

Triennial Report
2018



Community Health Needs Assessment

VALLEY PRESBYTERIAN HOSPITAL

Approved by the Valley Presbyterian Hospital Board of Directors on December 28, 2018

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Introduction

Background and Purpose

Valley Presbyterian Hospital (VPH) 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 sub-specialty in the medical field, including cardiac care, orthopedics, and maternal and child health.

The passage of the Patient Protection and Affordable Care Act (ACA) requires tax-exempt hospitals to conduct Community Health Needs Assessments every three years, and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A Community Health Needs Assessment 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.

Project Oversight

The Community Health Needs Assessment process was overseen by:

Lori E. Cardle

Senior Vice President, Operations and COO

Valley Presbyterian Hospital

Jamie Chien

Community Relations Manager

Valley Presbyterian Hospital

Consultant

Biel Consulting, Inc. completed the CHNA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals and community-based nonprofit organizations.

Dr. Melissa Biel has 20 years of experience conducting hospital Community Health Needs Assessments and is a specialist in the field of community benefit for nonprofit hospitals. She was assisted on this needs assessment by Denise Flanagan, BA and Sevanne Sarkis, JD, MHA, MEd. www.bielconsulting.org

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, California Health Interview Survey, Think Health LA, County Health Rankings, California Department of Education, Los Angeles County Department of Public Health and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The 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 measures the data findings as compared to Healthy People 2020 objectives where appropriate. Healthy People 2020 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 2020 objectives with service area data.

Primary Data Collection

Valley Presbyterian Hospital conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Nineteen (19) interviews were completed in November and December, 2018. Community stakeholders identified by VPH were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, 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. Input was obtained from the local public health department.

The identified stakeholders were invited by email to participate in a 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 needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Health issues in the community.
- Challenges and barriers people face in addressing these issues.
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community.
- Potential resources to address the identified health needs, such as services, programs and/or community efforts.
- Additional comments and concerns.

A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 2.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.valleypres.org/Community/Community-Benefit.aspx>. Public comment was solicited on the reports; however, to date no comments have been received.

Identification and Prioritization of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data; specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of health needs. The initial list included:

- Access to health care (including specialty care)
- Alzheimer's disease
- Birth indicators
- Chronic disease (asthma, cancer, diabetes, heart disease, liver disease, kidney disease)
- Community safety and violence prevention
- Dental care
- Economic insecurity
- Education and health literacy
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Substance abuse
- Transportation and mobility

Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;

- The level of importance the hospital should place on addressing the issue.

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, community safety, economic insecurity, housing and homelessness, mental health, overweight and obesity, and substance use and misuse had a score of 100% for severe and significant impact on the community. Housing and homelessness had the highest ranking for worsened over time. Interviewees identified there were insufficient resources available for housing and homelessness, substance use and misuse, mental health, economic insecurity, and dental care.

Significant Health Needs	Severe and Significant Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care (including specialty care)	90.9%	18.2%	66.7%
Alzheimer's disease	66.7%	14.3%	28.6%
Birth indicators	62.5%	0%	28.6%
Chronic disease (asthma, cancer, diabetes, heart disease, liver disease, kidney disease)	90.9%	63.6%	72.7%
Community safety and violence prevention	100%	63.6%	83.3%
Dental care	88.9%	33.3%	90.0%
Economic insecurity	100%	58.3%	90.9%
Education and health literacy	80.0%	9.0%	72.7%
Food insecurity	81.8%	63.6%	63.6%
Housing and homelessness	100%	100%	100%
Mental health	100%	75.0%	91.7%
Overweight and obesity	100%	58.3%	75.0%
Preventive practices	81.8%	20.0%	63.6%
Substance use and misuse	100%	63.6%	100%
Transportation and mobility	66.7%	16.7%	66.7%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, access to health care, chronic diseases, mental health, housing and homelessness and economic insecurity were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Needs Ranked by Importance Score

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Access to health care (including specialty care)	4.00
Chronic disease (asthma, cancer, diabetes, heart disease, liver disease, kidney disease)	3.92
Mental health	3.92
Housing and homelessness	3.83
Economic insecurity	3.82
Overweight and obesity	3.77
Substance use and misuse	3.75
Food insecurity	3.73
Community safety and violence prevention	3.67
Education and health literacy	3.58
Dental care	3.50
Preventive practices	3.50
Transportation and mobility	3.50
Birth indicators	3.30
Alzheimer’s disease	3.18

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

Resources to Address Significant Health Needs

Through the interview process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, VPH conducted the previous Community Health Needs Assessment. 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 2016 CHNA addressed access to health care, diabetes and obesity, and mental health and substance abuse 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 4.

Community Demographics

Population

The population of the Valley Presbyterian Hospital (VPH) service area is 877,760. From 2011 to 2016, the service area population increased by 4.3%, which is greater than the 2.8% increase in population countywide.

Total Population and Change in Population, 2011-2016

	VPH Service Area	Los Angeles County
Total population	877,760	10,057,155
Change in population, 2011-2016	4.3%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. <http://factfinder.census.gov>

Of the area population, 49.7% are male and 50.3% are female.

Population by Gender

	VPH Service Area	Los Angeles County
Male	49.7%	49.3%
Female	50.3%	50.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 24% of the population; 66% are adults, ages 18-64, and 10% of the population are seniors, ages 65 and over. The service area has a higher percentage of children, ages 0 to 17, than the county.

Population by Age

	VPH Service Area	Los Angeles County
0 - 4	6.7%	6.3%
5 - 17	17.5%	16.5%
18 - 24	10.6%	10.4%
25 - 44	30.9%	29.5%
45 - 64	24.2%	25.1%
65+	10.2%	12.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

In the service area, Van Nuys 91402 has the highest percentage of youth, ages 0-17 (28.0%). Canoga Park 91304 has the highest percentage of residents ages 65 and older (12.8%).

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Canoga Park	91304	52,846	23.6%	12.8%
North Hills	91343	64,323	26.4%	9.6%
North Hollywood	91601	39,318	14.7%	8.3%
North Hollywood	91605	55,377	22.6%	10.7%
North Hollywood	91606	45,040	22.4%	11.1%
Pacoima	91331	101,536	25.8%	9.1%
Reseda	91335	80,161	22.8%	11.9%
Sun Valley	91352	47,079	25.0%	11.1%
Sylmar	91342	95,222	26.3%	10.5%
Van Nuys	91401	41,019	22.1%	9.8%
Van Nuys	91402	71,765	28.0%	8.3%
Van Nuys	91405	54,356	25.5%	8.9%
Van Nuys	91406	55,385	24.9%	10.1%
Van Nuys	91411	25,290	23.1%	9.3%
Winnetka	91306	49,043	21.5%	10.9%
VPH Service Area		877,760	24.2%	10.2%
Los Angeles County		10,057,155	22.8%	12.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Race/Ethnicity

In the hospital service area, 62.2% of the population is Hispanic/Latino, 22.7% is White; 9.1% is Asian, 3.7% is Black/African American, and the remaining 2.3% of the population is American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, or multiple races. There is a higher percentage of Latinos and a lower percentage of Whites, Asians and Blacks/African Americans in the hospital service area than found in the county.

Race/Ethnicity

	VPH Service Area	Los Angeles County
Hispanic/Latino	62.2%	48.3%
White	22.7%	26.7%
Asian	9.1%	14.1%
Black/African American	3.7%	8.0%
Other/Multiple	1.8%	2.5%
American Indian/Alaska Native	0.2%	0.2%
Native Hawaiian/Pacific Islander	0.3%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the service area communities. Spanish is spoken in the home among 55.0% of the

population. English is spoken in the home among 29.2% of the population, 6.9% of the population speaks an Asian language, and 7.9% of the population speaks an Indo-European language in the home.

Language Spoken at Home, Population 5 Years and Older

	VPH Service Area	Los Angeles County
Speaks Spanish	55.0%	39.4%
Speaks only English	29.2%	43.3%
Speaks Asian/Pacific Islander language	6.9%	10.9%
Speak Indo-European language	7.9%	5.4%
Speaks other language	1.1%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

In the service area, Pacoima 91331 (78.0%) has the highest percentage of Spanish speakers. Van Nuys 91402 (13.3%) has the highest percentage of Asian language speakers. The highest percentage of Indo-European languages spoken at home is found in North Hollywood (16.6%).

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Canoga Park	91304	46.4%	35.2%	8.7%	7.9%
North Hills	91343	29.4%	53.3%	10.2%	5.6%
North Hollywood	91601	51.5%	32.2%	4.8%	10.5%
North Hollywood	91605	22.5%	56.3%	6.8%	13.7%
North Hollywood	91606	28.2%	48.9%	4.4%	16.6%
Pacoima	91331	16.5%	78.0%	4.4%	0.8%
Reseda	91335	32.4%	46.0%	8.6%	11.3%
Sun Valley	91352	21.4%	66.1%	4.5%	7.7%
Sylmar	91342	30.4%	63.7%	4.1%	1.4%
Van Nuys	91401	40.6%	38.7%	3.8%	14.6%
Van Nuys	91402	14.6%	67.1%	13.3%	4.5%
Van Nuys	91405	22.6%	57.6%	6.4%	12.1%
Van Nuys	91406	34.1%	51.1%	5.2%	8.4%
Van Nuys	91411	37.9%	45.2%	4.3%	11.0%
Winnetka	91306	35.2%	43.4%	11.6%	8.1%
VPH Service Area		29.2%	55.0%	6.9%	7.9%
Los Angeles County		43.3%	39.4%	10.9%	5.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings examines social and economic indicators as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with a 1 to 58 ranking system for the best to the poorest ranked counties. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Los Angeles County is ranked as 29, at the midpoint of all California counties, according to social and economic factors. The LA County ranking was 42 two years ago.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	29

Source: County Health Rankings, 2018. www.countyhealthrankings.org

The 2018 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States, are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. Six service area ZIP Codes have a ranking of 4. The remaining ZIP codes have a ranking of 5.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Van Nuys	91402	97.4	5
Pacoima	91331	96.0	5
North Hollywood	91605	93.3	5
Van Nuys	91405	93.1	5
Sun Valley	91352	90.5	5
North Hollywood	91606	90.5	5
North Hills	91343	87.0	5
Van Nuys	91411	85.7	5
Van Nuys	91406	84.0	5
Sylmar	91342	81.4	4
Reseda	91335	78.7	4
Van Nuys	91401	78.1	4
Winnetka	91306	73.6	4
North Hollywood	91601	71.3	4
Canoga Park	91304	59.5	4

Source: 2018 SocioNeeds Index, <http://www.thinkhealthla.org>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the Federal Poverty Level (FPL) was set at an annual income of \$11,880 for one person and \$24,300 for a family of four. Among the residents represented in the hospital service area, 21% of households have incomes <100% of the Federal Poverty Level.

Percent of Households with Income <100% FPL

	VPH Service Area	Los Angeles County
Households with income <100% FPL	20.7%	17.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Geography was defined by Zip Code Tabulation Areas (ZCTA).

Families experiencing poverty paint an important picture of the population within the service area. When examined by ZIP Code, service area poverty rates range from 14.7% in Winnetka to 27.3% in Van Nuys 91402.

Families in Poverty by ZIP Code (<100% FPL)

	ZIP Code	Percent
Canoga Park	91304	16.5%
North Hills	91343	22.8%
North Hollywood	91601	21.8%
North Hollywood	91605	23.4%
North Hollywood	91606	21.0%
Pacoima	91331	19.9%
Reseda	91335	20.8%
Sun Valley	91352	20.0%
Sylmar	91342	16.0%
Van Nuys	91401	22.2%
Van Nuys	91402	27.3%
Van Nuys	91405	25.2%
Van Nuys	91406	19.6%
Van Nuys	91411	20.9%
Winnetka	91306	14.7%
VPH Service Area		20.7%
Los Angeles County		17.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

* In the 90089 ZIP Code only 6 family units were identified, with a total of 13 individuals, making this an unstable statistic. Most or all of the remaining persons are students and for purposes of determining poverty, are considered part of family units living elsewhere.

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical health problems and are more likely to have behavioral and emotional problems. A view of children in poverty by SPA indicates that 14.8% of children in SPA 2 live in poverty as compared to 30.4% of children in Los Angeles County.

Children in Poverty, Ages 0-17

	SPA 2	Los Angeles County
0-99% FPL	14.8%	30.4%
100-199% FPL	16.6%	22.9%
200-299% FPL	17.3%	10.6%
300% FPL and above	51.4%	36.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Unemployment

The unemployment rate in the service area ranges from 6.9% in Canoga Park to 11.8% in Pacoima. Los Angeles County has an unemployment rate of 8.9%.

Unemployment Rate (population 16 years and over) by ZIP Code

	ZIP Code	Percent
Canoga Park	91304	6.9%
North Hills	91343	9.2%
North Hollywood	91601	9.5%
North Hollywood	91605	10.0%
North Hollywood	91606	9.8%
Pacoima	91331	11.8%
Reseda	91335	7.1%
Sun Valley	91352	9.5%
Sylmar	91342	7.9%
Van Nuys	91401	8.3%
Van Nuys	91402	11.2%
Van Nuys	91405	10.7%
Van Nuys	91406	9.0%
Van Nuys	91411	11.2%
Winnetka	91306	8.3%
Los Angeles County		8.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2301. <http://factfinder.census.gov>

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 Los Angeles Unified School District schools, 78.8% of the students are eligible for the free and reduced-price meal program, which indicates a high level of low-income families. This is higher than county and state rates.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
Los Angeles Unified School District	78.8%
Los Angeles County	67.3%
California	58.1%

Source: California Department of Education, 2016-2017. <http://dat1.cde.ca.gov/dataquest/>

Public Program Participation

In SPA 2, 43.1% of adults below 200% of the FPL say they cannot afford food and 15.8% utilize food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps, but do not access this resource. Among children, 41.4% access WIC benefits. 5.7% of SPA 2 residents are TANF/CalWORKs recipients.

Public Program Participation

	SPA 2	Los Angeles County
Not able to afford food (<200%FPL) *	43.1%	42.8%
Food stamp recipients	15.8%	20.6%
WIC usage among children, 6 years and under	41.4%	54.1%
TANF/CalWORKs recipients	5.7%	10.5%

Source: California Health Interview Survey, 2014-2016 & *2015-2017. <http://ask.chis.ucla.edu/>

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. The percent of households in SPA 2, with incomes less than 300% of the Federal Poverty Level that are food insecure is 27.2%. This percent is lower than the county rate of 29.2%.

Percent of Food Insecure Households <300% FPL

	SPA 2	Los Angeles County
Food insecure households, <300% FPL	27.2%	29.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health <http://www.publichealth.lacounty.gov>

Community Input – Food Insecurity

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

- There are so many people in the community who don't self-identify that they are food insecure and so they fall through the cracks and they don't get the support they need. If they were aware of community resources available to them, they wouldn't be suffering from malnutrition and dehydration.
- We don't have a lot of advocacy and access to healthier foods. In this community there are more fast food and convenience stores compared to grocery stores and fresh food markets. Certainly, it's tied to economics where people have to make choices. People with very little money must choose food that is more plentiful but less nutritious because it's cheaper.
- Schools do a good job of providing breakfast and lunch to make sure kids have meals every day. Lack of food on the weekend can be an issue.

- Food can impact your health if you are diabetic and can't have a simple snack to prevent low blood sugar, or you are on limited income, retired, or SSI and have limited money. How can you pay for your apartment and food for \$800 a month? That is not enough for basic living.
- We provide breakfast and lunch for students. So, every child here can eat breakfast and lunch. We provide healthy food and they don't like to eat it so we have lot of food that gets thrown away like fruits and vegetables. They are hungry but don't always like or eat food that is served.
- It is a luxury for our patients to afford and supply healthy and nutritious foods for their families. They work so much they can't go home to cook, and the income is not there, so many families live off fast food. If kids move into a shelter that provides three meals a day, dinnertime becomes a challenge for our kids because they don't eat carrots, or beef or chicken. They don't know what it is and they haven't seen it before and they won't eat it.
- When a family is in crisis of homelessness, their priority is not a healthy meal, they do not know what or when they will eat next, so they are not worried about healthy food. Unhealthy food is cheap and healthy food is expensive.
- With WIC, people know how to feed babies and their young toddlers, but that education does not go much beyond those very early years.

Parks, Playgrounds and Open Spaces

The built environment influences an individuals' level of activity and ultimately their health. 86.3% of SPA 2 children, ages 1-17 years, were reported to have easy access to a park, playground or other safe place to play. 50.4% of adults utilize walking paths, parks, playgrounds or sports fields in their neighborhood. There are 1.9 park acres of green space, per 1,000 persons in Los Angeles City Council District 6, compared to 3.3 countywide. The [Los Angeles Countywide Comprehensive Parks & Recreation Needs Assessment of 2016](#) reports that most of the Valley Presbyterian Service Area has high or very high need for parks.

Access to and Utilization of Parks, Playgrounds and Open Space

	SPA 2 (or LA City District 6)	Los Angeles County
Can easily get to a park, playground, or other safe place to play, ages 1 to 17	86.3%	86.8%
Adults who use walking paths, parks, playgrounds or sports fields in their neighborhood	50.4%	47.5%
Amount of green space (park acres) per 1,000 population	1.9	3.3

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. Parks and Public Health in Los Angeles County, 2016. Los Angeles Countywide Comprehensive Parks & Recreation Needs Assessment of 2016

Transportation

Los Angeles County workers spend, on average, 30.4 minutes a day commuting to work. 73.3% of workers drive alone to work and 47.1% of solo drivers have a long commute. Few workers commute by public transportation (6.5%) or walk to work (2.8%).

Transportation/Commute to Work

	Los Angeles County	California
Mean travel time to work (in minutes)	30.4	28.4
Solo drivers with a long commute	47.1%	39.3%
Workers commuting by public transportation	6.5%	5.2%
Workers who drive alone	73.3%	73.5%
Workers who walk to work	2.8%	2.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Conduent Healthy Communities, www.thinkhealthla.org

Community Input – Transportation and Mobility

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

- Transportation is a big problem for people with chronic disease, the elderly and especially those with psychiatric issues, because with their illness, a lot of them cannot drive.
- Transportation is always an issue. Fixed route systems are difficult because they require a long period of waiting and often multiple bus changes. This can be a true barrier to accessing health care. The Access system has improved over time. People are also finding ways to access on-demand systems such as Lyft and Uber where they can get places they need to be with limited resources.
- Some people have no source of transportation or they rely on public transportation. They don't have money to even use transportation so patients ask for money to pay for the bus to go back home. We need more transportation.
- LA County has a relatively poor public transit system for such a large city. Transportation is not at a level you need it to be to facilitate being able to get around without a car in the way you would want.
- If you are a single mom with kids getting on a bus is very challenging. That limits a mom's options where she can get work and do a housing search. Also, with kids going to different schools and having to make two school stops and then get to work, so much of their time is spent on the bus. On the weekends, the bus doesn't run long hours or stops earlier.

Households

In the hospital service area, there are 259,043 households and 269,891 housing units. Over the last five years, the number of households grew by 4.2% and housing units grew at a lower rate (2.6%). Vacant units decreased by 24.6%. Owner occupied housing decreased by 1.1% and renting increased by 8.7%.

Households and Housing Units, and Percent Change, 2011-2016

	VPH Service Area			Los Angeles County		
	2011	2016	Percent Change	2011	2016	Percent Change
Households	248,673	259,043	4.2%	3,218,518	3,281,845	2.0%
Housing units	263,052	269,891	2.6%	3,437,584	3,490,118	1.5%
Owner occ.	114,707	113,423	(-1.1%)	1,539,554	1,499,576	(-2.6%)
Renter occ.	133,966	145,620	8.7%	1,637,009	1,782,269	8.9%
Vacant	14,379	10,848	(-24.6%)	219,066	208,273	(-4.9%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04 & S2501. <http://factfinder.census.gov>

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. 54.7% of owner and renter occupied households in the service area spend 30% or more of their income on housing. This percent is higher than the county rate of 48%.

Households that Spend 30% or More of Income on Housing

	VPH Service Area	Los Angeles County
Households that spend \geq 30% of income on housing	54.7%	48.0%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates DP04. Geography was defined by ZIP Code Tabulation Areas (ZCTA).

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 ranges from \$39,095 in Van Nuys 91402 to \$63,895 in Sylmar.

Median Household Income

	ZIP Code	Median Household Income
Canoga Park	91304	\$62,690
North Hills	91343	\$58,285
North Hollywood	91601	\$50,275
North Hollywood	91605	\$44,913
North Hollywood	91606	\$42,273
Pacoima	91331	\$53,714
Reseda	91335	\$51,263
Sun Valley	91352	\$51,047
Sylmar	91342	\$63,895
Van Nuys	91401	\$49,153
Van Nuys	91402	\$39,095
Van Nuys	91405	\$39,472
Van Nuys	91406	\$49,764
Van Nuys	91411	\$47,126
Winnetka	91306	\$62,748
Los Angeles County		\$57,952
California		\$63,783

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP03. <http://factfinder.census.gov>

Community Input – Economic Insecurity

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

- People in the community live paycheck to paycheck. People try to stretch their money as far as they can and it can lead to poor dietary choices or not having insurance. Both parents are working and the kids aren't participating in after school programs or getting homework done.
- In the San Fernando Valley, there are pockets of the community that are very low income, where English is the 2nd language.
- People who are undocumented are very fearful, so they don't get services. But the reality is, they need help with chronic issues.
- A goal we have is break that cycle of generations of poverty with access to jobs, health care, economic equity and treating the whole family and working with the whole family.
- The cost of living in the LA area is going up, the cost of housing is going up, insurance is going up, but income is staying the same. Economic insecurity is linked to violence because people may turn to crime.
- Among adults with developmental disabilities, unemployment rates are 75%.

- Half of my patients work the night shift and that makes their diabetes more severe, and their blood pressure is higher. Patients complain they do not have enough money to buy the right food to care for their diabetes.
- Minimum wage is pretty high here. But with the cost of living and rent, even if people work, many cannot afford rent. There is just not enough money to afford rent. Even for our staff none of us are living on one income, you need to have multiple incomes to afford a place. So many of our families have to move out of the county and out of the state, because they can't afford to live here.

Homelessness

The Los Angeles Homeless Services Authority (LAHSA) conducts 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 a large increase in the count of homeless individuals from 2015 to 2018. The percent of unsheltered homeless has increased from 2015 through 2018. Shelter includes cars, RVs, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. Of the 7,478 homeless people in SPA 2 in 2018, 77.2% are individual adults and 22.8% are family members (with at least one child under 18 and one adult over 18). The percent of chronic homelessness for individuals and family members has decrease from 2015 through 2018.

Homeless Subpopulations*

	SPA 2		Los Angeles County	
	2015	2018	2015	2018
Count of homeless individuals	5,216	7,478	41,174	49,955
Sheltered individuals	26.6%	25.6%	29.7%	24.8%
Unsheltered individuals	73.4%	74.4%	70.3%	75.2%
Homeless adults	78.2%	77.2%	81.1%	84.1%
<i>Chronically homeless adults</i>	48.4%	31.3%	37.0%	30.4%
Homeless family members	21.0%	22.8%	18.2%	15.8%
<i>Chronically homeless family members</i>	19.4%	1.7%	26.9%	6.3%
Brain injury	14.5%	4.7%	5.0%	3.5%
Chronic illness	3.9%	23.7%	6.7%	23.2%
Domestic violence experience	23.9%	26.0%	21.5%	26.9%
Persons with HIV/AIDS	1.7%	1.1%	1.9%	1.4%
Physical disability	21.0%	12.9%	19.5%	13.6%
Serious mental illness	40.2%	24.4%	29.6%	24.5%
Substance abuse disorder	26.9%	15.0%	25.2%	13.5%
Veterans	11.3%	5.0%	10.6%	7.1%

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

<https://www.lahsa.org/homeless-count/> *These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Community Input – Homelessness

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

- A number of patients in the ED are homeless. It can be difficult to discharge them to safe housing.
- It's not only people who are unsheltered on street or living in a car, many that do that. But we also have families that live in garages that haven't been converted and aren't meant for human habitation. Some families are living in an outhouse right now. This is a lower middle-class neighborhood. The homeless are hidden in lean-to sheds, outhouses, or living under bridges and living in the mountains and the Sepulveda basin. It's not like Skid Row in downtown Los Angeles, it is very hidden in the Valley.
- In LA, controlling the cost of housing is a huge issue on both sides. 70% of our clients have some income, but it's under \$20,000 a year. Rents average \$1,500 per month for a 2-bedroom. That doesn't leave money for child care, food, health care, etc. We need more financial equity to reduce barriers to access and increase availability of fresh food.
- Our main homeless populations are those that are living double or triple up in single family dwellings. One bedroom with two or three families sharing and sleeping on the floor, that is common for us to see in terms of homeless.
- Costs continue to skyrocket, we see more and more homeless each day.
- At most shelters a person has to wake up at 5am, and some are only open in the winter period. If you had a room last night you are not guaranteed to have a room the next day. You may sleep outside for that night.
- It is a challenge to get homeless kids to school. They have clothing and food needs. The biggest challenge is trying to help the parents. They have so many other family issues and dynamics, like where they are going to live and wash clothes and get food for dinner. So, homework doesn't get done and coming to school is sometimes hard for them.
- If you are unemployed, a sudden change in family support, or the death of a parent or sibling can immediately leave someone homeless.
- It is becoming a critical issue. It is very scary to go home late and it's dark and we are surrounded by homeless tents. Homelessness is a critical issue for all of LA and our community as well.
- It is difficult to serve the homeless community because they don't have a specific address and if they randomly show up in the clinic, we have to follow-up with them. We had a pregnant woman come in with syphilis and we couldn't find her for 1½ months. We worked with the health department to find her.

- There is a lot of discussion and funding around permanent supportive housing. Who we serve, there are a lot of first-time homeless families and they cannot afford rent. There may be one member in the family who is working but they may not be able to rent an apartment and they do not qualify for permanent supportive housing. We are missing an entire gap of people who are barely able to make it and are working.
- In the long run, providing crisis housing to live in a motel is more expensive for a year than to help them find a place to rent and permanently live. Crisis housing is more expensive in the long term.
- We've had an influx of homeless older adults and those at risk for homeless.
- People become homeless when they get divorced, experience domestic violence, the bread winner passes away, or the loss of a job,. We see a lot of moms who return from maternity leave and they are not given the same job or salary when they return, and they become homeless.

Educational Attainment

In the service area, 29.1% of the adult population has less than a high school education. This rate is higher than the county's rate of 22.3%. 24.5% of service area residents are high school graduates and 28% have a college degree.

Educational Attainment

	VPH Service Area	Los Angeles County
Population age 25 and over	572,381	6,712,079
Less than 9th grade	17.7%	13.1%
9th to 12 th grade, no diploma	11.4%	9.2%
High school graduate	24.5%	20.7%
Some college, no degree	18.4%	19.4%
Associate degree	6.4%	6.9%
Bachelor's degree	15.9%	20.1%
Graduate or professional degree	5.7%	10.7%

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rate for LAUSD (76.1%) is lower than the county (84.8%) and state (86.6%). The Healthy People 2020 objective is an 87% high school graduation rate.

High School Graduation Rate, 2017-2018

	Rate
Los Angeles Unified School District	76.1%
Los Angeles County	84.8%
California	86.6%

Source: California Department of Education, 2018. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

47% percent of 3 and 4 year-olds are enrolled in preschool in LA City Council District 6.

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

	Percent
Los Angeles City Council District 6	47%
Los Angeles County	54%

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Census Bureau's American Community Survey, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Reading to Children

Adults with children in their care, ages 0 to 5, were asked whether the children were read to daily by family members, in a typical week. 60% of adults interviewed in SPA 2 responded "yes" to this question. This is higher than the county rate of 56.4%.

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

	SPA 2	Los Angeles County
Children read to daily by parent	60.0%	56.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Community Input – Education and Health Literacy

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

- There is a lack of knowledge and that is why we get patients in the Emergency Department with a virus or the common cold. Parents will bring kids in with a fever but they didn't wait a while, or give them Tylenol or Advil first. Instead, they just come to the ED. A lot of this could be managed at home or with a primary care provider.
- Some people just don't have the knowledge. Even if they are computer savvy they do not know how to book an appointment or look at lab results or they don't know that they could request to meet with a social worker to help them.
- It is important that the discharge plan is in a client's own language, and the client can read and understand what they need to do. We have clients who come home with stacks of paper and they have no idea what it all is, maybe they can't read or they didn't understand the discharge meeting. Hospitals need to take that extra time and steps to ensure the patient truly understands the plan of care.
- With our patients, the average education level is 3rd grade. So, instructions have to be at that level of understanding. We are following LAUSD guidance of 3rd grade reading level.

- Technology creates access and barriers. Some patients are not very tech savvy so to expect them to join things like portals to access health information and ask their practitioners questions online can be a challenge. People think it's easy to go to a patient portal but to show some patients how to create an email is a big deal. It was a huge eye-opener for us. Talk about things we take for granted, this can be very generational.
- A person with pervasive intellectual disability is reliant on his support system to have adequate health literacy. We assume they will always have a family member to take care of them, but that is not always the case.

Crime

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. 95.2% of adults in SPA 2 perceived their neighborhoods to be safe from crime. This is higher than the 84% of LA County residents who perceived their neighborhoods to be safe from crime.

Perceived Neighborhood Safe from Crime

	SPA 2	Los Angeles County
Perceived neighborhood safe from crime	95.2%	84.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Intimate Partner Violence

12% of male adults and 15% of female adults in SPA 2 reported experiencing physical (hit, slapped, pushed, kicked, etc.) violence. 0.6% of males and 7.7% of females in SPA 2 experienced sexual (unwanted sex) violence by an intimate partner.

Intimate Partner Violence

	SPA 2	Los Angeles County
Women have experienced physical violence	15.0%	14.8%
Women have experienced sexual violence	7.7%	7.0%
Men have experienced physical violence	12.0%	9.1%
Men have experienced sexual violence	0.6%*	2.0%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; *Statistically unstable due to small sample size. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Domestic violence calls are categorized as “with” or “without a weapon.” Weapons include firearms, knives, other weapons, and fists or other parts of the body that inflict great-bodily harm. The Los Angeles County “with weapon” domestic violence call rate (66.3%) was higher than the state rate (43%).

Domestic Violence Calls

	Total	Without Weapon	With Weapon	Percent With Weapon
Los Angeles County	42,148	14,193	27,955	66.3%
California	164,569	93,783	70,786	43.0%

Source: California Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime>

Community Input – Community Safety and Violence

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

- Have some gangs in the community. Whenever there are a lot of people living in small confined areas, gangs become a problem. Kids go home from school and the local gang is hanging out there at home. It has become more of a problem in recent years.
- Safety is an issue. Crime rates and homelessness in the area, feelings of safety and increased trash on the street are concerns. The local police are working with local representatives to increase patrols and pick up trash. The alleyway behind our building is between two schools. Kids hang out there every day. There is an abandoned car and an RV and people doing drugs. The police come but they are back the next day.
- Increase in drug use in our community has increased violence. A lot of people have drug-induced psychosis.
- Lately, in our community, there is more violence including shootings. Staff feels insecure in the area and that extends to the population surrounding the clinic.
- We are in a tough community. I have to submit reports of child abuse and contact the LAPD to report violence.
- There is violence and it is not a safe place. There is a lot of graffiti.
- We have clients who grew up in low-income areas. They have experienced community violence, shootings, and stabbings at a young age.
- Domestic violence is a big issue. Domestic violence is very prevalent among our clients. Women fleeing from violence may result in homelessness. Families are separated and the kids go to protective custody. Child abuse is also prevalent.
- People often don't know how to parent, they don't have critical life skills, or they grew up in foster care. Witnessing abuse is traumatic.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. Among service area children, ages 0 to 17, 97.6% are insured. 88.4% of adults in the area have insurance coverage.

Health Insurance Coverage

	SPA 2	Los Angeles County
Insured children, ages 0-17 years	97.6%	96.6%
Insured adults, ages 18-64 years	88.4%	88.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

When the type of health insurance coverage was examined for the service area, 25.9% of SPA 2 residents had Medi-Cal coverage, 44% had employment-based insurance, and 8.2% reported having no insurance.

Insurance Coverage by Type

	SPA 2	Los Angeles County	California
Medi-Cal	25.9%	30.3%	26.9%
Medicare only	1.2%*	1.2%*	1.4%
Medi-Cal/Medicare	4.3%	5.2%	4.2%
Medicare and others	8.5%	7.5%	8.9%
Other public	1.2%*	1.4%	1.4%
Employment based	44.0%	39.2%	43.1%
Private purchase	6.6%	6.1%	6.2%
No insurance	8.2%	9.2%	9.2%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 94.8% of children and 81.4% of adults in SPA 2 have a regular source of health care.

Regular Source of Health Care

	SPA 2	Los Angeles County
Children ages 0-17 years with a regular source of health care	94.8%	94.3%
Adults 18+ years with a regular source of health care	81.4%	80.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. When access to care through a usual source of care is examined by race/ethnicity, Latinos are the least likely to have a usual source of care in SPA 2 (78.3%).

Usual Source of Care by Race/Ethnicity

	SPA 2	Los Angeles County	California
African American	84.8%*	89.6%	89.7%
Asian	92.2%*	82.7%	84.5%
Latino	78.3%	80.4%	80.9%
White	91.8%	91.0%	91.1%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

In SPA 2, 60.6% of adults access care at a doctor's office, HMO or Kaiser, and 23.2% access care at a clinic or community hospital. 13.5% reported no usual source of care.

Sources of Care

	SPA 2	Los Angeles County	California
Dr. office/HMO/Kaiser	60.6%	55.6%	58.8%
Community clinic/government clinic/community hospital	23.2%	25.8%	24.6%
ER/Urgent Care	2.1%	2.4%	1.8%
Other	0.6%*	0.8%	0.9%
No source of care	13.5%	15.5%	13.9%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

A quarter of the population in SPA 2 (25%) visited an ER in the past 12 months. Adults, ages 18-64, visited the ER at the highest rates (27%). Low-income and poverty-level residents tend to visit the ER at higher rates than the total population.

Use of the Emergency Room

	SPA 2	Los Angeles County	California
Visited ER in last 12 months	25.0%	22.0%	21.3%
0-11 years old	18.8%	19.6%	18.7%
12-17 years old	17.6%*	15.9%	19.2%
18-64 years old	27.0%	22.9%	21.6%
65 and older	25.4%	24.6%	23.6%
0-99% of poverty level	27.1%	24.1%	26.3%
100-199% of poverty level	27.8%	23.0%	23.2%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

Delayed or Forgone Care

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. 11% of residents of SPA 2 delayed or did not get medical care when needed. The percent of SPA 2 residents who ultimately went without needed medical care was 7.1%. These rates are higher than the Healthy People 2020 objective of 4.2% of the population who forgo care. Reasons for a delay or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 43.5% of SPA 2 residents who delayed or went without care listed “cost/insurance issues” as a barrier.

Delayed Care in Past 12 Months, All Ages

	SPA 2	Los Angeles County	California
Delayed or did not get medical care	11.0%	10.9%	10.5%
Had to forgo needed medical care	7.1%	6.5%	6.2%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	43.5%	46.5%	45.8%
Delayed or did not get prescription meds	7.2%	8.6%	9.0%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

Lack of Care Due to Cost

6.4% of children in SPA 2 were unable to afford a checkup or physical exam within the prior 12 months. 5.6% of children in SPA 2 were unable to afford prescription medications in the past 12 months.

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

	SPA 2	Los Angeles County
Child unable to afford medical checkup or physical exam	6.4%	8.3%
Child unable to afford to see doctor for illness or other health problem	6.2%	6.4%
Child unable to afford prescription medication	5.6%	6.3%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Community Input – Access to Care

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

- Those who are underinsured and uninsured have a more difficult time accessing care. It is more of an issue with accessing specialty care. If someone needs specialty care follow-up, determining who will accept their insurance can be difficult to determine.
- There is a lack of primary care access in our neighborhood. When patients come in to the ED I ask who is your doctor, do they have doctor, or did they try to get an

appointment with their doctor first, it's always I don't have one or I called but I couldn't get in for 3-4 months or I called and they said I should go to the ED. Most issues could have been taken care of in primary care setting They don't need an ED.

- Dollars are very scarce in the community. If everyone got together to reduce duplicate services it could make scarce resources go much further.
- Access to health care can be barrier to seniors who may be homebound, have no transportation or support system, and fear not being able to afford their health coverage. We have seniors who will pick up their medications and then not be able to afford lunch or dinner. They should be accessing health care more often but they would not able to afford rent or groceries.
- One of the biggest concerns and signs that a population is medically underserved and is either uninsured or they have Medi-Cal, is that when they access care, they access through the ED versus going to a primary care physician.
- Access to care, access to insurance and access to culturally competent services are really critical.
- Access for specialty care is one of our biggest priorities. For clients to access specialty care, they have to go to Olive View-UCLA. Depending on how critical their issue is, there could be a two-year wait time. Sometimes we have to call in favors to get our patients seen. Because it's a county system, we are competing with all the other clinics around the county.
- Immigrants who are documented or have a green card will avoid health care treatment if they are fearful their family members may be impacted. The health care system is a maze for low-income individuals. If they do not have a vehicle, they have to take the bus. If they have to go to multiple locations, they might be intimidated because their language skills are not strong. Their literacy levels may be low, so even in their native language, reading is a barrier.
- Clients lack education and an understanding of health care. Often, they don't access health care because they lack child care and transportation.
- We have a higher number of pediatric visits than we should because there is less pediatric care in the community. People who are uninsured or underinsured have a harder time accessing the system so they rely on the ED as their default medical care.
- People do not know where to go for health care. They are also fearful. A lot of patients say they don't want to be deported because they are illegal, so they don't seek help.

Dental Care

Oral health is essential to a person's overall health and wellbeing. 34.9% of adults in SPA 2 did not visit a dentist in the past year. 10.3% of children in the service area did not obtain dental care in the past year because they could not afford it.

Delay of Dental Care

	SPA 2	Los Angeles County
Adults who did not see a dentist or go to a dental clinic in the past year	34.9%	40.7%
Children ages 3-17 years who did not obtain dental care (including check-ups) in the past year because they could not afford it	10.3%	11.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

Community Input – Dental Care

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

- Even with dental insurance it is expensive to get care. People get blindsided by their bills, and as a result are hesitant to get care.
- A lot of older adults don't have teeth, they have dentures. They had not received adequate dental care at an earlier age. It is important to educate about preventive oral health education and reach out to younger adults and children to educate about dental care because that can impact you in the later stages of life.
- More preventive and affordable dental coverage is need.
- If you are not getting regular cleanings and you have cavities that can lead to other health problems.
- Dental care impacts overall physical health. People will get a tooth pulled, which makes it hard to eat.
- The biggest challenge to dental care is the cost.
- There are a lot of barriers including lack of available dentists. Denti-Cal will pay for many treatments and many patients are eligible for that and My Health LA also covers some dental care. But providing dental care that is very affordable is challenging. Even for the patients to pay a nominal amount can be a challenge.
- For parents with very young children and infants we must help them understand the importance of oral health for their kids and get them to combat oral disease from a preventive angle.
- Dental care is one of most expensive forms of care, even for those who have a job and insurance. Sometimes out-of-pocket money is a lot and people who have no way of paying, they are left with nothing.
- Dental care is an area that has very few resources. Medi-Cal provides some services, but there is little they cover.
- Dental is an ongoing, long-term issue. The typical developmentally-disabled person lives at poverty level. Available supports are minimal and poor dental issues can lead to heart issues

- There are a lot of challenges in dental affordability and accessibility. For example, we've made huge strides with ACA and getting medical coverage. But dental and vision are not included. It is hard to understand the importance of dental care on a long-term level beyond the immediate need of a toothache.
- If you have missing teeth and you go for a job interview, there is an immediate bias. For someone who doesn't have good teeth it can be perceived as a character flaw.

Birth Characteristics

Births

From 2013 to 2015, there was an average of 5,820 births in the hospital service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 654.2 per 1,000 live births, which was higher than the county (581.2 per 1,000 live births) and state (524.0 per 1,000 live births) rates.

Delivery Paid by Public Insurance or Self-Pay

	VPH Service Area	Los Angeles County	California
Delivery paid by public insurance or self-pay	65.4%	58.1%	52.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Prenatal Care

Among pregnant women in the service area, 87.2% entered prenatal in the first trimester. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Mother Received Early Prenatal Care, per 1,000 Live Births

	VPH Service Area	Los Angeles County	California
Early prenatal care	87.2%	82.7%	82.0%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Teen Birth Rate

Teen births occurred at a rate of 61.4 (6.1%) per 1,000 live births in the service area. This rate was higher than the teen birth rate in the county (55.5) and state (55.4).

Births to Teenage Mothers (Under Age 20), 2013-2015

	VPH Service Area	Los Angeles County	California
Births to teen mothers	6.1%	5.6%	5.5%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Premature Birth

The rate of premature births, occurring before the start of the 37th week of gestation, in the service area was 5.4% (54.4 per 1,000 live births). This rate of premature births was higher than the county and state rate (5.3%) of premature births.

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

	VPH Service Area	Los Angeles County	California
Premature birth	5.4%	5.3%	5.3%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possible death. The service area rate of low birth weight babies (under 2,500 grams) was 7.2% (71.8 per 1,000 live births). This was higher than the county (7.1%) and state (6.8%) rates. The service area meets the Healthy People 2020 objective of 7.8% low birth weight births.

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

	VPH Service Area	Los Angeles County	California
Low birth weight	7.2%	7.1%	6.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Mothers Who Smoked Regularly During Pregnancy

The service area rate of mothers who smoked regularly during pregnancy was 0.7% (7.4 per 1,000 live births), which was lower than the county rate (2.1%) and state rate (2.4%).

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

	VPH Service Area	Los Angeles County	California
Mothers smoked	0.7%	2.1%	2.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Infant Mortality

The infant (less than one year of age) mortality rate in Los Angeles County was 4.1 deaths per 1,000 live births, which was lower than the California rate of 4.6 and lower than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	Los Angeles County	California
Infant death rate	4.1	4.6

Source: California Department of Public Health, County Health Status Profiles, 2018.
<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.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 Valley Presbyterian Hospital indicated 94.9% of new mothers used some breastfeeding and 59.7% used breastfeeding exclusively. The rate of any breastfeeding at Valley Presbyterian Hospital exceeded the average rates among hospitals in the county and state, but the rate of exclusive breastfeeding was lower than that county and state averages.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Valley Presbyterian Hospital	2,316	94.9%	1,457	59.7%
Los Angeles County	101,802	93.9%	67,939	62.6%
California	384,637	93.9%	285,146	69.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

<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 delivered at Valley Presbyterian Hospital. Among Latino/Hispanic mothers, 94.9% initiated some breastfeeding and 58.6% breastfed exclusively. Among White mothers, 94.9% initiated some breastfeeding and 64.3% breastfed exclusively. Among African American mothers, 93.9% initiated some breastfeeding and 62.2% breastfed exclusively. 92.3% of Asian mothers chose to breastfeed and 62.8% breastfed exclusively.

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

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latino/Hispanic	1,911	94.9%	1,179	58.6%
White	149	94.9%	101	64.3%
African American	77	93.9%	51	62.2%
Asian	72	92.3%	49	62.8%
Valley Presbyterian Hospital	2,316	94.9%	1,457	59.7%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

<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, quotes and opinions edited for clarity:

- Women who are pregnant qualify for Medi-Cal. When women get pregnant, they typically seek care. We do a good job of getting people in for prenatal care and vitamins.
- We are a FQHC and part of our data collection is birth data including weight, sex nationality, etc., Obtaining this data is difficult because there is no one database somewhere where all babies born are logged, so it's sometimes a challenge to get it from hospitals and if we have to track down moms, it's difficult for them to answer about birth weight. We don't have a significant population with extremely low birth, but the few we do have, it's difficult for us to reconcile: is this a standalone case, is there another population health factor we should look at, is it a geographic condition we should be looking at, is it a systemic problem?
- It is important to breast feed for the first year of the baby's life. Some people are not able to breast feed. If there is not a milk supply how do we provide for that child?
- We do pretty well with this. We have a dedicated doctor who comes to our clinic, so we have good success with birth weight. We do not see many problems.
- We have several providers delivering our patients in the San Fernando Valley, we have obstetric care and provide full prenatal care with immunizations.

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Los Angeles City Council District 6 is 82.5 years.

Life Expectancy at Birth

	Years of Life Expected
Los Angeles City Council District 6	82.5
Los Angeles County	82.3

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Leading Causes of Death

Heart disease, cancer, and Alzheimer’s disease are the top three causes of death in the service area. Stroke is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death. These causes of death are 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 typically used to control the influence that different population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted Rate per 100,000 Persons, 3-Year, 2013-2015

	VPH Service Area		Los Angeles County	California	Healthy People 2020 Objective
	3-Year Total	Annual Rate	Annual Rate	Annual Rate	Rate
Heart disease	3,721	178.8	166.9	161.5	No Objective
Ischemic heart disease	2,834	136.6	120.4	103.8	103.4
Cancer	3,112	145.8	150.6	158.4	161.4
Alzheimer’s disease	716	35.6	32.2	35.5	No Objective
Stroke	710	34.3	35.6	38.2	34.8
Chronic Lower Respiratory Disease	626	30.6	30.9	36.0	Not Comparable
Unintentional injuries	609	24.6	21.5	31.8	36.4
Diabetes	516	24.5	23.9	22.6	Not Comparable
Pneumonia and influenza	477	23.3	22.7	16.8	No Objective
Liver disease	336	14.8	14.4	13.8	8.2
Kidney disease	256	12.3	11.1	8.5	Not Comparable
Suicide	201	7.9	7.8	11.0	10.2
Homicide	115	4.1	5.4	4.9	5.5
HIV	53	2.1	2.4	1.9	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) was higher in the service area (136.6 deaths per 100,000 persons) than in the county (120.4 deaths per 100,000 persons) or state (103.8 deaths per 100,000 persons). The rate of ischemic heart disease death in the service area was higher than the Healthy People 2020 objective of 103.4 per 100,000 persons.

The age-adjusted rate of death from stroke was lower in the service area (34.3 deaths per 100,000 persons) than in the county (35.6 deaths per 100,000 persons), and the state (38.2 deaths per 100,000 persons). The rate of stroke death meets the Healthy People 2020 objective of 34.8 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	3,721	178.8	166.9	161.5
Ischemic heart disease death rate	2,834	136.6	120.4	103.8
Stroke death rate	710	34.3	35.6	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Cancer

In the service area, the age-adjusted cancer mortality rate was 145.8 per 100,000 persons. This was lower than the state rate of 158.4 per 100,000 persons. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 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	3,112	145.8	150.6	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In the county, the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the state rates of death.

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

	Los Angeles County	California
Cancer all sites	142.1	146.6
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia*	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> * = Myeloid and Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

Lung Cancer

The SPA 2 lung-specific cancer death rate was 28.4 per 100,000 persons, higher than the county rate of 27.5 per 100,000 persons.

Lung Cancer Mortality Rate, per 100,000 Persons

	SPA 2	Los Angeles County
Lung cancer death rate	28.4	27.5

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area: January 2017.

Breast Cancer

Breast Cancer is a leading cause of cancer death among women in the United States. The breast cancer-specific death rate in the hospital service area was 22.3 per 100,000 females. This was higher than the county rate of 20.5 per 100,000 females.

Breast Cancer Mortality Rate, per 100,000 Females

	SPA 2	Los Angeles County
Breast cancer death rate (female)	22.3	20.5

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area: January 2017.

Colorectal Cancer

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer—cancer of the colon or rectum—is one of the most commonly diagnosed cancers and is the second leading cancer killer in the United States. In SPA 2, the colorectal cancer-specific death rate was 13.6 per 100,000 persons.

Colorectal Cancer Mortality Rate, per 100,000 Persons

	SPA 2	Los Angeles County
Colorectal cancer death rate	13.6	13.8

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area: January 2017.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, accounting for 50% to 80% of dementia cases. In the service area, the Alzheimer's disease death rate was 35.6 per 100,000 persons. This was higher than county and state rates.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	716	35.6	32.2	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Community Input – Alzheimer's Disease

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

- Individuals with cognitive impairment need additional support and supervision. The fact that coverage is not paid for by Medicare, serves as a barrier.
- For seniors with dementia, their insurance does not cover everything.
- There is a lack of knowledge and education about available resources for individuals who might be struggling.
- Some older adults are not English proficient. It is difficult for them to gain access and resources, and communicate to staff and apply for programs.

- With the Hispanic community, they tend to care for one another but they may not be well versed in dementia care or may not be seeking services when needed because they do not understand what it is.
- 20% of our population is geriatric and we see some mental challenges where people are forgetful. We cannot give them medication because they cannot afford it or it is not in our formulary. They get transferred to Olive View-UCLA to continue treatment.
- There are not enough resources for people with this disease. There are not specialized hospitals or memory units for them.
- People with Down syndrome are experiencing Alzheimer's disease at an accelerated rate at an earlier age than those of the general population. Thirty years ago, persons with Down syndrome died earlier, but now with better health care and medicine, they are living longer. With their chromosomal abnormality, a large percentage acquires Alzheimer's disease at an accelerated, shortened rate.

Chronic Lower Respiratory Disease (CLRD)

Chronic Lower Respiratory Disease includes Chronic Obstructive Pulmonary Disease (COPD) and refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD most commonly includes chronic bronchitis and emphysema. In the service area, the CLRD death rate was 30.6 per 100,000 persons. This was lower than county and 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	626	30.6	30.9	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Diabetes

Diabetes is a leading cause of death and disproportionately affects minority populations and the elderly. Its incidence is likely to increase as minority populations grow and the population ages. In the service area, the diabetes-specific death rate was 24.5 per 100,000 persons, which was higher than county and state rates.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	516	24.5	23.9	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 23.3 per 100,000 persons, which was higher than 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 and influenza death rate	477	23.3	22.7	16.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 24.6 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 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 injuries death rate	609	24.6	21.5	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Homicide

In the service area, the age-adjusted death rate from homicides was 4.1 per 100,000 persons. This rate was lower than county or state rates for homicides. The Healthy People 2020 objective for homicide deaths is 5.5 per 100,000 persons.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	115	4.1	5.4	4.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Suicide

In the service area, the age-adjusted death rate due to suicide was 7.9 per 100,000 persons. The Healthy People 2020 objective for suicide is 10.2 per 100,000 persons.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	201	7.9	7.8	11.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million

Liver Disease

In the service area, the liver disease death rate was 14.8 per 100,000 persons. The service area exceeds the Healthy People 2020 objective for liver disease death of 8.2 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	336	14.8	14.4	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million

Unintentional Drug-Related Death

In the service area, the death rate due to drug overdose was 7.3 per 100,000 persons.

Unintentional Drug-Related Deaths, per 100,000 Persons

	SPA 2	Los Angeles County
Drug overdose death rate	7.3	7.2

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area: January 2017.

Motor Vehicle Crashes

The death rate due to motor vehicle crashes was 7.1 per 100,000 populations among SPA 2 and county residents.

Motor Vehicle Crash Deaths, per 100,000 Persons

	SPA 2	Los Angeles County
Motor vehicle crash death rate	7.1	7.1

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area: January 2017.

Kidney Disease

In the service area, the kidney disease death rate was 12.3 per 100,000 persons. This rate was higher than county and state rates of death from kidney disease.

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	256	12.3	11.1	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

HIV

In the service area, the death rate from HIV was 2.1 per 100,000 persons. This rate was lower than the county death rate from HIV (2.4) and higher than the state rate of death from HIV (1.9).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	53	2.1	2.4	1.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Acute and Chronic Disease

Diabetes

Among adults in SPA 2, 15.7% have been diagnosed with pre-diabetes. For the 8.5% of adults with diabetes, 57.3% in SPA 2 felt very confident that they could control their diabetes.

Adult Diabetes

	SPA 2	Los Angeles County	California
Diagnosed pre- diabetic	15.7%	15.3%	14.2%
Diagnosed with diabetes	8.5%	10.4%	9.8%
Very confident to control diabetes	57.3%	56.4%	59.4%
Somewhat confident	31.5%	32.7%	32.3%
Not confident	11.2%*	10.9%	8.2%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Among Latino adults in SPA 2, 10.4% have been diagnosed with diabetes. 9.6% of African American adults, 9.9% of Asian adults, and 7.1% of White residents have been diagnosed with diabetes.

Adult Diabetes by Race/Ethnicity

	SPA 2	Los Angeles County	California
African American	9.6%*	14.7%	12.9%
Asian	9.9%*	7.5%	8.6%
Latino	10.4%	12.9%	12.2%
White	7.1%	7.2%	8.0%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). 23.7% of adults in SPA 2 have been diagnosed with hypertension. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%.

Adults Diagnosed With Hypertension

	SPA 2	Los Angeles County
Hypertension	23.7%	23.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Among adults in SPA 2, 40.3% of African Americans, 27.9% of Latinos, and 28.3% of White residents indicated they have high blood pressure. Asians (37.2%) reported having high blood pressure at a higher rate than the county and the state.

Adult High Blood Pressure by Race/Ethnicity

	SPA 2	Los Angeles County	California
African American	40.3%*	43.3%	40.8%
Asian	37.2%	24.3%	23.0%
Latino	27.9%	27.5%	25.8%
White	28.3%	30.2%	31.4%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

The rate of hypertension-related hospital admissions in Los Angeles County was 4.7 per 10,000 persons. This rate was higher than in the state (3.3 per 10,000 persons).

Hypertension Hospitalization Rate, per 10,000 Persons

	Los Angeles County	California
Hypertension hospitalization	4.7	3.3

Source: California Office of Statewide Health Planning & Development, accessed via Think Health L.A. www.thinkhealthla.org
Age-adjusted annual rates per 10,000 population 18+ years of age.

Heart Disease

For adults in SPA 2, 6.4% reported they have been diagnosed with heart disease. Among adults diagnosed with heart disease, 81.8% in SPA 2 were given a management care plan by a health care provider.

Adult Heart Disease

	SPA 2	Los Angeles County	California
Diagnosed with heart disease	6.4%	5.9%	6.5%
Has a management care plan	81.8%*	73.6%	73.8%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

SPA 2 adults have higher rates of heart disease among African Americans (7.4%), Asians (6.1%) and Latinos (5.2%) than were reported in the county or the state.

Adult Heart Disease by Race/Ethnicity

	SPA 2	Los Angeles County	California
African American	7.4%*	6.6%	6.2%
Asian	6.1%*	3.7%	4.4%
Latino	5.2%*	4.8%	4.4%
White	7.3%	8.3%	8.9%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Asthma

In SPA 2, 14.1% of the population has been diagnosed with asthma. Among those with asthma, 44.8% in SPA 2 take daily medication to control their symptoms. 6.6% of children in SPA 2 have been diagnosed with asthma (ever diagnosed and reported still having asthma and/or having an asthma attack in the past year).

Asthma

	SPA 2	Los Angeles County
Ever diagnosed with asthma, total population	14.1%	13.6%
ER or urgent care visit in past year due to asthma, total asthmatic population**	9.0%*	11.2%
Takes daily medication to control asthma, total asthmatic population	44.8%	44.6%
Diagnosed with and currently has asthma and/or had an attack in past year, 0-17 years old***	6.6%	7.4%
ER or Urgent Care visit in past year due to asthma, 0-17 years old***	33.1%	38.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

California Health Interview Survey, 2014-2016. *Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

The rate of hospital admissions in Los Angeles County for pediatric asthma was 10.9 per 10,000 children, which was higher than in the state (9.8 hospitalizations per 10,000 children).

Pediatric Asthma Hospital Admissions, per 10,000 Children

	Los Angeles County	California
Pediatric asthma hospitalizations	10.9	9.8

Source: California Office of Statewide Health Planning & Development, accessed via Think Health L.A. www.thinkhealthla.org
Age-adjusted annual rates per 10,000 population under 18.

Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer rates are lower overall than at the state level. However, the rates of colorectal cancer (36.3 per 100,000 persons), uterine cancers, (25.9 per 100,000), thyroid cancer (13.6 per 100,000 persons), and ovarian cancer (12.0 per 100,000) exceed the state rates.

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

	Los Angeles County	California
Cancer all sites	375.5	395.2
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and bronchus	36.7	42.2
Colon and rectum	36.3	35.5
In situ breast (female)	26.1	28.2
Uterine** (females)	25.9	24.9
Non-Hodgkin lymphoma	17.8	18.2
Urinary bladder	15.1	16.8
Thyroid	13.6	12.8
Melanoma of the skin	13.3	21.6
Kidney and renal pelvis	13.2	13.9
Ovary (females)	12.0	11.6
Leukemia*	11.6	12.3

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

The rate of newly diagnosed breast cancer in Los Angeles City Council District 6 was 124.3 per 100,000 females.

Newly Diagnosed Breast Cancer Cases, per 100,000 Females

	Rate
Los Angeles City Council District 6	124.3
Los Angeles County	140.5

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

The rate of newly-diagnosed colon cancer per 100,000 persons in Los Angeles City Council District 6 was 38.0 per 100,000 persons

Newly Diagnosed Colon Cancer Cases, per 100,000 Persons

	Rate
Los Angeles City Council District 6	38.0
Los Angeles County	37.9

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

HIV

In SPA 2, the incidence of HIV (annual new cases) for persons ages 13 and older was 15.2 per 100,000 persons. The SPA 2 HIV incidence rate was less than the county rate of HIV (24.3 per 100,000 persons).

Incidence of HIV, Ages 13+, per 100,000 Persons

	SPA 2	Los Angeles County
HIV incidence	15.2	24.3

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area: January 2017.

Community Input – Chronic Disease

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

- For some diseases, we lack specialists in the community.
- There is a correlation between obesity and asthma.
- For patients with asthma they have to purchase steroid inhalers on their own. In winter, it gets worse, and our clients have to make a choice, either pay for medications or the rent.
- For persons with diabetes, insulin is really expensive; we have to get help from other organizations to purchase these medications. If the medicine is not in our formulary we cannot provide it. If patients need other types of insulin, they have to purchase it on their own.
- We see a lot of chronic disease issues, primarily diabetes and issues related to heart disease, obesity, asthma and cholesterol.
- Diabetes has a huge impact for our community and preventive screenings in general. There is a lack of health coverage, and obesity and healthy eating habits.
- We are challenged with culture and language issues. Factoring in lifestyle and food preparation choices into daily life is an area that makes disease management more challenging.
- Pre-diabetes is a big risk. There are so many people who don't know they have diabetes.
- We have lot of renal failure and dialysis patients. The good thing is Medi-Cal will cover treatment. But if a client lacks housing, they have no way to deal with the disease processes.
- Our population is mainly undocumented. That presents a challenge for them to receive services.
- There has been an increase in the number of kids using inhalers for asthma. Students miss school because of asthma. They need treatment or have to go to the doctor.
- We exercise less, we are a more sedentary society. We are set up to walk less to work, more to drive, and more of our employment is less physically active, more computer-based tasks and we are sitting and not active and that has created a change. We eat more and have more access to food, but it is lower quality food and

more shelf-stable foods. It is very easy to obtain low-quality food that is fulfilling and consistent in taste, but is not healthy.

- It has become easy to get low-quality food that is high in calories with no nutritional value and this leads to a lot of our chronic disease issues.
- New studies are showing the impact a change in air quality can have on young children and their developing lung. There can be a dramatic difference in long-term health, for someone's entire life. With increased traffic and cars and more people living closer to freeways, we are seeing more lung disease.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings measures 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. Los Angeles County is in the top 20% of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Health Status

Among the residents in SPA 2, 17.5% rate themselves as being in fair or poor health, which is less than the county rate of 21.5%.

Health status, Fair or Poor Health, Adults

	SPA 2	Los Angeles County
Fair or poor health status, adults	17.5%	21.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Limited Activity Due to Poor Health

Adults in SPA 2 limited their activities due to poor mental or physical health on an average of 2.5 days in the previous month.

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

	SPA 2	Los Angeles County
Days of limited activities from poor health	2.5	2.3

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Disability

22% of adults in SPA 2 reported that they had a physical, mental or emotional disability. The rate of disability in the county was 22.6%.

Adults with a Disability

	SPA 2	Los Angeles County
Adults with a disability	22.0%	22.6%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Children with Special Health Care Needs

In SPA 2, 16% of children were reported by their caretakers to meet the criteria of having a Special Health Care Need. This is a higher rate than in the county (14.5%).

Children with Special Health Care Needs

	SPA 2	Los Angeles County
Children, ages 0-17, with special needs	16.0%	14.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Sexually Transmitted Infections

The rate of sexually transmitted infections (STIs) is lower in the SPA 2 than in the county across the three major STIs. The rate of chlamydia is 372 per 100,000 persons. The rate of gonorrhea, while lower than the county rate at 100 per 100,000 persons, is nearly double the rate from four years ago. The rate of syphilis is 21 per 100,000 persons.

STI Incidence, Annual New Cases, per 100,000 Persons

	SPA 2	Los Angeles County
Chlamydia	372	555
Gonorrhea	100	171
Syphilis	21	33

Source: 2015 Annual HIV/STD Surveillance Report (May 2018), Division of HIV and STD programs, Los Angeles County Department of Public Health

Teen Sexual History

In SPA 2, 86.0% of teens, ages of 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. This was a lower rate of abstinence than seen at the county level (88.1%).

Teen Sexual History, 14 to 17 Years Old

	SPA 2	Los Angeles County	California
Teen never had sex	86.0%*	88.1%*	82.9%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

*Statistically unstable due to sample size.

Overweight and Obesity

17.3% of children in SPA 2 are overweight or obese. This is higher than the county rate of overweight children (13.7%). 27.3% of teens in SPA 2 are overweight or obese. 60.3% of adults in SPA 2 are overweight or obese. The rate of overweight or obese adults is lower than the county rate of overweight or obese adults (62.4%).

Overweight or Obese for Age

	SPA 2	Los Angeles County	California
Adult (18+ years)	60.3%	62.4%	61.9%
Teen (ages 12-17)	27.3%*	32.8%	35.0%
Child (under 12)	17.3%*	13.7%	15.3%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

26.6% of adults in SPA 2 are obese with a Body Mass Index of 30.0 or above. This is lower than the rate of obesity in the county (28.7%). The Healthy People 2020 objective for adult obesity is 30.5%.

Adult Obesity

	SPA 2	Los Angeles County	California
Adult obesity	26.6%	28.7%	27.4%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

The Healthy People 2020 objective for teen obesity is 16.1%. 12.8% of teens in SPA 2 are obese.

Teen Obesity

	SPA 2	Los Angeles County	California
Teen (ages 12-17)	12.8%*	14.0%	18.1%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Over half of the adult population of every race in the service area, except Asians (41.3%), are overweight/obese.

Adults, 18+ Years of Age, Overweight and Obese by Race/Ethnicity

	SPA 2	Los Angeles County	California
African American	57.0%*	72.9%	72.2%
Asian	41.3%*	40.1%	41.7%
Latino	72.5%	72.8%	72.4%
White	55.8%	55.3%	58.3%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as “needing improvement” (overweight) or “at health risk” (obese). In the Los Angeles Unified School District, over a quarter of 5th, 7th and 9th grade students tested as body composition being “at health risk” (obese).

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

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Los Angeles Unified School District	20.4%	30.1%	21.2%	25.9%	22.1%	24.3%
Los Angeles County	19.9%	25.3%	19.9%	21.9%	20.4%	20.1%
California	19.2%	21.5%	19.1%	19.6%	19.2%	18.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Physical Activity

36.5% of adults in SPA 2 obtain the recommended amount of aerobic exercise each week. 18.3% of children, ages 6-17, in SPA 2 obtained the weekly recommended amount of aerobic exercise of 60 or more minutes daily and muscle-strengthening at least two days a week.

Adults and Children Meeting Aerobic Activity and Muscle Strengthening Guidelines

	SPA 2	Los Angeles County
Adult physical activity	36.5%	34.1%
Child physical activity	18.3%	17.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Fast Food

Adults, ages 18-64, consumed fast food at higher rates than children, teens or seniors. In SPA 2, 28.2% of adults, 16.6% of children, 16.3% of adolescents, and 11.9% of seniors consumed fast food three or more times per week.

Fast Food Consumption, Three or More Times a Week

	SPA 2	Los Angeles County	California
Child, ages 0-11	16.6%*	18.5%	18.0%
Adolescent, ages 12-17	16.3%*	24.4%*	23.9%
Adult, ages 18-64	28.2%	29.6%	26.5%
Senior, ages 65+	11.9%*	13.4%	11.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Soda/Sugar-Sweetened Beverage (SSB) Consumption

37.5% of children in SPA 2 consumed at least one soda or sweetened drink a day. This was less than the county rate of 39.2% of children who consumed a SSB daily.

Children who Consume Soda or Sweetened Beverages

	SPA 2	Los Angeles County
Soda consumption, children	37.5%	39.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

Adequate Fruit and Vegetable Consumption

14.6% of adults in SPA 2 consumed five or more servings of fruits and vegetables a day.

Adults who Consume Five or More Servings of Fruits and Vegetables, Daily

	SPA 2	Los Angeles County
Adults who consumed 5+ servings of fruits and vegetables a day	14.6%	14.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

81.4% of children in SPA 2 have excellent or good access to fresh fruits and vegetables in their community.

Children with Excellent or Good Access to Fruits and Vegetables

	SPA 2	Los Angeles County
Children with access to fruits and vegetables	81.4%	75.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Community Input – Overweight and Obesity

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

- Low-income communities are rich in fast food restaurants. Families think it's cheaper to go through the drive-through at McDonalds. They may not know that it's cheaper to make your own meal.
- If a kid is overweight and goes to school and every other kid looks like your kids, you may not know there is anything wrong with your kids.
- Lack of physical education programs. Every year more schools lose PE funding. If we start at a young age and develop healthy habits, they carry that to adulthood and there are long-term positive impacts.
- Once kids are obese it gets hard to control and continues for the rest of their lives.
- Getting people to try to intervene before they get morbidly obese is a challenge. We are seeing more children who are overweight so we need to start at a younger age
- This is a problem for the Spanish population we serve. 30% are obese. 90% of our population is Spanish and diabetes is a community disease and a cultural problem. Diabetes and obesity are connected with education levels. Poverty level, education level, and access to care is also a challenge.

Mental Health

Mental Health, Adults

In SPA 2, 7.5% of adults have seriously thought about committing suicide. 8.0% of SPA 2 adults had experienced serious psychological distress in the past year. 10.3% of adults in SPA 2 had taken a prescription medication at least two weeks for an emotional/mental health problem during the past year.

Mental Health Indicators, Adults

	SPA 2	Los Angeles County	California
Ever seriously thought about committing suicide	7.5%	8.8%	10.2%
Adults who had serious psychological distress during past year	8.0%	9.1%	8.9%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.3%	9.4%	11.2%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>.

Mental Health Care Access, Adults

29.7% of residents in SPA 2 reported receiving care for mental and emotional issues from primary care physicians, 41.2% saw mental health professionals, and 29.1% saw both primary care physicians and mental health professionals in the past year.

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

	SPA 2	Los Angeles County	California
Primary care physician only	29.7%	26.0%	23.6%
Mental health professional only	41.2%	42.4%	41.3%
Both	29.1%	31.6%	35.0%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

7.2% of residents in SPA 2 had visited a professional more than three times in the past year for mental health/drug/alcohol issues.

Visits to a Professional for Mental/Drug/Alcohol Issues in Past Year

	SPA 2	Los Angeles County	California
0 Visit	88.2%	87.4%	86.8%
1 – 3 Visits	4.6%	4.5%	5.0%
4 – 6 Visits	2.8%	2.7%	2.8%
7+ Visits	4.4%	5.4%	5.4%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

Mental Health Care Access

Mental health care access was attempted for 10.2% of children in SPA 2. Among SPA 2 adults, 7.0% tried to access mental health care. 41.3% of adults in SPA 2 needed help but did not receive emotional-mental and/or alcohol-drug related treatment in the past year. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% to not receive treatment).

Tried to Access Mental Health Care in the Past Year

	SPA 2	Los Angeles County
Children 3 to 17 who tried to access mental health care	10.2%	7.4%
Adults who tried to access mental health care	7.0%	8.5%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year*	15.3%	16.8%
Adults, sought/needed help and received treatment*	58.7%	58.5%
Adults, sought/needed help but did not receive*	41.3%	41.5%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

*Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

Community Input – Mental Health

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

- Over the past couple of years, we've seen an increase in mental health patients in the ED. Access to psychiatric facilities is limited and patients can spend days in our ED waiting for a bed to open. We have about 34 beds, and 4-5 may be taken by psych holds. We've also seen an increase in mental health issues among youth. We'll have a 12-13 year old come in with suicidal ideation and need placement and they wait even longer than adults. If someone comes in with medical issues on top of mental health concerns that is very much a problem.
- A solution would be to focus more attention on mental health services. There is a lack of resource and the resources we do have, are completely overwhelmed with referrals.
- We don't scratch the surface on how many patients could benefit from behavioral health. We don't have a psychiatrist or psychologist, we are using social workers. When our patients need a higher acuity level we have to refer them into a more intensive program. It's very challenging: how do we help a schizophrenic patient when we can't get them an appointment for 3 months?
- Mental health has the least resources. If a person does not have money, no facility accepts them. They are going hospital to hospital to survive and to get a meal or a place to sleep.
- Seems to be a big challenge in our community and school. We do see an increase in students who are very angry. We see a lot of hitting, biting, and spitting. We are not

trained on how to work with a child that becomes so angry and violent. We see some parents come in as well and they yell at staff and at kids. We see a lack of empathy and respect for others and a lot of angry and violent students. Mental health is a big priority for us. This is something schools are seeing across the district.

- Mental health practitioners are in high demand, so providers are swamped right now.
- System is broken in the US. We need more mental health providers, and we need funding to pay those providers.
- In the community, lower income, minority communities, the stigma of mental health is still there. We've made progress, but it's still an issue in these communities that prevent them from be willing to have an assessment for mental health.
- All of the families we see have experienced some kind of trauma like domestic violence, and those experiences contribute to anxiety, depression, and paranoia. Often there is a downward spiral where multiple things have gone wrong for that person and it leads them to homelessness. They are much more likely to experience depression and anxiety. Things get exponentially worse for them.
- We need to advocate for people with mental health. We have resources, but they are not enough and people don't know how to reach them. There has to be way for people to know what is available to them.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. 12.8% of adults in SPA 2 smoke cigarettes.

Adults who Smoke

	SPA 2	Los Angeles County
Adults who smoke	12.8%	13.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period. For males, this is five or more drinks per occasion and for females, it is four or more drinks per occasion. In SPA 2, 14.3% of adults reported binge drinking in the past 30 days.

Adults who Binge Drink

	SPA 2	Los Angeles County
Adults who binge drink	14.3%	15.9%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

32.6% of SPA 2 teens reported ever having an alcoholic drink, which is higher than the county (21%) and state (22.7%) rates.

Teen Alcohol Experience

	SPA 2	Los Angeles County	California
Teen ever had an alcoholic drink	32.6%*	21.0%	22.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Prescription Drug Misuse

Prescription drug misuse and its related problems are among society's most pervasive health and social concerns. In SPA 2, 16% of the population had misused prescription drugs.

Prescription Drug Misuse

	SPA 2	Los Angeles County
Ever misused prescription meds, total population	16%	19%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

In SPA 2, 2% of the population misused prescription drugs on an average of 6.1 days in the past 30 days. The average age to initiate prescription drug misuse in SPA 2 was 23.2 years old.

Prescription Drug Misuse

	SPA 2	Los Angeles County
Ever misused Rx meds, total population	16%	19%
Ever misused Rx meds, 12-17 years old	12%	
Ever misused Rx meds, 18-24 years old	23%	
Ever misused Rx meds, 25+	14%	
Misused Rx meds past 30 days, total population	2%	3%
Misused Rx meds past 30 days, 12-17	4%	
Misused Rx meds past 30 days, 18-24	9%	
Misused Rx meds past 30 days, 25+	1.0%	
Avg. days misused, past 30, total population	6.1	9.1
Avg. days misused, past 30, users 12-17	9.4	
Avg. days misused, past 30, users 18-24	4.4	
Avg. days misused, past 30, users 25+	6.0	
Avg. age at initiation of misuse, total population	23.2	21.5
Avg. age at initiation of misuse, users 12-17	13.7	
Avg. age at initiation of misuse, users 18-24	15.8	
Avg. age at initiation of misuse, users 25+	25.1	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

For those who had misused prescription drugs, sedatives were the most likely to be misused in SPA 2 (60%).

Type of Prescription Drug Misuse

	SPA 2	Los Angeles County
Sedatives/sleeping pills	60%	52%
Vicodin/vikings	55%	49%
OxyContin/percs	32%	33%
Adderall/skipppy	26%	25%
Don't know	8%	9%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Marijuana

Marijuana use (ever) was reported by 39% of residents in SPA 2, and 11% of the population used marijuana on an average of 16.1 days in the past 30 days. The average age to initiate marijuana use in SPA 2 was 17.2 years old.

Marijuana Use

	SPA 2	Los Angeles County
Ever tried marijuana, total population	39%	48%
Ever tried marijuana, 12-17 years old	27%	
Ever tried marijuana, 18-24 years old	60%	
Ever tried marijuana, 25+	35%	
Used marijuana past 30 days, total population	11%	14%
Used marijuana past 30 days, 12-17	11%	
Used marijuana past 30 days, 18-24	27%	
Used marijuana past 30 days, 25+	8%	
Avg. days used, past 30, total population	16.1	14.0
Avg. days used, past 30, users 12-17	10.6	
Avg. days used, past 30, users 18-24	13.5	
Avg. days used, past 30, users 25+	17.4	
Avg. age at initiation of use, total population	17.2	17.3
Avg. age at initiation of use, users 12-17	13.1	
Avg. age at initiation of use, users 18-24	15.8	
Avg. age at initiation of use, users 25+	18.0	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Opioid Use

The rate of hospitalizations due to an opioid overdose was 5.6 per 100,000 persons in Los Angeles County. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use and Misuse

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

- People use methamphetamine in this area and there are opioids as well. And narcotics, like Percocet addictions, are an issue. We are part of the Emergency Department Exchange System. It helps to compile information between EDs in the region and you can quickly see how many visits a patient had to our ED and every other ED in the system.
- We see a larger pattern than we realized of alcohol abuse and domestic violence. Typically it's the husband who is abusing alcohol.
- Vaping advertising makes it seem like they are for kids. Cigarettes have declined in what looks cool. But vaping is the next big thing. How do we create a program to provide awareness of what the dangers of vaping are and legislation to provide limits to marketing to kids?
- Some challenges are really growing and getting worse. When people lose medications, they resort to a quick way to fix symptoms. That is why substance use has increased. And the availability of it on the street is another reason use has increased.
- With opioid issue, for prescribers, before we can prescribe narcotics or a controlled substance you have to look into CURES, just to see if this patient is a high utilizer and drug seeking, and this will inform whether you give them a prescription or not.
- Community is now into substances that they think will help them. We try to explain, even if it is medical pot, they shouldn't be using it because it impacts the baby. Also, more teenagers are into vaping and other substances that are easy to access for them and that has gotten worse. We are seeing a lot of pregnant moms using medical marijuana for pain or a medical condition that they may have.
- We've seen an increase of substance use and misuse in our service area. It is not just opioids, our area has alcohol and meth use is higher than opioid use.
- There is a stigma in the Hispanic community and they don't like to talk about family problems.
- Substance use is a big problem for the community and a number of people die every day. Most patients also require mental health support.

Preventive Practices

Immunizations

Rates of complete vaccinations for Kindergarten students in the 2016-2017 school year reached their highest levels since 2001. However, rates of compliance with childhood immunizations upon entry into Kindergarten are still below the state average (95.3%) for the county (94.7%) and for Los Angeles Unified (94.3%). In a positive direction, progress toward higher rates of childhood immunizations was made in just two years; in the 2014-2015 school year, only 78.9% of Kindergartners in Los Angeles Unified, had the required immunizations.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2016-2017

	Immunization Rate
Los Angeles Unified School District (LAUSD)	94.3%
Los Angeles County*	94.7%
California *	95.3%

Source: California Department of Public Health, Immunization Branch, 2016-2017. * For those schools where data were not suppressed due to privacy concerns over small numbers.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Vaccinations

In SPA 2, 54.3% of children, 6 months to 17 years, and 42.1% of adults have been vaccinated for influenza. The Healthy People 2020 objective is to have 70% of the population receive a flu shot.

Child and Adult Flu Vaccine

	SPA 2	Los Angeles County
Children 6 months – 17 years	54.3%	55.2%
Adults	42.1%	40.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 65.8% of seniors in SPA 2 have received a pneumonia vaccine.

Pneumonia Vaccine, Adults 65+

	SPA 2	Los Angeles County
Adults 65+, had a pneumonia vaccine	65.0%	62.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Senior Falls

Among seniors, falls and injuries from falls were more likely to be reported by residents of SPA 2 (30.3%) than residents of the county (27.1%).

Adults, 65+ Years, Who Have Fallen in the Past Year

	SPA 2	Los Angeles County
Seniors who have fallen	30.3%	27.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Among seniors in SPA 2 who fell, 12.8% were injured from the fall.

Seniors, Injuries from Falls, Previous Year

	SPA 2	Los Angeles County
Injured due to a fall	12.8%	11.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Mammograms

The Healthy People 2020 objective for mammograms is that 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In SPA 2, 77.9% of women had a mammogram in the past two years.

Women Who Had a Mammogram

	SPA 2	Los Angeles County
Mammogram	77.9%	77.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, ages 21-65 years, be screened in the past three years. In SPA 2, 88.2% of women had a Pap smear in the prior 3 years, which falls short of the Healthy People 2020 objective.

Women Who Had a Pap smear

	SPA 2	Los Angeles County
Pap smear within past 3 years	88.2%	84.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Community Input – Preventive Practices

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

- Kids are required to have certain immunization shots but we have a small population of homeless students. We have to waive the requirement, have them start school and then try to get them the immunizations.
- There is a lack of access to preventive services because people are underinsured or uninsured. If you have insurance, you have a doctor who says come in for your annual checkup. But many only access services when their cold turns into pneumonia and they are entering the health care pretty late in the game.
- Access and economics can impact affording medications. A lack of awareness of health needs is another issue. They may be treating a condition and think they are managing it because they are using something like a family remedy from their country but they are not really treating it properly.
- Getting patients to enroll or access programs is a challenge given the political climate. If they have to provide a name, address or some other identification they get afraid about deportation or getting reported to immigration. Overall, some patients do not realize they are eligible for certain programs.
- Sometimes it is a mistrust issue, other times, they don't know they need a doctor. It needs to get to a point when it feels really bad. The concept of preventive medicine is not necessarily something that is widespread. The first entry to health care may be the ED.
- To understand the association between checkups and wellness and nutrition and living in a somewhat healthy environment, can all be new concepts. Children can be affected, especially if parents or other adults are not familiar with preventive care like dental care and immunizations.
- People just don't have the resources to access preventive services. They can't get there or there is fear based on their immigration status.

Attachment 1. Benchmark Comparisons

Where data were available, Valley Presbyterian Hospital's health and social indicators were compared to the Healthy People 2020 objectives. The **red items** are indicators that did not meet established benchmarks; **green items** met or exceeded benchmarks.

Valley Presbyterian Hospital Data	Healthy People 2020 Objectives
High school graduation rate 76.1%	High school graduation rate 87.0%
Child health insurance rate 97.6%	Child health insurance rate 100%
Adult health insurance rate 88.4%	Adult health insurance rate 100%
Persons unable to obtain medical care 7.1%	Persons unable to obtain medical care 4.2%
Heart disease deaths 136.6 per 100,000	Heart disease deaths 103.4 per 100,000
Cancer deaths 145.8 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths 34.3 per 100,000	Stroke deaths 34.8 per 100,000
Liver disease deaths 14.8 per 100,000	Liver disease deaths 8.2 per 100,000
Homicides 4.1 per 100,000	Homicides 5.5 per 100,000
Suicides 7.9 per 100,000	Suicides 10.2 per 100,000
HIV deaths 2.1 per 100,000	HIV deaths 3.3 per 100,000 persons
On-time (1st Trimester) prenatal care 88.2% of women	On-time (1 st Trimester) prenatal care 77.9% of women
Low birth weight infants 7.2% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.1 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Adult obesity 26.6%	Adult obesity 30.5%
Did receive needed mental health care 58.7%	Did receive needed mental health care 72.3%
Adults engaging in binge drinking 14.3%	Adults engaging in binge drinking 24.4%
Cigarette smoking by adults 12.8%	Cigarette smoking by adults 12.0%
Annual adult influenza vaccination, 18+ 42.1%	Annual adult influenza vaccination, 18+ 70.0%
Adults 65+ ever receiving pneumonia vaccine 65.8%	Adults 65+ ever receiving pneumonia vaccine 90.0%
Pap smears 88.2%	Pap smears 93%, ages 21-65-, screened in the past 3 years
Mammograms 77.9%	Mammograms 81.1%, ages 50-74, screened in the past 2 years

Attachment 2. Stakeholder Interviews

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

	Name	Title	Organization
1	Frank Alvarez, MD, MPH	Regional Health Officer Community Health Division, Service Planning Areas 1 & 2	Los Angeles County Department of Public Health
2	Susan Dion	Vice President, Director of Community and School Services	Valley Community Healthcare
3	Christian Espinoza, MD	Medical Clinic Manager	Meet Each Need with Dignity: MEND
4	Kathie Galan-Jaramillo	Principal	Columbus Elementary School
5	Jenna Hauss	Director, Senior Enrichment Center and Care Management	ONEgeneration
6	Nathan Lehman, MPH	Health Program Analyst, Service Planning Areas 1 & 2	Los Angeles County Department of Public Health
7	Rebecca Lienhard	Chief Executive Officer	Tierra del Sol
8	Janet Marinaccio	President and Chief Executive Director	Meet Each Need with Dignity: MEND
9	Rose Onyekwe, DNP,RN,MSN/Ed PMHNP-BC	Acute and Post-Acute Psychiatry Specialist	Valley Presbyterian Hospital
10	Brian Ostick, MD, FACEP	Director of Emergency Services	Valley Presbyterian Hospital
11	Angela Pacheco	Lead Case Manager	San Fernando Valley Rescue Mission
12	Steve Sanzo	Chief Administrative Officer	Center for Family Health and Education
13	Jim Sherman	Health Administration Faculty	California State University Northridge
14	Amber Suellenbach	Director of Special Projects and Volunteer Services	ONEgeneration
15	Karmen Tatulian, MD	Medical Director	El Proyecto Del Barrio
16	Sarah Vera	House Manager	San Fernando Valley Rescue Mission
17	Johanna Villegas	Clinical Supervisor	Eisner Health
18	Clyde Wesp, MD, MAOM	Chief Medical Officer	Valley Presbyterian Hospital
19	Lionnel Zaragoza	Executive Director	Mid Valley YMCA

Attachment 3. Community Resources

Valley Presbyterian Hospital solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at www.thinkhealthla.org and 211 LA County at <https://www.211la.org/>.

Health Need	Community Resources
	<ul style="list-style-type: none"> • Center for Family Health and Education • Child and Family Guidance Center • Eisner Health • El Proyecto del Barrio • LA County Regional Centers • Lanark Family Medical Clinic • Los Angeles County Department of Public Health • Meet Each Need with Dignity: MEND • Mission City Community Health • SFV Community Health • Valley Community Healthcare • Village Family Services
Alzheimer's disease	<ul style="list-style-type: none"> • Alzheimer's Association • California Association for Adult Day Services Coalition • LA Department of Aging • Leeza's Care Connection • National Institute of Neurological Disorders and Stroke • National Task Group on Intellectual Disabilities and Dementia Practices • Onegeneration • Tierra del Sol
Birth indicators	<ul style="list-style-type: none"> • Eisner Health • El Proyecto Del Barrio • Los Angeles County Department of Public Health • Northeast Valley Health Corporation First 5
Chronic disease	<ul style="list-style-type: none"> • Center for Family Health and Education • Community Clinic Association of Los Angeles County • Eisner Health • El Proyecto Del Barrio • Los Angeles County Department of Public Health • Meet Each Need with Dignity: MEND • Mid Valley YMCA • Valley Community Healthcare
Community safety and violence prevention	<ul style="list-style-type: none"> • Bureau of Victim Services • Mid Valley YMCA
Dental care	<ul style="list-style-type: none"> • Antelope Valley Community Clinic

Health Need	Community Resources
	<ul style="list-style-type: none"> • Big Smiles • Center for Family Health and Education • Comprehensive Community Health Centers • Eisner Health • El Proyecto Del Barrio • Kids Community Dental of Burbank • LA Free Dental Clinic • Meet Each Need with Dignity: MEND • Mid-Valley Comprehensive Health Center • Northeast Valley Health Corporation • Palmdale Children’s Dental Health Center • Samuel Dixon Family Health Center • Telfair Elementary Health Clinic • UCLA Dental Clinic • Valley Care Dental Clinic
Economic insecurity	<ul style="list-style-type: none"> • Bureau of Victim Services • CalWorks • Career Planning Center • Chrysalis San Fernando Valley • Employment Development Department • Meet Each Need with Dignity: MEND • Northeast SFV WorkSource Center • ONEgeneration • Pacioma Skills Center • San Fernando Valley Rescue Mission • Valley Family Technology Project
Education and health literacy	<ul style="list-style-type: none"> • Eisner Health • El Proyecto Del Barrio • Meet Each Need with Dignity: MEND • ONEgeneration • Tierra del Sol • Valley Community Healthcare
Food insecurity	<ul style="list-style-type: none"> • Burbank Temporary Aid Center • Catholic Charities • Center for Family Health and Education • Community and Senior Center • Eisner Health • Family Rescue Center • First 5 LA • Food Net San Fernando Valley • Guadalupe Community Center • Los Angeles Regional Food Bank • Loaves and Fishes • Meals on Wheels • Mid Valley Senior Center • North Hollywood Interfaith Food Pantry

Health Need	Community Resources
	<ul style="list-style-type: none"> • Rios de Agua Viva • Salvation Army • San Fernando Valley Rescue Mission • Sova Kosher Food Pantry • Valley Lighthouse
Housing and homelessness	<ul style="list-style-type: none"> • Beyond Shelter • Catholic Charities • Homeless Access Center • LA Family Housing North Hollywood • LA Works • Los Angeles County Housing Authority • Mid Valley YMCA • Midnight Mission Family Housing Project • San Fernando Valley Rescue Mission • Shelter for Kids and Family Rescue Mission • Shelter Hotline • Transitional Living Center for Women and Children
Mental health	<ul style="list-style-type: none"> • Alhambra Behavioral Health Center BHCA • American Association of Suicidology • American Foundation of Suicide Prevention • Bureau of Victim Services • Center for Family Health and Education • Child and Family Guidance Center • Del Amo Behavioral Health • Didi Hirsch Center Suicide Prevention Line • Eisner Health • El Centro de Amistad • El Proyecto Del Barrio • Exodus Recovery • Los Angeles Department of Mental Health • Meet Each Need with Dignity: MEND • National Suicide Prevention Lifeline • Pacific Asian Counseling Services • San Fernando Valley Community Health Center • Santa Clarita Valley Mental Health Center • SFV Mental Health Clinic • Sterling Agency Counseling for Kids • Suicide Prevention Resource Center • Trevor Project, Los Angeles Ambassadors • Urgent Community Care • Valley Community Healthcare • West Valley Mental Health Center
Overweight and obesity	<ul style="list-style-type: none"> • Center for Family Health and Education • Eisner Health • El Proyecto Del Barrio • Los Angeles County Department of Public Health

Health Need	Community Resources
	<ul style="list-style-type: none"> • Meet Each Need with Dignity: MEND • Mid Valley YMCA • Valley Community Healthcare
Preventive practices	<ul style="list-style-type: none"> • Center for Family Health and Education • Eisner Health • El Proyecto Del Barrio • Every Woman Counts Initiative • Los Angeles County Department of Public Health • Meet Each Need with Dignity: MEND • ONEgeneration • San Fernando Valley Rescue Mission • Valley Community Healthcare
Substance use and misuse	<ul style="list-style-type: none"> • Alcoholics Anonymous • El Proyecto Del Barrio • Narcotics Anonymous • National Council on Alcoholism and Drug Dependence of the San Fernando Valley • Northeast Valley Health Corporation • Phoenix Academy • Positive Alternative for Youth • Tarzana Treatment Center
Transportation and mobility	<ul style="list-style-type: none"> • Access • Cityride • Go511.com • Los Angeles Metropolitan Transportation Authority

Attachment 4. Review of Progress

Valley Presbyterian Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The hospital addressed: access to care, diabetes and obesity, and mental health and substance abuse through a commitment of community benefit programs and 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 significant health needs addressed since the completion of the 2016 CHNA.

Access to Health Care

Valley Presbyterian Hospital removed barriers and increased access to health care. The hospital offered transportation to more than 2,783 patients and their families to increase access to health care. The VPH transportation van 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. We actively assisted more than 6,107 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. Additionally, Barlow Respiratory Hospital co-located services at VPH to provide area residents with increased access to specialty respiratory care.

Through a grant from 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.

Since the 2016 CHNA, VPH has provided 2,373 free health screenings (blood pressure, BMI, bone density, cholesterol, diabetes consults, carotid artery and diabetic foot screenings) and 319 flu shots for persons who may not have otherwise obtained these potentially lifesaving preventive services.

Valley Presbyterian continued its support of community organizations by providing cash grants to increase access to needed health care services. VPH provided financial support to Northeast Valley Health Corporation (NEVHC). As a community health center, NEVHC seeks to improve access to care to a primarily medically underserved community. Through the VPH community benefit contributions, NEVHC enrolled 62

adults in an asthma management program and provided care coordination and health education to 300 asthma patients.

Hospital grant funding resulted in 120 persons receive breast cancer screening and diagnostic procedures (mammograms, ultrasounds and biopsies) through the Valley Breast Cancer Foundation.

Diabetes and Obesity

Valley Presbyterian Hospital offered diabetes cooking education. VPH provided support to the American Diabetes Association (ADA) for a program in the San Fernando Valley focused on Latino families called, “Por Tu Familia”. The program worked to prevent the incidence of diabetes, reverse the progression of the disease in pre-diabetic patients, and manage the disease for those who are already diagnosed. With VPH’s support, the program reached over 1,500 at-risk individuals in the San Fernando Valley Latino community.

The hospital offered community workshops on healthy eating and cooking where attendees learned how to live healthy lifestyles, minimize chronic health conditions and improve overall health outcomes. The hospital also offered body mass index (BMI) screenings in and around the community. Additionally, the hospital provided a community exercise program for seniors. Three times a week, an average of 30 seniors attend the hospital’s Healthy Maturity Senior Exercise Class. Over the last three years, there were over 5,400 visits to the free senior exercise classes.

Breastfed babies are known to be less overweight as they grow older than bottle fed babies. VPH offered breastfeeding classes in English and Spanish and a breastfeeding support group. 800 persons participated in these programs. As a result of the breastfeeding programs, 69% of participants said their commitment to breastfeeding their babies increased and 93% of participants said they planned to exclusively breastfeed their newborns.

VPH provided grant funding to Meet Each Need with Dignity (MEND) for a diabetes health education and weight management program. The diabetes health education program worked with 32 persons to improve their dietary and exercise habits. Of the participants, 25% improved their HbA1c levels. Participants in the weight management program reduced their average BMI by 1.4 points. Additionally, the MEND food pantry provided healthy cooking demonstrations, nutrition information and healthy food samplings. The funding given to MEND also supported the Grow Together Project, a home garden effort that taught 23 families to garden and use their healthy harvest. With

VPH's support, the MEND diabetes and overweight prevention programs provided direct services to 357 persons.

Grant funding was also provided to the Mid Valley Family YMCA for their PE Play Program at Van Nuys Elementary School. This program reached 1,165 elementary school-age children with physical learning activities. The physical activities helped reduce the risk of childhood obesity and promote healthier life choices. 90% of students in the program indicated they learned new activities, became more physically active, and increased their physical strength and conditioning.

VPH provided grant funding to Northeast Valley Health Corporation (NEVHC) to employ a Family Medicine Care Coordinator at the Van Nuys Adult Health Center (VNA). The Care Coordinator provided health education on topics related to diabetes disease prevention and management. Clinic patients with diabetes participated in the evidenced-based Healthier Living/Tomando Control Workshops facilitated by the Care Coordinator. Through these programs, 61 individuals with diabetes received direct services and were also connected to needed support services that included health education, behavioral health, medication and nutrition services.

VPH supported Valley Community Healthcare with a grant that served 100 low-income Latino adults who were obese and had poorly controlled diabetes. The funded program sought to reduce BMI (body mass index), reduce HgA1c levels, and reduce diabetes-related visits to the ER. Also focused on the diabetic population, a grant to MEND (Meet Each Need with Dignity) provided pre-diabetic and overweight individuals with nutrition education and healthy cooking classes. Additionally, VPH grant support provided funding for a Family Medicine Care Coordinator at the Northeast Valley Health Corporation Van Nuys Adult Health Center to provide care coordination to the over 250 patients with diabetes who obtain care at that site.

Mental Health and Substance Abuse

Valley Presbyterian Hospital increased access to mental health services through the offering of tele-psych services. VPH provided 899 consultations to 583 patients in FY17. Offering this service decreased the amount of time needed to evaluate a patient with possible mental health symptoms. Additionally, to increase access to mental health services, VPH hired a psychiatric nurse practitioner.

Grant funding for El Nido Family Services provided 482 pregnant and parenting teens with case management, psychosocial assessments, and mental health services. These at-risk youth were provided with one-on-one counseling, group counseling and

educational workshops. A focus on mother-child interaction promoted positive, intentional parenting practices.

Grant funding for Northeast Valley Health Corporation supported a Behavioral Health Patient Navigator to increase the number of diabetic patients who were referred to and attended their behavioral health appointments. The project increased mental health screenings for NEVHC diabetic patients and tracked changes in depression symptoms. As a result of the grant, Behavioral Health appointments among 3,267 diabetic patients at the San Fernando, Pacoima, Van Nuys Adult and Transitions to Wellness Health Centers increased from 42% to 68% over a six month period. The Health Education department implemented behavioral health referral protocols among diabetic care coordinators across all 15 clinics at NEVHC. This increased the number of patients referred to behavioral health as well as the numbers of patients screened for depression.

Through the VPH grant program, Valley Community Healthcare (VCH) screened all primary care patients for mental health and behavioral health concerns at their annual physical examinations or at their initial examinations. Between July 1 and October 31, 2018, 3,944 patients were screened and 376 individuals were referred to VCH's on-site Behavioral Health Department. Team consultations, meetings, and shared coordinated care plans between the General Medicine and Mental Health/Behavioral Health departments lead to improvements in overall patient care. Through this expanded integration of primary care and behavioral health services, patients received the care they needed.

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 383 low-income, vulnerable patients who were treated in the ED and then transported to a medically necessary inpatient mental health care bed.