Cedars Sinai

Community Health Needs Assessment 2022

Report adopted by the Board of Directors Executive Committee on May 16, 2022.

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Executive Summary

Cedars-Sinai Medical Center (CSMC) is an independent, nonprofit hospital with 886 licensed beds. It is an integrated health care delivery system with clinical programs that range from primary care for preventing, diagnosing, and treating common conditions to specialized treatments for rare, complex and advanced illnesses. The system includes Cedars-Sinai Medical Center, Cedars-Sinai Marina del Rey Hospital, a network of physicians and ambulatory services at more than 40 locations throughout Southern California, affiliates Torrance Memorial Medical Center and Huntington Hospital, and partial ownership of Providence Cedars-Sinai Tarzana Medical Center.

Community Health Needs Assessment

CSMC has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy/Community Benefit Plan that responds to community needs. CSMC has committed to identifying and closing health equity gaps in high need communities. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

Service Area

CSMC is located at 8700 Beverly Blvd., Los Angeles, California 90048. The Community Benefit Service Area includes 52 ZIP Codes representing 25 cities or neighborhoods. One ZIP Code (90079 in Downtown Los Angeles) has no recorded resident population so will not be examined in this report. The Community Benefit Service Area includes large portions of Los Angeles County Service Planning Area (SPA) 4 (Metro), SPA 5 (West), SPA 6 (South), and a smaller portion of SPA 8 (South Bay) and covers all or part of Los Angeles City Council districts 1, 4, 5, 8, 9, 10, 13, 14 and 15.

CSMC Community Benefit Service Area

Geographic Area	ZIP Code	SPA	District
Baldwin Hills	90008	SPA 6	8
Beverly Hills	90210, 90211, 90212	SPA 5	N/A
Central LA	90013, 90014, 90015, 90017	SPA 4	1,9,14
Century City	90067	SPA 5	5
Crenshaw	90016, 90018	SPA 6	8,10
Culver City	90230, 90232	SPA 5	N/A
Downtown LA	90010, 90021, 90071, 90079	SPA 4	1,10,14
Fairfax/Mid-City	90019, 90036	SPA 4	4,10
Hollywood	90028, 90038	SPA 4	4,13

Geographic Area	ZIP Code	SPA	District
Hyde Park	90043	SPA 6	8
Inglewood	90301, 90302, 90303, 90305	SPA 8	N/A
LA/Coliseum & MLK Blvd	90011	SPA 6	9
LA/MLK & Hobart	90062	SPA 6	8
Ladera Heights	90056	SPA 5	N/A
Lennox	90304	SPA 8	N/A
South LA	90001, 90002, 90003, 90044, 90047, 90059	SPA 6	8,9,15
University	90037, 90089	SPA 6	9
USC	90007	SPA 6	1,9
West Hollywood	90046, 90048, 90069	SPA 4	4,5
West LA/Palms	90034	SPA 5	5
West LA/Rancho	90025, 90035, 90064	SPA 5	5
Westwood	90024	SPA 5	5
Wilshire	90006, 90057	SPA 4	1,13
Wilshire/Koreatown	90004, 90005, 90020	SPAs 4 & 6	1,4,13

Collaboration

For this CHNA, CSMC worked in partnership with Cedars-Sinai Marina del Rey Hospital, Providence Saint John's Health Center, Ronald Reagan UCLA Medical Center, UCLA Medical Center, Santa Monica, and Resnick Neuropsychiatric Hospital at UCLA. Given that these partners share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

Methodology

Secondary Data

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, 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.

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.

Primary Data

Thirty-nine (39) phone interviews were conducted during October and November 2021. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Los Angeles County, who spoke to issues and needs in the communities served by the hospital.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

- Access to health care (i.e., primary care, specialty care, dental care)
- Chronic diseases (i.e., asthma, cancer, diabetes, heart disease, liver disease, stroke)
- Community safety
- COVID-19
- Economic insecurity
- Environmental conditions (i.e., air and water quality, pollution)
- Food insecurity
- Housing/homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (i.e., vaccines, screenings, fall prevention)
- Sexually transmitted infections
- Substance abuse
- Transportation

COVID-19

COVID-19 had an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to routine care, preventive screenings, disease maintenance, community safety, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Housing and homelessness, mental health, access to care, economic

insecurity and COVID-19 were ranked as the top five priority needs in the Community Benefit Service Area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the CSMC Board of Directors Executive Committee on May 16, 202

The report is widely available to the public on the hospital's web site and can be accessed here. To send comments or questions about this report, please send your feedback to: groupcommunitybenefit@cshs.org.

Introduction

Background and Purpose

Cedars-Sinai is a nonprofit academic health care organization serving the diverse Los Angeles community and beyond. It is an independent, nonprofit hospital with 886 licensed beds dedicated to improving the health status of the communities we serve. With pioneering medical research achievements, education programs defining the future of health care, and wide-ranging Community Benefit activities, Cedars-Sinai is setting new standards for quality and innovation in patient care.

Cedars-Sinai serves more than 1 million people each year, with more than 5,000 physicians and nurses and 2,000 research projects underway. It is an integrated health care delivery system with clinical programs that range from primary care for preventing, diagnosing, and treating common conditions to specialized treatments for rare, complex and advanced illnesses. The system includes Cedars-Sinai Medical Center, Cedars-Sinai Marina del Rey Hospital, a network of physicians and ambulatory services at more than 40 locations throughout Southern California, affiliates Torrance Memorial Medical Center and Huntington Hospital, and partial ownership of Providence Cedars-Sinai Tarzana Medical Center.

The passage of California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act (2010) require tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy/Community Benefit Plan to meet the priority health needs identified through the assessment. CSMC has committed to identifying and closing health equity gaps in high need communities. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on 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

CSMC is located at 8700 Beverly Blvd., Los Angeles, California 90048. The Community Benefit Service Area includes 52 ZIP Codes representing 25 cities or neighborhoods. One ZIP Code (90079 in Downtown Los Angeles) has no recorded resident population so will not be examined in this report. The Community Benefit Service Area includes large portions of Los Angeles County Service Planning Area (SPA) 4 (Metro), SPA 5 (West), SPA 6 (South), and a smaller portion of SPA 8 (South Bay) and covers all or part of Los Angeles City Council districts 1, 4, 5, 8, 9, 10, 13, 14 and 15. To determine the Community Benefit Service Area, CSMC takes into account the ZIP Codes of

patients discharged from the hospital, the current understanding of community need based on the most recent CHNA, and long-standing community programs and partnerships.

CSMC Community Benefit Service Area

Geographic Area	ZIP Code	SPA	District
Baldwin Hills	90008	SPA 6	8
Beverly Hills	90210, 90211, 90212	SPA 5	N/A
Central LA	90013, 90014, 90015, 90017	SPA 4	1,9,14
Century City	90067	SPA 5	5
Crenshaw	90016, 90018	SPA 6	8,10
Culver City	90230, 90232	SPA 5	N/A
Downtown LA	90010, 90021, 90071, 90079	SPA 4	1,10,14
Fairfax/Mid-City	90019, 90036	SPA 4	4,10
Hollywood	90028, 90038	SPA 4	4,13
Hyde Park	90043	SPA 6	8
Inglewood	90301, 90302, 90303, 90305	SPA 8	N/A
LA/Coliseum & MLK Blvd	90011	SPA 6	9
LA/MLK & Hobart	90062	SPA 6	8
Ladera Heights	90056	SPA 5	N/A
Lennox	90304	SPA 8	N/A
South LA	90001, 90002, 90003, 90044, 90047, 90059	SPA 6	8,9,15
University	90037, 90089	SPA 6	9
USC	90007	SPA 6	1,9
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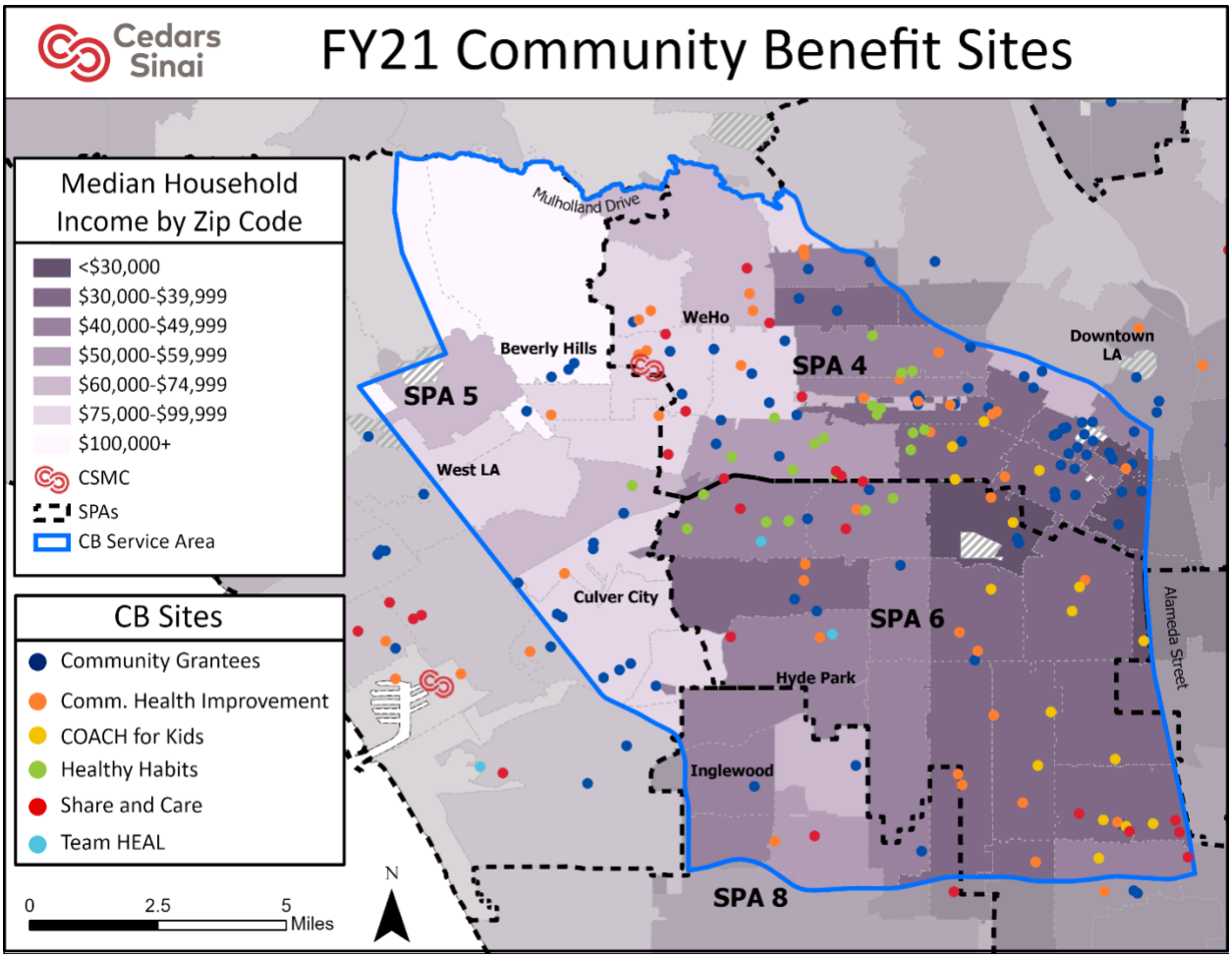
Westwood	90024	SPA 5	5
Wilshire	90006, 90057	SPA 4	1,13
Wilshire/Koreatown	90004, 90005, 90020	SPAs 4 & 6	1,4,13

Map of the Community Benefit Service Area



Collaboration

CSMC participated in a collaborative process for the CHNA, which included Cedars-Sinai Marina del Rey Hospital, Providence Saint John's Health Center, Ronald Reagan UCLA Medical Center, UCLA Medical Center, Santa Monica, and Resnick Neuropsychiatric Hospital at UCLA. Given that these partners share an overlapping service area, a collaborative effort increased data collection efficiency and reduced redundancies.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Cindy Levey
Executive Director
Community Benefit and Social Responsibility Systems, Community Engagement
Cedars-Sinai

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Victoria Derrick and Vanessa Ivie, BS, MSG to complete the data collection. 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 CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Board Approval

The CSMC Board of Directors Executive Committee approved this report on May 16, 2022.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, 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 health care (i.e., primary care, specialty care, dental care)
- Chronic diseases (i.e., asthma, cancer, diabetes, heart disease, liver disease, stroke)
- Community safety
- COVID-19
- Economic insecurity
- Environmental conditions (i.e., air and water quality, pollution)
- Food insecurity
- Housing/homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (i.e., vaccines, screenings, fall prevention)

- Sexually transmitted infections
- Substance abuse
- Transportation

Primary Data Collection

In partnership with Cedars-Sinai Marina del Rey Hospital, Providence Saint John's Health Center, Ronald Reagan UCLA Medical Center, UCLA Medical Center, Santa Monica, and Resnick Neuropsychiatric Hospital at UCLA, CSMC conducted interviews with community stakeholders to obtain input on significant community needs, barriers to care and resources available to address the identified health needs.

Thirty-nine (39) phone interviews were conducted during October and November 2021. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Los Angeles County, 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.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (i.e.; what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. 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 here.https://oakvalleyhospital.com/ To date, no comments have been received.

Prioritization of Significant Needs

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

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

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

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	76.2%	25.0%	65.0%
Chronic diseases	70.7%	30.8%	61.5%
Community safety	73.2%	53.9%	64.1%
COVID-19	95.0%	21.1%	31.6%
Economic insecurity	90.2%	74.4%	87.2%
Environmental conditions	51.2%	48.7%	51.3%
Food insecurity	90.0%	57.9%	65.8%
Housing and homelessness	100%	92.1%	97.4%
Mental health	92.7%	79.5%	92.3%
Overweight and obesity	47.5%	31.6%	50.0%
Preventive practices	67.5%	18.4%	28.9%
Sexually transmitted infections	35.0%	35.1%	32.4%
Substance use	78.1%	73.7%	76.3%
Transportation	60.0%	18.9%	37.8%

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. Housing and homelessness, mental health, access to care, economic insecurity and COVID-19, were ranked as the top five priority needs in the Community Benefit Service Area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Housing and homelessness	3.95
Mental health	3.92
Access to care	3.78
Economic insecurity	3.76
COVID-19	3.73
Substance use	3.73
Food insecurity	3.66
Community safety	3.62
Chronic diseases	3.59
Preventive practices	3.48
Environmental conditions	3.38
Sexually transmitted infections	3.15
Transportation	3.08
Overweight and obesity	3.05

Community input on these health needs is detailed throughout the CHNA report.

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.

Review of Progress

In 2019, CSMC 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: access to care, chronic diseases and homelessness through a commitment of community benefit programs and resources. The impact of the actions that CSMC used to address these significant needs can be found in Attachment 5.

Community Demographics

Population

The population of the CSMC Community Benefit Service Area is 1,840,407. From 2016 to 2019, the population increased by 1.4%, which is higher than the 0.2% population increase countywide.

Total Population

	CSMC CB Service Area	Los Angeles County
Total population	1,840,407	10,081,570

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. https://data.census.gov/cedsci/

Of the area population, 49.5% are male and 50.5% are female.

Population, by Gender

	CSMC CB 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. https://data.census.gov/cedsci

In Los Angeles County, 90.9% of the adult population identify as straight or heterosexual, and 99.6% as cisgender, or not transgender. In the Los Angeles County Service Planning Area 5 (SPA 5) and 6 (SPA 6) there is a lower overall percentage of LGBTQ+ identified residents than in the county, while in SPA 4 there is a higher overall percentage of LGBTQ+ identified residents.

Population, by Sexual Orientation and Gender Identity, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Straight or heterosexual	87.1%	92.0%	91.0%	90.9%	91.9%
Gay, lesbian or homosexual	6.5%	3.5%	2.9%	3.1%	2.7%
Bisexual	5.3%	*2.9%	*3.3%	3.9%	3.6%
Not sexual/celibate/none/other	1.1%	*1.5%	*2.8%	2.1%	1.9%
Cisgender/not transgender	99.3%	*99.8%	*99.8%	99.6%	99.4%
Transgender/gender non-conforming	0.7%	*0.2%	*0.2%	0.4%	0.6%

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

In the service area, 21.3% of the population are children and teens, ages 0 to 17, 67.6% are adults, ages 18 to 64, and 11.1% of the population are adults, ages 65 and older.

Population, by Age

	CSMC CB Service Area	Los Angeles County
0 – 4	6.0%	6.1%
5 – 9	5.9%	5.9%
10 – 14	5.9%	6.2%
15 – 17‡	3.5%	3.8%
18 – 20‡	4.7%	4.0%
21 – 24‡	6.7%	5.7%
25 – 34	19.1%	16.1%
35 – 44	14.2%	13.7%
45 – 54	12.6%	13.4%
55 – 64	10.3%	11.8%
65 – 74	6.2%	7.5%
75 – 84	3.3%	3.9%
85+	1.5%	1.8%

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

The service area has 392,289 (21.3%), children and teens, ages 0 and 17, and 203,672 (11.1%) adults, ages 65 and older. South LA 90059 has the highest percentage of children and teens (34.3%). Century City has the highest percentage of adults, ages 65 and older (51.6%).

Population, by Children and Teens, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Children/Teens Ages 0-17	Adults Ages 65+
Baldwin Hills	90008	31,754	15.8%	17.4%
Beverly Hills	90210	19,314	20.2%	27.6%
Beverly Hills	90211	8,019	18.6%	16.8%
Beverly Hills	90212	13,314	20.4%	18.0%
Central LA	90013	12,559	3.2%	13.0%
Central LA	90014	8,688	1.5%	17.2%
Central LA	90015	22,651	17.7%	7.6%
Central LA	90017	27,723	21.4%	8.4%
Century City	90067	2,428	7.9%	51.6%
Crenshaw	90016	45,899	19.6%	13.4%
Crenshaw	90018	53,490	23.0%	11.5%
Culver City	90230	32,687	20.6%	16.3%
Culver City	90232	14,780	15.9%	14.5%
Downtown LA	90010	3,822	10.3%	18.3%
Downtown LA	90021	2,945	11.3%	9.0%
Downtown LA	90071	126	0.0%	5.6%
Fairfax/Mid-City	90019	64,534	17.9%	12.9%
Fairfax/Mid-City	90036	37,965	16.1%	9.2%
Hollywood	90028	29,774	6.8%	12.6%
Hollywood	90038	28,580	15.7%	8.6%
Hyde Park	90043	45,873	19.4%	16.1%

	ZIP Code	Total Population	Children/Teens Ages 0-17	Adults Ages 65+
Inglewood	90301	38,234	23.9%	12.0%
Inglewood	90302	30,017	24.9%	10.1%
Inglewood	90303	24,374	26.0%	11.7%
Inglewood	90305	15,042	15.9%	18.7%
LA/Coliseum & MLK Blvd.	90011	111,165	31.6%	6.3%
LA/MLK & Hobart	90062	35,916	23.2%	10.6%
Ladera Heights	90056	7,649	18.2%	25.0%
Lennox	90304	25,946	28.8%	6.4%
South LA	90001	59,832	31.7%	6.9%
South LA	90002	53,302	32.4%	6.3%
South LA	90003	73,730	32.1%	6.2%
South LA	90044	99,443	29.6%	8.8%
South LA	90047	51,411	21.7%	15.6%
South LA	90059	46,185	34.3%	6.7%
University	90037	3,786	2.9%	0.0%
University	90089	67,640	27.8%	8.3%
USC	90007	42,433	14.2%	7.6%
West Hollywood	90046	50,900	7.7%	14.0%
West Hollywood	90048	21,489	9.3%	16.4%
West Hollywood	90069	20,230	5.4%	16.6%
West LA/Palms	90034	53,861	13.6%	9.3%
West LA/Rancho	90025	46,883	11.7%	12.5%
West LA/Rancho	90035	27,272	21.7%	14.3%
West LA/Rancho	90064	25,925	19.5%	16.9%
Westwood	90024	51,627	8.1%	11.3%
Wilshire	90006	59,576	22.0%	11.0%
Wilshire	90057	50,152	22.4%	10.2%
Wilshire/Koreatown	90004	60,541	19.2%	10.8%
Wilshire/Koreatown	90005	39,732	18.1%	12.7%
Wilshire/Koreatown	90020	39,189	18.3%	9.7%
CSMC CB Service Area		**1,840,407**	**21.3%**	**11.1%**
Los Angeles County		**10,081,570**	**22.0%**	**13.3%**

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

Race/Ethnicity

In the Community Benefit Service Area, 49.9% of the population is Hispanic/Latino, 19.5% are White, 17.5% are Black/African American, 10.0% are Asian, and 3.0% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, other race/ethnicity, or multiple races. There is a lower percentage of Whites and Asians, and a higher percentage of Hispanic/Latinos and Blacks/African Americans in the service area than found at the county level.

Race/Ethnicity

	CSMC CB Service Area		Los Angeles County	
	Number	Percent	Number	Percent
Hispanic/Latino	918,035	49.9%	4,888,434	48.5%
White	358,789	19.5%	2,641,770	26.2%
Black/African American	324,589	17.6%	790,252	7.8%
Asian	184,307	10.0%	1,454,769	14.4%
Other/Multiple	48,527	2.6%	260,917	2.6%
American Indian/Alaska Native	3,389	0.2%	20,831	0.2%
Native Hawaiian/Pacific Islander	2,771	0.2%	24,597	0.2%

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

Within the Community Benefit Service Area, Coliseum/MLK Blvd. 90011 has the highest percentage of Hispanic/Latino residents (91%), followed by South LA 90001 (90.1%). Beverly Hills 90210 (83.4%) and 90212 (76.7%) have the highest percentages of White residents. Inglewood 90305 (80.7%) and Ladera Heights (68.5%) have the highest percentages of Black/African American residents. Downtown LA 90010 has the highest percentage of Asian residents (64.7%).

Population, by Race and Ethnicity, by ZIP Code

	ZIP Codes	Hispanic/ Latino	White	Black	Asian
Baldwin Hills	90008	23.8%	5.8%	64.1%	3.4%
Beverly Hills	90210	4.1%	83.4%	1.2%	7.2%
Beverly Hills	90211	9.0%	71.4%	4.5%	11.5%
Beverly Hills	90212	5.6%	76.7%	1.4%	10.0%
Central LA	90013	15.8%	30.4%	28.3%	17.7%
Central LA	90014	14.7%	38.1%	23.5%	18.5%
Central LA	90015	62.1%	13.4%	6.6%	15.7%
Central LA	90017	62.2%	10.8%	8.1%	16.6%
Century City	90067	3.1%	74.4%	1.4%	18.1%
Crenshaw	90016	52.4%	9.5%	29.7%	5.2%
Crenshaw	90018	59.0%	5.8%	28.5%	4.9%
Culver City	90230	33.1%	36.1%	10.0%	15.7%
Culver City	90232	24.5%	47.7%	5.0%	17.5%
Downtown LA	90010	9.7%	14.2%	5.4%	64.7%
Downtown LA	90021	47.9%	24.7%	17.5%	5.7%
Downtown LA	90071	11.1%	31.7%	25.4%	31.7%
Fairfax/Mid-City	90019	44.5%	16.8%	17.9%	16.8%
Fairfax/Mid-City	90036	10.5%	63.1%	5.8%	16.2%
Hollywood	90028	29.6%	45.9%	9.6%	9.7%
Hollywood	90038	54.3%	30.4%	6.3%	4.9%
Hyde Park	90043	30.2%	4.5%	60.2%	1.3%
Inglewood	90301	60.0%	4.2%	29.3%	2.1%
Inglewood	90302	46.3%	7.3%	40.8%	2.1%
Inglewood	90303	61.7%	2.9%	32.3%	1.5%
Inglewood	90305	12.2%	2.6%	80.7%	1.2%

	ZIP Codes	Hispanic/ Latino	White	Black	Asian
LA/Coliseum & MLK Blvd.	90011	91.0%	0.5%	7.3%	0.6%
LA/MLK & Hobart	90062	63.0%	2.2%	30.8%	2.1%
Ladera Heights	90056	9.0%	11.4%	68.5%	4.7%
Lennox	90304	89.0%	1.7%	3.3%	3.4%
South LA	90001	90.1%	0.6%	8.5%	0.2%
South LA	90002	78.9%	0.4%	18.3%	0.8%
South LA	90003	78.3%	0.5%	20.2%	0.2%
South LA	90044	65.0%	0.9%	32.2%	0.7%
South LA	90047	35.6%	2.1%	59.1%	0.4%
South LA	90059	69.8%	1.0%	27.8%	0.3%
University	90037	80.0%	1.6%	15.8%	1.1%
University	90089	14.8%	42.7%	6.9%	31.4%
USC	90007	51.1%	16.3%	10.4%	19.2%
West Hollywood	90046	11.2%	73.1%	4.7%	6.1%
West Hollywood	90048	8.7%	74.4%	3.4%	7.9%
West Hollywood	90069	8.8%	75.5%	3.2%	7.2%
West LA/Palms	90034	25.6%	39.6%	10.0%	19.5%
West LA/Rancho	90025	14.1%	55.8%	4.2%	20.2%
West LA/Rancho	90035	10.6%	70.8%	6.2%	7.4%
West LA/Rancho	90064	13.9%	60.9%	2.8%	18.1%
Westwood	90024	13.2%	50.4%	2.4%	27.8%
Wilshire	90006	73.1%	4.5%	3.0%	18.2%
Wilshire	90057	69.5%	7.0%	3.8%	17.9%
Wilshire/Koreatown	90004	50.3%	18.0%	3.5%	25.2%
Wilshire/Koreatown	90005	49.5%	8.8%	5.3%	34.1%
Wilshire/Koreatown	90020	32.4%	12.4%	6.5%	45.0%

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

Citizenship

In the service area, 36.8% of the residents are foreign born. Among the foreign born, 39.0% are naturalized U.S. citizens and 61.0% are not U.S. citizens. The service area has a larger foreign-born population than the county (34.0%) and state (26.8%). It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign Born Residents and Citizenship

	CSMC CB Service Area	Los Angeles County	California
Foreign Born	36.8%	34.0%	26.8%
Naturalized U.S. Citizen	39.0%	52.3%	51.7%
Not a U.S. Citizen	61.0%	47.7%	48.3%

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

Language

Among the Community Benefit Service Area population, ages 5 and older, 45.8% speak Spanish, 40.3% speak English, 7.7% speak an Asian or Pacific Islander language, 4.8%

speak an Indo-European language, and 1.4% speak other languages in their home.

Language Spoken at Home, Population Ages 5 and Older

	CSMC CB Service Area	Los Angeles County
Speaks Spanish	45.8%	39.2%
Speaks only English	40.3%	43.4%
Speaks Asian/Pacific Islander language	7.7%	10.9%
Speak Indo-European language	4.8%	5.3%
Speaks other languages	1.4%	1.1%

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

In the Community Benefit Service Area, Ladera Heights has the highest percentage of English speakers (86.6%), LA/Coliseum & MLK 90011 has the highest percentage of Spanish speakers (88.3%), Downtown LA 90010 has the highest percentage of Asian/Pacific Islander language speakers (57.1%) and Beverly Hills 90210 has the highest percentage of speakers of Indo-European languages (27.8%).

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Baldwin Hills	90008	70.9%	22.6%	2.1%	2.5%
Beverly Hills	90210	58.5%	4.8%	4.9%	27.8%
Beverly Hills	90211	56.1%	8.5%	6.6%	20.6%
Beverly Hills	90212	61.7%	6.2%	7.7%	21.4%
Central LA	90013	70.2%	9.8%	13.6%	5.7%
Central LA	90014	69.7%	9.0%	14.4%	5.6%
Central LA	90015	30.5%	54.8%	12.3%	1.6%
Central LA	90017	25.3%	56.8%	14.1%	2.6%
Century City	90067	70.7%	2.2%	13.1%	14.0%
Crenshaw	90016	43.9%	49.3%	3.5%	1.5%
Crenshaw	90018	38.1%	54.7%	4.3%	1.5%
Culver City	90230	55.3%	26.7%	10.5%	5.7%
Culver City	90232	61.8%	19.7%	9.5%	6.5%
Downtown LA	90010	33.8%	7.3%	57.1%	1.8%
Downtown LA	90021	44.6%	47.1%	4.5%	3.4%
Downtown LA	90071	44.0%	0.0%	31.7%	0.0%
Fairfax/Mid-City	90019	40.0%	41.6%	14.2%	2.7%
Fairfax/Mid-City	90036	64.3%	7.6%	13.3%	11.5%
Hollywood	90028	52.7%	24.1%	7.6%	14.1%
Hollywood	90038	36.4%	50.9%	4.0%	7.5%
Hyde Park	90043	67.9%	27.8%	0.9%	1.1%
Inglewood	90301	40.9%	54.5%	1.0%	2.5%
Inglewood	90302	51.6%	40.3%	1.1%	3.7%
Inglewood	90303	38.0%	58.2%	1.0%	1.8%
Inglewood	90305	80.8%	11.9%	1.2%	2.2%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
LA/Coliseum & MLK	90011	11.0%	88.3%	0.5%	0.0%
LA/MLK & Hobart	90062	37.2%	59.9%	1.6%	0.6%
Ladera Heights	90056	86.6%	6.3%	1.9%	3.9%
Lennox	90304	12.8%	83.1%	3.0%	1.1%
South LA	90001	15.0%	84.7%	0.1%	0.0%
South LA	90002	24.1%	75.0%	0.7%	0.2%
South LA	90003	23.8%	75.5%	0.1%	0.5%
South LA	90044	37.0%	61.6%	0.6%	0.5%
South LA	90047	63.8%	33.3%	0.5%	0.9%
South LA	90059	33.7%	65.3%	0.2%	0.3%
University	90037	21.8%	76.2%	0.9%	0.6%
University	90089	67.7%	9.1%	18.4%	4.2%
USC	90007	35.2%	46.0%	12.6%	4.9%
West Hollywood	90046	69.3%	7.5%	3.7%	17.9%
West Hollywood	90048	69.8%	6.2%	3.9%	17.0%
West Hollywood	90069	76.4%	5.9%	3.8%	13.2%
West LA/Palms	90034	55.7%	21.5%	9.8%	10.3%
West LA/Rancho	90025	60.1%	10.1%	12.2%	15.5%
West LA/Rancho	90035	66.0%	6.6%	5.0%	13.5%
West LA/Rancho	90064	63.5%	12.0%	10.3%	11.7%
Westwood	90024	55.5%	9.4%	17.7%	15.5%
Wilshire	90006	12.8%	68.8%	17.2%	0.8%
Wilshire	90057	15.5%	66.3%	16.5%	1.0%
Wilshire/Koreatown	90004	28.4%	46.6%	21.3%	3.4%
Wilshire/Koreatown	90005	19.9%	46.0%	31.6%	1.6%
Wilshire/Koreatown	90020	25.0%	29.1%	39.8%	4.0%

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

Linguistic Isolation

Linguistic isolation is defined as the population, ages 5 and older, who speak English "less than very well." In the Community Benefit Service Area, 27.3% of the population is linguistically isolated, which is higher than the county (23.6%) and state (17.8%) rates.

Linguistic Isolation, Population Ages 5 and Older

	Percent
CSMC CB Service Area	27.3%
Los Angeles County	23.6%
California	17.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. https://data.census.gov/cedsci/

English Learners

The percentage of students who are English learners in Community Benefit Service Area school districts ranged from 5.9% in the Beverly Hills Unified School District to 38.4% in

the Lennox School District.

English Learners, by School District

	Percent
Beverly Hills Unified School District	5.9%
Culver City Unified School District	9.3%
Inglewood Unified School District	21.0%
Lennox School District	38.4%
Los Angeles Unified School District	18.8%
Los Angeles County	**16.9%**
California	**17.7%**

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

Veterans

Among the Community Benefit Service Area population, ages 18 and older, 2.4% are veterans.

Veterans

	CSMC CB Service Area	Los Angeles County	California
Civilian veterans	2.4%	3.3%	5.2%

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

Social Determinants of Health

Social and Economic Factors 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.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	34

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

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 Community Benefit Service Area population, 22.0% are below 100% FPL and 45.7% are below 200% FPL. Central LA 90013 has the highest poverty rate in the Community Benefit Service Area (45.6%) and USC/LA 90007 has the highest rate of low-income residents (less than 200% of the Federal Poverty Level) in the Community Benefit Service Area (66.9%).

Poverty Level, by ZIP Code

	ZIP Code	Below 100% FPL	Below 200% FPL
Baldwin Hills	90008	21.1%	40.5%
Beverly Hills	90210	6.0%	13.2%
Beverly Hills	90211	7.9%	17.9%
Beverly Hills	90212	9.8%	16.7%
Central LA	90013	45.6%	59.2%
Central LA	90014	38.0%	50.5%
Central LA	90015	30.1%	55.5%
Central LA	90017	35.9%	63.8%
Century City	90067	6.3%	18.7%
Crenshaw	90016	16.9%	43.0%
Crenshaw	90018	20.7%	46.3%
Culver City	90230	11.4%	21.1%
Culver City	90232	6.7%	17.0%
Downtown LA	90010	11.9%	30.4%
Downtown LA	90021	33.5%	53.1%
Downtown LA	90071	4.0%	4.0%

	ZIP Code	Below 100% FPL	Below 200% FPL
Fairfax/Mid-City	90019	17.3%	40.2%
Fairfax/Mid-City	90036	10.5%	20.2%
Hollywood	90028	21.2%	42.9%
Hollywood	90038	23.9%	47.5%
Hyde Park	90043	18.1%	34.7%
Inglewood	90301	17.8%	46.8%
Inglewood	90302	18.9%	41.6%
Inglewood	90303	15.9%	41.7%
Inglewood	90305	10.9%	19.2%
LA/Coliseum & MLK Blvd.	90011	30.2%	65.5%
LA/MLK & Hobart	90062	17.7%	45.3%
Ladera Heights	90056	6.5%	13.6%
Lennox	90304	20.5%	53.3%
South LA	90001	25.6%	59.4%
South LA	90002	31.4%	63.1%
South LA	90003	30.1%	63.2%
South LA	90044	30.4%	56.9%
South LA	90047	16.4%	38.9%
South LA	90059	26.0%	58.0%
University	90037	34.1%	63.1%
University*	90089	100%	100%
USC	90007	41.1%	66.9%
West Hollywood	90046	12.5%	25.4%
West Hollywood	90048	7.7%	15.5%
West Hollywood	90069	9.2%	18.7%
West LA/Palms	90034	9.8%	23.1%
West LA/Rancho	90025	11.6%	23.7%
West LA/Rancho	90035	8.3%	20.4%
West LA/Rancho	90064	9.4%	18.2%
Westwood	90024	31.8%	40.9%
Wilshire	90006	27.0%	61.2%
Wilshire	90057	30.1%	61.5%
Wilshire/Koreatown	90004	17.8%	46.5%
Wilshire/Koreatown	90005	26.1%	54.4%
Wilshire/Koreatown	90020	15.4%	41.7%
CSMC CB Service Area		**22.0%**	**45.7%**
Los Angeles County		**14.9%**	**34.8%**
California		**13.4%**	**31.0%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. https://data.census.gov/cedsci *This ZIP Code population reflects university students.*

Among the Community Benefit Service Area population, 31.0% of children, under age 18, and 19.9% of adults, ages 65 and older, live below the poverty level. Among female heads-of-household (HoH), living with their own children under the age of 18, 41.6% in the service area live in poverty. Central LA 90017 had the highest rate of poverty among

children (55.9%), while 90071 had the highest rate of poverty among adults, ages 65 and older (71.4%). All female heads of households (HoH) with children, under age 18, living in Downtown LA 90021 were living in poverty.

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

	ZIP Codes	Children Under 18	Adults, Ages 65 and Older	Female HoH with Children‡
Baldwin Hills	90008	30.0%	18.6%	39.7%
Beverly Hills	90210	4.4%	7.6%	19.6%
Beverly Hills	90211	6.2%	17.0%	24.9%
Beverly Hills	90212	10.2%	5.6%	28.8%
Central LA	90013	22.2%	49.1%	0.0%
Central LA	90014	0.0%	55.4%	**
Central LA	90015	45.0%	37.2%	51.1%
Central LA	90017	55.9%	40.4%	60.3%
Century City	90067	0.0%	3.0%	0.0%
Crenshaw	90016	22.7%	16.8%	28.3%
Crenshaw	90018	31.3%	20.9%	34.1%
Culver City	90230	14.8%	13.3%	29.2%
Culver City	90232	1.2%	14.7%	6.8%
Downtown LA	90010	13.2%	8.1%	61.5%
Downtown LA	90021	39.6%	54.9%	100%
Downtown LA	90071	**	71.4%	**
Fairfax/Mid-City	90019	26.4%	18.8%	37.9%
Fairfax/Mid-City	90036	5.3%	14.3%	13.5%
Hollywood	90028	22.0%	43.0%	13.4%
Hollywood	90038	39.1%	30.4%	47.0%
Hyde Park	90043	28.1%	13.1%	49.2%
Inglewood	90301	22.1%	19.3%	26.5%
Inglewood	90302	27.7%	15.7%	31.4%
Inglewood	90303	24.5%	16.5%	25.6%
Inglewood	90305	10.8%	14.0%	19.1%
LA/Coliseum & MLK Blvd.	90011	42.0%	25.5%	53.4%
LA/MLK & Hobart	90062	23.9%	18.2%	36.7%
Ladera Heights	90056	1.3%	7.8%	0.0%
Lennox	90304	27.1%	19.4%	30.3%
South LA	90001	35.4%	19.0%	43.7%
South LA	90002	44.8%	23.3%	56.5%
South LA	90003	38.8%	27.1%	50.1%
South LA	90044	40.7%	24.4%	45.9%
South LA	90047	22.6%	11.3%	31.8%
South LA	90059	34.3%	21.1%	42.9%
University	90037	40.0%	31.6%	55.1%
University	90089	**	**	**
USC	90007	35.6%	26.9%	50.5%
West Hollywood	90046	3.6%	20.1%	10.5%

	ZIP Codes	Children Under 18	Adults, Ages 65 and Older	Female HoH with Children‡
West Hollywood	90048	3.2%	10.7%	0.0%
West Hollywood	90069	8.4%	15.0%	36.3%
West LA/Palms	90034	10.7%	10.7%	21.2%
West LA/Rancho	90025	6.0%	11.7%	8.3%
West LA/Rancho	90035	3.9%	15.3%	16.5%
West LA/Rancho	90064	6.7%	11.2%	5.4%
Westwood	90024	5.4%	10.9%	26.1%
Wilshire	90006	43.2%	28.5%	48.8%
Wilshire	90057	45.0%	30.7%	56.6%
Wilshire/Koreatown	90004	26.4%	18.9%	38.2%
Wilshire/Koreatown	90005	39.8%	30.5%	53.8%
Wilshire/Koreatown	90020	19.6%	19.8%	27.3%
CSMC CB Service Area		**31.0%**	**19.9%**	**41.6%**
Los Angeles County		**20.8%**	**13.2%**	**33.3%**
California		**18.1%**	**10.2%**	**33.1%**

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, S1702, ‡DP03. **No sample observations or too few sample observations were available to compute an estimate. https://data.census.gov/cedsci*

Within the Community Benefit Service Area, Hispanic residents of any race have the highest level of poverty (25.4%). 24% of Black/African American residents, of any ethnicity, live in poverty, and the rate of poverty among Asian residents of any ethnicity is 20.2%. Poverty is lowest among non-Hispanic Whites (12.9%).

Poverty among Hispanics is highest in Central LA 90013 (45.7%) and Westwood (45.3%). Among Blacks, Downtown LA 90021 (69.1%) and Central LA 90013 (66.3%) have the highest poverty rates. 66.1% of Asians in USC/LA 90007 live in poverty. The rate of poverty among non-Hispanic Whites is highest in USC/LA 90007 (61.5%) and South LA 90003 (55.8%).

Poverty, by Race and Ethnicity, by ZIP Code

	ZIP Codes	Hispanic/ Latino	Black, incl. Hispanic	Asian, incl. Hispanic	Non-Hispanic White
Baldwin Hills	90008	27.5%	20.4%	15.6%	12.3%
Beverly Hills	90210	10.6%	0.9%	8.9%	5.7%
Beverly Hills	90211	6.5%	0.0%	3.8%	9.0%
Beverly Hills	90212	33.4%	0.0%	10.2%	6.9%
Central LA	90013	45.7%	66.3%	37.2%	33.9%
Central LA	90014	43.4%	56.0%	45.4%	22.2%
Central LA	90015	33.6%	25.2%	26.6%	20.8%
Central LA	90017	43.2%	33.5%	23.9%	18.6%
Century City	90067	0.0%	28.6%	5.7%	6.5%
Crenshaw	90016	17.5%	19.0%	14.3%	10.7%
Crenshaw	90018	20.7%	21.0%	27.4%	15.6%

	ZIP Codes	Hispanic/ Latino	Black, incl. Hispanic	Asian, incl. Hispanic	Non-Hispanic White
Culver City	90230	22.6%	9.4%	4.4%	5.6%
Culver City	90232	5.8%	1.8%	11.5%	5.7%
Downtown LA	90010	7.8%	11.4%	14.1%	7.7%
Downtown LA	90021	28.1%	69.1%	23.2%	20.2%
Downtown LA	90071	35.7%	0.0%	0.0%	0.0%
Fairfax/Mid-City	90019	21.4%	15.1%	14.9%	9.2%
Fairfax/Mid-City	90036	17.0%	10.5%	13.7%	8.9%
Hollywood	90028	17.7%	20.1%	29.3%	22.0%
Hollywood	90038	26.4%	23.8%	25.0%	18.0%
Hyde Park	90043	18.1%	19.2%	8.1%	11.7%
Inglewood	90301	16.4%	20.1%	34.4%	30.0%
Inglewood	90302	22.7%	18.6%	34.5%	4.6%
Inglewood	90303	17.3%	12.5%	15.1%	24.4%
Inglewood	90305	20.6%	8.6%	13.1%	43.3%
LA/Coliseum & MLK Blvd.	90011	29.9%	33.7%	25.0%	34.2%
LA/MLK & Hobart	90062	14.3%	25.7%	22.3%	25.0%
Ladera Heights	90056	5.1%	4.9%	9.0%	21.1%
Lennox	90304	20.0%	18.3%	19.2%	9.2%
South LA	90001	24.3%	37.1%	12.7%	22.0%
South LA	90002	28.4%	40.7%	37.3%	39.8%
South LA	90003	27.6%	40.5%	9.6%	55.8%
South LA	90044	29.9%	31.8%	23.1%	35.5%
South LA	90047	15.4%	15.6%	20.1%	25.6%
South LA	90059	24.0%	31.3%	3.5%	14.8%
University	90037	32.5%	41.6%	32.3%	42.1%
USC	90007	28.0%	40.7%	66.1%	61.5%
West Hollywood	90046	11.6%	10.9%	10.2%	12.9%
West Hollywood	90048	8.7%	22.2%	6.5%	7.0%
West Hollywood	90069	9.9%	5.3%	4.7%	9.9%
West LA/Palms	90034	12.0%	7.7%	9.0%	9.0%
West LA/Rancho	90025	11.1%	4.8%	13.1%	11.4%
West LA/Rancho	90035	12.4%	6.8%	6.3%	7.7%
West LA/Rancho	90064	20.4%	12.8%	12.8%	5.9%
Westwood	90024	45.3%	21.6%	51.3%	21.6%
Wilshire	90006	29.3%	29.0%	19.4%	20.8%
Wilshire	90057	33.5%	41.0%	15.7%	26.7%
Wilshire/Koreatown	90004	20.5%	25.1%	14.6%	14.4%
Wilshire/Koreatown	90005	31.5%	36.7%	20.5%	17.2%
Wilshire/Koreatown	90020	13.4%	25.7%	17.6%	8.2%
CSMC CB Service Area		**25.4%**	**24.0%**	**20.2%**	**12.9%**
Los Angeles County		**18.1%**	**20.8%**	**11.1%**	**9.6%**
California		**17.7%**	**20.5%**	**10.2%**	**9.1%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701.University 90089 no sample observations or too few sample observations were available to compute an estimate https://data.census.gov/cedsci

Unemployment

In 2020, the unemployment rate in Community Benefit Service Area cities ranged from 10.3% in Beverly Hills to 17.7% in Ladera Heights, compared to the county at 12.8% and state at 10.1%. High unemployment rates can be attributed in part to the COVID-19 pandemic.

Unemployment Rate, 2020 Annual Average

	Percent
Beverly Hills, city	10.3%
Culver City, city	10.8%
Huntington Park, city	11.9%
Inglewood, city	16.4%
Ladera Heights, Census Designated Place	17.7%
Lennox, Census Designated Place	12.3%
Los Angeles, city	12.9%
West Hollywood, city	13.6%
Los Angeles County	**12.8%**
California	**10.1%**

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

Free and Reduced-Price Meals

The percentage of students eligible for the free and reduced-price meal (FRPM) program is one indicator of socioeconomic status. The Lennox School District had the highest percentage of eligible students (95.1%), followed by the Inglewood Unified School District (84.7%), and the Los Angeles Unified School District (LAUSD) (81.3%). Lennox, Inglewood and Los Angeles School Districts have higher rates of student eligibility for the FRPM program than found among county and state school district students.

Free and Reduced-Price Meals Eligibility

	Percent of Eligible Students
Beverly Hills Unified School District	16.0%
Culver City Unified School District	26.0%
Inglewood Unified School District	84.7%
Lennox School District	95.1%
Los Angeles Unified School District	81.3%
Los Angeles County	**68.7%**
California	**58.9%**

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

Households

In the Community Benefit Service Area there were 658,321 households and 721,407 housing units in 2019. From 2016 to 2019, the population increased by 1.4%, and the number of households increased by 1.9%. The Community Benefit Service Area had a gain in housing units during the time period (3.5%). While vacant units increased by 24.8%, they only represent 8.7% of all housing stock. Owner occupancy increased, with an additional 3.6% of units occupied by owners. Renter-occupied units increased by 1.2%. Notably, 72.5% of households in the Community Benefit Service Area were renter-occupied in 2019.

Households and Housing Units, and Percent Change, 2016-2019

	CSMC CB Service Area			Los Angeles County	California
	2016	2019	Percent Change	Percent Change 2016-2019	Percent Change 2016-2019
Housing units	696,830	721,407	3.5%	1.5%	1.9%
Households	646,268	658,321	1.9%	1.1%	1.8%
Owner-occupied	27.0%	27.5%	3.6%	1.3%	3.3%
Renter-occupied	73.0%	72.5%	1.2%	0.8%	0.2%
Vacant	7.3%	8.7%	24.8%	8.5%	2.5%

Source: U.S. Census Bureau, American Community Survey, 2011-2016 & 2015-2019, DP04. https://data.census.gov/cedsci

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

In the Community Benefit Service Area, more than half (54.6%) of the population in occupied households spend 30% or more of their income on housing. This includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. This is higher than occupied households countywide (47.3%) who spend 30% or more on housing. Notably, in the Community Benefit Service Area, 59.6% of renters spend more than 30% of their income on rent.

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

	CSMC CB Service Area	Los Angeles County	California
All occupied households	54.6%	47.3%	41.7%
Owner-occupied households with or without mortgage	41.9%	35.7%	31.4%
Renter-occupied households	59.6%	57.6%	54.8%

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

The median household income in the Community Benefit Service Area was $49,559 and the average household income was $84,930. These incomes are lower than incomes countywide.

Household Income

	CSMC CB Service Area	Los Angeles County
Median household income	$49,559	$68,044
Average household income	$84.930	$99,133

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

Community Input – Economic Insecurity

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

- We may be entering a world where we need fundamentally different health care systems for two distinct populations caused by an economic divide.
- Increasing economics comes down to education, understanding how to manage money, as well as mentorship and home ownership to help stabilize at-risk families and community members.
- There's a growing gap between rich and poor and we're seeing this in the housing crisis. The cost of housing in LA County is so high that minimum wage earners can't afford to live here, so we see dense multi-families in one apartment, which is terrible for public health. Lower-income communities of color are disproportionately affected.
- Many of our clients are trying to stay safer, move away from drugs, etc. and want to live in SPA 5 as they deem it to be a better living environment, but can't afford it.
- The poverty level in SPA 4 is higher than other SPAs.
- Economic insecurity is an invisible issue in SPA 5, where affluence covers up poverty. Seniors get priced out of their community, so they move to the streets.
- Rent is increasing, even in the east side of Hollywood. The result is migration of patients farther from clinics and, thereby, ending long term-relationships with health care institutions.
- The pandemic is not over in South Los Angeles. Jobs are not plentiful; people aren't necessarily getting hired back now that business are reopening.
- Many don't have enough money for housing and basic living expenses, even if they are working full-time, sometimes with two jobs. It's still not enough to take care of their family.
- Many lack insurance and other benefits. The cost of living is rising, and food costs are increasing. Many are paying 70-80% of income toward housing and are on the cusp of homelessness.
- Many are a paycheck away from the lights going off or not being able to pay rent, creating desperation. The lack of adequate affordable housing leaves little room to

pivot when something bad happens.

- We see anxiety around housing instability, as well as hopelessness among those who feel like they have no options, especially immigrants, people of color, temporary workers, those in the service industry and older adults living on limited incomes.
- In the Asian Pacific Islander community, housing insecurity is huge. During COVID, many worked under the radar for cash only, so they couldn't access government benefits, i.e., Paycheck Protection Program, unemployment supplements. Nail salon and restaurant workers were laid off or had to stay home for childcare reasons. There was a flood of desperation.
- Those without economic fallback protections have no payer for treatments or recuperative care so they can return to mainstream systems, affecting older adults and those with chronic diseases.
- Each assisting government agency has its own very bureaucratic application form, requiring much eligibility info every year. This is too cumbersome.
- Many students lost restaurant or retail jobs. Rescue plans helped but didn't provide ongoing support to buy books, etc. Most impacted are persons who are homeless, low-income, foster youth, Black and Latinx.
- Many underinsured persons are in the restaurant or service industry and have been affected by job loss or job change. They do not have the ability to work from home.
- Black women disproportionately lost jobs during the pandemic, leading to risk of losing housing.
- Unemployment relief ended and many haven't maximized other benefits such as CalFresh. Day laborers and undocumented are often paid under the table so they're afraid to sign up for benefits. This is primarily affecting Blacks, Latinx, essential workers, and undocumented workers.
- For persons who are homeless who aren't employed but are employable, how do we get them trained, out of encampments, and off the street?
- Employment for veterans can be a challenging when translating one's experience in the service to a civilian job as they work to reintegrate in civilian life. This challenge can be compounded by mental health issues. Some are living temporarily in Airbnb's, so are not covered by the eviction moratorium.
- As employers, we all need to evaluate our wage scales. We have an opportunity to be an engine of change and increase economic mobility.
- We are seeing a major increase in food insecurity and homelessness. Clinics are practicing street-based medicine and partnering with food banks to address results of economic insecurity.

People Experiencing Homelessness

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 this survey show an increase in people experiencing homelessness from 2018 to 2020 in all SPAs and the county. The 2021 Homeless Count was postponed by the Los Angeles County Board of Supervisors due to the COVID-19 pandemic.

From 2018 to 2020, the percent of sheltered persons experiencing homeless increased in SPAs 4 and 6 but decreased in SPA 5. Shelter includes cars, RVs, tents, and temporary structures (e.g., makeshift shelters), in addition to official homeless shelters. In SPA 4, 84.0% of the persons experiencing homelessness were single adults and 11.0% were families. In SPA 5, 82.0% were single adults and 13.0% were families. In SPA 6, 68.0% were single adults and 13.0% were families.

Population Experiencing Homelessness, 2018-2020 Comparison

	SPA 4		SPA 5		SPA 6		Los Angeles County	
	2018	2020	2018	2020	2018	2020	2018	2020
Total population experiencing homelessness	14,218	17,121	4,401	6,009	8,343	13,012	49,955	63,706
Sheltered	25.6%	27.3%	20.9%	16.0%	28.9%	39.4%	24.8%	27.7%
Unsheltered	74.4%	72.7%	79.0%	83.9%	71.1%	60.6%	75.2%	72.3%
Individual adults	84.0%	84.0%	80.0%	82.0%	81.0%	68.0%	80.0%	76.0%
Family members	10.0%	11.0%	14.0%	13.0%	19.0%	13.0%	16.0%	19.0%
Unaccompanied minors (<18)	0.3%	0.3%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%

Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. https://www.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.

Among the population experiencing homelessness, 42.0% in SPA 4, 40.0% in SPA 5 and 32.0% in SPA 6 were chronically homeless[1] in 2020. The rates of chronic homelessness increased for individuals in SPAs 4, 5, and 6, as well as for families in SPA 6 from 2018 to 2020.

The rates of people experiencing homelessness as a result a domestic violence decreased in SPA 4 and SPA 5 but increased in SPA 6 from 2018 to 2020. People

[1] Chronic homelessness describes people who have experienced homelessness for at least a year, or repeatedly, while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability. *www.endhomelessness.org*

experiencing homeless with HIV/AIDS remained unchanged in SPA 4 and SPA 5 but increased in SPA 6. Individuals experiencing homelessness with a developmental and/or physical disability increased in all SPAs from 2018 to 2020. Rates of serious mental illness among populations experiencing homelessness decreased in SPA 4 and SPA 5 but increased in SPA 6 from 2018 to 2020. During the same time period, individuals experiencing homelessness with a substance abuse disorder increased in all SPAs. Finally, from 2018 to 2020, the percentage of veterans experiencing homelessness decreased in SPA 4 and SPA 6 but increased in SPA 5.

Subpopulations Experiencing Homelessness*, 2018-2020 Comparison

	SPA 4		SPA 5		SPA 6		Los Angeles County	
	2018	2020	2018	2020	2018	2020	2018	2020
People experiencing chronic homelessness	32.0%	42.0%	26.0%	40.0%	21.0%	32.0%	27.0%	38.0%
Individuals experiencing chronic homelessness	30.0%	40.0%	24.0%	39.0%	21.0%	28.0%	26.0%	36.0%
Family members experiencing chronic homelessness	1.0%	1.0%	2.0%	2.0%	1.0%	4.0%	1.0%	2.0%
Persons experiencing domestic violence	34.0%	32.0%	8.0%	6.0%	24.0%	31.0%	30.0%	33.0%
Persons experiencing HIV/AIDS	3.0%	3.0%	1.0%	1.0%	1.0%	3.0%	1.0%	2.0%
People with developmental disabilities	7.0%	13.0%	6.0%	13.0%	5.0%	11.0%	6.0%	9.0%
People with physical disabilities	17.0%	19.0%	13.0%	19.0%	12.0%	21.0%	15.0%	19.0%
People with serious mental illness	31.0%	26.0%	31.0%	28.0%	17.0%	25.0%	27.0%	25.0%
People with substance abuse disorders	19.0%	31.0%	12.0%	25.0%	12.0%	22.0%	15.0%	27.0%
Veterans experiencing homelessness	8.0%	5.0%	11.0%	13.0%	5.0%	3.0%	7.0%	6.0%

*Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. https://www.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. Following are their comments edited for clarity:

- Homelessness today is different than 10 years ago; economic factors are more severe now. Before it was lack of resources, now it's economic growth in a fractured economic system. Growth on one side brought a wave of homelessness bigger than we can catch up with, primarily impacting young adults, older adults, blacks, and persons with disabling conditions.
- The county has not increased the affordable housing supply, but they're in a planning process that could make a change. There are many regional planning issues that the state is trying to address, but the political response to homelessness may affect progress and programming. The idea of housing first is exciting but has a political dynamic, and political fatigue may impact progress.
- Preparing individuals to be ready for housing opportunities by addressing barriers is a challenge. Barriers may include mental health or substance use issues and employment. Many find that even when housing is available, they aren't ready

because of unaddressed issues.

- NIMBYism pushback on the Westside is frustrating. Every element of the city should be investing in affordable housing to address homelessness, but every time a developer tries to build, there's huge pushback. We need more communication to change hearts and minds.
- I wish we had Measure H earlier; we're five years in and not able to build enough affordable housing units. People need to be linked to housing but there's not enough permanent or temporary shelters. The hope is that mini-homes will help, but the demand is overwhelming.
- Santa Monica and Culver City are high resource areas that do not have enough affordable housing.
- The housing crisis is structural and impacts older adults due to a lack of affordable senior housing.
- People need places to live near their workplace, but there is institutional resistance to new housing, especially for lower income populations.
- It's important for organizations to look at why an individual has become homeless, to understand the root cause. There needs to be deeper understanding so we can institute long-term efforts to resolve deep-rooted community issues.
- Everyone's pinning hopes on massive relief packages. As a society, we said yes to taxing ourselves to support change; it took COVID to get us to rehouse large numbers but how do we make sure rescue dollars stay with housing and homelessness?
- Clinics created street teams to establish relationships with patients who became homeless. They had success until the City of Los Angeles prohibited camping in public spaces. The patients were displaced and unable to be located, resulting in a disruption in care, especially in the Venice area.
- There are a disproportionate number of Blacks who are homeless as compared to whites and other groups.
- We need data on pregnant/new mothers who are housing insecure as there is no way to measure it currently.
- We're worried about evictions, discriminatory targeting of black, brown and Asian Pacific Islander communities, and people not knowing the housing system. Many get illegal rent increases or eviction notices, so they leave, not realizing they can fight it. Tenant protections are needed.
- Lack of affordable housing is what makes people homeless. Mental health, substance abuse, and intimate partner violence are also underlying causes of homelessness.
- Lack of non-congregate housing is an issue, with Venice, Mar Vista, and West LA more impacted.

- There’s a critical need for persons who are homeless to access direct primary care via street medicine.
- Most persons who are homeless on Skid Row come from South Los Angeles. This area does not have adequate support to prevent homelessness.
- Skid Row is a hot spot. But we are also seeing an increase in persons who are homeless in West Hollywood. We are seeing more LGBTQ+ persons who are homeless. Some are living with HIV.
- We need oversight regarding adequate affordable housing developments in keeping with population growth, and where they’re located based on need.
- There is drug use among persons who are homeless, but what’s the cause? Part of that is trauma, part is lack of access to jobs, part is generational issues, and part goes back to discrimination. We need early intervention to try to prevent homelessness.
- Persons who are homeless, especially those with mental illness, need support to keep them housed. We need to fund wrap-around services, otherwise homeless outreach efforts fail if all efforts are only on the front end.
- There are not enough adequate shelters, and many are rife with drugs. Addiction can’t be treated when one is surrounded by that.
- There’s a significant population of youth who are homeless and in the foster care system. Health-related decisions, i.e., vaccine mandate, need to be addressed in a different way for these youth.
- Many people live in cars and RVs, but then they need money for gas, impound fees, or car repairs.
- There are not enough bathroom and shower facilities.
- Those who receive financial support have experienced checks getting stolen or other financial fraud. Then, how can they pay their rent?
- A challenge is lack of housing that is accepting of people with mental health issues. Landlords aren’t always kind to those with mental health issues and will sometimes evict when they have the chance.
- It’s hard to find housing for those with chronic and long-term disabilities, which impacts older adults and those with long-term chronic diseases.

Public Program Participation

Among foreign born adults, 23.1% in SPA 4, 9.1% in SPA 5, and 31% in SPA 6 reported avoiding government benefits due to concerns about disqualification from obtaining a green card for U.S. citizenship. Among all low-income adults, 30.6% in SPA 4, 8.3% in SPA 5, and 39.2% in SPA 6 reported participating in CalFresh to add healthy food to their food budgets, compared to 26% in the county. 71.8% of eligible children in SPA 4, 22.9% in SPA 5, and 92.2% in SPA 6 had ever participated in the WIC program,

compared to 66.2% in the county. Among low-income adults, 10.9% in SPA 4, 13.6% in SPA 5, and 13.3% in SPA 6 currently received Supplemental Security Income, compared to 10.1% in the county.

Public Program Participation

	SPA 4	SPA 5	SPA 6	Los Angeles County
Concern about government benefits	23.1%	9.1%*	31.0%	20.6%
Food stamp recipients (<200% FPL)	30.6%	8.3%*	39.2%	26.0%
Child ≤5 years, ever participated in WIC‡	71.8%	22.9%*	92.2%	66.2%
Supplemental Social Security Income (SSI) adults, ≤200% FPL, currently receiving	10.9%	13.6%*	13.3%	10.1%

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

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as lack of consistent access to enough food for an active, healthy life. The percent of households with incomes less than 300% of the Federal Poverty Level, that are food insecure is 31.8% in SPA 4, 18.0% in SPA 5, and 35.1% in SPA 6, compared to 26.8% of county households. Food insecurity rises with age until ages 50-59, at which point it begins to decline. Food insecurity declines with increases in income and education, is more prevalent among Black (33.3%) and Latino (30.2%) residents and is least prevalent among Asian (16.4%) residents.

Food Insecurity, Households, <300% FPL, by Demographics

	Percent
18-24	25.7%
25-29	26.5%
30-39	29.9%
40-49	31.3%
50-59	34.5%
60-64	26.3%
65 or older	14.4%
0-99% FPL	37.1%
100-199% FPL	25.9%
200-299% FPL	13.0%
Less than high school	33.9%
High school	25.7%
Some college or trade school	24.2%

	Percent
College or post graduate school	17.9%
Black	33.3%
Latino	30.2%
White	21.2%
Asian	16.4%
SPA 4	**31.8%**
SPA 5	**18.0%**
SPA 6	**35.1%**
Los Angeles County	**26.8%**

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

Among adults living below 200% FPL, 39.1% in SPA 4, 29.2% in SPA 5, and 45.3% in SPA 6 reported they were not able to afford enough food, compared to 38% in the county.

Food Insecurity

	SPA 4	SPA 5	SPA 6	Los Angeles County
Not able to afford enough food, <200% FPL	39.1%	29.3%	45.3%	38.0%

Source: California Health Interview Survey, 2018-2020. http://ask.chis.ucla.edu/

Farmers Markets

Eligible individuals in the Women, Infants, and Children Program (WIC) and CalFresh, California's Supplemental Nutrition Assistance Program (SNAP) are able to use their California WIC card or Electronic Benefit Transfer (EBT) Card to obtain fruits and vegetables at approved farmers markets.

There are 24 farmers markets in the Community Benefit Service Area. The Central Los Angeles 90014 farmers market is not reported as accepting public benefits. Of the two farmers markets in Central Los Angles 90013, only one accepts EBT. This is also true for the farmers market in West LA/Rancho 90025. The farmers market in Crenshaw 90018 accepts WIC cards only.

Farmers Markets Accepting EBT and/or WIC

	ZIP Code	Farmers Markets	Accepting EBT and/or WIC	
			Number of Markets	EBT or WIC
Baldwin Park	90008	2	1	EBT & WIC
Beverly Hills	90210	1	1	EBT & WIC
Central LA*	90013*	2	2	EBT & WIC
Central LA	90014	1	0	No

	ZIP Code	Farmers Markets	Accepting EBT and/or WIC	
			Number of Markets	EBT or WIC
Century City	90067*	1	1	EBT & WIC
Crenshaw	90016, 90018	2	2	EBT & WIC
Culver City	90232	1	1	EBT
Fairfax/Mid-City	90036	2	2	EBT & WIC
Hollywood	90028	3	3	EBT & WIC
Inglewood	90301	1	0	N/A
LA/Coliseum	90011	1	1	EBT & WIC
USC	90007	1	1	EBT & WIC
West Hollywood	90046,90069	2	1	EBT & WIC
West LA/Palms	90034	1	1	EBT
West LA/Rancho	90025, 90035	2	2	EBT & WIC
Westwood	90024	1	1	EBT

*Source: Ecology Center *Temporarily closed. https://ecologycenter.org/fmfinder. Accessed 7/26/2021*

Community Input – Food Insecurity

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

- It was shocking how many people lost basic food security during the pandemic. Our agency did the most work we've done in 10 years in this area of need.
- Food access to healthy and nutritious food is big issue impacting black and brown communities, those working on the front lines, unemployed, and seniors as they lost touch with loved ones.
- Students are not getting enough nutrition at home.
- Schools provided meals and mental health resources, but this required access to transportation.
- We need more fresh grocery outlets and affordable farmers markets.
- With food deserts in many communities, many rely on food pantries. They are unable to just run to the store to stock up. This is exacerbated by racial and wealth disparities impacting black and brown communities, children, and those who are unhoused.
- Low-income families are often on limited incomes eating unhealthy items like ramen, which exacerbates physical health conditions.
- Big grocery store chains say they can't come to South Los Angeles because there's not enough room for trucks and the income quality is poor, but everybody buys food.
- Many aren't aware of SNAP benefits, so we need an education focus.
- The increase in food stamp resources and enhancements to CalFresh were appreciated. We need to think strategically and use food as an incentive to link people to other services and resources.
- Many agencies are still providing food; the need is steady or even increasing,

resulting in wait lists.

- Food distribution logistics are problematic; we can't do in a group setting due to COVID. We're worried about the continuing need as we return to normalcy.
- During the pandemic, there was a food surplus. Organizations couldn't take all that was donated by restaurants and vendors, and there was a disconnect in matching food to those who needed it. Some organizations passed out food on the streets, but food safety issues and waste were concerns.
- Food distribution programs aren't always well-tailored to the dietary needs of the Asian Pacific Islander community, so many won't go as it's not what they eat, or they worry about stigma. Some smaller churches or temples tailor programs to audiences like Chinese seniors.
- For persons who are homeless, the quality of food is a concern. They eat what's available, which isn't always medically appropriate for diabetes, for example.
- Many community clinics started food distribution programs. There are opportunities to strengthen relationships with food banks and clinics for referral relationships, i.e., food is medicine program.
- Not enough organizations provide home-delivered meals. Often the delivery person is the only contact for homebound individuals.
- There's a great need for medically tailored meals. This is a specialty niche for the invisible people who can't leave home to shop and cook.

Educational Attainment

Among Community Benefit Service Area adults, ages 25 and older, 26.2% lack a high school diploma. Of adults, 36.3% are high school graduates and 37.5% have an associate, bachelor's, or graduate/professional degree.

Educational Attainment of Adults, Ages 25 and Older

	CSMC CB Service Area	Los Angeles County
Population ages 25 and older	**1,238,178**	**6,886,895**
Less than 9th grade	16.1%	12.3%
9th to 12th grade, no diploma	10.1%	8.6%
High school graduate	19.3%	20.6%
Some college, no degree	17.0%	19.0%
Associate degree	5.5%	7.0%
Bachelor's degree	20.7%	21.2%
Graduate or professional degree	11.3%	11.3%

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

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 at Beverly

Hills Unified (96.0%) and Culver City Unified (94.4%), exceeded the Healthy People 2030 objective for high school graduation.

High School Graduation Rates, 2019-2020

	High School Graduation Rate
Beverly Hills Unified School District	96.0%
Culver City Unified School District	94.4%
Inglewood Unified School District	81.3%
Los Angeles Unified School District	80.1%
Los Angeles County	**86.5%**
California	**87.6%**

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

Preschool Enrollment

The percentage of children, ages 3 and 4, enrolled in preschool in the Community Benefit Service Area was 54.7%, higher than county (54.5%) and state (49.6%) rates. Preschool enrollment ranged from 31.0% in University 90037 to 100% in Beverly Hills 90211 and 90212, Central Los Angeles 90013 and 90014, Downtown LA 90010 and 90021, and West Hollywood 90069. It should be noted that, with exception of Beverly Hills 90212, ZIP Codes with 100% enrollment had very small populations of children, ages 3 and 4, as compared to other ZIP Codes.

Enrolled in Preschool, Children, Ages 3 and 4

	Zip Code	Children, Ages 3 and 4	Percent Enrolled
Baldwin Hills	90008	302	75.5%
Beverly Hills	90210	289	88.2%
Beverly Hills	90211	73	100%
Beverly Hills	90212	286	100%
Central LA	90013	54	100%
Central LA	90014	20	100%
Central LA	90015	491	53.0%
Central LA	90017	676	46.2%
Century City	90067	55	63.6%
Crenshaw	90016	1,166	61.0%
Crenshaw	90018	1,226	59.5%
Culver City	90230	783	68.8%
Culver City	90232	112	74.1%
Downtown LA	90010	38	100%
Downtown LA	90021	21	100%
Downtown LA	90071	0	**
Fairfax/Mid-City	90019	1,381	69.8%
Fairfax/Mid-City	90036	863	88.4%
Hollywood	90028	251	61.4%
Hollywood	90038	513	63.4%

	Zip Code	Children, Ages 3 and 4	Percent Enrolled
Hyde Park	90043	1,050	67.0%
Inglewood	90301	940	51.7%
Inglewood	90302	705	51.5%
Inglewood	90303	769	47.1%
Inglewood	90305	202	59.9%
LA/Coliseum & MLK Blvd.	90011	4,044	45.4%
LA/MLK & Hobart	90062	1,005	52.3%
Ladera Heights	90056	91	57.1%
Lennox	90304	671	53.7%
South LA	90001	1,826	34.4%
South LA	90002	2,123	57.2%
South LA	90003	2,897	44.0%
South LA	90044	3,866	42.9%
South LA	90047	1,534	56.3%
South LA	90059	1,732	49.8%
University	90037	2,087	31.0%
University	90089	0	**
USC	90007	559	46.7%
West Hollywood	90046	513	63.2%
West Hollywood	90048	263	94.3%
West Hollywood	90069	31	100%
West LA/Palms	90034	953	71.6%
West LA/Rancho	90025	634	61.5%
West LA/Rancho	90035	685	86.3%
West LA/Rancho	90064	631	81.1 %
Westwood	90024	581	79.9%
Wilshire	90006	1,329	55.5%
Wilshire	90057	1,626	60.0%
Wilshire/Koreatown	90004	1,354	40.3%
Wilshire/Koreatown	90005	799	61.6%
Wilshire/Koreatown	90020	855	60.2%
CSMC CB Service Area		**44,955**	**54.7%**
Los Angeles County		**255,273**	**54.5%**
California		**1,021,926**	**49.6%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. **No sample observations or too few sample observations were available to compute an estimate. https://data.census.gov/cedsci*

Reading to Children

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. Among adults, 53.0% in SPA 4, 75.1% in SPA 5, and 47.4% in SPA 6 responded yes to this question as compared to the county (51.9%).

Read to Daily, Children

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children read to daily	53.0%	75.1%	47.4%	51.9%

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

Childcare Access

Among adults with children, ages 5 and younger, 40.5% in SPA 4, 24.4% in SPA 5, and 29.7% in SPA 6 reported difficulty in finding needed childcare on a regular basis.

Difficult to Find Childcare on a Regular Basis

	SPA 4	SPA 5	SPA 6	Los Angeles County
Difficulty finding regular childcare	40.5%	24.4%	29.7%	29.6%

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

Transportation

In the Community Benefit Service Area, 65.6% of individuals, ages 16 and older, drove alone to work. Additionally, 12.5% of workers commuted by public transport, 8.1% carpooled, 5.9% worked from home, 4.5% walked to work, and 3.4% used other means to get to work. The average Community Benefit Service Area commute time was 30.8 minutes. It should be noted this information was reported prior to the COVID-19 epidemic.

Transportation for Workers, Ages 16 and Older

	CSMC CB Service Area	Los Angeles County	California
Drove alone to work	65.6%	74.0%	73.7%
Carpooled to work	8.1%	9.5%	10.1%
Commuted by public transportation	12.5%	5.8%	5.1%
Walked	4.5%	2.7%	2.6%
Other means	3.4%	2.4%	2.6%
Worked from home	5.9%	5.6%	5.9%
Mean travel time to work (minutes)	30.8	31.8	29.8

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP03. https://data.census.gov/cedsci/

Community Walkability

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. A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle dependent location. Walkability scores for cities/neighborhoods with more than one ZIP Code are shown in a range. Walkability scores ranged from 28 in Baldwin Hills

to 97 in Central LA.

Walkability[2]

	ZIP Code	Walk Score	Definition
Baldwin Hills	90008	28	Car Dependent
Beverly Hills	90210, 90211, 90212	87 to 88	Very Walkable
Central LA	90013, 90014, 90015, 90017	89 to 97	Very Walkable to Walker's Paradise
Century City	90067	79	Very Walkable
Crenshaw	90016, 90018	73 to 74	Very Walkable
Culver City	90230, 90232	82	Very Walkable
Downtown LA	90010, 90021, 90071, 90079	82 to 93	Very Walkable to Walker's Paradise
Fairfax/Mid-City	90019, 90036	84 to 90	Very Walkable to Walker's Paradise
Hollywood	90028, 90038	90 to 92	Walker's Paradise
Hyde Park	90043	83	Very Walkable
Inglewood	90301, 90302, 90303, 90305	59 to 80	Somewhat Walkable to Very Walkable
LA/Coliseum & MLK Blvd	90011	78	Very Walkable
LA/MLK & Hobart	90062	72	Very Walkable
Ladera Heights	90056	55	Somewhat Walkable
Lennox	90304	77	Very Walkable
South LA	90001, 90002, 90003, 90044, 90047, 90059	52 to 79	Somewhat Walkable to Very Walkable
University	90037, 90089	72 to 78	Very Walkable
USC	90007	84	Very Walkable
West Hollywood	90046, 90048, 90069	77 to 90	Very Walkable to Walker's Paradise
West LA/Palms	90034	83	Very Walkable
West LA/Rancho	90025, 90035, 90064	72 to 88	Very Walkable
Westwood	90024	69	Somewhat Walkable
Wilshire	90006, 90057	92	Walker's Paradise

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

	ZIP Code	Walk Score	Definition
Wilshire/Koreatown	90004, 90005, 90020	87 to 93	Very Walkable to Walker's Paradise

Source: WalkScore.com, 2021. http://www.walkscore.com.

Community Input – Transportation

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

- The ability to navigate Los Angeles is very hard as we lack a robust public transportation service.
- Many lack cars as gas and maintenance is expensive.
- The lack of education related to transportation and health outcomes is an issue, i.e., people don't change their car cabin air filters because they don't know that car interior pollution can be just as bad as outside pollution.
- Transportation is a huge barrier to accessing care, some may have to travel quite a distance and use multiple busses; hospital-based services may be even further away.
- The distance between where people can afford to live, where they work and where health supports are available is an issue. Having more health supports built into transport nodes is a possibility.
- Need investment in policy and advocacy. Need innovative project to invest heavily in bike lanes – overwhelmingly low-income people of color use these bike lanes to get to work.
- The Westside is not public transportation friendly. There are a lot of broken-down cars and many living in vehicles. Clients often can't afford a car or gas.
- People can't walk many places due to safety issues, especially in South Los Angeles and Inglewood.
- We need a network of free transportation, i.e., for moms, pregnant women and the very sick.
- Access issues impact those who are undocumented. Many want to go to culturally specific service providers, who may be located all throughout LA and are hard to get to.
- A barrier is technology; the ease of accessing public transportation isn't there, especially for older adults, the disabled or cognitively impaired. Door-to-door services are needed.
- Transportation will remain a barrier for COVID testing, vaccines, and boosters.
- Many Vietnam veterans tend to have more mobility issues so getting on a bus may be difficult.
- Maintaining public transit access is a concern due to COVID and reduced use of public transit.

- A big challenge has been the limited number of students in a bus with social distancing; we had to increase transportation staff so all students who need transportation have it.
- Drug Medi-Cal pays for transportation, but lower income persons who don't qualify still lack access.
- The Medi-Cal transportation benefit has too much administrative work to get people connected.
- Some bus services have limited routes.
- Poor community members, specifically Tongans, Samoans, Vietnamese, Thai, Cambodians, and seniors without a car rely on public transportation.
- Need more micro-transit options, i.e., a pilot shuttle for on demand services.
- Non-emergency transportation to follow up appointments is challenging; there's an expectation that they can get there.

Parks, Playgrounds and Open Spaces

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. 95.9% of children and youth in SPA 4, 93.5% in SPA 5, and 87.8% in SPA 6 lived within walking distance to a playground or open space, as compared to the county at 91.4%. 83.3% of children and teens in SPA 4, 90.8% in SPA 5, and 73.9% in SPA 6 visited a park, playground, or open space within the past month.

Open Spaces, Children and Teens

	SPA 4	SPA 5	SPA 6	Los Angeles County
Walking distance to park, playground or open space, ages 1 to 17	95.9%*	93.5%*	87.8%*	91.4%
Visited a park/playground/open space in past month, ages 1 to 17	83.3%	90.8%*	73.9%	82.9%

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

Among families with children and/or teens, 77.8% with children and 84.9% with teens in SPA 4, 94.6% with children and 100% with teens in SPA 5, and 69.7% with children and 59.6% with teens in SPA 6 agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day.

Safe Open Spaces, Children and Teens

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children, ages 1-11	77.8%	94.6%*	69.7%*	86.5%
Teens, ages 12-17	84.9%*	100%*	59.6%*	82.5%

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

Crime and Violence

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 the quality of life.

Safe neighborhoods are a key component of physical and mental health. Among adults, 76.4% in SPA 4, 88.8% in SPA 5, and 69.0% in SPA 6 perceived their neighborhoods to be safe from crime, as compared to the county at 85.0%.

Safe Neighborhood, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County
Neighborhood safe from crime	76.4%	88.8%	69.0%	85.0%

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

When adults and teens were asked about neighborhood cohesion, the majority of residents in SPAs 4, 5 and 6 agreed their neighborhoods were safe most of the time, neighbors were willing to help, and people in their neighborhoods could be trusted. Notably, adults and teens in SPA 6 reported the lowest rates of neighborhood cohesion as compared to SPAs 4 and 5 and the county.

Neighborhood Cohesion, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County
Feels safe all or most of time	73.2%	93.1%	64.4%	81.3%
People in neighborhood are willing to help	71.5%	77.3%	65.3%	72.6%
People in neighborhood can be trusted	69.3%	90.0%	58.5%	75.3%

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

Neighborhood Cohesion, Teens ages 12-17

	SPA 4	SPA 5	SPA 6	Los Angeles County
People in neighborhood are willing to help	90.3%*	87.3%*	83.2%*	85.0%
People in neighborhood can be trusted	81.9%*	90.5%*	49.9%*	79.3%

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

Crime Statistics

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

Violent Crimes, Property Crimes, Arson, by Jurisdiction, 2019

	Violent Crimes		Property Crimes		Arson	
	Number		Number		Number	
	2018	2020	2018	2020	2018	2020
Beverly Hills Police Department	106	111	1,757	1,244	5	10
Culver City Police Department	188	196	1,756	1,600	0	11
Huntington Park Police Department	425	421	1,800	1,720	16	32
Inglewood Police Department	683	679	2,744	2,495	12	19
Los Angeles Police Department	30,126	28,882	101,267	85,932	1,654	2,994
West Hollywood Sheriff Station	301	205	2,100	1,205	20	9
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

Hate crimes are reported as an event. There may be one or more victims involved for each event. The table below identifies hate crimes reported in Community Benefit Service Area police jurisdictions.

Hate Crimes, by Jurisdiction

	Hate Crime Events	Victims
Beverly Hills Police Department	9	9
Culver City Police Department	Not Available	Not Available
Huntington Park Police Department	2	2
Inglewood Police Department	Not Available/A	Not Available
Los Angeles Police Department	283	331
West Hollywood Sheriff Station	1	1
Los Angeles County	**405**	**471**
California	**1,015**	**1,247**

Source: California Department of Justice. 2019 Hate Crime in California Report, Table 6. Hate Crime in CA 2019.pdf

Intimate Partner Violence

Physical violence is defined by being hit, slapped, pushed, kicked, or hurt by an intimate partner. SPA 6 women (19.6%) and SPA 5 men (21.5%) experienced the highest rates of physical violence. These rates are higher than the county, where 16.0% of women and 11.8% of men experienced physical violence.

Sexual violence is defined as experiencing unwanted sex by an intimate partner. SPA 5 women (13.5%) and SPA 5 men (6.7%) experienced the highest rates of sexual violence. These rates can be compared to the county, where 11.4% of women and 3.3% of men experienced sexual violence.

Persons Experiencing Intimate Partner Violence

	SPA 4	SPA 5	SPA 6	Los Angeles County
Women have experienced physical violence	15.0%	13.7%	19.6%	16.0%
Men have experienced physical violence	11.3%	21.5%	11.1%	11.8%
Women have experienced sexual violence	11.7%	13.5%	10.2%	11.4%
Men have experienced sexual violence	3.3%*	6.7%*	5.8%*	3.3%

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

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

Domestic Violence Calls, by Jurisdiction

	Total Calls	No Weapon	Weapon Involved	% Using Weapon	Strangulation/ Suffocation
Beverly Hills Police Department	70	19	51	72.8%	0
Culver City Police Department	36	3	33	91.6%	7
Huntington Park Police Department	179	162	17	10.4%	22
Inglewood Police Department	265	228	37	13.9%	0
Los Angeles Police Department	17,084	0	17,084	100%	1,788
LA County Sheriff's Department	3,358	707	2,851	84.9%	0
LA Transit Services Bureau	27	2	25	92.5%	0
UCLA Police Department	57	41	16	28.0%	0
West Hollywood	114	11	103	90.3%	0
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. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

Community Input – Community Safety

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

- Drugs, robberies, violence, and drive by shootings are all happening more. Families already don't feel safe because of COVID, then layering on these issues causes more stress and anxiety.
- In South Los Angeles, there are many gangs, gang executions, police killings, and crime-infested neighborhoods.
- There are certain areas with high gang-related activities, so children are not able to play, walk in the neighborhood or go to parks, specifically in Skid Row, Pico Union, and some areas of Boyle Heights.

- There are high crime rates along the 110 freeway corridor, with murders within a one-mile radius of high schools. If we mapped crime rates on top of health care data, it would give us a sense of fear and violence that kids are exposed to.
- The impact of policing/over-policing of black and brown communities can be a concern. We hear worries about the threat of police violence in South Los Angeles, certain parts of the South Bay, Inglewood, Compton, and parts of Hawthorne.
- The relationship between law enforcement and the community is a huge problem and is not adequately addressed. Many people fear the police they call to help with crime.
- We are seeing an influx of violent and threatening behavior, reflecting overall stress in the world.
- The increasing gap of rich and poor results in people being bolder in committing crimes.
- Prevalence of guns and gun violence is a concern.
- Some teen clients live in gang infested areas, so it's not safe to walk around the neighborhood due to gang and violence exposure. School was their safety net.
- Many can't exercise outdoors as it's not safe to be outside.
- Many providers don't offer outdoor or evening programming/services due to unsafe neighborhoods.
- The biggest threat to community safety is untreated mental health issues.
- Gang violence and drug use were exacerbated by the pandemic. Children from low-income families are easier to influence into gangs and violence. Parts of Venice and Culver City are a concern.
- Need more violence prevention or gang intervention at hospitals and/or urgent cares.
- Domestic violence and intimate partner violence are concerns, especially during the quarantine. Being at home isn't always safe.
- Predatory behavior is a concern, specifically women and children who are homeless who have a high incidence of sexual and domestic assault and with sex trafficking.
- Anti-Asian hate attacks, crimes, and discrimination in the workplace have created panic and anxiety. Gender-based violence is also an issue; concerned about women and seniors.
- Concerned with pedestrian accidents in lower-income parts of Santa Monica. We had one client involved who passed away.
- There's a lack of safe streets for pedestrians and bicyclists. Children are disproportionately impacted. Road speeds are too high and traffic cameras can't always be used to control traffic.
- Homelessness and drug-induced psychosis is a huge issue in West Hollywood and Hollywood areas. This is a safety concern for those on the street and the community

in general. Within this population, we know traumatic childhood events are often involved.
- Many people living on the streets are brutalized – often, women.
- Law enforcement's response to psychotic episodes is not ideal – they can often make it worse.
- The high rate of murder of trans women is an epidemic, as well as LGBTQ+ violence in general.
- Cambodian or Vietnamese persons tend to have intergenerational trauma, tied to refugee communities.
- Older adults and transition-age youth who are homeless are more vulnerable to being victimized.
- Violence among persons who are homeless will continue to be a challenge; the violence is often due to co-occurring substance abuse/mental health disorders. Mental health is the upstream issue to deal with.
- With Adverse Childhood Experiences (ACEs), we're thinking about how to embed trauma consideration in all care provided. The higher the ACEs score, the more likely it is to see chronic disease and mental health issues. If we can provide timely intervention to kids with high ACEs scores, then we will impact long-term health outcomes.
- ACEs measures may ask about substance use within a family. We see a concern that if substance use is affirmed, then the child may be removed from a parent/caregiver. There's an unintended consequence so people may have reluctance to answer truthfully.
- Our goal is to coordinate with mental health programs to create a universal trauma-informed program for teachers and staff to understand impact of ACEs on childhood and adulthood. A lens of empathy is needed - ask "what happened to this child?" instead of "what's wrong with this child?"
- We're implementing ACEs screening once for adults and annually for children. The challenge is workflow – who will do the screening? A challenge is having robust behavioral health resources.
- LGBTQ+ youth often have ACEs trauma. When their family rejects them, that creates a huge factor in having a difficult life, which creates downstream challenges for us all as a society.

Air Quality

Los Angeles air quality averages a US AQI or air quality index rating of "moderate." Monthly averages in 2019 varied from AQI 32 ("good") in February to AQI 64

("moderate") in November[3]. Despite seemingly optimistic ratings, Los Angeles's air pollution is among the worst in the United States, both for PM2.5 and ozone. The American Lung Association State of Air report rated Los Angeles County has unhealthy under Ozone, Particle Pollution (24 hours), and receiving a FAIL grade for annual particle pollution.[4]

Community Input – Environmental Conditions

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

- We have a global climate crisis. We're all impacted by fires and the resulting bad air quality due to wind patterns.
- Many buildings lack air conditioning and are near freeways; the air quality is bad for those who keep their windows open. Many live in overcrowded, unhealthy units with mold.
- There is lead paint in many old homes.
- Many communities of color won't drink tap water, so they spend more money buying bottled water.
- Some patients, especially those with asthma, have been affected by poor air quality due to smoke from fires. Some clinics have even had to close for a time due to fires.
- Water quality is a concern, especially the creek that's part of the Sepulveda channel. Trash from the streets goes into our water. There's an unpleasant smell that affects the neighborhood.
- Certain areas have significant sewage issues, toxic smells, and air filter needs due to a lack of infrastructure that's unacceptable.
- Generally, this is an issue of equity and system structure. Poor communities don't have same high quality environmental standards. Instead, they have oil drilling, meat processing plants, and less infrastructure for safe, active recreation.
- There's disproportionate overexposure to environmental toxins, especially with black and brown communities living closer to freeways and high traffic corridors. Many of these areas have an increased incidence of exposure to toxins. A lack of tree canopy compounds the issue.
- There's air pollution in South Los Angeles attributed to railroad tracks and oil

[3] *Source: IQAir. Downloaded 3/13/21 Los Angeles Air Quality Index (AQI) and California Air Pollution | AirVisual (iqair.com)*

[4] *Source: American Lung Association, State of the Air Report, 2020. Los Angeles - State of the Air | American Lung Association*

refineries.

- Boyle Heights is close to an Exide battery lead clean-up site; there is much work being done to ensure people are aware of resources, lead testing, etc. Boyle Heights also has higher air pollution due to intersecting freeways and trucks along freeway corridors.
- Certain ethnic groups within the Asian Pacific Islander community live in high pollution areas.
- There's too much trash and human waste from encampments.
- LA County has a lot of oil drilling and oil fields, primarily in minority communities. There are oil and gas extraction sites and heavy industrial use sites next to residential areas.
- There are oil and gas extraction sites and heavy industrial use sites next to residential areas. The Inglewood Oil Field is one of the nation's largest urban oil fields, with one million living within a near radius. There's a gas storage facility in Marina del Rey that leaks methane emissions. Wilmington has a lot of extraction right next to homes. South Los Angeles and Wilmington have groups around environmental justice that can be scaled.
- Some old industries are still requiring clean up and are negatively impacting subpopulations.
- We need equity-based access to parks, nature, and trees. Creating open spaces where the community can gather safely outdoors has positive health impacts.
- Our infrastructure is not prepared for global warming and drought. How do we address environmental health in low-income neighborhoods with aging infrastructure that will be increasingly affected by drought and heat?

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2030 objective for health insurance coverage for all population groups is 92.1%. In the Community Benefit Service Area, 86.3% of the population (all age groups), 95.2% of children/youth ages 0 to 18, and 81.3% of adults ages 19 to 64 have health insurance coverage.

Health insurance coverage for all ages ranged from 70.0% in Wilshire 90057 to 98.8% in University 90089. Among children/youth, health insurance coverage ranged from 88.1% in Inglewood 90303 to 100% in Central LA 90013 and 90014, Century City, and West Hollywood 90046. Among adults, ages 19 to 64, health insurance coverage ranged from 58.5% in Wilshire 90057 to 98.7% in University 90089.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Baldwin Hills	90008	92.5%	98.6%	89.1%
Beverly Hills	90210	98.0%	98.2%	96.8%
Beverly Hills	90211	95.9%	98.4%	94.4%
Beverly Hills	90212	94.2%	88.7%	94.4%
Central LA	90013	89.0%	100%	87.2%
Central LA	90014	88.6%	100%	86.1%
Central LA	90015	81.4%	97.2%	75.7%
Central LA	90017	75.4%	93.8%	67.0%
Century City	90067	98.1%	100%	95.2%
Crenshaw	90016	86.7%	95.6%	81.8%
Crenshaw	90018	84.3%	93.1%	78.7%
Culver City	90230	94.3%	98.8%	91.4%
Culver City	90232	95.0%	97.9%	93.4%
Downtown LA	90010	87.9%	88.2%	84.7%
Downtown LA	90021	83.4%	98.0%	79.8%
Downtown LA	90071	74.6%	**	73.1%
Fairfax/Mid-City	90019	85.6%	95.1%	80.7%
Fairfax/Mid-City	90036	93.5%	98.2%	91.8%
Hollywood	90028	86.6%	92.9%	84.0%
Hollywood	90038	81.3%	95.7%	76.7%
Hyde Park	90043	91.2%	94.9%	87.9%
Inglewood	90301	89.1%	98.0%	83.9%
Inglewood	90302	87.9%	94.3%	83.6%
Inglewood	90303	82.9%	88.1%	77.6%
Inglewood	90305	91.5%	91.5%	90.2%
LA/Coliseum & MLK Blvd.	90011	80.3%	95.5%	70.6%
LA/MLK & Hobart	90062	86.9%	95.5%	82.0%

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Ladera Heights	90056	97.1%	95.6%	96.2%
Lennox	90304	81.6%	93.6%	74.4%
South LA	90001	84.1%	95.4%	76.5%
South LA	90002	84.1%	95.6%	76.3%
South LA	90003	83.2%	93.8%	76.3%
South LA	90044	86.4%	95.3%	80.2%
South LA	90047	91.2%	95.5%	87.9%
South LA	90059	86.6%	94.6%	80.3%
University	90037	82.0%	95.3%	73.8%
University	90089	98.8%	98.9%	98.7%
USC	90007	87.2%	92.5%	85.0%
West Hollywood	90046	92.4%	100%	90.6%
West Hollywood	90048	96.2%	99.2%	95.0%
West Hollywood	90069	95.6%	98.4%	94.7%
West LA/Palms	90034	91.3%	96.6%	89.5%
West LA/Rancho	90025	93.5%	99.5%	91.7%
West LA/Rancho	90035	95.2%	98.4%	93.5%
West LA/Rancho	90064	96.8%	99.3%	95.3%
Westwood	90024	96.1%	98.3%	94.9%
Wilshire	90006	73.8%	92.9%	63.7%
Wilshire	90057	70.0%	91.9%	58.5%
Wilshire/Koreatown	90004	82.7%	95.2%	77.0%
Wilshire/Koreatown	90005	76.7%	94.5%	68.0%
Wilshire/Koreatown	90020	81.1%	93.2%	75.8%
CSMC CB Service Area		**86.3%**	**95.2%**	**81.3%**
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. **No sample observations or too few sample observations were available to compute an estimate. https://data.census.gov/cedsci*

When insurance coverage is examined by SPA, 93.5% of the population in SPA 5, 88.7% in SPA 6, and 88.2% in SPA 4 have health insurance, compared to the county (91.3%) and the state (92.8%).

Current Insurance Coverage

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Insured	88.2%	93.5%	88.7%	91.3%	92.8%
Uninsured	11.8%	6.5%	11.3%	8.7%	7.2%

Source: California Health Interview Survey, 2018-2019. http://ask.chis.ucla.edu/

In SPAs 4, 5 and 6, 27.0% in SPA 4, 10.2% in SPA 5, and 46.3% in SPA 6 had Medi-Cal coverage. 39.9% in SPA 4, 55.0% in SPA 5, and 44.0% in SPA 6 were covered through employment-based insurance.

Health Insurance, by Type

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Medi-Cal	27.0%	10.2%	46.3%	26.6%	23.5%
Medicare only	2.4%*	0.7%*	1.1%*	1.5%	1.6%
Medi-Cal/Medicare	5.6%	3.6%*	8.1%	4.7%	4.1%
Medicare and others	5.5%	12.3%	5.2%	8.4%	9.9%
Other public	0.5%*	0.6%*	1.1%	0.9%	1.1%
Employment-based	39.9%	55.0%	24.1%	44.0%	47.4%
Private purchase	7.5%	11.2%	2.6%	5.2%	5.3%

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

Among adults in SPA 4 and 6, the highest rated main reason for current uninsured status was cost at 40.7% and 40.1%, respectively. The highest rated reason for current uninsured status among adults in SPA 5 was learning about insurance coverage or confusion about coverage.

Main Reason for Uninsured Status

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Cost	40.7%	24.3%*	40.1%*	44.6%	43.4%
Does not need or believe in insurance	13.7%*	**	16.3%*	14.1%	13.9%
In process of learning about insurance coverage or confusion about coverage	5.1%*	42.7%*	15.0%*	13.9%	14.8%
Change in working status or family situation	19.1%*	18.7%*	1.4%*	13.5%	12.1%
Employer did not offer, ineligible for insurance, or insurance dropped/ cancelled.	17.8%*	**	23.2%*	11.4%	11.8%
Other	3.6%*	**	4.0%*	2.5%*	4.0%

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

Among adults, 76.1% in SPA 4, 99.6% in SPA 5, and 82.1% in SPA 6 reported finding an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO) very difficult or somewhat difficult as compared to the county (77.4%) and state (74.2%).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Very difficult/somewhat difficult	76.1%*	99.6%*	82.1%	77.4%	74.2%
Not too difficult/not at all difficult	23.9%*	**	**	22.6%	25.8%

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

Among adults, 63.5% in SPA 4, 52.7% in SPA 5, and 69.0% in SPA 6 reported difficulty in finding an affordable health plan directly through Covered California very difficult or somewhat difficult as compared to the county (67.7%) and state (65.4%).

Difficulty Finding Affordable Health Insurance Plan - Covered California

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Very difficult/somewhat difficult	63.4%	52.7%	69.0%*	67.7%	65.4%
Not too difficult/not at all difficult	36.6%	47.3%	31.0%*	32.3%	34.6%

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

Sources of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In SPA 4, 54.5% of the population accessed care at a doctor's office, HMO or Kaiser, 26.3% accessed care at a community/government clinic or community hospital, 2.1% accessed care at an emergency room or urgent care, and 0.6% accessed care at other/no one place. In SPA 5, 71.2% of the population accessed care at a doctor's office, HMO or Kaiser, 13.1% accessed care at a community/government clinic or community hospital, 0.4% accessed care at an emergency room or urgent care, and 0.9% accessed care at other/no one place. In SPA 6, 40.3% of the population accessed care at a doctor's office, HMO or Kaiser, 39.2% accessed care at a community/government clinic or community hospital, 1.7% accessed care at an emergency room or urgent care, and 0.8% accessed care at other/no one place.

Sources of Care

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Doctor's office/HMO/Kaiser	54.5%	71.2%	40.3%	58.5%	61.8%
Community clinic/government, clinic/community hospital	26.3%	13.1%	39.2%	24.2%	22.8%
ER/urgent Care	2.1%*	0.4%*	1.7%*	1.7%	1.4%
Other/no one place	0.6%*	0.9%*	0.8%*	0.7%	1.0%

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

Among area children, 96.8% in SPA 4, 94.0% in SPA 5, and 92.4% in SPA 6 had a

usual source of care. Among adults ages 18 to 64, 77.3% in SPA 4, 80.7% in SPA 5, and 75.4% in SPA 6 had a usual source of care. Among adults ages 65 and older, 95.9% in SPA 4, 95.8% in SPA 5, and 95.9% in SPA 6 had a usual source of care.

Usual Source of Care

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Ages 0-17	96.8%*	94.0%*	92.4%*	92.2%	91.5%
Ages 18-64	77.3%	80.7%	75.4%	80.8%	83.6%
Ages 65 and older	95.9%	95.8%	95.9%	92.5%	94.8%

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

When a usual source of care is examined by race/ethnicity, Whites at 86.6% in SPA 4, Asians at 90% in SPA 5, and Multiracial (94.2%) and Black residents at 92.7% in SPA 6 were the most likely to have a usual source of care.

Usual Source of Care, by Race/Ethnicity

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
White	86.6%	88.9%	86.7%*	90.6%	91.0%
Black	82.1%*	85.6%*	92.7%	90.0%	89.8%
Multiracial	83.3%*	77.6%*	94.2%*	88.2%	90.1%
American Indian/Alaska Native	33.4%*	**	44.4%*	86.3%*	86.6%
Asian	79.7%	90.0%*	71.6%	83.9%	86.1%
Native Hawaiian/Pacific Islander	**	**	**	81.9%*	88.4%
Latino	80.4%	77.4%	80.4%	81.0%	82.0%

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

29.1% of the population in SPA 6, 17.2% in SPA 4, and 20.0% in SPA 5 visited an emergency room (ER) in the past 12 months, as compared to the county at 22.2% and the state at 21.5%. When looking at age and poverty levels, SPA 6 had higher rates of ER utilization than SPA 4 and SPA 5, as well as the county and state.

Use of the Emergency Room

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Visited ER in last 12 months	17.2%	20.0%	29.1%	22.2%	21.5%
0-17 years old	6.1%*	**	36.5%*	19.6%	18.7%
18-64 years old	19.9%	24.3%	28.0%	23.3%	22.0%
65 and older	19.2%*	15.6%*	22.8%*	21.0%	24.3%
<100% of poverty level	14.5%*	31.6%	33.8%	29.4%	27.4%
<200% of poverty level	20.3%*	27.2%*	28.3%	22.6%	22.6%

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

Difficulty Accessing Care

Among area children ages 0-17, 9.4% in SPA 4, 2.7% in SPA 5, and 12.0% in SPA 6 had difficulty accessing medical care in the previous 12 months, as compared to the county (9.3%). Among adults, 28.8% in SPA 4, 12.5% in SPA 5, and 29.3% in SPA 6 reported difficulty in accessing care in the previous 12 months, as compared to the county (21.3%).

Difficulty Accessing Care in the Past Year

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children, ages 0-17, reported to have difficulty accessing medical care	9.4%	2.7%*	12.0%	9.3%
Adults who reported difficulty accessing medical care	28.8%	12.5%	29.3%	21.3%

*Source: Los Angeles County Health Survey, 2018. *Statistically unstable due to sample size.*

Among adults, 8.0% in SPA 4, 8.1% in SPA 5, and 5.3% in SPA 6 had difficulty finding primary care, as compared to the county (7.1%) and the state (7.0%). Typically, individuals find it more difficult to access specialty care than primary care. Among adults, 20.0% in SPA 4, 14.9% in SPA 5, and 21.4% in SPA 6 had difficulty finding specialty care, as compared to the county (18.8%) and state (14.8%).

Difficulty Finding Primary and Specialty Care

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Difficulty finding primary care	8.0%	8.1%	5.3%	7.1%	7.0%
≤100% of poverty level	4.7%*	17.8%*	6.2%*	8.8%	9.0%
≤200% of poverty level	10.8%*	6.2%*	5.1%*	7.6%	9.2%
Difficulty finding specialty care	20.0%	14.9%	21.4%	18.8%	14.8%
≤100% of poverty level	13.9%*	**	25.5%*	18.0%	22.9%
≤200% of poverty level	13.1%*	23.6%*	19.9%*	16.5%	18.6%

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

A delay of needed care can lead to an increased risk of health care complications. Among adults, 8.1% in SPA 4, 12.7% in SPA 5, 26.8% in SPA 6 were never able to get a doctor's appointment within two days due to sickness or injury in the past 12 months, as compared to the county (15.1%) and the state (14.6%).

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

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Always able	26.0%	38.1%	23.6%	32.2%	36.4%
Usually able	30.3%	27.0%	21.5%	24.9%	24.3%

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Sometimes able	35.8%	22.3%	28.2%	27.9%	24.6%
Never able	8.1%	12.7%*	26.8%	15.1%	14.6%

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

Lack of Care Due to Cost

Among children, ages 0 to 17, 7.3% in SPA 4, 1.7% in SPA 5, and 5.9% in SPA 6 were unable to afford a checkup or physical exam during the prior 12 months. 6.3% in SPA 4, 2.6% in SPA 5, and 4.7% in SPA 6 were unable to afford to see a doctor for illness during the prior 12 months. 6.9% of children in SPA 4, 3.7% in SPA 5, and 7.9% in SPA 6 were unable to afford prescription medication during the prior 12 months.

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

	SPA 4	SPA 5	SPA 6	Los Angeles County
Unable to afford medical checkup or physical exam	7.3%	1.7%*	5.9%	5.5%
Unable to afford to see doctor for illness or other health problem	6.3%	2.6%*	4.7%	5.2%
Unable to afford prescription medication	6.9%	3.7%*	7.9%	5.8%

*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. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

Delayed or Forgone Care

Among residents, 18.7% in SPA 4, 16.1% in SPA 5, and 12.0% in SPA 6 delayed or did not get medical care within the prior 12 months. Among the population that delayed or did not get medical care, 45.2% in SPA 4, 45.0% in SPA 5, and 46.9% in SPA 6 delayed or did not get medical care due to cost or lack of insurance.

Among the population that delayed or did not get medical care, 62.3% in SPA 4, 56.8% in SPA 5, and 53.8% in SPA 6 had to forego needed medical care. 11.0% in SPA 4, 8.8% in SPA 5, and 10.9% in SPA 6 delayed or didn't get prescription medication.

Delayed Care in Past 12 Months, All Ages

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Delayed or did not get medical care	18.7%	16.1%	12.0%	13.3%	12.7%
Delayed or did not get medical care due to cost or lack of insurance	45.2%	45.0%	46.9%	45.8%	45.1%
Delayed or did not get medical care due to other reason	54.8%	55.0%	53.1%	54.2%	54.9%
Had to forgo needed medical care	62.3%	56.8%	53.8%	58.9%	59.4%
Delayed or did not get prescription meds	11.0%	8.8%	10.9%	8.9%	9.2%

Source: California Health Interview Survey, 2018-2019. http://ask.chis.ucla.edu/

Access to Primary Care Community Health Centers

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 behavioral (mental health and substance use) health services to low-income, uninsured, and medically underserved populations. There are 37 FQHC and/or FQHC Look-Alike entities located in the Community Benefit Service Area.[5] The majority of these FQHCs operate multiple clinic sites across the area. However, as shown below, patients residing in Community Benefit Service Area ZIP Codes may utilize FQHC's outside of the service area. Data from the UDS Mapper identify the number of FQHC's serving patients and most patient penetrated FQHCs in the Community Benefit Service Area ZIP Codes.

FQHCs Serving Most Area Patients, by ZIP Code

	ZIP Code	Dominant FQHC Clinic
Baldwin Hills	90008	T.H.E. Clinic, Inc.
Beverly Hills	90210	Saban Community Clinic
Beverly Hills	90211	Saban Community Clinic
Beverly Hills	90212	Saban Community Clinic
Central LA	90013	JWCH Institute, Inc.
Central LA	90014	Los Angeles Christian Health Centers
Central LA	90015	Eisner Health
Central LA	90017	Alta Med Health Services Corporation
Century City	90067	Venice Family Clinic
Crenshaw	90016	Benevolence Industries Incorporated

[5] Alta Med Health Service Corporation, APLA Health and Wellness, Benevolence Industries Incorporated, Central Neighborhood Health Foundation, Children's Hospital Los Angeles, Clinica Msr. Oscar A. Romero, Community of Friends, Complete Care Community Health Center, Eisner Health, Health Access for All, House of Uhuru, Kedren Community Health Center, Korean Health, Education, Information and Research Center (KHEIR), LA LGBT Center, Los Angeles Christian Health Centers, Mission City Community Network, Inc., Northeast Community Clinic, Inc., Northeast Valley Health Corporation, QueensCare Health Centers, Saban Community Clinic, Serenity-Wilshire, South Bay Family Healthcare Center, South Central Family Health Center, St. Anthony Medical Centers, St. John's Well Child & Family Center, T.H.E. Clinic, Inc., The Achievable Foundation, Universal Community Health Center, Unicare Community Health Center, University Muslim Medical Association, Inc. (UMMA), Venice Family Clinic, Watts Healthcare Corporation, Westside Family Health Center, and Yehowa Medical Services.

	ZIP Code	Dominant FQHC Clinic
Crenshaw	90018	St. John's Well Child & Family Center
Culver City	90230	Venice Family Clinic
Culver City	90232	Venice Family Clinic
Downtown LA	90010	Korean Health, Education, Information and Research Center (KHEIR)
Downtown LA	90021	JWCH Institute, Inc.
Downtown LA	90071	Not available
Downtown LA	90079	Not available
Fairfax/Mid-City	90019	Eisner Health
Fairfax/Mid-City	90036	Saban Community Clinic
Hollywood	90028	Los Angeles LGBT Center
Hollywood	90038	Saban Community Clinic
Hyde Park	90043	St. John's Well Child & Family Center
Inglewood	90301	Venice Family Clinic
Inglewood	90302	Venice Family Clinic
Inglewood	90303	Northeast Community Clinic Inc.
Inglewood	90305	Central Neighborhood Health Foundation
LA/Coliseum & MLK Blvd.	90011	South Central Family Health Center
LA/MLK & Hobart	90062	St. John's Well Child & Family Center
Ladera Heights	90056	Venice Family Clinic
Lennox	90304	Northeast Community Clinic Inc.
South LA	90001	Alta Med Health Services Corporation
South LA	90002	Watts Healthcare Corporation
South LA	90003	St. John's Well Child & Family Center
South LA	90044	St. John's Well Child & Family Center
South LA	90047	St. John's Well Child & Family Center
South LA	90059	Watts Healthcare Corporation
University	90037	St. John's Well Child & Family Center
University	90089	Not available
USC	90007	St. John's Well Child & Family Center
West Hollywood	90046	Los Angeles LGBT Center
West Hollywood	90048	Saban Community Clinic
West Hollywood	90069	Los Angeles LGBT Center
West LA/Palms	90034	Venice Family Clinic
West LA/Rancho	90025	Venice Family Clinic
West LA/Rancho	90035	Los Angeles Free Clinic
West LA/Rancho	90064	Venice Family Clinic
Westwood	90024	Westside Family Health Center
Wilshire	90006	St. John's Well Child & Family Center
Wilshire	90057	Health Access for All, Inc.
Wilshire/Koreatown	90004	Alta Med Services Corporation
Wilshire/Koreatown	90005	KHEIR
Wilshire/Koreatown	90020	KHEIR

Source: UDS Mapper, 2019. http://www.udsmapper.org

Even with community health center entities in the Community Benefit Service Area, as well as health centers just 2-10 miles outside of the Community Benefit Service Area, there are many low-income residents who are not served by one of these clinic providers. In 2019, FQHCs and FQHC Look-Alikes served a total of 358,257 patients in the Community Benefit Service Area, which equates to 43.4% coverage among low-income patients and 19.47% coverage among the total population. However, 56.6% of the population (467,223), at or below 200% FPL are not served by a community health center. It should be noted that these individuals may be accessing health care services through non-FQHC providers (private, county, other) or not using health care services.

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

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
825,490	358,257	43.4%	19.47%	467,223	56.6%

Source: UDS Mapper, 2019. http://www.udsmapper.org

Dental Care

Oral health is essential to a person's overall health and wellbeing. Among children ages 3 to 11 and those age 2 and younger with teeth, 4.0% in SPA 4, 3.6% in SPA 5, and 16.3% in SPA 6 lack dental insurance. Among adults, 36.9% in SPA 4, 28.6% in SPA 5, and 47.3% in SPA 6 lack dental insurance.

Dental Insurance, Adults and Children

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Children without dental insurance	24.0%	3.6%*	16.3%	11.4%	9.8%
Adults without dental insurance	36.9%	28.6%	47.3%	36.9%	32.9%

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

Regular dental visits are essential for the maintenance of healthy teeth and gums. Across SPAs 4, 5 and 6, the majority of adults had a dentist visit in the last two years.

Dental Utilization and Condition of Teeth, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Never been to a dentist	4.2%	1.2%*	5.0%*	3.6%	2.5%
Visited dentist <6 months up to 2 years ago	82.3%	89.8%	70.4%	80.6%	82.3%
Visited dentist >than 2 years ago up to >5 years ago	13.5%	9.0%	24.7%	15.8%	15.2%
Condition of teeth: excellent to good	65.4%	80.0%	63.6%	70.4%	72.5%
Condition of teeth: fair to poor	34.1%	18.8%	32.8%	27.4%	25.1%

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Condition of teeth, has no natural teeth	0.5%*	1.2%*	3.6%	2.2%	2.3%

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

Across SPAs 4,5 and 6, the great majority of children, ages 3 to 11, and those under age 3 with teeth had a dental visit within the last six months.

Dental Utilization, Children, Ages 3-11

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Parent could not afford needed dental care for child	10.1%*	2.6%*	6.1%	5.4%	5.3%
Never been to the dentist	17.7%*	13.6%*	12.6%*	15.8%	14.2%
Been to dentist ≤6 months ago	76.3%*	81.4%*	84.4%*	71.3%	71.8%
Been to dentist >6 months up to 1 year ago	5.7%*	5.0%*	29.2%*	10.1%	10.1%
Been to dentist <1 year up to 2 years ago	1.9%*			2.0%*	2.9%

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

When combining SPAs 4, 5 and 6, among teens, ages 12 to 17, 84.1% had a dental visit within the last six months.

Dental Utilization, Teens, Ages 12-17

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Never been to the dentist	**	**	1.3%*
Been to dentist ≤6 months ago	84.1%*	84.6%	80.5%
Been to dentist >6 months to up to1 year ago	**	7.9%*	10.9%
Been to dentist >1 year up to 2 years ago	20.8%*	3.8%*	3.7%
Been to dentist >2 years up to 5 years ago	**	2.8%*	2.7%*

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

Community Input – Access to Care

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

- Workforce is an issue. There's already a shortage in primary care access, especially in medically underserved areas, but that's now at a critical high in healthcare, with burnout being a top reason. Also, many clinics had to furlough/lay off staff and are not able to bring them back yet.

- Providers say it’s challenging to hire medical assistants; many left the workforce to care for kids.
- It’s tough to find specialists. Many must go through insurance networks for referrals; specialists breaking up with insurers over contract issues affects LGBTQ+ care.
- A big issue is health insurance, whether that's public or private. A person may be insured, but not know how to navigate the system, whether it’s federally qualified health centers or large health care systems.
- Health insurance is a barrier, as well as fears due to COVID, money to afford prescriptions, and care options close to work or home. This specifically impacts older adults and Latinx populations as well as Samoans and Pacific Islanders.
- Dental care is either inaccessible due to lack of insurance or too costly, so many delay preventive dental care. This can result in health emergencies.
- Need urgent care located in vulnerable communities.
- There are few options for people who can’t access care from 9a-5p, other than emergency care. This impacts low wage earners, single parents, and minority populations. Telemedicine works if one has access.
- The need is severe in South Los Angeles for chronic disease and mental health support due to a lack of providers and hospital access.
- Telehealth became an access portal but also a barrier. SPA 6 didn’t do the same work on Internet technology as other areas, creating a digital divide affecting students and people trying to sign up for vaccine appointments.
- Technological barriers due to many remote services, especially with the older generation, those with lower socioeconomic status, and those living in lower quality housing with poor broadband access.
- We see many clients who aren’t willing to see a health care provider. Linking/co-locating health care and mental health care is so important. The severely mentally ill die earlier due to health issues.
- There’s a tendency for large health care provider organizations to provide an array of high revenue producing specialty services, but avoid low revenue/high demand services, such as psychiatric and substance use disorder detox. This impacts low-income communities.
- As a system, we need to look at how to integrate to treat the whole person - physical, mental health, substance use - and coordinate care better utilizing onsite partnerships and shared space with mental health and primary care to create a “one stop” system of care.
- Many are fearful that seeking health care will impact their immigration status.
- Diversity of communities leads to diversity of health care needs. Language barriers are challenging. We need the ability to accommodate different languages, understand cultural beliefs and stigma with certain needs like mental health.

- Transportation is a long-standing issue, which is why telehealth is successful. Latina women are primarily affected as they are often caregivers or domestic workers so it’s challenging for them to access health care as rent is expensive for clinics on the Westside where these women are working.
- Transportation barriers affect low-income, apartment dwellers, and LA’s Del Rey community.
- With prenatal care, transportation is challenging especially for those who need to travel far for specialty care. Lack of childcare can lead to missed appointments.
- Infant and maternal mortality among Black women is atrocious.
- Trusted faith- and community-based organizations assist individuals/communities in increasing knowledge. For example, there’s a movement to increase access to doulas, especially with infant mortality concerns among low-income and at-risk women. Sometimes it's supporting the home during a very stressful time for women who don't have resources.
- For persons who are homeless, their lives are chaotic living on the street, they’re not likely to get/keep appointments or manage medications. Poor hygiene becomes a barrier to getting care.
- Persons who are homeless have trouble accessing services in a mainstream way, so they utilize emergency rooms. This is also true for those with physical or cognitive limitations.
- Homeless efforts are innovating street medicine, but rarely get to chronic disease management. Need more resources to provide mental health and medical services where people are. Peer interventions covered through Medi-Cal was an important step forward.

Birth Indicators

Births

From 2014 to 2018 there were, on average, 22,527 births in the Community Benefit Service Area.

Delivery Paid by Public Insurance or Self-Pay

In the Community Benefit Service Area, the rate of births paid by public insurance or self-pay was 639.1 per 1,000 live births, which is higher than the county (542.9 per 1,000 live births) or state (498.5 per 1,000 live births) rates.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	14,398	639.1	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

The birth rate for teens in the Community Benefit Service Area was 22.2 per 1,000 females, ages 15-19. This rate was higher than the teen birth rate for the county and the state (17.3 per 1,000 females, ages 15-19).

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to Teen Mothers ages 15-19	1,341	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

Among pregnant women in the Community Benefit Service Area, 4,058 women entered prenatal care *after* the first trimester, at a rate of 180.1 per 1,000 live births. As such, 81.9% of pregnant women started prenatal care in the first trimester.

Late Prenatal Care Rate, per 1,000 Live Births

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late prenatal care entry (after first trimester)	4,058	180.1	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

The rate of premature births (occurring before the start of the 38th week of gestation) in the Community Benefit Service Area was 95.6 per 1,000 live births. This rate was higher than the county (88.5 per 1,000 live births) and state (85.4 per 1,000 live births) rates of premature births.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature birth	2,154	95.6	88.5	85.4

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

Low Birth Weight

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The Community Benefit Service Area rate of low-birth weight babies was 78.9 per 1,000 live births. This was rate is higher than county (72.0 per 1,000 live births) and state (68.6 per 1,000 live births) rates.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	1,778	78.9	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.

Mothers Who Smoked During Pregnancy

In the Community Benefit Service Area, 123 mothers smoked regularly during pregnancy. As such, the Community Benefit Service Area rate of mother who smoked during pregnancy is 5.5 per 1,000 live births. This rate is lower when compared to the county (6.2 per 1,000 live births) and state (15.8 per 1,000 live births).

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Mothers who smoked	123	5.5	6.2	15.8

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

Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under one year of age. The infant mortality rate in the county was 3.8 deaths per 1,000 live births, which was slightly lower than the state rate (3.9 deaths per 1,000 live births) and lower than the Healthy People 2030 objective of 5.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births, 2016-2018

	Los Angeles County	California
Infant death rate	3.8	3.9

Source: California Department of Public Health, County Health Status Profiles, 2021. https://data.chhs.ca.gov/dataset/8ceba47b-6357-4946-9fb9-cbe8c02ca9ad/resource/3781a514-d658-4779-abb5-3c71e15c1944/download/chsp_2021_odp_2021-04-08.csv

Breastfeeding

Breastfeeding has been proven to have considerable benefits to both baby and mother. The California Department of Public Health recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at CSMC indicated 96.9% of new mothers engaged in any breastfeeding and 73.0% breastfeed exclusively. These rates of breastfeeding exceeded the rates among hospitals in the county and state.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Cedars-Sinai Medical Center	5,157	96.9%	3,884	73.0%
Los Angeles County	94,300	93.7%	63,799	63.4%
California	366,592	93.8%	274,331	70.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at CSMC. Asian mothers were most likely to engage in any breastfeeding (98.2%). White mothers were most likely to engage in exclusive breastfeeding (77.9%). African American mothers were the least like to engage in any breastfeeding (92.1%). Mothers of an “Other” race/ethnicity were the least likely to breastfeed exclusively (61.2%).

In-Hospital Breastfeeding, Cedars-Sinai Medical Center, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
African American	269	92.1%	183	62.0%
Asian	597	98.2%	424	69.7%
Latino/Hispanic	855	97.0%	552	62.7%
Multiple Race	332	96.5%	255	74.1%
Other	82	96.5%	52	61.2%
White	2,909	97.1%	2,333	77.9%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Leading Causes of Death

Life Expectancy

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

Life Expectancy, 2017-2019

	Los Angeles County	California
Life expectancy	82.4	81.7

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

Premature Mortality

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.

Premature Mortality, 2017-2019

	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.
https://www.countyhealthrankings.org/app/california/2021/measure/outcomes/127/data

Leading Causes of Death

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.

When looking at causes of death in the Community Benefit Service Area population, heart disease, cancer, and stroke are the top three causes of death, followed by Alzheimer's disease and unintentional injuries.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Five-year average mortality rate	9,604	608.5	569.8	614.8
Heart disease	2,892	167.4	146.9	142.7
Cancer	2,365	139.6	134.3	139.6
Stroke	599	35.2	33.3	36.4

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease	517	29.9	34.2	35.4
Unintentional injuries	480	25.4	22.6	31.8
Diabetes	457	26.7	23.1	21.3
Chronic lower respiratory disease	409	24.5	28.1	32.1
Pneumonia and influenza	361	21.3	19.2	14.8
Liver disease	247	13.7	13.0	12.2
Kidney disease	233	13.6	11.2	8.5
Homicide	193	9.7	5.7	5.0
Suicide	146	7.7	7.9	10.5
HIV	81	4.4	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 and Stroke

In the Community Benefit Service Area, the age-adjusted mortality rate for heart disease (167.4 per 100,000 persons) was higher than the county (146.9 per 100,000 persons) and the state (142.7 per 100,000 persons). The rate of ischemic heart disease deaths (a sub-category of heart disease) was 117.4 per 100,000 persons in the Community Benefit Service Area as compared to the county at 106.8 per 100,000 persons and the state at 88.1 per 100,000 persons. The rate of heart disease deaths in the Community Benefit Service Area is higher than the Healthy People 2030 objective of 71.1 per 100,000 persons.

The age-adjusted rate of death from stroke was higher in the Community Benefit Service Area (35.2 per 100,000 persons) than in the county (33.3 per 100,000 persons), but lower than the state rate (36.4 per 100,000 persons). The rate of stroke deaths in the Community Benefit Service Area is higher than the Healthy People 2030 objective of 33.4 per 100,000 persons.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	2,892	167.4	146.9	142.7
Ischemic heart disease death rate	809	117.4	106.8	88.1
Stroke death rate	599	35.2	33.3	36.4

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

Cancer

In the Community Benefit Service Area, the age-adjusted cancer mortality rate was 139.6 per 100,000 persons. This is higher than the county rate (134.3 per 100,000 persons) and equal to the state rate (139.6 per 100,000 persons). The cancer death rate in the Community Benefit Service Area is higher than the Healthy People 2030 objective of 122.7 per 100,000 persons.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	2,365	139.6	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.

According to the most recently available data, the overall cancer mortality rate for Los Angeles County (136.6 per 100,000 persons) is below the state cancer death rate (140 per 100,000 persons). Rates of death from some cancers are notably higher in the county than the state including: colorectal, liver, cervical and uterine, and stomach cancers.

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

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

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

Alzheimer's Disease

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.[6] In the Community Benefit Service Area, the Alzheimer's disease death rate was 29.9 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.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	517	29.9	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.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the Community Benefit Service Area was 25.4 per 100,000 persons, as compared to county (22.6 per 100,000 persons) and state (31.8 per 100,000 persons) rates. In the Community Benefit Service Area, the death rate for unintentional injuries was lower than the Healthy People 2030 objective of 43.2 per 100,000 persons.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	480	25.4	22.6	31.8

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

Diabetes

Diabetes may be underreported as a cause of death. Studies have found that 35% to 40% of people with diabetes who died had diabetes listed anywhere on the death certificate and 10% to 15% had it listed as the underlying cause of death.[7] The age-

[6] *Source: World Health Organization, Dementia Fact Sheet, September 21, 2020. https://www.who.int/news-room*

[7] *Source: American Diabetes Association. Statistics about Diabetes, 2020. Down loaded April 2021. https://www.diabetes.org/resources/statistics/statistics-about-diabetes*

adjusted mortality rate from diabetes in the Community Benefit Service Area (26.7 per 100,000 persons) was higher than the county rate (23.1 per 100,000 persons) and the state rate (21.3 per 100,000 persons).

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	457	26.7	23.1	21.3

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

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the Community Benefit Service Area is 24.5 per 100,000 persons, which was lower than county (28.1 per 100,000 persons) and state (32.1 per 100,000 persons) rates.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	409	24.5	28.1	32.1

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

Pneumonia and Influenza

In the Community Benefit Service Area, the pneumonia and influenza death rate was 21.3 per 100,000 persons, which was higher than the county (19.2 per 100,000 persons) and the state (14.3 per 100,000 persons) rates.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	361	21.3	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

Mortality from liver disease was higher in the Community Benefit Service Area (13.7 per 100,000 persons) than in the county (13.0 per 100,000 persons) and the state (12.2 per 100,000 persons). The Community Benefit Service Area rate was below the Healthy People 2030 objective for liver disease deaths of 10.9 per 100,000 persons.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	247	13.7	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

In the Community Benefit Service Area, the kidney disease death rate was 13.6 per 100,000 persons. This rate was higher than the county (11.2 per 100,000 persons) and the state (8.5 per 100,000 persons) rates.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	233	13.6	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.

Homicide

In the Community Benefit Service Area, the age-adjusted death rate from homicides was 9.7 per 100,000 persons. This rate was higher than the county (5.7 per 100,000 persons) and state (5.0 per 100,000 persons) rates for homicides. In the Community Benefit Service Area, the homicide rate was higher than the Healthy People 2030 objective of 5.5 per 100,000 persons.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	193	9.7	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.

Suicide

In the Community Benefit Service Area, the age-adjusted death rate due to suicide was 7.7 per 100,000 persons as compared to the county (7.9 per 100,000 persons) and the state (10.5 per 100,000 persons). In the Community Benefit Service Area, the suicide rate was lower than the Healthy People 2030 objective of 12.8 per 100,000 persons.

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	146	7.7	7.9	10.5

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

HIV

In the Community Benefit Service Area, the death rate from HIV was 4.4 per 100,000 persons. This rate was higher than the county HIV death rate (2.1 per 100,000 persons) and state HIV death rate (1.6 per 100,000 persons).

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

	CSMC CB Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	81	4.4	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

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.

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

	Rate
Los Angeles County	10.4
California	14.3

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

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At CSMC, the top five primary diagnoses resulting in hospitalization were pregnancy/childbirth, conditions originating in the perinatal period, circulatory system diseases, digestive system diseases, and injuries/poisonings.

Hospitalization Rates, by Principal Diagnoses, Top Ten Causes

	Cedars-Sinai Medical Center
Pregnancy, childbirth, and postpartum period	6.65%
Certain conditions originating in the perinatal period	6.44%
Diseases of the circulatory system	6.37%
Diseases of the digestive system	4.72%
Injury, poisoning, and certain other consequences of external causes	4.71%
Certain infectious and parasitic diseases	3.88%
Neoplasms	2.96%
Diseases of the musculoskeletal system and connective tissue	2.58%
Diseases of the genitourinary system	2.17%
Diseases of the respiratory system	2.03%

Source: Office of Statewide Health Planning and Development, Facility Summary Report Hospital Inpatient, 2020.
https://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Department Rates by Diagnoses

At CSMC, the top five primary diagnoses seen in the Emergency Department were symptoms, signs and abnormal clinical and laboratory findings, injuries/poisonings, diseases of respiratory system, diseases of the circulatory system, and diseases of the musculoskeletal system and connective tissue.

Emergency Department Rates by Principal Diagnoses, Top Ten Causes

	Cedars-Sinai Medical Center
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified	5.11%
Injury, poisoning and certain other consequences of external causes	4.52%
Diseases of the respiratory system	3.94%
Diseases of the circulatory system	2.68%
Diseases of the musculoskeletal system and connective tissue	1.91%
Diseases of the digestive system	1.54%
Diseases of the nervous system	1.37%
Mental, behavioral and neurodevelopment disorders	1.27%
Diseases of the genitourinary system	1.14%
Diseases of the skin and subcutaneous tissue	0.79%

Source: Office of Statewide Health Planning and Development, Facility Summary Report Emergency Department, 2020.
https://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

COVID-19

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

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

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

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

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

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

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

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

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

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

	Los Angeles County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Population, ages 5-11	9.4%	81,345	19.2%	165,977	9.1%	320,609	20.7%	729,298

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

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

Community Input – COVID-19

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

- We saw many financial issues and then families losing their homes and lives being uprooted.
- Many service workers were impacted by businesses closing.
- Many families started living together, but then some families could get assistance while other families couldn't as they shared the same (duplicated) address.
- Many families elected not to have their kids return to educational programs, primarily our Latinx families. They have many families living together and feared COVID exposure and rapid spreading.
- Families didn't have money for basic needs, i.e., food, rent, and was especially prevalent among older adults and health care workers.
- Isolation was an issue, especially for older folks.
- Returning back to school is challenging for some who were protected from bullying while at home.
- Technology challenges impacted seniors and low-income persons who lack stable Internet or computers.
- We saw increased intimate partner violence due to the quarantine.
- Many didn't have consistent access to information or care and didn't have the ability to stay home and care for their themselves and families. We have the best hospitals in the world for individuals but not communities; the system works well for some but many fall outside the system.
- COVID further limited access to services for those most in-need. Many public spaces and services were no longer available, having a tremendous negative impact.
- For persons who are homeless, barriers were access to care for the most vulnerable - older adults and those with chronic conditions - and recuperation options if they were COVID positive.
- Women haven't been able to get their mammograms, so we're catching breast

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

- Mental health became a giant problem, and the system has not expanded to meet the need.
- After the pandemic, we will all deal with mental health effects, i.e., anxiety, depression, PTSD.
- Health care provider burnout is an ongoing issue. With the rates of doctors and nurses retiring, there aren't enough in the pipeline, and those staying have their own anxiety and depression.
- It's going to be difficult to go back in person for many providers. Many will continue virtual mental health care options, but we foresee hybrid versions will be a challenge.
- There was tremendous cost associated with unnecessary hospitalizations, which deferred other critical services. We need to figure out how to address vaccine hesitancy.
- We know there was disparity in vaccine access, but many black and brown communities stood up to make sure resources were available locally for those most vulnerable.
- My Turn wasn't easy to navigate and wasn't in all languages for the Asian Pacific Islander community. Many didn't have email addresses, so an organization would have to create an email address, but then family members couldn't easily translate emails with healthcare language.
- The world came to appreciate the importance of schools as a center for resources.
- The pandemic put a spotlight on helping organizations that were inundated with new clients. Sustainability for these organizations is key.
- Racial disparity is very real. The pandemic highlighted a broad lack of positive experiences, specifically with Blacks and Latinx community members who are fundamentally disenfranchised. Their experiences caused them to see that vaccine will cause harm.
- There is significant grassroots level misinformation around COVID and the vaccine. We saw this in public housing projects, making it challenging to provide services.
- We need more community health workers integrated into communities with high rates of unvaccinated to help dispel myths/misinformation through one-on-one conversations.
- With COVID vaccination, there's a differential between attitudes and behavior. There are three groups: 1) don't believe in any vaccines; 2) don't believe in COVID vaccine; and 3) don't understand science. We need different approaches for each group.
- Now, long-haul COVID is the focus – what should a clinical program of excellence look like? It needs to be invented.

Diabetes

Among adults, 17.0% in SPA 4, 23.2% in SPA 5, and 15.3% in SPA 6 reported they have been diagnosed with pre-diabetes, as compared to the county at 16.7% and the state at 15.8%. 10.1% of adults in SPA 4, 5.3% in SPA 5, and 14.1% in SPA 6 reported they have been diagnosed with diabetes. The range of adults who felt very confident to control their diabetes ranged from 23.0% in SPA 4 to 66.7% in SPA 5, as compared to the county at 54.3% and state at 59.1%.

Pre-Diabetes and Diabetes, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Diagnosed with pre-diabetes	17.0%	23.2%	15.3%	16.7%	15.8%
Ever diagnosed with diabetes‡	10.1%	5.3%	14.1%	10.5%	10.0%
Very confident to control diabetes	23.0%*	66.7%*	65.4%*	54.3%	59.1%
Somewhat confident	43.9%*	18.8%*	29.6%*	36.7%	32.7%
Not confident	33.1%*	**	5.0%*	9.0%	9.0%

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

When examining combined data for SPAs 4, 5 and 6, Black/African American adults had the highest rate of diagnosed diabetes (15.8%), followed by Latino adults (13.2%), Asian adults (9.2%), White adults (4.9%) and Multiracial adults (3%).

Diabetes, Adults, by Race/Ethnicity

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Native Hawaiian/Pacific Islander	**	18.3%*	12.2%
Black/African American	15.8%	15.0%	14.6%
American Indian/Alaska Native	**	13.9%*	10.8%
Latino	13.2%	12.7%	11.9%
Asian	9.2%	10.0%	9.8%
White	4.9%	7.6%	8.3%
Multiracial	3.0%*	4.3%	6.3%

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

Among SPAs 4, 5, and 6, adults, ages 40-49, were diagnosed with diabetes at a rate higher than the county and state. These data do not discern between Type I and Type II diabetes.

Diabetes, Age at Diagnosis

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Ages 10 to 19	3.1%*	2.8%*	2.7%

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Ages 20 to 29	7.9%*	5.8%	7.2%
Ages 30 to 39	14.2%	15.6%	16.5%
Ages 40 to 49	27.1%	24.0%	22.1%
Ages 50 to 59	20.6%	24.0%	24.7%
Ages 60 to 69	14.7%	15.4%	17.7%
Ages 70 and older	10.4%	10.6%	7.7%

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

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). Among adults, 20.1% in SPA 4, 15.8% in SPA 5, and 29.4% in SPA 6 have been diagnosed with high blood pressure, as compared to the county (25.5%) and the state (25.9%). Increasing blood pressure predicts an increased risk of cardiovascular disease. Among adults, 6.2% in SPA 4, 8.9% in SPA 5, and 3.5% in SPA 6 have been diagnosed with borderline high blood pressure, as compared to the county and the state (7.2%).

High Blood Pressure, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Had/has high blood pressure	20.1%	15.8%	29.4%	25.5%	25.9%
Has/had borderline high blood pressure	6.2%	8.9%	3.5%	7.2%	7.2%

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

When examining data for SPAs 4, 5 and 6, Black/African American adults had the highest rates of diagnosed high blood pressure (42.6%), followed by Asian (22.7%), White (21.4%), Latino (18.7%), and Multiracial adults (13.9%).

High Blood Pressure, Adults, by Race/Ethnicity

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
American Indian/Alaska Native	**	45.4%*	40.1%
Black/African American	42.6%	40.3%	38.6%
White	21.4%	27.6%	28.7%
Native Hawaiian/Pacific Islander	**	26.1%*	31.4%
Asian	22.7%	24.6%	21.8%
Latino	18.7%	23.8%	22.4%
Multiracial	13.9%	16.7%	20.4%

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

Heart Disease

Among adults, 9.5% in SPA 4, 4.4% in SPA 5, and 7.6% in SPA 6 have been diagnosed

with heart disease, as compared to the county at 6.7% and state at 7.0%. 60.6% of adults in SPA 4, 98.0% in SPA 5, and 77.5% in SPA 6 have been provided with a management plan, as compared to the county at 78.8% and state at 80.1%.

Heart Disease, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Has heart disease‡	9.5%	4.4%	7.6%	6.7%	7.0%
Provided a management plan	60.6%*	98.0%*	77.5%*	78.8%	80.1%

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

In area SPAs, Black/African American adults had the highest diagnosed rate of heart disease (7.5%), followed by White (7.1%), Asian (5.8%), and Latino adults (5.5%).

Heart Disease, Adults, by Race/Ethnicity

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
American Indian/Alaska Native	**	11.3%*	13.6%
White	7.1%	9.1%	9.5%
Black/African American	7.5%	7.4%	6.5%
Asian	5.8%	5.1%	5.0%
Latino	5.5%	4.7%	4.2%
Native Hawaiian/Pacific Islander	**	4.5%*	7.0%*
Multiracial	1.9%*	4.3%*	5.5%

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

Asthma

Among the total population in SPAs 4, 5 and 6, 15.5% in SPA 4, 9.5% in SPA 5, and 12.7% in SPA 6 have been diagnosed with asthma. Among children, ages 0 to 17, 17.5% in SPA 4, 7.0% in SPA 5, and 10.0% in SPA 6 have been diagnosed with asthma. Among those diagnosed with asthma, 28.0% in SPA 4, 25.0% in SPA 5, and 29.1% in SPA 6 had an episode/attack in the past 12 months. 38.6% in SPA 4, 21.7% in SPA 5, and 55.3% in SPA 6 take daily medication to control their symptoms.

Asthma

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Ever diagnosed with asthma, all ages	15.5%	9.5%	12.7%	14.4%	15.4%
Ever diagnosed with asthma, adults	15.2%	10.1%	13.8%	14.4%	16.0%
Ever diagnosed with asthma, ages 1-17	17.5%*	7.0%*	10.0%*	14.2%	13.6%
Has had an asthma episode/attack in past 12 months, all ages	28.0%	25.0%*	29.1%	27.6%	28.3%
Has had an asthma episode/attack in past 12 months, adults	28.6%	18.4%	34.9%	27.7%	28.7%

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Has had an asthma episode/attack in past 12 months, ages 1-17	30.6%*			29.3%	27.5%
Takes daily medication to control asthma, all ages	38.6%	21.7%*	55.3%	46.7%	45.9%
Takes daily medication to control asthma, adults	32.1%	25.7%*	55.7%	45.3%	44.6%
Takes daily medication to control asthma, ages 1-17	51.8%*			55.8%	50.2%

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

Cancer

In Los Angeles County, cancer diagnoses have been increasing, while cancer mortality rates have been decreasing. The age-adjusted cancer incidence rate in the county was 373.5 cancers per 100,000 persons, which was lower than the state rate of 394.5 per 100,000 persons. The incidence of colorectal and stomach cancers, corpus uteri, thyroid, and ovarian cancers were all higher in the county than for the state.

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

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

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

Community Input – Chronic Disease

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

- We're starting to see poorer health outcomes due to deferred care during the pandemic. We're looking at deeper investments into things like blood pressure cuffs and electronic scales so patients can self-monitor and providers can track health outcomes data.
- Many persons delayed or fell out of care because of COVID and that continues.

Some services require being in-person so that's a challenge, i.e., blood draw. How do we re-engage folks?

- Need to get those with existing chronic diseases back into care with their provider and ensure access to telehealth, although we do still need in-person monitoring of health and wellbeing.
- There are a limited number of providers who will accept Medi-Cal.
- There's a lack of specialty care access, lack of health literacy for chronic disease self-management, and lack of healthy environments, i.e., green space and prevalence of tobacco/liquor stores.
- Culturally, we have to overcome stigmas around preventive care.
- There's an interplay of chronic disease, the built environment and food access, underscoring that we need to think beyond a doctor's four walls.
- Women's health issues particularly need emphasis.
- Hypertension and diabetes are big issues.
- In South Los Angeles, many persons lack medical homes. This is a historically abandoned area with a lack of industry that would bring revenue and jobs. Amputations are the largest surgery at Martin Luther King, Jr. Community Hospital because of lack of regular care to save limbs.
- Obesity, diabetes, heart issues, blood pressure are issues with Blacks and Latinx populations, often attributed to environment, stigma, and living in poor neighborhoods.
- Diabetes continues to be a challenge and there's not enough information available. Patients usually must pay for access to evidence-based best practices – that's a barrier. Transportation is also a challenge as many best practices are group therapy or group sessions, which need to be in person.
- Obesity worsened tenfold during the pandemic. Kids had too much screen time and not enough activity.
- Indoor air pollution can be worse than outdoors. We need to gradually get rid of gas inside residential dwellings, improve transportation-related emissions, and watch for extreme heat-related heart disease.
- Pacific Islanders specifically have high levels of obesity and obesity-related chronic disease.
- Asthma is a big problem among children and adults. During the pandemic, many had flare-ups and never saw a doctor.
- Addiction and psychiatric disorders are chronic diseases, but there's a lack of interest by health care organizations to provide services.
- Home care options are awful. As the community ages, chronic diseases worsen. We need to ask ourselves: do we learn how to take care of them at home or institutionalize them as a solution?

- Medication management is a huge issue, especially for seniors and persons who are homeless who lack a place to safely store and take meds regularly.
- The shift in Alzheimer's Association focus away from provision of services affected many families and it was challenging for private philanthropy to pick up that slack. The result is there is not a lot of Spanish language services with cultural competency on how to address stigma in Latinos with dementia.
- Lack of specialty care options for those who are mentally ill.
- Among persons who are homeless, we see issues with Hepatitis C, HIV, and skin problems, as well as sanitary issues, and lack of medical equipment, dialysis access, and recuperation options.

Sexually Transmitted Infections

SPA 6 had the highest rate of chlamydia (957 cases per 100,000 persons), and SPA 4 had the highest rates of gonorrhea (590 cases per 100,000 persons) and early syphilis (156 cases per 100,000 persons). SPA 5 had lower rates of chlamydia, gonorrhea, and early syphilis as compared to SPA 4 and SPA 6.

Sexually Transmitted Infections Incidence Rate, per 100,000 Persons

	SPA 4	SPA 5	SPA 6	Los Angeles County
Chlamydia	827	370	957	656
Gonorrhea	590	178	421	263
Early Syphilis	156	34	73	54

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

In Los Angeles County, the highest rates of chlamydia (946 cases per 100,000 persons) and gonorrhea (648 cases per 100,000) were among Black/African American residents, and the highest rate of early syphilis (128 cases per 100,000 persons) was among Pacific Islanders. Asians in the county have the lowest levels of diagnosed STIs.

Sexually Transmitted Infections Incidence Rate, per 100,000 Persons, by Race/Ethnicity

	Chlamydia*	Gonorrhea	Early Syphilis
Black/African American	946	648	110
Pacific Islander	468	430	128
Latino	361	177	53
American Indian/Alaska Native	343	242	67
White	209	172	46
Asian	122	59	18

*Source: Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2018 Annual STD Surveillance Tables. Published July 2021. http://publichealth.lacounty.gov/dhsp/Reports.htm *2018 chlamydia rates by race/ethnicity are not yet available. Source for chlamydia rates: 2017 Annual STD Surveillance Report, published August 2019.*

HIV

In SPA 4 and SPA 6, the number and rate of new HIV diagnoses decreased from 2017 to 2018. In SPA 5, the number and rate remained unchanged from 2017 to 2018. In 2018, Black and Latino individuals had the highest rates of HIV diagnoses.

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

	2017		2018	
	Number	Rate	Number	Rate
SPA 4	513	50	422	42
SPA 5	61	10	61	10
SPA 6	282	33	266	31
Los Angeles County	**1,756**	**20**	**1,660**	**19**

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2019. Published May 2020. Annual HIV Surveillance Report 2019 - 08202020 Final Trebuchet Figure 4 and 40 Update (lacounty.gov)

At the end of 2019, the rate of persons living with diagnosed HIV was 1,798 per 100,000 persons in SPA 4, 428 per 100,000 persons in SPA 5, and 791 per 100,000 persons in SPA 6 as compared to the county at 599 per 100,000 persons.

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

	Number	Rate
SPA 4	18,283	1,798
SPA 5	2,508	428
SPA 6	6,710	791
Los Angeles County	**51,980**	**599**

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2019. Published May 2020. Annual HIV Surveillance Report 2019 - 08202020 Final Trebuchet Figure 4 and 40 Update (lacounty.gov)

Community Input – Sexually Transmitted Infections

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

- The Department of Public Health had to delay work on sexually transmitted infections to address COVID. Unless something more is done, we'll see increases.
- Need increased education, especially for transitional age youth. Sexually transmitted infections get overlooked with public health currently.
- The lack of access to consistent preventive care means there is no safety net. Sexually transmitted infections don't get addressed until presented as a problem. Issues that are uncomfortable or awkward don't get talked about.
- Federal underfunding to do tracing and corrective treatment in the public health sphere leads to higher outbreaks of sexually transmitted infections.
- Women's health is not prioritized enough. Men are not in care, so women are getting infected.

- Issues exist around easy access to condoms, contraceptives, hygiene, testing, treatment and contact tracing.
- The threat of defunding Planned Parenthood is a concern; we need to be thinking about how to keep those resources going. Having various locations make a significant difference in access.
- We see many in need of housing assistance who are also suffering from sexually transmitted infections, often HIV.
- HIV is a major issue in South Los Angeles.
- We're seeing an increase in congenital syphilis across all population groups.
- Rates of sexually transmitted infections are skyrocketing, specifically congenital syphilis in communities of color. This can be solved with access to regular screening, trust in medical systems, and culturally competent providers.
- Sexually transmitted infections are high in SPA 4, especially HIV, chlamydia, and gonorrhea. This may be in part due to the LGBTQ+ community who are already at risk.
- Sex trafficking victims and sex workers need access to education and treatment.
- It's a win that PrEP HIV treatment is now covered by Medi-Cal, although now we see increases in other sexually transmitted infections due to lack of condom use because they're using PreP. This is most prevalent among LGBTQ+ communities and African American women.

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.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

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

Health Status

Among adults, 83.9% in SPA 4, 92.3% in SPA 5, and 78.4% in SPA 6 rated themselves as being in excellent, very good, or good health, as compared the county at 84.5% and state at 84.6%.

Self-Reported Health Status, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Excellent health status	21.2%	26.0%	17.5%	18.7%	18.6%
Very good health status	30.5%	41.8%	26.0%	33.3%	35.0%
Good health status	32.2%	25.1%	34.9%	32.6%	31.0%
Fair health status	11.8%	7.7%	18.6%	12.2%	12.4%
Poor health status	4.3%*	**	2.9%*	3.2%	3.0%

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

Among children, ages 0 to 17, 99.3% in SPA 4, 100% SPA 5, and 95.1% in SPA 6 were reported to be in excellent, very good, or good health, as compared to the county at 97.7% and state at 97.2%.

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

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Excellent health status	65.9%	64.7%	56.4%	49.2%	50.9%
Very good health status	23.7%	20.5%*	29.6%	33.4%	32.1%
Good health status	9.7%	14.8%*	9.0%*	15.0%	14.3%
Fair/poor health status	2.6%			2.3%*	2.8%

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

Limited Activity Due to Poor Health

Adults limited their activities due to poor mental health an average of 4.6 days per month in SPA 4, 3.5 days in SPA 5, and 4.0 days in SPA 6. Similarly, adults limited their activities due to poor physical health an average of 3.6 days per month in SPA 4, 3.1 days in SPA 5, and 4.2 days in SPA 6.

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

	SPA 4	SPA 5	SPA 6	Los Angeles County
Poor mental health days	4.6	3.5	4.0	4.0
Poor physical health days	3.6	3.1	4.2	3.9

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

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. Among adults, 24.1% in SPA 4, 24.1% in SPA 5, and 26.2% in SPA 6 reported a physical, or mental or emotional disability. Among children ages 0 to 17, 13.5% in SPA 4, 16.8% in SPA 5, and 15.6% in SPA 6 were reported by their caretakers to have special health care needs.

Disability, Adults and Children, Ages 0-17

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults with a disability	24.1%	24.1%	26.2%	24.6%
Children, 0-17 with special health care needs	13.5%	16.8%	15.6%	14.7%

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

Overweight and Obesity

Among adults, 31.8% in SPA 4, 27.4% in SPA 5, and 36.6% in SPA 6 were overweight as compared to the county and the state at 32.7 %. Combining SPAs 4, 5, 6 to increase stability of data, 31.2% of teens were overweight and 6.6% of children were overweight for their age.

Overweight, All Ages

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Adults, ages 18 and older	31.8%	27.4%	36.6%	32.7%	32.7%
Teens, ages 12-17	31.2%*			18.9%	15.9%
Children, ages 11 and under	6.6%*			11.5%	14.2%

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

The Healthy People 2030 objectives for obesity is 36.0% of adults, ages 20 and older, and 15.5% for children and teens, ages 2 to 19. Among adults, 22.6% in SPA 4, 15.8% in SPA 5, and 32.9% in SPA 6 are obese. Combining SPAs 4, 5, 6 to increase stability of data, 12.2% of teens were obese. Both population age groups met the Healthy People 2030 objective.

Obesity, Adults and Teens

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Adults, ages 18 and older	22.6%	15.8%	32.9%	27.9%	27.2%
Teens, ages 12-17	12.2%*			22.5%	19.2%

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

When overweight and obesity measures are combined, Latino adults had the highest rates of being overweight or obese in SPA 4 (66%) and SPA 6 (76.6%). In SPA 5, Latinos (54.5%) and White adults (54.3%) have the highest rates of overweight and obesity.

Overweight and Obese, Adults, by Race/Ethnicity

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Latino	66.0%	54.5%*	76.6%	72.0%	71.3%
Black/African American	59.9%	54.3%	67.9%	69.9%	70.6%
Native Hawaiian/Pacific Islander	**	**	**	62.8%*	68.5%
American Indian/Alaska Native	**	**	**	58.5%*	72.4%
White	36.6%	39.1%	69.3%	54.3%	57.6%
Multiracial	40.6%*	28.9%*	66.5%*	50.2%	59.5%
Asian	40.7%*	41.8%*	38.5%*	39.4%	40.7%

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

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

- In the Beverly Hills Unified School District, less than ten percent of 5th, 7th, and 9th grade students tested for a body composition at health risk.
- In the Culver City Unified School District, 16% or less of 5th, 7th, and 9th grade students tested for a body composition at health risk.
- In the Inglewood Unified School District, over a quarter of 5th, 7th, and 9th grade students tested for a body composition at health risk.

- In the Lennox School District, a K-8 district, a third of 5th and 7th grade students tested for a body composition health risk.
- In the Los Angeles Unified School District, over a quarter of 5th, 7th, and 9th grade students tested for a body composition at health risk.

5th, 7th, and 9th Graders; Body Composition, 'Needs Improvement' and 'Health Risk'

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Beverly Hills Unified School District	17.6%	9.5%	17.9%	8.9%	12.2%	6.9%
Culver City Unified School District	13.3%	16.2%	16.4%	14.4%	20.5%	12.5%
Inglewood Unified School District	23.4%	29.2%	20.5%	27.6%	24.5%	30.1%
Lennox School District	22.8%	33.5%	20.1%	34.6%	N/A	N/A
Los Angeles Unified School District	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Los Angeles County	**20.2%**	**25.4%**	**19.8%**	**23.2%**	**20.3%**	**21.0%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

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

Soda/Sugar-Sweetened Beverage Consumption

Among children and adolescents, ages 17 and younger, 16.7% in SPA 4, 52.7% in SPA 5, and 46.5% in SPA 6 drank one or more sugary drinks in the previous day as compared to the county at 45.3% and the state at 39.0%. Similarly, of children and adolescents, 14.8% in SPA 4 and 38.0% in SPA 6 drank one or more sodas in the previous day as compared to the county at 23.7% and the state at 21.5%. Data for consumption of soda for SPA 5 were suppressed due to small sample size.

Soda or Sugar-Sweetened Beverage Consumption

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Ages 0-17, drank ≥1 sugary drink‡	16.7%*	52.7%*	46.5%*	45.3%	39.0%
Ages 0-17, drank ≥1 soda	14.8%*	**	38.0%	23.7%	21.5%

*Source: California Health Interview Survey, 2018‡, 2019. *Statistically unstable due to sample size. **Suppressed due to small sample size. http://ask.chis.ucla.edu/*

Adequate Fruit and Vegetable Consumption

Among children ages 2 to 11, 36.3% in SPA 4, 37.4% in SPA 5, and 19.6% in SPA 6 ate five or more servings of fruits and vegetables daily, as compared to the county at 30.1%. Among teens ages 12 to 17, 42.1% in SPA 4, 10.9% in SPA 5, and 24.6% in SPA 6 ate five or more servings of fruits and vegetables daily, as compared to the

county at 23.7%. Among adults, 14.8% in SPA 4, 17.6% in SPA 5, and 8.0% in SPA 6 ate five or more servings of fruits and vegetables in the previous day as compared to the county at 12.1%.

Five or More Servings of Fruits and Vegetables Daily

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children, ages 2-11	36.3%	37.4%*	19.6%	30.1%
Teens, ages 12-17[±]	42.1%*	10.9%*	24.6%*	23.7%
Adults, ages 18 and older[‡]	14.8%	17.6%	8.0%	12.1%

*Source: California Health Interview Survey, 2018-2019, [±]2017-2019-Data pooled to increase sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/ ‡Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

Community Access to Fresh Produce

Among parents/guardians of children ages 17 and younger, 77.0% in SPA 4, 96.1% in SPA 5, and 63.2% in SPA 6 rated their community's access to fresh fruits and vegetables as good or excellent, as compared to the county at 78.2%.

Community Access to Fresh Produce

	SPA 4	SPA 5	SPA 6	Los Angeles County
Good or excellent access to fresh produce	77.0%	96.1%	63.2%	78.2%

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

Physical Activity

The U.S. Department of Health and Human Service has established physical activity guidelines for adults, and children and adolescents.[8] 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 to17, aerobic physical activity guidelines advise 60 minutes or more of physical activity each day. Additionally, to meet

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

physical activity guidelines for muscle-strengthening exercises, children and adolescents must do muscle-strengthening physical activity at least three days a week. Among adults, 36.2% in SPA 4, 45.2% in SPA 5, and 27.9% in SPA 6 met both aerobic and muscle strengthening guidelines, as compared to the county at 35.1%. Among children and adolescents ages 6 to 17, 20.2% in SPA 4, 8.9% in SPA 5, and 13.7% in SPA 6 met both aerobic and muscle strengthening guidelines, as compared to the county at 15.1%.

Physical Activity Guidelines, Adults and Children

	SPA 4	SPA 5	SPA 6	Los Angeles County
No aerobic activity, adults	10.1%	8.1%	14.5%	11.2%
Met aerobic guidelines, adults	64.2%	70.5%	58.7%	64.4%
Met strengthening guidelines, adults	44.3%	52.3%	38.8%	43.1%
Met both aerobic and strengthening guidelines, adults	36.2%	45.2%	27.9%	35.1%
Met aerobic guidelines, children, ages 6-17	32.7%	18.4%	22.6%	23.7%
Met strengthening guidelines, children, ages 6-17	48.0%	44.5%	50.6%	50.8%
Met both aerobic and strengthening guidelines, children, ages 6-17	20.2%	8.9%	13.7%	15.1%

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

One of the components of the physical fitness test (PFT) is the measurement of students' aerobic capacity through run and walk tests. Inglewood Unified School District and Los Angeles Unified School District scored lower for all grades as compared to other Community Benefit Service Area school districts, the county and state.

Student Aerobic Capacity

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
Beverly Hills Unified School District	75.7%	75.5%	76.4%
Culver City Unified School District	89.5%	73.2%	84.6%
Inglewood Unified School District	36.9%	35.7%	38.1%
Lennox School District	57.2%	55.5%	N/A
Los Angeles Unified School District	50.5%	48.4%	48.1%
Los Angeles County	**57.1%**	**57.3%**	**54.1%**
California	**60.2%**	**61.0%**	**60.0%**

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

Sedentary Children and Teens

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among children ages 2 to 11, 10.8% in SPA 4, 4.4% in SPA 5, and 26.2% in SPA 6 spent five or more hours in sedentary activities on weekend days as compared to the county (15.7%) and state (20.8%).

Sedentary Children, Ages 2-11

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
<1 to <2 hours	29.5%*	47.2%	21.4%*	30.5%	23.6%
2 to <3 hours	37.4%*	19.2%*	39.7%	28.6%	25.2%
3 to <5 hours	22.3%*	29.2%*	12.8%*	25.2%	30.3%
5 or more hours	10.8%*	4.4%*	26.2%	15.7%	20.8%

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

Among teens ages 12 to 17, 44.6% in SPA 4, 66.5% in SPA 5, and 21.8% in SPA 6 spent five or more hours in sedentary activities on weekend days as compared to the county (38.2%) and state (48.6%).

Sedentary Teens, Ages 12-17

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
<1 to <2 hours	14.4%*			12.3%*	10.4%
2 to <3 hours	17.3%*			15.2%	15.0%
3 to <5 hours	22.5%*	24.0%*	35.7%*	34.3%	26.0%
5 or more hours	44.6%*	66.5%*	21.8%*	38.2%	48.6%

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

Community Input – Overweight and Obesity

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

- There's a need to evaluate what food is available to the community. Often, healthy affordable food options are too costly, too far way, or take too long to prepare.
- Cheap food is unhealthy; this is a systemic problem.
- Many people can't focus on healthy food/activities when other stressors are present.
- As a result of COVID, people chose safety over movement; movement suffered.
- Many eat to address mental health challenges, especially when mental health care options are limited.
- Food deserts and lack of access to fresh fruits and vegetables has long-term chronic disease impacts.

- Food pantries are trying to promote healthier eating, i.e., refusing to put soda out, trying to upgrade what is available. The quality of food that people are okay giving to people who are homeless is a huge problem. If that could be stopped then it may change obesity and other chronic diseases.
- Culturally sensitive food education programs that work with varying budgets are needed.
- The general norm of unhealthy eating is an issue, despite listing calories and nutrient content.
- Those who rent often lack access to green space for activity.
- It would be great if there were more places where clients could go to exercise, but those with mental health issues are stigmatized. People will hold their children if someone different walks by. If clients are in parks, they may be harassed when they're just trying to take care of their health.
- Need increased education for seniors and how they can exercise safely.
- There's a need for more youth programs to keep kids active. Physical activity is especially important now as it relieves stress.
- Need more access to green space, but the bigger challenge is that youth sports programs are expensive; we need free programs. Lower income communities are most impacted, especially near Venice Beach.
- There's a significant need for medically tailored meal programs.
- Obesity impacts older adults significantly.
- The Asian Pacific Islander community has a high rate of obesity and related issues.
- The side effects of medications can include lethargy, obesity, and lack of energy to exercise. It's always a challenge to navigate that balance.
- Many are surprised that persons who are homeless are overweight, but they're surviving on whatever food is available. Unhealthy food often contributes to chronic disease. Also, some health issues get overlooked and once exacerbated, these issues can impact weight.

Mental Health

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices.

Depression

Among adults, 14.8% in SPA 4, 7.2% in SPA 5, and 17.2% in SPA 6 were at risk for major depression as compared to the county at 13.0%. 12.3% in SPA 4, 15.8% in SPA 5, and 10.6% in SPA 6 were currently diagnosed with depression as compared to the county at 11.5%.

Depression, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults at risk for major depression	14.8%	7.2%	17.2%	13.0%
Adults with current diagnosed depression	12.3%	15.8%	10.6%	11.5%

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

Mental Health Indicators

Among adults, 17.6% in SPA 4, 11.3% in SPA 5, and 12.9% in SPA 6 likely had serious psychological distress in the past year, as compared to the county and state at 12%. 10.3% in SPA 4, 12.5% in SPA 5, and 7.4% in SPA 6 have been on prescription medicine for emotional/mental health issue(s) for at least two weeks in the past year, as compared to the county at 8.7% and the state at 10.6%.

SPA 4 adults who reported moderate to severe family life, social life, household chore, or work life impairments in the past year ranged from 26.2% to 28.6%. SPA 5 adults who reported these moderate to severe impairments in the past year ranged from 21.3% to 24.5%. In SPA 6, adults who reported these moderate to severe impairments ranged from 18.8% to 20.8%.

Mental Health Indicators, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Adults who had serious psychological distress during past year	17.6%	11.3%	12.9%	12.0%	12.0%
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.3%	12.5%	7.4%	8.7%	10.6%

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Adults reporting family life impairment during the past year	28.4%	23.4%	20.1%	19.5%	19.7%
Adults reporting social life impairment during the past year	28.6%	22.4%	20.8%	19.7%	19.8%
Adults reporting household chore impairment during the past year	26.2%	21.3%	20.3%	19.0%	18.9%
Adults reporting work impairment during the past year	28.1%	24.5%	18.8%	19.8%	19.2%

Source: California Health Interview Survey, 2018-2020. http://ask.chis.ucla.edu/

Loneliness

Utilizing the UCLA 3-Item Loneliness Scale, among adults, ages 65 and older, 24.4% in SPA 4, 24.7% in SPA 5, and 28.3% in SPA 6 were lonely either often, or some of the time, as compared to the county (21.4%) and state (23.1%).

Loneliness, Adults, Ages 65 and Older

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Hardly lonely	75.6%	75.3%	72.7%	78.6%	76.9%
Lonely some of the time	22.0%	21.4%	25.8%	19.6%	20.1%
Often lonely	2.4%*	3.3%*	1.4%*	1.8%	3.0%

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

Mental Health Care Access

Among adults who received care for mental or emotional problems, 39.2% in SPA 4, 25.3% in SPA 5, and 33.9% in SPA 6 visited both a primary care physician and a mental health professional as compared to the county at 32.9% and the state at 35.8%.

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

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Primary care physician only	18.4%	20.8%	33.8%	25.8%	24.0%
Mental health professional only	42.4%	54.0%	32.3%	41.3%	40.2%
Both	39.2%	25.3%	33.9%	32.9%	35.8%

Source: California Health Interview Survey, 2018-2020. http://ask.chis.ucla.edu/

Among adults, 10.5% in SPA 4, 7.5% in SPA 5, and 3.9% in SPA 6 sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. 11.6% of adults in SPA 4, 12.9% in SPA 5, and 3.6% in SPA 6 connected on-line with a mental health professional in the past 12 months and 7% in SPA 4, 4% in SPA 5, and 6.8%in SPA 6 connected online with people with similar mental health or alcohol/drug status.

Online Mental Health Utilization, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Sought help from an online tool for mental health or alcohol issues	10.5%	7.5%	3.9%	6.1%	6.6%
Connected with a mental health professional on-line	11.6%	12.9%	3.6%	6.2%	5.9%
Connected with people on-line with similar mental health or alcohol/drug status	7.0%	4.0%	6.8%	5.3%	5.2%

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

Mental Health, Children and Teens

Among children, ages 4 to 11, 13.1% in SPA 4, 23.7% in SPA 5 and 19.9% in SPA 6 had difficulties with emotion/concentration/behavior in the past six months. Parents of children who had difficulties provided a rank of severity from minor or definite/severe. Among these children, 40% in SPA 4, 40.9% in SPA 5 and 37.5% in SPA 6 had definite and/or severe problems. Data for SPA 4 were suppressed due to small sample size.

Emotion/Concentration/Behavior Problems, Children

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Has had emotion or concentration or behavior problem difficulty	13.1%*	23.7%	19.9%	16.5%	18.9%
Minor problems	60.0%*	59.1%	62.5%*	57.2%	61.5%
Definite/Severe problems	40.0%*	40.9%*	37.5%*	42.8%	38.5%

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

Among teens, 18.5% in SPA 4, 25.7% in SPA 5 and 7.5% in SPA 6 likely had serious psychological distress during the past year, as compared to the county at 17.7% and state at 18.7%. Psychological distress for this measure was assessed through the Kessler 6 series.

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

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Teens who had serious psychological distress during past year	18.5%	25.7%*	7.5%*	17.7%	18.7%

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

Among teens, ages 12-17, in SPAs 4, 5 and 6, 21.8% needed help in the past year for emotional or mental health problems, as compared to the county at 22.2% and the state

at 25.3%. Among female teens in SPAs 4, 5 and 6, 35.2% reported needing help as compared to 12.1% of male teens.

Needed Help for Emotional or Mental Health Problems in Past Year, Teens

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Needed Help, ages 12-17	21.8%	22.2%	25.3%
Male	12.1%*	16.3%	15.9%
Female	35.2%*	28.6%	35.1%

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

Combining SPAs 4, 5 and 6, 11.7% of teens, ages 12 to 17, received psychological/emotional counseling, as compared to the county (14.3%) and state (15.1%). 8.4% of female teens and 15.7% of male teens in the area reported receiving psychological/emotional counseling.

Received Psychological/Emotional Counseling in Past Year, Teens

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Received Counseling	11.7%	14.3%	15.1%
Male	15.7%*	13.9%	13.8%
Female	8.4%*	15.1%	16.4%

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

Suicide Contemplation

Among adults, 17.5% in SPA 4, 13% in SPA 5, and 12.6% in SPA 6 have seriously thought about committing suicide as compared to the county (12.5%) and state (13.2%). Adults, ages 18 to 24, in SPAs 4 and 6 reported the highest rates of ever seriously thinking about committing suicide.

Suicide Contemplation, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Ever seriously considered suicide	17.5%	13.0%	12.6%	12.5%	13.2%
Ages 18-24	26.7%	11.9%*	26.5%	19.7%	23.0%
Ages 25-64	18.5%	14.3%	12.4%	11.6%	13.4%
Ages 65 and older	6.2%	9.0%*	1.6%*	5.9%	6.6%

*Source: California Health Interview Survey, 2018-2020. **Suppressed due to small sample size. http://ask.chis.ucla.edu/*

Among students in 7th, 9th and 11th grades in Community Benefit Service Area school districts responding to the California Healthy Kids Survey, 12.0% to 19.0% seriously considered attempting suicide in the past 12 months.

Suicide Contemplation, Teens

	7th Grade	9th Grade	11th Grade
Beverly Hills Unified School District‡‡	Not asked	16.0%	16.0%
Culver City Unified School District	13.0%	12.0%	12.0%
Inglewood Unified School District‡‡	Not asked	18.0%	19.0%
Los Angeles Unified School District±	15.0%	14.0%	12.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-20, ±2018-2019, ‡‡2017-2018. No data for Lennox School District, https://data1.cde.ca.gov/dataquest/

Community Input – Mental Health

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

- We're seeing alarming rates of mental health issues among clinic patients, especially depression and anxiety. Access to mental health services is a challenge, especially for those who don't speak English. This is a workforce issue too – finding those who speak the language and understand cultural beliefs.
- There are not enough LGBTQ+ trained clinicians.
- There are very few mental health resources in South Los Angeles.
- Mental health is a huge need. There's a gap in providers and a stigma around treatment and many are unsure about treatment benefits, especially for those on state programs. We need an anti-stigma campaign using ambassadors to share their stories.
- Mental health issues are prevalent among Blacks, Latinx, and those with little family support. There is a disconnect with serving the undocumented.
- General access to mental health care is challenging for those who need it the most, including the privately insured, but especially those with Medi-Cal or the un/underinsured who lack options. If I'm a schizophrenic having a psychotic break, our system will find care. If I'm a 30-year-old Black female with significant depression, it's going to be difficult for me to find care immediately.
- Access barriers include childcare, transportation, lack of awareness where to go for bilingual clinicians and locations that are culturally responsive.
- Many parents see mental health issues in their children, across all economic groups, such as extensive problems with reentering school, anxiety, and depression.
- There's going to be long lasting emotional and psychological impact on the kids from the pandemic- we don't even understand that impact yet.
- We saw huge increases in mental health and substance use issues during the pandemic, especially with adolescents due to fear and social isolation.
- Many are providing group or informational sessions, but more one-on-one services are clearly needed and more directed group sessions, especially for kids.
- The impact of the pandemic has been superimposed on generational trauma that communities have experienced. It'd be wise to start addressing the acute trauma

layered on the chronic trauma.

- The blessing of the pandemic is that we've suffered a collective trauma, resulting in an empathetic lens around mental health and how we should prioritize it. We should lean into this opportunity.
- We need to address stigma early on with kids and reinforce that it's okay to ask for help.
- There are challenges with making care more patient-centric. Currently, community clinics can't bill mental health visits and primary care visits on the same day – all while community clinics are trying hard to integrate care to address all needs. Many clinics just provide the care and don't get paid. There's work being done to try to get state to include this as a benefit; it's mostly an FQHC issue.
- We need a mapping project to understand gaps, showing the ratio of mental health providers to regions. Maybe the best we can do is ensure some progress; not sure we can get ahead of the issue.
- This is a systemic issue. There aren't enough intensive levels of therapy for persons who are homeless and not enough affordable/covered resources for older adults. More peer-to-peer support is needed.
- Post-partum mood disorders and perinatal mental health are issues of concern across all groups, but with Black mothers in particular.
- People are experiencing eco-grief, which is mental health issues related to climate events or grief around someone who dies after a heat wave, or with indigenous people impacted by wildfires.
- There's a structural problem with inability to treat psychosis and paranoia because a patient is unwilling to accept treatment – it's a legal issue.
- We need emergency psychiatric care that treats underlying substance abuse disorders.
- Risk assessments for self-harm and suicide ideation should be done when individuals leave the hospital. Hospitals are great partners in this.
- Adverse Childhood Experiences screening is now being implemented with clients; suicidal thoughts is part of the assessment. Highest call volume ZIP Code is Beverly Hills.
- Screening for depression and anxiety should be routine and built-in for all who are getting primary care.
- Eating disorders are a mental health condition, not a lifestyle choice.
- Many are providing mental health services virtually. Many families resist this as they are unsure how to access virtual services or they live where there's too many people and they don't feel comfortable.
- Older adults need help with remote access, i.e., training and connection via Chrome Books already loaded with software and someone to help them navigate

appointments and technology.

- We can do therapy over phone or Zoom with good outcomes but lack psychiatrists to work with acute mental health issues. It's difficult to access this care; many don't take insurance (cash only).
- We don't have enough beds available in the county for inpatient and outpatient services.
- Veterans with moral injury has come up in science; this is often misdiagnosed as PTSD. Misdiagnosis and mistreatment can exacerbate the issue.
- There's limited psychiatric urgent care centers and a gap in treatment beds for persons who are homeless. We're getting better on the street medicine side, but more could be done, i.e., mobile psychiatric vans.
- Some persons who are homeless have psychotic breaks on the streets, but milder mental health issues are also concerning. We need them housed in a trauma-free environment so we can address their issues.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5.0%. Among adults, 6.2% in SPA 4, 7.9% in SPA 5, and 8.5% in SPA 6 are current smokers, as compared to the county at 6.0% and the state at 6.9%. 3.6% in SPA 4, 3.1% in SPA 5, and 2.3% are current e-cigarette smokers as compared to the county at 4.0% and state at 4.2%.

Smoking, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Current smoker	6.2%	7.9%*	8.5%	6.0%	6.9%
Former smoker	19.1%	20.2%	18.3%	18.4%	19.5%
Never smoked	74.7%	71.8%	73.2%	75.5%	73.8%
Current e-cigarette user	3.6%*	3.1%*	2.3%*	4.0%	4.2%

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

Among teens, ages 12 to 17, 1.47% in SPA 5 and 1.81% in SPA 6 have engaged in cigarette smoking in the past month as compared to the county at 1.76% and state at 1.84%. 2.74% of teens in SPA 5 and 3.19% in SPA 6 have used tobacco products, such as cigarettes, smokeless tobacco, cigars, or tobacco pipes in the past month as compared to the county at 3.04% and state at 3.00%. Data for SPA 4 were not available due to small sample size.

Tobacco Use, Teens, Ages 12-17

	SPA 4	SPA 5‡	SPA 6	Los Angeles County	California
Cigarette smoking in past month	**	1.47%	1.81%	1.76%	1.84%
Tobacco product use	**	2.74%	3.19%	3.04%	3.00%

*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018, Tables 16 and 17. ‡Includes SPA 1 and SPA 5. **Data suppressed due to small sample size. https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020*

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among teens ages 12 to 17, 8.69% in SPA 4, 9.22% in SPA 5, and 6.44% in SPA 6 have used alcohol in the past month, as compared to the county at 8.07% and the state at 8.57%. 5.08% of teens in SPA 4, 4.75% in SPA 5, and 3.81% in SPA 6 have engaged in binge drinking in the past month as compared to the county at 4.31% and state at 4.45%.

Alcohol Use, Teens, Ages 12-17

	SPA 4	SPA 5‡	SPA 6	Los Angeles County	California
Alcohol use in past month	8.69%	9.22%	6.44%	8.07%	8.57%
Binge drinking in past month	5.08%	4.75%	3.81%	4.31%	4.45%
Perception of great risk from having 5+ drinks once or twice a week	45.91%	46.00%	49.60%	46.75%	45.05

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018, Tables 13, 14,15. ‡Includes SPA 1 and SPA 5.
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

The Healthy People 2030 objective for binge drinking among adults, ages 21 and older, in the past month is 25.4%. Among adults ages 18 and older, 52.8% in SPA 4, 70.6% in SPA 5, and 41.5% in SPA 6 have used alcohol in the past month, as compared to the county at 53.8%. Among adults, 21.7% in SPA 4, 20.3% in SPA 5, and 16.2% in SPA 6 have engaged in binge drinking in the past month as compared to the county at 17.9%.

Alcohol Use, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County
Alcohol use in past month	52.8%	70.6%	41.5%	53.8%
Binge drinking in past month	21.7%	20.3%	16.2%	17.9%

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

Marijuana Use

Among teens ages 12 to 17, 7.88% in SPA 4, 7.25% in SPA 5, and 6.30% in SPA 6 have used marijuana in the past month as compared to the county at 6.89% and state at 7.05%.

Marijuana Use, Teens, Ages 12-17

	SPA 4	SPA 5‡	SPA 6	Los Angeles County	California
Marijuana use in past month	7.88%	7.25%	6.30%	6.89%	7.05%
Marijuana use in past year	14.46%	15.00%	12.45%	13.02%	13.78%
Perception of great risk from smoking marijuana once a month	22.71%	23.71%	25.15%	23.02%	22.5%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. Tables 2, 3, 4. ‡Includes SPA 1 and SPA 5.
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

Among adults, 16.8% in SPA 4, 19.9% in SPA 5, and 14.4% in SPA 6 have used marijuana in the past month as compared to the county at 12.9%. 21.8% in SPA 4,

26.7% in SPA 5, and 18.3% in SPA 6 have used marijuana in the past year as compared to the county at 18.2%.

Marijuana Use, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County
Marijuana use in past 30 days	16.8%	19.9%	14.4%	12.9%
Marijuana use in past year	21.8%	26.7%	18.3%	18.2%

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

Opioid Use

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."[9]

The emergency department visit rate in Los Angeles County for any opioid overdose was 10.2 per 100,000 persons. The county hospitalization rate for opioid overdose was 5.1 per 100,000 persons. These rates were lower than state levels. The age-adjusted opioid death rate was 6.7 per 100,000 persons in Los Angeles County as compared to the state at 7.9 per 100,000 persons. The rate of opioid prescriptions in Los Angeles County (315.8 per 1,000 persons) was lower than the state rate (383.53 per 1,000 persons).

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

	Los Angeles County	California
ED visit rate for any opioid overdose per 100,000 persons	10.2	15.84
Hospitalization rate for any opioid overdose per 100,000 persons	5.1	6.43
Age-adjusted opioid overdose deaths per 100,000 persons	6.7	7.90
Opioid prescriptions, per 1,000 persons	315.8	383.53

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

[9] World Health Organization (WHO). Lexicon of Alcohol and Drug Terms, 2006

Pain Reliever Misuse

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; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Across SPAs 4, 5 and 6, adults, ages 18 to 25, had the highest rate of pain reliver misuse.

Pain Reliever Misuse in Past Year, All Ages

	SPA 4	SPA 5‡	SPA 6	Los Angeles County	California
Ages 12 - 17	3.42%	3.23%	3.71%	3.42%	3.53%
Ages 18 - 25	5.71%	5.44%	5.66%	5.76%	6.17%
Ages 26 and older	3.54%	3.75%	3.48%	3.43%	3.77%
Ages 18 and older	3.80%	3.99%	3.89%	3.76%	4.11%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. Table 12 ‡Includes SPA 1 and SPA 5.
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

Illicit Drug Use

Illicit drugs are identified as cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Across SPAs 4, 5 and 6, adults, ages 18 to 25, had the highest rate of illicit drug use.

Illicit Drug Use, in Past Month, All Ages

	SPA 4	SPA 5‡	SPA 6	Los Angeles County	California
Ages 12 - 17	**	2.25%	2.30%	2.46%	2.43%
Ages 18 - 25	9.53%	6.05%	5.75%	6.84%	6.73%
Ages 26 and older	5.27%	3.73%	3.37%	3.54%	3.41%
Ages 18 and older	5.79%	4.06%	3.81%	4.01%	3.89%

*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018, Table 6. ‡Includes SPA 1 and SPA 5. **Data suppressed due to small sample size.*
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

Community Input – Substance Use

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

- Substance abuse is increasing substantially. We're starting to see spread of opioid epidemic and an explosion of methamphetamine use, highlighting how addictive, cheap and accessible it is.
- Street drug usage and overdoses are current challenges, specifically with fentanyl and meth. Easy and cheap access is a problem.
- Substance abuse worsened during COVID. People used drugs/alcohol to manage stress and since people were in isolation, there was no peer support to intervene.
- Substance abuse may be a negative coping strategy for a mental health condition.

- If we treat mental illness, we can stabilize and treat addictions. Medical treatment programs are most promising when coupled with therapy.
- Substance abuse is an area with disparity for supports for those with low versus high income – the options are dramatic and different, like the area of mental health was 10 years ago.
- We're seeing substance abuse among staff, mostly alcohol; we're providing education and services.
- Alcohol abuse is a problem for many Asian Pacific Islander communities, and it's hard to get them to access services and treatment due to language and cultural barriers.
- Some Asian Pacific Islander communities also have issues with cannabis and opioid use.
- Alcohol is a problem among Korean teens; parents don't know where to get help and resources.
- LGBTQ+ teens are especially at risk for substance abuse.
- SPA 4 data show many adults binge drink and many use medical or recreational marijuana as compared to other SPAs. There are many dispensaries in the area that make it more accessible.
- Smoking and e-cigarettes are a concern among college students. Campuses are non-smoking, so they go into the neighborhoods to smoke. Policing them in neighboring streets is a challenge.
- Lack of needle exchange/disposal programs to safely administer drugs and seek addiction services.
- One present crisis is fentanyl contamination; test strips can be distributed to test for this.
- This is a challenging, fragmented territory to navigate, even with integrated services. There are different approaches so it's hard to align among agencies and there are coverage issues, i.e., when do you get paid by Medi-Cal vs Drug Medi-Cal?
- Need more providers enrolled in Drug Medi-Cal and infrastructure to bill against it, otherwise it affects treatment options available, especially for those on the street.
- Biggest issue is that substance abuse and mental health are two different systems funded by different agencies. If someone needs both services, as they often do, they need two separate assessments, and sometimes have different clinicians and different locations for services. We need a whole person approach and integration of services, funding, and payment mechanisms.
- Systemic issues exist. There's a strong line between mental health and substance abuse treatment; Medi-Cal doesn't make it easy to deal with dual diagnosis. There should be recognition that the issues are related.
- Carving out substance abuse services within the mental health arena often can

become a barrier because one needs to understand how to maneuver through the system to get treatment.

- Clinics are starting to do more in this area rather than just referring out. It's becoming common practice to bring resources in-house to provide more patient centric care.
- Screening for substance abuse should be routine and built into primary care services.
- We're concerned with drug overdoses among young people and the unhoused population.
- Substance abuse is an issue among foster care and congregate care providers. The level of substance abuse among young people is worse and it is now mostly hard drugs. If they have a reaction, they go to the hospital, may be put on a 5150 hold, but then become lost in the system after that. There aren't many youth programs to address substance abuse.
- The absence of hospital-based detoxification is a huge problem. Therapeutic use of Ketamine should be highly monitored; people with addiction need precautions for use in outpatient settings.
- Access to evidence-based treatment is challenging. The silo of treatment means we lose integration with healthcare and, therefore, medical innovations and partnerships.
- It's challenging to link to services and beds when an individual is ready. Often, resources aren't available for those not privately insured or privately funded.
- Criminal reentry makes this issue really challenging as it can be harder to locate treatment.
- This issue impacts persons who are homeless due to the trauma they face, but we need them off the street to address it. Also impacts those who are housing insecure and rent-burdened.
- Outreach teams need more substance abuse providers on the street, but they need the ability to get someone into an addiction program on a same-day basis.
- There's a need for cannabis dispensaries zoning. A dispensary moved right next to a local treatment program – a terrible problem.

Preventive Practices

Childhood Immunization

For the academic year 2018-2019 in Community Benefit Service Area school districts, rates of children with up-to-date immunization upon entry into kindergarten ranged from 87.0% to 98.2%.

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

	Immunization Rate
Beverly Hills Unified School District	92.9%
Culver City Unified School District	98.0%
Inglewood Unified School District	87.0%
Lennox School District	98.2%
Los Angeles Unified School District (LAUSD)**	94.6%
Los Angeles County*	**94.5%**
California*	**95.3%**

*Source: California Department of Public Health, Immunization Branch,2018-2019. *Excludes schools with 10 or less children enrolled in kindergarten and private schools. **Includes all schools in LAUSD with kindergarten enrollment. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Human Papilloma Virus Vaccine

Among children, ages 11 to 17, 44.7% in SPA 4, 57.6% in SPA 5, and 40.6% in SPA 6 have received at least one dose of the Human Papilloma Virus (HPV) vaccine. SPA 5 had the highest rates of HPV vaccination among 66.2% of females, ages 11 to 17, receiving at least one dose of the HPV vaccine as compared to 47.7% of males of the same age. Among adults, ages 18 to 26. 51.3% in SPA 4, 85.3% in SPA 5, and 53.8% in SPA 6 have had an HPV vaccine, as compared to the county at 59.3%.

HPV Vaccination

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children, ages 11-17	44.7%	57.6%	40.6%	47.2%
Female	47.6%	66.2%	41.9%	53.4%
Male	42.2%	47.7%	39.4%	41.2%
Adults, ages 18-26	51.3%	85.3%	53.8%	59.3%

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

Influenza (Flu) Vaccine

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In SPAs 4, 5 and 6, only adults, ages 65 and older, met the Healthy People 2030 objective with vaccination rates ranging from 70.7% (SPA 6) to 79.5% (SPA 4).

Flu Vaccine, All Ages

	SPA 4	SPA 5	SPA 6	Los Angeles County
Reported having flu vaccination in past 12 months, 6 months to 17 years	65.0%	67.8%	57.3%	59.9%
Reported having flu vaccination in past 12 months, ages 18 and older	46.5%	53.4%	40.5%	47.1%
Reported having flu vaccination in past 12 months, ages 65 and older	79.5%	78.1%	70.7%	73.2%

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

Pneumococcal Vaccine

Among adults ages 65 and older, 71.2% in SPA 4, 72.3% in SPA 5, and 64.3% in SPA 6 have received a pneumonia vaccine, as compared to the county at 72.3%.

Pneumococcal Vaccine, Adults, Ages 65 and Older

	SPA 4	SPA 5	SPA 6	Los Angeles County
Ever had a pneumonia vaccine	71.2%	72.3%	64.3%	72.3%

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

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. Among service-area women, 73.0% in SPA 4, 79.3% in SPA 5, and 75.3% in SPA 6 had a mammogram in the past two years. SPA 5 mammogram rates exceed the Healthy People 2030 objective. The likelihood of compliance in the county rises with age and income, and is highest among Whites and Blacks and lowest among Asians.

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

	Percent
50-59	73.4%
60-64	77.9%
65 or older	82.0%
0-99% FPL	73.4%
100-199% FPL	74.4%
200-299% FPL	78.5%
300% or above FPL	79.9%
White	79.3%
Black	79.0%
Latino	77.1%

	Percent
Asian	70.0%
SPA 4	**73.0%**
SPA 5	**79.3%**
SPA 6	**75.3%**
Los Angeles County	**77.0%**

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

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. 80.9% of women in SPA 4, 90.2% in SPA 5, and 82.4% in SPA 6 had a Pap smear in the prior three years. SPA 5 Pap smear rates meet the Healthy People 2030 objective. County rates are similar among women of White, Black and Latina backgrounds (between 82.3% and 82.6%), but lower among Asian women (73.6%). Rates are highest among women, ages 30 to 39 years (85.7%).

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

	Percent
21-24	60.2%
25-29	82.8%
30-39	85.7%
40-49	84.8%
50-59	84.1%
60-65	77.2%
White	82.6%
Black	82.4%
Latino	82.3%
Asian	73.6%
SPA 4	**80.9%**
SPA 5	**90.2%**
SPA 6	**82.4%**
Los Angeles County	**81.4%**

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

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 64.7% of Los Angeles County residents, ages 50-

75, met the colorectal cancer screening guidelines. The county has a lower rate than the state (66.5%) and does not meet the Health People objective.

Colorectal Cancer Screening, Adults, Ages 50-75

	Crude Rate
Los Angeles County	64.7%
California*	66.5%

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

Only 20% of Los Angeles County residents, ages 50-75, had had a blood stool test in the past year. Women were slightly more likely to have screenings (20.9%) than men (19%). Rates rose with age and were highest among Black residents of the county (26.6%) and lowest among Asians (15.9%).

Residents of SPA 5 were less likely than county residents to have had the screening (18.6%).

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

	Percent
Male	19.0%
Female	20.9%
50-59	16.3%
60-64	23.2%
65 or older	23.9%
0-99% FPL	16.7%
100-199% FPL	22.0%
200-299% FPL	23.7%
300% or above FPL	19.1%
Black	26.6%
White	21.2%
Latino	18.9%
Asian	15.9%
SPA 4	**13.6%**
SPA 5	**18.6%**
SPA 6	**20.7%**
Los Angeles County	**20.0%**

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

Los Angeles County residents, ages 50-75, were more likely to have had a sigmoidoscopy within the past 5 years or a colonoscopy within the past 10, than they were to have had a fecal occult blood test within the past year. 54.6% of county residents and 61.4% of SPA 5 residents had met this screening recommendation. Rates of compliance are slightly higher among women (54.9%) than men (54.3%), but rise with age and income level. Whites were the most likely to have had this screening (64.4%) and Latinos were the least likely (42%).

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

	Percent
Male	54.3%
Female	54.9%
50-59	43.8%
60-64	60.1%
65 or older	69.5%
0-99% FPL	36.9%
100-199% FPL	47.6%
200-299% FPL	55.3%
300% or above FPL	65.1%
White	64.4%
Asian	62.2%
Black	57.7%
Latino	42.0%
SPA 4	**47.3%**
SPA 5	**61.4%**
SPA 6	**39.1%**
Los Angeles County	**54.6%**

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

Older Adult Falls

Among adults, ages 65 and older, in all service area SPAs, falls and injuries from falls were most likely to be reported in SPA 5. Among adults, 65 and older, 20.6% in SPA 4, 26.5% in SPA 5, and 25.3% in SPA 6 experienced one or more falls in the past year. Among senior adults, 7.7% in SPA 4, 12.6% in SPA 5, and 25.3% in SPA 6 were injured due to a fall.

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

	SPA 4	SPA 5	SPA 6	Los Angeles County
Experienced at least 1 or more falls	20.6%	26.5%	25.3%	26.5%

	SPA 4	SPA 5	SPA 6	Los Angeles County
Injured due to a fall	7.7%	12.6%	8.9%	11.1%

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

Community Input – Preventive Practices

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

- Prevention is always a big challenge; it's hard to quantify impact.
- Services are underfunded and there's an overall lack of awareness. Additional investments are needed for Black-led or culturally congruent community-based organizations doing the work.
- We've seen delay with colonoscopies, and breast and cervical cancer screenings. Unless people get back on schedule, we'll see significant increase of preventable, treatable, detectable diseases – especially among Black and Latinx communities.
- Fears and language barriers among undocumented populations result in them not seeking preventive care.
- There's a need for specialists who are culturally competent in treating LGBTQ+ patients. For example, we know of LGBTQ+ clients who were shamed for their sexual choices if they had abnormal colon cancer screenings, or others who were treated poorly by their OB doctor.
- We're seeing a lot of additional patients with acute illness that could have been prevented. Many are overdue for their preventive screenings; we're trying to get through a huge backlog.
- Preventive screenings are a challenge for those who struggle with activities of daily living, and have to earn a living, etc. If they are not feeling immediate disease onset or discomfort, screening is not a priority. We need to do more community education, but this will continue to be struggle.
- Many people still aren't getting flu shots, so we haven't conquered that hesitancy.
- The first six months of the pandemic were the hardest. We created revised workflows but then patients were scared of COVID exposure. The area that suffered most was childhood immunizations.
- With childhood vaccines, clinic data shows many are way behind with getting kids up to date.
- The greatest challenge is for school districts to provide access and education for the COVID vaccine.
- School-based health centers need to continue, but funding can be limited.
- Fall prevention safety education is an issue; there are needs to address safety in the home and community.

- With persons who are homeless, there’s a big issue with anything that requires more than one encounter. Getting them access to vaccines on the street and connecting to care for regular screening is a challenge.
- For the unhoused population, the challenge is patient tracking and lack of patient records, personal contact info and care relationships. We need advancement in field-based care but how does that become a series of care visits or care relationship? That’s a big issue for us to solve.

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the Community Benefit Service Area were compared to Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The **bolded items** are indicators that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	CSMC CB Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**80.1%-96.0%**	90.7%
Child health insurance rate	95.2%	92.1%
Adult health insurance rate	**81.3%**	**92.1%**
Unable to obtain medical care when needed	**SPA 4 8.1%, SPA 5 12.7%, SPA 6 26.8%**	**3.3%**
Ischemic heart disease deaths	**117.4**	**71.1 per 100,000 persons**
Cancer deaths	**139.6**	**122.7 per 100,000 persons**
Stroke deaths	**35.2**	**33.4 per 100,000 persons**
Unintentional injury deaths	25.4	43.2 per 100,000 persons
Suicides	7.7	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**13.7**	**10.9 per 100,000 persons**
Homicides	**9.7**	**5.5 per 100,000 persons**
Infant death rate	3.8	5.0 per 1,000 live births
Obese adults, ages 20 and older	SPA 4 22.6%, SPA 5 15.8%, SPA 6 32.9%	36.0%
Adults engaging in binge drinking, ages 18 and older	SPA 4 21.7%, SPA 5 20.3%, SPA 6 16.2%	25.4%, ages 21 and older
Cigarette smoking by adults	**SPA 4 6.2%, SPA 5 7.9%, SPA 6 8.5%**	**5.0%**
Pap smears, ages 21-65, screened in the past 3 years	**SPA 4 80.9%,** SPA 5 90.2%, **SPA 6 82.4%**	**84.3%**
Annual adult influenza vaccination	**SPA 4 46.5%, SPA 5 53.4%, SPA 6 40.5%**	**70.0%**
Mammograms, ages 50-74, screened in the past 2 years	**SPA 4 73.0%,** SPA 5 79.3%, **SPA 6 75.3%**	**77.1%**
Colorectal cancer screenings, ages 50-74, screened per guidelines	**SPA 4 47.3%, SPA 5 61.4%, SPA 6 39.1%**	**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 BIPOC (Black, Indigenous and People of Color) populations.

Name	Title	Organization
Vishesh Anand	Field Deputy	Councilmember Mike Bonin, 11th District, City of Los Angeles
Armen Arshakyan, MD	Chief Medical Officer	Saban Community Clinic
Richard Ayoub	Executive Director	Project Angel Food
Thomas V. Babayan MS LMFT	Director	UCLA/VA Veteran Family Wellness Center
Tara Barauskas	Executive Director	Community Corporation of Santa Monica
Grace Cheng Braun MSPH	President and Chief Executive Officer	WISE & Healthy Aging
Ward Carpenter MD	Co-Director, Health Services (he)	The Los Angeles LGBT Center
Stephanie Cohen	Health Services Deputy	Office of Supervisor Sheila Kuehl (LA County District 3)
Lucia Diaz	Chief Executive Officer	The Mar Vista Family Center
Sue Dunlap	President and Chief Executive Officer	Planned Parenthood Los Angeles
Cheryl Karp Eskin MA, MFT	Program Director	Teen Line
David M. Giugni	Social Services Manager	City of West Hollywood
Sylvia Drew Ivie	Special Assistant to the President for Community Affairs	Charles R. Drew University of Medicine and Science
Connie Chung Joe JD	Chief Executive Officer	Asian Americans Advancing Justice – Los Angeles
Dr. Va Lecia Adams Kellum	President and Chief Executive Officer	St. Joseph Center
Jan King MD, MPH	Area Health Officer, SPA 5	Los Angeles County Department of Public Health
Alison Klurfeld MPP, MPH	Director, Safety Net Programs and Partnerships	L.A. Care Health Plan
Chris Ko	Vice President, Impact & Strategy	United Way of Greater Los Angeles
Michael Lawson	President and Chief Executive Officer	The Los Angeles Urban League
David Lisonbee	President and Chief Executive Officer	Twin Town Treatment Centers
John Maceri	Chief Executive Officer	The People Concern
Smita Malhotra MD	Medical Director	Los Angeles Unified School District
Cristin Mondy, RN, MSN, MPH	Regional Health Officer, SPA 4 (Metropolitan LA)	Los Angeles County Department of Public Health
Lyn Morris LMFT	Chief Operating Officer	Didi Hirsch Mental Health Services

Name	Title	Organization
Kari Pacheco	Co-Director, Health Services (she/her/hers)	The Los Angeles LGBT Center
Kristen Pawling	Sustainability Program Director	County of Los Angeles Chief Sustainability Office
Lorri Perreault	Regional Director	Catholic Charities of Los Angeles, Inc.
Daniel Reti	Healthcare Integration Coordinator	Los Angeles Homeless Services Authority
Jorge Reyno MD, MHA	Senior Vice President, Population Health	MLK Community Healthcare
Erin Raftery Ryan	Executive Director	National Alliance on Mental Illness (NAMI) - Westside Los Angeles
Dana Sherrod MPH	Birth Equity & Racial Justice Manager Lead, Cherished Futures for Black Moms & Babies	Public Health Alliance of Southern California
Martine Singer	President and Chief Executive Officer	Children's Institute
Nina L. Vaccaro MPH	Chief Operating Officer	Community Clinic Association of Los Angeles County
Jennifer Vanore	President and Chief Operating Officer	UniHealth Foundation
Eli Veitzer	Chief Executive Officer	Jewish Family Service LA
Rosemary C. Veniegas PhD	Senior Program Officer, Health	California Community Foundation
Yolanda Vera	Senior Deputy of Health and Wellness	Office of Supervisor Holly J. Mitchell, District 2
Jacquelyn Wilcoxen	Service Area Chief	Los Angeles County Department of Mental Health
Anita Zamora	Deputy Director/Chief Operations Officer	Venice Family Clinic

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:

- Behavioral health and mental health issues. Now that kids are back to school, teachers are dealing with issues such as anxiety, depression, and post-traumatic stress. There is a stigma around mental health that must be addressed so people will get help, especially with the veteran population.
- The biggest thing is COVID-19 and the changing variants, which is prolonging the pandemic.
- Social isolation and the lack of an adequate support system of family, friends, and trusted individuals.
- Chronic conditions - hypertension, diabetes, cancer, lung disease, colon cancer. For those with deficits in activities of daily living, their chronic conditions require significant management.
- We are waiting to see the overall impact of the pandemic, with lack of face-to-face visits and lost prevention opportunities.
- Access to COVID vaccines and medications, especially in low-income pockets that exist on the Westside; they got lost among the more affluent in that area.
- There are new climate-related health risks and an increase in the number of extreme heat days, which is linked to cardiovascular risks. We're concerned about air pollution and traffic safety issues, too – specifically pedestrian injuries/fatalities.
- Access to care in general is difficult for anyone who does not have financial resources. There's a need for timely, quality specialty care and providers compassionate to struggles with mental health, sexually transmitted infections, and substance abuse.
- Lack of mental health support and resources is problematic. Many teens lack a medical provider, resources at school, access to meds, and therapy options.
- Los Angeles County's 2nd district has a higher number of beds available for mentally ill, but they don't always go to people in the community. There's a need for more mental health services.
- A "no wrong door" to integrated care is needed, taking into account social determinants and their impacts on health. Case managers work tirelessly to connect patients to healthcare as, often, there are medication issues, chronic diseases, or they are dying because of untreated ailments.
- The Asian Pacific Islander community is diverse in the range of "haves" and "have nots" with educational attainment and income. Many are front-line workers. Mental health issues occur frequently in this community. Pacific Islanders were hit hard with COVID hospitalizations and deaths.
- Homelessness, plus underlying issues, i.e., chronic disease, COVID, lack of

affordable housing, access to care and substance abuse treatment. We need street-based medicine to meet people where they are, address complicated health needs, and help them not die on the streets. We see many persons who are homeless near the Santa Monica 3rd Street Promenade. The streets are very dirty in this area, affecting hygiene and presenting a challenge with COVID.

- Inadequate amount of sober or bridge housing.
- Inadequate career preparation, remedial educational resources, and occupation assistance and/or placement for those looking to better their economic stability.
- With an equity and trauma lens, we know that children who've experienced trauma have negative effects to physical development and their ability to learn. This can also lead to substance abuse.
- Birth inequities, specifically affecting black, indigenous mothers.
- Housing and economic security is a crisis impacting black families in the region and older adults who need affordable housing options so they can age in place. There is stress and anxiety tied to unstable housing circumstances, especially with the lifted eviction moratorium and rising housing costs.
- Housing is a key component of health. It's really about having resources or lack of resources, such as in South Los Angeles and pockets of SPA 5. If you don't have access to resources, education, safe places to live, work, and exercise, and you're having challenges – it's impacting your health.
- Food insecurity is significant for low-income and rose to a disturbing high during the pandemic.
- Lack of exercise opportunities for seniors, families, and those without accessible green spaces.
- Lack of transportation. We have great hospitals with great networks, but many can't access them.

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

- Many are impacted by the wealth gap in Los Angeles County. People are priced out of their communities, so they are not getting healthcare resources that meet their needs.
- Structural racism and capitalism are prevalent in Los Angeles. There's a mix of poverty and structural issues in allocation of resources.
- The Westside is privileged compared to the rest of Los Angeles; inequities are extreme.
- It's important to call out structural racism, with disenfranchised black communities in Los Angeles in particular. We call out harmful historical practices, but folks are still

pushed into areas we're largely divested from – where there are underfunded schools, housing insecurity and food insecurity. Living close to freeways exposes families to environmental toxins with negative impacts.

- Structural racism is pervasive. There's inherent bias present against brown, black, poor people, and women, in the community, the educational system, and health care system. This bias can change how symptoms are heard and types of treatment prescribed, i.e., African American infant mortality is a significant concern, and these women have challenges seeking care and being understood.
- There are affordability, access, and structural barriers, including structural racism. It almost always comes back to access - lacking health insurance, good schools, good food, primary care, etc.
- Health system structural issues result in lack of specialty care for many due to payer contracts.
- Increasing the pay for medical providers to work in South Los Angeles may increase access.
- Differences in life span can be attributed to economics, racial/ethnic demographics, and geographic challenges.
- There's an inability to access care in one's own community with providers who understand cultural beliefs/norms and speak their language. The economic downturn, food insecurity, and homelessness all escalate health issues.
- Families use home remedies or see the doctor too late due to worry about immigration status.
- Housing instability and lost jobs/reduced work hours fuel anxiety. Immigrant populations are significantly impacted; they also have great stress related to what's happening in other countries.
- We see socioeconomic and social diversity factors on the Westside with lower income and ethnic groups who don't have the same resources or familial support systems that others benefit from.
- Lack of affordable housing is a structural crisis, in particular for seniors who are outliving their savings.
- Child neglect often results from poverty. Families are living with enormous stress and leaving little ones alone while they work.
- The Pacific Islander community has high levels of poverty and low-income residents, which are correlated with lower educational attainment rates. Older adults and those who are undocumented and speak limited English have higher vulnerability for safety net support, leading to mental health issues, depression, and anxiety. Anti-Asian hate led to much more fear in our community.
- The LGBTQ+ and HIV positive community experience stigma, discrimination, and economic inequity.

- Socio-economic factors affect mental health; many can't afford a therapist. There is also a lack of knowledge around mental health prevention and treatment.
- Socio-economic factors affect mental health. If there is not enough money for food, how do individuals who are suffering afford a therapist? There is also a lack of knowledge around mental health prevention and treatment.
- The most at-risk who struggle with mental illness and/or substance abuse often have had experiences with racial factors, childhood trauma, poverty, food insecurity, low socio-economic status, lack of family/community support and homelessness.
- A majority of persons who are homeless are unsheltered so living conditions contribute to poor health. The stigma around mental illness exacerbates the number of those who are unsheltered and who go untreated.

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

- Lower income people, specifically black and brown, are at high risk for poor health and have experienced underinvestment.
- Black women who are often heads of households are especially impacted, as well as young people in communities with stigma around mental illness; they go untreated due to lack of access to options/resources.
- Youth in South Los Angeles, particularly young girls, are struggling with high rates of violence, anxiety, poor birth outcomes, and sexually transmitted infections.
- The neighborhoods within a five-mile radius of Martin Luther King, Jr. Community Hospital are at-risk in terms of health and socioeconomic status.
- With climate-related health risks, people living in mobile homes are disproportionately impacted, as well as older adults, pregnant women, and children under age five who are at risk for heat-related illnesses. Workers are also impacted, i.e., delivery drivers, manufacturing, due to lack of thermal controls.
- Discrimination and racism results in limited job options for brown and black communities, so they're more exposed to COVID as frontline workers. Because of how they've been treated, they are more suspect of interventions, leading to possible hospitalization, maybe death, and family trauma.
- More Blacks tend to be overrepresented among those with chronic conditions, driven by intersections with race, income, wealth disparities and access to resources.
- Immigrant communities are impacted especially in areas where FQHCs are not densely located. Trans individuals have hard time accessing appropriate care, as are veterans who aren't able to access the VA, possibly due to dishonorable discharge.
- The medical vulnerability index is greatest among Blacks, Latinx, and Asian Pacific Islanders. Regions of SPA 5 have pockets with native Hawaiians who are

disproportionately impacted by the pandemic, plus they were already suffering with health conditions.

- We see an overall lack of access among seniors and in Hispanic neighborhoods, specifically Del Rey in Los Angeles, which has pockets of housing projects and apartments with working class families.
- LGBTQ+ and HIV positive clients and youth who are homeless often have every possible barrier.
- For low-income, people of color, and disabled individuals, they are impacted by lack of access to financial, housing, health care, and knowledge resources – a vicious cycle of poverty and oppression.
- Mental health concerns are exceptionally high among school-aged youth, including black and Latinx.
- Hispanic and black clients are impacted at greater level with stigma around mental health issues. Then, factor in worry about law enforcement troubles. With the time change, many clients won't come in for services after dark; it's dangerous to be out.
- Health care workers, first responders, Asian American doctors and nurses were hit hard with mental health issues, depression, and anxiety.
- Mental illness disproportionately impacts seniors and African Americans who are homeless.
- We see mental health issues disproportionately impacting BIPOC, low income, women, older adults, and persons with disabling conditions.
- Child and teen mental health is a massive crisis, a hidden epidemic.
- LGBTQ+ youth may not have environments or parents who are accepting. Also, those on the autism spectrum and those who are developmentally delayed are affected by the lack of structure as a result of COVID.
- We see substance abuse issues disproportionately impacting youth and persons who are homeless.
- We see immigrant populations who are stressed about recent hate incidents and what is happening in other countries, i.e., Ethiopia. Cultural norms prevent them asking for help with mental health.
- We're seeing a tremendous issue with homelessness in SPA 5 that looks very different than SPA 6.
- Mental health issues affect older people who are isolated. With the increase in virtual communication, it becomes harder for them to stay connected. Certain pockets of Westside have seniors with great need for assistance and support.
- There is a gap in understanding the veteran experience.
- Mental health needs are seen in Persian, Latinx, Asian American and Pacific Islander, religious, veteran and first-responder communities. Needs are also prevalent in affluent communities.

- There's a disproportionate increase in persons who are homeless from previous counts for ages 55 and older, possibly attributed to high rates of elder abuse, predatory property management and illegal evictions.
- With housing, we see the impact of structural racism in an extreme way. Black/African American make up most of homeless – it doesn't get that way by accident.
- Structural issues and racism contribute to homelessness, with Blacks being overrepresented.
- Among those who are homeless, there are disproportionate numbers of Blacks, veterans, and LGBTQ+.
- Impoverished areas, homeless, and underemployed lack access to substance abuse treatment options, as well as educational/occupational resources to help them improve their living situations.
- Substance abuse is seen across all ages and demographics. There are issues with opioids, medication abuse, crystal meth, and fentanyl being cut into meth and other drugs. Crystal meth use is connected to HIV transmission. We are trying to transition people from injecting to smoking crystal meth, which is considered one step toward harm reduction related to HIV transmission.

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

- Consider supporting/increasing home ownership as a solution to equity and stabilization for low-income persons and persons of color. Persons of color will not get out of this centuries-long disparity without economic growth and protection of home ownership.
- Invest early in communities and infrastructure and focus on communities that are falling behind.
- Our freeway system is a big driver for air pollution health-related issues.
- Black, African American and Latinx are overrepresented with homelessness and most areas of health need. We need community investment into social determinants and community conditions, i.e., affordable housing and healthy food options, transportation, and prioritizing the most vulnerable.
- We need to focus on developing better workforce pipelines and linking people to jobs and job training.
- There are differences in social supports and care that people receive. Focus on negotiating affordable drug prices, fixing means-testing rules, reinventing care to be less episodic, fixing SSI and Social Security, and ensuring allowances for secure housing.
- Evaluate structural needs and band together to build step-down facilities around

inpatient hospitals.

- A long-term issue is negative health care experiences among communities of color. Repeated positive experiences are needed to build trust, such as making institutions more people-friendly with less red tape. Consider a campaign to highlight good processes and outcome from health care institutions.
- There is inequity with agencies receiving County Department of Mental Health funding. Agencies can only break even or receive limited extension funding, therefore, we had to turn people away during the pandemic when they needed help the most.
- Housing costs are inequitable. Gentrification is impacting people's ability to stay in their communities.
- Closure of Martin Luther King, Jr. Hospital meant a huge number of beds for the region were lost. We also lost places for physician residents to train, meaning we lost access to these providers as providers often stay in the communities they train in.
- In Watts, there are very few pediatricians. We see this reflected in low vaccination rates.
- Access to care and equitable density of clinics and FQHCs in certain areas is challenging. Need to locate clinics and health access points near where people live, which ensures providers are familiar with the neighborhood and able to provide a more intimate level of care.
- Access to health care is difficult for those who are undocumented. Often, resources aren't available or there are long wait times. Many hesitate to access care through hospital systems, fearing large bills. We need insurance navigators to help people understand benefits and access.
- There's a need for funding to create seamless transitions especially for the frail elderly who otherwise would become hospital patients. Let's help them with doctor appointments, compliance with medications and coordination of community services to age in place.
- Telehealth and street-based care must continue for physical and mental health. We need access and connectivity, otherwise disparities worsen, negative impacts accelerate, and people get sicker.
- Need large scale policy conversations around free internet access. There are now telehealth reimbursement opportunities, but people need stable internet, which many can't afford.
- Increase health care providers who accept Medi-Cal on a nondiscriminatory basis. Increase services that may not be revenue producing, such as mental health and substance abuse detox.
- Improve access to mental health services as people need them, from medications to

occasional therapy.

- Biggest gap with mental health is working with community-based organizations and health care system silos.
- Provide education around mental health. It's as important as physical health. Improve the allocation of resources to make more programs accessible. Parents don't often know what to look for or how to navigate the system, and schools need more staff support.
- Many transitional-age youth enter the mental health system – an important population to emphasize for prevention/early intervention. Low barrier access centers are needed, including sobering centers, where people can walk in to get services. There are not enough on the Westside where NIMBYism exists.
- There's a lack of appropriate facilities; we're losing board and care homes. We all need to come together to fund long-term and skilled nursing beds to meet needs of the population.
- Mental health access, stigma and cost are all barriers. The pandemic shifted all programs online, so transportation and social anxiety were removed as barriers. A solution would be an anti-stigma campaign using high profile ambassadors to share their mental health stories.
- Schools need mental health support consultants for students who can offer outside counseling and also in-classroom support.
- Focus on more substantial investments in strategies to increase access to food, i.e., food banks, food home delivery (Meals on Wheels), and medically tailored meals.
- Need policy change to expand safety net programs, i.e., food stamps/CalFresh and eviction moratoriums.
- Access to housing is the key to making people healthier. Prioritize affordable housing options and build partnerships to bring shared expertise to the problem.
- Access to housing is the key to making people healthier. Prioritize affordable housing options and build partnerships to bring shared expertise to the problem.
- Need to consider both language and race/ethnicity in addressing health needs. Draw a map based on the number of languages people speak, then if we only have information in a few of the spoken languages, we're not reaching those who may need it most.
- Community-based organizations are struggling with limited funding and limited ability to change midstream. A solution may be to invest sustained funding in organizations to help them build stability and grow stronger, provide mentorship, and help leaders get advanced degrees or training, particularly with Black-led organizations that are often grossly underfunded.
- Invest in legal service providers for low-income residents who are experiencing threat of eviction.

- Invest in navigation, case management, and wrap-around services for those persons who are homeless and who are highly using/mis-utilizing health care systems.
- Need a system of care for those who need long-term support, especially for persons who are homeless with ADL deficits and for mentally ill with wrap-around services.
- Need accessible dental and hearing services. There are dental deserts where children lack access.
- Need more spaces within neighborhoods for exercise, i.e., the Slow Streets program.

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

- The pandemic highlighted the needs, it didn't change them.
- The pandemic ripped the roof off the of the disparities we know. It exposed them for what they are in terms of access to care and resources and ability for people to take care of themselves.
- The area surrounding Martin Luther King, Jr. Community Hospital has some of the highest mortality rates and some of the lowest vaccination rates in the county, reflecting difficulty in access, gaps in health literacy, and inability to make it to an access point for care.
- The pandemic should open our eyes that health care should be a right, not a privilege. We lost a lot of people because they couldn't get care as beds were taken by COVID patients.
- The pandemic negatively affected workflows and processes. Many clinics became less accessible. Without in-person access, so much fell through the cracks.
- Fundamental human rights were impacted – access to food and housing, which impacts health. Many agencies' services shifted to addressing these basic needs, even if they didn't before.
- Healthy food distribution was a big need, as well as emergency supplies.
- Agencies needed to get creative in how to provide essential service under public health orders. Still grappling with decisions about reopening using evidence-based or safety-based guidance.
- COVID is a disproportionate killer of people of color. This gave Charles R. Drew University (CDU) the opportunity to talk and train with people of color, the largest number being Latinx.
- There is a need for more access to COVID vaccines. There's a lot of delayed care due to fear and hesitancy. It's likely that over the next few years, we'll see an increase in preventable deaths.
- In trying to understand vaccine hesitancy, we need to understand how challenging it must be for an individual who may want to get vaccinated but can't take time off

work or get childcare, then add structural racism and distrust of system as a whole – this all affects one's decision.

- Teens may want to get vaccinated, but parents don't want them to, which is a tough issue to navigate.
- How does one decide about the vaccine when information is only in English and Spanish?
- Hospital staffing was a huge challenge. When beds were full, diversion disrupted the system. We need to learn how do we effectively manage emergencies when they are health emergencies?
- If you're unemployed, it's more difficult to purchase healthy foods. Those employed sometimes see an increase in their assets, whether that's housing, securities, investments, but those in low-income communities have difficulty securing that.
- Shutting down schools where children got food, exercise, interaction with peers, and a consistent adult had significant negative effects. Children are returning to school with even more unmet needs.
- The education system was disrupted and there's a ripple effect – getting kids into school and keeping them in school. If they're having problems now, this may affect their ability to finish high school and get a higher education, which has direct impact on employment, wealth, and where they can afford to live. This all has influence on violence in the communities, which impacts health.
- The rise in child abuse was mind-blowing. With remote learning, there was no one to notice and make reports. School counselors couldn't connect with kids and the students often wouldn't attend Zoom meetings. Kids need safe spaces for intervention, and many didn't have this.
- Seeing tremendous increase in mental and behavioral health issues/crises in adults and children. Many families had loved ones pass away due to COVID. Grief and fears need to be addressed.
- Scapegoating of Asian Americans drove many into hiding so they weren't accessing needed services.
- Many Asian community members were afraid if they tested positive for COVID that they'd be shunned or stigmatized in the community, especially Pacific Islander communities.
- Increased need but created solutions and innovations, i.e., advancement in infrastructure in community clinics and community access. Telecare and digital visits have improved. What hasn't improved is correlated technology gap around hardware and Internet.
- Overall access has improved with remote telehealth services. Missed appointments decreased with work, transportation and childcare barriers removed, but the digital

divide is real. Many lack access to smart phones with people of color disproportionately impacted.

- Silver lining is that mental health care was forced to shift to remote work, not a common practice previously. We didn't receive more contract money, but we saw more efficiency.
- Telehealth should continue to be part of the model of care and technology infrastructure.
- Appointment-based electronic systems don't work for families we really need to track, especially those who are most at-risk or sick. Lack of in-person care made people sicker. We saw a heightened shortage of providers. We need to rethink how we provide health care.
- The housing crisis plus multiple families living together meant COVID ripped through these families.
- Seeing many foreclosures emerge as an economic effect of the pandemic.
- There's a lot of displacement with unemployment being so high. It's a challenge to maintain secure housing; many have been evicted despite moratoriums. Homelessness has increased.
- Need economic protections among people of color. Anticipating seeing increase in evictions, exacerbating an already tense housing crisis.
- Homelessness was already seen as a public health concern, but we really saw the crisis when persons who were homeless couldn't be safely housed with protections from COVID/illness. Hotels were converted into Project Roomkey housing; we need this to be continuous.
- Underscored need for sustainable street outreach teams for persons who are homeless, providing an ongoing connection to primary care, provision of vaccines and psych meds.
- More substance use and more death on the streets, especially among younger people.
- We see an unemployment crisis, and now a workforce crisis. It's hard to find frontline workers, possibly due to fear of COVID, burnout, low pay. There is homeless services funding so many are hiring, but some may not be looking for work if collecting unemployment.
- Caregiving has very limited systems already; need advocacy in this area. Paid family leave is needed.
- Need to address workers' rights and protections, i.e., paid leave - who has it/who doesn't. Many frontline workers were going into work sick because they couldn't take time off.

- Some lost jobs and then health insurance, which is often tied to employment. Help needs to come from trusted organizations as many are afraid because their immigration status is complicated.

Attachment 4: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Los Angeles County 211 at https://www.211la.org/.
https://www.crisisconnections.org/king-county-2-1-1/

Significant Needs	Community Resources
Access to health care	Asian Pacific Health Care Venture, Being Alive Clinic, Black Infant Health Program, Black Infants and Families Los Angeles, Charles R. Drew University of Medicine and Science, Chinatown Service Center, CinnaMoms, Community Clinic Association of Los Angeles, Disability Community Resource Center, Eisner Health, Give an Hour, Homeless Health Care Los Angeles, KHEIR Center, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, Los Angeles County Department of Public Health, Los Angeles Unified School District, Mar Vista Family Center, Men's Health Foundation, MLK Community Healthcare Clinics, Northeast Valley Health Center, Planned Parenthood, Project Room Key, Refresh Spot, Saban Community Clinic, St. John's Well Child & Family Center, T.H.E. (To Help Everyone) Health and Wellness Centers, The Los Angeles LGBT Center, The People Concern, The Wellness Center at LAC+USC Medical Center, UCLA/VA Veteran Family Wellness Center, Venice Family Clinic, Watts Healthcare, Westside Family Health Center
Chronic diseases	AIDS Healthcare Foundation, Charles R. Drew University of Medicine and Science, Eisner Health, Homeless Health Care Los Angeles, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, Men's Health Foundation, MLK Community Healthcare Clinics, Northeast Valley Health Center, Project Angel Food, Saban Community Clinic, SmartAirLA, St. John's Well Child & Family Center, The Los Angeles LGBT Center, UCLA/Alzheimer's and Dementia Care Program, Universal Community Health Center, Venice Family Clinic, Westside Family Health Center
Community safety	Advancing Justice, Asian Pacific Policy and Planning Council (A3PCON), Boys & Girls Clubs, Charles R. Drew University of Medicine and Science, City of West Hollywood Security Ambassador Program, Downtown Women's Center, Homeboy Industries, Jenesse Center, Jewish Family Service LA, LA vs. Hate, LA Walks, Los Angeles County Bicycle Coalition, Los Angeles County Department of Health Services (Promotoras), Los Angeles County Department of Mental Health (Veteran Peer Access Network), Los Angeles County Parks After Dark, Sahara, Los Angeles County Department of Public Health Trauma Prevention Initiative, DPH Center for Violence and Trauma Prevention South Asian Network, Southern California Crossroads, Stop the Violence Program, The Los Angeles LGBT Center, The People Concern, The Positive Results Corporation, TransLatina Coalition, U.S. VETS, Westside Infant-Family Network, YMCA
COVID-19	Charles R. Drew University of Medicine and Science, CORE, Empowering **Pacific** Islander Communities (EPIC), Kedren Community Health Center, Los Angeles County Department of Health Services, Los Angeles County Department of Public Health, Mar Vista Family Center, Pacific Islander

Significant Needs	Community Resources
	Health Partnership, Search to Involve Pilipino Americans (SIPA), Together Toward Health
Economic insecurity	Alliance for Housing and Healing, American Legion, Basic Income Guaranteed: Los Angeles Economic Assistance Pilot (BIG LEAP), Charles R. Drew University of Medicine and Science, Chrysalis, Harbor Interfaith Services, HOPICS, Imagine LA, Jewish Family Service LA, Jewish Vocational Service, Korea Town Youth and Community Center, Korean American Family Services, Lift Los Angeles, LISC Los Angeles, Little Tokyo Service Center, Los Angeles County Department of Public Social Services, Nation Council of Jewish Women, Neighborhood Housing Services of Los Angeles County, Pathways Out of Poverty – United Way, Pilipino Workers Center, Special Service for Groups, Inc., St. Joseph's Center, The People Concern, Trans Wellness Center, Upward Bound Study Center, United Way, Village for Vets, WISE & Healthy Aging
Environmental conditions	City of Los Angeles, Los Angeles County Department of Mental Health – Health Neighborhoods, Friends of Ballona Wetlands, Heal the Bay, SmartAirLA, The Wellness Center, TreePeople
Food insecurity	APLA Health, CalFresh, Catholic Charities of Los Angeles, Inc., City of West Hollywood, Everytable, Food Forward, H.E.L.P.E.R. Foundation, HOPICS, Jewish Family Service LA, Let's Feed L.A., Los Angeles County Department of Public Health, Los Angeles Regional Food Bank, Los Angeles Unified School District, Meals on Wheels, MLK Community Healthcare Clinics, MOA Wellness Center, Project Angel Food, Seeds of Hope (Episcopal Diocese of Los Angeles), SEE-LA, St. Joseph Center, St. Mark's Food Pantry, St. Paul's Food Pantry, The Los Angeles LGBT Center, The Mar Vista Family Center, The People Concern, Thrive Market, Venice Family Clinic, West Los Angeles VA, Westside Food Bank, World Central Kitchen
Housing and homelessness	Ascencia, APLA Health, Asian Americans Advancing Justice-Los Angeles, Asian Pacific Health Care Venture, Inc., Community Corporation of Santa Monica, Exodus Recovery, Inc., Friends Research Institute, Harbor Interfaith Services, Homeless Health Care Los Angeles, HOPICS, Housing for Health, Inner City Law Center, Legal Aid Foundation of Los Angeles, Los Angeles County Department of Health Services, Los Angeles Homeless Services Authority (LAHSA), MLK Community Healthcare Clinics, People Assisting the Homeless (PATH), Project Roomkey, Saban Community Clinic, Safe Place for Youth, Skid Row Housing Trust, St. Joseph Center, Step Up, The Center at Blessed Sacrament, The Los Angeles LGBT Center, The Mar Vista Family Center, The People Concern, TransLatin@ Coalition, Union Station Homeless Services, Venice Family Clinic, Weingart Center for the Homeless
Mental health	Airport Marina Counseling Services, Alcott Center, APLA Health, Asian Pacific Counseling and Treatment Centers, Being Alive Clinic, California Black Women's Health Project, California Department of Developmental Services (DDS) Regional Centers, Charles R. Drew University of Medicine and Science, Chinatown Service Center, Community Coalition, Didi Hirsch Mental Health Services, Edelman Westside Mental Health Center, Exodus Recovery, Inc., Family Service of Santa Monica, Hathaway-Sycamores Child and Family Services, Jewish Family Service LA, Korea Town Youth and Community

Significant Needs	Community Resources
	Center, Korean American Family Services, Los Angeles County Department of Mental Health (Veteran Peer Access Network), Los Angeles County Department of Public Health, Los Angeles **Social Isolation and Loneliness** Impact Coalition, Maternal Mental Health Now, Mental Health Advocacy Services, Mental Health First Aid, MLK Community Healthcare Clinics, National Alliance on Mental Illness (NAMI), OUR HOUSE Grief Support Center, Pacific Clinics, Painted Brain, Pathways, Saban Community Clinic, South Asian Network, Special Service for Groups, Inc., St. Joseph Center, Step Up, Strength In Support, The Los Angeles LGBT Center, The People Concern, The Trevor Project, The Village Family Services, UCLA/VA Veteran Family Wellness Center, U.S. VETS, Venice Family Clinic, Westside Infant-Family Network, WISE & Healthy Aging
Overweight and obesity	Boys & Girls Clubs, Community Coalition, Healthy African American Families, Homeless Health Care Los Angeles, Jewish Family Service LA, Los Angeles Christian Health Centers, Project Angel Food, Saban Community Clinic, Seeds of Hope (Episcopal Diocese of Los Angeles), The Mar Vista Family Center, Venice Family Clinic, Westside Family Health Center, YMCA
Preventive practices	Alzheimer's Association, Black Women for Wellness, Essential Health Access, Homeless Health Care Los Angeles, Housing for Health, KHEIR Center, Latino Equality Alliance, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, Los Angeles County Department of Public Health, Men's Health Foundation, Northeast Valley Health Center, Partners in Care Foundation, Planned Parenthood, Saban Community Clinic, St. John's Well Child & Family Center, The Los Angeles LGBT Center, Venice Family Clinic, Westside Family Health Center
Sexually transmitted infections	AIDS Healthcare Foundation, APLA Health, Asian Pacific AIDS Intervention Team (APAIT), Being Alive Clinic, Charles R. Drew University of Medicine and Science, Homeless Health Care Los Angeles, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, Los Angeles County Department of Public Health, Men's Health Foundation, Planned Parenthood, Saban Community Clinic, The Los Angeles LGBT Center, Venice Family Clinic, Westside Family Health Center
Substance abuse	Airport Marina Counseling Services, Alcoholics Anonymous, Alta Med Health Services, APLA Health , Asian American Drug Abuse Program, Awakening Recovery, Clare Matrix, Didi Hirsch Mental Health Services, Exodus Recovery, Inc., Friends Research Institute, Homeless Health Care Los Angeles - Center For Harm Reduction, HOPICS, JWCH Institute, Los Angeles County Department of Health Services, McIntyre House, Narcotics Anonymous, Pacific Clinics, Special Service for Groups, Inc., St. Joseph Center, Tarzana Treatment Centers, Inc., Twin Town Treatment Centers, UCLA Integrated Substance Abuse Programs, Venice Family Clinic, Vista Del Mar Child and Family Services, Watts Healthcare
Transportation	Access, Alliance for Community Transit (ACT-LA), Ambiance Transportation, ButterFli On-Demand Transportation, City of West Hollywood, LAnow On-Demand Shared Ride, Metro Bike Share, People for Mobility Justice, Project Angel Food, TLC Medical Transport, WISE & Healthy Aging

Attachment 5: Report of Progress

CSMC developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed: access to health care, chronic diseases and homelessness through a commitment of community benefit programs and charitable resources. Additionally, in 2020 and 2021, the extraordinary disparities that grew from COVID-19 was a call to action for Cedars-Sinai to add the focus areas of food security and workforce stability to the Community Benefit strategy and commitments.

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. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Health Focus Area: Access to Care (Primary Care, Preventive Care and Mental Health Care)

Access to care is a key determinant of health that provides preventive measures and disease management, reducing the likelihood of hospitalizations and emergency room admissions. Routine health care includes screenings, check-ups, and counseling to prevent illness, disease, or other health problems.

Response to Need:

Cedars-Sinai COACH for Kids®

COACH for Kids is a mobile medical unit dedicated to meeting the immediate medical, behavioral health, and community needs of the South Los Angeles underserved pediatric patient population, while effectively transitioning patients to the care of a partner Federally Qualified Health Center and other community resources, which can provide care for their entire family. The state-of-the-art mobile clinic, staffed by an expert team of bilingual English/Spanish nurse practitioners, registered nurses, social workers, and other health care professionals, provided preventive services including: well-child and immunization clinics for children, diagnosis, and treatment of minor illnesses for children.

In FY20, COACH for Kids:

- Provided Quarterly Healthy Smiles Dental Screening Clinics for children and parents at Union Rescue Mission.
- Supported the Neighborhood Health Project, providing periodic BMI/BP/Dental screenings for parents, grandparents and caregivers at Watts/South Los Angeles housing developments.

- Collaborated with other community partners, including Watts Healthcare Foundation and the Los Angeles County Department of Public Health (DPH), to provide adult immunizations for parents, grandparents, and caregivers.
- Collaborated with Martin Luther King, Jr. Community Hospital for the Community Influenza Vaccination Campaign to increase education and influenza immunization rates in the areas of South Los Angeles/Watts identified as "hot spots" with increased rates of influenza and Emergency Department (ED) usage and hospitalizations due to influenza.
- Provided consultation, training, and technical support to leaders of 26 African-American churches participating in the First Ladies Health Initiative.
- Coordinated Cedars-Sinai registered nurses to provide health screenings in underserved communities for children and their families.
- Continued to provide comprehensive nutrition assessments, counseling and monitoring for overweight and obese children on the Mobile Medical Clinics.
- Continued the COACH Safe Summer Campaign, which included education for children and families regarding sun protection, water/pool safety, and swimming for health/physical activity.
- Expanded HPV vaccine education intervention and follow-up processes to improve vaccine uptake for 1st and 2nd doses in pre-adolescent/adolescent children.
- Collaborated with Cedars-Sinai Community Health and Education team to provide trauma-informed yoga at Union Rescue Mission.
- Launched "Rising Stars" children's mental health groups at Union Rescue Mission and Markham Middle School (Watts).

COACH for Kids served 26,254 persons in FY21. Highlights include:

- Completed 1,820 medical visits
- 288 telehealth visits and 747 case management visits
- 678 mental health visits were provided
- 968 individuals received health education visits
- 21,597 visits for food distribution and COVID-19 education

Share & Care

Cedars-Sinai's school-based mental health program, called Share & Care, helps victims of trauma, filling crucial needs for prevention, crisis intervention, and training that would otherwise be unmet. Programs and trainings - for children, teachers, parents and school principals - run by licensed mental health practitioners, enhance an at-risk child's ability to learn in the classroom, change destructive behaviors and envision a brighter and happier future. Share & Care counselors facilitated 12-week art-therapy groups that improved students' abilities to concentrate and learn. Therapy groups focused on

trauma, loss and grief, self-esteem, bullying, socialization, anger management, divorce, shyness, students with an incarcerated parent and substance abuse.

Prior to COVID-19:

- Share and Care programs provided 18,620 total encounters with children, teachers and parents.
- Provided full services at 24 schools (19 Elementary Schools and 5 Middle Schools) and partial services at 6 schools.
- Provided parent education workshops at 6 schools on the Share & Care wait list.
- Art therapy: 805 unduplicated students were seen, 1,894 children's group art therapy sessions were provided, with 8,287 encounters.
- Parent workshops: 900 individual parent encounters.
- Teachers: 4,769 individual teacher encounters, 13 teacher trainings with 254 teacher encounters.
- Classroom interventions: 48 classroom interventions were provided, 986 encounters.
- Expanded parent education workshops to Morningside High School, Inglewood Unified School District. Conducted 3 workshops prior to COVID-19.
- Provided 14 parent workshops for schools on the wait list on the following topics: Communication part 1 & 2, Building Self-Esteem, managing Stress, Dealing with Stress for Elementary and Secondary families, Talking to your Teens about Difficult Topics.
- Held 9 Principals meeting in different locations, addressing the continued needs of the principals. Topics were Psychological First Aid part 1 & 2 and Team Building

"Safer at Home" – During COVID-19 Pandemic:

- Through 46,565 encounters, reached 23, 878 students and 3,280 parents in 31 schools with supportive mental health prevention, trauma and crisis education, discussion facilitation, and resource sharing.
- Total telehealth encounters: 1,818 parent and students.
- Participated in a virtual town hall with LAUSD Board Member Nick Melvoin on "Fostering Resilience & Well-Being During COVID-19 Crisis".
- Jointly created a video on "Kindness and Gratitude" for LAUSD Board Member Kelly Gomez.
- Created 9 Resource Guides for at-home learning once "Safer at Home" began. Topics: Mindfulness, Kindness and Gratitude, Adapting to New Routines for Elementary and Secondary Students, Connecting at Home for Elementary and Secondary Students, Family Fun, Graduation and Self-Care for Parents.
- Created a YouTube channel with 2-minute videos for students and parents on mindful tips for elementary and secondary students.

- Developed a 3-part webinar for 5th graders who graduated and were entering middle school.
- Presented two radio spots on helping parents deal with remote learning and the stress of COVID-19.

Primary Adult Care Services

Cedars-Sinai's Primary Adult Care Services clinic provided primary care services to 4,708 residents who live within the five miles radius of the Medical Center. Medical residents and fellows were supervised by attending physicians who are members of CSMC medical staff.

Access to Financial Assistance and Health Insurance Enrollment

Cedars-Sinai provides free care to people who earned up to 400% of the federal poverty level ($103,000 for a family of four) and significantly discounted care to those who earned up to 600% of the federal poverty level ($154,500 for a family of four). While more people now have insurance coverage through the Affordable Care Act and Covered California, many commercial insurance plans carry a high deductible or copay, causing financial hardship for patients. Expanded eligibility criteria for free or discounted care enabled more people to receive financial assistance. In addition, assistance was provided to enroll low-income persons in health insurance programs.

Access to Care Grantmaking

Cedars-Sinai contributed over $25 million in FY20 and over $30 million in FY 21 to support over 200 community-based organizations serving vulnerable populations within the Community Benefit service area. With a strategic focus on high-impact philanthropy, Cedars-Sinai's three priority funding areas included: increasing access to care, addressing social determinants of health such as homelessness and housing, and enhancing civic engagement. Cedars-Sinai grantmaking worked to reduce health disparities and break down the barriers that affect hundreds of thousands of people within the health care safety net.

The access to care grantmaking portfolio increased the capacity of organizations to improve access to comprehensive, quality health care services for underserved populations. Access to care included the flagship Community Clinic Initiative, focused on bolstering leadership and effectiveness within safety net clinics, and the Behavioral Health Initiative, with a goal to increase access to behavioral health services with an emphasis on integration and supportive patient navigation. Cedars-Sinai supported five unique access to care grant program areas in FY20: Community Integration, Safety Net Training, Telehealth, Financial Sustainability, and a local Health Information Exchange assessment. Examples of access to care grants included the development of a

promotora program that provided health and social service outreach and education to Spanish-speaking patients at the KHEIR Center and the integration of health care and housing in Skid Row led by the Los Angeles Christian Health Centers. Additionally, due to COVID-19, the access to care portfolio invested over $2.5 million to support rapid response for telehealth (including $1 million to the Community Clinic Association of Los Angeles County), behavioral health and safe-at-work needs of community partners.

In FY21, Cedars-Sinai's Access to Care grants totaled over $10 million. Access to care grantmaking included the Community Clinic Initiative, with a focus on strengthening leadership and effectiveness within safety net clinics, and the Behavioral Health Initiative, with the goal of increasing access to behavioral health services through an emphasis on integration and supportive patient navigation. Access to care grants in FY21 focused on COVID-19 capacity recovery efforts, preparation for statewide Medi-Cal reform, and bolstering behavioral health services.

Collaborative Efforts

Cedars-Sinai team members participated in collaborative efforts that addressed improving health outcomes and increasing access to care.

- The Cedars-Sinai led Los Angeles County Coordinated Flu Vaccination Collaborative engaged staff from the LA County Department of Public Health and local hospitals. Collaborative members worked together to leverage relationships and partnered to increase capacity, address needs and share resources. The collaborative provided more than 5,000 flu vaccines. This grassroots organizing effort became a model for the California Hospital Association and was shared with statewide partners and stakeholders.
- Cedars-Sinai launched The Los Angeles Social Determinants of Health Convening, a collaborative group of health systems, hospitals, insurance providers and community clinics. The collaborative committed to sharing best practices in addressing health-related social needs to improve health outcomes of patients and communities. The group met quarterly with discussions focused on strategies for screening, facilitating connections to care, partnering with community-based providers, and cross-sector collaboration.
- The LA Partnership is a collaboration among local health departments, the Hospital Association of Southern California, the California Community Foundation, and over 20 nonprofit health systems in LA County. The group promoted best practices and alignment of CHNAs and Implementation Strategies among hospitals and community partners.

Health Focus Area: Chronic Diseases (Cancer, Cardiovascular Disease, Diabetes, Overweigh and Obesity)

Chronic diseases are long-term medical conditions that tend to progressively worsen. Chronic diseases, such as cancer, heart disease, and diabetes are major causes of disability and death. Chronic diseases are also the major causes of premature adult deaths. In Cedars-Sinai's Community Benefit Service Area, heart disease, cancer and stroke are leading causes of death.

Response to Need:

Cancer Research Center for Health Equity/Community Outreach and Engagement (CRCHE)

The CRCHE increased cancer awareness, screening and capacity of communities to address disparities. The program population focused on underserved communities, in particular: Hispanics, Asians (Filipinos and Koreans), African-Americans, foreign born populations, and LGBTQ+. Programs included: 7 Steps to Reduce Cancer Risk, a comprehensive education program geared toward low-literacy populations; training programs for community health workers including tools and resources to link individuals to free and low-cost cancer screenings; as well as capacity building, training and pilot funding for community organizations that served communities at the highest risk for cancer and delayed diagnosis. Additionally, to improve HPV vaccine uptake and cancer screenings, Cedars-Sinai provided $200,000 in grants for capacity building and training to 10 community organizations that served the populations of focus.

In FY20, the comprehensive cancer education program, "7 Steps to Reduce Cancer Risk", was adapted for Hispanic Latino and Korean communities and was successfully implemented. Experienced Korean speaking and Spanish speaking Community Outreach Coordinators were trained to deliver low-literacy cancer information on cancer prevention, early detection, and diagnosis through the "7 Steps" workshops. This evidence-based approach was implemented through 25 workshops. 486 adults participated in in-depth workshops in community settings. Five additional cancer screening events at FQHCs created pathways to free and low-cost cancer screening services and access to a medical home. As a result, 486 adults participated.

In FY21, the Cancer Research Center for Health Equity and Community Outreach and Engagement program reached 1,901 Hispanic/Latinx, Filipino and Korean individuals who participated in a virtual education program on reducing cancer risk. Additionally, 52 Community Health Workers were virtually trained to deliver life-saving cancer prevention and control information.

Cancer Survivorship Services

Cancer Survivorship Services provided rehabilitation medicine to cancer survivors. Cancer survivors were provided with 2,880 encounters for social services, exercise recovery, nutrition services, education, and referral services to assist with healing and rehabilitation.

Healthy Habits

The Healthy Habits programs helped children and families learn about healthy eating and physical activity with a wide range of education, capacity building and technical assistance programs run by trained health educators. Heathy Habits served elementary school students, parents, and families in underserved communities. Programs included an evidence-based and evaluated curriculum for 2nd, 3rd and 4th grades, Healthy Habits for Families, Cooking Healthy Habits, Building Healthy Habits, Healthy Habits for Teachers, Step & Sweat walking clubs, Exercise in the Park, summer programs and school-wide events. Healthy Habits partnered with 23 elementary and middle schools in the Los Angeles Mid-City neighborhood and surrounding communities to provide programs. In the wake of COVID-19, Healthy Habits built a virtual curriculum for students and schools which included: virtual lessons/workshops, parent workshops, virtual exercise programs, virtual cooking demonstrations, “The Learning Table” virtual education sessions, and ensuring food security by connecting families to CalFresh.

In FY20, Healthy Habits taught 1,161 individual lessons/workshops for a total 25,019 participant encounters, including 3,804 elementary students through Healthy Habits programs in schools; reached 268 parents from schools through Healthy Habits parent workshops and 89 individuals through Exercise in the Park; established 4 Step & Sweat walking clubs and a Zumba workout series that were self-led and maintained by parents and community members at partner school sites; and completed 4 Grocery Store Tours at local Los Angeles community grocery stores for community members and partners of Martin Luther King, Jr. Community Hospital.

In FY21, Healthy Habits engaged 20,782 individuals who participated in 1,134 lessons/workshops through virtual programs with community partner schools; 333 parents participated in Zoom health workshops; presented 19 virtual cooking demonstrations; created “The Learning Table” series: 20 virtual education sessions reaching 1,150 participants; established a virtual exercise program and hosted 78 Zumba workouts that were parent-led and maintained by community members at partner sites.

Community Health Improvement

Community Health Improvement (CHI) served the most vulnerable residents of Los

Angeles, particularly older adults. In FY20, CHI provided 2,452 health screenings in collaboration with Cedars-Sinai Nursing; provided advanced screening including orthopedic, liver, breast, prostate, skin and podiatry screenings to 246 individuals; provided the seasonal flu vaccine to 630 individuals, and provided injury and disease prevention and health promotion education for 1,109 persons. Community Health Improvement was impacted by COVID-19 and the focus shifted entirely to influenza (flu) and COVID-19. In FY21, provided 1,367 flu vaccines and 1,509 COVID-19 vaccinations through 10 clinic sites. Formed and facilitated a Community Health Advisory Council to engage internal stakeholders and initiated and led a bi-weekly Flu/COVID-19 coalition meeting for LA area hospitals and health systems.

Chronic Disease Grantmaking

Cedars-Sinai's Civic Engagement grants addressed unmet needs that impacted health and wellbeing through strategic coordination with local community organizations. Over $4 million was disbursed through the Civic Engagement portfolio in FY20 and FY21, which included over $2 million in COVID-19 relief. While historic partnerships with local leadership and first responders were maintained, Cedars-Sinai broadened the efforts of Civic Engagement grantmaking and supported organizations that were addressing food insecurity as well as promoting racial equity across the country. Through a grant to SEE-LA (Sustainable Economic Enterprises of Los Angeles), in partnership with County Supervisors and City Councilmembers, prompted by the pandemic, Cedars-Sinai supported large-scale distributions of fresh produce from local family farms to food insecure geographies, ultimately providing food for over 15,000 families over 12 weeks. Additionally, through a grant to the Los Angeles Urban League, Cedars-Sinai supported the expansion of the Emergency Business Assistance Program and provided grants and technical assistance to Black business owners in South LA.

In FY21, the Civic Engagement portfolio continued funding for COVID-19 relief and recovery, first responders, emergency relief, food access, and racial equity. Additionally, the Health Equity grant program awarded grants to 87 organizations, totaling $6 million. The selection of grantees prioritized workforce development and training, strategic planning and integration, operationalization, and data collection related to equity. Examples of funded programs included: Charles R. Drew University of Medicine and Science's launched a Black Maternal Health Center of Excellence; and OUR HOUSE Grief Support's evaluated the grief support group experience among members of the Latinx, Black, and LGBTQ+ communities.

Health Focus Area: Homelessness

Homelessness is a prevalent issue in Los Angeles. Persons experiencing homelessness face higher death rates from treatable diseases than the general

population.

Response to Need:

Homelessness Grantmaking

As a signal of Cedars-Sinai's continued commitment to addressing upstream health factors (such as homelessness, economic stability, and workforce development), Cedars-Sinai launched a Homelessness and Housing Initiative within the Social Determinants of Health grantmaking portfolio in FY20. The goal of this funding is to increase community organizations' capacity to promote healthy environments in which people are born, grow, live, work and age.

In FY20, the Social Determinants of Health grants focused primarily on supporting the needs of youth and older adults experiencing homelessness as well as individual economic stability. Over $10.8 million in grantmaking was allocated to support more than 20 organizations serving vulnerable populations throughout Los Angeles and included support for programs such as vocational training for youth transitioning out of homelessness, a county-wide roadmap for older adults experiencing homelessness, and the preservation and expansion of the Board and Care system for individuals with mental illness or in need of supportive services and at-risk of, or experiencing, homelessness. Additionally, between March and June 2020, the Social Determinants of Health portfolio disbursed over $2 million in grants to support COVID-19 rapid response efforts, which included a cross-sector partnership focused on ensuring that those who were housed in emergency city and county affiliated isolation and quarantine sites had access to health care.

In FY21, the Social Determinants of Health grants focused on bridging the health and homelessness sectors to establish linkages and improve continuity of care. Over $15 million in grantmaking was allocated to support more than 20 organizations serving vulnerable populations.

Homelessness Services

The Cedars-Sinai Emergency Department employed two full-time homeless patient navigators to connect patients experiencing homelessness with local resources - including case management, food and shelter – to enhance emergency department protocols for homeless patients.

114 health care visits with individuals experiencing homelessness were completed, including medical care, case management and dental screenings.