



Your Health and Wellness Partner

PIH Health Whittier Hospital

Representing data for the communities of Hacienda Heights, La Habra, La Habra Heights, La Mirada, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, and Whittier.

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.

PIH Health Whittier Hospital was founded in 1959 by community members who needed quality healthcare services close to home. The 523-bed hospital has grown into a healthcare system that serves residents of Los Angeles County, Orange County and the San Gabriel Valley region. In addition to the hospital, the Whittier campus is home to the Washington and Wells Medical Office Buildings, a community pharmacy, an outpatient surgery center and the Patricia L. Scheifly Breast Health Center.

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 Whittier Hospital is located at 12401 Washington Blvd., Whittier, CA 90602. The hospital’s service area encompasses 13 ZIP codes in 9 cities/communities. The service area is served by the Los Angeles County 4th Supervisorial District and the majority of the cities/communities fall within the Los Angeles County Service Planning Area (SPA) 7.*

A section of La Habra ZIP code 90631 is in Orange County. PIH Health Whittier Hospital tracks ZIP codes of origin for patient admissions. The service area was determined from the ZIP codes that reflect a majority of patient admissions from the local geographic area.

**For reference, SPA 7 communities include Artesia, Bell, Bell Gardens, Cerritos, City of Commerce, City Terrace, Cudahy, Downey, East Los Angeles, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Los Nietos, Maywood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, Walnut Park and Whittier.*

Collaborative Process

PIH Health Whittier Hospital participated in a collaborative process for the CHNA with PIH Health Downey Hospital. Given that these hospitals have a portion of the service area that overlaps, 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

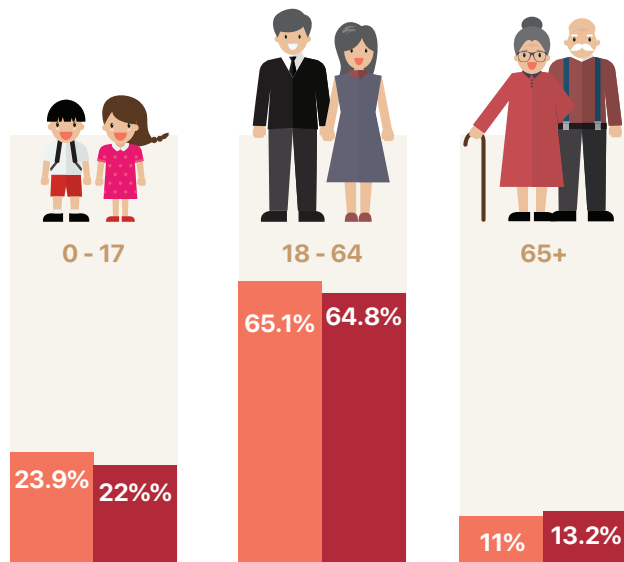
Who Are We?



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

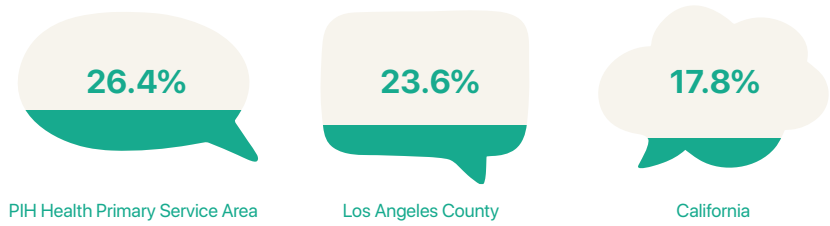
Source: U.S. Census Bureau, American Community Survey, 2015-2019



Households with Limited English Proficiency

Population age 5 and over.

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

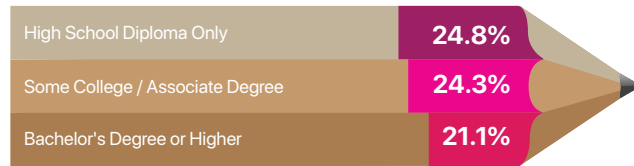


Educational Attainment

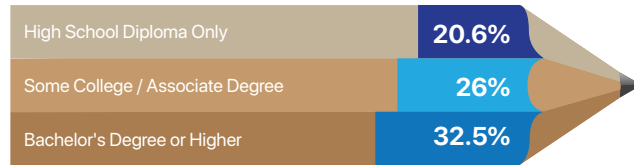
Population age 25 and over.

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

PIH Health Primary Service Area



Los Angeles County

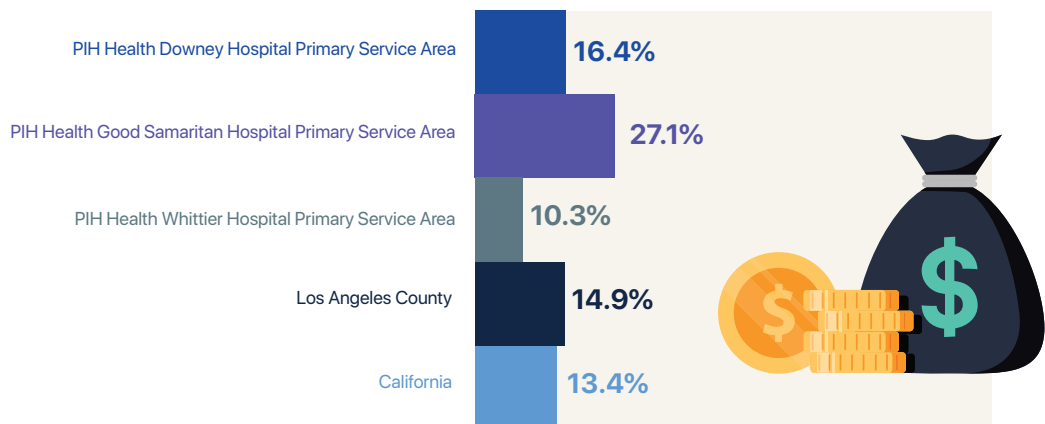


In the Primary Service Area, 29.8% of the Adult Population has less than a High School Diploma.

Poverty

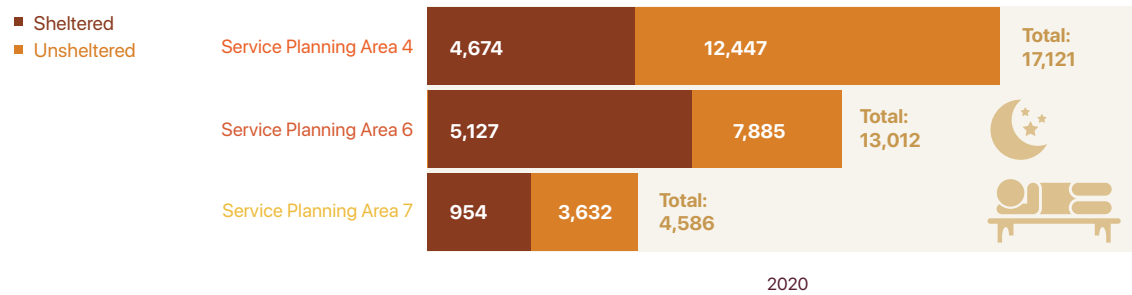
The federal poverty level is a measure of income used by the U.S. government to determine who is eligible for subsidies, programs, and benefits. The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of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

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



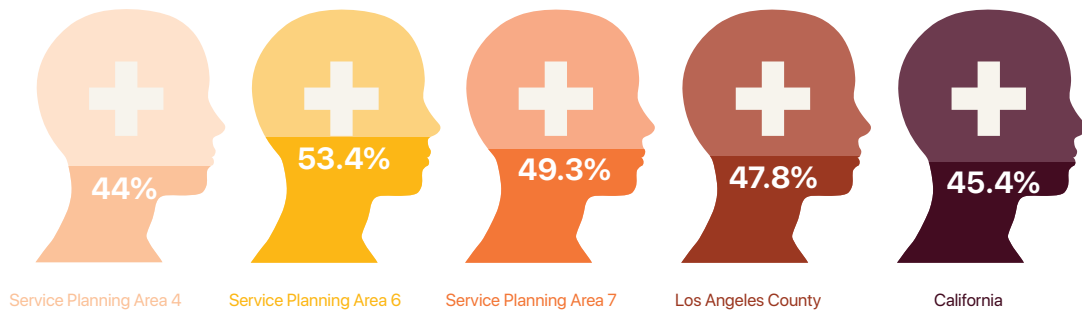
Homeless

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



Adults Who Did Not Receive Needed Mental Health Care

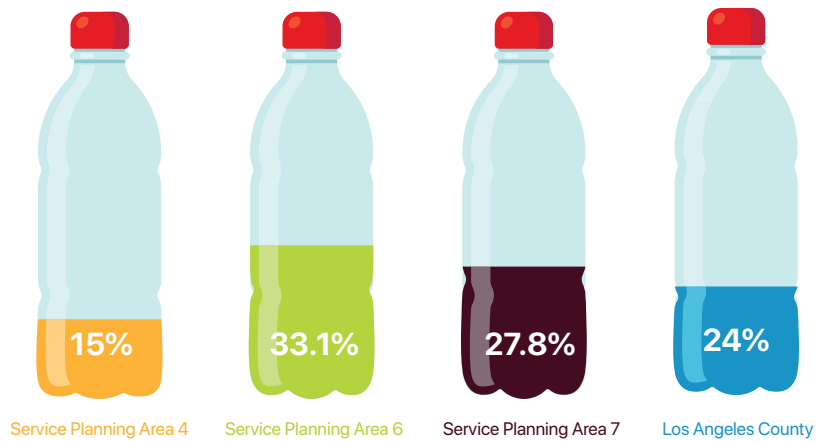
Source: California Health Interview Survey, 2019-2020



Children Who Consume At Least One Soda A Day

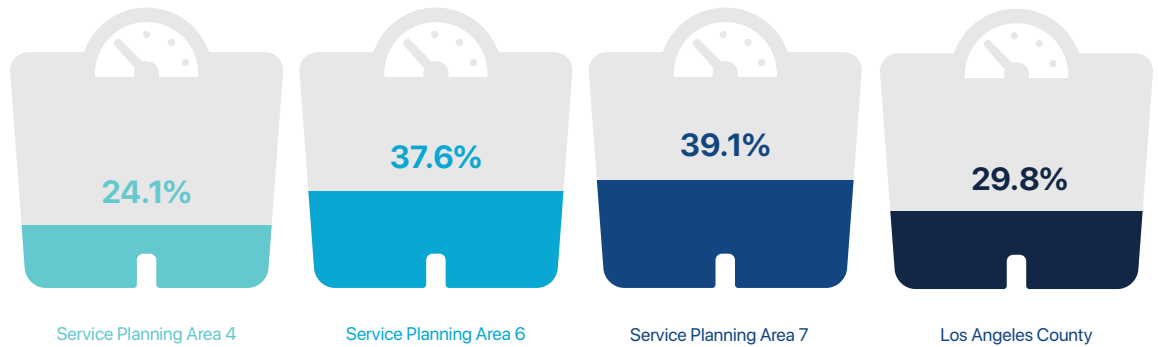
Population ages 2-17.

Source: California Health Interview Survey, 2019-2020



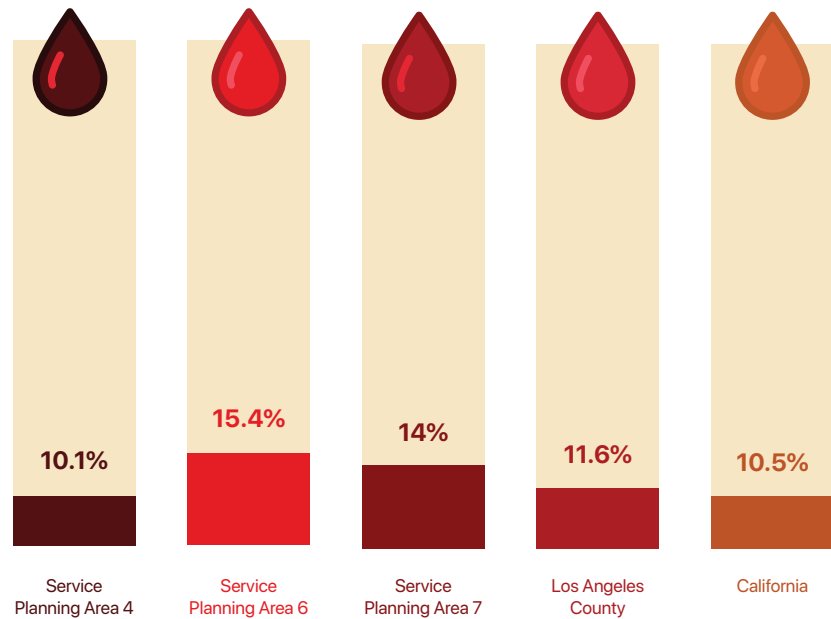
Adults Who Are Obese

Source: California Health Interview Survey, 2019-2020



Adults With Diagnosed Diabetes

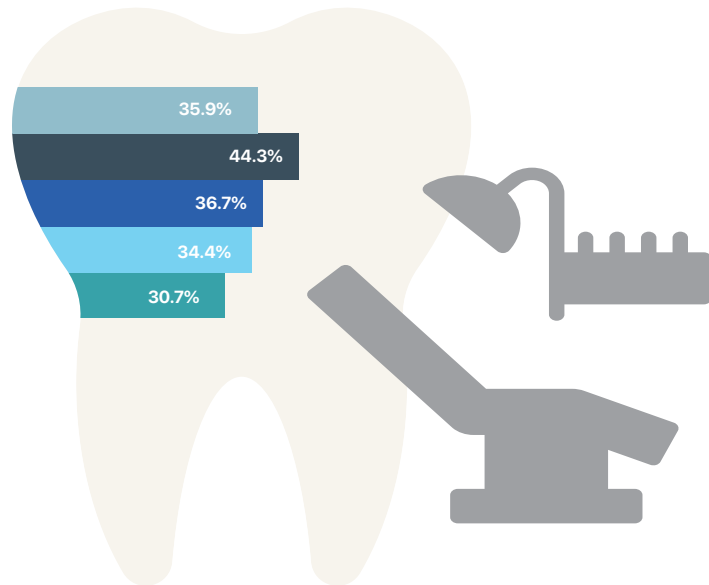
Source: California Health Interview Survey, 2019-2020



Adults Without Dental Insurance

Source: California Health Interview Survey, 2019-2020

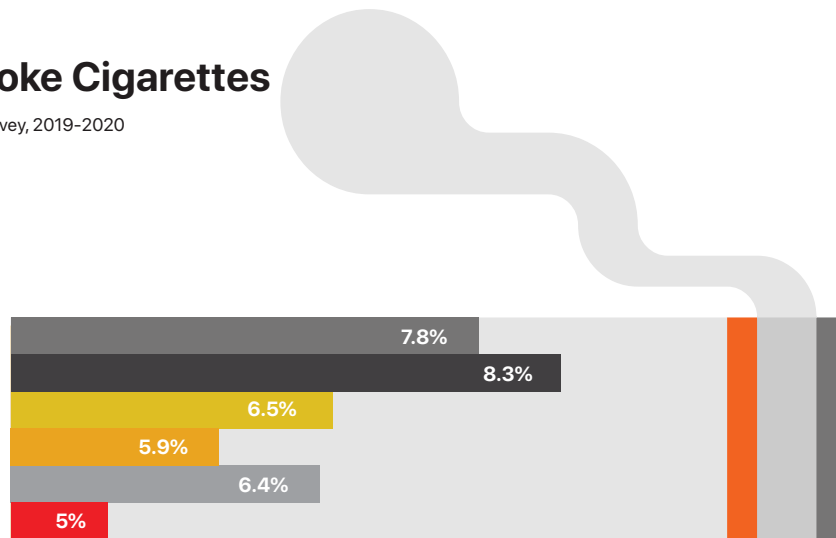
- Service Planning Area 4
- Service Planning Area 6
- Service Planning Area 7
- Los Angeles County
- California



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
- Chronic disease
- COVID-19
- Dental care
- Housing and homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (i.e., vaccines, screenings)
- Substance use

Primary Data

Eighteen (18) telephone interviews were conducted during March and April 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.

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. To date, no comments have been received.

Prioritization of Significant Needs & Areas of Focus 2023-2025

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 was 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. COVID-19, housing and homelessness, mental health, and overweight and obesity had the highest scores for severe and very severe impact on the community. Housing and homelessness, mental health, and substance use were the needs with the highest scores for worsened over time. Housing and homelessness, mental health, and overweight and obesity 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	68.8%	46.7%	53.3%
Chronic diseases	50%	33.3%	46.7%
COVID-19	100%	25%	20%
Dental care	43.8%	25%	25%
Housing and homelessness	93.8%	75%	93.3%
Mental health	81.3%	68.8%	81.3%
Overweight and obesity	81.3%	56.3%	68.8%
Preventive practices	62.5%	13.3%	20%
Substance use	56.3%	62.5%	56.3%

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

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Housing and homelessness	3.94
Access to healthcare	3.69
Overweight and obesity	3.67
Substance use	3.56
Chronic diseases	3.44
COVID-19	3.31
Preventive practices	3.31
Dental care	3.19

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 4.

Report of Progress

In 2019, PIH Health Whittier 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 Whittier Hospital used to address these significant needs can be found in Attachment 5.

Community Demographics

Population

Total Population

The population of the PIH Health Whittier Hospital service area is 616,536. From 2014 to 2019, the population decreased by 0.3%.

	PIH Health Whittier Hospital Service Area			Los Angeles County		
	2014	2019	Percent Change	2014	2019	Percent Change
Total population	618,796	616,536	-0.3%	9,974,203	10,081,570	1.1%

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

Population, by Gender

49.2% of the service area population are male and 50.8% are female.

	PIH Health Whittier Hospital Service Area	Los Angeles County
Male	49.2%	49.3%
Female	50.8%	50.7%

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

Population, by Age

Children, ages 0 to 17, make up 22.5% of the population, 63.1% are adults, ages 18 to 64, and 14.4% are adults, ages 65 and older.

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
0 – 4	6.1%	6.1%	6.2%
5 – 9	5.8%	5.9%	6.3%
10 – 14	6.6%	6.2%	6.6%
15 – 17	4.0%	3.8%	3.9%
18 – 24	10.3%	9.7%	9.6%
25 – 34	14.6%	16.1%	15.2%
35 – 44	13.2%	13.7%	13.3%
45 – 54	12.9%	13.4%	13.0%
55 – 64	12.2%	11.8%	12.0%
65 – 74	7.9%	7.5%	8.1%
75 – 84	4.3%	3.9%	4.1%
85+	2.1%	1.8%	1.8%

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

Population, by ZIP Code

In the service area, the percentage of children, ages 0 to 17, ranged from 19.2% in Hacienda Heights to 25.0% in Whittier 90605. The range of senior adults, ages 65 and older, was 11.3% in Whittier 90602 to 18.9% in Hacienda Heights. The median age in the service area was 37.1 years, higher than the county and state median age of 36.5.

	ZIP Code	Total Population	Youth Ages 0 – 17	Adults Ages 18-64	Seniors Ages 65+	Median Age
Hacienda Heights	91745	55,202	19.2%	61.9%	18.9%	42.5
La Habra/La Habra Heights	90631	69,064	23.0%	63.2%	13.8%	37.2
La Mirada	90638	49,227	18.8%	63.8%	17.4%	39.6
Montebello	90640	62,730	22.4%	62.7%	14.9%	36.1
Norwalk	90650	105,304	24.3%	63.8%	11.9%	34.9
Pico Rivera	90660	63,001	22.7%	62.6%	14.7%	37.1
Santa Fe Springs	90670	16,700	22.1%	63.1%	14.8%	37.5
Whittier	90601	32,053	20.7%	63.1%	16.2%	39.0
Whittier	90602	25,581	24.0%	64.7%	11.3%	33.1
Whittier	90603	21,584	22.6%	61.0%	16.4%	39.6
Whittier	90604	42,911	24.0%	63.3%	12.7%	35.2
Whittier	90605	40,192	25.0%	62.7%	12.3%	35.2
Whittier	90606	32,987	22.2%	64.6%	13.2%	36.8
PIH Health Whittier Hospital Service Area		616,536	22.5%	63.1%	14.4%	37.1
Los Angeles County		10,081,570	22.0%	64.8%	13.2%	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, 68.0% of the population are Hispanic/Latino, 16.1% are White, 12.3% are Asian, 1.7% are Black/African American, 1.5% are Other or Multiple Races, 0.3% are Native American/Alaskan Native, and 0.2% are Native Hawaiian/Pacific Islander.

	PIH Health Whittier Hospital Service Area		Los Angeles County	
	Number	Percent	Number	Percent
Hispanic/Latino	419,280	68.0%	4,888,434	48.6%
White	99,108	16.1%	2,641,770	26.2%
Asian	76,126	12.3%	1,454,769	14.4%
Black/African American	10,202	1.7%	790,252	7.8%
Other/Multiple	9,183	1.5%	260,917	2.6%
Native American/Alaska Native	1,563	0.3%	20,831	0.2%
Native Hawaiian/Pacific Islander	1,074	0.2%	24,597	0.2%

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

Population by Race and Ethnicity, by ZIP Code

Within the service area, the Hispanic/Latino population ranged from 45.5% in Hacienda Heights to 90.7% in Pico Rivera. The White population ranged from 5.3% in Pico Rivera to 37.2% in Whittier 90603. The Asian population ranged from 2.1% in Whittier 90606 to 40.0% in Hacienda Heights. The Black/African American population ranged from 0.6% in Whittier 90604, 90605, and 90606 to 4.5% in Norwalk.

	ZIP Code	Hispanic/ Latino	White	Asian	Black/African American
Hacienda Heights	91745	45.5%	12.0%	40.0%	1.0%
La Habra/La Habra Heights	90631	57.0%	28.0%	12.1%	1.2%
La Mirada	90638	42.2%	31.7%	21.3%	1.8%
Montebello	90640	77.4%	7.0%	13.4%	1.0%
Norwalk	90650	69.7%	10.3%	13.5%	4.5%
Pico Rivera	90660	90.7%	5.3%	2.6%	0.8%
Santa Fe Springs	90670	74.7%	12.6%	6.9%	3.5%
Whittier	90601	70.4%	20.1%	6.7%	0.9%
Whittier	90602	77.7%	14.8%	3.9%	1.4%
Whittier	90603	53.2%	37.2%	6.5%	0.9%
Whittier	90604	68.7%	22.0%	6.0%	0.6%
Whittier	90605	75.8%	15.6%	4.7%	0.6%
Whittier	90606	87.2%	8.9%	2.1%	0.6%
PIH Health Whittier Hospital Service Area		68.0%	16.1%	12.3%	1.7%
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, 28.9% of the population are foreign born. Among the foreign born, 60.5% are naturalized U.S. citizens and 39.5% are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
Foreign Born	28.9%	34.0%	26.8%
Naturalized U.S. citizen	60.5%	52.3%	51.7%
Not a U.S. citizen	39.5%	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, 45.7% speak Spanish in the home, 42.5% speak only English in the home, 9.7% speak an Asian or Pacific Islander language, 1.7% speak other Indo-European languages, and 0.3% speak other languages in the home.

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
Speaks Spanish	45.7%	39.2%	28.7%
Speaks only English	42.5%	43.4%	55.8%
Speaks Asian/Pacific Islander languages	9.7%	10.9%	10.0%
Speaks Other Indo-European languages	1.7%	5.3%	4.5%
Speaks other languages	0.3%	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 the service area, persons who only speak English at home ranged from 30.0% in Pico Rivera to 74.6% in Whittier 90603. Spanish speakers in the home ranged from 18.5% in Whittier 90603 to 66.9% in Pico Rivera. Asian/Pacific Islander language speakers at home was highest in Hacienda Heights (34.3%). Indo-European language speakers at home was highest in Montebello (3.6%).

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Hacienda Heights	91745	35.6%	28.4%	34.3%	1.4%
La Habra/La Habra Heights	90631	52.5%	36.3%	8.6%	1.7%
La Mirada	90638	56.6%	23.9%	16.2%	2.8%
Montebello	90640	26.5%	59.5%	10.2%	3.6%
Norwalk	90650	33.0%	54.2%	10.6%	1.9%
Pico Rivera	90660	30.0%	66.9%	2.1%	0.6%
Santa Fe Springs	90670	43.3%	48.6%	6.5%	1.0%
Whittier	90601	56.7%	37.2%	4.5%	1.3%
Whittier	90602	49.9%	45.6%	3.0%	0.9%
Whittier	90603	74.6%	18.5%	3.8%	2.3%
Whittier	90604	53.2%	40.8%	4.5%	1.1%
Whittier	90605	47.3%	47.1%	3.7%	1.7%
Whittier	90606	35.7%	61.8%	1.6%	0.7%
PIH Health Whittier Hospital Service Area		42.5%	45.7%	9.7%	1.7%
Los Angeles County		43.4%	39.2%	10.9%	5.3%
California		55.8%	28.7%	4.5%	10.0%

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, ages five and older, who speaks English “less than very well.” In the service area, 21.9% of the population is linguistically isolated. This rate of linguistic isolation is lower than the county rate (23.6%) and higher than the state rate (17.8%).

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
Linguistic Isolation	21.9%	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

In local school districts, the range of students evaluated to be English Learners in academic year 2020-2021 ranged from 6.5% in the Lowell-Joint School District to 35.1% in the South Whittier Elementary District. The 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
El Rancho Unified School District	16.8%	16.3%
Hacienda-La Puente Unified School District	18.3%	18.0%
La Habra City School District*	30.2%	25.6%
Little Lake City School District	12.9%	11.0%
Los Nietos School District	29.6%	23.4%
Lowell Joint School District	6.7%	6.5%
Montebello Unified School District	33.4%	31.1%
Norwalk-La Mirada Unified School District	16.0%	14.8%
East Whittier City School District	9.6%	9.5%
South Whittier School District	36.9%	35.1%
Whittier City School District	13.7%	13.3%
Whittier Union High School District	9.1%	9.6%
Los Angeles County	18.0%	16.9%
California	18.6%	17.7%

Source: California Department of Education, 2019-2020, 2020-2021. *Schools located in Orange County. data1.cde.ca.gov/dataquest

Veterans

Civilian Veterans

Among the service area population, ages 18 and older, 3.9% are civilian veterans, as compared to the county (3.3%) and the state (5.2%).

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
Civilian veterans	3.9%	3.3%	5.2%

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

Disabled Persons

Population with Disabilities

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In the service area, 9.9% of the civilian non-institutionalized population has a disability.

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
Population with disabilities	9.9%	9.9%	10.6%

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

Disability, by Age and Condition

The U.S. Census defines disability 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, 2.8% of the population have a hearing difficulty, 1.8% have a vision difficulty, 3.7% have a cognitive difficulty and 5.4% have an ambulatory difficulty. Disabilities increase with age.

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty
Ages 0-17	0.4%	0.6%	2.4%	0.5%
Ages 18-64	1.4%	1.3%	3.1%	3.5%
Ages 65-74	6.5%	3.5%	5.2%	12.8%
Age 75 and older	21.0%	8.7%	15.0%	32.7%
PIH Health Whittier Hospital Service Area	2.8%	1.8%	3.7%	5.4%
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 is ranked 34 in 2021, showing a decrease in rank from 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, 10.3% are below 100% FPL and 29.0% are below 200% FPL. Whittier 90602 has the highest poverty rates in the service area. Poverty levels in the service area are lower than the poverty levels for the county and state.

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Hacienda Heights	91745	8.5%	23.9%
La Habra/La Habra Heights	90631	11.2%	28.5%
La Mirada	90638	5.7%	19.3%
Montebello	90640	14.0%	39.4%
Norwalk	90650	11.0%	32.9%
Pico Rivera	90660	8.8%	29.0%
Santa Fe Springs	90670	11.9%	25.7%
Whittier	90601	8.7%	25.1%
Whittier	90602	15.6%	40.0%
Whittier	90603	4.3%	11.1%
Whittier	90604	7.4%	26.3%
Whittier	90605	10.9%	30.4%
Whittier	90606	8.9%	28.6%
PIH Health Whittier Hospital Service Area		10.3%	29.0%
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, 13.3% of children, under age 18, and 10.6% of adults, ages 65 and older, live in poverty. Poverty rates for children ranged from 3.2% in Whittier 90603 to 22.5% in Montebello. Poverty rates for senior adults ranged from 7.5% in Whittier 90603 to 18.9% in Santa Fe Springs. 23% of female head of households (no spouse present) with related children, under age 18, live in poverty in the service area. Poverty rates for female head of household families ranged from 9.6% in Whittier 90603 to 31.1% in Montebello.

	ZIP Code	Children, Under Age 18	Adults, 65 and Older	Female HoH with Children†
Hacienda Heights	91745	10.3%	8.6%	29.1%
La Habra/La Habra Heights	90631	17.6%	8.7%	30.3%
La Mirada	90638	5.3%	7.8%	13.2%
Montebello	90640	22.5%	12.6%	31.1%
Norwalk	90650	14.3%	11.2%	21.6%
Pico Rivera	90660	10.9%	13.8%	22.7%
Santa Fe Springs	90670	13.6%	18.9%	23.5%
Whittier	90601	10.7%	9.5%	16.9%
Whittier	90602	18.8%	10.6%	24.5%
Whittier	90603	3.2%	7.5%	9.6%
Whittier	90604	7.9%	11.3%	14.2%
Whittier	90605	13.9%	11.3%	14.5%
Whittier	90606	13.7%	8.9%	22.2%
PIH Health Whittier Hospital Service Area		13.3%	10.6%	23.0%
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 area school districts, the percent of students eligible for the program ranged from 38.2% in Lowell Joint School District to 83.1% in the South Whittier School District.

	Percent of Eligible Students
El Rancho Unified School District	69.2%
Hacienda-La Puente Unified School District	71.7%
La Habra City School District*	64.1%
Little Lake City School District	68.6%
Los Nietos School District	75.3%
Lowell Joint School District	38.2%
Montebello Unified School District	78.2%
Norwalk-La Mirada Unified School District	70.1%
East Whittier City School District	49.5%
South Whittier School District	83.1%
Whittier City School District	73.4%
Whittier Union High School District	66.7%
Los Angeles County	68.7%
California	58.9%

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

Unemployment

Unemployment Rate, 2020 Annual Average

In 2020, the unemployment rate in service area cities and Census Designated Places (CDP) ranged from 7.7% in Santa Fe Springs to 13.8% in Montebello. High unemployment in 2020 may be attributed in part to the COVID-19 pandemic.

	Percent Unemployment
Hacienda Heights, CDP	10.2%
La Habra, city*	9.4%
La Habra Heights, city	8.9%
La Mirada city	11.9%
Montebello, city	13.8%
Norwalk, city	13.5%
Pico Rivera, city	13.3%
Santa Fe Springs	7.7%
Whittier, city	12.0%
Los Angeles County	12.8%
California	10.1%

Source: California Employment Development Department, Labor Market Information. 2020.
*Orange County.
labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas

Public Program Participation

Participation in Public Programs

Among adults, 16.6% in SPA 7 avoided government benefits due to concerns about disqualification from obtaining a green card for U.S. citizenship. 16.5% of adults in SPA 7 reported using food stamps and 6.0% in SPA 7 were Tribal Temporary Assistance for Needy Families (TANF) program/California Work Opportunities and Responsibility to Kids (CalWORKs) program recipients. Among parents/guardians of eligible children, 66.1% in SPA 7 participated in the Women, Infants, and Children program (WIC) program. Among low income older and disabled adults, 4.0% in SPA 7 received Supplemental Security Income.

	SPA 7	Los Angeles County	California
Avoided government benefits	16.6%	20.6%	17.3%
Food stamp recipient (<200% FPL)	16.5%	24.6%	23.8%
TANF/CalWORKS recipient (<200 FPL)	6.0%*	8.6%	8.4%
Child <6 years, currently on WIC (<200 FPL)	66.1%	40.3%	43.6%
Supplemental Social Security Income (SSI) (<200% FPL)	4.0%	10.1%	10.8%

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

Medical Debt

Debt Due to Medical Bills

In SPA 7, 9.1% of adults responded that they had problems paying or were unable to pay medical bills for themselves or household family members in the past 12 months. Of these adults, 41.5% reported they were unable to pay for basic necessities (food, heat, rent) due to their medical bills.

	SPA 7	Los Angeles County	California
Ever had problems paying medical bill	9.1%	10.2%	10.9%
Unable to pay for basic necessities due to medical bills	41.5%	35.0%	35.0%

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

Households

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

In the service area, there were 176,574 households and 182,949 housing units in 2019. From 2014 to 2019, the service area population decreased by 0.3%, housing units decreased by 1.0%, and vacant units decreased by 25.7%. Owner occupied households decreased (-0.6%) and renter occupied households increased (1.7%) from 2014 to 2019.

	PIH Health Whittier Hospital Service Area			Los Angeles County	California
	2014	2019	Percent Change	Percent Change 2014 to 2019	Percent Change 2014 to 2019
Housing units	184,844	182,949	-1.0%	2.3%	2.8%
Households	176,258	176,574	0.1%	2.2%	3.3%
Owner-occupied	113,453	112,694	-0.6%	1.0%	3.5%
Renter-occupied	62,805	63,880	1.7%	3.3%	3.3%
Vacant units	8,586	6,375	-25.7%	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, and medical care. In the service area, 41.3% 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. Notably, more than half (56.3%) of renters in the service area spend more than 30% of their income on rent.

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
All occupied households	41.3%	47.3%	41.7%
Owner-occupied households with or without mortgage	33.2%	35.7%	31.4%
Renter-occupied households	56.3%	57.6%	54.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04.
*Excludes units where SMOPI and GRAP1 cannot be computed.
data.census.gov/cedsci

Household Income

In the service area, the median household income was \$74,986 as compared to the county at \$68,044.

	PIH Health Whittier Hospital Service Area	Los Angeles County
Median household income	\$74,986	\$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 persons experiencing homelessness who were counted in SPA 7 was 4,586. 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 persons experiencing homelessness who were sheltered decreased in SPA 7. Shelter includes cars, RVs, tents, and temporary structures (e.g., makeshift shelters), in addition to official homeless shelters. In SPA 7, 89.0% of persons experiencing homelessness were single adults and 11.0% were family members. The percent of adults experiencing homelessness increased and family members experiencing homelessness decreased from 2018 to 2020 in SPA 7.

	SPA 7		Los Angeles County*	
	2018	2020	2018	2020
Total homeless	4,569	4,586	49,955	63,706
Sheltered	23.1%	20.8%	24.8%	27.7%
Unsheltered	76.8%	79.1%	75.2%	72.3%
Individual adults	81.0%	89.0%	80.0%	81.0%
Family members	14.7%	11.0%	16.0%	19.0%
Unaccompanied minors (<18)	0.0%	0.0%	0.1%	0.0%

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.

Homelessness Subpopulations

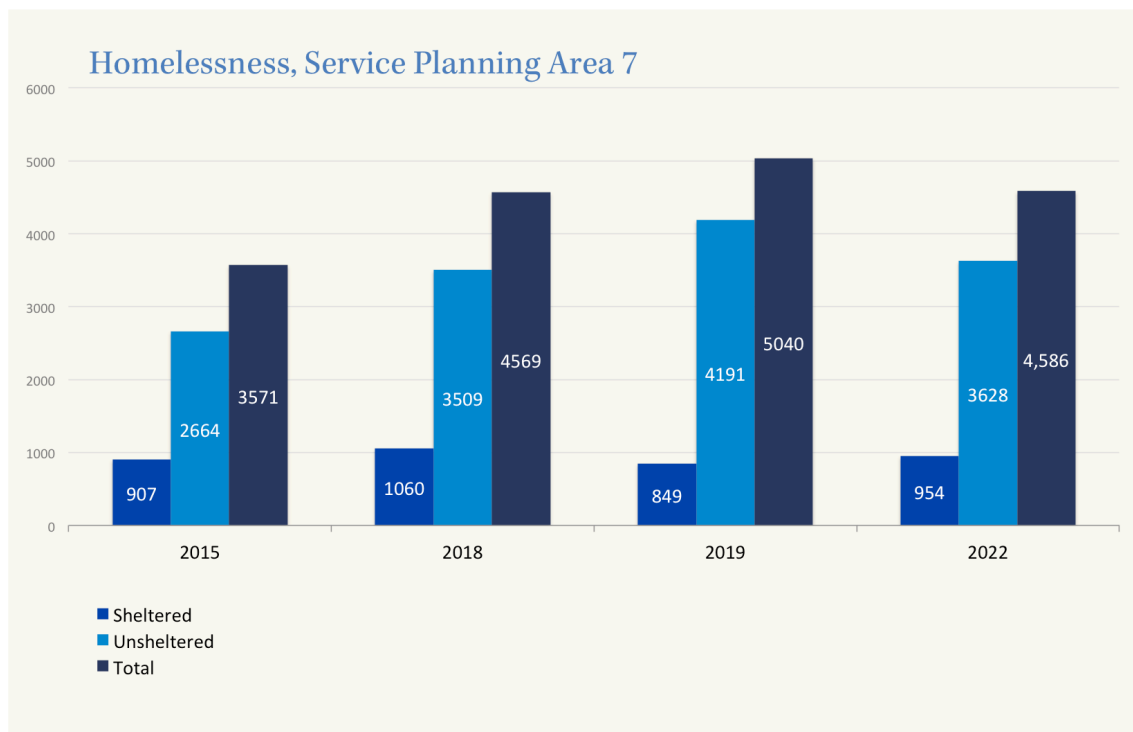
Among persons experiencing homelessness, 48.0% in SPA 7 were chronically homeless in 2020. The rates of chronic homelessness among individuals and family members increased in SPA 7 from 2018 to 2020.

	SPA 7		Los Angeles County*	
	2018	2020	2018	2020
Chronically homeless, all	19.0%	48.0%	27.0%	38.0%
Chronically homeless individuals	19.0%	47.0%	26.0%	36.0%
Chronically homeless family members	1.0%	2.0%	1.0%	2.0%
Domestic violence experience	28.0%	35.0%	30.0%	33.0%
Persons with HIV/AIDS	1.0%	1.0%	1.0%	2.0%
Developmental disability	4.0%	5.0%	6.0%	9.0%
v	12.0%	25.0%	15.0%	19.0%
Serious mental illness	19.0%	23.0%	27.0%	25.0%
Substance use disorder	9.0%	36.0%	15.0%	27.0%
Veterans	7.0%	8.0%	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 housing market is out of control in Los Angeles County. How do we help landlords and residents find places where no one has to lose their home? How can people be supported in buying homes?
- There's a lack of low-income housing and the available housing is often not good with unsafe conditions, lack of working plumbing, or other things needed to live healthy.
- The waiting list for housing is very long. Rents have increased, making it hard for working poor families. Many families are sharing housing with family members or doubling up in apartments.
- Many have two or three generations living in one home.
- Families are struggling to maintain their homes. Safety net services such as food distribution enable families to direct their money to other vital needs.
- We must find a way to support families who are struggling and provide them with the mental health support they need to be successful. Housing isn't the only challenge they're having.
- We've seen an increase in students who are housing insecure or couch surfing. Inflation and prices of housing in Los Angeles County are higher than ever and the purchasing power of the dollar is low. Students don't make enough to secure affordable housing.
- With the end of the eviction moratorium, many are in a rush to apply for rent relief but lacked internet access and didn't understand the questions being asked. Some were so intimidated they couldn't even start the process.
- There's so much homelessness right now. The problem is so big, we don't know where to begin. We see persons who are homeless sleeping in the bushes for shade. Many do not want housing.
- We see persons who are homeless almost daily at local park sites and public facilities. There's a disconnect in seeking out persons who are homeless and being able to provide a conduit for help.
- It's very difficult to place people even in an emergency shelter due to COVID-19. We see an increase in clients coming in for treatment who are living in their cars.
- Many don't want to be housed. They want to be out and independent with their shopping cart and possessions that are valuable property to them.
- There's the movement of street outreach teams to help connect people to resources. We need these teams to become more of a common system to support persons who are homeless by building rapport.
- Just having a place off the street isn't sufficient. People need relationships and a support system with connection to resources.
- Among persons who are homeless, there are problems with mental illness and drug addiction.
- Shelter is a short-term solution if we're not addressing root causes such as mental health. Case managers are needed at shelters to conduct assessments, connect people to resources, and navigate.
- Our case managers don't always feel supported by the county. When they've tried to help individuals by connecting with the county to get shelter, it has taken up to 12 hours for the county to respond.
- Things have gotten a bit better. Now hotels can be offered as a solution due to Project Roomkey. The challenge is persons who are homeless who don't want 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, 25.9% in SPA 7 were food insecure. Among adults living below 200% FPL, 32.2% in SPA 7 reported they were not able to afford food.

	SPA 7	Los Angeles County
Households, <300% FPL that are food insecure	25.9%	26.8%
Not able to afford food (<200% FPL) [†]	32.2%	39.6%

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

Community Access to Fresh Produce

Among SPA 7 parents/guardians of children, ages 17 and younger, 73.2% rated community access to fresh fruits and vegetables as good or excellent

	SPA 7	Los Angeles County
Good or excellent access to fresh produce	73.2%	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 California WIC card or Electronic Benefit Transfer (EBT) card to obtain fruits and vegetables at approved farmers markets. There are three farmers markets in the service area.

	ZIP Code	Farmers Market	Accepts EBT and/or WIC
Montebello	90640	Beverly Hospital Certified Farmers Market	Not stated
Norwalk	90650	Norwalk Certified Farmers Market	EBT & WIC
Whittier	90601	Uptown Whittier Farmers Market	EBT & WIC

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

Educational Attainment

Educational Attainment, Ages 25 and Older

Among service area adults, ages 25 and older, 19.2% have less than a high school diploma. 49.6% are high school graduates, and 31.1% have an associate, bachelor’s, or graduate/professional degree.

	PIH Health Whittier Hospital Service Area	Los Angeles County
Population, ages 25 and older	414,502	6,886,895
Less than 9 th grade	10.6%	12.3%
9 th to 12 th grade, no diploma	8.6%	8.6%
High school graduate	27.6%	20.6%
Some college, no degree	22.0%	19.0%
Associate degree	8.1%	7.0%
Bachelor’s degree	15.8%	21.2%
Graduate or professional degree	7.2%	11.3%

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 objective for high school graduation is 90.7%. Graduation rates for El Rancho Unified, Hacienda-La Puente Unified, Norwalk-La Mirada Unified, and Whittier Union exceed the Healthy People 2030 objective for high school graduation.

	High School Graduation Rate
El Rancho Unified School District	94.0%
Fullerton Joint Union High School District*	88.0%
Hacienda-La Puente Unified School District	96.2%
Montebello Unified School District	84.1%
Norwalk-La Mirada Unified School District	92.2%
Whittier Union High School District	90.9%
Los Angeles County	86.5%
Orange County	90.3%
California	87.5%

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

● Best Performing

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

The percentage of service area children, ages 3 and 4, enrolled in preschool was 46.2% and ranged from 36.1% in Montebello to 51.1% in Whittier 90606.

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Hacienda Heights	91745	1,190	40.2%
La Habra/La Habra Heights	90631	1,783	47.4%
La Mirada	90638	1,139	50.6%
Montebello	90640	1,647	36.1%
Norwalk	90650	3,674	50.5%
Pico Rivera	90660	1,478	34.8%
Santa Fe Springs	90670	515	50.3%
Whittier	90601	802	44.9%
Whittier	90602	697	46.8%
Whittier	90603	564	47.9%
Whittier	90604	1,024	40.5%
Whittier	90605	976	45.0%
Whittier	90606	847	51.1%
PIH Health Whittier Hospital Service Area		16,336	46.2%
Los Angeles County		255,273	54.5%
California		1,021,926	49.6%

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

● Best performing

Reading to Children

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. 52.7% of adults in SPA 7 reported their child(ren) were read to every day.

	SPA 7	Los Angeles County	California
Children read to daily	52.7%	64.6%	63.1%

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

Childcare Access

Difficulty Finding Childcare

Among adults in SPA 7, 8.7% reported not being able to find childcare for a week or longer when needed in the past 12 months and 0.8% reported experiencing childcare difficulties due to the COVID-19 pandemic.

	SPA 7	Los Angeles County	California
Difficulty finding childcare > 1 week	8.7%	10.7%	10.2%
Childcare difficulties due to COVID-19†	0.8%*	1.7%	1.8%

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

Transportation

Transportation for Workers, Ages 16 and Older

In the service area, 81.5% of individuals, ages 16 and older, drove alone to work, 9.7% carpooled, 3.6% worked from home, 2.4% used public transportation, 1.5% walked to work, and 1.3% used other means to get to work. The average service area commute time was 32.6 minutes. It should be noted these data were collected prior to the COVID-19 epidemic.

	PIH Health Whittier Hospital Service Area	Los Angeles County	California
Workers 16 years and older	286,539	4,811,408	18,191,555
Car, truck, or van—drove alone	81.5%	74.0%	73.7%
Car, truck, or van—carpooled	9.7%	9.5%	10.1%
Public transportation (excluding taxi)	2.4%	5.8%	5.1%
Walked	1.5%	2.7%	2.6%
Other means	1.3%	2.4%	2.6%
Worked from home	3.6%	5.6%	5.9%
Mean travel time to work (minutes)	32.6	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 100.¹ 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 8 (car dependent) in Whittier 90601 to 87 (very walkable) in Whittier 90606.

¹ 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
Hacienda Heights	91745	34	Car Dependent
La Habra/La Habra Heights	90631	52	Somewhat Walkable
La Mirada	90638	46	Car Dependent
Montebello	90640	66	Somewhat Walkable
Norwalk	90650	60	Somewhat Walkable
Pico Rivera	90660	58	Somewhat Walkable
Santa Fe Springs	90670	45	Car Dependent
Whittier	90601	8	Car Dependent
Whittier	90602	69	Somewhat Walkable
Whittier	90603	58	Somewhat Walkable
Whittier	90604	33	Car Dependent
Whittier	90605	72	Very Walkable
Whittier	90606	87	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 near safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. Among children and teens, 89.1% in SPA 7 lived within walking distance to a playground or open space. 80% of children and teens in SPA 7 visited a park, playground, or open space within the past month.

	SPA 7	LA County	California
Walking distance to park, playground, or open space	89.1%*	92.3%*	89.2%
Visited a park/playground/open space	80.0%*	74.2%	81.4%

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

Safe Open Spaces, Children and Teens

Among SPA 7 parents with children, 96.1% agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day. Among teens in SPA 7, 99.4% agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day.

	SPA 7	Los Angeles County	California
Children, ages 1-11	96.1%	88.0%	89.7%
Teens, ages 12-17†	99.4%*	85.2%	88.2%

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

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 in SPA 7, 87.0% felt safe most/all the time.

	SPA 7	Los Angeles County	California
Feels safe all the time	32.9%	29.4%	37.0%
Feels safe most of the time	54.1%	54.9%	51.0%
Feels safe some of the time	12.3%	13.9%	13.9%
Feels safe none of the time	0.7%*	1.8%	1.4%

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

Neighborhood Cohesion, Adults

When SPA 7 adults were asked about neighborhood cohesion, 73.8% agreed/strongly agreed neighbors were willing to help. 76% of adults in SPA 7 agreed/strongly agreed that people in their neighborhood could be trusted.

	SPA 7	Los Angeles County	California
People in neighborhood are willing to help	73.8%	73.6%	78.1%
People in neighborhood can be trusted	76.0%	76.8%	81.1%

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

Neighborhood Cohesion, Teens, Ages 12-17

When SPA 7 teens were asked about neighborhood cohesion, 86.1% agreed/strongly agreed neighbors were willing to help. 77.6% of teens in SPA 7 agreed/strongly agreed that people in their neighborhood could be trusted and 80.7% of SPA 7 teens felt safe in their neighborhoods.

	SPA 7	Los Angeles County	California
Feels safe in neighborhood	80.7%*	80.5%	88.5%
People in neighborhood are willing to help	86.1%*	84.4%	87.1%
People in neighborhood can be trusted	77.6%*	79.3%	82.4%

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

Crime Statistics

2020 Violent Crimes, Property Crimes, Arson, Number 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 increased in La Habra, La Mirada and Whittier. The number of property crimes increased in Pico Rivera. The number of arson cases increased in Hacienda Heights, La Habra and Norwalk. The Whittier Police Department provides law enforcement services for Santa Fe Springs.

	Violent Crimes		Property Crimes		Arson	
	2018	2020	2018	2020	2018	2020
Hacienda Heights/City of Industry	87	58	979	794	3	4
La Habra*	111	156	1,155	1,107	2	6
La Habra Heights	6	3	66	55	0	0
La Mirada	89	92	829	698	3	2
Montebello	218	178	1,643	1,064	86	36
Norwalk	449	437	1,948	1,771	13	19
Pico Rivera	228	174	1,159	1,166	5	5
Whittier	233	237	2,225	1,634	11	3
Los Angeles County	58,567	54,600	237,184	213,377	2,684	4,271
Orange County	7,362	7,340	61,590	61,066	300	349
California	176,866	173,864	940,998	841,171	8,523	11,759

Source: California Department of Justice, Office of the Attorney General, 2020. *Orange County: [State of California Department of Justice- 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 7, 16.9% of adult females and 7.3% of adult males have experienced physical violence. Sexual violence is defined as experiencing unwanted sex by an intimate partner. In SPA 7, 13.2% of adult females and 2.4% of adult males experienced sexual violence.

	SPA 7	Los Angeles County
Women have experienced physical violence	16.9%	16.0%
Men have experienced physical violence	7.3%	11.8%
Women have experienced sexual violence	13.2%	10.1%
Men have experienced sexual violence	2.4%*	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

Domestic Violence Calls, by Jurisdiction

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

	Total Calls	No Weapon	Weapon Involved	Percent With Weapon	Strangulation Suffocation
Hacienda Heights/City of Industry	18	2	16	88.8%	0
La Habra*	2	1	1	50.0%	0
La Habra Heights	6	1	5	83.3%	0
La Mirada	83	27	56	67.4%	0
Montebello	66	1	65	98.4%	0
Norwalk	353	94	295	83.5%	0
Pico Rivera	201	74	127	63.1%	0
Santa Fe Springs	30	0	30	100%	0
Whittier	79	8	71	89.8%	0
Los Angeles County	35,498	7,787	27,711	78.0%	2,541
Orange County	10,890	8,851	2,039	18.7%	516
California	160,646	88,018	72,628	45.2%	9,715

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

Air Quality

Ozone Levels above Regulatory Standard, Number of Days

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

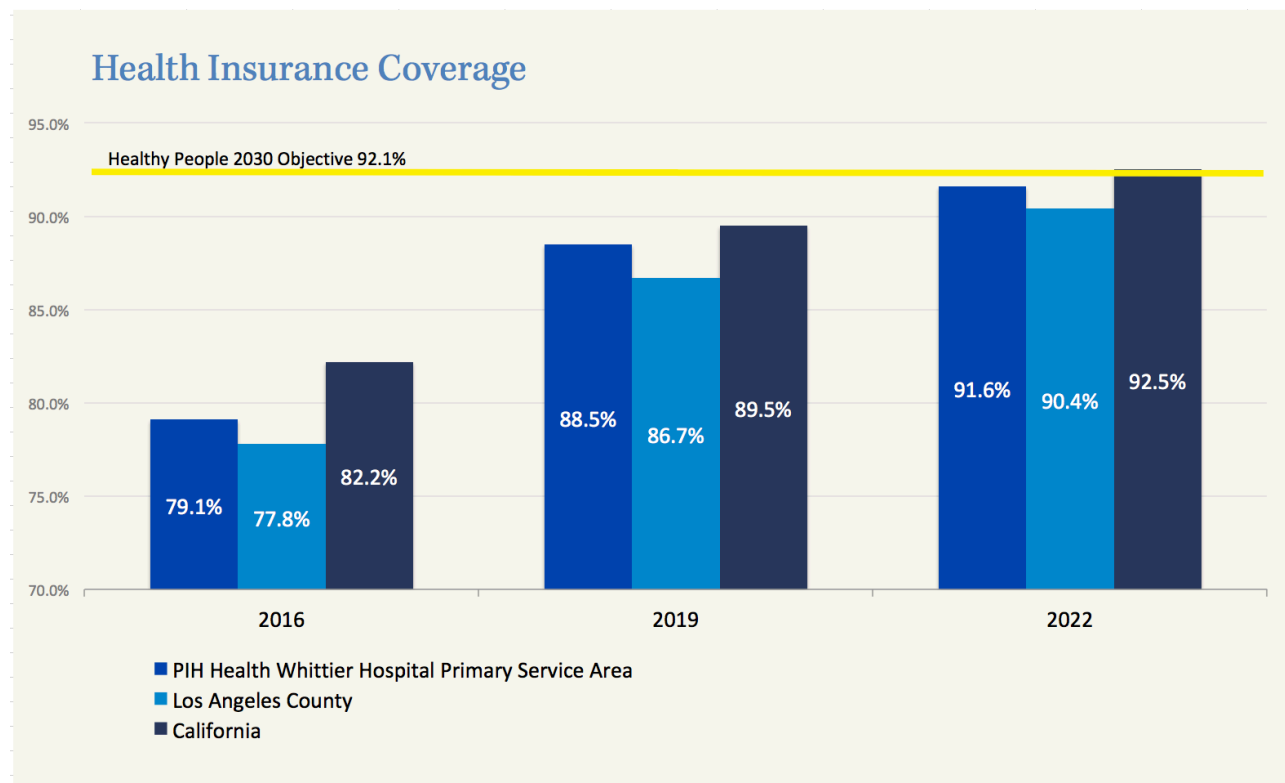
Health insurance coverage is a key component to accessing healthcare. The Healthy People 2030 objective for health insurance coverage for all population groups is 92.1%. In the service area, 91.6% of the population (all age groups), 96.5% of children, ages 0 to 18, and 88.1% of adults, ages 19 to 64 have health insurance coverage.

Health insurance coverage ranged from 88.9% in Montebello to 96.5% in Whittier 90603. Among children, health insurance coverage ranged from 94.3% in Whittier 90601 to 98.7% in Santa Fe Springs. Among adults, ages 19 to 64, health insurance coverage ranged from 83.6% in Montebello to 95.5% in Whittier 90603.

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Hacienda Heights	91745	93.5%	96.8%	90.7%
La Habra/La Habra Heights	90631	91.0%	96.6%	87.5%
La Mirada	90638	95.7%	98.2%	93.7%
Montebello	90640	88.9%	96.8%	83.6%
Norwalk	90650	90.4%	95.9%	86.7%
Pico Rivera	90660	90.8%	97.4%	86.4%
Santa Fe Springs	90670	93.6%	98.7%	90.2%
Whittier	90601	92.8%	94.3%	90.8%
Whittier	90602	90.4%	95.4%	86.9%
Whittier	90603	96.5%	97.7%	95.5%
Whittier	90604	91.6%	96.3%	88.3%
Whittier	90605	91.1%	95.2%	87.7%
Whittier	90606	89.6%	96.1%	85.3%
PIH Health Whittier Hospital Service Area		91.6%	96.5%	88.1%
Los Angeles County		90.4%	96.1%	86.6%
California		92.5%	96.7%	89.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2701, factfinder.census.gov

● Best performing



Current Insurance Coverage

In SPA 7, 90.2% of the population reported having health insurance, as compared to the county (91.5%) and the state (93.4%).

	SPA 7	Los Angeles County	California
Insured	90.2%	91.5%	93.4%
Uninsured	9.8%	8.5%	6.6%

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

Health Insurance, by Type

45.5% of SPA 7 residents were covered through employment-based insurance, and 28.7% had Medi-Cal coverage.

	SPA 7	Los Angeles County	California
Employment-based	45.5%	47.1%	50.9%
Medi-Cal	28.7%	24.0%	21.0%
Medicare and others	8.3%	9.6%	11.1%
Private purchase	2.8%	4.5%	4.7%
Medi-Cal/Medicare	2.8%	4.0%	3.1%
Medicare only	1.3%*	1.4%	1.5%
Other public	0.8%*	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

In SPA 7, 46.0% of residents reported cost as the main reason for being uninsured.

	SPA 7	Los Angeles County	California
Cost	46.0%	56.6%	50.7%
Change in working status or family situation	15.6%*	12.5%	12.7%
Employer did not offer, ineligible for insurance, or insurance dropped/ cancelled.	15.1%*	10.2%	10.4%
Does not need or believe in insurance	14.9%	11.3%	10.7%
In process of learning about insurance coverage or confusion about coverage	8.15%*	7.1%	10.8%
Other	**	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

In SPA 7, 4.5% of adults reported their main health insurance was not accepted by a general doctor. 9.8% of adults reported their main health insurance was not accepted by a medical specialist in the past 12 months.

	SPA 7	Los Angeles County	California
Main health insurance not accepted by general doctor	4.5%	6.6%	5.3%
Main health insurance not accepted by medical specialist	9.8%	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 SPA 7 adults, 95.4% reported finding an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO) very difficult or somewhat difficult.

	SPA 7	Los Angeles County	California
Very difficult/somewhat difficult	95.4%*	82.1%	80.4%
Not too difficult/not at all difficult	4.6%*	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 SPA 7 adults, 75.4% reported finding an affordable health plan directly through Covered California very difficult or somewhat difficult.

	SPA 7	Los Angeles County	California
Very difficult/somewhat difficult	75.4%*	71.9%	65.6%
Not too difficult/not at all difficult	24.6%*	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. In SPA 7, 85.9% of the population had a usual source of care.

	SPA 7	Los Angeles County	California
All Ages	85.9%	84.3%	86.3%
Ages 0-17	90.8%*	90.2%	90.7%
Ages 18-64	83.3%	79.7%	82.5%
Ages 65 and older	88.4%*	93.9%	94.6%

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

Sources of Care

In SPA 7, 57.2% of the population accessed care at a doctor's office, HMO or Kaiser, 27.7% accessed care at a community/government clinic or community hospital, 0.7% accessed care at an emergency room or urgent care, and 0.3% accessed care at other/no one place. 14.1% of residents in SPA 7 had no usual source of care.

	SPA 7	Los Angeles County	California
Doctor's office/HMO/Kaiser	57.2%	60.2%	63.9%
Community clinic/government, clinic/community hospital	27.7%	22.2%	20.4%
ER/Urgent Care	0.7%*	1.1%	0.9%
Other/no one place	0.3%*	0.9%	1.2%
No usual source of care	14.1%	15.7%	13.7%

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

Usual Source of Care by Race/Ethnicity

Among the population in SPA 7, 96.5% of Black/African Americans had a usual source of care, followed by 93.0% of persons of two or more races, 91.8% of Whites, 84.9% of Hispanics/Latinos, and 82.9% of Asians. When compared to the county and state, Asians in SPA 7 had lower rates of having a usual source of care.

	SPA 7	Los Angeles County	California
Black/African American	96.5%*	90.9%	90.4%
Two or More Races	93.0%*	84.5%	88.1%
White	91.8%	88.3%	90.1%
Hispanic/Latino	84.9%	81.1%	82.1%
Asian	82.9%	84.4%	85.8%

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

Connected to Community Resources

In SPA 7, 10.7% of adults reported their doctor's office connected their family with community services.

	SPA 7	Los Angeles County	California
Doctor's office connected family to community-based services	10.7%	12.8%	12.9%

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

Received Care by Video/Phone, Adults

In SPA 7, 13.5% of adults reported receiving care from their health provider through video and/or phone in the past 12 months, as compared to the county (11.7%) and the state (12.4%).

	SPA 7	Los Angeles County	California
Received care from health provider through video/phone	13.5%	11.7%	12.4%

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

Use of the Emergency Room

In SPA 7, 15.7% of the population visited an emergency room (ER) in the past 12 months. Children, ages 0 to 11, were the most frequent users of the ER (19.1%).

	SPA 7	Los Angeles County	California
Visited ER in last 12 months	15.7%	16.7%	16.8%
Ages 0-11	19.1%*	15.3%	13.7%
Ages 12-17	18.2%*	21.1%	21.4%
Ages 18-64	13.7%	14.4%	15.5%
Ages 65 and older	19.0%	25.1%	22.7%

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

Difficulty Accessing Care

Difficulty Finding Primary and Specialty Care

Among SPA 7 adults, 6.1% had difficulty finding primary care. Typically, individuals find it more difficult to access specialty care than primary care. Among SPA 7 adults, 13.2% had difficulty finding specialty care.

	SPA 7	Los Angeles County	California
Difficulty finding primary care	6.1%	7.9%	7.6%
Difficulty finding specialty care	13.2%	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 SPA 7 children, ages 0-17, 9.9% had difficulty accessing medical care in the previous 12 months.

	SPA 7	Los Angeles County
Children reported to have difficulty accessing medical care	9.9%	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 an increased risk of healthcare complications. Among SPA 7 adults, 15.2% were never able to get a doctor’s appointment within two days due to sickness or injury in the past 12 months.

	SPA 7	Los Angeles County	California
Always able	22.6%	24.6%	28.8%
Usually able	21.9%	28.4%	29.4%
Sometimes able	40.2%	31.4%	28.7%
Never able	15.2%	15.7%	13.2%

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

Language Difficulty in Understanding Doctor

Among SPA 7 adults who did not speak English “Very Well,” 5.3% had difficulty or a hard time understanding their doctor.

	SPA 7	Los Angeles County	California
Hard time understanding doctor	5.3%*	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

9.8% of residents in SPA 7 delayed or did not get medical care within the prior 12 months. Among this population, cost, lack of insurance, or other insurance reason (44.1%) was the most frequent reason to delay or not get medical care. 22.1% of SPA 7 residents stated COVID-19 was the reason they delayed or did not get medical care. Among the population that delayed or did not get medical care, 57.4% had to forego needed medical care. In SPA 7, 7.4% of the population delayed or did not get prescription medication.

	SPA 7	Los Angeles County	California
Delayed or did not get medical care	9.8%	13.8%	13.8%
Cost, lack of insurance, or other insurance reasons	44.1%	34.7%	32.7%
COVID-19	22.1%	17.8%	21.6%
Personal reason	19.8%	26.6%	26.8%
Healthcare system/provider issues and barriers	14.0%*	20.9%	18.8%
Had to forgo needed medical care	57.4%	58.7%	59.9%
Delayed or did not get prescription meds	7.4%	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 seven FQHC and/or Look-A-Like entities located in the service area. The majority of these FQHCs operate clinic sites across the service area.

	ZIP Code	Dominant FQHC Entity
Hacienda Heights	91745	AltaMed Health Service Corporation
La Habra/ La Habra Heights	90631	Friends of Family Health Center
La Mirada	90638	Friends of Family Health Center
Montebello	90640	AltaMed Health Services
Norwalk	90650	JWCH Institute, Inc.
Pico Rivera	90660	AltaMed Health Service Corporation
Santa Fe Springs	90670	AltaMed Health Service Corporation
Whittier	90601	AltaMed Health Service Corporation
Whittier	90602	AltaMed Health Service Corporation
Whittier	90603	Friends of Family Health Center
Whittier	90604	AltaMed Health Service Corporation
Whittier	90605	AltaMed Health Service Corporation
Whittier	90606	AltaMed Health Service Corporation

Source: UDS Mapper, 2020. udsmapper.org

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

Even with Community Health Centers in the service area, as well as those directly 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 61,072 patients in the service area, which equates to 34.79% coverage among low-income patients and 9.91% coverage among the total population. However, 65.21% of the population at or below 200% FPL, are 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
175,560	61,072	34.79%	9.91%	114,488	65.21%

Source: UDS Mapper, 2020. udsmapper.org

Community Input – Access to Healthcare

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

- Fear was rampant due to the pandemic. Most healthcare was delayed.
- Not allowing visitors to go in with patients for appointments or hospital care during the pandemic was a barrier. Many didn't like having to seek care alone.
- Dental and vision services aren't covered very well. People have a hard time getting the care they need.
- Many families lost health insurance because they lost their jobs.
- People don't have adequate healthcare coverage, so they rely on the emergency room.
- Health insurance and affordability are the major complaints. Many people we've encountered will get pain medications and deal with their issues instead of getting transported to the hospital. They reject transport because it's so expensive.
- Latinx and African American populations in Los Angeles County have disparities with access to healthcare and information getting to them. There are less clinics where they live, for example, and families struggle to reach them due to transportation or limited ability with job hours.
- There's lack of knowledge regarding where to go and how to get an appointment, and a lack of trust. Many minority populations are afraid due to their immigration status.
- There are long wait times to access care and many feel like they are not heard when they finally do see the doctor and there's no resolution to their health issue. They begin to give up.
- There are often language barriers, and many are very timid when seeking services.
- Students who are undocumented are vulnerable; many do not seek healthcare.
- For persons who are homeless, there's a tendency to give them a quick fix when they see a healthcare provider, so they can be turned back to a homeless service provider. But what if they do have a bigger health issue that needs to be addressed, and it's missed? Co-location of medical and social service providers is a need.
- More accessibility means more healthcare staff. We need to find ways to attract staff to the area.
- There are barriers with accessing systems because everything has moved to being technology-based.
- It's hard to navigate healthcare online; it's so convoluted and complicated. If I'm struggling with it as a professional, then I imagine other people are as well. Services need to be streamlined so we're not on hold for 45 minutes—or make it easier to find things online.
- Many people, especially older adults, struggle with technology. They rely on family to help them with healthcare appointments or with submitting required documents.
- Transportation is a barrier, especially with the pandemic. The services are there but you must go and find them.

Oral Health Care Access and Utilization

Dental Insurance, Adults and Children

Oral health is essential to overall health and wellbeing. In SPA 7, among children, ages 3 to 11 and those ages 2 and younger with teeth, 8.8% did not have dental insurance. Among SPA 7 adults, 36.7% did not have dental insurance.

	SPA 7	Los Angeles County	California
Children without dental insurance	8.8%	7.5%	7.4%
Adults without dental insurance	36.7%	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. 61% of adults in SPA 7 had a dentist visit less than six months and up to 1 year ago.

	SPA 7	Los Angeles County	California
Never been to a dentist	2.0%	3.1%	2.6%
Been to dentist ≤ 6 months ago	43.5%	46.0%	50.0%
Been to dentist >6 months up to 1 year ago	17.5%	19.4%	18.4%
Been to dentist >1 year up to 2 years ago	15.9%	14.2%	12.7%
Been to dentist >2 years up to 5 years ago	11.6%	9.6%	8.9%
Been to dentist > 5 years ago	9.5%	7.7%	7.3%

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

Dental Utilization, Teens, Ages 12-17

Among SPA 7 teens, ages 12 to 17, 89.3% had a dentist visit in the past six months and up to 1 year ago.

	SPA 7	Los Angeles County	California
Been to dentist ≤6 months ago	75.2%	79.2%	75.0%
Been to dentist >6 months up to 1 year ago	14.1%	13.6%	16.1%
Been to dentist >1 year up to 2 years ago	3.8%*	3.2%	4.3%
Been to dentist >2 years up to 5 years ago	**	1.8%*	2.3%

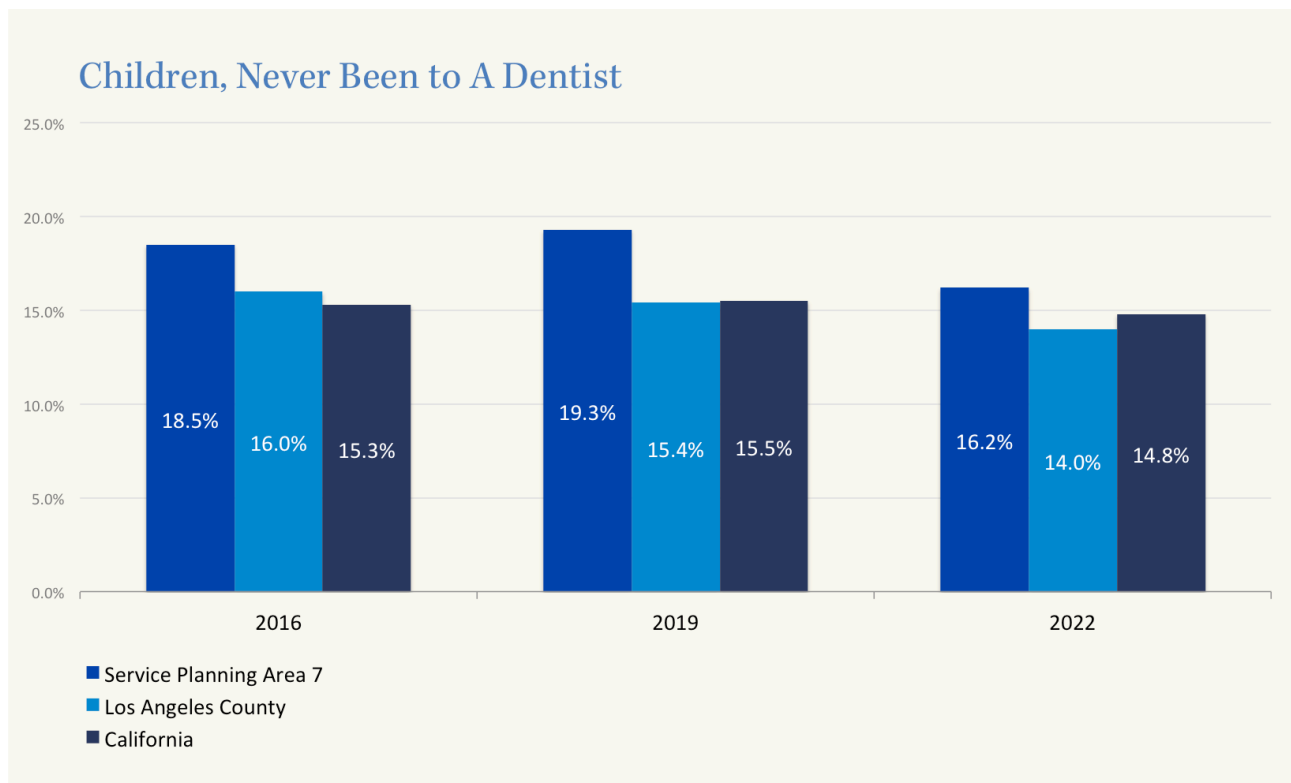
Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to small sample size. ask.chis.ucla.edu

Dental Utilization, Children, Ages 3-11

Among children in SPA 7, 79.9% had a dental visit less than six months and up to one year ago. 16.2% of SPA 7 children have never been to a dentist. 5.8% of families could not afford needed dental care for their children.

	SPA 7	Los Angeles County	California
Parent could not afford needed dental care for child	5.8%*	6.5%	6.6%
Never been to the dentist	16.2%	14.0%	14.8%
Been to dentist <6 months ago	63.4%	65.6%	66.0%
Been to dentist >6 months up to 1 year ago	16.5%	16.6%	14.8%
Been to dentist >1 year up to 2 years ago	2.1%*	2.9%*	3.4%
Been to dentist >2 years up to 5 years ago	1.9%*	1.0%*	0.8%

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



Oral Health Hygiene/Conditions

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 affect mental health and self-esteem. In SPA 7, 32.7% of adults reported their teeth were in Excellent/Very Good condition. 3.5% of SPA 7 adults reported having no natural teeth.

	SPA 7	Los Angeles County	California
Excellent	7.1%	10.0%	11.6%
Very Good	25.6%	27.5%	29.1%
Good	37.1%	32.6%	31.6%
Fair	20.3%	20.6%	18.5%
Poor	6.4%	6.9%	6.9%
Has no natural teeth	3.5%*	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

In SPA 7, 52.6% of teens self-reported their teeth were in Excellent/Very Good condition.

	SPA 7	Los Angeles County	California
Excellent	22.9%*	14.8%	15.9%
Very Good	29.7%	42.2%	40.5%
Good	35.8%	27.8%	31.8%
Fair/Poor	11.6%*	15.8%	11.8%

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

Community Input – Dental Care

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

- There is a lack of understanding regarding the value of dental care and the connection to health.
- Poor dental health causes problems with sinuses and infections.
- There is a lack of education on proper dental care at an early age.
- Schools used to provide dental screenings so they could let parents know areas of need and then make referrals for care.
- There's a need for mobile dental care and screenings. Getting people into the clinic is a challenge.
- There was no information for affordable, accessible dental care during the pandemic. We often see kids and parents with issues because they can't afford care.
- A big barrier is lack of insurance. Insurance doesn't always cover dental care and if it does, the coverage is minimal. The share of cost can be too high for families to get care that they need.
- Accessing any kind of dental care is hard, especially finding a provider who offers low-income dental care and understanding what's covered. Dental cleaning may be covered but not extraction or dentures and then people struggle to find resources to pay for the services.
- The number one thing is that people don't have health coverage for dental care, so it gets neglected. They just live with pain or get their tooth pulled, as it is more affordable than treatment.
- There is less trust in dental offices. Dental care is often put on hold due to a negative experience. Going to the dentist is not fun.

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 7,277 births in the service area.

In the service area, the rate of births paid by public insurance or self-pay was 482.0 per 1,000 live births, which is lower than the county (542.9 per 1,000 live births) and state (498.5 per 1,000 live births) rates.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	3,508	482.0	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 14.7 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 Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers, ages 15-19	299	14.7	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, 12.8% (128.2 per 1,000 live births) entered prenatal care after the first trimester. As such, 87.2% of pregnant women started prenatal care in the first trimester.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late prenatal care entry	933	128.2	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 82.8 per 1,000 live births. This rate of premature births was lower than the county and state rates.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature birth	602	82.8	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 66.0 per 1,000 live births. This rate was lower than county and state rates.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	480	66.0	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 was 4.8 per 1,000 live births. This rate was lower than the county and state.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Women who smoked	35	4.8	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 Whittier Hospital

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at PIH Health Whittier Hospital indicated 94.2% of mothers engaged in any breastfeeding and 79.4% breastfeed exclusively. The hospital rates of breastfeeding were higher than the county and state rates.

	Total Births	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Number	Percent	Number	Percent
PIH Health Whittier Hospital	1,424	1,341	94.2%	1,131	79.4%
Los Angeles County	98,341	92,163	93.7%	61,455	62.5%
California	386,206	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 Whittier Hospital, by Race/Ethnicity of Mother

Hispanic/Latino mothers were the most frequent ethnic group to deliver at PIH Health Whittier Hospital, with 94.1% engaging in any breastfeeding and 78.5% exclusively breastfeeding. White mothers were most frequently engaged in any breastfeeding (94.3%) and exclusive (85.2%) breastfeeding.

	Total Births	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Number	Percent	Number	Percent
Hispanic/Latino	1,077	1,013	94.1%	845	78.5%
White	176	166	94.3%	150	85.2%
Asian	103	96	93.2%	82	79.6%
Multiple Race	25	23	92.0%	18	72.0%
Black/African American	7	*	*	*	*
Other	7	*	*	*	*

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 purposes of this 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 Healthy 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

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 561.5 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, Alzheimer’s disease, stroke, and chronic lower respiratory disease.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Five-year average	3,697	561.5	569.8	614.4
Heart disease	1,042	137.9	146.9	142.7
Cancer	942	132.0	134.3	139.6
Alzheimer’s disease	265	33.1	34.2	35.4
Stroke	260	34.5	33.3	36.4
Chronic Lower Respiratory Disease	192	26.0	28.1	32.1
Diabetes	177	24.6	23.1	21.3
Unintentional injuries	149	22.1	22.6	31.8
Pneumonia and Influenza	129	17.1	19.2	14.8
Liver disease	118	17.1	13.0	12.2
Kidney disease	94	12.8	11.2	8.5
Suicide	49	7.5	7.9	10.5
Homicide	27	4.3	5.7	5.0
HIV	6	1.0	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.

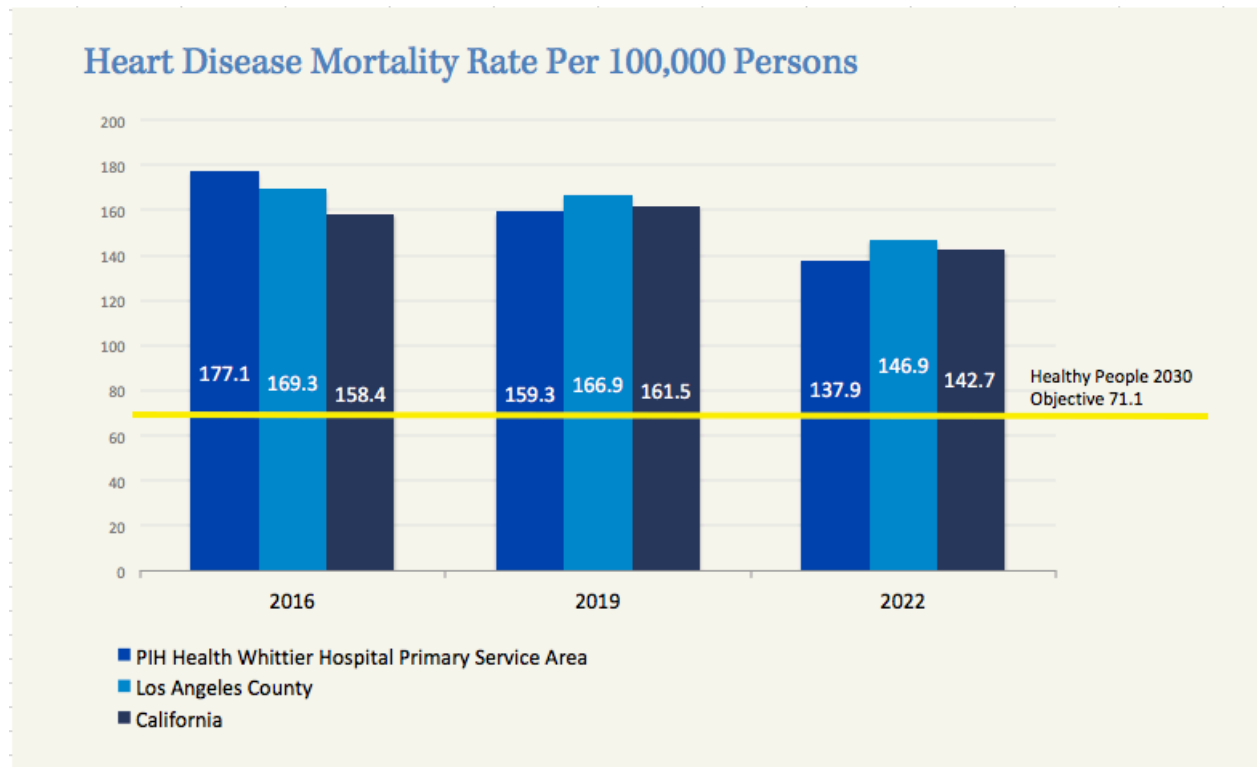
Heart Disease

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

In the service area, the age-adjusted mortality rate for heart disease (137.9 per 100,000 persons) was lower 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 90.2 per 100,000 persons in the service area. The rate of heart disease deaths in the service area was higher than the Healthy People 2030 objective of 71.1 per 100,000 persons.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	1,042	137.9	146.9	142.7
Ischemic heart disease death rate	272	90.2	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



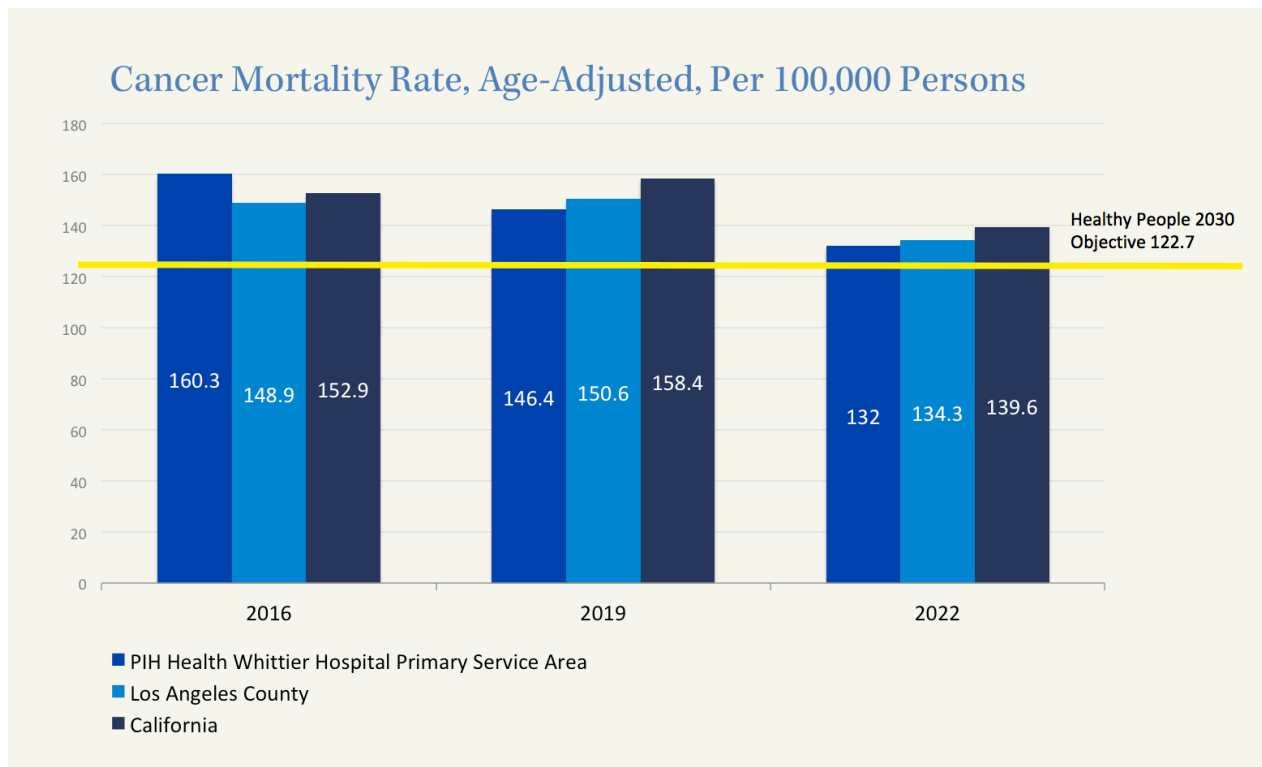
Cancer

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

In the service area, the age-adjusted cancer mortality rate was 132.0 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 Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	942	132.0	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. In Los Angeles County, the top five highest rates of cancer are lung and bronchus, prostate, female breast, colon and rectum, and pancreas.

	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

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.² In the service area, the Alzheimer’s disease death rate was 33.1 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.

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

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer’s disease death rate	265	33.1	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.

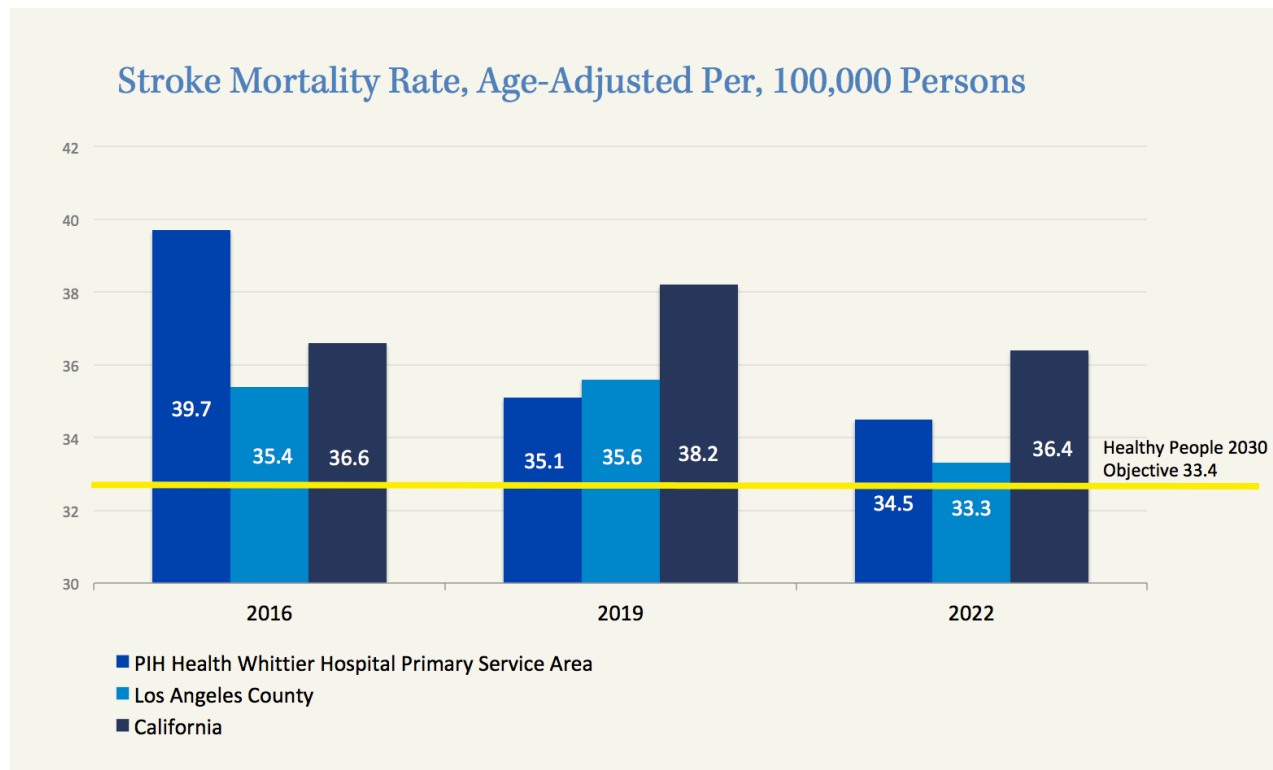
Stroke

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

The age-adjusted rate of death from stroke was higher in the service area (34.5 per 100,000 persons) than in the county rate (33.3 per 100,000 persons). The rate of stroke deaths in the service area was higher than the Healthy People 2030 objective of 33.4 per 100,000 persons.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Stroke death rate	260	34.5	33.3	36.4

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



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 26.0 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 Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	192	26.0	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.

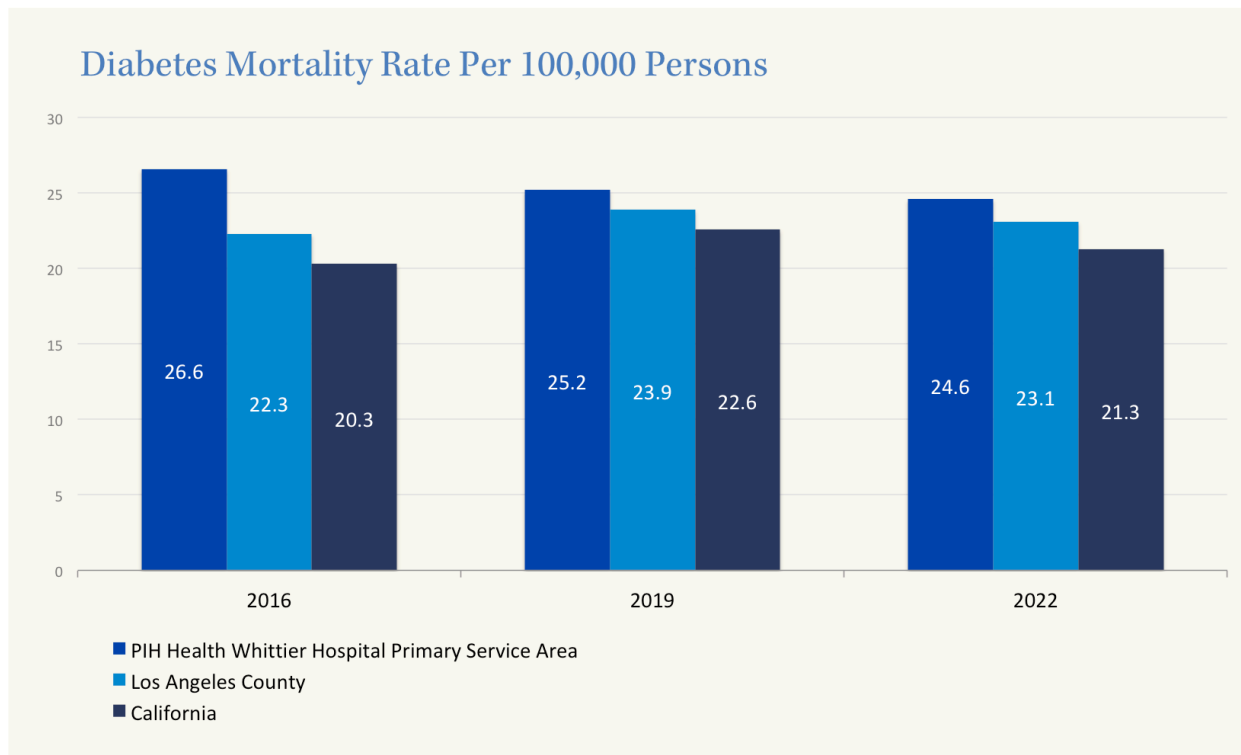
Diabetes

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

Diabetes may be underreported as a cause of death. The age-adjusted mortality rate from diabetes in the service area (24.6 per 100,000 persons) was higher than the county (23.1 per 100,000 persons) and state (21.3 per 100,000 persons) rates.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	177	24.6	23.1	21.3

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



Unintentional Injury

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 22.1 per 100,000 persons. 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 Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	149	22.1	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.

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 17.1 per 100,000 persons, which was lower than the county rate (19.2 per 100,000 persons), and higher than the state rate (14.8 per 100,000 persons).

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	129	17.1	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.

Liver Disease

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

Mortality from liver disease was 17.1 per 100,000 persons. In the service area, the death rate for liver disease was higher than the Healthy People 2030 objective of 10.9 per 100,000 persons.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	118	17.1	13.0	12.2

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

Kidney Disease

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

In the service area, the kidney disease death rate was 12.8 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 Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	94	12.8	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 7.5 per 100,000 persons. The suicide rate for the service area was lower than the Healthy People 2030 objective of 12.8 per 100,000 persons.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	49	7.5	7.9	10.5

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

Homicide

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

In the service area, the age-adjusted death rate from homicides was 4.3 per 100,000 persons. This rate was lower than the Healthy People 2030 objective of 5.5 per 100,000 persons.

	PIH Health Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	27	4.3	5.7	5.0

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

HIV

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

In the service area, the death rate from HIV was 1.0 per 100,000 persons. This rate was lower 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 Whittier Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	6	1.0	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 Whittier Hospital Hospitalizations, by Principal Diagnoses, Top Ten Causes

The top five primary diagnoses at PIH Health Whittier Hospital resulting in hospitalization were diseases of the circulatory system, certain infectious and parasitic diseases, diseases of the digestive system, pregnancy, childbirth and the puerperium, and injury and poisonings.

	Percent
Diseases of the circulatory system	8.53%
Certain infectious and parasitic diseases	6.14%
Diseases of the digestive system	5.19%
Pregnancy, childbirth and the puerperium	4.14%
Injury, poisoning and certain other consequences of external causes	3.98%
Certain conditions originating in the perinatal period	3.76%
Disease of the genitourinary system	2.33%
Endocrine, nutritional and metabolic diseases	2.28%
Diseases of the respiratory system	2.19%
Diseases of the musculoskeletal system and connective tissue	1.98%

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 Whittier Hospital Emergency Department Visits, by Principal Diagnoses, Top Ten Causes

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

	Percent
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	6.52%
Diseases of the respiratory system	5.68%
Injury, poisoning and certain other consequences of external causes	5.55%
Diseases of the genitourinary system	2.10%
Diseases of the circulatory system	2.05%
Diseases of the musculoskeletal system and connective tissue	1.99%
Diseases of the digestive system	1.61%
Diseases of the nervous system	1.24%
Diseases of the skin and subcutaneous tissue	1.11%
Mental, behavioral and neurodevelopmental disorders	1.02%

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, 2/28/22

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

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

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

COVID-19 Vaccination, Percent, by Age, as of 2/22/22

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

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

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

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

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

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

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

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:

- Getting access to services in general was challenging.
- This biggest challenge was getting food distributed in creative ways.
- There were severe financial impacts that many people are still working to recover from.
- It was important to have hospitals like PIH Health. It was hard to find accurate information so trusted community partners were looked to for ongoing communication.
- There’s still so much misinformation and hesitancy with vaccine uptake. The number of those vaccinated seems to be stalled.
- We need to continue to remind people about the importance of vaccines. It’s ongoing, COVID-19 is still here. We’ve targeted the physical impacts of COVID-19, but not the mental health impacts.
- Everyone has a right to their own medical decisions. There’s a need for more education and listening to concerns; it’s not one size fits all.
- There was good communication about vaccine clinics, but we’re still struggling with some students getting vaccinated.
- Youth became too sedentary during the pandemic. We need to encourage activity to prevent long- term health issues. We’re seeing health issues in youth that we used to see in older people.
- Mental health is a huge area of decline for all ages due to the pandemic.
- Many turned to drinking and substance use to cope, and there was an increase in domestic violence.

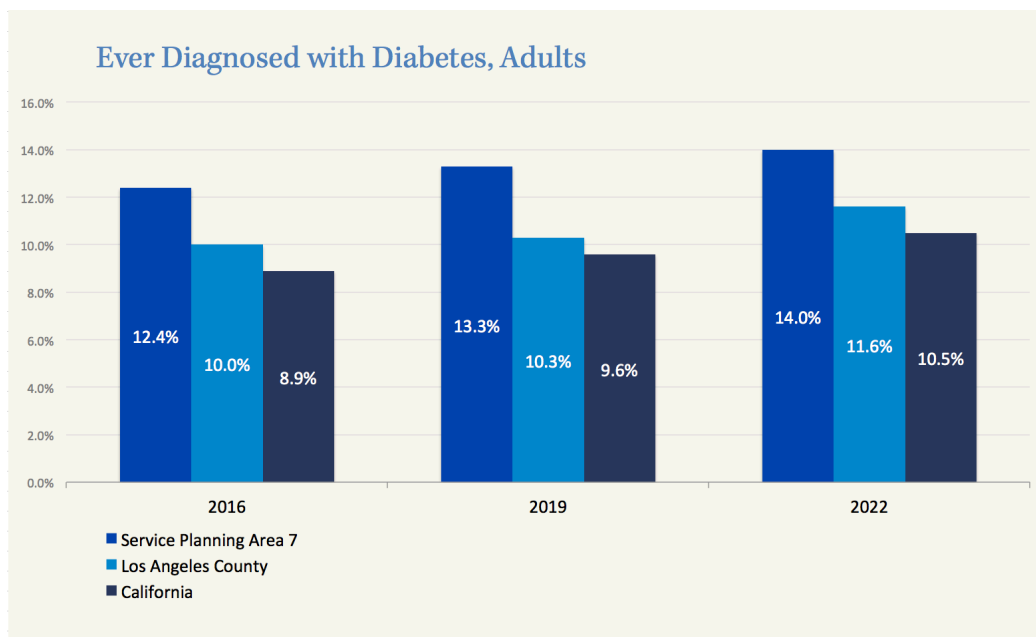
Diabetes

Diabetes, Adults

In SPA 7, 14.0% of adults reported they have been diagnosed with diabetes as compared to the county at 11.6% and state at 10.5%.

	SPA 7	Los Angeles County	California
Ever diagnosed with diabetes	14.0%	11.6%	10.5%

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



Diabetes, by Race/Ethnicity

In SPA 7, Hispanic/Latino adults had the highest rate of diabetes (15.0%), followed by Asian adults (12.5%) and White adults (10.8%).

	SPA 7	Los Angeles County	California
Hispanic/Latino	15.0%	13.7%	12.2%
Asian	12.5%	10.5%	10.7%
White	10.8%	7.8%	8.4%
Black/African American	3.1%*	13.9%	14.9%
Two or more races	**	7.1%	8.0%

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 SPA 7 adults, 26.8% have been diagnosed with high blood pressure and 7.1% have been diagnosed with borderline high blood pressure.

	SPA 7	Los Angeles County	California
Had/has high blood pressure	26.8%	26.1%	25.7%
Has/had borderline high blood pressure	7.1%	7.2%	7.5%

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

High Blood Pressure, by Race/Ethnicity

In SPA 7, Black/African American adults had the highest rates of high blood pressure (36.4%), followed by White adults (32.1%), adults of two or more races (30.1%), Asian adults (28.0%), and Hispanic/Latino adults (26.0%).

	SPA 7	Los Angeles County	California
Black/African American	36.4%	40.3%	38.6%
White	32.1%	27.6%	28.7%
Two or more races	30.1%	16.7%	20.4%
Asian	28.0%	24.6%	21.8%
Hispanic/Latino	26.0%	23.8%	22.4%

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

Heart Disease

Heart Disease, Adults

Among SPA 7 adults, 3.7% have been diagnosed with heart disease.

	SPA 7	Los Angeles County	California
Has heart disease	3.7%	6.4%	6.8%

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

Heart Disease, by Race/Ethnicity

In SPA 7, 9.9% of White adults have heart disease, followed by Asians at 4.3%, and Hispanic/Latino adults at 2.7%.

	SPA 7	Los Angeles County	California
White	9.9%	10.1%	10.1%
Asian	4.3%*	5.1%	5.3%
Hispanic/Latino	2.7%	4.6%	4.3%
Black/African American	**	9.0%	7.1%
Two or more races	**	1.4%*	4.2%

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

Among the population in SPA 7, 13.7% have been diagnosed with asthma. In SPA 7, 14.3% of adults and 11.9% of children, ages 1 to 17, have been diagnosed with asthma. Among those diagnosed with asthma, 30.1% had an asthma episode/attack in the past 12 months and 41.2% take daily medication to control their symptoms.

	SPA 7	Los Angeles County	California
Ever diagnosed with asthma, all ages	13.7%	14.8%	15.3%
Ever diagnosed with asthma, adults	14.3%	15.2%	16.2%
Ever diagnosed with asthma, ages 1-17	11.9%	13.3%	12.4%
Has had an asthma episode/attack in past 12 months, all ages	30.1%	28.7%	29.6%
Has had an asthma episode/attack in past 12 months, adults	30.9%	25.8%	28.7%
Has had an asthma episode/attack in past 12 months, ages 1-17	34.5%	40.3%	33.7%
Takes daily medication to control asthma, all ages	41.2%	44.6%	43.7%
Takes daily medication to control asthma, adults	41.1%	46.1%	44.4%
Takes daily medication to control asthma, ages 1-17	36.9*	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 7, 17.6% of Black/African Americans, 15.5% of Whites, 13.9% of Hispanic/Latinos, and 6.5% of Asians were diagnosed with asthma.

	SPA 7	Los Angeles County	California
Black/African American	17.6%*	22.8%	18.2%
White	15.5%	15.6%	16.1%
Hispanic/Latino	13.9%	13.6%	14.6%
Asian	6.5%*	10.9%	11.2%
Two or more races	**	25.6%	25.5%

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

Cancer

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

In Los Angeles County, the highest incidence rates were for female breast, prostate, lung and bronchus, colon and rectum, and uterine cancer.

	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

Sexually Transmitted Infections

Sexually Transmitted Infections Incidence Rate, per 100,000 Persons

In SPA 7, the rate of chlamydia was 533 cases per 100,000 persons, the rate of gonorrhea was 167 cases per 100,000 persons, and the rate of syphilis was 42 cases per 100,000 persons in 2018. All SPA 7 rates of sexually transmitted infections were lower than county rates.

	SPA 7		Los Angeles County	
	Number	Rate	Number	Rate
Chlamydia	7,041	533	67,378	656
Gonorrhea	2,206	167	27,047	263
Syphilis	549	42	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 7, the number and rate of new HIV diagnoses decreased from 2018 to 2019.

	2018		2019	
	Number	Rate	Number	Rate
SPA 7	168	15	129	12
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](https://www.lacounty.gov/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 in SPA 7 living with diagnosed HIV (PLWDH) was 343 per 100,000 persons.

	Number	Rate
SPA 7	3,776	343
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](https://www.lacounty.gov/2020AnnualHIVSurveillanceReportUpdated9-2021_fig1fig2update.pdf) (lacounty.gov)

Community Input – Chronic Disease

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

- We're concerned with the incidence of Type 2 diabetes, heart disease, and obesity.
- There's a lack of educational services and tools that help to alleviate chronic diseases.
- There's a need for more access to practical nutritional information specific to diabetes, especially for lower socio-economic communities.
- Overall inactivity is directly related to obesity and chronic disease. Youth and older adults were not active during the pandemic.
- The lack of healthy food access directly affects chronic disease.
- There are cultural challenges with prevention and being proactive. Many seek care too late.
- Diabetes is prevalent among the Hispanic/Latino community. It has many complications people don't understand.
- Diabetes and high blood pressure is a concern especially among African Americans. Add in other stressors of life, and oftentimes they're not making the best decisions about their health.
- It's a struggle for food distribution sites to provide foods for those who are diabetic.
- We're seeing more Hispanics/Latinos who are diagnosed with Type 2 diabetes. Their environment contributes to this.

Health Behaviors

Health Behaviors

Health Behaviors Ranking

County Health Rankings examine healthy behaviors and rank 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

Among SPA 7 adults, 81.5% rated themselves as being in excellent, very good, or good health, as compared to the county at 83.9% and state at 84.8%.

	SPA 7	Los Angeles County	California
Excellent health status	17.4%	18.5%	19.5%
Very good health status	30.0%	32.3%	34.3%
Good health status	34.1%	33.1%	31.0%
Fair health status	15.5%	13.1%	12.6%
Poor health status	3.1%	3.0%	2.6%

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

Poor Mental/Physical Health, Average Days in Past Month

SPA 7 adults averaged 4.0 days of poor mental and 3.9 days of poor physical health in the past month.

	SPA 7	Los Angeles County
Poor mental health days	4.0	4.0
Poor physical health days	3.9	3.9

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

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

Among SPA 7 children, ages 0 to 17, 97.2% were reported to be in excellent, very good, or good health, as compared to the county at 95.9% and state at 96.9%.

	SPA 7	Los Angeles County	California
Excellent health status	45.2%	49.4%	51.7%
Very good health status	35.1%	31.5%	31.1%
Good health status	16.9%	15.0%	14.1%
Fair/poor health status	2.8%*	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 SPA 7 teens, ages 14 to 17, whose parents gave permission for the question to be asked, 92.8% reported they had never had sex.

	SPA 7	Los Angeles County	California
Never had sex	92.8%*	85.6%	87.9%
Male	92.0%*	86.6%	91.0%
Female	92.7%*	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 SPA 7 children and adolescents, ages 2 to 17, 27.8% reported drinking one or more sodas the previous day. 63.3% of SPA 7 children and adolescents reported drinking one or more sweetened fruit drinks, sports, or energy drinks the previous day.

	SPA 7	Los Angeles County	California
Ages 2-17, drank >1 soda	27.8%	24.0%	22.2%
Ages 2-17, drank > sugary drink†	63.3%*	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 7, 46.2% of children, ages 2 to 11, 22.5% of teens, and 8.2% of adults ate five or more servings of fruits and vegetables in the previous day.

	SPA 7	Los Angeles County
Children, ages 2-11	46.2%	36.8%
Teens, ages 12-17	22.5%*	31.7%
Adults, ages 18 and older†	8.2%	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

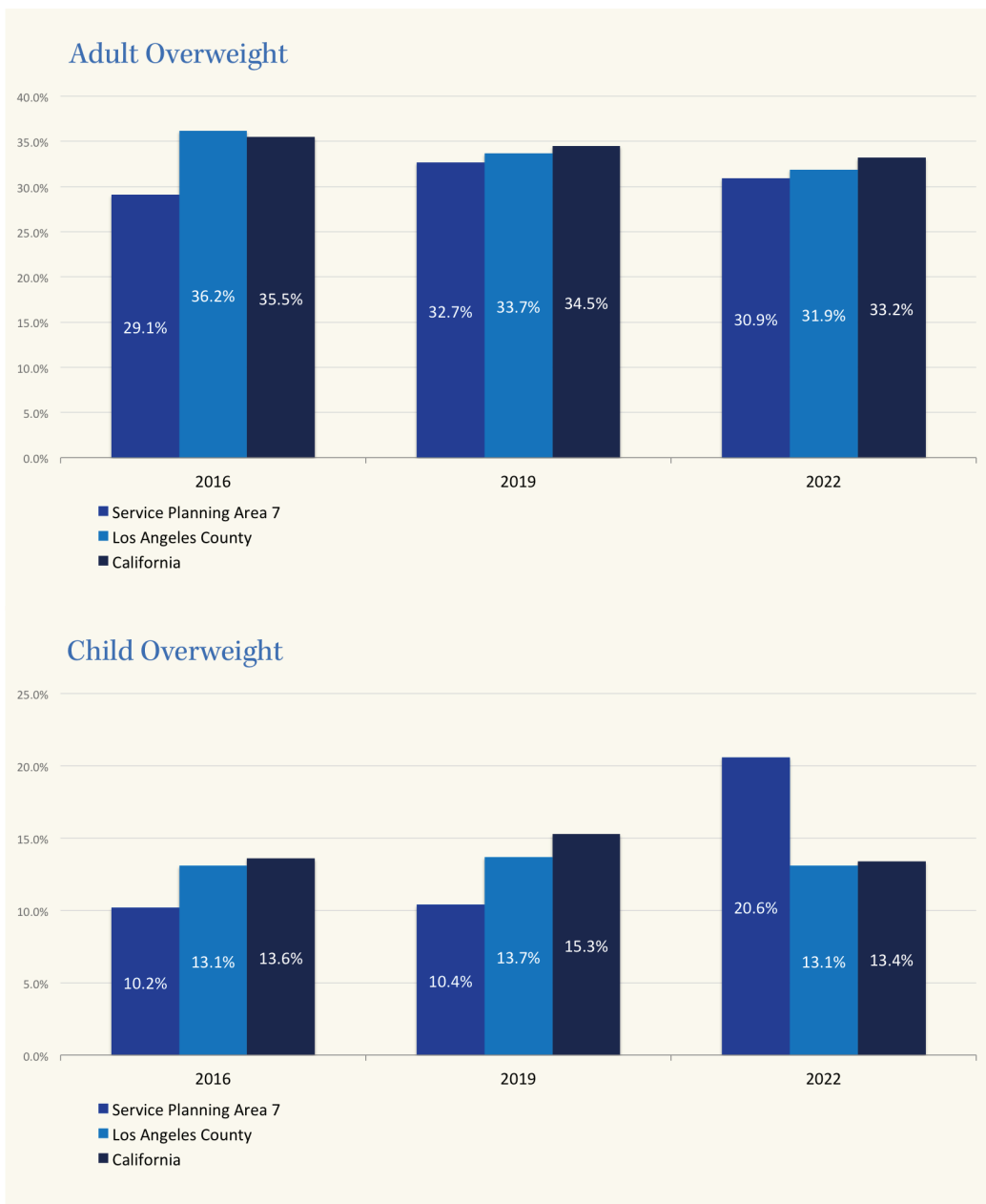
Overweight/Obesity

Overweight Children, Teens, Adults

In SPA 7, 20.6% of children were overweight for their age, and 13.1% of teens and 30.9% of adults were overweight.

	SPA 7	Los Angeles County	California
Overweight for age, child	20.6%	13.1%	13.4%
Overweight, teen	13.1%*	15.9%	13.7%
Overweight, adults	30.9%	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. In SPA 7, 40.7% of adults and 39.5% of teens are obese.

	SPA 7	Los Angeles County	California
Adults, ages 18 and older	39.1%	29.8%	28.2%
Teens, ages 12-17	39.5%	20.7%	17.8%

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

Obesity by Race/Ethnicity, Adults

In SPA 7 when obesity is compared by race/ethnicity, Hispanic/Latino adults had the highest percentage of obesity (43.9%) followed by Black/African American adults (41.4%).

	SPA 7	Los Angeles County	California
Hispanic/Latino	42.3%	37.8%	35.8%
Black/African American	41.4%	41.8%	39.6%
Two or more races	36.8%*	25.7%	29.9%
White	32.3%	21.6%	24.7%
Asian	14.4%	9.3%	10.2%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample 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.

- The range of 5th grade students enrolled in service area school districts that tested with a body composition at health risk was 16.3% to 42.2% as compared to Los Angeles County at 25.4% and state at 21.9%.
- The range of 7th grade students enrolled in service area school districts that tested with a body composition at health risk was 16.7% to 36.8% as compared to Los Angeles County at 23.2% and state at 20.6%.
- The range of 9th grade students enrolled in service area school districts that tested with a body composition at health risk was 15.8% to 24.6% as compared to Los Angeles County at 21.0% and state at 18.9%.

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
El Rancho Unified School District	18.5%	30.8%	22.7%	29.8%	17.4%	24.6%
Fullerton Joint Union High School District*	ND	ND	ND	ND	16.3%	17.8%
Hacienda-La Puente Unified School District	20.1%	16.3%	18.4%	17.7%	19.5%	15.8%
La Habra City School District*	17.1%	34.6%	15.8%	27.7%	ND	ND
Little Lake City School District	18.4%	29.1%	16.4%	24.8%	ND	ND
Los Nietos School District	19.5%	42.2%	17.6%	36.8%	ND	ND
Lowell Joint School District	19.0%	24.6%	12.0%	22.2%	ND	ND
Montebello Unified School District	26.2%	21.2%	29.4%	16.7%	27.7%	17.9%
Norwalk-La Mirada Unified School District	23.0%	27.0%	19.7%	26.4%	19.0%	22.0%
East Whittier City School District	24.7%	23.1%	21.1%	23.0%	ND	ND
South Whittier School District	21.5%	36.5%	18.7%	32.2%	ND	ND
Whittier City School District	19.4%	35.7%	21.4%	28.3%	ND	ND
Whittier Union High School District	ND	ND	ND	ND	18.5%	21.4%
Los Angeles County	20.2%	25.4%	19.8%	23.2%	20.3%	21.0%
Orange County	18.3%	18.3%	17.7%	17.2%	16.5%	14.9%
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. *Orange County. ND=No Data. data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

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:

- Lack of healthy food access drives chronic disease outcomes. We need to open farmers markets and other access points and create mobile programs to reach vulnerable populations.
- Diet and exercise are equity issues. Many places that are open late are fast food places; healthy foods are harder to get to and harder to buy due to cost.
- In the Santa Fe Springs area, there's a lack of green space and infrastructure/programming for kids to be active. The area lacks bike lanes and has unsafe street conditions so we can't promote biking options. There's also a lack of trails. A lot of kids skateboard but there's not many places for them.
- The Los Nietos community lacks parks. The biggest pieces of land are school sites, which are closed outside of school hours. Walking on the streets is not ideal. There's one community center access point with gym equipment that's free to the community, but it was closed during the pandemic.
- Social strata and education play a big role in obesity and lack of access to proper nutrition. There's a lack of understanding from those we work with, specifically those who are very low-income and don't know how to access services.
- Obesity is seen as most prevalent among the Hispanic communities, possibly due to cultural food. We see many overweight elementary school kids.
- Cultural factors contribute to obesity and chronic disease. For blue collar families on the go, it's hard to eat healthy. Kids are taught, "We work hard for our food, you'd better eat what we serve you."
- There's a lack of education on making healthy choices. We know patients are eating food they purchase at 7-11 stores and getting fast food – the cheapest and most accessible options.
- The Los Nietos area is a food desert, juxtaposed with the new Stater Bros in uptown Whittier. Los Nietos just doesn't have that availability of food options so people must drive. This is okay if they have a car, but if there's a lack of transportation, they are stuck with what they can get.
- Farmers markets are hard for working families to access if they are open during the day when they are working.
- Childhood obesity became quite predominant due to quarantine lock downs and being indoors. Now that we're seeing kids in person again, it's shocking to see so many who are overweight.
- Children aren't moving because PE classes were cut, and they got used to staying home during the pandemic.
- There's a need for funding to provide programs for youth and seniors who struggle with obesity.
- Many of the options to address overweight and obesity cost money, like trainers and gyms.
- There's a lack of green space for exercise and outdoor activities.
- We see so much fear about crime and going outdoors for activity. We need more safe spaces.
- We saw an increase in the need for food distribution that has only gotten stronger. Distribution sites need to leverage their distribution events to provide education around healthy food preparation.
- Certain clients have specific nutritional needs. It's important to meet those needs to help support their health and to educate them to understand the impact of food choices.
- With the pandemic, food pantries lost the benefits of in-person communication and the client-directed food choice model due to drive through food distribution.

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.³ 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 SPA 7 adults, 33.8% met both aerobic and muscle strengthening guideline. Among SPA 7 children and adolescents, ages 6 to 17, 13.8% met both aerobic and muscle strengthening guidelines.

³ Source: Physical Activity Guidelines for Americans, 2nd edition. 2018 U.S. Department of Health and Human Services. health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

	SPA 7	Los Angeles County
No aerobic activity, adults	9.3%	11.2%
Met aerobic guidelines, adults	65.4%	64.4%
Met strengthening guidelines, adults	40.1%	43.1%
Met both aerobic and strengthening guidelines, adults	33.8%	35.1%
Met aerobic guidelines, children ages 6-17	19.9%	23.7%
Met strengthening guidelines, children ages 6-17	48.6%	50.8%
Met both aerobic and strengthening guidelines, children ages 6-17	13.8%	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.

- The range of 5th grade students enrolled in service area school districts that met Healthy Fitness Zone aerobic capacity guidelines was 47.0% to 78.2% as compared to Los Angeles County at 57.1% and the state at 60.2%.
- The range of 7th grade students enrolled in service area school districts that met Healthy Fitness Zone aerobic capacity guidelines was 45.7% to 74.4% as compared to Los Angeles County at 57.3% and state at 61.0%.
- The range of 9th grade students enrolled in service area school districts that met Healthy Fitness Zone aerobic capacity guidelines was 44.4% to 59.6% as compared to Los Angeles County at 54.1% and state at 60.0%.

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
El Rancho Unified School District	49.0%	45.7%	47.6%
Fullerton Joint Union High School District*	ND	ND	59.6%
Hacienda-La Puente Unified School District	56.0%	74.4%	58.7%
La Habra City School District*	78.2%	56.1%	ND
Little Lake City School District	68.3%	64.2%	ND
Los Nietos School District	67.5%	64.7%	ND
Lowell Joint School District	66.2%	73.5%	ND
Montebello Unified School District	47.0%	50.5%	44.4%
Norwalk-La Mirada Unified School District	56.7%	61.1%	53.4%
East Whittier City School District	59.8%	61.2%	ND
South Whittier School District	63.2%	47.8%	ND
Whittier City School District	63.9%	62.5%	ND
Whittier Union High School District	ND	ND	54.4%
Los Angeles County	57.1%	57.3%	54.1%
Orange County	65.7%	69.8%	68.1%
California	60.2%	61.0%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. *Orange County. ND=No Data.

data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

● Best performing

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 SPA 7 children, ages 2 to 11, 23.7% spent 5 hours to more than 8 hours in sedentary activities on weekend days.

	SPA 7	Los Angeles County	California
<1 to <2 hours	25.9%	21.8%	17.0%
2 to <3 hours	24.8%	25.3%	24.3%
3 to <5 hours	25.6%	30.4%	33.8%
5 to >8 hours	23.7%	22.5%	25.0%

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

Sedentary Teens, Ages 12-17

Teens spend more hours in sedentary activity on weekends as compared to children. Among SPA 7 teens, ages 12 to 17, 66.6% spent 5 hours to more than 8 hours in sedentary activities on weekend days.

	SPA 7	Los Angeles County	California
2 to <3 hours	4.3%*	7.8%	9.8%
3 to <5 hours	21.3%*	29.9%	25.0%
5 to >8 hours	66.6%	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, 29.5% of SPA 7 adults used a computer or mobile device for social media a few times a day.

	SPA 7	Los Angeles County	California
Almost constantly	14.1%	14.5%	12.1%
Many times a day	29.3%	29.3%	29.7%
A few times a day	29.5%	26.9%	27.4%
Less than a few times a day	27.0%	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, 32.4% of teens in SPA 7 used a computer or mobile device for social media a few times a day.

	SPA 7	Los Angeles County	California
Almost constantly	22.1%	25.3%	21.3%
Many times a day	25.1%	31.1%	38.4%
A few times a day	32.4%*	31.0%	26.3%
Less than a few times a day	20.4%*	12.6%	13.9%

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

Mental Health



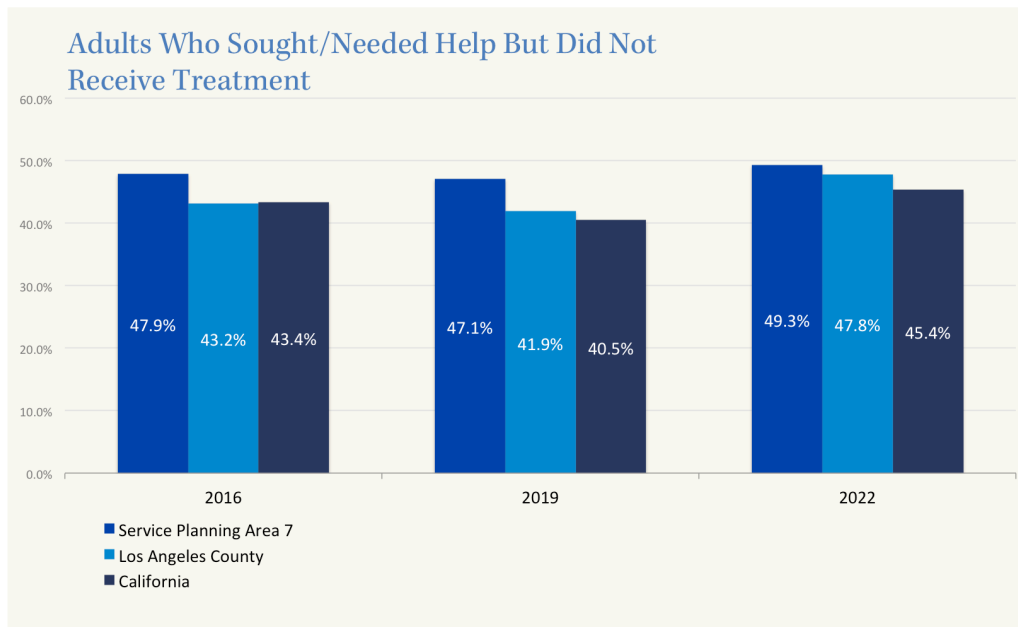
Mental Health Access and Utilization

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 SPA 7 adults who received care for mental or emotional problems, 31.2% visited both a primary care physician and a mental health professional.

	SPA 7	Los Angeles County	California
Primary care physician only	32.8%	25.5%	25.1%
Mental health professional only	36.0%	38.0%	36.7%
Both	31.2%	36.5%	38.2%

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



Mental Health Access and Utilization, Adults

Among adults in SPA 7, 14.5% 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, 49.3% 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 7	Los Angeles County	California
Needed help for emotional /mental health problems or use of alcohol drugs	14.5%	20.6%	21.2%
Sought help but did not receive treatment	49.3%	47.8%	45.4%

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

Mental Health Access and Utilization, Teens

Among SPA 7 teens, 28.0% felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the past 12 months. In SPA 7, 15.9% of teens received psychological or emotional counseling in the past year.

	SPA 7	Los Angeles County	California
Needed help for emotional or mental health problems	28.0%	30.4%	31.4%
Received psychological/emotional counseling	15.9%*	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

In SPA 7, 4.2% of adults sought online help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. 4.5% of SPA 7 adults connected online with a mental health professional in the past 12 months and 4.1% connected online with people with similar mental health or alcohol/drug status.

	SPA 7	Los Angeles County	California
Sought help from an online tool for mental health or alcohol issues	4.2%	5.9%	6.5%
Connected with a mental health professional online	4.5%	6.1%	5.9%
Connected with people online with similar mental health or alcohol/drug status	4.1%	4.2%	4.4%

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

Online Mental Health Utilization, Teens

In SPA 7, 12.0% of teens sought online help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. 9.7% of teens connected online with a mental health professional in the past 12 months and 15.4% connected online with people with similar mental health or alcohol/drug status.

	SPA 7	Los Angeles County	California
Sought help from an online tool for mental health or alcohol issues	12.0%*	7.6%	7.2%
Connected with a mental health professional online	9.7%*	6.9%	6.0%
Connected with people online with similar mental health or alcohol/drug status	15.4%*	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 SPA 7 adults, 14.4% were at risk for major depression and 12.0% were currently diagnosed with depression.

	SPA 7	Los Angeles County
Adults at risk of major depression	14.4%	13.0%
Adults with current diagnosed depression	12.0%	11.5%

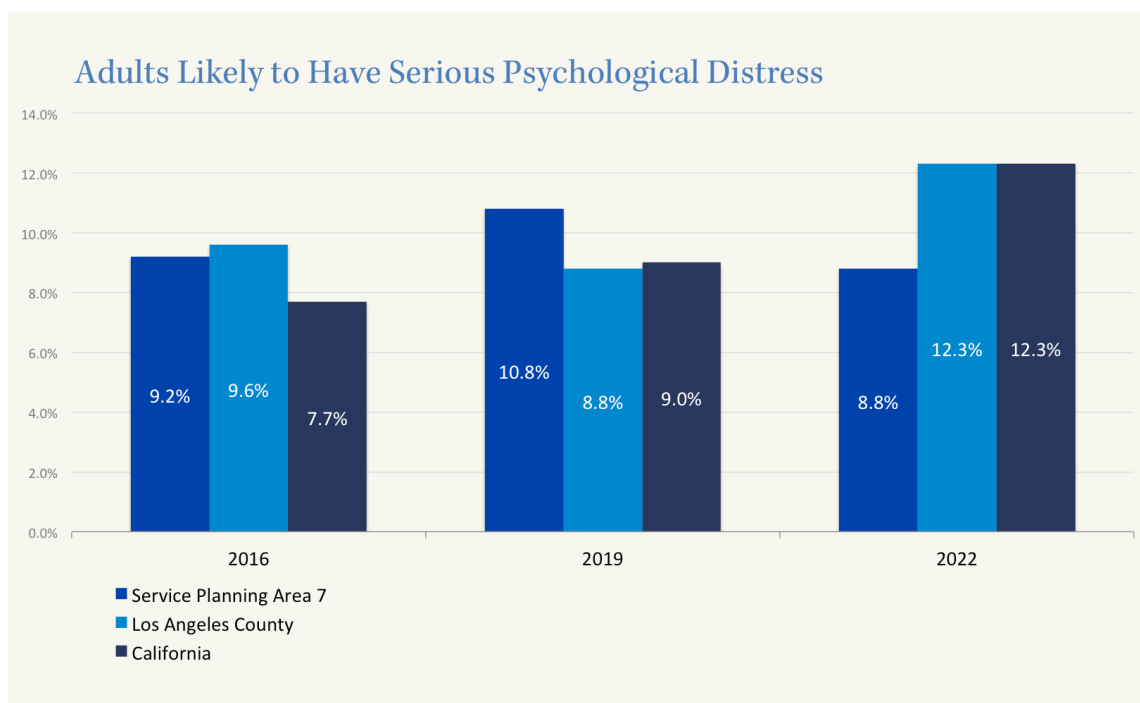
Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDataTopics2018

Mental Health Indicators, Adults

In SPA 7, 8.8% of adults likely had serious psychological distress in the past year. Psychological distress for this measure was assessed through the Kessler 6 series. In SPA 7, 4.6% of adults have been on prescription medicine for an emotional/mental health issue(s) for at least two weeks in the past year. Adults who reported moderate to severe family life, social life, household chore, or work life impairments in the past year due to emotions ranged from 13.3% to 15.0% in SPA 7.

	SPA 7	Los Angeles County	California
Adults who had serious psychological distress during past year	8.8%	12.3%	12.6%
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	4.6%	7.8%	10.1%
Adults reporting family life impairment during the past year	14.8%	20.7%	20.9%
Adults reporting social life impairment during the past year	15.0%	20.8%	21.0%
Adults reporting household chore impairment during the past year	14.4%	20.1%	20.1%
Adults reporting work impairment during the past year	13.3%	21.0%	20.6%

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



Loneliness, Adults, Ages 65 and Older

Utilizing the UCLA 3-Item Loneliness Scale, 17.2% of SPA 7 adults, ages 65 and older, were lonely some of the time.

	SPA 7	Los Angeles County	California
Hardly lonely	82.1%	78.6%	76.9%
Lonely some of the time	17.2%	19.6%	20.1%
Often lonely	**	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 SPA 7 children, ages 4 to 11, 15.8% 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, 69.7% had definite and/or severe problems.

	SPA 7	Los Angeles County	California
Has had emotion or concentration or behavior problem difficulty	15.8%	17.1%	19.2%
Minor problems	30.3%*	51.7%	59.6%
Definite/severe problems	69.7%*	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

Among students in service area school districts, the range of those who felt so sad or hopeless every day for two weeks or more that they stopped doing some usual activities was 27.0% to 38.0% in 7th grade, 28.0% to 40.0% in 9th grade, 32.0% to 42.0% in 11th grade, and 31.0% to 41.0% in non-traditional schools (continuation, independent study, virtual) schools.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
El Rancho Unified School District	28.0%	32.0%	38.0%	39.0%
Fullerton Joint Union High School District*	ND	28.0%	32.0%	41.0%
Hacienda-La Puente Unified School District	31.0%	38.0%	36.0%	37.0%
La Habra City School District**	34.0%	ND	ND	ND
Montebello Unified School District†	27.0%	38.0%	38.0%	39.0%
Norwalk-La Mirada Unified School District	38.0%	40.0%	42.0%	31.0%
East Whittier City School District	29.0%	ND	ND	ND
South Whittier School District	n/a	ND	ND	ND
Whittier City School District†	32.0%	ND	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2019-2020, 2018-2019[†], 2017-2018* Table A8.4. *Orange County. n/a = not asked. ND=No Data. data1.cde.ca.gov/dataquest

Serious Psychological Distress in Past Year, Teens

Among teens in SPA 7, 26.9% likely had serious psychological distress during the past year. Psychological distress was assessed through the Kessler 6 series.

	SPA 7	Los Angeles County	California
Teens who had serious psychological distress during past year	26.9%	35.0%	31.4%

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

Bullying

School Bullying, 5th Graders

Bullying by peers has been shown to affect the mental health of children and teens. Among 5th grade students enrolled in service area school districts, 44% in the Hacienda-La Puente USD indicated they had been a victim of violence (hit or pushed at school in a non-playful way, mean rumors/lies spread about them, called bad names, target of mean jokes). 29% of South Whittier School District 5th graders had indicated they had perpetrated violence by engaging in bullying at least one or more times. 69% of 5th graders in the Hacienda-La Puente USD stated they had been teased about their body image.

	Violence Victimization	Violence Perpetration	Been Teased about Body Image
El Rancho Unified School District	38.0%	25.0%	30.0%
Hacienda-La Puente Unified School District	44.0%	28.0%	69.0%
Montebello Unified School District [†]	40.0%	24.0%	25.0%
East Whittier City School District	35.0%	18.0%	31.0%
South Whittier School District	39.0%	29.0%	28.0%
Whittier City School District [†]	34.0%	21.0%	28.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-2020, 2018-2019[†], 2017-2018[±]. Tables A7.2, A7.3, A7.4. data1.cde.ca.gov/dataquest

School Bullying, Secondary Students

Among students in 7th, 9th, and 11th grades in service area school districts, students in the Norwalk-La Mirada USD had the highest rates of experiencing bullying.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
El Rancho Unified School District	30.0%	26.0%	22.0%	14.0%
Fullerton Joint Union High School District*	ND	26.0%	20.0%	12.0%
Hacienda-La Puente Unified School District	35.0%	24.0%	20.0%	13.0%
La Habra City School District*±	36.0%	ND	ND	ND
Montebello Unified School District [†]	27.0%	26.0%	21.0%	16.0%
Norwalk-La Mirada Unified School District	44.0%	35.0%	25.0%	26.0%
East Whittier City School District	32.0%	ND	ND	ND
South Whittier School District	34.0%	ND	ND	ND
Whittier City School District [†]	32.0%	ND	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2019-2020, 2018-2019[†], 2017-2018[±]. Table A2.1. *Orange County. ND=No Data. data1.cde.ca.gov/dataquest

Suicide Contemplation

Suicide Contemplation, Adults

Among SPA 7 adults, 9.2% had seriously thought about committing suicide. Adults, ages 18 to 24, had the highest percentage of suicide contemplation in SPA 7 (24.4%).

	SPA 7	Los Angeles County	California
Ever seriously considered suicide	9.2%	11.6%	13.1%
Ages 18-24	24.4%	20.2%	23.8%
Ages 18-64	10.0%	13.1%	14.8%
Ages 65 and older	5.3%*	5.5%	6.5%

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

Suicide Contemplation, Teens

Among students in 7th, 9th, and 11th grades in service area school districts, 19% of 7th graders in the Norwalk-La Mirada USD and South Whittier School District had contemplated suicide. 19% of 9th graders and 20% of 11th graders in the Norwalk-La Mirada USD had contemplated suicide. 21% of students in non-traditional school programs in the El Rancho USD had contemplated suicide.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
El Rancho Unified School District	14.0%	14.0%	15.0%	21.0%
Fullerton Joint Union High School District*	ND	12.0%	12.0%	13.0%
Hacienda-La Puente Unified School District	15.0%	12.0%	9.0%	7.0%
Montebello Unified School District†	15.0%	18.0%	17.0%	12.0%
Norwalk-La Mirada Unified School District	19.0%	19.0%	20.0%	12.0%
East Whittier City School District	14.0%	ND	ND	ND
South Whittier School District	19.0%	ND	ND	ND
Whittier City School District†	16.0%	ND	ND	ND
Whittier City School District†	32.0%	ND	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[‡], 2017-2018* Table A8.5. *Orange County. ND=No Data. 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:

- Mental health does not discriminate. Trauma can be experienced in all walks of life but there's stigma for getting help, especially for children and teens. We need normalization of mental health.
- We need more educational awareness that there's not a specific profile of mental health. Everyone has a story and difficulties. It's okay not to be okay.
- Anxiety increased with the pandemic.
- People have difficulty managing life overall and if they've been traumatized. If they experienced divorce or suffered abuse, rape, or trafficking, this trauma can trigger additional challenges.
- We see many challenges with one's sense of personal self-worth and value, as well as forgiveness. Faith is important. If deep-seated issues aren't addressed, they follow people wherever they go.
- The calls we get for depression, anxiety, and having suicidal thoughts have become more frequent.
- We see mental health concerns among Latinx communities; stigma stops them from seeking help.
- Among college students, substance and domestic violence are inter-related. Getting back into employment and the workplace will help address mental health issues.
- We are seeing more LGBTQ and transgender clients with mental health challenges.
- There's an increase in mental health issues among youth that is exacerbated by social media. Staff hear of threats circulated through social media on a monthly basis against teens.
- There's a lack of mental health services in general. We have a Pacific Clinics representative on site but referring for additional services is very difficult. Most people stay on the waiting list for a long time
- Almost all mental health providers went virtual or ramped down, while mental health conditions got worse. All while food/housing insecurity and substance abuse increased, contributing factors to mental health.
- There's a crisis in the mental health workforce. Many agencies are struggling to maintain staff.
- Families are struggling but the workforce isn't there. Suicide among youth is on the rise and parents are working to manage their child's needs without mental health support.
- How can people be helped just on the phone? It's not enough.
- Veterans have a harder time opening up about their mental health struggles.
- People can't be forced to take medications or get treatment in a mental health facility and getting a mental health conservatorship is very difficult.
- The Department of Mental Health (DMH) brings a lot of resources but linkages to DMH are missing across the county and across partnerships.

Community Input – Mental Health, Continued

- The county is under-equipped to deal with mental health issues. For patients in crisis, it's impossible to get them the help they need—even a 5150 hold is a challenge. Getting law enforcement to help is difficult. Before COVID-19, they would respond with a Psychiatric Emergency Team (PET) team. Now there's a long wait, up to 16 hours.
- Someone may be potentially violent but hasn't committed a crime, and if they're placed on 5150 holds, they are released and back on the street. It's a revolving door. Mental health facilities are inundated with patients.
- There are not enough beds for residential treatment of mental health needs and emergencies. It's a struggle to get clients into a specialized facility. Oftentimes, people need to be sent out of the area for care.
- We need to ensure persons who are homeless have access to mental health services. If they have housing or a home to go to that helps prevent them from suffering in silence.
- Homelessness adds another layer to mental health struggles. If there's a need for emergency mental health services, we don't know where to send them.

Substance Use and Misuse

Tobacco Use

Cigarette Smoking, Adults

The Healthy People 2030 objective for cigarette smoking among adults is 5.0%. 6.5% of adults in SPA 7 are current smokers and 62.2% reported thinking about quitting smoking in the next six months. 2.4% of adults in SPA 7 are current e-cigarette smokers.

	SPA 7	Los Angeles County	California
Current cigarette smoker	6.5%	5.9%	6.4%
Former cigarette smoker	17.6%	18.1%	19.7%
Thinking about quitting in the next 6 months	62.2%*	63.3%	64.4%
Current e-cigarette user (used in last 30 days)	2.4%*	2.8%	3.4%
Former e-cigarette user (not used in last 30 days)	11.5%*	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

4.3% of adults in SPA 7 currently use non-cigarette tobacco products and 3.4% of adults in SPA 7 use flavored tobacco products.

	SPA 7	Los Angeles County	California
Current use of non-cigarette tobacco products (past 30 days)	4.3%	5.9%	6.4%
Current use of flavored tobacco products (past 30 days)	3.4%	4.5%	4.9%

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

E-Cigarette/Vaping Product Use, Teens

Among students enrolled in service area public school districts, 7th graders in the South Whittier School District (7%) have the highest rates of e-cigarette/vaping product use. 9th graders (9%) and 11th graders (12%) in Montebello Unified School District had the highest rates of e-cigarette/vaping product use.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
El Rancho Unified School District	5.0%	6.0%	8.0%	19.0%
Fullerton Joint Union High School District*	ND	3.0%	5.0%	20.0%
Hacienda-La Puente Unified School District	3.0%	8.0%	8.0%	12.0%
La Habra City School District**	4.0%	ND	ND	ND
Montebello Unified School District†	5.0%	9.0%	12.0%	22.0%
Norwalk-La Mirada Unified School District	5.0%	5.0%	8.0%	28.0%
East Whittier City School District	2.0%	ND	ND	ND
South Whittier School District	7.0%	ND	ND	ND
Whittier City School District†	5.0%	ND	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[†], 2017-2018^{*}. Table A7.1.
*Orange County. ND=No Data. 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. The Healthy People 2030 objective for binge drinking among adults, ages 21 and older, in the past month is 25.4%. In SPA 7, 49.7% of adults, ages 18 and older, have used alcohol in the past month and 20.2% have engaged in binge drinking in the past month.

	SPA 7	Los Angeles County
Alcohol use in past month	49.7%	53.8%
Binge drinking in past month	20.2%	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, Teens

Among students enrolled in service area public school districts, 7th graders (6%) in the Norwalk-La Mirada Unified School District and 9th graders (11%) and 11th graders (15%) in the Montebello Unified School District had the highest rates of alcohol use.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
El Rancho Unified School District	5.0%	8.0%	10.0%	25.0%
Fullerton Joint Union High School District*	ND	3.0%	6.0%	23.0%
Hacienda-La Puente Unified School District	3.0%	7.0%	12.0%	21.0%
La Habra City School District**	3.0%	ND	ND	ND
Montebello Unified School District †	5.0%	11.0%	15.0%	38.0%
Norwalk-La Mirada Unified School District	6.0%	9.0%	12.0%	26.0%
East Whittier City School District	3.0%	ND	ND	ND
South Whittier School District	5.0%	ND	ND	ND
Whittier City School District†	4.0%	ND	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[†], 2017-2018*. Table A6.5
*Orange County. ND=No Data. data1.cde.ca.gov/dataquest

Binge Drinking, Teens

Among students enrolled in service area public school districts, 7th graders (3%) in the South Whittier School District, 9th graders (5%) in the Montebello Unified School District and the Norwalk-La Mirada Unified School District, and 11th graders (7%) in the Montebello Unified School District had the highest rates of binge drinking.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
El Rancho Unified School District	2.0%	2.0%	6.0%	18.0%
Fullerton Joint Union High School District*	ND	1.0%	3.0%	15.0%
Hacienda-La Puente Unified School District	1.0%	3.0%	6.0%	16.0%
La Habra City School District**	1.0%	ND	ND	ND
Montebello Unified School District-†	1.0%	5.0%	7.0%	29.0%
Norwalk-La Mirada Unified School District	2.0%	5.0%	6.0%	18.0%
East Whittier City School District	1.0%	ND	ND	ND
South Whittier School District	3.0%	ND	ND	ND
Whittier City School District†	1.0%	ND	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[†], 2017-2018*. Table A6.5
*Orange County. ND=No Data. data1.cde.ca.gov/dataquest

Marijuana Use

Marijuana Use, Adults

In SPA 7, 34.0% of adults have used marijuana in the past month and 13.9% have used marijuana in the past year.

	SPA 7	Los Angeles County	California
Marijuana use in past month	34.0%	34.8%	33.9%
Marijuana use < than 1 month to 1 year	13.9%	18.6%	17.6%

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

Marijuana Use, Teens, Ages 12-17

In SPA 7, 19.3% of teens, ages 12 to 17, have tried marijuana. Of these teens, 90.5% used marijuana, hashish or other THC products one or more days in the past month.

	SPA 7	Los Angeles County	California
Has tried marijuana	19.3%	15.9%	14.6%
Marijuana, hashish, or THC product use in past month	90.5%*	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 24.22 per 100,000 persons. The county hospitalization rate for opioid overdose was 6.37 per 100,000 persons. The age-adjusted opioid death rate was 12.40 per 100,000 persons in the county. The rate of opioid prescriptions in Los Angeles County (266.13 per 1,000 persons) was lower than the state rate (333.33 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	38.77
Hospitalization rate for any opioid overdose per 100,000 persons	5.1	9.70
Age-adjusted opioid overdose deaths per 100,000 persons	12.4	13.21
Opioid prescriptions, per 1,000 persons	266.1	330.56

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. In SPA 7, adults, ages 18 to 25, had the highest rate of pain reliever misuse (5.49%).

	SPA 7	Los Angeles County	California
Ages 12 - 17	3.52%	3.42%	3.53%
Ages 18 - 25	5.49%	5.76%	6.17%
Ages 26 and older	3.52%	3.43%	3.77%
Ages 18 and older	3.83%	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. In SPA 7, adults, ages 18 to 25, had the highest rate of illicit drug use (6%).

	SPA 7	Los Angeles County	California
Ages 12 - 17	2.25%	2.46%	2.43%
Ages 18 - 25	6.00%	6.84%	6.73%
Ages 26 and older	3.12%	3.54%	3.41%
Ages 18 and older	3.58%	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.

[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:

- We're concerned with youth taking prescription medication on a recreational basis.
- Normalization of drug use is an issue. There are podcasts promoting micro-dosing of hallucinogens.
- There has been normalization of marijuana use. More people are using and starting at a younger age. Marijuana is more potent now than it was 15-20 years ago.
- With COVID-19-induced anxiety, some self-medicate with marijuana and other drugs because it's so readily available. Taking Xanax is like popping vitamin C every day to help them cope.
- Agencies are getting more calls from school districts asking for school-based prevention programs.
- There's an increase in drug and alcohol use among middle school students.
- It's hard to continually monitor the high school restrooms for vaping, but this is a big concern.
- There's an uptick in e-cigarettes and vaping, at the high school and college levels. We're hoping that college campuses can become smoke free.
- We see young and old drug users. There's an increase in seniors, ages 65 and older, who are mixing alcohol with prescription medications.
- We've seen an increase in need for services for alcohol use.
- We don't know where to send people if they want a resource for quitting. It's a major struggle to connect people with help. We hear agencies are short staffed and wait times are too long.
- There's stigma with substance abuse disorders, preventing people from seeking services.
- COVID-19 can be an excuse for people not to participate in face-to-face services. Services related to substance use cannot be done effectivity through telehealth.
- Our agency has evolved from abstinence-based to now meeting the patient where they are at. Previously, patients pointed out that we were less forgiving over cigarette smoking than marijuana use. We were a smoke free facility but wouldn't discharge someone for marijuana use. Clients don't get discharged from the program for exhibiting symptoms of their substance abuse disease.
- Patients identify fentanyl as their drug of choice; they perceive it as something they're okay using.
- Kids are now taking fentanyl. We need education to address this epidemic. People need to know more about designer drugs, what to look for, what they look like, and how they are altered in labs.
- The accidental overdose death rate due to fentanyl has increased dramatically for Asian and African American populations, as well as youth.
- Many street drugs are laced with fentanyl and causing overdose deaths. People need access to and education on Narcan nasal spray to save a life instead of responders arriving too late.
- Marijuana use leads to meth use, which leads to other mental health and violence issues.

Community Input – Substance Use, Continued

- We're in the third decade of a meth epidemic. It wrecks people and families.
- 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. It is progress, but is it enough for the demand?
- We see people move out of supportive housing services earlier than planned because they get a job far away, so they need to move closer to work. We worry they are leaving treatment early, but it's fueled by the need to be financially self-sufficient.
- People released from jails into the community were not getting treatment inside jail so they're coming back into communities completely untreated.
- There's a need to increase physician residents' knowledge on substance abuse treatment and disorders.

Preventive Practices

Childhood Immunizations

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

For the academic year 2019-2020, in service area public school districts with kindergarten enrollment, rates of children with up-to-date immunization upon entry into kindergarten ranged from 92.6% Little Lake City School District to 98.6% in Montebello Unified School District.

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

**Orange County School District.*

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

● Best performing

	Immunization Rate
El Rancho Unified School District	97.8%
Hacienda-La Puente Unified School District (schools in service area ZIP codes)	96.7%
La Habra City School District*	96.4%
Little Lake City School District	92.6%
Los Nietos School District	92.7%
Lowell Joint School District	96.7%
Montebello Unified School District	98.6%
Norwalk-La Mirada Unified School District	96.7%
East Whittier City School District	97.6%
South Whittier School District	96.2%
Whittier City School District	97.6%
Los Angeles County	94.5%
Orange County	95.5%
California	94.3%

Human Papilloma Virus Vaccine

HPV Vaccination

In SPA 7, 47.1% of children, ages 11 to 17, have received at least one dose of the Human Papilloma Virus (HPV) vaccine. When examined by gender, 56.0% of females, ages 11 to 17, received at least one dose of the HPV vaccine as compared to 38.3% of males in the same age group. Among SPA 7 adults, ages 18 to 26, 60.5% have had an HPV vaccine.

	SPA 7	Los Angeles County
Children, ages 11-17	47.1%	47.2%
Female	56.0%	53.4%
Male	38.3%	41.2%
Adults, ages 18-26	60.5%	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. Among adults, ages 18 and older, 45.2% have received a flu vaccine.

	SPA 7	Los Angeles County
Reported having flu vaccination in past 12 months, ages 6 months to 17 years	63.5%	59.9%
Reported having flu vaccination in past 12 months, ages 18 and older	45.2%	47.1%
Reported having flu vaccination in past 12 months, ages 65 and older	75.4%	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

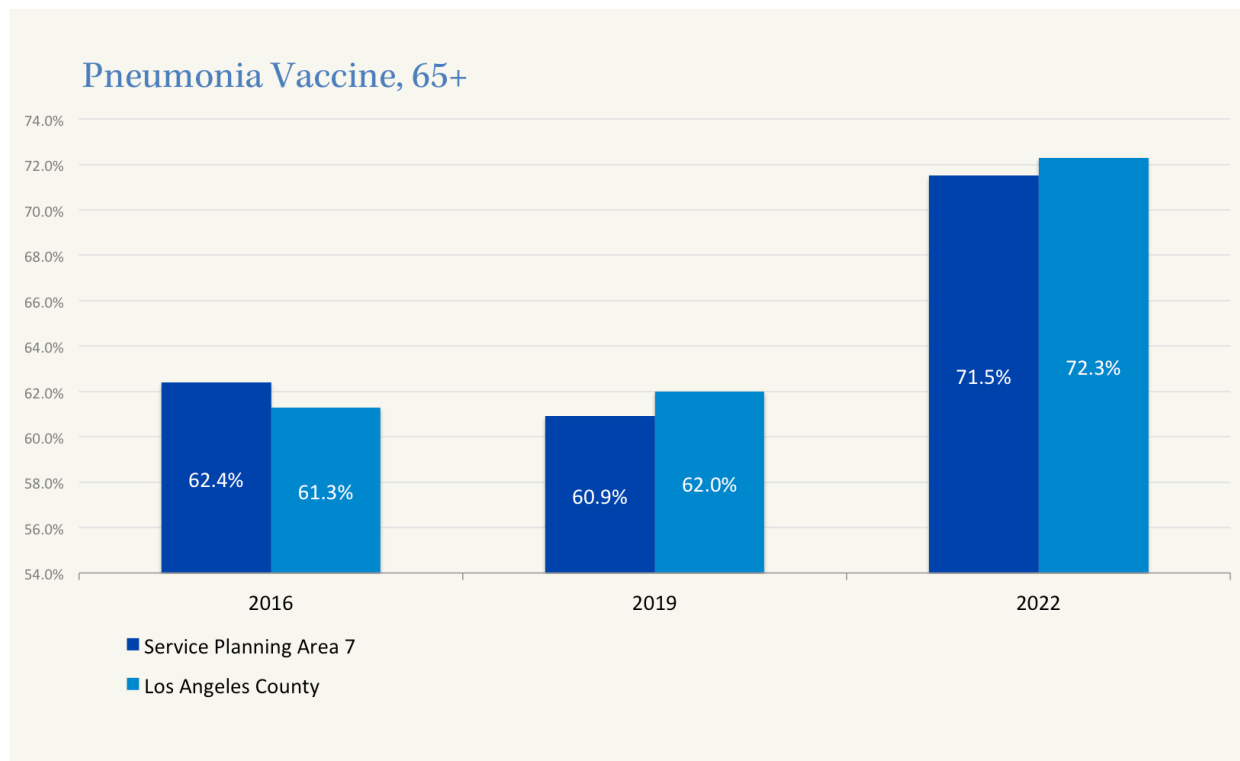
Pneumococcal Vaccine

Pneumococcal Vaccine, Adults, Ages 65 and Older

Among SPA 7 adults, ages 65 and older, 71.5% have received a pneumonia vaccine.

	SPA 7	Los Angeles County
Ever had a pneumonia vaccine	71.5%	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 in SPA 7, 70.4% had a mammogram in the past two years. The SPA 7 mammogram rate did not meet the Healthy People 2030 objective.

	SPA 7	Los Angeles County
Mammogram in past 2 years	70.4%	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 SPA 7 women, 79.6% had a Pap smear in the prior three years. The SPA 7 Pap smear rate did not meet the Healthy People 2030 objective.

	SPA 7	Los Angeles County
Pap smear within past 3 years	79.6%	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. In SPA 7, 23.1% of adults completed a blood stool test in the past 12 months and 57.7% received a sigmoidoscopy within the past five years or colonoscopy within the past 10 years.

	SPA 7	Los Angeles County
Blood stool test in past 12 months	23.1%	20.0%
Sigmoidoscopy w/in past 5 years or Colonoscopy w/in past 10 years	57.7%	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/LACHSDATATopics2018

Older Adult Falls

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

In SPA 7, 26.9% of adults, ages 65 and older, experienced one or more falls in the past year. 13.1% of senior adults were injured due to a fall.

	SPA 7	Los Angeles County
Experienced at least 1 or more falls	26.9%	26.5%
Injured due to a fall	13.1%	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/LACHSDATATopics2018

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:

- There’s an overall lack of education on prevention, as well as skepticism.
- The conversation with families on the importance of childhood vaccinations should start early, i.e., when women are pregnant.
- It’s vital that information is provided in different languages and made widely available to different communities.
- There are significant concerns among underinsured and uninsured residents regarding the cost of preventive care.
- Many people don’t have insurance. They worry if they can afford care, so it does not become a priority. They may have Medi-Cal, but co-pays can be an issue when they are already financially strained.
- We know of incidences where cancer was detected too late. Fear and denial, coupled with inability to pay, makes them avoid screenings.
- Barriers are the lack of in-person conversations with providers and delays in appointments.
- There’s a lack of mobile screening options available; there used to be more mobile programs.
- There’s a need for more smoke-free campuses. The lack of these is a barrier.
- HPV vaccination:
 - There’s an overall lack of education, as well as skepticism.
 - Many parents believe that once a kid is vaccinated, they will start having sex.
 - Public schools now require this vaccine for 7th graders. We haven’t experienced much push back.

Attachment 1

Benchmark Comparisons

Where data were available, health and social indicators in the PIH Health Whittier 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 Whittier Hospital Service Area Data	Healthy People 2030 Objectives
High school graduation rate	84.1%–96.2%	90.7%
Child health insurance rate	96.5%	92.1%
Adult health insurance rate	88.1%	92.1%
Unable to obtain medical care when needed	15.2% (SPA 7)	3.3%
Ischemic heart disease deaths	90.2	71.1 per 100,000 persons
Stroke deaths	34.5	33.4 per 100,000 persons
Liver disease (cirrhosis) deaths	17.1	10.9 per 100,000 persons
Cancer deaths	132.0	122.7 per 100,000 persons
Unintentional injury deaths	22.1	43.2 per 100,000 persons
Suicides	7.5	12.8 per 100,000 persons
Homicides	4.3	5.5 per 100,000 persons
Obese adults (ages 18 and older)	39.1% (SPA 7)	36%, ages 21 and older
Cigarette smoking by adults	6.5% (SPA 7)	5.0%
Binge drinking in past month, adults	20.2% (SPA 7)	25.4%
Annual adult influenza vaccination	45.2% (SPA 7)	70.0%
Pap smears, ages 21-65, screened in the past 3 years	79.6% (SPA 7)	84.3%
Mammograms, ages 50-74, screened in the past 2 years	70.4% (SPA 7)	77.1%
Colorectal cancer screenings, ages 50-74, screened per guidelines	57.7% (SPA 7)	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	Dr. Yolanda Aguerrebere	Board Member	Hispanic Outreach Taskforce
2	Christine Becerra-Watts	Director of Student Services and Special Education	Whittier City School District
3	Jose Carrillo	Community Services Supervisor	City of Santa Fe Springs
4	Russell Castañeda Calleros, EdD	Director, Government and Community Relations	Rio Hondo College
5	Amy Catt	Finance and Development Director	Interfaith Food Center
6	Kelli Choi	Director of Parish Outreach	St. John Vianney Church
7	Misty Cota	District Representative	Office of Senator Bob Archuleta, 32 nd Senate District
8	Dr. David Gonzalez, Jr.	Board President	Hispanic Outreach Taskforce
9	Gus Hernandez	Parks & Recreation Services Manager	City of Santa Fe Springs
10	Dominic Iraldo	Lieutenant	Whittier Police Department
11	Kirk Kain	Executive Director	Southeast Area Social Services Funding Authority (SASSFA)
12	Lindsey Lastra, MPH, MCHES	Senior Public Health Analyst, Service Planning Areas 7/8	Los Angeles County Department of Public Health
13	Alejandra Leynez	Senior Legislative Assistant	Congresswoman Linda T. Sánchez (CA-38)
14	Scott Miller	Community Outreach Coordinator	VCC: The Gary Center
15	Juan Navarro	Executive Director	Los Angeles Centers for Alcohol and Drug Abuse
16	Constanza Pachon, MBA	Chief Executive Officer	The Whole Child
17	Ruby Picon	Management Analyst II	City of Santa Fe Springs
18	Deborah Raia	Librarian III	City of Santa Fe Springs

	Name	Title	Organization
19	Ed Smith	Bishop	Nehemiah Project LA Whittier Consortium on Homelessness
20	Bill Tarkanian	Director of Program Development	Los Angeles Centers for Alcohol and Drug Abuse
21	Elvia Torres, MS, LMFT, MBA	Chief Executive Officer	SPIRITT Family Services
22	Jonathan Vasquez	Superintendent	Los Nietos School District
23	John Velasco	Vice President and Board Member	Heart of Compassion
24	Jacob Wolak	Field Representative / Caseworker	Congresswoman Linda T. Sánchez (CA-38)
25	Norma Yoguez, MA, LMFT, MBA	Director of Community-Based Services	SPIRITT Family Services

Attachment 3

Community Stakeholder Interview Responses

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

- Access to healthcare, including mental health care, is the biggest need we see. There's a general lack of awareness regarding navigating access.
- There are gaps in senior-related care, challenges in receiving veteran's benefits, and limitations with transportation.
- It's a struggle to get in to see a physician and then to pay for medications.
- It's hard to find care that is culturally and linguistically competent.
- There are significant dental needs for Medi-Cal patients. There are problems in terms of access for low-cost dental care that's accessible to a wide variety of people.
- COVID-19 magnified needs related to social determinants of health including, economic insecurity, food insecurity, housing, homelessness, and access to care. This had reverberating effects on health conditions, mental health, and overdose deaths.
- The biggest issue is access to mental health services. Almost all providers went virtual or ramped down due to COVID-19, while mental health conditions got worse, and food and housing insecurity and substance abuse increased.
- It's challenging to access basic benefits that people need to survive. There are barriers to applying for jobs and housing online due to technology gaps.
- Rental assistance and disability assistance are issues.
- There are a lot of gaps with the Latinx and African American populations, specifically with disparities in access to healthcare and information being delivered to them.
- People seem much more fragile—not only clients but also staff. We're concerned with anxiety, depression, and suicide.
- Mental health is at the top of the needs that we see. There's a lack of therapists. Students have a lot of mental health needs and trauma, which was deepened due to pandemic.

- Between designer drugs and the opioid crisis, we've seen a threefold increase in overdose deaths in the past 10 years.
- Obesity in children became quite predominant due to the lock-down and being indoors. Now that therapists are seeing kids in person again, they are shocked to see so many who are overweight.
- Overweight and obesity are concerning issues that are tied to the economic aspect of people not eating healthy, as that can be expensive, and lack of safe physical activity options.
- There's a significant lack of infrastructure to promote free physical activity options, access to adequate gyms, as well as access to quality and affordable dining options.

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

- There's an overall lack of continuity of care. Systems aren't linked with each other properly, (i.e., problems with pop-up clinics/services that aren't tied to a continuity of care, as well as food security and safety-related systems that work in silos).
- With access to healthcare, there are cultural and structural barriers, specifically language, the inability to understand how/where to get care, and the reduction in services due to COVID-19.
- Environmental factors contribute to poor health when people live in communities with fewer resources, where there are fewer clinics for example, and families struggle to reach them due to lack of transportation or limited ability with their job hours/location to access care.
- There are many socioeconomic factors. If someone can't miss work mainly because they are an hourly wage worker without paid time off, then they won't make time for healthcare.
- Economic factors prevent people from seeking care if they are unable to pay for co-pays, etc.
- The political climate has affected trust and prevents families from reaching out to get help. They worry about who will get my information? Will it affect my immigration status?
- Environmental factors in the Los Nietos area include a lack of accessible fresh fruits and vegetables. There are no farmers markets and only one supermarket that's not close by.
- Things are more expensive so people buy more rice and beans – food that will fill you up.
- There are barriers to physical activity. One may argue that we have access to riverbeds for walking and biking, but with so many persons who are homeless living in the riverbed, it's a deterrent.
- The increased cost-of-living impacts families who are struggling with housing and homelessness.
- We see a lot of economic uncertainty and most clients are substantially in arrears on rent.
- There are significant structural issues with access to affordable housing options.
- Our students are coming from homes where they have been surrounded by trauma. We need to provide trauma-informed care to meet them where they're at.

- With mental health, people are not educated on self-care due to cultural stigma.
- Mental health and substance abuse is often attributed to cultural and social factors.
- We've seen a declining rate of staffing in homeless and mental health services; there just isn't enough staff to support all families in the community who need help.

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

- Those on the lower economic rung (i.e., seniors on fixed income, college students, and those who are undocumented) are suffering from housing insecurity, food insecurity and lack of access to care.
- It's most challenging for Hispanic seniors who have language barriers.
- Blue collar workers were most affected economically, specifically Hispanic/Latino and Asian populations, to access healthcare.
- In Black communities, health outcomes can be worse. We need to address the inequalities in our systems that lead to this problem.
- With housing and homelessness, there's an increase in older adults who are affected, but it also impacts younger families, too. Many families are doubling up or renting rooms or garages.
- Youth and seniors struggle most with obesity.
- The pandemic forced students to work more hours than before to make up for lost wages in the family. As a result, it's taking them longer to reach their academic goals.
- Students who are parents have the stress of trying to raise their kids on top of being a student.
- At the staff level, most are having to cover additional duties with the same number of resources. Many staff are fatigued and trying to rediscover their spark to serve students. There are fewer students coming to campus for in-person classes, so the school environment has changed.
- We have seen an increase in demand for services agencywide with the LGBTQ population.
- LGBTQ individuals struggle with feeling they can be their authentic selves. We're troubled by statistics that show these students are more likely to be abused or harassed.
- We see increased mental health needs among youth, ages six and above, mostly among teens.
- The mental health stigma is significant among youth and teens.
- The Hispanic/Latino community struggles with mental health and substance abuse.
- The lower uptown Whittier neighborhood has many issues. It's predominantly comprised of whites and Hispanics/Latinos, with very few Blacks/African Americans and Asians. The gang issue was reduced due to a gang injunction, but there's still influence in terms of drug use

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

- The pandemic made people much more aware of inequities, such as issues with education and childcare access. Systems aren't as responsive as people would like them to be.
- Quality of education is a concern. We will see kids graduating from high school who aren't able to meet qualifications for college. Parents didn't have technology at home to support remote learning.
- The technology gap is a real inequity, especially for low-income and working-class families. We need to ensure broadband internet for all.
- Some families did not get assistance and information was not getting to them regarding vaccinations and testing. With the Latinx community especially, they fear getting services due to misinformation about their legal status.
- Hispanics/Latinos who are undocumented have a more difficult time accessing healthcare. Some come to churches needing help with paying for medications.
- In Los Angeles County, there's a strong safety net. Inequities come from the inability of those more vulnerable to advocate for themselves and navigate the system. There are racial disparities in communities of color; they do not advocate for themselves to get needed resources.
- In accessing safety net services, language can be a barrier.
- People need clinics and hospitals where they can go for easy access for mental health services
- With seniors, there are more Caucasians that have a standard of wealth that followed them into old age. Other older adults, such as Hispanics/Latinos and Blacks/African Americans, are at a lower socio-economic level in general that makes it harder for them to pay for all that they need.

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

- Skepticism of medicine and science was prevalent, especially with vaccines.
- With communities who were hesitant to seek care, we saw reductions in barriers because vaccines were free, so trust grew. The ease in accessibility influenced utilization of healthcare.
- People were afraid to go to the emergency room or doctors' offices. There was anxiety with being around crowds, so care was delayed.
- Most healthcare became virtual, leaving behind those who lack internet access or the understanding of how to access virtual care.
- The pandemic had many financial effects. Needs were compounded and multiplied, including homelessness, unemployment, transportation, and disruption with restaurants.
- Getting nutritional services to homebound seniors during the pandemic was a challenge.

- Many experienced food insecurity due to job loss and they couldn't pay rent. Those who were one paycheck away from being food insecure were drastically affected. They were stunned that they were in a food line, with tears of disbelief and realization that they didn't have resources available without a steady income. They had no savings or rainy-day account.
- Low-income students struggled. Many are essential workers, with more exposure and less flexibility with work hours. Students couldn't pay student loans, causing stress.
- From a workforce perspective, employers had to rearrange workstations, install plexiglass etc. This took a financial toll on businesses.
- People are slowly getting back to work, but many are still recovering from the impacts of the pandemic.
- There was almost a year when no one went out for exercise. Masks inhibited physical activity for some.
- We had to significantly change our programming due to county-imposed requirements for specific programs to mitigate COVID-19 exposure (i.e., weekly testing for youth sports).
- The pandemic created anxiety and stress among teens, which led to physical health issues.
- Isolation created more fear and illness. Kids are afraid of socializing with each other, and socialization skills have been affected.
- Families are asking for services for their children who have anxiety, are falling behind in school, or don't want to go to school.
- There were not enough eyes on children during the pandemic. Abuse happened and now these traumas need to be dealt with.
- We're seeing many referrals for domestic violence. The pandemic shined a light on this.
- Families have experienced trauma due to loss of jobs or loved ones. There's been an increase in maladaptive behavior among adolescents and adults.
- Many turned to substance abuse due to depression.
- We quickly learned that we needed partners. We saw a lot of gaps in services during the pandemic, so we conscientiously tried to build on partnerships, and as a result engagement with the community has changed. We had enormous success with working more closely with community members who became the voice in the community to address misinformation.
- 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?
- Any preventive services need to be available locally through community partners.
- Work with churches and schools to reach the community. They have the community's trust already so people are more apt to listen to them.
- Community and senior centers could be a place where the hospital can come out and talk to people and schedule screenings. In addition to churches, that's where people congregate.
- Offer screenings such as blood pressure at various city events that have a captive audience to start the conversation about other screenings.
- Provide mobile screenings in partnership with community sites.
- Offer incentives. Anything free is always a good incentive.
- Personal phone calls and email reminders from a trusted doctor could be beneficial.
- People need real touch. Get personal help/

navigation with transportation, or someone to go with them if needed. Have a nurse make follow-up calls to those who didn't show up and ask why, then address those barriers.

- During urgent care visits, have staff remind clients of preventive screenings that are due. Make appointments right then and there.
- Spread the message that hospitals are ready and available. There's still an impression that hospitals are COVID-19 ground zero.
- Plan social media campaigns to push out prevention messages that are positive for building health.
- Using Spanish media to get the word out. With many Hispanic families, the news is always on or they're listening to the radio. We don't see newspapers in homes so much anymore.
- Communicate information through local city government and their public channels.
- Promotoras would be great resources to help spread the word.
- How far along are we with home test kits for some screenings? With COVID-19, we saw success with things that could be done where people are home.

Attachment 4

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
- Friends of Family Health Center
- Los Angeles County Department of Public Health (Whittier Health Center)
- South Central Family Health Center
- Southern California Medical Center
- VCC: The Gary Center
- Vida Health Clinic
- Whittier First Day

Chronic Diseases

- AltaMed
- Illumination Foundation
- Los Angeles County Department of Public Health (Whittier Health Center)
- South Central Family Health Center
- St. Jude Medical Center Move More Eat Healthy initiative
- Vida Health Clinic

COVID-19

- Alma Family Services
- CalFresh
- CalWORKs
- Community Organized Relief Effort (CORE)
- East Los Angeles Women's Center
- Heart of Compassion
- Hispanic Outreach Taskforce
- Human Services Association
- La Habra Collaborative
- Los Angeles County Department of Public Health
- Los Angeles County Office of Education
- Mexican American Opportunity Foundation
- Our Lady of Guadalupe Church (La Habra)
- Penny Lane Centers
- South Central Family Health Center
- VCC: The Gary Center, and local chambers of commerce and community centers

Dental Care

- California Dental Group
- John Wesley Health Centers
- VCC: The Gary Center
- Western University Dental Center

Housing and Homelessness

- Bridge of Faith
- CalWORKs
- City Net
- Family Promise
- Heart of Compassion
- Jovenes, Inc.
- Kingdom Causes Bellflower
- Los Angeles Centers for Alcohol and Drug Abuse
- Nehemiah Project LA
- Project Roomkey
- SPIRITT Family Services
- St. John Vianney Church Genesis House
- St. Joseph Center
- The Salvation Army
- The Whole Child
- Union Station Homeless Services
- Whittier First Day, and city community centers

Mental Health

- Care Solace
- Child Guidance Center, Inc.
- College Hospitals Help Line
- Enki Health Services, Inc.
- Exodus Recovery, Inc.
- Friends of Family Health Center
- Helpline Youth Counseling, Inc.
- Homeboy Industries
- Jovenes, Inc.
- La Habra Family Resource Center
- Los Angeles Centers for Alcohol and Drug Abuse

- Los Angeles County Department of Mental Health (Health Neighborhoods)
- Los Angeles Mission
- Pacific Clinics
- Penny Lane Centers
- SPIRITT Family Services
- St. John's Well Child & Family Center
- The Los Angeles LGBT Center
- The Whole Child
- VCC: The Gary Center

Overweight and Obesity

- Boys & Girls Clubs of America
- Cerritos College adult education classes
- Interfaith Food Center
- Los Nietos Community and Senior Center
- Santa Fe Springs Library
- St. Jude Medical Center Move More Eat Healthy initiative
- YMCAs, and local parks and recreation departments

Preventive Practices

- AltaMed
- Eisner Health
- Family Health Care Centers of Greater Los Angeles

Substance Use

- Catholic Rainbow Outreach
- Heart of Compassion Men's Recovery Home
- Helpline Youth Counseling, Inc.
- Kingdom Causes Bellflower
- Los Angeles Centers for Alcohol and Drug Abuse
- Pacific Clinics
- Serenity Hall
- Southern California Alcohol and Drug Program,
- SPIRITT Family Services

Attachment 5

Report of Progress

PIH Health Whittier 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 healthcare, 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 performed.
- 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.

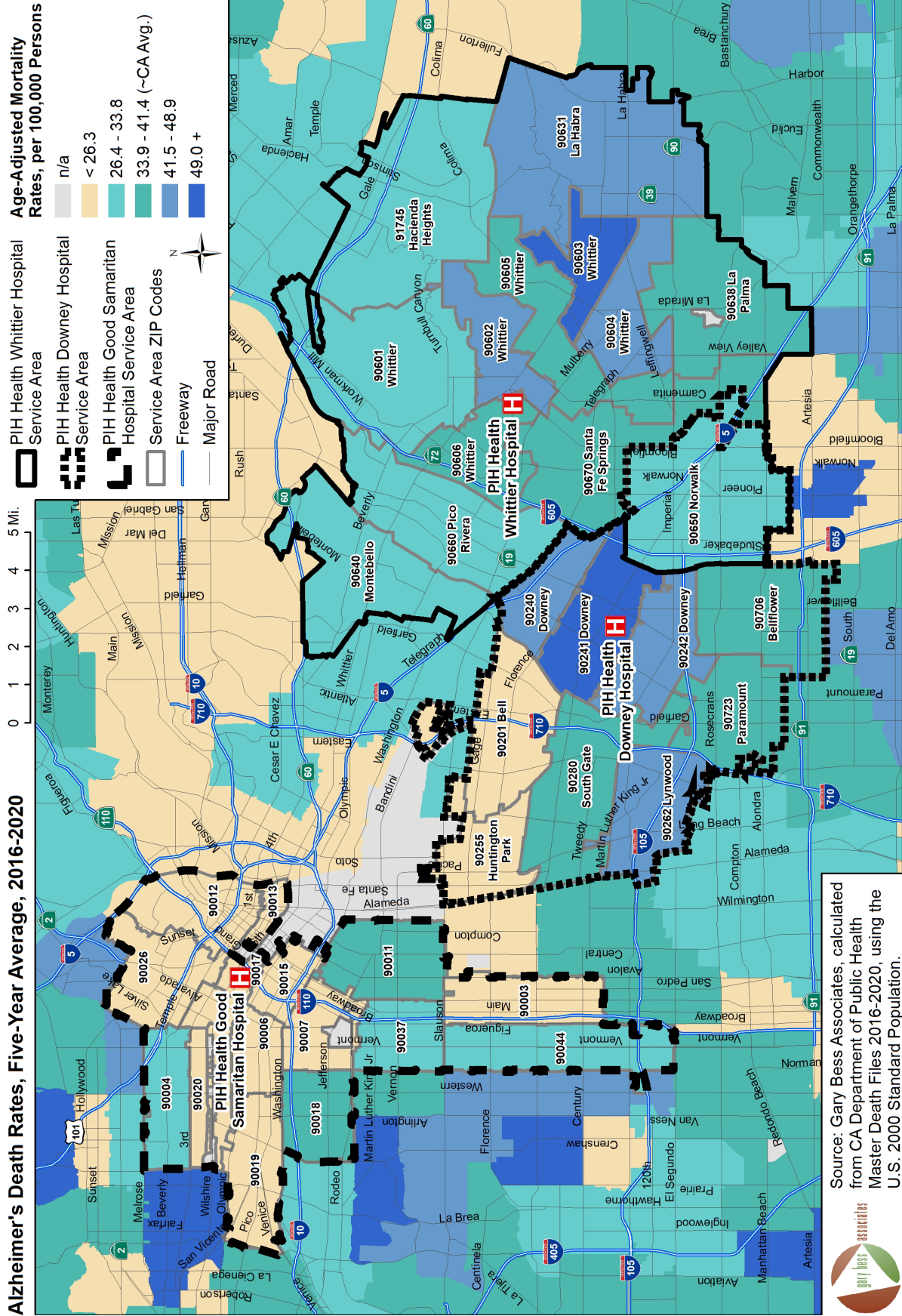
Attachment 6

Maps of Selected Community Health Indicators

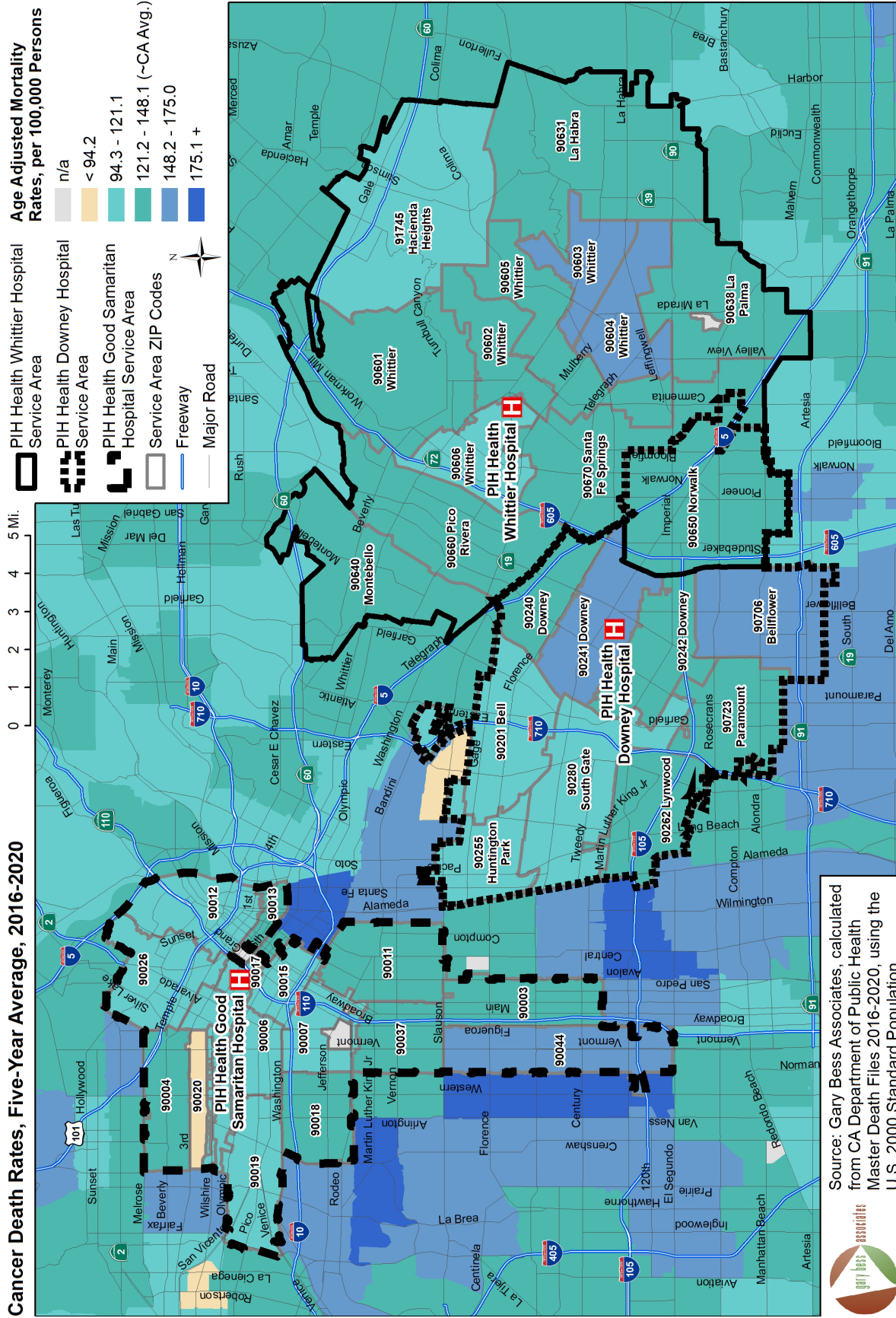
The following maps represent the entire PIH Health primary service area.

- 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



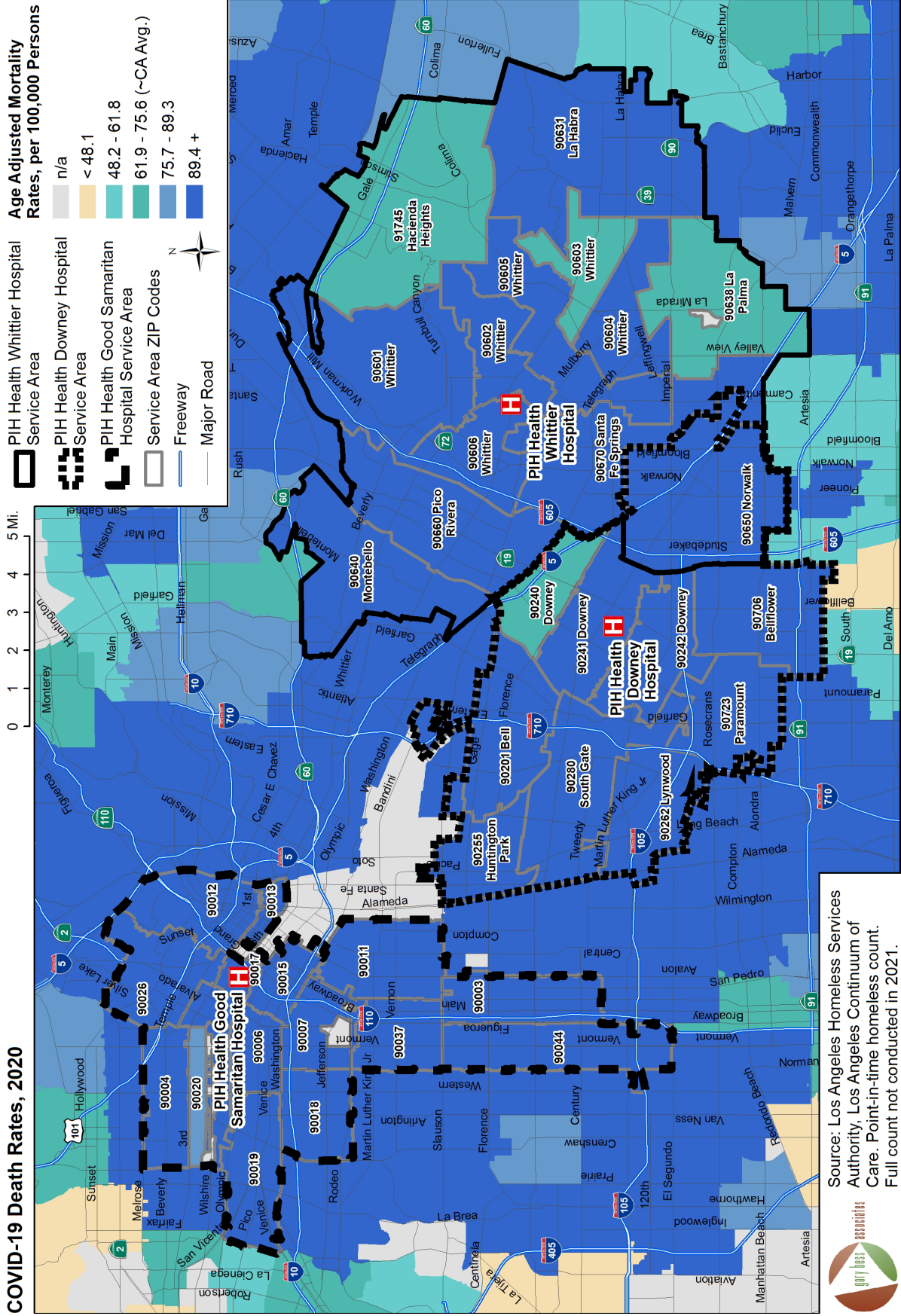
Cancer Death Rates, Five-Year Average, 2016-2020



COVID-19 Death Rates, 2020

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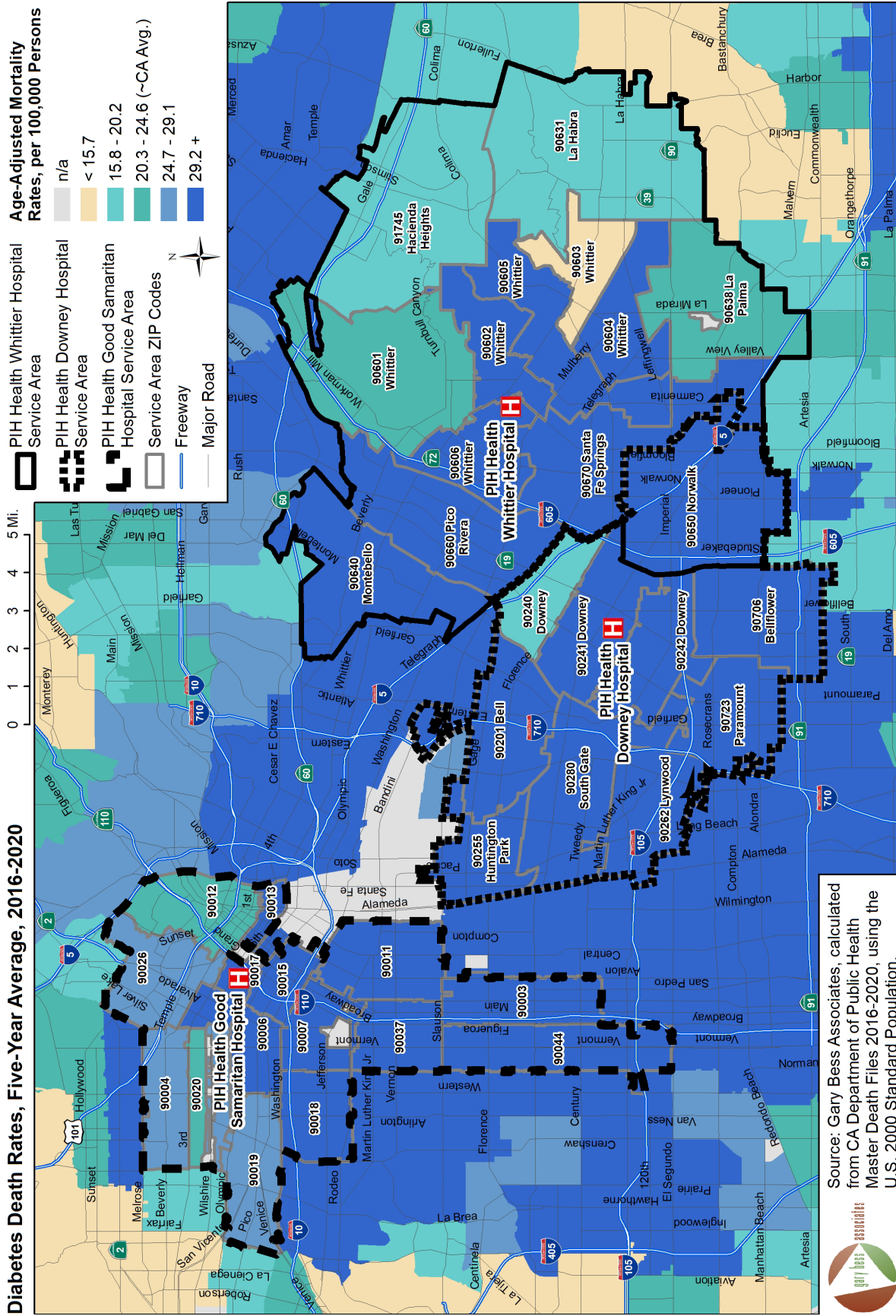
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Source: Los Angeles Homeless Services Authority, Los Angeles Continuum of Care. Point-in-time homeless count. Full count not conducted in 2021.



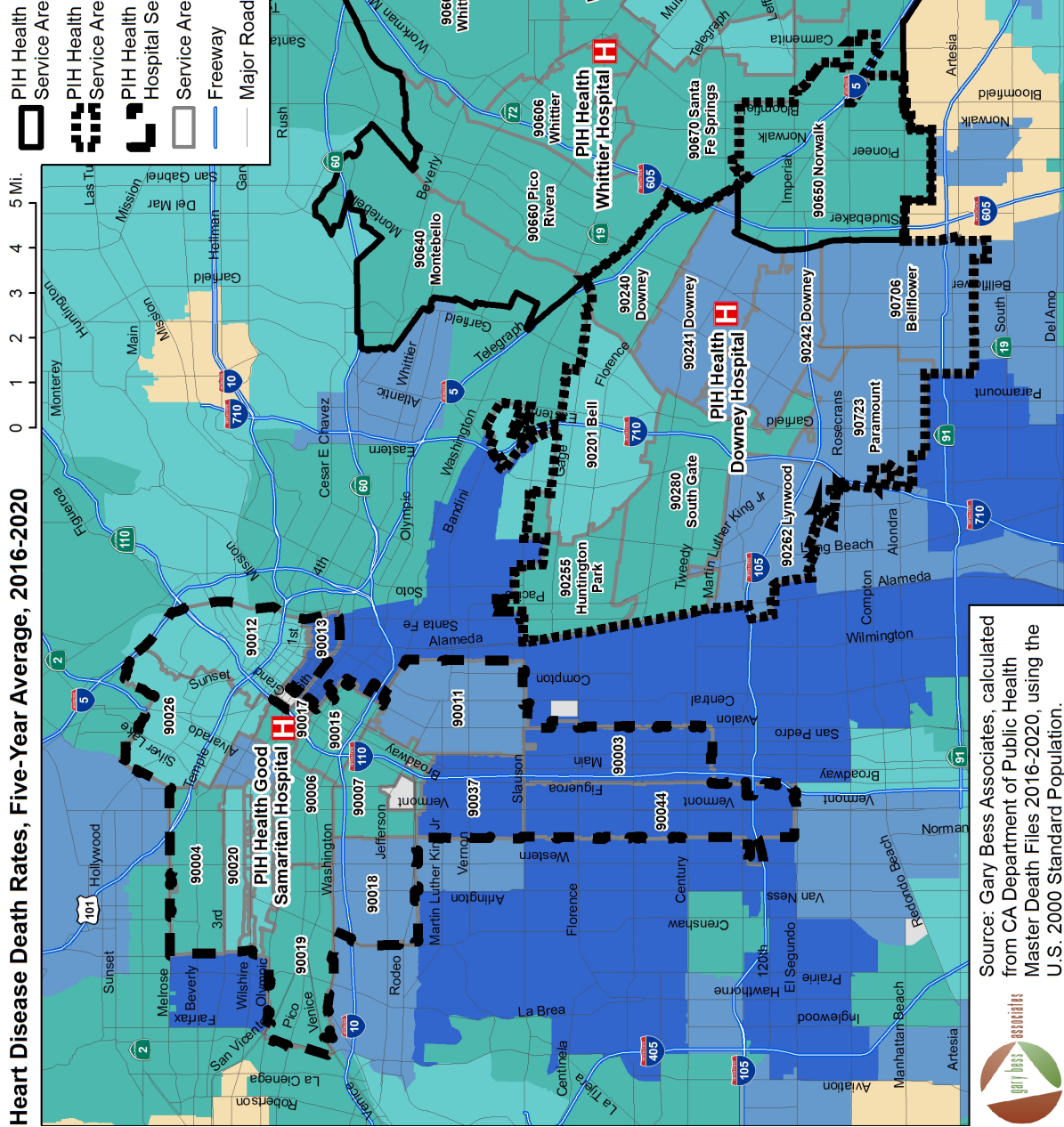
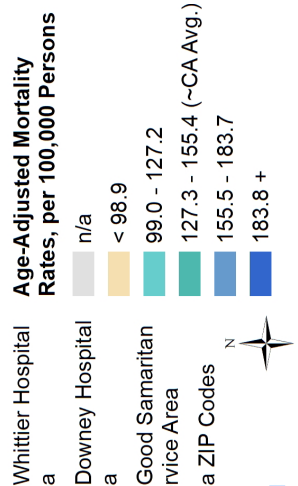
Diabetes Death Rates, Five-Year Average, 2016-2020



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



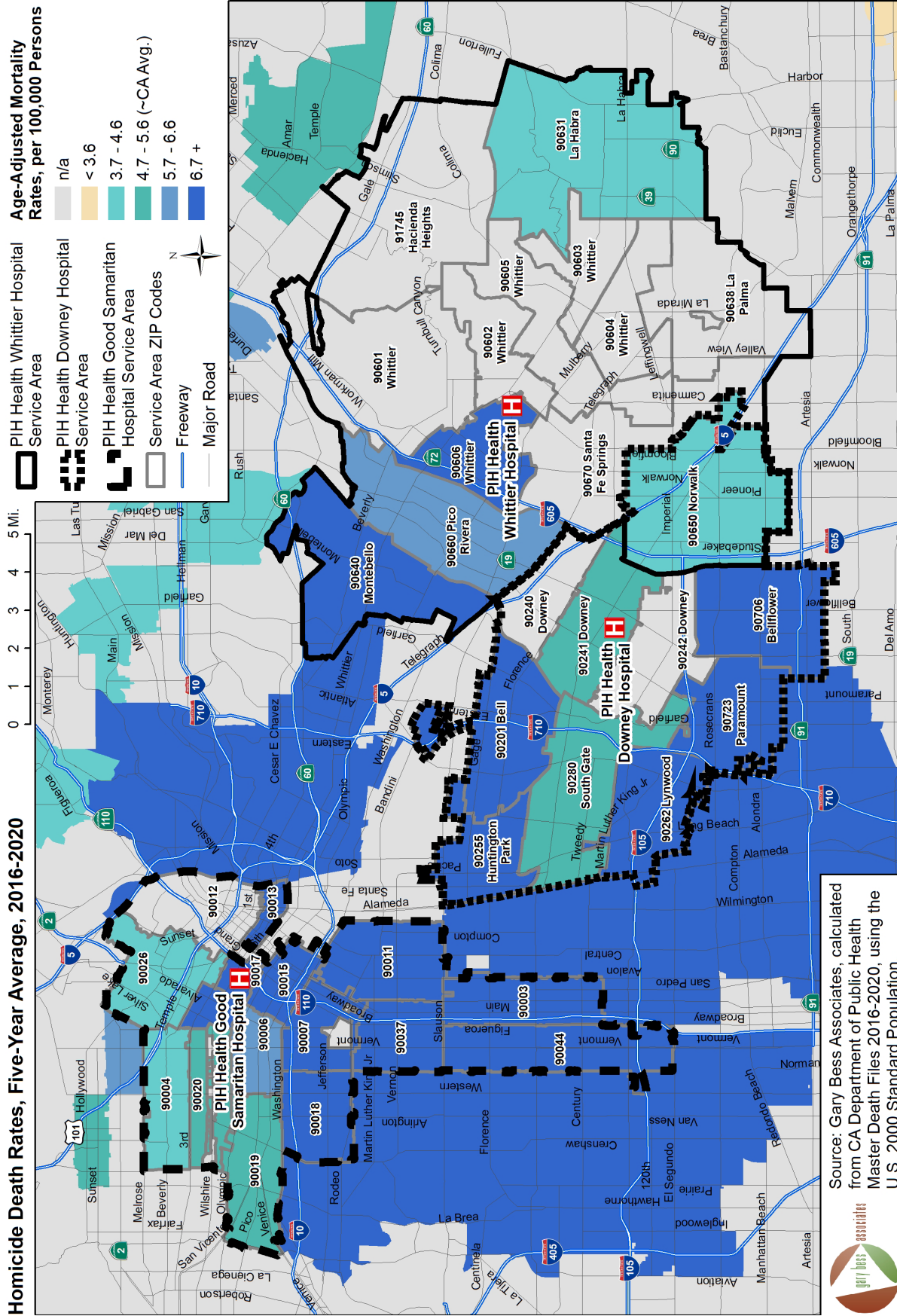
Heart Disease Death Rates, Five-Year Average, 2016-2020



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



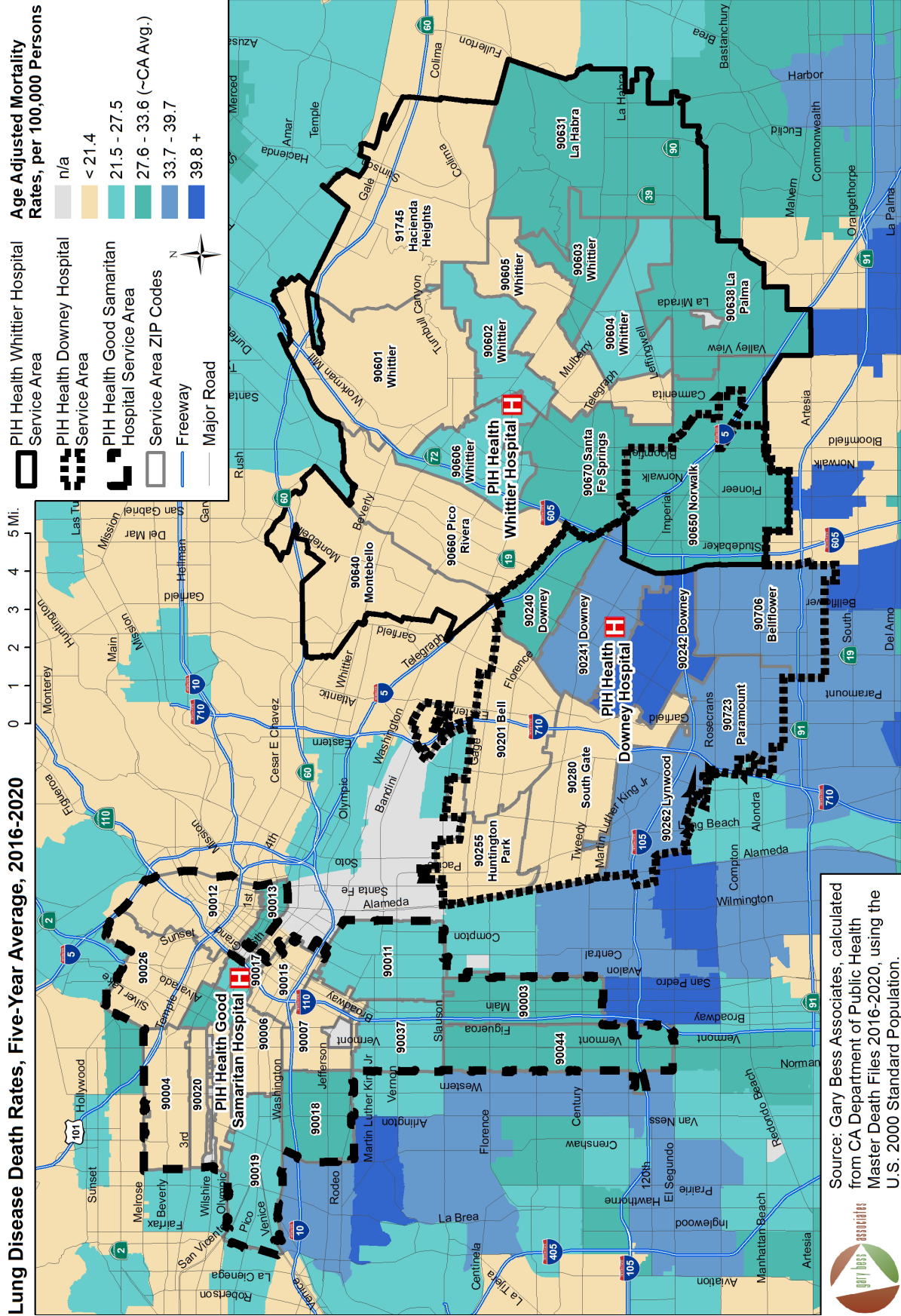
Homicide Death Rates, Five-Year Average, 2016-2020



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



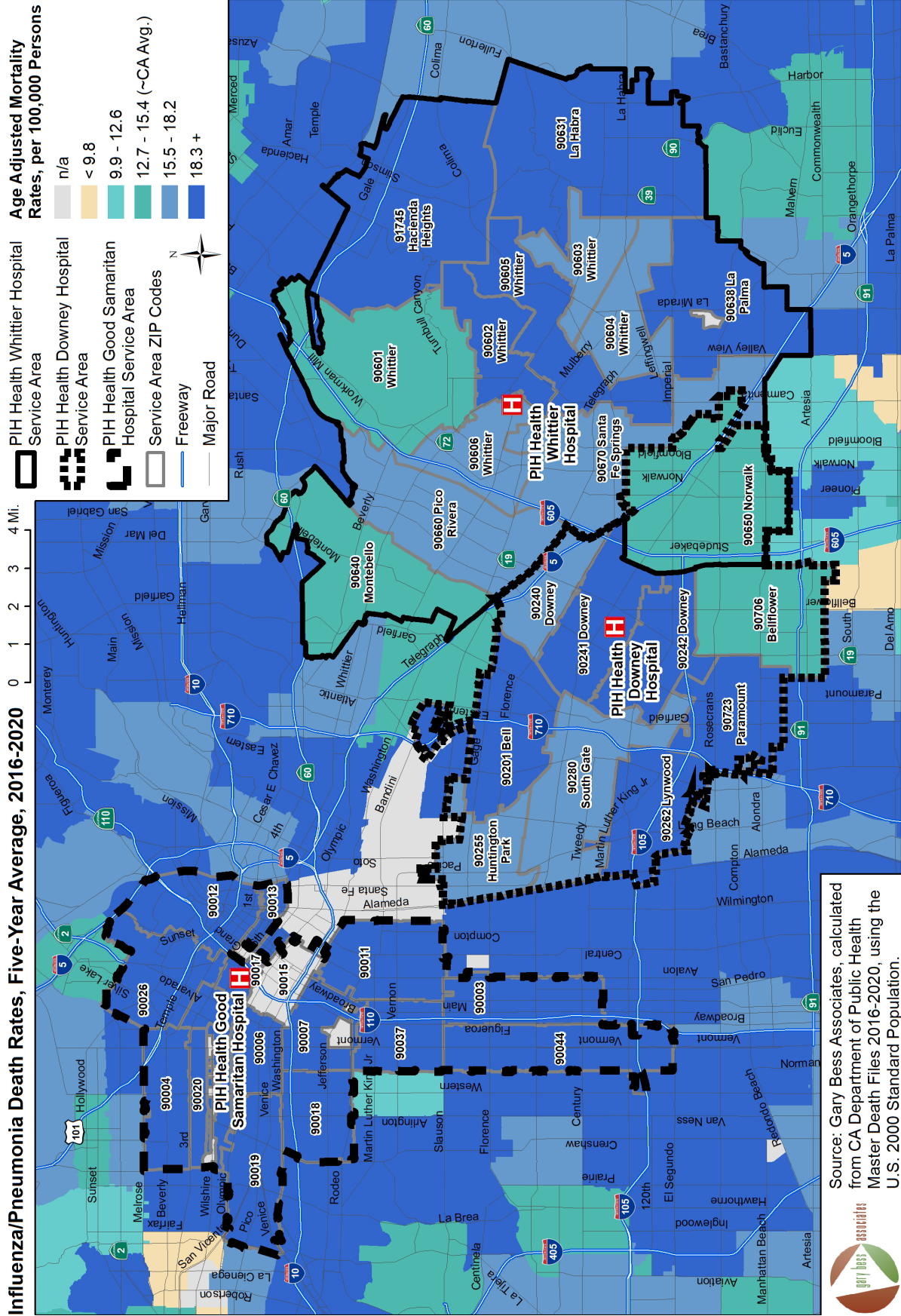
Lung Disease Death Rates, Five-Year Average, 2016-2020



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



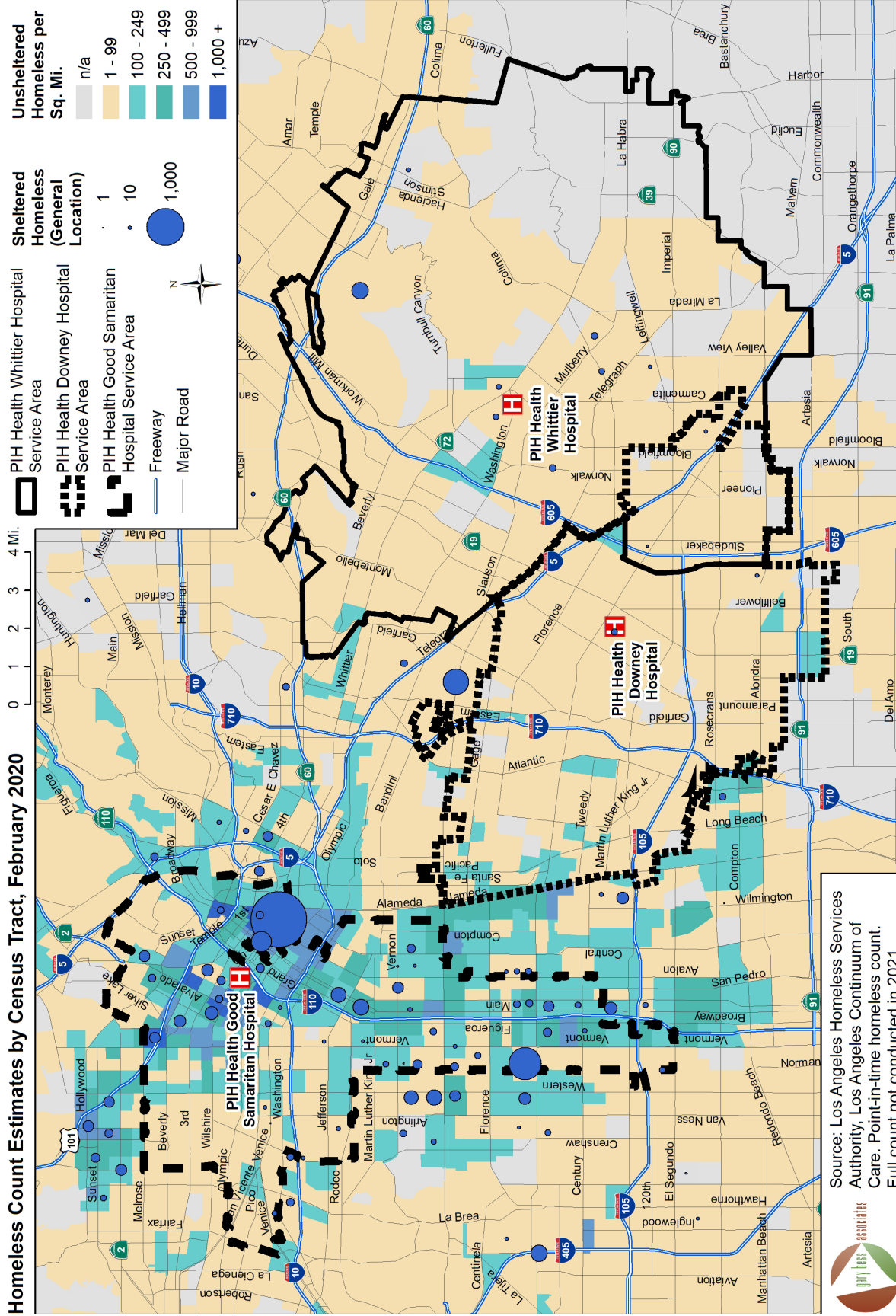
Influenza/Pneumonia Death Rates, Five-Year Average, 2016-2020



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



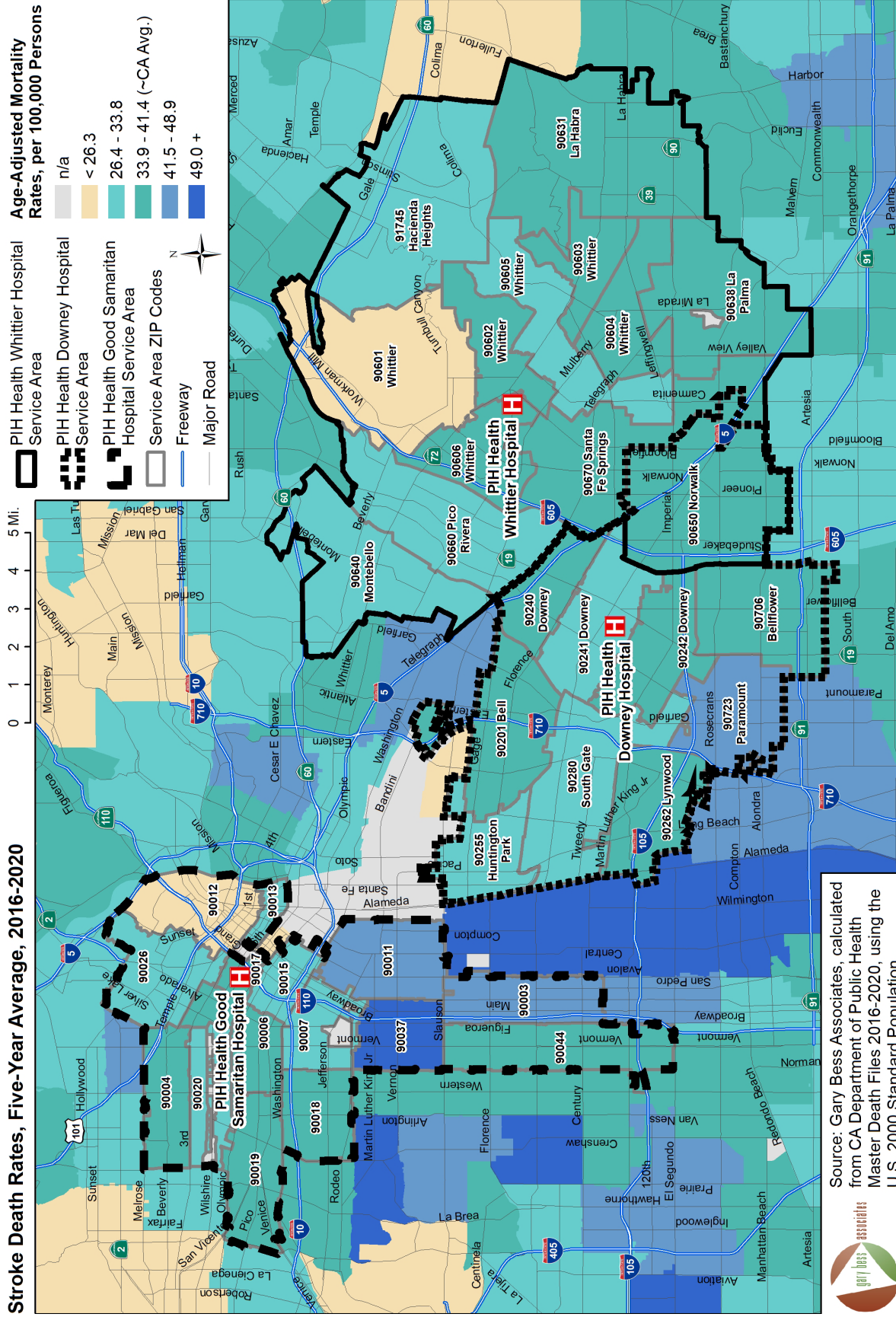
Homeless Count Estimates by Census Tract, February 2020



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.





Your Health and Wellness Partner

PIH Health Downey Hospital

11500 Brookshire Ave., Downey, CA 90241

PIH Health Good Samaritan Hospital

1225 Wilshire Blvd., Los Angeles, CA 90017

PIH Health Whittier Hospital

12401 Washington Blvd., Whittier, CA 90602

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