higher in households earning less, and with the responding parent or guardian having a high school education or less. Rates are also highest in families where the responding parent or guardian was Black (48.0%) or Latino (44.4%) and lowest where the parent or guardian was White (19.8%).

Sugar-Sweetened Beverages, At Least One Per Day, Children, Ages 0 to 17

	Percent
Male	40.8%
Female	33.5%
0 to 5 years old	26.5%
6 to 11 years old	39.3%
12 to 17 years old	45.0%
0-99% FPL	47.2%
100-199% FPL	43.4%
200-299% FPL	36.3%
300% or above FPL	22.0%
Less than high school	47.4%
High school	47.4%
Some college or trade school	36.6%
College or post graduate degree	23.8%
Black	48.0%
Latino	44.4%
Asian	26.6%
White	19.8%
Central Health District	41.5%
Compton Health District	53.6%
Inglewood Health District	36.7%
San Antonio Health District	43.8%
South Health District	57.2%
Southeast Health District	50.4%
Southwest Health District	46.6%

	Percent
SPA 4	**37.1%**
SPA 6	**51.6%**
Los Angeles County	**37.2%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Adequate Fruit and Vegetable Consumption

In SPA 4, 35.8% of children and 41.9% of teens eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes), which is higher than SPA 6 rates (22.5% for children and 32.7% for teens). Teens are more likely than children to eat five or more servings of fruit and vegetables a day in SPAs 4 and 6.

Five or More Servings of Fruit and Vegetables Daily, Children and Teens

	SPA 4	SPA 6	Los Angeles County
Children	35.8%	22.5%	29.8%
Teens	41.9%	32.7%	23.6%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

12.1% of Los Angeles County adults surveyed reported eating five or more servings of fruits and vegetables the previous day. Rates were higher in SPA 4 (14.8%) but lower in SPA 6 (8.0%) and every service area Health District except Central. The rate rose with both education and income, was higher among women (14.8%) than men (9.0%) and was lowest among the youngest ages 18-24 (10.3%) and oldest ages 65 and older (10.2%) adults. White adults were the most likely to have eaten five or more servings of fruit and vegetables (18.1%) and Asian adults were the least likely (7.2%).

Five or More Servings of Fruit and Vegetables Yesterday, Adults, Ages 18 and Older

	Percent
Male	9.0%
Female	14.8%
18 to 24	10.3%
25 to 29	13.2%
30 to 39	12.3%
40 to 49	12.4%
50 to 59	12.9%
60 to 64	14.8%
65 or older	10.2%
0-99% FPL	8.1%
100-199% FPL	9.7%
200-299% FPL	13.7%
300% or above FPL	15.1%

	Percent
Less than high school	6.8%
High school	9.2%
Some college or trade school	12.4%
College or post graduate degree	17.7%
White	18.1%
Black	10.4%
Latino	9.7%
Asian	7.2%
Central Health District	15.7%
Compton Health District	*4.9%
Inglewood Health District	8.8%
San Antonio Health District	6.1%
South Health District	11.0%
Southeast Health District	*7.9%
Southwest Health District	8.8%
SPA 4	**14.8%**
SPA 6	**8.0%**
Los Angeles County	**12.1%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unstable due to sample size.*

29.8% of Los Angeles County children, ages birth through 11, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). The county rate is lower among those under five years of age (39.8%) and higher among those ages 5 through 11 (25.3%). Adequate daily fruit and vegetable consumption is highest among children of families with an income 300% or more of the FPL (31.4%). It is also highest among Black children (44.3%) and White children (34.1%) and lowest among Asian children (10.5%).

Five or More Servings Fruit and Vegetables Daily, Children, by Demographics

	Percent
Male	29.8%
Female	29.7%
0 to 4 years old	39.8%
5 to 11 years old	25.3%
0-99% FPL	28.9%
100-199% FPL	27.8%
200-299% FPL	26.4%
300% or above FPL	31.4%
Black, non-Latino	44.3%

	Percent
White, non-Latino	34.1%
Multi-racial, non-Latino	*31.1%
Latino	29.7%
Asian, non-Latino	*10.5%
SPA 4	**35.8%**
SPA 6	**22.5%**
Los Angeles County	**29.8%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

Access to Fresh Produce

83.7% of adults in SPA 4 and 80.2% in SPA 6 reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 75.3% in SPA 4 and 70.2% in SPA 6 said they were usually or always affordable. These are lower than county rates.

Good or Excellent Access to Fresh Produce

	SPA 4	SPA 6	Los Angeles County
Neighborhood usually or always has fresh produce	83.7%	80.2%	86.5%
Neighborhood fresh produce usually or always affordable	75.3%	70.2%	77.3%

Source: California Health Interview Survey, 2016-2018. http://ask.chis.ucla.edu

78.2% of adults in Los Angeles County who were parents, guardians or decision-makers for children rated access to fresh fruits and vegetables as good or excellent. Fewer adults rated access as good or excellent to fresh fruits and vegetables in SPA 4 (77.0%) and SPA 6 (63.2%).

Every service area Health District, rated lower than the county rate to access to fresh fruits and vegetables as good or excellent, with the South and Southwest Health Districts having the poorest access (61.2%). Parents or guardians of younger children were more likely to feel that they had good or excellent access, and in general the older the parent or guardian was, the more likely they were to feel this way, unless they were 65 years of age or older. Parents or guardians with less education and income were less likely to feel their community had good or excellent access to fresh produce, as was Latino (71.8%) and Black (67.1%) parents or guardians, while Whites (92.9%) and Asians (88.5%) were more likely to feel they lived in a community with good or excellent access.

Good or Excellent Community Access to Fresh Fruits/Vegetables, by Demographics

	Percent
0 to 5 years old	82.5%
6 to 11 years old	77.1%

	Percent
12 to 17 years old	75.2%
18 to 24 (parents/guardians characteristics)	73.6%
25 to 29	75.8%
30 to 39	74.9%
40 to 49	81.1%
50 to 59	80.9%
60 to 64	85.4%
65 or older	75.9%
0-99% FPL	70.4%
100-199% FPL	71.7%
200-299% FPL	77.1%
300% or above FPL	91.0%
Less than high school	71.7%
High school	69.3%
Some college or trade school	73.4%
College or post graduate degree	89.8%
White	92.9%
Asian	88.5%
Latino	71.8%
Black	67.1%
Central Health District	65.6%
Compton Health District	62.5%
Inglewood Health District	70.5%
San Antonio Health District	65.3%
South Health District	61.2%
Southeast Health District	69.6%
Southwest Health District	61.2%
SPA 4	**77.0%**
SPA 6	**63.2%**
Los Angeles County	**78.2%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week, working all major muscle groups). 64.2% of SPA 4 adults meet the aerobic exercise recommendations and 44.3% meet the muscle-strengthening guidelines, while 36.2% meet both sets of guidelines. Rates

for SPA 6 adults are lower in every metric, with 58.7% meeting the aerobic guidelines, 38.8% the strengthening guidelines, and 27.9% meeting both.

Physical Activity Guidelines Met, Adults

	SPA 4	SPA 6	Los Angeles County
Aerobic activity guidelines met	64.2%	58.7%	64.4%
Muscle strengthening guidelines met	44.3%	38.8%	43.1%
Both aerobic and strengthening guidelines met	36.2%	27.9%	35.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

In SPA 4, 64.2% reported participating in aerobic activity, higher than SPA 6 (58.7%), while in SPA 4, 44.3% reported participating in strength-training, also higher than SPA 6 (38.8%). Men are more likely to have met the muscle-strengthening and aerobic exercise guidelines than women, and rates of both types of exercise declined with age. Aerobic activity increased steadily with education and income.

Physical Activity Guidelines Met, Adults, by Demographics

	Aerobic Activity Percent	Strength-Training Percent
Male	69.9%	50.0%
Female	59.3%	36.5%
18 to 24	79.0%	59.8%
25 to 29	70.0%	52.2%
30 to 39	67.1%	43.7%
40 to 49	65.3%	38.8%
50 to 59	59.7%	39.2%
60 to 64	57.9%	36.3%
65 or older	52.8%	35.3%
0-99% FPL	53.2%	33.9%
100-199% FPL	62.2%	40.8%
200-299% FPL	67.6%	48.1%
300% or above FPL	70.2%	47.3%
Less than high school	52.2%	30.7%
High school	64.9%	47.3%
Some college or trade school	67.6%	44.9%
College or post graduate degree	69.2%	47.1%
White	67.0%	45.4%
Latino	63.5%	40.6%
African American	62.8%	50.3%
Asian	62.4%	39.8%

	Aerobic Activity Percent	Strength-Training Percent
Central Health District	63.4%	41.4%
Compton Health District	58.5%	35.3%
Inglewood Health District	65.3%	43.7%
San Antonio Health District	66.1%	38.2%
South Health District	54.3%	30.3%
Southeast Health District	57.8%	43.5%
Southwest Health District	61.1%	43.0%
SPA 4	**64.2%**	**44.3%**
SPA 6	**58.7%**	**38.8%**
Los Angeles County	**64.4%**	**43.1%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Current recommendations for physical activity for children and teens are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. 23.7% of children and teens in Los Angeles County met both requirements. 25.8% of children ages 6-11 years of age and 21.5% of teens ages 12-17 years of age met the aerobic requirement, and boys were more likely to meet the requirement than girls. Children and teens in SPA 4 were more likely to meet the aerobic guideline (32.7%) than children and teens in SPA 6 (22.6%). African American children and teens were more likely to meet the recommendation (29.3%) than were Latino (24.0%), White (21.1%) or Asian (20.8%) children and teens.

Aerobic Activity Guidelines Met, Children and Teens, Ages 6-17

	Percent
Male	26.2%
Female	20.9%
6 to 11 years	25.8%
12 to 17 years	21.5%
African American	29.3%
Latino	24.0%
White	21.1%
Asian	20.8%
Central Health District	34.1%
Compton Health District	23.2%
Inglewood Health District	31.1%
San Antonio Health District	*11.5%
South Health District	21.6%
Southeast Health District	23.0%
Southwest Health District	22.5%

	Percent
SPA 4	**32.7%**
SPA 6	**22.6%**
Los Angeles County	**23.7%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unstable due to sample size.*

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 57.1% of Los Angeles County 5th graders were in the 'Healthy Fitness Zone' of aerobic capacity. Area ninth graders performed slightly worse, with 54.1% of Los Angeles County 9th graders testing in the Healthy Fitness Zone. Rates between school districts vary from 36.9% of Inglewood Unified School District's 5th grade students being in the Health Fitness Zone of aerobic capacity to 75.3% of Hawthorne School District's 5th grade students achieving that designation. Among 9th graders, Compton Unified rates were the worst of the area school districts, with only 30.4% of their 9th graders testing in the Healthy Fitness Zone. Hawthorne School District also had the fittest 9th graders, with 86.0% testing in the Healthy Fitness Zone, the only area school district higher than the state rate (60.0%).

Aerobic Capacity, Healthy Fitness Zone, 5th and 9th Grade Youth,

School District	Fifth Grade	Ninth Grade
Wiseburn Unified School District	62.9%	N/A
Compton Unified School District	43.6%	30.4%
Hawthorne School District	75.3%	86.0%
Inglewood Unified School District	36.9%	38.1%
Los Angeles Unified School District	50.5%	48.1%
Lynwood Unified School District	52.6%	59.0%
Montebello Unified School District	47.0%	44.4%
Paramount Unified School District	67.8%	43.6%
Centinela Valley Union High School District	N/A	38.7%
Los Angeles County	**57.1%**	**54.1%**
California	**60.2%**	**60.0%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

10.4% of SPA 4 children and teens and 12.2% of those in SPA 6 spent five or more hours in sedentary activities after school on a typical weekday. 5.0% of SPA 4 and 6.9% of SPA 6 children and teens spent 8 hours or more a day on sedentary activities on weekend days. These rates are lower than county rates.

Sedentary Children

	SPA 4	SPA 6	Los Angeles County
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*10.4%	*12.2%	13.6%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	*5.0%	*6.9%	8.0%

*Source: California Health Interview Survey, 2014-2018, **2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

10.1% of SPA 4 adults and 14.5% of SPA 6 adults reported not participating in any aerobic activity within the past week. SPA 4 was lower than the county and SPA 6 was higher than Los Angeles County adults (11.2%). South Health District had the highest rate (21.4%) of all Health District adults who reported not participating in any aerobic activity within the past week. Women (13.1%) were more likely than men (9.2%) to report being sedentary, and the likelihood of participating in at least some aerobic activity increased with education and income.

Sedentary Adults, by Demographics

	Percent
Male	9.2%
Female	13.1%
18 to 24	6.6%
25 to 29	5.7%
30 to 39	9.8%
40 to 49	12.4%
50 to 59	11.7%
60 to 64	12.7%
65 or older	17.7%
0-99% FPL	16.8%
100-199% FPL	11.6%
200-299% FPL	10.8%
300% or above FPL	8.5%
Less than high school	15.6%
High school	12.5%
Some college or trade school	10.5%
College or post graduate degree	8.1%
Black	14.6%
Asian	14.0%
White	10.9%
Latino	9.6%
Central Health District	10.9%
Compton Health District	13.7%

	Percent
Inglewood Health District	11.2%
San Antonio Health District	10.5%
South Health District	21.4%
Southeast Health District	11.6%
Southwest Health District	13.2%
SPA 4	**10.1%**
SPA 6	**14.5%**
Los Angeles County	**11.2%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:
0-24: Car Dependent (Almost all errands require a car)
25-49: Car Dependent (A few amenities within walking distance)
50-69: Somewhat Walkable (Some amenities within walking distance)
70-89: Very Walkable (Most errands can be accomplished on foot)
90-100: Walker's Paradise (Daily errands do not require a car)

Many parts of the hospital service area are walkable by Southern California standards. Based on this scoring method, only the Baldwin Hills/Leimert Park area of Los Angeles 90008 was considered “Car Dependent”, with a score of 28. Nine area ZIP Codes were ranked as “Somewhat’ Walkable”, 18 as “Very Walkable” and eight were considered to be a “Walker’s Paradise.”

Walkability

	ZIP Code	Walk Score
Bell Gardens	90201	65
Compton/Crystal City	90220	58
Compton	90222	56
Hawthorne	90250	71
Huntington Park	90255	87
Inglewood	90301	80
Inglewood	90302	95

	ZIP Code	Walk Score
Los Angeles/Oakwood	90004	87
Los Angeles/Koreatown	90005	93
Los Angeles/Pico Heights	90006	92
Los Angeles/Dockweiler/University Park	90007	84
Los Angeles/Baldwin Hills/Leimert Park	90008	28
Los Angeles/Downtown LA	90013	95
Los Angeles	90014	97
Los Angeles/Downtown LA	90015	89
Los Angeles/West Adams	90016	73
Los Angeles/Downtown LA	90017	93
Los Angeles/Jefferson Park	90018	74
Los Angeles/Country Club Park/Mid-City	90019	84
Los Angeles/Hancock Park	90020	91
Los Angeles/Echo Park/Silverlake	90026	83
Los Angeles/Boyle Heights	90033	82
Los Angeles/View Park/Windsor Hills	90043	79
Los Angeles/Westlake	90057	92
Los Angeles/West Compton	90061	67
Lynwood	90262	69
South Gate	90280	70
South Los Angeles/Firestone Park	90001	79
South Los Angeles/Watts	90002	52
South Los Angeles/Green Meadows	90003	68
South Los Angeles/Central-Alameda	90011	78
South Los Angeles/Exposition Park	90037	78
South Los Angeles/Vermont Vista	90044	56
South Los Angeles/Gramercy Park	90047	74
South Los Angeles/Willowbrook	90059	60
South Los Angeles/Vermont Square	90062	72

Source: WalkScore.com, 2020

Sexually Transmitted Infections

Rates of sexually transmitted disease were higher in Los Angeles County than the state for every reported sexually transmitted infection. In 2018, the rate of chlamydia in the county was 661.8 cases per 100,000 persons, gonorrhea was 265.9 cases per 100,000 persons, primary and secondary syphilis was 23.0 cases per 100,000 persons, and early latent syphilis was 31.8 cases per 100,000 persons. The county rates in all categories reported for sexually transmitted disease was higher than the state rates.

STI Cases and Rates, per 100,000 Persons

	Los Angeles County		California
	Cases	Rate	Rate
Chlamydia	68,021	661.8	583.0
Gonorrhea	27,333	265.9	199.4
Primary and secondary syphilis	2,363	23.0	19.1
Early latent syphilis	3,264	31.8	19.5

Source: California Department of Public Health, STD Control Branch, 2018 STD Surveillance Report, 2018 data.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf

Teen Sexual History

In SPA 4, 96.0% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex, which is similar to the rate in SPA 6 (96.2%) and higher than the county rate of not having had sex (89.0%).

Teen Sexual History, Ages 14 to 17

	SPA 4	SPA 6	Los Angeles County
Never had sex	*96.0%	*96.2%	89.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

HIV

The rate of new HIV cases in Los Angeles County was 14.6 per 100,000 persons in 2019, which is higher than the new-case rate statewide (11.0 per 100,000 persons). 71.0% of persons in the county with diagnosed HIV were receiving care and 61.8% were virally suppressed. The county rate of HIV (510.8 per 100,000 persons) is higher than the state rate of HIV (344.8 per 100,000 persons). The county death rate for HIV+ persons (6.3 per 100,000 persons) was also higher than the state rate (4.8 per 100,000 persons). The California Integrated Plan objective is for 90% of persons with HIV to be in care, and 80% to be virally suppressed by 2021.

HIV, per 100,000 Persons

	Los Angeles County	California
Newly diagnosed cases	1,501	4,396
Rate of new diagnoses	14.6	11.0
Living cases	52,409	137,785
Rate of HIV	510.8	344.8
Percent in care	71.0%	75.0%
Percent virally suppressed	61.8%	65.3%
Deaths per 100k HIV+ persons, in 2019	6.3	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health

Among adults in SPA 4, 13.1% were determined to have experienced serious psychological distress during the past year, while 10.5% had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. These rates were higher than county rates and SPA 6 rates. Among those adults who had experienced psychological distress, SPA 4 adults were more likely to say they had experienced impairment in all areas of their daily lives when compared to county rates of impairment, which were again higher than SPA 6 rates. Serious psychological distress was experienced in the past year by 15.1% of SPA 4 teens, which was similar to the county level (15.0%) and higher than SPA 6 (3.6%).

Mental Health Indicators

	SPA 4	SPA 6	Los Angeles County
Adults: serious psychological distress during past year	13.1%	9.9%	10.4%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.5%	8.4%	9.3%
Adults: family life impairment during the past year	19.7%	16.1%	16.4%
Adults: social life impairment during the past year	21.4%	16.5%	16.8%
Adults: household chore impairment during the past year	18.5%	15.0%	15.5%
Adults: work impairment during the past year	19.8%	13.3%	15.5%
Teens: serious psychological distress during past year	*15.1%	*3.6%	15.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

In Los Angeles County, psychological distress in the past year was higher for adult women (11.2%) and teen girls (22.9%) than it was for adult men (9.5%) and teen boys (7.8%). Women were more likely than men to have taken medication for at least two weeks in the past year for an emotional or personal problem. Straight and non-sexual/celibate adults in the county were less likely to have suffered serious psychological distress in the past year than were LGBTQ identifying residents. Asian teens and adults were the least likely to have reported psychological distress or taking medication. While Black and Latino adults in the county were more likely to have reported serious psychological distress in the past year than area Whites, they were less likely to have taken medication for at least two weeks in the past year.

Mental Health Indicators, by Demographics

	Teen, Serious Psychological Distress, Past Year	Adult, Serious Psychological Distress, Past Year	Adult, Medications for Mental Health, Past Year
Male	7.8%	9.5%	7.7%

	Teen, Serious Psychological Distress, Past Year	Adult, Serious Psychological Distress, Past Year	Adult, Medications for Mental Health, Past Year
Female	22.9%	11.2%	10.9%
Straight/heterosexual	N/A	9.1%	8.5%
Gay, Lesbian/homosexual	N/A	19.1%	19.7%
Bisexual	N/A	32.9%	20.4%
Non-sexual/celibate none/other	NA	*11.8%	*11.2%
Multiracial	*16.4%	17.0%	16.0%
Native Hawaiian/Pacific Islander	N/A	*18.5%	*15.9%
White	28.2%	9.1%	14.9%
Black	*16.1%	11.2%	11.1%
American Indian/Alaska Native	N/A	*20.7%	*10.6%
Latino	12.6%	11.5%	7.0%
Asian	*6.8%	8.1%	4.2%
Los Angeles County	**15.0%**	**10.4%**	**9.3%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Frequent Mental Distress

Frequent mental distress is defined as 14 or more bad mental health days in the past month. In the service area the rate of mental distress was 14.7% of adults, which was higher than in the county (13.1%) and the state (11.4%). Service area ZIP Codes rates ranged from 11.7% in the Hancock Park region of Los Angeles 90020, to 16.6% of adults in South Los Angeles 90011 with frequent mental distress. Five service area ZIP Codes with rates in excess of 16.0% are found in South Los Angeles.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Bell Gardens	90201	14.7%
Compton/Crystal City	90220	15.3%
Compton	90222	15.4%
Hawthorne	90250	13.7%
Huntington Park	90255	14.8%
Inglewood	90301	13.9%
Inglewood	90302	14.1%
Los Angeles/Oakwood	90004	12.9%
Los Angeles/Koreatown	90005	12.6%
Los Angeles/Pico Heights	90006	14.0%
Los Angeles/Dockweiler/University Park	90007	15.6%
Los Angeles/Baldwin Hills/Leimert Park	90008	14.2%

	ZIP Code	Percent
Los Angeles/Downtown LA	90013	13.2%
Los Angeles	90014	13.8%
Los Angeles/Downtown LA	90015	14.3%
Los Angeles/West Adams	90016	14.5%
Los Angeles/Downtown LA	90017	14.5%
Los Angeles/Jefferson Park	90018	14.8%
Los Angeles/Country Club Park/Mid-City	90019	12.8%
Los Angeles/Hancock Park	90020	11.7%
Los Angeles/Echo Park/Silverlake	90026	13.6%
Los Angeles/Boyle Heights	90033	14.9%
Los Angeles/View Park/Windsor Hills	90043	14.0%
Los Angeles/Westlake	90057	13.7%
Los Angeles/West Compton	90061	15.7%
Lynwood	90262	14.8%
South Gate	90280	14.5%
South Los Angeles/Firestone Park	90001	15.3%
South Los Angeles/Watts	90002	16.2%
South Los Angeles/Green Meadows	90003	16.5%
South Los Angeles/Central-Alameda	90011	16.6%
South Los Angeles/Exposition Park	90037	16.0%
South Los Angeles/Vermont Vista	90044	15.5%
South Los Angeles/Gramercy Park	90047	14.9%
South Los Angeles/Willowbrook	90059	16.1%
South Los Angeles/Vermont Square	90062	15.5%
California Hospital Service Area*		**14.7%**
Los Angeles County		**13.1%**
California		**11.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Mental Health Care Access

17.2% of SPA 4 teens and 11.1% of SPA 6 teens needed help for emotional or mental health problems in the past year. 4.1% of SPA 4 teens and 5.2% in SPA 6 had received psychological or emotional counseling in the past year. 24.7% of adults in SPA 4 and 18.9% in SPA 6 needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 55.5% in SPA 4 and 62.8% in SPA 6 received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	SPA 4	SPA 6	Los Angeles County
Teen who needed help for emotional or mental health problems in the past year**	*17.2%	*11.1%	23.5%
Teen who received psychological or emotional counseling in the past year**	*4.1%	*5.2%	13.1%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	24.7%	18.9%	19.7%
Adults, sought/needed help and received treatment	55.5%	62.8%	57.5%
Adults, sought/needed help but did not receive	44.5%	37.2%	42.5%

*Source: California Health Interview Survey, 2017-2019 and **2015-2019 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Youth Mental Health

Among Los Angeles County 7th graders, 27.6% had experienced depression in the previous year, described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'. This rate was lower than the state rate, and rose by grade level with county 11th graders reporting 34.4%.

Depression, Past 12 Months, 7th - 11th Grade Youth

	7th Grade	9th Grade	11th Grade
Los Angeles County	27.6%	32.1%	34.4%
California	30.4%	32.6%	36.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org. N/A = data suppressed due to low number of respondents.

Suicide is the second-leading cause of death among young people, ages 10 to 19, in the U.S. and rates of youth suicide and self-injury hospitalization are on the rise, especially among younger adolescents. 15.8% of 9th grade students in Los Angeles County said they had seriously considered suicide in the past year, and 14.9% of 11th graders had. Rates of suicidal ideation in the county were higher among girls (20.7% in 9th grade, 18.8% in 11th) than boys (11.0% in the 9th grade, 10.9% in 11th) and among Native Hawaiian/Pacific Islander students (19.2%) and multiracial students (18.5%) than among American Indian/Alaskan Native and Asian students (15.6%), Latino students (15.5%) and White students (15.1%), with suicidal ideation being lowest among Black/ African-American students (13.5%). Rates were higher among LGBTQ students (39.7%) and questioning students (26.5%) than among those who identified as straight (12.1%) of whom had seriously considered suicide.

Seriously Considered Suicide, Past 12 Months, 9th & 11th Grade Youth

	Los Angeles County	California
9th Grade	15.8%	15.8%
11th Grade	14.9%	16.4%
Male, 9th Grade	11.0%	11.2%
Female, 9th Grade	20.7%	21.1%

	Los Angeles County	California
Male, 11th Grade	10.9%	12.7%
Female, 11th Grade	18.8%	20.2%
Gay/Lesbian/Bisexual	39.7%	43.7%
Not sure	26.5%	29.2%
Straight/Heterosexual	12.1%	12.5%
Native Hawaiian/Pacific Islander	19.2%	19.2%
Multiracial	18.5%	19.9%
Other race/ethnicity	15.7%	17.6%
American Indian/Alaska Native	15.6%	20.0%
Asian	15.6%	16.8%
Hispanic/Latino	15.5%	15.4%
White	15.1%	13.9%
African American/Black	13.5%	12.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org

Community Input – Mental Health

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

- We're seeing alarming rates of mental health issues among clinic patients, especially depression and anxiety. Access to mental health services is a challenge, especially for those who don't speak English.
- The pandemic created a high need for mental health services. The loss of social interaction had a significant impact on mental health, particularly with children.
- The impact of the pandemic has been superimposed on generational trauma that communities have experienced, especially in South Los Angeles. We need to address the acute trauma layered on the chronic trauma.
- There's a need for certified peer specialists and full multidisciplinary teams to address trauma and PTSD experienced with violence, physical abuse, and sexual abuse before it carries into adulthood and leads to substance abuse.
- We're all learning more about centering mental health and recognizing it; there are more talking about it than ever before. Now we need the systems to get there.
- There aren't enough mental health providers. Agencies don't know who can accept new referrals.
- Mental health providers are alarmed, overwhelmed, and can't take new patients due to a high caseload.
- County services aren't very customer-friendly with security guards and bullet proof glass. It feels unsafe. Private providers are often more effective.
- We don't have enough beds available in the county for inpatient and outpatient mental health services.
- We need more community health workers trained and focused on mental health to bring deep understanding to their own communities. They can reach those who don't typically access services.

- There is a proliferation of domestic violence. It's dangerous to call 911 for family who is having a mental health crisis; it criminalizes the person. In South Los Angeles in particular, law enforcement response may be hostile in certain districts.
- Law enforcement's main objective is stop problematic behavior; the ideal would be more investigative work to identify mental health issues and then structure a plan.
- With current crisis response, people often land in the criminal justice system, when they need therapy. We need alternative crisis response teams.
- For patients in a mental health crisis, it's impossible to get them the help they need. Even 5150 holds are a challenge. COVID has impacted law enforcement response time – sometimes there is a 16 hour wait.
- Increased mental health issues have impacted low-income, undocumented, African American, Latino, and Native American populations. Many go untreated.
- It's a struggle to get resources to those who need it most, specifically Hispanic communities. There's a lack of providers who are bilingual or know cultural preferences.
- Latino families don't feel comfortable talking about mental health and accessing services.
- The system of a minor's right to consent for mental health under Medi-Cal is not utilized in the County like it should be.
- Adolescent psychiatric care is the single most inaccessible and unattainable care that is needed.
- There are heartbreaking stories with kids and depression. We worry about this whole generation of kids who are adversely affected with mental health issues.
- There's limited psychiatric urgent care centers and a gap in treatment beds for persons who are homeless.
- We are seeing more LGBTQ and trans clients with mental health struggles.
- Post-partum mood disorders and perinatal mental health is an issue across all groups, but with Black mothers in particular. It's important for mental health screening to be done during the perinatal and post-partum periods and to ensure families get support when they need it.
- There's confusion with how to access care and services. Navigation is a need. We're trying to create a no wrong door approach.
- Telehealth has been a solution - reducing no shows and getting people into care.
- Screening for depression and anxiety should be routine for all who are getting primary care.
- Currently, community clinics can't bill mental health visits and primary care visits on the same day – all while community clinics are trying hard to integrate care to address all needs. Many clinics just provide the care and don't get paid. There's work being done to try to get state to include this as a benefit; it's mostly an FQHC issue..

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In SPA 4, 9.9% of adults smoke cigarettes, while in SPA 6 12.2% do, which is higher than the county rate (8.4%). 70.8% in SPA 4 and 70.7% in SPA 6 residents have never smoked, which is lower than the county (71.6%). 66.3% of SPA 4 and 68.7% of SPA 6 adult smokers were thinking of quitting in the next 6 months. 20.2% of SPA 4 adults, ages 18 to 65, had smoked an e-cigarette, which is higher than SPA 6 (16.1%) and the county (15.6%).

Smoking, Adults

	SPA 4	SPA 6	Los Angeles County
Current smoker	9.9%	12.2%	8.4%
Former smoker	19.4%	17.1%	19.9%
Never smoked	70.8%	70.7%	71.6%
Thinking about quitting in the next 6 months	66.3%	68.7%	67.3%
Ever smoked an e-cigarette, adults, ages 18-65	20.2%	16.1%	15.6%

Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu

No teens surveyed in SPA 4 or SPA 6 claimed to be current smokers. 5.0% of SPA 4 teens and 2.5% of those in SPA 6 had tried an e-cigarette. Of those who had tried an e-cigarette, 2.8% in SPA 4 had smoked an e-cigarette in the past 30 days, while none in SPA 6 claimed to have.

Smoking, Teens

	SPA 4	SPA 6	Los Angeles County
Current cigarette smoker	*0.0%	*0.0%	*1.0%
Ever smoked an e-cigarette**	*5.0%	*2.5%	8.5%
Smoked an e-cigarette in the past 30 days	*2.8%	0.0%	*2.6%

*Source: California Health Interview Survey, 2015-2019, **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 17.9% in the service area reported having engaged in binge drinking in the previous 30 days, which was higher than the state rate (16.1%) and county rate (17.7%). Rates of binge drinking ranged from 14.3% in Baldwin Hills/Leimert Park in the area of Los Angeles 90008 to 20.5% in Dockweiler/University Park in the area of Los Angeles 90007.

Binge Drinking, Adults, Previous 30 Days

	ZIP Code	Percent
Bell Gardens	90201	19.4%
Compton/Crystal City	90220	17.0%
Compton	90222	17.9%
Hawthorne	90250	18.1%
Huntington Park	90255	19.0%
Inglewood	90301	17.5%
Inglewood	90302	17.3%
Los Angeles/Oakwood	90004	17.3%
Los Angeles/Koreatown	90005	16.8%
Los Angeles/Pico Heights	90006	17.3%
Los Angeles/Dockweiler/University Park	90007	20.5%
Los Angeles/Baldwin Hills/Leimert Park	90008	14.3%
Los Angeles/Downtown LA	90013	18.0%
Los Angeles	90014	19.2%
Los Angeles/Downtown LA	90015	18.5%
Los Angeles/West Adams	90016	16.9%
Los Angeles/Downtown LA	90017	19.8%
Los Angeles/Jefferson Park	90018	16.8%
Los Angeles/Country Club Park/Mid-City	90019	16.9%
Los Angeles/Hancock Park	90020	15.5%
Los Angeles/Echo Park/Silverlake	90026	18.6%
Los Angeles/Boyle Heights	90033	17.9%
Los Angeles/View Park/Windsor Hills	90043	14.9%
Los Angeles/Westlake	90057	18.2%
Los Angeles/West Compton	90061	17.2%
Lynwood	90262	19.1%
South Gate	90280	18.8%
South Los Angeles/Firestone Park	90001	19.2%
South Los Angeles/Watts	90002	18.4%
South Los Angeles/Green Meadows	90003	18.4%
South Los Angeles/Central-Alameda	90011	19.3%
South Los Angeles/Exposition Park	90037	18.5%
South Los Angeles/Vermont Vista	90044	17.7%
South Los Angeles/Gramercy Park	90047	15.0%
South Los Angeles/Willowbrook	90059	17.7%
South Los Angeles/Vermont Square	90062	16.9%
California Hospital Service Area*		**17.9%**
Los Angeles County		**17.7%**
California		**16.1%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

In SPA 4 (21.7%) and in SPA 6 (16.2%) of residents had engage in binge-drinking in the past 30-days. Men are more likely to engage in binge drinking (22.3%) than women (13.5%) and rates fall steadily with age after a high of 28.2% among those ages 18-24. The Healthy People 2030 objective is for a maximum of 25.4% of adults to binge drink, which is met by every age group in the county except for those ages 18 to 24. Rates of binge drinking rise with income, but are not reliably correlated with education levels. Binge-drinking is most common among U.S.-born populations, and particularly U.S.-born Latino (25.2%) and Asian (23.7%) residents of the county and lowest among; African-Americans (14.7%).

Binge Drinking, Adults, Previous 30 Days, by Demographics

	Percent
Male	22.3%
Female	13.5%
18 to 24	28.2%
25 to 29	25.3%
30 to 39	21.8%
40 to 49	19.9%
50 to 59	13.4%
60 to 64	11.5%
65 or older	5.8%
0-99% FPL	13.8%
100-199% FPL	16.9%
200-299% FPL	18.4%
300% or above FPL	20.3%
Less than high school	11.7%
High school	21.7%
Some college or trade school	20.9%
College or post graduate degree	16.4%
Latino	18.4%
U.S. born	25.2%
White	18.2%
U.S. born	18.5%
Asian	18.0%
U.S. born	23.7%
African-American	14.7%
U.S. born	15.3%
Central Health District	22.4%
Compton Health District	14.9%
Inglewood Health District	16.2%

	Percent
San Antonio Health District	16.2%
South Health District	20.7%
Southeast Health District	21.0%
Southwest Health District	13.2%
SPA 4	**21.7%**
SPA 6	**16.2%**
Los Angeles County	**17.9%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

18.0% of SPA 4 and 16.6% of SPA 6 teens have tried alcohol, which was lower than the county (22.9%). 3.2% of SPA 4 and 1.8% of SPA 6 teens binge drank in the past month.

Binge Drinking and Alcohol Experience, Teens

	SPA 4	SPA 6	Los Angeles County
Teen binge drinking, past month	*3.2%	*1.8%	3.2%
Teen ever had an alcoholic drink	18.0%	16.6%	22.9%

*Source: California Health Interview Survey, 2011-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in California in 2017, while remaining illegal at the Federal level. 44.3% of SPA 6 adults interviewed said that they have ever tried marijuana or hashhish, which is lower than the county rate of 45.7%. Of those who had tried it, SPA 6 adults were more likely to have used it in the previous month (36.3%) or year (53.6%) than county adults in the previous month (32.6%) and year (50%), and less likely to say that they last used it more than 15 years ago (23.3%) than were county adults (27.1%). SPA 4 adults report having tried marijuana or hashish (48.0%), were more likely to have used it in the previous month (37.4%), and within the past year (61.9%), higher than SPA 6 and the county.

Marijuana Use, Adults

	SPA 4	SPA 6	Los Angeles County
Have tried marijuana or hashish	48.0%	44.3%	45.7%
Used marijuana within the past month	37.4%	36.3%	32.6%
Used marijuana within the past year	61.9%	53.6%	50.0%
Used marijuana more than 15 years ago	15.7%	23.3%	27.1%

*Source: California Health Interview Survey, 2017-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana use was reported by 4.1% of 7th graders and 29.4% of 11th graders in Los Angeles County, lower than the state rate of 7th graders (4.2%) and 11th graders (31.0%). 7th grade teens reported they used marijuana 0 days in the past 30 days with

a rate of 97.7% for both the county and state, higher than 11th grade teens reporting they used marijuana 0 days in the past 30 days with a county rate (85.1%) and the state rate (84.0%).

Marijuana Use, Teens

	Los Angeles County	California
Ever tried marijuana, 7th grade	4.1%	4.2%
Ever tried marijuana, 9th grade	16.9%	17.4%
Ever tried marijuana, 11th grade	29.4%	31.0%
Used marijuana 0 days in past 30 days, 7th grade	97.7%	97.7%
Used marijuana 1 day in past 30 days, 7th grade	1.1%	0.9%
Used marijuana 2 days in past 30 days, 7th grade	0.4%	0.5%
Used marijuana 3-9 days in past 30 days, 7th grade	0.4%	0.5%
Used marijuana 10-19 days in past 30 days, 7th grade	0.2%	0.2%
Used marijuana 20-30 days in past 30 days, 7th grade	0.2%	0.3%
Used marijuana 0 days in past 30 days, 11th grade	85.1%	84.0%
Used marijuana 1 day in past 30 days, 11th grade	4.2%	4.3%
Used marijuana 2 days in past 30 days, 11th grade	2.9%	3.0%
Used marijuana 3-9 days in past 30 days, 11th grade	3.4%	3.4%
Used marijuana 10-19 days in past 30 days, 11th grade	1.6%	1.8%
Used marijuana 20-30 days in past 30 days, 11th grade	1.9%	3.5%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2015-2017.via http://www.kidsdata.org. N/A = Suppressed due to small sample size

Opioid Use

The rate of mortality from opioid overdose is lower for the county (6.7 deaths per 100,000 persons) than the state (7.9 deaths per 100,000 persons). There were 5.1 hospitalizations per 100,000 persons for the county, lower than the state rate of 7.6 hospitalizations per 100,000 persons. Emergency Department visits due to opioid overdose in the county were 10.2 per 100,000 persons, lower than the state rate (17.5 per 100,000 persons). The rate of opioid prescriptions in county was 315.8 per 1,000 persons. This rate is less than the state rate of opioid prescribing (400.6 per 1,000 persons). Prescription rates for opioids have been declining, from 444.1 prescriptions per 1,000 county residents and 587.1 per 1,000 state residents, from four years ago.

Opioid Use, Rates per 100,000 Persons, Age-Adjusted, (Prescriptions per 1,000 Persons)

	Los Angeles County	California
Hospitalization for opioid overdose (excludes heroin)	5.1	7.6
ER visits for opioid overdose (excludes heroin)	10.2	17.5
Opioid prescriptions, per 1,000 persons	315.8	400.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

Substance Use and Misuse Disparities

In Los Angeles County, 10.0% of adults report being current smokers. The rate is higher among Native Hawaiian/Pacific Islander residents (31.1%), American Indian/Alaskan Natives (19.9%), Blacks (16.2%), and Multiracial residents (14.3%) and lowest among Latinos (9.4%) and Asians (7.1%).

14.8% of Los Angeles County adults had used marijuana during the prior month. Rates of marijuana use among Los Angeles County American Indian/Alaskan Native residents were higher (42.6%), as were rates among Native Hawaiian/Pacific Islander residents (28.5%). multiracial residents (24.7%), Black/African-American residents (19.9%), and White residents (18.4%).

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. 17.9% of all adults in Los Angeles County reported binge drinking. The rates were highest among American Indian/Alaskan Natives (46.5%), Native Hawaiian/Pacific Islander (33.5%), Latino (25.2%), Asian (23.7%), and 18.5% of White residents.

Cigarette Smoking, Binge Drinking & Marijuana Use, Adults, by Race, Five-Year Average

	Current Smoker**	Current Marijuana Use	Current Binge Drinking (U.S. born)
American Indian/Alaskan Native	*19.9%	*42.6%	46.5%
Multiracial	14.3%	24.7%	N/A
Native Hawaiian/Pacific Islander	*31.1%	*28.5%	*33.5%
Latino	9.4%	13.1%	25.2%
Asian	7.1%	8.9%	23.7%
Black/African American	16.2%	19.9%	15.3%
White	10.0%	18.4%	18.5%
Los Angeles County, all races	**10.0%**	**14.8%**	**17.9%**

*Source for smoking and marijuana: California Health Interview Survey, 2017-2019 and **2015-2019. http://ask.chis.ucla.edu*
*Source for binge drinking: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size.*

Community Input – Substance Use

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

- Substance abuse is increasing substantially. We're seeing an opioid epidemic and an explosion of methamphetamine use, highlighting how addictive, cheap and accessible these drugs are.

- Substance abuse worsened during COVID. People used drugs/alcohol to manage stress and since people were in isolation, there was no peer support to intervene.
- Substance abuse may be a negative coping strategy for a mental health condition. People may also need to stay awake for multiple jobs so they're using drugs.
- Hospitals generally don't diagnose addiction; lack of systematic recognition is the problem. Providers generally treat the presenting issue, not underlying issues.
- We need to co-locate substance abuse services with counseling and job training services.
- Substance abuse crosses all ages, all ethnicities, rich and poor.
- We're seeing increased substance abuse among young persons, ages 12-25. There's a need for youth-focused services that treat addiction.
- Teen parents and LGBTQ teens are especially at risk.
- Agencies are getting more calls from school districts asking for school-based prevention programs.
- Lack of an integrated system is a problem. When a young person is referred, the counselor can only talk to the child, who is then left to their own devices to follow-up (and they may not). This is a policy opportunity.
- Access to treatment is limited; we hear many questions regarding what health insurance will cover. For people going through detox, it's a struggle to get them into a safe place to manage the process.
- Access to medication-assisted treatment and lack of training for use of life-saving medications among those who run supportive housing is a gap.
- There's a lack of provider training to deal with substance abuse issues. There's a need to connect primary care providers with substance abuse providers to have a referral connection.
- We're in the beginning stages of bridge clinics, and hospitals now keep patients long enough to treat them and then connect with community providers.
- Street drug usage and overdose are current challenges. There's an ongoing opioid epidemic, initiated by overprescribing medications. This issue is followed by fentanyl and crystal meth. We're in the third decade of a meth epidemic.
- We need to understand what's driving the surge in drug use. We're eliminating local meth labs, but it's flourishing south of the border so we're not doing a good job with eliminating drug movement.
- Overdose is now the leading cause of death for persons who are homeless and for those leaving incarceration. Substance use happens often in encampments.
- For those exiting incarceration, they need assistance with getting back on Medi-Cal. Helping them reconnect to health care and other services is key to preventing them from falling back into old neighborhoods, friends, and, ultimately, addiction.
- We need more prevention among youth and public awareness of prescription drug and fentanyl dangers, as well as the use of Narcan for an overdose.

- Normalization of drug use is an issue; there are podcasts promoting micro-dosing of hallucinogens.
- We need safe needle exchange programs, but the issue is navigating this without being shut down.
- The use of crystal meth and crack is a problem. Another problem is the “potpourri” that they are smoking; they smoke and pass out. It’s a cheap high.
- MacArthur Park is a hub for substance abuse. There’s a lot of drug use, especially among youth and immigrants, including Guatemalans. Many immigrants start doing drugs due to the lack of a family support system.
- SPA 4 data show many adults binge drink and many use medical or recreational marijuana. There are many dispensaries in the area that make it more accessible. Families complain about this, but stigmas need to be addressed so people talk about it. Vaping is also a concern.
- With cannabis, there are different beliefs and mixed messages. Many dispensaries are steps from where people live and are near schools. They shouldn’t be as available to those who struggle with addiction.
- There has been normalization of marijuana use. More are using and starting younger. Marijuana is more potent now than it was 15-20 years ago.
- With alcohol use, kids follow their parents’ habits, or avoid them due to bad experiences with seeing their parents drink. Talking to a safe, trusted person can make all the difference in behavior choices.
- Tobacco-related illness is the driver of most heart attacks, strokes, and cancer.

Preventive Practices

Flu and Pneumonia Vaccines

In the service area, 26.5% of adults received a flu shot in the past year, which is lower than the county (30.4%) and state (32.4%) rates, and falls below the Healthy People 2030 objective for 70% of all adults, ages 18 and older, to receive a flu shot. Area rates ranged from 24.2% in Green Meadows in the area of South Los Angeles 90003 and Central-Alameda in the area of South Los Angeles 90011 to 31.9% in the Hancock Park area of Los Angeles 90020.

Flu Shots, Adults, Past 12 Months

	ZIP Code	Percent
Bell Gardens	90201	24.7%
Compton/Crystal City	90220	25.3%
Compton	90222	24.8%
Hawthorne	90250	26.6%
Huntington Park	90255	25.3%
Inglewood	90301	26.2%
Inglewood	90302	25.7%
Los Angeles/Oakwood	90004	30.6%
Los Angeles/Koreatown	90005	30.8%
Los Angeles/Pico Heights	90006	28.7%
Los Angeles/Dockweiler/University Park	90007	26.1%
Los Angeles/Baldwin Hills/Leimert Park	90008	29.0%
Los Angeles/Downtown LA	90013	30.1%
Los Angeles	90014	28.5%
Los Angeles/Downtown LA	90015	28.4%
Los Angeles/West Adams	90016	27.5%
Los Angeles/Downtown LA	90017	27.4%
Los Angeles/Jefferson Park	90018	27.5%
Los Angeles/Country Club Park/Mid-City	90019	30.7%
Los Angeles/Hancock Park	90020	31.9%
Los Angeles/Echo Park/Silverlake	90026	29.9%
Los Angeles/Boyle Heights	90033	27.8%
Los Angeles/View Park/Windsor Hills	90043	28.7%
Los Angeles/Westlake	90057	29.0%
Los Angeles/West Compton	90061	24.9%
Lynwood	90262	24.5%
South Gate	90280	24.6%
South Los Angeles/Firestone Park	90001	24.4%
South Los Angeles/Watts	90002	24.3%
South Los Angeles/Green Meadows	90003	24.2%

	ZIP Code	Percent
South Los Angeles/Central-Alameda	90011	24.2%
South Los Angeles/Exposition Park	90037	24.9%
South Los Angeles/Vermont Vista	90044	25.1%
South Los Angeles/Gramercy Park	90047	26.9%
South Los Angeles/Willowbrook	90059	24.3%
South Los Angeles/Vermont Square	90062	26.1%
California Hospital Service Area*		**26.5%**
Los Angeles County		**30.4%**
California		**32.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

The Healthy People 2030 objective is for 70% of the total population to receive a flu shot. In SPA 4, 46.5% of adults received a flu shot, while in SPA 6 only 40.5% did. Among SPA 4 seniors, 79.5% received a flu shot, while only 70.7% of SPA 6 seniors did. Among children, 6 months to 17 years, 65% in SPA 4 received a flu shot, while 57.3% in SPA 6 did. These flu vaccination rates do not meet the Healthy People 2030 objective, except for among seniors.

Flu Vaccine

	SPA 4	SPA 6	Los Angeles County
Received flu vaccine, ages 65+	79.5%	70.7%	73.2%
Received flu vaccine, ages 18+ (includes 65+)	46.5%	40.5%	47.1%
Received flu vaccine, ages 6 months-17 years	65.0%	57.3%	59.9%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

The Healthy People 2020 objective was for 90% of seniors to have a pneumonia vaccine; this objective has been removed from the list of Healthy People 2030 objectives, as part of their effort to reduce the total number of objectives and prioritize the most pressing public health issues. The current countywide rate of pneumonia vaccination, among adults, ages 65 and older, was 72.3%, which did not meet the Healthy People 2020 objective, and was below the national median of 73.3%. Rates were lower in SPA 4 (71.2%) and lower still in SPA 6 (64.3%). Rates were lowest of all in the Southwest Health District (57.7%). Vaccination levels are low among African-American (68.6%) and Latino (68.9%) seniors, and are lower among senior men (68.6%) than women (75.2%).

Pneumonia Vaccine, Adults, Ages 65 and Older, by Demographics

	Percent
Male	68.6%
Female	75.2%

	Percent
0-99% FPL	69.2%
100-199% FPL	67.2%
200-299% FPL	72.5%
300% or above FPL	75.9%
Less than high school	68.4%
High school	69.3%
Some college or trade school	78.9%
College or post graduate degree	70.0%
White	75.3%
Asian	70.8%
Latino	68.9%
African-American	68.6%
Central Health District	72.6%
Compton Health District	76.5%
Inglewood Health District	76.6%
San Antonio Health District	67.8%
South Health District	70.0%
Southeast Health District	65.4%
Southwest Health District	57.7%
SPA 4	**71.2%**
SPA 6	**64.3%**
Los Angeles County	**72.3%**

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2018; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Senior Falls

Among seniors, falls among residents of SPA 4 (20.6%) and SPA 6 (25.3%) occurred at lower rates than among senior residents of the county (26.5%).

Fallen in the Past Year, Adults, Ages 65 and Older

	SPA 4	SPA 6	Los Angeles County
Seniors who have fallen	20.6%	25.3%	26.5%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Among SPA 4 seniors, 7.7% were injured from a fall, and in SPA 6 the rate was 8.9%. These rates were lower than the injuries from falls among county seniors (11.1%).

Injuries from Falls, Seniors, Previous Year

	SPA 4	SPA 6	Los Angeles County
Injured due to a fall	7.7%	8.9%	11.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten in Los Angeles County was 94.6%. Among service area school districts rates ranged from 86.9% in Inglewood Unified School District to 98.8% in Montebello Unified School Districts. Inglewood Unified, Wiseburn Unified, Paramount Unified, Lynwood Unified and Los Angeles Unified, had rates below the Los Angeles County rate and the California rate of 94.5% of fully immunized students.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2018-2019*

School District	Immunization Rate
Compton Unified School District	94.8%
Hawthorne School District	96.2%
Inglewood Unified School District	86.9%
Los Angeles Unified School District	94.4%
Lynwood Unified School District	92.9%
Montebello Unified School District	98.8%
Paramount Unified School District	91.0%
Wiseburn Unified School District	90.4%
Los Angeles County*	**94.6%**
California*	**94.5%**

*Source: California Department of Public Health, Immunization Branch, 2018-2019. *For those schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to small sample size. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In Los Angeles County, 77.0% of women reported having had a mammogram in the prior two years, which is almost equal to the Healthy People 2030 objective. SPA 4 (73%) and SPA 6 (75.3%) are below the objective. The Central Health District shows only 61.5% of women, between the ages of 50 and 74, who have had a mammogram in the past two years. The likelihood of compliance rises with age and income, and is highest among White (79.3%) and Blacks (79.0%), which is above the Healthy People 2030 objective. The lowest mammogram rate is among Asians (70.0%).

Mammogram in Past Two Years, Women, Ages 50-74, by Demographics, Two-Year Avg.

	Percent
50-59	73.4%
60-64	77.9%
65 or older	82.0%
0-99% FPL	73.4%
100-199% FPL	74.4%
200-299% FPL	78.5%
300% or above FPL	79.9%
White	79.3%
Black	79.0%
Latino	77.1%
Asian	70.0%
Central Health District	61.5%
Compton Health District	76.8%
Inglewood Health District	80.4%
San Antonio Health District	78.2%
South Health District	67.2%
Southeast Health District	67.9%
Southwest Health District	78.2%
SPA 4	**73.0%**
SPA 6	**75.3%**
Los Angeles County	**77.0%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. Los Angeles County (81.4%), SPA 4 (80.9%) and SPA 6 (82.4%) do not meet the Healthy People 2030 objective. Only 71.9% of women, ages 21 to 65, had a cervical cancer screening in the prior 3 years in the Central Health District. The rate is similar among women of White, Black and Latina ranging between 82.3% and 82.6%, but lowest among Asian women (73.6%). Rates rise with age to a high among women, ages 30 and 39 years (85.7%) and decline with increase in age.

Pap Test in Past Three Years, Women, Ages 21-65, by Demographics

	Percent
21-24	60.2%
25-29	82.8%
30-39	85.7%
40-49	84.8%

	Percent
50-59	84.1%
60-65	77.2%
White	82.6%
Black	82.4%
Latino	82.3%
Asian	73.6%
Central Health District	71.9%
Compton Health District	80.6%
Inglewood Health District	88.7%
San Antonio Health District	86.6%
South Health District	78.8%
Southeast Health District	90.2%
Southwest Health District	82.8%
SPA 4	**80.9%**
SPA 6	**82.4%**
Los Angeles County	**81.4%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to have had a colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 64.7% of Los Angeles County residents, ages 50-75, met the colorectal cancer screening guidelines. The county has a lower rate than the state (66.5%) and does not meet the Health People 2030 objective.

Screening for Colorectal Cancer, Adults, Ages 50-75

	Rate
Los Angeles County	64.7%
California*	66.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Only 20.0% of Los Angeles County residents, ages 50-75, have had a blood stool test in the past year. Residents of SPA 4 (13.6%) were less likely than county residents to have had the screening. Women were slightly more likely to have screenings (20.9%) than men (19.0%). Rates rose with age, and were highest among Black residents of the county (26.6%) and lowest among Asians (15.9%).

Rates in area Health Districts ranged from 8.5% of Central Health District residents to 41.4% of San Antonio Health District residents.

Colorectal Cancer Screening (Blood Stool Test Past Year), Adults, Ages 50-75

	Percent
Male	19.0%
Female	20.9%
50-59	16.3%
60-64	23.2%
65 or older	23.9%
0-99% FPL	16.7%
100-199% FPL	22.0%
200-299% FPL	23.7%
300% or above FPL	19.1%
Black	26.6%
White	21.2%
Latino	18.9%
Asian	15.9%
Central Health District	*8.5%
Compton Health District	26.1%
Inglewood Health District	14.3%
San Antonio Health District	41.4%
South Health District	*12.8%
Southeast Health District	*10.5%
Southwest Health District	22.3%
SPA 4	**13.6%**
SPA 6	**20.7%**
Los Angeles County	**20.0%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unstable due to sample size.*

Los Angeles County residents, ages 50-75, were more likely to have had a sigmoidoscopy within the past 5 years or a colonoscopy within the past 10 years, than they were to have had a fecal occult blood test within the past year. 54.6% of county residents, 47.3% of SPA 4 residents, and 61.4% of SPA 6 residents did not meet the Healthy People 2030 objective for 74.4% for adults, ages 50 to 75, to have had a colorectal cancer screening. Rates for colorectal cancer screening are higher among women (54.9%) than men (54.3%), but rise with age and income level. Whites were the most likely to have had this screening (64.4%) and Latinos were the least likely (42.0%). The Southeast Health District had the lowest rate (24.3%) of all districts.

Colorectal Cancer Screening (Sigmoidoscopy/Colonoscopy), Adults, Ages 50-75

	Percent
Male	54.3%
Female	54.9%
50-59	43.8%
60-64	60.1%
65 or older	69.5%
0-99% FPL	36.9%
100-199% FPL	47.6%
200-299% FPL	55.3%
300% or above FPL	65.1%
White	64.4%
Asian	62.2%
Black	57.7%
Latino	42.0%
Central Health District	45.3%
Compton Health District	40.6%
Inglewood Health District	38.8%
San Antonio Health District	56.1%
South Health District	38.4%
Southeast Health District	24.3%
Southwest Health District	42.1%
SPA 4	**47.3%**
SPA 6	**61.4%**
Los Angeles County	**54.6%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Input – Preventive Practices

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

- For many decades, there's been emphasis on intervention and treatment, but a prevention focus will prevent higher costs in the future.
- How do we look upstream and address preventable things like a fall, a health condition, or domestic violence? Destigmatizing is needed so people feel it is okay to ask for information or help.
- Vaccinations in general need to be encouraged as a way to prevent communicable diseases, with emphasis on flu vaccinations. Last year, flu rates were very low due to quarantine but now that more things are opening, flu vaccination is important.
- Often, clients say they have health insurance, but they don't access care until they have a disease. They lack time and easy access to preventive care.

- A big issue is the delay in available appointments – the next appointment may be months out.
- Preventive screenings are a challenge for anyone struggling with activities of daily living or getting time off work. If they are not feeling disease onset or discomfort, screening isn't a priority.
- With perinatal mental health there are new laws in place; all pregnant and post-partum mothers should be screened for mental health during pregnancy and post-partum. Screening should also happen at well child visits.
- Children often go without preventive services and aren't kept on a timely vaccination schedule.
- Kids are way behind in childhood vaccines. We need drive through vaccination clinics. Weekend clinics could help so kids don't miss school. Outreach is needed to remind when vaccines are needed.
- With childhood vaccines, schools require them so that's why they get them. With Adult and HPV vaccines, they aren't required so many people lapse in getting these vaccinations.
- Free screenings and mobile clinics have been helpful for low-income communities. With busy lives and trying to make ends meet, they aren't prioritizing health. Preventive anything isn't a priority.
- The big issue is that people skipped anything that wasn't an emergency due to the pandemic.
- The pandemic overlay affected preventive care for the community and providers. Prevention is hard to do in virtual environment and virtual care is a barrier to care, as many lack access to technology.
- We're seeing lot of additional patients with acute illness that could have been prevented. Many are overdue for their preventive screenings; we're trying to get through a huge backlog.
- Many don't see the value in the Medicare annual wellness exam. Many Medicare patients are still working so it's a huge deal to make time for this exam when they are working.
- Fall prevention safety education is an issue; needs to address safety in the home and community.
- With persons who are homeless, there's an issue with anything that requires more than one encounter. Access to vaccines on the street and connecting to care for regular screening is a challenge.

Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, COVID-19 and housing and homelessness had the highest scores for severe and very severe impact on the community. Housing and homelessness and economic insecurity were the top two needs that had worsened over time. Housing and homelessness, economic insecurity and mental health had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	92.5%	27%	76.3%
Birth indicators	53.7%	16.2%	45.9%
Chronic diseases	82.9%	48.7%	75.7%
COVID-19	97.6%	31.6%	68.4%
Dental care	68.3%	27%	73%
Economic insecurity	100%	71.1%	91.9%
Education	67.5%	33.3%	58.3%
Food insecurity	90.3%	55.3%	73.7%
Housing and homelessness	95.1%	86.8%	94.7%
Mental health	87.8%	73.7%	89.5%
Overweight and obesity	75.6%	44.7%	68.4%
Preventive practices	75.6%	29.7%	51.4%
Substance use	70.7%	60.5%	81.6%
Violence and injury	73.2%	42.1%	62.2%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. COVID-19, access to care and mental health were ranked as the top three priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
COVID-19	3.88
Access to care	3.85
Mental health	3.78
Chronic diseases	3.71
Substance use	3.68
Birth indicators	3.67
Preventive practices	3.59
Overweight and obesity	3.51
Housing and homelessness	3.46
Violence and injury	3.32
Food insecurity	3.27
Economic insecurity	3.15
Dental care	3.13
Education	3.03

Community residents were also asked to prioritize the significant needs through a survey by indicating the level of importance the hospital should place on addressing these community needs. The percentage of persons who identified a need as very important or important was divided by the total number of responses for which a response was provided, resulting in an overall percentage score for each significant need. The survey respondents listed the top five important community needs as: birth indicators, chronic conditions, COVID-19, overweight and obesity, and education.

Community Needs	Important and Very Important
Birth indicators (teen births, prenatal care, low-birth weight babies)	96.7%
Chronic conditions	96.7%
COVID-19	93.3%
Overweight/obesity (healthy eating and active living)	93.3%
Education	90.0%
Mental health	90.0%
Access to health care	86.7%
Dental care/oral health	86.7%
Economic insecurity	86.7%
Food Insecurity	86.7%
Housing and homelessness	86.7%
Preventive Practices (vaccines, screenings)	83.3%
Violence and injury	83.3%
Substance use (alcohol, drugs or tobacco)	76.7%

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to https://www.211la.org/.

Significant Needs	Community Resources
Access to health care	AltaMed, Amanecer Community Counseling Service, Central City Neighborhood Partners, Charles R. Drew University of Medicine and Science, CinnaMoms, Clinica Medica Alvarado, Clinica Romero, CultivaLA, Inc., Eisner Health, Homeless Health Care Los Angeles, JWCH Wesley Health Centers, Karsh Center, KHEIR Center, L.A. Care Community Resource Centers, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, Los Angeles Unified School District, MLK Community Healthcare Clinics, Northeast Valley Health Center, Planned Parenthood, QueensCare Health Centers, Saban Community Clinic, South Central Family Health Center, Southside Coalition of Community Health Centers, St. John's Well Child & Family Center, T.H.E. (To Help Everyone) Health and Wellness Centers, The People Concern, The Wellness Center at LAC+USC Medical Center, UMMA Community Clinic, USC Dental Clinic, Venice Family Clinic, Via Care Community Health Center, Westside Family Health Center
Birth indicators	Black Infant Health Program, Black Women for Wellness, Central City Neighborhood Partners, Charles R. Drew University of Medicine and Science, Children's Bureau of Southern California, CinnaMoms, Eisner Health, Esperanza Community Housing Corporation, First 5 LA (Welcome Baby Program), KHEIR Center, Kindred Space LA Birthing Center, Los Angeles County Department of Public Health (African American Infant and Maternal Mortality AAIMM Initiative and AAIMM Village Fund), MAMA'S Neighborhood, Maternal and Child Health Access, Maternal Mental Health NOW, MLK Community Healthcare Clinics, Nurse-Family Partnership Program, PHFE WIC, Planned Parenthood, QueensCare Health Centers, Soul Food for Your Baby, Visión y Compromiso, Watts Healthcare, Wellnest - Emotional Health & Wellness
Chronic diseases	AltaMed, Charles R. Drew University of Medicine and Science, Clinica Romero, Eisner Health, Homeless Health Care Los Angeles, JWCH Wesley Health Centers, KHEIR Center, L.A. Care Community Resource Centers, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, MAMA'S Neighborhood, MLK Community Healthcare Clinics, Planned Parenthood, Project Angel Food, QueensCare Health Centers, Saban Community Clinic, South Central Family Health Center, Southside Coalition of Community Health Centers, St. John's Well Child & Family Center, T.H.E. (To Help Everyone) Health and Wellness Centers, Universal Community Health Center, Venice Family Clinic, Watts Healthcare, Westside Family Health Center, YMCA
COVID-19	AltaMed, Brotherhood Crusade, Central City Neighborhood Partners, Charles R. Drew University of Medicine and Science, Clinica Romero, Community Coalition (CoCo), Community Health Councils, CORE, CultivaLA, Inc., Eisner

Significant Needs	Community Resources
	Health, Esperanza Community Housing Corporation, KCS Health Center, Kheir Clinic, L.A. Care Community Resource Centers, Los Angeles Christian Health Centers, Los Angeles County Department of Public Health, Los Angeles Unified School District, MLK Community Healthcare Clinics, National Health Foundation, QueensCare Health Centers, South Asian Network, South Central Family Health Center, Southside Coalition of Community Health Centers
Economic insecurity	Catholic Charities of Los Angeles, Inc., CD Tech, Children's Bureau of Southern California, Chrysalis, Clinica Romero, Community Health Councils, Corporation for Supportive Housing - Los Angeles, Esperanza Community Housing Corporation, Fair Housing Foundation, Hunger Action LA, Imagine LA, InnerCity Struggle, Jewish Free Loan Association, Jewish Vocational Service, Karsh Center, Korea Town Youth and Community Center, Korean American Federation of Los Angeles, LA Conservation Corps, L.A. Works, Lift Los Angeles, Los Angeles Black Worker Center, Los Angeles County Department of Health Services (SECTOR Program), Los Angeles Transition Center, Maternal and Child Health Access, Mexican American Opportunity Foundation, Neighborhood Legal Services of Los Angeles County, New Economics for Women, Para Los Niños, Pathways Out of Poverty – United Way, St. Barnabas Senior Services, Strategic Action for a Just Economy (SAJE), T.R.U.S.T. South LA, Urban Partners LA, Watts Labor Community Action Committee, Worker Education and Resource Center (WERC), YouthBuild
Education	Alliance for a Better Community, Boys & Girls Clubs of America, BreastfeedLA, Bresee Foundation, Catholic Big Brothers Big Sisters of Los Angeles, Children's Bureau of Southern California, Child360, Community Build, Families in Schools, Girls Club of Los Angeles, Homeboy Industries, Korea Town Youth and Community Center, Maternal Mental Health Now, New Economics for Women, Para Los Niños, St. Barnabas Senior Services, The Children's Collective, Inc., Urban Partners LA, Watts Labor Community Action Committee, YWCA
Food insecurity	All Peoples Christian Church, APLA Health, Bethel AME Church, CalFresh, Central City Neighborhood Partners, Community Build, Community Health Councils, CultivaLA, Inc., Dignity and Power Now, Everytable, FEAST: Food, Education, Access, Support, Together, First 5 LA, GA foods - Nutrition for Older Adults and Recovering Patients, Food Forward, Hunger Action LA, Karsh Center, Korea Town Youth and Community Center, L.A. Care Community Resource Centers, Los Angeles County Department of Public Health, Los Angeles Regional Food Bank, Los Angeles Unified School District, Meals on Wheels, Mexican American Opportunity Foundation, Para Los Niños, PHFE WIC, Pico Union Project, Project Angel Food, South Asian Network, St. Francis Center Los Angeles, The Ron Finley Project - Gangsta Gardener, T.R.U.S.T. South LA, Urban Partners LA, Venice Family Clinic, Wilshire Presbyterian Church, YMCA, YWCA
Housing and homelessness	Alliance for Community Transit-Los Angeles (ACT-LA), Amanecer Community Counseling Service, CDTech, Central City Neighborhood Partners, Clifford Beers Housing, Coalition for Humane Immigrant Rights of Los Angeles, Community Clinic Association of Los Angeles, Esperanza Community Housing Corporation, HOPICS, Inner City Law Center, LA Family Housing, Los

Significant Needs	Community Resources
	Angeles County Department of Health Services, Los Angeles Homeless Services Authority (LAHSA), Los Angeles Mission, Maternal and Child Health Access, Northeast Valley Health Centers, People Assisting the Homeless (PATH), Project Roomkey, Safe Place for Youth, Skid Row Housing Trust, SRO Housing Corporation, The Midnight Mission, The Salvation Army, T.R.U.S.T. South LA, United Neighbors in Defense Against Displacement (UNIDAD) Coalition, Upward Bound House, Watts Labor Community Action Committee, Wellnest - Emotional Health & Wellness
Mental health	Alcott Center, Amanecer Community Counseling Service, Children's Bureau of Southern California, Children's Institute, College Hospitals Help Line, Didi Hirsch Mental Health Services, EduCare Foundation, Exodus Recovery, Inc., First 5 LA Home Visiting Programs, Homeboy Industries, Karsh Center, Korea Town Youth and Community Center, Los Angeles County Department of Mental Health (Health Neighborhoods and United Mental Health Promoters), Los Angeles County Department of Public Health (Hollywood-Wilshire Wellness Community), Los Angeles Mission, Los Angeles Social Isolation and Loneliness Impact Coalition, Los Angeles Unified School District, Maternal Mental Health NOW, Mental Health First Aid, National Alliance on Mental Illness (NAMI), OUR HOUSE Grief Support Center, Pacific Clinics, Painted Brain, St. Barnabas Senior Services, St. John's Well Child & Family Center, The Los Angeles LGBT Center, The Los Angeles Trust for Children's Health, The People Concern, The Salvation Army, Wellnest - Emotional Health & Wellness
Overweight and obesity	CultivaLA, Inc., Homeless Health Care Los Angeles, Los Angeles Christian Health Centers, PHFE WIC, Saban Community Clinic, The Salvation Army, Venice Family Clinic, Westside Family Health Center, YMCA
Preventive practices	Boyle Heights Family Resource Center, Coach for Kids, Inc., Homeless Health Care Los Angeles, Koreatown Youth & Community Center, Latino Equality Alliance, Los Angeles Christian Health Centers, Saban Community Clinic, Southside Coalition of Community Health Centers, Venice Family Clinic, Watts Healthcare, Westside Family Health Center
Substance use	Clare Matrix, Drug Policy Alliance, Helpline Youth Counseling, Inc., Homeboy Industries, Homeless Health Care Los Angeles - Center For Harm Reduction, Koreatown Youth & Community Center, Los Angeles County Department of Health Services, Safe Place for Youth, Tarzana Treatment Centers, Inc., The Los Angeles Trust for Children's Health
Violence and injury prevention	Amanecer Community Counseling Service, Children's Bureau of Southern California, Covenant House, Downtown Women's Center Housing Works, Jewish Family Service of LA, Los Angeles County Office of Violence Prevention Programs, Peace Over Violence, St. Mary's Episcopal Church, The People Concern, Safe Place for Youth

Impact of Actions Taken Since the Preceding CHNA

In 2019, California Hospital conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: Housing and homelessness, access to health care, mental health, chronic diseases, economic insecurity, substance use and misuse, food insecurity, education, preventive practices and birth indicators through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2019 CHNA.

Access to Health Care

Strategy or Program Name	Summary Description
Financial Assistance	The hospital provided financial assistance to eligible patients who did not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
Para Su Salud – Enrollment Assistance Program	Enrollers provided assistance to individuals and families to sign up for health and dental health insurance benefits. Enrolled 2,492 persons were enrolled in health insurance programs.
Health Ministry Program	Parish Nurse screened for common chronic conditions at a variety of community sites and referred those with abnormal results and those without a medical home to local FQHCs. Provided one-on-one diabetes education through Diabetes Empowerment Education Program (DEEP) classes.
10th Decile Project	This grant-funded project connected the top 10% of highest cost, highest need chronically homeless individuals seen at CHMC to intensive case management, supportive housing, and appropriate physical, mental, and behavioral health care services through a collaboration of Corporation for Supportive Housing, Housing Works, and JWCHI, Inc. Screened 963 people experiencing homelessness. Enrolled 857 in a medical home. Referred 132 patients to Housing Works for the 10th Decile Project.
HSFC Early Head Start Program and LA Best Babies Network's perinatal and early childhood home visitation programs	Assisted families in accessing health and dental health insurance coverage. Assisted families in establishing a medical home for each family member. Encouraged attendance at all prenatal and/or well child visits.
Navigating the Health Care System	A four-unit health literacy curriculum designed by Nemours Children's Health System for use with high school students in classroom or community settings. The program prepares students to be responsible for

Strategy or Program Name	Summary Description
	managing their own health care as they transition into adulthood.
Transition to Wellness Project	This project is a partnership with Jewish Family Services. Provided service navigation to homeless patients with mental illness treated in ED and inpatient hospital units and connected them with community resources and treatment interventions, improved their overall health and social well-being, and reduced ED utilization and hospital readmissions
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to improve access to care.

Birth Indicators

Strategy or Program Name	Summary Description
African American Infant and Maternal Mortality Initiative (AAIMM)	This initiative aims to decrease black infant mortality by decreasing prematurity, LBW, and SIDS.
HSFC Early Head Start Program	Prenatal home visiting services were provided to improve birth outcomes.
Cherished Futures for Black Moms & Babies	Cherished Futures is a collaborative effort to reduce infant mortality and improve maternal patient experiences and safety among Black moms and babies in South LA and the Antelope Valley. It is aligned with the comprehensive LA County African American Infant and Maternal Mortality (AAIMM) initiative and aims to support the legacy of local communities working to advance birth equity. Implemented a proactive collaborative to explore key interventions focusing on clinical, organizational, and community level strategies to address African American birth inequities. Increased the capacity of project partners to meet the needs of Black women and families through a series of learning opportunities on equity, root causes, and implicit bias.
LA County Perinatal and Early Childhood Home Visitation Consortium	This consortium is run by LABBN. Membership includes the majority of organizations providing home visiting services in LA County. Implemented plan to expand PAT and HFA in Los Angeles County.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to improve birth indicators.

Chronic Diseases

Strategy or Program Name	Summary Description
Health Ministry Program	Parish Nurse screened for common chronic diseases including overweight/obesity. Referred those with abnormal results to local FQHCs if they do not already

Strategy or Program Name	Summary Description
	have a medical home. Pre-diabetics were referred to National Diabetes Prevention Program and/or Diabetes Empowerment Education Program (DEEP). Individuals with elevated cholesterol or hypertension were referred to Heart HELP Program. Persons interested in smoking cessation, referred to Smoking Cessation assistance programs.
Heart HELP Program	Participants learned to minimize their risk for cardiovascular disease by healthy eating and cooking and maintaining an active lifestyle and addressing risk factors like obesity/overweight, hypertension, cholesterol, and pre-diabetes/diabetes.
Diabetes Empowerment Education Program (DEEP)	Participants with pre-diabetes learned how to prevent diabetes. Participants with diabetes learned how to manage their disease and improve their health in order to prevent complications. Parish Nurse translated virtual DEEP curriculum into Spanish. In FY20, one DEEP series of workshops was given in English and 9 in Spanish. 12 enrolled in the English series and 180 enrolled in the Spanish series. 10 (83.3%) completed the English series and 102 (56.7%) completed the Spanish series.
Chronic Disease Self-Management Program	In six weekly workshops, participants with chronic conditions learned how to manage and improve their health. Topics included: pain management, nutrition, exercise, medication use, emotions, and communicating with doctors.
Emotional Well-Being Support Group	Patient and community support group was provided for people with chronic diseases to improve their emotional well-being through mutual support, coping strategies, and psychoeducation.
Breast Cancer Support Group	In partnership with Celebrate Life Cancer Ministry, the hospital offered a Breast Cancer Support Group to help recovery through mutual support, coping strategies and psychoeducation.
CHMC's Women's Health Center	Uninsured women were referred to the Women's Health Center for free mammography and cervical cancer screenings.
Coordinated Care Initiative	Patients with chronic diseases who have their medical home at FQHCs belonging to the Southside Coalition of Community Health Centers and are inpatients at CHMC participated in this program. Deployed HIE*Lite for patient identification and management. Patient navigators developed care plans for enrolled patients and coordinated their post-discharge care. Decreased ED revisits and 30-day readmissions.

Strategy or Program Name	Summary Description
10th Decile Project	This grant-funded project connected the top 10% of highest cost, highest need chronically homeless individuals seen at CHMC to intensive case management, supportive housing, and appropriate physical, mental, and behavioral health care services through a collaboration of Corporation for Supportive Housing, Housing Works, and JWCHI, Inc Screened 963 people experiencing homelessness. Enrolled 857 in a medical home. Referred 132 patients to Housing Works for the 10th Decile Project.
HSFC Early Head Start Program Early Care and Education Centers Family Childcare Network	Pregnant and parenting women with children, ages 0-3, learned about the importance of: exclusive breastfeeding for the first 6 month of life with continued breastfeeding for as long as feasible, the consumption of fresh fruits and vegetable 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 obesity/overweight.
Healthy Eating and Lifestyle Program	Overweight/obese children, ages 5-12, and their parents learned to decrease screen time, consumption of fast food, sugar sweetened beverages, and calorie-dense, nutrient poor food and to increase their physical activity and consumption of fresh fruits and vegetables and water. By decreasing children's overweight/obesity, the program decreased their risk for diabetes and hypertension.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address disease prevention and management.

Dental Care

Strategy or Program Name	Summary Description
Para Su Salud – Enrollment Assistance Program	Enrollers provided assistance to individuals and families to sign up for health and dental health insurance benefits. Enrolled 2,492 persons were enrolled in health insurance programs.
Diabetes Empowerment Education Program (DEEP)	Diabetic patients participating in the program were referred to Eisner Health's dental clinic for periodontal care.
HSFC Early Head Start Program and Perinatal and Early Childhood Visitation Program	Home visitors taught new mothers how to prevent early childhood caries.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address dental care.

Economic Insecurity

Strategy or Program Name	Summary Description
HSFC Family Literacy Program	Family literacy program helped parents improve parenting and literacy skills while providing young children with early childhood education to support their emerging literacy skills. Parents learned ESL, the importance of child-led play, and financial literacy.
HSFC Early Head Start Program	Promoted economic self-sufficiency for parents. EHS promoted school readiness in a variety of ways including encouraging parents to talk, read, and sing to their infants, toddlers, and young children.
HSFC Early Care and Education Centers	Access to full-day licensed childcare enabled parents to continue their education or work. Children learned school readiness skills.
HSFC Family Childcare Network	Access to licensed childcare during evenings, nights and week-ends enabled parents to continue their education or work. Children learned school readiness skills.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address economic insecurity.

Education

Strategy or Program Name	Summary Description
HSFC Family Literacy Program	Family literacy program helped parents improve parenting and literacy skills while providing young children with early childhood education to support their emerging literacy skills. Parents learned ESL, the importance of child-led play, and financial literacy.
HSFC Early Head Start Program	Promoted economic self-sufficiency for parents. EHS promoted school readiness in a variety of ways including encouraging parents to talk, read, and sing to their infants, toddlers, and young children.
HSFC Early Care and Education Centers	Access to full-day licensed childcare enabled parents to continue their education or work. Children learned school readiness skills.
HSFC Family Childcare Network	Access to licensed childcare during evenings, nights and week-ends enabled parents to continue their education or work. Children learned school readiness skills.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address access to education.

Food Insecurity

Strategy or Program Name	Summary Description
Heart HELP Program	Participants learned to minimize their risk for cardiovascular disease by healthy eating and cooking and maintaining an active lifestyle and addressing risk factors like obesity/overweight, hypertension, cholesterol, and pre-diabetes/diabetes.
Diabetes Empowerment Education Program (DEEP)	Participants with pre-diabetes learned how to prevent diabetes. Participants with diabetes learned how to manage their disease and improve their health in order to prevent complications. Parish Nurse translated virtual DEEP curriculum into Spanish. In FY20, one DEEP series of workshops was given in English and 9 in Spanish. 12 enrolled in the English series and 180 enrolled in the Spanish series. 10 (83.3%) completed the English series and 102 (56.7%) completed the Spanish series.
Chronic Disease Self-Management Program	In six weekly workshops, participants with chronic conditions learned how to manage and improve their health. Topics included: pain management, nutrition, exercise, medication use, emotions, and communicating with doctors.
Healthy Eating and Lifestyle Program	Overweight/obese children, ages 5-12, and their parents learned to decrease screen time, consumption of fast food, sugar sweetened beverages, and calorie-dense, nutrient poor food and to increase their physical activity and consumption of fresh fruits and vegetables and water. By decreasing children's overweight/obesity, the program decreased their risk for diabetes and hypertension.
Food Recovery Initiative	Food produced for cafeteria consumption that is not consumed is prepared for pick-up by Food Finders. Food Finders picked up the food and transported it to a local partner.
Health Ministry Program	Since the onset of the pandemic, the *promotora* fielded many questions regarding accessing food. She provided resources closest to the client including 35 food banks, drive-through giveaways, local food pantries, etc. A Directory of Food Resources by ZIP Code was developed by Health Ministry staff and mailed to clients who were food insecure.
HSFC Early Head Start Program	All families were screened for food insecurity. Those who were food insecure were referred to WIC, CalFresh, and other food assistance programs. HSFC set up a food pantry and hosted a food drive to access more food.

Strategy or Program Name	Summary Description
LA County Perinatal and Early Childhood Home Visitation Consortium	This consortium is run by LABBN. Parents were screened for food insecurity and referred to food assistance programs.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address food insecurity.

Housing and Homelessness

Strategy or Program Name	Summary Description
10th Decile Project	This grant-funded project connected the top 10% of highest cost, highest need chronically homeless individuals seen at CHMC to intensive case management, supportive housing, and appropriate physical, mental, and behavioral health care services through a collaboration of Corporation for Supportive Housing, Housing Works, and JWCHI, Inc. Screened 963 people experiencing homelessness. Enrolled 857 in a medical home. Referred 132 patients to Housing Works for the 10th Decile Project.
HSFC Early Head Start Program and LA Best Babies Network's perinatal and early childhood home visitation programs	Assisted families in accessing health and dental health insurance coverage. Assisted families in establishing a medical home for each family member. Encouraged attendance at all prenatal and/or well child visits.
Dignity Health Homeless Health Initiative	Provided three social workers to assist with discharge planning for homeless patients seen in the ED.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address housing and homelessness.

Mental Health

Strategy or Program Name	Summary Description
HSFC Early Head Start Program, Early Care and Education Centers, Wraparound Services Program	Parents were screened for depression/anxiety and intimate partner violence (IPV). Children were screened for mental health and behavioral issues. Parents and children who needed treatment were referred to community resources.
Dignity Health Homeless Health Initiative	Provided three social workers to assist with discharge planning for homeless patients seen in the ED.
UniHealth Cultural Trauma and Mental Health Resiliency Project	Joint effort of the six Dignity Health hospitals in Southern California working in partnership to increase the capacity of local community organizations, community members and hospitals to identify mental distress and/or suicidality among at risk youth, and to respond appropriately. Improved access to prevention and early intervention mental health and SUD services, thereby decreasing health disparities, especially for

Strategy or Program Name	Summary Description
	those affected by poverty, racism, adverse childhood experiences, and violence. This project is jointly funded by UniHealth Foundation, participating Dignity Health hospitals, and the Dignity Health Foundation. The hospital identified and funded grantees who delivered Mental Health First Aid, Youth Mental Health First Aid, and Question, Persuade, and Refer to the target population in the service area.
Transition to Wellness Project	This project is a partnership with Jewish Family Services. Provided service navigation to homeless patients with mental illness treated in ED and inpatient hospital units and connected them with community resources and treatment interventions, improved their overall health and social well-being, and reduced ED utilization and hospital readmissions
CA Behavioral Health Clinic	Children and youth, ages 0-21, with Medi-Cal received mental health care services.
10th Decile Project	This grant-funded project connected the top 10% of highest cost, highest need chronically homeless individuals seen at CHMC to intensive case management, supportive housing, and appropriate physical, mental, and behavioral health care services through a collaboration of Corporation for Supportive Housing, Housing Works, and JWCHI, Inc. Screened 963 people experiencing homelessness. Enrolled 857 in a medical home. Referred 132 patients to Housing Works for the 10th Decile Project.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address mental health.

Overweight and Obesity

Strategy or Program Name	Summary Description
Health Ministry Program	Parish Nurse screened for overweight/obesity. Referred those who are overweight or obese to programs focused on physical activity and healthy eating.
Healthy Eating and Lifestyle Program	Overweight/obese children, ages 5-12, and their parents learned to decrease screen time, consumption of fast food, sugar sweetened beverages, and calorie-dense, nutrient poor food and to increase their physical activity and consumption of fresh fruits and vegetables and water. By decreasing children's overweight/obesity, the program decreased their risk for diabetes and hypertension.
Diabetes Empowerment Education Program (DEEP)	Participants with pre-diabetes learned how to prevent diabetes. Participants with diabetes learned how to

Strategy or Program Name	Summary Description
	manage their disease and improve their health in order to prevent complications. Parish Nurse translated virtual DEEP curriculum into Spanish.
Food Recovery Initiative	Food produced for cafeteria consumption that is not consumed is prepared for pick-up by Food Finders. Food Finders picked up the food and transported it to a local partner.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address overweight and obesity.

Preventive Practices

Strategy or Program Name	Summary Description
Para Su Salud – Enrollment Assistance Program	Enrollers provided assistance to individuals and families to sign up for health and dental health insurance benefits. Enrolled 2,492 persons were enrolled in health insurance programs.
HSFC's Early Head Start Program Early Care and Education Centers Family Childcare Network	Influenza vaccines are provided to children annually.
CHMC's Women's Health Center	Uninsured women were referred to the Women's Health Center for free mammography and cervical cancer screenings.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to encourage preventive care.

Substance Use and Misuse

Strategy or Program Name	Summary Description
Wraparound Services Program	The Wraparound Program provided community-based support and individualized planning for children, including those with severe emotional and behavioral disorders and their families. The Wraparound Team created an intensive family preservation plan that supported keeping the child at home with his/her family.
CA Bridge Program	The ED initiated buprenorphine for patients with Opioid Use Disorder (OUD) in withdrawal. Taught family and friends of persons with OUD how to use naloxone in case of opioid overdose. Substance Use Navigator (SUN) arranged discharge plan with local MAT provider.
HSFC Early Head Start Program Early Care and Education Centers Family Childcare Network Early Intervention Program	Provided child development and parent support services to low-income pregnant women and families with children, ages birth to 5 years. Parents learned the importance of responsive caregiving and keeping their

Strategy or Program Name	Summary Description
	children safe. Specialists evaluated and assessed infants and toddlers with developmental delays or disabilities and provided support services.
UniHealth Cultural Trauma and Mental Health Resiliency Project	A joint effort of the six Dignity Health hospitals in Southern California working in partnership to increase the capacity of local community organizations, community members and hospitals to identify mental distress and/or suicidality among at risk youth, and to respond appropriately. Improved access to prevention and early intervention mental health and SUD services, thereby decreasing health disparities, especially for those affected by poverty, racism, adverse childhood experiences, and violence. This project is jointly funded by UniHealth Foundation, participating Dignity Health hospitals, and the Dignity Health Foundation. The hospital identified and funded grantees who delivered Mental Health First Aid, Youth Mental Health First Aid, and Question, Persuade, and Refer to the target population in the service area.
10th Decile Project	This grant-funded project connected the top 10% of highest cost, highest need chronically homeless individuals seen at CHMC to intensive case management, supportive housing, and appropriate physical, mental, and behavioral health care services through a collaboration of Corporation for Supportive Housing, Housing Works, and JWCHI, Inc. Screened 963 people experiencing homelessness. Enrolled 857 in a medical home. Referred 132 patients to Housing Works for the 10th Decile Project.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address substance use.

Violence and Injury Prevention

Strategy or Program Name	Summary Description
HSFC Early Head Start Program, Early Care and Education Centers, Family Childcare Network	Parents were screened for depression/anxiety and intimate partner violence (IPV). Children were screened for mental health and behavioral issues. Parents and children who needed treatment were referred to community resources.
Stop the Bleed Program	Stop the Bleed is a national awareness campaign and call-to-action. Bystanders were trained, equipped, and empowered to help a bleeding emergency before professional help arrived.
UniHealth Cultural Trauma and Mental Health Resiliency Project	Joint effort of the six Dignity Health hospitals in Southern California working in partnership to increase the capacity of local community organizations,

Strategy or Program Name	Summary Description
	community members and hospitals to identify mental distress and/or suicidality among at risk youth, and to respond appropriately. Improved access to prevention and early intervention mental health and SUD services, thereby decreasing health disparities, especially for those affected by poverty, racism, adverse childhood experiences, and violence. This project is jointly funded by UniHealth Foundation, participating Dignity Health hospitals, and the Dignity Health Foundation. The hospital identified and funded grantees who delivered Mental Health First Aid, Youth Mental Health First Aid, and Question, Persuade, and Refer to the target population in the service area.
Dignity Health Human Trafficking Response Initiative	The CHMC Human Trafficking Response Task Force provided training to identify potential victims of sex and/or labor trafficking in the ED and other hospital units. The survivor advocate hired by CAST LA worked in the ED to assist staff in identifying potential victims and convincing potential victims to accept services.
Wraparound Services Program	The Wraparound Program provided community-based support and individualized planning for children, including those with severe emotional and behavioral disorders and their families. The Wraparound Team created an intensive family preservation plan that supported keeping the child at home with his/her family.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address violence and injury prevention.

Attachment 1: Benchmark Comparisons

Where data were available, the service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**80.1%** - 91.5%	90.7%
Child health insurance rate	94.9%	92.1%
Adult health insurance rate	**77.9%**	92.1%
Unable to obtain medical care	**5.2% - 9.6%**	3.3%
Ischemic heart disease deaths	**119.9**	71.1 per 100,000 persons
Cancer deaths	**138.0**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**13.2**	8.9 per 100,000 persons
Lung cancer deaths	**26.2**	25.1 per 100,000 persons
Female breast cancer deaths	**19.6**	15.3 per 100,000 persons
Prostate cancer deaths	**19.5**	16.9 per 100,000 persons
Stroke deaths	**39.5**	33.4 per 100,000 persons
Unintentional injury deaths	25.2	43.2 per 100,000 persons
Suicides	6.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**17.3**	10.9 per 100,000 persons
Homicides	**11.4**	5.5 per 100,000 persons
Drug-overdose deaths	12.1	20.7 per 100,000 persons
Overdose deaths involving opioids	6.7	13.1 per 100,000 persons
Infant death rate	4.1	5.0 per 1,000 live births
Adult obese, ages 20+	25% - 31.5%	36.0%, adults ages 20+
Adults engaging in binge drinking	17.9%	25.4%
Cigarette smoking by adults	**9.9% - 12.2%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**80.9% - 82.4%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	**73% - 75.3%**	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**64.7%**	74.4%
Annual adult influenza vaccination	**26.5%**	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Starlette Abad	Director, Business Expansion	QueensCare Health Centers
Deborah Allen, ScD	Deputy Director	Los Angeles County Department of Public Health
Ivette Aragon	Health Field Deputy	US Representative Jimmy Gomez, CA-34
G. Michael Arnold	President and Chief Executive Officer	The Midnight Mission
Richard Ayoub	Executive Director	Project Angel Food
Alexander Bautista	Sergeant II, Rampart Area Training Coordinator	Los Angeles Police Department
Warren J. Brodine	President and Chief Executive Officer	Eisner Health
Ronald E. Brown, PhD	President and Chief Executive Officer	Children's Bureau of Southern California
Maggie Cervantes	Executive Director	New Economics for Women
Susana Cervantes	Field Representative	Assemblymember Miguel Santiago, District 53
Anthony Cespedes MPA	Health Deputy	Los Angeles County Supervisor Hilda L. Solis, First District
Charlene Dimas-Peinado, LCSW, EML	President and Chief Executive Officer	Wellnest - Emotional Health & Wellness
Ellen Eidem, MS	Director, Office of Women's Health	Los Angeles County Department of Public Health
Denise C. Gee, MPH, RDN, CLE	Deputy Director	PHFE WIC
Edith Gonzalez, MPA	Deputy Director of District Operations	Los Angeles County Supervisor Hilda L. Solis, First District
Brian Hurley, MD, MBA, DFASAM	Medical Director, Substance Abuse Prevention and Control	Los Angeles County Department of Public Health
Nancy Halpern Ibrahim, MPH	Executive Director	Esperanza Community Housing Corporation
Jessica Jew	Assistant Health Deputy for Health & Wellness	Office of Supervisor Holly J. Mitchell, Chair of the Board of Supervisors, Los Angeles County 2nd District
Rae Jin	Executive Director	Anderson Munger YMCA
Felica Jones	Chief Executive Officer	Healthy African American Families
Gabrielle Kaufman, MA, LPCC, BC-DMT, NCC, PMH-C	Clinical Director	Maternal Mental Health NOW
Lynn Kersey, MA, MPH, CLE	Executive Director	Maternal and Child Health Access
Jan King, MD, MPH	Area Health Officer, SPA 5	Los Angeles County Department of Public Health
Irene De Anda Lewis	Director	The Salvation Army Siemon Youth and Community Center
Trisha Hanudel Lopez	Director of Development	St. Barnabas Senior Services
John Maceri	Chief Executive Officer	The People Concern

Name	Title	Organization
Alicia Matricardi	General Counsel and Chief of Development	New Economics for Women
Cristin Mondy, RN, MSN, MPH	Regional Health Officer, SPA 4 (Metropolitan LA)	Los Angeles County Department of Public Health
Juan Navarro	Executive Director	Los Angeles Centers for Alcohol and Drug Abuse
Maryjane Puffer	Executive Director	The Los Angeles Trust for Children's Health
Carlos Quintero, LMFT	Chief Program Officer	Amanecer Community Counseling Service
Roberto Roque	Program Officer	First 5 LA
Jose Miguel Ruiz, MSW	Executive Director	CultivaLA, Inc.
Nina Sharmin	Senior Program Associate	South Asian Network – Little Bangladesh Project
June Simmons	President and Chief Executive Officer	Partners in Care Foundation
Paul Simon, MD, MPH	Chief Science Officer	Los Angeles County Department of Public Health
Johng Ho Song	Executive Director	Koreatown Youth & Community Center
Bill Tarkanian	Director of Program Development	Los Angeles Centers for Alcohol and Drug Abuse
Stephanie Thornton	Senior Healthcare Policy Analyst	Community Health Councils
Nina L. Vaccaro, MPH	Chief Operating Officer	Community Clinic Association of Los Angeles County
Andrea Williams, MPA	Executive Director	Southside Coalition of Community Health Centers
Cheryl L. Winter, MPH, LCSW	Senior Program Manager	Corporation for Supportive Housing Los Angeles
Cindy Young, MPH, RD	Senior Program Manager	BreastfeedLA

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- COVID magnified the needs related to social determinants of health, i.e., economic insecurity, food insecurity, housing, homelessness, and access to care, which had reverberating effects on health conditions, mental health, and overdose deaths.
- Social determinants of health are most important if we want to address population health.
- The pandemic has had a huge impact on the communities we serve. There is a great deal of outreach for vaccinations but still much hesitancy. For young families with children under five years old, COVID vaccines are not an option, so they fear for their children's safety.
- COVID has impacted low-income minority communities. The Latino population has a higher death rate as compared to other ethnic groups.
- The biggest issues are COVID, chronic conditions linked with poor COVID outcomes such as diabetes, asthma, and heart disease, and hospitals being overwhelmed.
- Health care access was challenging with the pandemic, and the digital divide made it worse. We saw health inequities with those lacking technology, internet access, and education to navigate virtual care.
- Some older adults were in isolation for over 18 months, which led to depression. Many didn't have technology to access food and social services. Home-delivered medications posed issues when they were delayed.
- The pandemic has had a huge effect on individuals and socioeconomic status. As a result, we're seeing a tremendous increase in behavioral and mental health challenges in adults and children.
- The pandemic is top of mind but we're in a mental health crisis at the same time. We're concerned with increased suicide rates.
- Now that kids are going back to school, teachers are dealing with new mental health issues.
- Students say mental health is something they are most concerned with. COVID vulnerability is a concern, regarding getting it, losing economic security, or potentially losing family members.
- The biggest issue is access to mental health services. Almost all providers went virtual or ramped down due to COVID, while mental health conditions got worse. Food and housing insecurity and substance abuse increased.
- Social isolation has led to increased rates of substance abuse and violence.
- Between designer drugs and the opioid crisis, we've seen a threefold increase in overdose deaths in the past 10 years.
- There are high levels of violence and girls being trafficked.

- Many in South Los Angeles lack access to resources, education, and safe places to live, work, and exercise, which all greatly impact health.
- There's a tremendous amount of poorly treated chronic illness as a result of adverse social conditions. This vulnerability made COVID much more dangerous for these individuals, given the context of social determinants of health, inequality, and race bound up with stress and hardship.
- Health insurance coverage is not easy to get/maintain. While California has excellent eligibility for those who can get covered, there are still too many uninsured and the system is hard to navigate. Those who are undocumented have options, but access can be spotty.
- Middle income residents can't afford nursing care and lack benefit assistance. Not many places will accept Medi-Cal and/or Medicare. So where do older adults go when family can't help them anymore?
- We're concerned with infant and maternal mortality, specifically with the African American community. Premature birth is a concern, too.
- We don't have a hospital close to our agency here in South Los Angeles, so accessing health care in general is hard. There's also a lack of nonprofit clinics in the area.
- We're waiting to see what the overall impact of the pandemic and lack of face-to-face visits has had on health and chronic conditions. We lost many opportunities for preventive care.
- Food and nutrition insecurity are issues; there's need for medically tailored meals.
- Diabetes and self-efficacy at managing the disease is a challenge. Entrenched poverty and inability to do anything about it is a contributor.
- COVID devastated the community with the loss of supports such as health care and schools. The ability to recover is hampered; many lost trust in our support systems.
- Job loss due to the pandemic exacerbated lack of access to insulin and dialysis.
- The biggest health needs are childhood obesity, access to affordable, healthy foods and opportunities for safe outdoor spaces for youth activities - especially in SPA 4 where the biggest open space in five square miles is a cemetery.
- Community safety is a concern. Many don't feel safe walking in their neighborhoods.
- In SPA 4, there are very dense communities with chronic poverty and the lowest incomes in the nation. Immigration adds to the complexity of the situation.
- We're concerned about the effects of institutional racism and how underinvestment in communities of color have affected health care.
- Air quality is a health issue.
- Our clients are largely non-English speaking with low education levels, so language can be a barrier. When they see a doctor and vocabulary levels become too complex, they shut down.

- Health literacy is a barrier. We take for granted that people understand communication around health and wellness, but messages are often in clinical speak or not culturally relevant to communities. The importance of translation must be underscored.
- The pandemic's effects were compounded by economic damage and housing desperation. Many were evicted, resulting in a radical increase in homelessness and food insecurity.
- Lack of stable, safe, affordable housing causes so much stress that people don't pay attention to their health.
- The big issues are homelessness and its drivers, including lack of affordable housing, access to care and substance abuse treatment. In SPA 4, there are significant issues related to homelessness, substance abuse and high rates of those who are HIV positive and have sexually transmitted infections.

Interview participants were asked about socio-economic, behavioral, or environmental factors or conditions contributing to poor health in the community. Their responses included:

- The pandemic brought an attack on science and medicine. Many wondered if hospitals were safe.
- The pandemic has contributed to a deeply divided political environment. People of color feel unsafe and financial insecurity. The issue of social isolation is a close second to the pandemic.
- The pandemic highlighted a lack of community-based organizations' infrastructure. Organizations had to pivot to address needs instead of working on grant-funded policy change work, which shifted resources.
- Many areas are predominantly Latino and African American, so a racial and ethnic lens is important.
- Cultural factors result in mistrust in large entities and government agencies. Many people worry about their immigration status so they don't seek care or services.
- Racial issues were amplified with the pandemic. Social determinants of health and historical racism are all connected with equity issues, which are intensified for communities of color.
- Environmental factors exist; where you are born determines health outcomes, including what hospital you were born in and what neighborhood you were raised in.
- We see the impact of structural racism with an inability to access care in one's own community with providers who understand cultural norms and speak their language. The downturn in the economy, loss of jobs, inability to afford healthy food, and homelessness all escalate health issues. Layering on systemic racism compounds issues in communities of color.

- We need more providers of color for all types of care, as well as providers who are bilingual, especially in high need areas. This includes school nurses, who are now mostly older white women.
- Institutions, including health care institutions, have simply not always delivered on promises to provide equal care. Institutions still do things *to* communities, not *with* communities.
- Structural racism is pervasive. There's inherent bias present against brown, black, poor people, and women within the community, the educational system, and the health care system. This bias can change how symptoms are heard and types of treatment prescribed. For example, African American infant mortality is a significant concern, and these women have challenges seeking care and being understood.
- People are dealing with changes with health insurance or loss of insurance due to job loss.
- Some policies are inadvertently racist that exclude or disproportionately affect certain groups. There's a need to look at policies to make sure they are equitable.
- It almost always comes back to access - lacking health insurance, good schools, good food, primary care, etc. we see negative impacts on health and well-being.
- There are social barriers, language barriers, and cultural barriers at play. The Rampart area is known as a Latin American hub. People come into this part of the city from South American countries, find work, then move forward when they are able. It's a very transient area with many apartment buildings, lower socio-economic status, and not many stakeholders or establishments.
- We have a migrant community, which can hinder opportunities, because people do not have a Social Security number, so they aren't recognized.
- We see economic factors among the large immigrant population - generational poverty, low educational attainment, and low pay. They experience discrimination and often a breakdown of the family system, resulting in high rates of children entering foster care, especially in SPA 6.
- Structural issues exist with lack of career pathways.
- Living in urban centers comes with environmental complications like crime and public safety issues.
- The environment surrounding where people live affect nutrition, activity levels, and stress. Lack of parks makes it hard to get out. People don't feel safe to be out with the increase in the number of persons who are homeless.
- There's a lack of tree coverage. We underestimate what this does to exacerbate environmental temperatures.
- We see a lot of economic uncertainty and a majority of clients are substantially in arrears on rent.
- There's a lack of affordable housing and development in South Los Angeles, Watts, and Compton.

- Housing stock is old in Pico Union and lead possibilities are a reality.
- There are structural issues such as lack of broadband internet with low-income housing.
- We're concerned with social issues, specifically spread of information via social media.
- Structural issues for anyone in a wheelchair include unsafe streets, lack of lighting, and an inability to utilize sidewalks that are in disrepair.
- Economic factors are concerning. We're not ready to deal with the many issues related to seniors. There aren't enough resources for substance abuse and mental health services, and hospitals are caring for indigent patients and are losing funds.
- In SPAs 4 and 6, persons who are homelessness are primarily black and brown at very disproportionate rates.
- Most persons who are homeless experience traumatic living conditions that contribute to poor health. The mental illness stigma exacerbates the number who are unsheltered and untreated.

Interview participants were asked who or what groups in the community are most affected by the identified health-related issues. Their responses included:

- Those suffering the most are those with the least access to care - not just insurance and money, also lack of trust and education, transportation, and misinformation. This includes lower-income families, young families, and older adults. Even lower middle-income families struggle, too, because they don't quality for many assistance programs.
- For low-income, people of color, and disabled individuals, they are impacted by lack of access to housing, health care, and knowledge resources - a vicious cycle of poverty and oppression.
- The worst health outcomes are in areas of SPA 6. Demographically, the African American community suffers the most.
- There are health disparities in South Los Angeles and East Los Angeles, with poverty and historical, intentional segregation. There's a proliferation of liquor stores and no green space. These environmental and economic factors influence neighborhood health and wellness.
- South Los Angeles has air pollution and high asthma rates, due to being close to freeways or the Inglewood oil field. Black and Latino populations bear the brunt of structural issues.
- Black and brown mothers in South Los Angeles have challenges with accessing health and mental health supports. There is unequal distribution of wealth, and they are struggling with basic needs.
- Infant mortality is a Black issue of significant concern. Racism and stress are starting to show up in data as the indicator for preterm birth and infant mortality.

- Discrimination and racism results in limited job options for brown and black communities, so they're more exposed to COVID as frontline workers. Because of how they've been treated, they are more suspicious of interventions, leading to possible hospitalization, maybe death, and family trauma.
- Oral health is an issue with Latinos.
- With Koreans, many don’t have people around to help. In the Korean culture, it’s shameful to ask for help outside of the family. Providers need to understand them both linguistically and culturally to become a trusted provider.
- With the Bangladeshi, Indian, and South Asian population, female health is not their choice. Even if women want to go for a physical checkup they defer to their husband for the decisions and information.
- In SPA 4, those most impacted with health issues are Latinx. Many recent immigrants are Guatemalans, and there are 22 languages in this community and very little outreach.
- Pico Union has a charter school, with 60% Guatemalan indigenous parents. Information is offered in Spanish, but not at their level.
- The immigrant community is very affected with health issues, compounded by low health literacy. Becoming a trusted messenger is hard.
- Indigenously trained Promotoras are desperately needed to serve immigrant and undocumented individuals and communities, with emphasis in South Central Los Angeles. Many depend on trusted help to assist with advocating for them and getting them health care appointments.
- Among immigrant families, new parents often don’t have needed resources. We see high rates of postpartum depression, which causes disruption in healthy attachment and puts the baby at risk.
- Pregnant women have challenges with getting supportive services, such as help with food insecurity.
- SPA 4 has a large population of LGBTQ persons who have high rates of HIV and sexually transmitted diseases, and the largest homeless population in the area. SPA 4 also has a big proportion of the population who is foreign-born, i.e., Hispanic, and Asian communities. Each of these populations have specific risk factors and health needs, language barriers and economic issues.
- LGBTQ youth are trying to find their way in an environment that’s locked down right now. Home may not be safest place for them.
- We see an increase in demand for services with the LGBTQ population.
- Isolation greatly impacted the elderly.
- The Hispanic/Latino community struggles with mental health and substance abuse. The legalization of marijuana normalized marijuana use.
- People released from jails into the community were not getting treatment inside jail so they’re coming back into communities completely untreated.

- Veterans have access to the VA hospital, but in SPA 6 it's harder to get services. They must go to the VA in Westwood or Downtown. VA access is easier in SPA 4.
- There's an increase in older adults, age 50 and older, who are experiencing homelessness, especially among African Americans and Latinos.
- The Skid Row community is most affected with mental health issues. There are eight square blocks in eastern/central downtown Los Angeles of high concern.
- Among persons who are homeless, there are many veterans. MacArthur Park and Echo Park have large areas of persons who are homeless, with open areas where they can establish tents and street living. Most are not seeking services, so more outreach is needed so we can address needs.
- Among persons who are homeless, blacks, veterans and LGBTQ are reflected in disproportionate numbers.
- Older adults tend to have negative health consequences related to their addictions. Hospitals see liver disease or neurological conditions when substance abuse begins to catch up with age.

Interview participants were asked what health inequities they have observed, and the solutions needed to address those inequities. Their responses included:

- There is a lack of universal health. The health care system pays little attention to prevention. The system is built on funding treatment. We need to shift payment models.
- It takes an increased investment at the front end of care to reduce costs on the back end of care. The fee-for-service model needs to change; the drive toward a fully capitated model is so far behind in California.
- Los Angeles County still has great fragmentation of services; systems are not set up to be responsive to needs and the referral system is not good. We need to connect systems to services with a whole person approach, rather than someone needing to go one place for mental health services then another place on another day for substance abuse services.
- There's a difference with Medi-Cal services for mental health disability versus physical disability and access to in-home support services. This can land people in the emergency room or hospital at higher rates.
- There's a need for hospitals to join in advocacy efforts for investment in community-based health care.
- Telehealth is great when transportation is an issue, but broadband coverage is not available for all who need it. There's too much reliance on telehealth now; in-person visits would help underscore the need for vaccinations and cancer screenings.
- There's a lack of access to primary care, behavioral health and dental care. When individuals have these services, life improves overall and they are more prepared to receive other services, i.e., housing assistance, treatment programs, etc.

- There’s a lack of family practice and specialty care providers.
- In South Los Angeles, many people lack health homes. There’s a need to build out medical practices in these medical deserts and connect with low-income housing site coordinators.
- Access to care and equitable density of clinics and FQHCs in certain areas is challenging. We need to locate clinics and health access points near where people live, which ensures providers are familiar with the neighborhood and able to provide a more intimate, culturally relevant level of care. FQHC hours should expand to include evenings and weekends for increased access.
- Patients want to see workers who are culturally congruent. Hospitals should continue to ensure their workforce reflects the communities they serve. This can lead to better outcomes.
- The Rampart division area has a dense, transient population. There are many street doctors and outdoor vendors that take advantage. There’s a great need for accessible, affordable health care.
- There is inequity in medication access for addictions. There are alternatives to methadone, but a lack of access for under-resourced populations. Commercial health insurance drives what is prescribed. Maybe hospitals could make buprenorphine more accessible to drug treatment programs.
- Health information needs to be in indigenous languages.
- Community navigators are important. These trusted community leaders are key in bridging gaps to childcare, transportation, health insurance and health care navigation.
- Access to site-based health care is the biggest issue for persons who are homeless and rely on public transportation. But mental health and substance abuse issues affect their ability to use the services. There’s great need for more ambulatory services.
- Consider supporting/increasing home ownership as a solution to equity and stabilization for low-income and persons of color. Persons of color will not get out of this centuries-long disparity without economic growth and protection of home ownership.
- Community-based organizations are struggling with limited funding. A solution could be to invest sustained funding in organizations to help them build stability and grow stronger, provide mentorship, and help leaders get advanced degrees or training, particularly with Black-led organizations that are often grossly underfunded.
- There’s a need for racial equity emphasis in all services and funding for language justice interpretation.
- This area is surrounded by freeways, causing air pollution, and breathing problems. How do we educate families, and corporations, too, in the role they play in keeping communities safe and healthy?

- The Build Back Better Act needs to help recreate the social safety net in this country, ensure the right to vote, and pay workers higher wages. It's important that health care be preventive, not just curative; people need help finding resources to improve their lives.

Interview participants were asked how the COVID-19 pandemic influenced or changed unmet health-related needs in the community. Responses included:

- COVID revealed very dramatically how poorly prepared we all were to deal with a pandemic, and how vulnerable public health and medicine are to mistrust. Investment in overall health care infrastructure is needed to deal with and to have capacity to access resources in a crisis like this.
- The pandemic ripped the roof off of the disparities we know, exposed them for what they are in terms of access to care and resources and ability for people to take care of themselves.
- Income inequality was highlighted by COVID. Historically underserved communities with high population density were the hardest hit.
- The disparities between wealthy and low-income communities were highlighted. We saw differences in vaccination rates and the timely fashion in which people could receive care.
- There's a lot of delayed care due to fear and hesitancy. It's likely that over the next few years, we'll see an increase in cancer and people dying of heart attacks.
- The pandemic brought up fears around public charge, especially with accessing health services. There has been an increase in untimely deaths, and the associated burden of expenses.
- Oral health programs stopped on March 13, 2020. Many kids needed to see the dentist at that time, but we don't know yet what the impact is of not going to the dentist. We see pop-up dental care happening in people's homes.
- The pandemic increased fear and division.
- African Americans and Latinx communities have mistrust in the system. As a result, case rates, death rates and vaccination status of the most vulnerable communities suffered.
- Boyle Heights was very hard hit with COVID. There's progress, but misinformation makes it very difficult to make vaccination decisions. People rely on news from social media family and friends.
- Vaccination rates are much lower in Westlake, Macarthur Park, and Pico Union neighborhoods.
- In trying to understand vaccine hesitancy, we need to understand how challenging it must be for an individual who wants to get vaccinated but can't take time off work or get childcare, then add in structural racism and distrust of the system– this all affects one's decisions.

- Many older adults were already living with roommates or family, and many of those people got sick. Then with the loss of income, they became housing insecure which led to mental health issues. When senior centers closed, it left older adults isolated with loss of access to the outside world.
- Telehealth wasn't an ideal solution for young people who needed mental health services; they lacked private space for counseling.
- The digital divide affected many low-income populations who lacked technology or devices.
- Technology can be great but if you're depressed, you're not going to navigate confusing and complicated websites to get access to services.
- The health care system has experienced burnout with no relief. It's a system of care that's overburdened.
- Clinics were overwhelmed treating patients with COVID, giving vaccinations, and gearing up to do telehealth, all while being understaffed. For patients who put off care, it's taking them longer to get care because clinics are still understaffed.
- With the lack of in-person postpartum lactation support, families are struggling to get services.
- COVID highlighted the power of community solutions. In SPA 6, many organizations came together to meet community needs and helped support businesses so they didn't go under.
- Agencies found creative ways to establish emergency safety net funds to meet community needs.
- The government has poured a lot of money into helping those agencies who are doing the work.
- The education system was disrupted and there's a ripple effect - getting kids into school and keeping them in school. If they're having problems now, this may affect their ability to finish high school and get a higher education, which has direct impact on employment, wealth, and where they can afford to live.
- There was a significant gap in learning loss during distance learning. Often, parents couldn't help or support their children's learning. Now that they are back in school, support is needed for parents and kids, including grief counseling for loss during COVID.
- Stress levels at home among families were affected. We know there was an increase in domestic violence. As a mental health agency, we're preparing for what will come after the health emergency subsides. Being at home for so long created a lot of problems for families.
- People became more physically active if they were in a safe neighborhood. Otherwise, the pandemic contributed to obesity and poor nutrition.
- The need for food is greater than ever. The influence of food deserts is a critical issue. If you're unemployed, it's more difficult to purchase healthy foods. It's all

related to economic stability.

- Many had to stay homebound to stay healthy so there was great need for medically tailored home delivered meals.
- We lost untold jobs in our community that have not been replaced. Health insurance was lost with jobs.
- There's been a lot of displacement with unemployment being so high; people cannot afford rent. Many were evicted despite moratoriums. Applying for protections is very confusing and there’s not enough assistance for the need.
- The housing crisis, plus multiple families living in same dwelling, meant COVID ripped through these families. The pandemic highlighted overcrowded living conditions.
- Economic insecurity and housing instability grew, affecting who’s at risk for homelessness. With so many congregate shelter settings, the pandemic shifted how services were provided and how people were prioritized. A decrease in density in shelters meant more were on the street.
- COVID underscored the need for street outreach teams for persons who are homeless, with ongoing connection to primary care, provision of vaccines, and psychiatric medications.

During the pandemic, many community members have become hesitant to address non-urgent medical needs due to concerns about COVID-19, how can we encourage community members to pursue care and restart cancer prevention and early detection practices?

- We need to acknowledge fears, welcome the community back, then provide opportunities for a comprehensive post-COVID checkup that integrates social support, mental health, and cancer screenings.
- People need to know how to get connected to screening services, and hopefully the services are provided by those who speak their language.
- People don’t want to get diagnosed if treatment isn’t available to them. The assurance of care is important.
- Need screening appointments sooner than two months out.
- Need to be clear about preventive screening guidelines, i.e., frequency of cervical cancer screening.
- FQHC clinics would embrace partnerships with hospitals to help roll out screenings and educational resources to the community and to providers. Clinics are less intimidating than hospitals.
- Focus on the importance of preventive care. Roll out a “get screened” educational campaign with messaging in all the major languages.
- Digital ads are great, but many people lack technology access so a multi-faceted approach is needed.

- Learn from vaccine campaigns where successes were incentives and emphasizing the family angle, i.e., get screened together as a family.
- Host educational symposiums.
- Target information to those who have a genetic predisposition for certain diseases.
- Build a strong outreach effort focused on meeting the community where they are at – schools, markets, apartments, etc. Partner with community health workers.
- Engage and build relationships with trusted organizations and groups in communities of concern, including faith communities, who can provide access and education to the community.
- Make access to screening as easy as possible as many work, have kids, and typical times are not convenient. Consider special screening events utilizing a mammogram van and providing childcare.
- In the Latino community, it's not that they don't want to be treated, but a day off means a day without pay so many don't make the time.
- Pop-up events are successful, but still need to somehow to get the word out. Having trusted organizations host events works well.
- Partner with providers who see the unhoused on a regular basis, i.e., street outreach providers.

What are the community barriers to cancer prevention, such as smoking prevention and HPV vaccination?

- Education and trust. Communities have different ethnic groups and belief systems. Families may be newly immigrated with varying degrees of assimilation. There's a need for education and health outreach that is understandable and actually reaches them.
- Barriers are lack of in-person conversations with providers and delay in appointments.

Smoking

- With the smoking decline over the years, we lost the zeal to get rid of smoking entirely.
- There's a need for more smoke-free campuses; the lack of these is a barrier.
- Smoking cessation treatments are underutilized. Every medical center should be able to identify and treat, and then connect with treating facilities.
- Smoking cessation needs to incorporate stress management techniques.
- Incentives such as patches and gum can help increase attendance at cessation classes; but other barriers may be class times or technology access.
- For many, smoking is a stress reliever. For a community faced with the unlikelihood of surviving past a certain age, smoking prevention isn't on their radar.
- It's disproportionately people who are poor who smoke.

- We see high smoking rates among African American women and Koreans in Koreatown. They may lack access to providers who promote cessation.
- Many stores sell vaping supplies, so it's common among children. Social media contributes to the issue – kids think vaping is cool. Parent education is needed.
- Parents are starting to feel more comfortable with starting conversations with kids, while marijuana use is more uncomfortable to talk about.
- With anti-vaping/smoking treatment, providers are disassociated from the behavioral health system. Behavioral health should include mental health and substance abuse.
- For those struggling to recover from substance abuse, adding smoking cessation is too overwhelming for them.

HPV vaccination

- People are convinced that early sex activity is endorsed if their child gets the vaccine. This stems from an inability to talk about reproductive health. Pediatricians need to be trained how to talk with parents about sex.
- Physicians don't do a great job educating parents, they give information handouts, which is not enough.
- When presented as an option during an appointment, it's easy to decline due to lack of information.
- HPV is still new and people don't get it, so it's about an educational campaign that's culturally sensitive and using media to get the word out.
- Not required by schools so not a priority unless parents are fully educated about the benefits.
- HPV vaccine is not as well known, not like measles and pertussis that we've heard about for so long.
- With California Family PACT, HPV isn't covered so providers need to absorb the cost.

Attachment 4: Community Survey

California Hospital Medical Center and PIH Health Good Samaritan Hospital distributed a survey to engage community residents. The survey was available in an electronic format through a SurveyMonkey link. The electronic survey was available in English, Spanish, and Korean. The survey link was available from November 15, 2021 to February 19, 2022 and during this time, 32 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Groups most impacted by community issues
- Where people access routine health care services
- Reasons for not having health coverage/insurance
- Reasons for delaying needed health care
- COVID-19 pandemic impact and the vaccine
- Priority ranking of community needs
- Whether they have received any cancer screenings and reasons for delaying
- Barriers experienced while receiving cancer treatment

What are the biggest health issues or needs you and your family face?

- Weight
    - Overweight
    - How to prepare healthier meals
    - Lack of physical exercise
    - Obesity
- Drug/alcohol abuse
    - Outpatient and affordable residential treatment programs
- Access to health care
    - Affordable health care
    - High health insurance costs
    - Stroke recovery
    - Undocumented access
    - No designated primary care doctors
    - Long appointment times/availability
- Overall Health
    - Medications
    - Health management

    - Dental Care
    - Vision care
- COVID-19
    - Staying mentally and physically strong during pandemic
    - Out of work
- Chronic Diseases
    - Diabetes
    - High blood pressure
    - Kidney problems
    - Parkinson's
    - Asthma
    - ADHD
    - Chronic Migraines
    - Anemia
    - Hypertension
    - Heart conditions
    - Cholesterol
- Affordable services
    - Cost of diabetic supplies
- Fear of going to the doctor
    - Finding a good doctor and receiving good service
- Language barriers
    - Not having enough medical staff that speaks or understands various languages
- Cost of foods in community
    - healthier options are too expensive

What groups in your community are the most affected by these same issues (youth, seniors, LGBTQ, homeless, etc.)?

- Homeless individuals
- Older Adults
    - by interstate and industry
- Youth
    - Youth working-class
- LGBTQ+
    - LGBTQ youth
- Racial/ethnic groups
- Undocumented
- Senior Communities
- Unhoused children
    - due to immigration

- Low-income/middle-income residents and families
- Middle-aged adults
- Uninsured

Where do you and your family members go for routine health care (physicals, check-ups, vaccinations, etc.)?

- Primary Care Physicians
- Pharmacies
    - CVS
    - Walgreens
- Specialists
- Clinics
    - Free community clinics
- Hubert Humphrey Clinic
- Planned Parenthood
- Kaiser Permanente
- Urgent Care
- Sutter Health
- Constantly changing - whatever is available
- Wesley Clinic in Bell Gardens

If you do not have health coverage or insurance, what are the main reasons why:

Answer Choices	Percent
It costs too much	48.0%
I am not eligible or do not qualify	44.0%
It is too confusing to sign up	8.0%
I don't think I need health insurance	7.0%
I haven't had time to deal with it	4.0%
I am waiting to get coverage through my job	0.0%
Does not apply, I have health coverage	80.0%

Total equals more than 100% as respondents selected more than one option

Reasons for no medical insurance (other answers only):

- Constantly told they are not qualified for it
- Undocumented so not eligible

The most recent time you are a family member of your household delayed or went without needed health care, what were the main reasons?

Answer Choices	Percent
Could not get an appt./long wait for appt.	48.3%
No insurance and could not afford care	44.8%
Insurance did not cover the cost of the procedure or care	27.6%
Not knowing where to go or how to find a doctor	20.7%
COVID-19 appt. cancellation/concern for infection	20.7%
Lack of provider awareness and/or education about my health condition	20.7%
Technology barriers with virtual visits/telehealth services	13.8%
Language barriers	10.3%
Did not delay health care - received all the care that was needed	10.3%
Distrust/fear of discrimination	8.0%
Lacked transportation to appointment	6.9%
Not having a provider who understands and/or respects my cultural or religious beliefs	0.0%

Total equals more than 100% as respondents selected more than one option

Reasons for skipping or delaying care (other answers only):

- Will have to take time off work
- Current doctor retired - not found a new one yet so goes to urgent care when sick
- High co-pays
- Dental care - trouble finding a good dentist
- Lack of transportation - clinic is too far

Have you received a COVID-19 Vaccine?

Answer Choices	Percent
Yes	96.8%
No	3.2%

What impact has COVID-19 had on you and your family?

- Not being able to travel
- Reduced activities
- Personally had COVID
- Loss of jobs
- Mental health
    - increased stress
    - anxiety
    - depression
- Fear of Instability
    - management of finances
- Higher risk of exposure due to job
- Wanting a better sense of normalcy for children
- Undocumented
    - no financial assistance
- Loss of family members
- Isolation

- Homelessness
    - apartment and places to stay cost too much
- Overall fear
- Long-lasting side effects from contracting COVID-19

Indicate the level of importance the hospital should place on addressing these community needs.

The survey respondents listed the top important community needs as: birth indicators, chronic conditions, COVID-19, overweight and obesity, and education.

Community Needs	Important and Very Important
Birth Indicators (teen births, prenatal care, low-birth weight babies)	96.7%
Chronic conditions	96.7%
COVID-19	93.3%
Overweight/obesity (healthy eating and active living)	93.3%
Education	90.0%
Mental health	90.0%
Access to health care	86.7%
Dental care/oral health	86.7%
Economic insecurity	86.7%
Food Insecurity	86.7%
Housing and homelessness	86.7%
Preventive Practices (vaccines, screenings)	83.3%
Violence and injury	83.3%
Substance use (alcohol, drugs or tobacco)	76.7%

Other Issues:

- Lack of clinics that offer mental health care to all
- Lack resources, need more information
- Mental health in adolescents
- Abuse of marijuana

Have you received any cancer screenings (colonoscopy, mammogram, pap smears or lung screening) this past year?

Answer Choices	Percent
Yes	45.2%
No	45.2%
Don't Know	9.6%

Other:

- All yes, but the lungs
- Free mammogram

If you have not had a cancer screening in the past year, what kept you from getting a cancer screening in your local area?

Answer Choices	Percent

Don't know how to get a screening or where to go	42.11%
COVID made it too difficult to get an appointment	36.84%
Cost of test	15.79%
Didn't have time to get screened	5.26%
Fear of taking the test	0.00%
Fearing of finding out the test results	0.00%

Other:

- Fear of leaving home
- The invasive native of essential female anatomy screenings
- Not asked to screen for cancer by doctor

If you or a loved one were diagnosed with cancer, what barriers have you experienced to getting cancer treatment in the local area?

Answer Choices	Percent
Cost	11.5%
COVID made it difficult to obtain treatment	7.8%
Don't know where to go for treatment	3.8%
Fear of the treatment	0.0%
Don't have time to get treatment	0.0%
Not applicable - no one I know has been diagnosed with cancer	76.9%

Other:

- In remission
- Insurance company took too long to affirm treatment
    - Took a couple of months post-diagnosis to begin treatment

How worried are you about not being able to pay medical costs for you or your family member's cancer care, including screenings and treatment?

Answer Choices	Percent
A great deal	55.2%
A lot	20.7%
A moderate amount	10.3%
A little	6.9%
None at all	6.9%

Share any concerns or comments you have for the hospitals

- More bilingual staff, doctors and nurses are needed
- More social workers at the hospitals so they can work directly with patients and their families
- More mental health providers at each hospital and clinic sites
- Long-term treatments become costly and hard to manage
- Fair and equitable treatment, no matter the ability to pay
- Customer service at times lacks respect

- Hospitals not offering the same care and attention to those who are undocumented
    - Don’t want to seem like a public burden so afraid to receive medical treatment
    - When getting medical treatment can’t afford the services
- Long wait times
- More low-income health insurance opportunities

Demographics of Survey Respondents

Age

Under 18	0.00%
18-24	6.7%
25-34	6.7%
35-44	33.3%
45-54	26.7%
55-64	13.3%
65 and older	13.3%

Gender Identity

Female	76.7%
Male	23.3%
Non-binary	0.0%

Race/Ethnicity

White/Caucasian	13.3%
Black or African American	6.7%
Hispanic or Latino	66.7%
Asian or Asian American	10.0%
American Indian or Alaska Native	0.0%

Native Hawaiian or other Pacific Islander	0.0%
Another race	0.0%
More than one race	0.0%
Other (South Asian)	3.3%