

2021



Community Health Needs Assessment

Approved by Board of Directors on December 9, 2021

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Introduction

Background and Purpose

Valley Presbyterian Hospital is a community-based, acute-care hospital in Van Nuys, California. Valley Presbyterian Hospital opened to the community in 1958 as a small, neighborhood provider of personalized medical care. Today, it is one of the largest and most prestigious, full-service, acute care facilities in the San Fernando Valley. The 350-bed hospital serves thousands of families each year, with access to a wide range of medical expertise and leading-edge technology. Among the region's brightest and best, the hospital's nurses, therapists, technicians and more than 500 physicians represent most every specialty and subspecialty in the medical field, including cardiac care, orthopedics, and maternal and child health.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target 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

Valley Presbyterian Hospital (VPH) is located at 15107 Vanowen Street, Van Nuys, California 91405. The hospital's primary service area includes 15 ZIP Codes in 9 cities. The service area is located in Los Angeles City Council District 6 and Service Planning Area (SPA) 2. The hospital service area is detailed below by community and ZIP Code and was determined from the ZIP Codes that reflect a majority of patient admissions.

Valley Presbyterian Hospital Service Area

| Geographic Area | ZIP Code |
|-----------------|-----------------------------------|
| Canoga Park | 91304 |
| North Hills | 91343 |
| North Hollywood | 91601, 91605, 91606 |
| Pacoima | 91331 |
| Reseda | 91335 |
| Sun Valley | 91352 |
| Sylmar | 91342 |
| Van Nuys | 91401, 91402, 91405, 91406, 91411 |
| Winnetka | 91306 |

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, access to health care, birth characteristics, 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 and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People objectives with service area data.

Primary Data Collection

VPH conducted interviews and surveys with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Sixteen (16) interviews were completed in June and July, 2021. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.”

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment

was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.

Survey

Valley Presbyterian Hospital conducted a community survey. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format. The surveys were available in English and Spanish. The surveys were available from June 14 through August 30, 2021 and during this time, 73 surveys were collected (19 in Spanish and 54 in English). Valley Presbyterian Hospital distributed the surveys at community meetings and through social media. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and their responses would remain anonymous.

The survey asked for demographic information on the survey respondents. The survey asked about community needs and barriers, vulnerable populations who are most impacted by the community needs and accessing health care services. Finally, the survey respondents were asked to prioritize the most important community needs. Attachment 3 details the survey findings.

Significant Health Needs

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews and surveys. The identified significant health needs included:

- Access to health care
- Alzheimer's disease
- Birth indicators
- Chronic diseases
- COVID-19
- Dental care
- Economic insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Substance abuse

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 <https://www.valleypres.org/about-us/community-benefit/>. To date, no comments have been received.

Prioritization of Significant Health Needs

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

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

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. Additionally, the link to the prioritization survey was made available to community residents. The stakeholders were asked to rank each identified health 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.

Access to health care, COVID-19, and housing and homelessness had the highest scores for severe impact on the community in the survey. Housing and homelessness, mental health and economic insecurity had the highest rankings for worsened over time. Housing and homelessness, mental health access to health care and economic insecurity were rated highest on 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 health care | 100% | 50% | 62.5% |
| Alzheimer's disease | 25% | 0% | 12.5% |
| Birth indicators | 37.5% | 12.5% | 37.5% |
| Chronic disease | 50% | 50% | 37.5% |
| COVID-19 | 100% | 25% | 12.5% |
| Dental care | 50% | 25% | 37.5% |
| Economic insecurity | 75% | 62.5% | 62.5% |
| Housing and homelessness | 100% | 87.5% | 87.5% |
| Mental health | 87.5% | 87.5% | 87.5% |
| Overweight and obesity | 50% | 50% | 37.5% |
| Preventive practices | 65.5% | 25% | 12.5% |
| Substance use | 37.5% | 25% | 25% |

The interviewees and community residents were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each health need. Access to health care, chronic disease and preventive practices were ranked as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs:

| Significant Health Needs | Priority Ranking (Total Possible Score of 4) |
|---------------------------------|---|
| Access to health care | 4.00 |
| Chronic disease | 3.88 |
| Preventive practices | 3.88 |
| COVID-19 | 3.75 |
| Mental health | 3.75 |
| Overweight and obesity | 3.71 |
| Birth indicators | 3.63 |
| Economic insecurity | 3.57 |
| Dental care | 3.50 |
| Substance use | 3.50 |
| Housing and homelessness | 3.38 |
| Alzheimer's disease | 3.25 |

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

Survey respondents were asked to rate the importance of addressing significant community needs. Access to health care, chronic diseases and overweight and obesity were rated as the top three community needs.

| Significant Needs | Important/Very Important Percent |
|--------------------------|---|
| Access to health care | 93.4% |
| Chronic diseases | 91.5% |
| Overweight and obesity | 91.2% |
| COVID-19 | 90.0% |
| Mental health | 89.5% |
| Preventive practices | 88.9% |
| Dental care | 87.1% |
| Alzheimer's disease | 86.0% |
| Substance use | 85.2% |
| Birth indicators | 83.6% |
| Economic insecurity | 82.1% |
| Housing and homelessness | 82.0% |

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 4.

Review of Progress

In 2019, VPH conducted the previous CHNA. Significant health 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 disease, food insecurity and mental health through a commitment of community benefit programs and resources. The impact of the actions that VPH used to address these significant health needs can be found in Attachment 5.

Demographic Profile

Population

The total population of the Valley Presbyterian Hospital (VPH) service area is 882,305.

Total Population

| | VPH Service Area | Los Angeles County |
|-------------------------|------------------|--------------------|
| Total population | 882,305 | 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, 49.6% are male and 50.4% are female.

Population, by Gender

| | VPH Service Area | Los Angeles County |
|---------------|------------------|--------------------|
| Male | 49.6% | 49.3% |
| Female | 50.4% | 50.7% |

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

Children and teens, ages 0-17, make up 23.0% of the population, 65.6% are adults, ages 18-64, and 11.4% of the population are seniors, 65 and older.

Population, by Age

| | VPH Service Area | Los Angeles County |
|----------------|------------------|--------------------|
| 0 – 4 | 6.1% | 6.1% |
| 5 – 9 | 6.4% | 5.9% |
| 10 – 14 | 6.5% | 6.2% |
| 15 – 17 | 3.9% | 3.8% |
| 18 – 20 | 3.9% | 4.0% |
| 21 – 24 | 6.0% | 5.7% |
| 25 – 34 | 16.6% | 16.1% |
| 35 – 44 | 14.3% | 13.7% |
| 45 – 54 | 13.4% | 13.4% |
| 55 – 64 | 11.3% | 11.8% |
| 65 – 74 | 6.7% | 7.5% |
| 75 – 84 | 3.2% | 3.9% |
| 85+ | 1.4% | 1.8% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, B01001. <https://data.census.gov/cedsci/>

In the service, Van Nuys 91402 has the largest percentage of youth, ages 0-17 (25.4%). Canoga Park has the highest percentage of adults, ages 65 and older (13.9%).

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

| | ZIP Code | Total Population | Youth Ages 0 – 17 | Seniors Ages 65+ |
|-----------------|----------|------------------|----------------------|---------------------|
| Canoga Park | 91304 | 54,361 | 21.6% | 13.9% |
| North Hills | 91343 | 66,743 | 21.7% | 10.4% |
| North Hollywood | 91601 | 36,841 | 12.5% | 10.0% |
| North Hollywood | 91605 | 53,113 | 21.4% | 10.8% |
| North Hollywood | 91606 | 44,295 | 21.0% | 12.5% |
| Pacoima | 91331 | 105,458 | 24.8% | 10.4% |
| Reseda | 91335 | 81,824 | 22.4% | 12.7% |
| Sun Valley | 91352 | 47,076 | 22.8% | 12.5% |
| Sylmar | 91342 | 94,595 | 25.2% | 12.2% |
| Van Nuys | 91401 | 39,755 | 20.6% | 11.5% |
| Van Nuys | 91402 | 72,509 | 25.4% | 10.0% |
| Van Nuys | 91405 | 55,506 | 23.7% | 10.1% |
| Van Nuys | 91406 | 54,890 | 23.5% | 10.4% |
| Van Nuys | 91411 | 26,111 | 23.8% | 10.8% |
| Winnetka | 91306 | 49,678 | 21.7% | 12.6% |

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

Sexual Orientation

Among SPA 2 adults, 6.6% identify as part of the Lesbian, Gay, Bisexual (LGB) community.

Sexual Orientation, Adults

| | SPA 2 | Los Angeles County | California |
|---------------------------------|-------|--------------------|------------|
| Straight or heterosexual | 90.5% | 88.6% | 89.5% |
| Gay, lesbian or homosexual | 3.0% | 3.5% | 3.3% |
| Bisexual | 3.6% | 4.4% | 4.0% |
| Not sexual/celebrate/none/other | 2.9% | 3.6% | 3.3% |

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

Race/Ethnicity

In the service area, 61.5% of the population are Hispanic/Latino. Whites make up 23.1% of the population. Asians comprise 9.3% of the population, and African Americans are 4.1% of the population. Native Americans, Hawaiians, and other races combined total 3.9% of the population. The service area has a larger percentage of Hispanic/Latino individuals compared to the county (48.5%) and state (39%).

Population, by Race and Ethnicity

| | VPH Service Area | Los Angeles County | California |
|--------------------|------------------|--------------------|------------|
| Hispanic or Latino | 61.5% | 48.5% | 39.0% |

| | | | |
|---|-------|-------|-------|
| White | 23.1% | 26.2% | 37.2% |
| Asian | 9.3% | 14.4% | 14.3% |
| Black or African American | 3.9% | 7.8% | 5.5% |
| Other or multiple | 2.0% | 2.7% | 3.3% |
| Native Hawaiian and Pacific Islander | 0.1% | 0.2% | 0.4% |
| American Indian and Alaskan | 0.1% | 0.2% | 0.4% |

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

Language

In the service area, Spanish is spoken at home among 53.9% of the population. English only is spoken in the home among 30.5% of the population. Of the population, 7.6% speak an Indo-European language, and 6.9% of the population speak an Asian/Pacific Islander language at home. The service area has a higher percentage of the population that speaks Spanish or an Indo-European language in the home when compared to the county and the state.

Language Spoken at Home, Ages 5 Years and Older

| | VPH Service Area | Los Angeles County | California |
|---|-------------------------|---------------------------|-------------------|
| Speaks Spanish | 53.9% | 39.2% | 28.7% |
| Speaks only English | 30.5% | 43.4% | 55.8% |
| Speaks Indo-European language | 7.6% | 5.3% | 4.5% |
| Speaks Asian/Pacific Islander language | 6.9% | 10.9% | 10.0% |
| Speaks other language | 1.2% | 1.1% | 1.0% |

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

When examined by service area ZIP Code, Pacoima (78.2%) and Van Nuys 91402 (66.6%) have the highest percentage of Spanish speakers. Winnetka (12.5%) and Van Nuys 91402 (11.9%) have the highest percentage of Asian/Pacific Islander language speakers in the service area. The highest percentage of Indo-European languages spoken at home is in North Hollywood 91605 (15.2%) and Van Nuys 91401 (14.6%).

Language Spoken at Home, Ages 5 Years and Older, by ZIP Code

| | ZIP Code | English | Spanish | Asian/Pacific Islander | Indo European |
|------------------------|-----------------|----------------|----------------|-------------------------------|----------------------|
| Canoga Park | 91304 | 45.6% | 34.5% | 10.2% | 7.9% |
| North Hills | 91343 | 30.8% | 50.8% | 11.6% | 5.0% |
| North Hollywood | 91601 | 57.9% | 28.0% | 3.6% | 9.1% |
| North Hollywood | 91605 | 23.2% | 53.7% | 7.2% | 15.2% |
| North Hollywood | 91606 | 33.1% | 47.0% | 3.8% | 14.1% |
| Pacoima | 91331 | 16.6% | 78.2% | 3.9% | 1.1% |
| Reseda | 91335 | 31.1% | 46.3% | 8.9% | 10.7% |

| | | | | | |
|-------------------|-------|-------|-------|-------|-------|
| Sun Valley | 91352 | 24.3% | 63.6% | 4.0% | 7.4% |
| Sylmar | 91342 | 31.1% | 62.5% | 3.8% | 2.1% |
| Van Nuys | 91401 | 43.6% | 36.0% | 3.2% | 14.6% |
| Van Nuys | 91402 | 15.8% | 66.6% | 11.9% | 5.0% |
| Van Nuys | 91405 | 26.1% | 56.5% | 5.4% | 11.0% |
| Van Nuys | 91406 | 34.9% | 50.4% | 6.5% | 7.4% |
| Van Nuys | 91411 | 40.4% | 44.7% | 4.2% | 9.5% |
| Winnetka | 91306 | 36.7% | 41.9% | 12.5% | 7.9% |

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

Linguistic Isolation

Linguistic isolation is defined as the population, ages 5 and older, who speaks English “less than very well.” In the service area, 30.6% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

| | Percent |
|---------------------------|---------|
| VPH Service Area | 30.6% |
| 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/>

Veteran Status

In the service area, 2.7% of the population, 18 years and older, are veterans. This is lower than the percentage of veterans found in the county (3.3%) and state (5.2%).

Veterans

| | VPH Service Area | Los Angeles County | California |
|-----------------------|------------------|--------------------|------------|
| Veteran status | 2.7% | 3.3% | 5.2% |

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

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank 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 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, showing a decrease in rank from 29 in 2018.

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 population statistics. 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 residents in the service area, 16.8% had incomes <100% of the Federal Poverty Level. Van Nuys 91402 (22.4%) had the highest poverty level in the service area. Van Nuys 91402 (52.2%) also had the highest number of residents at < 200% FPL in the service area.

Poverty Level, <100% FPL and <200% FPL, by ZIP Code

| | ZIP Code | <100% FPL | <200% FPL |
|-----------------|----------|-----------|-----------|
| Canoga Park | 91304 | 12.7% | 33.2% |
| North Hills | 91343 | 18.3% | 41.2% |
| North Hollywood | 91601 | 19.4% | 38.1% |
| North Hollywood | 91605 | 18.8% | 45.0% |
| North Hollywood | 91606 | 17.4% | 41.3% |
| Pacoima | 91331 | 16.8% | 41.3% |
| Reseda | 91335 | 13.6% | 36.3% |
| Sun Valley | 91352 | 16.9% | 42.6% |
| Sylmar | 91342 | 12.4% | 34.1% |
| Van Nuys | 91401 | 20.2% | 41.6% |
| Van Nuys | 91402 | 22.4% | 52.2% |
| Van Nuys | 91405 | 19.8% | 50.1% |
| Van Nuys | 91406 | 15.9% | 39.6% |

| | | | |
|--------------------|-------|-------|-------|
| Van Nuys | 91411 | 17.9% | 41.5% |
| Winnetka | 91306 | 14.9% | 34.6% |
| VPH Service Area | | 16.8% | 40.7% |
| Los Angeles County | | 14.9% | 34.8% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S1701. <https://data.census.gov/cedsci/>

Children in Poverty

Family income has been shown to affect children’s wellbeing. Compared to their peers, children in poverty are more likely to have physical, behavioral and emotional health problems. In SPA 2, 12.6% of children live below the poverty level and 26.6% of children are categorized as low-income ($\leq 200\%$ FPL).

Children in Poverty, Ages 0-17

| | SPA 2 | Los Angeles County |
|--------------------|--------|--------------------|
| 0-99% FPL | 12.6%* | 23.2% |
| 100-199% FPL | 26.6% | 20.6% |
| 200-299% FPL | 18.2% | 12.5% |
| 300% FPL and above | 42.6% | 43.8% |

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

Seniors in Poverty

In the service area, 14.5% of seniors live in poverty, which is higher than the county rate (13.2%) and the state rate (10.2%).

Seniors in Poverty, Adults 65 and Older

| | Percent |
|--------------------|---------|
| VPH Service Area | 14.5% |
| Los Angeles County | 13.2% |
| California | 10.2% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S1701. <https://data.census.gov/cedsci/>

Public Program Participation

Among adults in SPA 2, 24.3% reported avoiding government benefits due to concerns about disqualification from obtaining a green card or US citizenship, as compared to Los Angeles County at 18.8%. In SPA 2, 37.7% of adults below 200% FPL cannot afford food and 22.2% utilize food stamps. Among eligible children in SPA 2, 24.9% access WIC benefits as compared to Los Angeles County at 41.9%. Among low-income older and disabled adults, 7.3% in SPA 2 are receiving Supplemental Security Income as compared to Los Angeles County at 10.5%.

Public Program Participation

| | SPA 2 | Los Angeles County | California |
|--|--------|--------------------|------------|
| Avoided government benefits | 24.3% | 18.8% | 16.1% |
| Not able to afford food (<200% FPL) | 37.7% | 40.9% | 58.1% |
| Food stamp recipients (<200% FPL) | 22.2% | 25.2% | 23.7% |
| WIC usage among eligible children 6 and under | 24.9%* | 41.9% | 44.3% |
| Supplemental Social Security Income (SSI) (Adults <200% FPL) | 7.3% | 10.5% | 10.9% |

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

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Among children in the Los Angeles Unified School District, 80.3% are eligible for the program.

Free and Reduced-Price Meals Eligibility

| | Percent Eligible Students |
|--|---------------------------|
| Los Angeles Unified School District | 80.3% |
| Los Angeles County | 68.9% |
| California | 59.3% |

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

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Among households with incomes less than 300% of Federal Poverty Level, 24.4% in SPA 2 were food insecure.

Food Insecure Households, <300% FPL

| | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Food insecure households, <300% FPL | 24.4% | 26.8% |

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#F>

Unemployment

Utilizing the most available data, in 2020 the unemployment rate in Los Angeles County was 12.8% and 10.1% in California. Preliminary data for the month of February 2021 showed an unemployment rate of 10.6% in Los Angeles County. High unemployment can be attributed in part to the COVID pandemic.

Unemployment Rate, 2020 Annual Average, February 2021

| | 2020 Annual Average | February 2021 |
|--------------------|---------------------|---------------|
| Los Angeles City | 12.9% | 10.6% |
| Los Angeles County | 12.8% | 10.9% |
| California | 10.1% | 8.4% |

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>

Community Input – Economic Insecurity

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

- Housing and food instability impact entire families and neighborhoods. And it influences their ability to access education, because kids do not have a quiet place to be or they do not have access to Wi-Fi.
- An issue with income is access to health care.
- Domestic violence can be an issue and sometimes a partner is more vulnerable because they do not work or know how to be economically independent.
- It is a combination of the high cost of living and wage stagnation at the lowest end. The high cost of rent and groceries compounds the issue and makes it even harder to get ahead.
- It is a combination of a lack of resources, not knowing where to go, or how to access available services.
- The rent relief program was not accessed by many in our community because they were not aware of it. There was just a lack of education. We may think they have access to resources, but things really need to be explained to people – that could be due to a language barrier, people not knowing how to read or write, etc. There are a lot of barriers around communication.
- Sometimes we don't know how few resources they have until we talk about copays or having \$40 for a walker, but the family can't afford it.
- The cost of living in LA is higher than what most older adults can afford. Being able to support yourself when you worked your whole life, and yet you can't afford to pay your rent, that is difficult. We see seniors living with roommates.
- Many people have lost their jobs and economically, they are not doing well. Things are getting back to more pre-COVID times, so we are seeing people who are seeking assistance for employment services who weren't doing so before.
- A lot of people were impacted by their employment status and experienced being at home. They recognized they wanted to work less and spend more time with family. When the moratoriums are lifted, we do not know to what degree people will have to leave their apartments and experiencing homelessness.

- We have families that send their kids to school without lunch or an inadequate lunch. LA Unified provide meals, no questions asked, to families and children. Dinner or breakfast – that is a challenge because it is outside of the school’s control.
- We are seeing people facing greater economic challenges to pay the rent. If it is not affordable anymore, they are moving in with another family.
- Despite the fact that we embraced using technology, we’ve seen a greater technology divide. Accessing care is far easier for younger adults than the senior population.

Family Size

The average family size in the service area is 3.79 persons, which is higher than in the county (3.66 persons) and the state (3.53 persons).

Average Family Size

| | Persons |
|--------------------|---------|
| VPH Service Area | 3.79 |
| Los Angeles County | 3.66 |
| California | 3.53 |

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

Housing and Households

There are 277,391 total housing units in the service area. Of these units, 264,883 are occupied; 43.5% are owner-occupied and 56.5% are renter-occupied. North Hollywood 91601 has the highest percentage of renter-occupied housing units in the service area (82.1%). Sylmar has the highest percentage of owner-occupied housing units in the service area (65.2%).

Housing Units, Owners and Renters

| | ZIP Code | Total Housing Units | Occupied Housing Units | Owner Occupied | Renter Occupied |
|-----------------|----------|---------------------|------------------------|----------------|-----------------|
| Canoga Park | 91304 | 18,182 | 17,508 | 50.1% | 49.9% |
| North Hills | 91343 | 18,649 | 18,035 | 50.6% | 49.4% |
| North Hollywood | 91601 | 18,506 | 16,710 | 17.9% | 82.1% |
| North Hollywood | 91605 | 17,060 | 16,271 | 36.9% | 63.1% |
| North Hollywood | 91606 | 16,242 | 15,401 | 31.7% | 68.3% |
| Pacoima | 91331 | 24,170 | 23,447 | 61.3% | 38.7% |
| Reseda | 91335 | 25,234 | 24,391 | 47.6% | 52.4% |
| Sun Valley | 91352 | 13,150 | 12,436 | 53.4% | 46.6% |
| Sylmar | 91342 | 26,666 | 25,121 | 65.2% | 34.8% |
| Van Nuys | 91401 | 15,534 | 14,933 | 33.8% | 66.2% |
| Van Nuys | 91402 | 20,459 | 19,839 | 33.5% | 66.5% |
| Van Nuys | 91405 | 18,988 | 18,246 | 27.1% | 72.9% |

| | | | | | |
|--------------------|-------|------------|------------|-------|-------|
| Van Nuys | 91406 | 19,210 | 18,398 | 38.9% | 61.1% |
| Van Nuys | 91411 | 10,165 | 9,493 | 25.1% | 74.9% |
| Winnetka | 91306 | 15,176 | 14,654 | 55.7% | 44.3% |
| VPH Service Area | | 277,391 | 264,883 | 43.5% | 56.5% |
| Los Angeles County | | 3,542,800 | 3,316,795 | 45.8% | 54.2% |
| California | | 14,175,976 | 13,044,266 | 54.8% | 45.2% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP04. <https://data.census.gov/cedsci/>

In 2019, there are 264,883 households within the service area. Over the last four years, households increased by 2.3% and housing units increased by 2.8%. From 2016-2019, the percent of owner-occupied housing units increased by 1.5% and renter-occupied units increased by 2.8%. Vacancies increased by 15.3%.

Households and Housing Units, Percent Change, 2016-2019

| | VPH Service Area | | | Los Angeles County | | |
|---------------|------------------|---------|----------------|--------------------|-----------|----------------|
| | 2016 | 2019 | Percent Change | 2016 | 2019 | Percent Change |
| Households | 259,043 | 264,883 | 2.3% | 3,281,845 | 3,316,795 | 1.1% |
| Housing units | 269,891 | 277,391 | 2.8% | 3,490,118 | 3,542,800 | 1.5% |
| Owner occ. | 113,423 | 115,134 | 1.5% | 1,499,576 | 1,519,516 | 1.3% |
| Renter occ. | 145,620 | 149,749 | 2.8% | 1,782,269 | 1,797,279 | 0.8% |
| Vacant | 10,848 | 12,508 | 15.3% | 208,273 | 226,005 | 8.5% |

Source: U.S. Census Bureau, American Community Survey, 2012-2016, 2015-2019. DP04. <https://data.census.gov/cedsci/>

Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, 15 years and older. Median household income reflects the relative affluence and prosperity of an area. The median household income in the service area ranged from \$47,037 in Van Nuys 91405 to \$74,050 in Sylmar.

Median Household Income

| | ZIP Code | Median Household Income |
|-----------------|----------|-------------------------|
| Canoga Park | 91304 | 70,505 |
| North Hills | 91343 | 66,661 |
| North Hollywood | 91601 | 53,911 |
| North Hollywood | 91605 | 50,623 |
| North Hollywood | 91606 | 50,155 |
| Pacoima | 91331 | 63,807 |
| Reseda | 91335 | 63,748 |
| Sun Valley | 91352 | 57,145 |
| Sylmar | 91342 | 74,050 |
| Van Nuys | 91401 | 53,882 |
| Van Nuys | 91402 | 45,796 |

| | | |
|--------------------|-------|----------|
| Van Nuys | 91405 | 47,037 |
| Van Nuys | 91406 | 59,472 |
| Van Nuys | 91411 | 58,605 |
| Winnetka | 91306 | 69,917 |
| Los Angeles County | | \$68,044 |
| California | | \$75,235 |

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

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Close to two-thirds of renters (65.0%) in the service area spend 30% or more of their income on rent.

Renters Spending 30% or More of Household Income on Rent

| | VPH Service Area | Los Angeles County | California |
|---|------------------|--------------------|------------|
| Renters spending ≥30% of income on rent | 65.0% | 57.6% | 54.8% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP04 <https://data.census.gov/cedsci/>

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 homelessness from 2018 to 2020. It should be noted that the 2021 Homeless County was postponed by the Los Angeles County Board of Supervisors due to the COVID-19 pandemic.

In SPA 2, 65.0% of the homeless population are individual adults and 25.0% are families. From 2018 to 2020, the percent of sheltered homeless in SPA 2 increased. Shelter includes cars, RVs, tents, and temporary structures (e.g., makeshift shelters), in addition to official homeless shelters. The percentage of unaccompanied minors remained unchanged from 2018 to 2020.

Los Angeles Continuum of Care Homeless Population*, 2018-2020 Comparison

| | SPA 2 | | Los Angeles County | |
|----------------------------|-------|-------|--------------------|--------|
| | 2018 | 2020 | 2018 | 2020 |
| Total homeless | 7,478 | 9,108 | 49,955 | 63,706 |
| Sheltered | 25.6% | 27.4% | 24.8% | 27.7% |
| Unsheltered | 74.4% | 72.6% | 75.2% | 72.3% |
| Individual adults | 73.0% | 65.0% | 80.0% | 76.0% |
| Families/family members | 23.0% | 25.0% | 16.0% | 19.0% |
| Unaccompanied minors (<18) | .01% | .01% | 0.1% | 0.1% |

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

The percentage of chronically homeless increased in SPA 2 from 2018 to 2020. Rates of homelessness as a result a domestic violence also increased in SPA 2 from 2018 to 2020. In SPA 2, the percentage of homeless individuals with HIV/AIDS remained unchanged. Homeless individuals with a physical disability or serious mental illness decreased from 2018 to 2020. In the time period, homeless individuals with a substance abuse disorder increased in SPA 2. From 2018 to 2020 the percentage of homeless veterans remained the same in SPA 2.

Los Angeles County Continuum of Care Homelessness Subpopulations*

| | SPA 2 | | Los Angeles County | |
|-------------------------------------|-------|-------|--------------------|-------|
| | 2018 | 2020 | 2018 | 2020 |
| Chronically homeless | 25.0% | 34.0% | 27.0% | 38.0% |
| Domestic violence experience | 30.0% | 35.0% | 30.0% | 33.0% |
| Persons with HIV/AIDS | 1.0% | 1.0% | 1.0% | 2.0% |
| Physical disability | 15.0% | 17.0% | 15.0% | 19.0% |
| Serious mental illness | 28.0% | 20.0% | 27.0% | 25.0% |
| Substance abuse disorder | 17.0% | 27.0% | 15.0% | 27.0% |
| Veterans | 5.0% | 5.0% | 7.0% | 6.0% |

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count. <https://www.lahsa.org/homeless-count/> *This data represents 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:

- When people do not have a place to go for care, they end up in the ED. The homeless may say they are suicidal, because they do not have a place to live, so everyone ends up under the umbrella of the ED. In the ED we have to triage them and provide them with resources, not a home, but food and clothing, and then they start over again and return to another ED. That hospital then gives them food and clothing and sends them away and then they go to a different hospital because the underlying problem is not yet solved. Hospitals try their best.
- There are a lot more people who are houseless because there are a lot more people who do not have jobs. The problems with houselessness in our valley and LA are the cost of housing and segregation of housing.
- In the middle of the pandemic, they were doing homeless sweeps and people were suddenly gone. We followed the sweeps, and we discovered people were separated from their medications and family members and they have no sense of stability in their lives and they can't pick themselves out of poverty if they have moved place to place. The same people who complain about the homeless as they drive by are objecting to housing in their

communities. Systemically it is capitalism, who owns what, and it harms populations. We need to be a community and distribute housing like motels and hotels.

- Housing is always one of the biggest needs because housing options are so limited. Women who are fleeing domestic violence, how do they get out of shelters and get on their feet? It is hard when landlords often don't want to rent to moms with young children, so they are more likely to end up in unsafe situations because they do not have the ability financially to find an appropriate situation. We will often see multiple adults sleeping in the living room for example.
- I wonder how many people are unhoused as a result of the pandemic because of lost income and businesses. We are failing to understand the root cause of homelessness. Let's help people who are displaced and who are working but not earning enough to survive on. We need sufficient low-income housing and we need education.
- A lot of homeless students missed most of the school year. Some parents had to move out of the state because it was the only place they had to go where they had family who could help. Sometimes our homeless students would log in from other states.
- We anticipate once the protections expire on rent moratoriums, we will see a lot more people experiencing homelessness. We really need to have a stronger, more coordinated approach to homelessness. There has been progress made to access services to transition out of homelessness, but the issue will continue to get worse as COVID safety programs expire. And often times, people don't even know help is available to them. There were so many programs during the pandemic to assist people with rental assistance, unemployment, etc. but people have a difficult time navigating those bureaucracies to access available services.
- We had moratorium on eliminating housing encampments, and as a result, we are seeing more pop up camps now. There are many organizations that provide services for the homeless, but how do we identify those that are already served? How can we best provide resources? We did a shower program, but that was just one service, and we are just one organization, and we don't know who is providing what services in the community. If people are not aware of services, they cannot take advantage of those services.
- A lot of the homeless don't like to have any rules apply to them so they refuse available resources. There are also some recuperative care programs outside of the valley area and the homeless will refuse to be placed in these locations, as they would rather stay local.
- There needs to be more efforts around prevention of homelessness, trying to provide support before someone reaches crisis and loses their home. There is a lack of prevention dollars and services. Also, we need more affordable housing in LA for seniors.
- There is an exploding number of homeless. It has been a changing landscape over the last several years and the structure has resulted in unintended consequences. It has put barriers in place, blocking people from moving into housing. For example, we believe we could house a lot more people if there was housing available and if they modified the vulnerability index.

- There is an emphasis on housing first. We want to make sure there are supportive services and that there is a place for transitional housing for those who have been on the streets for 10 years. That way, we can break them into housing, and we'll have better outcomes, but that is not what is happening now. Because of current economic circumstances, there is an explosion in the numbers of homeless persons.

Education

In the service area, 26.9% of the adult population has less than a high school education. This is higher than county (17.8%) and state (16.7%) rates. Among the adult population in the service area, 23.9% are high school graduates and 23.6% have a bachelor or graduate/professional degree.

Educational Attainment

| | VPH Service Area | Los Angeles County | California |
|--|------------------|--------------------|------------|
| Population, ages 25 and older | 591,531 | 6,886,895 | 26,471,543 |
| Less than 9th grade | 16.2% | 8.6% | 9.2% |
| 9th to 12 th grade, no diploma | 10.7% | 9.2% | 7.5% |
| High school graduate, includes equivalency | 23.9% | 20.6% | 20.5% |
| Some college, no degree | 18.8% | 19.0% | 21.1% |
| Associate degree | 7.2% | 7.0% | 7.8% |
| Bachelor's degree | 17.3% | 21.2% | 21.2% |
| Graduate or professional degree | 6.0% | 11.3% | 12.8% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, 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 high school graduation rate for the Los Angeles Unified School District (80.1%) is lower than county (86.5%) and state (87.6%) rates. The Healthy People 2030 high school graduation objective is 90.7%.

High School Graduation Rates, 2019-2020

| | Graduation Rate |
|-------------------------------------|-----------------|
| Los Angeles Unified School District | 80.1% |
| Los Angeles County | 86.5% |
| California | 87.6% |

Source: California Department of Education, 2021. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

The percent of children, ages 3 and 4, enrolled in preschool in the service area (52.4%) was lower than county (54.5%) or state (49.6%) rates. Preschool enrollment rates ranged from 41.2% in Van Nuys 91402 to 63.3% in North Hollywood 91606 and Van Nuys 91405.

Children, Ages 3 and 4, Enrolled in Preschool

| | Zip Code | Total Population | Percent Enrolled |
|--------------------|----------|------------------|------------------|
| Canoga Park | 91304 | 1,410 | 48.0% |
| North Hills | 91343 | 2,077 | 54.3% |
| North Hollywood | 91601 | 597 | 56.1% |
| North Hollywood | 91605 | 930 | 57.3% |
| North Hollywood | 91606 | 1,007 | 63.3% |
| Pacoima | 91331 | 2,739 | 41.9% |
| Reseda | 91335 | 2,046 | 60.1% |
| Sun Valley | 91352 | 1,061 | 51.2% |
| Sylmar | 91342 | 3,130 | 51.1% |
| Van Nuys | 91401 | 861 | 52.4% |
| Van Nuys | 91402 | 2,338 | 41.2% |
| Van Nuys | 91405 | 1,364 | 63.3% |
| Van Nuys | 91406 | 1,633 | 57.4% |
| Van Nuys | 91411 | 652 | 58.4% |
| Winnetka | 91306 | 1,247 | 54.0% |
| VPH Service Area | | 23,092 | 52.4% |
| Los Angeles County | | 255,273 | 54.5% |
| California | | 1,021,926 | 49.6% |

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

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether their children were read to daily by family members in a typical week. Children in SPA 2 (70.8%) were reportedly read to more often than in Los Angeles County (63.1%).

Reading to Children, Ages 0 to 5

| | SPA 2 | Los Angeles County | California |
|------------------------|-------|--------------------|------------|
| Children read to daily | 70.8% | 56.4% | 63.1% |

Source: California Health Interview Survey, 2018-2019. 2018-2019 pooled to improve sustainability of data. *Statistically unstable due sample size. <http://ask.chis.ucla.edu>

Transportation

Among service area individuals, ages 16 and older, 73.4% drove alone and 6.4% took public transit to work. The average service area commute time was 32.4 minutes. It should be noted these data were collected prior to the COVID pandemic. While the time estimate is valid it may not be reflective of current commuting practices.

Transportation for Workers, Ages 16 Years and Older

| | VPH Service Area | Los Angeles County | California |
|---|------------------|--------------------|------------|
| Drove alone to work | 73.4% | 74.0% | 73.7% |
| Carpooled to work | 11.6% | 9.5% | 10.1% |
| Commuted by public transportation | 6.4% | 5.8% | 5.1% |
| Walked or Other means | 1.6% | 5.1% | 5.2% |
| Worked from home | 4.3% | 5.6% | 5.9% |
| Mean travel time to work (minutes) | 32.4 | 31.8 | 29.8 |

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

Crime and Violence

People can be exposed to 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 quality of life.

Perceived Neighborhood Safe from Crime

Safe neighborhoods are a key component of physical and mental health. Among SPA 2 adults, 91.1% perceived their neighborhoods to be safe from crime.

Perceived Safe Neighborhoods, Adults

| | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Perceived neighborhood safe from crime | 91.1% | 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/LACHSDDataTopics2018.htm>

When adults and teens were asked about neighborhood cohesion, the majority of residents in SPA 2 agreed their neighborhood was safe most of the time, neighbors were willing to help, and people in their neighborhood could be trusted. Teens felt adults in their neighborhood could be counted on to watch that children were safe and did not get into trouble.

Neighborhood Cohesion, Adults

| | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Feels safe all or most of time | 85.4% | 81.3% |
| People in neighborhood are willing to help | 71.4% | 72.6% |
| People in neighborhood can be trusted | 74.3% | 75.3% |

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

Neighborhood Cohesion, Teens, Ages 12-17

| | SPA 2 | Los Angeles County |
|---|--------|--------------------|
| Adults in neighborhood look out for children † | 100%* | 90.5%* |
| People in neighborhood are willing to help | 87.9%* | 82.0% |
| People in neighborhood can be trusted | 87.0%* | 76.3% |

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

Child Abuse

In Los Angeles County, the rate of children under 18 years of age, who experienced abuse or neglect, was 10.0 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

| | Los Angeles County | California |
|--|--------------------|------------|
| Substantiated cases of child abuse and neglect | 10.0 | 7.5 |

Source: Population Reference Bureau KidsData.org, 2018. <http://kidsdata.org>

Intimate Partner Violence

Among SPA 2 adults, 14.8% reported physical violence (hit, slapped, pushed, kicked, etc.) by an intimate partner.

Intimate Partner Violence

| | SPA 2 | Los Angeles County |
|-------------------|-------|--------------------|
| Physical violence | 14.8% | 14.0% |

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/LACHSDDataTopics2018.htm>

Domestic Violence

Calls for domestic violence are categorized as with or without a weapon. In 2018 strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within Weapon Involved, personal weapon was the category most frequently reported for all locations below.

Domestic Violence Calls

| | Total | No Weapon | Weapon Involved | % Weapon Involved | Strangulation/Suffocation |
|--------------------|---------|-----------|-----------------|-------------------|---------------------------|
| Los Angeles City | 17,721 | 0 | 17,721 | 100% | 2,019 |
| Los Angeles County | 36,707 | 7,992 | 28,715 | 78.2% | 2,773 |
| California | 161,123 | 85,995 | 75,128 | 46.6% | 8,552 |

Source: California Department of Justice, Office of the Attorney General, 2019. <https://oag.ca.gov/crime/cjisc/stats/domestic-violence>

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Access to quality, comprehensive clinical care is important for health. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2030 objective is 92.1% insurance coverage for all population groups.

Within the service area, 88.4% of the total population has health insurance coverage. Among children and adolescents, ages 0 to 18, 95.7% are insured, and 84.0% of area adults, ages 19-64, have health insurance. These rates of health insurance coverage are lower than county and state rates. In the service area, Van Nuys 91402 (85.4%) has the lowest insured rate, and North Hollywood 91601 (91.5%) has the highest insured rate.

Health Insurance Coverage

| | ZIP Code | All Ages | 0 to 18 | 19 to 64 |
|--------------------|----------|----------|---------|----------|
| Canoga Park | 91304 | 89.7% | 96.8% | 85.10% |
| North Hills | 91343 | 88.9% | 95.1% | 84.7% |
| North Hollywood | 91601 | 91.5% | 97.3% | 89.7% |
| North Hollywood | 91605 | 88.7% | 95.2% | 84.7% |
| North Hollywood | 91606 | 89.1% | 94.7% | 85.3% |
| Pacoima | 91331 | 86.7% | 96.0% | 81.2% |
| Reseda | 91335 | 89.9% | 95.7% | 86.2% |
| Sun Valley | 91352 | 86.2% | 92.5% | 81.5% |
| Sylmar | 91342 | 90.9% | 97.2% | 86.7% |
| Van Nuys | 91401 | 88.6% | 96.3% | 84.4% |
| Van Nuys | 91402 | 85.4% | 95.0% | 79.8% |
| Van Nuys | 91405 | 86.6% | 97.3% | 80.5% |
| Van Nuys | 91406 | 88.7% | 94.9% | 84.7% |
| Van Nuys | 91411 | 85.7% | 94.2% | 80.5% |
| Winnetka | 91306 | 89.7% | 96.4% | 85.3% |
| VPH Service Area | | 88.4% | 95.7% | 84.0% |
| Los Angeles County | | 90.4% | 96.1% | 86.6% |
| California | | 92.5% | 96.7% | 89.3% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S2701. <http://factfinder.census.gov>

When the type of insurance coverage was examined, 18.2% of the population in SPA 2, had Medi-Cal coverage, and 49.6% had employment-based insurance.

Type of Health Insurance Coverage

| | SPA 2 | Los Angeles County | California |
|-----------------------|-------|--------------------|------------|
| Medi-Cal | 18.2% | 24.3% | 21.6% |
| Medicare only | 0.7% | 1.4% | 1.6% |
| Medi-Cal and Medicare | 2.8% | 3.7% | 3.1% |
| Medicare and others | 10.9% | 9.3% | 10.6% |
| Other public | 0.9%* | 0.7% | .09% |
| Employment based | 49.6% | 46.3% | 50.0% |
| Private purchase | 7.1% | 5.1% | 4.8% |
| Uninsured | 9.9% | 9.3% | 7.3% |

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

In SPA 2, 70.9% of adults reported it was very difficult or somewhat difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adult

| | SPA 2 | Los Angeles County | California |
|----------------------|--------|--------------------|------------|
| Very Difficult | 54.2%* | 54.6% | 48.4% |
| Somewhat Difficult | 16.7%* | 23.9% | 30.4% |
| Not too Difficult | 28.0* | 12.4%* | 16.7% |
| Not at all Difficult | ** | 9.1%* | 4.5%* |

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

In SPA 2, 56.4% of adults reported it was very difficult or somewhat difficult to find an affordable health plan directly through Covered California.

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adult

| | SPA 2 | Los Angeles County | California |
|----------------------|-------|--------------------|------------|
| Very Difficult | 29.1% | 42.6% | 39.4% |
| Somewhat Difficult | 27.3% | 25.0% | 28.6% |
| Not too Difficult | 43.2% | 25.3% | 23.1% |
| Not at all Difficult | ** | 7.1%* | 8.9% |

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

In SPA 2, 5.8% of adults had insurance that was not accepted by a general doctor and 11.7% had insurance that was not accepted by a medical specialist.

Insurance not Accepted by General Doctor or Medical Specialist in Past Year, Adult

| | SPA 2 | Los Angeles County | California |
|--|-------|--------------------|------------|
| Insurance not accepted by general doctor | 5.8% | 6.9% | 5.8% |
| Insurance not accepted by medical specialist | 11.7% | 11.4% | 10.0% |

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

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In SPA 2, 15.3% of the population does not have a regular source of health care.

Does Not Have Usual Source of Care, All Ages

| | SPA 2 | Los Angeles County | California |
|---------------------------------|-------|--------------------|------------|
| No usual source of medical care | 15.3% | 16.6% | 14.1% |

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

In SPA 2, 65.8% of the population accesses care at a doctor's office, HMO or Kaiser, and 18.0% access care at a clinic or community hospital.

Source of Care, All Ages

| | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Doctor's office/HMO/Kaiser | 65.8% | 59.2% | 62.8% |
| Community clinic/government clinic/community hospital | 18.0% | 22.4% | 20.9% |
| ER/Urgent Care | 0.5%* | 1.1% | 0.9% |
| Other | 0.5%* | 0.8% | 1.3% |

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

Telehealth

Telehealth connects patients to vital health care services through videoconferencing, remote monitoring, electronic consults, and wireless communications. Among SPA 2 adults, 12.2% have received care from a health care provider through video or telephone conversations in the past year. It should be noted that these data were collected prior to the COVID-19 pandemic.

Telehealth, Adults

| | SPA 2 | Los Angeles County | California |
|-----------------------------|-------|--------------------|------------|
| Received care from a health | 12.2% | 11.7% | 12.4% |

| | | | |
|--|--|--|--|
| care provider through video or telephone | | | |
|--|--|--|--|

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

Emergency Room Visits

In SPA 2, 21.0% of the population visited an emergency room over the past 12 months.

Visited Emergency Room, All Ages

| | SPA 2 | Los Angeles County | California |
|--------------------------------|-------|--------------------|------------|
| Visited ER (in past 12 months) | 21.0% | 22.8% | 21.5% |

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

Difficulty Accessing Care

A delay of care can lead to an increased risk of health care complications. In SPA 2, 24.6% of adults were always able to get a doctor’s appointment within two days due to sickness or injury in the past 12 months.

Ability to Get Doctor’s Appointment Within 2 Days in the Past 12 Months, Adults

| | SPA 2 | Los Angeles County | California |
|----------------|-------|--------------------|------------|
| Always able | 24.6% | 26.0% | 30.0% |
| Usually able | 23.9% | 25.0% | 26.3% |
| Sometimes able | 35.3% | 33.7% | 29.3% |
| Never able | 16.2% | 15.3% | 14.4% |

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

Typically, individuals find it more difficult to access specialty care than primary care. In SPA 2, 18.7% of adults had difficulty finding specialty care.

Difficulty Finding Primary and Specialty Care, Adults

| | SPA 2 | Los Angeles County | California |
|-----------------------------------|-------|--------------------|------------|
| Difficulty finding primary care | 10.5% | 8.2% | 8.1% |
| Difficulty finding specialty care | 18.7% | 17.1% | 15.8% |

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

Federally Qualified 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 mental health

services to low-income, uninsured, and medically-underserved populations. There are 15 FQHCs and/or FQHC Look-Alikes) serving the service area. The UDS Mapper identified the FQHCs with the largest number of patients in the service area ZIP Codes.

Federally Qualified Health Centers, Largest Patient Numbers by ZIP Code

| | ZIP Code | Dominate FQHC Clinic |
|-----------------|----------|--|
| Canoga Park | 91304 | El Proyecto del Barrio, Inc. |
| North Hills | 91343 | Mission City Network, Inc. |
| North Hollywood | 91601 | Comprehensive Community Health Centers, Inc. |
| North Hollywood | 91605 | Valley Community Healthcare |
| North Hollywood | 91606 | Comprehensive Community Health Centers, Inc. |
| Pacoima | 91331 | Northeast Valley Health Corporation |
| Reseda | 91335 | El Proyecto del Barrio, Inc. |
| Sun Valley | 91352 | Northeast Valley Health Corporation |
| Sylmar | 91342 | Northeast Valley Health Corporation |
| Van Nuys | 91401 | Valley Community Healthcare |
| Van Nuys | 91402 | Northeast Valley Health Corporation |
| Van Nuys | 91405 | Northeast Valley Health Corporation |
| Van Nuys | 91406 | Northeast Valley Health Corporation |
| Van Nuys | 91411 | Northeast Valley Health Corporation |
| Winnetka | 91306 | El Proyecto del Barrio, Inc. |

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

Even with 15 Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. FQHCs and FQHC Look-Alikes serve a total of 157,660 patients in the Valley Presbyterian Hospital service area, which equates to 44.3% coverage among low-income patients and 17.9% coverage among the total population. However, 55.7% of the population (198,466), at or below 200% FPL, are not served by a Community Health Center. It should be noted these individuals may be accessing health care services through another provider (private county, other) or not using health care services.

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

| Patients Served by Section 330 Grantees in Service Area ZIP Codes | FQHC Penetration Low-Income Patients | FQHC Penetration Total Population | Low-Income Not Served | |
|---|--------------------------------------|-----------------------------------|-----------------------|---------|
| | | | Number | Percent |
| 157,660 | 44.3% | 17.9% | 198,466 | 55.7% |

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

Delayed Care

A delay of care can lead to an increased risk of complications. In SPA 2, 62.1% of the population who delayed or did not get health care attributed it to cost, lack of insurance or issues with

insurance. In SPA 2, 30.6% of the population delayed care due to personal reasons. 7.3% of the population in SPA 2 delayed care as a result of systems and provider issues and barriers.

Delayed Care, All Ages

| | SPA 2 | Los Angeles County | California |
|--|-------|--------------------|------------|
| Cost, lack of insurance or other insurance issue | 62.1% | 51.6% | 47.5% |
| Personal reasons | 30.6% | 32.3% | 33.9% |
| Health care system/ provider issues and barriers | 7.3% | 16.0% | 18.6% |

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

Community Input – Access to Health Care

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

- One of the biggest problems is homelessness and not having enough money. Those are issues that make it difficult to access care.
- Immigrant populations and the undocumented do not feel safe accessing services. They are afraid they will be turned over to ICE.
- Immigration status, income status, being able to access the health care they need. Not having to go to ED or urgent care and instead having access to a specialist is key. Not having to sit in the waiting room for hours for care.
- It's a lack of knowledge about resources and knowing where to go for services.
- We need to increase access. Either in person or via telehealth, the demand is there and it is unfortunate that people often have to wait a long time to see a provider. The undocumented could be really helped with telehealth if we can overcome the digital divide.
- In the past year when health education classes went virtual, some participants would participate while they were at work, cleaning people's homes. Usually, they were not able to do that, but now they are able to participate in the class because we are able to offer it to them on their cellphone. Otherwise, some people would never be able to take our health education classes because they can't take time off work, and take the bus each way for an hour-long class in the middle of the day.
- A lot of providers pivoted to digital means. And many people in our community do not have access to computers and the internet, so we installed digital hubs in our parking lot, so people could link into our Wi-Fi.
- Economically, people are limited in their resources.
- There is a lack of childcare, so people do not have the supports they need. Also, transportation, health education, and costs are barriers.

Dental Care

Oral health is essential to a person’s overall health and wellbeing. In SPA 2, 5.0% of children lack dental insurance. 35.6% of SPA 2 adults lack dental insurance.

Dental Insurance, Adults and Children

| | SPA 2 | Los Angeles County | California |
|-----------------------------------|-------|--------------------|------------|
| Children without dental insurance | 5.0%* | 9.6% | 7.8% |
| Adults without dental insurance | 36.6% | 35.3% | 31.7% |

Source: California Health Interview Survey, 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. The tables below illustrate dental utilization and condition of teeth for adults, children, and teens. In SPA 2, 81.8% of adults have been to a dentist in the last two years and 4.4% of SPA 2 adults have never been to a dentist.

Dental Care Utilization and Condition of Teeth, Adults

| | SPA2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Never been to a dentist | 4.4% | 3.0% | 2.3% |
| Visited dentist < 6 months to 2 years ago | 81.8% | 80.4% | 82.2% |
| Visited dentist more than 5 years ago | 5.5% | 7.5% | 7.1% |
| Condition of teeth: good to excellent | 72.1% | 70.8% | 72.6% |
| Condition of teeth: fair to poor | 26.7% | 26.4% | 24.9% |
| Condition of teeth: has no natural teeth | 1.2%* | 2.8% | 2.5% |

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

Among SPA 2 children, ages 3-11, 76.1% have seen a dentist in the past six months.

Dental Care Utilization, Children, Ages 3-11

| | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Never been to the dentist | 14.8% | 14.7% | 14.1% |
| Been to dentist < 6 months ago | 76.1% | 72.8% | 72.9% |
| Been to dentist > 6 months to 1 year ago | 6.5%* | 10.1% | 9.8% |
| Been to dentist < 1 to 2 years ago | 1.8%* | 1.9%* | 2.4% |
| Parent could not afford needed dental care for child† | 6.3%* | 8.4% | 7.3% |

Source: California Health Interview Survey, 2017-2019. Years 2017- 2019 pooled to improve sustainability of data. †Data year 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among SPA 2 teens, ages 12-17, 74.2% have seen a dentist in the past six months.

Dental Care Utilization, Teens, Ages 12-17

| | SPA 2 | Los Angeles County | California |
|--|--------|--------------------|------------|
| Never been to the dentist | ** | ** | 1.3% |
| Been to dentist < 6 months ago | 74.2%* | 84.6% | 80.5% |
| Been to dentist > 6 months to 1 year ago | 12.5%* | 7.9%* | 10.9% |
| Been to dentist < 1 to 2 years ago | ** | 3.8% | 3.7% |

Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. ** Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Community Input – Dental Care

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

- If people cannot afford a place to live, food, or medications for basic health, dental is the last thing on their list of priorities.
- Too many low-income people do not seek care until they are in crisis. Preventive care does not occur and they do not know it is available to them.
- Dental health is one of the top unmet needs in our organization. And dental education is often times forgotten
- We’ve had patients come in and they are septic because of dental problems. We’ve had to send someone out to an oral surgeon to have their teeth pulled and put packing in place in order to treat the infection.
- We found out seniors have dentures because they did not receive proper dental care when they were younger. How can we engage in oral care at an earlier stage?
- Accessibility and affordability are barriers to accessing dental care.
- Dentistry is an extremely expensive proposition for anyone. For someone who lives in poverty, access to dental care is not something that is readily available.
- There is not a lot of emphasis put on the importance of dental care and there are also many barriers: language, lack of funds, not having a dental home, even if a child has insurance, parents do not know how to access insurance or services, and the belief that baby teeth fall out so there is no need to care for them. Also, dental insurance is limited, it often does not cover more extensive treatments.

Birth Characteristics

Births

From 2014 to 2018, there was an average of 6,891 births in the service area.

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 614.3 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

| | VPH Service Area | Los Angeles County | California |
|---|------------------|--------------------|------------|
| Delivery paid by public insurance or self-pay | 614.3 | 542.9 | 498.5 |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files. U.S. data are from Centers for Disease Control and Prevention, National Center for Health Statistics, Natality public-use data on CDC WONDER Online Database, 2014-2018, released October 2019.

Prenatal Care

Of pregnant women in the service area, 12.7% (127.3 per 1,000 live births) entered prenatal care after the first trimester. This equates to 87.3% of pregnant women starting prenatal care in the first trimester. This rate exceeds the Healthy People 2030 objective of 80.5% of women entering prenatal care in the first trimester.

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

| | VPH Service Area | Los Angeles County | California |
|--------------------|------------------|--------------------|------------|
| Late prenatal care | 127.3 | 148.2 | 161.7 |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files. U.S. data are from Centers for Disease Control and Prevention, National Center for Health Statistics, Natality public-use data on CDC WONDER Online Database, 2014-2018, released October 2019.

Teen Birth Rate

From 2014-2018, 545 teens, under age 20, gave birth in the service area. The teen birth rate in the service area is 5.1%. This rate was higher than the teen birth rate for the county (4.5%) and but lower than the state (5.5%). The Healthy People 2030 objective to reduce pregnancy among adolescent women is 31.4 per 1,000 females (3.1%).

Births to Teenage Mothers (Under Age 20), per 1,000 Live Births

| | VPH Service Area | Los Angeles County | California |
|------------------------|------------------|--------------------|------------|
| Births to teen mothers | 50.9 | 45.1 | 45.5 |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files. U.S. data are from Centers for Disease Control and Prevention, National Center for Health Statistics, Natality public-use data on CDC WONDER Online Database, 2014-2018, released October 2019.

Premature Birth

The rate of premature births (occurring before the start of the 37th week of gestation) in the service area was 9.5%. This rate of premature births was higher than the county (8.9%) and state (8.5%) rates of premature births.

Premature Birth, Before Start of 37th Week or Unknown, per 1,000 Live Births

| | VPH Service Area | Los Angeles County | California |
|-----------------|------------------|--------------------|------------|
| Premature birth | 95.4 | 88.5 | 85.4 |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files. U.S. data are from Centers for Disease Control and Prevention, National Center for Health Statistics, Natality public-use data on CDC WONDER Online Database, 2014-2018, released October 2019.

Low Birth Weight

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The service area rate of low-birth-weight babies was 7.3%.

This was higher than county (7.2%) and state (6.9%) rates.

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

| | VPH Service Area | Los Angeles County | California |
|------------------|------------------|--------------------|------------|
| Low birth weight | 73.3 | 72.0 | 68.6 |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files. U.S. data are from Centers for Disease Control and Prevention, National Center for Health Statistics, Natality public-use data on CDC WONDER Online Database, 2014-2018, released October 2019.

Mother Smoked Regularly During Pregnancy

In the service area, 39 women smoked no less than one cigarette per day for at least a three month period during pregnancy. The corresponding rate in the service area of mothers who smoked is 3.7 per 1,000 live births as compared to the county at 6.2 per 1,000 live births and the state at 15.8 per 1,000 live births.

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

| | VPH Service Area | Los Angeles County | California |
|--------------------|------------------|--------------------|------------|
| Mothers who smoked | 3.7 | 6.2 | 15.8 |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files. U.S. data are from Centers for Disease Control and Prevention, National Center for Health Statistics, Natality public-use data on CDC WONDER Online Database, 2014-2018, released October 2019.

Infant Mortality

The infant mortality rate (less than one year of age) in Los Angeles County was 4.2 deaths per 1,000 live births, which was lower than the state rate (4.3 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

| | Los Angeles County | California |
|--------------------------|--------------------|------------|
| Infant death rate | 4.2 | 4.3 |

Source: California Department of Public Health, County Health Status Profiles, 2020. [County Health Status Profiles 2020 \(ca.gov\)](https://www.cdph.ca.gov/Programs/DCDC/DCDC/Pages/County-Health-Status-Profiles-2020.aspx)

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at VPH indicated 95.5% of new mothers initiated breastfeeding and 55.8% used breastfeeding exclusively.

In-Hospital Breastfeeding

| | Any Breastfeeding | | Exclusive Breastfeeding | |
|------------------------------|-------------------|---------|-------------------------|---------|
| | Number | Percent | Number | Percent |
| Valley Presbyterian Hospital | 2,375 | 95.5% | 1,388 | 55.8% |
| Los Angeles County | 92,613 | 93.7% | 61,455 | 62.5% |
| California | 361,719 | 93.7% | 270,189 | 70.0% |

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

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at VPH. Among Latina mothers, 95.7% initiated breastfeeding and 55.2% breastfed exclusively. Among White mothers, 93.8% initiated breastfeeding and 61.6% breastfed exclusively. Among Asian mothers, 92.8% initiated breastfeeding and 51.8% breastfed exclusively. Among African-American mothers, 95% initiated breastfeeding and 48.8% breastfed exclusively. Among mothers who did not identify an ethnic or racial group, 100% initiated breastfeeding and 67.9% breastfed exclusively. Among mothers of multiple races, 92.6% initiated breastfeeding and 63% breastfed exclusively.

In-Hospital Breastfeeding, by Race/Ethnicity, Valley Presbyterian Hospital

| | Any Breastfeeding | | Exclusive Breastfeeding | |
|--|-------------------|---------|-------------------------|---------|
| | Number | Percent | Number | Percent |

| | | | | |
|------------------|-------|-------|-------|-------|
| Latino/Hispanic | 1,965 | 95.7% | 1,134 | 55.2% |
| White | 137 | 93.8% | 90 | 61.6% |
| Asian | 77 | 92.8% | 43 | 51.8% |
| African-American | 76 | 95.0% | 39 | 48.8% |
| Other | 28 | 100% | 19 | 67.9% |
| Multiple race | 25 | 92.6% | 17 | 63.0% |

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

Community Input – Birth Indicators

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

- A big issue is with African American infants being born early, with lower birth weights and they are less likely to survive during that first year. We can link this to environmental toxins, housing density and stress levels.
- Infant mortality is an issue in the African American population. There is a lower prevalence of breast feeding among African American mothers. WIC helps but it is not as well known. Trauma and stress and domestic violence can increase premature and early births. In addition, mothers may neglect their wellbeing versus caring for children. They will feel selfish for taking care of themselves. It is a common theme we see in our work.
- About once a month, we have a patient who didn't even know she was pregnant and comes in and delivers. We also see moms who've tested positive for narcotics and alcohol. In these cases, a report is made to DCFS and a hold may be put on the child and the mom will have to follow-up with the court system to get her baby back from DCFS care.
- We need more flexibility in the health care system around supports like doulas. African Americans tend to not have a lot of trust in the health care system in our area and they tend to travel outside the area. They are more likely to have a bad pregnancy outcome, mortality, or other complications in comparison to other racial/ethnic groups.
- Latinos tend to accept anything given to them by their provider without question or getting a second opinion. There is not a lot of knowledge around doula services; we are trying to implement that program now.
- Over the last quarter, we've been trying to get kids back into the office for the vaccines they have missed. That is a concern we could see more infant mortality due to lack of vaccines, and it could impact future disease exposure. We worry about kids being exposed to COVID.
- Our prenatal program was pretty well attended, even if they were hesitant for risk, moms came in for their prenatal checks, and did virtual check-ins as well.

Leading Causes of Death

Leading Causes of Death

The causes of death are reported as age-adjusted death 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.

Heart disease, cancer, and Alzheimer’s disease are the top three causes of death in the service area, followed by stroke and chronic lower respiratory disease.

Cause of Death, Age-Adjusted Death Rates, per 100,000 Persons, 2014-18 Average

| | VPH Service Area | | Los Angeles County | California |
|--|------------------|--------------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Heart disease | 1,296 | 160.5 | 146.9 | 142.7 |
| Cancer | 1,081 | 131.5 | 134.3 | 139.6 |
| Alzheimer’s disease | 307 | 39.3 | 34.2 | 35.4 |
| Stroke | 254 | 31.8 | 33.3 | 36.4 |
| Chronic Lower Respiratory Disease | 223 | 28.5 | 28.1 | 32.1 |
| Unintentional injuries | 210 | 23.4 | 22.6 | 31.8 |
| Diabetes | 183 | 22.4 | 23.1 | 21.3 |
| Pneumonia and influenza | 155 | 19.5 | 19.2 | 14.8 |
| Liver disease | 119 | 13.3 | 13.0 | 12.2 |
| Kidney disease | 95 | 12.1 | 11.2 | 8.5 |
| Suicide | 65 | 7.1 | 7.9 | 10.5 |
| Homicide | 44 | 4.7 | 5.7 | 5.0 |
| HIV | 17 | 1.9 | 2.1 | 1.6 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Heart Disease and Stroke

The age-adjusted mortality rate for heart disease (160.5 per 100,000 persons) was higher than county (149.9 per 100,000 persons) and state (142.7 per 100,000 persons) rates. The rate of ischemic heart disease deaths (a sub-category of heart disease) was 113.3 per 100,000 persons as compared to the county rate (106.6 per 100,000 persons) and the state rate (88.1 per 100,000 persons). The Healthy People 2030 objective for ischemic heart disease is 71.1 heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was lower in the service area (31.8 per 100,000 persons) than in the county (33.3 per 100,000 persons), and the state (36.4 deaths per 100,000 persons). The rate of stroke death is lower than the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

| | VPH Service Area | | Los Angeles County | California |
|--|------------------|-------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Heart disease death rate | 1,296 | 160.5 | 149.9 | 142.7 |
| Ischemic heart disease death rate | 367 | 113.3 | 106.8 | 88.1 |
| Stroke death rate | 254 | 31.8 | 33.3 | 36.4 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Cancer

In the service area, the age-adjusted cancer mortality rate was 131.5 per 100,000 persons. This is lower than the county rate (134.3 per 100,000 persons) and the state rate (139.6 per 100,000 persons). The cancer death rate in the service area is higher than the Healthy People 2030 objective of 122.7 per 100,000 persons.

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

| | VPH Service Area | | Los Angeles County | California |
|--------------------------|------------------|-------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Cancer death rate | 1,081 | 131.5 | 134.3 | 139.6 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

In Los Angeles County, the rates of death from colorectal cancer (13.16 per 100,000 persons), pancreatic cancer (10.40 per 100,000 persons), liver and bile duct cancers (8.19 per 100,000 persons), ovarian cancer (7.10 per 100,000 persons), Non-Hodgkin Lymphoma (5.19 per 100,000 persons), stomach cancer (5.14 per 100,000 persons), and uterine cancers (3.28 per 100,000 women), exceed the state rates of death.

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

| | Los Angeles County | California |
|--------------------------|--------------------|------------|
| All cancers | 134.24 | 136.87 |
| Lung and bronchus | 25.67 | 28.14 |
| Prostate (males) | 19.76 | 19.74 |
| Breast (female) | 18.87 | 19.11 |

| | | |
|----------------------------------|-------|-------|
| Colon and rectum | 13.16 | 12.45 |
| Pancreas | 10.40 | 10.28 |
| Liver and intrahepatic bile duct | 8.19 | 7.77 |
| Ovary (female) | 7.10 | 6.94 |
| Leukemia | 5.65 | 5.76 |
| Non-Hodgkin lymphoma | 5.19 | 5.16 |
| Stomach | 5.14 | 3.91 |
| Urinary bladder | 3.52 | 3.90 |
| Uterus, NOS (female) | 3.28 | 2.79 |
| Kidney and renal pelvis | 3.11 | 3.36 |
| Skin, Excluding Basal & Squamous | 2.27 | 3.06 |

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2015-2017
<http://www.cancer-rates.info/ca/>

Alzheimer’s Disease

According to the World Health Organization, Alzheimer’s disease is the most common form of dementia and may contribute to 60-70% of the dementia cases.¹ In the service area, the Alzheimer’s disease death rate was 39.3 per 100,000 persons. This rate is higher than the county and state levels.

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

| | VPH Service Area | | Los Angeles County | California |
|------------------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Alzheimer’s death rate | 307 | 39.3 | 34.2 | 35.4 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Community Input – Alzheimer’s Disease

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

- Family members are the ones who suffer caring for persons with cognitive impairment. They have limited places where they can be placed.
- We have a specialty unit with more staffing so they can handle patients with issues. Placements are difficult, commercial insurance and Medicare will cover memory care units, but Medi-Cal is limited. These patients have higher needs and lower reimbursement, and families have a difficult time getting them care. They may wander off, they may be combative, family members may be afraid of them, so we keep trying until we can find a placement for them.

¹ Source: World Health Organization, Dementia Fact Sheet, September 21, 2020. <https://www.who.int/news-room>

- The big issue is with individuals who have cognitive impairment. They often depend on community resources like adult day care. We were forced to shut down and we have seen our patients' health decline at an accelerated rate in the past year.
- There have been efforts to increase awareness in the Latino and African American communities. They have been doing outreach in different ethnic groups, and that has been helpful. This is a real opportunity since mental health issues are so elevated right now.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis and emphysema.

In the service area, the CLRD death rate was 28.5 per 100,000 persons. This was higher than county rates and lower than state rates.

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

| | VPH Service Area | | Los Angeles County | California |
|---|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Chronic Lower Respiratory Disease death rate | 223 | 28.5 | 28.1 | 32.1 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The death rate from unintentional injuries in the service area was 23.4 per 100,000 persons. The death rate from unintentional injuries in the service area was lower than the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

| | VPH Service Area | | Los Angeles County | California |
|--|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Unintentional injury death rate | 210 | 23.4 | 22.6 | 31.8 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Diabetes

Diabetes may be underreported as a cause of death. Studies have found that approximately 35% to 40% of people with diabetes who died had diabetes listed on the death certificate.² In the service area, the diabetes death rate was 22.4 per 100,000 persons, which was lower than the county, but higher than the state.

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

| | VPH Service Area | | Los Angeles County | California |
|----------------------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Diabetes death rate | 183 | 22.4 | 23.1 | 21.3 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 19.5 per 100,000 persons, which was higher than the county and state rates.

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

| | VPH Service Area | | Los Angeles County | California |
|---------------------------------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Pneumonia/influenza death rate | 155 | 19.5 | 19.2 | 14.8 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Liver Disease

In the service area, the liver disease death rate was 13.3 per 100,000 persons. This rate exceeds the Healthy People 2030 objective for liver disease death of 10.9 per 100,000 persons.

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

| | VPH Service Area | | Los Angeles County | California |
|---------------------------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Liver disease death rate | 119 | 13.3 | 13.0 | 12.2 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

² Source: American Diabetes Association. *Statistics about Diabetes, 2020*. Accessed April, 2021. <https://www.diabetes.org/resources/statistics/statistics-about-diabetes>

Kidney Disease

In the service area, the kidney disease death rate was 12.1 per 100,000 persons. This rate was higher than the county and state rates.

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

| | VPH Service Area | | Los Angeles County | California |
|----------------------------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Kidney disease death rate | 95 | 12.1 | 11.2 | 8.5 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Suicide

In the service area, the age-adjusted death rate due to suicide was 7.1 per 100,000 persons. The Healthy People 2030 objective for suicide is 12.8 per 100,000 persons.

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

| | VPH Service Area | | Los Angeles County | California |
|----------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Suicide | 65 | 7.1 | 7.9 | 10.5 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Homicide

In the service area, the age-adjusted death rate from homicides was 4.7 per 100,000 persons. This rate was lower than the county and state rates for homicides. The Healthy People 2030 objective for homicide is 5.5 per 100,000 persons.

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

| | VPH Service Area | | Los Angeles County | California |
|-----------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| Homicide | 44 | 4.7 | 5.7 | 5.0 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

HIV

In the service area, the death rate from HIV was 1.9 per 100,000 persons. This rate was lower than the county HIV death rate (2.1 per 100,000 persons) and higher than the state HIV death rate (1.6 per 100,000 persons).

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

| | VPH Service Area | | Los Angeles County | California |
|-----------------------|------------------|------|--------------------|------------|
| | Number | Rate | Rate | Rate |
| HIV death rate | 17 | 1.9 | 2.1 | 1.6 |

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-18 using the U.S. 2000 Standard Population. State and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2014-2018 on CDC WONDER Online Database, released December 2019.

Acute and Chronic Disease

Hospitalization Rates by Principal Diagnosis

At Valley Presbyterian Hospital, the top five hospital discharge diagnoses were conditions related to pregnancy and the perinatal period, infectious and parasitic diseases, diseases of the digestive system, and disease of the circulatory system. It should be noted, these data were collected prior to and during the COVID-19 pandemic.

Hospitalization Rates by Principal Diagnosis, Top Ten Diagnoses, 2020

| | Valley Presbyterian Hospital |
|--|------------------------------|
| Pregnancy, childbirth and the puerperium | 21.6% |
| Certain conditions originating in the perinatal period | 18.6% |
| Infectious and parasitic diseases | 10.3% |
| Diseases of the digestive system | 9.6% |
| Diseases of the circulatory system | 7.6% |
| Diseases of the musculoskeletal system and connective tissue | 4.9% |
| Injury and poisoning | 4.3% |
| Diseases of the respiratory system | 3.8% |
| Diseases of the genitourinary system | 3.8% |
| Endocrine, nutritional and metabolic diseases | 3.3% |

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2020.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Rates by Diagnosis

At Valley Presbyterian Hospital, the top five emergency room encounter diagnoses were symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified, injuries/poisonings, disease of the respiratory system, diseases of the musculoskeletal system and connective tissue, diseases of the genitourinary system. These data were collected prior to and during the COVID-19 pandemic.

Emergency Room Rates by Principal Diagnosis, Top Ten Diagnoses

| | Valley Presbyterian Hospital |
|--|------------------------------|
| Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified | 18.3% |
| Injury, poisoning, and certain other consequences of external causes | 15.0% |
| Diseases of the respiratory system | 12.1% |
| Diseases of the musculoskeletal system and connective tissue | 7.4% |
| Diseases of the genitourinary system | 7.0% |
| Disease of the digestive system | 5.6% |
| Diseases of the circulatory system | 4.4% |
| Pregnancy, childbirth and the puerperium | 4.1% |
| Diseases of the skin and subcutaneous tissue | 3.8% |

| | |
|---|------|
| Mental, Behavioral and Neurodevelopmental Disorders | 3.7% |
|---|------|

COVID-19

As of August 28, 2021, there have been 1,337,097 confirmed cases of COVID-19 in Los Angeles County, with a rate of 13,192 cases per 100,000 residents. This rate was higher than the statewide average of 10,588 cases per 100,000 persons. Through August 28, 2021, 25,234 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 249 deaths per 100,000 persons. This was higher than the statewide rate of 165 deaths per 100,000 residents.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 8/28/21

| | Los Angeles County | | California | |
|---------------|--------------------|--------|------------|--------|
| | Number | Rate | Number | Rate |
| Cases | 1,337,097 | 13,192 | 4,198,089 | 10,588 |
| Deaths | 25,234 | 249 | 65,243 | 165 |

Source for LA County and California case and death numbers: California State Health Department, COVID19 Dashboard, Updated August 29th, 2021, with data from August 28, 2021. <https://covid19.ca.gov/state-dashboard> Rates calculated using CA Dept. of Finance January 1st, 2020, population numbers.

In Los Angeles County, 79% of the Asian population, 49.7% of Black residents and 58.8% of Latinx residents have received at least one dose of a COVID-19 vaccination.

Fully or Partially Vaccinated (1+ Dose) for COVID-19, by Race, as of 8/22/21

| | Percent who received at least 1 dose of vaccine |
|--------------------------------------|---|
| Asian | 79.0% |
| American Indian/Alaska Native | 69.6% |
| White | 68.8% |
| Latinx | 58.8% |
| Black/African American | 49.7% |

Source: Los Angeles Public Health Department, COVID-19 Vaccination Dashboard, Vaccination percentage updated August 26, data through August 22, 2021. <http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm>

The number of Los Angeles County residents, ages 12 to 17, who received at least one dose of a COVID-19 vaccine is 462,858, or 60.5% of the teen population. The number of county residents, ages 18 to 64, who received at least one dose of a COVID-19 vaccine is 4,856,052, or 77.7% of the adult population. 74.5% of the population, ages 65 or older, have received at least one vaccine dose, which is lower than the statewide vaccination rate of 81.6% for seniors.

COVID-19 Vaccinations, Number and Percent, by Age, as of 8/28/21

| | Los Angeles County | | | | California | | | |
|--------------------------|----------------------|--------|-----------|---------|----------------------|---------|-----------|-----------|
| | Partially Vaccinated | | Completed | | Partially Vaccinated | | Completed | |
| | Percent | Number | Percent | Number | Percent | Number | Percent | Number |
| Population, 12-17 | 12.0% | 91,546 | 48.5% | 371,312 | 11.6% | 367,117 | 46.4% | 1,464,670 |

| | | | | | | | | |
|--------------------------|------|---------|-------|-----------|-------|-----------|-------|------------|
| Population, 18-64 | 9.7% | 607,097 | 68.0% | 4,248,955 | 10.3% | 2,493,060 | 66.4% | 16,041,406 |
| Population, 65+ | 7.9% | 131,765 | 66.5% | 1,105,690 | 9.8% | 647,621 | 71.8% | 4,766,449 |

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group> Updated August 29th, 2021 with data through August 28, 2021.

Community Input – COVID-19

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

- Inequities will be made worse in emergencies. Economic and health disparities get worse and there is a lack of access to information. There are trust issues with the government and this is a huge issue especially for the undocumented and African Americans. Also with African Americans, they say they would get vaccinated if they were made aware or knew how. We are blaming populations for not getting vaccinations, but it may be the reason why is they can't get off work.
- It is easier for higher income and white people to get vaccinated in our area.
- It hit hard in low-income areas, and there was a lot of fear and reluctance around accepting the vaccine.
- A lot of parents, when we had Zoom meetings, they preferred evening meetings because some work
- We are still working on making sure there are culturally and linguistically appropriate resources about COVID in the community. When the pandemic became a pandemic, community members were so eager for information. There was this demand for resources and accurate information and people did not know where to go, so they went to social media, which gave them misinformation.
- There is a lot of vaccination hesitancy in the valley. In Pacoima, there is a 50% vaccination rate of the first dose, so we really need to rethink how we approach these hesitant communities.
- The pandemic really opened up eyes of organizations to realize these are services the community needs: access to food, access to showers, access to childcare, and distance learning.
- It was quite a learning experience. None of the skilled nursing homes were taking patients, so there was nowhere to send them, but patients kept coming in and we got a bottleneck, so we had to find new resources and develop a screening process.
- The majority of seniors were very open to the vaccine and already got it. We do have some that have some cultural challenges based on different values and beliefs.
- In our community, we have a large number of family members living in a single home, so if one person was impacted by the virus, many in the household were also impacted. There was no room to self-isolate.

- The vaccine has been made available, obtaining the vaccine itself is not a barrier. But there are people who are hesitant to take the vaccine. We need a lot more education because people assume that you get vaccinated with the disease itself, and don't want it. It is important to get factual information out there.
- In the beginning, it was a scramble to get services out and there was a large adjustment for clients to be willing to do virtual appointments. Now, it is the opposite. We have transitioned into the office, but people don't want to come back. It is an issue with our patients and also with staff. There is a lot of fear and anxiety with clients and staff alike.
- Families who were at home, with their children unable to go to school, and the lack of virtual learning was very challenging for families. There is also a lack of physical activity. A lot of families live in apartments so they did not have spaces to recreate.
- We have been challenged with behavioral health staffing and we do not have enough capacity for the number of patients that need behavioral health and mental health services. We have a wait list that is three months long and that is even after changing our workflow to do a lot more case management prior to having patients engage in therapy. All of health systems are challenged in being able to recruit mental health professionals. It is extremely difficult; they are in such high demand. population that has difficulty finding a ride or taking the bus. I think it will still be a few years before we return to a normal type of care.

Diabetes

Among SPA 2 adults, 14.8%, have been diagnosed as pre-diabetic and 9.5% have been diagnosed as having diabetes. For SPA 2 adults with diabetes, 51.8% felt very confident they could control their diabetes.

Diabetes, Adult

| | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Diagnosed pre-diabetic | 14.8% | 16.7% | 15.8% |
| Diagnosed with diabetes† | 9.5% | 10.5% | 10.0% |
| Very confident to control diabetes | 51.8% | 54.3% | 59.1% |
| Somewhat confident | 44.6% | 36.7% | 32.7% |
| Not confident | 3.6%* | 9.0%* | 8.2% |

Source: California Health Interview Survey, 2018, †2018-2019 *Statistically unstable due to sample size. †Years 2018-2019 pooled to improve sustainability of data. <http://ask.chis.ucla.edu/>.

When queried by race and ethnicity, African-Americans in SPA 2 have the highest rate of diabetes (22.1%).

Diabetes by Race/Ethnicity, Adult

| | SPA 2 | Los Angeles County | California |
|--|-------|--------------------|------------|
|--|-------|--------------------|------------|

| | | | |
|-------------------------|--------|-------|-------|
| African American | 22.1%* | 14.2% | 15.4% |
| Latino | 10.6% | 11.3% | 11.1% |
| Asian | 9.9%* | 10.6% | 10.2% |
| White | 7.8% | 8.2% | 8.3% |

Source: California Health Interview Survey, 2018-2019. *Statistically unstable due to sample size. Years 2018 & 2019 pooled to improve sustainability of data. <http://ask.chis.ucla.edu/>.

Heart Disease

Among SPA 2 adults, 5.9% have been diagnosed with heart disease. 81.7% of these adults reported having a case management plan.

Heart Disease, Adults

| | SPA 2 | Los Angeles County | California |
|-------------------------------------|--------------|---------------------------|-------------------|
| Diagnosed with heart disease | 5.9% | 6.4% | 6.9% |
| Has a management care plan† | 81.7%* | 78.8% | 80.1% |

Source: California Health Interview Survey, 2018-2019. †Data from 2018. *Statistically unstable due to sample size. Years 2018 & 2019 pooled to improve sustainability of data. <http://ask.chis.ucla.edu/>.

High Blood Pressure

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. Among SPA 2 adults, 27.2% have been diagnosed with high blood pressure.

High Blood Pressure, Adults

| | SPA 2 | Los Angeles County | California |
|---|--------------|---------------------------|-------------------|
| Diagnosed with high blood pressure | 27.2% | 25.5% | 25.9% |
| Has borderline high blood pressure | 6.2% | 7.2% | 7.2% |

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

When queried by race and ethnicity, African-Americans in SPA 2 have the highest rates of high blood pressure, including border line variables (74.5%).

High Blood Pressure by Race/Ethnicity, Adults

| | SPA 2 | Los Angeles County | California |
|-------------------------|--------------|---------------------------|-------------------|
| African American | 74.5%* | 38.2% | 38.3% |
| Asian | 28.1% | 23.8% | 21.6% |
| Latino | 27.2% | 22.9% | 22.9% |
| White | 24.3% | 27.2% | 28.6% |

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

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. Among the adult population, 18.4% in SPA 2 have been diagnosed with asthma. Among children, 14.5% in SPA 2 have been diagnosed with asthma.

Asthma, Adults and Children, Ages 1-17

| | SPA 2 | Los Angeles County | California |
|---|--------|--------------------|------------|
| Ever diagnosed with asthma, adults | 18.4% | 14.4% | 16.0% |
| Has had an asthma episode/attack in past 12 months, adults | 23.7% | 27.6% | 28.7% |
| Takes daily medication to control asthma, adults | 45.0% | 45.5% | 44.7% |
| Ever diagnosed with asthma, ages 1-17 | 14.5%* | 14.2% | 13.6% |
| Has had an asthma episode/attack in past 12 months, ages 1-17 | 26.6%* | 29.5% | 27.4% |
| Takes daily medication to control asthma, ages 1-17 | 43.7%* | 54.0% | 50.3% |

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

Cancer

Cancer incidence rates are available at the county level. Using the most recent data, in Los Angeles County, overall rates of cancer incidence are lower than the state level. However, the rates of colon and rectum cancer (35.18 per 100,000 persons), thyroid cancer (13.08 per 100,000 persons), ovarian cancer (11.70 per 100,000 persons), stomach cancer (8.81 per 100,000 persons), and uterine cancer (7.72 per 100,000 women) exceed the state rates.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 2015-2017

| | Los Angeles County | California |
|----------------------------------|--------------------|------------|
| Cancer all sites | 368.09 | 391.83 |
| Breast (female) | 117.98 | 121.41 |
| Prostate (males) | 86.99 | 90.66 |
| Lung and bronchus | 35.50 | 39.99 |
| Colon and rectum | 35.18 | 34.47 |
| In situ breast (female) | 27.03 | 27.37 |
| Corpus Uteri (females) | 25.51 | 26.50 |
| Non-Hodgkin lymphoma, all | 17.30 | 17.97 |
| Skin, excluding Basal & Squamous | 15.32 | 24.80 |
| Urinary bladder, all | 14.60 | 16.23 |
| Kidney and renal pelvis | 14.04 | 14.84 |

| | | |
|-------------------------------|-------|-------|
| Thyroid | 13.08 | 12.96 |
| Ovary (females) | 11.70 | 11.10 |
| Pancreas | 11.50 | 11.84 |
| Leukemia, all | 11.21 | 11.99 |
| Liver and bile duct | 9.05 | 9.51 |
| Stomach | 8.81 | 7.26 |
| Cervix uteri (females) | 7.72 | 7.32 |
| Miscellaneous | 6.76 | 7.83 |
| Testis (males) | 5.99 | 6.10 |
| Myeloma | 5.89 | 5.91 |

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2015-2017
<http://www.cancer-rates.info/ca/>

Community Input – Chronic Disease

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

- There are huge racial and economic disparities with chronic diseases. One of the things we look at is obesity and diabetes related outcomes. Obesity is connected to health and economic disparities, and a huge contributor to cardiovascular issues.
- It is difficult to be outdoors and exercise, it is too easy to find fast food and people experience a lot of screen time. There are a lot of reasons for these diseases to continue because the built environment encourages these lifestyles that contribute to chronic disease.
- Medications can be so cost prohibitive. We see people who share and reserve their insulin.
- There is need for patient empowerment. Many immigrants are used to going to traditional healers and do not trust Western medicine.
- There are many people who were diabetic and just didn't know it because they had never been to a doctor.
- People do not follow-up as directed and they do not take their medications or they've run out of prescriptions and did not go to see their doctor again.
- People have been inside for so long, how do we introduce them back into the community safely?
- It is a lack of education, and not doing preventive care.
- People think healthy food is very expensive and it is expensive to have a healthy lifestyle. But in the long run, it is more cost effective to help address chronic diseases from a preventive standpoint.
- Asthma and vision issues. We do screenings every year and we have a lot of kids who need some treatment for vision. Closing the gap from identifying the problem to the time the child

gets treatment is long. It is the same with other health issues. A lot of families do not believe that there is a problem with their children's vision.

Health Behaviors

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California’s 58 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 12 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 | 12 |

Source: County Health Rankings, 2020 <https://www.countyhealthrankings.org/>

Health Status

Among the population in SPA 2, 11.5% rate themselves as being in fair or poor health.

Self-Reported Health Status, All Ages

| | SPA 2 | Los Angeles County | California |
|-------------------------|-------|--------------------|------------|
| Poor health status | 1.6% | 2.5% | 2.4% |
| Fair health status | 9.9% | 10.0% | 10.1% |
| Good health status | 31.2% | 28.7% | 27.1% |
| Very good health status | 33.3% | 33.3% | 34.3% |
| Excellent health status | 23.9% | 25.5% | 26.1% |

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

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. Among SPA 2 adults, 24.5% reported a physical, or mental or emotional disability. In SPA 2, 15.2% of children were reported to have special health care needs.

Population with a Disability

| | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Adults with a disability | 24.5% | 24.6% |
| Children with special health care needs | 15.2% | 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/LACHSDDataTopics2018.htm>

Sexually Transmitted Infections

According to the most recent data available, SPA 2, has lower rates of chlamydia, gonorrhea, syphilis than the county.

STI Incidence Rate, per 100,000 Persons

| | SPA 2 | Los Angeles County |
|-----------|-------|--------------------|
| Chlamydia | 339 | 624 |
| Gonorrhea | 149 | 250 |
| Syphilis | 30 | 46 |

Source: Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2017 Annual STD Surveillance Report. <http://publichealth.lacounty.gov/dhsp/Reports.htm> Published August 2019. Accessed 3/21.

Teen Sexual History

In SPA 2, 10.7% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex. Teen females (6.8%) reported having sex at least once. Data for male teens in SPA 2 were not available due to small sample size.

Sexual Activity Teens Ages 14-17

| | SPA 2 | Los Angeles County | California |
|----------------------|--------|--------------------|------------|
| Ever Had Sex | 10.7%* | 9.7%* | 12.1% |
| Ever Had Sex, Male | ** | 9.6%* | 11.0% |
| Ever Had Sex, Female | 6.8%* | 9.4%* | 12.9% |

Source: California Health Interview Survey, 2018-2019. Years 2018-2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. ** Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Overweight and Obesity

In SPA 2, 29.8% of adults, 10.4% of teens and 15.8% of children were overweight.

Overweight

| | SPA 2 | Los Angeles County | California |
|--|--------|--------------------|------------|
| Adults, ages 18 and older | 29.8% | 32.7% | 32.7% |
| Teens, ages 12-17 | 10.4%* | 18.9% | 15.9% |
| Children, ages under 12 (overweight for age) | 15.8%* | 11.5% | 14.2% |

Source: California Health Interview Survey, 2018-2019. *Statistically unstable due to sample size. Years 2018-2019 pooled to improve sustainability of data. <http://ask.chis.ucla.edu/>

The Healthy People 2030 objectives for obesity are 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19. Teens in SPA 2 exceeded the Healthy People 2030 objective.

Obesity

| | SPA 2 | Los Angeles County | California |
|---------------------------|--------|--------------------|------------|
| Adults, ages 18 and older | 27.3% | 27.9% | 27.2% |
| Teens, ages 12-17 | 21.6%* | 22.5% | 19.2% |

Source: California Health Interview Survey, 2018-2019. Years 2018-2019 pooled to improve sustainability of data. *Statistically unstable due to sample size.
<http://ask.chis.ucla.edu/>

When overweight and obesity are examined by race/ethnicity, African American (83.1%) and Latino (67.3%) adults have the highest rates in SPA 2. Asian adults (33.9%) have the lowest rates in SPA 2.

Overweight and Obesity, by Race/Ethnicity, Adult

| | SPA 2 | Los Angeles County | California |
|------------------|-------|--------------------|------------|
| African American | 83.1% | 65.2% | 67.0% |
| Latino | 67.3% | 71.1% | 70.3% |
| White | 53.3% | 54.6% | 57.4% |
| Asian | 33.9% | 38.7% | 38.9% |

Source: California Health Interview Survey, 2018-2019. Years 2018-2019 pooled to improve sustainability of data. *Statistically unstable due to sample size.
<http://ask.chis.ucla.edu/>

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 Los Angeles Unified School District, over a quarter of 5th, 7th and 9th grade students tested for a body composition at health risk.

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 |
| 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>

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:

- People don't have the knowledge of healthy eating. It is cheaper to get fast food or cook whatever is in the pantry.
- It's a big issue in the community we serve. We are trying to make sure we provide culturally competent, linguistically sensitive care to assist people in making healthy changes in their lives. It is not a one size fits all to lose weight and live healthy. We need to look at cultural backgrounds to address those needs.
- With people stuck at home it is a bigger issue. We make sure to educate our families because it is families that make choices. And it is not about changing their culture but how to make additions and incorporate tools they can use every day.
- Morbidly obese patients have many issues and we have to coordinate all those issues and make sure they get their needs met. It is difficult because many facilities won't take patients over 300 pounds because that patient can injure their staff. Getting equipment is also difficult as there are very few vendors, wheelchairs may need to be specially built or ordered and that can take a while.
- Gyms closed down, there were no exercise classes, and more people stayed home, so we can assume there is an increase in people who are obese.
- Some medications can contribute to obesity. We see it in communities where there is poverty and people are not getting the healthy foods they need.
- There is a high concentration of fast-food restaurants in low-income neighborhoods. There is a lack of green space and areas to safely engage in physical activities. Also, people will often use convenience stores versus obtaining healthy food options. People who work multiple jobs, may not have time to engage in physical activity. For a large family, it can be difficult to provide a large quantity of fresh fruits and vegetables and proper nutrition.
- We are in a food desert and weight issues are tied to wealth and access. With the pandemic, we've seen more obesity, which impacts mental health.

Access to Affordable Fresh Fruits and Vegetables

Families who are not able to easily access fresh fruits and vegetables are less likely to be able to provide healthy food options for themselves and their children. In SPA 2, 59.4% of adults identified they were always able to find affordable fruits and vegetables.

Affordable Fruits and Vegetables

| | SPA 2 | Los Angeles County | California |
|------------------------------------|-------|--------------------|------------|
| Always affordable in neighborhood | 59.4% | 51.9% | 52.3% |
| Usually affordable in neighborhood | 25.1% | 28.9% | 29.3% |

| | | | |
|---|-------|-------|-------|
| Sometimes affordable in neighborhood | 14.5% | 17.8% | 17.0% |
| Never affordable in neighborhood | 1.0%* | 1.4% | 1.4% |

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

Sugar-Sweetened Beverage (SSB) Consumption

Among SPA 2 children and adolescents, ages 0-17, 33.1% drank one or more sodas or sweetened beverages (SSB) a day.

Consumed One or More Sodas or Sweetened Beverages Daily, Ages 0-17

| | SPA 2 | Los Angeles County |
|---------------------------------|--------------|---------------------------|
| Drank \geq 1 SSBs daily, 0-17 | 33.1% | 37.2% |

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/LACHSDDataTopics2018.htm>

Physical Activity

Among SPA 2 ambulatory adults, 8.7% reported not participating in at least 20 minutes of physical exercise (at one time) within the past week.

Physical Activity, Adults

| | SPA 2 | Los Angeles County | California |
|-----------------------------------|--------------|---------------------------|-------------------|
| Exercised in prior week, 0 days | 8.7% | 11.3% | 10.9% |
| Exercised in prior week, 1-2 days | 12.8% | 14.0% | 12.5% |
| Exercised in prior week, 3-5 days | 41.7% | 40.7% | 40.6% |
| Exercised in prior week, 6-7 days | 36.8% | 33.9% | 36.0% |

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

Vigorous-intensity aerobic activity should make up most of a child's 60 or more minutes of daily physical activity at least 3 days per week. Among SPA 2 children, 68.8% engaged in vigorous activity at least three days a week.

Vigorous Physical Activity at Least 3 Days per Week, Children

| | SPA 2 | Los Angeles County | California |
|---|--------------|---------------------------|-------------------|
| Children engaged in vigorous physical activity | 68.8%* | 70.3% | 76.0% |

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

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. Los Angeles Unified School District (LAUSD) scored lower in the PFT for all grades as compared to the county and state.

Aerobic Capacity

| | Fifth Grade | Seventh Grade | Ninth Grade |
|---------------------------|----------------------|----------------------|----------------------|
| | Healthy Fitness Zone | Healthy Fitness Zone | Healthy Fitness Zone |
| LAUSD | 50.5% | 48.4% | 48.1% |
| Los Angeles County | 57.1% | 57.3% | 54.1% |
| California | 60.2% | 61.0% | 60.0% |

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
<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 SPA 2 children, ages 2-11, 23.1% spent five or more hours in sedentary activities on weekend days.

Sedentary Children, Ages 2-11

| | SPA 2 | Los Angeles County | California |
|--------------------------|-------|--------------------|------------|
| 2 to <3 hours | 17.4% | 25.1% | 24.4% |
| 3 to < 5 hours | 25.7% | 28.5% | 34.3% |
| 5 or more hours | 23.1% | 20.0% | 23.1% |

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

Among SPA 2 teens, ages 12-17, 56.9% spent five or more hours in sedentary activities on weekend days.

Sedentary Teens, Ages 12-17

| | SPA 2 | Los Angeles County | California |
|--------------------------|-------|--------------------|------------|
| 2 to <3 hours | 15.0% | 9.0%* | 11.1% |
| 3 to < 5 hours | 24.6% | 35.4% | 25.1% |
| 5 or more hours | 56.9% | 49.1% | 55.9% |

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

Safe Parks and 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. Among SPA 2 youth, 90.6% lived within walking distance to a playground or open space and 75.3% visited a park, playground, or open space within the past month.

Children and Teens, Ages One Year and Older

| | SPA 2 | Los Angeles County | California |
|---|--------|--------------------|------------|
| Walking distance to park, playground or open | 90.6%* | 92.3%* | 89.2% |
| Visited a park/playground/open space | 75.3%* | 74.2% | 81.4% |

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

Among SPA 2 families with children and/or teens, 86.2% of children and 80.4% teens agreed and strongly agreed parks and playgrounds closest to where they lived were safe during the day.

Safe Open Spaces, Children and Teens

| | SPA 2 | Los Angeles County | California |
|----------------------------|--------|--------------------|------------|
| Children, ages 1-11 | 86.2%* | 86.5% | 89.2% |
| Teens, ages 12-17 | 80.4%* | 82.5% | 85.7% |

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

Mental Health

Mental Health - Access and Utilization

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.

Among adults in SPA 2, 20.4% identified the need to see a professional because of problems with mental health emotions, or nerves or use of alcohol or drugs in the past 12 months. Of adults, 51.8% in SPA 2 sought help from their primary care provider or other professional, (counselor, psychiatrist, or social worker) for problems with mental health, emotions, nerves, or use of alcohol or drugs, but did not receive treatment in the past 12 months.

Mental Health Access and Utilization, Adults

| | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Needed help for emotional /mental health problems or use of alcohol drugs | 20.4% | 20.9% | 21.7% |
| Sought help but did not receive treatment | 51.8% | 47.2% | 45.6% |

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

Among SPA 2 teens, 25.8% felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the past 12 months. 19.7% of teens received psychological or emotional counseling.

Mental Health Access and Utilization, Teens

| | SPA 2 | Los Angeles County | California |
|---|--------|--------------------|------------|
| Needed help for emotional or mental health problems | 25.8%* | 23.0% | 28.5% |
| Received psychological/emotional counseling | 19.7%* | 9.6% | 16.4% |

Source: California Health Interview Survey, 2018-2019. 2018-2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.*

Among adults in SPA 2, 39.2% visited both primary care physicians and mental health professionals for mental and emotional issues in the past year.

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

| | SPA 2 | Los Angeles County | California |
|---------------------------------|-------|--------------------|------------|
| Primary care physician only | 33.1% | 27.8% | 25.5% |
| Mental health professional only | 27.7% | 35.9% | 34.0% |

| | | | |
|-------------|-------|-------|-------|
| Both | 39.2% | 36.3% | 40.5% |
|-------------|-------|-------|-------|

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

Among adults and teens in SPA 2, 5.2% sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months. In SPA 2, 5.2% of adults and teens connected on-line with a mental health professional and 3.9% connected online with people with similar issues.

Online Mental Health Utilization, Adults and Teens

| | SPA 2 | Los Angeles County | California |
|--|-------|--------------------|------------|
| Sought help from an online tool | 5.2% | 5.8% | 6.2% |
| Connected with a mental health professional in last 12 months | 5.2% | 5.9% | 5.5% |
| Connected with people with similar mental health or alcohol/drug status | 3.9% | 5.0% | 5.3% |

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

Mental Health Indicators

Among adults in SPA 2, 12.1% are at risk for major depression and 11.6% currently have depression.

Depression, Adults

| | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Adults at risk for major depression | 12.1% | 13.0% |
| Adults with current depression | 11.6% | 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/LACHSDDataTopics2018.htm>

In the past year, 10.2% of SPA 2 adults and 36.6% of SPA 2 teens had serious psychological distress. 7.8% of SPA 2 adults had used prescription medicine for emotional/mental health issue for at least 2 weeks in the past year. SPA 2 adults reported moderate to severe family life (20.1%), social life (18.6%), household chore (20.1%), or work life (18.4%) impairments in the past year.

Mental Health Indicators

| | SPA 2 | Los Angeles County | California |
|--|-------|--------------------|------------|
| Adults who had serious psychological distress during past year | 10.2% | 13.0% | 13.1% |
| Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year | 7.8% | 8.2% | 10.3% |
| Adults reporting family life impairment during the past year | 20.1% | 20.9% | 20.8% |
| Adults reporting social life impairment during the past year | 18.6% | 20.8% | 20.9% |

| | | | |
|--|-------|-------|-------|
| Adults reporting household chore impairment during the past year | 20.1% | 20.2% | 20.3% |
| Adults reporting work impairment during the past year | 18.4% | 21.1% | 20.2% |
| Teens who had serious psychological distress during past year | 36.6% | 37.3% | 29.4% |

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

In SPA 2, 9.6% of adults had seriously thought about committing suicide.

Considered Suicide, Adults

| | SPA 2 | Los Angeles County | California |
|--------------------------------------|-------|--------------------|------------|
| Seriously considered suicide, adults | 9.6% | 13.2% | 14.0% |

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

Among students in the Los Angeles Unified School District, responding to the 2018-2019 California Healthy Kids Survey, 12.0% to 15.0% seriously considered attempting suicide in the past 12 months.

Considered Suicide, Teens

| | 7 th Grade | 9 th Grade | 11 th Grade |
|-------------------------------------|-----------------------|-----------------------|------------------------|
| Seriously considered suicide, teens | 15.0% | 14.0% | 12.0% |

Source: California Department of Education, 2021. <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:

- Being mentally ill is a barrier to start with because one of the biggest problems they have is noncompliance and that leads to not getting care.
- We serve people with compounding trauma. It often starts in childhood and repeats with adult partners, so they may experience domestic violence and sexual abuse as children, and then again as adults. And that leads to a lot of mental health issues. We see a lot of depression and anxiety and then there are barriers to accessing mental health care. It is really hard to get low cost or free services. For adults to access services is a challenge, there are long wait lists and for adult therapy there are really limited services available.
- It is really expensive to have mental health issues. Private therapists don't take insurance because they do not have the capacity to manage it and health care system has limited available sessions.
- There is a high need because of all the trauma we all collectively experienced last year. I don't think we've seen the full effect of that, especially with kids when they transition back into school.

- Mental health services for those with substance use and homelessness is a high need.
- It was an issue before, and I think it will get worse as we come out of the pandemic. We started doing outdoor physical activity programs because kids at home stay on their screens all day and it caused anxiety and behavioral issues and they became uncomfortable being around others.
- There is general stigma around mental health. Also, people do not know how to seek assistance and that there is assistance.
- A lot of mental health issues have been exacerbated. People are more stressed and more isolated. Even though the world is opening back up, some are still hesitant due to variants, and accessing mental health care is still mostly virtual. A lot of people do not know how to access to system, so even more people are falling through the cracks on how to access mental health services. The need was already great before the pandemic and the need has only increased, so the need is still greater than the availability.
- Stigma is an ongoing issue that has not changed. We all try to break that down in the community but access to services remains an issue. We've been able to provide services through telehealth and that has helped to some extent, but those who are afraid to come into the office or are unable to come in for whatever reason, telehealth helped those people. Also, a lack of technology is a barrier and getting the word out in the community that services are available in these economically depressed areas is a constant struggle because there seems to be endless need. We are also dealing with higher acuity needs, anxiety and isolation
- As children return to school, they have not been with other children and they may have behavioral issues. With adults the mental health barriers include lack of transportation, stigma, lack of trust of providers, fear of being labeled, immigration status, and lack of providers of the same gender, ethnicity and/or language.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. Among SPA 2 adults, 4.6% are current smokers, as compared to Los Angeles County at 6.0%. 4.6% of SPA 2 adults are current e-cigarette smokers as compared to Los Angeles County at 4.0%

Smoking, Adults

| | SPA 2 | Los Angeles County | California |
|---|--------|--------------------|------------|
| Current smoker | 4.6% | 6.0% | 6.7% |
| Former smoker | 7.9% | 18.4% | 19.5% |
| Never smoked | 74.6% | 75.4% | 73.8% |
| Thinking about quitting in the next 6 months | 72.5%* | 63.1% | 66.4% |
| Current e-cigarette user | 4.6% | 4.0% | 4.2% |

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

Local smoking data for teens is limited to small samples sizes in SPA 2. Of data available, 8.1% of teens in SPA 2 had smoked at least one e-cigarette in 2018. This rate was higher than county and state rates.

Smoking, Teens

| | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Current smoker | ** | ** | 0.4%* |
| Ever smoked an e-cigarette (2018 only) | 8.1%* | 5.0%* | 6.9%* |
| Smoked an e-cigarette in past 30 days | ** | 37.6%* | 38.6% |

Source: California Health Interview Survey, 2018-2019. 2018-2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. **Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>.

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 in SPA 2, 9.3% used alcohol and 4.5% engaged in binge drinking in the past month. Among SPA 2 adults, 60.5% used alcohol and 26.3% engaged in binge drinking in the past month.

Alcohol Use, Teens and Adults

| | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Alcohol use in past month, age 12-17 | 9.3% | 8.1% |

| | | |
|---|-------|-------|
| Binge drinking in past month, age 12-17 | 4.5% | 4.3% |
| Perception of great risk from having 5+ drinks once or twice a week, ages 12-17 | 44.2% | 46.8% |
| Alcohol use in past month, ages 18 and older | 60.5% | 53.1% |
| Binge drinking in past month, ages 18 and older | 26.3% | 26.2% |
| Perception of great risk from having 5+ drinks once or twice a week, ages 18 and older | 47.9% | 50.7% |

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf> Published July 2020

Marijuana

Among teens in SPA 2, 7.1% used marijuana in the past month and 12.2% used marijuana in the past year. Among adults in SPA 2, 12.7% used marijuana in the past month and 18.3% used marijuana in the past year.

Marijuana Use, Teens and Adults

| | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Marijuana use in past month, ages 12-17 | 7.1% | 6.9% |
| Marijuana use in past year, ages 12-17 | 12.2% | 13.2% |
| Perception of great risk from smoking marijuana once a month, ages 12-17 | 21.9% | 23% |
| Marijuana use in past month, ages 18 and older | 12.7% | 12.4% |
| Marijuana use in past year, ages 18 and older | 18.3% | 18.1% |
| Perception of great risk from smoking marijuana once a month, ages 18 and older | 26.0% | 30.0% |

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf> Published July 2020.

Drug Use

The age-adjusted death rate from drug-induced causes in Los Angeles County was 8.5 per 100,000 persons, which is lower than the state rate of 13.1 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, 2019

| | Rate |
|---------------------------|------|
| Los Angeles County | 8.5 |
| California | 12.7 |

Source: California Department of Public Health, County Health Status Profiles, 2020. <https://www.cdph.ca.gov/programs/chsi/pages/country-health-status-profiles.aspx>

Opioid Use

The emergency department visit rate for any opioid overdose was 10.2 per 100,000 persons and the hospitalization rate for opioid overdose was 5.1 per 100,000 persons in Los Angeles County.

These rates were lower than state levels. The age-adjusted opioid death rate was 5.1 per 100,000 persons in Los Angeles County as compared to the state rate of 6.43 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 | 7.9 |
| 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/>

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 use overlaps with homelessness because they self-medicate with street substances. There is easy access to illegal substances but there is not easy access for their prescribed medications. Substance use can lead to psychosis, and homeless individuals end up in the ED.
- There is a general trend toward greater opioid use and abuse among the homeless.
- When we started our case management program, we found that there were people who were themselves or a family member who had SA issues and there is a stigma to bringing it up and it is tied so often to DV and the stigma with that and it also goes back to cultural competency and being able to make supports available in a way that minimizes feelings of shame and the mental health that goes with that.
- Vaping flavors are geared toward kids and we see them get addicted.
- For those who are interested in sober living or detox, there are no resources to offer them and Medi-Cal doesn't cover any services.
- With the increase of mental health issues during the pandemic, everyone was impacted. That goes hand in hand with the use and misuse of substances. We need to promote healthy ways to cope so people will choose that way of coping verses utilizing substances.
- In certain populations we are seeing more drug use, things we've not seen in a decade, which makes it a challenge to get someone on the path to recovery.

- With the marijuana shops, we have seen more foot traffic and transient populations. On some streets there are multiple RVs, like 50 in a row, back-to-back, and many of them are meth labs. They can catch on fire.
- We find substance use intermingled quite a bit with behavioral health and mental health services. Oftentimes, some of the mental health conditions are directly attributable to substance use. Alcohol use is an issue as is increased marijuana use, especially among youth, related to an uptick in vaping and tobacco products. Opioids plays a part with our patients, but substances that are more readily available like alcohol, tobacco and marijuana seem to be more on the rise. There is a dispensary on practically every corner.

Preventive Practices

Immunizations

Using the most recent data, rates of immunizations among kindergartens in the Los Angeles Unified School District was 94.6%.

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

| | Immunization Rate |
|---------------------|-------------------|
| 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>

Flu Vaccine

The Healthy People 2030 objective is 70% of the population to receive a flu shot. In SPA 2, all age groups fall short of the Healthy People 2030 objective for flu vaccines.

Flu Vaccine, All Ages

| | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Reported having flu vaccination in past 12 months, 6 months to 17 years | 59.0% | 59.9% |
| Reported having flu vaccination in past 12 months, 18 years and older | 45.6% | 47.1% |
| Reported having flu vaccination in past 12 months, 65 years and older | 66.7% | 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/LACHSDDataTopics2018.htm>

Pneumococcal Vaccine

Among SPA 2 seniors, 70.4% have received a pneumonia vaccine.

Pneumococcal Vaccine, Adults 65 and Older

| | SPA 2 | Los Angeles County |
|------------------------------|-------|--------------------|
| Ever had a pneumonia vaccine | 70.4% | 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/LACHSDDataTopics2018.htm>

Health Screenings

Mammograms

The Healthy People 2030 objective for mammograms is 77.1% of women, ages 50-74 years, to have a mammogram in the past two years. Among SPA 2 women, 78.1% had a mammogram in the past two years. SPA 2 women exceed the Healthy People 2030 objective for mammograms.

Women, Ages 50-74

| | SPA 2 | Los Angeles County |
|-----------------|-------|--------------------|
| Had a mammogram | 78.1% | 77.0% |

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>

Pap Smears

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21-65 years, to be screened in the past three years. Among SPA 2 women, 79.8% had a Pap smear in the prior three years, which falls short of the Healthy People 2030 objective.

Women, Ages 21-65

| | SPA 2 | Los Angeles County |
|-------------------------------|-------|--------------------|
| Pap smear within past 3 years | 79.8% | 81.4% |

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>

Colorectal Cancer Screening

The Healthy People 2030 objective for colorectal cancer screening is 74.4% for adults, ages 50-74 years. In SPA 2, among adults, ages 50-74, 23.2% had a blood stool test in the past 12 months, and 53.6% had a sigmoidoscopy within the past five years or colonoscopy within the past 10 years. SPA 2 adults fall below the Healthy People 2030 objective for colorectal cancer screening.

Colorectal cancer screening, Adults, Ages 50-74

| | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Blood stool test in past 12 months | 23.2% | 20.0% |
| Sigmoidoscopy w/in past 5 years or Colonoscopy w/in past 10 years | 53.6% | 54.6% |

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>

Community Input – Preventive Practices

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

- Having resources and access so people can take their medications and have access to basic resources to reduce their rehospitalizations is preventive practices. Not everyone has this, especially those who are homeless, it is difficult to case manage.
- We keep saying you need to eat better and exercise more but more than that we need to look at the system that allows this to happen. Can you take a walk in your neighborhood? Or play a game of chess? How can we help people to adopt better behaviors and look at policies and procedures for everyone?
- For mental health screenings, I'm not sure how most people access that. I don't know if proactive mental health screening is happening in the doctor's office, if at all.
- I don't know how frequently people go to the doctor because of the cost issue, so preventive care is not something that occurs in any low income, under-resourced population. Also, there is a fear, what if they find something? How am I going to pay for it? If I have to go to the hospital, how will I pay for it? If you can't afford to be hospitalized and you are a single parent, with no support system, how do you deal with that?
- Most parents will vaccinate their children so they can attend school.
- We have clinics in the area, but the problem is patients do not seek care because of other priorities and they do not have time to do follow-up care. When they do go to the clinic it is first come first served, then they have to get established, wait in line, then get set up with follow-up for specialty care. So, it is very time consuming for them and their priority is elsewhere like working or childcare.
- There are a lot of myths surrounding the COVID-19 vaccine. We are hesitant to discuss some of these myths, even in the name of education, as it might further perpetuate the myths. Some people think you can get COVID-19 by standing close to someone who has had the vaccine. Is there a microchip in the vaccine? Can the vaccine impact my DNA?

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the hospital service area were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

| Indicators | Service Area Data | Healthy People 2030 Objectives |
|---|-------------------|--|
| High school graduation rate | 80.1% | 90.7% |
| Child health insurance rate | 95.7% | 92.1% |
| Adult health insurance rate | 84.0% | 92.1% |
| Unable to obtain medical care | 16.2% | 3.3% |
| Ischemic heart disease deaths | 113.3 | 71.1 per 100,000 persons |
| Cancer deaths | 131.5 | 122.7 per 100,000 persons |
| Colon/rectum cancer death | 13.16 | 8.9 per 100,000 persons |
| Lung and bronchus cancer deaths | 25.67 | 25.1 per 100,000 persons |
| Female breast cancer deaths | 18.87 | 15.3 per 100,000 persons |
| Prostate cancer deaths | 19.76 | 16.9 per 100,000 persons |
| Drug-induced deaths | 8.5 | 20.7 drug-overdose deaths per 100,000 persons |
| Overdose deaths involving opioids | 6.7 | 13.1 per 100,000 persons |
| Stroke deaths | 31.8 | 33.4 per 100,000 persons |
| Unintentional injury deaths | 23.4 | 43.2 per 100,000 persons |
| Suicides | 7.1 | 12.8 per 100,000 persons |
| Liver disease deaths | 13.3 | 10.9 per 100,000 persons |
| Homicides | 4.7 | 5.5 per 100,000 persons |
| Prenatal care | 87.3% | 80.5% of pregnant women enter prenatal care in the first trimester |
| Infant death rate | 4.2 | 5.0 per 1,000 live births |
| Obese adults, ages 18 and older | 27.3% | 36% adults, ages 20 and older |
| Obese teens, ages 12-17 | 21.6% | 15.5% of children and teens, ages 2 to 19 |
| Adults engaging in binge drinking | 26.3% | 25.4% |
| Cigarette smoking by adults | 4.6% | 5.0% |
| Pap smears, ages 21-65, screened in the past 3 years | 79.8% | 84.3% |
| Annual adult influenza vaccination | 45.6% | 70.0% |
| Mammograms, ages 50-74, screened in the past 2 years | 78.1% | 77.1% |
| Colorectal cancer screenings, ages 50-75, screened per guidelines | 53.6% | 74.4% |

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

| Name | Title | Organization |
|---|--|---|
| Susan Dion | Vice President; Director of Community and School Services | North Hills Wellness Center, Valley Community Healthcare |
| Kathie Galan-Jaramillo | Principal | Fair Elementary School |
| Rosa Guerrero | Director of Public Relations and Community Affairs | Northeast Valley Healthcare Center (NEVHC) |
| Jenna Hauss, MSW | President & Chief Executive Officer | ONEgeneration |
| Marci Kass | Director of Development | San Fernando Valley Community Mental Health Center, Inc. |
| Nadia H. Krupansky | Assistant Director | Child Care Resource Center: CCRC - Head Start Birth to Five, San Fernando Valley |
| Janet Marinaccio | President and Chief Executive Officer | Meet Each Need with Dignity: MEND |
| Melissa Miller, LMFT | Director of Child and Family Protective Services | The Help Group |
| Domingo Mota | Regional Manager, Southern California | The Global Orphan Project connected by Winds of Hope Ministries/Care Portal |
| Rose Onyekwe, DNP, RN, PMHNP, APRN-BC | Acute and Post-Acute Psychiatry Specialist | Valley Presbyterian Hospital |
| Margaret Paulson, RN, MSN | Director, Case Management & Social Services | Valley Presbyterian Hospital |
| Marleni DePhilippis, MPH, CHES, LES, Doula | Health Supervisor | Childcare Resource Center: CCRC - Head Start Birth to Five |
| Carrie Saetermoe, PhD | Director, Health Equity Research and Education (HERE) Center; Principal Investigator, NIH BUILD PODER (Building Infrastructure Leading to Diversity; Promoting Opportunities for Diversity in Education and Research); Professor, Department of Psychology | California State University Northridge |
| Cesar Sanchez, MPA | Health Program Analyst – Whole Person Care | LA County Department of Public Health, Community & Field Services Division, Service Planning Area 2: San Fernando & Santa Clarita Valleys |
| Blanca Santiago Rodgers | Manager of Homeless Prevention Services | New Economics for Women |
| Lionnel Zaragoza | Chief Executive Officer | Mid Valley YMCA |

Attachment 3: Community Survey

Valley Presbyterian Hospital conducted a community survey. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format. The surveys were available in English and Spanish. The surveys were available from June 14 through August 30, 2021 and during this time, 73 surveys were collected (19 in Spanish and 54 in English). Valley Presbyterian Hospital distributed the surveys at community meetings and through social media. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and their responses would remain anonymous.

| Gender | Percent |
|------------|---------|
| Female | 81.9% |
| Male | 16.7% |
| Non-binary | 1.4% |

| Race/Ethnicity | Percent |
|-------------------------------------|---------|
| Hispanic or Latino | 63.4% |
| White or Caucasian | 15.5% |
| Asian or Asian American | 12.7% |
| Black or African American | 4.2% |
| More than one race | 2.8% |
| Native Hawaiian or Pacific Islander | 1.4% |

| Age Groups | Percent |
|-------------------|---------|
| Ages 18-24 | 1.4% |
| Ages 25-34 | 16.6% |
| Ages 35-44 | 30.9% |
| Ages 45-54 | 18.1% |
| Ages 55-64 | 6.8% |
| Ages 65 and older | 26.2% |

1. What are the biggest health issues or needs you or your family face?
 - Access to health care, access to health insurance
 - Chronic diseases (diabetes, high blood pressure, heart disease, cancer, arthritis, asthma)
 - Cost of health care, health insurance out-of-pocket costs
 - COVID-19
 - Dental care
 - High level of environmental pollution in our community
 - Mental health care
 - Overweight and obesity
 - Preventive care
 - Lack of exercise/out of shape due to COVID lockdown

- Increasing homelessness, and the associated health and security risks
 - The economy; debts; lack of income; job loss or reduction of hours
2. Which groups in your community are most affected by these same needs?
 - Elderly
 - Homeless population
 - Immigrants and undocumented immigrants
 - Latinos
 - LGBTQ
 - Low-income residents
 - Persons with mental health issues
 - Youth
 - Babies born just before and during the pandemic
 - Pregnant women
 - Non-English speakers
 3. Where do you and/or your family members go for routine health services (physical exams, check-ups, vaccines, care for chronic diseases)?
 - Community clinics
 - County hospital
 - Emergency Room
 - Family clinic
 - Kaiser
 - Primary care provider
 - UCLA Health
 4. If you do NOT currently have health coverage or insurance, what are the main reasons why (select all that apply)?

For those survey respondents who did not have health coverage or insurance, 21.9% of persons indicated it cost too much and 17.8% felt they were not eligible or did not qualify for insurance.

| | Percent |
|--|----------------|
| It costs too much | 21.9% |
| I am not eligible or do not qualify | 17.8% |
| I am waiting to get coverage through my job | 2.3% |
| It is too confusing to sign up | 1.4% |

| | |
|--|-------|
| I haven't had time to deal with it | 1.4% |
| I don't think I need health insurance | 0 |
| I have health coverage/insurance | 60.3% |

5. The most recent time you or a member of your household delayed or went without needed health care, what were the main reasons (select all that apply):

Survey respondents indicated the most frequent reasons that they delayed needed health care was because it took too long to get an appointment (28.3%), they had no insurance and could not afford care (27.4%), and COVID impacted their ability to access care (24.7%). The total equals more than 100% because respondents could select more than one response. 26% of respondents indicated they did not delay care.

| | Percent |
|---|----------------|
| Could not get an appointment quickly enough/too long of a wait for an appointment | 28.8% |
| No insurance and could not afford care | 27.4% |
| COVID-19 appointment cancellation, concern of infection, or other related concern | 24.7% |
| Insurance did not cover the cost of the procedure or care | 16.4% |
| Language barriers | 12.3% |
| Technology barriers with virtual visits/telehealth services | 9.6% |
| Distrust/fear of discrimination | 5.5% |
| Lack of provider awareness and/or education about my health condition | 5.5% |
| Not knowing where to go or how to find a doctor | 5.5% |
| Lacked transportation to the appointment | 4.1% |
| Not having a provider who understands and/or respects my cultural or religious beliefs | 2.7% |
| Did not delay health care - received all the care that was needed | 26.0% |

6. What conditions in your neighborhood or community most negatively impact health (select all that apply)?

Survey respondents listed pollution (30.1%), housing (26%) and lack of health food choices (24.7%) as the top conditions in their community that most negatively impacted their health. The total equals more than 100% because respondents could select more than one response.

| | Percent |
|--|----------------|
| Pollution | 30.1% |
| Substandard housing or a lack of affordable, safe housing | 26.0% |
| Lack of access to healthy food choices | 24.7% |
| Lack of parks and open spaces | 23.3% |
| Crime and violence | 21.9% |

| | |
|--|-------|
| Lack of affordable health care | 19.2% |
| Inadequate employment/job opportunities | 15.1% |
| Racial inequality | 13.7% |

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/>.

| Community Need | Community Resources |
|---------------------------------|--|
| Access to care | Serra Community Clinic, Northeast Valley Healthcare Center, Eisner Health, Valley Community Healthcare, Eisner Health, Meet Each Need with Dignity: MEND, El Nido Family Services, LA Care Family Resource Center, Community Clinic Association of LA County, California Primary Care Association, Olive View-UCLA Medical Center, LAC/USC Medical Center, El Proyecto del Barrio, LA County Regional Centers, Comprehensive Community Health Centers |
| Alzheimer’s disease | ONEgeneration, Alzheimer’s Association, California Association for Adult Day Services Coalition, LA Department of Aging, National Institute of Neurological Disorders and Stroke, National Task Group on Intellectual Disabilities and Dementia Practices, Tierra de Sol |
| Birth indicators | Women Infants & Children (WIC), Serra Community Clinic, Eisner Health, Valley Community Healthcare, Healthy Start Maternal and Child Health Bureau, African American Infant and Maternal Mortality (AAIMM) Doula program, Health Neighborhoods Department of Mental Health, UCLA Early Head Start, Child Care Resource Center, El Proyecto Del Barrio, Serra Community Clinic, Northeast Valley Healthcare Center, El Nido Family Services, North Valley Caring Services, Black Infants & Families Los Angeles |
| Chronic diseases | Eisner Health, Women Infants & Children (WIC), Serra Community Clinic, Valley Community Healthcare, Mid Valley YMCA, American Cancer Society, LA Cancer Network, American Diabetes Association, American Heart Association, Comprehensive Community Health Centers, Los Angeles County Department of Public Health, Northeast Valley Healthcare Center |
| COVID-19 | Serra Community Clinic, Meet Each Need with Dignity: MEND, Eisner Health, Valley Community Healthcare, Food Forward, Northeast Valley Healthcare Center, North Valley Caring Services, Comprehensive Community Health Centers |
| Dental health | Eisner Health, Valley Community Healthcare, ABC Kids Dental Group, Big Smiles Dental, El Proyecto Del Barrio, LA Free Dental Clinic, Mid-Valley Comprehensive Health Center, Northeast Valley Health Corporation, Valley Care Dental Clinic, Care Harbor, Kids Community Dental Clinic Burbank, Kids Community Dental Clinic |
| Economic insecurity | Meet Each Need with Dignity: MEND, New Economics for Women, ONEgeneration, El Proyecto Del Barrio, Pacoima Beautiful Center for Health Equity, Women’s Economic Forum, Lutheran Social Services, Center for Living and Learning, Shelter Partnership, Child and Family Guidance Center, El Centro de Amistad, Friends of the Family, Alliance United Collaborative, Children Hunger Fund, Penny Lane Centers, Chrysalis San Fernando Valley, Pacoima Skills Center, Valley Family Technology Project, Los Angeles Regional Foodbank, Loaves and Fishes, Valley Lighthouse Pentecostal Church, El Nido Family Services, North Valley Caring Services, Women Infants & Children (WIC), Healthy Start Maternal and Child Health Bureau, Catholic Charities, Salvation Army, |
| Housing and homelessness | LA Family Housing, Housing Authority, Abode Communities, Meet Each Need with Dignity: MEND, New Economics for Women, San Fernando Valley Rescue Mission, Pacoima Beautiful, SPA 2 Homeless Coalition, Hope of the Valley Shelter, San |

| | |
|---------------------------------|--|
| | Fernando Valley Homeless Coalition, Homeless Connect Day, LAPD Community Safety Partnership, Catholic Charities, Midnight Mission Family Housing Project, Shelter Hotline, Transitional Living Center for Women and Children |
| Mental health | Valley Family Center, Valley Prevention and Treatment Center, Valley Women’s Center, Children’s Bureau Valencia, Child & Family Center: Child Care Resource Center, Cornerstone Counseling Center, Pacific Asian Counseling Services, Open Paths Counseling Center, Ness Counseling Center, Didi Hirsch, Child and Family Guidance Center, El Nido Family Center, San Fernando Valley Community Mental Health Center, Inc., The Help Group, Meet Each Need with Dignity: MEND, LA Care Family Resource Center, Department of Mental Health, San Fernando Valley Community Mental Health, American Foundation of Suicide Prevention, Del Amo Behavioral Health, Didi Hirsch Center Suicide Prevention Line, El Centro de Amistad, Health Neighborhoods: Department of Mental Health, National Association of Mental Illness: NAMI, Substance Abuse and Mental Health Services: SAMHSA |
| Overweight and obesity | Serra Community Clinic, YMCA, Eisner Health, Valley Community Healthcare, El Proyecto Del Barrio, Los Angeles Department of Public Health, Northeast Valley Healthcare Center |
| Preventive practices | Serra Community Clinic, YMCA, Eisner Health, Valley Community Healthcare, Every Woman Counts Initiative, El Proyecto Del Barrio, ONEgeneration, American Cancer Society, American Diabetes Association, American Heart Association, Serra Community Clinic, Northeast Valley Healthcare Center, El Nido Family Services, Women Infants & Children (WIC), Healthy Start Maternal and Child Health Bureau |
| Substance use and misuse | The Valley Prevention and Treatment Center, Alcoholics Anonymous, El Proyecto Del Barrio, Narcotics Anonymous, Penny Lane Centers, Northeast Valley Health Corporation, Tarzana Treatment Center, National Council on Alcoholism and Drug Dependence, CRI-HELP Addiction and Drug Rehab, Exodus Recovery, Drug Abuse Resistance Education (DARE), Friday Night Live Initiative, Substance Abuse and Mental Health Services: SAMHSA |

Attachment 5: Report of Progress

VPH developed and approved an Implementation Strategy to address significant health needs identified in the 2018 Community Health Needs Assessment. The hospital addressed: access to care, chronic disease, food insecurity and mental health through a commitment of community benefit programs and charitable resources.

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.

Access to Health Care

A lack of access to care presents barriers to good health. Access to primary care is a key determinant of health that exposes individuals to preventive measures and disease management, reducing the likelihood of hospitalizations and emergency room admissions. Individuals, who receive services in a timely manner, have greater opportunity to prevent or detect disease during earlier, treatable stages. A delay of necessary care can lead to an increased risk of complications.

Response to Need:

Valley Presbyterian Hospital removed barriers and increased access to health care. The hospital offered transportation to 3,151 riders to increase access to health care. VPH contracted transportation service provided rides free of charge to community residents to and from their homes to the hospital and to and from their homes to a community clinic. Additionally, 700 taxi vouchers and 600 tap cards were distributed to persons who lacked transportation to or from health care services.

We actively assisted more than 7,285 patients to enroll in Medi-Cal programs and other low-cost programs through Covered California.

The hospital partnered with Federally Qualified Health Centers (FQHC) to improve access to care.

In partnership with First 5 LA, the hospital continued the Welcome Baby program. This free and voluntary program supported new mothers and their infants. As a part of this program, VPH partnered with the nonprofit organization El Nido Family Centers, to provide home-based services to Welcome Baby participants. The Welcome Baby program plays a key role in ensuring that parents have the resources in place to follow up on newborn care such as health assessments and vaccinations. In addition, VPH provided childbirth education classes to 5,246 community residents.

During FY19, the hospital completed its multi-phase Emergency Department (ED) renovation to accommodate increased patient visits. This capital improvement project expanded the physical space by 14,505 square feet. The additional space will accommodate 10 more treatment beds, enabling physicians to treat more patients with greater effectiveness. At an average rate of 4 to 5 patients per day, per bed, that is up to 50 additional patients per day and more than 18,000 over the course of a year.

Chronic Diseases with an Emphasis on Diabetes

Chronic diseases are long-term medical conditions that tend to progressively worsen. Chronic diseases, such as cancer, heart disease, diabetes, and asthma, are major causes of disability and death. Chronic diseases are also the major causes of premature adult deaths.

Response to Need:

VPH maintained a presence in the community by sponsoring and participating in several virtual community events including, drive-through outreach and 8 education events put on by our community partners. VPH provided wellness education materials to individuals at these community events by way of drive-through pickups.

Proper nutrition is essential for individuals with diabetes. The pandemic made accessing nutritious food more difficult as many community members were faced with new challenges including, job loss, anxiety, and barriers to proper healthcare. VPH was able to support numerous food programs, including those that directly impacted individuals with diabetes.

In addition, VPH supported organizations that converted their diabetes health education/prevention programs to a virtual platform so that community members continued to have access to these needed services.

Northeast Valley Health Center was the recipient of two grants. 1.) Launched a virtual Health Education Program aimed at diabetes management. 2.) Increased behavioral health screening for individuals living with diabetes. A total of 1,094 participants benefited from the programs.

VPH participated in the North Los Angeles Regional Center virtual Fiesta Latina by presenting on a variety of nutrition topics. The hospital's registered dietitians and executive chef collaborated to walk families through several healthy recipes.

Given the continued need, VPH reinvented the annual health fair while adhering to COVID-19 safety measures. The 2020 annual Community Health and Wellness Fair reached 300 community residents. Individuals participated in a socially distant outdoor event where they were able to

receive information related to local community diabetes resources. Flu shots were provided to 260 persons. 600 Grab-n-Go lunches were provided to attendees.

Exercise is an essential activity to reduce the risk of diabetes. VPH provided a community exercise program for seniors. Three times a week, seniors attended the hospital's Healthy Maturity Senior Exercise Class. In 2020 the class was briefly paused due to COVID-19 and converted to a virtual platform. In FY19, we averaged 246 visits a month to the senior exercise classes. During FY20, there were 755 participants in the free senior exercise classes.

Breastfed babies are known to be less overweight as they grow older than bottle fed babies. A diabetes educator provided information on gestational diabetes in the childbirth preparation courses. VPH offered breastfeeding classes in English and Spanish and a breastfeeding support group. 443 persons participated in these programs. This class was also converted to a virtual platform to allow mothers continued access to this much needed support in nursing.

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Given the significant impact of COVID-19, food insecurity quickly stood out as a significant need in the community.

Response to Need:

Historically the VPH Compassion in Action program, a hospital sponsored employee volunteer program, allows staff and faculty to participate in numerous community events. Due to the pandemic, these opportunities were restricted. Some of the activities that we were able to participate in, included feeding the homeless, drive-through food distribution events, and collecting canned food to donate to our local partners.

3,175 community members were positively impacted in FY19. Over 5,000 community members were positively impacted in CY20.

Valley Presbyterian Hospital served 160 community members during its Healthy Eating and Breastfeeding event, while learning how to prepare nutritious meals for their families.

VPH staff participated in the weekly drive-through food distribution events at MEND (Meet Each Need with Dignity) serving 1,551 individuals.

In light of the pandemic, a grant program was made available to organizations that directly provided services to address food insecurity. Through a grant from VPH, the YMCA implemented a weekly produce distribution serving over 15,000 individuals. As a beneficiary of a VPH Food Insecurity Grant, North Valley Caring Services provided fresh produce and canned food to over 1,500 individuals.

Mental Health and Substance Use and Misuse

Positive mental health is associated with improved health outcomes. Indicators and contributors to poor mental health include poverty and low levels of education. The need to access mental health services was noted as a high a priority among community members.

Response to Need:

Valley Presbyterian Hospital increased access to mental health services through the offering of tele-psych services. VPH provided 2,338 consultations for 1,975 patients. Offering this service decreased the amount of time needed to evaluate a patient with possible mental health symptoms.

To increase access to mental health services, VPH employed a psychiatric nurse practitioner. VPH provided access to needed psychiatric care hospitalization for low-income patients.

While VPH does not have dedicated inpatient mental health care beds, it financially supports inpatient mental health care for vulnerable patients needing mental health hospitalization. Psychiatric care was provided to 350 low-income, vulnerable patients who were treated in the ED and then transported to a medically necessary inpatient mental health care bed.



Community Benefit Contact

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