



Your Health and Wellness Partner

PIH Health Good Samaritan Hospital

Representing specific
neighborhoods in the
City of Los Angeles.

COMMUNITY HEALTH NEEDS ASSESSMENT

2022

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Introduction



Background and Purpose

PIH Health is a nonprofit, regional healthcare network with three hospitals – PIH Health Downey Hospital, PIH Health Good Samaritan Hospital and PIH Health Whittier Hospital, numerous outpatient medical offices, a multispecialty medical (physician) group, home healthcare services and hospice care, as well as heart, cancer, digestive health, orthopedics, women’s health, urgent care and emergency services.

Founded in 1885, PIH Health Good Samaritan Hospital, the oldest hospital in Los Angeles, became part of PIH Health in December 2019. As a nonprofit, 408-bed acute care hospital, the downtown Los Angeles campus includes a hospital and a medical office building that provide compassionate healthcare services to meet the needs of patients, their families and a growing and diverse community.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action, targets geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

PIH Health Good Samaritan Hospital is located at 1225 Wilshire Blvd., Los Angeles, CA 90017. The hospital’s service area encompasses 17 ZIP codes in the City of Los Angeles. The service area is served by the Los Angeles County 1st and 2nd Supervisorial Districts and falls within the Los Angeles County Service Planning Areas (SPAs) 4 and 6.* PIH Health Good Samaritan Hospital tracks ZIP codes of origin for patient admissions. The service area was determined from the ZIP codes that reflect a majority (59%) of patient admissions from the local geographic area.

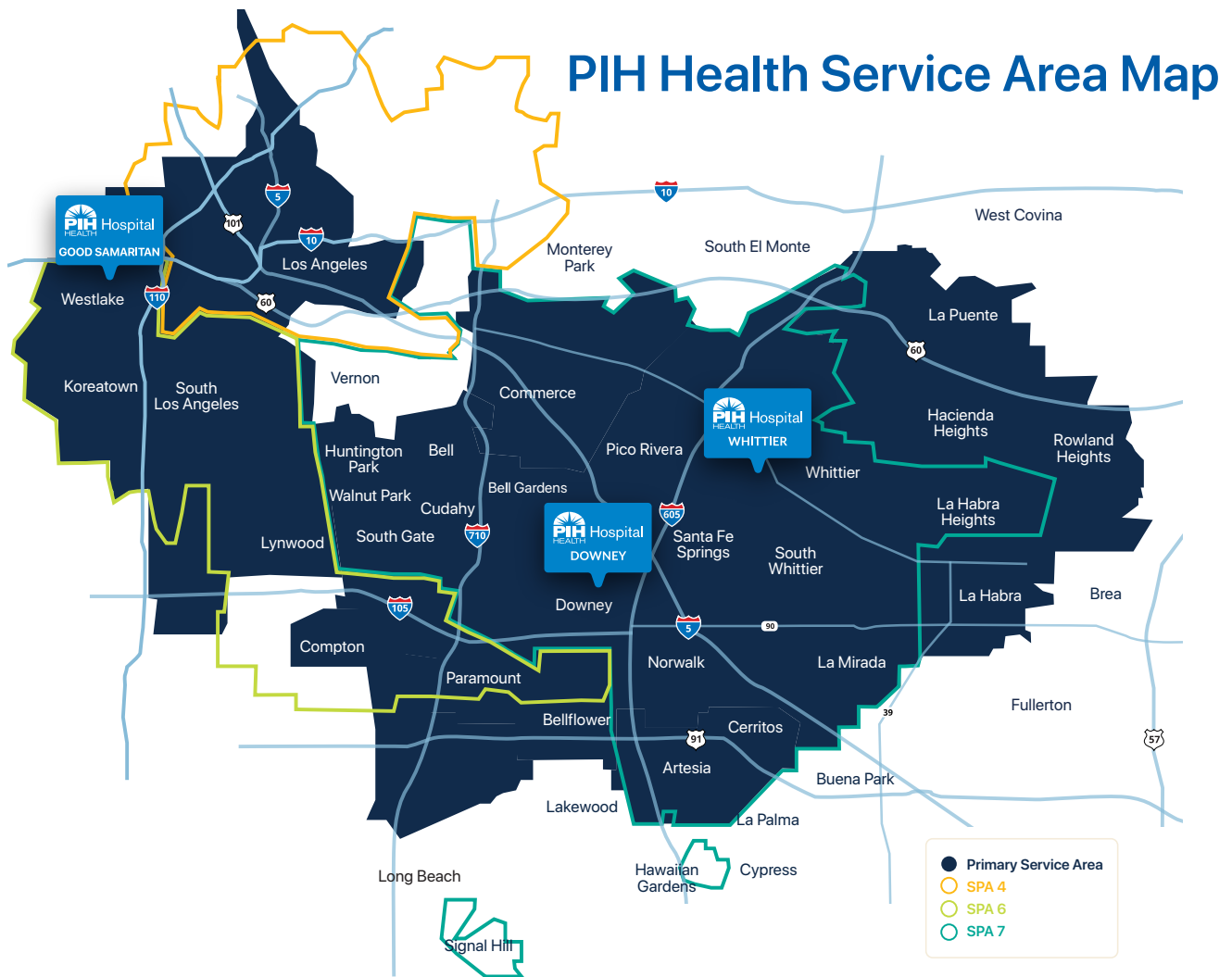
**For reference, SPA 4 communities include Boyle Heights, Central City, Downtown LA, Echo Park, El Sereno, Hollywood, Mid-City Wilshire, Monterey Hills, Mount Washington, Silverlake, West Hollywood, and Westlake. SPA 6 communities include Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount, and Watts.*

PIH Health Good Samaritan Hospital Primary Service Area

City	ZIP Code	Service Planning Area
Los Angeles/Southeast LA	90003	6
Los Angeles/Oakwood	90004	4
Los Angeles/Sanford	90005	4
Los Angeles/Pico Union	90006	4
Los Angeles/Dockweiler	90007	6
Los Angeles/Southeast LA	90011	6
Los Angeles/Chinatown	90012	4
Los Angeles/DTLA	90013	4
Los Angeles/DTLA	90015	4

City	ZIP Code	Service Planning Area
Los Angeles/DTLA	90017	4
Los Angeles/Jefferson Park	90018	6
Los Angeles/Mid-Wilshire	90019	4
Los Angeles/Koreatown/Wilshire	90020	4
Los Angeles/Echo Park	90026	4
Los Angeles	90037	6
Los Angeles	90044	6
Los Angeles	90057	4

For detailed profiles of the cities/communities above, please also visit the Los Angeles County Department of Public Health City/Community Profiles at ph.lacounty.gov/ohae/cchp.



Collaborative Process

PIH Health Good Samaritan Hospital participated in a collaborative process for the CHNA with California Hospital Medical Center. Given that these hospital facilities share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

Project Oversight

The Community Health Needs Assessment process was overseen by:

Roberta Delgado MPA MSW
Manager, Community Benefit
PIH Health

Debra Legan
Vice President, Marketing and Consumer Engagement
PIH Health

Consultant

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

Report Adoption, Availability and Comments

This CHNA report was adopted by the PIH Health Board of Directors on September 30, 2022.

This report is widely available to the public on the hospital's website at PIHHealth.org/CHNA. Written comments on this report can be submitted to Community.Benefit@PIHHealth.org

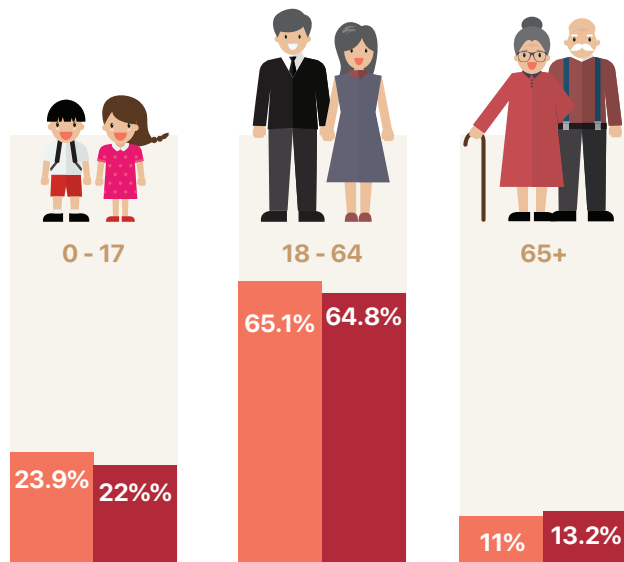
Who Are We?



These infographics depict data for the entire
PIH Health primary service area.

PIH Health Primary Service Area Population

Source: U.S. Census Bureau, American Community Survey, 2015-2019



Age

Source: U.S. Census Bureau, American Community Survey, 2015-2019

- PIH Health Primary Service Area
- Los Angeles County

Race / Ethnicity

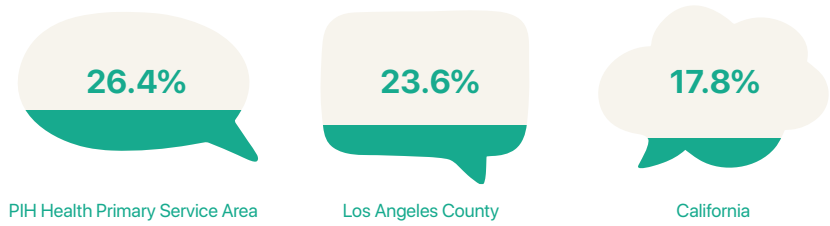
Source: U.S. Census Bureau, American Community Survey, 2015-2019



Households with Limited English Proficiency

Population age 5 and over.

Source: U.S. Census Bureau, American Community Survey, 2015-2019

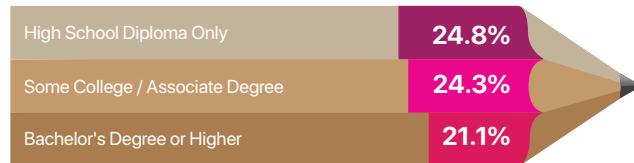


Educational Attainment

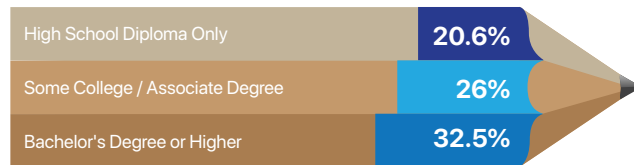
Population age 25 and over.

Source: U.S. Census Bureau, American Community Survey, 2015-2019

PIH Health Primary Service Area



Los Angeles County

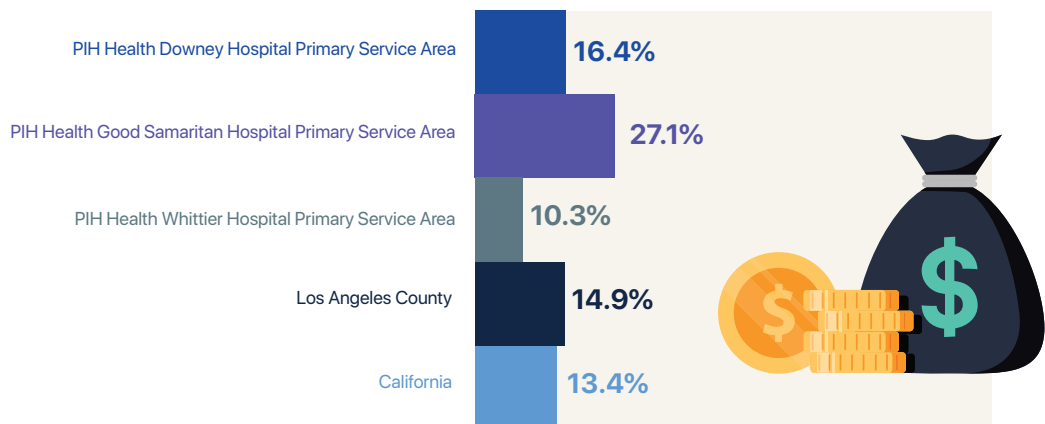


In the Primary Service Area, 29.8% of the Adult Population has less than a High School Diploma.

Poverty

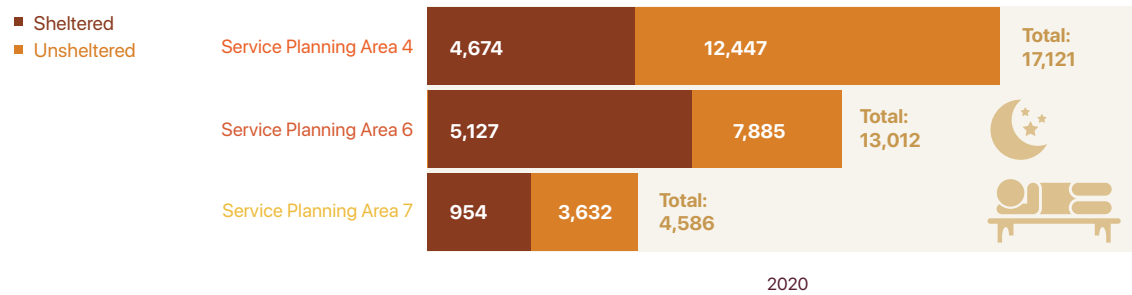
The federal poverty level is a measure of income used by the U.S. government to determine who is eligible for subsidies, programs, and benefits. The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of \$12,490 for one person and \$25,750 for a family of four.

Source: U.S. Census Bureau, American Community Survey, 2015-2019



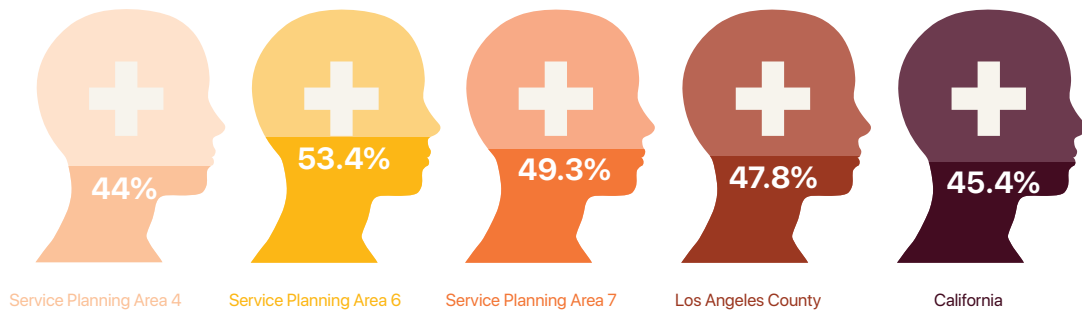
Homeless

Source: Los Angeles Homeless Service Authority, 2013, 2015, 2018 & 2020 Greater Los Angeles Homeless Count



Adults Who Did Not Receive Needed Mental Health Care

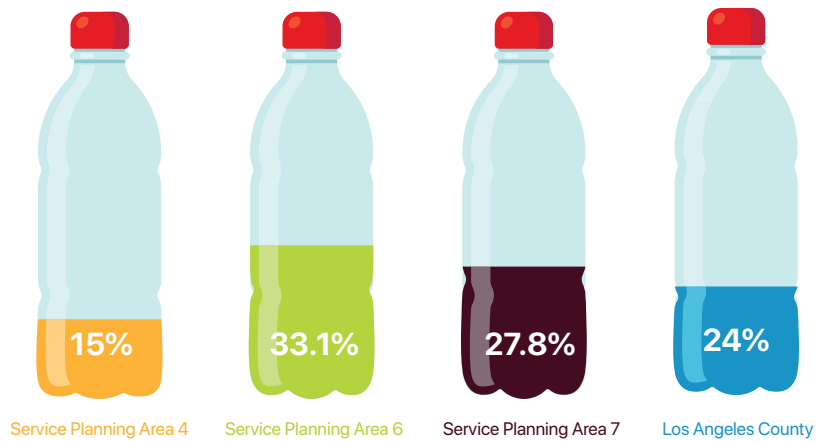
Source: California Health Interview Survey, 2019-2020



Children Who Consume At Least One Soda A Day

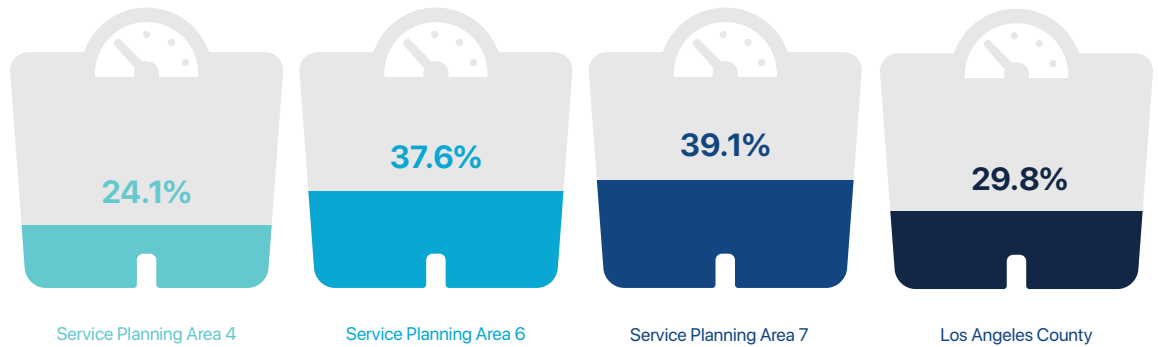
Population ages 2-17.

Source: California Health Interview Survey, 2019-2020



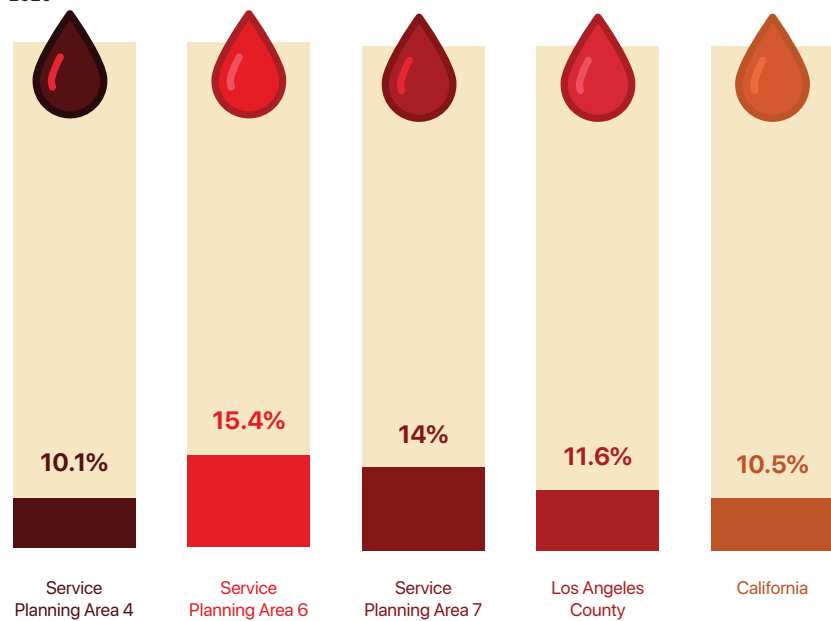
Adults Who Are Obese

Source: California Health Interview Survey, 2019-2020



Adults With Diagnosed Diabetes

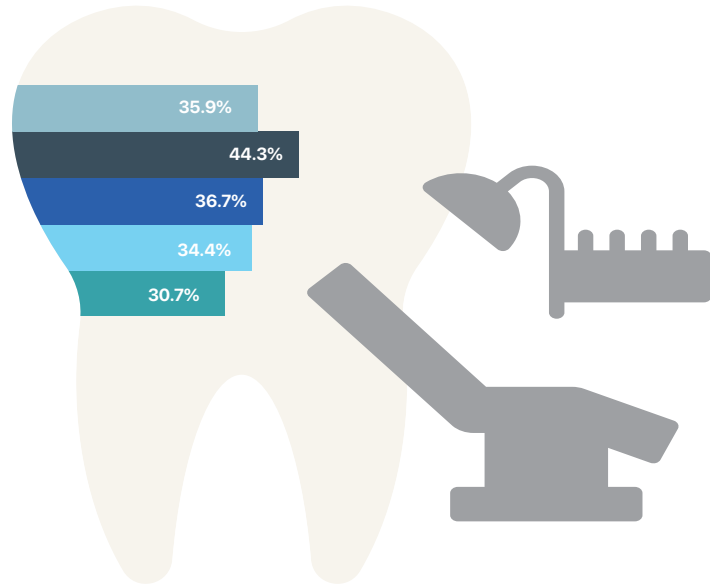
Source: California Health Interview Survey, 2019-2020



Adults Without Dental Insurance

Source: California Health Interview Survey, 2019-2020

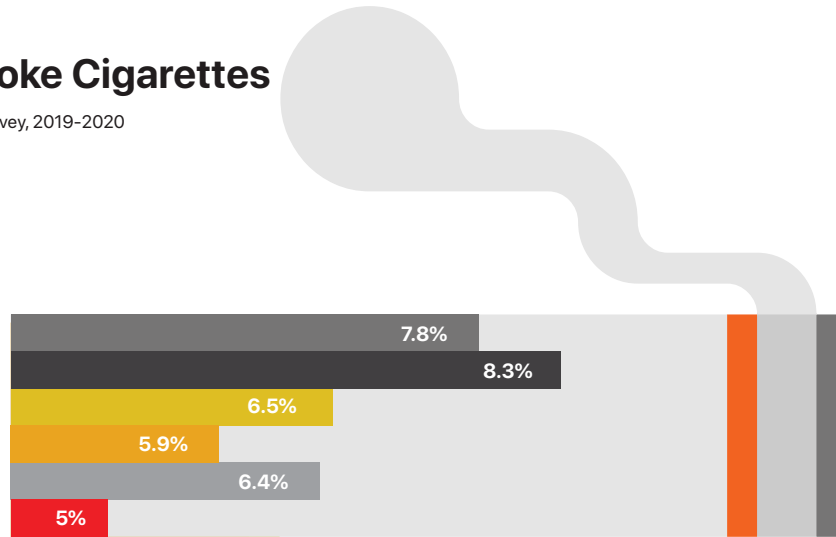
- Service Planning Area 4
- Service Planning Area 6
- Service Planning Area 7
- Los Angeles County
- California



Adults Who Smoke Cigarettes

Source: California Health Interview Survey, 2019-2020

- Service Planning Area 4
- Service Planning Area 6
- Service Planning Area 7
- Los Angeles County
- California
- Healthy People Objective



Data Collection Methodology

Secondary Data

Secondary data were collected from county and state sources to present community demographics, social determinants of health, access to healthcare, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, 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.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to healthcare (primary care, specialty care, dental care)
- Birth indicators (teen births, prenatal care, low-birth weight babies)
- Chronic diseases (asthma, cancer, diabetes, heart disease, liver disease, stroke)
- COVID-19
- Economic insecurity
- Education
- Food insecurity
- Housing/homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (vaccines, screenings, fall prevention)
- Substance abuse
- Violence and injury prevention

Primary Data

In partnership with California Hospital Medical Center, PIH Health Good Samaritan Hospital conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

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

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

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

Surveys

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

Survey questions focused on the following topics:

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

The survey responses are detailed in Attachment 4.

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. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at [PIHHealth.org/CHNA](https://www.pihhealth.org/CHNA). To date, no comments have been received.

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

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

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

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

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

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

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 5.

Report of Progress

In 2019, PIH Health Good Samaritan Hospital conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed:

- Preventive screenings and immunizations
- Chronic diseases/disorders: overweight/obesity, cancer, diabetes, heart disease/stroke, substance use and misuse
- Social determinants of health: access to dental care and mental health care, food security and housing/homelessness

The impact of the actions that PIH Health Good Samaritan Hospital used to address these significant needs can be found in Attachment 6.

Community Demographics



Population

Total Population

The population of the PIH Health Good Samaritan Hospital service area is 930,016. From 2014 to 2019, the population increased by 5.8%.

	PIH Health Good Samaritan Hospital Service Area			Los Angeles County	
	2014	2019	Percent Change	Percent Change 2014-2019	Percent Change 2014-2019
Total population	879,012	930,016	5.8%	1.1%	3.1%

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

Population, by Gender

In the service area, 50.6% are male and 49.4% are female.

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

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

Population, by Sexual Orientation and Gender Identity, Adults

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 6 (SPA 6) there is a lower overall percentage of LGBTQ+ identified residents than in the county, while in SPA 4 there is a higher overall percentage of LGBTQ+ identified residents.

	SPA 4	SPA 6	Los Angeles County	California
Straight or heterosexual	87.1%	91.0%	90.9%	91.9%
Gay, lesbian or homosexual	6.5%	2.9%	3.1%	2.7%
Bisexual	5.3%	*3.3%	3.9%	3.6%
Not sexual/celebrate/none/other	1.1%	*2.8%	2.1%	1.9%
Cisgender/not transgender	99.3%	*99.8%	99.6%	99.4%
Transgender/gender non-conforming	0.7%	*0.2%	0.4%	0.6%

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

Population, by Age

Children, ages 0 to 17 make up 22.8% of the population, 67.6% are adults, ages 18 to 64, and 9.6% are adults, ages 65 and older. The service area has a higher percentage of adults, ages 18-44 (45.6%) than the county (39.5%) and the state (38.1%).

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
0 – 4	6.6%	6.1%	6.2%
5 – 9	6.3%	5.9%	6.3%
10 – 14	6.3%	6.2%	6.6%
15 – 17	3.6%	3.8%	3.9%
18 – 24	11.5%	9.7%	9.6%
25 – 34	19.6%	16.1%	15.2%
35 – 44	14.5%	13.7%	13.3%
45 – 54	12.4%	13.4%	13.0%
55 – 64	9.6%	11.8%	12.0%
65 – 74	5.5%	7.5%	8.1%
75 – 84	2.9%	3.9%	4.1%
85+	1.2%	1.8%	1.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B01001. data.census.gov/cedsci

Population, by ZIP Code

In service area ZIP codes, the percentage of children, ages 0 to 17, ranged from 3.2% in Los Angeles/Downtown Los Angeles (DTLA) 90013 to 32.1% in Los Angeles/Southeast 90003. Adults, ages 65 and older, ranged from 6.2% in Los Angeles/Southeast 90003 to 14.6% in Los Angeles/Chinatown 90012. The median age in the service area is 34.1 years, lower than the median county and state age of 36.5.

	ZIP Code	Total Population	Youth Ages 0 – 17	Adults Ages 18–64	Seniors Ages 65+	Median Age
Los Angeles	90037	67,640	27.8%	63.9%	8.3%	30.7
Los Angeles	90044	99,443	29.6%	61.6%	8.8%	31.6
Los Angeles	90057	50,152	22.4%	67.4%	10.2%	33.5
Los Angeles/ Chinatown	90012	36,552	8.5%	76.9%	14.6%	35.3
Los Angeles/Echo Park	90026	68,906	16.5%	73.3%	10.2%	34.7
Los Angeles/ Dockweiler	90007	42,433	14.2%	78.2%	7.6%	24.3
Los Angeles/DTLA	90013	12,559	3.2%	83.8%	13.0%	43.3
Los Angeles/DTLA	90015	22,651	17.7%	74.7%	7.6%	31.9
Los Angeles/DTLA	90017	27,723	21.4%	70.2%	8.4%	31.7
Los Angeles/ Jefferson Park	90018	53,490	23.0%	65.5%	11.5%	34.4
Los Angeles/ Koreatown/ Wilshire	90020	39,189	18.3%	72.1%	9.7%	34.4
Los Angeles/Mid-Wilshire	90019	65,534	17.9%	69.2%	12.9%	38.2
Los Angeles/Pico Union	90006	59,576	22.2%	66.8%	11.0%	34.1
Los Angeles/ Oakwood	90004	60,541	19.2%	70.0%	10.8%	35.2
Los Angeles/Sanford	90005	39,732	18.0%	69.2%	12.7%	35.6
Los Angeles/ Southeast LA	90003	73,730	32.1%	61.7%	6.2%	28.3
Los Angeles/ Southeast LA	90011	111,165	31.6%	62.1%	6.3%	28.7
PIH Health Good Samaritan Hospital Service Area		930,016	22.8%	67.6%	9.5%	34.1
Los Angeles County		10,081,570	22.0%	64.8%	13.3%	36.5
California		39,283,497	23.0%	63.1%	14.0%	36.5

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B01001, DP05. data.census.gov/cedsci

● Highest percent

Race/Ethnicity

Population by Race and Ethnicity

In the service area, 62.4% of the population is Hispanic/Latino, 13.3% are Asian, 13.2% are Black/African American, 9.0% are White, 1.8% are Other or Multiple Race, 0.2% are Native American/Alaskan Native, and 0.1% are Native Hawaiian/Pacific Islander. The service area has a higher rate of Hispanic/Latino residents (62.4%) than the county (48.5%) and state (39%), and a higher rate of Blacks/African Americans (13.2%) than the county (7.8%) and state (5.5%).

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	
	Number	Percent	Number	Percent
Hispanic/Latino	580,024	62.4%	48.6%	39.0%
Asian	124,087	13.3%	14.4%	14.3%
Black/African American	122,337	13.2%	7.8%	5.5%
White	83,744	9.0%	26.2%	37.2%
Other/Multiple	16,743	1.8%	2.6%	3.3%
Native American/Alaskan Native	1,793	0.2%	0.2%	0.4%
Native Hawaiian/Pacific Islander	1,288	0.1%	0.2%	0.4%

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

Population by Race and Ethnicity, by ZIP Code

Within service area ZIP codes, the percentage of Hispanic/Latino populations ranged from 15.8% in Los Angeles/DTLA 90013 to 91.0% in Los Angeles/Southeast LA 90011. White populations ranged from 0.5% in Southeast LA 90003 and 90011 to 30.4% in Los Angeles/DTLA 90013. Asian populations ranged from 0.2% in Southeast LA 90003 to 45.0% in Los Angeles/Koreatown/Wilshire 90020. Black/African American populations ranged from 3.0% in Los Angeles Pico Union 90006 to 32.2% in Los Angeles 90044.

	ZIP Code	Hispanic/ Latino	White	Asian	Black/African American
Los Angeles	90037	80.0%	1.6%	1.1%	15.8%
Los Angeles	90044	65.0%	0.9%	0.7%	32.2%
Los Angeles	90057	69.5%	7.0%	17.9%	3.8%
Los Angeles/ Chinatown	90012	28.6%	16.7%	37.4%	13.3%
Los Angeles/Echo Park	90026	51.4%	27.0%	14.5%	3.9%
Los Angeles/ Dockweiler	90007	51.1%	16.3%	19.2%	10.4%
Los Angeles/DTLA	90013	15.8%	30.4%	17.7%	28.3%
Los Angeles/DTLA	90015	62.1%	13.4%	15.7%	6.6%
Los Angeles/DTLA	90017	62.2%	10.8%	16.6%	8.1%
Los Angeles/ Jefferson Park	90018	59.0%	5.8%	4.9%	28.5%
Los Angeles/ Koreatown/Wilshire	90020	32.4%	12.4%	45.0%	6.5%
Los Angeles/Mid-Wilshire	90019	44.5%	16.8%	16.8%	17.9%
Los Angeles/Pico Union	90006	73.1%	4.5%	18.2%	3.0%
Los Angeles/ Oakwood	90004	50.3%	18.0%	25.2%	3.5%
Los Angeles/Sanford	90005	49.5%	8.8%	34.1%	5.3%
Los Angeles/ Southeast LA	90003	78.0%	0.5%	0.2%	20.2%
Los Angeles/ Southeast LA	90011	91.0%	0.5%	0.6%	7.3%
PIH Health Good Samaritan Hospital Service Area		62.4%	9.0%	13.3%	13.2%
Los Angeles County		48.5%	26.2%	14.4%	7.8%
California		39.0%	37.2%	14.3%	5.5%

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

● Highest percent

Citizenship

Foreign Born Residents and Citizenship

In the service area, 44.1% of the population are foreign born. Among the foreign born, 33.9% are naturalized U.S. citizens and 66.1% are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
Foreign Born	44.1%	34.0%	26.8%
Naturalized U.S. citizen	33.9%	52.3%	51.7%
Not a U.S. citizen	66.1%	47.7%	48.3%

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

Language

Language Spoken at Home, Population Ages 5 and Older

Among the service area population, ages five and older, 58.1% speak Spanish, 27.9% speak only English, 11.6% speak an Asian or Pacific Islander language, 1.7% speak other Indo-European languages, and 0.7% speak other languages in their home. The service area has a higher rate of Spanish speakers and persons who speak an Asian/Pacific Islander language than in the county and state.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
Speaks Spanish	58.1%	43.4%	55.8%
Speaks only English	27.9%	39.2%	28.7%
Speaks Asian/Pacific Islander language	11.6%	10.9%	10.0%
Speaks Indo-European language	1.7%	5.3%	4.5%
Speaks other language	0.7%	1.1%	1.0%

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

Language Spoken at Home, by ZIP Code

In service area ZIP codes, Spanish speakers ranged from 9.8% in Los Angeles/DTLA 90013 to 88.3% in Los Angeles/Southeast LA 90011. Asian/Pacific Islander language speakers ranged from 0.1% in Los Angeles/Southeast LA 90003 to 39.8% in Los Angeles/Koreatown/Wilshire 90020. Indo-European language speakers ranged from 0.0% in Los Angeles/Southeast LA 90011 to 5.7% in Los Angeles/DTLA 90013.

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo-European
Los Angeles	90037	21.8%	76.2%	0.9%	0.6%
Los Angeles	90044	37.0%	61.6%	0.6%	0.5%
Los Angeles	90057	15.5%	63.3%	16.5%	1.0%
Los Angeles/Chinatown	90012	41.2%	23.3%	31.9%	4.0%
Los Angeles/Echo Park	90026	40.2%	45.6%	11.5%	2.2%
Los Angeles/Dockweiler	90007	35.2%	46.0%	12.6%	4.9%
Los Angeles/DTLA	90013	70.2%	9.8%	13.6%	5.7%
Los Angeles/DTLA	90015	30.5%	54.8%	12.3%	1.6%
Los Angeles/DTLA	90017	25.3%	56.8%	14.1%	2.6%
Los Angeles/Jefferson Park	90018	38.1%	54.7%	4.3%	1.5%
Los Angeles/Koreatown/Wilshire	90020	25.0%	29.1%	39.8%	4.0%
Los Angeles/Mid-Wilshire	90019	40.0%	41.6%	14.2%	2.7%
Los Angeles/Pico Union	90006	12.8%	68.8%	17.2%	0.8%
Los Angeles/Sanford	90004	28.4%	46.6%	21.3%	3.4%
Los Angeles/Oakwood	90005	19.9%	46.0%	31.6%	1.6%
Los Angeles/Southeast LA	90003	23.8%	75.5%	0.1%	0.5%
Los Angeles/Southeast LA	90011	11.0%	88.3%	0.5%	0.0%

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

● Highest percent

Linguistic Isolation

Linguistic Isolation, Population Ages 5 and Older

Linguistic isolation is defined as the population, over age five, who speaks English “less than very well.” In the service area, 37.0% of the population is linguistically isolated. Rates of linguistic isolation are higher in the service area than in the county (23.6%) and the state (17.8%).

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
Linguistic Isolation	37.0%	23.6%	17.8%

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

English Learners

English Learners, by School District

Among students enrolled in the 2020-2021 academic year, 18.8% in the Los Angeles Unified School District were evaluated to be English Learners. This rate of English Learners is higher than county (16.9%) and state (17.7%) rates. Per the California Department of Education, 2020-2021 English Learner student enrollment counts were lower than previous years due to difficulties experienced by local educational agencies resulting from the COVID-19 pandemic.

	2019-2020	2020-2021
Los Angeles Unified School District	20.0%	18.8%
Los Angeles County	18.0%	16.9%
California	18.6%	17.7%

Source: California Department of Education, 2019-2020, 2020-2021. data1.cde.ca.gov/dataquest

Veterans

Civilian Veterans

Among the service area population, ages 18 and older, 1.7% are civilian veterans, as compared to the county at 3.3% and state at 5.2%.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
Civilian veterans	1.7%	3.3%	5.2%

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

Disabled Persons

Disabled Persons

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In the service area, 9.6% of the civilian non-institutionalized population has a disability. The Annual Disability Statistics Compendium notes that 25.0% of adults, ages 18 to 64, with a disability are in poverty in Los Angeles County, as compared to the state at 23.9%.¹

¹ Institute on Disability/UCED 2019 State Report for County-Level Data: Prevalence Report, Poverty.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
Population with disabilities	9.6%	9.9%	10.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1810. data.census.gov/cedsci

Disability, by Age and Condition

Disability is defined by the U.S. Census as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. In the service area, 2.1% of the population have a hearing difficulty, 2.3% have a vision difficulty, 4% have a cognitive difficulty and 5.3% have an ambulatory difficulty.

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty
Ages 0-17	0.7%	0.7%	2.7%	0.7%
Ages 18-64	1.3%	1.9%	3.5%	3.8%
Ages 65-74	6.3%	7.3%	8.7%	19.5%
Age 75 and older	18.3%	12.3%	17.9%	39.6%
PIH Health Good Samaritan Hospital Service Area	2.1%	2.3%	4.0%	5.3%
Los Angeles County, all ages	2.5%	2.0%	4.1%	5.7%
California, all ages	2.9%	2.0%	4.3%	5.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1810. data.census.gov/cedsci

Social Determinants of Health

Social and Economic Factors Ranking

Social and Economic Factors County Ranking

The County Health Rankings order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 evaluated counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Los Angeles County was ranked 34 in 2021, showing a decrease in rank of 30 in 2019.

County Ranking (out of 58)	
Los Angeles County	34

Source: County Health Rankings, 2021. countyhealthrankings.org

Poverty

Residents Living in Poverty

The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of \$12,490 for one person and \$25,750 for a family of four. Among the service area population, 27.1% are below 100% FPL and 55.2% are below 200% FPL (low-income). Service area rates are higher than the poverty levels for the county and state. The highest rate of poverty was found in Los Angeles/DTLA 90013 (45.6%) and the highest rate of low-income residents was in Los Angeles/Dockweiler 90007 (66.9%).

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Los Angeles	90037	34.1%	63.1%
Los Angeles	90044	30.4%	56.9%
Los Angeles	90057	30.1%	61.5%
Los Angeles/Chinatown	90012	27.0%	48.2%
Los Angeles/Echo Park	90026	18.7%	39.3%
Los Angeles/Dockweiler	90007	41.1%	66.9%
Los Angeles/DTLA	90013	45.6%	59.2%
Los Angeles/DTLA	90015	30.1%	55.5%
Los Angeles/DTLA	90017	35.9%	63.8%
Los Angeles/Jefferson Park	90018	20.7%	46.3%
Los Angeles/Koreatown/Wilshire	90020	15.4%	41.7%
Los Angeles/Mid-Wilshire	90019	17.3%	40.2%
Los Angeles/Pico Union	90006	27.0%	61.2%
Los Angeles/Oakwood	90004	17.8%	46.5%
Los Angeles/Sanford	90005	26.1%	54.4%
Los Angeles/Southeast LA	90003	30.1%	63.2%
Los Angeles/Southeast LA	90011	30.2%	65.5%
PIH Health Good Samaritan Hospital Service Area		27.1%	55.2%
Los Angeles County		14.9%	34.8%
California		13.4%	31.0%

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

Poverty Levels of Children, Older Adults, and Females Head of Household with Children

Among the service area population 38.2% of children, under age 18, and 26.5% of adults, ages 65 and older, live below the poverty level. Poverty rates for children from 19.6% in Los Angeles/Koreatown/Wilshire 90020 to 55.9% in Los Angeles/DTLA 90017. Poverty rates for adults, ages 65 and older, ranged from 18.8% in Los Angeles Mid-Wilshire 90019 to 49.1% in Los Angeles/DTLA 90013. Female householders (no spouse present) with related children, under age 18, with an income below the federal poverty level in the past 12 months, ranged from 0.0% in Los Angeles/DTLA 90013 to 60.3% in Los Angeles/DTLA 90017.

	ZIP Code	Children, Under Age 18	Adults, 65 and Older	Female HoH with Children†
Los Angeles	90037	44.4%	31.6%	55.1%
Los Angeles	90044	40.7%	24.4%	45.9%
Los Angeles	90057	45.0%	30.7%	56.6%
Los Angeles/Chinatown	90012	38.5%	40.3%	45.2%
Los Angeles/Echo Park	90026	29.2%	19.3%	43.0%
Los Angeles/Dockweiler	90007	35.6%	26.9%	50.5%
Los Angeles/DTLA	90013	22.2%	49.1%	0.0%
Los Angeles/DTLA	90015	45.0%	37.2%	51.1%
Los Angeles/DTLA	90017	55.9%	40.4%	60.3%
Los Angeles/Jefferson Park	90018	31.3%	20.9%	34.1%
Los Angeles/Koreatown/Wilshire	90020	19.6%	19.8%	27.3%
Los Angeles/Mid-Wilshire	90019	26.4%	18.8%	37.9%
Los Angeles/Pico Union	90006	43.2%	28.5%	48.8%
Los Angeles/Oakwood	90004	26.4%	18.9%	38.2%
Los Angeles/Sanford	90005	39.8%	30.5%	53.8%
Los Angeles/Southeast LA	90003	38.8%	27.1%	50.1%
Los Angeles/Southeast LA	90011	42.0%	25.5%	53.4%
PIH Health Good Samaritan Hospital Service Area		38.2%	26.5%	47.7%
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†. data.census.gov/cedsci

Free and Reduced-Price Meals

Free and Reduced-Price Meals Eligibility

The percentage of students eligible for the free and reduced-price meal program is one indicator of socioeconomic status. In the Los Angeles Unified School District, 81.3% of students were eligible for the program, which is a higher percentage than the county (68.7%) and the state (58.9%).

	Percent of Eligible Students
Los Angeles Unified School District	81.3%
Los Angeles County	68.7%
California	58.9%

Source: California Department of Education, 2020-2021. [DataQuest \(CA Dept of Education\)](#)

Unemployment

Unemployment Rate, 2020 Annual Average

In 2020, the unemployment rate in the City of Los Angeles was 12.9%, as compared to the county at 12.8% and state at 10.1%. High unemployment in 2020 may be attributed in part to the COVID-19 pandemic.

	Percent Unemployment
Los Angeles, City	12.9%
Los Angeles County	12.8%
California	10.1%

Source: California Employment Development Department, *Labor Market Information, 2020.*

<http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

Medical Debt

Debt Due to Medical Bills

11.6% of SPA 4 adults and 15.0% of SPA 6 adults had problems paying medical bills for themselves or household family members in the past 12 months. Of these adults, 34.2% in SPA 4 and 33.8% in SPA 6 reported they were unable to pay for basic necessities (food, heat, rent) due to their medical bills.

	SPA 4	SPA 6	Los Angeles County	California
Ever had problems paying medical bill	11.6%	15.0%	10.2%	10.9%
Unable to pay for basic necessities due to medical bills	34.2%	33.8%	35.0%	35.0%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Public Program Participation

Participation in Public Programs

Among immigrant adults, 23.1% in SPA 4 and 31% in SPA 6 reported avoiding government benefits due to concerns about disqualification from obtaining a green card for U.S. citizenship. Among all low-income adults, 30.6% in SPA 4 and 39.2% in SPA 6 reported using food stamps, compared to 26% in the county. 71.8% of eligible children in SPA 4 and 92.2% in SPA 6 had ever participated in the Women, Infants, and Children program (WIC) program, compared to 66.2% in the county. Among low-income adults, 10.9% in SPA 4 and 13.3% in SPA 6 currently received Supplemental Security Income, compared to 10.1% in the county.

	SPA 4	SPA 6	Los Angeles County
Avoided government benefits	23.1%	31.0%	20.6%
Food stamp recipients (<200% FPL)	30.6%	39.2%	26.0%
Child <5 years, ever participated in WIC†	71.8%	92.2%	66.2%
Supplemental Social Security Income (SSI) (Adults, <200% FPL), currently receiving	10.9%	13.3%	10.1%

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

†Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

*Statistically unstable due to sample size.

publichealth.lacounty.gov/ha/LACHSDATATopics2018

Community Input – Economic Insecurity

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

- The negative impact that COVID-19 had on income distribution overall profoundly affected health.
- There's a growing gap between rich and poor and we're seeing this in the housing crisis. The cost of housing in the County is so high that minimum wage earners can't afford to live here, so we see dense multi-families in one apartment—terrible for public health. Lower-income communities of color are disproportionately affected.
- Economic insecurity is the fundamental cause of homelessness. Most renters are behind on rent, causing enormous stress. Often, people are paying 70-80% of their income toward housing.
- The rate of poverty continues to increase. The poverty level in SPA 4 higher than other SPAs.
- The middle working class is barely above the poverty threshold; few services are available for them.
- Many people are working below the living wage. There aren't many jobs available that will support a family, so they have multiple jobs. Minority populations are most impacted.

Community Input – Economic Insecurity, Continued

- Many people had to choose between childcare, rent, utilities, etc. Black and brown families with young children were most impacted.
- Most older adults are living on social security and living below the poverty line, one paycheck away from becoming homeless. There isn't a good safety net.
- We see many seniors in Koreatown who are struggling.
- Unemployment is higher in SPAs 4 and 6 compared to the rest of County. The Eastside communities were greatly impacted with economic insecurity—East Hollywood, Downtown, Boyle Heights, etc. Westlake was also a hard-hit area with a significant indigent population.
- The unemployment rate is lower now, but many aren't counted because they are no longer trying to search for work.
- Some financial assistance was available, but there weren't enough resources, and it was hard to navigate. People got discouraged when they didn't get assistance. It took a toll on staff helping and people applying. Rent subsidies need more investment.
- Mobile units came to communities to help people apply for rent and utility relief, but the challenge was getting them to come to South Los Angeles, where people have transportation barriers.
- Government supports helped people realize they can live on one income. We have staff quitting because they can eliminate childcare expenses and stay home.
- If more families were receiving assistance through WIC and CalFresh, it could help provide stability because they could redirect financial resources to other needs.
- Minimum wage workers and contract workers don't have health insurance or other benefits, which often means they do not access healthcare.
- There's a need for more jobs that include health insurance, sick leave and paid time off.
- Available jobs seem to be shifting to more knowledge-based, rather than manufacturing. Many jobs require advanced training and skills. Workforce development and job training is important.
- There's a lack of safe and affordable childcare so parents can get to their jobs.
- Many people have dependency on check cashing stations that charge large fees and banks or predatory lending institutions that charge compounding penalties on overdrafts.
- There is oversaturation of check cashing businesses in Pico Union.

Households

Households and Housing Units, and Percent Change, 2014-2019

In the service area, there were 301,761 households and 327,117 housing units in 2019. From 2014 to 2019, the service area population increased by 5.8% and had a 7.6% increase in housing units. Vacant units increased by 3.4%. Owner occupied households (6.3%) and renter occupied households (8.4%) increased from 2014 to 2019.

	PIH Health Good Samaritan Hospital Service Area			Los Angeles County	California
	2014	2019	Percent Change	Percent Change 2014 to 2019	Percent Change 2014 to 2019
Housing units	303,883	327,117	7.6%	2.3%	2.8%
Households	279,380	301,761	8.0%	2.2%	3.3%
Owner-occupied	52,616	55,944	6.3%	1.0%	3.5%
Renter-occupied	226,764	245,817	8.4%	3.3%	3.3%
Vacant units	24,503	25,356	3.4%	2.8%	-2.8%

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

Households that Spend 30% or More of Their Income on Housing*

According to the U.S. Department of Housing and Urban Development, families who pay more than 30% of their income for housing are considered “cost burdened” and may have difficulty affording other necessities including food, transportation, medical care, paying off student loans or other loans, and contributing to personal monetary savings.

In the service area, 58.0% of the population in occupied households spend 30% or more of their income on housing. This includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. This percentage is higher than occupied households countywide (47.3%) who spend 30% or more on housing. Notably, in the service area, more than half (61.2%) of renters spent more than 30% of their income on rent.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
All occupied households	58.0%	47.3%	41.7%
Owner-occupied households with or without mortgage	44.3%	35.7%	31.4%
Renter-occupied households	61.2%	57.6%	54.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04.
*Excludes units were SMOPI and GRAP cannot be computed.
data.census.gov/cedsci

Household Income

In the service area, the median household income was \$40,598 as compared to the county at \$68,044.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County
Median household income	\$40,598	\$68,044

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

Homelessness

Homeless Population, 2018-2020 Comparison

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from the 2020 survey show the total number of homeless individuals counted was 17,121 in SPA 4 and 13,012 in SPA 6. The total number of persons experiencing homelessness increased from 2018 to 2020 in both SPAs and the county. The Los Angeles County Board of Supervisors postponed the 2021 Homeless Count due to the COVID-19 pandemic.

From 2018 to 2020, the percent of sheltered persons experiencing homelessness increased in SPAs 4 and 6. Shelter includes cars, RVs, tents, and temporary structures (e.g., makeshift shelters), in addition to official homeless shelters. In SPA 4, 84.0% of the persons who experienced homelessness were single adults and 11.0% were family members. In SPA 6, 68.0% of the persons who experienced homelessness were single adults and 13.0% were family members.

	SPA 4		SPA 6		Los Angeles County*	
	2018	2020	2018	2020	2018	2020
Total homeless	14,218	17,121	8,343	13,012	49,955	63,706
Sheltered	25.6%	27.3%	28.9%	39.4%	24.8%	27.7%
Unsheltered	74.4%	72.7%	71.1%	60.6%	75.2%	72.3%
Individual adults	84.0%	84.0%	81.0%	68.0%	80.0%	76.0%
Family members	10.0%	11.0%	19.0%	13.0%	16.0%	19.0%
Unaccompanied minors (<18)	0.3%	0.3%	0.1%	0.0%	0.1%	0.1%

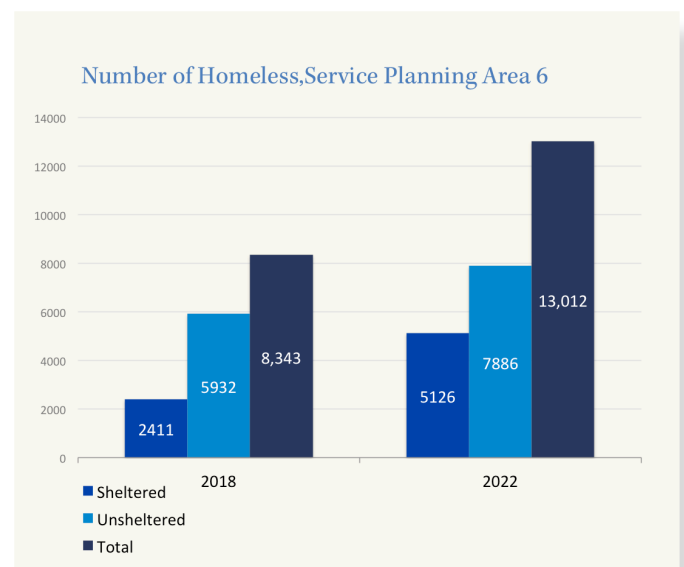
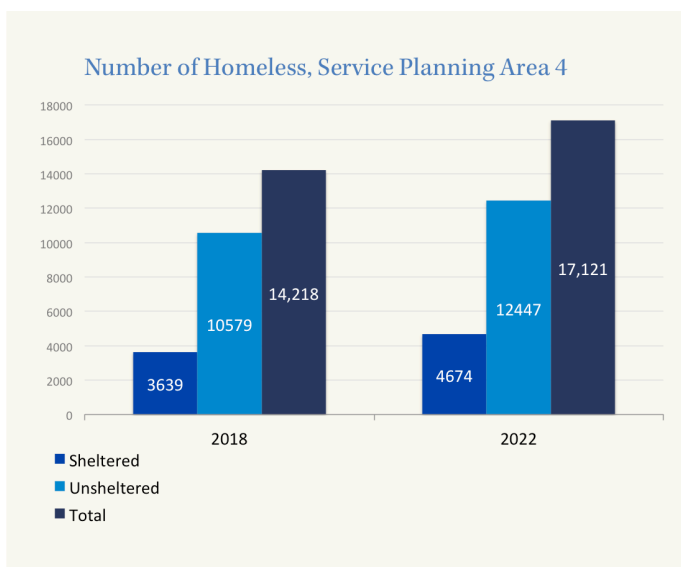
*Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. lahsa.org/homeless-count
These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Homelessness Subpopulations

Among persons experiencing homelessness, 42.0% in SPA 4 and 32.0% in SPA 6 were chronically homeless in 2020. The rate of persons experiencing chronic homelessness increased in SPA 4, SPA 6 and the county from 2018 to 2020. The rate of family members experiencing chronic homelessness remained the same in SPA 4 but increased in SPA 6 and the county from 2018 to 2020.

	SPA 4		SPA 6		Los Angeles County*	
	2018	2020	2018	2020	2018	2020
Chronically homeless, all	32.0%	42.0%	21.0%	32.0%	27.0%	38.0%
Chronically homeless individuals	30.0%	40.0%	21.0%	28.0%	26.0%	36.0%
Chronically homeless family members	1.0%	1.0%	1.0%	4.0%	1.0%	2.0%
Domestic violence experience	34.0%	32.0%	24.0%	31.0%	30.0%	33.0%
Persons with HIV/AIDS	3.0%	3.0%	1.0%	3.0%	1.0%	2.0%
Developmental Disability	7.0%	13.0%	5.0%	11.0%	6.0%	9.0%
Physical disability	17.0%	19.0%	12.0%	21.0%	15.0%	19.0%
Serious mental illness	31.0%	26.0%	17.0%	25.0%	27.0%	25.0%
Substance abuse disorder	19.0%	31.0%	12.0%	22.0%	15.0%	27.0%
Veterans	8.0%	5.0%	5.0%	3.0%	7.0%	6.0%

Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. lahsa.org/homeless-count
 *These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.



Community Input – Housing and Homelessness

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

- The unrecognized housing crisis is real. The cost of housing and cost of living is inequitable.
- In a period of crisis, money moves the agenda. Current funding is pushing gentrification of buildings. This is universally good if buildings will be accessible and affordable for all. With these pushes, we must be careful that racial and economic equity is included before policies roll out, otherwise, it's at the expense of affordable housing and we'll see homelessness continue to increase.
- Landlords can charge what the market will bear. Unregulated ownership and unprotected tenancy are issues. We need to rethink housing as a right instead of profit being the major driver of policy.
- Unstable housing affects social, physical, and mental well-being of patients. There's so much displacement and many wait an extremely long time for Section 8 housing to become available.
- In SPA 4, overcrowded housing is an issue. Many are just a paycheck away from homelessness.
- The Hispanic community is disproportionately affected by housing insecurity.
- Older adults struggle most with housing. Supplemental Security Income doesn't provide enough to pay rent, so they must move in with family. HUD isn't taking applications any longer.
- Housing is being built but it's not affordable. Low-income units for families are needed and while being built, they should post signage about how to apply, otherwise people find out too late.
- Tiny home living must be regulated to maintain discipline.
- NIMBYism pushback is frustrating.
- There's a shortage of low-income senior housing. Many older adults are already living with roommates or family, and many of these people got sick, lost income, and became housing insecure.
- Help is needed for seniors to stay in their homes. They need assistance with subsidy applications.
- There are inadequate housing subsidies and vouchers for the working poor.
- Eviction contributes to overcrowded housing. Eviction and rent protections are critical.
- More renters' rights workshops are needed. Some renters don't understand that they'll have to start paying back rent, which will result in legal and illegal evictions.
- Los Angeles County is the epicenter in the country for homelessness, and it only got worse with COVID-19. We had to skip the homeless count in 2021 but hope not to skip it in 2022.
- When transition-age youth exit the foster system, there is an issue with where they go, especially in this COVID-19 environment where the structure of group homes has changed. Often, they age out onto the street. There's a need for continuum of care to work more effectively.
- Persons who are homeless require customized solutions and case management. There are those suffering from substance abuse who need treatment, those suffering with mental illness, and persons who are chronically homeless who may be helped with income support and job training.
- Sexual assault and intimate partner violence are also underlying causes of homelessness.

Community Input – Housing and Homelessness, Continued

- Most impacted areas in terms of homelessness are Downtown Los Angeles and Hollywood. Many encampments are under freeway bridges due to the cover that's provided.
- Areas of MacArthur Park have large encampments. Sometimes there are large amounts of money and fentanyl in a tent; it's not always the traditional drug house anymore.
- We're at the beginning stages of building homes for persons who are homeless. There are a lot of resources and efforts available, but it takes a long time to build when the government is involved. The next step is to provide services they need to be well, which may take longer than people realize.
- We're grateful to see changed law and cities starting to get tents off the street. A lot of addiction and psychiatric problems show up in these populations; it's ravaging neighborhoods.
- There are a disproportionate number of African Americans who are homeless.
- Skid Row is a hot spot, but we are also seeing an increase in persons who are homeless in West Hollywood. Seeing more LGBTQ persons who are homeless, some are living with HIV.
- Some people work and still experience homelessness. They have extremely limited resources.
- It's very difficult to place people even in an emergency shelter due to COVID; places are locked down. We have an increase in clients coming in for treatment who are living in their cars.
- With CalAIM, managed care includes a benefit related to medical respite. There's opportunity for partnerships to ensure patients are discharged in timely way and receiving needed services.
- The Los Angeles Homeless Services Authority needs to improve permanent housing options/ access, especially for those with mental health issues. Temporary housing for three months doesn't help.

Access to Food

Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Among households, below 300% FPL, 31.8% in SPA 4 and 35.1% in SPA 6 were food insecure, as compared to the county (26.8%). Among adults, living below 200% FPL, 39.1% in SPA 4 and 45.3% in SPA 6 reported they were not able to afford food, as compared to the county (38%).

	SPA 4	SPA 6	Los Angeles County
Households, <300% FPL that are food insecure	31.8%	35.1%	26.8%
Not able to afford food (<200% FPL) †	39.1%	45.3%	38.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDATATopics2018. †Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Community Access to Fresh Produce

Among parents/guardians of children, ages 17 and younger, 77.0% in SPA 4 and 63.2% in SPA 6 rated community access to fresh fruits and vegetables as good or excellent, as compared to the county at 78.2%.

	SPA 4	SPA 6	Los Angeles County
Good or excellent access to fresh produce	77.0%	63.2%	78.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDATATopics2018

Farmers Markets

Farmers Markets Accepting EBT and/or WIC

Eligible individuals in the Women, Infants, and Children Program (WIC) and CalFresh, California’s Supplemental Nutrition Assistance Program (SNAP) can use a WIC card or Electronic Benefit Transfer (EBT) card to obtain fruits and vegetables at approved farmers markets. There are nine farmers markets in six of the service area ZIP codes.

	ZIP Code	Farmers Market	Accepts EBT and/or WIC
Los Angeles/Dockweiler	90007	Adams/Vermont	EBT
Los Angeles/Southeast	90011	Central Avenue	EBT & WIC
Los Angeles/DTLA	90013	Historic Downtown Pershing Square	EBT & WIC EBT
Los Angeles/DTLA	90014	The WALL	Not stated
Los Angeles/Jefferson Park	90018	West Adams	EBT
Los Angeles/Echo Park	90026	Echo Park Silver Lake CFM (Saturday) Silver Lake CFM (Tuesday)	EBT & WIC EBT EBT

Source: Ecology Center; accessed 12/2/2021. ecologycenter.org/fmfinder

Community Input – Food Insecurity

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

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

Community Input – Food Insecurity, Continued

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

Educational Attainment

Educational Attainment, Ages 25 and Older

Among service area adults, ages 25 and older, 22.3% have less than a 9th grade education. 36.8% of area adults are high school graduates, and 27.9% have an associate, bachelor's, or graduate/professional degree. Area residents have lower educational levels than adults in the county and state.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
Population, ages 25 and older	611,136	6,886,895	26,471,543
Less than 9th grade	22.3%	12.3%	9.2%
9th to 12th grade, no diploma	13.0%	8.6%	7.5%
High school graduate	21.8%	20.6%	20.5%
Some college, no degree	15.0%	19.0%	21.1%
Associate degree	4.9%	7.0%	7.8%
Bachelor's degree	16.4%	21.2%	21.2%
Graduate or professional degree	6.6%	11.3%	12.8%

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

High School Graduation Rates, 2019-2020

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The Healthy People 2030 high school graduation objective is 90.7%. Graduation rates for Los Angeles Unified School District 80.1% and did not meet the Healthy People 2030 objective for high school graduation.

	High School Graduation Rate
Los Angeles Unified School District	80.1%
Los Angeles County	86.5%
California	87.5%

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

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

Among service area children, ages 3 and 4 years old, 50% were enrolled in preschool. Preschool enrollment ranged from 31.0% in Los Angeles 90037 to 100% in Los Angeles/DTLA 90013. It should be noted that ZIP code 90013 has a small number of children, ages 3 to 4, (54) compared to other service area ZIP codes. The service area had a lower overall rate of preschool enrollment as compared to the county (54.5%).

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Los Angeles	90037	2,087	31.0%
Los Angeles	90044	3,866	42.9%
Los Angeles	90057	1,626	60.0%
Los Angeles/Chinatown	90012	339	57.2%
Los Angeles/Echo Park	90026	1,600	70.6%
Los Angeles/Dockweiler	90007	559	46.7%
Los Angeles/DTLA	90013	54	100%
Los Angeles/DTLA	90015	491	53.0%
Los Angeles/DTLA	90017	676	46.2%
Los Angeles/Jefferson Park	90018	1,126	59.5%
Los Angeles/Koreatown/Wilshire	90020	855	60.2%
Los Angeles/Mid-Wilshire	90019	1,381	69.8%
Los Angeles/Pico Union	90006	1,329	55.5%
Los Angeles/Oakwood	90004	1,354	40.3%
Los Angeles/Sanford	90005	799	61.6%
Los Angeles/Southeast LA	90003	2,897	44.0%
Los Angeles/Southeast LA	90011	4,044	45.4%
PIH Health Good Samaritan Hospital Service Area		25,183	50.0%
Los Angeles County		255,273	54.5%
California		1,021,926	49.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. data.census.gov/cedsci ● Best performing

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

Adults with children, ages 0 to 5, in their care, were asked whether their child(ren) were read to daily by a family member in a typical week. 71.2% of adults in SPA 4 and 42.6% of adults in SPA 6 reported their child(ren) were read to every day, as compared to the county (64.6%) and the state (63.1%).

	SPA 4	SPA 6	Los Angeles County	California
Children read to daily	71.2%	42.6%	64.6%	63.1%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Community Input – Education

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

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

Childcare Access

Difficulty Finding Childcare

7.2% of adults in SPA 4 and 7.7% of adults in SPA 6 reported not being able to find childcare for a week or longer when needed in the past 12 months. 3.0% of adults in SPA 4 and 1.2% of adults in SPA 6 reported experiencing childcare difficulties due to the COVID-19 pandemic.

	SPA 4	SPA 6	Los Angeles County	California
Difficulty finding childcare > 1 week	7.2%*	7.7%*	10.7%	10.2%
Childcare difficulties due to COVID-19 pandemic†	3.0%	1.2%	1.7%	1.8%

Source: California Health Interview Survey, 2019-2020, 2020[‡].

*Statistically unstable due to sample size.

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Transportation

Transportation for Workers, Ages 16 and Older

In the service area, 59.9% of individuals, ages 16 and older, drove alone to work. 8.9% carpooled, 8.5% used public transportation, 4.8% walked to work, 4.6% worked from home, and 3.2% used other means to get to work. The average service area commute time was 33.7 minutes. It should be noted these data were collected prior to the COVID-19 pandemic.

	PIH Health Good Samaritan Hospital Service Area	Los Angeles County	California
Workers 16 years and older	439,055	4,811,408	18,191,555
Car, truck, or van—drove alone	59.9%	74.0%	73.7%
Car, truck, or van—carpooled	8.9%	9.5%	10.1%
Public transportation (excluding taxi)	8.5%	5.8%	5.1%
Walked	4.8%	2.7%	2.6%
Other means	3.2%	2.4%	2.6%
Worked from home	4.6%	5.6%	5.9%
Mean travel time to work (minutes)	33.7	31.8	29.8

Source: U.S. Census Bureau, American Community Survey, 20115-2019, DP03. data.census.gov/cedsci

Community Walkability

Walkability

[WalkScore.com](https://www.walkscore.com) ranks over 2,800 cities in the United States (over 10,000 neighborhoods) with a walk score. The Walk Score is determined by access to amenities and pedestrian friendliness, with a scoring range of 0 to 100.² A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle dependent location. Walkability scores ranged from 56 (somewhat walkable) in Los Angeles 90044 to 95 (walker's paradise) in Los Angeles/DTLA 90013.

² 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)

	ZIP Code	Walk Score	Definition
Los Angeles	90037	78	Very Walkable
Los Angeles	90044	56	Somewhat Walkable
Los Angeles	90057	92	Walker's Paradise
Los Angeles/Chinatown	90012	81	Very Walkable
Los Angeles/Echo Park	90026	83	Very Walkable
Los Angeles/Dockweiler	90007	84	Very Walkable
Los Angeles/DTLA	90013	95	Walker's Paradise
Los Angeles/DTLA	90015	89	Very Walkable
Los Angeles/DTLA	90017	93	Walker's Paradise
Los Angeles/Jefferson Park	90018	74	Very Walkable
Los Angeles/Koreatown/Wilshire	90020	91	Walker's Paradise
Los Angeles/Mid-Wilshire	90019	84	Very Walkable
Los Angeles/Pico Union	90006	92	Walker's Paradise
Los Angeles/Oakwood	90004	87	Very Walkable
Los Angeles/Sanford	90005	93	Walker's Paradise
Los Angeles/Southeast LA	90003	68	Somewhat Walkable
Los Angeles/Southeast LA	90011	78	Very Walkable

Source: [WalkScore.com](https://www.walkscore.com), 2021.
[walkscore.com](https://www.walkscore.com)

Parks, Playgrounds and Open Spaces

Open Spaces, Children and Teens, Ages One Year and Older

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. 95.9% of children and youth in SPA 4 and 87.8% in SPA 6 lived within walking distance to a playground or open space, as compared to the county at 91.4%. 83.3% in SPA 4 and 73.9% in SPA 6 visited a park, playground, or open space within the past month, as compared to the county at 82.9%.

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

Source: California Health Interview Survey, 2018.
 *Statistically unstable due to sample size.
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Safe Open Spaces, Children and Teens

Among parents with children, 84.7% in SPA 4 and 68.8% in SPA 6 agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day. Among teen respondents, 72.8% in SPA 4 and 61.8% in SPA 6 agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day.

	SPA 4	SPA 6	Los Angeles County	California
Children, ages 1-11	84.7%*	68.8%	88.0%	89.7%
Teens, ages 12-17†	72.8%*	61.8%*	85.2%	88.2%

Source: California Health Interview Survey, 2019†, 2019-2020.
 *Statistically unstable due to sample size.
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Crime and Violence

Safe Neighborhood, Adults

People can be exposed to crime and violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect their quality of life. Safe neighborhoods are a key component of physical and mental health. Among adults, 75.9% in SPA 4 and 67.1% in SPA 6 felt safe most/all the time, as compared to the county at 84.3% and the state at 88.0%.

	SPA 4	SPA 6	Los Angeles County	California
Feels safe all the time	18.7%	20.4%	29.4%	37.0%
Feels safe most of the time	57.2%	46.7%	54.9%	51.0%
Feels safe some of the time	21.0%	27.7%	13.9%	13.9%
Feels safe none of the time	3.2%*	5.2%	1.8%	1.4%

Source: California Health Interview Survey, 2019-2020.

*Statistically unstable due to sample size.

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Neighborhood Cohesion, Adults

When asked about neighborhood cohesion, 68.2% of SPA 4 adults and 65.4% of SPA 6 adults agreed/strongly agreed neighbors were willing to help. 71.5% of SPA 4 adults and 59.7% of SPA 6 adults felt people in their neighborhoods can be trusted.

	SPA 4	SPA 6	Los Angeles County	California
People in neighborhood are willing to help	68.2%	65.4%	73.6%	78.1%
People in neighborhood can be trusted	71.5%	59.7%	76.8%	81.1%

Source: California Health Interview Survey, 2019-2020.

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Neighborhood Cohesion, Teens, Ages 12-17

76.3% of SPA 4 teens and 70.3% of SPA 6 teens felt safe in their neighborhoods. 85.6% of SPA 4 teens and 73.9% of SPA 6 teens felt people in their neighborhoods are willing to help. And 70.5% of SPA 4 teens and 65.7% of SPA 6 teens felt people in their neighborhoods can be trusted.

	SPA 4	SPA 6	Los Angeles County	California
People in neighborhood are willing to help	68.2%	65.4%	73.6%	78.1%
People in neighborhood can be trusted	71.5%	59.7%	76.8%	81.1%

Source: California Health Interview Survey, 2019-2020.

*Statistically unstable due to sample size.

ask.chis.ucla.edu

Crime Statistics

Violent Crimes, Property Crimes and Arson, by Jurisdiction

Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include burglary, larceny theft, and motor vehicle theft. Arson includes fires set to structural, mobile, or other property. From 2018 to 2020 the number of violent crimes and property crimes decreased in Los Angeles County. The number of arson crimes increased in the county from 2018 to 2020.

	Violent Crimes		Property Crimes		Arson	
	2018	2020	2018	2020	2018	2020
Los Angeles	30,126	28,885	101,267	85,932	1,654	2,994
Los Angeles County	58,567	54,600	237,184	213,377	2,684	4,271
California	176,866	173,864	940,998	841,171	8,523	11,759

Source: California Department of Justice, Office of the Attorney General, 2020.
[State of California Department of Justice- OpenJustice](https://www.cdps.ca.gov/Programs/OPA/Pages/OpenJustice)

Intimate Partner Violence

Intimate Partner Violence, Physical and Sexual

Physical violence is defined by being hit, slapped, pushed, kicked, or hurt by an intimate partner. In SPA 4, 15.0% of adult women and 11.3% of adult men have experienced physical violence. In SPA 6, 19.6% of adult women and 11.1% of adult men have experienced physical violence.

Sexual violence is defined as experiencing unwanted sex by an intimate partner. In SPA 4, 11.7% of adult women and 3.3% of adult men experienced sexual violence. In SPA 6, 10.2% of adult women and 5.8% of adult men experienced sexual violence. The rates of women who have experienced sexual violence are higher than compared to the county (10.1%).

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

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

*Statistically unstable due to sample size.

publichealth.lacounty.gov/ha/LACHSDataTopics2018

Calls for domestic violence are categorized as with or without a weapon, and, since 2018, strangulation and suffocation data have been reported. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). In Los Angeles County, 78.0% of domestic violence calls included a reported use of a weapon.

Domestic Violence Calls, by Jurisdiction

	Total Calls	No Weapon	Weapon Involved	Percent With Weapon	Strangulation Suffocation
Los Angeles	17,084	0	17,804	100%	1,788
Los Angeles County	35,498	7,787	27,711	78.0%	2,541
California	160,646	88,018	72,628	45.2%	9,715

Source: California Department of Justice, Office of the Attorney General, 2020. oag.ca.gov/crime/cjsc/stats/domestic-violence

Community Input – Violence and Injury Prevention

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

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

Community Input – Violence and Injury Prevention, Continued

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

Air Quality

Days with Ozone Levels above Regulatory Standard

Ground-level ozone is formed from pollutants emitted from cars, power plants, and other sources. The national ambient air quality standard for ozone is 0.070 parts per million (ppm); concentrations above 0.070 ppm are considered unhealthy, especially for sensitive groups such as children, those with asthma, and the elderly.

In 2019, Los Angeles County had 58 days with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million, as compared to California at 11 days.

	Los Angeles County	California
Number of days	58	11

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics \(December 2020\)](#).
kidsdata.org

Annual Average Particulate Matter Concentration

Particulate Matter Concentration

Fine particulate matter (PM 2.5) is an air pollutant commonly found in diesel exhaust. PM 2.5 refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The national annual PM 2.5 standard is 12 micrograms per cubic meter. Concentrations at or above this standard are considered potentially harmful to health, especially for sensitive groups such as young children and those with asthma, and the elderly.

In 2019, the annual average PM 2.5 concentrations in Los Angeles County were measured at 11.0 micrograms per cubic meter, as compared to California at 8.1 micrograms per cubic meter.

	Los Angeles County	California
Micrograms per cubic meter	11.0	8.1

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics](#); U.S. Environmental Protection Agency, [Particulate Matter \(PM2.5\) Trends \(December 2020\)](#).
kidsdata.org

Healthcare Access

Health Insurance Coverage

Health Insurance Coverage by ZIP Code

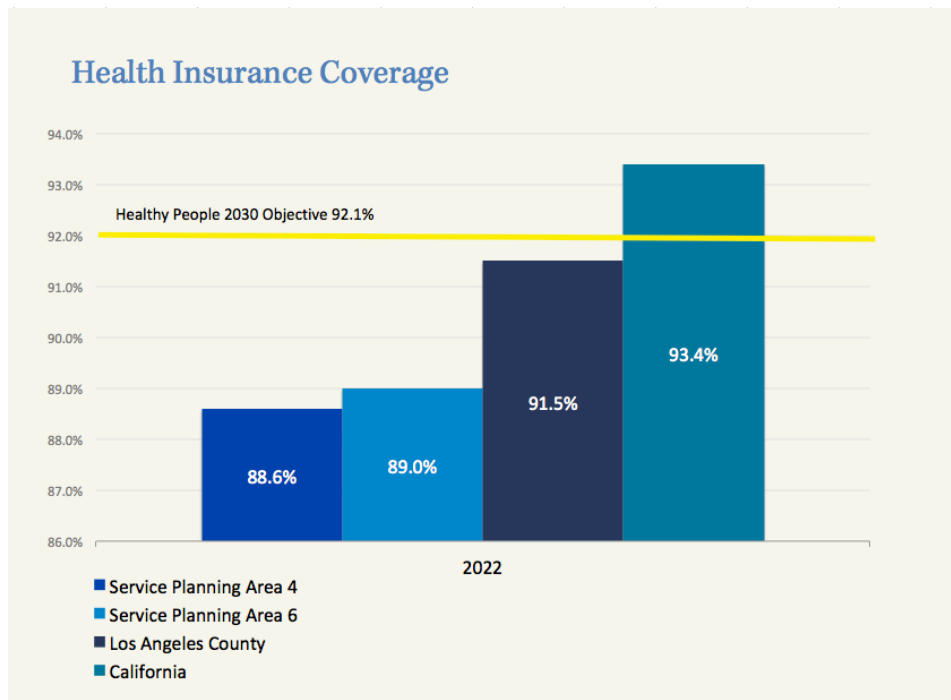
Health insurance coverage is a key component to accessing healthcare. The Healthy People 2030 objective for health insurance coverage for all population groups is 92.1%. In the service area, 81.9% of the entire population, 94.4% of children, ages 0 to 18, and 75.2% of adults, ages 19 to 64, have health insurance coverage.

Health insurance coverage for all ages ranged from 70% in Los Angeles 90057 to 89.6% in Los Angeles/Chinatown 90012. Among children, health insurance coverage ranged from 91.9% in Los Angeles 90057 to 100% in Los Angeles/DTLA 90013. Among adults, ages 19 to 64, health insurance coverage ranged from 58.5% in Los Angeles 90057 to 87.2% in Los Angeles/DTLA 90013.

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Los Angeles	90037	82.0%	95.3%	73.8%
Los Angeles	90044	86.4%	95.3%	80.2%
Los Angeles	90057	70.0%	91.9%	58.5%
Los Angeles/Chinatown	90012	89.6%	94.5%	86.4%
Los Angeles/Echo Park	90026	84.5%	94.3%	80.6%
Los Angeles/Dockweiler	90007	87.2%	92.5%	85.0%
Los Angeles/DTLA	90013	89.0%	100%	87.2%
Los Angeles/DTLA	90015	81.4%	97.2%	75.7%
Los Angeles/DTLA	90017	75.4%	93.8%	67.0%
Los Angeles/Jefferson Park	90018	84.3%	93.1%	78.7%
Los Angeles/Koreatown/Wilshire	90020	81.1%	93.2%	75.8%
Los Angeles/Mid-Wilshire	90019	85.6%	95.1%	80.7%
Los Angeles/Pico Union	90006	73.8%	92.9%	63.7%
Los Angeles/Oakwood	90004	82.7%	95.2%	77.0%
Los Angeles/Sanford	90005	76.7%	94.5%	68.0%
Los Angeles/Southeast LA	90003	83.2%	93.8%	76.3%
Los Angeles/Southeast LA	90011	80.3%	95.5%	70.6%
PIH Health Good Samaritan Hospital Service Area		81.9%	94.4%	75.2%
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, S2701 factfinder.census.gov

● Best performing



Current Insurance Coverage

88.6% of residents in SPA 4 and 89.0% in SPA 6 reported having health insurance, as compared to the county (91.5%) and the state (93.4%).

	SPA 4	SPA 6	Los Angeles County	California
Insured	88.6%	89.0%	91.5%	93.4%
Uninsured	11.4%	11.0%	8.5%	6.6%

Source: California Health Interview Survey, 2019-2020.
ask.chis.ucla.edu

Health Insurance, by Type

In SPA 4, 45.6% of residents were covered through employment-based insurance, and 23.8% had Medi-Cal coverage. In SPA 6, 29.9% of residents were covered through employment-based insurance, and 43.6% had Medi-Cal coverage.

	SPA 4	SPA 6	Los Angeles County	California
Employment-based	45.6%	29.9%	47.1%	50.9%
Medi-Cal	23.8%	43.6%	24.0%	21.0%
Private purchase	6.7%	2.8%	4.5%	4.7%
Medicare and others	5.7%	5.1%	9.6%	11.1%
Medi-Cal/Medicare	4.8%	5.4%	4.0%	3.1%
Medicare only	1.4%*	0.4%*	1.4%	1.5%
Other public	0.7%*	1.8%	0.9%	1.0%

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

Main Reason for Currently Uninsured Status

Among area residents, 49.7% in SPA 4 and 59.4% in SPA 6 reported cost as the main reason for being currently uninsured as compared to the county (56.6%) and the state (50.7%).

	SPA 4	SPA 6	Los Angeles County	California
Cost	49.7%	59.4%	56.6%	50.7%
Employer did not offer, ineligible for insurance, or insurance dropped/cancelled.	14.4%	23.8%*	10.2%	10.4%
Change in working status or family situation	11.5%*	3.4%*	12.5%	12.7%
In process of learning about insurance coverage or confusion about coverage	11.3%*	2.3%*	7.1%	10.8%
Does not need or believe in insurance	8.7%*	9.3%*	11.3%	10.7%
Other	4.5%*	1.8%*	2.2%	4.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Data suppressed due to small sample size. ask.chis.ucla.edu

Main Health Insurance Not Accepted by Provider, Adults

Among adults in SPA 4, 9.7% reported their main health insurance was not accepted by a general doctor, and 14.7% reported their main health insurance was not accepted by a medical specialist in the past 12 months. In SPA 6, 6.2% of adults reported their main health insurance was not accepted by a general doctor, and 14.1% reported their main health insurance was not accepted by a medical specialist in the past 12 months.

	SPA 4	SPA 6	Los Angeles County	California
Main health insurance not accepted by general doctor	9.7%	6.2%	6.6%	5.3%
Main health insurance not accepted by medical specialist	14.7%	14.1%	10.7%	9.5%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO

Among adults, 89.1% in SPA 4 and 84.2% in SPA 6 reported finding an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO) very difficult or somewhat difficult as compared to the county (82.1%) and state (80.4%).

	SPA 4	SPA 6	Los Angeles County	California
Very difficult/somewhat difficult	89.1%*	84.2%*	82.1%	80.4%
Not too difficult/not at all difficult	10.9%*	15.8%*	17.9%	19.6%

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

Difficulty Finding Affordable Health Insurance Plan - Covered California

Among adults, 75.6% in SPA 4 and 78.1% in SPA 6 reported finding an affordable health plan directly through Covered California very difficult or somewhat difficult as compared to the county (71.9%) and the state (65.6%).

	SPA 4	SPA 6	Los Angeles County	California
Very difficult/somewhat difficult	75.6%*	78.1%*	71.9%	65.6%
Not too difficult/not at all difficult	24.4%*	20.9%*	28.1%	34.4%

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

Sources of Care

Usual Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. 80.9% of the population in SPA 4 and 81.7% of the population in SPA 6 had a usual source of care as compared to the county at 84.3% and state at 86.3%.

	SPA 4	SPA 6	Los Angeles County	California
All Ages	80.9%	81.7%	84.3%	86.3%
Ages 0-17	91.8%	88.8%	90.2%	90.7%
Ages 18-64	75.5%	75.7%	79.7%	82.5%
Ages 65 and older	97.0%*	96.1%*	93.9%	94.6%

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

Sources of Care

Among the population in SPA 4, 52.7% accessed care at a doctor's office, HMO or Kaiser, 26.0% accessed care at a community/government clinic or community hospital, 1.1% accessed care at an emergency room or urgent care, and 1.0% accessed care at other/no one place. In SPA 4, 19.1% had no usual source of care.

In SPA 6, 42.1% accessed care at a doctor's office, HMO or Kaiser, 37.3% accessed care at a community/government clinic or community hospital, 1.5% accessed care at an emergency room or urgent care, and 0.8% accessed care at other/no one place. In SPA 6, 18.3% had no usual source of care.

	SPA 4	SPA 6	Los Angeles County	California
Doctor's office/HMO/Kaiser	52.7%	42.1%	60.2%	63.9%
Community clinic/government, clinic/community hospital	26.0%	37.3%	22.2%	20.4%
ER/urgent Care	1.1%	1.5%*	1.1%	0.9%
Other/no one place	1.0%	0.8%*	0.9%	1.2%
No usual source of care	19.1%	18.3%	15.7%	13.7%

Source: California Health Interview Survey, 2019-2020.

*Statistically unstable due to sample size.

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Usual Source of Care by Race/Ethnicity

When a usual source of care is examined by race/ethnicity, 86.6% of Whites in SPA 4 and 92.7% of Black/African Americans residents in SPA 6 were the most likely to have a usual source of care.

	SPA 4	SPA 6	Los Angeles County	California
White	86.6%	86.7%*	90.6%	91.0%
Black/African Americans	82.1%*	92.7%	90.0%	89.8%
Multiracial	83.3%*	94.2%*	88.2%	90.1%
Native American/Alaska Native	33.4%*	44.4%*	86.3%*	86.6%
Asian	79.7%	71.6%	83.9%	86.1%
Native Hawaiian/Pacific Islander	**	**	81.9%*	88.4%
Hispanic/Latino	80.4%	80.4%	81.0%	82.0%

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

Connected to Community Resources

14.4% of adults in SPA 4 and 16.5% of adults in SPA 6 reported their doctor's office connected their family with community services, as compared to the county at 12.8% and state at 12.9%.

	SPA 4	SPA 6	Los Angeles County	California
Doctor's office connected family with community-based services	14.4%	16.5%	12.8%	12.9%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Received Care by Video/Phone, Adults

12.3% of adults in SPA 4 and 9.1% of adults in SPA 6 reported receiving care from their health provider through video and/or phone in the past 12 months, as compared to the county at 11.7% and state at 12.4%.

	SPA 4	SPA 6	Los Angeles County	California
Received care from health provider through video/phone	12.3%	9.1%*	11.7%	12.4%

Source: California Health Interview Survey, 2018. ask.chis.ucla.edu

Use of the Emergency Room

In SPA 4, 14.9% of the population visited an emergency room (ER) in the past 12 months. SPA 4 adults, ages 65 and older, were the most frequent users (28.1%). In SPA 6, 17.9% of the population visited an emergency room (ER) in the past 12 months. Adults, ages 65 and older, were the most frequent users of the ER (29.2%).

	SPA 4	SPA 6	Los Angeles County	California
Visited ER in last 12 months	14.9%	17.9%	16.7%	16.8%
Ages 0-11	10.7%	12.8%*	15.3%	13.7%
Ages 12-17	17.4%*	24.6%*	21.1%	21.4%
Ages 18-64	13.4%	17.3%	14.4%	15.5%
Ages 65 and older	28.1%	29.2%	25.1%	22.7%

Source: California Health Interview Survey, 2019-2020.

*Statistically unstable due to sample size.

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Difficulty Accessing Care

Difficulty Finding Primary and Specialty Care

Among adults, 9.1% in SPA 4 and 8.6% in SPA 6 had difficulty finding primary care, as compared to the county (7.9%) and the state (7.6%). Typically, individuals find it more difficult to access specialty care than primary care. Among adults, 19.7% in SPA 4 and 21.4% in SPA 6 had difficulty finding specialty care, as compared to the county (16.2%) and state (14.7%).

	SPA 4	SPA 6	Los Angeles County	California
Difficulty finding primary care	9.1%	8.6%	7.9%	7.6%
Difficulty finding specialty care	19.7%	21.4%	16.2%	14.7%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Difficulty Accessing Care in the Past Year, Children, Ages 0-17

Among children, ages 0-17, in SPA 4 9.4% and 12.0% in SPA 6 had difficulty accessing medical care in the previous 12 months, as compared to the county (9.3%).

	SPA 4	SPA 6	Los Angeles County
Children, ages 0-17, reported to have difficulty accessing medical care	9.4%	12.0%	9.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDATATopics2018

Ability to Get Doctor's Appointment Within 2 Days in the Past 12 Months

A delay of needed care can lead to increased risk of healthcare complications. Among adults, 12.1% in SPA 4 and 16.7% in SPA 6 were never able to get a doctor's appointment within two days due to sickness or injury in the past 12 months, as compared to the county (15.7%) and the state (13.2%).

	SPA 4	SPA 6	Los Angeles County	California
Always able	20.1%	17.5%	24.6%	28.8%
Usually able	31.8%	33.1%	28.4%	29.4%
Sometimes able	36.1%	32.8%	31.4%	28.7%
Never able	12.1%	16.7%	15.7%	13.2%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Language Difficulty in Understanding Doctor

Among adults who did not speak English “Very Well,” 6.7% in SPA 4 and 8.6% in SPA 6 had difficulty or a hard time understanding their doctor, as compared to the county and state (8.2%).

	SPA 4	SPA 6	Los Angeles County	California
Hard time understanding doctor	6.7%*	8.6%*	8.2%	8.2%

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

Delayed or Forgone Care

Delayed Care in Past 12 Months, All Ages

12.7% of residents in SPA 4 and 11.8% of residents in SPA 6 delayed or did not get medical care within the prior 12 months. Among SPA 4 and SPA 6 populations, cost, lack of insurance, or other insurance reason was the most frequent reason to delay or not get medical care. 19.4% of respondents in SPA 4 and 23.5% of respondents in SPA 6 stated COVID-19 as a reason to delay or not get medical care.

Among the population that delayed or did not get medical care, 69.9% in SPA 4 and 67.3% in SPA 6 had to forego needed medical care. 10.7% of residents in SPA 4 and 8.9% in SPA 6 delayed or did not get prescription medication during the past 12 months.

	SPA 4	SPA 6	Los Angeles County	California
Delayed or did not get medical care	12.7%	11.8%	13.8%	13.8%
Cost, lack of insurance, or other insurance reasons	41.4%	43.6%	34.7%	32.7%
Personal reason	21.8%	16.8%*	26.6%	26.8%
COVID-19	19.4%	23.5%*	17.8%	21.6%
Healthcare system/provider issues and barriers	17.4%	16.1%*	20.9%	18.8%
Had to forego needed medical care	69.9%	67.3%	58.7%	59.9%
Delayed or did not get prescription meds	10.7%	8.9%	8.0%	8.1%

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

Access to Primary Care Community Health Centers

FQHCs Serving Most Area Patients, by ZIP Code

Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHC) provide primary care services including, but not limited to, medical, dental, and mental health services to low-income, uninsured, and medically underserved populations. There are 26 separate FQHC and/or Look-A-Like located in the service area. The majority of these FQHCs operate clinic sites across the service area and beyond. However, as shown below, patients residing in service area ZIP codes may utilize FQHC's outside of the service area. Data from the UDS Mapper identified the number of FQHCs serving patients and the most patient penetrated FQHCs in the service area ZIP codes.

	ZIP Code	Dominant FQHC Entity
Los Angeles	90037	St. John's Well Child and Family Center
Los Angeles	90044	St. John's Well Child and Family Center
Los Angeles	90057	AltaMed Health Service Corporation
Los Angeles/ Chinatown	90012	Chinatown Service Center
Los Angeles/Echo Park	90026	AltaMed Health Service Corporation
Los Angeles/Dockweiler	90007	St. John's Well Child and Family Center
Los Angeles/DTLA	90013	JWCH Institute
Los Angeles/DTLA	90015	Eisner Pediatric and Family Medical Center
Los Angeles/DTLA	90017	AltaMed Health Service Corporation
Los Angeles/Jefferson Park	90018	St. John's Well Child and Family Center
Los Angeles/Koreatown/Wilshire	90020	Korean Health, Education, Information and Research Center (KHEIR)
Los Angeles/Mid-Wilshire	90019	Eisner Pediatric and Family Medical Center
Los Angeles/Pico Union	90006	St. John's Well Child and Family Center
Los Angeles/Oakwood	90004	AltaMed Health Service Corporation
Los Angeles/Sanford	90005	KHEIR
Los Angeles/Southeast LA	90003	St. John's Well Child and Family Center
Los Angeles/Southeast LA	90011	South Central Family Health Center

Source: UDS Mapper, 2020. [udsmapper.org](https://www.udsmapper.org)

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Even with community health center entities in the service area, as well as health centers just 1-5 miles outside the service area, there are many low-income residents who are not served by one of these clinic providers. In 2020, FQHCs and FQHC Look-Alikes served a total of 228,297 patients in the service area, which equates to 45.5% coverage among low-income patients and 24.6% coverage among the total population. However, 54.5% of the population at or below 200% FPL (273,447), were not served by a Community Health Center. It should be noted that these individuals may be accessing healthcare services through non-FQHC providers (private, county, other) or not using healthcare services.

Low-Income Population	Patients Served by Section 330 Grantees in Service Area	Penetration of Among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
501,744	228,297	45.5%	24.6%	273,447	54.5%

Source: UDS Mapper, 2020 udsmapper.org

Community Input – Access to Healthcare

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

- General healthcare access, especially specialty care, is a concern.
- We need better primary care access integrated with social support. A warm welcome is needed to ensure people know providers are there for them.
- There’s already a shortage in primary care access, especially in medically underserved areas, but that’s now at a critical high in healthcare, with burnout being a top reason. Also, many clinics had to furlough/ lay off employees and are not able to bring staff back yet.
- Providers say it’s challenging to hire medical assistants; many left the workforce to care for their kids.
- Dental care is either inaccessible due to lack of insurance or too costly, so many people delayed preventive dental care. This can result in health emergencies.
- Many are under/uninsured with only access to Medi-Cal. It is hard to access care and find providers. This impacts communities of color, older adults, lower-income individuals, and all those who lost jobs.
- When renewing health insurance, patients often get auto-assigned somewhere else, and then someone must help them fix this for continuity of care. Seniors are commonly affected; they don’t understand the process for navigating healthcare.
- The systems in place to address needs of families are fragmented. For example, a homeless family must seek mental health services and substance abuse services on different days and in different places. This is a huge barrier.

Community Input – Access to Healthcare, Continued

- When applying for health insurance, many may not have the right documentation or the time it takes to apply. We need more street-based care.
- Those working 9 to 5 need the ability to access care during off hours. Hispanic/Latinos who are essential workers are especially impacted, plus they have jobs that don't provide paid leave.
- Clinics see every need and many disparities. Many patients are low income; healthcare isn't a priority until it's an emergency. By the time they see us, it's overwhelming to address all their needs.
- Lack of knowledge and health literacy are barriers. A person may be insured, but not know how to navigate the system. Some learn through word of mouth in the community or having someone who can support them in navigating the system.
- Cost can be a barrier. The emergency room is generally avoided due to cost and lack of insurance. Being able to afford medications is also a concern.
- Disability access is a challenge. We need ADA compliance, so access is ensured for all. We live in a virtual world, but not everyone can access the computer.
- Those who struggle with mental illness don't have always have the capacity to access healthcare.
- Language and cultural issues are barriers. Folks who are still speaking indigenous languages are most impacted. People want to feel like they are understood and heard. This specifically impacts Hispanic/Latinos, African Americans, Asian Americans and Native Hawaiian/Pacific Islanders. Native Americans are a small population, but they are also impacted.
- Many South Asians can't make their own doctor appointments because of language barriers.
- Many are fearful that seeking healthcare will impact their immigration status. There is still fear from our previous federal administration, especially when there is a mixed immigration status family.
- Other barriers include transportation and lack of childcare, often impacting persons who are homeless and families with members with special needs.
- For persons who are homeless, their lives are chaotic living on the street, they're not likely to get/keep appointments or manage medications. Poor hygiene becomes a barrier to getting care.

Oral Health Care Access and Utilization

Dental Insurance, Adults and Children

Oral health is essential to overall health and wellbeing. Among children, ages 3 to 11, and those ages 2 and younger, with teeth, 7.2% in SPA 4 and 11.8% in SPA 6 lack dental insurance. Among adults, 35.9% in SPA 4 and 44.3% in SPA 6 lack dental insurance.

	SPA 4	SPA 6	Los Angeles County	California
Children without dental insurance	7.2%*	11.8%	7.5%	7.4%
Adults without dental insurance	35.9%	44.3%	34.4%	30.7%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Dental Utilization Teeth, Adults

Regular dental visits are essential for the maintenance of healthy teeth and gums. Among adults, 21.9% in SPA 4 and 16.1% in SPA 6 had a dentist visit up to one year ago, as compared to the county (19.4%) and state (18.4%).

	SPA 4	SPA 6	Los Angeles County	California
Never been to a dentist	3.2%	6.0%	3.1%	2.6%
Been to dentist ≤ 6 months ago	45.6%	38.6%	46.0%	50.0%
Been to dentist >6 months up to 1 year ago	21.9%	16.1%	19.4%	18.4%
Been to dentist >1 year up to 2 years ago	14.3%	17.4%	14.2%	12.7%
Been to dentist >2 years up to 5 years ago	9.1%	13.5%	9.6%	8.9%
Been to dentist > 5 years ago	5.9%	8.4%	7.7%	7.3%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Dental Utilization, Teens, Ages 12-17

Among teens, ages 12 to 17, 74.7% in SPA 4 and 70.0% in SPA 6 had been to a dentist in the past six months, as compared to the county at 79.2% and state at 75.0%.

	SPA 4	SPA 6	Los Angeles County	California
Been to dentist ≤6 months ago	74.7%	70.0%*	79.2%	75.0%
Been to dentist >6 months up to 1 year ago	8.2%*	20.7%*	13.6%	16.1%
Been to dentist >1 year up to 2 years ago	15.2%*	7.4%*	3.2%	4.3%

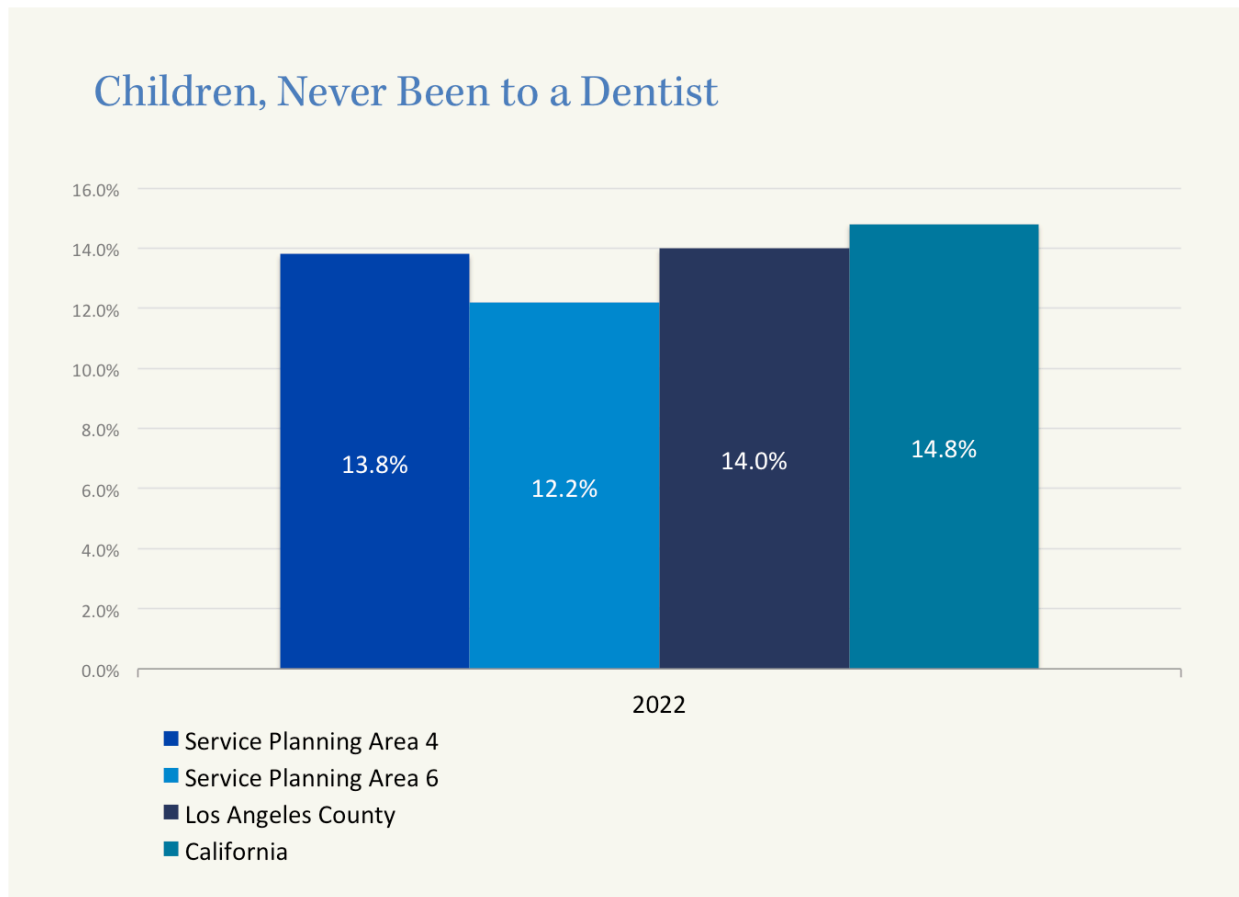
Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. ask.chis.ucla.edu

Dental Utilization, Children, Ages 3-11

Among children, ages 3 to 11, and those under age 3, with teeth, 68.0% in SPA 4 and 64.8% in SPA 6 had a dental visit within the last six months. 13.8% of children in SPA 4 and 12.2% in SPA 6 have never been to a dentist. 4.6% of parents in SPA 4 and 8.0% in SPA 6 could not afford needed dental care for their children.

	SPA 4	SPA 6	Los Angeles County	California
Parent could not afford needed dental care for child	4.6%*	8.0%*	6.5%	6.6%
Never been to the dentist	13.8%	12.2%	14.0%	14.8%
Been to dentist ≤6 months ago	68.0%	64.8%	65.6%	66.0%
Been to dentist >6 months up to 1 year ago	17.9%	15.7%	16.6%	14.8%
Been to dentist >1 year up to 2 years ago	**	4.9%*	2.9%*	3.4%
Been to dentist >2 years up to 5 years ago	**	**	1.0%*	0.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Data suppressed due to small sample size. ask.chis.ucla.edu



Condition of Teeth

Condition of Teeth, Adults

Poor oral hygiene can lead to dental cavities and gum disease, and has also been linked to heart disease, cancer, and diabetes. Poor oral health can impact the ability to chew or swallow food resulting in inadequate food intake or malnutrition, as well as mental health and self-esteem, and possible employment.

39.4% of adults in SPA 4 and 27.4% of adults in SPA 6 self-reported their teeth were in Excellent/Very Good condition as compared to the county at 37.5% and state at 40.7%. 0.4% of adults in SPA 4 and 3.0% of adults in SPA 6 self-reported having no natural teeth as compared to the county and state (2.3%).

	SPA 4	SPA 6	Los Angeles County	California
Excellent	10.4%	6.6%	10.0%	11.6%
Very Good	29.0%	20.8%	27.5%	29.1%
Good	31.8%	33.1%	32.6%	31.6%
Fair	19.7%	24.9%	20.6%	18.5%
Poor	8.8%	11.7%	6.9%	6.9%
Has no natural teeth	0.4%	3.0%*	2.3%	2.3%

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

Condition of Teeth, Teens

63.7% of teens in SPA 4 and 56.6% of teens in SPA 6 self-reported their teeth were in Excellent/Very Good condition as compared to the county at 57.0% and state at 56.4%.

	SPA 4	SPA 6	Los Angeles County	California
Excellent	12.5%*	4.4%*	14.8%	15.9%
Very Good	51.2%	52.2%	42.2%	40.5%
Good	8.5%*	33.8%	27.8%	31.8%
Fair/Poor	27.8%*	9.3%*	15.8%	11.8%

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

Birth Indicators



Births

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

From 2014 to 2018, there were an average of 11,724 births in the service area.

In the service area, the rate of births paid by public insurance or self-pay was 767.0 per 1,000 live births, which is higher than the county (542.9 per 1,000 live births) and state (498.5 per 1,000 live births) rates.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	8,992	767.0	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.

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

The teen birth rate in the service area is 27.6 per 1,000 females, ages 15-19. The teen birth rate for the county and state is 17.3 per 1,000 females, ages 15-19.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers, ages 15-19	850	27.6	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

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

Among pregnant women in the service area, 2,458 (209.6 per 1,000 live births) entered prenatal care after the first trimester. This translates to 79.1% of pregnant women who started prenatal care on time in the first trimester. The rate of late entry into prenatal care in the service area is higher than the county (148.2 per 1,000 live births) and state (161.7 per 1,000 live births) rates

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late prenatal care entry	2,458	209.6	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.

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

The rate of premature births (occurring before the start of the 38th week of gestation) in the service area was 97.6 per 1,000 live births. This rate of premature births was higher than the county (88.5 per 1,000 live births) and state (85.4 per 1,000 live births).

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature birth	1,145	97.6	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.

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

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The service area rate of low birth weight babies was 78.4 per 1,000 live births. This rate was higher than county (72 per 1,000 live births) and state (68.6 per 1,000 live births) rates.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	919	78.4	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.

Women Who Smoked During Pregnancy, Rate per 1,000 Live Births

The service area rate of women who smoked during pregnancy is 4.9 per 1,000 live births. This rate is lower than the county (6.2 per 1,000 live births) and the state (15.8 per 1,000 live births).

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Women who smoked	57	4.9	6.2	15.8

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

Breastfeeding

In-Hospital Breastfeeding, PIH Health Good Samaritan Hospital

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at PIH Health Good Samaritan Hospital indicated 96.7% of mothers engaged in breastfeeding and 51.8% breastfed exclusively. The rate of any breastfeeding was higher than the county (93.7%) and state (93.7%). The rate of exclusive breastfeeding was lower than the county (62.5%) and state (70%).

	Total Births	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Number	Percent	Number	Percent
PIH Health Good Samaritan Hospital	2,266	2,192	96.7%	1,173	51.8%
Los Angeles County	98,341	92,163	93.7%	61,455	62.5%
California	386,026	361,719	93.7%	270,189	70.0%

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

In-Hospital Breastfeeding, PIH Health Good Samaritan Hospital, by Race/Ethnicity of Mother

Asian (98.4%) and White (98.2%) mothers had the highest rate of breastfeeding at PIH Health Good Samaritan Hospital. White mothers (89.2%) had the highest rates of exclusive breastfeeding among women who delivered at the hospital. Hispanic/Latino mothers had the lowest rates of exclusive breastfeeding (44.1%).

	Total Births	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Number	Percent	Number	Percent
Hispanic/Latino	1,555	1,501	96.5%	686	44.1%
Asian	316	311	98.4%	185	58.5%
White	223	219	98.2%	199	89.2%
Black/African American	81	72	88.9%	42	51.9%
Multiple Race	37	37	100%	28	75.7%
Other	26	26	100%	21	80.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019.
 *Number and percent not shown for <10 events.
cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data

Infant Mortality

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

For the purpose of the table, 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 Health People 2030 objective of 5.0 deaths per 1,000 live births.

	Los Angeles County	California
Infant death rate	4.11	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. wonder.cdc.gov/lbd-current

Community Input – Birth Indicators

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

- There are many prenatal programs available, but they are not accessed at the level they should be. Generally, minority populations start care too late.
- Prenatal care isn't an existing culture of care; too many women are rejected from visits for Medi-Cal. It should be that "we'll see you and help straighten it out," instead of not being seen at all.
- There's a lack of reproductive health and maternal-child information and lack of understanding what one qualifies for. There's also a lack of providers in the area. African Americans are most impacted.
- Undocumented mothers lack health insurance and options for care.
- With the pandemic, prenatal care shifted to virtual visits.
- Pregnancies need to start off on a strong footing with access to information and troubleshooting around lactation support. Lactation consults that are culturally congruent or covered by insurance can be hard to find. African Americans struggle with access to care and an historic bias against providers believing what these women are saying when they seek care.
- Prenatal lactation education is lacking and that is when breastfeeding decision are made. Many clinics don't focus on breastfeeding. Physicians should recognize the influence they have on this decision. Duration of breastfeeding is a priority.
- Access to breast pumps is an issue, as well as NICU access to pasteurized human donor milk.
- Elective c-sections maybe more for convenience and are not necessary.
- Work on poor birth indicators got sidetracked with COVID-19. We need to get back to a focus on the disproportionately high mortality rates among Black/African American infants.

Community Input – Birth Indicators, Continued

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

Leading Causes of Death

Life Expectancy

Life Expectancy, 2017-2019

Life expectancy in Los Angeles County is 82.4 years as compared to California at 81.7 years.

	Los Angeles County	California
Life expectancy	82.4	81.7

Source: National Center for Health Statistics – Mortality Files, County Health Rankings, 2021. countyhealthrankings.org/app/california/2021/measure/outcomes/147/datasource

Premature Mortality, 2017-2019

In Los Angeles County, the premature mortality rate was 260 per 100,000 deaths among residents who died 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.

	Los Angeles County	California
Premature age adjusted mortality rate	260	270
Years of Potential Life Lost (YPLL) (deaths under age 75)	5,000	5,300

Source: National Center for Health Statistics – Mortality Files, County Health Rankings, 2021. countyhealthrankings.org/app/california/2021/measure/outcomes/147/datasource

Leading Causes of Death

Mortality Rates, Annual Average 2014-2018, Age-Adjusted per 100,000 Persons

The causes of death are reported as age-adjusted mortality rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates. The five-year average mortality rate for the service area was 591.1 per 100,000 persons, which is higher than the county rate (569.8 per 100,000 persons). When looking at causes of death by number and rate in the service area population, the top five causes of death are heart disease, cancer, stroke, unintentional injuries and, diabetes.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Five-year average death rate	4,232	591.1	569.8	614.4
Heart Disease	1,246	163.7	146.9	142.7
Cancer	991	127.0	134.3	139.6
Stroke	270	36.6	33.3	36.4
Unintentional Injuries	235	25.5	22.6	31.8
Diabetes	225	29.2	23.1	21.3
Pneumonia and Influenza	185	25.9	19.2	14.8
Chronic Lower Respiratory Disease	171	23.1	28.1	32.1
Alzheimer's Disease	161	23.1	34.2	35.4
Liver Disease	142	16.0	13.0	12.2
Homicide	104	10.0	5.7	5.0
Kidney Disease	93	12.3	11.2	8.5
Suicide	71	7.6	7.9	10.5
HIV	49	5.3	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.

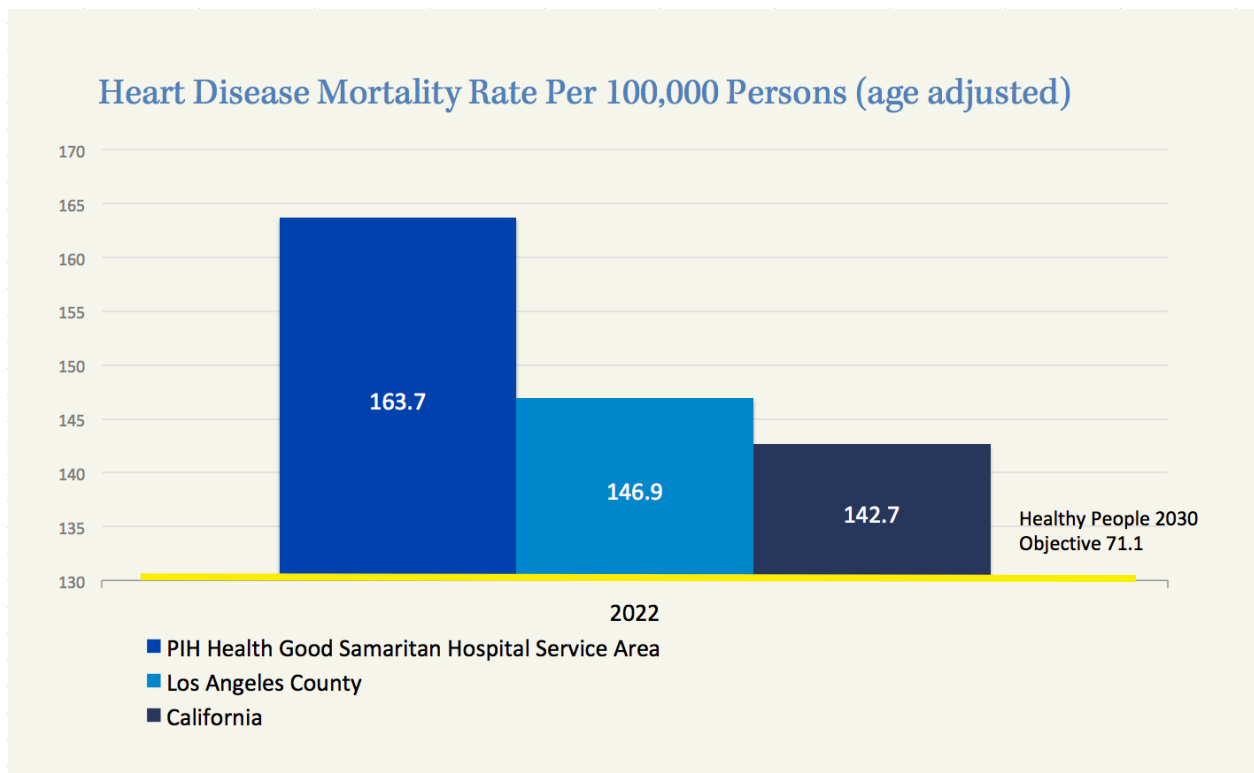
Heart Disease

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

In the service area, the age-adjusted mortality rate for heart disease (163.7 per 100,000 persons) was higher than the county (146.9 per 100,000 persons) and the state (142.7 per 100,000 persons) rates. The rate of ischemic heart disease deaths (a sub-category of heart disease) was 116.6 per 100,000 persons in the service area as compared to the county (106.8 per 100,000 persons) and the state (88.1 per 100,000 persons) rates. The rate of ischemic heart disease deaths in the service area was higher than the Healthy People 2030 objective of 71.1 per 100,000 persons.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	1,246	163.7	146.9	142.7
Ischemic heart disease death rate	354	116.6	106.8	88.1

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



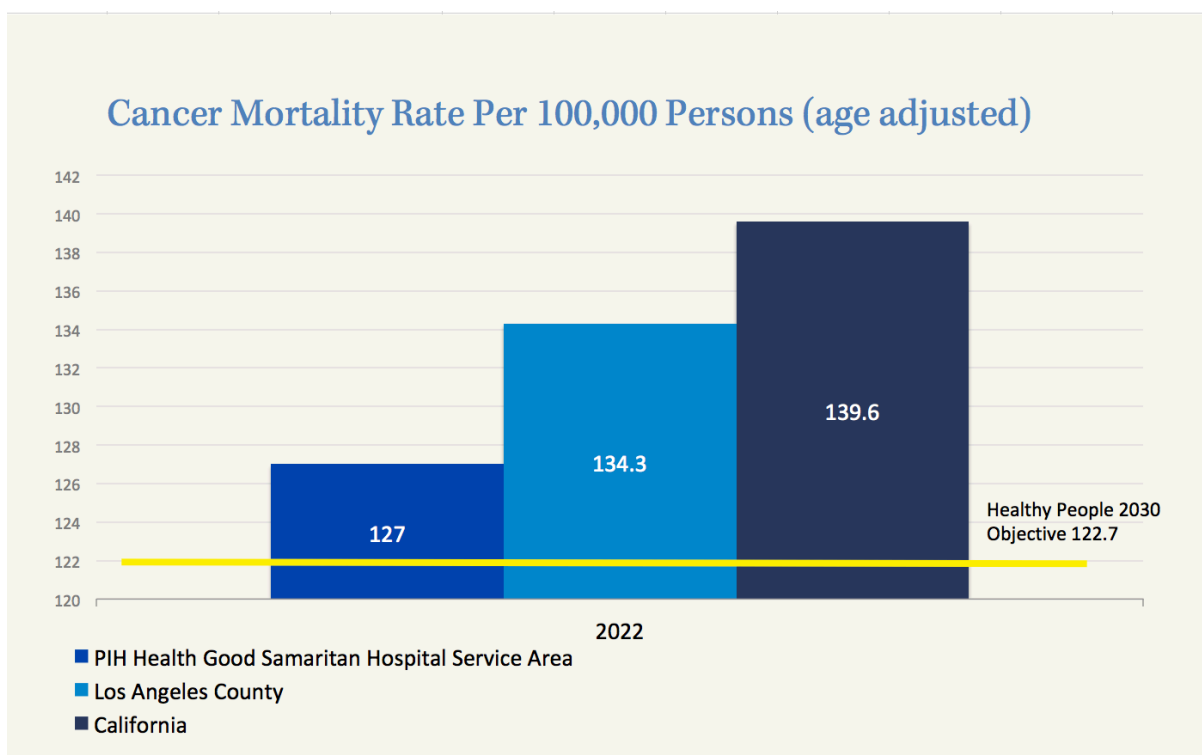
Cancer

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

In the service area, the age-adjusted cancer mortality rate was 127.0 per 100,000 persons. This was lower than the county rate (134.3 per 100,000 persons) and the state rate (139.6 per 100,000 persons). The cancer death rate in the service area was higher than the Healthy People 2030 objective of 122.7 per 100,000 persons.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	991	127.0	134.3	139.6

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



Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, 2014-2018

Mortality rates for specific types of cancer are available at the county level from the National Cancer Institute. Using the most available data, in Los Angeles County, the rates of death from prostate cancer (20.2 per 100,000 men), female breast cancer (19.6 per 100,000 women), colorectal cancer (13.2 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), ovarian cancer (7.2 per 100,000 women), uterine cancers (5.4 per 100,000 women), stomach cancer (5.1 per 100,000 persons), cervical cancer (2.6 per 100,000 women), and thyroid cancer (0.7 per 100,000 persons) exceed the state rates of death.

	Los Angeles County	California
Lung and bronchus	25.5	28.1
Prostate	20.2	19.9
Breast (female)	19.6	19.4
Colon and rectum	13.2	12.5
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.8
Ovary	7.2	6.9
Leukemias	5.9	5.9
Uterus, (Corpus & Uterus NOS)	5.4	5.0
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Brain and other nervous system	4.2	4.4
Urinary Bladder	3.5	3.9
Kidney and renal pelvis	3.1	3.4
Cervix	2.6	2.2
Oral cavity and pharynx	2.3	2.5
Melanoma of the skin	1.4	2.1
Thyroid	0.7	0.6
Testis	0.3	0.3

Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute, [cdc.gov/cancer/dataviz](https://cancer.gov/cancer/dataviz)

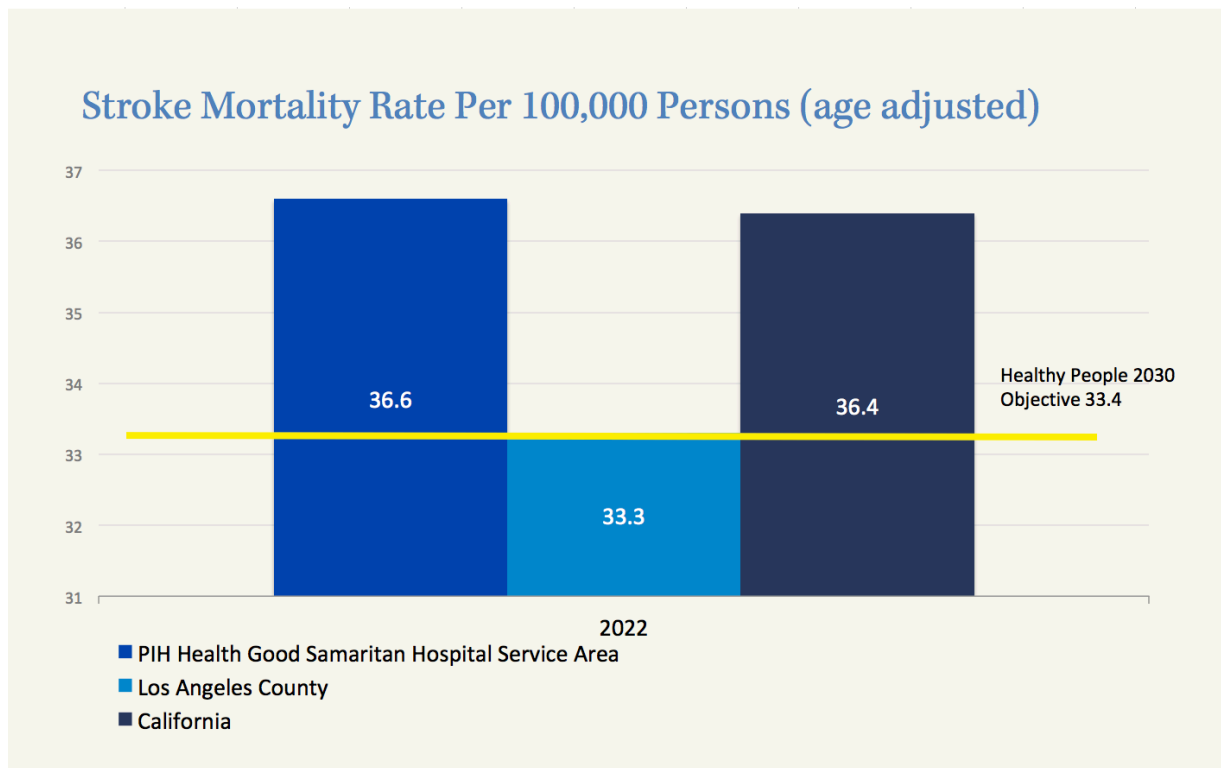
Stroke

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

The age-adjusted rate of death from stroke was higher in the service area (36.6 per 100,000 persons) than the county rate (33.3 per 100,000 persons) and state rate (36.4 per 100,000 persons). The rate of stroke deaths in the service area did not meet the Healthy People 2030 objective of 33.4 per 100,000 persons.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Stroke death rate	270	36.6	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.



Unintentional Injury

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

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 26.5 per 100,000 persons, as compared to the county (22.6 per 100,000 persons) and state (31.8 per 100,000 persons) rates. In the service area, the death rate for unintentional injuries was lower than the Healthy People 2030 objective of 43.2 per 100,000 persons.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	235	26.5	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.*

Diabetes

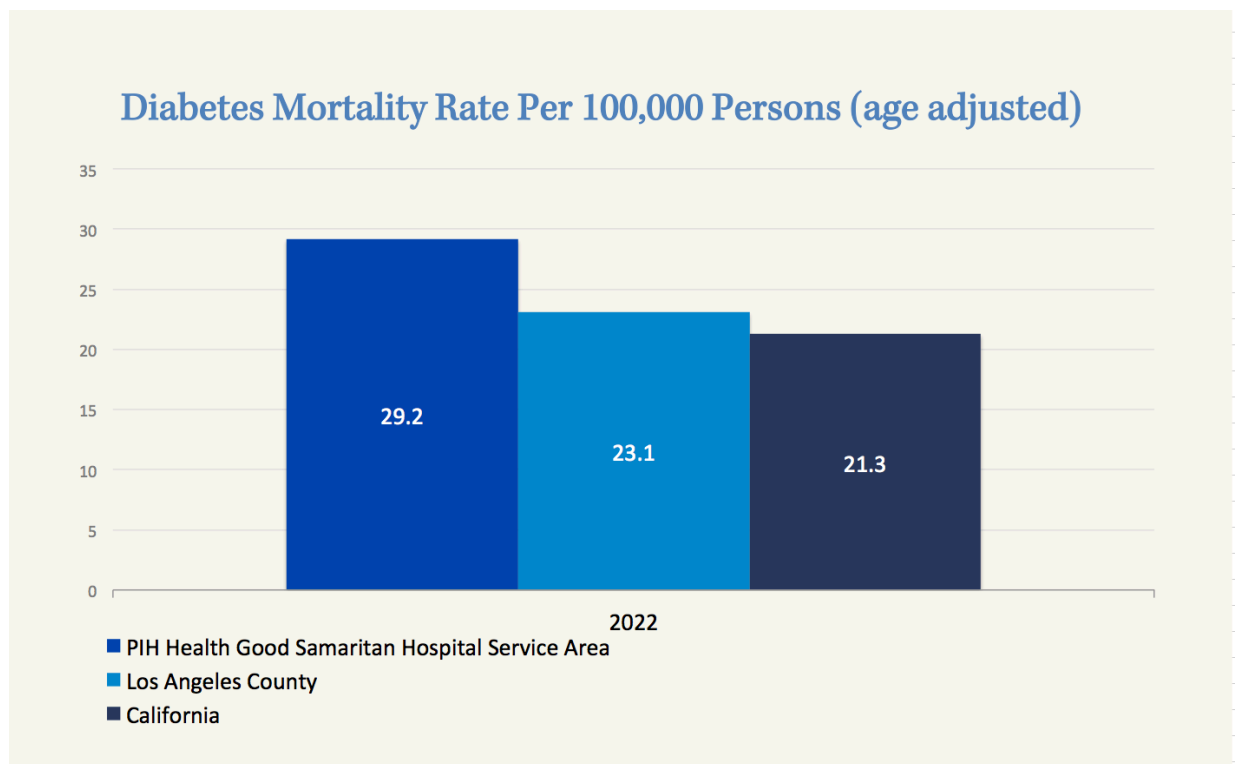
Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

Diabetes may be underreported as a cause of death. Studies have found that 35% to 40% of people with diabetes who died had diabetes listed anywhere on the death certificate and 10% to 15% had it listed as the underlying cause of death.³ The age-adjusted mortality rate from diabetes in the service area was 29.2 per 100,000 persons, higher than the county (23.1 per 100,000 persons) and state (21.3 per 100,000 persons) rates.

³ Source: American Diabetes Association. Statistics about Diabetes, 2020. Downloaded April 2021.
www.diabetes.org/resources/statistics/statistics-about-diabetes

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	225	29.2	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.



Pneumonia and Influenza

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

In the service area, the pneumonia and influenza age-adjusted death rate was 25.9 per 100,000 persons, which was higher than the county rate (19.2 per 100,000 persons) and state rate (14.8 per 100,000 persons).

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	185	25.9	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.

Chronic Lower Respiratory Disease

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

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 was 23.1 per 100,000 persons, which was lower than county (28.1 per 100,000 persons) and state (32.1 per 100,000 persons) rates.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	171	23.1	28.1	32.1

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

Alzheimer's Disease

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

According to the World Health Organization, Alzheimer's disease is the most common form of dementia and may contribute to 60% to 70% of cases.⁴ In the service area, the Alzheimer's disease death rate was 23.1 per 100,000 persons. This rate was lower than the county (34.2 per 100,000 persons) and state (35.4 per 100,000 persons) rates.

4 Source: World Health Organization, Dementia Fact Sheet, September 21, 2020. <https://www.who.int/news-room>

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	161	23.1	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.

Liver Disease

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

Mortality from liver disease was higher in the service area (16.0 per 100,000 persons) than in the county (13.0 per 100,000 persons) and the state (12.2 per 100,000 persons). In the service area, the death rate for liver disease did not meet the Healthy People 2030 objective for liver disease deaths of 10.9 per 100,000 persons.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	142	16.0	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.

Homicide

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

In the service area, the age-adjusted death rate from homicides was 10.0 per 100,000 persons. This rate was higher than the county (5.7 per 100,000 persons) and state (5.0 per 100,000 persons) rates. In the service area, the homicide rate was higher than the Healthy People 2030 objective of 5.5 per 100,000 persons.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	104	10.0	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.

Kidney Disease

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

In the service area, the kidney disease death rate was 12.3 per 100,000 persons. This rate was higher than the county rate (11.2 per 100,000 persons) and the state rate (8.5 per 100,000 persons).

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	85	15.6	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

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

In the service area, the age-adjusted death rate due to suicide was 7.6 per 100,000 persons as compared to the county (7.9 per 100,000 persons) and the state (10.5 per 100,000 persons) rates. The suicide rate for the service area was lower than the Healthy People 2030 objective of 12.8 per 100,000 persons.

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	71	7.6	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

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

In the service area, the death rate from HIV was 5.3 per 100,000 persons. This rate was higher than the county HIV death rate (2.1 per 100,000 persons) and the state HIV death rate (1.6 per 100,000 persons).

	PIH Health Good Samaritan Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	49	5.3	2.1	1.6

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

Drug-Induced Deaths

Drug-Induced Death Rates, Age-Adjusted, per 100,000 Persons, 2017-2019

The age-adjusted death rate from drug-induced causes in Los Angeles County was 10.4 per 100,000 persons, which was lower than the state rate of 14.3 per 100,000 persons. The Healthy People 2030 objective for drug-induced deaths is 20.7 per 100,000 persons.

	Rate
Los Angeles County	10.4
California	14.3

Source: California Department of Public Health, County Health Status Profiles, 2021.
cdph.ca.gov/programs/chi/pages/county-health-status-profiles

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

PIH Health Good Samaritan Hospital Hospitalizations, by Principal Diagnoses, Top Ten Causes

The top five primary diagnoses at PIH Health Good Samaritan Hospital resulting in hospitalization were diseases of the circulatory system, pregnancy, childbirth and the postpartum period, certain conditions originating in the perinatal period, certain infectious and parasitic diseases, and diseases of the digestive system.

	Percent
Diseases of the circulatory system	8.97%
Pregnancy, childbirth and the puerperium (postpartum)	7.82%
Certain conditions originating in the perinatal period	7.59%
Certain infectious and parasitic diseases	7.37%
Diseases of the digestive system	3.22%
Injury, poisoning and certain other consequences of external causes	3.11%
Diseases of the respiratory system	2.46%
Diseases of the musculoskeletal system and connective tissue	1.77%
Neoplasms	1.58%
Endocrine, nutritional and metabolic diseases	1.52%

Source: California Department of Health Care Access and Information, Facility Summary Report Hospital Inpatient, 2020. report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Department Rates by Diagnoses

PIH Health Good Samaritan Hospital Emergency Department Visits, by Principal Diagnoses, Top Ten Causes

The top five primary diagnoses seen in the PIH Health Good Samaritan Hospital Emergency Department were symptoms, signs and abnormal clinical and laboratory findings, injuries/poisonings, diseases of the respiratory system, diseases of the musculoskeletal system and connective tissue, and diseases of the genitourinary system.

	Percent
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	5.00%
Injury, poisoning and certain other consequences of external causes	4.22%
Diseases of the respiratory system	4.14%
Diseases of the musculoskeletal system and connective tissue	2.48%
Diseases of the genitourinary system	2.27%
Mental, behavioral and neurodevelopmental disorders	2.18%
Diseases of the circulatory system	2.09%
Diseases of the digestive system	1.73%
Diseases of the nervous system	1.49%
Diseases of the skin and subcutaneous tissue	1.08%

Source: California Department of Health Care Access and Information, Facility Summary Report Hospital Inpatient, 2020. report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

COVID-19

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 1/7/2022

As of January 7, 2022, there have been 1,765,787 confirmed cases of COVID-19 in Los Angeles County, with a rate of 191.0 cases per 100,000 residents. This rate is higher than the statewide average of 124.5 cases per 100,000 persons. Through January 7, 2022, 27,476 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 0.1 deaths per 100,000 persons. This death rate is equal to the statewide rate.

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	1,765,787	191.0	5,634,357	124.5
Deaths	27,476	0.1	76,341	0.1

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

Fully Vaccinated (1+ Dose) for COVID-19, by Race, 1/4/2022

In Los Angeles County, 83.1% of the Asian population is fully vaccinated for COVID-19, followed by 79.2% individuals of multiple races, 72.0% of the White population, 54.2% of the Hispanic/Latino population, and 52.6% of the Black/African American population.

	Fully Vaccinated
Asian	83.1%
Multiple Race	79.2%
White	72.0%
Hispanic/Latino	54.2%
Black/African American	52.6%

Source: Los Angeles Public Health Department, COVID-19 Vaccination Dashboard, Vaccination percentage, January 4, 2022. Reviewed 1/7/2022.

publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard

COVID-19 Vaccinations, by Age, 1/4/2022

As of January 4, 2022, in Los Angeles County, 17.1% of children, ages 5 to 11, 71.4% of teens, ages 12 to 17, 77.4% of adults, ages 18 to 49, 80.6% of adults, ages 50 to 64, and 75.8% of adults, ages 65 and older, were fully vaccinated for COVID-19.

	Los Angeles County		California	
	Partially Vaccinated	Fully Vaccinated	Partially Vaccinated	Fully Vaccinated
Ages 5-11	8.8%	17.1%	8.9%	18.5%
Ages 12-17	9.0%	71.4%	7.9%	64.8%
Ages 18-49	8.7%	77.4%	8.8%	75.2%
Ages 50-64	7.3%	80.6%	7.7%	82.3%
Ages 65 and older	7.1%	75.8%	7.9%	80.3%

Source: California Department of Public Health, January 4, 2022. Reviewed 1/7/2022. covid19.ca.gov/vaccination-progress-data/#progress-by-group

Community Input – COVID-19

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

- Care providers are suffering as much with COVID-19 as the community-at-large.
- Many people are still dealing with health issues due to the residual effects of having COVID-19.
- Women haven't been able to get their mammograms, so we're catching breast cancer later, which may require more invasive treatment at the hospital.
- Pregnant women are concerned with COVID-19-related policies when they deliver their babies at the hospital. Policies are changing constantly so making them clear to patients will alleviate anxiety.
- The changing requirements with quarantining and masking was confusing. It's also confusing to keep on top of vaccine mandates and extensions for vaccination deadlines with schools.
- The financial implications of COVID-19 are real, impacting the ability to pay for food, rent and utilities.
- People are scared to say they have COVID-19. They fear missing work and losing their housing.
- Many have front line jobs that can't be done remotely, making it hard to avoid exposure. The Hispanic population and essential workers were hit first and hardest with food and economic insecurity.

Community Input – COVID-19, Continued

- With the Hispanic population, there are often many large families living together with no opportunity to quarantine so COVID-19 spread quickly.
- Persons experiencing homelessness have a harder time with social distancing and isolating.
- COVID-19 further limited access to services for those in-need. Many public spaces and services were no longer available, having a tremendous negative impact.
- Access to food was challenging with not having a car and having to stand in line for food. There was fear of exposure with taking public transportation.
- There were ongoing challenges with technology, particularly for older adults, and those with low literacy, and low English proficiency. There were also many challenges with large families living together and kids trying to attend school classes from home, while sharing one device.
- The pandemic put a spotlight on helping organizations that were inundated with new clients. Sustainability for these organizations is key — how can we keep funding expanded services?
- How can primary care providers do more to address vaccine hesitancy? There was tremendous cost associated with unnecessary hospitalizations, which deferred other critical services.
- There are disparities with communities of color. Native Americans and Native Alaskans have been vaccinated at rates similar to Whites and Asians, while Native Hawaiians, African Americans and Latinx (young people especially) have poor vaccination rates and high case rates.
- The Westlake area was hard hit area with the lowest vaccination rates in the County's First District.
- We need more community health workers integrated into communities with high rates of unvaccinated to help dispel myths/ misinformation via one-on-one conversations.
- Promotoras are surveying quarantined people referred by the County to ensure they're following COVID-19 protocols, only to find out the family needs diapers or water, which aren't covered services. Many Promotoras have paid out-of-pocket to provide these basic supplies.
- We don't do a great job explaining the COVID-19 variants, vaccinations, and boosters. Vaccinations have been made mandatory without enough explanation. There's a need for more scientific conversations with the community to dispel mistrust.
- We need COVID-19 test kits available to families for free. Rapid at-home tests remain unaffordable.

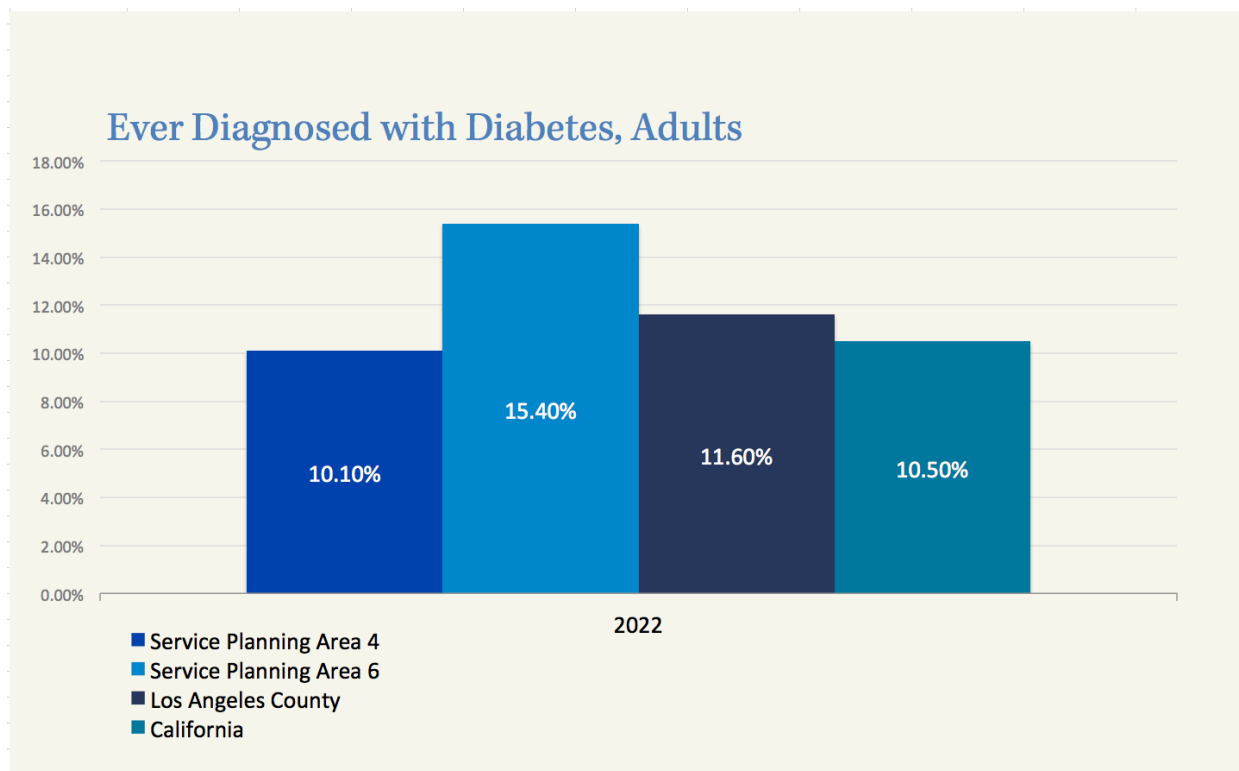
Diabetes

Diabetes, Adults

10.1% of adults in SPA 4 and 15.4% of adults in SPA 6 have been diagnosed with diabetes as compared to the county at 11.6% and state at 10.5%.

	SPA 4	SPA 6	Los Angeles County	California
Ever diagnosed with diabetes	10.1%	15.4%	11.6%	10.5%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu



Diabetes, by Race/Ethnicity

In SPA 4, Black/African American adults had the highest rate of diabetes (15.3%), followed by Hispanic/Latino adults (15.1%), Asian adults (6.0%), and White adults (2.5%). In SPA 6, adults of two or races had the highest rate of diabetes (34.0%), followed by Black/African American adults (21.1%), Hispanic/Latino adults (13.7%), White adults (6.2%), and Asian adults (6.1%).

	SPA 4	SPA 6	Los Angeles County	California
Asian	6.0%	6.1%*	10.5%	10.7%
Black/African American	15.3%*	21.1%	13.9%	14.9%
Hispanic/Latino	15.1%	13.7%	13.7%	12.2%
Two or More Races	**	34.0%*	7.1%*	8.0%
White	2.5%*	6.2%*	7.8%	8.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Data suppressed due to sample size. ask.chis.ucla.edu

Diabetes, by Age at Diagnosis

In SPA 4 and SPA 6, adults, ages 40 to 49, had the highest rate of being informed of a diabetes diagnosis. In SPA 6, 27.9% of adults had been diagnosed with diabetes before the age of 40. The data do not differentiate between Type I and Type II diabetes.

	SPA 4	SPA 6	Los Angeles County	California
Ages 1 to 9	**	**	1.1%	0.9%
Ages 10 to 19	**	3.5%*	3.8%*	3.0%
Ages 20 to 29	**	11.1%*	4.8%	6.8%
Ages 30 to 39	15.8%*	13.3%*	12.9%	13.9%
Ages 40 to 49	47.7%	29.3%	25.0%	23.6%
Ages 50 to 59	22.5%	26.6%	27.5%	27.4%
Ages 60 to 69	9.5%*	9.0%*	16.3%	17.0%
Ages 70 and older	2.7%*	7.1%*	8.7%	7.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Data suppressed due to sample size. ask.chis.ucla.edu

High Blood Pressure

High Blood Pressure, Adults

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). Among adults, 20.3% in SPA 4 and 28.4% in SPA 6 have been diagnosed with high blood pressure, as compared to the county (26.1%) and the state (25.7%). Rising blood pressure predicts an increased risk of cardiovascular disease. Among adults, 8.1% in SPA 4 and 4.0% in SPA 6 have been diagnosed with borderline high blood pressure, as compared to the county at 7.2% and state 7.5%.

	SPA 4	SPA 6	Los Angeles County	California
Had/has high blood pressure	20.3%	28.4%	26.1%	25.7%
Has/had borderline high blood pressure	8.1%	4.0%	7.2%	7.5%

Source: California Health Interview Survey, 2019-2020.
ask.chis.ucla.edu

High Blood Pressure, by Race/Ethnicity

In SPA 4, Asian adults had the highest rates of high blood pressure (33.0%), followed by Black/African American adults (29.8%), adults of two or more races (21.5%), White adults (19.8%), and Hispanic/Latino adults (17.1%). In SPA 6, adults of two or more races (54.3%) had the highest rates of high blood pressure, followed by Black/African American adults (49.9%), Hispanic/Latino adults (21.4%), White adults (18.4%), and Asian adults (14.1%).

	SPA 4	SPA 6	Los Angeles County	California
Asian	33.0%	14.1%*	24.6%	21.8%
Black/African American	29.8%	49.9%	40.3%	38.6%
Hispanic/Latino	17.1%	21.4%	23.8%	22.4%
Two or More Races	21.5%*	54.3%	16.7%	20.4%
White	19.8%	18.4%*	27.6%	28.7%

Source: California Health Interview Survey, 2019-2020.
ask.chis.ucla.edu

Heart Disease

Heart Disease, Adults

6.7% of adults in SPA 4 and 4.9% of adults in SPA 6 have been diagnosed with heart disease, as compared to the county at 6.4% and state at 6.8%.

	SPA 4	SPA 6	Los Angeles County	California
Has heart disease	6.7%	4.9%	6.4%	6.8%

Source: California Health Interview Survey, 2019-2020.
ask.chis.ucla.edu

Heart Disease, by Race/Ethnicity

In SPA 4, 24.0% of Black/African American adults have heart disease, followed by Hispanic/Latino adults at 6.6%, White adults at 6.2%, and Asian adults at 5.0%. In SPA 6, 10.2% of Asian adults have heart disease, followed by 9.4% of Black/African American adults, 3.9% of Hispanic/Latino adults, and 2.6% of White adults. Data for adults of two or more races was not available due to a small sample size.

	SPA 4	SPA 6	Los Angeles County	California
Asian	5.0%	10.2%*	5.1%	5.3%
Black/African American	24.0%*	9.4%*	9.0%	7.1%
Hispanic/Latino	6.6%*	3.9%	4.6%	4.3%
Two or More Races	**	**	1.4%*	4.2%
White	6.2%	2.6%*	10.1%	10.1%

Source: California Health Interview Survey, 2019-2020.
 *Statistically unstable due to sample size.
 **Data suppressed due to sample size. ask.chis.ucla.edu

Asthma

Asthma, Total Population

14.4% of SPA 4 residents and 15.6% of SPA 6 residents have been diagnosed with asthma, as compared to the county at 14.8% and state at 15.3%. In SPA 4, 15.5% of adults and 9.4% of children, ages 1 to 17, have been diagnosed with asthma. In SPA 6, 17.6% of adults and 6.2% of children, ages 1 to 17, have been diagnosed with asthma.

Among the population diagnosed with asthma, 20.7% in SPA 4 and 31.3% in SPA 6 had an asthma episode/attack in the past 12 months. 42.0% in SPA 4 and 49.8% in SPA 6 take daily medication to control their symptoms.

	SPA 4	SPA 6	Los Angeles County	California
Ever diagnosed with asthma, all ages	14.4%	15.6%	14.8%	15.3%
Ever diagnosed with asthma, adults	15.5%	17.6%	15.2%	16.2%
Ever diagnosed with asthma, ages 1-17	9.4%*	6.2%*	13.3%	12.4%
Has had an asthma episode/attack in past 12 months, all ages	20.7%	31.3%	28.7%	29.6%
Has had an asthma episode/attack in past 12 months, adults	15.2%	28.8%	25.8%	28.7%
Has had an asthma episode/attack in past 12 months, ages 1-17	61.1%*	26.8%*	40.3%	33.7%
Takes daily medication to control asthma, all ages	42.0%	49.8%	44.6%	43.7%
Takes daily medication to control asthma, adults	40.0%	43.4%	46.1%	44.4%
Takes daily medication to control asthma, ages 1-17	54.6%*	41.2%	38.5%	40.6%

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

Asthma, by Race/Ethnicity

In SPA 4, 21.9% of people of two or more races were diagnosed with asthma, followed by 16.5% of Black/African Americans, 15.3% of Hispanic/Latinos, 14.8% of Whites, and 10.3% of Asians. In SPA 6, 30.5% of Black/African Americans were diagnosed with asthma, followed by 25.1% of people of two or more races, 17.4% of Hispanic/Latinos, 14.5% of Asians, and 13.5% of Whites.

	SPA 4	SPA 6	Los Angeles County	California
Asian	10.3%*	14.5%	10.9%	11.2%
Black/African American	16.5%*	30.5%*	22.8%	18.2%
Hispanic/Latino	15.3%	17.4%*	13.6%	14.6%
Two or more races	21.9%*	25.1%*	25.6%	25.5%
White	14.8%	13.5%	15.6%	16.1%

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

Cancer

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 2014-2018

Using the most recent data, in Los Angeles County the incidence rate of cancer for all sites is lower than the state level. However, the rates of colon and rectum cancer (35.5 per 100,000 persons), uterine cancer (27.1 per 100,000 women), thyroid cancer (13.3 per 100,000 persons), ovarian cancer (11.6 per 100,000 women), stomach cancer (8.9 per 100,000 persons), and cervical cancer (7.8 per 100,000 women) exceed state rates.

	Los Angeles County	California
Cancer all sites	377.3	402.4
Breast (female)	117.1	121.8
Prostate	89.1	92.3
Lung and bronchus	35.7	40.3
Colon and rectum	35.5	34.8
Uterine	27.1	26.5
Non-Hodgkin lymphoma	17.5	18.3
Urinary bladder	14.4	16.4
Kidney and renal pelvis	14.2	14.9
Melanomas of the skin	13.6	23.0
Thyroid	13.3	13.1
Leukemia, all	11.8	12.3
Ovary	11.6	11.1
Pancreas	11.6	12.0
Liver and intrahepatic bile duct	9.3	9.9
Stomach	8.9	7.4
Oral Cavity and Pharynx	8.6	10.2
Cervix	7.8	7.3
Testis	6.0	6.2
Myeloma	5.8	6.0
Brain and other nervous system	5.4	5.9

Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; cdc.gov/cancer/dataviz

Hepatitis

Hepatitis Cases and Rates, per 100,000 Persons

Using the most recent available data, the rate of Hepatitis A in SPA 4 was 2.7 cases per 100,000 persons as compared to the county rate (0.90 cases per 100,000 persons) and the state rate (0.20 cases per 100,000 persons). The rate of Non-Perinatal Hepatitis B in SPA 4 was 0.6 cases per 100,000 persons as compared to the county rate (0.33 cases per 100,000 persons) and the state rate (0.10 cases per 100,000 persons). Hepatitis A and Non-Perinatal Hepatitis B data for SPA 6 are not presented due to a small sample size. Data for Hepatitis C are not presented for SPA 4 and SPA 6 due to small sample sizes.

	SPA 4		SPA 6		Los Angeles County		California
	Cases	Rate	Cases	Rate	Cases	Rate	Rate
Hepatitis A, Acute	32	2.7	5	**	87	0.90	0.20
Hepatitis B, Acute Non-Perinatal	7	0.6	4	**	32	0.33	0.10
Hepatitis C, Acute	3	**	0	**	8	0.08	0.0

Source: Los Angeles County Department of Public Health, Annual Morbidity and Special Studies Report, 2017. Table H, Table I, Table P-4, Table P-6.

**Data suppressed for 5 or fewer cases.

publichealth.lacounty.gov/acd/pubs/reports/2017Annual

Hepatitis Cases and Rates, per 100,000 Persons, by SPA 4 Health Districts

SPA 4 is comprised of three Health Districts. The Hollywood-Wilshire Health District had the highest rate of Hepatitis A (4.9 cases per 100,000 persons) and the highest number of Non-Perinatal Hepatitis B (four cases). The Compton Health District had the highest number of Hepatitis C cases (two). Rates for Non-Perinatal Hepatitis B and Hepatitis C are not presented due to small sample sizes.

	Hepatitis A, Acute		Hepatitis B, Acute Non-Perinatal		Hepatitis C, Acute	
	Cases	Rate	Cases	Rate	Cases	Rate
Central Health District	4	**	2	**	2	**
Hollywood-Wilshire Health District	25	4.9	4	**	1	**
Northeast Health District	3	**	1	**	0	**

Source: Los Angeles County Department of Public Health, Annual Morbidity and Special Studies Report, 2017. Table P-4.

**Data suppressed for 5 or fewer cases.

publichealth.lacounty.gov/acd/pubs/reports/2017Annual

Hepatitis Cases, by SPA 6 Health Districts

SPA 6 is comprised of four Health Districts. The Southwest Health District had the highest number of Hepatitis A cases (three) and the Compton Health District had the highest number of Non-Perinatal Hepatitis B cases (two). There were no reported cases of Hepatitis C in the SPA 6 Health Districts. Hepatitis rates for all Health Districts are not presented due to small sample sizes.

	Hepatitis A, Acute	Hepatitis B, Acute Non-Perinatal	Hepatitis C, Acute
Compton Health District	1	2	0
South Health District	0	1	0
Southeast Health District	1	0	0
Southwest Health District	3	1	0

Source: Los Angeles County Department of Public Health, Annual Morbidity and Special Studies Report, 2017. Table P-6.

**Data suppressed for 5 or fewer cases.

publichealth.lacounty.gov/acd/pubs/reports/2017Annual

Hepatitis, by Race/ Ethnicity, Los Angeles County

In Los Angeles County, among those persons with diagnosed hepatitis, Whites had the highest percentage of Hepatitis A (51.7%), Non-Perinatal Hepatitis B (40.6%), and Hepatitis C (37.5%).

	Hepatitis A, Acute	Hepatitis B, Acute Non-Perinatal	Hepatitis C, Acute
Asian	12.6%	9.4%	12.5%
Black/African American	3.4%	15.6%	12.5%
Hispanic/Latino	32.2%	31.3%	25.0%
White	51.7%	40.6%	37.5%

Source: Los Angeles County Department of Public Health, Annual Morbidity and Special Studies Report, 2017. Table 1.

publichealth.lacounty.gov/acd/pubs/reports/2017Annual

Tuberculosis

Tuberculosis, Verified Cases and Rate, per 100,000 Persons

In Los Angeles County, the rate of verified cases of tuberculosis was 5.6 per 100,000 persons, as compared to the state rate (5.3 per 100,000 persons).

	Los Angeles County		California	
	Verified Cases	Rate	Verified Cases	Rate
Tuberculosis	462	5.6	2,115	5.3

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2019. Table 24. www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data

Tuberculosis, by Race/Ethnicity

In Los Angeles County, among persons with diagnosed TB, 45.0% were Asian, 43.0% were Hispanic/Latino, 6.0% were Black/African American and 6.0% were White.

	Los Angeles County [†]	California
Asian	45.0%	49.9%
Black/African American	6.0%	4.3%
Hispanic/Latino	43.0%	38.8%
White	6.0%	6.2%

[†]Source: Los Angeles County Department of Public Health, Tuberculosis Control Program, Tuberculosis Epidemiology Fact Sheets, 2019. ph.lacounty.gov/tb/docs/TB2019FactSheet_FINAL
 Source: California Department of Public Health, Tuberculosis Control Branch, 2019. Table 2. www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data

Tuberculosis Rates, per 100,000 Persons, by SPA 4 Health Districts

SPA 4 is composed of three health districts. The Central Health District, Hollywood-Wilshire Health District, and Northeast Health District were above the countywide tuberculosis rate (5.7-11.5). It should be noted that the Northeast Health District had one of the highest rates of tuberculosis at 9.4 per 100,000 persons in the county.

	Rate
Central Health District	5.7-11.5
Hollywood-Wilshire Health District	5.7-11.5
Northeast Health District	5.7-11.5
Los Angeles County	5.6
California	5.3

Source: Los Angeles County Department of Public Health, Tuberculosis Control Program, Tuberculosis Epidemiology Fact Sheets, 2019. ph.lacounty.gov/tb/docs/TB2019FactSheet_FINAL

Tuberculosis Rates, per 100,000 Persons, by SPA 6 Health Districts

SPA 6 is composed of four health districts. The Compton Health District was at or below the countywide tuberculosis rate (2.9-5.6 per 100,000 persons). The South Health District, Southeast Health District, and Southwest Health District were above the countywide tuberculosis rate (5.7-11.5 per 100,000 persons). It should be noted that the Southeast Health District had one the highest rates of tuberculosis (11.4 per 100,000 persons) among in the county.

	Rate
Compton Health District	2.9-5.6
South Health District	5.7-11.5
Southeast Health District	5.7-11.5
Southwest Health District	5.7-11.5
Los Angeles County	5.6
California	5.3

Source: Los Angeles County Department of Public Health, Tuberculosis Control Program, Tuberculosis Epidemiology Fact Sheets, 2019. ph.lacounty.gov/tb/docs/TB2019FactSheet_FINAL

Sexually Transmitted Infections

Sexually Transmitted Infections Incidence Rates, per 100,000 Persons

In SPA 4, the rate of chlamydia was 827 cases per 100,000 persons, the rate of gonorrhea was 590 cases per 100,000 persons, and the rate of syphilis was 156 cases per 100,000 persons in 2018. All SPA 4 rates were higher than county rates. In SPA 6, the rate of chlamydia was 957 cases per 100,000 persons, the rate of gonorrhea was 421 cases per 100,000 persons, and the rate of syphilis was 73 cases per 100,000 persons in 2018. All SPA 6 rates were higher than county rates.

	SPA 4		SPA 6		Los Angeles County	
	Number	Rate	Number	Rate	Number	Rate
Chlamydia	9,804	827	10,119	957	67,378	656
Gonorrhea	6,991	590	4,449	421	27,047	263
Syphilis	1,854	156	771	73	5,576	54

Source: Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2018 Annual STD Surveillance Report. Published July 2021. Tables 2.1, 3.1, 4.1. publichealth.lacounty.gov/dhsp/Reports/STD/2018_STD_Surveillance_Tables_Final

HIV

New HIV Diagnoses, per 100,000 Persons, Ages 13 and Older

In SPA 4 and SPA 6 the number and rate of new HIV diagnoses decreased from 2018 to 2019. In 2020, three children, younger than age 13, were newly diagnosed with HIV in the county.

	2018		2019	
	Number	Rate	Number	Rate
SPA 4	439	43	387	38
SPA 6	272	32	210	25
Los Angeles County	1,709	20	1,505	17

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2020. Published July 30, 2021. Table 4A [2020AnnualHIVSurveillanceReportUpdated9-2021_fig1fig2update.pdf \(lacounty.gov\)](#)

Living with Diagnosed HIV, Number and Rate, per 100,000 Persons, Ages 13 and Older

In 2020, the rate of persons living with diagnosed HIV (PLWDH) was 1,786 per 100,000 persons in SPA 4 and 788 per 100,000 persons in SPA 6 as compared to the county at 608 per 100,000 persons.

In Los Angeles County, the populations most impacted by HIV are Hispanic/Latino males who represent 40% of all PLWDH followed by White males (25%) and Black/African American males (16%). Combined, these groups of men represent greater than 80% of PLWDH in the county.

	Number	Rate
SPA 4	18,317	1,786
SPA 6	6,687	788
Los Angeles County	52,858	608

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2020. Published July 30, 2021. Table 2A. [2020AnnualHIVSurveillanceReportUpdated9-2021_fig1fig2update.pdf \(lacounty.gov\)](#)

Community Input – Chronic Disease

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

- The biggest challenge is preventing chronic disease. We need more strategies such as education, community gardens, and stress reduction, but it's hard to show the cost benefit analysis of prevention. The system is upside down – it should be more prevention, not intervention.
- Social determinants of health are the biggest contributors to the rise of chronic disease. We need to stop blaming individuals and instead see their circumstances for what they are.
- The degree of control over chronic disease is tied to income, class, and race. A lack of a social safety net drives stress and, ultimately, chronic disease.
- Lower-income individuals usually don't have time for self-care, so they don't access services. They're overstressed already with money, food insecurity, and childcare issues.
- COVID-19 has dominated everyone's thinking and everything else took a backseat. When things opened back up, there was a scurry for appointments, most being three to four months out. This was a barrier for those who were easily discouraged.
- We need to get those with existing chronic diseases back into care with their provider and ensure access to telehealth, although we do still need in-person monitoring of health and wellbeing.
- We're starting to see poorer health outcomes due to deferred care during the pandemic. We're looking at deeper investments into things like blood pressure cuffs and electronic scales so patients can self-monitor and providers can track health outcomes data.
- The digital divide prevents lower income communities from benefitting from remote health monitoring. Many who lacked the ability to access telehealth just forewent care entirely.
- Many older adults who present with chronic conditions are in so much pain that it interferes with seeking mental health services. Their poor physical health contributes to no-shows and cancelation of appointments.
- Obesity has worsened with the pandemic and it contributes to other chronic diseases. The lack of fresh foods is a problem. Fast food is less expensive.
- We see an alarming incidence of diabetes. With the immigrant population, good nutrition is lacking because they don't know what cultural foods they can eat. They lack medicine, or they bring medicine from their own countries. They need help talking with doctors due to language barriers.
- With diabetes management in a wealthy community, you see your clinician and get medications. In comparison, in poorer communities, there's an unbelievable difference with amputations in the Black/African American community and early deaths in communities of color.
- We're concerned about diabetes with young kids who have too much access to sugary drinks and fatty foods. Many Hispanic/Latino kids are overweight and the long-term impact is a concern.
- Food desert issues contribute to chronic disease. There's not enough education and access assistance benefits for fresh fruits and vegetables. There is an opportunity to saturate the community to make the programs such as WIC the norm, rather than having stigma.

Community Input – Chronic Disease, Continued

- Lack of access to parks and safe outdoor spaces impacts health. We need physical activity options.
- Respiratory conditions are concerning issues within black and brown communities. Some who sought asthma care during the pandemic couldn't get care.
- There are many freeways on the east side of Los Angeles. Asthma rates are high, especially in the Boyle Heights area, specifically the Ramona Gardens neighborhood.
- Some clinic patients, especially those with asthma, have been affected by poor air quality due to fires.
- Understanding how to navigate disease management, especially cancer, is a barrier. When someone is diagnosed, there needs to be more support, including emotional support, for patient and family.
- We need better education in low-income communities especially, with strategic emphasis on certain ethnicities, in languages and in ways people can understand.
- We've seen successful chronic disease management happen through the work of community health workers.
- Among persons who are homeless, we see issues with Hepatitis C, HIV, and skin problems, as well as sanitary issues, and lack of medical equipment, dialysis access, and recuperation options.
- There's an increase in need for street hospice, palliative care and managing chronic conditions when there's no place to store medications. We are challenged when patients are discharged from the hospital but require recuperative care or have medical respite needs.
- Diabetes is particularly hard to manage for persons who are homeless. They don't have a lot of control over what food they eat. They're dependent on what is served by providers.

Health Behaviors

Health Behaviors

Health Behaviors Ranking

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

County Ranking (out of 58)	
Los Angeles County	11

Source: County Health Rankings, 2021. countyhealthrankings.org

Health Status

Self-Reported Health Status, Adults

13.9% of adults in SPA 4 and 25.8% of adults in SPA 6 rated themselves as being in fair or poor health, as compared to the county at 16.1% and state at 15.2%.

	SPA 4	SPA 6	Los Angeles County	California
Excellent health status	19.6%	16.2%	18.5%	19.5%
Very good health status	32.9%	24.6%	32.3%	34.3%
Good health status	27.2%	33.4%	33.1%	31.0%
Fair health status	10.9%	21.4%	13.1%	12.6%
Poor health status	3.0%*	4.4%	3.0%	2.6%

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

Poor Mental/Physical Health, Average Days in Past Month

In SPA 4, adults averaged 4.6 days of poor mental as well as 3.6 days of poor physical health in the past month. In SPA 6, adults averaged 4.0 days of poor mental as well as 4.2 days of poor physical health in the past month.

	SPA 4	SPA 6	Los Angeles County
Poor mental health days	4.6	4.0	4.0
Poor physical health days	3.6	4.2	3.9

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDATATopics2018

Self-Reported Health Status, Children, Ages 0-17

Among children ages 0 to 17, 3.7% in SPA 4 and 5.6% in SPA 6 were reported to be in fair and poor health, as compared to the county at 4.1% and state at 3.1%.

	SPA 4	SPA 6	Los Angeles County	California
Excellent health status	56.0%	50.3%	49.4%	51.7%
Very good health status	30.5%	33.3%	31.5%	31.1%
Good health status	9.7%*	8.1%	15.0%	14.1%
Fair/poor health status	3.7%*	5.6%*	4.1%	3.1%

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

Sexual History, Teens, Ages 14 to 17

Among teens, ages 14 to 17, whose parents gave permission for the question to be asked, 79.7% in SPA 4 and 85.1% in SPA 6 reported they had never had sex, as compared to the county at 85.6% and the state at 87.9%.

	SPA 4	SPA 6	Los Angeles County	California
Never had sex	79.7%*	85.1%*	85.6%	87.9%
Male	78.8%*	80.7%*	86.6%	91.0%
Female	73.6%*	86.4%*	85.1%	84.9%

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

Soda/Sugary Drink Consumption

Among children and adolescents, ages 2 to 17, 15.0% in SPA 4 and 33.1% in SPA 6 reported drinking one or more sodas the previous day as compared to the county at 24.0% and state at 22.2%. Among children and adolescents, ages 2 to 17, 16.7% in SPA 4 and 46.5% in SPA 6 reported drinking one or more sweetened fruit drinks, sports, or energy drinks the previous day as compared to the county at 45.3% and state at 39.0%.

	SPA 4	SPA 6	Los Angeles County	California
Ages 2-17, drank >1 soda	15.0%	33.1%	24.0%	22.2%
Ages 2-17, drank >1 sugary drink [†]	16.7%*	46.5%*	45.3%	39.0%

Source: California Health Interview Survey, 2019-2020, 2018[†]. *Statistically unstable due to sample size. ask.chis.ucla.edu

Five or More Servings of Fruits and Vegetables Daily

In SPA 4, 27.0% of children, ages 2 to 11, 53.6% of teens, and 14.8% of adults ate five or more servings of fruits and vegetables in the previous day. In SPA 6, 35.1% of children, ages 2 to 11, 45.0% of teens, and 8.0% of adults ate five or more servings of fruits and vegetables in the previous day.

	SPA 4	SPA 6	Los Angeles County
Children, ages 2-11	27.0%	35.1%	36.8%
Teens, ages 12-17	53.6%	45.0%	31.7%
Adults, ages 18 and older [†]	14.8%	8.0%	12.1%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. ask.chis.ucla.edu
[†]Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

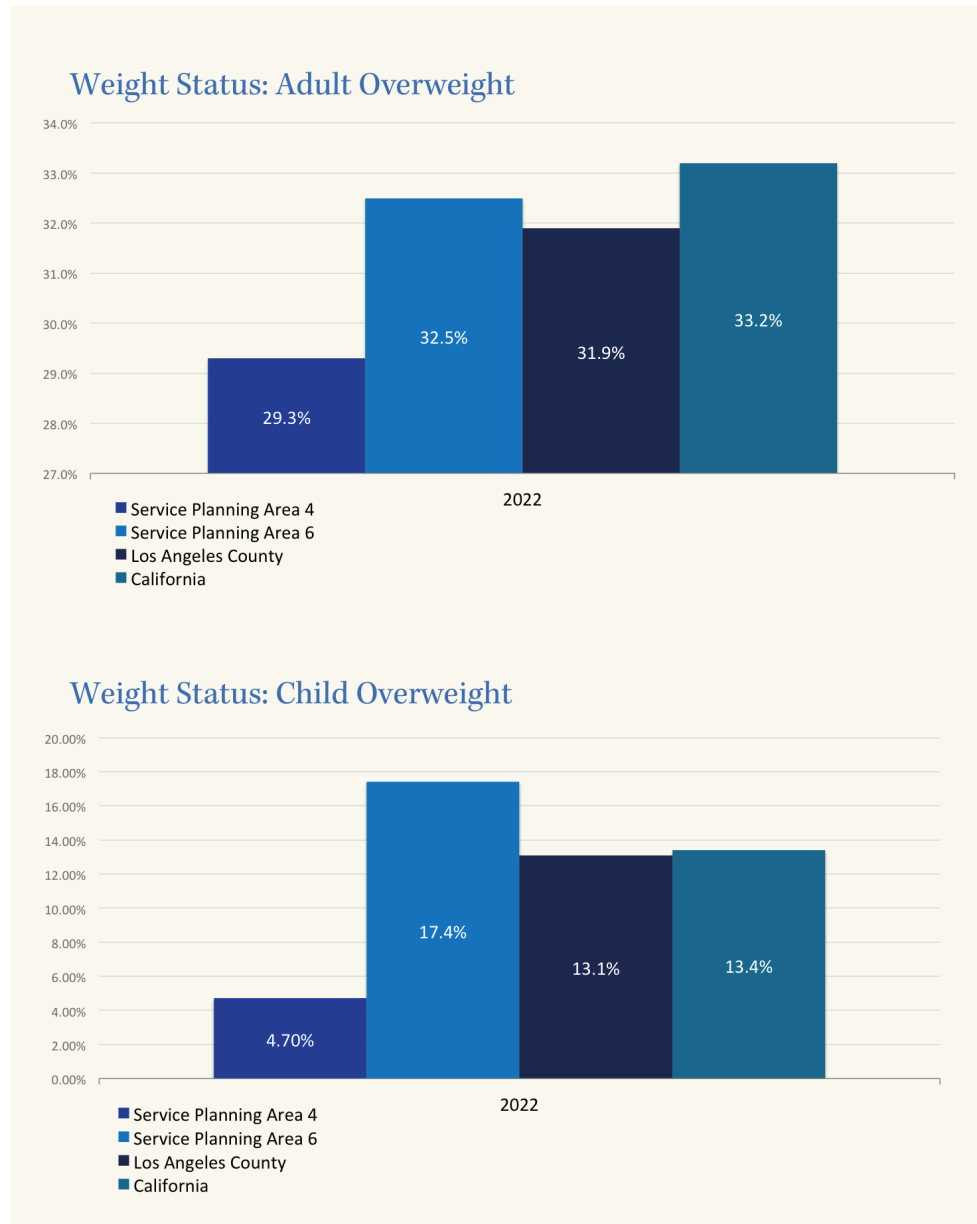
Overweight/Obesity

Overweight Children, Teens, Adults

4.7% of children in SPA 4 and 17.4% of children in SPA 6 were overweight for their age. In SPA 4, 12.0% of teens and 29.3% of adults were overweight. In SPA 6, 28.9% of teens and 32.5% of adults were overweight.

	SPA 4	SPA 6	Los Angeles County	California
Overweight for age, children	4.7%*	17.4%	13.1%	13.4%
Overweight, teens	12.0%*	28.9%*	15.9%	13.7%
Overweight, adults	29.3%	32.5%	31.9%	33.2%

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



Obesity, Adults and Teens

The Healthy People 2030 objectives for obesity are 36% of adults, ages 20 and older and 15.5% of children and teens, ages 2 to 19. Among adults, 24.1% in SPA 4 and 37.6% in SPA 6 are obese. Among teens, 18.5% in SPA 4 and 22.3% in SPA 6 are obese. SPA 4 adults are the only group in the service area to meet the Healthy People 2030 objective.

	SPA 4	SPA 6	Los Angeles County	California
Adults, ages 18 and older	24.1%	37.6%	29.8%	28.2%
Teens, ages 12-17	18.5%*	22.3%*	20.7%	17.8%

Source: California Health Interview Survey, 2019-2020.
ask.chis.ucla.edu

Obesity by Race/Ethnicity, Adults

In SPA 4, when obesity is compared by race/ethnicity, Black/African American adults have the highest percentage (35.8%), followed by Hispanic/Latino adults (32.8%), adults of two or more races (23.1%), White adults (13.3%), and Asian adults (6.6%).

In SPA 6, when obesity is compared by race/ethnicity, Black/African American adults have the highest percentage (41.1%), followed by Hispanic/Latino adults (38.1%), adults of two or more races (35.9%), and White adults (15.8%).

	SPA 4	SPA 6	Los Angeles County	California
Asian	6.6%*	**	9.3%	10.2%
Black/African American	35.8%	41.1%	41.8%	39.6%
Hispanic/Latino	32.8%	38.1%	37.8%	35.8%
Two or More Races	23.1%*	35.9%*	25.7%	27.9%
White	13.9%	15.8%*	21.6%	24.7%

Source: California Health Interview Survey, 2019-2020.
 *Statistically unstable due to sample size. **Data suppressed due to sample small size.
ask.chis.ucla.edu

Body Composition, Needs Improvement and Health Risk, 5th, 7th, and 9th Grade Students

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). It should be noted in academic years 2019–2020 and 2020–2021 PFTs were suspended.

- Among 5th grade students enrolled in Los Angeles Unified School District (LAUSD), 30.5% tested with a body composition at health risk as compared to Los Angeles County at 25.4% and the state at 21.9%.
- Among 7th grade students enrolled in LAUSD, 27.3% tested with a body composition at health risk as compared to Los Angeles County at 23.2% and the state at 20.6%.
- Among 9th grade students enrolled in LAUSD, 18.4% tested with a body composition at health risk as compared to Los Angeles County at 21.0% and the state at 18.9%.

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
LAUSD	20.6%	30.5%	20.5%	27.3%	33.5%	18.4%
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. data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Physical Activity

Physical Activity, Adults and Children

The U.S. Department of Health and Human Service has established physical activity guidelines for adults, and children and adolescents. Physical activity guidelines for adults include 1) vigorous activity for at least 75 minutes a week, or 2) moderate activity for at least 150 minutes a week, or 3) an equivalent combination of vigorous and moderate activity. Additionally, adults should engage in muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on two or more days a week.

For children and adolescents, ages 6 to 17, aerobic physical activity guidelines advise 60 minutes or more of physical activity each day. Additionally, to meet physical activity guidelines for muscle-strengthening exercises, children and adolescents must perform muscle-strengthening physical activity at least three days a week.

Among adults, 36.2% in SPA 4 and 27.9% in SPA 6 met the aerobic and muscle strengthening guidelines. Among children and adolescents, ages 6 to 17, 20.2% in SPA 4 and 13.7% in SPA 6 met the aerobic and muscle strengthening guidelines.

	SPA 4	SPA 6	Los Angeles County
No aerobic activity, adults	10.1%	14.5%	11.2%
Met aerobic guidelines, adults	64.2%	58.7%	64.4%
Met strengthening guidelines, adults	44.3%	38.8%	43.1%
Met aerobic and strengthening guidelines, adults	36.2%	27.9%	35.1%
Met aerobic guidelines, children ages 6-17	32.7%	22.6%	23.7%
Met strengthening guidelines, children ages 6-17	48.8%	50.6%	50.8%
Met aerobic and strengthening guidelines, children ages 6-17	20.2%	13.7%	15.1%

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

Aerobic Capacity, 5th, 7th, and 9th Grade Students

One of the components of the physical fitness test (PFT) is the measurement of student aerobic capacity through run and walk tests.

- Among 5th grade students enrolled in LAUSD, 50.5% met Healthy Fitness Zone aerobic capacity guidelines as compared to Los Angeles County at 57.1% and the state at 60.2%.
- Among 7th grade students enrolled in LAUSD, 48.4% met Healthy Fitness Zone aerobic capacity guidelines as compared to Los Angeles County at 57.3% and the state at 61.0%.
- Among 9th grade students enrolled in LAUSD, 48.1% met Healthy Fitness Zone aerobic capacity guidelines as compared to Los Angeles County at 54.1% and the state at 60.0%.

	Fifth Grade	Seventh Grade	Ninth Grade
LAUSD	50.5%	48.4%	48.1%
Los Angeles County	57.1%	57.3%	54.1%
California	60.2%	61.0%	60.0%

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

Sedentary Children and Teens

Sedentary Children, Ages 2-11

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among children, ages 2 to 11, 24.7% in SPA 4 and 25.2% in SPA 6 spent 5 hours to more than 8 hours in sedentary activities on weekend days.

	SPA 4	SPA 6	Los Angeles County	California
<1 to <2 hours	25.9%	22.7%	21.8%	17.0%
2 to <3 hours	29.6%	25.2%	25.3%	24.3%
3 to <5 hours	19.8%*	26.9%	30.4%	33.8%
5 to >8 hours	24.7%	25.2%	22.5%	25.0%

Source: California Health Interview Survey, 2019-2020.
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Sedentary Teens, Ages 12-17

Teens spend more hours in sedentary activity on weekends as compared to children. Among teens, ages 12 to 17, 74.9% in SPA 4 and 27.3% in SPA 6 spent 5 hours to more than 8 hours in sedentary activities on weekend days.

	SPA 4	SPA 6	Los Angeles County	California
<1 to <2hours	**	11.9%*	6.5%*	5.0%
2 to <3 hours	**	8.8%*	7.8%	9.8%
3 to <5 hours	16.1%*	52.0%	29.9%	25.0%
5 to >8 hours	74.9%*	27.3%*	55.8%	60.2%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. ** Data suppressed due to sample size.
ask.chis.ucla.edu

Social Media

Social Media, Adults

On a typical day, 23.6% of adults in SPA 4 and 27.9% in SPA 6 used a computer or mobile device for social media a few times a day.

	SPA 4	SPA 6	Los Angeles County	California
Almost constantly	21.6%	18.8%	14.5%	12.1%
Many times a day	31.0%	23.9%	29.3%	29.7%
A few times a day	23.6%	27.9%	26.9%	27.4%
Less than a few times a day	23.7%	29.4%	29.3%	30.8%

Source: California Health Interview Survey, 2019-2020.
ask.chis.ucla.edu

Social Media, Teens, Ages 12-17

On a typical day, 49.2% of teens in SPA 4 and 33.2% in SPA 6 used a computer or mobile device for social media a few times a day.

	SPA 4	SPA 6	Los Angeles County	California
Almost constantly	23.6%*	26.4%	25.3%	21.3%
Many times a day	3.8%*	28.1%*	31.1%	38.4%
A few times a day	49.2%	33.2%*	31.0%	26.3%
Less than a few times a day	23.4%*	12.3%*	12.6%	13.9%

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

Community Input – Overweight and Obesity

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

- This is an issue across class and race lines and across all age groups.
- People of color are more prone to being obese.
- South Los Angeles is affected with high obesity rates.
- A person can be both obese and malnourished. Many of those who are obese have chronic conditions.
- Eating healthy is hard with food insecurity. There aren't enough affordable, healthy choices. We see clinic patients who eat food purchased from 7-11 stores. Lower-income communities are most impacted.
- High carbohydrate foods are cheap and easy, but not good for those struggling with chronic disease.
- SPA 4 is a food desert. There's a lack of investment from food retailers. Food for Less is the closest grocery store in a very dense area.
- There are missed opportunities to promote breastfeeding for reducing the risk of childhood obesity.
- Increased alcohol use during the pandemic has contributed to a rise in obesity.
- During the pandemic, many kids missed well child visits and weight monitoring. Now, it's harder to get appointments and many appointments are still done virtually, which can be a barrier.
- During COVID-19 there was too much screen time for kids, which affected weight and health.
- Poor communities often have to say "no" to their kids' requests, but they don't have to say "no" to poor nutritional food that's inexpensive and of high interest to kids. This is often where parents say "yes."
- We need education with families about nutrition and healthy living and it must start with schools. This will build self-efficacy to make better choices, such as reducing soda and sugary drinks.
- There's a need for more youth programs to keep kids active and teach them how to eat healthy.
- There aren't enough physical education teachers in schools.
- SPAs 4 and 6 are park poor with no access to green space. Many are not able to exercise outdoors due to safety concerns or lack of nearby open or green space.
- With COVID, the impact of staying at home and isolating made active living challenging. Plus, many people are scared to go outside or walk around the block. They don't feel safe.
- There are long-term consequences to lack of physical activity. Working long hours, concerns with safety, and lack of in-person exercise classes all contributed.
- We need more access to green space, but the bigger challenge is that youth sports programs are expensive; we need support and funding for free programs. Lower income communities are most impacted.
- Many are surprised that persons who are homeless are overweight, but they're surviving on whatever food is available.

Mental Health



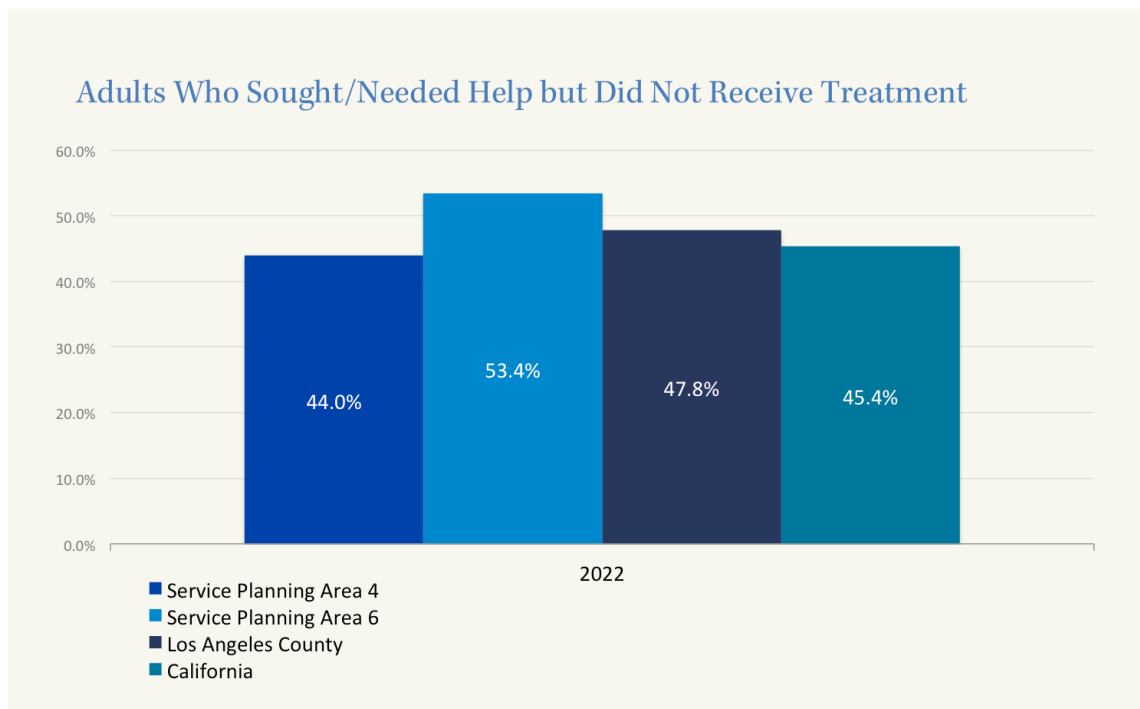
Mental Health Access and Utilization

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

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals manage stress, relate to others, and make choices. Among adults who received care for mental or emotional problems, 39.2% in SPA 4 and 33.9% in SPA 6 visited both a primary care physician and a mental health professional.

	SPA 4	SPA 6	Los Angeles County	California
Primary care physician only	18.4%	33.8%	25.8%	24.0%
Mental health professional only	42.4%	32.3%	41.3%	40.2%
Both	39.2%	33.9%	32.9%	35.8%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu



Mental Health Access and Utilization, Adults

29.6% of adults in SPA 4 and 19.1% of adults in SPA 6 self-identified the need to see a professional because of problems with mental health emotions, or nerves or use of alcohol or drugs in the past 12 months. Of these adults, 44.0% in SPA 4 and 53.4% in SPA 6 sought help from their primary care provider or other professional (counselor, psychiatrist, or social worker), but did not receive treatment in the past 12 months.

	SPA 4	SPA 6	Los Angeles County	California
Needed help for emotional /mental health problems or use of alcohol drugs	29.6%	19.1%	20.6%	21.2%
Sought help but did not receive treatment	44.0%	53.4%	47.8%	45.4%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Mental Health Access and Utilization, Teens

Among teens, 22.3% in SPA 4 and 34.9% in SPA 6 felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the past 12 months. In SPA 6, 12.7% of teens received psychological or emotional counseling in the past year. Data for SPA 4 was unavailable due to a small sample size.

	SPA 4	SPA 6	Los Angeles County	California
Needed help for emotional or mental health problems	22.3%*	34.9%*	30.4%	31.4%
Received psychological/emotional counseling	**	12.7%*	15.2%	17.6%

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

Online Mental Health Utilization, Adults

Among adults, 10.5% in SPA 4 and 3.9% in SPA 6 sought online help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. 11.6% of adults in SPA 4 and 3.6% of adults in SPA 6 connected online with a mental health professional in the past 12 months. 7% of adults in SPA 4 and 6.8% of adults in SPA 6 connected online with people with similar mental health or alcohol/drug status. .

	SPA 4	SPA 6	Los Angeles County	California
Sought help from an online tool for mental health or alcohol issues	10.5%	3.9%	6.1%	6.6%
Connected with a mental health professional online	11.6%	3.6%	6.2%	5.9%
Connected with people online with similar mental health, alcohol/drug status	7.0%	6.8%	5.3%	5.2%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Online Mental Health Utilization, Teens

Among teens, 14.0% in SPA 4 and 6.0% in SPA 6 sought online help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. In SPA 6, 5.9% of teens connected online with a mental health professional in the past 12 months. Among teens, 8.6% in SPA 4 and 28.1% in SPA 6 connected online with people with similar mental health or alcohol/drug status.

	SPA 4	SPA 6	Los Angeles County	California
Sought help from an online tool for mental health or alcohol issues	14.0%*	6.0%*	7.6%	7.2%
Connected with a mental health professional online	**	5.9%*	6.9%	6.0%
Connected with people online with similar mental health or alcohol/drug status	8.6%*	28.1%*	16.0%	12.8%

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

Mental Health Indicators - Adults

Depression, Adults

Among adults, 14.8% in SPA 4 and 17.2% in SPA 6 were at risk for major depression, as compared to the county at 13.0%. Among adults, 12.3% in SPA 4 and 10.6% in SPA 6 are currently diagnosed with depression, as compared to the county at 11.5%.

	SPA 4	SPA 6	Los Angeles County
Adults at risk of major depression	14.8%	17.2%	13.0%
Adults with current diagnosed depression	12.3%	10.6%	11.5%

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

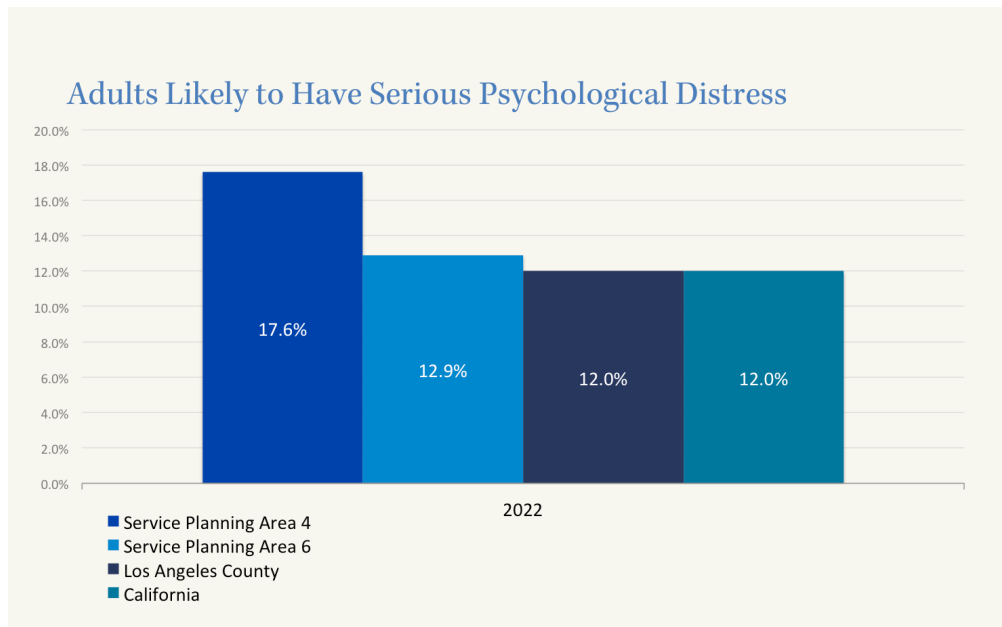
Mental Health Indicators, Adults

Among adults, 17.6% in SPA 4 and 12.9% in SPA 6 likely had serious psychological distress in the past year, as compared to the county and state at 12%. 10.3% in SPA 4 and 7.4% in SPA 6 have been on prescription medicine for emotional/mental health issue(s) for at least two weeks in the past year, as compared to the county at 8.7% and the state at 10.6%.

SPA 4 adults who reported moderate to severe family life, social life, household chore, or work life impairments in the past year ranged from 26.2% to 28.6%. SPA 6 adults who reported these moderate to severe impairments in the past year ranged from 19% to 19.8%.

	SPA 4	SPA 6	Los Angeles County	California
Adults who had serious psychological distress during past year	17.6%	12.9%	12.0%	12.0%
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.3%	7.4%	8.7%	10.6%
Adults reporting family life impairment during the past year	28.4%	20.1%	19.5%	19.7%
Adults reporting social life impairment during the past year	28.6%	20.8%	19.7%	19.8%
Adults reporting household chore impairment during the past year	26.2%	20.3%	19.0%	18.9%
Adults reporting work impairment during the past year	28.1%	18.8%	19.8%	19.2%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu



Loneliness, Adults, Ages 65 and Older

Utilizing the UCLA 3-Item Loneliness Scale, among adults, ages 65 and older, 22.0% in SPA 4 and 25.8% in SPA 6 were lonely some of the time, as compared to the county (19.6%) and state (20.1%).

	SPA 4	SPA 6	Los Angeles County	California
Hardly lonely	75.6%	72.7%	78.6%	76.9%
Lonely some of the time	22.0%	25.8%	19.6%	20.1%
Often lonely	2.4%*	1.4%*	1.8%	3.0%

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

Mental Health Indicators - Children and Teens

Emotion/Concentration/Behavior Problems, Children

Among children, ages 4 to 11, 12.7% in SPA 4 and 18.0% in SPA 6 had difficulties with emotion, concentration, behavior in the past six months. Parents of children with difficulties provided a severity rank of minor or definite/severe. Among these children, 18.9% in SPA 6 had definite and/or severe problems.

	SPA 4	SPA 6	Los Angeles County	California
Has had emotion or concentration or behavior problem difficulty	12.7%	18.0%	17.1%	19.2%
Minor problems	98.4% [†]	81.1%*	51.7%	59.6%
Definite/severe problems	**	18.9%*	48.3%	40.4%

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

Chronic, Sad or Hopeless Feelings, 7th, 9th, 11th Grade Students

Among students in the Los Angeles Unified School District responding to the California Healthy Kids Survey, 30.0% in 7th grade, 30.0% in 9th grade, and 29.0% in 11th grade felt so sad or hopeless every day for two weeks or more that they stopped doing some usual activities.

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District	30.0%	30.0%	29.0%

Source: California Department of Education, California Healthy Kids Survey, 2018-2019. Table A8.4. data1.cde.ca.gov/dataquest

Serious Psychological Distress in Past Year, Teens, Ages 12-17

Among teens, 18.5% in SPA 4 and 7.5% in SPA 6 likely had serious psychological distress during the past year. Psychological distress for this measure was assessed through the Kessler 6 series.

	SPA 4	SPA 6	Los Angeles County	California
Teens who had serious psychological distress during past year	18.5%	7.5%*	17.7%	18.7%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Mental Health Challenges due to COVID-19, Adults

In SPA 4, 0.7% of adults reported experiencing mental health challenges due to COVID-19 as compared to the county at 0.7% and state at 0.5%. Data for SPA 6 was suppressed due to a small sample size.

	SPA 4	SPA 6	Los Angeles County	California
Experienced mental health challenges, adults	0.7%*	**	0.7%	0.5%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Bullying

School Bullying, Secondary Students

Among students in the Los Angeles Unified School District responding to the California Healthy Kids Survey, 30.0% in 7th grade, 22.0% in 9th grade, and 20.0% in 11th grade experienced harassment or bullying at school.

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District	30.0%	22.0%	20.0%

Source: California Department of Education, California Healthy Kids Survey, 2018-2019. Table A2.1. data1.cde.ca.gov/dataquest

Suicide Contemplation

Suicide Contemplation, Adults

Among adults, 17.5% in SPA 4 and 12.6% in SPA 6 have seriously thought about committing suicide. Adults, ages 18 to 24, have the highest percentage of suicide contemplation in SPA 4 (26.7%) and SPA 6 (26.5%).

	SPA 4	SPA 6	Los Angeles County	California
Ever seriously considered suicide	17.5%	12.6%	12.5%	13.2%
Ages 18-24	26.7%	26.5%	19.7%	23.0%
Ages 18-64	18.5%	12.4%	11.6%	13.4%
Ages 65 and older	6.2%	1.6%*	5.9%	6.6%

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

Suicide Contemplation, 7th, 9th, 11th Grade Students

Among students in the Los Angeles Unified School District responding to the California Healthy Kids Survey, 15.0% in 7th grade, 14.0% in 9th grade, and 12.0% in 11th grade seriously considered attempting suicide in the past 12 months.

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District	15.0%	14.0%	12.0%

Source: California Department of Education, California Healthy Kids Survey, 2018-2019. Table A8.5. data1.cde.ca.gov/dataquest

Community Input – Mental Health

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

- We're seeing alarming rates of mental health issues among clinic patients, especially depression and anxiety. Access to mental health services is a challenge, especially for those who don't speak English.
- The pandemic created a high need for mental health services. The loss of social interaction had a significant impact on mental health, particularly with children.
- The impact of the pandemic has been superimposed on generational trauma that communities have experienced, especially in South Los Angeles. We need to address the acute trauma layered on the chronic trauma.
- There's a need for certified peer specialists and full multidisciplinary teams to address trauma and PTSD experienced with violence, physical abuse, and sexual abuse before it carries into adulthood and leads to substance abuse.
- We're all learning more about centering mental health and recognizing it; there are more talking about it than ever before. Now we need the systems to get there.
- There aren't enough mental health providers. Agencies don't know who can accept new referrals.
- Mental health providers are alarmed, overwhelmed, and can't take new patients due to a high caseload.
- County services aren't very customer-friendly with security guards and bullet proof glass. It feels unsafe. Private providers are often more effective.
- We don't have enough beds available in the county for inpatient and outpatient mental health services.
- We need more community health workers trained and focused on mental health to bring deep understanding to their own communities. They can reach those who don't typically access services.
- There is a proliferation of domestic violence. It's dangerous to call 911 for family who is having a mental health crisis; it criminalizes the person. In South Los Angeles in particular, law enforcement response may be hostile in certain districts.
- Law enforcement's main objective is stop problematic behavior; the ideal would be more investigative work to identify mental health issues and then structure a plan.
- With current crisis response, people often land in the criminal justice system, when they need therapy. We need alternative crisis response teams.
- For patients in a mental health crisis, it's impossible to get them the help they need. Even 5150 holds are a challenge. COVID-19 has impacted law enforcement response time – sometimes there is a 16 hour wait.
- Increased mental health issues have impacted low-income, undocumented, Black/African American, Hispanic/Latino, and Native American populations. Many go untreated.
- It's a struggle to get resources to those who need it most, specifically Hispanic communities. There's a lack of providers who are bilingual or know cultural preferences.

Community Input – Mental Health, Continued

- Hispanic/Latino families don't feel comfortable talking about mental health and accessing services.
- The system of a minor's right to consent for mental health under Medi-Cal is not utilized in the County like it should be.
- Adolescent psychiatric care is the single most inaccessible and unattainable care that is needed.
- There are heartbreaking stories with kids and depression. We worry about this whole generation of kids who are adversely affected with mental health issues.
- There's limited psychiatric urgent care centers and a gap in treatment beds for persons who are homeless.
- We are seeing more LGBTQ and trans clients with mental health struggles.
- Post-partum mood disorders and perinatal mental health is an issue across all groups, but with Black/African American mothers in particular. It's important for mental health screening to be done during the perinatal and post-partum periods and to ensure families get support when they need it.
- There's confusion with how to access care and services. Navigation is a need. We're trying to create a no wrong door approach.
- Telehealth has been a solution—reducing no shows and getting people into care.
- Screening for depression and anxiety should be routine for all who are getting primary care.
- Currently, community clinics can't bill mental health visits and primary care visits on the same day – all while community clinics are trying hard to integrate care to address all needs. Many clinics just provide the care and don't get paid. There's work being done to try to get state to include this as a benefit; it's mostly an FQHC issue.

Substance Use and Misuse

Tobacco Use

Cigarette Smoking, Adults

The Healthy People 2030 objective for adult cigarette smoking is 5.0%. Among adults, 7.8% in SPA 4 and 8.3% in SPA 6 are current smokers, as compared to the county at 5.9% and state at 6.4%. 71.0% of adults in SPA 4 and 68.9% of adults in SPA 6 reported thinking about quitting smoking in the next six months. SPAs 4 and 6 do not meet the Healthy People 2030 adult cigarette smoking objective of 5.0%.

2.8% of adults in SPA 4 and 1.9% of adults in SPA 6 are current e-cigarette smokers. Among adults, 17.8% in SPA 4 and 11.2% in SPA 6 are former e-cigarette smokers as.

	SPA 4	SPA 6	Los Angeles County	California
Current cigarette smoker	7.8%	8.3%	5.9%	6.4%
Former cigarette smoker	19.4%	17.3%	18.1%	19.7%
Thinking about quitting in the next 6 months	71.0%	68.9%	63.3%	64.4%
Current e-cigarette user (used in last 30 days)	2.8%	1.9%	2.8%	3.4%
Former e-cigarette user (not used in last 30 days)	17.8%	11.2%	12.2%	12.8%

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

Tobacco Product Use, Adults

Among adults, 6.8% in SPA 4 and 5.4% in SPA 6 currently use non-cigarette tobacco products. 5.7% of adults in SPA 4 and 5.8% of adults in SPA 6 currently use flavored tobacco products.

	SPA 4	SPA 6	Los Angeles County	California
Current use of non-cigarette tobacco products (past 30 days)	6.8%	5.4%	5.9%	6.4%
Current use of flavored tobacco products (past 30 days)	5.7%	5.8%	4.5%	4.9%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Cigarette Smoking, 7th, 9th, 11th Grade Students

Among students enrolled in the Los Angeles Unified School District, 1.0% in 7th grade, 3.0% in 9th grade, and 7.0% in 11th grade reported cigarette smoking in the past 30 days.

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District	1.0%	3.0%	7.0%

Source: California Department of Education, California Healthy Kids Survey, 2018-2019. Table A7.1. data1.cde.ca.gov/dataquest

E-cigarette/Vaping Product Use, 7th, 9th, 11th Grade Students

In contrast, students use of e-cigarettes was much higher than cigarette smoking. Students reporting current use of e-cigarettes was 5.0% in 7th grade, 8.0% in 9th grade, and 7.0% in 11th grade.

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District	5.0%	8.0%	7.0%

Source: California Department of Education, California Healthy Kids Survey, 2018-2019. Table A7.1. data1.cde.ca.gov/dataquest

Alcohol Use

Alcohol Use, Adults

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, ages 18 and older, 52.8% in SPA 4 and 41.5% in SPA 6, have used alcohol in the past month. 21.7% of adults in SPA 4 and 16.2% of adults in SPA 6 have engaged in binge drinking in the past month.

	SPA 4	SPA 6	Los Angeles County
Alcohol use in past month	52.8%	41.5%	53.8%
Binge drinking in past month	21.7%	16.2%	17.9%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDDataTopics2018

Alcohol Use, 7th, 9th, 11th Grade Students

Among students enrolled in the Los Angeles Unified School District, 4.0% in 7th grade, 6.0% in 9th grade, and 10.0% in 11th grade drank alcohol in the past 30 days.

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District	4.0%	6.0%	10.0%

Source: California Department of Education, California Healthy Kids Survey, 2018-2019, Table A6.5 data1.cde.ca.gov/dataquest

Binge Drinking, 7th, 9th, 11th Grade Students

Among Los Angeles Unified School District students, 1.0% in 7th grade, 3.0% in 9th grade, and 5.0% in 11th grade reported engaging in binge drinking in the past 30 days.

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District	1.0%	3.0%	5.0%

Source: California Department of Education, California Healthy Kids Survey, 2018-2019, Table A6.5 data1.cde.ca.gov/dataquest

Marijuana Use

Marijuana Use, Adults

Among adults, 45.8% in SPA 4 and 37.8% in SPA 6 have used marijuana in the past month. 21.9% of adults in SPA 4 and 15.7% of adults in SPA 6 have used marijuana in the past year.

	SPA 4	SPA 6	Los Angeles County	California
Marijuana use in past month	45.8%	37.8%	34.8%	33.9%
Marijuana use < than 1 month to 1 year	21.9%	15.7%	18.6%	17.6%

Source: California Health Interview Survey, 2019-2020. ask.chis.ucla.edu

Marijuana Use, Teens, Ages 12-17

Among teens, ages 12 to 17, 11.8% in SPA 4 and 7.8% in SPA 6 have tried marijuana. Of these teens, 100% in SPA 4 and 40.8% in SPA 6 used marijuana, hashish or other THC products one or more days in the past month.

	SPA 4	SPA 6	Los Angeles County	California
Has tried marijuana	11.8%*	7.8%*	15.9%	14.6%
Marijuana, hashish, or THC product use in past month	100%*	40.8%*	46.3%	49.5%

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

Opioid Use

Opioid Rates, per 100,000 Persons and 1,000 Persons

The World Health Organization states “opioid dependence develops after a period of regular use of opioids, with the time required varying according to the quantity, frequency and route of administration, as well as factors of individual vulnerability and the context in which drug use occurs. Opioid dependence is not just a heavy use of the drug but a complex health connotation that has social, psychological, and biological determinants and consequences, including changes in the brain. It is not a weakness of character or will.”⁴

The emergency department visit rate in Los Angeles County for any opioid overdose was 17.0 per 100,000 persons. The county hospitalization rate for opioid overdose was 5.1 per 100,000 persons. These rates were lower than state levels. The age-adjusted opioid death rate was 12.4 per 100,000 persons in the county as compared to the state at 13.2 per 100,000 persons. The rate of opioid prescriptions in Los Angeles County (266.1 per 1,000 persons) was lower than the state rate (330.5 per 1,000 persons).

4 World Health Organization (WHO). Lexicon of Alcohol and Drug Terms, 2006.

	Los Angeles County	California
ED visit rate for any opioid overdose per 100,000 persons	17.0	38.7
Hospitalization rate for any opioid overdose per 100,000 persons	5.1	9.7
Age-adjusted opioid overdose deaths per 100,000 persons	12.4	13.2
Opioid prescriptions, per 1,000 persons	266.1	330.5

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

Pain Reliever Misuse

Pain Reliever Misuse in Past Year, All Ages

The misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own medications; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Adults, ages 18 to 25, in SPA 4 (5.71%) and SPA 6 (5.66%) had the highest rate of pain reliever misuse.

	SPA 4	SPA 6	Los Angeles County	California
Ages 12 - 17	3.42%	3.71%	3.42%	3.53%
Ages 18 - 25	5.71%	5.66%	5.76%	6.17%
Ages 26 and older	3.54%	3.48%	3.43%	3.77%
Ages 18 and older	3.80%	3.89%	3.76%	4.11%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018, Table 12. Published July 2020.
[samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018](https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018)

Illicit Drug Use

Illicit Drug Use, in Past Month, All Ages

Illicit drugs are identified as cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Adults, ages 18 to 25, in SPA 4 (9.53%) and in SPA 6 (5.75%) had the highest rate of illicit drug use.

	SPA 4	SPA 6	Los Angeles County	California
Ages 12 - 17	***	2.30%	2.46%	2.43%
Ages 18 - 25	9.53%	5.75%	6.84%	6.73%
Ages 26 and older	5.27%	3.37%	3.54%	3.41%
Ages 18 and older	5.79%	3.81%	4.01%	3.89%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018, Table 6. Published July 2020.
 ***No estimate reported.
[samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018](https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018)

Community Input – Substance Use

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

- Substance abuse is increasing substantially. We're seeing an opioid epidemic and an explosion of methamphetamine use, highlighting how addictive, cheap and accessible these drugs are.
- Substance abuse worsened during COVID-19. People used drugs/alcohol to manage stress and since people were in isolation, there was no peer support to intervene.
- Substance abuse may be a negative coping strategy for a mental health condition. People may also need to stay awake for multiple jobs so they're using drugs.
- Hospitals generally don't diagnose addiction; lack of systematic recognition is the problem. Providers generally treat the presenting issue, not underlying issues.
- We need to co-locate substance abuse services with counseling and job training services.
- Substance abuse crosses all ages, all ethnicities, rich and poor.
- We're seeing increased substance abuse among young persons, ages 12-25. There's a need for youth-focused services that treat addiction.
- Teen parents and LGBTQ teens are especially at risk.
- Agencies are getting more calls from school districts asking for school-based prevention programs.
- Lack of an integrated system is a problem. When a young person is referred, the counselor can only talk to the child, who is then left to their own devices to follow-up (and they may not). This is a policy opportunity.
- Access to treatment is limited; we hear many questions regarding what health insurance will cover. For people going through detox, it's a struggle to get them into a safe place to manage the process.
- Access to medication-assisted treatment and lack of training for use of life-saving medications among those who run supportive housing is a gap.
- There's a lack of provider training to deal with substance abuse issues. There's a need to connect primary care providers with substance abuse providers to have a referral connection.
- We're in the beginning stages of bridge clinics, and hospitals now keep patients long enough to treat them and then connect with community providers.
- Street drug usage and overdose are current challenges. There's an ongoing opioid epidemic, initiated by overprescribing medications. This issue is followed by fentanyl and crystal meth. We're in the third decade of a meth epidemic.
- We need to understand what's driving the surge in drug use. We're eliminating local meth labs, but it's flourishing south of the border so we're not doing a good job with eliminating drug movement.
- Overdose is now the leading cause of death for persons who are homeless and for those leaving

Community Input – Substance Use, Continued

incarceration. Substance use happens often in encampments.

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

Preventive Practices

Childhood Immunizations

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

In Los Angeles Unified School District schools, in service area ZIP codes, the rate of children with up-to-date immunizations upon entry into kindergarten was 93.4%. This immunization rate is lower than the county (94.5%) and state (94.3%) rates.

	Immunization Rate
Los Angeles Unified School District (schools in service area ZIP codes)	93.4%
Los Angeles County	94.5%
California	94.3%

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

data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Human Papilloma Virus Vaccine

HPV Vaccination

Among children, ages 11 to 17, 44.7% in SPA 4 and 40.6% in SPA 6 have received at least one dose of the Human Papilloma Virus (HPV) vaccine. When examined by gender, 47.6% of females in SPA 4 and 41.9% of females in SPA 6 received at least one dose of the HPV vaccine as compared to males in SPA 4 (42.2%) and SPA 6 (39.4%). Among adults, ages 18 to 26, 51.3% in SPA 4 and 53.8% in SPA 6 have had an HPV vaccine.

	SPA 4	SPA 6	Los Angeles County
Children ages 11-17	44.7%	40.6%	47.2%
Female	47.6%	41.9%	53.4%
Male	42.2%	39.4%	41.2%
Adults, ages 18-26	51.3%	53.8%	59.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

publichealth.lacounty.gov/ha/LACHSDataTopics2018

Influenza (Flu) Vaccine

Flu Vaccine, All Ages

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In SPA 4, 65% of children and 57.3% of children in SPA 6 have had a flu vaccine. In SPA 4, 46.5% of adults and 40.5% of adults in SPA 6 have had a flu vaccine. Adults, ages 65 and older, in SPA 4 (79.5%) and SPA 6 (70.7%) met the Healthy People 2030 objective.

	SPA 4	SPA 6	Los Angeles County
Reported having flu vaccination in past 12 months, ages 6 months to 17 years	65.0%	57.3%	59.9%
Reported having flu vaccination in past 12 months, ages 18 and older	46.5%	40.5%	47.1%
Reported having flu vaccination in past 12 months, ages 65 and older	79.5%	70.7%	73.2%

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

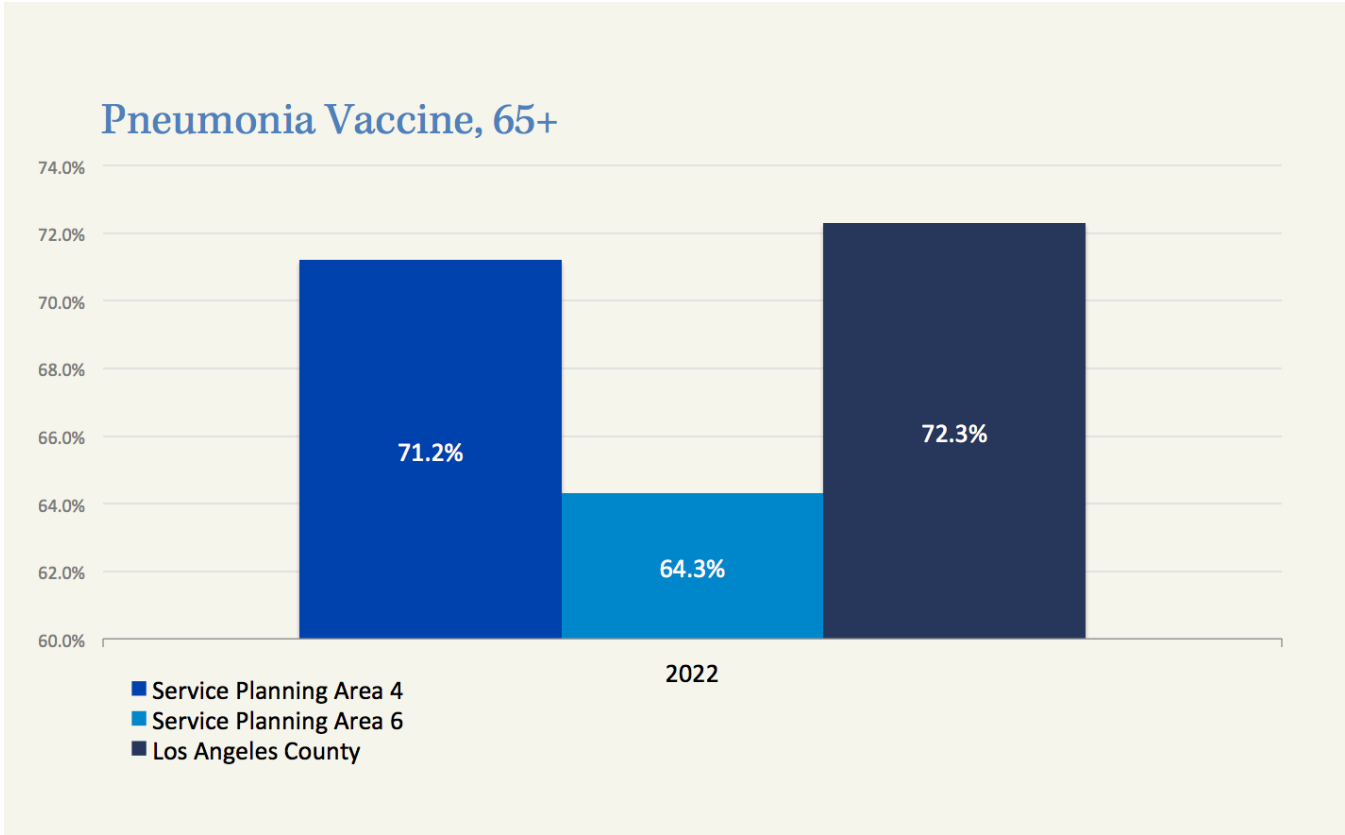
Pneumococcal Vaccine

Pneumococcal Vaccine, Adults, Ages 65 and Older

Among adults, ages 65 and older, 71.2% in SPA 4 and 64.3% in SPA 6 have received a pneumonia vaccine, as compared to the county at 72.3%.

	SPA 4	SPA 6	Los Angeles County
Ever had a pneumonia vaccine	71.2%	64.3%	72.3%

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



Mammograms

Mammograms, Women, Ages 50-74

The Healthy People 2030 objective for mammograms is 77.1% of women, ages 50 to 74, to have had a mammogram in the past two years. Among women, 73.0% in SPA 4 and 75.3% in SPA 6 had a mammogram in the past two years, as compared to the county at 77.0%. SPA 4 and SPA 6 mammogram rates did not meet the Healthy People 2030 objective.

	SPA 4	SPA 6	Los Angeles County
Mammogram in past 2 years	73.0%	75.3%	77.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDATATopics2018

Pap Smears

Pap Smear, Women, Ages 21-65

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21 to 65, to have been screened in the past three years. Among women, 80.9% in SPA 4 and 82.4% in SPA 6 had a Pap smear in the prior three years. SPA 4 and SPA 6 Pap smear rates did not meet the Healthy People 2030 objective.

	SPA 4	SPA 6	Los Angeles County
Pap smear within past 3 years	80.9%	82.4%	81.4%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDATATopics2018

Colorectal Cancer Screening

Colorectal Cancer Screening, Adults, Ages 50-74

The Healthy People 2030 objective for colorectal cancer screening is 74.4% for adults, ages 50 to 74, be screened based on most recent guidelines. Among adults, ages 50 to 74, 13.6% in SPA 4 and 20.7% in SPA 6 completed a blood stool test in the past 12 months and 47.3% in SPA 4 and 61.4% in SPA 6 received a sigmoidoscopy within the past five years or colonoscopy within the past 10 years. When combining data for both types of colorectal cancer screening, SPA 6 (82.1%) meets the Healthy People 2030 objective.

	SPA 4	SPA 6	Los Angeles County
Blood stool test in past 12 months	13.6%	20.7%	20.0%
Sigmoidoscopy w/in past 5 years or Colonoscopy w/in past 10 years	47.3%	61.4%	54.6%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDDataTopics2018

Older Adult Falls

Falls and Injuries from Falls, Past Year, Adults, Ages 65 and Older

Among adults, ages 65 and older, 20.6% in SPA 4 and 25.3% in SPA 6 experienced one or more falls in the past year. 7.7% of senior adults in SPA 4 and 8.9% in SPA 6 were injured due to a fall.

	SPA 4	SPA 6	Los Angeles County
Experienced at least 1 or more falls	20.6%	25.3%	26.5%
Injured due to a fall	7.7%	8.9%	11.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDDataTopics2018

Community Input – Preventive Practices

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

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

Attachment 1

Benchmark Comparisons

Where data were available, health and social indicators in the PIH Health Good Samaritan Hospital 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.

Benchmark Comparisons

Indicators	PIH Health Good Samaritan Hospital Service Area Data	Healthy People 2030 Objectives
High school graduation rate	80.1%	90.7%
Child health insurance rate	94.4%	92.1%
Adult health insurance rate	75.2%	92.1%
Unable to obtain medical care when needed	12.1% (SPA 4), 16.7% (SPA 6)	3.3%
Ischemic heart disease deaths	116.6	71.1 per 100,000 persons
Stroke deaths	36.6	33.4 per 100,000 persons
Liver disease (cirrhosis) deaths	16.0	10.9 per 100,000 persons
Cancer deaths	127.0	122.7 per 100,000 persons
Unintentional injury deaths	26.5	43.2 per 100,000 persons
Suicide	7.6	12.8 per 100,000 persons
Homicide	10.0	5.5 per 100,000 persons
Obese adults (ages 18 and older)	24.1% (SPA 4), 37.6% (SPA 6)	36%, ages 20 and older
Cigarette smoking by adults	7.8% (SPA 4), 8.3% (SPA 6)	5.0%
Annual adult influenza vaccination (ages 18+)	46.5% (SPA 4), 40.5% (SPA 6)	70.0%
Pap smears, ages 21-65, screened in the past 3 years	80.9% (SPA 4), 82.4% (SPA 6)	84.3%
Mammograms, ages 50-74, screened in the past 2 years	73.0% (SPA 4), 75.3% SPA 6)	77.1%
Colorectal cancer screenings, ages 50-74, screened per guidelines	60.9% (SPA 4), 82.1% (SPA 6)	74.4%

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.

Key Stakeholder Interviewees

	Name	Title	Organization
1	Starlette Abad	Director, Business Expansion	QueensCare Health Centers
2	Deborah Allen, ScD	Deputy Director	Los Angeles County Department of Public Health
3	Ivette Aragon	Health Field Deputy	US Representative Jimmy Gomez, CA-34
4	G. Michael Arnold	President and Chief Executive Officer	The Midnight Mission
5	Richard Ayoub	Executive Director	Project Angel Food
6	Alexander Bautista	Sergeant II, Rampart Area Training Coordinator	Los Angeles Police Department
7	Warren J. Brodine	President and Chief Executive Officer	Eisner Health
8	Ronald E. Brown, PhD	President and Chief Executive Officer	Children's Bureau of Southern California
9	Maggie Cervantes	Executive Director	New Economics for Women
10	Susana Cervantes	Field Representative	Assemblymember Miguel Santiago, District 53
11	Anthony Cespedes MPA	Health Deputy	Los Angeles County Supervisor Hilda L. Solis, First District
12	Charlene Dimas-Peinado, LCSW, EML	President and Chief Executive Officer	Wellnest - Emotional Health & Wellness
13	Ellen Eidem, MS	Director, Office of Women's Health	Los Angeles County Department of Public Health
14	Denise C. Gee, MPH, RDN, CLE	Deputy Director	PHFE WIC
15	Edith Gonzalez, MPA	Deputy Director of District Operations	Los Angeles County Supervisor Hilda L. Solis, First District
16	Brian Hurley, MD, MBA, DFASAM	Medical Director, Substance Abuse Prevention and Control	Los Angeles County Department of Public Health

	Name	Title	Organization
17	Nancy Halpern Ibrahim, MPH	Executive Director	Esperanza Community Housing Corporation
18	Jessica Jew	Assistant Health Deputy for Health & Wellness	Office of Supervisor Holly J. Mitchell, Chair of the Board of Supervisors, Los Angeles County 2nd District
19	Rae Jin	Executive Director	Anderson Munger YMCA
20	Felica Jones	Chief Executive Officer	Healthy African American Families
21	Gabrielle Kaufman, MA, LPCC, BC-DMT, NCC, PMH-C	Clinical Director	Maternal Mental Health NOW
22	Lynn Kersey, MA, MPH, CLE	Executive Director	Maternal and Child Health Access
23	Jan King, MD, MPH	Area Health Officer, SPA 5	Los Angeles County Department of Public Health
24	Irene De Anda Lewis	Director	The Salvation Army Siemon Youth and Community Center
25	Trisha Hanudel Lopez	Director of Development	St. Barnabas Senior Services
26	John Maceri	Chief Executive Officer	The People Concern
27	Alicia Matricardi	General Counsel and Chief of Development	New Economics for Women
28	Cristin Mondy, RN, MSN, MPH	Regional Health Officer, SPA 4 (Metropolitan LA)	Los Angeles County Department of Public Health
29	Juan Navarro	Executive Director	Los Angeles Centers for Alcohol and Drug Abuse
30	Maryjane Puffer	Executive Director	The Los Angeles Trust for Children's Health
31	Carlos Quintero, LMFT	Chief Program Officer	Amanecer Community Counseling Service
32	Roberto Roque	Program Officer	First 5 LA
33	Jose Miguel Ruiz, MSW	Executive Director	CultivaLA, Inc.
34	Nina Sharmin	Senior Program Associate	South Asian Network – Little Bangladesh Project
35	June Simmons	President and Chief Executive Officer	Partners in Care Foundation
36	Paul Simon, MD, MPH	Chief Science Officer	Los Angeles County Department of Public Health
37	Johng Ho Song	Executive Director	Koreatown Youth & Community Center
38	Bill Tarkanian	Director of Program Development	Los Angeles Centers for Alcohol and Drug Abuse
39	Stephanie Thornton	Senior Healthcare Policy Analyst	Community Health Councils
40	Nina L. Vaccaro, MPH	Chief Operating Officer	Community Clinic Association of Los Angeles County
41	Andrea Williams, MPA	Executive Director	Southside Coalition of Community Health Centers
42	Cheryl L. Winter, MPH, LCSW	Senior Program Manager	Corporation for Supportive Housing Los Angeles
43	Cindy Young, MPH, RD	Senior Program Manager	BreastfeedLA

Attachment 3

Community Stakeholder Interview Responses

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

- COVID-19 magnified the needs related to social determinants of health, i.e., economic insecurity, food insecurity, housing, homelessness, and access to care, which had reverberating effects on health conditions, mental health, and overdose deaths.
- Social determinants of health are most important if we want to address population health.
- The pandemic has had a huge impact on the communities we serve. There is a great deal of outreach for vaccinations but still much hesitancy. For young families with children under five years old, COVID-19 vaccines are not an option, so they fear for their children's safety.
- COVID-19 has impacted low-income minority communities. The Hispanic/Latino population has a higher death rate as compared to other ethnic groups.
- The biggest issues are COVID, chronic conditions linked with poor COVID-19 outcomes such as diabetes, asthma, and heart disease, and hospitals being overwhelmed.
- Healthcare access was challenging with the pandemic, and the digital divide made it worse. We saw health inequities with those lacking technology, internet access, and education to navigate virtual care.
- Some older adults were in isolation for over 18 months, which led to depression. Many didn't have technology to access food and social services. Home-delivered medications posed issues when they were delayed.
- The pandemic has had a huge effect on individuals and socioeconomic status. As a result, we're seeing a tremendous increase in behavioral and mental health challenges in adults and children.
- The pandemic is top of mind but we're in a mental health crisis at the same time. We're concerned with increased suicide rates.
- Now that kids are going back to school, teachers are dealing with new mental health issues.
- Students say mental health is something they are most concerned with. COVID-19 vulnerability is a concern, regarding getting it, losing economic security, or potentially losing family members.

- The biggest issue is access to mental health services. Almost all providers went virtual or ramped down due to COVID, while mental health conditions got worse. Food and housing insecurity and substance abuse increased.
- Social isolation has led to increased rates of substance abuse and violence.
- Between designer drugs and the opioid crisis, we've seen a threefold increase in overdose deaths in the past 10 years.
- There are high levels of violence and girls being trafficked.
- Many in South Los Angeles lack access to resources, education, and safe places to live, work, and exercise, which all greatly impact health.
- There's a tremendous amount of poorly treated chronic illness as a result of adverse social conditions. This vulnerability made COVID-19 much more dangerous for these individuals, given the context of social determinants of health, inequality, and race bound up with stress and hardship.
- Health insurance coverage is not easy to get/maintain. While California has excellent eligibility for those who can get covered, there are still too many uninsured and the system is hard to navigate. Those who are undocumented have options, but access can be spotty.
- Middle income residents can't afford nursing care and lack benefit assistance. Not many places will accept Medi-Cal and/or Medicare. So where do older adults go when family can't help them anymore?
- We're concerned with infant and maternal mortality, specifically with the Black/African American community. Premature birth is a concern, too.
- We don't have a hospital close to our agency here in South Los Angeles, so accessing healthcare in general is hard. There's also a lack of nonprofit clinics in the area.
- We're waiting to see what the overall impact of the pandemic and lack of face-to-face visits has had on health and chronic conditions. We lost many opportunities for preventive care.
- Food and nutrition insecurity are issues; there's need for medically tailored meals.
- Diabetes and self-efficacy at managing the disease is a challenge. Entrenched poverty and inability to do anything about it is a contributor.
- COVID-19 devastated the community with the loss of supports such as healthcare and schools. The ability to recover is hampered; many lost trust in our support systems.
- Job loss due to the pandemic exacerbated lack of access to insulin and dialysis.
- The biggest health needs are childhood obesity, access to affordable, healthy foods and opportunities for safe outdoor spaces for youth activities—especially in SPA 4 where the biggest open space in five square miles is a cemetery.
- Community safety is a concern. Many don't feel safe walking in their neighborhoods.
- In SPA 4, there are very dense communities with chronic poverty and the lowest incomes in the nation. Immigration adds to the complexity of the situation.
- We're concerned about the effects of institutional racism and how underinvestment in communities of color have affected healthcare.
- Air quality is a health issue.
- Our clients are largely non-English speaking with low education levels, so language can be a barrier. When they see a doctor and vocabulary levels become too complex, they shut down.
- Health literacy is a barrier. We take for granted that people understand communication around health and wellness, but messages are often in clinical speak or not culturally relevant to communities. The importance of translation must be underscored.

- The pandemic's effects were compounded by economic damage and housing desperation. Many were evicted, resulting in a radical increase in homelessness and food insecurity.
- Lack of stable, safe, affordable housing causes so much stress that people don't pay attention to their health.
- The big issues are homelessness and its drivers, including lack of affordable housing, access to care and substance abuse treatment. In SPA 4, there are significant issues related to homelessness, substance abuse and high rates of those who are HIV positive and have sexually transmitted infections.

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

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

- Structural racism is pervasive. There's inherent bias present against brown, black, poor people, and women within the community, the educational system, and the healthcare system. This bias can change how symptoms are heard and types of treatment prescribed. For example, Black/African American infant mortality is a significant concern, and these women have challenges seeking care and being understood.
- People are dealing with changes with health insurance or loss of insurance due to job loss.
- Some policies are inadvertently racist that exclude or disproportionately affect certain groups. There's a need to look at policies to make sure they are equitable.
- It almost always comes back to access—lacking health insurance, good schools, good food, primary care, etc. we see negative impacts on health and well-being.
- There are social barriers, language barriers, and cultural barriers at play. The Rampart area is known as a Latin American hub. People come into this part of the city from South American countries, find work, then move forward when they are able. It's a very transient area with many apartment buildings, lower socio-economic status, and not many stakeholders or establishments.
- We have a migrant community, which can hinder opportunities, because people do not have a Social Security number, so they aren't recognized.
- We see economic factors among the large immigrant population—generational poverty, low educational attainment, and low pay. They experience discrimination and often a breakdown of the family system, resulting in high rates of children entering foster care, especially in SPA 6.
- Structural issues exist with lack of career pathways.
- Living in urban centers comes with environmental complications like crime and public safety issues.
- The environment surrounding where people live affect nutrition, activity levels, and stress. Lack of parks makes it hard to get out. People don't feel safe to be out with the increase in the number of persons who are homeless.
- There's a lack of tree coverage. We underestimate what this does to exacerbate environmental temperatures.
- We see a lot of economic uncertainty and a majority of clients are substantially in arrears on rent.
- There's a lack of affordable housing and development in South Los Angeles, Watts, and Compton.
- Housing stock is old in Pico Union and lead possibilities are a reality.
- There are structural issues such as lack of broadband internet with low-income housing.
- We're concerned with social issues, specifically spread of information via social media.
- Structural issues for anyone in a wheelchair include unsafe streets, lack of lighting, and an inability to utilize sidewalks that are in disrepair.
- Economic factors are concerning. We're not ready to deal with the many issues related to seniors. There aren't enough resources for substance abuse and mental health services, and hospitals are caring for indigent patients and are losing funds.
- In SPAs 4 and 6, persons who are homelessness are primarily black and brown at very disproportionate rates.
- Most persons who are homeless experience traumatic living conditions that contribute to poor health. The mental illness stigma exacerbates the number who are unsheltered and untreated.

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

- Those suffering the most are those with the least access to care—not just insurance and money, also lack of trust and education, transportation, and misinformation. This includes lower-income families, young families, and older adults. Even lower middle-income families struggle, too, because they don't qualify for many assistance programs.
- For low-income, people of color, and disabled individuals, they are impacted by lack of access to housing, healthcare, and knowledge resources—a vicious cycle of poverty and oppression.
- The worst health outcomes are in areas of SPA 6. Demographically, the Black/African American community suffers the most.
- There are health disparities in South Los Angeles and East Los Angeles, with poverty and historical, intentional segregation. There's a proliferation of liquor stores and no green space. These environmental and economic factors influence neighborhood health and wellness.
- South Los Angeles has air pollution and high asthma rates, due to being close to freeways or the Inglewood oil field. Black/African American and Hispanic/Latino populations bear the brunt of structural issues.
- Black/African American and brown mothers in South Los Angeles have challenges with accessing health and mental health supports. There is unequal distribution of wealth, and they are struggling with basic needs.
- Infant mortality is a Black/African American issue of significant concern. Racism and stress are starting to show up in data as the indicator for preterm birth and infant mortality.
- Discrimination and racism results in limited job options for brown and black communities, so they're more exposed to COVID-19 as frontline workers. Because of how they've been treated, they are more suspicious of interventions, leading to possible hospitalization, maybe death, and family trauma.
- Oral health is an issue with Hispanic/Latinos.
- With Koreans, many don't have people around to help. In the Korean culture, it's shameful to ask for help outside of the family. Providers need to understand them both linguistically and culturally to become a trusted provider.
- With the Bangladeshi, Indian, and South Asian population, female health is not their choice. Even if women want to go for a physical checkup they defer to their husband for the decisions and information.
- In SPA 4, those most impacted with health issues are Latinx. Many recent immigrants are Guatemalans, and there are 22 languages in this community and very little outreach.
- Pico Union has a charter school, with 60% Guatemalan indigenous parents. Information is offered in Spanish, but not at their level.
- The immigrant community is very affected with health issues, compounded by low health literacy. Becoming a trusted messenger is hard.
- Indigenously trained Promotoras are desperately needed to serve immigrant and undocumented individuals and communities, with emphasis in South Central Los Angeles. Many depend on trusted help to assist with advocating for them and getting them healthcare appointments.
- Among immigrant families, new parents often don't have needed resources. We see high rates of postpartum depression, which causes disruption in healthy attachment and puts the baby at risk.

- Pregnant women have challenges with getting supportive services, such as help with food insecurity.
- SPA 4 has a large population of LGBTQ persons who have high rates of HIV and sexually transmitted diseases, and the largest homeless population in the area. SPA 4 also has a big proportion of the population who is foreign-born, i.e., Hispanic, and Asian communities. Each of these populations have specific risk factors and health needs, language barriers and economic issues.
- LGBTQ youth are trying to find their way in an environment that's locked down right now. Home may not be safest place for them.
- We see an increase in demand for services with the LGBTQ population.
- Isolation greatly impacted the elderly.
- The Hispanic/Latino community struggles with mental health and substance abuse. The legalization of marijuana normalized marijuana use.
- People released from jails into the community were not getting treatment inside jail so they're coming back into communities completely untreated.
- Veterans have access to the VA hospital, but in SPA 6 it's harder to get services. They must go to the VA in Westwood or Downtown. VA access is easier in SPA 4.
- There's an increase in older adults, age 50 and older, who are experiencing homelessness, especially among African Americans and Hispanic/Latinos.
- The Skid Row community is most affected with mental health issues. There are eight square blocks in eastern/central downtown Los Angeles of high concern.
- Among persons who are homeless, there are many veterans. MacArthur Park and Echo Park have large areas of persons who are homeless, with open areas where they can establish tents and street living. Most are not seeking services, so more outreach is needed so we can address needs.
- Among persons who are homeless, Blacks/ African Americans, veterans and LGBTQ are reflected in disproportionate numbers.
- Older adults tend to have negative health consequences related to their addictions. Hospitals see liver disease or neurological conditions when substance abuse begins to catch up with age.

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

- There is a lack of universal health. The healthcare system pays little attention to prevention. The system is built on funding treatment. We need to shift payment models.
- It takes an increased investment at the front end of care to reduce costs on the back end of care. The fee-for-service model needs to change; the drive toward a fully capitated model is so far behind in California.
- Los Angeles County still has great fragmentation of services; systems are not set up to be responsive to needs and the referral system is not good. We need to connect systems to services with a whole person approach, rather than someone needing to go one place for mental health services then another place on another day for substance abuse services.
- There's a difference with Medi-Cal services for mental health disability versus physical disability and access to in-home support services. This can land people in the emergency room or hospital at higher rates.
- There's a need for hospitals to join in advocacy efforts for investment in community-based healthcare.
- Telehealth is great when transportation is an issue, but broadband coverage is not available for all who need it. There's too much reliance on telehealth now; in-person visits would help underscore the need for vaccinations and cancer screenings.
- There's a lack of access to primary care, behavioral health and dental care. When individuals have these services, life improves overall and they are more prepared to receive other services, i.e., housing assistance, treatment programs, etc.
- There's a lack of family practice and specialty care providers.
- In South Los Angeles, many people lack health homes. There's a need to build out medical practices in these medical deserts and connect with low-income housing site coordinators.
- Access to care and equitable density of clinics and FQHCs in certain areas is challenging. We need to locate clinics and health access points near where people live, which ensures providers are familiar with the neighborhood and able to provide a more intimate, culturally relevant level of care. FQHC hours should expand to include evenings and weekends for increased access.
- Patients want to see workers who are culturally congruent. Hospitals should continue to ensure their workforce reflects the communities they serve. This can lead to better outcomes.
- The Rampart division area has a dense, transient population. There are many street doctors and outdoor vendors that take advantage. There's a great need for accessible, affordable healthcare.
- There is inequity in medication access for addictions. There are alternatives to methadone, but a lack of access for under-resourced populations. Commercial health insurance drives what is prescribed. Maybe hospitals could make buprenorphine more accessible to drug treatment programs.
- Health information needs to be in indigenous languages.
- Community navigators are important. These trusted community leaders are key in bridging gaps to childcare, transportation, health insurance and healthcare navigation.

- Access to site-based healthcare is the biggest issue for persons who are homeless and rely on public transportation. But mental health and substance abuse issues affect their ability to use the services. There's great need for more ambulatory services.
- Consider supporting/increasing home ownership as a solution to equity and stabilization for low-income and persons of color. Persons of color will not get out of this centuries-long disparity without economic growth and protection of home ownership.
- Community-based organizations are struggling with limited funding. A solution could be to invest sustained funding in organizations to help them build stability and grow stronger, provide mentorship, and help leaders get advanced degrees or training, particularly with Black-led organizations that are often grossly underfunded.
- There's a need for racial equity emphasis in all services and funding for language justice interpretation.
- This area is surrounded by freeways, causing air pollution, and breathing problems. How do we educate families, and corporations, too, in the role they play in keeping communities safe and healthy?
- The Build Back Better Act needs to help recreate the social safety net in this country, ensure the right to vote, and pay workers higher wages. It's important that healthcare be preventive, not just curative; people need help finding resources to improve their lives.

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

- COVID-19 revealed very dramatically how poorly prepared we all were to deal with a pandemic, and how vulnerable public health and medicine are to mistrust. Investment in overall healthcare infrastructure is needed to deal with and to have capacity to access resources in a crisis like this.
- The pandemic ripped the roof off of the disparities we know, exposed them for what they are in terms of access to care and resources and ability for people to take care of themselves.
- Income inequality was highlighted by COVID-19. Historically underserved communities with high population density were the hardest hit.
- The disparities between wealthy and low-income communities were highlighted. We saw differences in vaccination rates and the timely fashion in which people could receive care.
- There's a lot of delayed care due to fear and hesitancy. It's likely that over the next few years, we'll see an increase in cancer and people dying of heart attacks.
- The pandemic brought up fears around public charge, especially with accessing health services. There has been an increase in untimely deaths, and the associated burden of expenses.
- Oral health programs stopped on March 13, 2020. Many kids needed to see the dentist at that time, but we don't know yet what the impact is of not going to the dentist. We see pop-up dental care happening in people's homes.

- The pandemic increased fear and division.
- African Americans and Latinx communities have mistrust in the system. As a result, case rates, death rates and vaccination status of the most vulnerable communities suffered.
- Boyle Heights was very hard hit with COVID-19. There's progress, but misinformation makes it very difficult to make vaccination decisions. People rely on news from social media family and friends.
- Vaccination rates are much lower in Westlake, Macarthur Park, and Pico Union neighborhoods.
- In trying to understand vaccine hesitancy, we need to understand how challenging it must be for an individual who wants to get vaccinated but can't take time off work or get childcare, then add in structural racism and distrust of the system— this all affects one's decisions.
- Many older adults were already living with roommates or family, and many of those people got sick. Then with the loss of income, they became housing insecure which led to mental health issues. When senior centers closed, it left older adults isolated with loss of access to the outside world.
- Telehealth wasn't an ideal solution for young people who needed mental health services; they lacked private space for counseling.
- The digital divide affected many low-income populations who lacked technology or devices.
- Technology can be great but if you're depressed, you're not going to navigate confusing and complicated websites to get access to services.
- The healthcare system has experienced burnout with no relief. It's a system of care that's overburdened.
- Clinics were overwhelmed treating patients with COVID, giving vaccinations, and gearing up to do telehealth, all while being understaffed. For patients who put off care, it's taking them longer to get care because clinics are still understaffed.
- With the lack of in-person postpartum lactation support, families are struggling to get services.
- COVID-19 highlighted the power of community solutions. In SPA 6, many organizations came together to meet community needs and helped support businesses so they didn't go under.
- Agencies found creative ways to establish emergency safety net funds to meet community needs.
- The government has poured a lot of money into helping those agencies who are doing the work.
- The education system was disrupted and there's a ripple effect—getting kids into school and keeping them in school. If they're having problems now, this may affect their ability to finish high school and get a higher education, which has direct impact on employment, wealth, and where they can afford to live.
- There was a significant gap in learning loss during distance learning. Often, parents couldn't help or support their children's learning. Now that they are back in school, support is needed for parents and kids, including grief counseling for loss during COVID-19.
- Stress levels at home among families were affected. We know there was an increase in domestic violence. As a mental health agency, we're preparing for what will come after the health emergency subsidies. Being at home for so long created a lot of problems for families.
- People became more physically active if they were in a safe neighborhood. Otherwise, the pandemic contributed to obesity and poor nutrition.
- The need for food is greater than ever. The influence of food deserts is a critical issue. If you're unemployed, it's more difficult to purchase healthy foods. It's all related to economic stability.

- Many had to stay homebound to stay healthy so there was great need for medically tailored home delivered meals.
- We lost untold jobs in our community that have not been replaced. Health insurance was lost with jobs.
- There's been a lot of displacement with unemployment being so high; people cannot afford rent. Many were evicted despite moratoriums. Applying for protections is very confusing and there's not enough assistance for the need.
- The housing crisis, plus multiple families living in same dwelling, meant COVID-19 ripped through these families. The pandemic highlighted overcrowded living conditions.
- Economic insecurity and housing instability grew, affecting who's at risk for homelessness. With so many congregate shelter settings, the pandemic shifted how services were provided and how people were prioritized. A decrease in density in shelters meant more were on the street.
- COVID-19 underscored the need for street outreach teams for persons who are homeless, with ongoing connection to primary care, provision of vaccines, and psychiatric medications.

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

- We need to acknowledge fears, welcome the community back, then provide opportunities for a comprehensive post-COVID-19 checkup that integrates social support, mental health, and cancer screenings.
- People need to know how to get connected to screening services, and hopefully the services are provided by those who speak their language.
- People don't want to get diagnosed if treatment isn't available to them. The assurance of care is important.
- Need screening appointments sooner than two months out.
- Need to be clear about preventive screening guidelines, i.e., frequency of cervical cancer screening.
- FQHC clinics would embrace partnerships with hospitals to help roll out screenings and educational resources to the community and to providers. Clinics are less intimidating than hospitals.
- Focus on the importance of preventive care. Roll out a "get screened" educational campaign with messaging in all the major languages.
- Digital ads are great, but many people lack technology access so a multi-faceted approach is needed.
- Learn from vaccine campaigns where successes were incentives and emphasizing the family angle, i.e., get screened together as a family.

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

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

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

Smoking

- With the smoking decline over the years, we lost the zeal to get rid of smoking entirely.
- There's a need for more smoke-free campuses; the lack of these is a barrier.
- Smoking cessation treatments are underutilized. Every medical center should be able to identify and treat, and then connect with treating facilities.
- Smoking cessation needs to incorporate stress management techniques.
- Incentives such as patches and gum can help increase attendance at cessation classes; but other barriers may be class times or technology access.
- For many, smoking is a stress reliever. For a community faced with the unlikelihood of surviving past a certain age, smoking prevention isn't on their radar.
- It's disproportionately people who are poor who smoke.
- We see high smoking rates among Black/African American women and Koreans in Koreatown. They may lack access to providers who promote cessation.
- Many stores sell vaping supplies, so it's common among children. Social media contributes to the issue – kids think vaping is cool. Parent education is needed.
- Parents are starting to feel more comfortable with starting conversations with kids, while marijuana use is more uncomfortable to talk about.
- With anti-vaping/smoking treatment, providers are disassociated from the behavioral health system. Behavioral health should include mental health and substance abuse.
- For those struggling to recover from substance abuse, adding smoking cessation is too overwhelming for them.

HPV vaccination

- People are convinced that early sex activity is endorsed if their child gets the vaccine. This stems from an inability to talk about reproductive health. Pediatricians need to be trained how to talk with parents about sex.
- Physicians don't do a great job educating parents, they give information handouts, which is not enough.
- When presented as an option during an appointment, it's easy to decline due to lack of information.
- HPV is still new and people don't get it, so it's about an educational campaign that's culturally sensitive and using media to get the word out.
- Not required by schools so not a priority unless parents are fully educated about the benefits.
- HPV vaccine is not as well known, not like measles and pertussis that we've heard about for so long.
- With California Family PACT, HPV isn't covered so providers need to absorb the cost.

Attachment 4

Community Survey

PIH Health Good Samaritan Hospital and California Hospital Medical 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 Korean. The survey link was available from November 15, 2021 to February 19, 2022 and during this time, 32 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

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

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

- Weight
 - Overweight
 - How to prepare healthier meals
 - Lack of physical exercise
 - Obesity
- Drug/alcohol abuse
- Access to healthcare
 - Outpatient and affordable residential treatment programs
 - Affordable healthcare
 - High health insurance costs
 - Stroke recovery
 - Undocumented access
 - No designated primary care doctors
 - Long appointment times/availability

- Overall Health
 - Medications
 - Health management
 - Dental Care
 - Vision care
- COVID-19
 - Staying mentally and physically strong during pandemic
 - Out of work
- Chronic Diseases
 - Diabetes
 - High blood pressure
 - Kidney problems
 - Parkinson's
 - Asthma
 - ADHD
 - Chronic Migraines
 - Anemia
 - Hypertension
 - Heart conditions
 - Cholesterol
- Affordable services
 - Cost of diabetic supplies
- Fear of going to the doctor
 - Finding a good doctor and receiving good service
- Language barriers
 - Not having enough medical staff that speaks or understands various languages
- Cost of foods in community
 - Healthier options are too expensive

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

- Homeless individuals
- Older Adults
 - by interstate and industry

- Youth
 - Youth working-class
- LGBTQ+
 - LGBTQ youth
- Racial/ethnic groups
- Undocumented
- Senior Communities
- Unhoused children
 - due to immigration
- Low-income/middle-income residents and families
- Middle-aged adults
- Uninsured

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

- Primary Care Physicians
- Pharmacies
 - CVS
 - Walgreens
- Specialists
- Clinics
 - Free community clinics
- Hubert Humphrey Clinic
- Planned Parenthood
- Kaiser Permanente
- Urgent Care
- Sutter Health
- Constantly changing - whatever is available
- Wesley Clinic in Bell Gardens

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

Answer Choices	Percent
It costs too much	48.0%
I am not eligible or do not qualify	44.0%
It is too confusing to sign up	8.0%
I don't think I need health insurance	7.0%
I haven't had time to deal with it	4.0%
I am waiting to get coverage through my job	0.0%
Does not apply, I have health coverage	80.0%

Total equals more than 100% as respondents selected more than one option.

Reasons for no medical insurance (other answers only):

- Constantly told they are not qualified for it
- Undocumented so not eligible

The most recent time you are a family member of your household delayed or went without needed healthcare, what were the main reasons?

Answer Choices	Percent
Could not get an appt./long wait for appt.	48.3%
No insurance and could not afford care	44.8%
Insurance did not cover the cost of the procedure or care	27.6%
Not knowing where to go or how to find a doctor	20.7%
COVID-19 appt. cancellation/concern for infection	20.7%
Lack of provider awareness and/or education about my health condition	20.7%
Technology barriers with virtual visits/telehealth services	13.8%
Language barriers	10.3%
Did not delay healthcare—received all the care that was needed	10.3%
Distrust/fear of discrimination	8.0%
Lacked transportation to appointment	6.9%
Not having a provider who understands and/or respects my cultural or religious beliefs	0.0%

Total equals more than 100% as respondents selected more than one option.

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

- Will have to take time off work
- High co-pays
- Current doctor retired—not found a new one yet so goes to urgent care when sick
- Dental care—trouble finding a good dentist
- Lack of transportation—clinic is too far

Have you received a COVID-19 Vaccine?

Answer Choices	Percent
Yes	96.8%
No	3.2%

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

- Not being able to travel
- Reduced activities
- Personally had COVID-19
- Loss of jobs
- Mental health
 - increased stress
 - anxiety
 - depression
- Fear of Instability
 - management of finances
- Higher risk of exposure due to job
- Wanting a better sense of normalcy for children
- Undocumented
 - no financial assistance
- Loss of family members
- Isolation
- Homelessness
 - apartment and places to stay cost too much
- Overall fear
- Long-lasting side effects from contracting COVID-19

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

The survey respondents listed the top important community needs as: birth indicators, chronic conditions, COVID-19, overweight and obesity, and education.

Other Issues:

- Lack of clinics that offer mental health care to all
- Lack resources, need more information
- Mental health in adolescents
- Abuse of marijuana

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

Have you received any cancer screenings (colonoscopy, mammogram, pap smears or lung screening) this past year?

Answer Choices	Percent
Yes	45.2%
No	45.2%
Don't Know	9.6%

Other:

- All yes, but the lungs
- Free mammogram

If you have not had a cancer screening in the past year, what kept you from getting a cancer screening in your local area?

Answer Choices	Percent
Don't know how to get a screening or where to go	42.11%
COVID-19 made it too difficult to get an appointment	36.84%
Cost of test	15.79%
Didn't have time to get screened	5.26%
Fear of taking the test	0.00%
Fearing of finding out the test results	0.00%

Other:

- Fear of leaving home
- The invasive nature of essential female anatomy screenings
- Not asked to screen for cancer by doctor

If you or a loved one were diagnosed with cancer, what barriers have you experienced to getting cancer treatment in the local area?

Answer Choices	Percent
Cost	11.5%
COVID-19 made it difficult to obtain treatment	7.8%
Don't know where to go for treatment	3.8%
Fear of the treatment	0.0%
Don't have time to get treatment	0.0%
Not applicable—no one I know has been diagnosed with cancer	76.9%

Other:

- In remission
- Insurance company took too long to affirm treatment
 - Took a couple of months post-diagnosis to begin treatment

How worried are you about not being able to pay medical costs for you or your family member's cancer care, including screenings and treatment?

Answer Choices	Percent
A great deal	55.2%
A lot	20.7%
A moderate amount	10.3%
A little	6.9%
None at all	6.9%

Share any concerns or comments you have for the hospitals:

- More bilingual staff, doctors and nurses are needed
- More social workers at the hospitals so they can work directly with patients and their families
- More mental health providers at each hospital and clinic sites
- Long-term treatments become costly and hard to manage
- Fair and equitable treatment, no matter the ability to pay
- Customer service at times lacks respect
- Hospitals not offering the same care and attention to those who are undocumented
 - Don't want to seem like a public burden so afraid to receive medical treatment
 - When getting medical treatment can't afford the services
- Long wait times
- More low-income health insurance opportunities

Demographics of Survey Respondents

Age

Age	Percent
Under 18	0.00%
18-24	6.7%
25-34	6.7%
35-44	33.3%
45-54	26.7%
55-64	13.3%
65 and older	13.3%

Gender Identity

Gender Identity	Percent
Female	76.7%
Male	23.3%
Non-binary	0.0%

Race/Ethnicity

Race/Ethnicity	Percent
White/Caucasian	13.3%
Black/African American	6.7%
Hispanic/Latino	66.7%
Asian/Asian American	10.0%
Native American/Alaska Native	0.0%
Native Hawaiian or other Pacific Islander	0.0%
Another race	0.0%
More than one race	0.0%
Other (South Asian)	3.3%

Attachment 5

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 211la.org.

Access to Healthcare

- AltaMed
- Amanecer Community Counseling Service
- Central City Neighborhood Partners
- Charles R. Drew University of Medicine and Science
- CinnaMoms
- Clinica Medica Alvarado
- Clinica Romero
- CultivaLA, Inc.
- Eisner Health
- Homeless Health Care Los Angeles
- JWCH Wesley Health Centers
- Karsh Center
- KHEIR Center
- L.A. Care Community Resource Centers
- Los Angeles Christian Health Centers
- Los Angeles County Department of Health Services
- Los Angeles Unified School District
- MLK Community Healthcare Clinics
- Northeast Valley Health Center
- Planned Parenthood
- QueensCare Health Centers
- Saban Community Clinic
- South Central Family Health Center
- Southside Coalition of Community Health Centers
- St. John's Well Child & Family Center
- T.H.E. (To Help Everyone) Health and Wellness Centers
- The People Concern
- The Wellness Center at LAC+USC Medical Center
- UMMA Community Clinic
- USC Dental Clinic
- Venice Family Clinic
- Via Care Community Health Center
- Westside Family Health Center

Birth Indicators

- Black Infant Health Program

- Black Women for Wellness
- Central City Neighborhood Partners
- Charles R. Drew University of Medicine and Science
- Children’s Bureau of Southern California
- CinnaMoms
- Eisner Health
- Esperanza Community Housing Corporation
- First 5 LA (Welcome Baby Program)
- KHEIR Center
- Kindred Space LA Birthing Center
- Los Angeles County Department of Public Health (African American Infant and Maternal Mortality AAIMM Initiative and AAIMM Village Fund)
- MAMA’S Neighborhood
- Maternal and Child Health Access
- Maternal Mental Health NOW
- MLK Community Healthcare Clinics
- Nurse-Family Partnership Program
- PHFE WIC
- Planned Parenthood
- QueensCare Health Centers
- Soul Food for Your Baby
- Visión y Compromiso
- Watts Healthcare
- Wellnest - Emotional Health & Wellness

Chronic Diseases

- AltaMed
- Charles R. Drew University of Medicine and Science
- Clinica Romero
- Eisner Health
- Homeless Health Care Los Angeles
- JWCH Wesley Health Centers
- KHEIR Center
- L.A. Care Community Resource Centers
- Los Angeles Christian Health Centers
- Los Angeles County Department of Health Services
- MAMA’S Neighborhood

- MLK Community Healthcare Clinics
- Planned Parenthood
- Project Angel Food
- QueensCare Health Centers
- Saban Community Clinic
- South Central Family Health Center
- Southside Coalition of Community Health Centers
- St. John’s Well Child & Family Center
- T.H.E. (To Help Everyone) Health and Wellness Centers
- Universal Community Health Center
- Venice Family Clinic
- Watts Healthcare
- Westside Family Health Center
- YMCA

COVID-19

- AltaMed
- Brotherhood Crusade
- Central City Neighborhood Partners
- Charles R. Drew University of Medicine and Science
- Clinica Romero
- Community Coalition (CoCo)
- Community Health Councils
- CORE
- CultivaLA, Inc.
- Eisner Health
- Esperanza Community Housing Corporation
- KCS Health Center
- Kheir Clinic
- L.A. Care Community Resource Centers
- Los Angeles Christian Health Centers
- Los Angeles County Department of Public Health
- Los Angeles Unified School District
- MLK Community Healthcare Clinics
- National Health Foundation
- QueensCare Health Centers
- South Asian Network

- South Central Family Health Center
- Southside Coalition of Community Health Centers

Economic Insecurity

- Catholic Charities of Los Angeles, Inc.
- CD Tech
- Children's Bureau of Southern California
- Chrysalis
- Clinica Romero
- Community Health Councils
- Corporation for Supportive Housing - Los Angeles
- Esperanza Community Housing Corporation
- Fair Housing Foundation
- Hunger Action LA
- Imagine LA
- InnerCity Struggle
- Jewish Free Loan Association
- Jewish Vocational Service
- Karsh Center
- Korea Town Youth and Community Center
- Korean American Federation of Los Angeles
- LA Conservation Corps
- L.A. Works
- Lift Los Angeles
- Los Angeles Black Worker Center
- Los Angeles County Department of Health Services (SECTOR Program)
- Los Angeles Transition Center
- Maternal and Child Health Access
- Mexican American Opportunity Foundation
- Neighborhood Legal Services of Los Angeles County
- New Economics for Women
- Para Los Niños
- Pathways Out of Poverty – United Way
- St. Barnabas Senior Services
- Strategic Action for a Just Economy (SAJE)
- T.R.U.S.T. South LA

- Urban Partners LA
- Watts Labor Community Action Committee
- Worker Education and Resource Center (WERC)
- YouthBuild

Education

- Alliance for a Better Community
- Boys & Girls Clubs of America
- BreastfeedLA
- Bresee Foundation
- Catholic Big Brothers Big Sisters of Los Angeles
- Children's Bureau of Southern California
- Child360
- Community Build
- Families in Schools
- Girls Club of Los Angeles
- Homeboy Industries
- Korea Town Youth and Community Center
- Maternal Mental Health Now
- New Economics for Women
- Para Los Niños
- St. Barnabas Senior Services
- The Children's Collective, Inc.
- Urban Partners LA
- Watts Labor Community Action Committee
- YWCA

Food insecurity

- All Peoples Christian Church
- APLA Health
- Bethel AME Church
- CalFresh
- Central City Neighborhood Partners
- Community Build
- Community Health Councils
- CultivaLA, Inc.
- Dignity and Power Now
- Everytable

- FEAST: Food, Education, Access, Support, Together
- First 5 LA
- GA foods - Nutrition for Older Adults and Recovering Patients
- Food Forward
- Hunger Action LA
- Karsh Center
- Korea Town Youth and Community Center
- L.A. Care Community Resource Centers
- Los Angeles County Department of Public Health
- Los Angeles Regional Food Bank
- Los Angeles Unified School District
- Meals on Wheels
- Mexican American Opportunity Foundation
- Para Los Niños
- PHFE WIC
- Pico Union Project
- Project Angel Food
- South Asian Network
- St. Francis Center Los Angeles
- The Ron Finley Project - Gangsta Gardener
- T.R.U.S.T. South LA
- Urban Partners LA
- Venice Family Clinic
- Wilshire Presbyterian Church
- YMCA
- YWCA
- Community Clinic Association of Los Angeles
- Esperanza Community Housing Corporation
- HOPICS
- Inner City Law Center
- LA Family Housing
- Los Angeles County Department of Health Services
- Los Angeles Homeless Services Authority (LAHSA)
- Los Angeles Mission
- Maternal and Child Health Access
- Northeast Valley Health Centers
- People Assisting the Homeless (PATH)
- Project Roomkey
- Safe Place for Youth
- Skid Row Housing Trust
- SRO Housing Corporation
- The Midnight Mission
- The Salvation Army
- T.R.U.S.T. South LA
- United Neighbors in Defense Against Displacement (UNIDAD) Coalition
- Upward Bound House
- Watts Labor Community Action Committee
- Wellnest - Emotional Health & Wellness

Housing and homelessness

- Alliance for Community Transit-Los Angeles (ACT-LA)
- Amanecer Community Counseling Service
- CDTech
- Central City Neighborhood Partners
- Clifford Beers Housing
- Coalition for Humane Immigrant Rights of Los Angeles
- Alcott Center
- Amanecer Community Counseling Service
- Children's Bureau of Southern California
- Children's Institute
- College Hospitals Help Line
- Didi Hirsch Mental Health Services
- EduCare Foundation
- Exodus Recovery, Inc.
- First 5 LA Home Visiting Programs
- Homeboy Industries
- Karsh Center

Mental health

- Korea Town Youth and Community Center
- Los Angeles County Department of Mental Health (Health Neighborhoods and United Mental Health Promoters)
- Los Angeles County Department of Public Health (Hollywood-Wilshire Wellness Community)
- Los Angeles Mission
- Los Angeles Social Isolation and Loneliness Impact Coalition
- Los Angeles Unified School District
- Maternal Mental Health NOW
- Mental Health First Aid
- National Alliance on Mental Illness (NAMI)
- OUR HOUSE Grief Support Center
- Pacific Clinics
- Painted Brain
- St. Barnabas Senior Services
- St. John's Well Child & Family Center
- The Los Angeles LGBT Center
- The Los Angeles Trust for Children's Health
- The People Concern
- The Salvation Army
- Wellnest - Emotional Health & Wellness

Overweight and obesity

- CultivaLA, Inc.
- Homeless Health Care Los Angeles
- Los Angeles Christian Health Centers
- PHFE WIC
- Saban Community Clinic
- The Salvation Army
- Venice Family Clinic
- Westside Family Health Center
- YMCA

Preventive practices

- Boyle Heights Family Resource Center
- Coach for Kids, Inc.

- Homeless Health Care Los Angeles
- Koreatown Youth & Community Center
- Latino Equality Alliance
- Los Angeles Christian Health Centers
- Saban Community Clinic
- Southside Coalition of Community Health Centers
- Venice Family Clinic
- Watts Healthcare
- Westside Family Health Center

Substance use

- Clare Matrix
- Drug Policy Alliance
- Helpline Youth Counseling, Inc.
- Homeboy Industries
- Homeless Health Care Los Angeles - Center For Harm Reduction
- Koreatown Youth & Community Center
- Los Angeles County Department of Health Services
- Safe Place for Youth
- Tarzana Treatment Centers, Inc.
- The Los Angeles Trust for Children's Health

Violence and injury prevention

- Amanecer Community Counseling Service
- Children's Bureau of Southern California
- Covenant House
- Downtown Women's Center Housing Works
- Jewish Family Service of LA
- Los Angeles County Office of Violence Prevention Programs
- Peace Over Violence
- St. Mary's Episcopal Church
- The People Concern
- Safe Place for Youth

Attachment 6

Report of Progress

PIH Health Good Samaritan Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed:

- Preventive screenings and immunizations
- Chronic diseases/disorders: overweight/obesity, cancer, diabetes, heart disease/ stroke, substance use and misuse
- Social determinants of health: access to dental care and mental health care, food security and housing/homelessness

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. Due to COVID-19, some of our annually supported programs and events were postponed. Other programs were transferred from in person events to virtual meetings to allow for social distancing. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Social Determinants of Health Access to Healthcare/ Dental Care/ Mental Health Care Food Security Housing and Homelessness

- Medi-Cal eligibility workers assisted 2,555 persons with Medi-Cal enrollment.
- Transportation services were provided for 11,430 shuttle trips to medical care for persons who lacked transportation.
- The hospital provided financial assistance through free and discounted care for healthcare services.
- Social workers provided resources and health information through a community helpline. 3,650 calls were supported.
- The *Healthy Living Magazine* was distributed to the community and provided information on disease prevention and healthy lifestyles.
- Case management for persons experiencing homelessness was provided in the Emergency Department.
- A collaboration with Whittier First Day, an emergency transitional shelter, addressed the healthcare needs of First Day residents and those who were experiencing chronic homelessness or were at-risk.
- Developed a food insecurity screening toolkit for community partners.
- Distributed digital English/Spanish flyers promoting Farmers Markets that accept food stamps. Promoted the free USDA Summer Lunch program across SPA 7.
- Supported the Integrated Community Health Coalition comprised of 14 community partners focused on meeting the communities' homelessness, mental health, re-entry from incarceration and substance use needs.

- Reached 2,319 persons through mental health public health videos and communications.
- Supported nine civic engagement/task force groups targeting the social determinants of health.
- Community support dollars were given to organizations to support social determinants of health.
 - » Individuals experiencing homelessness received food, hygiene kits and personal supplies.
 - » Youth and their families received mental health services as a result of a new Parent Child Interactive Therapy room and expanded services by two lead agencies.
 - » 2,000 pounds of food were donated and \$5,100 in grocery gift cards served over 151 families who were experiencing food insecurity.
 - » 1,040 families, 44 individuals experiencing homelessness and 739 seniors had their food security needs met.
 - » 1,360 households were served through a regional food distribution collaboration.
 - » Screened over 14,000 seniors during annual wellness visits for food security and provided resources for 447 experiencing food insecurity.

Preventive Screenings and Immunizations

- The hospital provided a COVID-19 community vaccination clinics that reached over 10,000 persons.
- Health education messages on COVID-19 were provided to the community through social media.
- During the COVID-19 pandemic, PIH Health donated excess supply of personal protective equipment to community organizations.
- Performed colonoscopies, mammograms and Pap smears.
- Provided flu vaccines and pneumonia vaccines.
- Provided funding to community organizations to support preventive screenings and vaccines and distributed social media ads to promote the COVID-19 vaccine in the Hispanic/Latino community.

Chronic Disease/ Overweight and Obesity/ Substance Use

- The Diabetes Education Center offered education programs, screenings and resources to those looking for help with managing their diabetes and living a healthy lifestyle. Over 1,300 persons with diabetes and their families were supported.
- Community health education seminars were presented by the Cancer Program on topics focused on cancer survivorship.
- Breast health education and outreach reached 116 persons.
- Smoking cessation classes reached 58 people.
- Support groups available to the community included:
 - » Grief support group
 - » Breast and women's cancer support group
 - » Metastatic cancer support group
 - » Journey through cancer support group
 - » Stroke support group
 - » Mended Hearts support group
 - » Breastfeeding support group
- Sports physicals were provided free of charge to 10 students in the Los Nietos School District.
- Supported the Partnership for Healthy Communities coalition comprised of 10 community partners addressing local overweight/obesity community health needs.
- Distributed chronic disease public health videos and communications.
- Provided funding to community organizations to support programs/services promoting healthy lifestyles and disease management.
 - » Provided 2,000 youth with healthy eating/nutrition and sports and fitness programming.
 - » 60 residents representing a high-risk population received substance use disorder treatment and care.
 - » Three schools received heart health programming and donation of playground equipment.

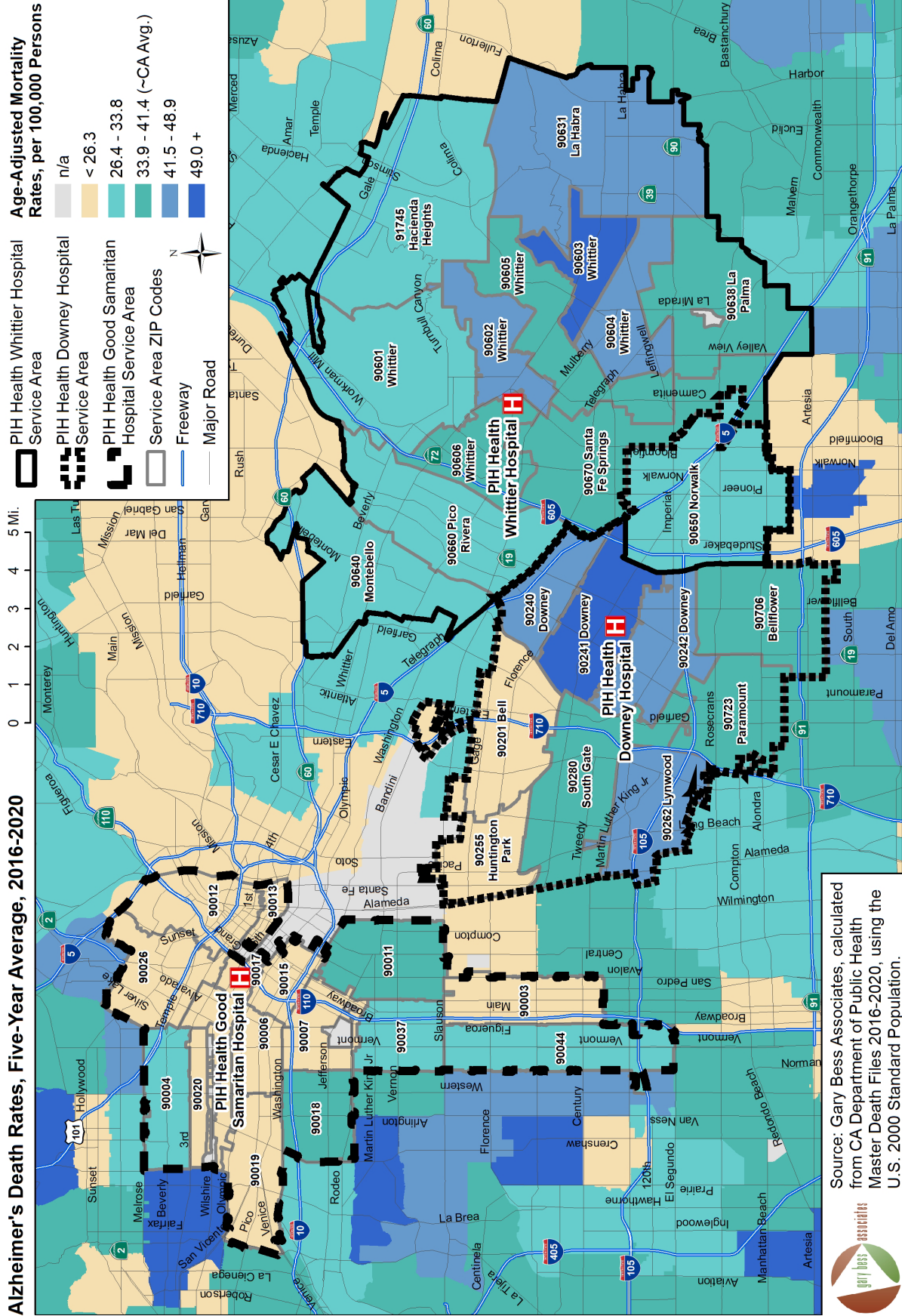
Attachment 7

Maps of Selected Community Health Indicators

The following maps represent the entire PIH Health primary service area.

- Alzheimer's disease death rate, per 100,000 persons
- Cancer death rate, per 100,000 persons
- COVID-19 death rate, per 100,000 persons
- Diabetes death rate, per 100,000 persons
- Heart disease death rate, per 100,000 persons
- Homicide death rate, per 100,000 persons
- Lung disease death rate, per 100,000 persons
- Pneumonia and influenza death rate, per 100,000 persons
- Sheltered and unsheltered population of persons experiencing homelessness
- Stroke death rate, per 100,000 persons

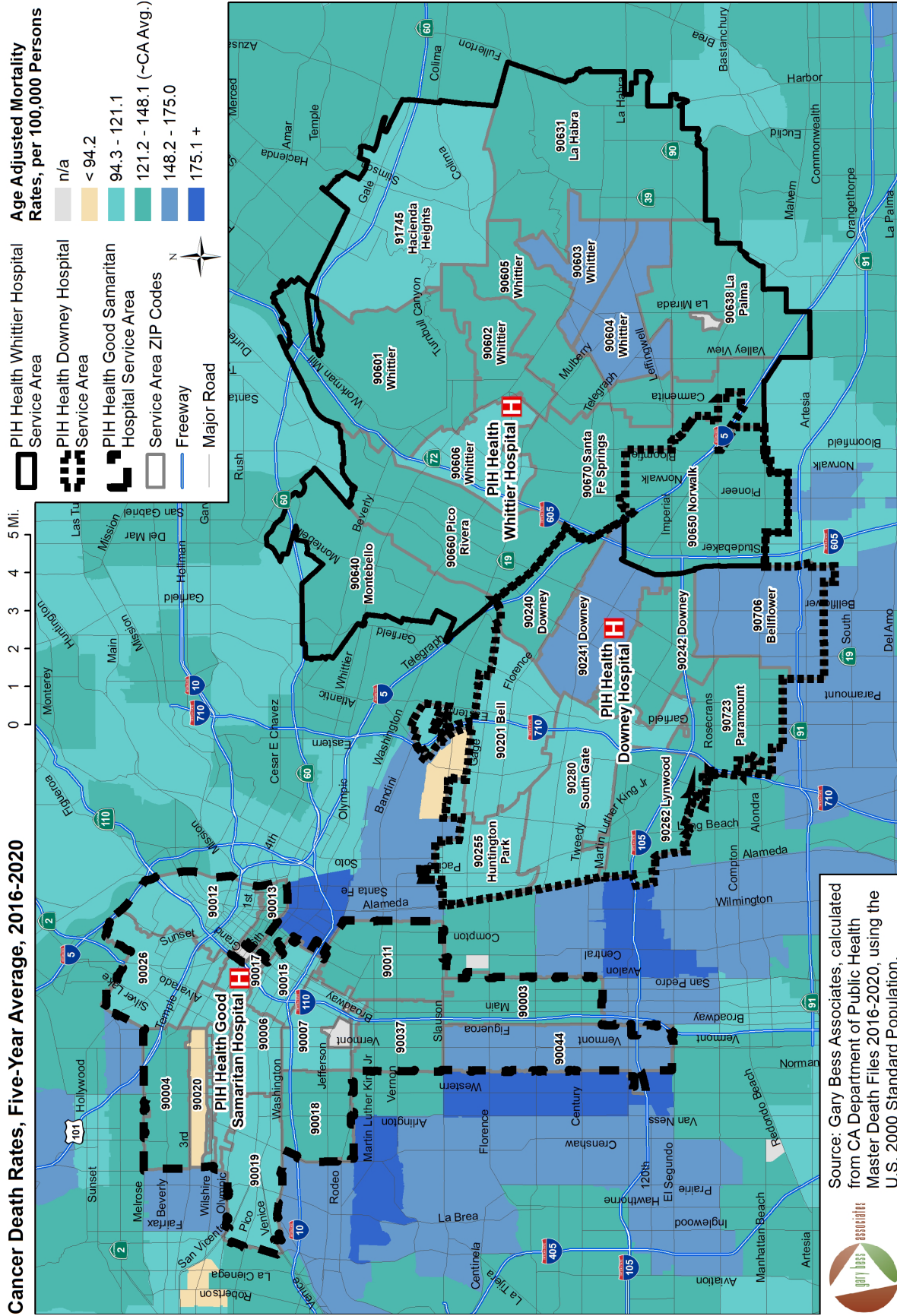
Alzheimer's Death Rates, Five-Year Average, 2016-2020



Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



Cancer Death Rates, Five-Year Average, 2016-2020

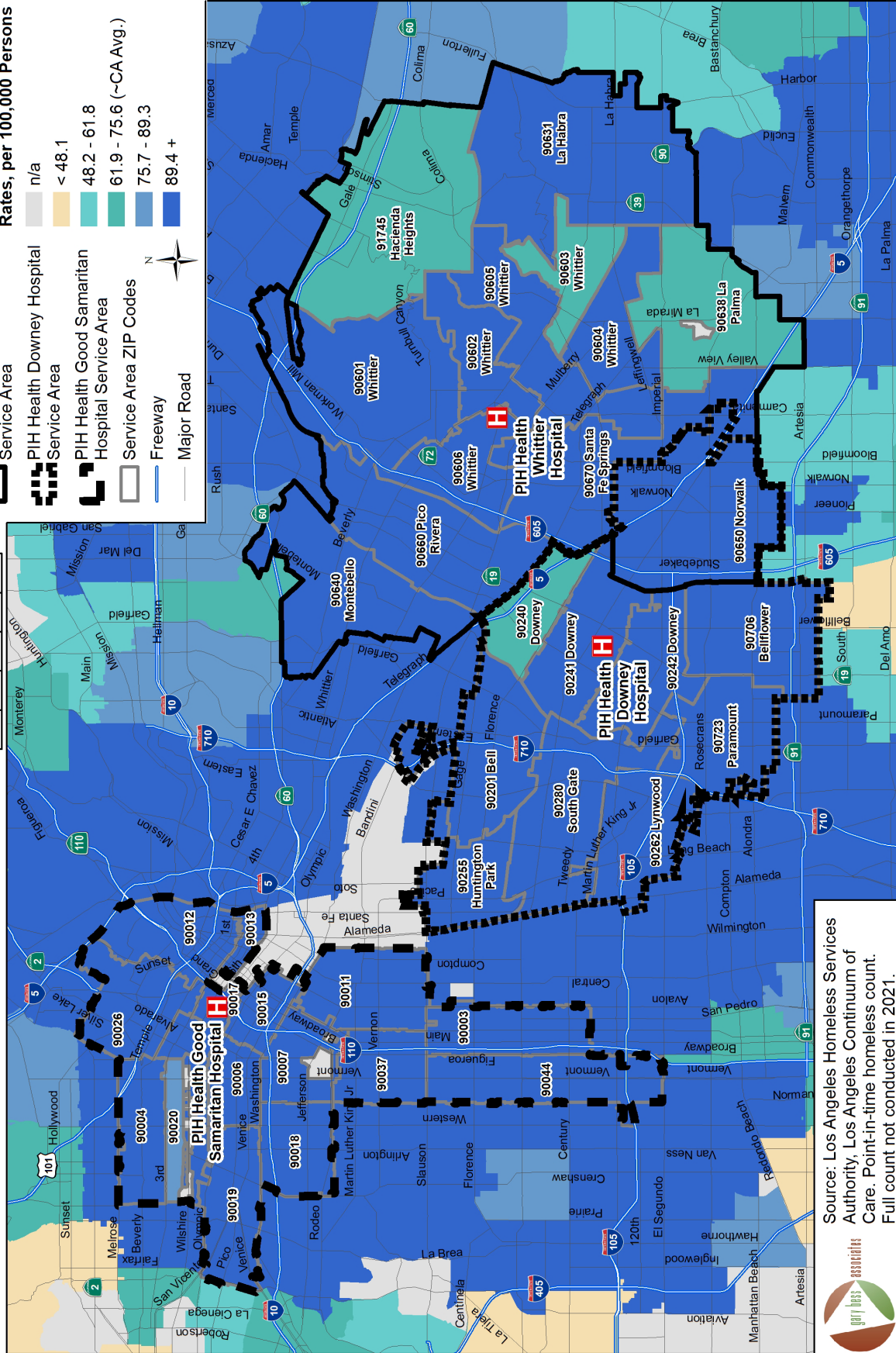


Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



COVID-19 Death Rates, 2020

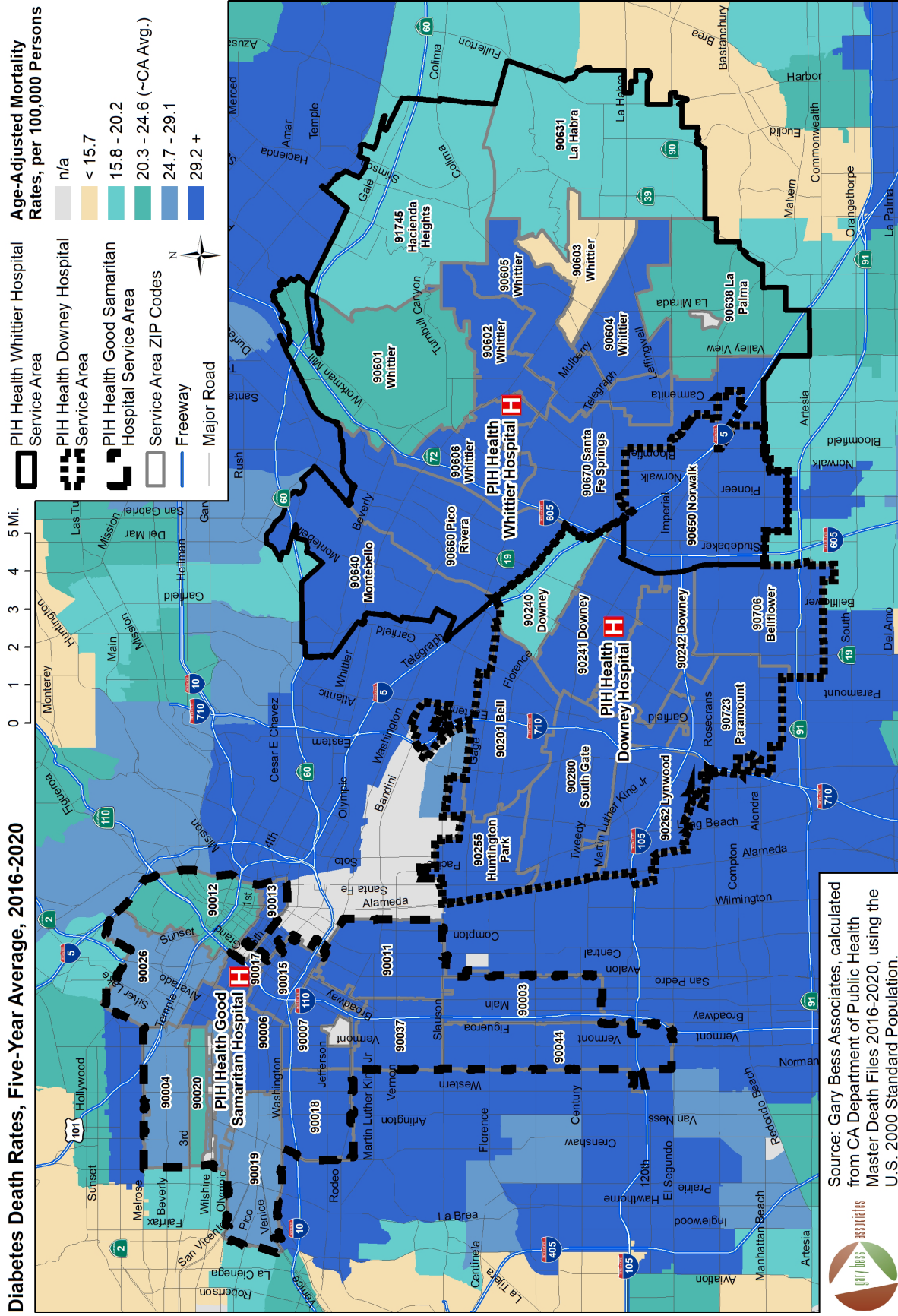
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Source: Los Angeles Homeless Services Authority, Los Angeles Continuum of Care. Point-in-time homeless count. Full count not conducted in 2021.



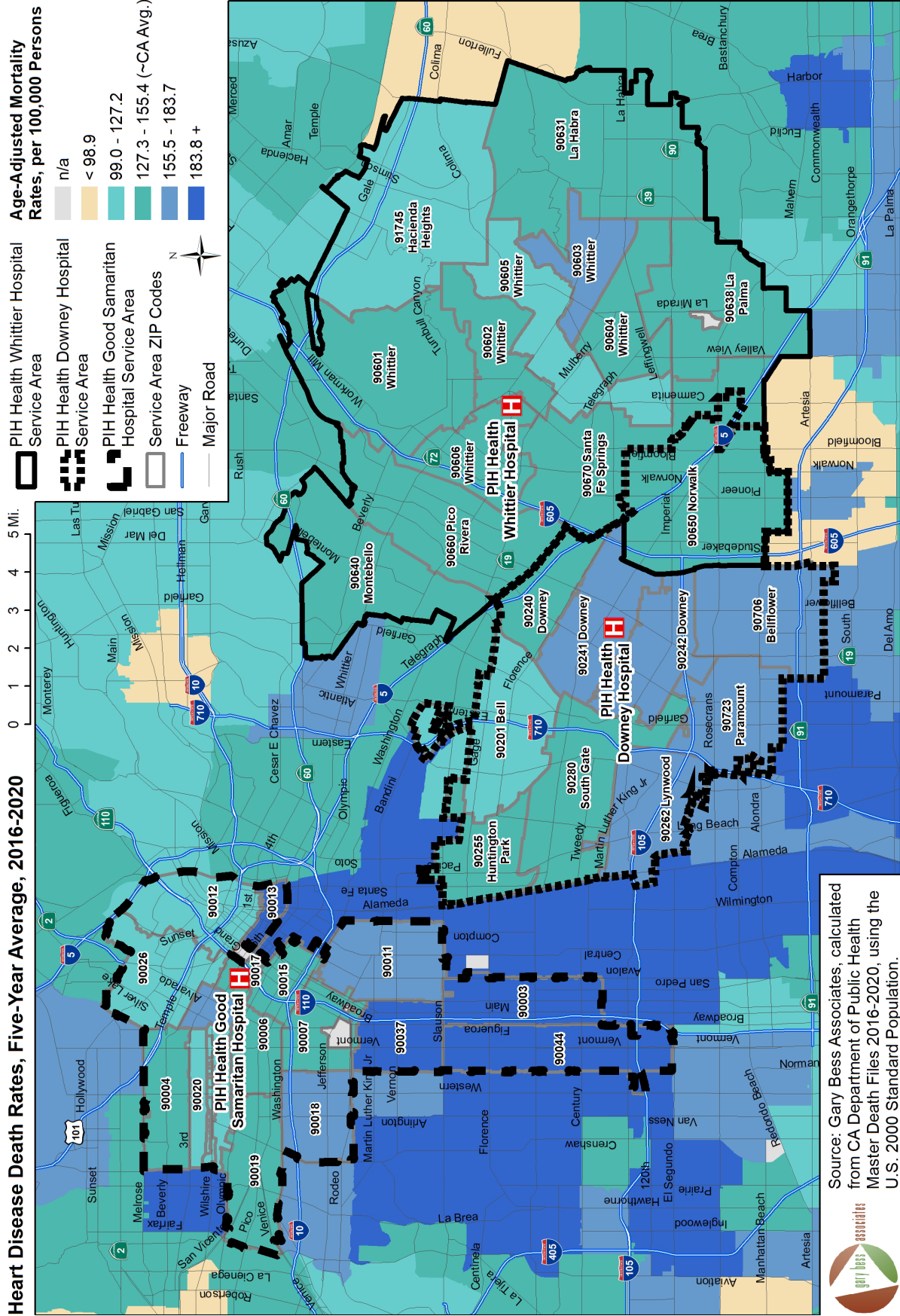
Diabetes Death Rates, Five-Year Average, 2016-2020



Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



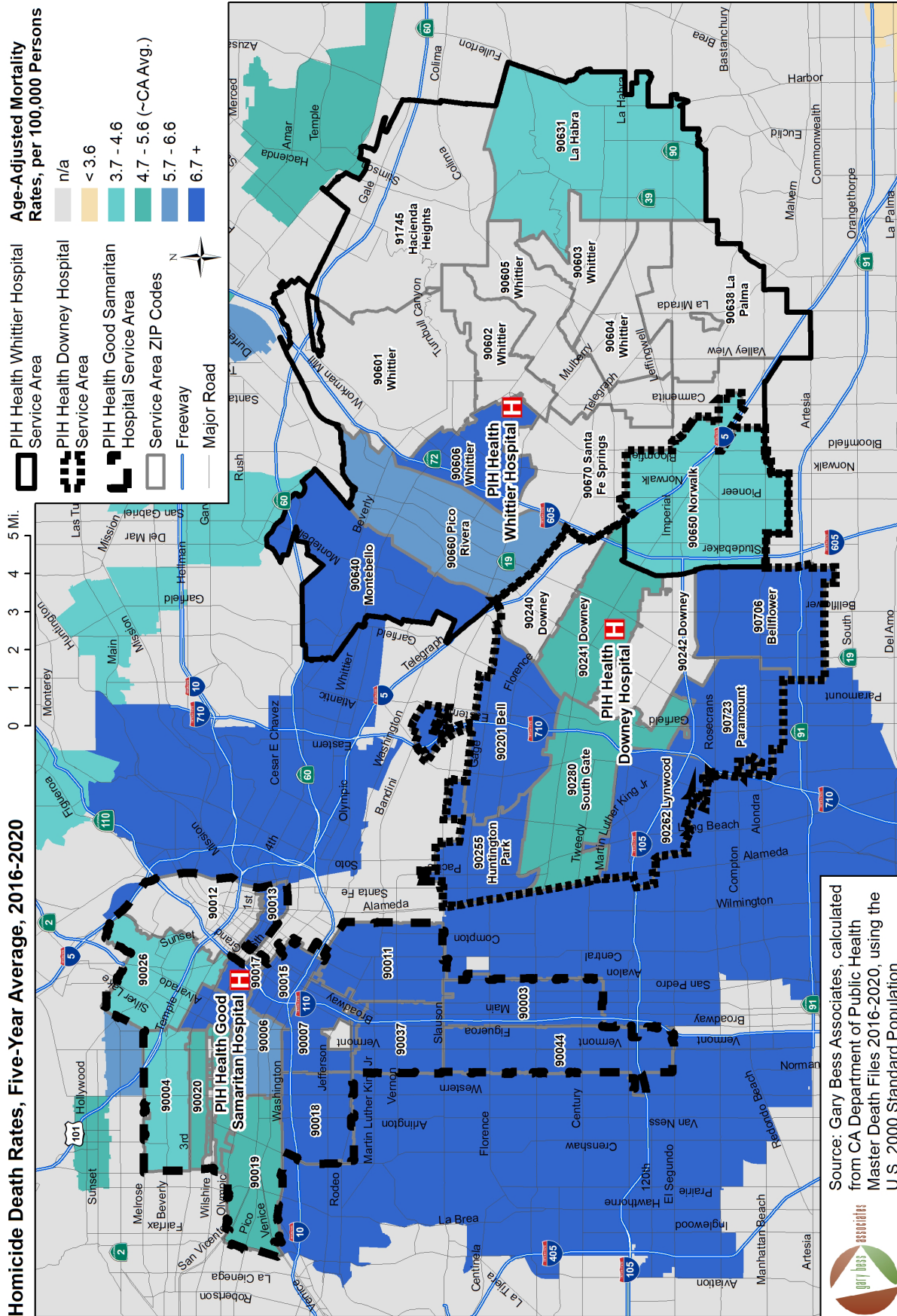
Heart Disease Death Rates, Five-Year Average, 2016-2020



Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



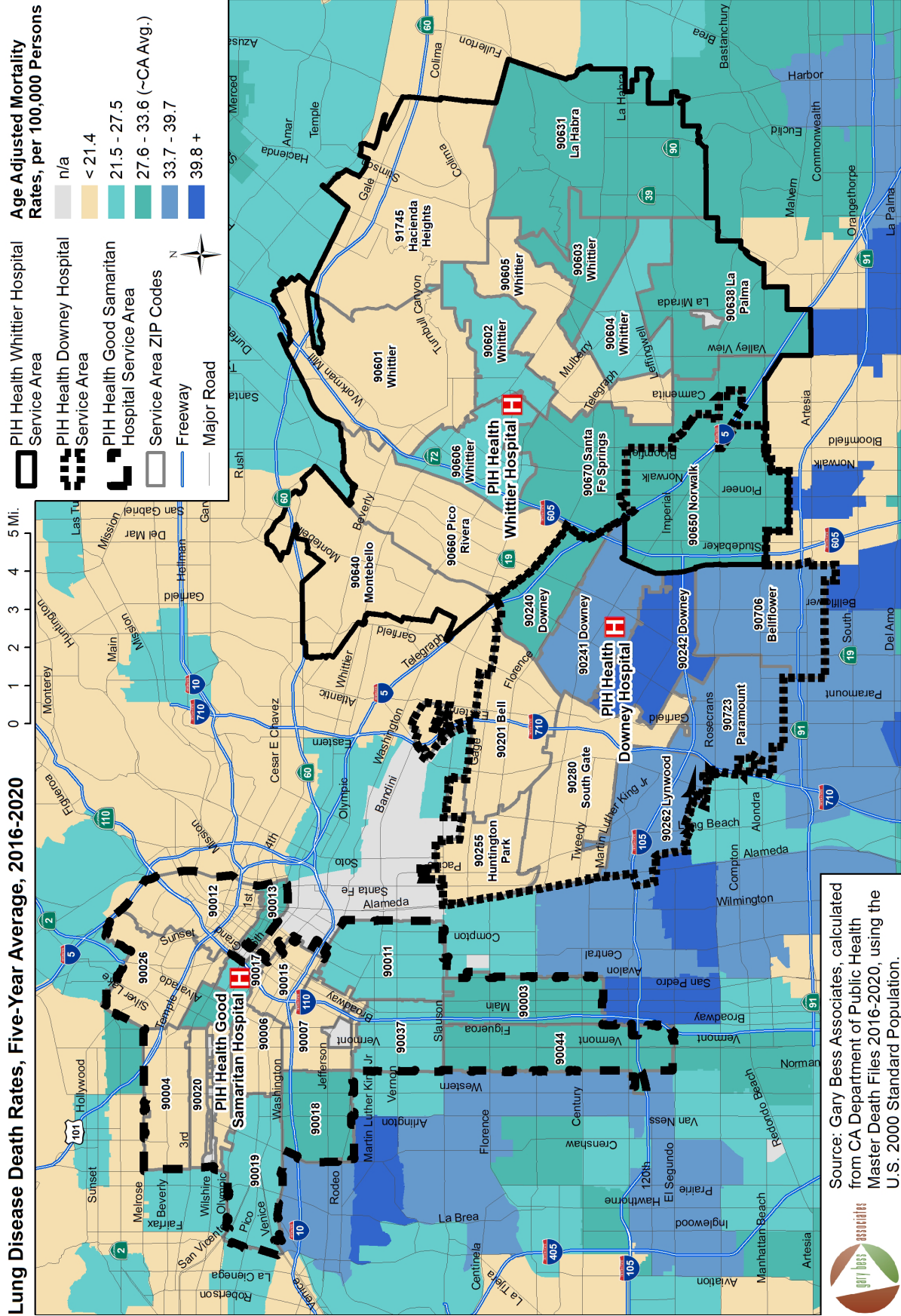
Homicide Death Rates, Five-Year Average, 2016-2020



Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



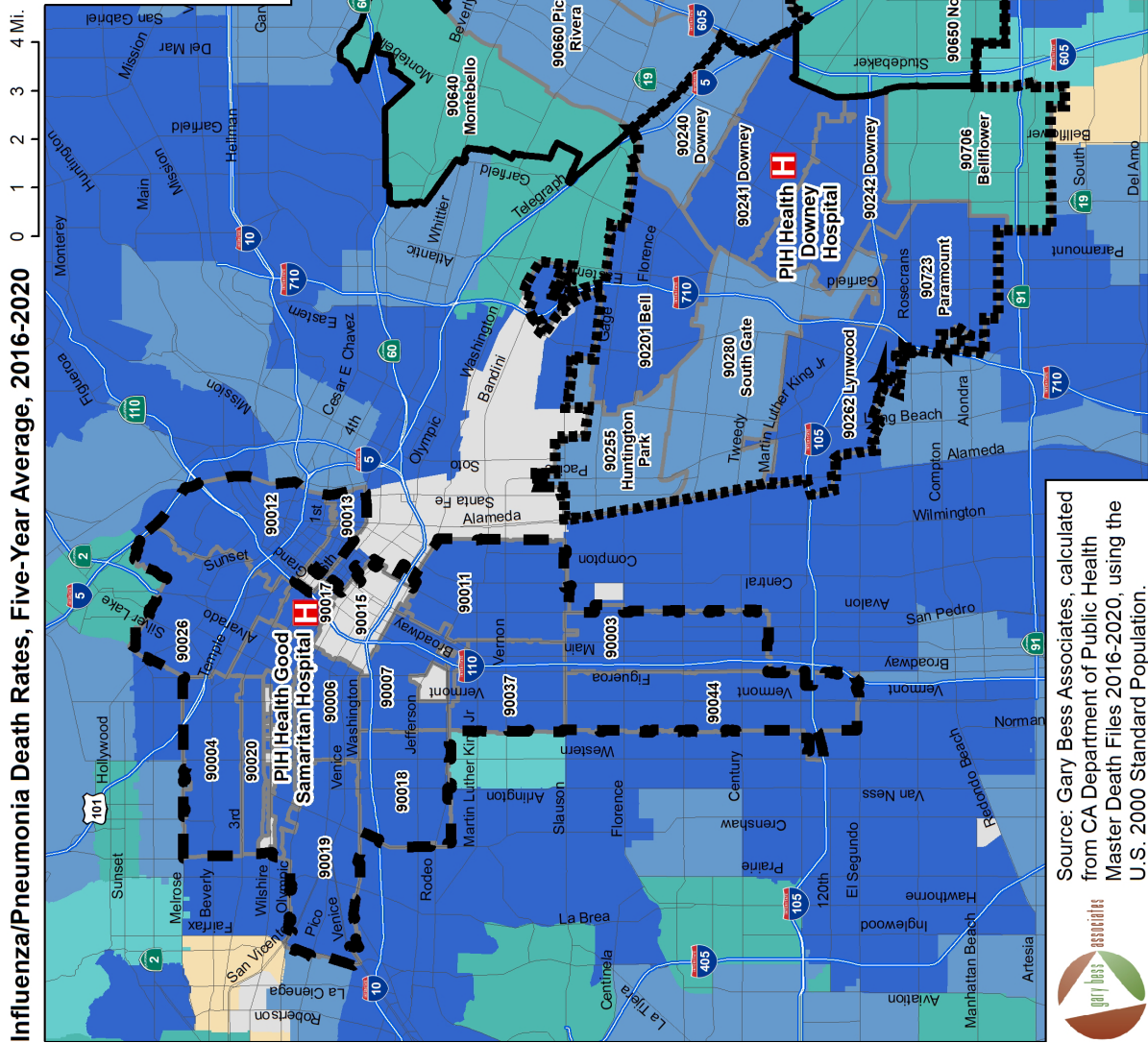
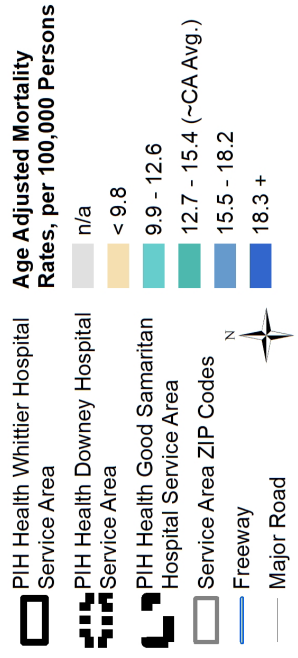
Lung Disease Death Rates, Five-Year Average, 2016-2020



Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



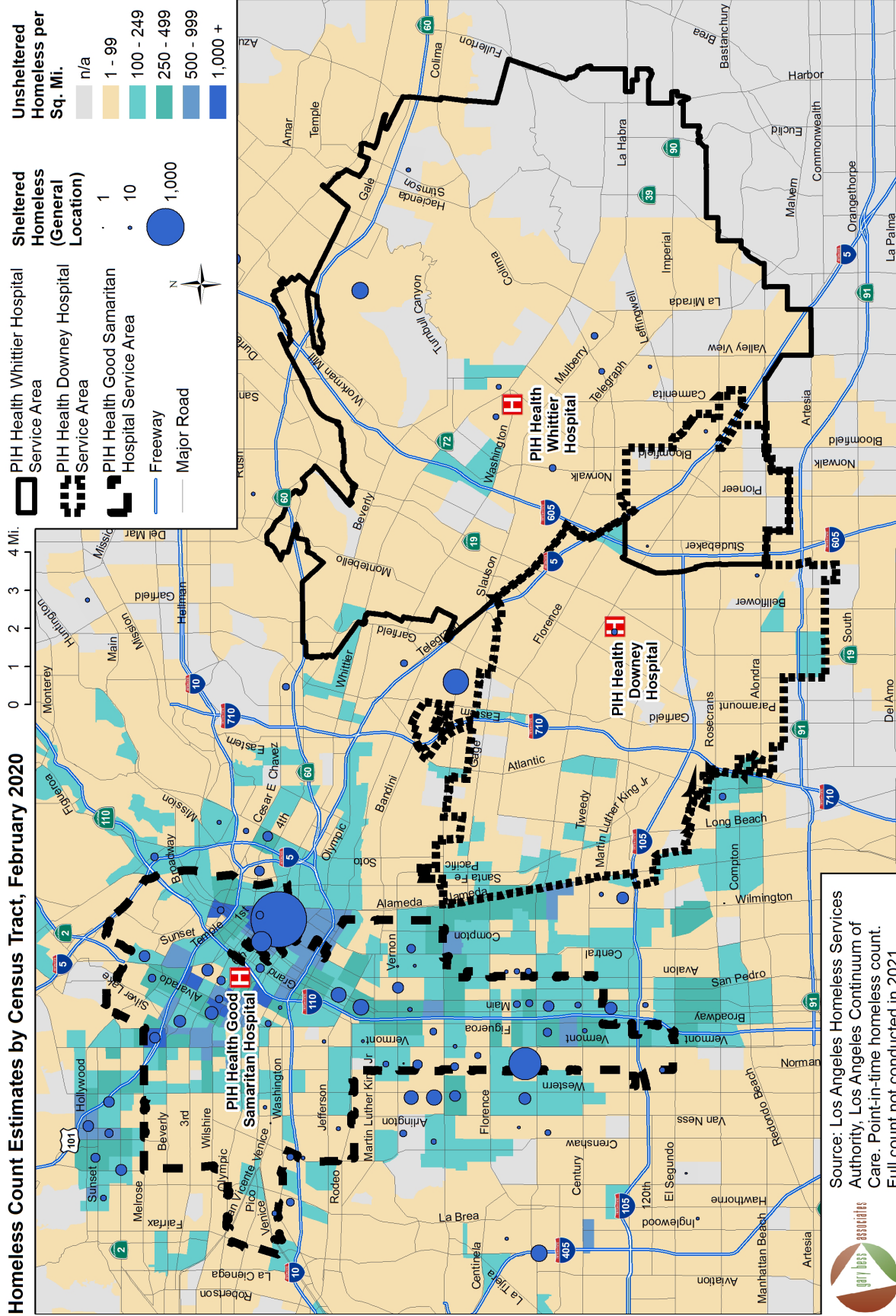
Influenza/Pneumonia Death Rates, Five-Year Average, 2016-2020



Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



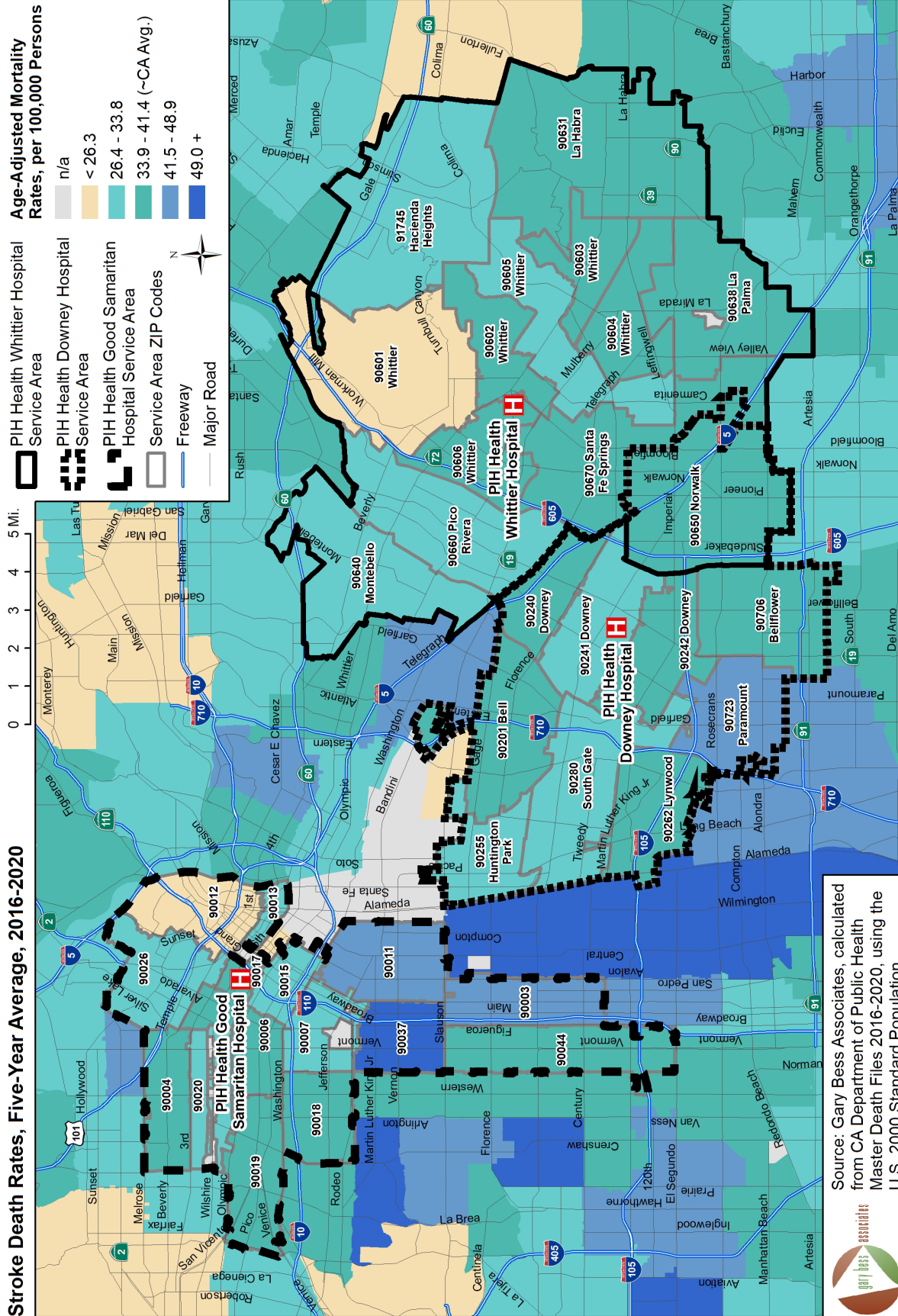
Homeless Count Estimates by Census Tract, February 2020



Source: Los Angeles Homeless Services Authority, Los Angeles Continuum of Care. Point-in-time homeless count. Full count not conducted in 2021.



Stroke Death Rates, Five-Year Average, 2016-2020



Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.





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