Dignity Health
Glendale Memorial Hospital
and Health Center

Community Health Needs Assessment 2022

Report adopted by the Board of Directors in June 2022.

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Executive Summary

Purpose Statement
The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health Glendale Memorial Hospital and Health Center (GMHHC). 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 Adventist Health Glendale. GMHHC engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition
GMHHC is located at 1420 South Central Avenue, Glendale, California, 91204. The population of the GMHHC service area is 529,412. Children and youth, ages 0-17, make up 17.3% of the population, 68% are adults, ages 18-64, and 14.7% of the population are seniors, ages 65 and older. The majority of the population in the service area identifies as White/Caucasian (42.7%). 35.7% of the population identify as Hispanic/Latino, 16.2% as Asian and 2.2% as Black/African American. 2.7% of the population identifies as multiracial (two-or-more races), 0.2% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander. In the service area, 38.4% of the population, ages 5 and older, speak only English in the home. Among the area population, 29.4% speak Spanish, 12.2% speak an Asian/Pacific Islander language, and 18.9% speak an Indo-European language in the home. 15.8% of the service area population speaks Armenian in the home.

Among the residents in the service area, 14.6% are at or below 100% of the federal poverty level (FPL) and 33.1% are at 200% of FPL or below. 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, 48.7% 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 rate (41.7%). Educational attainment is a key driver of health. In the hospital service area, 16.5% of adults, ages 25 and older, lack a high school diploma. 41% of area adults have a Bachelor’s 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 community data findings with Healthy People 2030 objectives.

GMHHC conducted community stakeholder interviews in partnership with Adventist Health Glendale to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-three (23) interviews were completed November 2021 to 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.”

GMHHC also conducted a survey with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. The survey was available in an electronic format through a SurveyMonkey link. The survey was available in English, Spanish and Armenian and was collected from January 17 to February 15, 2022. During this time, 33 community members completed the survey.

Adventist Health conducted seven focus groups from 1/19/22 to 2/9/22 that engaged 64 persons. The Adventist Hospital Community Wellbeing Director was responsible for identifying participants and scheduling the focus groups. Social service providers in the Glendale community were eligible for inclusion in the focus groups. An emphasis was placed on hearing from underserved populations.

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 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 interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant health 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 need. Input from the community surveys and focus groups were also taken into consideration.

List of Prioritized Significant Health Needs
Mental health, access to care, chronic disease and COVID-19 were identified as priority needs in the service area.

Mental health – Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 13.1%. 26.3% of SPA 2 teens and 16.8% of SPA 4 teens needed help for emotional or mental health problems in the past year. 19.1% of adults in SPA 2 and 24.4% in SPA 4 needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 53.6% in SPA 2 and 55.2% in SPA 4 received treatment.

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. 90.4% of the civilian, non-institutionalized population in the service area has health insurance and 96.4% 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: lack of health insurance, cultural and language issues, transportation, and a lack of trust of hospitals and health care providers.

Chronic diseases – The hospital service area has high rates of death from heart disease, cancer, Alzheimer's disease, stroke and Chronic Lower Respiratory Disease. Co-morbidity factors for diabetes and heart disease are high blood pressure

(hypertension) and high blood cholesterol. In the service area, the percent of adults who reported being diagnosed with high blood pressure was 26.8% and with high cholesterol was 28%. 10.3% of service area adults have been diagnosed with diabetes.

COVID-19 – In Los Angeles County, there have been 2,047,927 confirmed cases of COVID-19, as of January 13, 2022. This represents a rate of 20,450.6 cases per 100,000 persons. As of the same date, 27,641 persons have died in Los Angeles County due to COVID-19 complications, a rate of 276 deaths per 100,000 persons. Community stakeholders noted that COVID-19 has impacted every segment of the community.

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 community needs as access to health care, senior health, chronic conditions, COVID-19 and mental health. Focus group participants were also requested to identify the priority needs in the community. Mental health, access to care and housing and homelessness were mentioned by a number of focus groups.

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 Glendale Memorial Hospital and Health Center Board of Directors in June 2022. This report is widely available to the public on the hospital's website at https://www.dignityhealth.org/socal/locations/glendalememorial/about-us/serving-the-community/community-health-needs-assessment-plan and a paper copy is available for inspection, upon request, at the GMHHC Mission Integration Office. Written comments on this report can be submitted to the Director of Mission Integration, Rev. Cassie McCarty, MDiv, BCC at Cassie.McCarty@DignityHealth.org.

Community Definition

Service Area

GMHHC is located at 1420 South Central Avenue, Glendale, California, 91204. 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 as including the following 16 ZIP Codes in Los Angeles County, 7 of which are located within the City of Los Angeles, 8 of which are located in the city of Glendale, and unincorporated La Crescenta. Los Angeles County is divided into eight Service Planning Areas (SPAs), and the GMHHC service area comprises portions of two of these, SPA 2 and SPA 4. The hospital service area is detailed below by community and ZIP Code.

Glendale Memorial Hospital and Health Center Primary Service Area

Place	ZIP Code	Service Planning Area
Glendale	91201, 91202, 91203, 91204 91205, 91206, 91207, 91208	2
La Crescenta	91214	2
Los Angeles/Echo Park/Silverlake	90026	4
Los Angeles/Los Feliz	90027	4
Los Angeles/East Hollywood	90029	4
Los Angeles/Atwater Village/Elysian Valley	90039	4
Los Angeles/Eagle Rock	90041	4
Los Angeles/Highland Park	90042	4
Los Angeles/Glassell Park	90065	4

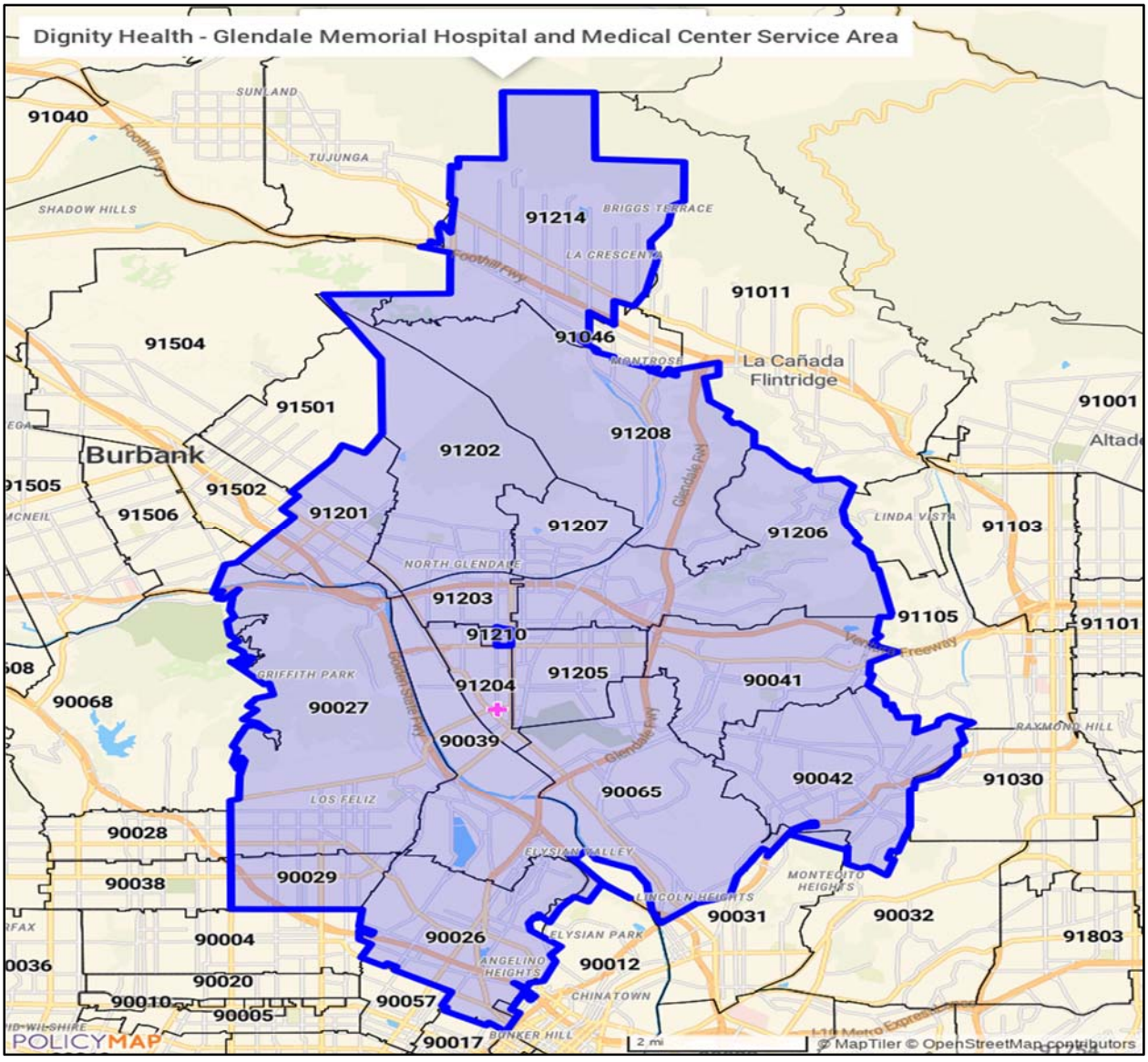
Additionally, the Los Angeles Department of Public Health subdivides the eight SPAs into 26 Health Districts. Following are the three Health Districts mentioned in this report, and the communities – or portions of communities – which they cover. Some service area communities, or large portions of them, are within Health Districts not mentioned in this report, and Health Districts may cut across communities such that portions of the same community are located in multiple Health Districts.

Los Angeles Health Districts Within the California Hospital Service Area

Health District	SPA	Communities Covered
Central	4	Atwater Village, Boyle Heights, Chinatown, Downtown, East Hollywood, Echo Park, Elysian Park, Elysian Valley, Glassell Park, Griffith Park, Historic South-Central, Hollywood Hills, Koreatown, Los Feliz, Pico-Union, Silverlake, Westlake

Health District	SPA	Communities Covered
Glendale	2	Burbank, Glendale, La Canada-Flintridge, La Crescenta-Montrose
Northeast	4	Boyle Heights, Cypress Park, Eagle Rock, East Los Angeles, El Sereno, Glassell Park, Highland Park, Lincoln Heights, Montecito Heights, Mount Washington

Service Area Map



The population of the GMHHC service area is 529,412. Children and youth, ages 0-17, make up 17.3% of the population, 68% are adults, ages 18-64, and 14.7% of the population are seniors, ages 65 and older. The majority of the population in the service area identifies as White/Caucasian (42.7%). 35.7% of the population identify as

Hispanic/Latino, 16.2% as Asian and 2.2% as Black/African American. 2.7% of the population identifies as multiracial (two-or-more races), 0.2% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander. In the service area, 38.4% of the population, ages 5 and older, speak only English in the home. Among the area population, 29.4% speak Spanish, 12.2% speak an Asian/Pacific Islander language, and 18.9% speak an Indo-European language in the home. 15.8% of the service area population speaks Armenian in the home.

Among the residents in the service area, 14.6% are at or below 100% of the federal poverty level (FPL) and 33.1% are at 200% of FPL or below. 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, 48.7% 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 rate (41.7%). Educational attainment is a key driver of health. In the hospital service area, 16.5% of adults, ages 25 and older, lack a high school diploma. 41% of area adults have a Bachelor’s 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

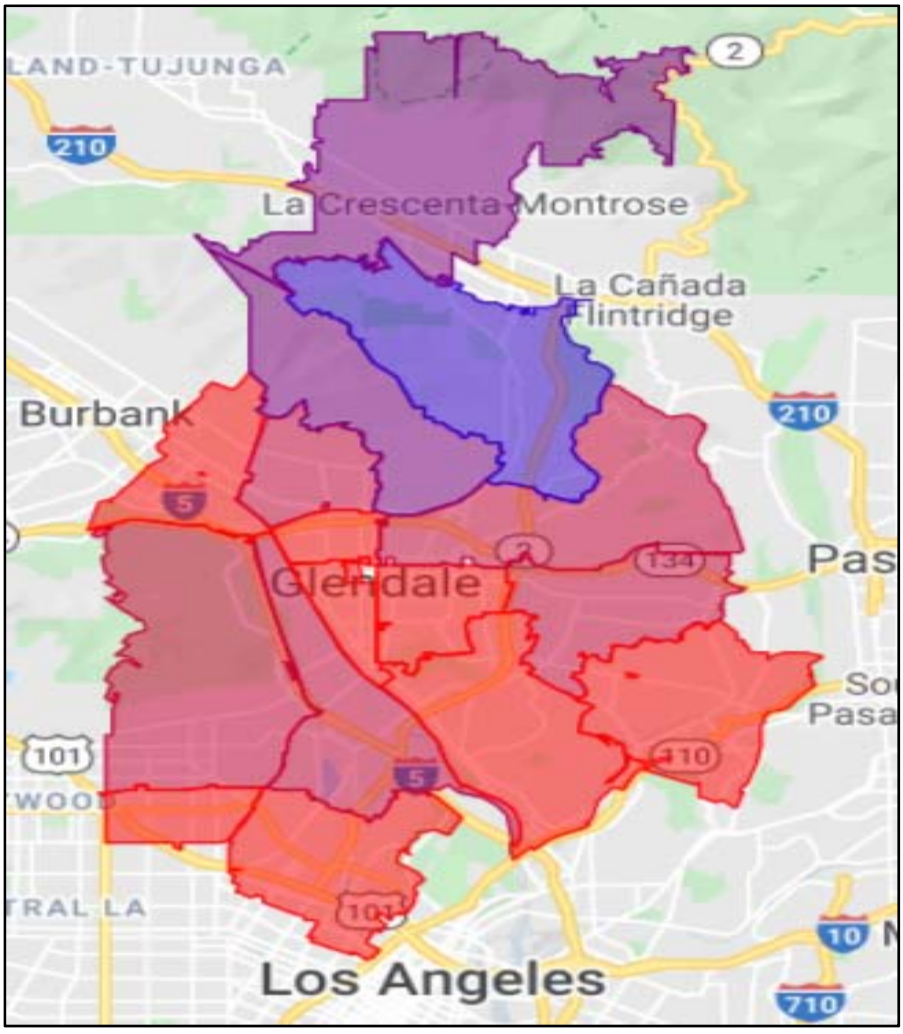
One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The average CNI score for the GMHHC service area is 3.9. CNI scores range from 2.4 in Glendale 91208 to 4.8 in Los Angeles 90029.

Mean(zipcode): 3.9 / Mean(person): 4.1 CNI Score Median: 4 CNI Score Mode: 3.8,4.6

Zip Code	CNI Score	Population	City	County	State
90026	4.6	68737	Los Angeles	Los Angeles	California
90027	3.8	45063	Los Angeles	Los Angeles	California
90029	4.8	37702	Los Angeles	Los Angeles	California
90039	3.8	28305	Los Angeles	Los Angeles	California
90041	3.6	27767	Los Angeles	Los Angeles	California
90042	4.4	62631	Los Angeles	Los Angeles	California
90065	4.4	47539	Los Angeles	Los Angeles	California
91201	4.2	22664	Glendale	Los Angeles	California
91202	3.8	23434	Glendale	Los Angeles	California
91203	4.2	16262	Glendale	Los Angeles	California
91204	4.6	16485	Glendale	Los Angeles	California
91205	4.6	37941	Glendale	Los Angeles	California
91206	3.6	32730	Glendale	Los Angeles	California
91207	2.8	10455	Glendale	Los Angeles	California
91208	2.4	16575	Glendale	Los Angeles	California
91214	2.8	30361	La Crescenta	Los Angeles	California

Lowest Need — Highest 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



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

GMHHC 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

Twenty-three (23) telephone interviews were conducted November 2021 to February 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area who spoke to issues and needs in the communities served by the hospital. Interview participants and their organizational affiliations are included in Appendix 2.

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. 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. Throughout the report, the interview comments are summarized to reflect overall input. Additionally, Attachment 3 provides summarized stakeholder responses to the interview overview questions.

Surveys

GMHHC 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 Armenian. The survey link was available from January 17, 2022 to February 15, 2022 and during this time, 33 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
- Conditions in the community have a negative impact
- Priority ranking of community needs

The community 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 care
- Chronic diseases
- COVID-19
- Housing and homelessness
- Mental health
- Overweight/obesity (healthy eating and physical activity)

- Preventive practices (screenings, vaccines)
- Senior health
- Substance use and misuse
- Violence and injury prevention

Focus Groups

A component of the collaboration between GMHHC and Adventist Health Glendale was the conduct of seven focus groups by Adventist Health. Adventist Health conducted seven focus groups from 1/19/22 to 2/9/22 that engaged 64 persons. The Adventist Hospital Community Wellbeing Director was responsible for identifying participants and scheduling the focus groups. Social service providers in the Glendale community were eligible for inclusion in the focus groups. An emphasis was placed on hearing from underserved populations. Summary findings from the focus groups are in Attachment 5.

The focus groups began with having participants identify up to five primary community health needs from their perspective, chosen from a standard list provided by the facilitator. The facilitator then moved through a series of questions for each identified need, which focused on depth of need, examples of impact of the need, attempts at addressing the need historically, barriers to reducing the need, and reasonable improvement goals over three years. A notetaker was present for each focus group.

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. GMHHC 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/glendalememorial/about-us/serving-the-community/community-health-needs-assessment-plan. No written comments have been received.

Project Oversight

The CHNA process was overseen by:
Rev. Cassie McCarty, MDiv, BCC
Director of Mission Integration
Glendale Memorial Hospital and Health Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. 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 population of the GMHHC service area is 529,412. From 2014 to 2019, the population increased by 1.1%, which equals the growth rate of the county, but is lower than the population growth in the state (3.2%).

Total Population and Change in Population

	ZIP Code	Total Population	Change in population, 2014-2019
Glendale	91201	23,281	1.3%
Glendale	91202	23,345	1.5%
Glendale	91203	15,410	12.2%
Glendale	91204	18,723	14.9%
Glendale	91205	37,638	-1.3%
Glendale	91206	34,739	3.1%
Glendale	91207	11,031	6.7%
Glendale	91208	15,860	-4.2%
La Crescenta	91214	30,787	-0.9%
Los Angeles/Echo Park/Silverlake	90026	68,906	1.4%
Los Angeles/Los Feliz	90027	44,770	-2.7%
Los Angeles/East Hollywood	90029	36,668	-8.7%
Los Angeles/Atwater Village/Elysian Valley	90039	29,510	6.0%
Los Angeles/Eagle Rock	90041	29,090	2.3%
Los Angeles/Highland Park	90042	63,193	3.5%
Los Angeles/Glassell Park	90065	46,461	0.4%
GMHHC Service Area		**529,412**	**1.1%**
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 51.4% female and 48.6% male.

Population, by Gender

	GMHHC Service Area	Los Angeles County	California
Male	48.6%	49.3%	49.7%
Female	51.4%	50.7%	50.3%

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

In Los Angeles County, 90.9% of the adult population identify as straight or heterosexual, and 99.6% as cisgender, or not transgender. In the Los Angeles County Service Planning Area 4 (SPA 4) there are higher percentages of LGBTQ+ identified residents than in the county, while SPA 2 has lower percentages than the county.

Population by Sexual Orientation and Gender Identity, Adults

	SPA 2	SPA 4	Los Angeles County	California
Straight or heterosexual	91.8%	87.1%	90.9%	91.9%
Gay, lesbian or homosexual	2.5%	6.5%	3.1%	2.7%
Bisexual	4.1%	5.3%	3.9%	3.6%
Not sexual/celibate/none/other	1.7%	1.1%	2.1%	1.9%
Cisgender/not transgender	*99.7%	99.3%	99.6%	99.4%
Transgender/gender non-conforming	*0.3%	0.7%	0.4%	0.6%

*Source: California Health Interview Survey, 2016-2020 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 17.3% of the population, 68% are adults, ages 18-64, and 14.7% of the population are seniors, ages 65 and older. The service area has a lower percentage of children, youth and young adults, ages 0 to 24, and a higher percentage of adults and seniors, ages 25 and older, than the county or state.

Population, by Age

	GMHHC Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	27,365	5.2%	611,485	6.1%	2,451,528	6.2%
Age 5-17	64,250	12.1%	1,603,275	15.9%	6,570,618	16.7%
Age 18-24	42,015	7.9%	979,915	9.7%	3,789,808	9.6%
Age 25-44	178,295	33.7%	3,003,060	29.8%	11,173,751	28.4%
Age 45-64	139,755	26.4%	2,547,857	25.3%	9,811,751	25.0%
Age 65+	77,732	14.7%	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, La Crescenta has the highest percentage of children and youth (23%). Los Feliz/Los Angeles 90027 has the lowest percentage of children and youth in the service area (11.8%).

Glendale 91202 has the highest percentage of seniors in the area (20.5%). Echo Park/Silverlake/Los Angeles 90026 has the lowest senior population in the service area (10.2%).

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Glendale	91201	23,281	16.8%	17.6%
Glendale	91202	23,345	15.3%	20.5%
Glendale	91203	15,410	17.5%	13.2%
Glendale	91204	18,723	18.0%	15.6%
Glendale	91205	37,638	16.0%	18.5%
Glendale	91206	34,739	18.2%	18.7%
Glendale	91207	11,031	18.8%	17.9%
Glendale	91208	15,860	20.8%	16.6%
La Crescenta	91214	30,787	23.0%	16.2%
Los Angeles/Echo Park/Silverlake	90026	68,906	16.5%	10.2%
Los Angeles/Los Feliz	90027	44,770	11.8%	14.5%
Los Angeles/East Hollywood	90029	36,668	14.9%	12.8%
Los Angeles/Atwater Village/Elysian Valley	90039	29,510	16.0%	14.0%
Los Angeles/Eagle Rock	90041	29,090	17.6%	16.4%
Los Angeles/Highland Park	90042	63,193	19.1%	11.5%
Los Angeles/Glassell Park	90065	46,461	19.9%	13.9%
GMHHC Service Area		**529,412**	**17.3%**	**14.7%**
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 of the population in the service area identifies as White/Caucasian (42.7%). 35.7% of the population identify as Hispanic/Latino, 16.2% as Asian and 2.2% as Black/African American. 2.7% of the population identifies as multiracial (two-or-more races), 0.2% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander. Those who are of a race/ethnicity not listed represent 0.2% of the service area population. The service area has a population that is more White/Caucasian, Asian, and multi-racial than Los Angeles County.

Race/Ethnicity

	GMHHC Service Area	Los Angeles County	California
White	42.7%	26.2%	37.2%
Hispanic or Latino	35.7%	48.5%	39.0%
Asian	16.2%	14.4%	14.3%

	GMHHC Service Area	Los Angeles County	California
Multiracial	2.7%	2.3%	3.0%
Black/African American	2.2%	7.8%	5.5%
Some other race	0.2%	0.3%	0.3%
American Indian/AK Native	0.2%	0.2%	0.4%
Native HI/Pacific Islander	0.1%	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, Highland Park/Los Angeles 90042 has 62.5% of the population identifying as Hispanic/Latino. Glendale 91207 has the highest percentage of Whites (78.8%), and the lowest percentage of Hispanics in the service area. La Crescenta 91214 has the highest percentage of Asians in the service area (28.5%), followed by Eagle Rock/Los Angeles 90041 (28%). Echo Park/Silverlake/Los Angeles 90026 has the highest percentage of Blacks/African-Americans in the service area (3.9%), followed by East Hollywood/Los Angeles 90029 (3.4%) and Glendale 91202 (3.2%).

Race/Ethnicity, by ZIP Code

	ZIP Code	White	Hispanic/ Latino	Asian	Black
Glendale	91201	69.4%	18.9%	7.4%	1.5%
Glendale	91202	67.0%	14.4%	13.4%	3.2%
Glendale	91203	58.7%	15.9%	18.9%	2.3%
Glendale	91204	48.6%	33.8%	13.6%	2.8%
Glendale	91205	59.7%	21.8%	14.9%	1.7%
Glendale	91206	62.0%	13.6%	19.2%	1.6%
Glendale	91207	78.8%	7.8%	8.8%	0.8%
Glendale	91208	63.6%	10.8%	18.9%	0.5%
La Crescenta	91214	54.0%	12.6%	28.5%	0.4%
Los Angeles/Echo Park/Silverlake	90026	27.0%	51.4%	14.5%	3.9%
Los Angeles/Los Feliz	90027	59.3%	22.0%	13.0%	2.2%
Los Angeles/East Hollywood	90029	25.0%	52.6%	17.3%	3.4%
Los Angeles/Atwater Village/Elysian Valley	90039	39.4%	38.6%	15.5%	1.3%
Los Angeles/Eagle Rock	90041	29.8%	36.0%	28.0%	2.1%
Los Angeles/Highland Park	90042	19.1%	62.5%	13.1%	1.9%
Los Angeles/Glassell Park	90065	21.9%	58.1%	15.5%	2.0%
GMHHC Service Area		**42.7%**	**35.7%**	**16.2%**	**2.2%**

	ZIP Code	White	Hispanic/ Latino	Asian	Black
Los Angeles County		**26.2%**	**48.5%**	**14.4%**	**7.8%**
California		**37.2%**	**39.0%**	**14.3%**	**5.5%**

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

Language

In the service area, 38.4% of the population, 5 years and older, speak only English in the home, while 29.4% speak Spanish in the home. 12.2% speak an Asian/Pacific Islander language, and 18.9% speak an Indo-European language in the home, most of which appears to be Armenian. 15.8% of the service area population speaks Armenian in the home.

Language Spoken at Home for the Population, Five Years and Older

	GMHHC Service Area	Los Angeles County	California
Population, ages 5 and older	**502,047**	**9,470,085**	**36,831,969**
English only	38.4%	43.4%	55.8%
Speaks Spanish	29.4%	39.2%	28.7%
Speaks Indo-European language	18.9%	5.3%	4.5%
Speaks Armenian*	15.8%	1.8%	0.5%
Speaks Asian or Pacific Islander language	12.2%	10.9%	10.0%
Speaks other language	1.0%	1.1%	1.0%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02 and *2011-2015, B16001. http://data.census.gov/*

The highest percentage of Spanish speakers, within the service area, can be found in Highland Park/Los Angeles 90042 (51.3%) and East Hollywood/Los Angeles 90029 (49.3%). Eagle Rock/Los Angeles 90041 (22.8%) and La Crescenta 91214 (22.2%) have the highest percentage of Asian/Pacific-Islander language speakers. Glendale has the highest percentages of Indo-European languages spoken at home in the service area, and most of these are speakers of Armenian, with the largest concentration (49.2% of the population) found in Glendale 91201 and 91203 (44.9%). English is spoken in the home by 54.2% of the population of La Crescenta 91214, the highest concentration of English-speakers in the service area.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Non-Spanish Indo-Euro	Armenian*	Asian/Pac. Islander
Glendale	91201	28.6%	14.4%	52.0%	49.2%	3.8%
Glendale	91202	34.5%	9.3%	43.6%	41.2%	10.6%

	ZIP Code	English	Spanish	Non-Spanish Indo-Euro	Armenian*	Asian/Pac. Islander
Glendale	91203	27.0%	12.8%	43.7%	44.9%	14.7%
Glendale	91204	24.7%	27.5%	34.9%	29.1%	12.0%
Glendale	91205	21.7%	19.1%	45.4%	42.2%	11.9%
Glendale	91206	32.7%	9.8%	42.6%	40.0%	13.0%
Glendale	91207	37.9%	6.2%	51.2%	38.3%	3.9%
Glendale	91208	49.3%	5.4%	29.5%	26.0%	14.4%
La Crescenta	91214	54.2%	7.9%	14.6%	10.9%	22.2%
Los Angeles/Echo Park/Silverlake	90026	40.2%	45.6%	2.2%	0.2%	11.5%
Los Angeles/Los Feliz	90027	52.6%	19.3%	17.7%	13.5%	9.1%
Los Angeles/East Hollywood	90029	28.1%	49.3%	7.5%	5.6%	14.0%
Los Angeles/Atwater Village/Elysian Valley	90039	52.5%	31.3%	5.4%	1.2%	10.0%
Los Angeles/Eagle Rock	90041	49.8%	22.8%	4.1%	0.9%	22.8%
Los Angeles/Highland Park	90042	36.7%	51.3%	1.8%	0.0%	9.7%
Los Angeles/Glassell Park	90065	36.5%	48.2%	3.1%	0.8%	11.7%
GMHHC Service Area		**38.4%**	**29.4%**	**18.9%**	**15.8%**	**12.2%**
Los Angeles County		**43.4%**	**39.2%**	**5.3%**	**1.8%**	**10.9%**
California		**55.8%**	**28.7%**	**4.5%**	**0.5%**	**10.0%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02 and *2011-2015, B16001. 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 18.0%. 20.1% of the student body in Los Angeles Unified and 23.5% of students in the Glendale Unified School District were classified as English Learners,

English Learner Students, by School District

	Number	Percent
Glendale Unified School District	5,996	23.5%
Los Angeles Unified School District	119,626	20.1%
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, 2.3% of the civilian population, 18 years and older, are veterans.

This is lower than in the county (3.3%) and state (5.2%) rates. Rates of former military service range from 1.0% in Glendale 91204 to 4.8% in La Crescenta 91214.

Veteran Status

	ZIP Code	Percent
Glendale	91201	2.0%
Glendale	91202	2.4%
Glendale	91203	1.6%
Glendale	91204	1.0%
Glendale	91205	1.7%
Glendale	91206	2.3%
Glendale	91207	1.8%
Glendale	91208	4.1%
La Crescenta	91214	4.8%
Los Angeles/Echo Park/Silverlake	90026	1.6%
Los Angeles/Los Feliz	90027	1.9%
Los Angeles/East Hollywood	90029	1.6%
Los Angeles/Atwater Village/Elysian Valley	90039	2.2%
Los Angeles/Eagle Rock	90041	4.3%
Los Angeles/Highland Park	90042	2.8%
Los Angeles/Glassell Park	90065	2.3%
GMHHC Service Area		**2.3%**
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, 42.9% of the population is foreign-born, which is higher than the county (34.0%) and state (26.8%) rates. Of the foreign-born, 40.8% 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

	GMHHC Service Area	Los Angeles County	California
Foreign born	42.9%	34.0%	26.8%
Of the foreign born, not a U.S. citizen	40.8%	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 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked 34 among 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

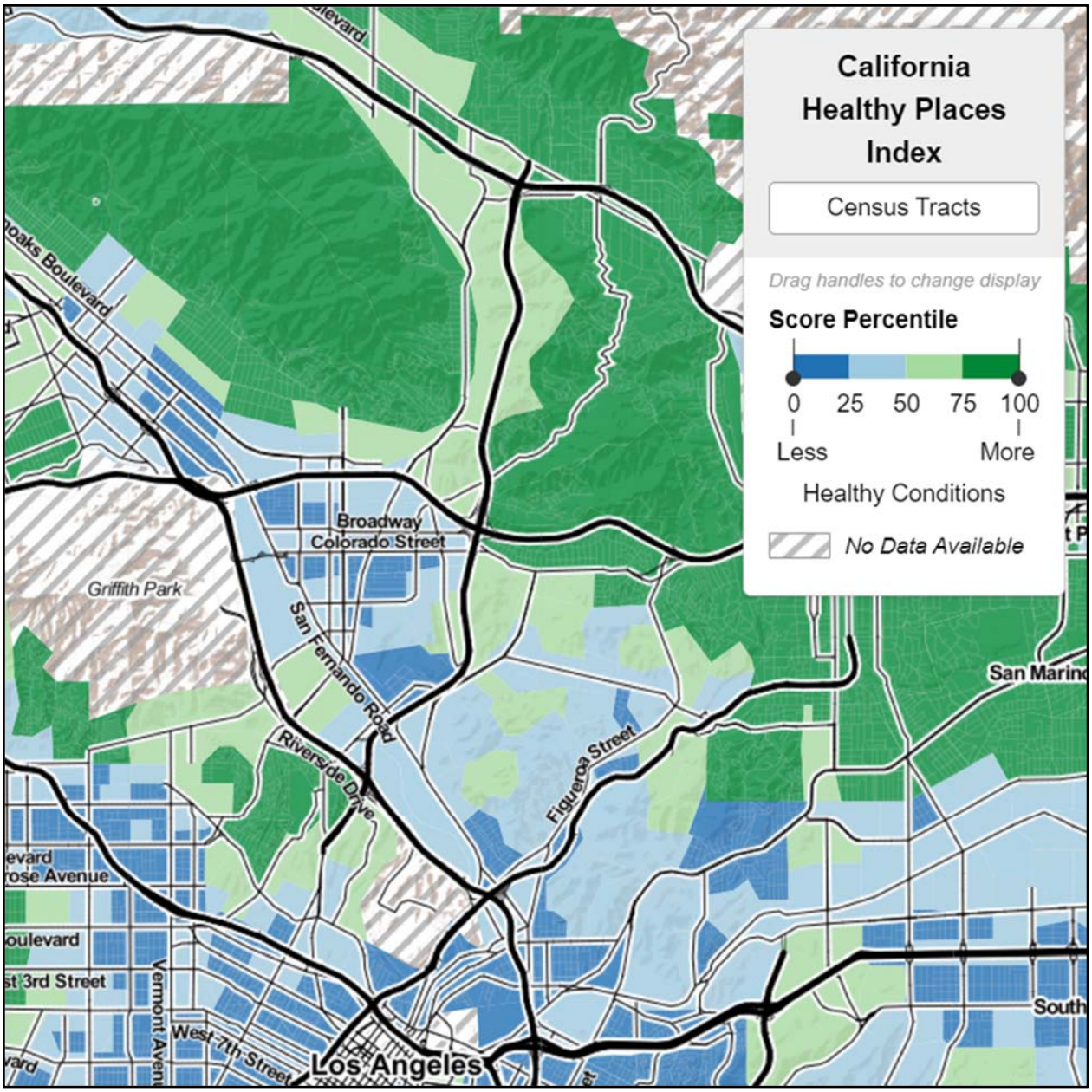
	County Ranking (out of 58)
Los Angeles County	34

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 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 Glendale 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.)



Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed Sept. 21, 2021. https://healthyplacesindex.org

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, 14.6% are at or below 100% of the federal poverty level (FPL) and 33.1% are at 200% of FPL or below. These poverty and low-income rates are lower than the county but higher than state rates. The highest poverty rates in the service area are found in East Hollywood/Los Angeles 90029 (23.4%) and Glendale 91204 (22.4%). The highest rates of low-income residents in the service area are found in East Hollywood/

Los Angeles 90029 (49.2%) and Glendale 91204 (46.6%). La Crescenta 91214 has the lowest rate of poverty-level residents (4.8%) and Glendale 91208 has the lowest rates of low-income residents (12.4%).

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Glendale	91201	12.7%	33.7%
Glendale	91202	10.3%	24.1%
Glendale	91203	15.4%	33.0%
Glendale	91204	22.4%	46.6%
Glendale	91205	18.9%	46.0%
Glendale	91206	13.8%	27.5%
Glendale	91207	8.1%	21.2%
Glendale	91208	6.7%	12.4%
La Crescenta	91214	4.8%	14.8%
Los Angeles/Echo Park/Silverlake	90026	18.7%	39.3%
Los Angeles/Los Feliz	90027	13.5%	30.6%
Los Angeles/East Hollywood	90029	23.4%	49.2%
Los Angeles/Atwater Village/Elysian Valley	90039	10.3%	21.4%
Los Angeles/Eagle Rock	90041	10.9%	24.3%
Los Angeles/Highland Park	90042	15.4%	36.6%
Los Angeles/Glassell Park	90065	13.7%	35.7%
GMHHC Service Area		**14.6%**	**33.1%**
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, East Hollywood/Los Angeles 90029 has the highest rate of poverty among children (35.6%), seniors (30.2%) and female heads-of-household (HoH), living with their own children under the age of 18 (45.4%).

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

	ZIP Code	Children	Seniors	Female HoH with Children*
Glendale	91201	14.1%	23.6%	32.8%
Glendale	91202	12.0%	13.9%	14.1%
Glendale	91203	17.7%	21.3%	30.2%
Glendale	91204	33.6%	25.4%	37.3%

	ZIP Code	Children	Seniors	Female HoH with Children*
Glendale	91205	25.1%	25.5%	20.4%
Glendale	91206	16.0%	19.6%	26.6%
Glendale	91207	7.5%	10.3%	0.0%
Glendale	91208	6.3%	8.5%	5.0%
La Crescenta	91214	3.6%	4.9%	7.1%
Los Angeles/Echo Park/Silverlake	90026	29.2%	19.3%	43.0%
Los Angeles/Los Feliz	90027	16.2%	23.0%	23.7%
Los Angeles/East Hollywood	90029	35.6%	30.2%	45.4%
Los Angeles/Atwater Village/Elysian Valley	90039	13.5%	13.7%	29.5%
Los Angeles/Eagle Rock	90041	13.2%	10.1%	16.8%
Los Angeles/Highland Park	90042	19.5%	16.7%	21.6%
Los Angeles/Glassell Park	90065	19.4%	9.2%	35.5%
GMHHC Service Area		**18.9%**	**17.5%**	**28.1%**
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/*

Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6.6%. This is higher than Los Angeles County and the state unemployment rate (6.1%). The highest rate of unemployment is found in Glendale 91204 (9.7%). The lowest unemployment rates in the service area can be found in La Crescenta (3.6%) and Glendale 91208 (3.8%).

Employment Status, Ages 16 and Older

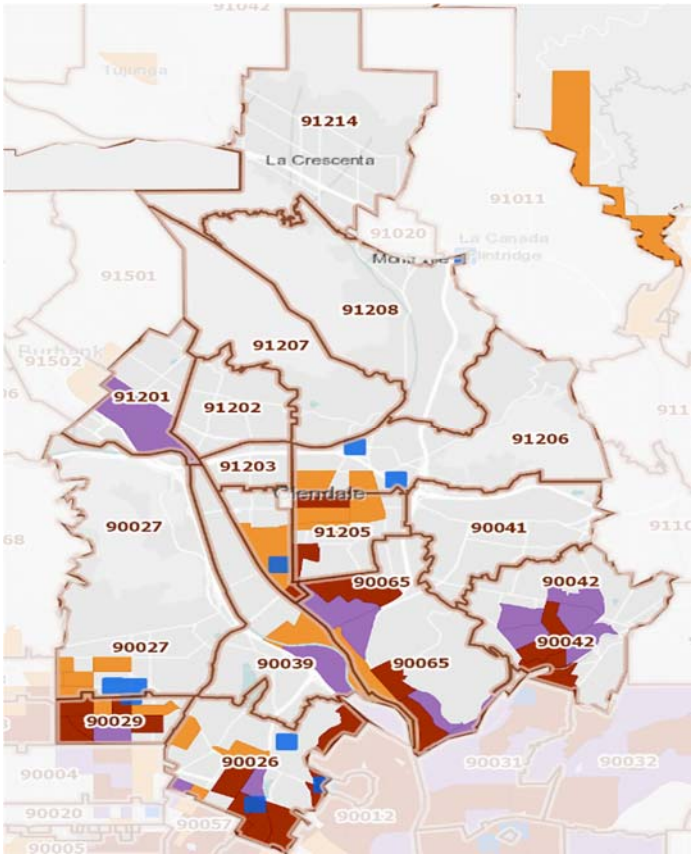
	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Glendale	91201	12,447	963	7.7%
Glendale	91202	12,649	907	7.2%
Glendale	91203	8,822	574	6.5%
Glendale	91204	9,584	931	9.7%
Glendale	91205	19,362	1,404	7.3%
Glendale	91206	17,589	1,051	6.0%
Glendale	91207	5,613	255	4.5%
Glendale	91208	8,124	312	3.8%
La Crescenta	91214	15,339	559	3.6%
Los Angeles/Echo Park/Silverlake	90026	42,254	2,707	6.4%

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Los Angeles/Los Feliz	90027	29,155	1,746	6.0%
Los Angeles/East Hollywood	90029	22,148	1,729	7.8%
Los Angeles/Atwater Village/Elysian Valley	90039	17,752	1,036	5.8%
Los Angeles/Eagle Rock	90041	16,026	974	6.1%
Los Angeles/Highland Park	90042	36,632	2,502	6.8%
Los Angeles/Glassell Park	90065	26,492	2,013	7.6%
GMHHC Service Area		**299,988**	**19,663**	**6.6%**
Los Angeles County		**5,249,298**	**319,435**	**6.1%**
California		**19,790,474**	**1,199,233**	**6.1%**

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

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the GMHHC 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 Glendale, including the area around GMHHC, represented by the blue square, and Glendale 91205, and Los Feliz/Los Angeles 90027 show a high percentage of poverty without low education levels. Glendale 91201, Highland Park/Los Angeles 90042, and Glassell Park/Los Angeles 90065 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. Los Angeles 90026, 90029, 90042 and 90065 and

Glendale 91205 and the southern tip of 91204 contain areas with a high percentage of vulnerable populations. (Source: *https://engagementnetwork.org*)

Free and Reduced-Price Meals

The Free and Reduced-Price Meal Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Eligibility in the Glendale Unified School District was 48.2%. In the Los Angeles Unified School District, 80.3% of the student body was eligible for free or reduced-price meals.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Glendale Unified School District	48.2%
Los Angeles Unified School District	80.3%
Los Angeles County	**68.9%**
California	**59.3%**

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

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 197,341 households and 210,546 housing units. Over the last five years, the population increased by 1.1%, but the number of households grew at a rate of 3.5% (suggesting easing of constraints on housing formation). Housing units grew at a rate of 3.8%, and vacant units increased by 8.6%, to 6.3% of overall housing stock. Owner-occupied housing increased by 1.6% and renters increased by 4.4% from their 2014 levels. The service area has a higher rate of renters versus owners compared to the county.

Households and Housing Units, and Percent Change

	GMHHC Service Area			Los Angeles County		
	2014	2019	Percent Change	2014	2019	Percent Change
Households	190,745	197,341	3.5%	3,242,391	3,316,795	2.3%

	GMHHC Service Area			Los Angeles County		
	2014	2019	Percent Change	2014	2019	Percent Change
Housing units	202,902	210,546	3.8%	3,462,075	3,542,800	2.3%
Owner occ.	32.5%	31.8%	1.6%	43.4%	42.9%	1.0%
Renter occ.	61.5%	61.9%	4.4%	50.2%	50.7%	3.4%
Vacant	6.0%	6.3%	8.6%	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 was $68,603, which was higher than the county median of $68,044. Median household income ranged from $41,998 in the East Hollywood/Los Angeles 90029 to $108,374 in Glendale 91208.

Median Household Income

	ZIP Code	Households	Median Household Income
Glendale	91201	8,309	$60,101
Glendale	91202	8,903	$75,703
Glendale	91203	6,110	$61,071
Glendale	91204	6,485	$49,122
Glendale	91205	14,382	$44,835
Glendale	91206	13,372	$70,141
Glendale	91207	4,081	$85,956
Glendale	91208	5,855	$108,374
La Crescenta	91214	10,357	$104,981
Los Angeles/Echo Park/Silverlake	90026	26,045	$65,269
Los Angeles/Los Feliz	90027	21,668	$66,947
Los Angeles/East Hollywood	90029	13,997	$41,998
Los Angeles/Atwater Village/Elysian Valley	90039	11,685	$90,538
Los Angeles/Eagle Rock	90041	9,661	$85,971
Los Angeles/Highland Park	90042	21,017	$64,267
Los Angeles/Glassell Park	90065	15,414	$67,479
GMHHC Service Area		**197,341**	**$68,603**
Los Angeles County		**3,316,795**	**$68,044**
California		**13,044,266**	**$75,235**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, 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, 48.7% 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 rate (41.7%). Glendale 91205 (59.0%) has the highest percentage of households spending 30% or more of their income on housing. There are five additional service area ZIP Codes where over half of the population spends 30% or more of income on housing: Glendale 91201, 91202, 91203, 91204, and East Hollywood/Los Angeles 90029. Eagle Rock/Los Angeles 90041 (40.2%) has the smallest percentage of the population that is housing-cost burdened.

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Glendale	91201	57.4%
Glendale	91202	51.0%
Glendale	91203	53.1%
Glendale	91204	58.6%
Glendale	91205	59.0%
Glendale	91206	49.3%
Glendale	91207	48.9%
Glendale	91208	44.1%
La Crescenta	91214	42.0%
Los Angeles/Echo Park/Silverlake	90026	47.0%
Los Angeles/Los Feliz	90027	48.0%
Los Angeles/East Hollywood	90029	58.2%
Los Angeles/Atwater Village/Elysian Valley	90039	40.7%
Los Angeles/Eagle Rock	90041	40.2%
Los Angeles/Highland Park	90042	44.8%
Los Angeles/Glassell Park	90065	45.8%
GMHHC Service Area		**48.7%**
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, 18.0% of service area households are family households (married or cohabiting couples) with children, under age 18. 3.5% of households have a female as head-of-household (HoH), with children, under age18, and no spouse or partner present. 9.3% 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 HoH with Own Children Under Age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
GMHHC Service Area	197,341	18.0%	3.5%	9.3%
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/

Homelessness

A point-in-time (PIT) count of homeless people is conducted annually by The Los Angeles Homeless Services Authority (LAHSA) for the Los Angeles Continuum of Care (LA CoC) and by the City of Glendale for the Glendale Continuum of Care. The Los Angeles Continuum of Care excludes the cities of Glendale, Long Beach and Pasadena, which conduct separate counts. The PIT counts are conducted to determine how many individuals and families are homeless on a given day, and are scheduled to occur on a single night in the third week of January, unless weather does not permit. The 2021 homeless count for both CoCs were 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 persons who were unsheltered homeless declined. Of the 63,706 persons experiencing homelessness in the Los Angeles CoC in 2020, 19.5% were family members (with at least one child, under age 18, and one adult, ages 18 and older), 6.6% were transitional-age youth (ages 18 to 24), 9.9% were adults, ages 62 and older, and 11.8% were minors (under the age of 18). The percent of chronic homelessness and substance use disorder increased from 2017 to 2020, while homelessness for serious mental illness and veterans declined.

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%

	2017		2020	
	Number	Percent of Total	Number	Percent of Total
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, ages 62+	4,005	7.6%	6,290	9.9%
Transitional age youth, ages 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	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

The Glendale CoC homelessness count indicated there were 169 persons experiencing homelessness in 2020. The percent of homeless who were unsheltered increased from 33.9% to 44.4%. Of the 169 homeless people in the Glendale CoC in 2020, one quarter (24.9%) were under age 18, lower from 2017 (36.9%). The percent of chronically homeless decreased from 39.9% in 2017 to 22.5% in 2020. The number and percent of unsheltered homeless veterans rose from 2017 to 2020. Due to differences in the way questions were asked and/or how data was presented in the reports, not all data from 2017 can be directly compared to 2020 data.

Homeless Subpopulations, Glendale Continuum of Care

	2017		2020	
	Number	Percent of Total	Number	Percent of Total
Count of homeless individuals	168	100.0%	169	100.0%
Sheltered individuals	111	66.1%	94	55.6%
Unsheltered individuals	57	33.9%	75	44.4%
Chronically homeless persons	67	39.9%	38	22.5%
Survivor of domestic violence	N/A	N/A	19	11.2%
Homeless due to domestic violence	40	23.8%	N/A	N/A
Persons with HIV/AIDS	3	1.8%	2	1.2%
Serious mental illness	N/A	N/A	33	19.5%

	2017		2020	
	Number	Percent of Total	Number	Percent of Total
Chronic mental illness	19	11.3%	N/A	N/A
Substance use disorder	17	10.1%	17	10.1%
Veterans	4	2.4%	8	4.7%
Unsheltered veterans	2	50.0%	8	100.0%
Homeless family members	96	57.1%	N/A	N/A
Older adults, ages 62 and older	12	7.1%	N/A	N/A
Under age 18	62	36.9%	42	24.9%
Transgender	2	1.2%	1	0.6%

Source: City of Glendale, 2020 Homeless Count Report https://www.glendaleca.gov/home/showdocument?id=57789 and 2017 Homeless County Report https://www.glendaleca.gov/home/showdocument?id=38404

Community Input – Housing and Homelessness

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

- Housing prices have skyrocketed in the past five years. A one-bedroom apartment used to be $1,450 a month now it is $1,800 to $1,900 a month. Families cannot afford housing anymore in our community and it is pushing people out and causing homelessness. A high number of people are double and tripled up in a house or apartment, just trying to make ends meet and that is not healthy. That impacts people's mental health.
- Domestic violence is a big issue as well. People are fleeing abusers and that causes homelessness. It is sad to see families with generations of history here because they can no longer afford to live here.
- It is impossible to find housing in our town that is reasonably priced so that compounds the issues. And if you are on the street and not taking care of yourself, one issue leads to another.
- If people lose their income, they lose their house and that is half of the problem. The other half is the mental health issues. And if we do not have wraparound services available and transitional housing and all three of those working together, that creates a bigger problem.
- A significant number of children are unhoused but they don't communicate that to us. We also have many families that live in the same apartment and that creates health challenges and mental health challenges.
- Seniors don't make enough with social security and disability checks. They can't afford rent or make ends meet with other expenses. Many of these seniors are in a very precarious position. They try to do roommate situations, or they try to move to the high desert where it is less expensive, but they don't want to leave because their

contacts and doctors are here.

- If people cannot be directed in their mental health care, they end up on the street and that creates a whole new level of care and a myriad of challenges.
- We underestimate the number of people who are homeless when we only look at those on the streets. A lot of people are living in their cars, living in shared spaces with many others in the same apartment, or other dwelling situation that is designed for one family, not 3 or 4 crowded into that same space. Our homeless challenge is much larger than what our census indicates.
- In the housing market, you can build luxury or moderate priced housing, but no one can build affordable housing and make it work economically. The bare bones cost of building housing exceeds what people can afford so housing must be subsidized. That is what is driving housing, the amount it costs to build something that is modest compared to high end is not that different.
- About 12% of our city receives financial assistance in their housing, which shows the significant need. There was a time that blue collar jobs were something that could support a family. But, for many reasons, those jobs have gone away and we've got ourselves into this bind with a $15 minimum wage job.
- There are many people who are taking advantage of not having to pay their rent and I feel bad for landlords who have mortgages to pay.
- The system is built to discriminate against people of color and LGBTQ folks and that all leads to general homelessness and it is something we have to address on a broad level. Finding housing is a critical final step, but preventing it is what we all must take on together.
- We are dealing with people who are tapped out and are chronically homeless. Literally, they have no options and are sleeping where it is not meant for human habitation. Getting someone enough income to sustain themselves and find a living situation they can afford, that is key.

Public Program Participation

In SPA 2, 36.0% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat, while 21.6% of low-income residents utilize food stamps. WIC benefits are accessed by 30.9% of SPA 2 children, ages 6 and younger, and 40.4% of SPA 4 children, ages 6 and younger. 5.2% of SPA 2 low-income residents are TANF/CalWorks recipients. 24.4% of SPA 2 adult immigrants and 25.7% in SPA 4 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. 17.5% of adult immigrants in SPA 2 and 15.6% in SPA 4 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.

Public Program Participation

	SPA 2	SPA 4	Los Angeles County
Not able to afford food (<200%FPL)	36.0%	35.1%	38.6%
Food stamp recipients (<200% FPL)**	21.6%	26.0%	24.9%
WIC usage among children, 6 years and under***	30.9%	40.4%	46.9%
TANF/CalWorks recipients (<200% FPL)**	5.2%	*7.8%	9.8%
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)**	24.4%	25.7%	19.2%
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**	17.5%	*15.6%	16.0%

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

In the service area, 9.9% of residents received SSI benefits, 3.4% received cash public assistance income, and 7.9% of residents received food stamp benefits.

Household Supportive Benefits

	GMHHC Service Area	Los Angeles County	California
Total households	**197,341**	**3,316,795**	**13,044,266**
Supplemental Security Income (SSI)	9.9%	6.7%	6.1%
Public Assistance	3.4%	3.4%	3.2%
Food Stamps/SNAP	7.9%	8.7%	8.9%

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

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. In SPA 2, 24.4% of households with incomes less than 300% of the FPL were food insecure and in SPA 4, 31.8% of households were food insecure.

Food Insecure Households, <300% FPL

	Percent
Glendale Health District	*15.6%
SPA 2	24.4%
SPA 4	31.8%
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 *Statistically unstable due to sample size.*

Educational Attainment

Educational attainment is a key driver of health. In the service area, 16.5% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (20.9%) and state rate (16.7%). 41% of area adults have a Bachelor's degree or higher.

Education Levels, Population Ages 25 and Older

	GMHHC Service Area	Los Angeles County	California
Population ages 25 and older	**395,782**	**6,886,895**	**26,471,543**
Less than 9th grade	9.8%	12.3%	9.2%
9th to 12th grade, no diploma	6.7%	8.6%	7.5%
High school graduate	18.4%	20.6%	20.5%
Some college, no degree	16.3%	19.0%	21.1%
Associate's degree	7.8%	7.0%	7.8%
Bachelor's degree	27.3%	21.2%	21.2%
Graduate/professional degree	13.7%	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 or 2020. Graduation rates rose from the 2019 to 2020 graduation years in the area school districts. The effect of the pandemic on these graduation rates is unknown.

High School Graduation Rates

	2018-2019	2019-2020
Glendale Unified School District	88.3%	89.4%
Los Angeles Unified School District	78.0%	80.1%
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

57.2% of service area children, ages 3 and 4, were enrolled in preschool. The enrollment rates ranged from 38.7% in La Crescenta to 75.1% in Eagle Rock/Los Angeles 90041.

Enrolled in Preschool, Children, Ages 3-4

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Glendale	91201	487	73.1%
Glendale	91202	338	50.0%
Glendale	91203	278	47.5%
Glendale	91204	488	45.1%
Glendale	91205	795	54.3%
Glendale	91206	1,160	47.0%
Glendale	91207	215	51.6%
Glendale	91208	358	70.1%
La Crescenta	91214	483	38.7%
Los Angeles/Echo Park/Silverlake	90026	1,600	70.6%
Los Angeles/Los Feliz	90027	686	59.9%
Los Angeles/East Hollywood	90029	629	55.8%
Los Angeles/Atwater Village/Elysian Valley	90039	709	64.5%
Los Angeles/Eagle Rock	90041	449	75.1%
Los Angeles/Highland Park	90042	1,413	52.5%
Los Angeles/Glassell Park	90065	1,154	51.6%
GMHHC Service Area		**11,242**	**57.2%**
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/

Parks, Playgrounds and Open Spaces

88.6% of SPA 2 and 95.9% of SPA 4 children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 82.7% of SPA 2 children and 83.3% of SPA 4 children had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space, Ages 1 to 17

	SPA 2	SPA 4	Los Angeles County
Walking distance to park, playground or open space	88.6%	*95.9%	91.4%
Visited a park, playground or open space in past month	82.7%	83.3%	82.9%

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

The *Los Angeles Countywide Comprehensive Parks & Recreation Needs Assessment of 2016* reported Southside Glendale as having a 'Very High' need for additional parks. Northeast Los Angeles and Silverlake/Echo Park/Elysian Valley were determined to have a 'Moderate' need for additional parks. Northside Glendale was reported as having

a ‘Low’ need for parks, and unincorporated La Crescenta-Montrose had a ‘Very Low’ need for additional parks. Glendale has 8.8 park acres of green space per 1,000 persons and La Crescenta-Montrose has 0.4 acres of park area per 1,000 persons.

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

	Acres per 1,000 Persons
Glendale	8.8
La Crescenta-Montrose	0.4
Los Angeles Council District 1	2.9
Los Angeles Council District 4	16.8
Los Angeles Council District 13	0.9
Los Angeles Council District 14	1.1
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

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. For the Glendale police department property crime declined from 2015 to 2019 while violent crimes rose. Crime rates were lower in Glendale and higher in Los Angeles than county and state rates.

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
Glendale	3,513	3,305	1,733.9	1,631.3	195	231	96.2	114.0
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
Los Angeles County	**240,050**	**224,192**	**2,363.6**	**2,195.6**	**50,466**	**56,416**	**496.9**	**552.5**
California	**1,023,828**	**915,197**	**2,620.4**	**2,290.3**	**166,588**	**173,205**	**426.4**	**433.5**

Source: U.S. FBI UCR program, Crime Data Explorer. https://crime-data-explorer.fr.cloud.gov/
**State rates were provided by CA DOJ; the county rate was calculated based on July 1st population totals provided by the CA Department of Finance. City rates were calculated based on American Community Survey 2015 & 2019 populations estimates, and are estimates (population covered by police departments are no longer provided by CA DOJ or the FBI); care should also be used when interpreting rates calculated on a small number, such as violent crimes.*

In SPA 2, 11.4% of male adults and 18.3% of female adults reported ever experiencing

physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner. In SPA 4, 11.3% of men and 15.0% of women had experienced physical violence at the hands of an intimate partner. 1.2% of males in SPA 2 and 3.3% of males in SPA 4 reported experiencing sexual violence (unwanted sex) by an intimate partner. 11.7% of women in SPA 4 and 9.3% in SPA 2 reported experiencing sexual violence by an intimate partner. The rates of sexual violence in SPA 4 were higher for women and men than in SPA 2. Physical violence toward women is higher in SPA 2 than the county, and sexual violence toward women is higher in SPA 4 than the county.

Intimate Partner Violence

	SPA 2	SPA 4	Los Angeles County
Women have experienced physical violence	18.3%	15.0%	16.0%
Women have experienced sexual violence	9.3%	11.7%	10.1%
Men have experienced physical violence	11.4%	11.3%	11.8%
Men have experienced sexual violence	*1.2%	*3.3%	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*

16.6% of SPA 2 residents and 16.2% of SPA 4 residents have experienced domestic violence (physical or sexual) by an intimate partner.

Intimate Partner Violence

	Percent
Glendale Health District	12.3%
SPA 2	16.6%
SPA 4	16.2%
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

Domestic violence calls are categorized as with or without a weapon. In Glendale, 7.0% of domestic violence calls were reported to involve a weapon. The rate of domestic violence calls in Glendale (1.48 per 1,000 persons) was lower than in Los Angeles (4.41 per 1,000 persons), the county (3.59 per 1,000 persons) and the state (4.1 per 1,000 persons).

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Glendale	300	1.48	93.0%	7.0%
Los Angeles	17,721	4.41	0.0%	100.0%

	Total	Rate*	Without Weapon	With Weapon
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%
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 *City rates were calculated using American Community Survey 2019 population estimates, and are estimates. County and state rates were calculated based on July 1st population totals provided by the CA Department of Finance. Population covered by police departments are no longer provided by the CA DOJ or the FBI. Care should also be used when interpreting rates calculated on a small number.*

Teens in the service area were asked about neighborhood cohesion. 87.5% of teens in SPA 2 and 85.7% in SPA 4 felt safe most or all of the time. 89.1% of teens in SPA 2 and 84.9% in SPA 4 felt people in their neighborhood were willing to help. 88.1% of teens in SPA 2 but only 68.8% in SPA 4 felt their neighbors could be trusted.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	SPA 2	SPA 4	Los Angeles County
Feel safe in neighborhood most or all of the time	87.5%	*85.7%	84.0%
People in neighborhood are willing to help	*89.1%	*84.9%	85.9%
People in neighborhood can be trusted	*88.1%	*68.8%	78.9%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

Community Input – Violence and Injury

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

There are too many guns on the streets and in the wrong hands.

- We need increased support for law enforcement to address individuals who are breaking laws and creating problems.
- The schools have received a lot of fake threats, which triggers mental health issues. People post random fake threats and it is disturbing but we can't make assumptions of what is real and fake, so we work closely with the police and mental health department to investigate and research individuals who post these threats of violence against the schools.
- We see financial abuse with our seniors.
- It is a huge factor in Asian countries. Culturally, it is okay to get punishment if you do something wrong. A lot of Asians are very religious, so we work with a lot of faith leaders to educate on mental health, domestic violence and foster care. A lot of people respect their religious leaders more than anyone else, and rely on them before seeking out a professional.

- We have our share of persons who are homeless and some of them have mental health issues and have engaged in violent behavior.
- There seems to be more violence and more angry people. People are less in control and that manifests itself as violence. I'm not sure why it is more prevalent, and people are angrier, but one of the pathways appears to be parenting and not holding children accountable for their actions.
- In general, the youth drive very fast here and generally, the youth in this community are not as compliant with rules, whether it be driving or caution regarding COVID-19. In general, we don't see as much compliance here as we do in other communities. Glendale is known for having the most expensive driver's insurance because people drive fast here and pay varying attention to stop signs.
- Intimate partner violence within the LGBTQ population is quite high. And that has really increased during the pandemic. You have people in unstable relationships locked in together for 1.5 years and there has been a big uptick in police calls and issues around not having coping mechanisms.
- There is transphobic murder. It has been the deadliest year on record for transwomen of color murdered for being who they are.
- Violence is about early intervention at schools and churches so issues are resolved before a person goes down the wrong path.
- If people do not have the basic skill sets to be employed, then that limits their options to make money, have a family, and survive. Violence is a multifaceted problem. It can be domestic violence and having people in tune to identification of someone who might be a victim and having the ability to refer them to resources or it can be gang related so people can walk safely on the streets. The goal of the police department is to prevent crime. They are not always successful, so there are plenty of opportunities to apprehend people and solve crimes.
- Crime is changing. We have seen an upswing in violent crimes and robberies and auto theft. Addressing people who chronically commit crimes can have a big impact.
- People are using more drugs to self-medicate for their mental health needs and that can lead to more car accidents, DUIs and overdoses.
- As people stay at home and isolate more, domestic violence and child abuse have increased or at least reporting of them has increased. If the person who is the primary abuser was usually at work and now they are at home, there is no way to escape that abuse. It forces people into close proximity and it makes it harder to get away.

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 90.4% of the civilian, non-institutionalized population in the service area has health insurance. Glendale 91208 has the highest health insurance rate (96.6%) and East Hollywood/Los Angeles 90029 has the lowest rate of health insurance in the service area (83.9%).

96.4% of service area children, ages 18 and younger, have health insurance coverage in the service area. Los Feliz/Los Angeles 90027 has the highest rate of health insurance coverage among children (99.0%), and East Hollywood/Los Angeles 90029 (93.9%) has the lowest percentage of children with health insurance. Among adults, ages 19-64, 87.1% in the service area have health insurance. Glendale 91208 has the highest insurance rate among adults (95.3%), and East Hollywood/Los Angeles 90029 has the lowest health insurance rate (79.4%) among adults. In the service area, only eight service area ZIP Codes meet the Healthy People 2030 objective of 92.1% coverage overall, and only four meet the objective among adults, ages 19 to 64. All area ZIP Codes 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
Glendale	91201	91.6%	97.2%	88.3%
Glendale	91202	92.8%	92.9%	91.5%
Glendale	91203	89.5%	94.6%	86.6%
Glendale	91204	89.0%	96.7%	85.3%
Glendale	91205	90.9%	96.6%	87.0%
Glendale	91206	94.8%	98.0%	92.3%
Glendale	91207	95.2%	97.5%	93.0%
Glendale	91208	96.6%	97.8%	95.3%
La Crescenta	91214	96.1%	97.9%	94.4%
Los Angeles/Echo Park/Silverlake	90026	84.5%	94.3%	80.6%
Los Angeles/Los Feliz	90027	92.3%	99.0%	89.8%
Los Angeles/East Hollywood	90029	83.9%	93.9%	79.4%

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Los Angeles/Atwater Village/Elysian Valley	90039	92.3%	97.6%	89.8%
Los Angeles/Eagle Rock	90041	94.1%	97.3%	91.8%
Los Angeles/Highland Park	90042	89.1%	96.7%	85.3%
Los Angeles/Glassell Park	90065	89.6%	95.9%	85.8%
GMHHC Service Area		**90.4%**	**96.4%**	**87.1%**
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/

23.9% of SPA 2 and 33.0% of SPA 4 residents have Medi-Cal coverage. 45.1% of SPA 2 and 34.6% of SPA 4 have employment-based insurance. SPA 2 has a lower level of Medi-Cal and a higher level of employment-based coverage than in the county. SPA 4 has a higher rate of Medi-Cal and a lower rate of employment-based coverage than the county.

Insurance Coverage, by Type

	SPA 2	SPA 4	Los Angeles County
Medi-Cal	23.9%	33.0%	28.7%
Medicare only	1.3%	1.7%	1.3%
Medi-Cal/Medicare	4.0%	5.7%	5.0%
Medicare and others	9.4%	5.4%	7.9%
Other public	*1.1%	*0.7%	1.2%
Employment based	45.1%	34.6%	41.2%
Private purchase	6.5%	6.3%	5.7%
No insurance	8.7%	12.6%	9.0%

*Source: California Health Interview Survey, 2015-2019. 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 lowest rate of insurance coverage for children is seen in the service area children identified as Other race (93.0%). Lower than average rates were also seen in those who identified as Black/African American and Hispanic children (95.1%), and American Indian/Alaskan Native children (95.7%). Among service area adults, the lowest health insurance rates are found among American Indian/ Alaskan Native adults (76.0%), adults who identify as Other race (77.6%) and Hispanic adults (79.8%). The lowest rate of coverage among service area seniors, ages 65 and

older, are found among those of Other race (95.1%), Hispanic (96.1%) and American Indian/Alaskan Native seniors (96.7%).

Health Insurance, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	93.8%	97.7%	91.6%	99.3%
Asian	92.7%	96.9%	90.0%	99.0%
Multiracial	91.9%	97.9%	87.5%	97.9%
Black/African American	90.2%	95.1%	88.4%	100.0%
Native Hawaiian/Pacific Islander	89.2%	100.0%	85.5%	100.0%
Hispanic	85.1%	95.1%	79.8%	96.1%
Other race	82.7%	93.0%	77.6%	95.1%
American Indian/Alaskan Native	82.6%	95.7%	76.0%	96.7%

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. 28.3% of adults in the service area do not have a usual primary care provider. An estimated 34.1% of adults in Echo Park/ Silverlake 90026 have no usual primary care provider, while 21.4% of residents in Glendale 91208 has no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Glendale	91201	24.2%
Glendale	91202	22.7%
Glendale	91203	24.9%
Glendale	91204	26.9%
Glendale	91205	25.6%
Glendale	91206	23.1%
Glendale	91207	20.8%
Glendale	91208	21.4%
La Crescenta	91214	21.7%
Los Angeles/Echo Park/Silverlake	90026	34.1%
Los Angeles/Los Feliz	90027	26.6%
Los Angeles/East Hollywood	90029	33.1%
Los Angeles/Atwater Village/Elysian Valley	90039	28.3%

	ZIP Code	Percent
Los Angeles/Eagle Rock	90041	27.8%
Los Angeles/Highland Park	90042	33.3%
Los Angeles/Glassell Park	90065	32.2%
GMHHC Service Area*		**28.3%**
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 groups, Latinos in SPA 2 (79.1%) and SPA 4 (78.2%) were the least likely to have a usual source of care.

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

	SPA 2	SPA 4	Los Angeles County
White	91.0%	87.0%	90.9%
Black/African American	*90.6%	*82.0%	90.1%
Multiracial	*93.0%	*83.6%	89.3%
Asian	90.1%	78.8%	84.3%
American Indian/Alaskan Native	N/A	N/A	*83.2%
Native Hawaiian/Pacific Islander	N/A	N/A	81.9%
Latino	79.1%	78.2%	80.6%
All ages	**86.3%**	**89.4%**	**84.8%**

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

In SPA 2, 61.3% of residents and in SPA 4, 47.3% of residents accessed care at a doctor's office, HMO or Kaiser. 22.7% of SPA 2 residents and 29.7% of SPA 4 residents accessed care at a clinic or community hospital. 13.7% of SPA 2 residents and 19.6% of SPA 4 residents had no usual source of care. SPA 4 residents (2.5%) and SPA 2 residents (1.7%) said their usual source of care was the Emergency Room (ER) or Urgent Care.

Sources of Care

	SPA 2	SPA 4	Los Angeles County
Dr. office/HMO/Kaiser Permanente	61.3%	47.3%	56.8%
Community clinic/government clinic/ community hospital	22.7%	29.7%	25.2%
ER/Urgent care	1.7%	2.5%	2.1%

	SPA 2	SPA 4	Los Angeles County
Other place/no one place	*0.6%	*1.0%	0.7%
No usual source of care	13.7%	19.6%	15.2%

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

An examination of ER use can lead to improvements in providing community-based primary care. 22.4% of SPA 2 and 18.7% of SPA 4 residents visited an ER in the past year. Adults, ages 18 to 64, visited the ER at the highest rate in SPA 2 (23.4%) and seniors, ages 65 and older, visited the ER at the highest rate in SPA 4 (26.6%). Poverty-level residents visited the ER at higher rates than the general population, in both SPAs.

Use of Emergency Room

	SPA 2	SPA 4	Los Angeles County
Visited ER in last 12 months	22.4%	18.7%	21.1%
0-17 years old	18.5%	16.3%	17.9%
18-64 years old	23.4%	18.2%	21.5%
65 and older	23.3%	26.6%	24.6%
<100% of poverty level	24.8%	19.9%	24.9%
<200% of poverty level	24.2%	20.1%	23.4%

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

Difficulty Accessing Care

7.4% of SPA 4 adults and 6.7% of SPA 2 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 18.3% of SPA 4 adults and 14.1% of SPA 2 adults reported difficulty accessing specialty care. 7.5% of SPA 4 adults and 6.2% of SPA 2 adults had been told by a primary care physician office that their insurance would not be accepted, while 13.6% of SPA 4 adults and 11.7% of SPA 2 adults were told by a specialist that their insurance was not accepted.

Difficulty Accessing Care in the Past Year, Adults

	SPA 2	SPA 4	Los Angeles County
Reported difficulty finding primary care	6.7%	7.4%	6.2%
Reported difficulty finding specialist care	14.1%	18.3%	14.7%
Primary care doctor not accepting their insurance	6.2%	7.5%	6.5%
Specialist not accepting their insurance	11.7%	13.6%	12.3%

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

Delayed or Forgone Care

15.1% of SPA 4 residents and 11.9% of SPA 2 residents delayed or did not get medical care when needed. Of these residents, 63.0% ultimately went without needed medical care, meaning that 9.5% of the overall population had to forgo needed care. These rates are higher than the Healthy People 2030 objective of 3.3% of the population who forgo care. 7.9% of SPA 2 residents and 9.5% of SPA 4 residents had to forgo needed medical care. 50.4% of SPA 4 residents and 48.8% of SPA 2 residents who delayed or went without care agreed that 'cost/lack of insurance/other insurance issue' was a reason. SPA 4 residents showed a higher rate (10.0%) of delayed and unfilled prescriptions compared to the county (8.7%).

Delayed Care in Past 12 Months, All Ages

	SPA 2	SPA 4	Los Angeles County
Delayed or did not get medical care	11.9%	15.1%	11.8%
Had to forgo needed medical care	7.9%	9.5%	7.0%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	48.8%	50.4%	47.9%
Delayed or did not get prescription meds	7.5%	10.0%	8.7%

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

In SPA 4 (11.8%) and SPA 2 (6.4%), Whites are more likely to say they have delayed or foregone needed medical care during the prior year due to cost or lack of insurance, followed by Latino residents in SPA 4 (7.3%) and in SPA 2 (5.4%). Asian residents of SPA 2 (2.1%) and Black residents of SPA 4 (3.8%) are the least likely to say they delayed or skipped care due to cost or lack of insurance in the past year.

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

	SPA 2	SPA 4	Los Angeles County
White	6.4%	11.8%	6.5%
Latino	5.4%	7.3%	5.8%
Asian	*2.1%	*5.1%	4.3%
Black	*4.8%	*3.8%	3.8%
Multiracial	N/A	*6.2%	3.4%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Insufficient sample size to allow for statistical validity.*

Lack of Care Due to Cost, Children

1.7% of children, ages 0 to 17, in area SPAs missed or delayed care within the prior 12 months due to cost or lack of insurance. 1.0% of SPA 4 children and 0.5% in SPA 2

children ultimately did not receive care. 5.7% of SPA 4 children and 1.4% of SPA 2 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 2	SPA 4	Los Angeles County
Child's care delayed or foregone due to cost or lack of insurance	*1.7%	*1.7%	1.5%
Child missed care	*0.5%	*1.0%	1.0%
Child's prescription medication delayed or unfilled	*1.4%	*5.7%	4.3%

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

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 service area and information from the Uniform Data System (UDS)[1], 33.1% of the population in the service area is low-income (200% of Federal Poverty Level) and 14.6% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area.

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 72,388 patients in the service area, which equates to 41.8% penetration among low-income patients and 13.7% penetration among the total population. From 2018-2020, the Community Health Center providers served 3,157 fewer patients for a 4.2% decrease in patients served by Community Health Centers in the service area. With this, there remain 100,627 (58.2%) low-income residents of the population at or below 200% FPL, which are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
173,015	72,388	41.8%	13.7%	100,627	58.2%

Source: UDS Mapper, 2020, 2015-2019 population numbers. http://www.udsmapper.org

[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)

Dental Care

14.3% of children, ages 3 to 11, in SPA 2 and 13.3% in SPA 4 have never been to a dentist. In the past year, 3.5% of SPA 2 children and 2.7% SPA 4 children needed dental care and did not receive it. Teen data is based on smaller sample sizes and should be interpreted with greater caution. At the county level, 7.7% of teens either have never been to the dentist or more than one year ago, and 12.7% have teeth that are in fair or poor condition. 8.6% county teens missed school due to a dental problem in the past year.

Delay of Dental Care, Children

	SPA 2	SPA 4	Los Angeles County
Children, ages 3 to 11, never been to the dentist	14.3%	*13.3%	14.2%
Children, ages 3 to 11, needed but didn't get dental care in past year	*3.5%	*2.7%	3.9%
Teen, ages 12 to 17, either never been to the dentist or more than one year ago**	*12.9%	*0.0%	7.7%
Teen, ages 12 to 17, condition of teen is fair or poor***	*14.8%	*21.6%	12.7%
Teen, ages 12 to 17, missed school due to a dental problem in the past year****	*3.4%	*12.6%	*8.6%

*Source: California Health Interview Survey, 2015-2019 **2017-2019 ***2018-2020 ****2018-2019. http://ask.chis.ucla.edu*
**Statistically unstable due to sample size.*

66.1% of SPA 4 adults and 73.4% SPA 2 adults described the condition of their teeth as 'good', to 'excellent.'4.8% of SPA 4 adults and 3.1% of SPA 2 adults had never been to a dentist.

Dental Care, Adults

	SPA 2	SPA 4	Los Angeles County
Condition of teeth: good to excellent	73.4%	66.1%	70.0%
Condition of teeth: fair to poor	24.7%	33.1%	28.2%
Condition of teeth: has no natural teeth	*2.0%	*0.8%	1.9%
Never been to a dentist	3.1%	*4.8%	3.3%
Visited dentist < 6 months to two years	82.4%	77.8%	80.0%
Visited dentist more than 5 years ago	6.2%	7.8%	7.4%

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

Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care. Following are their comments, which have been summarized and edited for clarity:

We are a heavily Spanish and Armenian speaking community. We need translations so

people are not left out because of language barriers.

- We do not provide enough information on health care access in schools. A lot of parents in Glendale have limited English skills but their kids speak English, so it is about educating the kids who can then relay that information to their parents.
- For persons who are poor and homeless there is a misconception that the hospitals are tied to the government and if people come to the hospital, they will get deported or reported for not being here legally.
- California has done a good job and rolled out many health insurance options. But some segments of our immigrant population do not trust anyone are still struggling. We must promote the universal health care options.
- For those who have the resources, they can take advantage of the hospitals in the Glendale area. There is a need for those institutions to find well trained and educated health care workers.
- Due to the diversity of our community, no one size fits all. We have Spanish and Armenian speakers and a lot of young people who feel indestructible. The nonprofit community is doing the best they can, but with mental health issues, there are so many people and the need is so great, there are not enough services.
- Parents do not have time to take off their jobs and employers do not accommodate parents to allow them to go to the doctor.
- We have three good hospitals. There is sufficient access to health facilities in our community.
- I don't think our physicians are dedicated to treating or serving their patients. The attitude of doctors, it is very negative.
- There is a challenge for minority populations, particularly Asian Pacific Islanders and African American populations. They are underrepresented in our city government and, therefore, their voices are not heard regarding their medical and health needs. Caucasians and Armenians are well heard and represented, but other minorities do not have the same voice and power and are not a part of these health discussions.
- A major challenge is a lack of nurses and that is causing burnout for staff who are still working in health care.
- Getting more resources out there in more languages is very important and can lead to early intervention. Some health organizations are hiring more physicians and administrators who speak more Asian languages, and that is a huge win for our community. When people come back from health care services and say they spoke my language, that is welcoming to our community.
- For dental care, people are fearful, so they just don't address dental issues. And the challenge is most people do not have adequate dental coverage.
- There are very few organizations that can provide gender affirming surgeries.
- Access to the COVID-19 vaccine was good and we expanded our capacity with new medications. But at the same time, those who had less access to care continue to

have less access to care and there are only so many hospital beds. As there are improvements to treat those with COVID-19, improving access to care for other issues has gone to the wayside because of the focus on COVID-19.

- People who are shut-in or have mobility issues are not going to access care.
- When people are homeless, they are worried about what they will eat, where they will sleep, and are they going to get beat up. As a result, dental care is not at the forefront of their minds. It is not considered important in the hierarchy of what is important.

Birth Indicators

Births

From 2014 to 2018, there were, on average, 5,102 births per year in the service area.

Teen Birth Rate

Teen births in the service area occurred at a rate of 12.4 per 1,000 births among females, ages 15-19. This rate is lower than county and state rates.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers	154	12.4	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 136.6 per 1,000 live births. This rate of late entry into prenatal care translates to 13.7% of women entering prenatal care late or not at all. 86.3% of women entered prenatal care on time, this rate is better than the Healthy People 2020 objective of 84.8% of women entering prenatal care in the first trimester.

The Healthy People 2030 objective has been changed, to 80.5% of pregnant women receiving 'early and adequate' prenatal care, which in addition to timing of entry, contains the added criteria of attending at least 80% of recommended prenatal visits. Consequently, it is not a comparable measure for the available data.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	697	136.6	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% (70.4 per 1,000 live births).

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	359	70.4	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 429.4 births per 1,000 live births, which is lower than the county rate (542.9 per 1,000 live births), and state rate (498.5 per 1,000 live births).

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	2,191	429.4	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 birth, occurring before the start of the 38th week of gestation, in the service area is 8.8% (87.7 per 1,000 live births).

Premature Births before Start of 38th Week Rate, per 1,000 Live Births

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature births	447	87.7	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 0.3% (2.5 per 1,000 live births), and lower than the county rate (0.6%) and state rate (1.6%).

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Mothers who smoked	13	2.5	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 1 year of age. The infant mortality rate in Los Angeles County, from 2016 to 2018, was 4.11 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 4.8 deaths per 1,000 live births, and is lower than state and national 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 highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at GMHHC indicated 92.4% of new mothers used some breastfeeding, lower than the county and state rate (93.7%), while 52.6% used breastfeeding exclusively, lower than the county (62.5%) and state (70.0%) rates. 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
Glendale Memorial Hospital and Health Center	1,193	92.4%	679	52.6%
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 at GMHHC. The breastfeeding rates for all groups met the Healthy People 2020 objective of 81.9% of all infants having ever been breastfed. However, while the rate of initiation of breastfeeding was highest for Latina/Hispanic women (93.0%), they had the lowest rate of in-hospital exclusive breastfeeding (49.4%). Rates of exclusive breastfeeding for African-American mothers were suppressed due to concerns regarding privacy and statistical validity; however, they had the lowest rate of breastfeeding initiation in the hospital (84.2%). Mothers who considered themselves a

different race/ethnicity than those listed as Other (67.0%) and Multiracial (66.7%) had the highest rates of exclusive breastfeeding, followed by White mothers (57.3%).

In-Hospital Breastfeeding, GMHHC, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	**Percent**	**Number**	**Percent**
Latina/Hispanic	735	93.0%	390	49.4%
Other	84	92.3%	61	67.0%
White	246	92.1%	153	57.3%
Asian	46	92.0%	27	54.0%
Multiple Race	33	91.7%	24	66.7%
African American	16	84.2%	N/A	N/A

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

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, all communities are higher than the county average, with a high of 84.5 years in Los Angeles Council Districts 1 and 4.

Life Expectancy at Birth

	Years of Life Expected
Glendale	83.7
Los Angeles Council District 1	84.5
Los Angeles Council District 4	84.5
Los Angeles Council District 13	83.8
Los Angeles Council District 14	82.7
Los Angeles County	**82.3**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2018.
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 GMHHC service area is 519.7 per 100,000 persons, which is lower than the county rate (569.8 deaths per 100,000 persons) and the state rate (614.4 deaths per 100,000 persons).

Mortality Rates, per 100,000 Persons, Five-Year Average

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Number	Rate
Deaths	3,055	519.7	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 GMHHC service area are heart disease and cancer. In addition to heart disease and cancer, the top five leading causes of death in the service area include: Alzheimer's disease, stroke, and chronic lower respiratory disease. The rates for all listed causes are lower in the service area than in the county, with the exception of Alzheimer's disease, pneumonia and flu, and HIV. In addition to ischemic heart disease and cancer death objectives, the service does not meet the Healthy People 2030 objective for liver disease deaths.

Leading Causes of Death Rates, Age-Adjusted, per 100,000 Persons, 2014-2018, Average

	GMHHC Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Average Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	897	136.6	146.9	142.7	No Objective
Ischemic heart disease	262	99.8	106.8	88.1	71.1
Cancer	804	126.8	134.3	139.6	122.7
Alzheimer's disease	239	35.1	34.2	35.4	No Objective
Stroke	201	30.9	33.3	36.4	33.4
Chronic Lower Respiratory Disease	156	24.2	28.1	32.1	Not Comparable
Pneumonia and influenza	134	20.5	19.2	14.8	No Objective
Diabetes	113	17.8	23.1	21.3	Not Comparable
Unintentional injuries	102	16.9	22.6	31.8	43.2
Liver disease	70	11.1	13.0	12.2	10.9
Kidney disease	67	10.3	11.2	8.5	No Objective
Suicide	42	6.9	7.9	10.5	12.8
HIV	18	2.9	2.1	1.6	No Objective
Homicide	15	2.9	5.7	5.0	5.5

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.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 99.8 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 30.9 deaths per 100,000 persons. The heart disease rate does not meet the Healthy People 2030 objective of 71.1 heart disease deaths per 100,000 persons. The service area does meet the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	262	99.8	106.8	88.1
Stroke death rate	201	30.9	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 126.8 per 100,000 persons. This rate is lower than the county and state rates, and does not meet the Healthy People 2030 objective of 122.7 deaths from cancer, per 100,000 persons.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	804	126.8	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, Age-Adjusted, per 100,000 Persons

	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

	Los Angeles County	California
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*

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 35.1 deaths per 100,000 persons. This is higher than the county rate (34.2 deaths per 100,000 persons) and lower than the state rate (35.4 deaths per 100,000 persons).

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	239	35.1	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.

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 24.2 per 100,000 persons. This is lower than the county rate (28.1 per 100,000 persons) and state rate (32.1 per 100,000 persons).

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	156	24.2	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.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 20.5 per 100,000 persons. This rate is higher than the county (19.2 per 100,000 persons) and state (14.8 per 100,000 persons) rates.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	134	20.5	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.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 17.8 deaths per 100,000 persons. This is lower than the county rate (23.1 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	113	17.8	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.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 16.9 deaths per 100,000 persons, lower than the county (22.6 per 100,000 persons) and state (31.8 per 100,000 persons) rates, and the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	102	16.9	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.

Liver Disease

The death rate from liver disease in the service area is 11.1 deaths per 100,000 persons. This is lower than the county (13.0 deaths per 100,000 persons) and state (12.2 deaths per 100,000 persons) rates, but higher than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	70	11.1	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.

Kidney Disease

The death rate from kidney disease is 10.3 deaths per 100,000 persons. This is lower than the county rate (11.2 per 100,000 persons) and higher than the state rate (8.5 deaths per 100,000 persons).

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	67	10.3	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.

Suicide

The suicide rate in the service area is 6.9 deaths per 100,000 persons. This rate is lower than the county rate (7.9 per 100,000 persons) and state rate (10.5 per 100,000 persons) and meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	42	6.9	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.

HIV/AIDS

The rate of HIV deaths in the service area is 2.9 deaths per 100,000 persons. This is higher than the county rate (2.1 deaths per 100,000 persons) and state rate (1.6 deaths per 100,000 persons). This is based on a relatively small number of deaths and as such should be interpreted with caution.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV/AIDS	18	2.9	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.

Homicide

The homicide rate in the service area is 2.9 deaths per 100,000 persons. This rate is lower than the county (5.7 deaths per 100,000 persons) and state (5.0 deaths per 100,000 persons) rates and meets the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

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

	GMHHC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	15	2.9	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.

Drug Overdoses

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising, particularly in the last several years. In 2019, there were approximately 6.0 overdose deaths involving opioids per 100,000 persons in the service area. Rates were highest in the Atwater Village/Elysian Valley area of Los Angeles 90039 (16.1 deaths per 100,000 persons). The rate was lower in the service area than in the county (6.7 deaths per 100,000 persons) and the state (7.9 deaths per 100,000 persons).

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

	ZIP Code	Rate
Glendale	91201	0.0
Glendale	91202	10.0
Glendale	91203	0.0
Glendale	91204	4.5
Glendale	91205	2.9
Glendale	91206	0.0
Glendale	91207	0.0
Glendale	91208	0.0

	ZIP Code	Rate
La Crescenta	91214	9.7
Los Angeles/Echo Park/Silverlake	90026	11.8
Los Angeles/Los Feliz	90027	8.6
Los Angeles/East Hollywood	90029	10.2
Los Angeles/Atwater Village/Elysian Valley	90039	16.1
Los Angeles/Eagle Rock	90041	4.3
Los Angeles/Highland Park	90042	3.6
Los Angeles/Glassell Park	90065	1.4
GMHHC Service Area*		**6.0**
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, 2019. 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 from ages 15 to 19 (4.3 deaths per 100,000) to ages 30 to 34 (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) and White residents (12.3 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 Mortality Rates, Age-Adjusted, per 100,000 Persons, 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

	Rate
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 January 13, 2022, there have been 2,047,927 confirmed cases of COVID-19 in Los Angeles County, with a rate of 20,450.6 cases per 100,000 residents. This rate was higher than the statewide average of 16,227.8 cases per 100,000 persons. Through January 13, 2022, 27,641 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 276 deaths per 100,000 persons. This was higher than the statewide rate of 194.6 deaths per 100,000 residents.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 1/13/22

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	2,047,927	20,450.6	6,416,171	16,227.8
Deaths	27,641	276.0	76,940	194.6

Source for LA County and California case and death numbers: California State Health Department, COVID19 Dashboard, Updated January 14th, 2022, with data from January 13, 2022. https://covid19.ca.gov/state-dashboard Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data.

In Los Angeles County, among the population, ages 5 and older, 86.1% of the Asian population, 57.9% of Black residents and 63.1% of Latinx residents have received at least one dose of a COVID-19 vaccination.

Fully or Partially Vaccinated (1+ Dose) for COVID-19, Ages 5 and Older, by Race, 1/9/22

	Percent who Received at Least 1 Dose of Vaccine
Asian	86.1%
American Indian/Alaska Native	81.9%
White	76.6%
Latinx	63.1%
Black/African American	57.9%

Source: Los Angeles Public Health Department, COVID-19 Vaccination Dashboard, Vaccination percentage updated January 13, data through January 9, 2022. http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm

28.5% of Los Angeles County residents, ages 5 to 11, have received at least one dose of a COVID-19 vaccine. 79% of county residents, ages 12 to 17, received at least one dose of a COVID-19 vaccine. 86.9% of county residents, ages 18 to 64, received at least one dose of a COVID-19 vaccine. 85.2% of the population, ages 65 or older, have received at least one vaccine dose, which is lower than the statewide vaccination rate of 90.4% for seniors. Rates for teens and adults are above state rates, while children's rates lag.

COVID-19 Vaccinations, Number and Percent, by Age, 1/13/22

	Los Angeles County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Population, ages 5-11	9.4%	81,345	19.2%	165,977	9.1%	320,609	20.7%	729,298
Population, ages 12-17	8.9%	68,401	70.1%	537,776	8.0%	253,194	63.4%	2,009,881
Population, ages 18-64	8.4%	537,756	78.5%	5,025,611	8.7%	2,129,878	77.5%	18,965,729
Population, ages 65+	7.2%	116,091	78.1%	1,265,963	7.9%	518,383	82.5%	5,386,882

Source: California Department of Public Health. https://covid19.ca.gov/vaccination-progress-data/#progress-by-group Updated January 14th, 2022 with data through January 13, 2022.

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 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 percentiles 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.

In the service area, Los Angeles 90029 is ranked 'Highest Vulnerability', with an Index score higher than 88% of California ZIP Codes. La Crescenta 91214 is ranked as the 'Lowest Vulnerability', with a composite Index Score of 10.1% of California ZIP Codes, as is Glendale 91208, with an Index Score of 12.6%.

Vulnerability and Recovery Index

	ZIP Code	Risk	Severity	Recovery Need	Index
Glendale	91201	42.1%	65.7%	50.4%	52.1%
Glendale	91202	21.7%	52.4%	39.2%	36.8%
Glendale	91203	35.7%	65.8%	51.6%	50.7%

	ZIP Code	Risk	Severity	Recovery Need	Index
Glendale	91204	69.8%	93.0%	73.9%	79.7%
Glendale	91205	60.0%	81.9%	61.8%	67.4%
Glendale	91206	23.9%	57.9%	40.5%	39.7%
Glendale	91207	12.6%	35.7%	15.4%	19.5%
Glendale	91208	5.9%	26.2%	10.2%	12.6%
La Crescenta	91214	10.0%	11.2%	11.2%	10.1%
Los Angeles	90026	64.1%	70.4%	61.7%	65.0%
Los Angeles	90027	32.5%	67.2%	37.7%	44.8%
Los Angeles	90029	85.7%	91.7%	83.7%	88.0%
Los Angeles	90039	26.5%	40.5%	34.9%	33.4%
Los Angeles	90041	34.3%	43.7%	39.4%	38.4%
Los Angeles	90042	64.8%	68.2%	65.0%	66.2%
Los Angeles	90065	59.8%	62.4%	66.4%	62.1%

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, which have been summarized and edited for clarity:

COVID has impacted every segment of our community, from infants to seniors. Many people do not feel comfortable getting vaccinated and it is causing issues in our community.

- All we can continue to do is engage people to use safe practices and precautions and get vaccinated. Mandates and incentives are only as good as those who are willing to step forward and follow-through. And we need to make sure our hospitals have the supports they need and the skilled labor force they need to meet the community's needs.
- The information is constantly changing, and that is triggering mistrust. Many people already do not believe in the vaccine or they think they already had COVID-19 so they are protected. And there are many parents who are unwilling to have their children vaccinated because of their beliefs. Right now, we have 91% of our staff who have had at least one vaccine shot. This is after a lot of pushing and vaccine requirements to maintain employment.
- Information is power and being able to have influencers in the community who are convincing about vaccinations and the value of vaccinations would be instrumental to overcome our low vaccine rates; it needs to be nonpolitical.

- Educating people to not be afraid and to follow the guidelines, that is the biggest challenge. people do not understand that they are endangering not only their lives but those around them.
- With the pandemic, the number of people seeking out mental health has gone up and I don't know if the supply can meet the demand. We had an overstressed system before the pandemic. Now it is even more challenging to get an appointment and navigate the system because there are not enough providers to meet our needs.
- Our shelter has had to quarantine five or six times in the past year because clients or staff tested positive. That impacts our services, operations and facilities. That means we cannot assist homeless clients during that two-week closure time, and often it is up to a month, or even up to three months. Some of the most vulnerable were provided hotel rooms, but there were still a lot of people who did not fit that definition and didn't have a place to go.
- In LA, we have 5,000 emergency housing vouchers. But there is never an adequate amount of housing, especially coming off the rent moratorium where people have now lost their jobs and became homeless or are facing eviction. So, the homeless rate is going to increase in the next couple of months.
- The older Armenian population is resistant to following any guidance on masks, social distancing, testing and vaccinations. It reveals a greater hesitancy to follow and receive guidance, support and education on medical issues in general.
- Immigrant families that don't have legal status, they didn't get any benefits or stimulus checks with the pandemic. They usually get paid in cash, so this has impacted their financial stability, which in turn has impacted their physical and mental health.
- There is a lot of burnout and pandemic fatigue for clients and health care staff. It has been extremely disruptive to people's wellbeing. We have made significant changes to our salary and time flexibility, but it is still difficult to hire because people are leaving for larger health care systems and we cannot compete with these systems.
- We learned if we can't meet people and have a relationship and talk to people, it is hard to be a trusted resource. It is hard for others to buy into what you say. But if you have a relationship with someone who knows someone, or a church or a homeowner's association, that is a way to do it.
- The pandemic has created a whole host of new needs and issues and problems. But at the same time, it has brought in new resources. However, none of the previously existing issues have gone away or have gotten better because of COVID-19. Non-COVID-19 issues have been deprioritized and funding has been reduced as a lot of attention, time and money are focused on COVID-19.
- Long-term, we will see that once COVID-19 is in the background, that there is a rise in cancer deaths, heart attacks, obesity and liver disease because we took our attention and focus off of them while we were dealing with COVID-19. They didn't go

away, they will show up the same way they always did but less time, attention, and focus were put on them in the earlier stages so we will see echoing effects of those issues into the future.

Acute and Chronic Disease

Hospitalizations by Diagnoses

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

GMHHC Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Percent
Circulatory system	16.0%
Complications of pregnancy, childbirth & postpartum period	14.9%
Certain conditions originating in perinatal period	14.2%
Mental illness	11.9%
Digestive system	7.6%
Infectious and parasitic diseases	6.9%
Respiratory system	5.9%
Injury and poisoning	5.3%
Musculoskeletal system and connective tissue diseases	3.9%
Genitourinary system	3.4%

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 GMHHC, the top four primary diagnoses seen in the Emergency Room were: 1) injuries/poisonings; 2) respiratory system diagnoses; 3) nervous system/sensory organ diagnoses; and 4) circulatory system diagnoses.

GMHHC Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	Percent
Injury and poisoning	18.8%
Respiratory system	12.4%
Nervous system and sense organs	10.2%
Circulatory system	9.0%
Musculoskeletal system & connective tissue	8.6%
Genitourinary system	6.4%
Digestive system	6.2%
Mental illness	4.1%
Skin and subcutaneous tissue	3.6%
Complications of pregnancy, childbirth & postpartum period	2.8%

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

Limited Activity Due to Poor Health

Adults in the Central Health District limited their activities due to poor mental or physical health on an average of 2.0 days in the previous month, while those in the Northeast Health District limited theirs on an average of 3.9 days. At the county level (2.7 days, average), 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
U.S. Born	3.0
Latino	2.6
U.S. Born	3.0
Asian	2.2

	Percent
U.S. Born	1.9
Central Health District	**2.0**
Glendale Health District	**2.6**
Northeast Health District	**3.9**
SPA 2	**2.6**
SPA 4	**2.6**
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, 10.3% of adults had been diagnosed with diabetes by a health professional. Among area communities, Los Feliz/Los Angeles 90027 had the lowest estimated rate of diabetes (8.7%) and Glassell Park/Los Angeles 90065 (11.6%) had the highest estimated rate of adults diagnosed with diabetes.

Diabetes, Adults

	ZIP Code	Percent
Glendale	91201	9.6%
Glendale	91202	9.9%
Glendale	91203	9.6%
Glendale	91204	9.9%
Glendale	91205	9.8%
Glendale	91206	10.3%
Glendale	91207	10.8%
Glendale	91208	10.6%
La Crescenta	91214	10.1%
Los Angeles/Echo Park/Silverlake	90026	10.2%
Los Angeles/Los Feliz	90027	8.7%
Los Angeles/East Hollywood	90029	10.4%
Los Angeles/Atwater Village/Elysian Valley	90039	10.6%
Los Angeles/Eagle Rock	90041	11.2%
Los Angeles/Highland Park	90042	10.8%
Los Angeles/Glassell Park	90065	11.6%
GMHHC Service Area*		**10.3%**

	ZIP Code	Percent
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 the 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

3.0% of service area adults report having been told by a health professional that they have heart disease. The lowest estimated rate was seen in Echo Park/Silverlake/Los Angeles 90026 (2.4%) and the highest rate was in Glendale 91207, where an estimated 4.2% 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 an estimated low of 2.5% in Echo Park/Silverlake/Los Angeles 90026 to a high of 3.8% in Glendale 91207.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Glendale	91201	3.5%	3.2%
Glendale	91202	3.7%	3.4%

	ZIP Code	Heart Disease	Stroke
Glendale	91203	3.3%	3.1%
Glendale	91204	3.1%	3.0%
Glendale	91205	3.3%	3.1%
Glendale	91206	3.7%	3.4%
Glendale	91207	4.2%	3.8%
Glendale	91208	3.9%	3.6%
La Crescenta	91214	3.4%	2.9%
Los Angeles/Echo Park/Silverlake	90026	2.4%	2.5%
Los Angeles/Los Feliz	90027	2.9%	2.7%
Los Angeles/East Hollywood	90029	2.6%	2.7%
Los Angeles/Atwater Village/Elysian Valley	90039	2.9%	2.8%
Los Angeles/Eagle Rock	90041	3.1%	3.0%
Los Angeles/Highland Park	90042	2.6%	2.7%
Los Angeles/Glassell Park	90065	2.8%	2.9%
GMHHC Service Area*		**3.0%**	**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*

5.1% of service area adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction). The lowest rates of adults diagnosed with angina, coronary heart disease, or a heart attack were in Echo Park/Silverlake/Los Angeles 90026 (4.2%) and Highland Park/Los Angeles 90042 (4.5%), and the highest rates were in Glendale 91207 (6.8%) and 91208 (6.3%).

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Glendale	91201	5.6%
Glendale	91202	6.0%
Glendale	91203	5.4%
Glendale	91204	5.2%
Glendale	91205	5.4%
Glendale	91206	6.0%
Glendale	91207	6.8%

Glendale	91208	6.3%
La Crescenta	91214	5.4%
Los Angeles/Echo Park/Silverlake	90026	4.2%
Los Angeles/Los Feliz	90027	4.7%
Los Angeles/East Hollywood	90029	4.6%
Los Angeles/Atwater Village/Elysian Valley	90039	5.0%
Los Angeles/Eagle Rock	90041	5.2%
Los Angeles/Highland Park	90042	4.5%
Los Angeles/Glassell Park	90065	5.0%
GMHHC Service Area*		**5.1%**
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, 6.6% of adults have been diagnosed with heart disease, which is higher than SPA 2 (6.3%) and the county rate of 6.1%. Among adults diagnosed with heart disease, 76.4% in SPA 2 and 64.7% in SPA 4 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 63.2% in SPA 2 were 'very confident' in their ability to control their condition. 2.8% of SPA 4 and 7.1% of SPA 2 adults reported lacking confidence to control their condition.

Heart Disease, Adults

	SPA 2	SPA 4	Los Angeles County
Diagnosed with heart disease	6.3%	6.6%	6.1%
Has a management care plan**	76.4%	*64.7%	71.0%
Very confident to control condition***	63.2%	*46.1%	57.7%
Somewhat confident to control condition***	*29.7%	*51.1%	35.7%
Not confident to control condition***	*7.1%	*2.8%	*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 Los Angeles 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, 26.8% of adults reported being diagnosed with high blood pressure and 28.0% were diagnosed with high cholesterol. The highest rates of persons diagnosed with high blood pressure was in Glendale 91207 (31.7%) and Glendale 91208 (30.6%). The highest rates of diagnosed high cholesterol were also reported in Glendale 91207 (32.4%) and Glendale 91208 (31.7%).

High Blood Pressure and High Cholesterol

	ZIP Code	Hypertension	High Cholesterol
Glendale	91201	28.1%	29.1%
Glendale	91202	29.1%	30.1%
Glendale	91203	27.3%	28.5%
Glendale	91204	26.8%	28.0%
Glendale	91205	27.5%	28.6%
Glendale	91206	29.3%	30.3%
Glendale	91207	31.7%	32.4%
Glendale	91208	30.6%	31.7%
La Crescenta	91214	28.7%	30.8%
Los Angeles/Echo Park/Silverlake	90026	24.0%	25.3%
Los Angeles/Los Feliz	90027	25.5%	26.7%
Los Angeles/East Hollywood	90029	25.3%	26.3%
Los Angeles/Atwater Village/Elysian Valley	90039	26.7%	28.1%
Los Angeles/Eagle Rock	90041	27.2%	28.6%
Los Angeles/Highland Park	90042	25.3%	26.5%
Los Angeles/Glassell Park	90065	26.7%	27.9%
GMHHC Service Area*		**26.8%**	**28.0%**
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 2, 27.7% of adults have been diagnosed with high blood pressure, and in SPA 4 the rate is 19.3%. 70.3% of persons diagnosed with high blood pressure in SPA 2 take medication for their condition and 66.3% in SPA 4 take medication.

High Blood Pressure, Adults

	SPA 2	SPA 4	Los Angeles County
Diagnosed with high blood pressure	27.7%	19.3%	25.9%
Borderline high blood pressure	5.7%	6.5%	7.2%
Doesn't/never had high blood pressure	66.6%	74.2%	66.9%
Takes medication for high blood pressure**	70.3%	66.3%	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

	Los Angeles County	California
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 was 9.1%. The area ZIP Codes with the highest estimated rates of asthma were Glendale 91201 and 91207 (9.9%).

Asthma Prevalence, Adults

	ZIP Code	Percent
Glendale	91201	9.9%
Glendale	91202	9.7%
Glendale	91203	9.5%
Glendale	91204	9.1%
Glendale	91205	9.5%
Glendale	91206	9.5%
Glendale	91207	9.9%
Glendale	91208	9.7%
La Crescenta	91214	9.0%
Los Angeles/Echo Park/Silverlake	90026	8.8%
Los Angeles/Los Feliz	90027	9.2%
Los Angeles/East Hollywood	90029	8.7%
Los Angeles/Atwater Village/Elysian Valley	90039	8.7%
Los Angeles/Eagle Rock	90041	8.7%
Los Angeles/Highland Park	90042	8.7%
Los Angeles/Glassell Park	90065	8.7%
GMHHC Service Area*		**9.1%**
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 2, 14.6% of the population has been diagnosed with asthma, while in SPA 4 the rate is 12.8%. In SPA 2, 14.7% of children have been diagnosed with asthma, higher

than the rate of SPA 4 (12.9%). 23.3% of the residents in SPA 2 with diagnosed asthma had an asthma episode/attack in the past year and 45.4% take daily medication to control their symptoms. In SPA 4, 27.6% of the population had an episode/attack while 45.8% take daily medication. Among diagnosed children, 32.4% in SPA 2 and 30.6% in SPA 4 experienced an asthma episode/attack in the past year. 23.8% of SPA 2 children and 6.5% of SPA 4 children missed days of daycare/school due to asthma. 49.2% of children in SPA 2 and 49.5% in SPA 4 of diagnosed children take daily medication for asthma.

Asthma

	SPA 2	SPA 4	Los Angeles County
Diagnosed with asthma, total population	14.6%	12.8%	13.9%
Diagnosed with asthma, 0-17 years old	14.7%	*12.9%	14.1%
Had asthma episode/attack in past 12 months	23.3%	27.6%	27.9%
Had asthma episode/attack in past 12 months, 0-17 years old	*32.4%	*30.6%	31.7%
Missed days of daycare/school in the past 12 months, 0-17	*23.8%	*6.5%	22.4%
Takes daily medication to control asthma, total population	45.4%	45.8%	45.5%
Takes daily medication to control asthma, 0-17 years old	*49.2%	*49.5%	43.1%

*Source: California Health Interview Survey, 2015-2019 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 hospitalizations 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, 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.*

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, 11.5% of the non-institutionalized civilian population identified as having a disability. In Los Angeles County, 9.9% had a disability and the rate of disability in the state was 10.6%.

Disability, Five-Year Average

	GMHHC Service Area	Los Angeles County	California
Population with a disability	11.5%	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, 23.0% of Central Health District residents reported having a disability and 31.0% in the Northeast Health District had a disability.

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, 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%
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%

	Percent
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%**
Glendale Health District	**24.6%**
Northeast Health District	**31.0%**
SPA 2	**24.5%**
SPA 4	**24.1%**
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

Community Input – Chronic Diseases

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

Promoting access to primary care providers is key. For many chronic diseases, the earlier you find out the better for long-term success. Also, stressing the importance of going to yearly checkups and getting ahead of the curve is important.

- Obesity is our number one challenge that leads to other chronic diseases as well as poor diet and not receiving enough education on nutrition.
- Diabetes and high blood pressure are common with the Armenian population. Most don't go out of their way to cook a variety of foods and eat fruits and vegetables. They are eating rice and pasta because it is easy but it has all those carbohydrates.
- People may not know they have a chronic disease until they are seen by a doctor. And by that time, they probably were already sick for a long time and the disease was untreated. As a result, there are more serious health consequences.
- With cancer, there was a lack of screenings and so now we are seeing a more advanced disease process. People will come into the ED with a cancer diagnosis and they need to wait 6 to 8 months to see a specialist. And the number of specialists that will see uninsured patients is very small, so people will go to local clinics and the waitlist is very long.
- We see patients with diabetes not managing their blood sugar and patients with heart disease still smoking.

- Chronic diseases are hard to manage and they take time, organizational skills, and many people don’t have these self-management skills.
- The pandemic has worsened things and reduced preventive screenings. People put off routine medical appointments and delayed cancer screenings. Because of decreased capacity and increased wait times, some issues will get worse.

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, 25.7% of adults are obese and 34.2% are overweight. Rates of obesity in service area ZIP Codes ranged from 23.7% in La Crescenta 91214 to 27.5% in Highland Park/Los Angeles 90042. Combined rates of overweight and obesity were lowest in Eagle Rock/Los Angeles 90041 (57.6%), and highest in Highland Park/Los Angeles 90042 and Glassell Park/Los Angeles 90065 (62.7%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, age 20 and older. The service area and area ZIP Codes meet this objective.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Glendale	91201	33.7%	26.2%	59.9%
Glendale	91202	33.5%	24.9%	58.4%
Glendale	91203	33.3%	24.8%	58.1%
Glendale	91204	33.8%	25.1%	58.9%
Glendale	91205	33.6%	25.2%	58.8%
Glendale	91206	33.6%	24.7%	58.3%
Glendale	91207	34.0%	25.8%	59.8%
Glendale	91208	33.9%	25.3%	59.2%
La Crescenta	91214	34.3%	23.7%	58.0%
Los Angeles/Echo Park/Silverlake	90026	34.2%	26.0%	60.2%
Los Angeles/Los Feliz	90027	33.6%	25.0%	58.6%
Los Angeles/East Hollywood	90029	34.6%	26.4%	61.0%

	ZIP Code	**Overweight	Obese	Combined
Los Angeles/Atwater Village/Elysian Valley	90039	34.7%	25.7%	60.4%
Los Angeles/Eagle Rock	90041	33.8%	23.8%	57.6%
Los Angeles/Highland Park	90042	35.2%	27.5%	62.7%
Los Angeles/Glassell Park	90065	35.4%	27.3%	62.7%
GMHHC Service Area*		**34.2%**	**25.7%**	**59.9%**
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.*

From 2005 to 2019, SPA 2 had an increase (10.4%) in obesity of 19.1% in 2005, to 29.5% in 2019, and SPA 4 had an increase (6.4%) in obesity of 17.7% in 2005 to 24.1% in 2019.

Obesity, Adults, Ages 20 and Older, 2005 - 2019

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019-2020	Change 2005-2019
SPA 2	19.1%	20.3%	17.6%	21.9%	21.8%	26.1%	27.5%	29.5%	10.4%
SPA 4	17.7%	18.3%	22.2%	20.9%	22.4%	28.6%	24.5%	24.1%	6.4%
LA County	20.6%	22.6%	22.7%	24.9%	26.0%	29.0%	27.9%	29.8%	9.2%

Source: California Health Interview Survey, 2005-2020. http://ask.chis.ucla.edu

Among adults in SPA 2, 73.2% of Latino adults, 69.1% of African-American, 55.6% of White, 49.4% of Multiracial and 39.8% of Asian adults were overweight or obese. These rates are higher than SPA 4 rates for every group except Asians.

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

	SPA 2	SPA 4	Los Angeles County
Latino	73.2%	68.5%	73.8%
African American	69.1%	65.5%	71.9%
Native Hawaiian/Pacific Islander	N/A	N/A	*66.2%
American Indian/Alaska Native	N/A	N/A	*60.3%
White	55.6%	46.9%	55.4%
Multiracial	*49.4%	*38.4%	50.5%
Asian	39.8%	40.6%	39.8%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = suppressed due to small sample size*

In SPA 2, 12.8% of teens and 15.7% of children are overweight, while 16.5% are obese. The rates of overweight children and obese teens are higher in SPA 2 than SPA 4. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%, which SPA 2 does not meet

Overweight, Children and Teens, and Obesity in Teens

	SPA 2	SPA 4	Los Angeles County
Overweight, teens, ages 12-17	12.8%	*15.2%	17.7%
Overweight, children, ages under 12	15.7%	*10.9%	13.1%
Obese, teens, ages 12-17	*16.5%	*11.3%	17.9%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, 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).

Glendale Unified had better rates in every category and age group than the county and state. Los Angeles Unified had worse rates in every category and age group than the county and the state, while

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

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Glendale Unified	17.6%	15.0%	16.6%	16.6%	16.5%	12.0%
Los Angeles Unified	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
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 http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest *Suppressed due to 10 or fewer students.*

Community Input – Overweight and Obesity

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

Often people can only afford fast food and that leads to diabetes and high cholesterol. We are trying to increase awareness at food pantries to provide fresh produce.

- When you are in poverty, you cannot afford to go to the gym or buy exercise equipment. They are often not eating healthy, rather they are looking for what is cheaper and will fill them up.
- One segment of the population used the lockdown time to get more in shape and the other half used it to get in worse shape. Social media puts a lot of pressure on kids and there is a lot of fat shaming that causes mental health issues. We want to avoid that, but still set examples with good behaviors and choices.
- We try to educate people to eat better to help with their diabetes and high blood pressure. It is not so much obesity but not eating proper meals and nutrition. It is a financial issue.
- We have seen an uptick in people who are attending support groups about their weight. It shows that people are looking for ways to talk through things and seek advice.
- We need more education and resources in people's native languages. We need people who look like the community because it builds trust. They don't trust others who come talk to them because they do not look like them. That is why it is so important to have diversity and inclusion in your staffing.
- If you do not have the financial stability to go grocery shopping, it is hard to provide healthy meals for your family. Sometimes it is easier to purchase fast food and unhealthy items versus fresh produce.
- Diabetes is a huge illness in Asian communities.
- With school closures, children didn't participate in youth sports activities.
- We see a lot of consumption of processed foods. This results in higher incidences of cardiac cases and diabetes.
- The challenge is helping people to cook better food and have access to fresh foods and affordable ingredients and help people acquire a taste for healthy fresh food.
- For LGBTQ women, being overweight and obese is a common issue. We need to find effective treatments and ensure they have access with insurance. The relationships people develop with food and addictions make it hard to quit and treat.
- On lockdown, people were less active. Opportunities to be physically active have declined with the pandemic.

Soda/Sugar-Sweetened Beverage (SSB) Consumption

7.4% of children and teens in SPA 2 and 4.6% in SPA 4 consumed at least two glasses of non-diet soda the previous day. 5.9% of SPA 2 children and teens and 3.9% in SPA 4 consumed at least two glasses of a sugary drink other than soda the previous day. 9.3% of SPA 2 adults and 9.7% in SPA 4 consumed non-diet sodas at a high rate (7 or more times per week). 59.9% of adults in SPA 2 and 54.8% in SPA 4 reported drinking no non-diet soda in an average week.

Soda or Sweetened Drink Consumption

	SPA 2	SPA 4	Los Angeles County
Children and teens reported to drink at least two glasses of non-diet soda yesterday	7.4%	*4.6%	6.3%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	*5.9%	*3.9%	9.8%
Adults who reported drinking non-diet soda at least 7 times weekly***	9.3%	9.7%	10.4%
Adults who reported drinking no non-diet soda weekly***	59.9%	54.8%	56.9%

*Source: California Health Interview Survey, 2015-2017 & 2019-2020, combined, **2014-2018, ***2015-2017. http://ask.chis.ucla.edu*
**Statistically unstable due to sample size.*

37.1% of SPA 4 and 33.1% of SPA 2 children and teens consume at least one sugar-sweetened beverage per day. Rates are highest in the Central Health District (41.5%). 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, ages five and under, and 45.0% of youth, ages 12 to 17). 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%

	Percent
Asian	26.6%
White	19.8%
Central Health District	**41.5%**
Glendale Health District	**16.9%**
Northeast Health District	**38.3%**
SPA 2	**33.1%**
SPA 4	**37.1%**
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 SPAs 2 and 4, 33.4% of children eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). 40.4% of teens in SPA 4 eat 5 or more servings of fruit and vegetables daily, while only 23.1% of SPA 2 teens eat 5 or more servings of fruit and vegetables daily.

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

	SPA 2	SPA 4	Los Angeles County
Children	33.4%	33.4%	31.4%
Teens	23.1%	40.4%	26.4%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

12.1% of county adults reported eating five or more servings of fruits and vegetables the previous day. Rates were higher in the Central Health District (15.7%) and lower in Northeast Health District (10.1%). The rate rose with 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%). White adults were the most likely to eat five or more servings of fruit and vegetables (18.1%) and Asian adults were the least likely to eat five or more servings of fruit and vegetables (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%

	Percent
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%
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%**
Glendale Health District	**13.2%**
Northeast Health District	**10.1%**
SPA 2	**13.9%**
SPA 4	**14.8%**
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

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). This rate is higher among those under five years of age (39.8%) than those ages 5 through 11. 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%). 42.6% of SPA 2 children eat five or more servings of fruit and vegetables daily, higher than SPA 4 children who eat five or more servings of fruit and vegetables daily (29.2%).

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	44.3%
White	34.1%
Multi-racial	*31.1%
Latino	29.7%
Asian	*10.5%
SPA 2	**42.6%**
SPA 4	**29.2%**
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

90.7% of adults in SPA 2 and 83.7% in SPA 4 reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 82.4% in SPA 2 and 75.3% in SPA 4, said they were usually or always affordable.

Communities with Good or Excellent Access to Fresh Produce

	SPA 2	SPA 4	Los Angeles County
Neighborhood usually or always has fresh produce	90.7%	83.7%	86.8%
Neighborhood fresh produce usually or always affordable	82.4%	75.3%	78.5%

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. 95.7% of Glendale Health District adults rated access to fresh fruits and vegetables as good or excellent. Parents or guardians of younger children were more likely to feel that they had good or excellent access. 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 to fresh fruits and vegetables.

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%
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%**
Glendale Health District	**95.7%**
Northeast Health District	**75.0%**
SPA 2	**85.8%**
SPA 4	**77.0%**
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). 64.5% of SPA 2 and 64.2% of SPA 4 adults meet the aerobic exercise recommendations and 45.3% of SPA 2 and 44.3% of SPA 4 meet the muscle-strengthening guidelines, while 35.1% of SPA 2 and 36.2% of SPA 4 adults meet both sets of guidelines.

Physical Activity Guidelines Met, Adults

	SPA 2	SPA 4	Los Angeles County
Aerobic activity guidelines met	64.5%	64.2%	64.4%
Muscle strengthening guidelines met	45.3%	44.3%	43.1%
Both aerobic and strengthening guidelines met	35.1%	36.2%	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 2, 64.5% of adults reported participating in aerobic activity, which is higher than in SPA 4 (64.2%). In SPA 2, 45.3% of adults reported participating in strength-training, which is higher than in SPA 4 (44.3%). 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	Strength-Training
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%

	Aerobic Activity	Strength-Training
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%
Central Health District	**63.4%**	**41.4%**
Glendale Health District	**69.5%**	**44.7%**
Northeast Health District	**61.8%**	**44.0%**
SPA 2	**64.5%**	**45.3%**
SPA 4	**64.2%**	**44.3%**
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. 15.1% of children and teens in Los Angeles County met both requirements. 25.8% of children, ages 6-11, and 21.5% of teens, ages 12-17, met the aerobic requirement. Boys were more likely to meet the requirement than girls. 22.5% of children and teens in the Glendale Health District met the aerobic guideline, and 35.2% in the Northeast Health District met the aerobic guideline. 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%

	Percent
White	21.1%
Asian	20.8%
Central Health District	**34.1%**
Glendale Health District	**22.5%**
Northeast Health District	**35.2%**
SPA 2	**24.1%**
SPA 4	**32.7%**
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

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. More than three-quarters (77.9%) of 5th grade students in Glendale Unified and more than two-thirds (67.1%) of 9th graders tested in the healthy fitness zone. These rates are better than county and state rates. Approximately half (50.5%) of 5th grade students and 48.1% of 9th grade students in LAUSD tested in the healthy fitness zone, which is lower than state and county rates.

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

School District	Fifth Grade	Ninth Grade
Glendale Unified School District	77.9%	67.1%
Los Angeles Unified School District	50.5%	48.1%
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

11.9% of SPA 2 and 10.4% of SPA 4 children and teens spent five or more hours in sedentary activities after school on a typical weekday. 10.6% of SPA 2 and 5.3% of SPA 4 children and teens spent 8 hours or more a day on sedentary activities on weekend days.

Sedentary Children

	SPA 2	SPA 4	Los Angeles County
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*11.9%	*10.4%	13.6%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	*10.6%	*5.3%	8.2%

*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 9.9% of SPA 2 adults reported not participating in any aerobic activity within the past week. Glendale Health District had the highest rate (11.5%) of 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%**
Glendale Health District	**11.5%**
Northeast Health District	***9.6%**
SPA 2	**9.9%**
SPA 4	**10.1%**

	Percent
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 service area are walkable by Southern California standards. Based on the above scoring method, two ZIP Codes in the service area were considered "Car Dependent." La Crescenta 91214 was scored as being the least walkable, with a score of 7 and Glendale 91208 had a score of 38. Three of the service area ZIP Codes are ranked as 'Somewhat' walkable (Glendale 91206 and 91207, and Los Angeles 90065) while the rest of the area ZIP Codes are 'Very' walkable.

Walkability

	ZIP Code	Walk Score
Glendale	91201	74
Glendale	91202	71
Glendale	91203	83
Glendale	91204	87
Glendale	91205	86
Glendale	91206	67
Glendale	91207	53
Glendale	91208	38
La Crescenta	91214	7
Los Angeles/Echo Park/Silverlake	90026	83

	ZIP Code	Walk Score
Los Angeles/Los Feliz	90027	82
Los Angeles/East Hollywood	90029	89
Los Angeles/Atwater Village/Elysian Valley	90039	70
Los Angeles/Eagle Rock	90041	72
Los Angeles/Highland Park	90042	71
Los Angeles/Glassell Park	90065	62

Source: WalkScore.com, 2020

Sexually Transmitted Infections

Rates of sexually transmitted infections (STIs) were higher in Los Angeles County than the state for every reported sexually transmitted infection. In 2018, the rate of chlamydia in 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.

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 2, 87.3% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex, lower than SPA 4 (96.1%) and the county rate (89.0%).

Sexual History, Teens, Ages 14 to 17

	SPA 2	SPA 4	Los Angeles County
Never had sex	*87.3%	*96.1%	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 HIV county rate (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 Numbers and Rates, 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, 12.8% had experienced serious psychological distress during the past year, while 10.4% had taken prescription medication for two weeks or more for an emotional or personal problem during the year. These rates were higher than county rates and SPA 2 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 2 rates. Serious psychological distress was experienced in the past year by 17.9% of SPA 2 teens, higher than the county (14.7%) and SPA 4 (12.6%).

Mental Health Indicators

	SPA 2	SPA 4	Los Angeles County
Adults who had serious psychological distress during past year	9.0%	12.8%	10.3%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	9.6%	10.4%	9.3%
Adults: family life impairment during the past year	15.6%	19.5%	16.3%
Adults: social life impairment during the past year	16.0%	21.2%	16.7%
Adults: household chore impairment during the past year	14.9%	18.2%	15.5%
Adults: work impairment during the past year	14.6%	19.4%	15.5%
Teens who had serious psychological distress during past year	*17.9%	*12.6%	14.7%

*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 (11.1%) and teen girls (22.5%) than it was for adult men (9.4%) 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	7.6%	9.4%	7.7%
Female	22.5%	11.1%	10.9%
Straight/heterosexual	-	9.1%	8.5%
Gay, Lesbian/homosexual	-	18.9%	19.6%
Bisexual	-	32.8%	20.3%
Non-sexual/celibate none/other	-	*11.3%	*11.1%
Native Hawaiian/Pacific Islander	N/A	*18.3%	*15.9%
White	*27.7%	9.0%	14.8%
Multiracial	15.1%	17.1%	14.4%
Black	*15.8%	11.3%	11.1%
American Indian/Alaska Native	N/A	*20.0%	*10.6%
Latino	12.5%	11.4%	7.1%
Asian	*7.4%	7.9%	4.1%
Los Angeles County	**14.7%**	**10.3%**	**9.3%**

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

Frequent Mental Distress

Frequent mental distress is defined as 14 or more bad mental health days in the last month. Among service area adults, the rate of mental distress was 13.1%, which was the same as the county (13.1%) but higher than the state (11.4%). Service area rates of frequent mental distress ranged from 12.1% in La Crescenta 91214 to 13.9% of adults in Glendale 91201.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Glendale	91201	13.9%
Glendale	91202	13.3%
Glendale	91203	13.4%
Glendale	91204	12.9%
Glendale	91205	13.3%
Glendale	91206	13.0%
Glendale	91207	13.2%
Glendale	91208	13.2%

	ZIP Code	Percent
La Crescenta	91214	12.1%
Los Angeles/Echo Park/Silverlake	90026	13.6%
Los Angeles/Los Feliz	90027	12.9%
Los Angeles/East Hollywood	90029	13.2%
Los Angeles/Atwater Village/Elysian Valley	90039	12.5%
Los Angeles/Eagle Rock	90041	12.5%
Los Angeles/Highland Park	90042	13.2%
Los Angeles/Glassell Park	90065	13.0%
GMHHC Service Area*		**13.1%**
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

26.3% of SPA 2 teens and 16.8% of SPA 4 teens needed help for emotional or mental health problems in the past year. 15.9% of SPA 2 teens and 3.4% in SPA 4 had received psychological or emotional counseling in the past year. 19.1% adults in SPA 2 and 24.4% in SPA 4 needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 53.6% in SPA 2 and 55.2% in SPA 4 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 2	SPA 4	Los Angeles County
Teen who needed help for emotional or mental health problems in the past year**	*26.3%	*16.8%	21.7%
Teen who received psychological or emotional counseling in the past year**	*15.9%	*3.4%	13.5%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	19.1%	24.4%	19.6%
Adults, sought/needed help and received treatment	53.6%	55.2%	57.7%
Adults, sought/needed help but did not receive	46.4%	44.8%	42.3%

*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%
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%

	Los Angeles County	California
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, which have been summarized and edited for clarity:

It is a complex issue that is compounded by drug addiction, poverty, a lack of education, a lack of faith in the system and medical professionals. One of the issues is that people are service resistant, they don't want the help which makes the problem worse. There is plenty of help there, but people don't want it and they don't seek it out and they are resistant when it is offered to them.

- The biggest issue is the societal stigma around mental health. There is a lack of open conversations. People are resistant to getting help. Teen suicides and the relationship between self-medicating and mental health in our teens, and the opioid addiction, we need to have more frank conversations around these issues.
- We need to have sufficiently trained individuals in the community to meet those needs and the financial support to employ them and make that happen.
- Mental health concerns have increased with the pandemic due to isolation at home and financial insecurity. The mental health crisis is alive and well in our community.
- Sometimes people don't believe they have mental health issues. It can be difficult for a provider to convince them to get a diagnosis so we can help them.
- Culture is a big issue. We have a large Armenian population and our organization discovered that for many generations, mental health is not discussed among Armenian families. It is tucked away or chalked up to other factors. We've engaged with younger people who are more open and can have a conversation with their parents and grandparents. How do we effectively provide services as a mental health organization to people who do not believe their mental health is an issue and will not use our services?
- A lot of people who have mental health issues go undiagnosed because they don't know they have an issue, don't want to go to the doctor, or don't want the stigma.
- Access to mental health care is more difficult because many mental health

professionals are not covered by insurance, or only accept cash payments. And among those in religious or ethnic minority populations in our city, mental health still carries a great deal of stigma.

- Victims of domestic violence are often low income and mental health services for low-income individuals often include long wait lists. Also, there is stigma. Victims of domestic violence are often blamed for their abuse and it can be used against them in custody issues with children.
- There is a deficiency in the number of mental health providers that are accessible for those who are uninsured or underinsured. Pediatric mental health has become significantly worse with the pandemic. And access to pediatric mental health beds is impossible; we have children who come here on holds and they wait for 3 to 4 days getting no care because we don't have a pediatric psychiatrist.
- Social media has a negative impact on the way youth perceive themselves. There is competition to have the perfect teen body and the pandemic has exacerbated that reliance on social media for conversations and social interaction.
- The LGBTQ community tends to suffer more mental health issues and we have higher rates of mental illness.
- We have lack of resources for mental health services. You can hold someone for 72 hours but long-term that is not a solution as people go from the ED back to the street and the issue repeats itself. We need an urgent care center to deal with intermediate issues, a place to go for treatment that is consistent.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In SPA 2, 6.7% of adults smoke cigarettes and in SPA, 4 9.6% are smokers. 70.7% of SPA 4 residents and 69.7% of SPA 2 residents have never smoked. 70.3% of SPA 2 adult smokers and 66.1% of SPA 4 adult smokers were thinking of quitting in the next 6 months. 19.9% of SPA 2 adults and 20.0% of SPA 4 adults, ages 18 to 65, had smoked an e-cigarette.

Smoking, Adults

	SPA 2	SPA 4	Los Angeles County
Current smoker	6.7%	9.6%	8.4%
Former smoker	23.6%	19.6%	20.0%
Never smoked	69.7%	70.7%	71.5%
Thinking about quitting in the next 6 months	70.3%	66.1%	67.4%
Ever smoked an e-cigarette (all adults 18-65)	19.9%	20.0%	18.2%

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

No teens surveyed in SPA 2 or SPA 4 claimed to be current smokers. 9.4% of SPA 2 and 5.0% of SPA 4 had tried an e-cigarette. Of those who had tried an e-cigarette, 2.8% in SPA 2 had smoked an e-cigarette in the past 30 days.

Smoking, Teens

	SPA 2	SPA 4	Los Angeles County
Current cigarette smoker	*0.0%	*0.0%	*1.0%
Ever smoked an e-cigarette**	*9.4%	*5.0%	8.5%
Smoked an e-cigarette in the past 30 days***	*2.8%	*0.0%	*3.1%

*Source: California Health Interview Survey, 2015-2019, **2014-2018, & ***2017-2019. 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, 17.7% in the service area reported having engaged in binge drinking in the previous 30 days. Rates of binge drinking ranged from 16.2% in La Crescenta 91214 to 19.3% in Los Feliz/Los Angeles 90027.

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Glendale	91201	18.6%
Glendale	91202	17.2%
Glendale	91203	17.8%
Glendale	91204	17.5%
Glendale	91205	17.8%
Glendale	91206	16.8%
Glendale	91207	16.5%
Glendale	91208	16.5%
La Crescenta	91214	16.2%
Los Angeles/Echo Park/Silverlake	90026	18.6%
Los Angeles/Los Feliz	90027	19.3%
Los Angeles/East Hollywood	90029	18.2%
Los Angeles/Atwater Village/Elysian Valley	90039	17.7%
Los Angeles/Eagle Rock	90041	16.2%
Los Angeles/Highland Park	90042	17.9%
Los Angeles/Glassell Park	90065	17.2%
GMHHC Service Area*		**17.7%**
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*

Among service area adults, 15.3% in SPA 2 and 21.7% in SPA 4 had engaged in binge-drinking in the past 30-days. The Healthy People 2030 objective is for a maximum of 25.4% of adults to binge drink

Binge Drinking, Past 30 Days, Adults, by Demographics

	Percent
Glendale Health District	16.2%
SPA 2	15.3%
SPA 4	21.7%
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

25.1% of SPA 2 and 10.8% of SPA 4 teens have tried alcohol. 2.2% of SPA 2 and 2.1% of SPA 4 teens binge drank in the past month.

Binge Drinking and Alcohol Experience, Teens

	SPA 2	SPA 4	Los Angeles County
Teen binge drinking, past month	*2.2%	*2.1%	*2.8%
Teen ever had an alcoholic drink	*25.1%	*10.8%	19.6%

*Source: California Health Interview Survey, 2015-2019 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). 47.6% of SPA 4 adults had tried marijuana or hashish, which is higher than SPA 2 (45.8%). Of those who had tried marijuana, SPA 4 adults were more likely to have used it in the past month (17.8%) or year (29.2%), and less likely to have used it more than 15 years ago (7.5%) than were county adults (12.4%). These rates are higher than those of SPA 2, which has current usage rates similar to the county.

Marijuana Use, Adults

	SPA 2	SPA 4	Los Angeles County
Have tried marijuana or hashish	45.8%	47.6%	45.6%
Used marijuana within the past month	14.7%	17.8%	14.8%
Used marijuana within the past year	22.4%	29.2%	22.7%
Used marijuana more than 15 years ago	13.2%	7.5%	12.4%

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

Opioid Use

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 the 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).

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

	Los Angeles County	California
Hospitalization rate 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, the rate of smoking is higher among Native Hawaiian/Pacific Islander residents (31.0%), American Indian/Alaskan Natives (19.9%), Blacks (16.0%), and Multiracial residents (14.2%) and lowest among Latinos (9.4%) and Asians (7.0%).

Compared to the average rate among Los Angeles County residents currently using marijuana, American Indian/Alaskan Native residents had the highest rate (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%). Rates are lowest among Asians (8.9%).

The rates of binge drinking were highest among: American Indian/Alaskan Natives (46.5%), Native Hawaiian/Pacific Islanders (33.5%), Latinos (25.2%), and Asians (23.7%). Whites (18.5%) and Black/African Americans (15.3%) had the lowest rates of binge drinking.

Cigarette Smoking, Binge Drinking and Marijuana Use, Adults, by Race

	Current Smoker**	Current Marijuana Use	Current Binge Drinking
American Indian/Alaskan Native	*19.9%	42.6%	46.5%
Multiracial	14.2%	24.7%	N/A
Native Hawaiian/Pacific Islander	*31.0%	28.5%	*33.5%
Latino	9.4%	13.1%	25.2%
Asian	7.0%	8.9%	23.7%
Black/African American	16.0%	19.9%	15.3%
White	10.0%	18.4%	18.5%

*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, which have been summarized and edited for clarity:

People are using substances to deal with the pandemic and to forget about the difficult times we are going through. I think it is particularly impacting transitional age youth, ages 18-24.

- We do not do enough to communicate about the long-term impacts from drug use and vaping. There is still a belief that it is cool and we don't adequately communicate how quickly people can become addicted. We seldom hear how serious their drug addiction problem becomes and how it impacts their lives.

- We have devices in our bathrooms at the schools that sound an alarm if someone is vaping. We have put a lot of systems and education and campaigns in place to reduce the desire to vape in school.
- We see our homeless population self-medicating and they are in need of assistance.
- One of the issues in Glendale is that there are not a lot of resources or education for prevention. If someone needs help, there is not a lot of information to share.
- Substance use is difficult because people must want to help themselves to get treatment. Prior to the pandemic, we used to refer people to the Glendale Substance Abuse program but it closed at the beginning of the pandemic because it was not sustainable. Many substance use agencies have closed because of the pandemic and funding issues.
- A lot of Asian communities do not talk about substance use and misuse. It is typical for people to drink and smoke every day. In Asian countries there is no difference between heroin, cocaine, marijuana or even Adderall. They all damage your life and reputation and people just don't use them.
- Our community just lost a 19-year-old male due to an overdose. We have an affluent community that can easily afford to pay for their habits. It has drawn some undesirable activities to our borders. Our city council has refused to legalize marijuana sales in our city, but it is easily available to have it delivered to your home or business.
- We've noticed that the consumption of alcohol is relatively higher, particularly hard liquor. You see smoking here at all ages. People know it is not healthy but it is very common.
- Kids are always curious and they don't hear enough about the implications of their choices and won't see the implications of their choices until much later on.
- There are not LGBTQ identified mental illness or substance abuse homes and inpatient treatment centers in the area.
- The issue has been people won't go into treatment until they have hit rock bottom, lost their job, were arrested, whatever that consequence was to get them into a treatment program. Today, with the changes to the law, people rotate through treatment facilities. The diversion programs have evaporated. We must have a system that helps someone get into treatment and help them solve their problem. That requires funding and some sort of consequence or ability to oversee the program.
- There is a strong tie with substance misuse and dealing with unmet mental health needs. So as there are increasing mental health needs with the pandemic, there is a corresponding increase with people self-medicating to deal with that.

Preventive Practices

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten in Los Angeles County was 94.5%. Among service area school district rates, Los Angeles Unified had a 93.3% immunization rate and Glendale Unified had a 96.4% immunization rate.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020*

School District	Immunization Rate
Glendale Unified School District	96.4%
Los Angeles Unified School District	93.3%
Los Angeles County*	**94.5%**
California*	**94.2%**

*Source: California Department of Public Health, Immunization Branch, 2019-2020. *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

Flu and Pneumonia Vaccines

In the service area, 32.3% of adults received a flu shot in the past year, which falls below the Healthy People 2030 objective for 70% of all adults, 18 and older, to receive a flu shot. Area rates ranged from 29.9% in the Echo Park/Silverlake/Los Angeles 90026 to 35.4% in Glendale 91207.

Flu Shots, Adults, Past 12 Months

	ZIP Code	Percent
Glendale	91201	32.8%
Glendale	91202	34.3%
Glendale	91203	33.3%
Glendale	91204	32.9%
Glendale	91205	33.1%
Glendale	91206	34.6%
Glendale	91207	35.4%
Glendale	91208	35.0%
La Crescenta	91214	34.7%
Los Angeles/Echo Park/Silverlake	90026	29.9%
Los Angeles/Los Feliz	90027	32.7%
Los Angeles/East Hollywood	90029	30.6%
Los Angeles/Atwater Village/Elysian Valley	90039	32.8%

	ZIP Code	Percent
Los Angeles/Eagle Rock	90041	33.5%
Los Angeles/Highland Park	90042	30.0%
Los Angeles/Glassell Park	90065	31.0%
GMHHC Service Area*		**32.3%**
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*

As noted, the Healthy People 2030 objective is for 70% of the total population to receive a flu shot. In SPA 2, 45.6% of adults received a flu shot and 46.5% of SPA 4 adults received a flu shot. Among SPA 2 seniors, 66.7% received a flu shot and 79.5% of SPA 4 seniors received a flu shot. Among children, 6 months to 17 years, 59.0% in SPA 2 received a flu shot and 65.0% of children in SPA 4 received a flu shot. These flu vaccination rates do not meet the Healthy People 2030 objective, except for among SPA 4 seniors. Rates are higher in SPA 4 than SPA 2 for all age groups.

Flu Vaccine

	SPA 2	SPA 4	Los Angeles County
Received flu vaccine, ages 65 and older	66.7%	79.5%	73.2%
Received flu vaccine, ages 18 and older	45.6%	46.5%	47.1%
Received flu vaccine, ages 6 months-17 years	59.0%	65.0%	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 current countywide rate of pneumonia vaccination, among adults, ages 65 and older, was 72.3%. Vaccination levels are low among African-American (68.6%) and Latino (68.9%) seniors. They 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%
0-99% FPL	69.2%
100-199% FPL	67.2%
200-299% FPL	72.5%
300% or above FPL	75.9%

	Percent
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%**
Glendale Health District	**73.3%**
Northeast Health District	**76.8%**
SPA 2	**70.4%**
SPA 4	**71.2%**
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 2 (32.4%) are at higher rates than among senior residents of SPA 4 (20.6%).

Fallen in the Past Year, Adults, 65 and Older

	SPA 2	SPA 4	Los Angeles County
Seniors who have fallen	32.4%	20.6%	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 2 seniors, 14.2% were injured from a fall, and in SPA 4 the rate of injuries from a fall was 7.7%.

Injuries from Falls, Seniors, Previous Year

	SPA 2	SPA 4	Los Angeles County
Injured due to a fall	14.2%	7.7%	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

Community Input – Senior Health

Stakeholder interviews identified the following issues, challenges and barries related to senior health. Following are their comments, which have been summarized and edited for clarity:

- Seniors have pretty much been homebound due to the pandemic and limited resources. Maybe they have a case manager that checks in once a week. They often need transportation and help making doctor appointments. A lot of them are alone; they don't have anyone, not even an emergency contact.
- There are a lot of innovative services, bringing health awareness to people in senior living communities and that has been successful. But having been locked up in senior housing and concerned about getting sick has triggered mental health issues for seniors. Many seniors are not being visited by loved ones and grandchildren.
- We will see seniors with 13 different medications and often 2 of them are the same medication but one is generic and the other a name brand and they don't know the difference and no one has pointed it out to them.
- The income of seniors has gone down significantly with the pandemic and they are struggling. We are seeing a lot of families who are no longer able to take care of their elderly family member who needs 24/7 care and they are bringing them to the ED or placing them in a nursing home. We are also seeing a lot more dementia.
- People are often hospitalized and discharged and they end up going home and have issues that would easily be helped with a visiting home nurse. Often insurance doesn't cover that. A home nurse program would help our community a lot.
- There are never enough senior resources for physical or mental health. Many seniors qualify for Medi-Cal or Medicare but they are often afraid to give their personal information to governmental entities or hospitals so they don't get the help they need.
- Seniors on fixed incomes have suffered the most from the increase in rents over the last couple of years.
- The cost of medicine and medical care is daunting, even with Medicare.
- Access is an issue. We've learned that the LGBTQ senior population really struggled with isolation much more than the heterosexual counterparts. LGBTQ seniors don't have children and families, and with the AIDS crisis, this is the generation that was decimated by it in the 1980s and 1990s, so the social networks they formed, many are deceased. It is very common that seniors don't have an emergency contact or health care proxy because they don't have anyone. We see them struggle with rebuilding their social networks.
- Sometimes we see elder abuse, physical, mental, and financial.
- Seniors have greater needs for socialization and the COVID lockdown impacted them more than other populations.
- Before the pandemic, there was data showing that more seniors are starting to

become homeless. It is a subpopulation of homelessness that is increasing. Rents are getting so high that seniors are being priced out of housing. For first time homelessness, statistically it has been somewhere around 30 to 40 years old and they got evicted and they can't afford rent. Seniors are the most highly vulnerable homeless. They will have more comorbidities and are prioritized for shelters.

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 to 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. SPA 4 (73.0%) is below the Healthy People 2030 objective and SPA 2 (78.1%) is above the objective. The Northeast Health District shows 78.6% of women, between the ages of 50 to 74, who have had a mammogram in the past two years, while Glendale Health District (71.1%) and Central Health District (61.5%) have lower rates. The likelihood of compliance rises with age and income, and is highest among Whites (79.3%) and Blacks (79.0%). The lowest rate of mammograms is among Asians (70.0%).

Mammogram, Past Two Years, Women, Ages 50-74, by Demographics

	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%**
Glendale Health District	**71.1%**
Northeast Health District	**78.6%**
SPA 2	**78.1%**
SPA 4	**73.0%**
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 2 (79.8%) and SPA 4 (80.9%) do not meet the Healthy People 2030 objective. In the Central Health District, 71.9% of women, ages 21 to 65, had a cervical cancer screening in the prior 3 years. The rate is similar White, Black and Latina women 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 to 39 years (85.7%) and decline with an increase in age.

Pap Test, 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%
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%**
Glendale Health District	**78.1%**
Northeast Health District	**81.8%**
SPA 2	**79.8%**
SPA 4	**80.9%**
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 to 75, met the colorectal cancer screening guidelines. The county has a lower rate than the state (66.5%) and does not meet the Healthy People 2030 objective.

Colorectal Cancer Screening, Adults, Ages 50-75

	Crude 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 in 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%). Residents of SPA 2 were more likely to have had a blood stool test (23.2%). Rates in area Health Districts ranged from 8.5% of Central Health District residents to 18.4% of Northeast 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%**
Glendale Health District	***16.9%**
Northeast Health District	**18.4%**
SPA 2	**23.2%**
SPA 4	**13.6%**
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, than they were to have had a fecal occult blood test within the past year. 54.6% of county residents, 53.6% of SPA 2 residents, and 47.3% of SPA 4 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%), and 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 Northeast Health District had the lowest rate (38.5%) 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%**
Glendale Health District	**55.1%**
Northeast Health District	**38.5%**
SPA 2	**53.6%**
SPA 4	**47.3%**
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, which have been summarized and edited for clarity:

- Glendale does a great job of providing awareness of preventive care. We are a strong community with hospitals, numerous nonprofit organizations, health fairs and specialists.
- We have an adequate supply of vaccines. But it is about reaching out to hard-to-get populations and empowering doctors to talk to patients. Antivaccination propaganda makes it harder. We also need to get information out there in as many languages as possible.
- People need incentives to make informed decisions about their health. And that takes money.
- We have a significant number of people in our community that don't believe in vaccinations and flu shots. That may be for religious convictions or a lack of information or trust.
- Preventive health is so important but we disregard it. We all know smoking is bad but people continue to smoke. We all know physical activity is important, but we still don't make time for it.
- We need services in the languages that people trust and listen to like Korean, Armenian and Spanish.
- Generally, the vaccine has been well received and the campaigns have had a good response. But there continue to be those who are resistant.
- It is not as serious of an issue as others like mental health and homelessness. I think we are doing a pretty good job with it and senior services.
- Those who were willing to get vaccinated have received the vaccine. And those who were not going to get vaccinated continue to refuse the vaccine. Glendale is less vaccinated than other cities.
- For mammograms and colonoscopies, people are starting to get back to that, and now we are seeing more advanced disease processes.
- The whole idea of preventive efforts doesn't exist in our Asian culture. We never prepare for the worst; we don't even have that concept in our culture.
- We set up a mega vaccination clinic that was unsuccessful. We had to shut it down prematurely because people were not interested.
- Routine health screenings have taken a hit. People have put off elective surgeries because of reduced beds in hospitals. Surgeries for knee and hip replacements that increase quality of life are not viewed as urgent and that has taken a toll on people's mental health.
- We have vaccines and people can get vaccinated anywhere they want; you can even go to the drugstore on the corner. There is no waiting in line, access is excellent. We have come a long way from people staying up all night on their computers trying to check for vaccine availability.

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. Housing and homelessness, COVID-19, access to care and mental health had the highest scores for severe and very severe impact on the community. Mental health and housing and homelessness were the top two needs that had worsened over time. Mental health and housing and homelessness 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	81.3%	26.7%	26.7%
Chronic diseases	75%	33.3%	40%
COVID-19	100%	6.7%	13.3%
Housing and homelessness	87.5%	60%	73.3%
Mental health	81.3%	66.7%	86.7%
Overweight and obesity	43.8%	26.7%	26.7%
Preventive practices	62.5%	13.3%	6.7%
Senior health	31.3%	13.3%	33.3%
Substance use	56.3%	40%	46.7%
Violence and injury	50%	40%	46.7%

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. Mental health, access to care, chronic disease and COVID-19 were ranked as the top four 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)
Mental health	3.94
Access to care	3.88
Chronic diseases	3.75
COVID-19	3.75
Preventive practices	3.63
Substance use	3.38
Overweight and obesity	3.33
Senior health	3.33
Housing and homelessness	3.06
Violence and injury	3.06

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 community needs as access to health care, senior health, chronic conditions, COVID-19 and mental health.

Community Needs	Important and Very Important
Access to health care	100.0%
Senior health	96.8%
Chronic conditions	96.7%
COVID-19	93.6%
Mental health	90.3%
Substance use	83.9%
Preventive practices (vaccines and screenings)	80.6%
Overweight and obesity	77.4%
Violence and injury Prevention	74.2%
Housing and Homelessness	63.3%

Focus group participants were requested to identify the priority needs in the community. Mental health, access to care and housing and homelessness were mentioned by a

number of focus groups. The priority needs identified by each focus group are listed below:

Focus Group	Priorities
Women's focus group	Mental health Economic security Child care Food security
Live Well Senior focus group	Crime and safety Alzheimer's disease and dementia Access to care Economic security
Korean American focus group	Cultural barriers Mental health
Dignity Health Clinical Managers focus group	Homelessness and housing Child care Substance use Mental health
Ascencia focus group	Housing and homelessness Economic security Cancer
Armenian Society focus group	Housing Mental health Food security Diabetes
Mental health focus group	Access to care Substance use Homelessness

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/.

Need	Community Resources
Access to care	All for Health, AltaMed, APAIT, Black Infant Health Programs, Center for the Pacific Asian Family (CPAF), ChapCare Medical and Dental Health Center, Club of Glendale, Community Health Alliance of Pasadena, Glendale Community Free Health Clinic, Glendale Healthier Community Coalition, Health for All, Inc., Kiwanis Club of Glendale, Koreatown Youth + Community Center (KYCC), Pacific Clinics, Planned Parenthood of Pasadena and San Gabriel Valley, QueensCare Family Clinic Eagle Rock, Rotary, Soroptimist International of Glendale, Special Service or Groups (SSG), Trans Latino Coalition of Los Angeles, Trans Wellness Center .
Chronic diseases	All for Health, AltaMed, American Cancer Association, American Diabetes Association, American Heart Association, ChapCare Medical, Dental Health Center, Glendale Environmental Coalition, Glendale Healthier Community Coalition, Health for All, Inc., Pacific Clinics, QueensCare Family Clinic Eagle Rock
COVID-19	Armenian Relief Society, Catholic Charities, City of Pasadena Public Health Department, First Lutheran Church Glendale, Glendale College Foundation, LA County Department of Public Health- Glendale Health Center, Loaves and Fishes, Pasadena Covenant Church, Pasadena Meals on Wheels, Project Angel Food, Salvation Army Corps Community Center, Salvation Army, St. Vincent De Paul, Sunland Tujunga Temporary AID Center, Tujunga United Methodists Church, YMCA
Housing and homelessness	Ascencia, Catholic Charities, Door of Hope, Family Promise of the Verdugos, Glendale Emergency Rental Assistance Program, Glendale Tenants Union, Homeless Prevention Rapid Re-Housing Program (HPRP) Glendale, LA Family Housing, Pasadena Winter Shelter Program, Union Station Homeless Services,
Mental health	Counseling 4 Kids, Depression and Bipolar Support Alliance. Didi Hirsch Mental Health Services, Family Services Agency- Burbank, Hillview Mental Health Center, Institute for Multicultural Counseling Services, Kheir Clinic, Los Angeles Suicide Prevention Network, National Association of Mental Illness. Verdugo Mental Health Center
Overweight and obesity	Glendale Parks & Open Spaces Foundation, Glendale Unified School District Wellness Office, Glendale Youth Alliance, Head Start, One Glendale After School Youth Sports Program
Preventive practices	All for Health, AltaMed, American Cancer Society, American Diabetes Association, American Heart Association, ChapCare Medical, City of Glendale Community Services & Parks, Dental Health Center, Glendale Healthier Community Coalition, Head Start, Health for All, Inc., Pacific Clinics, QueensCare Family Clinic Eagle Rock

Need	Community Resources
Senior health	Access, Alzheimer's Association, American Association of Retired Persons (AARP) LA County Office, City of Los Angeles Department of Aging, Dial-A-Ride, Elder Abuse Hotline, Glendale Beeline, Seniors Helping Seniors, Sunland Senior Center, Transit Access Pass (TAP),
Substance use and misuse	12 Step Sober Living, Alcohol, Asian Drug, Bishop Gooden Home, Exodus Recovery, Glendale Windsor Club, Mariposa Recovery Home, Narconon Drug and Alcohol Rehab Centers, National Asian Pacific American Families Against Substance Abuse, Positive Directions Center for Prevention and Counseling, Prevention and Treatment (ADAPT), Pueblo y Salud, SAMHSA's National Helpline, Tarzana Treatment Centers, Walter Hoving Home
Violence and injury prevention	Five Acres, Grace Center, Haven House Battered Women and Children's Shelter, National Domestic Violence Hotline, YMCA Battered Women's Shelter

Impact of Actions Taken Since the Preceding CHNA

In 2019, GMHHC 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: access to health care, cardiovascular care, geriatric support, mental health and substance use, and poverty and homeless ness 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. Reports on geriatric support activities are incorporated into activities undertaken for the other health needs.

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.
Education and screening for the community	Community education was offered to the community free of charge and addressed a variety of access to health care topics. Monthly senior lectures reached 56 individuals. The hospital participated in health fairs in the greater Glendale area. Provided information, education and screenings for 715 adults and seniors.
Vaccine clinics	Free COVID vaccines were offered through a variety of clinics in the community.
Community Grants Program	The Community Grants Program partnered with local non-profit agencies that share common values and work together to improve access to health care and dental care in our community.

Cardiovascular Disease

Strategy or Program Name	Summary Description
Exercise classes	To promote increased exercise and healthy lifestyles, Zumba classes were offered. Hosted weekly strength training and Shao Chi/Yoga classes for seniors.
Education classes and screenings	Offered education on vascular health and management of peripheral arterial disease. Participated in community health fairs and offered carotid screenings.
Health Fit Program	Reduced cost prevention program for community members was offered in the Cardiac Fitness Gym.
Community Grants Program	The Community Grants Program partnered with local non-profit agencies that share common values and work

	together to improve and address cardiovascular disease in our community.

Mental Health and Substance Use

Strategy or Program Name	Summary Description
Breastfeeding Resource Center	Breastfeeding is linked to a lower risk of postpartum depression. Our Breastfeeding Resource Center provided free support to new moms and their infants through group and 1:1 support. Free breastfeeding hotline provided support and resources to 497 persons. Services were provided in English and Spanish.
Support for seniors	Senior support group meetings were provided.
Community Grants Program	The Community Grants Program partnered with local non-profit agencies that share common values and work together to address mental health and substance use for our community.

Poverty and Homelessness

Strategy or Program Name	Summary Description
Community Grants Program	The Community Grants Program partnered with local non-profit agencies that share common values and work together to improve poverty and homelessness for our community.

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. The **bolded items** are indicators 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	**78.0% - 89.4%**	90.7%
Child health insurance rate	96.4%	92.1%
Adult health insurance rate	**87.1%**	92.1%
Unable to obtain medical care	**7.9% - 9.5%**	3.3%
Ischemic heart disease deaths	**99.8**	71.1 per 100,000 persons
Cancer deaths	**126.8**	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	30.9	33.4 per 100,000 persons
Unintentional injury deaths	16.9	43.2 per 100,000 persons
Suicides	6.9	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**11.1**	10.9 per 100,000 persons
Homicides	2.9	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+	25.7%	36.0%, adults ages 20+
Adults engaging in binge drinking	17.7%	25.4%
Cigarette smoking by adults	**6.7% - 9.6%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**78.1% - 81.8%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	**61.5%** - 78.6%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**64.7%**	74.4%
Annual adult influenza vaccination	**32.3%**	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
Ward Carpenter, MD	Co-Director of Health Services	Los Angeles LGBT Center
Arsen Danielian	Shareholder/Attorney	Bold Law
Laura Duncan, PhD	Executive Director	Ascencia
Vivian Ekchian, PhD	Superintendent	Glendale Unified School District
Roubik Golanian, PE	Glendale City Manager	City of Glendale
Dale Gorman	Executive Director	Kids' Community Dental Clinic
Albert Hernandez	Chief Executive Officer	Family Promise of the Verdugos
Kerry Jenkins	Vice President of Operations	Preferred IPA of California
Maggie Kavarian	Senior Community Services Supervisor	Community Services & Parks Department, City of Glendale
Sylvia Kotikian, MD	Emergency Department Medical Director	Adventist Health Glendale
Philip Lanzafame	Director of Community Development	City of Glendale
Silvio Lanzas	Glendale Fire Chief	Fire Department, City of Glendale
Nathan V.T. Lehman, MPH	Chief, Data Collection, Outbreak Management Branch; Community and Field Services, ICS Operations, COVID-19	Los Angeles Department of Public Health
Todd J. Leonard	Senior Pastor	Glendale City Seventh-day Adventist Church
Marcell Mitchell, MSEd	Director of Programs	Ascencia
Zahra Movaghar	Administrator	IPA Preferred
Kari Pacheco	Co-Director of Health Services	Los Angeles LGBT Center
Tara Peterson	Chief Executive Director	YWCA Glendale and Pasadena
Senator Anthony J. Portantino	Senate District 25	State Senate
Carl A. Povilaitis	Glendale Police Chief	Police Department
Jason Romero	Operations Manager	National Alliance on Mental Illness Glendale
David Viar	Superintendent/President	Glendale City College District
Katherine Yeom	Executive Director	Korean American Family Services

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:

- People need more education about available health services. Education needs to be in various languages, like Armenian and Spanish.
- Issues related to COVID-19 and low vaccination rates.
- Homelessness impacts entire families.
- Mental health, primarily for teenagers.
- Needs for seniors and the COVID-19 crisis.
- Access to quick, affordable mental health care.
- Lack of housing, having permanent shelter, and mental health services.
- Mental health and diabetes.
- Domestic violence.
- Access to care, insurance and the difference in quality and efficiency of care based on insurance coverage.
- The idea of getting an annual checkup is not routine with many cultures. Prevention education is very important.
- Mental health issues in Asian communities does not exist. Everyone is fine, no one has a problem. Mental health is very taboo and stigmatized and no one talks about it; it is a family matter.
- A large portion of our elderly population are immigrants with language barriers.
- Sedentary lifestyles.
- We see a lot of smoking in Glendale.
- There is a lack of preventive care that is cultural.
- Oral health and vaping. Vaping causes a lot of unnecessary adverse health issues. The youth feel that it is clean and clear and non-odorous and therefore not harmful.
- Traffic and safety.
- Cancer is on the rise.
- Mental health services, hormone replacement therapy services, STI testing, primary care and substance use and misuse services.
- Homelessness, mental health issues and substance use.
- Stemming from COVID-19 and the lockdowns, senior health has become a primary area of concern.

Next, interview participants were asked what factors or conditions contribute to these health issues. Their responses included:

- Before the pandemic, we were already dealing with chronically homeless families. And now the pandemic has made it worse. People are experiencing more mental health issues with the pandemic. These are key factors in the pandemic and will impact our ability to bounce back.

- For persons with mental health issues and persons who are homeless, it is due to multifaceted issues including poverty, lack of education, and drug use.
- COVID-19, the media, social pressure.
- Lack of information on the value of vaccinations, and some distrust of institutions like schools, hospitals or city governments.
- COVID-19 exacerbated mental health challenges. People must navigate the system and if they do not have insurance, the county system gets overwhelmed very quickly. It is very challenging on a structural level. And cost is always an issue too.
- Clients don't know where they can seek medical services. 95% of our clients are Medicaid and they do not know where to go. So, they typically go to the ED versus finding a primary care provider for issues that do not need emergency care.
- There is a need for more education around mental health services and stigma.
- Culture and linguistics. In the greater LA area, there are 209 Asian Pacific Islander languages and there may be one doctor that speaks that particular language. It is hard to find a physician or nurse that speaks that language or understands well enough to speak the medical terms.
- For our children's mental health issues, it is the stay-at-home order and the lack of interaction with friends and neighbors and community as a whole.
- The attitude of a car culture, where everyone drives everywhere and never walks. And technology allows that more now with remote meetings; people may never have to get out of their chairs all day. Technology can negatively impact us.
- We observe a higher level of alcohol consumption in this community. Also, we see poor diet and nutrition and lifestyle choices. As a result, we see more health conditions and diabetes.
- With the pandemic, people threw out their hygiene habits. We've seen a lot of cavities. Also, on demand access to food and the ability to constantly eat and snack has resulted in weight issues.
- Housing insecurity, food insecurity, lack of being able to navigate the health care system, and discrimination and stigma as well as financial wellbeing.
- A few years ago, the laws changed that reduced criminal penalties for substance use and it wasn't followed by anything that put additional resources for treatment. The county jail is the primary treatment modality for those issues and that is not appropriate. The idea is to get issues resolved so people do not enter the criminal justice system.
- With mental health, we have emergency holds, but we lack resources in the community to provide lower-level intervention and assistance to people so they don't end up in the ED. Instead, we deal with it as a crisis.
- For those where the COVID-19 messaging doesn't work, the idea of repeating it louder and louder and more often does not result in higher vaccination rates. We need to do more culturally competent outreach and understand if people are coming

to the conversation with a bias or health concern or political issue. We need to figure out what speaks to them rather than dismiss them.
- Environmentally, persons who are homeless are exposed to the elements and to violence and trauma on the streets. What they are not exposed to is preventive care and dental checkups. They are not eating well; they tend to eat a lot of junk food or skip meals and they may be using drugs and alcohol. Persons who are homeless have a heightened sense of anxiety and depression and that is exacerbated by self-medicating and trying to cope.

Who or what groups in the community are most affected by these issues? Responses included:
- Seniors are becoming homeless and that is a great concern. It is easier to support a family and increase their income by helping them find employment. But a senior who cannot work, there are limitations on their ability for income generation. The cost of living keeps going up.
- Teenagers.
- Those who are historically underserved and new immigrants.
- Seniors and low income to moderate income families.
- It is everyone who is impacted by mental health conditions. Mental health does not discriminate. It may be more prevalent among communities that have trauma present or a factor in a person's life may lead to depression and anxiety at any time in someone's life.
- COVID-19 has exacerbated mental health and diabetes issues for everyone.
- Low income limited English speakers. And first-generation Americans. We've found that the 2nd and 3rd generation who went to school here from an early age, they understand the concepts and they become more Westernized. First generation immigrant families are the most impacted.
- Mostly low-income families and families in the lower middle class who have some income but lack health insurance coverage and don't have a lot of extra cash to pay for health issues on a regular, preventive basis.
- LGBTQ, people of color, trans folks, immigrants with limited English, and women are disproportionately impacted by every health condition.
- With mental health, no one is exempt. Some might hide it better than others, but mental health concerns impact people across the spectrum of income and class. It is more noticeable with those on the street because they got to a point where it is a significant enough issue that it impacts their ability to work in society in a normal way, sustain their housing and a job, and have positive and healthy relationships.
- Lower income, monolingual, and seniors are always the groups that have the highest levels of needs. They have always had access issues, but when the normal population runs into access issues as well, for the more vulnerable populations, it

makes it that much worse for them.

What health inequities have you observed and what solutions do you believe are needed to address those inequities?

- We need to provide more mental health opportunities. There are not enough services. And those that are available, are not adequately marketed.
- For those who are newly homeless, trying to get back on their feet, with all these new barriers, it is difficult times for them.
- Barriers created by language and cultural differences.
- Access to insurance and the shortage of health care professionals and paraprofessionals. Workforce development is something we need to address.
- We've seen a lot of housing and food insecurity. Approximately 30% of our college students have indicated housing or food insecurity.
- Access to information in the primary language is one way we can support efforts to increase equity and social economic challenges. The languages I am referring to are primarily Armenian, Spanish, and Korean.
- People do not have the knowledge or education about their own health on what is important.
- Mental health is not something that is addressed as much as it should be and people are not referred as often as they should be. We need more education and more referrals for mental health and we need a consolidated place to get information and referrals to help our clients.
- Access to care, and not being able to access mental health services early on. Early intervention is key. We have a system that is set up to be in crisis mode and that creates problems because we don't not have enough inpatient beds and facilities in our county. Solutions are more beds, more staff to handle the workloads and improving the way people treat a mental health condition when it first presents itself. We need a more preventive and proactive focus versus a reactive system.
- More overall education on what services are available and ways people can access those treatment options. And for the homeless population, it is getting those people engaged and more mindful of their health conditions.
- There is a direct correlation between what insurance coverage people have to the quality of care they are getting and how quickly they are able to be seen.
- There is skepticism around health care and a reluctance to engage is general with the health care system.
- There are a lot of long term and short-term physical and emotional health issues that can come up with being a survivor of domestic violence. Disparities with women's health is an issue and we need to look at the overall impact of the social determinates of health. We don't always look at domestic violence with a health care lens and the impact that can have on one's health long term.

- The biggest one is a patient's insurance. You can come in with the same disease process: uninsured or Medi-Cal or PPO or Medicare, and your care is dependent on your insurance and whether you can easily access a specialist. With the pandemic and people losing their jobs, the first thing they dropped was their health insurance, so we are seeing more uninsured and underinsured.
- Barriers to language and finding providers that speak those languages. And also, because people are uninsured or because of their legal status those are barriers.
- Our aging population may not have the financial means to get the best medical treatment.
- Glendale is considered unsafe for biking and walking.
- Vaccine hesitancy is an issue.
- We serve a lot of immigrant families and they often come with preconceived notions about how to care for their teeth and their overall health. People may need incentives to accept preventive care. For instance, it is very difficult to offer free preventive fluoride treatments in the community. But, if you offer free diapers, they will come. It may be difficult for funders to see how free diapers will help people come for free dental care, but it helps us to break those social barriers.
- There are not enough trans health care providers in our network. Hormone therapy is getting better, but access for surgeries is still difficult. It is very difficult to find LGBTQ affirming specialists, particularly to see transgender people. For people with HIV, it is hard to find specialists who are competent in this area. To make someone feel safe and be in a trustful environment, that is something that many patients lack.
- Finding ways to make sure health care can reach those that need it regardless of income is a challenge.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- It has heightened and worsened the needs in our community. We have a fairly low vaccination rate and our cultural differences have been compounded by COVID-19. People are hesitant to seek advice and help from health practitioners because they fear the vaccines.
- It had a big impact on mental health and physical health. A lot of people used the opportunity to work out. We saw an increase in mental health issues.
- It has made jobs harder to come by. hours were cut back or people had to stay at home to take care of the kids versus out at work.
- Those who have access to health care are hesitant to access care due to fear of COVID-19. Those who never had access, they aren't even trying to communicate their needs.
- We have more requests for our nutrition program. We have seen a 200% increase in delivery requests.

- Seniors are still not coming out of their homes due to fear.
- A lot of people sought out telehealth and that was a positive. Lost jobs and financial insecurity are reasons why someone might develop a mental health condition.
- It has taken a toll on people and their underlying health conditions have been triggered by the pandemic. A lot of services were closed or it took months to get an appointment.
- We are more polarized around what is science versus political persuasion.
- The stay-at-home order caused more domestic violence and people were more isolated. As a result, the trauma caused by abuse was often not identified and or related to health, chronic diseases, and mental wellbeing. That isolation impacted the ability to reach out to a doctor or talk to a friend.
- It has put them on a loudspeaker, and it has made them more prevalent. It is common to see a lot of older people with chronic health conditions living in cars because the housing situation has gotten worse. People's monthly checks are not covering basic expenses anymore and people have transitioned to their cars or other alternative places to live. We are seeing this in people who are in their 70s and 80s. This is something that didn't happen before.
- There are more people who began to rely on science and get vaccinated. The influence from the Asian countries, like Korea, positively influenced COVID-19 testing. Following the rules and getting vaccinated created a ripple effect for local immigrants. That is different than going to a primary care provider. Going to a provider and asking for help didn't change, but the whole idea of getting vaccinated and tested, they trusted the science in that.
- We have been focused on how we keep people safe and vaccinated and getting people their booster shots, doing social distancing and revising policies on masks. That detracts from stroke awareness programs and healthy heart programs and how do we create a pedestrian safe network. We have refocused to more immediate things and that has been to the detriment of these other programs.
- There has been more access to telehealth care. Many patients had access to a visit, but the provider didn't see them,
- Some people are so terrified to leave their homes. They won't get their preventive care and we are waiting to see what the outcome of all this deferred maintenance will be.
- Zoom isn't a substitute for face-to-face interaction and expression; people need that connection.
- It highlighted the unmet needs and it made a lot of things worse. There are a lot of different needs that have gotten worse since pre-COVID-19. In terms of access to vaccines, COVID-19 testing and public health information, those have risen to meet the need. But the tide didn't lift all ships. Some issues like mental health, dealing with a lockdown, uncertainty, and the rise in violent crime are COVID-19 related. But

resources for COVID-19 were not focused on those aspects.

- A lot of persons who are homeless got moved out of harm's way because we tried to better house them during COVID. But it took a ton of money and the success of those programs were a drop in the bucket with almost 70,000 homeless in our county.

Attachment 4: Community Survey

As part of the Community Health Needs Assessment, Glendale Memorial Hospital and Health Center 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 Armenian. The survey link was available from January 17 to February 15, 2022, and during this time, 33 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

What are the biggest health issues or needs you and your family face?

- Weight
    - Improve physical health
    - Overweight
- Drug/alcohol abuse
    - Outpatient and affordable residential treatment programs
- Access to health care
    - Health insurance - cost of health care
    - Access to regular frequent visits
    - Delays in specialist referrals
    - Telemedicine
- Overall Health
    - Medications
    - Health management
- COVID-19
    - Vaccinations
    - Clinics
- Chronic Diseases
    - Diabetes
    - High blood pressure

    - High cholesterol
    - HIV
    - Asthma
    - Allergies
    - Lupus
    - Hypertension
- Mental Health
    - Anxiety
    - Depression
    - Bipolar
    - Feeling isolated
    - Children AND adults
- Affordable services
    - cost of diabetic supplies
    - For those with no insurance
- Access to preventive care
- Transportation
- Housing needs and homelessness
    - Social workers assigned to help
    - Lack of board and care homes
- Safety issues in community
- Senior community
    - more care is needed

What groups in your community are the most affected by these same issues (youth, seniors, LGBTQ, homeless, etc.)?

- Homeless
    - Youth
    - Armenian
    - LGBTQ
- Racial/ethnic groups
- Latinx
- Children and teens
- Persons who don't speak English
- Transition-aged youth/young adults
- Adults
- Seniors
- Low-income/low-middle-class
- Undocumented immigrants
- Persons with addictions and mental illness

- Persons with chronic illnesses
- LGBTQIA+
- Families with young children
- Residents, visitors, employers, and employees of all ages, races and genders

Where do you and your family members go for routine health care (physicals, check-ups, vaccinations, etc.)?

- Primary Care Doctor
- Local clinics
- Urgent Care
- Private general practitioner
- Kaiser Permanente
- Huntington Memorial
- Glendale Memorial
- Pasadena
- Descanso Family Practice
- Pharmacy
- Optum Physicians
- Aetna providers
- Medi-Cal providers
- Adventist
- Verdugo Hills Hospital
- VA Hospital
- Los Angeles LGBT Center
- Tele-health

If you do not have health coverage or insurance, what are the main reasons why:

Answer Choices	Percent
I am waiting to get coverage through my job	0.00%
I don't think I need health insurance	0.00%
I haven't had time to deal with it	0.00%
It costs too much	0.00%
I am not eligible or do not qualify	0.00%
It is too confusing to sign up	0.00%
Does not apply, I have health coverage	100.00%

Reasons for no medical insurance (other answers only):

- Covered California
- Not covering enough hospital and in-patient treatment days
- Adult children struggle with insurance due to cost

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.	40.7%
COVID-19 appt. cancellation/concern for infection	40.7%
Insurance did not cover the cost of the procedure or care	22.2%
Distrust/fear of discrimination	18.5%
No insurance and could not afford care	14.8%
Lack of provider awareness or education about health condition	11.1%
Not knowing where to go or how to find a doctor	7.4%
Language barriers	7.4%
Lacked transportation	7.4%
Technology barriers with virtual visits/telehealth	0.00%
Not having a provider who respects my culture or religious beliefs	0.00%
Did not delay care – received all needed care	11.1%

Reasons for skipping or delaying care (other answers only):

- Continued treatment out-of-pocket was becoming too costly
- Fear - learning that a health condition is more severe than anticipated

Have you received a COVID-19 Vaccine?

Answer Choices	Percent
Yes	93.8%
No	6.2%

If you have not been vaccinated, tell us why:

- Feel that it is ineffective - sickness is still spreading
- Not safe

What impact has COVID-19 had on you and your family?

- Having COVID personally
- Isolation
- Overwhelmed pharmacists causing delayed consultations
- Unemployment
    - not having regular pay
    - cutting hours
- Loss of family and friends
- Lingering side effects post-COVID diagnosis

- Weight gain
    - lack of exercise
- Sense of fear
- Financial issues
- Mental health
    - anxiety
    - depression
- Lack of socialization skills for younger children
- School safety
    - mishandling of testing
    - low vaccination rates

Indicate the level of importance the hospital should place on addressing these community needs.

The survey respondents listed the top five important community needs as: access to health care, senior health, chronic conditions, COVID-19 and mental health.

Community Needs	Important and Very Important
Access to health care	100.00%
Senior health	96.8%
Chronic conditions	96.7%
COVID-19	93.6%
Mental health	90.3%
Substance use	83.9%
Preventive practices (vaccines and screenings)	80.6%
Overweight and obesity	77.4%
Violence and injury Prevention	74.2%
Housing and Homelessness	63.3%

Other Issues:

- Hunger
- Mental and physical needs of housebound elderly
- Education
    - misinformation
    - vaccine conspiracy and hesitancy
- Poor oral health
- Trauma care

Other comments or concerns:

- A gap in the quality and access of care for those who are uninsured or underinsured
- For children under 18, young adults and retirees, who may not be able to afford a Medicare supplemental insurance program, they may go without screenings and services for their health (dental care, hearing, optometry)
- Free classes in the community for substance abuse and community harm reduction
    - for those who are homeless or on the verge of homelessness
- Safe injection sites
- Treating all ages, with mental health issues, equally
    - youth seem to be discriminated against
- More doctors/general workers willing to help in the area without high costs
- Cost of medication/prescriptions
    - expenses for care toward undocumented residents
- We all need to address these concerns together by schools and cities coming together to build toward healthier living

Demographics of Survey Respondents

Age

Under 18	0.00%
18-24	0.00%
25-34	3.0%
35-44	24.2%
45-54	18.2%
55-64	27.3%
65 and older	27.3%

Gender Identity

Female	66.7%
Male	33.3%
Non-binary	0.0%

Race/Ethnicity

White/Caucasian	45.5%
Hispanic/Latino	30.3%
Black/African American	9.1%
Other (Armenian)	9.1%
Asian	3.0%
Mixed Race/More than One Race	3.0%
Native Hawaiian/Pacific Islander	0%
Native American/Alaska Native	0%

Attachment 5: Focus Group Results

Seven focus groups engaged 64 persons from 1/19/22 to 2/9/22.

Date	Participants	Age	Target Audience
1/19/22	9	Ages 25 and older	Asian, health care workforce representatives
1/19/22	5	Ages 25-65	White, Asian and Latinx, career professionals/specialists in mental health
2/7/22	10	Ages 25-64	White and Latino women
2/7/22	7	Ages 45 and older	White and Asian American seniors
2/8/22	11	Ages 25-65	Latino and African American, homeless shelter
2/8/22	14	Ages 45 and older	White and other race, Armenian Relief Society
2/9/22	8	Ages 25-64	Asian and African American Dignity Health Clinical Managers

Identified Priority Needs

Focus Group	Priorities
Women's focus group	Mental health Economic security Child care Food security
Live Well Senior focus group	Crime and safety Alzheimer's disease and dementia Access to care Economic security
Korean American focus group	Cultural barriers Mental health
Dignity Health Clinical Managers focus group	Homelessness and housing Child care Substance use and mental health
Ascencia focus group	Housing and homelessness Economic security Cancer
Armenian Society focus group	Housing Mental health Food security Diabetes
Mental health focus group	Access to care Substance use Homelessness

Women's Focus Group

Mental Health - Depression/Anxiety

- Lack of available visits due to COVID
- Not accepting new patients - women are being left unseen
- Post-partum care is not being provided leading to depression
- Need more special programs for depression and anxiety
    - For cancer patients
- Knowledge or advocacy for available mental health openings is lacking
    - More understanding of where to get help
- During COVID, younger generations are being impacted more by depression
    - “Normalcy” of life has been altered with more isolation
- Equality

Cost of Living/Affordable Housing/Jobs

- Expenses for insurance are high
- Inflation is happening with no increase in wages
    - It is hard to live off current income wages
- More job opportunities are needed

Childcare

- More affordable childcare options for smaller children are needed
- Need more time off as new moms

Available Healthy Foods

- There are plenty of places to get healthy foods, but they are not affordable when you need to shop for more than one person per household
- Would like programs for healthy foods
    - More food subscriptions that work for large families, yet are still affordable

Live Well Senior Focus Group

Crime and Safety

- Rise in thefts during the pandemic
- Senior citizens are more of a target
    - Becoming anxious over the crimes in the neighborhood
- Public transportation feels scary with theft and verbal attacks
- Need more social workers and case managers
- Homelessness is on the rise during the pandemic
- Untreated mental illnesses
- Felt that physical crimes were lessening
- Crimes make people not want to go out, scared
- Road Rage is increasing

Alzheimer's Disease and Dementia

- A nationwide concern
- More social events that target the problem
    - Provide opportunities for learning
- Learn how to manage it, how to take care of yourself if it starts happening to you, and how to navigate
- Where to get services
    - Support groups, health plans, activity groups
- More than just web-based information
    - More public announcements
- Exercise could help

Access to Care

- Difficult to access if you do not have good quality health insurance or insurance in general
    - Language barriers make it even harder
- Harder to obtain care during a pandemic

Cost of Living

- Adding more stress and anxiety for people who plan for retirement
- Income stays the same but the costs continue to increase
    - Rent and housing keeps increasing
- Being forced to move out of area/state because they cannot afford cost of living
- Would like more food banks
    - Harder to afford good quality foods
- Medication prices are increasing
- Utilities are increasing
- Taxes are too high

Korean American Focus Group

Doctors Do Not Understand the Culture

- Trust is lost between the doctors and the patients
- The Korean population is vulnerable within society
    - Bad experiences are costly and disappointing for those who are sick and need medical attention
- Korean culture stigmas are hard to escape from
- Would like safe places for seniors/older people for them to meet others
- Doctors are no longer working. Some left and retired after COVID
- Need more resources and money to assist
- Transportation

Depression and Anxiety/Mental Health

- Mental hospitals are stigmatized
- Churches may have resources and materials to help
- Campaigns to help the homeless and address domestic violence
- More trained community leaders
- Substance abuse to deal/cope with depression
    - Alcohol is go-to substance
- COVID greatly increased mental health issues - made it less stigmatized
- World Missions and “All Nations in LA” helps connect the Korean population
- No help in getting US documents and important papers read, causing stress
- Churches closed down due to COIVD, senior centers were isolating the older population

Homelessness

Dignity Health Clinical Managers

Homelessness

- Current conditions are driving homelessness
    - Loss of jobs, unable to maintain the standard of living
    - Rent increases - people are forced to move and/or result to living in cars
        - Some areas will accommodate people staying overnight in cars
- It is creating more infectious diseases
    - STI, chronic illnesses, poor diets, respiratory illness, and no preventive care
- Ascencia
    - Supportive housing/wrap around
- Family Promises of Verdugo
    - Situationally homeless families
    - Need more shelters, 24/7, opened year-around
- More available food pantries
- Self-care/cleaning centers
- Need more support and resources
- A better task force to help the homeless and offer them the resources needed to navigate the next steps
- Homelessness projects need more funding and need to become a priority
- Many persons who are homeless are becoming inpatient at the hospitals - needing more medical assistance and behavioral health
- Glendale has a compassionate culture with Dignity having a Behavioral Health Unit - not many other places do
- Has become worse since COVID

Affordable housing

- Becoming more expensive
- Not enough housing available
- Gentrification of community
    - Makes it harder for lower-income to now afford
- North and South of Glendale is split in pricing
    - North is more expensive

Childcare

- Daycare center on-site for staff, patients, and their families
    - Patients are not able to access childcare and bring them to important procedures where children are not allowed
- Expensive
    - Costs the same amount as your paycheck
- Having to downsize to one income if they cannot afford or find childcare
    - Increasing stress on parents/caregivers
    - Quit job
- Will avoid seeking medical treatment because of no access to childcare
- Home school/remote learning requires parents to work less, or not at all so they can watch children because there is no access to childcare
- Make childcare an associate benefit
- San Fernando Street had started up rental office spaces for shared daycare but stopped due to COVID
- Pop-up childcare centers never lasted
- Mayor was funding health care workers with a stipend for in-home child care but it was only for a short time
- Small daycares shut down due to sick staff, understaffed and regulations

Alcohol/Drugs/Smoking/Vaping/Mental Health

- Many patients experience substance use but do not have the resources or money to afford private rehab
- Patients with Medi-Cal are having a hard time finding treatment
- Older generations (Armenian community) are having worries that the younger generation will start smoking too
- Need public service announcements on vaping
- More education about the effects of use and mental health
- Establishments are promoting smoking with the creation of outdoor spaces for smoking/vaping
    - Some cities are starting to become “non-smoking” and can give out citations

- Smoking feels culturally accepted

Ascencia Focus Group

Affordable Housing

- Expensive Housing
    - Demand is more than supply
- Some landlords, during rentals, are not fixing things that are broken and are essential for living
    - Having to move and now find a new place
- Creating more homelessness
- More stress because people are worried about where they will be sleeping
- In Ascencia they are connecting you with housing within 90 days
- Glendale is trying to build more housing and have lower income availability
- Criteria to qualify for affordable housing is too strict
    - Those in the middle ground are struggling because they do not qualify for affordable housing, but cannot afford regular housing
- If the situation got better, fewer people will be on the streets and more will be living under a roof
- Since COVID, it has become worse - less money coming in, cannot afford rent

Good Paying Jobs

- Some citizens are afraid of getting sick and are not willing to risk their lives with a job that they are not get properly paid for
- The minimum wage is too low
    - It needs to start matching the minimal amount to live, “living wage”
- Experiencing inflation but the pay is not matching
    - Relief has not changed with the economic situations
- Lack of good-paying jobs are affecting physical and mental health
    - Worrying about making money and questioning how they are going to survive
- Due to low payments, some people are starting to not go to doctor visits or the dentist, because they need to choose properly what bills are more important
- Ethnic groups are being affected more
    - As well as people with disabilities, immigrants, and seniors

Homelessness

- Cannot be healthy when homeless
    - Creates more medical issues and prolongs existing ones
- Instability and unpredictability
- Police officers will tell them to leave areas but don’t provide other resources

available to sleep
- Struggling to take daily medicine or accessing more
- Caseworkers can help get people into shelters and then housing
- COVID has limited the outreach resources for those who are homeless

Cancer
- A large problem in minority population
- Processed foods can increase chances of cancer, leads to obesity which can increase the risk of cancer
    - Lack of healthy, whole foods
- Those with cancer could have access to hypnotherapy and a number of free visits for cancer treatments

Armenian Society Focus Group

Affordable Housing
- No rent control, it is getting expensive to live in Glendale
- Utility bills are becoming difficult to pay
- The city can start building affordable housing
- The city of Glendale has a lottery for residents to live in a lower-income housing project
- SSI goes directly to rent, now utilities are getting harder to pay
- Many/large families are living in a one-bedroom apartment
- Waiting to get on Section 8 housing list

Depression and Anxiety
- Anxiety over paying bills and not wanting to become homeless
- Not everyone has access to therapists who really want/need one
    - Being emotional all alone because they do not have an outlet or support
- Physical activities are helpful
    - Walking, parks, gym
- COVID increased depression
    - No social life, isolation
- More community centers that everyone can connect with for help
    - More social groups, walking groups
- Closer community centers - many are far to attain when there is no access to transportation
- Some people are turning to computers and games to help with depression
- Money/finances would help ease depression and anxiety

Affordable healthy food

- Food stamps are helpful
    - Make it more available
- The cost of food continues to go up
- With high prices, people are buying little to no food
- No community gardens or food banks to help
- Certain centers for seniors have food banks, but not accessible to everyone

Diabetes

- Worried about blood sugar levels
- Affordable foods play a large part in diabetes
- Increase physical activities
- Watching diets
- No community classes to get knowledge
- COVID has not had a great effect on diabetes

Doctors who understand my culture

- All going to Armenian Doctors and have a translator

Public Transportation

- The busses are not reliable
- Bus stops need to have more shelter for weather
- Bus transportation is the only option for some
- COVID impacted bus routes and limited their movements
- On Sunday the busses do not run as much

Mental Health Focus Group

Doctors/Clinics

- HIPPA laws are weakening mental health services. They prevent family members from speaking to doctors.
- There are not enough doctors. People get frustrated and contemplate all measures to get services.
- Even when you have good insurance, the appointment waitlist runs for about three months.
- There seems to be a lack of caring for those suffering from mental issues.
- Patients with mental illness need integrated services.
- Some psychologists will not take insurance, only cash.
- COVID greatly impacted mental illness.
- In the Armenian culture, many stigmas exist.

Alcohol/Drugs

- Many people are self-medicating with drugs and alcohol. Meth is destroying our communities and more people are experiencing schizophrenia. Our communities need resources to tackle this growing problem.
- Treatment options are not there, the alcohol/ drugs are! We need treatment centers!
- About 95% of the people who walk into rehab programs just leave.
- We need to provide people equal services with or without insurance. The wrap-around programs are great in getting all the tools to survive after addiction, but private insurers will not pay for this.
- Parents and families do not have the education for their loved ones.
- Non-English speakers have a bigger challenge in getting help, they are disenfranchised from the quality of care they should get.

Homelessness

- With COVID we saw a shift in homelessness. Seniors were left out of affordable housing and became homeless in great numbers.
- Mental illness is a significant issue with homeless groups.
- Some homelessness can be treated with a mental hospital facility.