



Children's
Hospital
Los Angeles

2019

Community Health Needs Assessment

Table of Contents

Introduction	1
Background and Purpose	1
Consultants	1
Service Area	2
Methods.....	3
Secondary Data Collection	3
Primary Data – Collection	4
Photo voice Project - From Where I G.R.O.W.....	4
Stakeholder Survey Results.....	7
Health Care Facilities and Community Resources	12
Identification and Prioritization of Health Needs	13
Prioritization of Health Needs	14
Demographic Profile	16
Population.....	16
Age	16
Gender	17
Race/Ethnicity.....	17
Citizenship.....	18
Language.....	19
Linguistic Isolation.....	19
Family Size.....	19
Social and Economic Factors.....	20
Social and Economic Factors Ranking	20
Poverty.....	20
Children in Poverty.....	22
Public Program Participation	23
Free or Reduced Price Meals	24
Unemployment.....	24
Education	25

Child Care.....	26
Housing Units.....	26
Median Household Income.....	26
Homelessness.....	27
Crime and Violence.....	28
Access to Health Care.....	29
Health Insurance Coverage.....	29
Sources of Care.....	31
Barriers to Care.....	33
Delayed Care.....	33
Dental Care.....	34
Mortality.....	35
Leading Causes of Premature Death.....	35
Leading Causes of Death-Age Adjusted.....	35
Birth Characteristics.....	37
Births.....	37
Teen Births.....	37
Prenatal Care.....	38
Low Birth Weight.....	38
Breastfeeding.....	38
Infant Mortality.....	39
Chronic Disease.....	40
Health Status.....	40
Asthma.....	40
Cancer.....	43
Diabetes.....	44
Disability.....	46
Heart Disease.....	47
High Blood Pressure.....	48
HIV/AIDS.....	49

Health Behaviors.....	50
Overweight and Obesity	50
Fast Food.....	54
Soda Consumption and Sugary Drink.....	54
Fresh Fruits and Vegetables	55
Walked to Work	55
Physical Activity	56
Mental Health Indicators	57
Cigarette Smoking.....	59
Alcohol and Drug Use.....	60
Sexually Transmitted Diseases.....	61
Teen Sexual History.....	62
Flu and Pneumonia Vaccines	63
Mammograms.....	63
Pap Smears	64
Colorectal Cancer Screening	64
We value your input	65

Appendices

Appendix A - Scorecard

Appendix B - Prioritization Survey

Appendix C - Community Input Tracking

Introduction

Background and Purpose

Children’s Hospital Los Angeles is a nonprofit pediatric health care organization dedicated to creating hope and building healthier futures for children. Founded in 1901, CHLA is one of the nation’s leading children’s hospitals and is acknowledged worldwide for its leadership in pediatric and adolescent health. CHLA is one of only 10 children’s hospitals in the nation—and the top-ranked pediatric facility in the western United States—named to the prestigious U.S. News & World Report Honor Roll of Best Children's Hospitals for 2019-2020.

CHLA helps children at more than half a million patient visits a year, and performs more than 17,150 pediatric surgeries annually, including more complex surgical procedures than any other hospital in Southern California. The Saban Research Institute of Children’s Hospital Los Angeles is one of the few freestanding pediatric research institutes where scientific inquiry is combined with clinical care devoted exclusively to children. Children’s Hospital Los Angeles is also a premier teaching hospital and has been affiliated with the Keck School of Medicine of USC since 1932.

CHLA conducts a Community Health Needs Assessment (CHNA) every three years in an effort to continually understand the health and social needs of the community. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) require non-profit hospitals to conduct a community health needs assessment and subsequently develop an Implementation Strategy every three years. The CHNA is a primary tool used by the hospital to determine its Community Benefit Implementation Strategy (CBIS) . This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Consultants

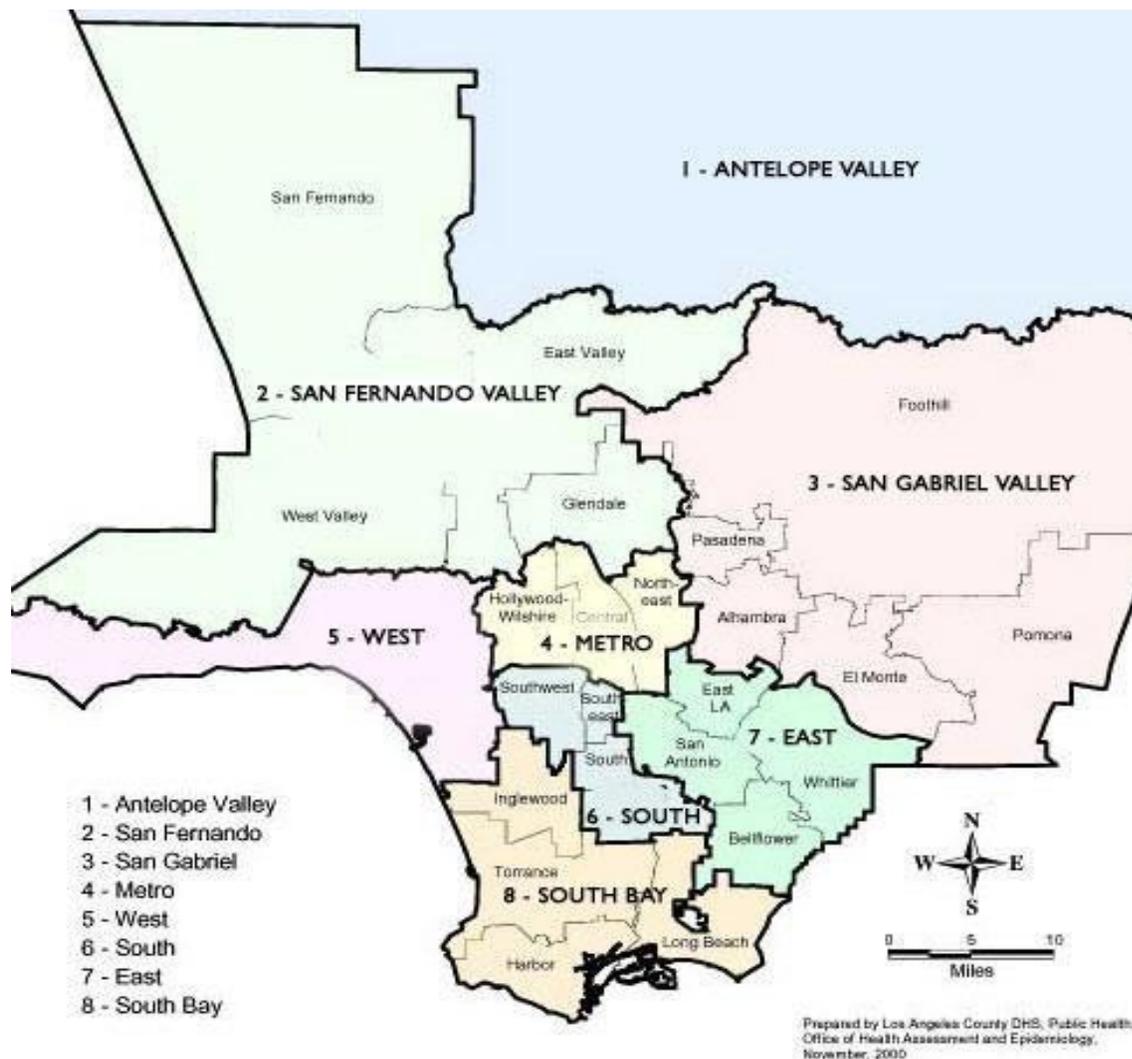
The 2019 Community Health Needs Assessment (CHNA) for Children’s Hospital Los Angeles was conducted by the Center for Nonprofit Management (CNM).

Service Area

Children's Hospital Los Angeles is located at 4650 Sunset Blvd. Los Angeles, California 90027. It has five satellite locations in Arcadia, Encino, Santa Monica, South Bay, and Valencia, which are all outpatient centers.

Children's Hospital serves all Service Planning Areas² (SPAs) within Los Angeles County, and draws pediatric patients regionally from Southern California.

Map of Los Angeles County by Service Planning Areas 1-8



² A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. SPAs were created to help divide Los Angeles County into distinct areas that allow the Los Angeles County Department of Public Health to develop and provide more relevant and targeted public health and clinical services to treat specific health needs of residents in those areas. (Retrieved from <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>).

Methods

The 2019 Community Health Needs Assessment methodology and process involved the collection of both secondary data and primary data on the communities served by Children’s Hospital Los Angeles.

Secondary Data Collection

Secondary data was collected from a variety of sources regarding Los Angeles County demographics, social and economic factors, health access, mortality, birth characteristics, chronic disease, and health behaviors. Approximately 300 secondary data indicators were collected by ZIP Code, Service Planning Area (SPA), county, and state levels (as available). The list below provides an overview of the range of data collected by category.

1. Demographics
 - a) Population Characteristics
 - b) Educational Attainment
2. Access to Health Care
 - a) Health Insurance Coverage
 - b) Type of Coverage
 - c) Source of Care
 - d) Delay of Care
 - e) Transportation
3. Chronic Diseases
 - a) Health Status
 - b) Asthma
 - c) Cancer
 - d) Cardiovascular
 - e) Disability
 - f) HIV/AIDS
 - g) Hypertension
4. Early Childhood Development
 - a) Maternal and Infant Health
 - b) Development and Parenting
5. Mental Health
6. Preventative Health Behaviors
 - a) Preventative Health Care
 - b) Physical Activity
 - c) Nutrition
 - d) Women’s Health
7. Obesity/Overweight
8. At-Risk Behaviors
 - a) Sexual Behavior and Health
 - b) Alcohol and Substance Abuse
9. Air Quality
10. Family and Community Socio-Economics
 - a) Cultural and Linguistic Barriers
 - b) Economic Security
 - c) Access to Food
 - d) Community Safety and Violence Among Youth
11. Access to Shelter
 - a) Homelessness
 - a) Housing

Sources of data include the U.S. Census 2010 decennial census and American Community Survey, California Health Interview Survey, California Department of Public Health, California

Employment Development Department, Los Angeles County Health Survey, Los Angeles Homeless Services Authority, Uniform Data Set, Centers for Disease Control and Prevention (CDC) National Health Statistics, National Cancer Institute, U.S. Department of Education, and others. When relevant and made available by the sources, these data sets are presented in the context of the state of California. The report includes benchmark comparison data that compares Children’s Hospital’s community data findings with Healthy People 2020 objectives as well as with county, SPA and state level data. 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.

Primary Data Collection

Primary data was collected from stakeholders through facilitated discussions, administration of a survey (available in paper format and via an online survey) and a youth photo voice project. Summaries of the data gathered have been included in this report and pictures from the photo voice taken by the youth can be found throughout this report. These key stakeholders assisted in identifying the most severe health needs, associated drivers and health disparities. They also identified community assets and resources available in the CHLA service area to address the identified health needs.

Photovoice – “From Where I G.R.O.W”

CHLA partnered with the Social Change Institute (SCI), a social enterprise of Community Health Councils, to engage youth in identification of community needs and assets through a project called from Where I G.R.O.W.³ Photovoice is an innovative methodology that provides unique insights into the lived experiences of individuals in specific communities or locations. Photography, historically, has played a tremendous role in catalyzing conversations and social movements. The youth participants in this Photovoice Project were asked to identify the assets and deficits of health and wellness where they live and to use Photovoice as a means to represent their observations.

After taking the photographs, youth selected the most meaningful photographs and discussed how each highlights community assets that support the health and well-being of the community and its residents or the barriers to health and wellness.



CHLA Photovoice Project, 2019

³ G.R.O.W. stands for Geo reality Opportunity for Wellness.

Youth from each of the eight Los Angeles County SPAs were included. A total of 80 youth participated in From Where I G.R.O.W and were engaged through the following community-based organizations and schools:

- Antelope Valley Boys & Girls Club
- Bell High School
- Day One
- El Nido Family Center
- John Marshall High School
- LGBTQ Center Long Beach
- Olympic High School
- St. Joseph Center
- Thomas Riley High School
- Valley Community Healthcare.



CHLA Photovoice Project, 2019

Los Angeles County is a vast and diverse collection of neighborhoods and the 80 youth involved in this undertaking reflect that diversity. The self-identified demographic characteristics of participants included: 49% Latino, 26% African American, 14% Caucasian, and 11% Asian Pacific Islander. In addition, 13% of youth were pregnant and/or parenting teens, 5% identified as Trans, and 5% identified as Queer.

While there were some differences in the identification of observed assets and deficits, there were some relevant trends across SPA's. Themes for the assets included having access to parks, community centers and safe spaces where youth could gather or spend time with family and friends. Other highly valued resources were health centers, hospitals and clinics. Youth also described community activities and events like after-school programs, beautification days,

workshops, sports and art walks as positive attributes where they live. While the assets varied greatly across SPAs, there were stronger trends across the deficits. Litter and trash were a concern in almost every SPA with homelessness, drug usage, and negative policing following closely as the most challenging issues in each community. Safety, gangs, and violence were echoed as well, along with the cost of living.

Hospitals were widely accessed resources and are viewed by residents and the youth in this project as a valuable asset. Based on the participants’ responses, the From Where I G.R.O.W. report highlighted the following three themes for impacting the health and well-being of the community:

- Communities may benefit from further engagement between police departments and communities to address negative policing, violence, and safety.
- Homelessness and cost of living, associated with gentrification were discussed by youth who were calling for greater empathy and solutions.
- Continued support of community events around beautification, trash removal, the arts, and after-school programs should also remain as high priorities in impacting the social determinants of health in communities.



CHLA Photovoice Project, 2019

Summary of Stakeholder Survey Results

Respondent Information

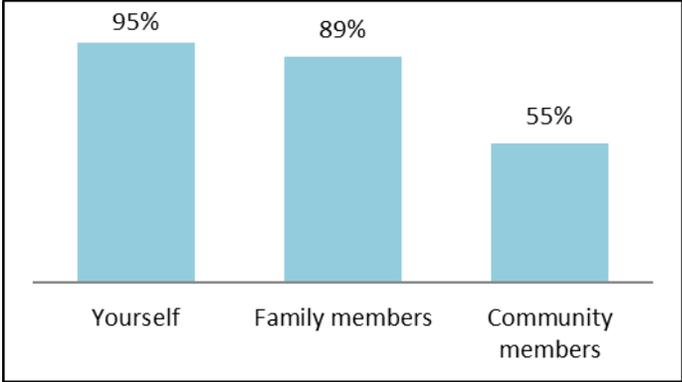
The survey conducted by the Center for Nonprofit Management was completed by 39 community members as part of the 2019 CHLA Community Health Needs Assessment. Most respondents (82%) were female. Respondents' positions included: health educator, social worker, program manager, administrator, physician, researcher, local university faculty member , and staff member at a local nonprofit agency.

The survey respondents provided insight into major health conditions faced by community members, healthy behaviors most difficult to encourage among community members, top factors contributing to poor health conditions, and reasons why community members may not be able to access health services and other resources.

Key Health Needs and Issues Affecting Communities

As indicated by survey respondents (n=39), 95% rated their own health as either excellent, very good, or good. Their rating of their family members' health was similar with 89% of respondents rating their family's health as excellent, very good, or good. However, their rating of the community members' health was much lower with about only half (55%) rating community members' health as excellent, very good, or good.

Overall Health of Community Members is Excellent, Very Good, or Good (n=38-39)



When asked “what might CHLA do to better meet the health needs of the community”...

- “Listen, learn, respond.”*
- “Encourage adherence to preventative care.”*
- “Look at behaviors that may contribute to medical diagnosis and treat behaviors with supportive mental health services.”*
- “Seek out the root causes and address those.”*
- “Increase community-clinical linkages, bring services INTO the community.”*
- “Partner with local stakeholders who are already doing the work to support the community - they have the best knowledge of community needs.”*

While the community faces many challenges to optimizing their health and wellness, respondents agreed that CHLA can help by: listening to the needs of the community, encouraging preventative care and the root causes or behaviors associated with poor health outcomes and conditions, and increasing connections with the community including partnering with existing stakeholders who are already working to improve conditions in the community. In addition, a few respondents expressed that it will be important to focus on smaller geographic areas of the county or focus on a manageable number of issues given the size of the county and the number of health drivers and health outcomes.

In examining the most concerning health needs and issues of community members, survey respondents were asked to select the top health conditions facing the community. Mental health (79.0%), chronic disease conditions (65.8%), access to health care (60.5%), and overweight and obesity (52.6%) were the most often selected health conditions with each being selected by at least half the respondents. This ranking of the top health conditions differed slightly from survey responses given during the 2016 needs assessment. In the previous survey, the four health conditions that were most often selected included: nutrition and physical activity, mental health, overweight and obesity, and chronic disease conditions.

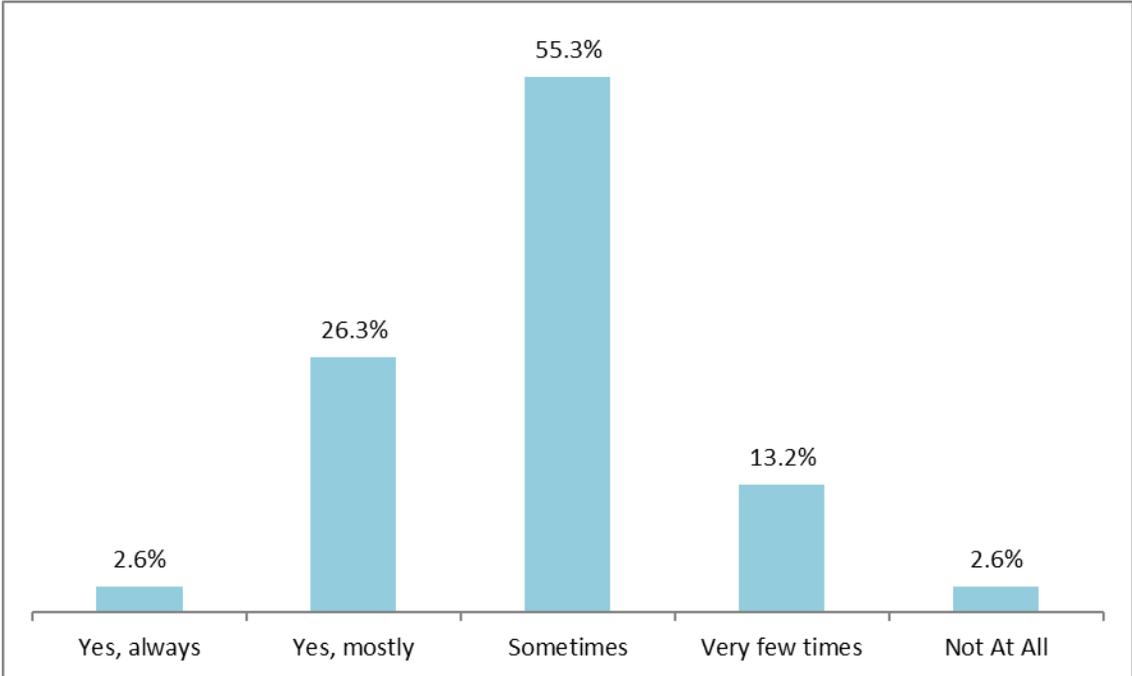
Major Health Conditions Facing the Community (n=38)

Select the top 5 major health conditions facing community members (including yourself) in the last year	% of Respondents
Mental health	79.0%
Chronic disease conditions (i.e. diabetes, heart disease, high blood pressure, asthma, disability, HIV/AIDS)	65.8%
Access to health care	60.5%
Overweight and obesity	52.6%
Nutrition and physical activity	44.7%
Early childhood development	42.1%
Youth development and workforce training	39.5%
Oral health care	34.2%
Youth at-risk behaviors	34.2%
Community safety and violence among youth	21.1%
Other*	13.2%

* Other responses included: Finances, Access to housing, Social isolation, and Care for Sickle Cell Disease

Over a quarter of respondents (28.9%) thought community members were able to access needed health and social services always or mostly and 15.8% thought community members were able to access needed services very few times or not at all.

In the last year, were community members (including yourself) able to access the needed health or social support services they needed? (n=38)



Survey respondents were asked to select the top 5 issues that community members have the most difficult time receiving assistance with. The three issues that rose to the top, being selected by at least half of the respondents, included: mental health (92.3%), access to health care (64.1%), and youth development and workforce training (51.3%). It should be noted that mental health was the health condition that was most frequently selected by survey respondents.



CHLA Photovoice Project, 2019

Major Health Issues that Are Most Difficult to Receive Assistance With (n=38)

Select the top 5 issues that community members have the most difficult time receiving assistance with	% of Respondents
Mental health	92.3%
Access to health care	64.1%
Youth development and workforce training	51.3%
Chronic disease conditions (i.e. diabetes, heart disease, high blood pressure, asthma, disability, HIV/AIDS)	48.7%
Youth at-risk behaviors	41.0%
Community safety and violence among youth	38.5%
Oral health care	38.5%
Early childhood development	33.3%
Overweight and obesity	30.8%
Nutrition and physical activity	28.2%
Other (please specify)	18.0%

** Other responses included: Treatment for dental disease, Quality schools for child 0-4, resources for children with disabilities, Housing, Chronic disease prevention, Foster care, and Housing/transportation/economic security*

When asked about the barriers to accessing needed services, 71% of respondents thought that cost was one of the top barriers. The second and third most frequently selected barriers were that community members don't have health insurance and unable to take time off of work with 45% of respondents selecting each of those barriers. These three barriers to accessing needed services were also selected by the largest percentage of respondents in the previous needs assessment.

Barriers to Needed Health or Social Support Services (n=38)

Select the top 3 reasons why community members were not always able to access the needed health or social support services	% of Respondents
Cannot afford it	71.1%
Don't have health insurance	44.7%
Unable to take time off work	44.7%
Transportation-related issues	42.1%
Language barrier	39.5%
No specialist in the community for a specific condition	36.8%
Difficulty scheduling	31.6%
Other*	15.8%

** Other responses included: Unfamiliar with process, Lack of referral network, Lack of knowledge on access and systems, Cultural barrier, Unable to navigate resources/find resources, and Bad conditions needing opioids*

Respondents selected a number of social, economic, or environmental factors that contributed to poor health. The five factors which more than 40% of respondents identified as most contributing to poor health included: access to affordable health care (48.7%), access to healthy and affordable foods (46.0%), lack of awareness of the available health and/or social services (46.0%), lack of health education (46.0%), and homelessness (43.2%).

Factors Most Contributing to Poor Health (n=37)

Select the top 5 social, economic, or environmental factors that you feel contribute the most to poor health	% of Respondents
Access to affordable health care	48.7%
Access to healthy and affordable foods	46.0%
Lack of awareness of the available health and/or social services	46.0%
Lack of health education	46.0%
Homelessness	43.2%
Education Level	35.1%
Unemployment	32.4%
Housing	29.7%
Language barriers	27.0%
Other*	27.0%
Lack of health screenings	24.3%
Substance abuse	21.6%
Transportation-related issues	21.6%
Lack of disease management	18.9%
Physical activity	18.9%
Lack of dental care access	16.2%
Air quality	10.8%
Alcohol abuse	10.8%
Safety	10.8%
Cultural practices/behaviors	8.1%
Healthy eating	5.4%

** Other responses included: Poverty (3), Income levels, Preventative care (2) that is affordable and easy to access, Trauma and worrying about basic needs, Social isolation, Fear and racism, and Lack of affordable housing,*

The four healthy behaviors that over half of respondents thought were most difficult to encourage among community members included: healthy eating (83.8%), regular exercise (67.6%), preventive healthcare including health screenings (59.5%), and managing a chronic condition (51.4%). Healthy eating and regular exercise were the two most frequently selected in the previous needs assessment as well.

Healthy Behaviors that are Difficult to Encourage (n=37)

Select the top 3 healthy behaviors that are most difficult to encourage among community members (including yourself)	% of Respondents
Healthy eating	83.8%
Regular exercise	67.6%
Preventive healthcare including health screenings	59.5%
Managing a chronic condition	51.4%
Preventative dental care	27.0%
Appropriate use of prescribed medication	18.9%
Other*	2.7%

* Other responses included: Self care more broadly (exercise, nutrition)



CHLA Photovoice Project, 2019

Health Care Facilities and Community Resources

This Community Health Needs Assessment provides links to sources for health care facilities and community resources.

Hospitals

A list of hospitals and hospital systems is available through the Hospital Association of Southern California and can be found at: www.hasc.org/member-hospitals-systems

Community Clinics

A list of community clinics is available at: www.ccalac.org.

Community Resources

Community resources throughout Los Angeles County can be found at:

- 211 LA County - www.211la.org
- Healthy City - www.healthycity.org/c/service

Identification and Prioritization of Health Needs

Identification of Health Needs

Health needs were identified based on a review of the secondary data indicators and the primary data. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (number of people per 1,000, 10,000, or 100,000 persons); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically California state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, stakeholders were asked to identify and consider community and health issues based on the perceived size or seriousness of a problem.

List of Identified Health Needs (in alphabetical order):

- Access to Care
- Child Abuse
- Chronic Disease/Asthma
- Early Child Development
- Economic Security/Poverty
- Educational Attainment
- Food Access
- Healthcare/Financial Literacy
- Homelessness (housing, children)
- Involvement in Juvenile Justice System
- Mental Health
- Obesity/Diabetes
- Preventative Care/Early Screening
- Substance Abuse
- Workforce



Prioritization of Health Needs

Priority Setting Process

On April 3, 2019, Children’s Hospital Los Angeles convened a meeting that engaged 57 hospital leaders, staff, patient families and key community stakeholders, including representatives of local elected officials, Los Angeles County of Public Health Department, Los Angeles Unified School District, Community Health Councils, youth, parents and other community organizations to prioritize the identified health needs. Attendees were provided with an overview of CHNA

process, presented with a list of the identified health needs and the Data Indicator Scorecard (Appendix A), which summarized approximately 300 secondary data indicators on a variety of health, social, economic, and environmental topics by Service Planning Area (SPA), county, and state levels (as available). Attendees were given an opportunity to familiarize themselves with the data and review it before prioritizing the health needs via voting.

Each attendee identified and ranked which health needs they believed most severely affect the community. The outcome of that process is below:

Prioritized Health Needs
Mental Health
Economic Security/Poverty
Food Access
Homelessness (housing, children)
Access to Care
Child Abuse
Early Child Development
Workforce
Preventative Care/Early Screening
Obesity/Diabetes
Healthcare/Financial Literacy
Substance Abuse
Educational Attainment
Chronic Disease/Asthma
Involvement in Juvenile Justice System

The above list of priority needs was then organized into three general domains of health access, economic advancement, and community growth which represent the needs selected to inform planning and development of Implementation Strategies (IS). During the development of the IS plan, needs are further narrowed down in consideration of resources available, current investments, and alignment with mission.

<i>Health Access</i>
<ul style="list-style-type: none"> • Healthcare/Financial Literacy • Preventative Care/Early Screening • Access to Care • Mental Health • Substance Abuse • Early Child Development
<i>Economic Advancement</i>
<ul style="list-style-type: none"> • Educational Attainment • Workforce • Economic Security/Poverty
<i>Community Growth</i>
<ul style="list-style-type: none"> • Food Access • Homelessness (housing, children) • Chronic Disease/Asthma • Involvement in Juvenile Justice System • Child Abuse • Obesity/Diabetes

The outcomes from the voting exercise in the prioritization meeting were put into a matrix along with other factors, including observed population disparities by ethnicity, age, gender, and geography through secondary or primary data; noted trends from a review of the 2016 CHLA CHNA (worsening or improving); and their order in priority ranking. The matrix served as a way to centralize all composite scores and considerations, further demonstrating the severity of each health outcome and driver.

Demographic Profile

Population

At the time of the 2010 Census, the population for Los Angeles County was 9,830,420. From 2010 to 2017, it is estimated the population grew 3.4% to 10,163,507. For 2017, the population in Los Angeles County represents just over a fourth of the population in all of California (25.7%).

Change in Total Population, 2010-2017

	Los Angeles County	California
Total Population 2010	9,830,420	37,349,363
Total Population 2017 (estimate)	10,163,507	39,536,553
Change in Population 2005-2010	0.7%	5.9%
Change in Population 2010-2017	3.4%	5.9%

Source: US Bureau of Census, 2017 American Community Survey

Age

Children (ages 0–11) represented 15.1% of the population in Los Angeles County, while adolescents (ages 12–17) represented 7.7%. The greatest percentages of 0 to 11 year olds lived in SPA 3 (17.6%) and SPA 2 (16.7%), while the smallest lived in SPA 5 (11.4%). The greatest percentages of adolescents were in SPA 6 (11.9%) and SPA 8 (11.0%), while the smallest was in SPA 5 (3.2%).

The most populous group by age was adults (18–64); they represented 63.7% of all residents in Los Angeles County. Seniors (65+) comprised 13.5% of the population in Los Angeles County.



Population by Age in the County

Children
(ages 0–11)

15.1%

Adolescents
(ages 12–17)

7.7%

Population by Age

Age Groups	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Child (0-11)	15.7%*	16.7%	17.6%	15.5%	11.4%*	13.2%	13.6%	13.7%	15.1%
Adolescent (12-17)	9.1%*	6.8%*	6.2%*	7.0%*	3.2%*	11.9%*	6.5%*	11.0%	7.7%
Adult (18-64)	61.2%	63.2%	62.1%	62.1%	71.0%	65.7%	65.1%	62.4%	63.7%
Senior (65+)	14.0%	13.3%	14.0%	15.4%	14.3%*	9.2%*	14.7%	12.9%	13.5%
Total Pop.	395,000	2,181,000	1,792,000	1,147,000	652,000	1,029,000	1,328,000	1,564,000	10,088,000

Source: California Health Interview Survey, 2017, SPA *= statistically unstable

Gender

Los Angeles County had a nearly even split between women (50.7%) and men (49.3%).

Population by Gender

Gender	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Male	45.0%	54.1%	48.3%	51.4%	52.2%	47.7%	45.1%	46.6%	49.3%
Female	55.0%	45.9%	51.7%	48.6%	47.8%	52.3%	54.9%	53.4%	50.7%
Total Pop.	395,000	2,181,000	1,792,000	1,147,000	652,000	1,029,000	1,328,000	1,564,000	10,088,000

Source: California Health Interview Survey, 2017

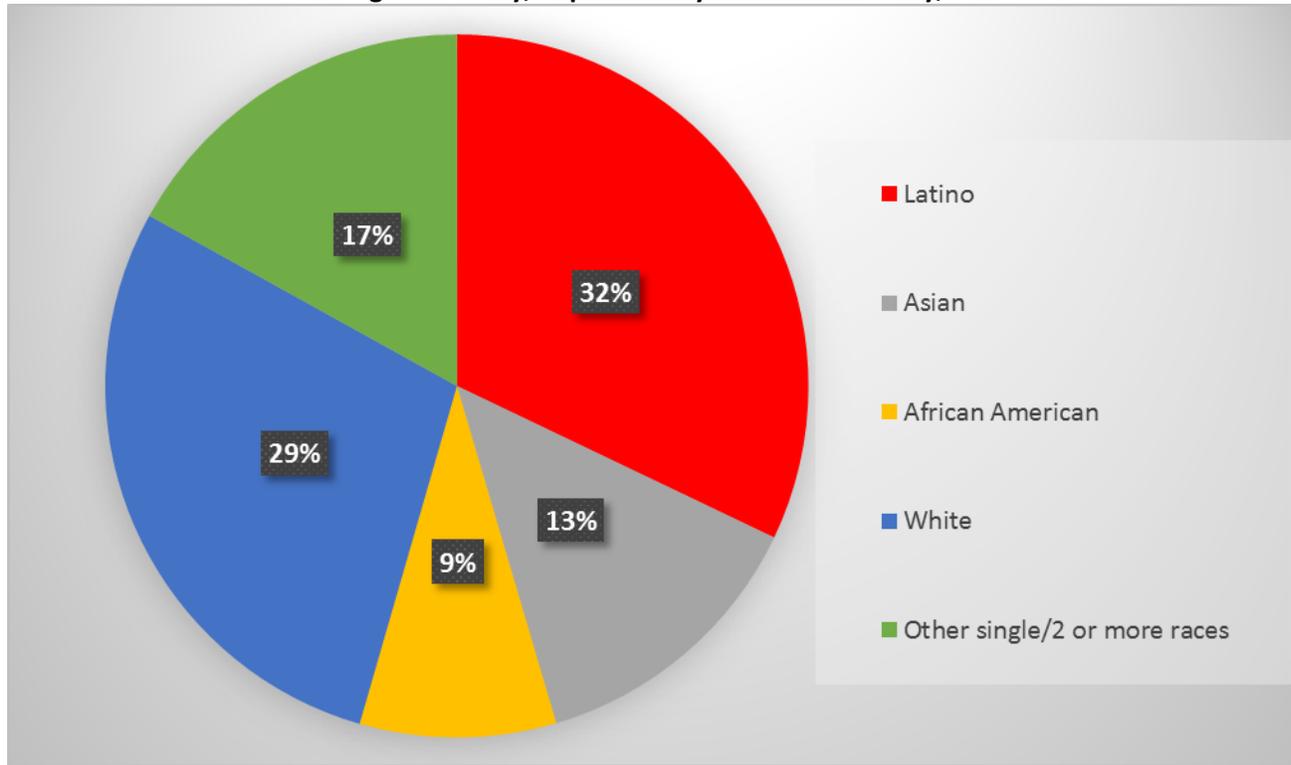
Race/Ethnicity

About a third of the population in Los Angeles County was Hispanic or Latino (32%), while Whites made-up 29%. Other and two or more races comprised 17% of the population, Asians 13%, and African Americans 9%.



About a third of the population in the county is Hispanic or Latino

Los Angeles County, Population by Race and Ethnicity, 2017



Source: UCLA Center for Health Policy Research (California Health Interview Survey, 2017)

Citizenship

Within Los Angeles County, 16.9% of the population was not a U.S. Citizen. This is a higher percentage than found across the state (13.4%).

Not a U.S. Citizen		
	Los Angeles County	California
Not a Citizen	16.9%	13.4%

Source: U.S. Bureau of the Census, 2013-2017 American Community Survey

Language

Compared to the state, Los Angeles had a lower rate of households that speak English only and a larger percentage of households that speak Spanish, Asian languages, and Indo-European languages. In Los Angeles County, 43.1% of the residents spoke English only, compared to 55.6% statewide. In addition, Spanish was spoken at home by 39.4% of Los Angeles County residents; this was higher than the statewide percentage of 28.9%.

Language Spoken at Home for the Population 5 Years and Over

Geographic Area	English Only	Spanish	Asian	Indo- European	Other
Los Angeles County	43.1%	39.4%	11.1%	5.3%	1.1%
California	55.6%	28.9%	10.0%	4.6%	1.0%

Source: U.S. Bureau of the Census, 2017 American Community Survey

Linguistic Isolation

According to the 2017 U.S. Census, 13.2% of the 3,229,198 households in Los Angeles County were limited English speaking. Close to a third (31.4%) of households speaking Asian and Pacific Island languages had limited English proficiency compared to households speaking Spanish (21.4%) or other Indo-European languages (23.4%).

Linguistic isolation describes the population over age five who speak English “less than very well.” In Los Angeles County, nearly a quarter (23.5%) of the population was linguistically isolated, which was higher than in California (17.9%). These rates are slightly lower than they were in 2014 when county and state population for linguistic isolation trended at 25.8% and 19.1% respectively.



Nearly a quarter of the population in the county lives in linguistic isolation

Family Size

The average family size in the Los Angeles County was 3.7 persons, which was almost the same as the state (3.5).

Average Family Size

Geographic Area	Family Size
Los Angeles County	3.7
California	3.5

Source: U.S. Bureau of the Census, 2013-2017 American Community Survey

Social and Economic Factors

Social and Economic Factors Ranking

Social and economic indicators are examined as a contributor to the health of a county's residents. In 2018, California's 58 counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. This ranking examined: high school graduation rates, unemployment, children in poverty, income inequity, violent crime, injury, death, and others. Los Angeles County ranked 23. This was an increase (or an improvement) from 2016 when Los Angeles County ranked 42.

Social and Economic Factors Ranking	
Geographic Area	County Ranking (out of 58)
Los Angeles County	23

Source: County Health Rankings, 2018

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2017, the Federal Poverty Level (FPL) for one person was \$12,060 and for a family of four was \$24,600.



A fifth of the population in the county lives in poverty

In Los Angeles County, about a fifth of the population lived at or below 100% of the FPL (20.6%), which was higher than California (16.8%). The percentage of those between 100% and 200% of the FPL in the county was 18.2%, similar to the percentage for California (18.1%). While poverty touches all parts of Los Angeles County, it disproportionately impacts certain parts of the county. For example, over a third of residents in SPA 6 lived at or below 100% of the FPL (38.6%).

Population Living Below the Federal Poverty Level

Geographic Area	Below 100% Poverty	100-200% Poverty
SPA 1 – Antelope Valley	16.2%*	30.4%
SPA 2 – San Fernando Valley	14.2%	16.8%
SPA 3 – San Gabriel Valley	19.1%	15.2%
SPA 4 – Metro	25.9%	22.7%
SPA 5 – West	9.0%	9.6%*
SPA 6 – South	38.6%	20.4%
SPA 7 – East	28.8%	20.4%*
SPA 8 – South Bay	14.8%	17.6%
Los Angeles County	20.6%	18.2%
California	16.8%	18.1%

*Source: California Health Interview Survey, 2017, County * =statistically unstable*

A greater percentage of Los Angeles County youth lived at or below 100% of the FPL (27.4%) compared to the state (21.0%); however, a smaller percentage of Los Angeles County youth lived at or below 200% of the FPL (15.2%) compared to the state (19.5%). As observed in the overall population, SPA 6 also had the highest percentage of youth living at or below 100% of the FPL (50.3%).

Youth Living Below the Federal Poverty Level

Geographic Area	Below 100% Poverty	Below 200% Poverty
SPA 1 – Antelope Valley	17.7%*	40.1%*
SPA 2 – San Fernando Valley	14.8%*	16.6%*
SPA 3 – San Gabriel Valley	29.1%*	12.4%*
SPA 4 – Metro	37.2%*	21.6%*
SPA 5 – West	--	--
SPA 6 – South	50.3%*	10.1%*
SPA 7 – East	39.6%	10.6%*
SPA 8 – South Bay	21.0%*	13.3%*
Los Angeles County	27.4%	15.2%
California	21.0%	19.5%

*Source: California Health Interview Survey, 2017, County * =statistically unstable*

Children in Poverty

In Los Angeles County, children live in households with higher rates of poverty than the general population with 24.0% of children, under age 18 years, living in poverty. This is slightly higher than the state rate of 20.7%. Larger proportions of Los Angeles County households headed by females lived in poverty with 40.6% of female households (no husband) with their own children living in poverty and 36.9% of female households with related children.

Geographic Area	Children in Poverty (Under 18 Years)	Female Head of Household Families with Children in Poverty	
		Own Children	Related Children
Los Angeles County	24.0%	40.6%	36.9%
California	20.7%	39.5%	36.2%

Source: U.S. Bureau of the Census, 2017 American Community Survey



One in four children lives in poverty in Los Angeles County

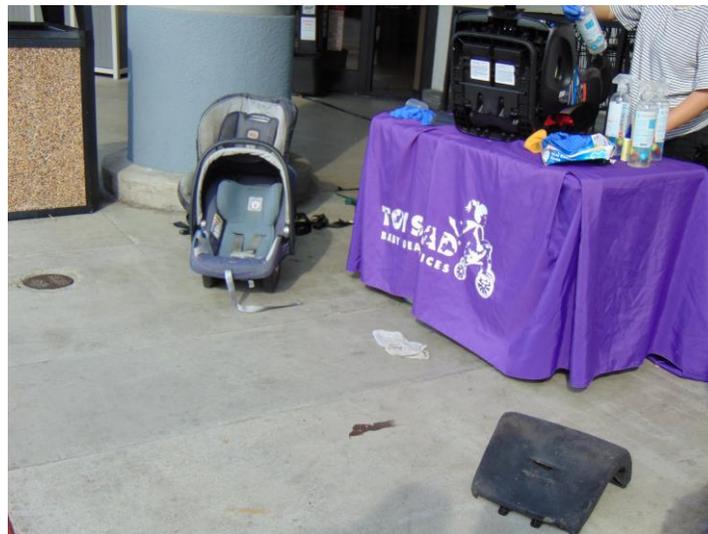
Public Program Participation

Within the county, 40.2% of residents were not able to afford food and 21.7% utilized food stamps. This indicates a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits were used by 52.7% of qualified children in the county, while only 9.9% of the Los Angeles County population received TANF/CalWorks.

Public Program Participation

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC	CA
Year: 2017										
Not Able to Afford Food (<200%FPL)	53.6%*	42.5%	38.4%	31.9%	40.9%*	43.2%	41.4%	37.8%	40.2%	40.8%
Year: 2016										
Food Stamp Recipients	14.8%*	17.5%*	17.8%	27.3%	12.7%	31.4%	24.6%	18.8%	21.7%	23.1%
TANF/CalWorks Recipients	7.8%*	4.1%*	8.5%*	14.5%*	1.3%*	17.7%*	11.0%*	0.9%*	9.9%	10.2%
WIC Usage among Qualified Children (Ages 6 and Under)	41.8%*	26.8%*	70.3%*	56.8%*	-	66.2%*	49.7%*	82.7%*	52.7%	44.7%
Year: 2014										
WIC Usage among Qualified Adults	-	54.1%*	54.1%	87.1%*	-	64.8%*	74.3%*	24.6%*	59.7%	53.5%

Source: California Health Interview Survey, 2017, 2016 and 2014 *statistically unstable



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Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. Among all students in Los Angeles County schools, 69.3% were eligible for the free and reduced price meal program, indicating a high level of low-income families.

Free and Reduced Price Meals Eligibility

Geographic Area	Number	Percent
Los Angeles County	1,034,525	69.3%
California	3,739,347	60.1%

Source: California Department of Education, 2017-2018

Unemployment

Unemployment rates in the county and state have been decreasing since 2012. Comparisons over the last three years for which data is available indicated that county unemployment rates have decreased from 10.0% in 2015 to 7.8% in 2017. This is a trend that is also seen across the state.

Unemployment Rates Age 16 and over, Annual Average, 2015-2017

Geographic Area	2015	2016	2017
Los Angeles County	10.0%	8.9%	7.8%
California	9.9%	8.7%	7.7%

Source: U.S. Bureau of the Census, 2015-2017, American Community Survey

In Los Angeles County, over half of the population (53.8%) was employed full-time (21 or more hours per week), and an additional 10.7% was employed part time (20 or less hours per week). Close to a third (30.8%) was unemployed and not looking for work.

SPA 8 had the highest percentage of people unemployed and looking for work at 5.8%, while SPA 1 had the highest percentage of people unemployed and NOT looking for work at 44.0%.

Current Employment Status

Current Employment Status	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Full-time employed	50.9%*	57.8%	55.0%	51.2%	59.5%	51.2%	49.6%	52.3%	53.8%
Part-time employed	4.1%*	10.4%*	11.6%	11.0%	9.7%*	11.9%*	10.4%*	11.2%	10.7%
Unemployed and looking for work	1.0%*	5.3%*	3.9%*	4.8%*	3.4%*	3.8%*	3.7%*	5.8%*	4.4%
Unemployed; not looking for work	44.0%*	26.2%	29.3%	32.6%	27.1%*	31.7%	36.4%	30.7%	30.8%

Source: California Health Interview Survey, 2017 * =statistically unstable

Education

Educational attainment is considered a key driver of health status as low levels of education are linked to poverty and poor health. In the county, 79.6% of the adult population, 25 years and older, had obtained a high school diploma or higher education. This was lower than the state rate of 83.3%.

High School Graduation or Higher Education Completion, Adults, 25 Years and Older

Geographic Area	High School Graduate or Higher
Los Angeles County	79.6%
California	83.3%

Source: U.S. Bureau of the Census, 2017 American Community Survey

Of the population age 25 and over in Los Angeles County, 20.6% had less than a high school diploma, while about a fifth (21.5%) completed high school (or GED equivalency). In SPA 6, about a third (33.6%) of the population had less than a high school diploma.

Educational Attainment

Highest Education Level	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
No formal education	--	0.3%*	1.3%*	--	--	4.2%*	3.9%*	1.5%*	1.9%
Grades 1-8	7.6%*	11.6%*	7.8%*	16.6%*	4.2%*	14.8%	13.9%*	7.2%*	10.8%
Grades 9-11	11.4%*	7.5%*	8.4%*	5.2%*	1.5%*	14.6%*	10.1%*	5.7%*	7.9%
High School	26.6%*	20.0%	20.6%	15.9%	11.5%*	26.0%	25.5%	25.8%	21.5%
AA/AS degree	7.1%*	4.4%*	4.1%*	6.5%*	4.6%*	6.5%*	6.2%*	6.3%*	5.5%
BA/BS degree	14.9%	24.3%	24.4%	24.8%	37.7%	10.8%	15.9%	28.1%	23.1%

Source: California Health Interview Survey, 2017 *=*statistically unstable*

Child Care

Across the county, 17.0% of children attended a preschool, nursery school, or Head Start program at least 10 hours/week. The percentage of parents who indicated having no problem finding child care ranged from 89.4% in SPA 1 to 97.6% in SPA 3.

Child Care

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Child attends preschool, nursery school or Head Start ^{1*}	--	13.2%	36.0%	10.8%	24.3%	--	--	27.9%	17.0%
Parent had no problem finding child care ²	89.4%	91.4%	97.6%	91.8%	91.5%	95.0%	96.9%	95.9%	94.4%

* = statistically unstable Source: California Health Interview Survey, 2017¹; California Health Interview Survey, 2009²

Housing Units

There were over 3 million housing units in the county; 45.9% of the housing units are owner occupied and 54.1% are renter occupied. The percentage of renter occupied housing in the county exceeded the rate found in the state (45.5%).



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Housing Units/Owners and Renters

Geographic Area	Total Housing Units	Owner Occupied	Renter Occupied
Los Angeles County	3,506,903	45.9%	54.1%
California	13,996,299	54.9%	45.5%

Source: U.S. Bureau of the Census, 2013-2017, American Community Survey

Median Household Income

The median household income in the county was \$61,015 – much lower than California median income of \$67,169.

Median Household Income

Geographic Area	Median Household Income
Los Angeles County	\$61,015
California	\$67,169

Source: U.S. Bureau of the Census, 2013-2017 American Community Survey

Homelessness

Every two years the Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count as a snapshot to determine how many people are homeless on a given day. For the 2018 homeless count, Los Angeles County estimated 49,955 homeless. The majority (84.1%) are homeless individuals; 15.8% were homeless families, and 0.1% were unaccompanied minors. SPA 4 had the highest percentage of unaccompanied minors (0.3%).



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Homeless

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Total Homeless	3,203	7,478	3,605	14,218	4,401	8,343	4,569	4,138	49,955
Individuals (Not in Family Units)	78.4%	77.2%	87.2%	89.7%	85.5%	80.6%	85.2%	83.5%	84.1%
Family Members (in Family Units)	21.6%	22.8%	12.8%	9.9%	14.4%	19.4%	14.7%	16.5%	15.8%
Unaccompanied Minors (Under age 18)	0.0%	0.0%	0.0%	0.3%	0.1%	0.1%	0.0%	0.1%	0.1%

Source: Los Angeles Homeless Service Authority, 2018 Greater Los Angeles Homeless Count Reports

About a quarter (26.6%) of the Los Angeles homeless population was chronically homeless. SPA 3 (33.8%), SPA 4 (31.7%), and SPA 1 (29.4%) reported higher rates of chronically homeless. Just under a third of homeless in Los Angeles County are survivors of domestic violence (29.6%) and have a serious mental illness (26.8%).

Homeless Subpopulations

Geographic Area	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Chronically Homeless	29.4%	24.6%	33.8%	31.7%	25.7%	21.3%	19.5%	23.5%	26.6%
Substance Abuse	3.1%	17.2%	21.7%	19.0%	12.4%	11.9%	9.0%	12.4%	14.8%
People with HIV/AIDS	0.3%	1.3%	0.7%	3.4%	0.9%	0.7%	0.5%	0.0%	1.5%
Serious Mental Illness	34.6%	27.9%	32.7%	31.4%	30.6%	16.5%	19.0%	21.9%	26.8%
Survivors of Domestic Violence	24.9%	29.7%	37.8%	33.5%	34.1%	24.2%	27.7%	19.1%	29.6%
Veterans	7.8%	5.0%	6.4%	7.6%	11.0%	5.4%	6.6%	8.8%	7.1%

Source: Los Angeles Homeless Service Authority, 2018 Greater Los Angeles Homeless Count Reports

Crime and Violence

Violent crimes include homicide, rape, and assault. Los Angeles County had a rate of 589.6 violent crimes per 100,000 persons. This was higher than the state rate of 451.6.

Adult Violent Crimes per 100,000 Persons

Geographic Area	Number	Rate
Los Angeles County	59,924	589.6
California	178,553	451.6

Source: California Department of Justice, Office of the Attorney General, 2017; U.S. Census 2017

In Los Angeles County, 86.8% of youth’s parents reported easy access to a park, playground, or other safe place to play and 63.6% rated the community’s public safety as excellent or good. Within the county the smallest percentage of parents who reported easy access to a park, playground or other safe place to play was in SPA 6 at 78.5% and less than half (41.3%) of SPA 6 parents rated the community’s public safety as excellent or good. Across the county, 94.9% of teens perceived their neighborhood parks or playgrounds as safe. This rating was lowest among teens in SPA 4 at 68.3%.



CHLA Photovoice Project, 2019

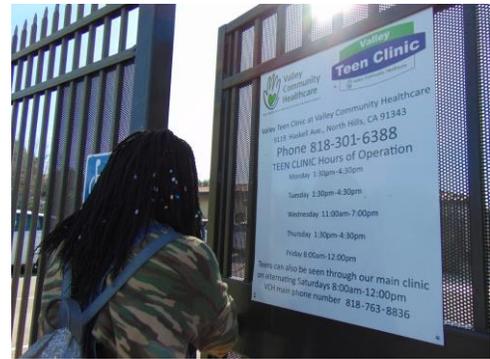
Perceptions of Community Safety

Geographic Area	CA	LAC	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Percent of youth (1-17 years old) whose parent/guardian/decision maker reported easy access to a park, playground, or other safe place to play (2)	--	86.8%	87.1%	86.3%	91.5%	81.9%	90.2%	78.5%	90.8%	87.7%
Percent of children (0-17 years old) whose parent/guardian/decision maker reported rating community's public safety as excellent or good (2)	--	63.6%	53.9%	71.0%	75.0%	55.5%	85.8%	41.3%	58.4%	65.4%
Percent of teens who perceive their neighborhood park or playground as safe (1)	94.9%	93.2%	100.0%	100.0%	100.0%	68.3%	100.0%	100.0%	96.6%	85.6%

Source: (1) California Health Interview Survey, 2017, and (2) 2015 Los Angeles County Health Survey; Los Angeles County Department of Public Health

Access to Health Care

Access to comprehensive, high-quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. The lack of access to health services can lead to unmet health needs, delays in receiving appropriate care, the inability to benefit from preventive services, and preventable hospitalizations.⁵



CHLA Photovoice Project, 2019

According to *County Health Rankings and Roadmaps*, Los Angeles County is ranked near the bottom in overall health compared to California’s 57 counties. Los Angeles County’s overall health access ranking was 45 in 2018.

Health Access Ranking

Geographic Area	County Ranking (out of 57)
Los Angeles County	45

Source: *County Health Rankings, 2018, County Note: Alpine County was not ranked in 2018*

Health Insurance Coverage

In Los Angeles County, 88.5% of adults had health insurance compared to 98.1% of children 17 and under. This represented a health access gap of close to ten percent (9.6%). Within the county, the percentage of the total population with health insurance coverage ranged from 86.8% in SPA 6 to 96.3% in SPA 5.

Health Insurance Coverage, Total Population, Children Under 18 and Adults 18-64

Geographic Area	Total Population	Children 17 and Under*	Adults Ages 18-64
SPA 1 – Antelope Valley	95.3%*	100%	92.4%
SPA 2 – San Fernando Valley	91.6%	97.1%	87.7%
SPA 3 – San Gabriel Valley	93.2%	100%	89.1%
SPA 4 – Metro	90.8%*	100%	85.2%*
SPA 5 – West	96.3%*	100%	94.8%*
SPA 6 – South	86.8%	89.6%	83.8%
SPA 7 – East	91.8%*	100%	87.9%*
SPA 8 – South Bay	94.1%*	99.4%	91.0%*
Los Angeles County	92.2%	98.1%*	88.5%
California	92.7%	97.8%	89.1%

Source: *California Health Interview Survey, 2017, County *statistically unstable*

⁵ Office of Disease Prevention and Health Promotion, (2014). *Access to Health Services*. Washington, DC. Available at <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>. Accessed April 1, 2016.

Examining insurance coverage by source type revealed that 39.8% of county residents had employment-based insurance and 29.4% were covered by Medi-Cal.

Type of Insurance Coverage

	Los Angeles County	California
Medi-Cal	29.4%	25.0%
Healthy Families	--	--
Medicare Only	1.4%*	1.6%
Medicaid and Medicare	5.7%	4.3%
Medicare & Others	7.5%	9.3%
Other Public	1.8%	1.5%
Employment based	39.8%	44.4%
Private Purchase	6.6%	6.5%
No Insurance	7.8%	7.3%

*Source: California Health Interview Survey, 2017, County *statistically unstable*

As noted above, adults were less likely to be insured than children. As the data table below indicates, adults, ages 18-64, were the sub-population with the highest rates of not being insured. In Los Angeles County, slightly less than of the adults and children had employment based health insurance (45.8% and 44.8% respectively). In addition, about half of children received insurance through Medicaid (47.0%).

Seniors in the county, aged 65 and older, were the most likely to be insured – a significant portion of seniors receive Medicare and others (55.2%) or Medicare and Medicaid (32.2%). The Healthy People 2020 objective is 100% health insurance coverage for children and adults.

Insurance Coverage by Age Group

	Ages 0-17		Ages 18-64		Ages 65+	
	Los Angeles County	California	Los Angeles County	California	Los Angeles County	California
Medicaid	47.0%	42.3%	29.0%	23.9%	1.6%*	0.8%*
Healthy Families	--	--	--	--	--	--
Medicare Only	--	--	0.7%*	0.8%	6.9%*	7.7%
Medicare and Medicaid	--	--	2.1%*	1.9%*	32.2%	22.0%
Medicare & Others	--	--	0.2%*	0.2%*	55.2%	64.4%
Other Public	2.3%*	1.5%	1.9%	1.8%	0.2%*	0.3%*
Employment based	44.8%	50.2%	45.8%	51.5%	2.9%*	3.9%
Private Purchase	4.1%	3.8%	8.9%	8.9%	0.4%*	0.3%*
No Insurance	1.9%*	2.2%	11.5%	10.9%	0.5%*	0.7%*

Source: California Health Interview Survey, 2017, County

**Statistically unstable*

Sources of Care

Residents who have a medical home and access to a primary care provider have improved continuity of care and fewer unnecessary emergency department visits. Overall more California children, adults, and seniors had a usual source of care compared to their counterparts in Los Angeles County.

Within Los Angeles County, the percentage of total population that reported having a usual source of care ranged from 79.8% in SPA 7 to 90.1% in SPA 8. Compared to the other SPAs, SPA 7 had the smallest percentage of children (78.5%) and adults (76.6%) that reported having a usual source of care.

Usual Source of Care

Geographic Area	Total Population	Ages 0-17*	Ages 18-64	Ages 65+*
SPA 1 – Antelope Valley	86.9%*	82.4%	87.5%*	92.7%
SPA 2 – San Fernando Valley	81.8%	81.5%	78.9%	96.4%
SPA 3 – San Gabriel Valley	86.9%	91.3%	83.3%	95.0%
SPA 4 – Metro	81.2%*	89.1%	77.4%*	84.8%
SPA 5 – West	87.5%*	94.5%	84.2%	96.8%
SPA 6 – South	88.5%	97.1%	84.9%*	91.1%
SPA 7 – East	79.8%	78.5%	76.6%	95.5%
SPA 8 – South Bay	90.1%	97.9%	85.9%	95.6%
Los Angeles County	84.9%	88.9%	81.6%	93.9%
California	87.0%	90.5%	83.7%	95.5%

Source: California Health Interview Survey, 2017, County *statistically unstable

Similar to the state, most county residents' source of health care was at the doctor's office, HMO or Kaiser Permanente (59.2% and 54.2%). Roughly another quarter of both state and county residents accessed community and government clinics or community hospitals (25.7% and 28.0%). These trends were similar to 2014 data highlighted in the previous health needs assessment.

Location of Source of Care

	Los Angeles County	California
Dr. Office/HMO/Kaiser Permanente	54.2%	59.2%
Community Clinic/Government Clinic/Community Hospital	28.0%	25.7%
Emergency Room/Urgent Care	2.4%	1.6%
Other	0.4%*	0.5%
No Source of Care	15.1%	13.0%

Source: California Health Interview Survey, 2017, County *statistically unstable

Overall, 21.7% of residents in the county visited an emergency department over the period of a year, ranging from 14.5% in SPA 5 to 25.8% in SPA 2. A larger percentage of seniors in the county used the emergency room at 25.0% compared to children (18.9%) and adults (22.1%).

Use of Emergency Department

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Visited ED in last 12 months	21.7%	20.6%	19.8%*	25.8%	19.3%	16.3%	14.5%*	23.9%*	25.3%	22.0%
0-17 years old	18.9%	18.0%	--	26.3%	24.1%*	15.6%*	--	8.4%*	19.7%*	19.3%*
18-64 years old	22.1%	21.0%	22.6%*	25.2%	17.3%	15.4%	16.9%*	30.1%*	25.5%	21.6%
65 and older	25.0%	23.6%	28.9%*	27.7%*	19.8%*	21.2%*	15.2%*	22.1%*	32.0%*	29.1%*
<100% of poverty level	25.1%	26.0%	27.0%*	44.8%	27.2%	9.4%*	30.8%*	20.5%*	26.5%*	19.7%*
100-199% of poverty level	23.6%	24.2%	23.3%*	31.4%*	23.0%	12.3%*	22.1%*	24.4%*	24.8%	24.7%

Source: California Health Interview Survey, 2017, County *statistically unstable

In Los Angeles County, the ratio of population to primary care physicians was 1,390:1 and the ratio of population to dentists was 1,200:1. For mental health providers, the ratio was 340:1. Compared to the state, there is a larger population for each Los Angeles County primary care physician (1,280: 1 in the state; 1,390:1 in Los Angeles County).

Primary Care Physicians, Dentists, Mental Health Providers, Population Ratio

Geographic Area	Ratio of population to primary care physicians	Ratio of population to dentists	Ratio of population to mental health providers
Los Angeles County	1,390:1	1,200:1	340:1
California	1,280:1	1,210:1	320:1

Source: County Health Rankings, 2018, County

Barriers to Care

Barriers to care can include the cost of care, not having a usual source of medical care, language barriers, and lack of transportation. Overall, 46.0% of county residents delayed care due to cost or lack of insurance. SPAs where over half reported delaying care due to cost or lack of health insurance included SPA 4 (55.3%) and SPA 3 (50.9%). In addition, close to a quarter of county adults reported that obtaining medical care when needed is somewhat or very difficult (23.6%) and more than a tenth had difficulty finding specialty care (11.5%).

Barriers to Accessing Health Care

	LAC	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Percent who delayed care due to cost or lack of insurance	46.0%	39.3%	47.1%	50.9%	55.3%	42.2%	35.1%	42.0%	43.4%
Percent of adults who had difficult time accessing primary care	5.0%	5.4%	6.7%	4.8%	5.4%	10.5%	3.5%	2.0%	3.4%
Percent who had a difficult time finding specialty care	11.5%	6.4%	14.2%	10.5%	13.3%	14.8%	11.0%	10.4%	9.0%
Percent of adults who have never been to a dentist	3.3%	--	2.5%	2.6%	4.5%	--	6.9%	2.9%	2.6%
Percent of adults without health insurance	9.6%	6.2%	10.2%	8.9%	11.9%	4.3%	14.2%	10.3%	7.6%
Percent who had a difficult time understanding their doctor	3.6%	4.6%	3.4%	2.4%	3.8%	--	4.0%	6.1%	4.0%
Adults (18+ years old) who reported that obtaining medical care when needed is somewhat or very difficult (a)	23.6%	28.0%	21.6%	25.5%	28.6%	13.1%	32.5%	22.9%	19.1%

Source: California Health Interview Survey, 2017, County and (a) 2015 Los Angeles County Health Survey; Los Angeles County Department of Public Health *statistically unstable

Delayed Care

Across the county, 9.5% of residents delayed or did not seek medical care. This is a slight decrease from 11.7% in 2014.

Delayed Care

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Delayed or Didn't Get Medical Care in the Past 12 Months	9.5%	10.3%	11.7%*	10.2%	9.1%	10.5%	9.4%*	6.9%*	8.1%	10.8%
Delayed or Didn't Get Prescription Meds in the Past 12 Months	8.2%	8.5%	9.0%*	7.4%	5.2%*	9.0%	9.8%*	9.5%*	6.5%*	11.9%

Source: California Health Interview Survey, 2017, County *statistically Unstable

Dental Care

The percentage of children in the county who have never been to a dentist (12.4%) is similar to the percentage for the state (14.0%). Cost or a lack of insurance was the primary reason for not visiting a dentist in the past year for 36.9% of Los Angeles County teens and 10.0% of Los Angeles County children.

Delay of Dental Care among Children and Teens

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Children Never Been to the Dentist (1)	12.4%	14.0%	-	21.0%*	3.9%*	10.0%*	-	24.7%*	15.3%*	-
Main Reason Children Did Not Visit Dentist in Past Year – Could Not Afford It/Had No Insurance (2)	10.0%	10.4%	-	11.4%	5.6%*	9.2%*	-	12.0%*	15.7%*	6.5%*
Teens Never Been to the Dentist (4)	-	1.8%*	-	-	-	-	-	-	-	-
Main Reason Teens Did Not Visit Dentist in Past Year – Could Not Afford It/Had No Insurance (3)	36.9%*	28.4%	-	-	-	-	-	-	-	-

Source: California Health Interview Survey, (1) 2017, (2) 2009, (3) 2012, (4) 2014 County

*Statistically unstable

12.4% of children in Los Angeles County have never been to the dentist



Mortality

Leading Causes of Premature Death

In Los Angeles County, among both males and females, the leading cause of premature death was coronary heart disease. Secondary and tertiary causes of premature death differ between genders. For males in the county the next two leading causes of premature death were: homicides and motor vehicle crashes. For women in Los Angeles County they were: breast cancer and lung cancer.

Leading Causes of Premature Death (before age 75) by Gender

	Male	Female	Overall
	Los Angeles County	Los Angeles County	Los Angeles County
#1 Cause	Coronary heart disease	Coronary heart disease	Coronary heart disease
#2 Cause	Homicide	Breast cancer	Homicide
#3 Cause	Motor vehicle crash	Lung cancer	Motor vehicle crash

Source: Los Angeles County Department of Public Health, *Mortality in Los Angeles County 2013: Leading Causes of Death and Premature Death with Trends for 2003-2013, County*

Leading Causes of Death - Age-Adjusted

Coronary heart disease, stroke, and chronic lower respiratory disease were the top three leading causes of death in Los Angeles County. When compared to the Healthy People 2020 objectives, Los Angeles County's rate of death for coronary heart disease (122.3) exceeded the objectives by 18.9 points. In 2009, the age-adjusted leading causes of death were coronary heart disease, stroke, and lung cancer.

Leading Causes of Death, Total Number and Age-Adjusted Death Rate per 100,000 Persons, 2011-2013 (3-Year Average)

	Los Angeles County		California		Healthy People 2020 Objective
	Number	Rate	Number	Rate	
Coronary Heart Disease	11,824.7	122.3	39,455.0	103.8	103.4
Stroke	3,310.0	34.7	13,492.0	35.9	34.8
Lung Cancer	2,804.3	29.8	12,520.7	33.6	45.5
Influenza/Pneumonia	2,125.3	22.3	6,170.7	16.3	None
Chronic Lower Respiratory Disease	2,920.7	31.2	13,257.7	35.9	None
Diabetes	2,190.3	23.0	7,842.7	20.8	Not applicable
Alzheimer's Disease	2,468.0	25.7	11,676.3	30.8	Not applicable
Suicide	772.0	7.6	3,945.0	10.2	10.2
Homicide	598.3	5.8	1,972.0	5.1	5.5
Motor Vehicle Crash	659.3	6.5	2,948.7	7.6	12.4

Source: California Department of Public Health, Center for Health Statistics and Informatics, *2015 County Health Status Profiles, 2015, County*

In Los Angeles County, the leading cause of death for infants was complications due to low birth weight or prematurity. For toddlers through preschool-aged children the leading cause of death was attributed to birth defects. For five to fourteen year olds it was motor vehicle crashes. For 15 to 24 years olds the leading cause of death was homicide. These leading causes of death for children and young adults remain unchanged since 2009.

Leading Cause of Death by Age Group, Children, Youth and Young Adults

Age Group	#1 Cause	#2 Cause	#3 Cause	#4 Cause	#5 Cause
<1 year old	Low birth weight/prematurity	SIDS	Heart defect	Complication of placenta/cord	Maternal complication
1-4 years old	Birth defect	Motor vehicle crash	Homicide	Drowning	Perinatal period condition
5-14 years old	Motor vehicle crash	Birth defect	Leukemia	Homicide	Brain/CNS cancer
15-24 years old	Homicide	Motor vehicle crash	Suicide	Drug overdose	Leukemia

Source: Los Angeles County Department of Public Health, Mortality in Los Angeles County 2013: Leading Causes of Death and Premature Death with Trends for 2003-2013, County



Leading Causes of Death

<u><1 year olds</u> Low birth weight/prematurity	<u>1-4 year olds</u> Birth defects	<u>5-14 year olds</u> Motor vehicle crash	<u>15-24 year olds</u> Homicide
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Birth Characteristics

Births

The number of births in Los Angeles County has decreased from 130,289 in 2014 to 116,950 in 2017. This similar trend is found for the number of births across the state.

Births by Year, 2014-2017

Geographic Area	2014	2015	2016	2017
Los Angeles County	130,289	124,641	123,092	116,950
California	502,579	491,748	488,827	471,658

Source: California Center for Disease Control and Prevention, CDCWONDER 2014-2017

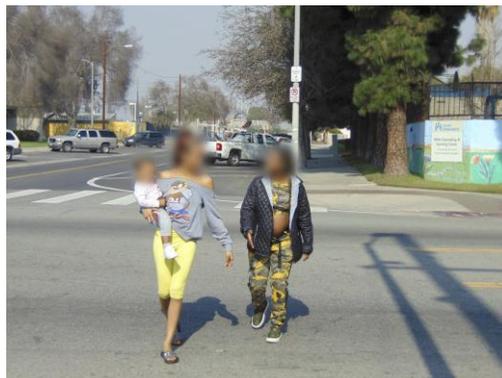
Teen Births

From 2013 to 2015 the county average number of births to teenage mothers was 7,004.0 or 20.9% of all live births. This rate is about the same as the state’s teen birth rate of 21.0%. The percentage of live births to teenage mothers in the county decreased from 20.9%, the average between 2013 and 2015, to 17.0%, the average between 2014 and 2016.

Births to Teenage Mothers (15-19 Years Old) (3-Year Average)

Geographic Area	Births to Teen Mothers	Percent of Live Births
Los Angeles County (2014-2016)	6,083.7	17.0%
Los Angeles County (2013-2015)	7,004.0	20.9%
California (2013-2015)	27,235.0	21.0%
Healthy People 2020 Objective	--	None

Source: California Department of Public Health, Center for Health Statistics and Informatics, 2018 County Health Status Profiles, 2018, County



CHLA Photovoice Project, 2019

Prenatal Care

In Los Angeles County, 3.4% of live births were to mothers who entered prenatal care late (in the third trimester), or received no prenatal care. This is slightly lower than the state rate of 3.7%.

Late Entry (In Third Trimester) or No Prenatal Care

Geographic Area	Late Prenatal Care	Percent of Live Births
Los Angeles County	4,019	3.4%
California	17,491	3.7%

Source: California Center for Disease Control and Prevention, CDCWONDER 2017

Low Birth Weight

Babies born at low birth weight are at higher risk for disease, disability, and possibly death. The percentage of deliveries at low birth weight in Los Angeles County was 7.1% (for both 2013- 2015 and 2014 – 2016) which is similar but slightly higher than the state average of 6.8%. The state and county meet the Healthy People 2020 Objective of 7.8%.

Low Birth Weight (Under 2,500 g), 2013-2015 (3-Year Average)

Geographic Area	Low Weight Births	Percent of Live Births
Los Angeles County (2014-2016)	8,965.3	7.1%
Los Angeles County (2013-2015)	9,051.0	7.1%
California (2013-2015)	33,739.0	6.8%
Healthy People 2020 Objective	--	7.8%

Source: California Department of Public Health, Center for Health Statistics and Informatics, 2017 County Health Status Profiles, 2017, County

Breastfeeding

Breastfeeding has considerable mental and physical health benefits to both baby and mother. The California Department of Public Health (CDPH) highly recommends breastfeeding for the first six-months of life. Data from the Newborn Screening Test Form on in-hospital breastfeeding indicated 63.5% of Los Angeles County new mothers exclusively breastfed in the hospital post-partum compared to 69.8% of new mothers in the state. The proportion of mothers who breastfed, at any frequency post-partum, were similar between the county (93.9%) and state (94.0%). County and state exclusive in-hospital breastfeeding rates have continued to increase since 2011.

In-Hospital Breastfeeding, 2017

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Los Angeles County	97,439	93.9%	65,821	63.5%
California	390,082	94.0%	289,803	69.8%

Source: California Department of Public Health, California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form, Statewide and Maternal County of Residence by Race/Ethnicity, 2017

Infant Mortality

The infant mortality rate in Los Angeles County is 4.4 deaths per 1,000 live births. Statewide this rate increases slightly to 4.6 deaths per 1,000 live births. Both the county and state meet the Healthy People 2020 Objective of 6.0 deaths per 1,000 live births.

Infant Mortality Rate, 2013-2015 (3-Year Average)

Geographic Area	Infant Deaths	Rate per 1,000 Live Births
Los Angeles County	570	4.4
California	2,318.0	4.6
Healthy People 2020 Objective	--	6.0

Source: California Department of Public Health, Center for Health Statistics and Informatics, 2017 County Health Status Profiles, 2017, County

Chronic Disease

Health Status

In Los Angeles County, 19.3% of residents rate their health as fair or poor. This is higher than the state percentage of 16.6%. The countywide sub-group with the largest percentage of self-rated fair or poor health status is seniors (29.4%); followed by adults, 18-64 year olds (22.5%); and then children, 0-17 years old (3.6%). Within the county, the percentage of residents who rated their health as either fair or poor ranged from 15.7% in SPA 3 to 26.6% in SPA 4.

Health Status, Fair or Poor Health

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Fair or Poor Health *	19.3%	16.6%	23.4%	16.3%	15.7%	26.6%	9.5%	23.7%	22.8%	20.4%
0-17 years old	3.6%*	4.6%*	-	-	-	-	-	-	3.4%*	-
18-64 years old	22.5%	19.5%	25.6%*	19.5%*	17.4%*	27.4%*	8.2%*	30.6%*	27.2%*	22.5%
65+ years old *	29.4%	24.1%	44.8%	27.5%	18.9%	37.4%	22.4%	37.0%	29.5%	33.6%

Source: California Health Interview Survey, 2017, County

*Statistically unstable

Asthma

The total population diagnosed with asthma in Los Angeles County was 15.1% which is the same as the rate for youth, 0 – 17 years old. These rates have increased from 2014 when 11.4% of the total population was diagnosed with asthma and 10.5% of youth were diagnosed with asthma in the county. A larger percentage of youth in the county (15.1%) were diagnosed with asthma when compared to the state (13.8%). Among adults, SPA 1 had the highest proportion of asthma diagnoses at 20.9%. Among youth, SPA 8 had the highest proportion of asthma diagnoses at 20.2%.

Asthma

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Year: 2017										
Diagnosed with Asthma, Total Population	15.1%	15.4%	20.9%*	17.2%	14.2%	12.6%	12.2%*	12.5%	13.3%*	17.8%
Diagnosed with Asthma, 0-17 Years old	15.1%	13.8%	7.5%*	17.6%*	16.6%	-	-	10.9%*	8.6%*	20.2%*
Takes Daily Medication to Control Asthma, Total Population	43.5%	43.4%	39.5%*	49.8%	27.2%*	46.2%*	74.3%*	51.6%*	52.1%*	35.2%
Takes Daily Medication to Control Asthma, 0-17 Years Old	36.5%*	39.2%	-	80.4%*	-	-	-	-	-	-
Year: 2016										
ER Visit in Past year Due to Asthma, Total Population *	12.7%	13.1%	-	11.4%	14.4%	26.0%	-	14.2%	10.8%	12.5%
ER Visit in Past year Due to Asthma, 0-17 Years Old	2.3%*	10.5%	-	-	-	-	-	-	-	-
Year: 2009										
Very Confident to Control and Manage Asthma	73.4%	76.9%	86.4%*	71.0%	75.1%	73.6%	82.5%*	52.7%	80.5%	74.5%
Confident to Control and Manage Asthma	22.9%	19.8%	7.2%*	26.2%	22.0%*	21.8%	16.9%*	40.8%	14.5%	22.4%
Not Confident to Control and Manage Asthma	3.8%	3.3%	6.4%*	2.8%*	2.9%*	4.6%*	--	6.5%*	5.0%*	3.0%

Source: California Health Interview Survey, 2017, 2016, 2009 County

*statistically unstable

In Los Angeles County male youth were diagnosed with asthma at 15.7% which is slightly higher than the rate of 14.5% for female youth. The most current data for 2017 data show increases from 2014 when 11.1% of male youth and 11.7% of female youth were diagnosed with asthma.

Diagnosed with Asthma: Gender and Race/Ethnicity for Youth Age 0-17

	Los Angeles County	California
Male	15.7%*	13.3%
Female	14.5%*	14.4%
Latino	15.3%*	14.3%
White	7.9%*	11.4%
African American	28.0%	27.6%
Asian	-	10.4%

Source: California Health Interview Survey, 2017, County *statistically unstable



28% of African American children have been diagnosed with asthma

The percent youth diagnosed with asthma in the county decreased from 19.0% in 2016 to 15.1% in 2017; however, the rates for both years exceed the statewide percentages of 16.7% for 2016 and 13.8% for 2017.

Youth (under 18) Diagnosed with Asthma, 2015-2017

Geographic Area	2015	2016	2017	Change 2015-2017
SPA 1 – Antelope Valley	20.4%	14.6%*	7.5%	63.2% decrease
SPA 2 – San Fernando Valley	6.8%	25.5%	17.6%	158.8% increase
SPA 3 – San Gabriel Valley	7.9%	6.6%	16.6%	110.1% increase
SPA 4 – Metro	2.1%	14.4	-	-
SPA 5 – West	3.7	-	-	-
SPA 6 – South	7.1%	14.7%	10.9%	53.3 increase
SPA 7 – East	12.9%	30.5%	8.6%	33.3% decrease
SPA 8 – South Bay	9.3%	19.8%	20.2%	117.2% increase
Los Angeles County	8.4%*	19.0%	15.1%	79.8% increase
California	13.7%	16.7%	13.8%	0.7% increase

Source: California Health Interview Survey, 2015-2017, County *statistically unstable

Cancer

In Los Angeles County, all cancers affect about 381.7 persons per 100,000. The current county rate is slightly lower than the previous county rate of 405.5 persons per 100,000 (for 2008-2012). This current county rate is slightly lower than the statewide rate of 404.0 persons per 100,000. Colon and rectum cancer rates for the county (37.0 per 100,000) exceed the state rate (36.2). Among the 58 counties in California, Los Angeles County ranked 40th for the incidence rate of colon cancer. In the county, the incidence rates for breast cancer (115.6 per 100,000 persons) and prostate cancer (98.2 per 100,000 persons) were the highest among the five types of cancer for which data was available.

Cancer Age-Adjusted Incidence Rate, per 100,000 Persons, 2011-2015 (5-Year Average)

	Los Angeles County Rate and Range	County Ranking (Out of 58 Counties)	California
All Cancers	381.7 [314.1-479.2]	9	404.0
Breast Cancer	115.6 [90.2-156.2]	24	121.5
Cervical Cancer	7.8 [5.0-11.4]	20	7.2
Colon and Rectum Cancer	37.0 [25.5-51.3]	40	36.2
Prostate Cancer	98.2 [72.7-122.5]	25	101.2
Lung Cancer	37.4 [25.1-73.9]	4	43.3

Source: The Centers for Disease Control and Prevention, National Cancer Institute, 2011-2015 State Cancer Profiles, 2011-2015, State. Incidence rates (cases per 100,000 population) are age-adjusted to the 2000 US standard population

Diabetes

Diabetes remains a growing concern in the community; 12.1% of adults in Los Angeles County were diagnosed with diabetes. This is an increase from 10.0% in 2014. In addition, the percentage of Los Angeles County adults diagnosed as pre or borderline diabetic increased from 8.8% in 2014 to 17.4% in 2017. Compared to the state, Los Angeles County had larger percentages of adults diagnosed with diabetes and pre or borderline diabetic.

Adult Diabetes

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Diagnosed Pre /Borderline Diabetic	17.4%	15.6%	22.0%	16.7%	16.3%	14.0%*	12.2%*	16.2%*	20.1%*	22.2%
Diagnosed with Diabetes	12.1%	10.7%	10.5%*	9.6%	9.3%*	11.6%*	4.5%*	17.8%	15.8%	16.1%
Very Confident to Control Condition	56.7%	60.1%	75.3%*	58.1%*	58.7%*	54.4%	26.8%*	65.2%*	49.4%*	56.6%
Somewhat Confident to Control Condition	33.5%	32.7%	8.9%*	35.0%*	26.6%*	31.9%*	67.1%	21.4%*	39.9%*	40.2%
Not Confident to Control Condition	9.9%*	7.2%*	15.9%*	6.9%*	14.7%*	13.7%*	--	13.4%*	10.7%*	3.2%
Takes Oral Hypoglycemic Medications [#]	73.7%	77.0%	--	--	--	--	--	--	--	--
Has a Diabetic Management Care Plan [#]	77.8%	78.0%	--	--	--	--	--	--	--	--
Has Never Had a Foot Exam [#]	25.7%	72.2%	--	--	--	--	--	--	--	--
Never Heard of HgA1c Test [#]	19.5%	14.5%	--	--	--	--	--	--	--	--
Never Had a HgA1c Test [#]	9.3%	10.6%	--	--	--	--	--	--	--	--

Source: California Health Interview Survey, 2009[#] & 2017, County *statistically unstable

Between 2015 and 2017, the percentage of adults diagnosed with diabetes increased in four out of the eight county SPAs (most notably in SPA 8), the county, and the state.

Adults Diagnosed with Diabetes, 2015-2017

Geographic Area	2015	2016	2017	Change 2015-2017
SPA 1 – Antelope Valley	13.9%*	10.1%*	10.5%*	-24.5%
SPA 2 – San Fernando Valley	10.6%	5.1%	9.6%	-9.4%
SPA 3 – San Gabriel Valley	10.6%	7.3%*	9.3%*	-12.3%
SPA 4 – Metro	10.0%	9.2%*	11.6%*	16.0%
SPA 5 – West	6.6%*	7.6%*	4.5%*	-31.8%
SPA 6 – South	13.4%	10.1%*	17.8%	32.8%
SPA 7 – East	12.8%	12.0%	15.8%	23.4%
SPA 8 – South Bay	9.6%	10.3%	16.1%	67.7%
Los Angeles County	10.8%	8.5%	12.1%	12.0%
California	9.8%	9.1%	10.7%	9.2%

Source: California Health Interview Survey, 2015-2017, County *statistically unstable

Likewise, between 2015 and 2017, increases in the percentage of adults who are borderline diabetic were seen in five out of the eight county SPAs, the county, and the state.

Adults Diagnosed with Borderline Diabetes, 2015-2017

Geographic Area	2015	2016	2017	Change 2015-2017
SPA 1 – Antelope Valley	10.6%*	14.9%	22.0%*	107.5%
SPA 2 – San Fernando Valley	18.0%	12.4%	16.7%	-7.2%
SPA 3 – San Gabriel Valley	13.1%	18.0%	16.3%	24.4%
SPA 4 – Metro	15.6%	10.7%*	14.0%*	-10.3%
SPA 5 – West	8.7%*	8.0%*	12.2%*	-40.2%
SPA 6 – South	10.5%	16.3%	16.2%*	54.3%
SPA 7 – East	14.7%	16.5%*	20.1%*	36.7%
SPA 8 – South Bay	12.5%	16.3%	22.2%	77.6%
Los Angeles County	14.0%	14.4%	17.4%	24.3%
California	13.5%	13.4%	15.6%	15.6%

Source: California Health Interview Survey, 2015-2017, County *statistically unstable

Disability

In the county, close to a third of adults had a disability (30.7%). This percentage is somewhat similar across SPAs; with higher rates of disability occurrence in SPA 1 (39.6%) and SPA 6 (38.8%). A total of 6.9% of adults in Los Angeles County could not work for at least a year due to a physical or mental impairment. The population with a disability or the population with a physical or mental impairment has increased since the last two community health needs assessments.

Population with a Disability										
Geographic Area	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adults with a Disability	30.7%	29.7%	39.6%	31.8%	21.7%	34.0%	31.7%	38.8%	32.3%	28.3%
Could Not Work Due to Impairment	6.9%	7.0%	9.5%*	7.8%*	5.5%*	7.3%*	7.3%*	9.6%*	3.8%*	6.5%*

Source: California Health Interview Survey, 2016, County

Close to a fifth of county parents (18.1%) had concerns about their child’s learning and development. Fifteen percent of county children have been referred to a specialist regarding their development and 23% were referred to a specialist for speech, language, or hearing tests. Fifteen percent of children have had difficulties with emotion, concentration, or behavior in the past 6 months and 8% have received psychological or emotional counseling in the past year.



About one in five children in the county have been referred to a specialist regarding their development

Risks in Developmental Delay

Signs of Developmental Risk	LAC	CA
Parents concerned about the child's learning and development (1)	18.1%	--
Doctor/other professional referred child to specialist regarding development	14.9%	14.0%
Condition that limits or prevents activities that are usual for child's age	2.5%*	4.8%
Child received psychological/emotional counseling in past year	8.4%	8.8%
Doctor/other professional referred child to specialist for speech, language, or hearing tests	23.2%	20.4%
Child has difficulties with emotion/concentration/behavior in past 6 months	14.9%	17.9%
Doctor/other professional noted concerns to monitor child	13.1%	13.0%

Source: California Health Interview Survey, 2017. (1) Los Angeles Mommy and Baby Project, County of Los Angeles Public Health 2014 * statistically unstable

Heart Disease

Among adults in Los Angeles County, 6.6% of the population was diagnosed with heart disease. The rate was the same for the state. Among adults in the county, 53.5% were very confident they could manage their condition and 76.8% had a management care plan developed by a health care professional.

Adult Heart Disease

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Diagnosed with Heart Disease (2)	6.6%	6.6%	9.7%*	6.2%	7.1%*	7.8%*	4.2%*	8.5%*	5.2%*	5.8%
Very Confident to Control Condition (1)*	53.5%	53.6%	50.3%	56.2%	56.6%	29.4%	66.7%	62.4%	40.4%	53.6%
Somewhat Confident to Control Condition (1) *	36.0%	34.9%	24.1%	42.0%	42.1%	53.2%	30.7%	33.3%	28.4%	32.5%
Not Confident to Control Condition (1)*	10.4%	11.5%	25.6%	1.8%	1.4%	17.4%	-	4.2%	31.2%	-
Has a Management Care Plan (2)*	76.8%	76.3%	71.2%	94.7%	72.2%	63.1%	81.1%	73.3%	72.4%	77.7%

Source: California Health Interview Survey, (1) 2014 and (2) 2017, County
*Statistically unstable

There was a slight increase in the percentage of Los Angeles County adults diagnosed with heart disease from 2015 (5.4%) to 2017 (6.6%). During this same period, the state rate stayed relatively stable between 6.2% and 6.6%.

Adults Diagnosed with Heart Disease, 2015-2017

Geographic Area	2015	2016	2017
SPA 1 – Antelope Valley	7.7%*	7.6%*	9.7%*
SPA 2 – San Fernando Valley	7.3%	5.7%	6.2%
SPA 3 – San Gabriel Valley	4.5%	6.3%*	7.1%*
SPA 4 – Metro	2.6%*	6.4%*	7.8%*
SPA 5 – West	5.9%*	5.3%*	4.2%*
SPA 6 – South	3.4%*	4.1%*	8.5%*
SPA 7 – East	5.8%*	5.1%*	5.2%*
SPA 8 – South Bay	6.4%*	5.3%*	5.8%
Los Angeles County	5.4%	5.6%	6.6%
California	6.6%	6.2%	6.6%

Source: California Health Interview Survey, 2015-2017, County

High Blood Pressure

Hypertension, or high blood pressure, is positively associated with diabetes and heart disease. In Los Angeles County, 30.0% of adults were diagnosed with high blood pressure. Of these, 72.6% were on high blood pressure medication.

High Blood Pressure

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Diagnosed with High Blood Pressure	30.0%	29.0%	39.7%	29.0%	30.2%	24.4%*	22.5%	32.7%	34.4%	30.8%
Takes Medication for High Blood Pressure	72.6%	70.7%	72.0%*	71.6%	74.5%*	71.3%*	63.9%*	78.2%*	66.9%*	77.6%*

*Source: California Health Interview Survey, 2017, County *Statistically Unstable*

HIV/AIDS

In 2013, 2,705 cases of HIV/AIDS were diagnosed in Los Angeles County at a rate of 18 HIV diagnoses per 100,000 persons and 9 AIDS diagnoses per 100,000. In 2014, 2,761 cases of HIV/AIDS were diagnosed in the county at a rate of 20 HIV diagnoses per 100,000 persons and 8 AIDS diagnoses per 100,000. The numbers of people living with HIV in Los Angeles County increased from 48,613 in 2013 to 49,976 in 2015.

HIV/AIDS Diagnoses and Rate per 100,000, 2013-2015

	Los Angeles County					
	2013		2014		2015	
	Number	Rate	Number	Rate	Number	Rate
HIV Diagnoses	1,756	18	1,987	20	--	--
AIDS Diagnoses	949	9	774	8	--	--
Living with HIV	48,613	485	49,717	494	49,976	490
HIV Deaths	534	5	549	5	--	--

Source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, 2015 Annual HIV/STD Surveillance Report, 2015, County

Health Behaviors

Healthy behaviors and overall health are closely linked. Healthy behaviors include preventive health care, healthy eating, exercising, and other behaviors. Cultural practices and traditions are also important factors in healthy behaviors and overall health.⁶

County Health Rankings examine healthy behaviors and ranks counties according to health behavior data. California's counties are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: tobacco use, diet and exercise, alcohol and drug use, and sexual activity. A ranking of 11 positions Los Angeles County in the top fifth of California's counties for healthy behaviors. In 2012 Los Angeles County was ranked lower at 21.

Health Behavior Ranking, 2018

Geographic Area	County Ranking (out of 57)
Los Angeles County	11

Source: County Health Rankings, 2018, County

Note: Alpine County was not ranked in 2018

Overweight and Obesity

In Los Angeles County and the state, about a third of adults were overweight (32.9% and 33.9% respectively). In SPA 6 (39.7%), SPA 8 (35.2%), and SPA 3 (34.3%), the overweight population was higher than the county.



**11% of children and
12% of teens are overweight**

The percentage of Los Angeles County children and teens that are overweight has slightly decreased since the previous needs assessment. The percentage of overweight children decreased from 13.1% to 11.4% and for teens the percentage declined from 14.4% to 12.5%. The rates for Los Angeles County are slightly lower than the statewide rates for all three subgroups (adults, teens, and children).

⁶ U.S. National Library of Medicine. (2016). *Eating habits and behaviors*. Bethesda, MD. Available at <https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000349.htm>. Accessed February 18, 2016.

Overweight

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adult	32.9%	33.9%	31.0%*	32.6%	34.3%	31.2%	24.8%	39.7%	30.0%	35.2%
Teen	12.5%*	15.1%	-	-	12.3%*	-	-	52.3%*	-	-
Child	11.4%	14.5%	-	14.2%*	5.8%*	17.8%*	-	27.8%*	4.8%*	8.9%*

*Source: California Health Interview Survey, 2017, County *Statistically Unstable*

From 2015 to 2017, the percentage of overweight adults decreased in the county and the state. During this time period, five of the eight SPAs also saw decreases in the percentage of adults who are overweight; however, there were increases in SPA 1, SPA 6, and SPA 8.

Adults Overweight, 2015-2017

Geographic Area	2015	2016	2017	Change 2015-2017
SPA 1 – Antelope Valley	29.4%	36.6%	31.0%*	5.4%
SPA 2 – San Fernando Valley	34.6%	33.8%	32.6%	-5.8%
SPA 3 – San Gabriel Valley	35.8%	34.5%	34.3%	-4.2%
SPA 4 – Metro	34.8%	29.2%	31.2%	-10.3%
SPA 5 – West	31.4%	33.1%	24.8%	-21.0%
SPA 6 – South	38.6%	34.5	39.7%	2.8%
SPA 7 – East	33.3%	34.8%	30.0%	-9.9%
SPA 8 – South Bay	33.5%	35.6%	35.2%	5.1%
Los Angeles County	34.5%	33.9%	32.9%	-4.6%
California	34.7%	34.8%	33.9%	-2.3%

Source: California Health Interview Survey, 2015-2017, County

Los Angeles County had higher rates of adults who are obese when compared to the state between 2015 and 2017. Both the state and county saw declines in the percentages of adults who are obese during this time period; however, the declines were greater in the state compared to the county. In 2017, the SPAs with the highest percentages of obese adults were SPA 1 (40.2%), SPA 6 (34.6%), and SPA 7 (34.5%).

Adult Obesity, 2015-2017

Geographic Area	2015	2016	2017	Change 2015-2017
SPA 1 – Antelope Valley	38.6%	38.3%	40.2%	4.0%
SPA 2 – San Fernando Valley	26.8%	25.4%	27.5%	2.5%
SPA 3 – San Gabriel Valley	27.2%	23.8%	22.0%	-23.6%
SPA 4 – Metro	26.9%	30.2%	28.7%	6.3%
SPA 5 – West	14.2%	11.9%	20.5%	30.7%
SPA 6 – South	34.1%	43.7%	34.6%	1.4%

Geographic Area	2015	2016	2017	Change 2015-2017
SPA 7 – East	33.9%	38.8%	34.5%	1.7%
SPA 8 – South Bay	29.0%	32.3%	27.0%	-7.4%
Los Angeles County	28.3%	29.6%	28.2%	-0.4%
California	27.9%	27.9%	26.4%	-5.7%

Source: California Health Interview Survey, 2015-2017, County

Across the county, African American and Latino sub-groups had higher percentages of adult categorized as overweight and obese (74.4% and 70.8% respectively) compared to White and Asian sub-groups (55.0% and 36.9% respectively).

Adult Overweight and Obesity by Race/Ethnicity

	Los Angeles County	California
African American	74.4%	71.8%
Asian	36.9%	39.5%
Latino	70.8%	70.4%
White	55.0%	57.3%

Source: California Health Interview Survey, 2017, County

Between 2015 and 2017, there was an increase in the percentage of children that are overweight for age in Los Angeles County (moving from 10.1% to 11.4%) while there was a slight decrease in the state percentages (15.0% to 14.5%).

Children Overweight for Age, 2015-2017

Geographic Area	2015	2016	2017	Change 2015-2017
SPA 1 – Antelope Valley	20.0%*	34.4%*	-	-
SPA 2 – San Fernando Valley	6.9%*	30.8%*	14.2%*	-105.8%
SPA 3 – San Gabriel Valley	11.4%*	19.1%*	5.8%*	-49.1%
SPA 4 – Metro	15.2%*	13.8%*	17.8%*	17.1%
SPA 5 – West	-	-	-	-
SPA 6 – South	13.0%*	18.0%*	27.8%*	113.8%
SPA 7 – East	7.9%*	18.4%*	4.8%*	-39.2%
SPA 8 – South Bay	8.1%*	9.2%*	8.9%*	9.9%
Los Angeles County	10.1%	19.8%	11.4%	12.9%
California	15.0%	16.6%	14.5%	-3.3%

Source: California Health Interview Survey, 2015-2017, County

The county and state had similar percentages of teens that are obese (14.0% and 14.6% respectively). The percentage of overweight teens in the county (12.5%) is lower than the state (15.1%).

Teens Overweight and Obese

Geographic Area	Overweight	Obese
SPA 1 – Antelope Valley	-	-
SPA 2 – San Fernando Valley	-	-
SPA 3 – San Gabriel Valley	12.3%*	
SPA 4 – Metro	-	-
SPA 5 – West	-	-
SPA 6 – South	52.3%*	-
SPA 7 – East	-	-
SPA 8 – South Bay	-	-
Los Angeles County	12.5%	14.0%*
California	15.1%	14.6%

Source: California Health Interview Survey, 2017, County

California Department of Education’s *Fitnessgram Physical Fitness Testing Results* for the 2017-2018 school year indicates that larger percentages of Los Angeles County students are at high risk for overweight/obese body composition compared to students across the state. These rates are even higher for students in the Los Angeles Unified School District (LAUSD). For example, 29.9% of LAUSD fifth graders are at high-risk for overweight and obesity based on their body composition compared to 24.9% in the county and 21.3% in the state. This trend where the highest percentage of students at-risk are in LAUSD followed by students in the county was also observed in the previous needs assessment that included data from the 2014-2015 school year.

5th, 7th and 9th Graders, Body Composition, Needs Improvement-High Risk, 2017-2018

School District	Fifth Grade	Seventh Grade	Ninth Grade
Los Angeles Unified School District	29.9%	26.7%	25.7%
Los Angeles County	24.9%	22.7%	20.7%
California	21.3%	19.8%	18.4%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2017-2018, State

Fast Food

Los Angeles County had a higher rate of fast food consumption than the state (28.0% and 25.0% respectively). Fast food consumption rates were greatest among county seniors (32.5%) compared to adults (26.4%) and children (22.4%). Fast food consumption (3 or more times per week) by children 0 – 17 years old in Los Angeles County (22.4%) was slightly lower than the consumption rate in California (23.4%). In SPA 1, the percentage of children that consumed fast food three or more times a week (44.2%) was nearly double the average of both the state and county.

Fast Food Consumption, 3 or More Times a Week

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Total Population	28.0%	25.0%	37.7%*	28.1%*	28.5%*	22.9%	22.0%*	25.4%*	28.3%	22.4%*
Ages 0-17 *	22.4%	23.4%	44.2%	22.5%	9.0%	21.2%	--	23.9%	25.0%	23.7%
Ages 18-64	26.4%	32.3%	--	--	--	--	--	--	--	--
Ages 65+	32.5%	28.2%	--	--	--	--	--	--	--	--

Source: California Health Interview Survey, 2016, County *statistically unstable



**22% of children ages 0-17
consume fast food 3 or more
times per week**

Soda and Sugary Drink Consumption

In Los Angeles County, 4.3% of children and teens consumed two or more glasses of soda in a day and 9.2% of children and teens consumed two or more sugary drinks (other than soda) in a day, similar to the rate for soda consumption in the state (4.1%). However, the rate of sugary beverage consumption (aside from soda) for the state (10.4%) is higher than the county (9.2%).

Soda Consumed Yesterday, Two or More Glasses

	Los Angeles County	California
Children and Teens	4.3%*	4.1%

Source: California Health Interview Survey, 2017, County
*Statistically unstable

Sugary Drinks Consumed Yesterday (Other than Soda), Two or More Glasses

	Los Angeles County	California
Children and Teens	9.2%	10.4%

Source: California Health Interview Survey, 2017, County

Fresh Fruits and Vegetables

In Los Angeles County 24.6% of children and 32.4% of teens consumed five or more fruits and vegetables a day. Compared to the state, the county's rates were lower for children and higher for teens.

Consumption of 5+ Fresh Fruits and Vegetables a Day

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Children	24.6%	26.7%	13.3%*	32.0%	31.7%	26.6%*	15.4%*	14.6%*	12.9%	17.0%*
Teens	32.4%	25.6%	--	25.2%*	21.4%*	--	--	55.7%*	--	26.1%*

Source: California Health Interview Survey, 2017, County *statistically unstable

Over two-thirds of children and teens in the state (66.9%) and the county (69.6%) consumed two or more servings of fruit in a day.

Number of Servings of Fruit had Previous Day, Two or More

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Children and Teens	69.6%	66.9%	59.9%*	69.7%*	71.7%*	66.6%*	52.5%*	80.4%*	59.1%*	75.5%*

Source: California Health Interview Survey, 2017, County *statistically unstable

Walked to Work

Only a small percentage walked to work. Overall, 2.7% of workers, 16 years of age and older, in the county and state walked to work. This percentage has not changed from the previous community health needs assessment.

Walked to Work, 2013-2017

Geographic Area	Walked to Work
Los Angeles County	2.7%
California	2.7%

Source: U.S. Census Bureau, 2014 American Community Survey 5-Year Estimates, 2017, County

Physical Activity

About three out of four county children (77.2%) engaged in vigorous physical activity for at least three days a week. This is similar to the statewide rate of 78.3%. Six percent (6.1%) of county teens and 9.2% of teens in the state reported no physical activity in a week.

Physical Activity

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Engaged in Vigorous Physical Activity 3 Days/Week or More – Child (1)*	77.2%	78.3%	88.1%	80.0%	62.3%	88.3%	55.8%	81.4%	71.2%	90.3%
No Physical Activity/Week – Child (1)	4.3%	8.3%	-	-	-	-	-	-	-	-
No Physical Activity/Week – Teen (2)*	6.1%	9.2%	-	-	9.2%	33.7%	-	22.9%	2.8%	2.0%
Youth Visited Park/Playground/Open Space (1)*	83.3%	83.9%	75.0%	88.0%	88.3%	86.5%	88.0%	72.6%	87.8%	82.6%

Source: California Health Interview Survey, (1) 2017 and (2) 2016, County *statistically unstable

A component of the California Department of Education's physical fitness test (PFT) is the measurement of aerobic capacity through running and walking tests. Students who meet the established standards for aerobic capacity are categorized in the Healthy Fitness Zone. About half of 5th, 7th, and 9th grade students in LAUSD schools met the Healthy Fitness Zone standards for aerobic capacity (53.1%, 52.5%, and 49.9%). The data mirrors trends seen in other Fitnessgram datapoints that show that larger percentages of LAUSD students to be at-risk for health and physical fitness compared to the county. In addition, Los Angeles County has larger percentage of students at-risk compared to the state.

5th, 7th, and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone, 2017-2018

School District	Fifth Grade	Seventh Grade	Ninth Grade
Los Angeles Unified School District	53.1%	52.5%	49.9%
Los Angeles County	58.9%	60.1%	56.2%
California	61.9%	63.6%	61.7%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2017-2018, State

Mental Health Indicators

Nine percent (9.7%) of adults experienced serious psychological distress in the past year; this is similar to the rate of 9.6% that was reported in the previous needs assessment. Moreover, 17.1% of adults in the county identified needing help for emotional or mental and/or alcohol-drug issues in the past year. Almost four in ten adults in the county (39.9%) who sought or needed help for self-reported emotional or mental health problem did not receive treatment.



Nearly one in four county teens needed help for emotional or mental health problems

Nearly one in four county teens (24.3%) needed help for emotional or mental health problems and 16.8% received psychological or emotional counseling in the past year. Both of these rates have stayed relatively stable since the previous need assessment.

Mental Health Indicators

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adults who had Serious Psychological Distress During Past Year	9.7%	10.0%	7.3%	7.6%	11.0%	10.9%	9.2%	9.3%	12.4%	9.0%
Adults who Needed Help for Emotional/Mental and/or Alcohol-Drug Issues in Past Year	17.1%	18.5%	16.4%	17.6%*	15.3%	15.5%	23.0%	14.7%*	14.0%	21.1%
Teens who Needed Help for Emotional/Mental Health Problems in Past Year	24.3%	19.8%	-	-	-	-	-	-	41.2%	-
Adults who Saw a Healthcare Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	15.1%	15.2%	15.9%*	13.7%	16.0%	17.8%*	17.4%*	13.4%*	12.2%	16.4%*
Teens Received Psychological/Emotional Counseling in Past Year	16.8%	14.8%	-	11.2%*	33.7%*	-	-	-	-	20.4%*
Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year	8.8%	10.4%	10.3%*	11.0%	7.6%	8.7%	13.2%*	7.0%*	4.1%*	9.8%
Sought/Needed Help for Self-reported Mental/Emotional and/or Alcohol-Drug Issues, but Did Not Receive Treatment	39.9%	39.7%	34.6%*	49.3%	41.5%*	27.7%*	45.0%	36.6%*	30.7%*	39.9%*

Source: California Health Interview Survey, 2017, County

In the county, 14.6% of residents had moderate to severe interference with work due to mental health issues; 15.3% had moderate to severe interference with family relationships due to mental health issues; and mental health concerns impacted the social lives of 16.1% of county residents. These rates are similar to those for the state.

Mental Health Impairment

	Los Angeles County	California
Did your emotions interfere with your work?		
• No	85.4%	85.6%
• Moderate	9.0%	8.6%
• Severe	5.6%	5.8%
Did your emotions interfere with your relationship with friends and family?		
• No	84.7%	84.2%
• Moderate	9.2%	9.2%
• Severe	6.1%	6.5%
Did your emotions interfere with your social life?		
• No	84.0%	83.6%
• Moderate	8.1%	8.1%
• Severe	8.0%	8.4%

Source: California Health Interview Survey, 2017, County

Within the county, adults in SPA 4 experienced the highest rate of moderate to severe interference with work (18.9%), family life (17.9%), and social life (19.1%) due to mental health issues.

Adult Mental Health Impairment in the past 12 months

Geographic Area	Impaired Work	Impaired Family Life	Impaired Social Life
SPA 1 – Antelope Valley	10.3%*	12.8%*	12.3%*
SPA 2 – San Fernando Valley	13.3%*	13.0%*	14.5%*
SPA 3 – San Gabriel Valley	16.8%	16.1%	16.7%
SPA 4 – Metro	18.9%	17.9%	19.1%
SPA 5 – West	15.2%*	15.0%	14.9%*
SPA 6 – South	11.9%*	14.2%*	13.5%*
SPA 7 – East	13.1%*	16.2%*	18.1%
SPA 8 – South Bay	14.4%*	16.4%	16.4%
Los Angeles County	14.6%	15.3%	16.0%
California	14.4%	15.7%	16.5%

Source: California Health Interview Survey, 2017, County

Nine percent (9.6%) of adults in Los Angeles County have seriously thought about committing suicide. This is slightly lower than the statewide rate of 11.6%.

Thought about Committing Suicide

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adults who seriously thought about committing suicide	9.6%	11.6%	16.0%*	7.9%	9.6%*	8.7%*	13.2%	8.3%	10.5%	9.4%

Source: California Health Interview Survey, 2017, County

Cigarette Smoking

About a tenth (11%) of Los Angeles County residents reported smoking cigarettes. There have been small but steady decreases in the percentage of adults who report smoking since 2009 when 14% of adults reported smoking cigarettes.

Cigarette Smoking

	Percent of Smokers
Los Angeles County	11.0%
California	11.0%

Source: County Health Rankings, 2018, County

Five percent of young adults in the county (5.2%) report currently smoking; this is slightly lower than the statewide percentage of 7.4%. In the county 1.8% of youth, ages 0-17, were in a home environment where there was smoking indoors. This rate is slightly lower than the state rate of 2.2%.



CHLA Photovoice Project, 2019

Smoking Young Adults and Smoke Present Indoors

	Current Smoker Ages 18-24 *	Smoke Present Indoors for Youth, Ages 0-17 [#]
SPA 1 – Antelope Valley	-	2.0%
SPA 2 – San Fernando Valley	4.1	1.1%
SPA 3 – San Gabriel Valley	8.5	2.2%
SPA 4 – Metro	-	--
SPA 5 – West	-	--
SPA 6 – South	11.6%	--
SPA 7 – East	-	--
SPA 8 – South Bay	5.0%	--
Los Angeles County	5.2%	1.8%
California	7.4%	2.2%

Source: California Health Interview Survey, 2012[#] & 2017, County

Alcohol and Drug Use

The California Health Interview Survey defines binge drinking, for males, as five or more drinks per occasion and, for females, as four or more drinks per occasion. About a third of Los Angeles County adults (33.8%) reported binge drinking in the past year. Within the county, the rate was highest among adults in SPA 4 with 45.1% reporting binge drinking in the last year. Among teens in the county, 7.3% report binge drinking in the past month and 21.2% of teens indicated they had ever had an alcoholic drink.

Alcohol Consumption and Binge Drinking

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adult Binge Drinking in Past Year (1)	33.8%	34.7%	33.1%	35.6%	27.0%	45.1%	34.5	30.1%	27.0%	38.2%
Teen Binge Drinking in Past Month (2)	7.3%*	5.8%	-	-	-	-	-	-	-	-
Teen Ever Had an Alcoholic Drink (2)	21.2%*	22.6%	17.6%*	41.3%*	-	-	79.2%*	-	-	25.3%*

Source: California Health Interview Survey, (1) 2015 and (2) 2017, County, *statistically unstable

Nine percent of Los Angeles County teens (9.4%) report having used marijuana in the past year. This is similar but slightly higher than the statewide percentage of 8.6%.

Child or Teen Illegal Drug Use

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Tried Marijuana or Hashish Age 0-17	8.6%*	12.4%	-	-	-	-	66.9%*	-	-	-
Used Marijuana in Past Year- Teen (2)	9.4%	8.6%	-	6.7%*	-	17.2%*	-	3.5%*	-	21.6%*

Source: California Health Interview Survey, (1) 2017 and (2) 2012, County *statistically unstable

Sexually Transmitted Diseases

In Los Angeles County, STD rates exceed those across the state; a trend that was observed in the previous needs assessment. Rates of Chlamydia are 541.4 per 100,000 persons in the county compared to 459.9 per 100,000 persons for the state. Gonorrhea rates are 151.3 for the county and 118.5 for the state. Primary and Secondary Syphilis are 11.9 for the county compared to 10.0 for the state. Early Latent Syphilis is 14.8 for the county and 8.9 for the state.

STD Cases per 100,000 Persons

	Los Angeles County	California
Chlamydia	541.4	459.9
Gonorrhea	151.3	118.5
Primary & Secondary Syphilis	11.9	10.0
Early Latent Syphilis	14.8	8.9

Source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, 2015 Annual HIV/STD Surveillance Report

Countywide, there were 19.0 HIV diagnoses per 100,000 persons and 501 people living with HIV per 100,000 persons. The rate of HIV diagnoses and living with HIV are higher in SPAs 4 and 6 compared to county. This trend was also observed in the previous needs assessment.

HIV Rate per 100,000 Population

	HIV Diagnosis (1)	Living with HIV (2)
SPA 1 – Antelope Valley	10.0	281
SPA 2 – San Fernando Valley	13.0	330
SPA 3 – San Gabriel Valley	10.0	209
SPA 4 – Metro	48.0	1,547
SPA 5 – West	9.0	376
SPA 6 – South	32.0	600
SPA 7 – East	14.0	272
SPA 8 – South Bay	17.0	500
Los Angeles County	19.0	501

Source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, 2016 & 2017

Teen Sexual History

Similar rates of teens in the county and state reported never having had sex (86.5% vs. 86.4%). A higher percentage of teens in the county who have had sex reported being tested for STDs in the past year (36.7%) compared to teens across the state (31.7%).

Teen Sexual History

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Never Had Sex (1) *	86.5%	86.4%	100%	76.7%	96.0%	100.0%	63.1%*	100.0%	100.0%	72.5%
First Encounter Under 15 Years Old (2)	10.7%*	7.6%	20.0%	4.6%	0.0%	15.1%	24.8%	29.4%	0.0%	13.5%
First Encounter Over 15 Years Old (2)	10.9%	9.5%	0.0%	13.0%	0.0%	4.1%	0.0%	13.9%	17.1%	16.4%
If Had Sex, Tested for STD in Past Year (2)	36.7%	31.7%	50.8%	59.2%	-	18.3%	0.0%	4.6%	23.4%	56.9%

Source: California Health Interview Survey, (1) 2017 and (2) 2012, County

*Statistically unstable

Flu and Pneumonia Vaccines

Seniors (67.4%) and children (54.4%) received flu vaccines at higher rates than adults (34.3%). This is consistent with the statewide rates and the previous needs assessment. Almost half of the children in the county and state (47.1%) received the flu shot at a doctor’s office, Kaiser, or HMO.

Flu Vaccine

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Received Flu Vaccine, 65+ Years Old	67.4%	69.3%	63.7%*	74.0%	69.4%	63.2%*	71.2%*	54.6%*	64.7%*	67.1%
Received Flu Vaccine, 18-64 Years Old	34.3%	37.7%	36.1%	35.5%	31.0%	35.4%	33.2%	40.0%	34.3%	33.1%
Received Flu Vaccine, 0-17 Years Old	54.4%	49.6%	39.0%*	48.4%	55.5%*	69.1%*	64.9%*	48.7%*	42.4%	54.4%
Child Received Vaccine at Dr. Office/Kaiser/HMO [#]	47.1%	47.1%	--	--	--	--	--	--	--	--
Child Received Vaccine at Community Clinic [#]	24.5%	23.6%	--	--	--	--	--	--	--	--
Child Received Vaccine at Hospital or ER [#]	9.0%	7.1%	--	--	--	--	--	--	--	--
Child Received Vaccine Some Other Place [#]	19.4%	22.2%	--	--	--	--	--	--	--	--

Source: California Health Interview Survey, 2009[#] & 2016, County

Mammograms

In Los Angeles County, 78.2% of women, thirty years and older, had a mammogram in the past two years. Statewide, for women thirty years and older, 76.1% completed a mammogram in the past two years. Both the county and state percentages have increased since the previous needs assessment but this increase does not yet meet the Healthy People 2020 Objective that 81.1% of women 30 years and older to have a mammogram in the past two years.

Women Mammograms

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Women 30+ Years, Had a Mammogram in Past Two Years	78.2%	76.1%	77.3%*	85.6%*	74.2%*	71.5%*	71.5%*	86.6%*	78.1%*	76.5%*

Source: California Health Interview Survey, 2016, County

Pap Smears

The Healthy People 2020 Objective for pap smears is 93%. In Los Angeles County, 84.4% of women had a pap smear in the past three years. Statewide, 89.3% of women have had a pap smear.

Women Pap Smears

	LAC	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Women 21-65 Years, Had a Pap Smear in Past Three Years [#]	84.4%	89.3%	88.2%	81.2%	78.4%	88.7%	84.2%	85.9%	83.1%

Source: Los Angeles County Health Survey, Los Angeles County Department of Public Health 2015

Colorectal Cancer Screening

The rate of colorectal cancer screening is 55.1% for Los Angeles County and 75.9% for the state. The Healthy People 2020 Objective for colorectal cancer screening of 70.5%. Of those adults advised to obtain a screening, 66.5% in the county and 68.1% in the state were compliant at the time of the recommendation.

Colorectal Cancer Screening

Home-based Fecal Occult Blood Test in the past two years or ever had a colorectal endoscopy. All Races (includes Hispanic), Both Sexes, Ages 50+	Percent	Range in Group	Peer Group Ranking (*)
CA (1)	75.9	63.6-81.8	35
LAC (2)	55.1	47.1-71.8	15

(1) 2016 BRFSS Survey Data collected by the Behavioral Risk Factor Surveillance System (BRFSS) sponsored by the Centers for Disease Control and Prevention. (2) 2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS).

Per data source, "based on a statistical model which combines information from the Behavioral Risk Factor Surveillance System and the National Health Interview Survey to correct for nonresponse and under coverage bias and are enhanced in small areas by borrowing information from similar areas across the nation." (*) Groups compared are CA to remaining states including Puerto Rico and LAC to remaining 58 counties in California

Source: State Cancer Profiles.

We value your input

Children's Hospital uses the Community Health Needs Assessment to develop its community benefit plan. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area and can be found on our website at <https://www.chla.org/community>.

Share your ideas, recommendations or stories related to our community's health by emailing us at communitybenefit@chla.usc.edu.



CHLA Photovoice Project, 2019