

A large, modern, multi-story hospital building with a prominent "PIH HEALTH" logo on the roof. The building has a grid-like facade with many windows. In the foreground, there is a covered "Main Entrance" and some landscaping. The sky is clear and blue.

Your Health and Wellness Partner

PIH Health Downey Hospital

Representing the communities of Bell Gardens, Bellflower, Downey, Huntington Park, Lynwood, Norwalk, Paramount and South Gate.

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 Downey Hospital is a nonprofit, 199-bed hospital that has been serving the community of Downey and surrounding areas for more than 100 years. The hospital officially became part of PIH Health in October 2013. In addition to high-quality inpatient care, they offer 24-hour emergency services and outpatient services. There are two multispecialty medical office buildings near the hospital campus.

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 Downey Hospital is located at 11500 Brookshire Ave., Downey, CA 90241. The hospital’s service area encompasses 10 ZIP codes in the cities of Bellflower, Bell Gardens, Downey, Huntington Park, Lynwood, Norwalk, Paramount, and South Gate. The service area is served by the Los Angeles County 1st, 2nd, and 4th Supervisorial Districts and the majority of the cities/communities fall within the Los Angeles County Service Planning Area (SPA) 7.* PIH Health Downey 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 Downey Hospital participated in a collaborative process for the CHNA with PIH Health Whittier 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

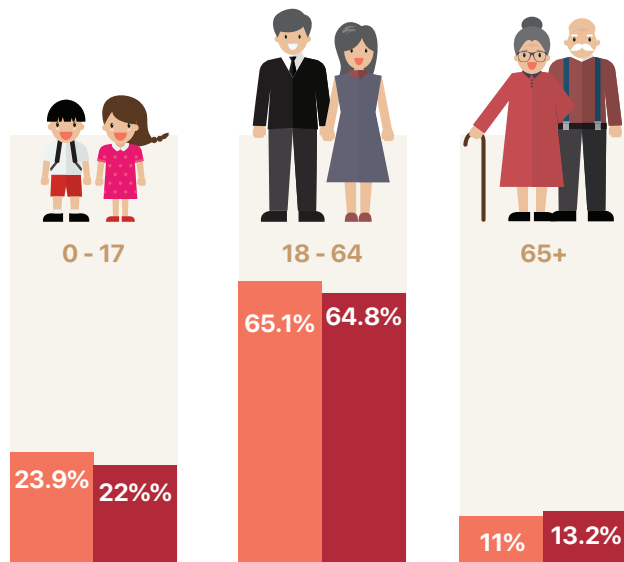
Who Are We?



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



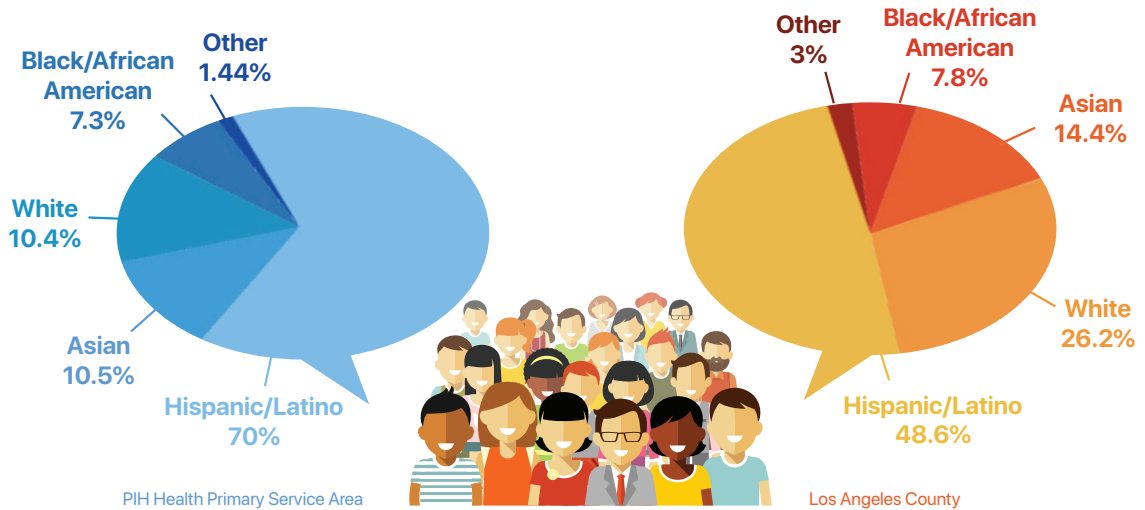
Age

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

- PIH Health Primary Service Area
- Los Angeles County

Race / Ethnicity

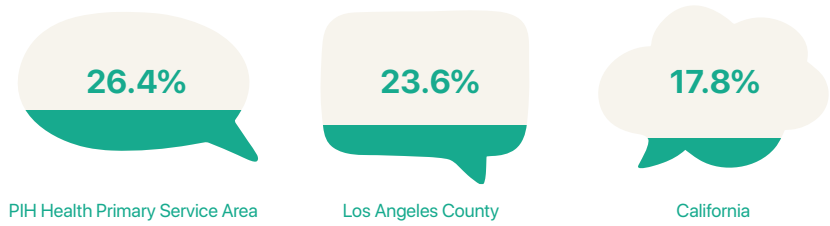
Source: U.S. Census Bureau, American Community Survey, 2015-2019



Households with Limited English Proficiency

Population age 5 and over.

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

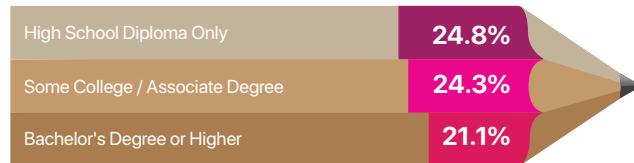


Educational Attainment

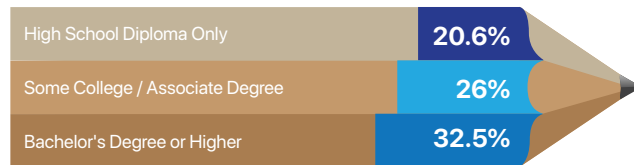
Population age 25 and over.

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

PIH Health Primary Service Area



Los Angeles County

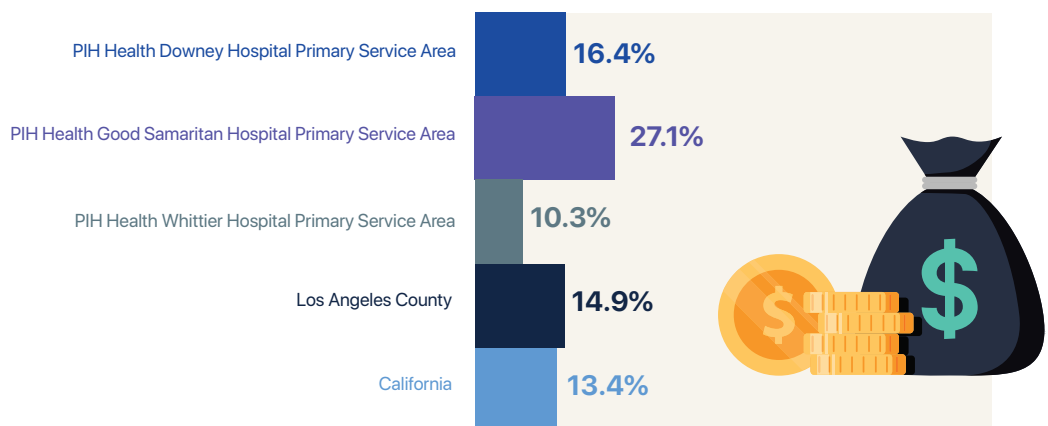


In the Primary Service Area, 29.8% of the Adult Population has less than a High School Diploma.

Poverty

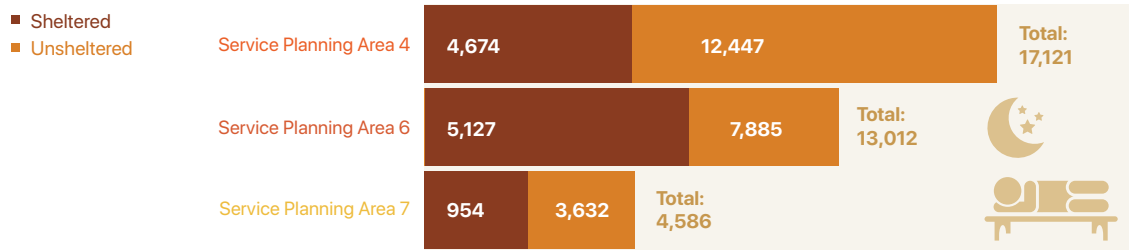
The federal poverty level is a measure of income used by the U.S. government to determine who is eligible for subsidies, programs, and benefits. The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of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

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



Homeless

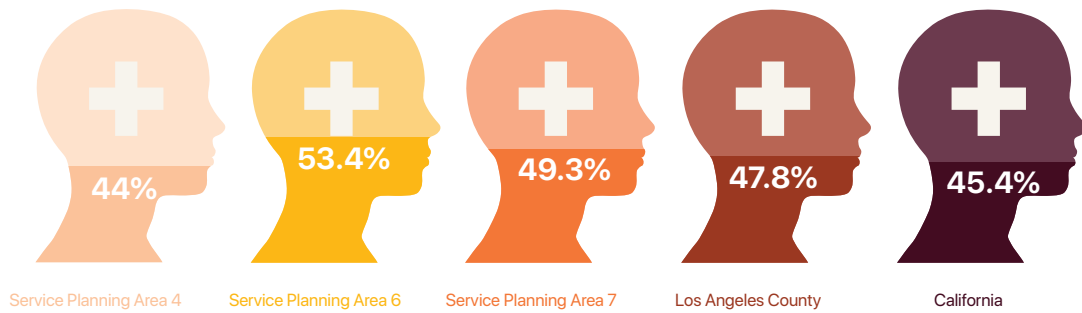
Source: Los Angeles Homeless Service Authority, 2013, 2015, 2018 & 2020 Greater Los Angeles Homeless Count



2020

Adults Who Did Not Receive Needed Mental Health Care

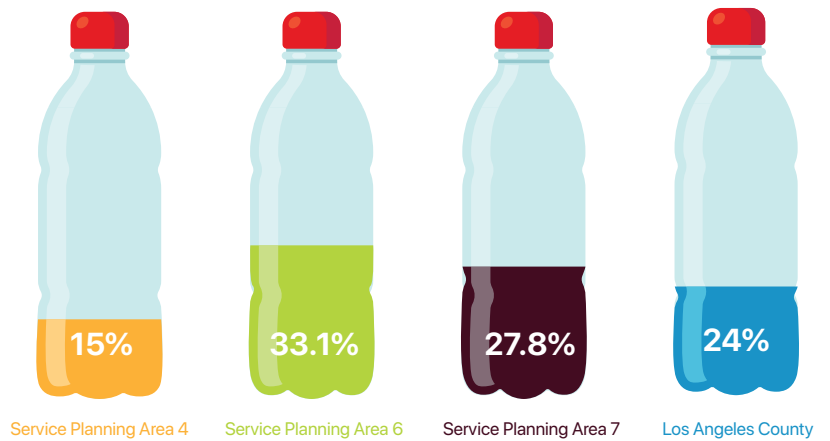
Source: California Health Interview Survey, 2019-2020



Children Who Consume At Least One Soda A Day

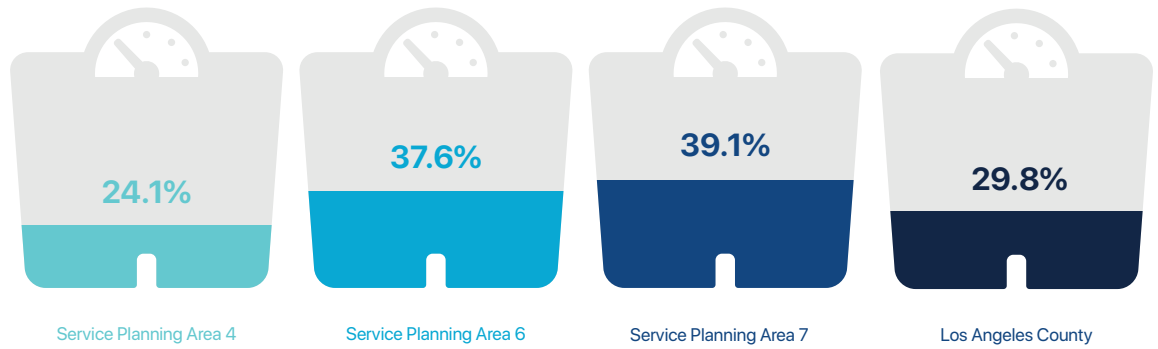
Population ages 2-17.

Source: California Health Interview Survey, 2019-2020



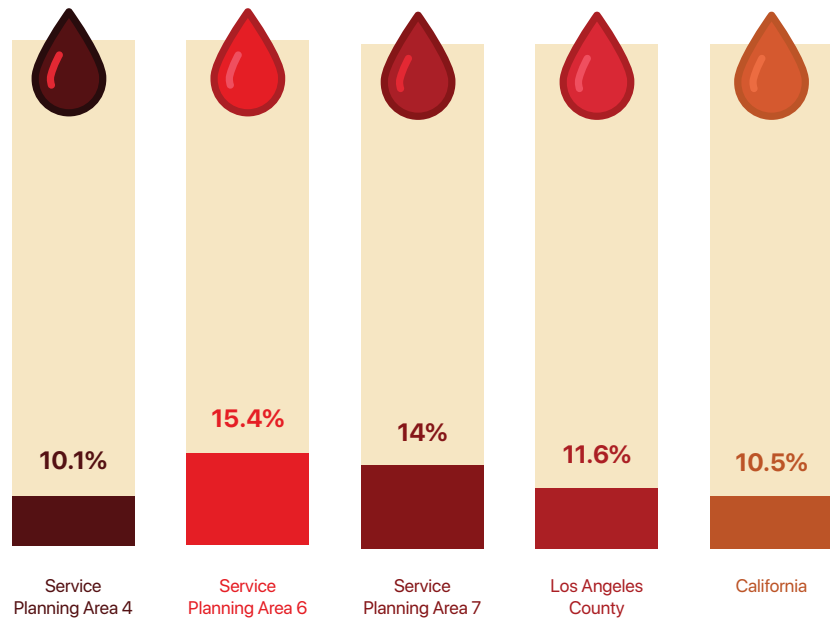
Adults Who Are Obese

Source: California Health Interview Survey, 2019-2020



Adults With Diagnosed Diabetes

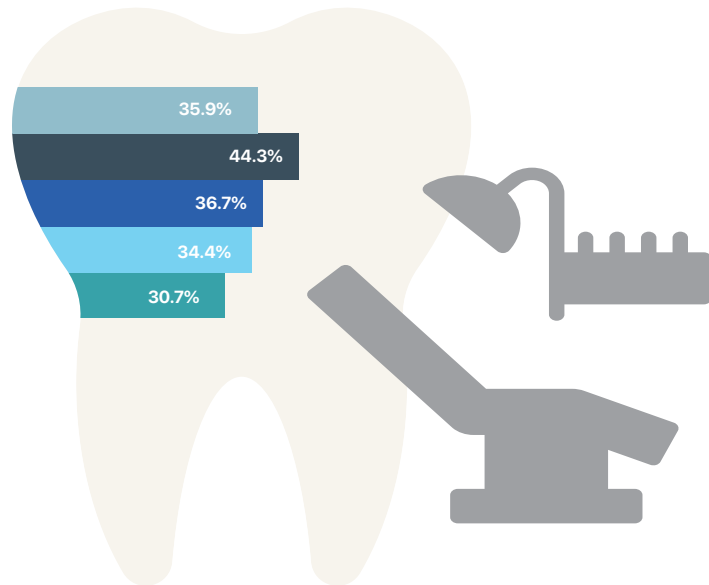
Source: California Health Interview Survey, 2019-2020



Adults Without Dental Insurance

Source: California Health Interview Survey, 2019-2020

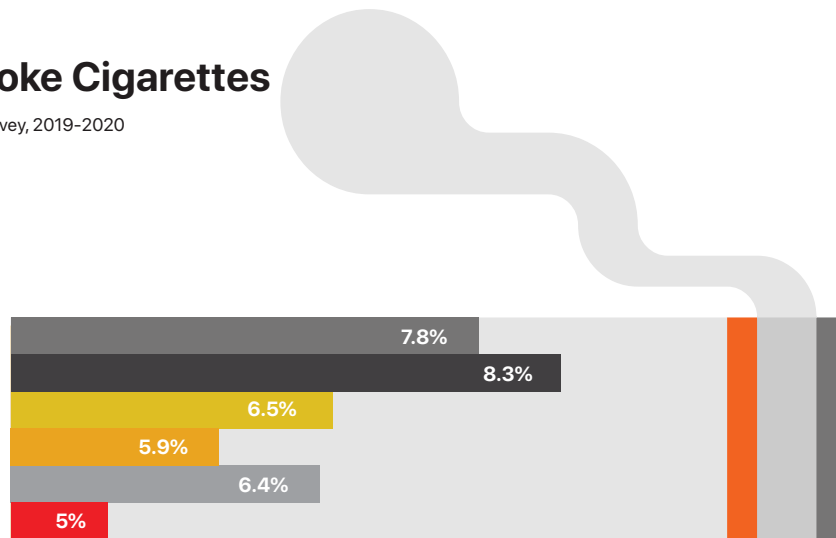
- Service Planning Area 4
- Service Planning Area 6
- Service Planning Area 7
- Los Angeles County
- California



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

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, mental health, and economic insecurity had the highest scores for severe and very severe impact on the community. Dental care, housing, and homelessness and economic insecurity were the needs with the highest scores for worsened over time. Housing and homelessness, economic insecurity, and mental health had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to healthcare	66.7%	30.8%	53.9%
Chronic diseases	60%	15.4%	38.5%
COVID-19	100%	23.1%	23.1%
Dental care	66.7%	76.9%	61.5%
Economic insecurity	93.3%	69.2%	84.6%
Housing and homelessness	86.7%	76.9%	92.3%
Mental health	100%	15.4%	76.9%
Overweight and obesity	46.7%	30.8%	30.8%
Preventive practices	73.3%	30.8%	38.5%
Substance use	80%	53.9%	53.8%

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, and chronic diseases were ranked as the top three priority needs in the service area. Calculations resulted in the following prioritization of the significant needs.

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Housing and homelessness	3.81
Chronic diseases	3.53
Access to healthcare	3.50
Substance use	3.50
Dental care	3.44
Economic insecurity	3.44
COVID-19	3.40
Preventive practices	3.38
Overweight and obesity	3.14

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 Downey 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 Downey Hospital used to address these significant needs can be found in Attachment 5.

Community Demographics

Population

Total Population

The population of the PIH Health Downey Hospital service area is 691,496. From 2014 to 2019, the population decreased by 0.8%.

	PIH Health Downey Hospital Service Area			Los Angeles County		
	2014	2019	Percent Change	2014	2019	Percent Change
Total population	696,757	691,496	-0.8%	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

49.5% of the service area population are male and 50.5% are female.

	PIH Health Downey Hospital Service Area	Los Angeles County
Male	49.5%	49.3%
Female	50.5%	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 26.5% of the population, 63.4% are adults, ages 18 to 64, and 10.1% are adults, ages 65 and older.

	PIH Health Downey Hospital Service Area	Los Angeles County	California
0 – 4	7.1%	6.1%	6.2%
5 – 9	7.0%	5.9%	6.3%
10 – 14	7.9%	6.2%	6.6%
15 – 17	4.5%	3.8%	3.9%
18 – 24	11.2%	9.7%	9.6%
25 – 34	15.5%	16.1%	15.2%
35 – 44	13.7%	13.7%	13.3%
45 – 54	12.7%	13.4%	13.0%
55 – 64	10.3%	11.8%	12.0%
65 – 74	6.1%	7.5%	8.1%
75 – 84	2.7%	3.9%	4.1%
85+	1.2%	1.8%	1.8%

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

Population, by ZIP Code

In the service area, the percentage of children, ages 0 to 17, ranged from 22.7% in Downey 90241 to 29.5% in Bell Gardens. The range of adults, ages 18 to 64, was 61.8% in Downey 90240 to 65.7% in Downey 90242. The range of senior adults, ages 65 and older, was 7.5% in Lynwood to 13.1% in Downey 90240. The median age in the service area was 33.4 years, lower than the median county age of 36.5.

	ZIP Code	Total Population	Youth Ages 0 – 17	Adults Ages 18-64	Seniors Ages 65+	Median Age
Bell Gardens	90201	101,965	29.5%	62.3%	8.2%	29.8
Bellflower	90706	77,195	25.5%	63.4%	11.1%	34.6
Downey	90240	26,413	25.2%	61.8%	13.1%	38.2
Downey	90241	43,215	22.7%	64.5%	12.7%	36.0
Downey	90242	42,694	23.7%	65.7%	10.6%	34.1
Huntington Park	90255	75,019	26.8%	63.5%	9.7%	32.6
Lynwood	90262	70,536	28.3%	64.2%	7.5%	30.0
Norwalk	90650	105,304	24.3%	63.8%	11.9%	34.9
Paramount	90723	54,513	28.5%	62.9%	8.6%	30.9
South Gate	90280	94,642	27.0%	63.0%	10.0%	31.9
PIH Health Downey Hospital Service Area		691,496	26.5%	63.4%	10.1%	33.4
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, 81.9% of the population are Hispanic/Latino, 7.4% are White, 5.0% are Asian, 4.5% are Black/African American, 0.9% are Other or Multiple Race, 0.3% are Native Hawaiian/Pacific Islander, and 0.1% are Native American/Alaskan Native.

	PIH Health Downey Hospital Service Area		Los Angeles County	
	Number	Percent	Number	Percent
Hispanic/Latino	566,468	81.9%	4,888,434	48.6%
White	50,933	7.4%	2,641,770	26.2%
Asian	34,758	5.0%	1,454,769	14.4%
Black/African American	30,775	4.5%	790,252	7.8%
Other/Multiple	5,764	0.9%	260,917	2.6%
Native Hawaiian/Pacific Islander	2,012	0.3%	24,597	0.2%
Native American/Alaska Native	966	0.1%	20,831	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 55.9% in Bellflower to 97.2% in Huntington Park. The White population ranged from 1.4% in Huntington Park to 16.6% in Downey 90240. The Asian population ranged from 0.4% in Huntington Park to 13.5% in Norwalk. The Black/African American population ranged from 0.5% in South Gate to 13.0% in Bellflower.

	ZIP Code	Hispanic/ Latino	White	Asian	Black/African American
Bell Gardens	90201	94.3%	3.6%	0.6%	1.1%
Bellflower	90706	55.9%	15.9%	12.1%	13.0%
Downey	90240	73.9%	16.6%	6.8%	1.2%
Downey	90241	75.4%	14.0%	7.3%	2.3%
Downey	90242	74.7%	12.3%	6.2%	5.5%
Huntington Park	90255	97.2%	1.4%	0.4%	0.6%
Lynwood	90262	88.2%	2.4%	0.7%	7.9%
Norwalk	90650	69.7%	10.3%	13.5%	4.5%
Paramount	90723	81.0%	5.5%	2.9%	8.8%
South Gate	90280	95.6%	2.9%	0.5%	0.5%
PIH Health Downey Hospital Service Area		81.9%	7.4%	5.0%	4.5%
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, 37.6% of the population are foreign born. Among the foreign born, 45.2% are naturalized U.S. citizens and 54.8% 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 Downey Hospital Service Area	Los Angeles County	California
Foreign Born	37.6%	34.0%	26.8%
Naturalized U.S. citizen	45.2%	52.3%	51.7%
Not a U.S. citizen	54.8%	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, 22.2% speak only English in the home, 72.3% speak Spanish in the home, 3.9% speak an Asian or Pacific Islander language, 1.0% speak other Indo-European language, and 0.6% speak other languages in the home.

	PIH Health Downey Hospital Service Area	Los Angeles County	California
Speaks only English	22.2%	43.4%	55.8%
Speaks Spanish	72.3%	39.2%	28.7%
Speaks Asian/Pacific Islander languages	3.9%	10.9%	10.0%
Speaks Indo-European languages	1.0%	5.3%	4.5%
Speaks other languages	0.6%	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 7.3% in Huntington Park to 43.0% in Bellflower. Spanish speakers in the home ranged from 44.5% in Bellflower to 92.1% in Huntington Park. Asian/Pacific Islander language speakers at home was highest in Norwalk (10.6%). Indo-European language speakers at home was highest in Downey 90240 (3.2%).

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo-European
Bell Gardens	90201	9.2%	88.9%	0.6%	0.2%
Bellflower	90706	43.0%	44.5%	9.2%	1.5%
Downey	90240	30.6%	59.9%	5.5%	3.2%
Downey	90241	31.9%	59.5%	5.6%	1.7%
Downey	90242	31.3%	62.0%	4.2%	1.7%
Huntington Park	90255	7.3%	92.1%	0.3%	0.2%
Lynwood	90262	15.7%	83.2%	0.9%	0.2%
Norwalk	90650	33.0%	54.2%	10.6%	1.9%
Paramount	90723	24.0%	72.7%	2.3%	0.6%
South Gate	90280	11.7%	87.5%	0.5%	0.3%
PIH Health Downey Hospital Service Area		22.2%	72.3%	3.9%	1.0%
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 persons, ages five and older, who speaks English “less than very well.” In the service area, 22.2% of the population is linguistically isolated. The rate of linguistic isolation is lower than the county (23.6%) and higher than the state (17.8%).

	PIH Health Downey Hospital Service Area	Los Angeles County	California
Linguistic Isolation	22.2%	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 11.0% in the Little Lake City School District to 31.1% in the Montebello Unified School 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
Bellflower Unified School District	17.0%	17.2%
Downey Unified School District	14.6%	13.2%
Little Lake City School District	12.9%	11.0%
Los Angeles Unified School District	20.0%	18.8%
Lynwood Unified School District	26.9%	25.8%
Montebello Unified School District	33.4%	31.1%
Norwalk-La Mirada Unified School District	16.0%	14.8%
Paramount Unified School District	25.8%	25.5%
Los Angeles County	18.0%	16.9%
California	18.6%	17.7%

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

Veterans

Civilian Veterans

Among the service area population, ages 18 and older, 2.0% are civilian veterans, as compared to the county (3.3%) and the state (5.2%).

	PIH Health Downey Hospital Service Area	Los Angeles County	California
Civilian veterans	2.0%	3.3%	5.2%

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

Disabled Persons

Disabled Persons

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In the service area, 8.4% of the civilian non-institutionalized population has a disability.

	PIH Health Downey Hospital Service Area	Los Angeles County	California
Population with disabilities	8.4%	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, 1.7% of the population have a hearing difficulty, 1.5% have a vision difficulty, 3.3% have a cognitive difficulty and 4.6% have an ambulatory difficulty. Disabilities increase with age.

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty
Ages 0-17	0.4%	0.5%	2.7%	0.5%
Ages 18-64	0.9%	1.2%	2.7%	3.2%
Ages 65-74	5.6%	3.8%	5.3%	16.3%
Age 75 and older	18.6%	10.2%	18.5%	38.2%
PIH Health Downey Hospital Service Area	1.7%	1.5%	3.3%	4.6%
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, 16.4% are below 100% FPL and 42.5% are below 200% FPL. Bell Gardens has the highest rates in the service area. Poverty levels in the service area are higher than the poverty levels for the county and state.

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Bell Gardens	90201	26.3%	58.0%
Bellflower	90706	12.8%	36.2%
Downey	90240	5.9%	20.3%
Downey	90241	10.4%	30.5%
Downey	90242	9.1%	28.4%
Huntington Park	90255	21.7%	53.2%
Lynwood	90262	17.8%	49.7%
Norwalk	90650	11.3%	32.9%
Paramount	90723	16.7%	43.9%
South Gate	90280	17.2%	45.2%
PIH Health Downey Hospital Service Area		16.4%	42.5%
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, 23.9% of children, under age 18, and 13.4% of adults, ages 65 and older, live below the poverty level. Poverty rates for children ranged from 6.1% in Downey 90240 to 38.8% in Bell Gardens. Poverty rates for senior adults ranged from 6.9% in Downey 90240 to 20.2% in Bell Gardens. 34.6% 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 13.5% in Downey 90240 to 51.9% in Bell Gardens.

	ZIP Code	Children, Under Age 18	Adults, 65 and Older	Female HoH with Children†
Bell Gardens	90201	38.8%	20.2%	51.9%
Bellflower	90706	18.2%	14.3%	23.0%
Downey	90240	6.1%	6.9%	13.5%
Downey	90241	15.0%	8.9%	31.0%
Downey	90242	11.9%	8.8%	21.6%
Huntington Park	90255	32.9%	18.5%	42.1%
Lynwood	90262	26.7%	12.9%	41.1%
Norwalk	90650	14.3%	11.2%	21.6%
Paramount	90723	23.7%	12.1%	34.4%
South Gate	90280	24.3%	13.6%	34.3%
PIH Health Downey Hospital Service Area		23.9%	13.4%	34.6%
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 percentage of students eligible for the program ranged from 62.6% in Downey Unified School District to 93.8% in Lynwood Unified School District.

	Percent of Eligible Students
Bellflower Unified School District	71.4%
Downey Unified School District	62.6%
Little Lake City School District	68.6%
Los Angeles Unified School District	81.3%
Lynwood Unified School District	93.8%
Montebello Unified School District	78.2%
Norwalk-La Mirada Unified School District	70.1%
Paramount Unified School District	91.5%
Los Angeles County	68.7%
California	58.9%

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

Unemployment

Unemployment Rate, 2020 Annual Average

In 2020, the unemployment rate in service area cities and Census Designated Places (CDP) ranged from 11.9% in Huntington Park to 14.6% in Bellflower. High unemployment in 2020 may be attributed in part to the COVID-19 pandemic.

	Percent Unemployment
Bell Gardens, city	13.2%
Bellflower, city	14.6%
Downey, city	12.6%
Huntington Park, city	11.9%
Lynwood, city	14.5%
Norwalk, city	13.5%
Paramount, city	14.2%
South Gate, city	13.7%
Los Angeles County	12.8%
California	10.1%

Source: California Employment Development Department, Labor Market Information. 2020. <http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

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% 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

Community Input – Economic Insecurity

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

- Many have economic challenges with food insecurity and paying rent, especially with the current cost of living. Rising rents and housing issues made challenges worse and left less money for everything else.
- Many renters are behind in their rent, causing enormous stress.
- Both businesses and people struggled with paying their lease/rent. Many had to relocate to more affordable locations, such as the Inland Empire or the San Fernando Valley.
- We're concerned about gas prices and inflation and how families will be affected. There was a raise in minimum wage, but inflation makes it a wash.
- People need more awareness about available assistance programs.
- For rent assistance programs, many didn't want to do paperwork due to being overwhelmed or fearful. With multiple families living together, who applies? Documentation is the biggest challenge.
- Many people lost their jobs either temporarily or permanently, or had hours cut. Many employers closed, such as childcare centers, or had to relocate so their employees had to be let go.
- We are working to build people's confidence and get them back into the workforce. Respect is so important; we're not there to judge.
- It's a challenge trying to find employers that pay enough, but more are coming to table with increased wages/benefits because they need employees.
- A big issue is low paying jobs. We need more equal pay and a whole systems assessment and changes in benefits so companies can better support their workforce. The pandemic brought this to light, but those who make the least amount of money were the first who had to be out the door to work.
- There needs to be more workforce training for youth, especially for technology-related jobs.
- There is a need for financial empowerment and financial literacy education. People don't know how to manage money.

Households

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

In the service area, there were 179,942 households and 186,531 housing units in 2019. From 2014 to 2019, the service area population decreased by 0.8%, housing units decreased by 0.1%, and vacant units decreased by 17.5%. Owner occupied households decreased (-0.6%) and renter occupied households increased (1.5%) from 2014 to 2019.

	PIH Health Downey Hospital Service Area			Los Angeles County	California
	2014	2019	Percent Change	Percent Change 2014 to 2019	Percent Change 2014 to 2019
Housing units	186,881	186,531	-0.1%	2.3%	2.8%
Households	178,891	179,942	0.5%	2.2%	3.3%
Owner-occupied	78,134	77,643	-0.6%	1.0%	3.5%
Renter-occupied	100,757	102,299	1.5%	3.3%	3.3%
Vacant units	7,990	6,589	-17.5%	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, 33.0% of the population in occupied households spend 30% or more of their income on housing. This includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. More than half (60.0%) of renters in the service area spend more than 30% of their income in rent.

	PIH Health Downey 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%
Child <6 years, currently on WIC (<200 FPL)	66.1%	40.3%	43.6%

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

Household Income

In the service area, the median household income was \$57,841 as compared to the county at \$68,044.

	PIH Health Downey Hospital Service Area	Los Angeles County
Median household income	\$57,841	\$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%

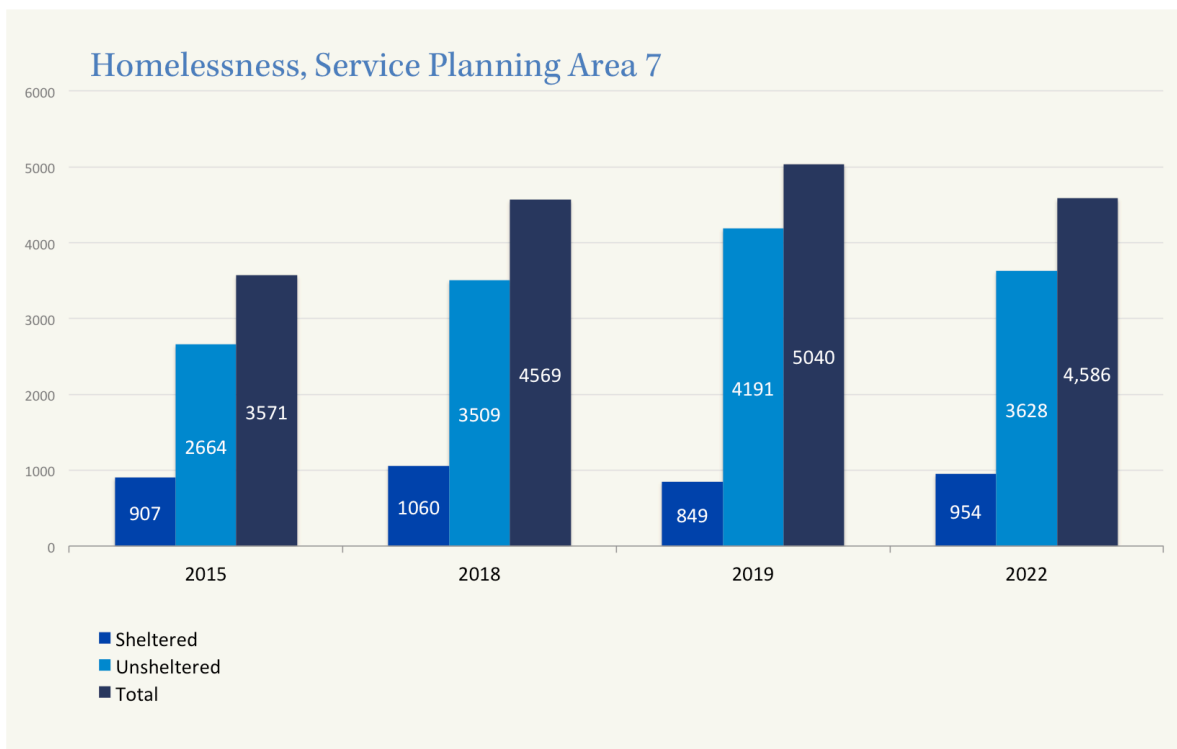
Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. lahsa.org/homeless-count *These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

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%
Physical disability	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 waiting list for housing is very long. Rents have increased making it hard for working poor families. Most of our clients have entry-level minimum wage jobs so shared housing is the only option for them.
- With escalating cost of rents and the lack of high wage jobs, it's tough to sustain yourself. People end up living in overcrowded conditions, with five families in a house or two families in a garage.
- Many families try to stay in the area because they like their school district. They may not be living on the street, but they're worried about paying rent next week. How can kids focus on education or do homework when their last meal was the day before?
- Many families are living paycheck to paycheck and ultimately must leave the area or the state.
- People got accustomed to the rental assistance provided during the pandemic, but we have yet to see what will happen when the pandemic ends. Is there a tidal wave of evictions coming?
- There's a lack of low-income housing and the available housing conditions are not good. They are unsafe or lack working plumbing or other things needed to support a healthy living environment.
- We're seeing an increase in seniors who are homeless.
- The southeast Los Angeles area has a higher percentage of undocumented persons who are homeless than neighboring regions.
- It's very difficult to place people even in an emergency shelter due to COVID-19; places are locked down. We have seen an increase in clients coming in for treatment who are living in their cars.
- We need better systems for transition to permanent housing. There isn't enough interim housing to place people in while transitioning to permanent supportive housing.
- The quality of healthcare for persons who are homeless with mental health issues is a challenge. If we can't get them to move, we at least give them a decent tent or something to keep warm to help improve their situation until things get better. Some just don't want to leave the streets.
- There are many young people who are homeless who could get back to work if they had assistance.
- We see three types of persons who are homeless: 1) those who don't want to be told what to do; 2) those who have drug/alcohol dependency problems so they won't comply with shelters/housing that require abstinence; and 3) those who are mentally ill and a danger to the community.
- Addressing homelessness is a big business, and that's part of the problem.
- Many homeless service providers have a major turnover with staff; they can't compete with the county in terms of pay.
- There is a critical lack of shelters in the southern portion of SPA 7. In addition, there's a change in funding to get people from the street and enrolled in housing programs. Housing navigation staff will now be moved to shelter sites. Unfortunately that means that our local homeless neighbors can't receive these navigation services because there are no shelters in this area for them to be placed.
- Recuperative care is tricky with funding, plus those who can make referrals changes every year.
- According to the Bellflower lawsuit, as long as communities/cities build a shelter, they have the legal right to enforce anti-camping laws and homelessness becomes illegal. Persons who are homeless then have the option to: 1) go to a shelter; 2) go to another city; or 3) go to jail.

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 seven farmers markets in the service area.

	ZIP code	Farmers Market	Accepts EBT and/or WIC
Bellflower	90706	Bellflower Certified Farmers Market	EBT
Downey	90241	Downey Farmers Market	EBT & WIC
Downey	90242	Rancho Los Amigos Certified Farmers Market	EBT
Huntington Park	90255	Huntington Park	EBT & WIC
Norwalk	90650	Norwalk Certified Farmers Market - Tuesday and Saturday	EBT & WIC
Paramount	90723	Paramount	EBT & WIC
South Gate	90280	South Gate	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, 35.0% have less than a high school diploma. 45% are high school graduates, and 19.9% have an associate, bachelor’s, or graduate/professional degree.

	PIH Health Downey Hospital Service Area	Los Angeles County
Population, ages 25 and older	431,046	6,886,895
Less than 9 th grade	21.0%	12.3%
9 th to 12 th grade, no diploma	14.0%	8.6%
High school graduate	26.2%	20.6%
Some college, no degree	18.8%	19.0%
Associate degree	6.2%	7.0%
Bachelor’s degree	10.1%	21.2%
Graduate or professional degree	3.6%	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 high school graduation objective is 90.7%. Graduation rates for Bellflower Unified, Downey Unified, Norwalk-La Mirada Unified and Paramount Unified School District exceed the Healthy People 2030 objective for high school graduation.

	High School Graduation Rate
Bellflower Unified School District	94.4%
Downey Unified School District	94.5%
Los Angeles Unified School District (schools in service area ZIP codes)	85.2%
Lynwood Unified School District	90.0%
Montebello Unified School District	84.1%
Norwalk-La Mirada Unified School District	92.2%
Paramount Unified School District	91.5%
Los Angeles County	86.5%
California	87.5%

Source: California Department of Education, 2019-2020. 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 47.5% and ranged from 39.1% in Paramount to 68.4% in Downey 90240.

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Bell Gardens	90201	1,725	49.0%
Bellflower	90706	2,536	49.7%
Downey	90240	674	68.4%
Downey	90241	898	43.0%
Downey	90242	988	47.2%
Huntington Park	90255	2,318	46.4%
Lynwood	90262	2,437	44.2%
Norwalk	90650	3,674	50.5%
Paramount	90723	1,577	39.1%
South Gate	90280	2,517	44.8%
PIH Health Downey Hospital Service Area		21,143	47.5%
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, 76.7% of individuals, ages 16 and older, drove alone to work. 12.2% carpooled, 4.4% used public transportation, 2.7% worked from home, 2.1% walked to work, and 1.9% used other means to get to work. The average service area commute time was 31.5 minutes.

	PIH Health Downey Hospital Service Area	Los Angeles County	California
Workers 16 years and older	309,503	4,811,408	18,191,555
Car, truck, or van—drove alone	76.7%	74.0%	73.7%
Car, truck, or van—carpooled	12.2%	9.5%	10.1%
Public transportation (excluding taxi)	4.4%	5.8%	5.1%
Walked	2.1%	2.7%	2.6%
Other means	1.9%	2.4%	2.6%
Worked from home	2.7%	5.6%	5.9%
Mean travel time to work (minutes)	31.5	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 39 (car dependent) in Bellflower to 86 (Very Walkable) in Huntington Park.

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
Bell Gardens	90201	65	Somewhat Walkable
Bellflower	90706	39	Car Dependent
Downey	90240	52	Somewhat Walkable
Downey	90241	62	Somewhat Walkable
Downey	90242	62	Somewhat Walkable
Huntington Park	90255	86	Very Walkable
Lynwood	90262	69	Somewhat Walkable
Norwalk	90650	60	Somewhat Walkable
Paramount	90723	63	Somewhat Walkable
South Gate	90280	70	Very Walkable

Source: [WalkScore.com](https://www.walkscore.com), 2021. 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 Bell Gardens, Bellflower, Lynwood, and South Gate. The number of property crimes increased in Bellflower, Lynwood, and South Gate. The number of arson cases increased in Bell Gardens, Downey, Huntington Park, Norwalk, Paramount, and South Gate.

	Violent Crimes		Property Crimes		Arson	
	2018	2020	2018	2020	2018	2020
Bell Gardens	117	150	633	618	4	12
Bellflower	335	348	1,688	1,799	10	5
Downey	367	301	2,615	2,153	15	21
Huntington Park	429	421	1,800	1,720	16	32
Lynwood	426	441	1,438	1,511	21	12
Norwalk	449	437	1,948	1,771	13	19
Paramount	329	263	1,427	1,309	5	14
South Gate	634	637	2,364	2,946	15	16
Los Angeles County	58,567	54,600	237,184	213,377	2,684	4,271
California	176,866	173,864	940,998	841,171	8,523	11,759

Source: California Department of Justice, Office of the Attorney General, 2020. [State of California Department of Justice- OpenJustice](https://openjustice.org)

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
Bell Gardens	83	80	3	3.6%	12
Bellflower	316	70	246	77.8%	0
Downey	306	272	34	11.1%	1
Huntington Park	179	162	17	9.5%	22
Lynwood	273	51	222	81.3%	0
Norwalk	353	94	259	73.3%	0
Paramount	200	41	159	79.5%	0
South Gate	223	41	182	81.6%	26
Los Angeles County	35,498	7,787	27,711	78.0%	2,541
California	160,646	88,018	72,628	45.2%	9,715

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

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

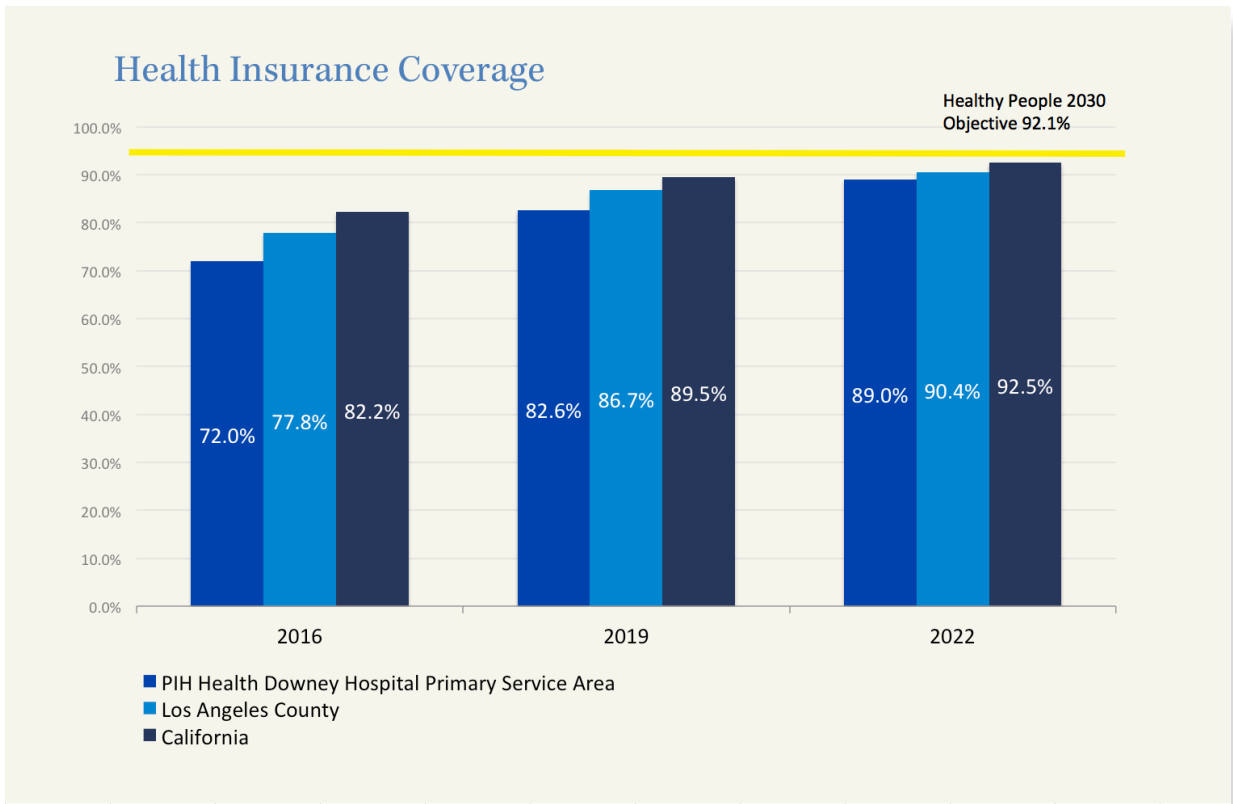
Health insurance coverage is a key component to accessing healthcare. The Healthy People 2030 objective for health insurance coverage for all population groups is 92.1%. In the service area, 89.0% of the population (all age groups), 94.9% of children, ages 0 to 18, and 81.6% of adults, ages 19 to 64 have health insurance coverage.

Health insurance coverage ranged from 83.7% in Bell Gardens to 92.3% in Downey 90240. Among children, health insurance coverage ranged from 90.5% in Downey 90241 to 96.7% in Downey 90240. Among adults, ages 19 to 64, health insurance coverage ranged from 75.6% in Bell Gardens to 88.9% in Downey 90240.

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Bell Gardens	90201	83.7%	96.1%	75.6%
Bellflower	90706	89.6%	95.0%	85.6%
Downey	90240	92.3%	96.7%	88.9%
Downey	90241	88.7%	90.5%	86.3%
Downey	90242	89.2%	93.2%	86.0%
Huntington Park	90255	83.5%	95.4%	75.9%
Lynwood	90262	84.3%	94.1%	77.7%
Norwalk	90650	90.4%	95.9%	86.7%
Paramount	90723	88.4%	96.0%	83.8%
South Gate	90280	84.9%	93.7%	78.7%
PIH Health Downey Hospital Service Area		89.0%	94.9%	81.6%
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 Blacks/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 forego 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 14 FQHC and/or Look-A-Like entities located in the service area. The majority of these FQHCs operate multiple clinic sites across the service area and beyond.

	ZIP Code	Dominant FQHC Entity
Bell Gardens	90201	AltaMed Health Service Corporation
Bellflower	90706	TCC Family Health
Downey	90240	AltaMed Health Service Corporation
Downey	90241	AltaMed Health Service Corporation
Downey	90242	JWCH Institute, Inc.
Huntington Park	90255	AltaMed Health Service Corporation
Lynwood	90262	St. John's Well Child and Family Center
Norwalk	90650	JWCH Institute, Inc.
Paramount	90723	St. John's Well Child and Family Center
South Gate	90280	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 95,672 patients in the service area, which equates to 32.87% coverage among low-income patients and 13.84% coverage among the total population. However, 67.13% 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
291,076	95,672	32.87%	13.84%	195,399	67.13%

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:

- Not allowing visitors to go in with patients for appointments or hospital care during the pandemic was a big barrier that made addressing health a challenge.
- Some families lost health insurance because they lost their jobs.
- The barriers to accessing care are more economic than anything else. People are worried about paying for basic needs. Many defer seeing a doctor because they can't miss work.
- Hispanic/Latino and Black/African American populations have disparities with access to healthcare and accessing information.
- Transportation is a barrier, especially with the pandemic. Many lack access to a car or gas money if doctors aren't in their city or neighborhood.
- It's a challenge to find culturally sensitive providers who can provide information in their language.
- There are problems with access to healthcare for the most vulnerable, especially specialty services where there's often six months plus waiting time.
- Accessing healthcare is especially hard for those who are undocumented. They hesitate to share information that needs to be gathered for free services. Many lack health insurance and do not know where they can access care, or they are afraid of accessing care.
- The community doesn't understand how to navigate the healthcare system, especially Hispanics/Latinos and the younger generation.
- Navigating insurance is overwhelming and difficult.
- People need coaching and support in accessing healthcare; it's not something they do regularly.
- Many people are unable to afford insurance or co-pays. Programs are available but there are barriers with accessing them because everything is technology-based. This is a struggle for many Hispanic/Latino monolingual, low-income families.
- Many of our clients are on government assistance and they tend to have access to basic healthcare. We have a larger group of clients who are considered the "working poor" who have less access.
- People have a hard time getting vision and dental care because they don't have insurance coverage for these services.

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%

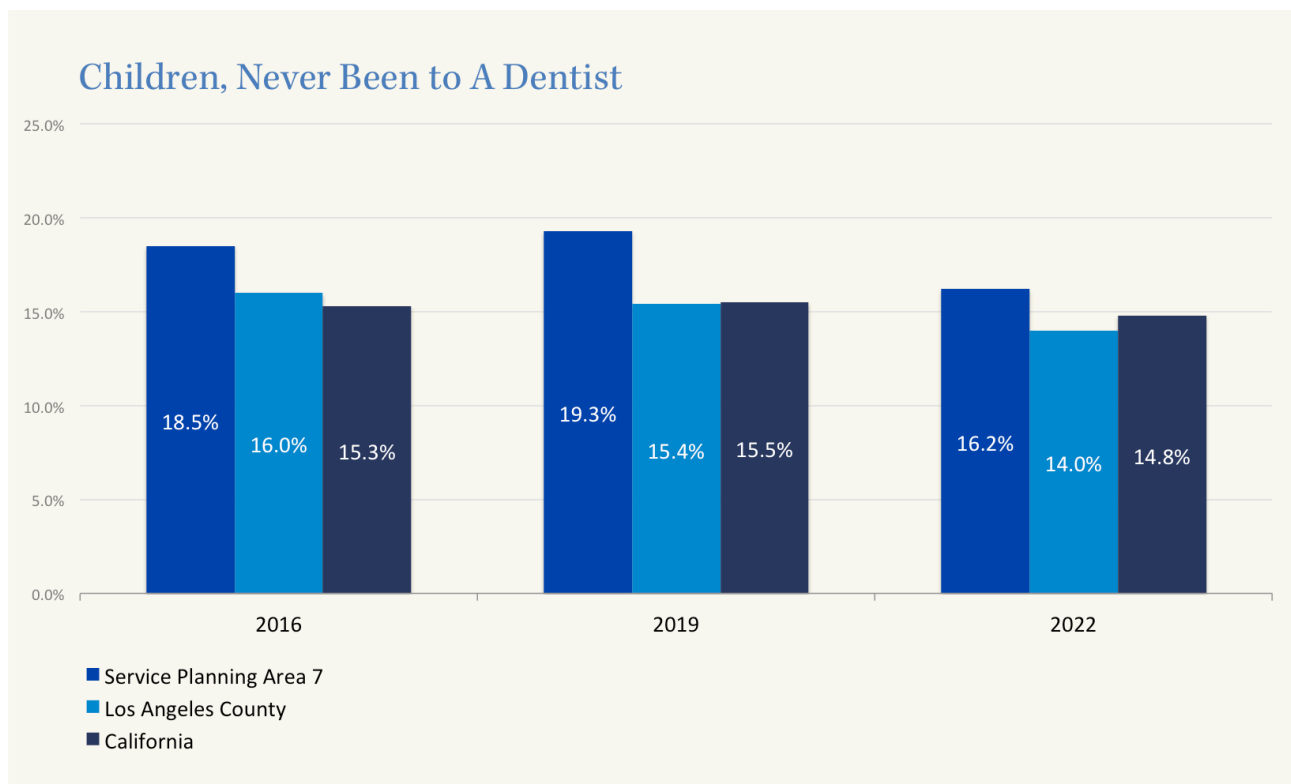
Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. ** Suppressed due to small sample size. ask.chis.ucla.edu

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 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's a lack of awareness on the importance of dental hygiene. It's a low priority for many people.
- People don't understand the warning signs that indicate a problem with dental health.
- Dental care was delayed during the pandemic.
- As dental care is a separate benefit from medical benefits, it's daunting to understand what's covered by insurance.
- Dental care should be covered in all health benefits because dental health is a contributor to overall health.
- Accessing 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 when they get a surprise bill.
- There are many private dental clinics, but they do not have good options for those who are low-income or undocumented. Undocumented families struggle with where to access dental care.
- A big barrier is insurance – it 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 the care they need.
- Not all Medicare covers dental care. Even L.A. Care, the county's program to assist low-income people, doesn't have dental coverage for all.
- For Medi-Cal patients there still seems to be a problem in terms of accessible providers. We need more community-based services.
- We can find dental care services for kids, but there are limited dental resources for parents.
- We see tooth decay in young kids due to poor eating habits. Many kids drink too much juice; there's not enough promotion of drinking water.
- With dental screenings we could periodically provide during school, urgent situations would sometimes be identified but parents would get upset because they wanted to be there for procedures but could not be due to work. Then, we know they are not likely to follow through and have issues addressed on their own.
- It's tough to access benefits for braces.

Birth Indicators



Births

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

From 2014 to 2018, there were on average 9,107 births in the service area.

In the service area, the rate of births paid by public insurance or self-pay was 647.4 per 1,000 live births, which is higher than the county (542.9 per 1,000 live births) and state (498.5 per 1,000 live births) rates.

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	5,896	647.4	542.9	498.5

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

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

The teen birth rate in the service area is 22.2 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers, ages 15-19	553	22.2	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, 14.3% (143.7 per 1,000 live births) entered prenatal care after the first trimester. As such, 85.7% of pregnant women started prenatal care in the first trimester.

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late prenatal care entry	1,308	143.7	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 88.3 per 1,000 live births. This rate of premature births was higher than the state rate of premature births (85.4 per 1,000 live births).

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature birth	804	88.3	88.5	85.4

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

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 66.6 per 1,000 live births. This rate is lower than county and state rates.

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	607	66.6	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 rate of women who smoked during pregnancy was 3.1 per 1,000 live births. This was lower than the county and state rate.

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Women who smoked	28	3.1	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 Downey Hospital

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at PIH Health Downey Hospital indicated 88.2% of mothers engaged in any breastfeeding and 36.1% breastfeed exclusively. The rates of breastfeeding were lower than the county and state rates.

	Total Births	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Number	Percent	Number	Percent
PIH Health Downey Hospital	882	778	88.2%	318	36.1%
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 Downey Hospital, by Race/Ethnicity of Mother

Hispanic/Latino mothers were the most frequent ethnic group to deliver at PIH Health Downey Hospital, with 87.9% engaging in any breastfeeding and 34.0% exclusively breastfeeding. White mothers were most frequently engaged in any breastfeeding (90.6%) and exclusive (57.8%) breastfeeding.

	Total Births	Any Breastfeeding	Exclusive Breastfeeding
	Number	Percent	Percent
Hispanic/Latino	695	87.9%	34.0%
White	64	90.6%	57.8%
Black/African American	30	86.7%	36.7%
Asian	30	86.7%	33.3%
Multiple Race	10	*	*
Other	6	*	*

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 602.0 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Five-year average	3,070	602.0	569.8	614.4
Heart disease	826	149.0	146.9	142.7
Cancer	771	134.3	134.3	139.6
Alzheimer's disease	169	33.4	34.2	35.4
Stroke	197	36.5	33.3	36.4
Chronic Lower Respiratory Disease	172	33.1	28.1	32.1
Diabetes	180	32.3	23.1	21.3
Unintentional injuries	141	21.1	22.6	31.8
Pneumonia and Influenza	104	19.6	19.2	14.8
Liver disease	117	18.4	13.0	12.2
Kidney disease	85	15.6	11.2	8.5
Suicide	42	6.2	7.9	10.5
Homicide	39	5.5	5.7	5.0
HIV	11	1.6	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.

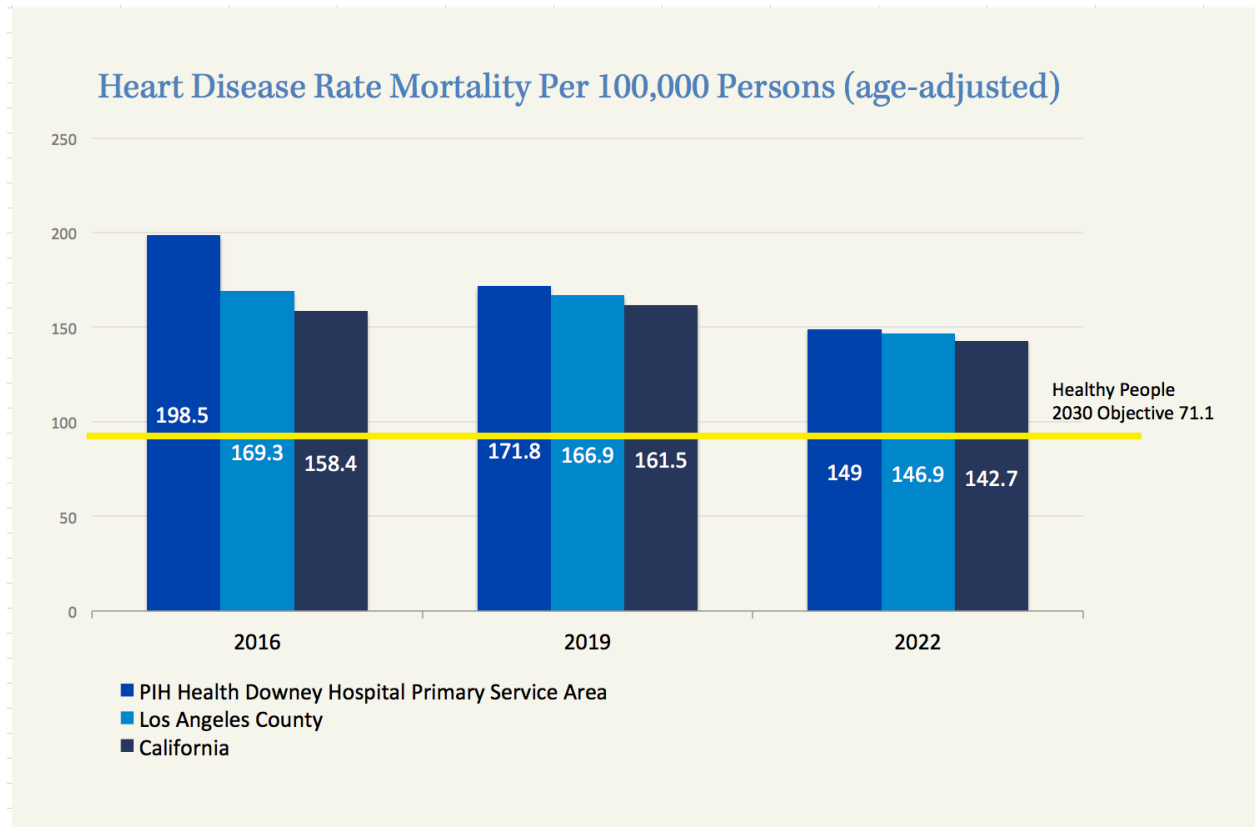
Heart Disease

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

In the service area, the age-adjusted mortality rate for heart disease (149.0 per 100,000 persons) was higher than the county (146.9 per 100,000 persons) and the state (142.7 per 100,000 persons) rates. The rate of ischemic heart disease deaths (a sub-category of heart disease) was 100.0 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	826	149.0	146.9	142.7
Ischemic heart disease death rate	224	100.0	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



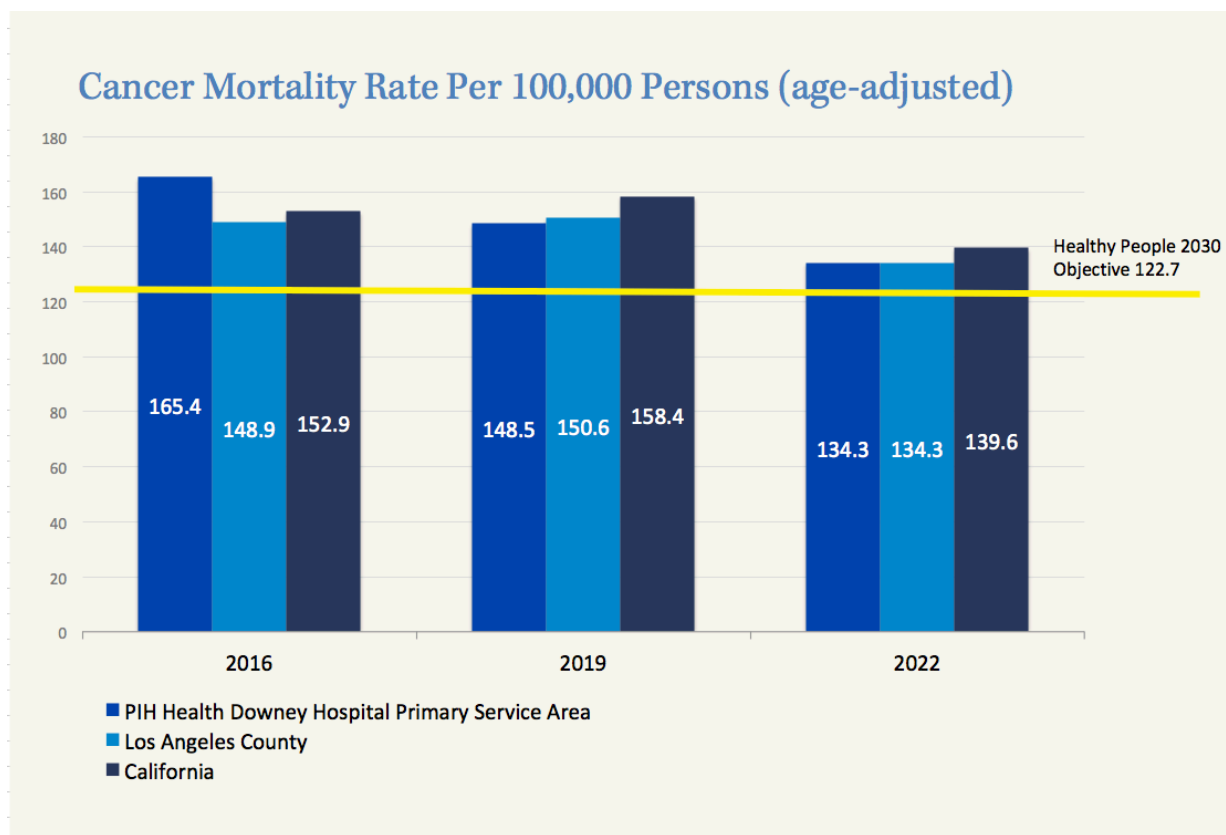
Cancer

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

In the service area, the age-adjusted cancer mortality rate was 134.3 per 100,000 persons. This was equal to the county rate (134.3 per 100,000 persons) and lower than 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	771	134.3	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

	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

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.

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 33.4 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer’s disease death rate	169	33.4	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.

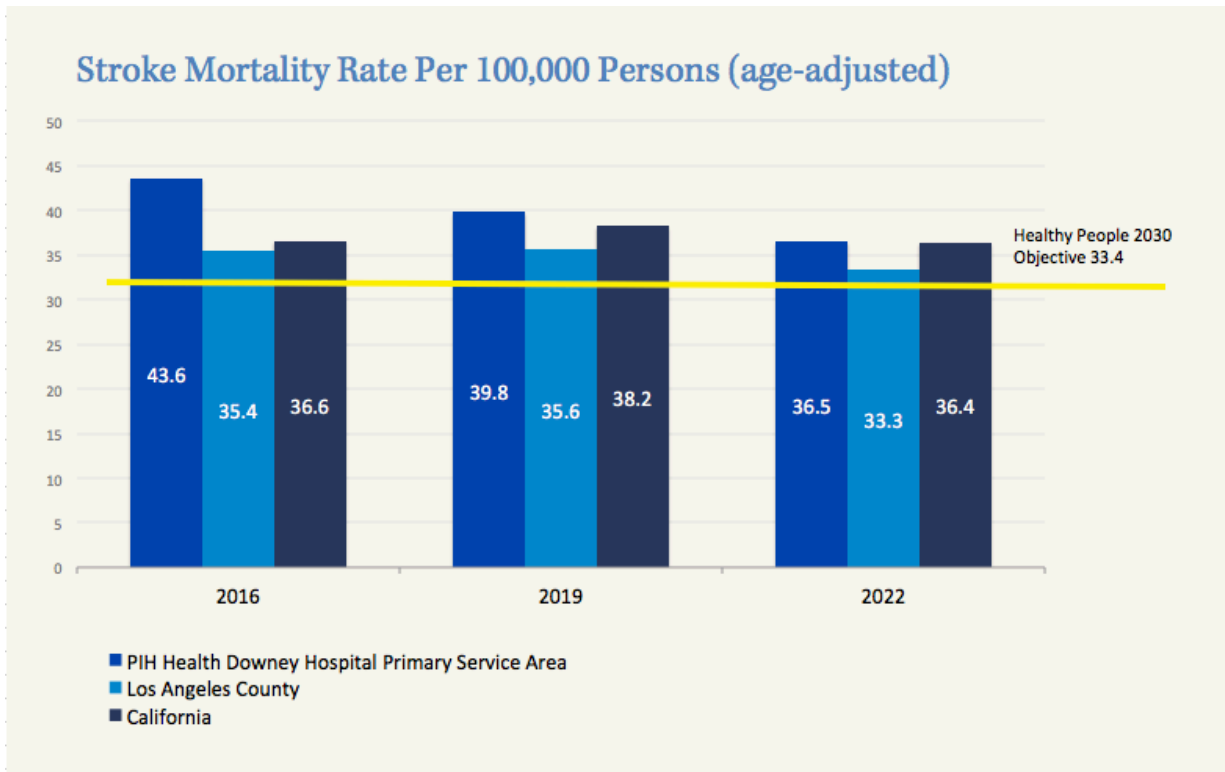
Stroke

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

The age-adjusted rate of death from stroke was higher in the service area (36.5 per 100,000 persons) than in the county (33.3 per 100,000 persons) and the state (36.4 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Stroke death rate	197	36.5	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 33.1 per 100,000 persons, which was higher than county (28.1 per 100,000 persons) and state (32.1 per 100,000 persons) rates.

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	172	33.1	28.1	32.1

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

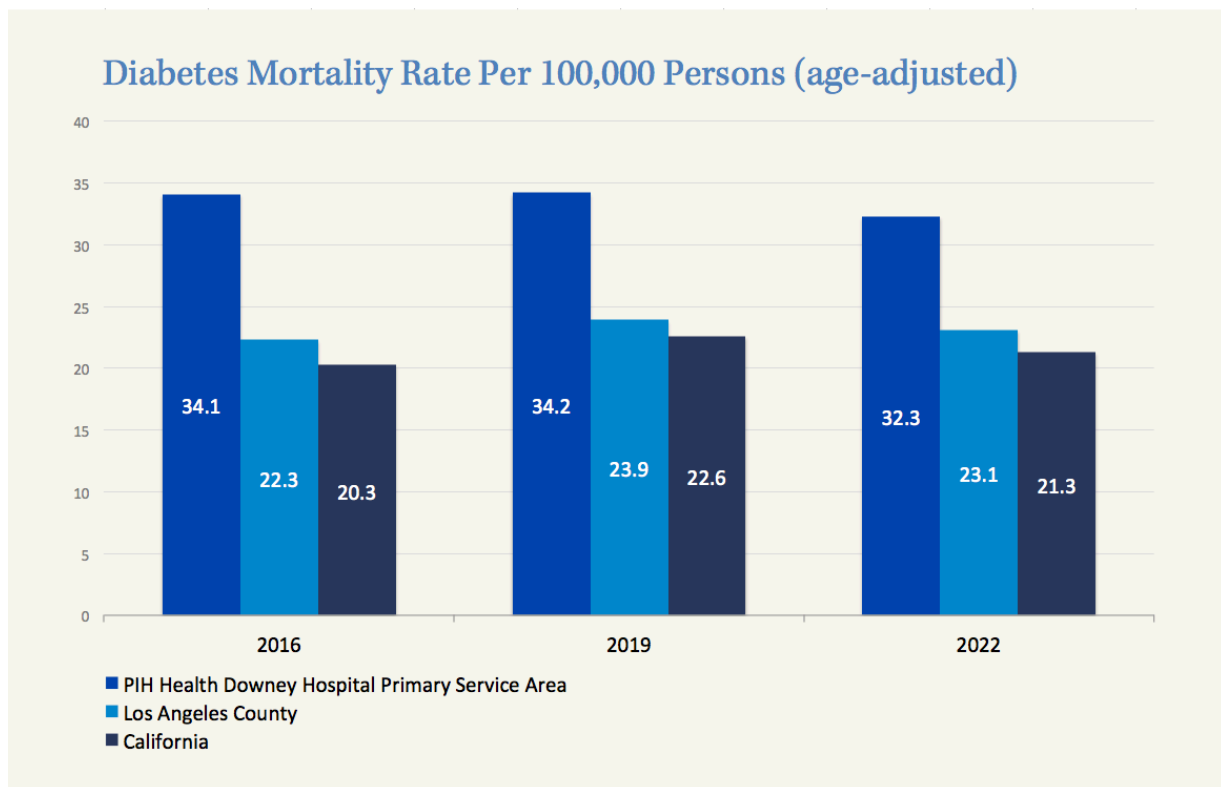
Diabetes

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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	180	32.3	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 21.1 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	141	21.1	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 19.6 per 100,000 persons, which was higher than the county rate (19.2 per 100,000 persons) and the state rate (14.8 per 100,000 persons).

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	104	19.6	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 higher in the service area (18.4 per 100,000 persons) than in the county (13.0 per 100,000 persons) and the state (12.2 per 100,000 persons). In the service area, the death rate for liver disease was above the Healthy People 2030 objective for liver disease deaths of 10.9 per 100,000 persons.

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	117	18.4	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 15.6 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	85	15.6	11.2	8.5

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

Suicide

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

In the service area, the age-adjusted death rate due to suicide was 6.2 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 Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	42	6.2	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 5.5 per 100,000 persons. This rate was equal to the Healthy People 2030 objective of 5.5 per 100,000 persons.

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	39	5.5	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 1.6 per 100,000 persons. This rate was lower than the county HIV death rate (2.1 per 100,000 persons) and equal to the state HIV death rate (1.6 per 100,000 persons).

	PIH Health Downey Hospital Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	11	1.6	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/chsi/pages/county-health-status-profiles

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

PIH Health Downey Hospital Hospitalizations, by Principal Diagnoses, Top Ten Causes

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

	Percent
Diseases of the circulatory system	8.35%
Certain infectious and parasitic diseases	7.75%
Diseases of the digestive system	6.73%
Diseases of the respiratory system	3.46%
Pregnancy, childbirth and the puerperium	3.05%
Endocrine, nutritional and metabolic diseases	2.92%
Disease of the genitourinary system	2.86%
Certain conditions originating in the perinatal period	2.73%
Injury, poisoning and certain other consequences of external causes	2.44%
Diseases of the musculoskeletal system and connective tissue	2.16%

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

The top five primary diagnoses seen in the PIH Health Downey 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 musculoskeletal system.

	Percent
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	6.22%
Diseases of the respiratory system	5.79%
Injury, poisoning and certain other consequences of external causes	5.57%
Diseases of the genitourinary system	2.09%
Diseases of the musculoskeletal system and connective tissue	2.01%
Diseases of the circulatory system	1.98%
Diseases of the digestive system	1.78%
Diseases of the ear and mastoid process	1.32%
Diseases of the nervous system	1.30%
Diseases of the skin and subcutaneous tissue	1.17%

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/African American 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.

*Where race/ethnicity was known. covid19.ca.gov/vaccination-progress-data

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:

- There's still much misinformation, fear, and hesitancy with vaccine uptake.
- Many in the southeast Los Angeles area are still so afraid that they continue to delay socializing and seeking healthcare.
- Many will only get the COVID-19 vaccine if/when their employer or school mandates it. Those who are undocumented fear giving personal information.
- With long-haul COVID-19, most suffer in silence. They don't know where to seek help.
- Many people delayed care during the pandemic, including childhood vaccinations and dental care.
- Losing jobs was devastating for many people.
- The pandemic resulted in economic struggles that affected many families. They needed resources to help with paying rent and/or utilities; anything to relieve some financial burden and anxiety.
- At first, we saw a lot of food insecurity but now we see anxiety and mental health issues.
- The most pressing student needs during the pandemic were related to technology, followed by mental health services, even for kids as young as in third grade.
- Mental health is a huge area of decline for all ages, especially with children and youth.
- Youth were sedentary during the pandemic. We need to encourage activity to prevent longer term health issues. We're starting to see health issues in youth that we used to see in older people.
- The pandemic showed a gap in the ability of government and medical systems to do effective community outreach. It caught them off guard. People needed to hear more than statistics related to the number infected or dying and how emergency rooms are inundated. We can't keep repeating this without stating the response plan – and more than just masking. People want to know what county outreach services are being rolled out and how more people can get help and services.

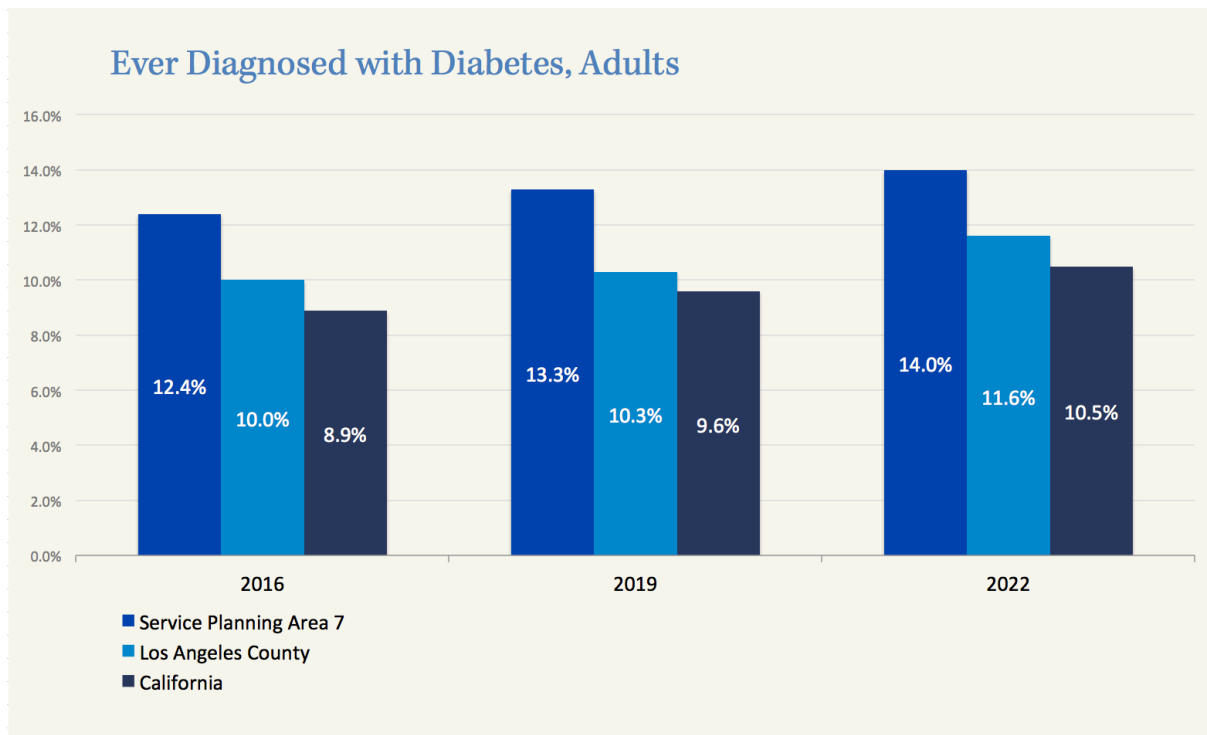
Diabetes

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 Blacks/African Americans, 15.5% of Whites, 13.9% of Hispanics/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	Los Angeles County	SPA 7	Los Angeles County
	3,776	52,858	129	17
	343	608	12	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 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 need more awareness of chronic disease prevention. There's a need for healthcare providers to come out into the community to provide education and build relationships.
- Getting follow-up care is challenging, especially when a provider makes a referral to another doctor.
- There are cultural challenges with prevention and being proactive. Many seek care too late.
- Asthma in youth is a concern; we're seeing more at the elementary school level. There used to be a mobile asthma bus that could address expired inhalers and see those who couldn't get to a doctor. The lack of this type of mobile care presents a great need.
- We're especially concerned with obesity in children.
- There is a high incidence of diabetes, heart disease, and obesity. Youth and older adults were not active during the pandemic.
- With obesity and diabetes, there are cultural issues with food.
- Access to diabetic medications can be challenging, as well as storing them properly.
- With persons who are homeless, there are chronic disease conditions that would be better cared for indoors but are not deemed critical enough for recuperative care. If there is a flare up that results in an emergency room visit, they are treated just enough to be discharged.

Health Behaviors

Health Behaviors

Health Behaviors Ranking

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

County Ranking (out of 58)	
Los Angeles County	11

Source: County Health Rankings, 2021 countyhealthrankings.org

Health Status

Self-Reported Health Status, Adults

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

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

Among 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

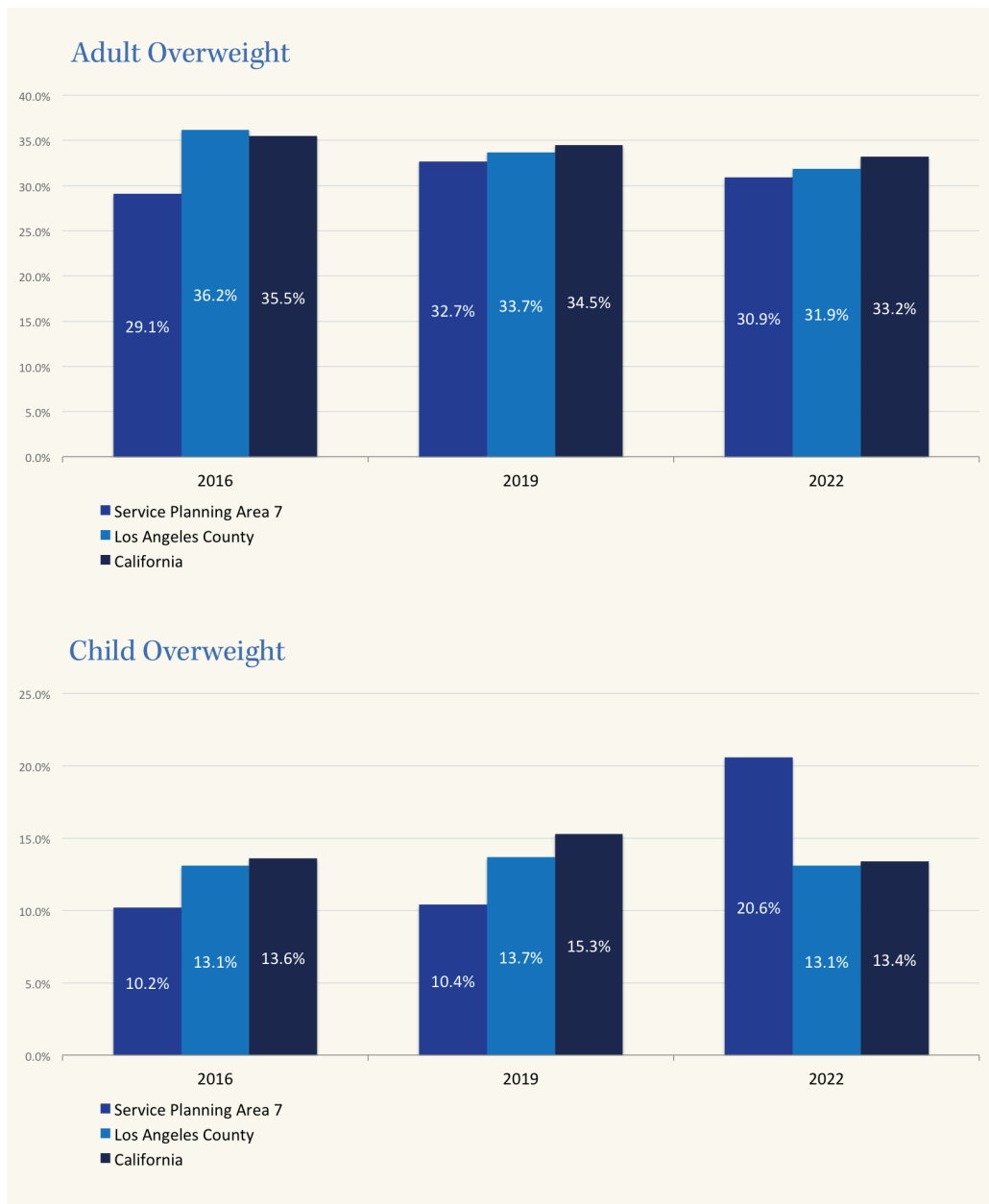
Overweight/Obesity

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, 2018†. *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, 2018†. *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 20.6% to 30.9% as compared to the 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 16.4% to 30.4% as compared to the 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 17.9% to 26.5% as compared to the county at 21.0% and state at 18.9%. The Little Lake City School District does not have 9th grade students.

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Bellflower USD	20.3%	24.3%	17.9%	26.6%	20.8%	21.9%
Downey USD	24.2%	25.4%	23.2%	23.2%	23.7%	21.2%
Little Lake City School District	18.4%	29.1%	58.8%	16.4%	ND	ND
Los Angeles USD	48.9%	20.6%	20.5%	27.3%	21.9%	26.5%
Lynwood USD	19.6%	30.0%	21.8%	30.4%	20.1%	22.3%
Montebello USD	26.2%	21.2%	29.4%	16.7%	27.7%	17.9%
Norwalk-La Mirada USD	23.0%	27.0%	19.7%	26.4%	19.0%	22.0%
Paramount USD	20.4%	30.9%	21.5%	29.3%	18.5%	23.8%
Los Angeles County	20.2%	25.4%	19.8%	23.2%	20.3%	21.0%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.

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:

- 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.
- Eating and obesity will always be a problem because people enjoy food. The accessibility, ease and low cost of poor-quality food is a problem.
- Many families come from Hispanic households, and often the caregivers stay home and cook from scratch. This is healthier than eating out but there's a cultural norm to eat large quantities. There's not a lot of focus on healthy food, it's more like comfort food.
- Distance learning and staying at home during the pandemic resulted in too much screen time and an increase in unhealthy habits.
- Children aren't moving because PE classes were cut, and they got used to staying home.
- During the pandemic, parks and sports were closed. Inactivity and inaccessibility to youth sports impacted kids. Plus they fear going out and catching COVID-19.
- There's a lack of green space for activities. Most areas are concrete jungles.
- We see so much fear of crime and going outdoors for activity.
- We saw an increase in the need for food distribution that has only gotten stronger. Distribution sites need to leverage food distribution events to provide education around healthy food preparation.

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 68.3% as compared to the county at 57.1% and 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 46.6% to 61.1% as compared to the county at 57.3% and state at 60.0%.

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
Bellflower USD	65.1%	46.6%	49.6%
Downey USD	50.0%	56.1%	58.3%
Little Lake City School District	68.3%	58.8%	ND
Los Angeles USD	50.5%	48.4%	48.1%
Lynwood USD	52.6%	60.1%	57.6%
Montebello USD	47.0%	50.5%	44.4%
Norwalk-La Mirada USD	56.7%	61.1%	59.0%
Paramount USD	67.8%	51.4%	43.6%
Los Angeles County	57.1%	57.3%	54.1%
California	60.2%	61.0%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. 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



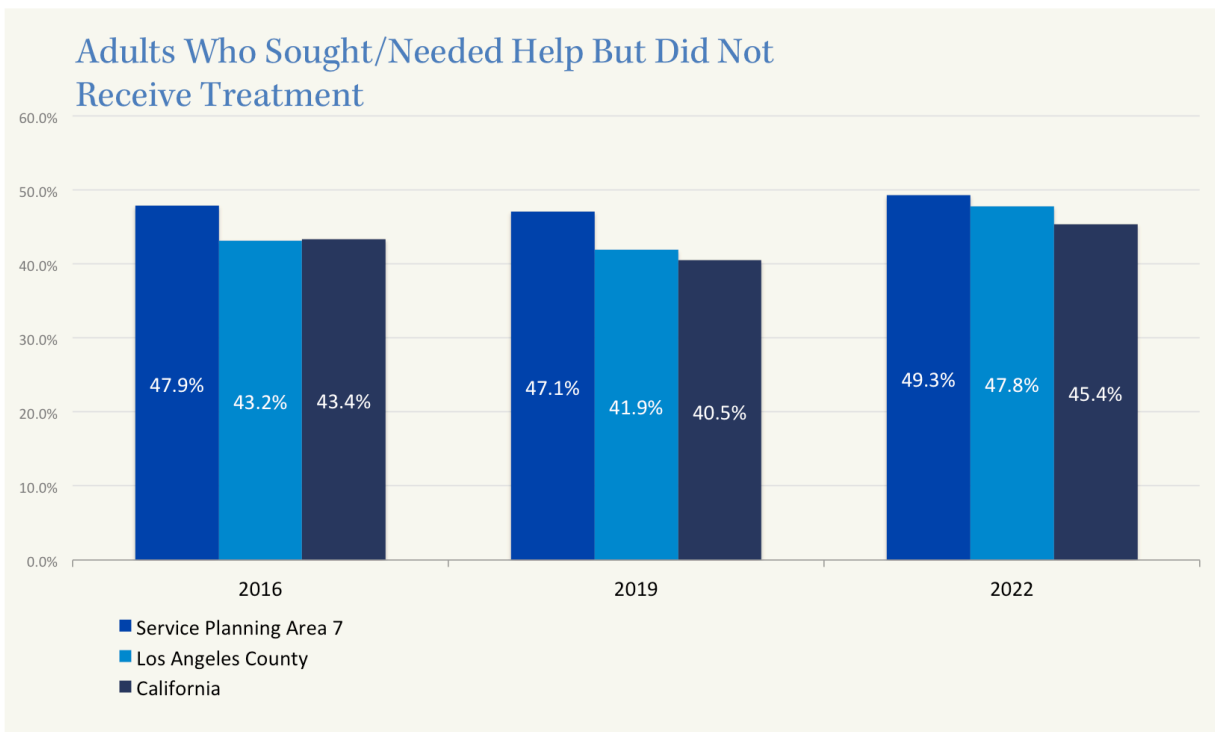
Mental Health Access and Utilization

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%

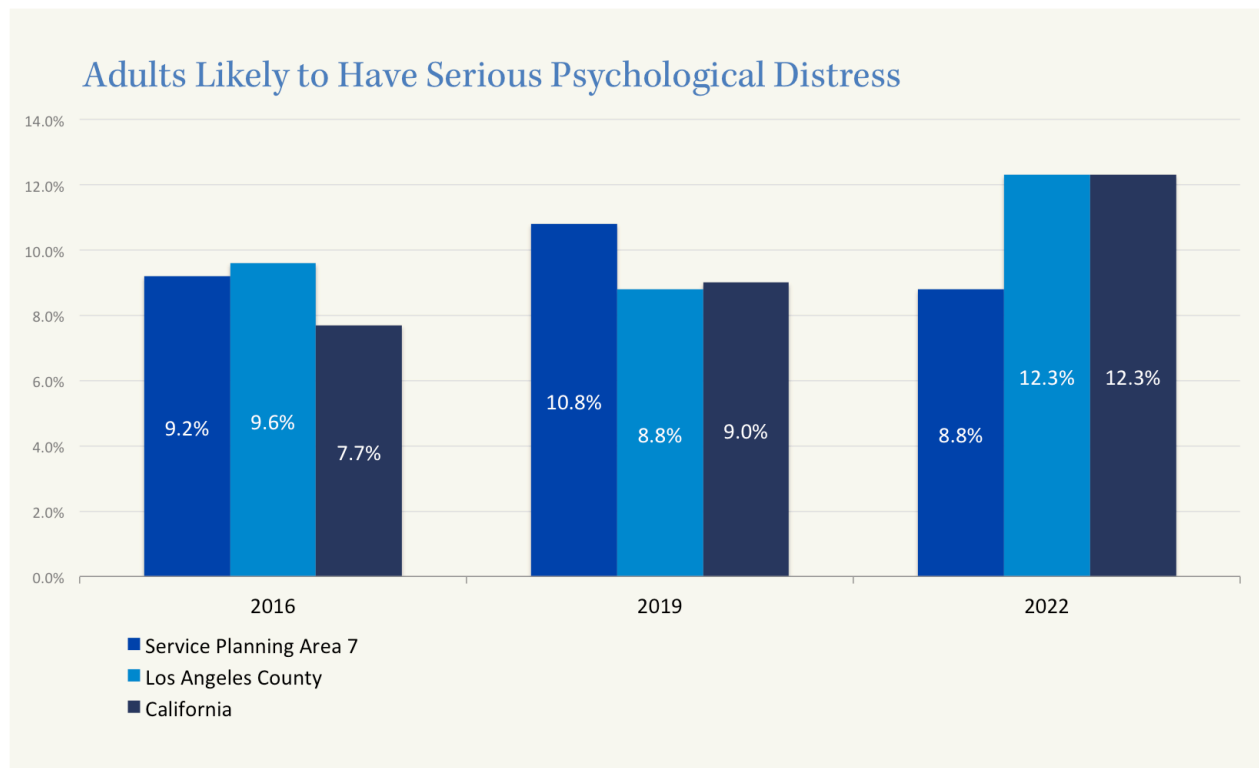
Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. publichealth.lacounty.gov/ha/LACHSDataTopics2018

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, range of those who felt so sad or hopeless every day for two weeks or more that they stopped doing some usual activities was 29.0% to 38.0% in 7th grade, 33.0% to 40.0% in 9th grade, 29.0% to 42.0% in 11th grade, and 25.0% to 39.0% in non-traditional schools (continuation, independent study, virtual) schools.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
Bellflower Unified School District	29.0%	38.0%	40.0%	37.0%
Downey Unified School District	33.0%	34.0%	40.0%	34.0%
Los Angeles Unified School District*	30.0%	30.0%	29.0%	N/A
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%
Paramount Unified School District [‡]	N/A	33.0%	38.0%	25.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-2020, 2018-2019*, 2017-2018* Table A8.4. 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, 47.0% in Bellflower 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). 31.0% of 5th graders in Bellflower USD had indicated they had perpetrated violence by engaging in bullying at least one or more times. 33.0% in Bellflower USD stated they had been teased about their body image.

	Violence Victimization	Violence Perpetration	Been Teased about Body Image
Bellflower Unified School District	47.0%	31.0%	33.0%
Downey Unified School District	40.0%	22.0%	30.0%
Montebello Unified School District [†]	40.0%	24.0%	25.0%

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, 7th, 9th, and 11th Grade 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
Bellflower Unified School District	34.0%	35.0%	27.0%	9.0%
Downey Unified School District	34.0%	29.0%	22.0%	14.0%
Los Angeles Unified School District [†]	30.0%	20.0%	20.0%	N/A
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%
Paramount Unified School District [±]	N/A	27.0%	27.0%	22.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-2020, 2018-2019[‡], 2017-2018[±] Table A2.1. N/A = not asked. 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 had contemplated suicide. 19% of 9th graders and 20% of 11th graders in the Norwalk-La Mirada USD had contemplated suicide. 18% of students in non-traditional school programs in the Paramount USD had contemplated suicide.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
Bellflower Unified School District	13.0%	18.0%	16.0%	12.0%
Downey Unified School District	16.0%	12.0%	14.0%	16.0%
Los Angeles Unified School District†	15.0%	14.0%	12.0%	N/A
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%
Paramount Unified School District±	N/A	18.0%	19.0%	18.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[‡], 2017-2018[±] Table A8.5.
N/A = not asked.
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:

- Almost all providers went virtual or ramped down, while mental health conditions got worse, and food/housing insecurity and substance abuse increased—all contributing factors to mental health.
- The pandemic caused isolation, which created major problems. Anxiety went up tenfold, domestic violence increased, and there was more self-neglect by seniors.
- Mental health issues were prevalent in youth returning to in-person classes. There's now a higher incidence of bullying, anger issues, fear, and depression.
- We saw kids in crisis, massive referrals, and no providers. There were huge waiting lists.
- Suicide among youth is on the rise and parents are working to manage their child's needs, often without mental health support.
- Therapists are in high demand. But there's a huge crisis with maintaining the mental health workforce, especially with massive vacancies due to COVID-19. Families are struggling but the workforce isn't there. Parents don't know where to go for help.
- Telecare became the norm. It's more accessible but not good for people who don't do as well over the phone. There's a need for in-person follow-up.
- Mental health has many layers. For example, a referral is made for a student who's aggressive at school, but it may be found that the mother has mental health issues, or there is domestic violence so it's a deeper family problem. There aren't enough resources to address the layers of trauma.
- The southeast Los Angeles communities were rocked with COVID-19. Kids and their families often watched family members pass away, leaving them greatly impacted by this trauma.
- Accessing mental services is hard, but so is ongoing access to medication.
- Barriers often include inability to pay for co-pays or services, inability to take time off work, long wait times, and language barriers.
- We see mental health concerns for Hispanic/Latino communities. Stigma prevents them from seeking help.
- Getting help for mental health often means access to culturally sensitive family information.
- We are seeing more LGBTQ and transgender clients with mental health challenges.
- Having private insurance makes it harder to find mental health services that are covered. With Medi-Cal, there are more options.
- The Department of Mental Health (DMH) brings lot of resources but a linkage to DMH is missing across the County and across partnerships.
- For patients in crisis, it's impossible to get them the help they need—even a 5150 hold is a challenge.
- We can make an Adult Protective Services referral but there's a limited arsenal of services that can be offered, and if they don't agree to them – then that's their choice.
- Getting law enforcement to help is difficult. Before COVID, they would respond with a PPsychiatric Emergency Team (PET) team when we made a request. Now there's a long wait, up to 16 hours.

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 (5%) in the Los Angeles Unified School District, Montebello Unified United School District, and Norwalk-La Mirada Unified School District have the highest rates of e-cigarette/vaping product use. 9th graders (15%) in the Paramount Unified School District and 11th grade students (12%) in Paramount Unified School District and 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
Bellflower Unified School District	2.0%	7.0%	8.0%	7.0%
Downey Unified School District	4.0%	6.0%	8.0%	12.0%
Los Angeles Unified School District [†]	5.0%	8.0%	7.0%	N/A
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%
Paramount Unified School District [‡]	N/A	15.0%	12.0%	36.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[†], 2017-2018[‡]. Table A7.1.
 NA=not asked.
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/LACHSDataTopics2018

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

Among students enrolled in service area public school districts, 7th graders in the Norwalk-La Mirada Unified School District (6%) and 9th graders (15%) and 11th graders (17%) in the Paramount Unified School District had the highest rates of alcohol use.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
Bellflower Unified School District	4.0%	6.0%	13.0%	12.0%
Downey Unified School District	4.0%	7.0%	15.0%	24.0%
Los Angeles Unified School District [†]	4.0%	6.0%	10.0%	N/A
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%
Paramount Unified School District [±]	N/A	15.0%	17.0%	29.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[†], 2017-2018[±]. Table A6.5
NA=not asked.

data1.cde.ca.gov/dataquest

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

Among students enrolled in service area public school districts, 7th graders in the Norwalk-La Mirada Unified School District (2%), and 9th graders (9%) and 11th graders (8%) in the Paramount Unified School District had the highest rates of binge drinking.

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
Bellflower Unified School District	0.0%	3.0%	7.0%	9.0%
Downey Unified School District	1.0%	4.0%	7.0%	14.0%
Los Angeles Unified School District [‡]	1.0%	3.0%	5.0%	N/A
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%
Paramount Unified School District [±]	N/A	9.0%	8.0%	24.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-20, 2018-2019[‡], 2017-2018[±]. Table A6.5
NA=not asked.

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 TCH 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:

- Normalization of drug use is an issue; there are podcasts promoting micro-dosing of hallucinogens.
- There has been normalization of marijuana use. More are using and starting younger. Marijuana is more potent now than it was 15-20 years ago.
- The belief that marijuana is legal for all, coupled with the lack of substance abuse education among youth and schools being closed, made it particularly challenging to do any outreach.
- Agencies are getting more calls from school districts asking for school-based prevention programs.
- Kids are influenced by generational drug use; they think it's okay because their uncle or dad does it.
- We're concerned with youth taking prescription medications on a recreational basis.
- Alcohol is easily accessible to youth and vaping devices can be purchased online regardless of age.
- The trend used to be taking pills like Ambien, now it's vaping.
- Vaping and cannabis are trending even more now upon return to school, even as young as 5th grade. THC and CBD products are promoted as health products but there's lack of information.
- We've seen an increase in need for services for alcohol use.
- We hear of moms having more frequent alcohol use, using it as a stress relief. There's increased targeting of this audience with alcoholic seltzer drinks that are popular among women.
- There's increased concern with alcoholism in seniors. They may turn to alcohol because they are lonely, and then they become malnourished. They are mixing alcohol with prescription medications.
- COVID-19 can be an excuse for people not to participate in face-to-face services. Services related to substance use cannot always be done effectively through telehealth.
- Patients identify fentanyl as a drug of choice. They perceive it as something they're okay using.
- The accidental overdose death rate due to fentanyl has increased dramatically for Asian and Black/African American populations, as well as youth.
- We're in the third decade of a meth epidemic.
- We see youth on the street struggling with substance use, often with synthetic drugs. Residential treatment beds are limited and often far away, so they don't want to go. Some require insurance, but for youth on the street it's complicated to enroll them.
- 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. This is progress, but is it enough for the demand?

Community Input – Substance Use, Continued

- Services funded by Drug Medi-Cal aren't offered in youth-centered way. It becomes very challenging to show youth that they don't need substances to have enjoyment in life.
- Substance abuse is such a deep problem and recovery is a long haul. Help needs to be personalized and in a non-judgmental way. Many programs are so restrictive (i.e., a shelter may be religiously backed), so the conditions make people opt out.
- 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.

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 90.4% Paramount Unified School District to 98.6% in Montebello Unified School District.

Source: California Department of Public Health, Immunization Branch, 2019-2020.
data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

● Best performing

	Immunization Rate
Bellflower Unified School District	97.8%
Downey Unified School District	93.9%
Little Lake City School District	92.7%
Los Angeles Unified School District (schools in service area ZIP codes)	96.6%
Lynwood Unified School District	90.9%
Montebello Unified School District	98.6%
Norwalk-La Mirada Unified School District	96.7%
Paramount Unified School District	90.4%
Los Angeles County	94.5%
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

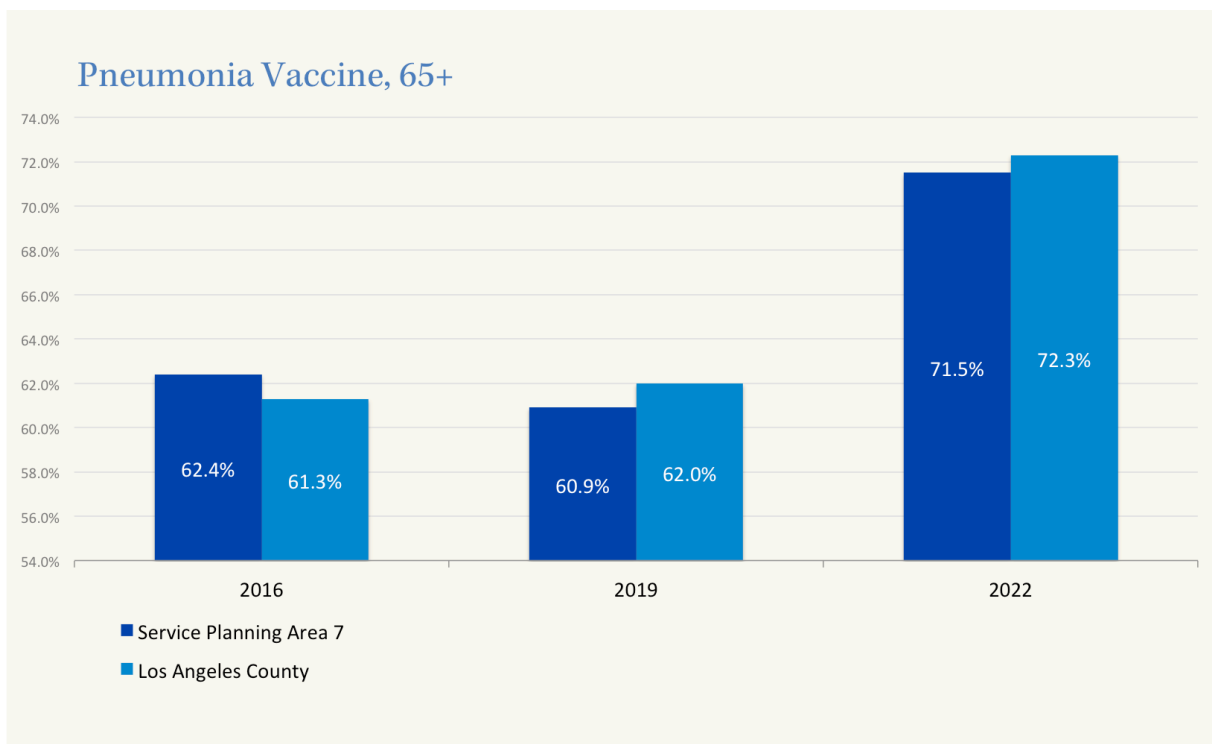
Pneumococcal Vaccine

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.
- Vaccines are often not a priority. With so much going on, this isn't high on the list.
- With vaccines, many people hear bad things and think what's the government doing to me? We need to provide better information to counter misinformation.
- We hear a lot of misinformation and fear among the Hispanic/Latino community. They are unsure of COVID-19 vaccinations and flu shots, believing they will get sick from them.
- Barriers to seeking preventive care include lack of insurance, fear of bills, not knowing warning signs, and not understanding the importance of prevention.
- Our agency struggles with getting someone to do TB tests for our clients who are homeless – it's a requirement so they can get into housing. We've encountered barriers trying to get this for free, so we now must pay for it.
- Many don't see anything wrong with smoking, especially in the Asian community. It's a cultural norm.
- We see that the majority who quit smoking do it on their own, cold turkey. Most clients don't go to a program, instead it's done on an individual level.
- There's a need for more smoke-free campuses; the lack of these is a barrier.
- Many parents don't know what the HPV vaccine is.

Attachment 1

Benchmark Comparisons

Where data were available, health and social indicators in the PIH Health Downey 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 Downey Hospital Service Area Data	Healthy People 2030 Objectives
High school graduation rate	84.1%-94.5%	90.7%
Child health insurance rate	94.9%	92.1%
Adult health insurance rate	81.6%	92.1%
Unable to obtain medical care when needed	15.2% (SPA 7)	3.3%
Ischemic heart disease deaths	100.0	71.1 per 100,000 persons
Stroke deaths	36.5	33.4 per 100,000 persons
Liver disease (cirrhosis) deaths	18.4	10.9 per 100,000 persons
Cancer deaths	134.3	122.7 per 100,000 persons
Unintentional injury deaths	21.1	43.2 per 100,000 persons
Suicides	6.2	12.8 per 100,000 persons
Homicides	5.5	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	Chrissy Padilla Birkey	Executive Director	Kingdom Causes Bellflower
2	Darren Dunaway	Senior Services Director	Human Services Association
3	Richard Espinosa	Assistant to the Executive Director	John Wesley Health Centers
4	Tia Ewing	Program Coordinator	Caring Connections
5	Jeff Farber	Executive Director	Bellflower Unified School District
6	Martin Fehn	Director	Helpline Youth Counseling, Inc.
7	Johny Figueroa	SPA 7 TAY Regional Coordinator	FoodHelp
8	Jasmine Gonzalez, ACSW	Mental Health Therapist	Jovenes, Inc.
9	Kirk Kain	Executive Director	The Village Family Services
10	Lindsey Lastra, MPH, MCHES	Senior Public Health Analyst, Service Planning Areas 7/8	Southeast Area Social Services Funding Authority (SASSFA)
11	Juan Navarro	Executive Director	Los Angeles County
12	Erin Okazaki, RN, BSN	Health Services Specialist	Department of Public Health
13	Luz Perez	TLC Coordinator	Los Angeles Centers for Alcohol and Drug Abuse (LA CADA)
14	Blanca Rochin	Principal	Lynwood Unified School District
15	Monica Sanchez, PhD	Project Coordinator, Division of Student Support	Downey Unified School District
16	Bill Tarkanian	Director of Program Development	Downey Adult School
17	Elvia Torres, MS, LMFT, MBA	Chief Executive Officer	Los Angeles County Office of Education
18	Norma Yoguez, MA, LMFT, MBA	Director of Community-Based Services	Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA)

Attachment 3

Community Stakeholder Interview Responses

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

- COVID-19 magnified 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.
- For the communities that were hardest hit with COVID-19, it brought to light the lack of access and lack of equity with healthcare, as well as economic challenges.
- Housing and mental health are the two biggest issues we see right now.
- There are a lot of gaps with the Hispanic/Latino and Black/African American populations in Los Angeles County, specifically with disparities in access to healthcare and information being delivered to them.
- There are significant dental needs for Medi-Cal patients in general. There are problems in terms of accessing low-cost dental care that's accessible to a wide variety of people.
- Overweight and obesity is often tied to the economic aspect of people not eating healthy, as that can be expensive. There was also a lack of physical activity programs with the pandemic.
- Managing diabetes is a challenge, especially when it comes to specific dietary restrictions.
- Asthma is a significant health issue.
- 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.
- Accessing medication and support for mental health issues is a challenge for many. Barriers are long wait lists, not enough staff, and insurance coverage, especially with adults.
- People seem much more fragile — not only clients but also staff. We're concerned with anxiety, depression and suicide.
- With adolescents and young adults, we're seeing more mental health needs and vaping or cannabis-related incidents.
- Between designer drugs and the opioid crisis, we've seen a threefold increase in overdose deaths in the past 10 years.

Interview participants were asked about socioeconomic, 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).
 - Lack of health insurance often due to job loss resulted in less healthcare access. Healthcare takes a back seat if you don't know where your next meal is coming from or if family issues exist.
 - Income, educational levels and culture play a huge part in obesity and diabetes incidence. Many think they're eating well but aren't aware of how much sugar is in their food choices.
 - 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.
 - Some families did not get assistance and information was not getting to them regarding vaccinations and testing. With the Hispanic/Latino community especially, they fear getting services due to misinformation and their legal status. This group is not achieving good health outcomes, and they often live in urban areas – their environment and systems are potentially creating problems for them.
 - We see a lot of economic uncertainty and many clients are substantially in arrears on rent.
 - Economic issues drove up mental health challenges if families were out of work or lacked necessary childcare so they could work.
 - Mental health and substance abuse issues are linked with social and cultural factors. This is predominantly true with Hispanics/Latinos; they don't talk about mental health due to shame and stigma.
 - Mental health issues can stem from environmental factors, often beginning with abuse or substance abuse-related trauma.
 - There are challenges with employment that are related to language barriers, education, documentation status and lack of job opportunities. It's tough to find career jobs in communities where the most vulnerable live.
 - 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?
 - There are structural and economic factors with the lack of housing units. We must figure out how to get more housing units built in a more creative way.
- Interview participants were asked who or what groups in the community are most affected by the identified health-related issues. Their responses included:
- In general, Blacks/African Americans, Hispanics/Latinos, homebound seniors, persons with disabilities (deaf, blind) and persons who are homeless are among those who struggle the most.
 - We see significant struggles among the low-income elderly and those who are undocumented.
 - Education level dictates awareness of resources and mental health services.
 - Individuals who are undocumented and young people who have educational barriers struggle with accessing healthcare and other services.

- Youth and younger generations are not aware of the resources that can help address mental health.
- In Black/African American communities, health outcomes can be worse. We need to address the inequalities in our systems that lead to this problem.
- The Hispanic/Latino community struggles with mental health and substance abuse.
- We see an increase demand for services with the LGBTQ population.
- LGBTQ students are more likely to have substance abuse issues on school campuses.
- The Bell Gardens and Cudahy communities struggle with many health indicators, which ties back to certain ZIP codes with higher poverty levels.
- Lack of housing disproportionately impacts communities of color and seniors. For those who worked their whole lives without a pension, rent is surpassing monthly Social Security income. If they lack family who can help, their options are slim and there's only a patchwork of assistance available.
- We see high rates of diabetes among the Hispanic population, with Type 2 diabetes being diagnosed at a much earlier age than we saw previously.
- We're seeing higher rates of asthma at the elementary school level.
- We see many Hispanics/Latinos who are struggling with mental health issues. Young people, ages 18-25, are more open to seeking services before it gets to a level that's critical, although they are still concerned about the stigma.
- With Hispanic families, it's hard to explain anxiety and how their actions at home may cause anxiety in their children.

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

- Many people are working but lack health benefits and they are unable to afford health benefits. There are certain programs to eliminate co-pays, which is great for accessing preventive care, but people still don't do it.
- There's an overall lack of education. We're always on the lookout for resources to bring back to clients but don't see much that would effectively educate at a level they can understand.
- In accessing safety net services, language can be a barrier.
- There are problems with access to healthcare for the most vulnerable, especially specialty services, which often have six months waiting times.
- Healthcare resources could be brought directly to school sites through partnerships with clinics to address insurance barriers.
- There aren't enough mental health or substance use providers. Some require Medi-Cal or other barriers are in place, so services aren't easy to access.
- 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.

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.
- The pandemic caused homelessness and increased mental health issues.
- The social problems we're seeing are due to isolation and lack of human connection created by the pandemic.
- Everything was made worse with people being out of work and being socially isolated.
- We see more depression and separation anxiety in youth due to lack of socialization.
- Families are asking for more services for their children who have anxiety, are falling behind in school, or don't want to go to school.
- We're seeing many referrals for domestic and family violence.
- There's an increase in housing need; many are struggling to pay rent and other bills.
- The economic struggles affect many families who lost jobs or had to take time off due to COVID-19. They're seeking resources related to support with paying rent and utilities. Many families who are struggling are in the southeast Los Angeles communities.
- Often, working class individuals make too much to qualify for government assistance programs but not enough to cover their needs, and their employer may not provide health insurance. This forces them to decide if they will pay healthcare co-pays or groceries.
- The pandemic exacerbated needs that were already there. Getting nutritional services to seniors during the pandemic was especially a challenge.
- It was scary when stores didn't stock things, but food assistance was available everywhere.
- As a food distribution site, we had to figure out how to broaden what was offered. Meats were expensive, so we needed to supplement with other items.
- 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.
- The pandemic affected the way providers case-managed and delivered services. Walk-in clients had to be limited due to many staff working from home. It became hard to build personal relationships with new clients.

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?

- It's all about community outreach. Identify who's most vulnerable and where they go for information, then utilize these sites. Newspaper and social media alone do not cut it.
- People are afraid. It's good to hear someone say, "I'm doing it, you can, too." Provide an educational campaign with someone people admire or look up to.
- Use the Spanish media to get the word out. With many Hispanic families, the news is always on or they're listening to the radio.
- Plan social media campaigns.
- Provide education to explain how hospitals are safe regarding COVID-19 exposure.
- Bring screenings out to community programs, health fairs, and parks where people gather.
- Partner with schools, colleges, senior centers, and community-based organizations to reach the community with messages and screenings.
- Partner with smaller community clinics to increase access.
- Utilize mobile clinics to better reach people.
- Promotoras would be great resources to help spread the word.
- Target those who have missed their screenings. Figure out how to reach them, offer incentives, and make screening appointments at parks or special community events.
- People need to 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.
- Advertise getting people in for a physical or free blood pressure check, then start the conversation about screenings.
- How far along are we with home test kits for some screenings? With COVID-19, we saw success with things that could be done when people are at (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
- Eisner Health
- Family Health Care Centers of Greater Los Angeles
- John Wesley Health Centers
- Los Angeles County Department of Public Health (Whittier Health Center)
- Lynwood Unified School District Health Collaborative
- St. John's Mobile Health Clinic, Via Care LA

Chronic Diseases

- AltaMed
- Eisner Health
- Family Health Care Centers of Greater Los Angeles
- Illumination Foundation
- John Wesley Health Centers
- Lynwood Unified School District Health Collaborative
- Southeast Los Angeles Collaborative
- St. John's Mobile Health Clinic

COVID-19

- Alma Family Services
- East Los Angeles Women's Center
- Eastern Los Angeles Family Resource Center
- Helpline Youth Counseling, Inc.
- Human Services Association, Jovenes, Inc.
- Los Angeles County Department of Public Health
- Los Angeles County Office of Education
- Penny Lane Centers

Dental Care

- Big Smiles Dental
- California Dental Group
- Eisner Health
- John Wesley Health Centers
- UCLA School of Dentistry

Housing and Homelessness

- Bell Shelter
- Helpline Youth Counseling, Inc.

- Housing Rights Center
- Jovenes, Inc., Kingdom Causes Bellflower
- LA County Department of Housing and Development
- Los Angeles Homeless Services Authority (LAHSA)
- Mercy House Living Centers
- Olive Crest
- People Assisting the Homeless (PATH)
- Su Casa
- The Salvation Army
- The Whole Child
- Wellnest - Emotional Health & Wellness
- Transitional Housing Program Plus (THP Plus)
- United Friends of the Children
- USC Homeless Initiative
- Whittier First Day

Mental Health

- Alma Family Services
- Asian Pacific Counseling and Treatment Center
- Child Guidance Center, Inc.
- ChildNet Youth and Family Services
- College Hospitals Help Line
- Community Family Guidance Center
- Enki Health Services, Inc.
- Exodus Recovery, Inc.
- Helpline Youth Counseling, Inc.
- Homeboy Industries
- Jewish Family Services of LA
- John Wesley Health Centers
- Los Angeles Centers for Alcohol and Drug Abuse
- LA County Department of Mental Health (Health Neighborhoods)
- Los Angeles Mission
- Lynwood Unified School District Health Collaborative
- Masada Homes
- Occupational Therapy Training Program
- Olive Crest
- Pacific Clinics

- Penny Lane Centers
- Rio Hondo Mental Health Center
- SPIRITT Family Services
- St. John's Well Child & Family Center
- Star View Community Services
- The Los Angeles LGBT Center
- The Whole Child

Overweight and Obesity

- AltaMed
- Boys & Girls Clubs of America
- California Hispanic Commission on Alcohol & Drug Abuse, Inc.
- Los Angeles County Office of Education (youth group)
- The Whole Child
- YMCAs, and local parks and recreation departments

Preventive Practices

- AltaMed
- Eisner Health
- Family Health Care Centers of Greater Los Angeles
- St. John's Mobile Health Clinic

Substance Use

- Alternative Options Counseling Center
- Angel Step Inn
- California Hispanic Commission on Alcohol & Drug Abuse, Inc.
- Foley House
- Gangs Out of Downey
- Helpline Youth Counseling, Inc.
- Little House
- Los Angeles Centers for Alcohol and Drug Abuse
- Pacific Clinics
- Southern California Alcohol and Drug Program
- SPIRITT Family Services

Attachment 5

Report of Progress

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

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

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

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

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

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

Preventive Screenings and Immunizations

- The hospital provided a COVID-19 community vaccination clinics that reached over 10,000 persons.
- Health education messages on COVID-19 were provided to the community through social media.
- During the COVID-19 pandemic, PIH Health donated excess supply of personal protective equipment to community organizations.
- Performed colonoscopies, mammograms and Pap smears 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.

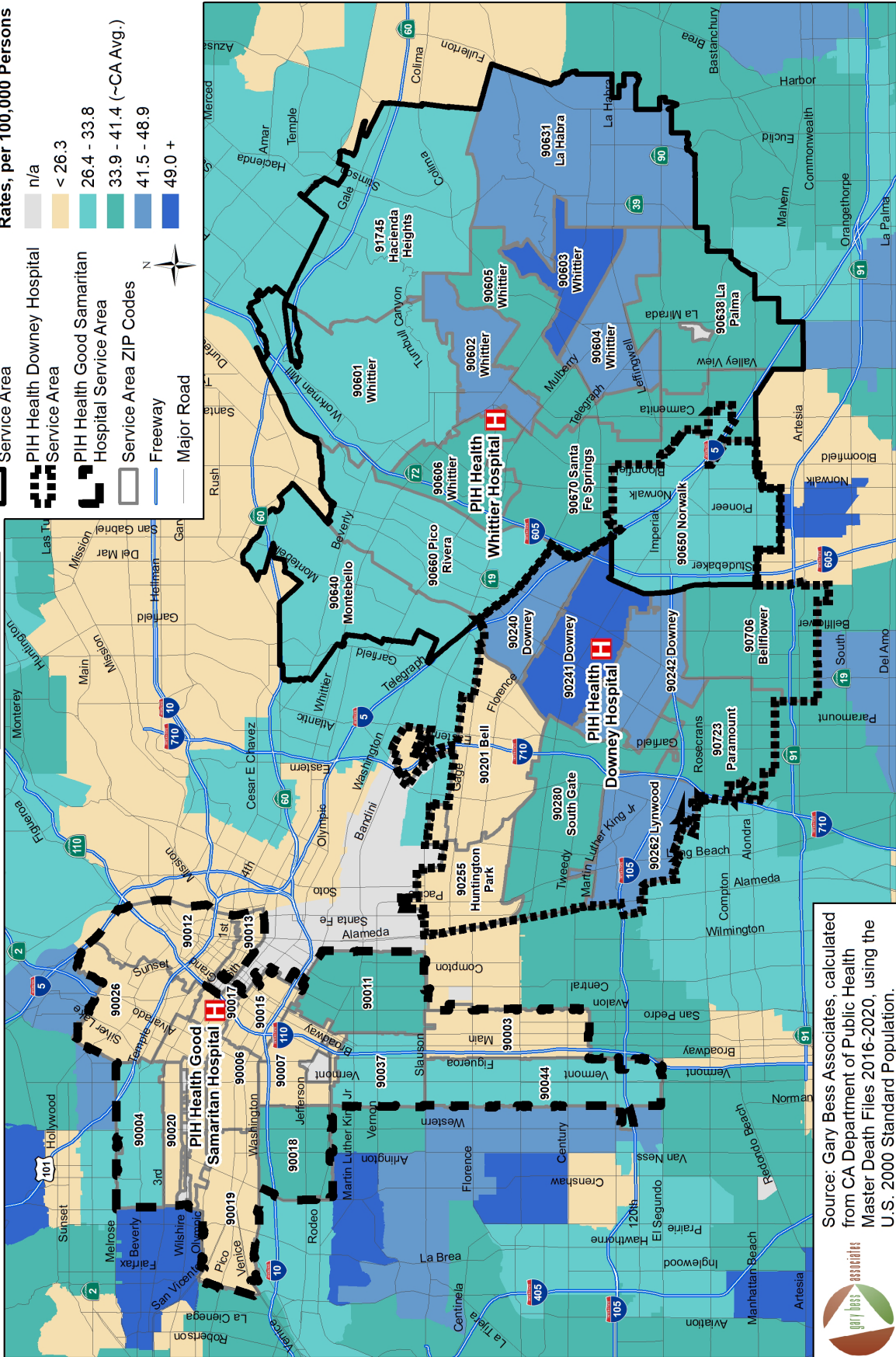
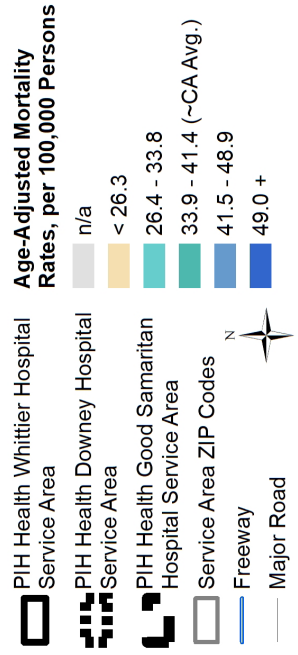
Attachment 6

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

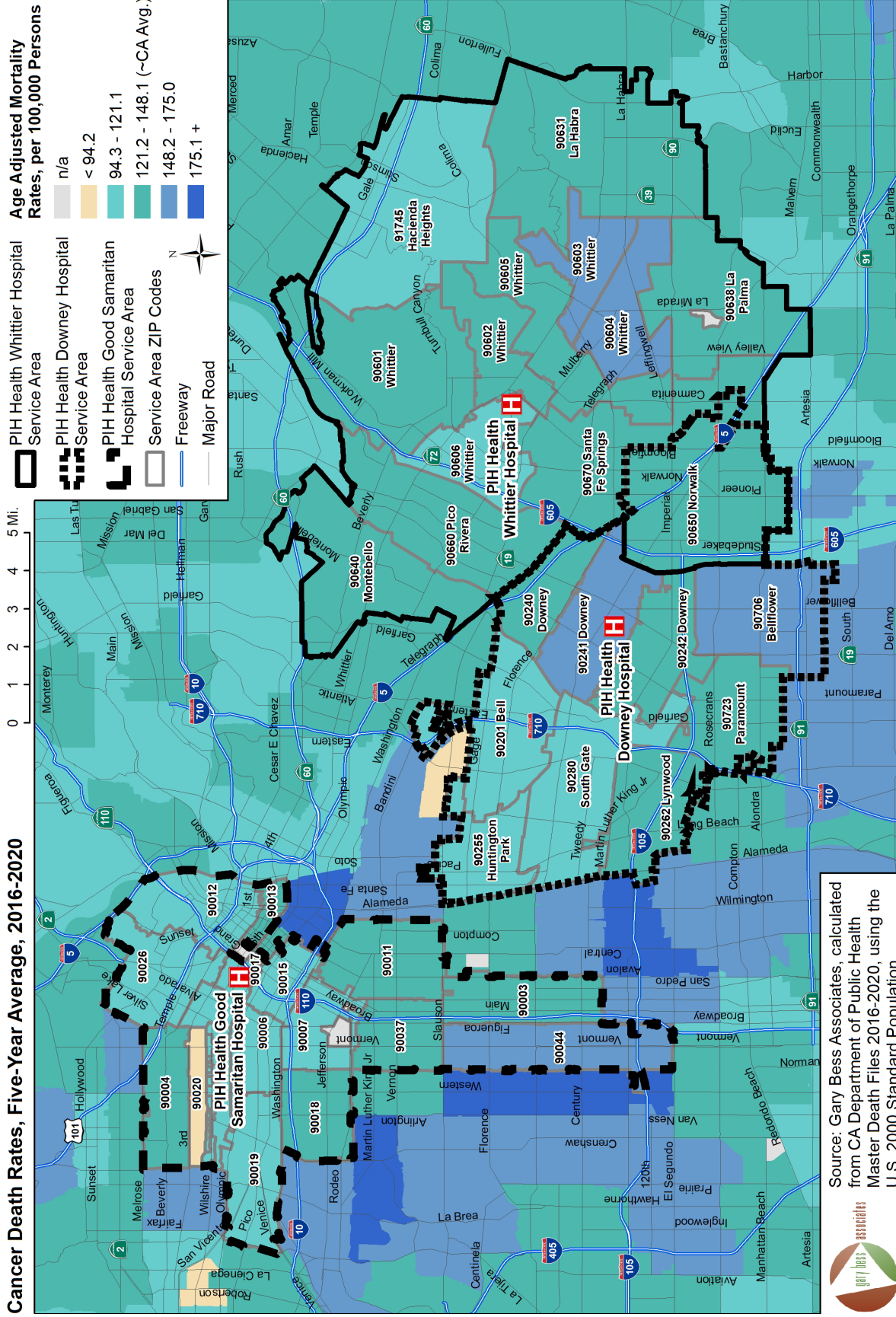
Alzheimer's Death Rates, Five-Year Average, 2016-2020



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



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

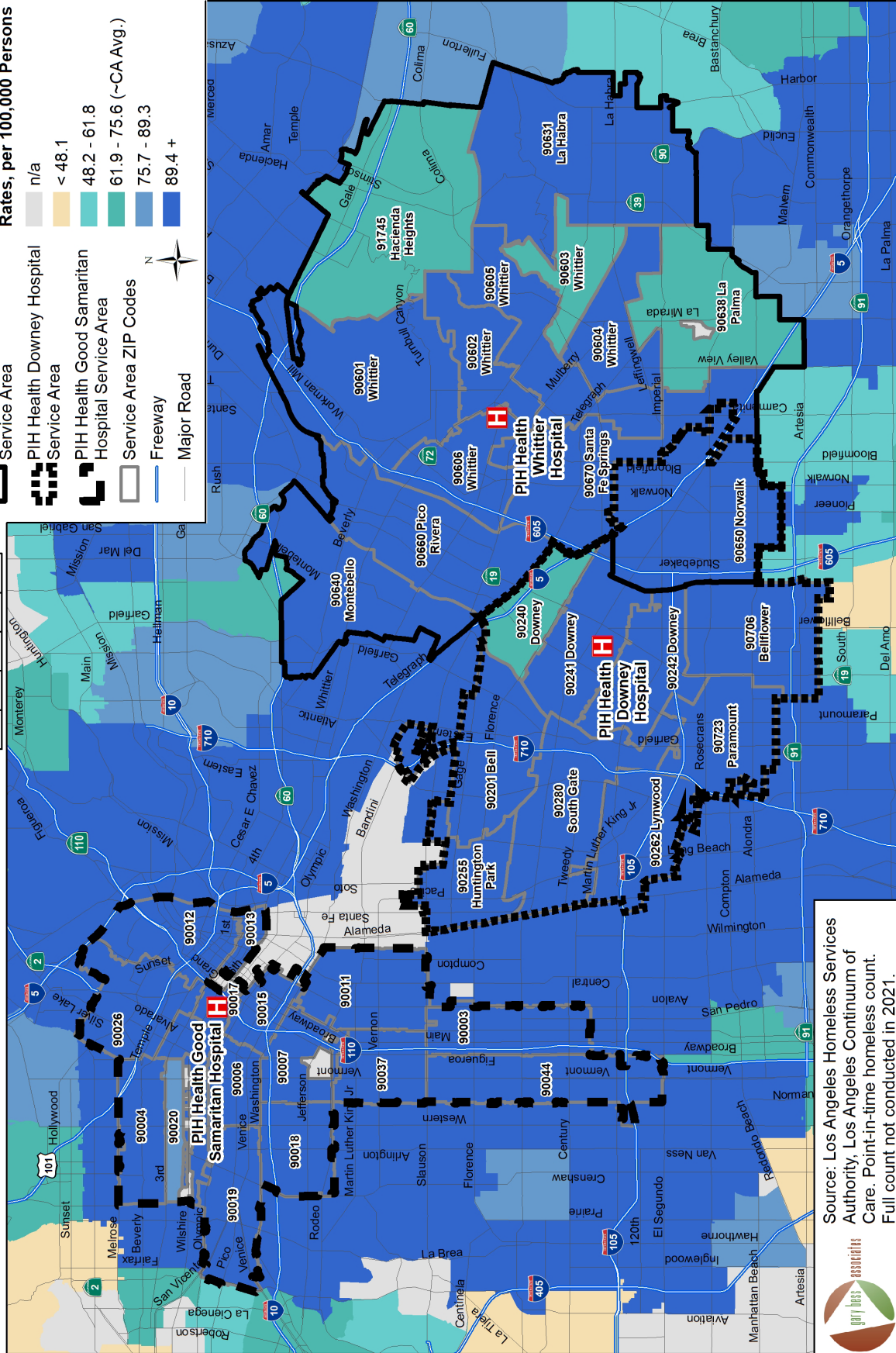


Source: Gary Bess Associates, calculated from CA Department of Public Health Master Death Files 2016-2020, using the U.S. 2000 Standard Population.



COVID-19 Death Rates, 2020

0 1 2 3 4 5 Mi.



- PIH Health Whittier Hospital Service Area
- PIH Health Downey Hospital Service Area
- PIH Health Good Samaritan Hospital Service Area
- Service Area ZIP Codes
- Freeway
- Major Road

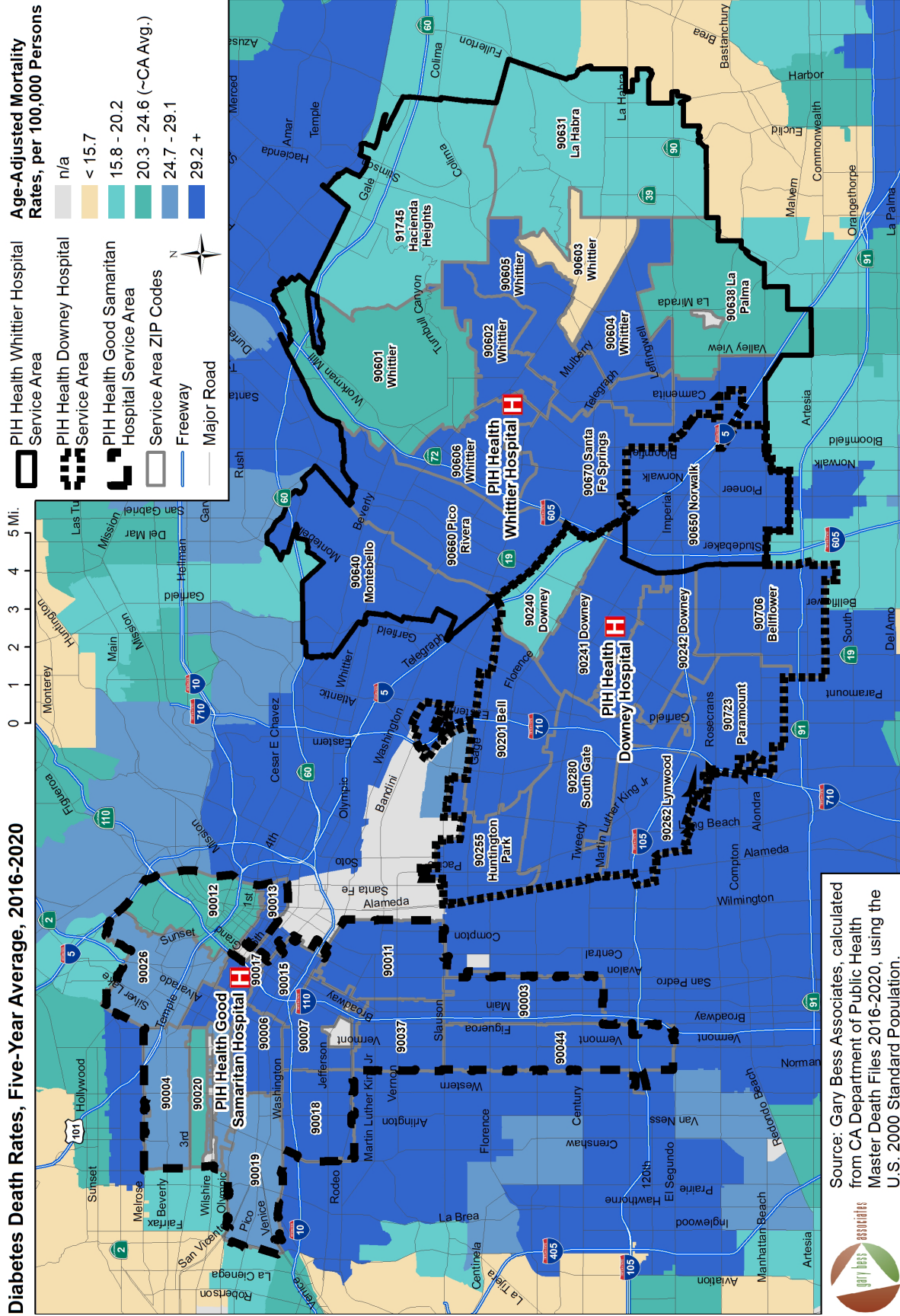
- n/a
- < 48.1
- 48.2 - 61.8
- 61.9 - 75.6 (~CA Avg.)
- 75.7 - 89.3
- 89.4 +



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



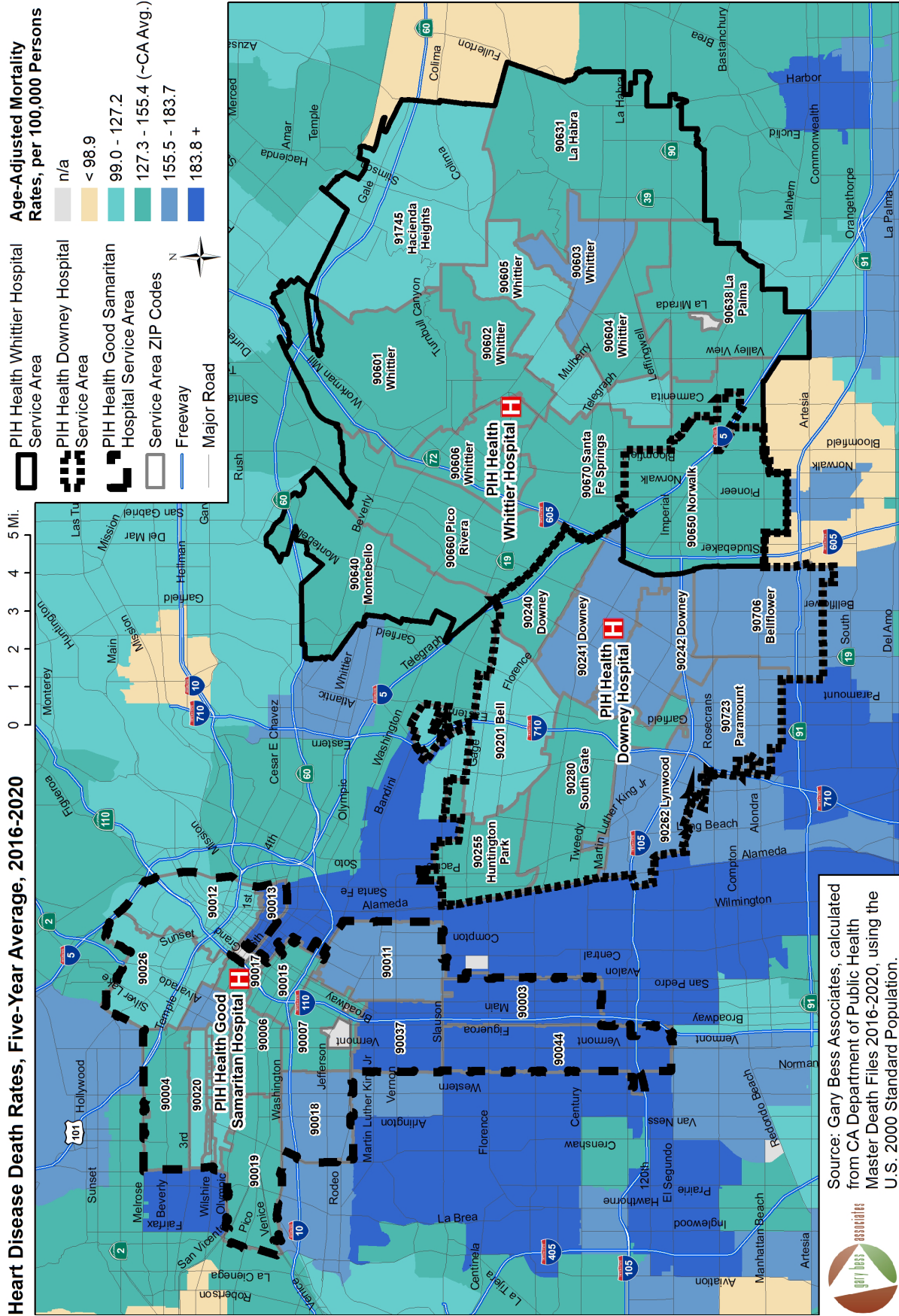
Diabetes Death Rates, Five-Year Average, 2016-2020



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



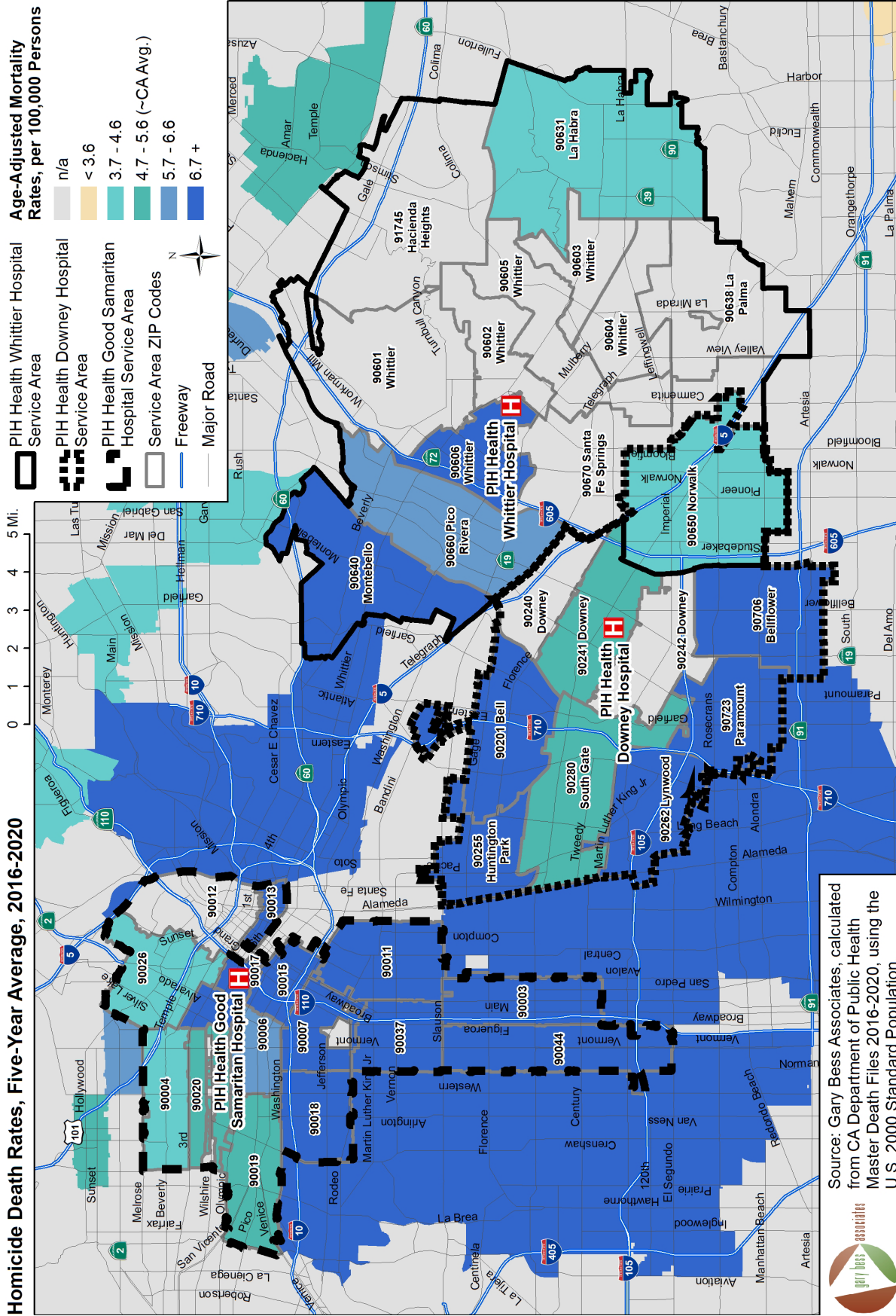
Heart Disease Death Rates, Five-Year Average, 2016-2020



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



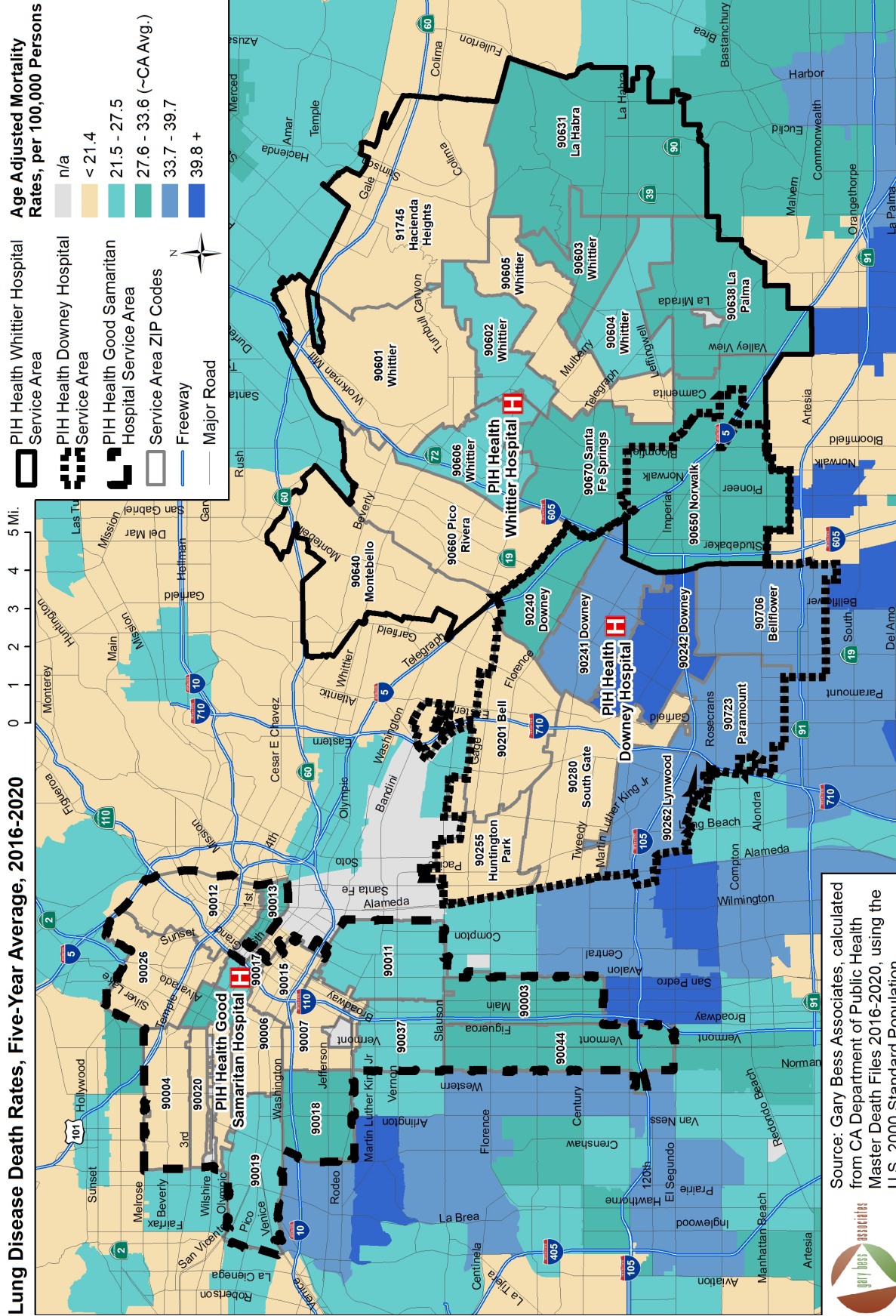
Homicide Death Rates, Five-Year Average, 2016-2020



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



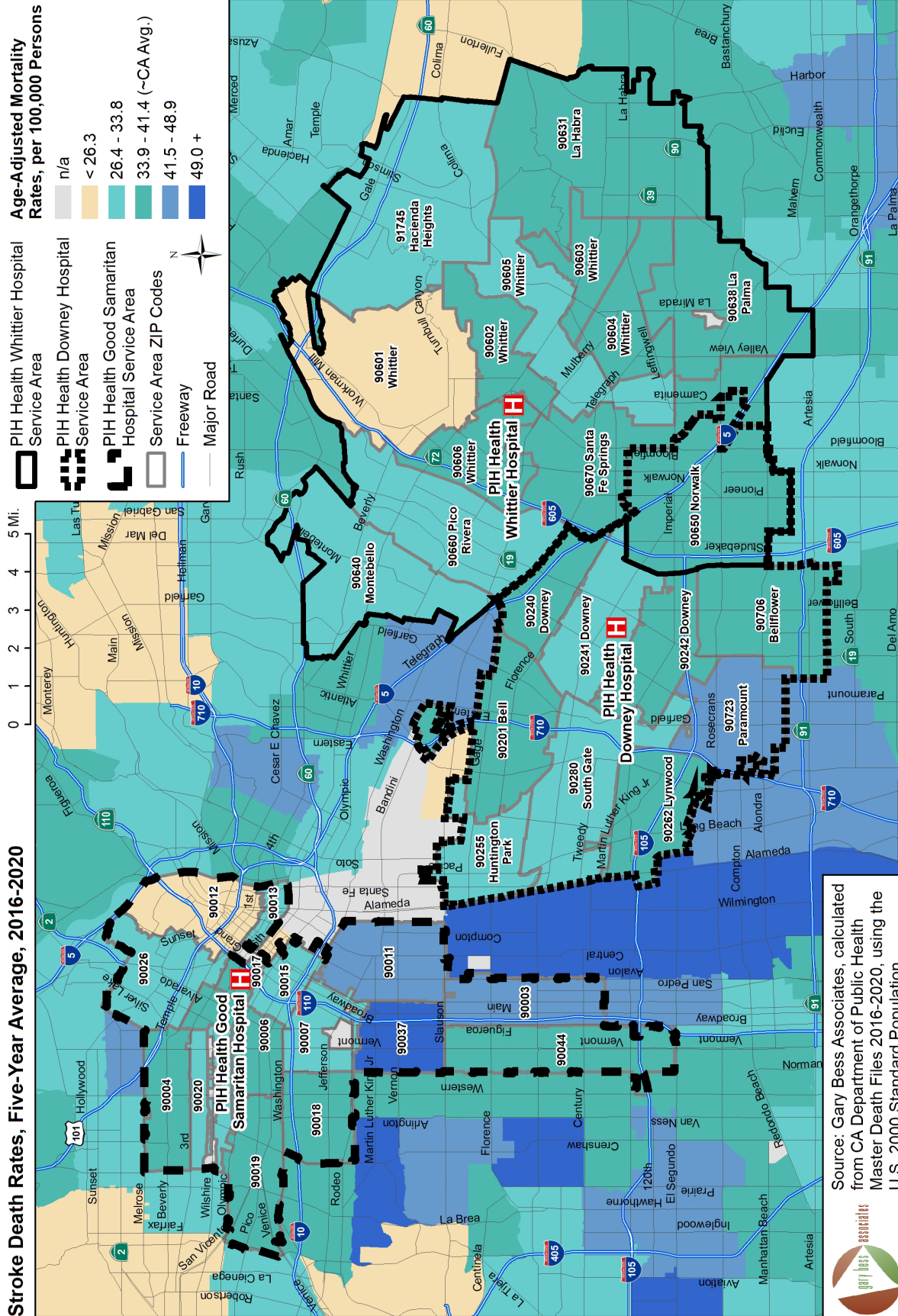
Lung Disease Death Rates, Five-Year Average, 2016-2020



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



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

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