2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Children's Hospital LOS ANGELES®

1000 N. Alameda Street, Suite 250
Los Angeles, CA 90012

The 2022 Community Health Needs Assessment (CHNA) for Children's Hospital Los Angeles was conducted by the Center for Nonprofit Management (CNM).

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Executive Summary

Creating Hope and Building Healthier Futures

Founded in 1901, Children's Hospital Los Angeles (CHLA), a 501(c)(3) nonprofit institution, is the top-ranked pediatric hospital in California and fifth in the nation on the U.S. News & World Report Honor Roll of best children's hospitals. To fulfill our mission - to create hope and build healthier futures - we champion compassionate patient care through more than 350 pediatric specialty programs, leading-edge training and education for clinicians, and innovative research efforts that improve children's lives, not only at our hospital but around the world.

A Focus on Community

Healthier communities create healthier and more resilient children. This means that supporting the community is an integral part of our mission. Children's Hospital Los Angeles is committed to advancing wellness beyond our walls by applying our significant health care expertise, as well as our roles as a purchaser and employer.

The Community Health Needs Assessment (CHNA)

All nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) and develop an implementation strategy every three years as mandated by federal and state law. The CHNA serves to provide a deeper understanding of the health and social needs of the community and informs our community benefit program planning efforts.

The CHNA process involves collecting and reviewing qualitative and quantitative data on the health and social needs of the communities with the understanding that the health of individuals and the community is influenced by where they live, work, and play. Types of information collected include health conditions of the population, socioeconomic factors, physical environment, health behaviors, and the availability of health care services, totaling more than 300 data points drawn from a variety of public sources at different geographic specificity (e.g., ZIP Code, Service Planning Area (SPA), county, and state, as available).

Engaging the Community

CHLA engaged the community, including key leaders of organizations, service providers, community members, parents, and youth, to integrate community perspective in the CHNA process. Stakeholder convenings with local health providers and community leaders were conducted to increase awareness about the CHNA and invite input and sharing of perspectives. Community members participated in surveys along with local health providers and community leaders to identify issues that most affect the health of the community. CHLA created a Youth Photovoice Project for youth across Los Angeles County to document their view of social determinants of health through photography. This project offered unique insights into the lived experiences of youth and their families in specific communities and were also incorporated into this CHNA. Multiple listening sessions were facilitated to share the results from the data collection. Community members, youth and key stakeholders discussed and identified key issues or challenges and completed surveys prioritizing identified needs according to trends, available resources, and community readiness.

Our Community Service Area

Children's Hospital Los Angeles serves all of Los Angeles County and draws pediatric patients regionally from Southern California. Due to its large geographic area, the Los Angeles County Department of Public Health categorizes LA County into eight Service Planning Areas (SPAs) for health care planning purposes and to provide services based on the needs of local communities:

SPA 1 - Antelope Valley
SPA 2 - San Fernando Valley
SPA 3 - San Gabriel Valley
SPA 4 - Metro
SPA 5 - West
SPA 6 - South
SPA 7 - East
SPA 8 - South Bay

For the purposes of the CHNA, CHLA's service area is comprised of the eight SPAs in Los Angeles County with a particular focus on SPA 4 and SPA 6 given their geographic proximity to the hospital.

Demographics

Los Angeles County's population was estimated as 10,014,000 in 2020. Children (ages 0-14) represented 18.2% of the population in Los Angeles County, while adolescents (ages 15-17) represented 3.8%. Los Angeles County is very diverse. Approximately half of the population identifies as Hispanic or Latino (50%); a little over a quarter identified as White (26.2%); 13.3% identified as Asian, and 7.9% identified as Black or African American.

In Los Angeles County, more than half (57%) of residents speak a language other than English often at home, with the majority (39.4%) among them speaking Spanish. Throughout LA County, 5.5% of youth had fair or poor health status, which is lower than the adult (14.1%) and senior (25.9%) populations.

Mental Health

Mental health was identified as a growing critical health issue or challenge in Los Angeles County and throughout California. 46.1% of adult Californians reported experiencing anxiety or depression in 2021. Over a quarter of teens (27.5%) in LA County reported needing help with their mental and emotional health, with the highest needs expressed by teens in SPA 6 (36.9%) and SPA 4 (29.6%).

Homelessness/Housing

LA County faces a growing housing crisis. Housing supply has been limited with unit vacancy rates in LA County at 6.4%. 21.1% of households in SPA 1 and SPA 6, had 6 or more people per household compared to a county rate of 11.9%. The percentage of renters paying more than 30% of their monthly income on rent and utilities is approximately 54.6% in the county. The number of people experiencing homelessness in the county has grown 18.7% to 67,197 in 2020.

Income Security/Poverty
At the start of the pandemic, unemployment in the county nearly peaked 20%, significantly outpacing the rest of the state, with SPA 4 and 6 showing severe job losses due to COVID, at 18.3% and 17.4% respectively.

Communicable Infectious Diseases (COVID 19)
As of April 1, 2022, over 2.8 million confirmed cases were reported in the County of Los Angeles. The majority of the cases were in the age group between 30 and 49 years of age. In 2020, with mandated stay-at-home orders, nearly a third of those employed in LA County transitioned to working from home, particularly in SPA 4 and SPA 5, at 38.3% and 43.7% respectively. While in Southeast LA, 60% reported they were not working from home with many stating they were essential workers and a quarter stating they did not feel safe performing their jobs.

Patient/Family Centered Health Care
In LA County, 92.1% of adults and 98.8% of youth (0-17) have some form of health insurance coverage. 61.1% of LA County residents named physician offices and HMOs as their usual source of care. But some barriers to care reported include social connectedness via computers and internet (15%) and general navigation of medical systems and insurance (7.6%).

Health Services Communication
In LA County, 39.7% of homes reported speaking English, 10.6% speak Spanish. Community members reported that a lack of confidence in the information available, regarding vital health services, impacted community access to services, in some instances, due to assumptions over eligibility, fear of sharing personal information, and cost concerns.

Obesity
In LA County, trends over 20 years reveal that the rate of overweight adults has remained steady, at approximately a third of the adult population, while the rate of obesity has doubled to 27.7%. Nearly a quarter of young adults between 18 and 24 (24.6%) are considered overweight. About a third of teens are either overweight (14.3%) or obese (20.5%).

Food Insecurity
Food insecurity is the lack of reliable access to nutritious and healthy food. In LA County, 38.3% of adults with income less than 200% below the federal poverty line experienced food insecurity, with the highest rates in SPA 6 and 2 at 50.8% and 45.1% respectively, and SPAs 1 and 4 both at 44%. SPAs 1, 2,3 and SPA 6 have the highest percentage of eligible students for the free and reduced-price meals offered as part of the National School Lunch Program. Community members pointed to cost and limited access to healthy food in their own neighborhood as common barriers, highlighting inequities in access for low-income communities.

What We Have Learned

These highlighted key findings and data included in the CHNA will inform the hospital's Community Benefit program focus and strategies for the period covering 2022 to 2024. While the health needs within the CHLA service area are varied and complex, stakeholders had an opportunity to review data and prioritize the health needs identified. The list reflects their collective ranking:

PRIORITIZED HEALTH NEEDS
Mental Health
Homelessness/Housing
Economic Security/Poverty
Communicable/Infectious Diseases (including COVID-19)
Patient/Family-centered health care
Health Services Communication
Obesity
Food Security

Where Do We Go from Here?

The above list of priority needs was organized into three general domains: health access, economic advancement, and community growth. Collectively, they represent the focus areas selected to inform planning and development of the Community Benefit Implementation Strategies (CBIS). CBIS domains are developed based on organizational strengths, current initiatives, available resources, and alignment with mission.

Health Access "Well Families"	Economic Advancement "Working Well"	Community Growth "Well Communities"
• Expand access to pediatric health, behavioral health and preventative services • Increase awareness of pediatric and family health care resources and information	• Expand workforce pipeline programs for youth and young adults • Expand support of local economic inclusion initiatives	• Spur local economic growth and champion environmental sustainability

CHLA will refine and update a CBIS and Community Benefit plan based on the analysis presented in this CHNA, which captures data from a variety of health outcomes, indicators, and valuable input from the community.

"I live in Playa Vista and Canoga Park. I took pictures around the Boys and Girls Club to show how we could improve but also to set an example for other children's facilities. I took pictures that relate to the recreation centers; the subject affects my health and the health of communities because it creates different/better childhoods. I am grateful that I have many great resources. I want to see better change in all communities. Through the Photovoice program, I learned that little things can make big impacts on all kinds of people."

Youth Artist, age 12
Santa Monica Boys & Girls Club
Youth Photovoice Project 2022

Overview

About Children's Hospital Los Angeles

Founded in 1901, Children's Hospital Los Angeles (CHLA) is a 501(c)(3) nonprofit institution that provides pediatric health care with a mission to support compassionate patient care through more than 350 pediatric specialty programs, leading-edge training and education of clinicians, and innovative research efforts that impact children at the hospital and around the world. CHLA has been affiliated with the Keck School of Medicine of the University of Southern California since 1932. Children's Hospital Los Angeles is the only freestanding Level 1 Pediatric Trauma Center in Los Angeles County approved by the County Department of Health Services and accredited by the Committee on Trauma of the American College of Surgeons.

HOSPITAL RANKINGS

- Ranked #1 Children's Hospital in California
- Nationally ranked in 10 Pediatric Specialties
- Only freestanding Level 1 Pediatric Trauma Center in LA County approved by the County Department of Health Services
- Accredited by the Committee on Trauma of the American College of Surgeons

MISSION

We create hope and build healthier futures.

As a leader in pediatric academic medicine, we fulfill our mission by:

- Caring for children, teens, young adults and families
- Making discoveries and advances that enhance health and save lives
- Training those who will be the future of child health
- Supporting our communities, especially underserved populations

VISION

We will be the pediatric health system of choice by offering transformative compassionate care and lifechanging discoveries.

VALUES

We achieve our best together.
We are hopeful and compassionate.
We are learners leading transformation.
We are stewards of the lives and resources entrusted to us.
We serve with great care.

Our Community Service Area

- CHLA is located at 4650 Sunset Blvd, Los Angeles, California 90027 within SPA 4.
- CHLA serves all Service Planning Areas[1] (SPAs) within LA County and draws pediatric patients regionally from across Southern California.

SPA 1 - Antelope Valley

SPA 2 - San Fernando Valley

SPA 3 - San Gabriel Valley

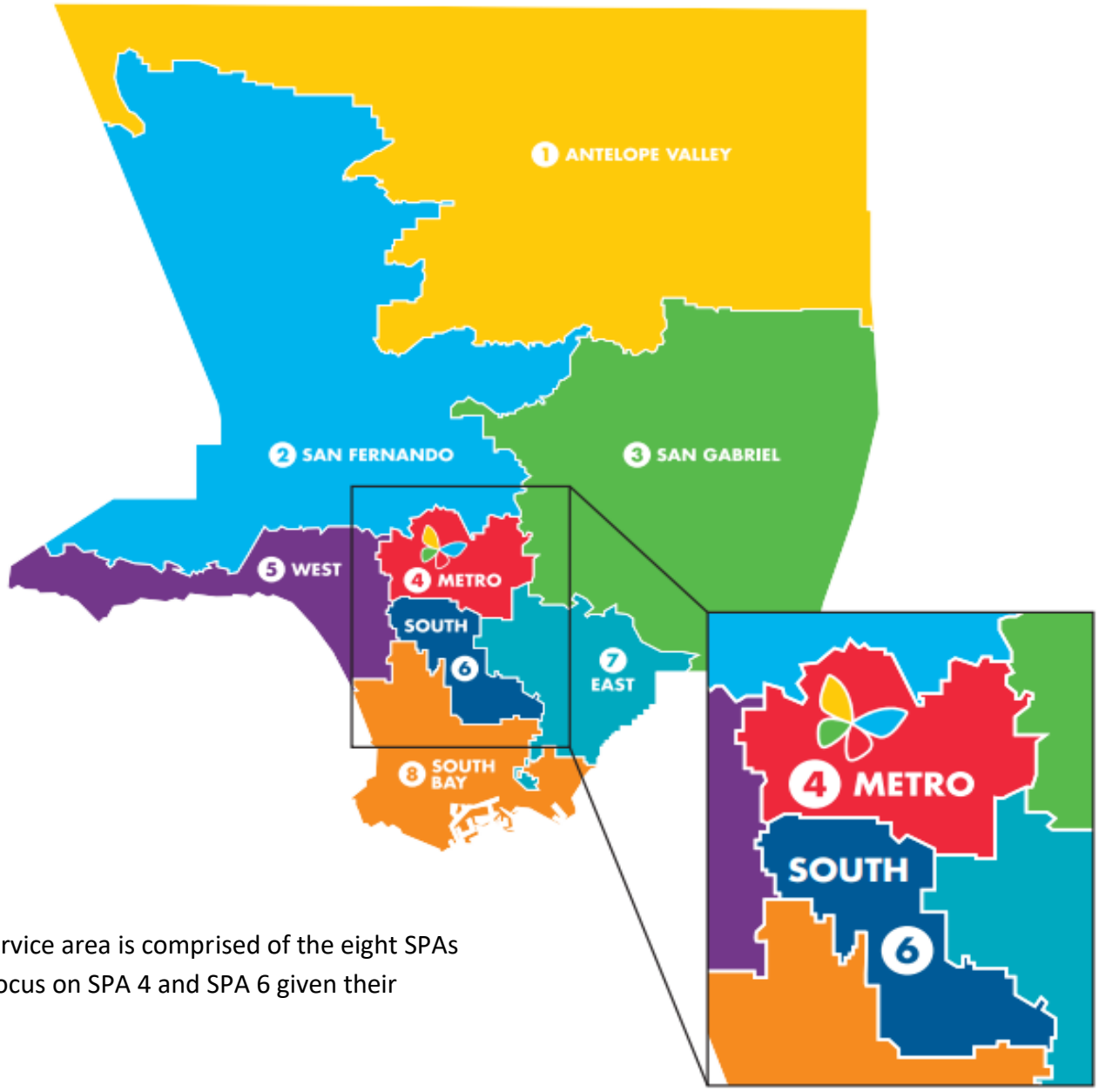
SPA 4 - Metro

SPA 5 - West

SPA 6 - South

SPA 7 - East

SPA 8 - South Bay



- For the purposes of the CHNA, CHLA's service area is comprised of the eight SPAs in Los Angeles County with a particular focus on SPA 4 and SPA 6 given their geographic proximity to the hospital.

[1] 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 LA 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).

Community Benefit Background

Community Benefit Criteria	Cannot be reported as Community Benefit
Program or activity that provides treatment or promotes health as a response to community needs and meets at least one of the following objectives: • Improve access to health care services • Enhance health of the community • Advance medical or health knowledge • Relieve or reduce the burden of government or other community efforts	Program or activity that is: • Provided for marketing purposes • Restricted to hospital employees and physicians • Required of all health care providers by rules or standards • Questionable as to whether it should be reported • Unrelated to health or the mission

Source: Catholic Health Association of the United States

To maintain tax-exempt status, **all nonprofit hospitals must provide services that address issues within its local community.** These services and programs are reported out as "community benefit" to the **IRS and to CA's HCAI every year**. These agencies set guidelines on what can and cannot be considered Community Benefit.

Community Benefit Requirement

IRS & Affordable Care Act Community Benefit Requirements	
Every 3 Years	Conduct a Community Health Needs Assessment (CHNA)
With CHNA	Adopt a Community Benefit Implementation Strategy (CBIS) to meet identified needs
With CHNA	Widely publicize the CHNA, CBIS and Community Benefit programs and services, and financial assistance policies
Every Year	File an IRS Form 990, Schedule H to report Community Benefit activities and other information related to tax exemption

CA SB697 Community Benefit Requirements	
Every 3 Years	Conduct a Community Health Needs Assessment (CHNA)
Every Year	Develop a Community Benefit Plan in consultation with the community
Every Year	Submit a copy of the Community Benefit Plan to HCAI

CA AB 204 Hospitals: Community Benefits Reporting	
Every Year	Emphasizes wide distribution of Community Benefit Plan and clarifies reporting requirements

CA AB 1204 Hospital Equity Reporting	
Every Year	Identifies specific groups in the definition of "vulnerable populations" for Community Benefit reporting purposes

Community Health Needs Assessments (CHNAs) are **required every 3 years** to comply with California State Legislature enacted Senate Bill 697 (SB 697) & IRS tax exempt designation requirements. The CHNA:

- Provides a deeper understanding of the health and social needs of the community.
- Informs CHLA's community benefit program planning efforts.

Engaging Los Angeles Youth

CHLA created a Youth Photovoice Project for youth across Los Angeles County to document their view of social determinants of health through photography. Photovoice is an innovative method of education empowerment by which youth are given cameras to take photographs for the purpose of illustrating social and environmental factors that affect health. This project offered unique insights into the lived experiences of youth and their families in specific communities and were also incorporated into this CHNA. The method provides a voice through the power of photographs to youth that may not otherwise have the opportunity or audience to have their perspective heard.

Youth from elementary school to college, representing all eight Service Planning Areas (SPAs) of Los Angeles County participated in this Photovoice project. Participating youth were recruited from 13 organizations throughout LA County: Antelope Valley Boys & Girls Club, Boys & Girls Club of San Fernando Valley, John Marshall High School, Boys & Girls Club of Mar Vista, After School All Stars College Ready Middle Academy #7, University of Southern California, Strength Based Community Change, Beach Cities Health District, Long Beach LGBTQ Center, Boys and Girls Club of Santa Monica, West San Gabriel Valley Boys and Girls Club, After-School All-Stars College Ready Middle Academy #12 A and Heart of Los Angeles (HOLA).

Engaging Youth in Participatory Research

2022 CHNA Youth PhotoVoice Project

- Conducted in collaboration with 13 youth-serving organizations
- Engaged 150+ Angeleno Youth photographers (5th Grade - College)
- 900+ photos submitted depicting youth perspectives about their communities

Some photos were curated and exhibited virtually. Information about the virtual gallery is available at: **https://www.chla.org/blog/community-programs**. Pictures taken by youth can be found throughout this report.

Voices of Local Youth SPA 4-Metro

Some people don't know that our health center is on campus & is there for all to use & some don't know what a health center does for a school.

"My experience being a part of this project was great. I really loved going around my campus and really looking closely at the resources present and absent at my school. I was also able to learn about SDoH and how it [affects] each community/person."

The water fountains have no drink signs and are off limits to any students that are on campus and one also has ants coming out from the drain. I took these to show that there are not really any places to drink water for people that might not have any.

Voices of Local Youth SPA 6- South

Astroturf field with soccer practice taking place on it behind a chainlink fence.

"The pictures I took are in LA and show the disadvantages of our community. I want to see change in the way our community is presented because it represents us so poorly. There is so much dirt/trash in our area it's sad."

Car bumper on the sidewalk against a fence with other trash.

Sign for Food Options

Youth Artist (SPA 1)
Boys & Girls Club Antelope Valley
Youth Photovoice 2022

Demographics

Overview of Los Angeles County

LA County is home to 10,014,009 residents and this total population count has remained fairly stable since 2017. With a state population of 39,538,223 people, one out of four California residents reside in LA County. The county has had a steady decline in the number of births year-over-year since 2014, from approximately 136,647 births to 97,770 (in 2020), a drop of nearly 28.5%. Just over half (or 54.7%) of births are to parents who identify as Hispanic/Latino.[2] The birth rate decline has been steeper in LA County than in the rest of the State (16.5%).

Ethnicity

Representation of ethnicity in a geographic region depends on how the question is framed in a given survey. Many surveys differ in this respect mainly because the race/ethnicity question is complex and distinct racial groups don't often capture the multiracial aspect of how people self-identify. In addition, people's own understanding of race and ethnicity evolves making longitudinal comparisons particularly challenging. In the service area of CHLA, based on the U.S. Census, approximately 45.6% of the population in LA County identifies as Hispanic/Latino, nearly half the county's population. Another 30.9% and 14.2% identify as White and Asian respectively.

In a survey conducted by UCLA (2020), the ethnicities are noted somewhat differently. In 2020, almost one-third, 30.1%, of the people living in Children's Hospital Los Angeles' service area identified as Hispanic/Latino. In LA County, 26.9% identified as White, 13.4% Asian, and 7.7% Black or African American. In 2020, 21.5% self-identified as a mix of 2 or more races compared to 16.9% in 2017.

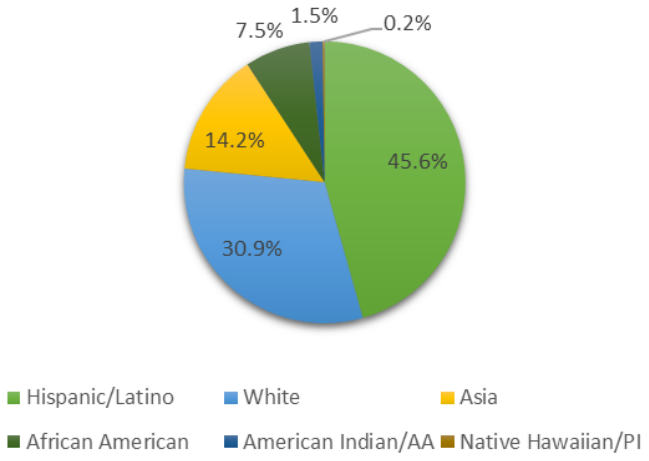
The youth population (0-17 years of age) also appears to be changing. Youth identifying as Latino has decreased from 40.20% in 2017 to 25.80% in 2020. An increase in youth identifying as Asian (12.4%) is also observed[3]

[2] https://data.chhs.ca.gov/dataset/live-birth-profiles-by-county/resource/260fbfb0-e386-465d-85a4-6f28868dd51a

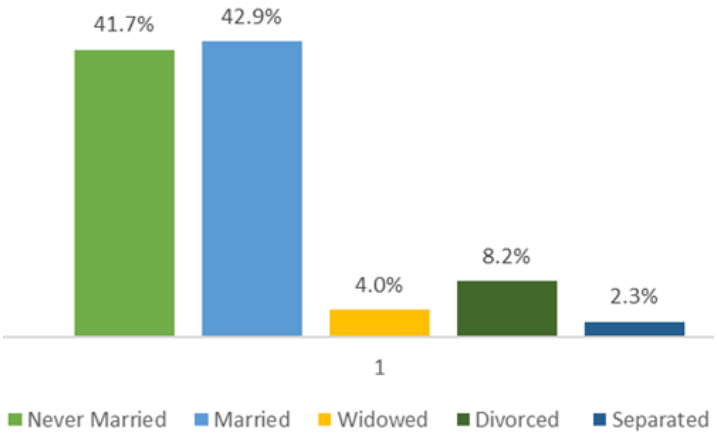
[3] UCLA Center for Health Policy Research

CHLA Service Area: LA County

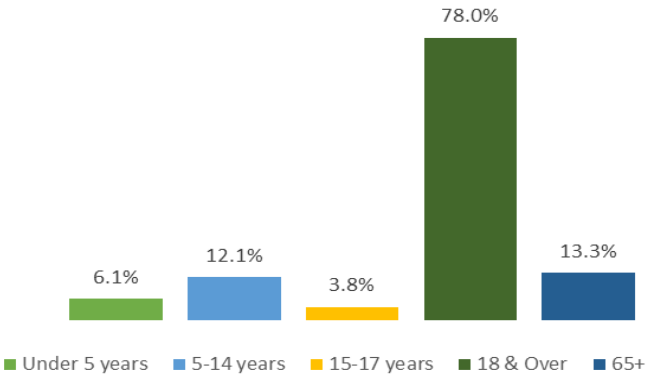
Ethnicity



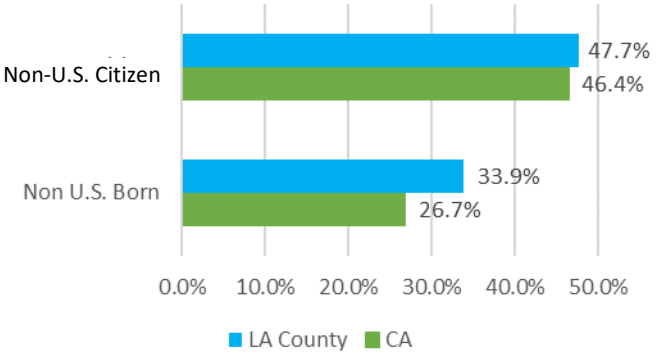
Marital Status



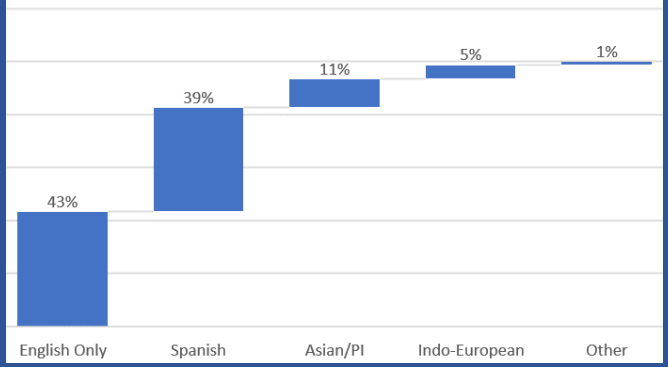
Age



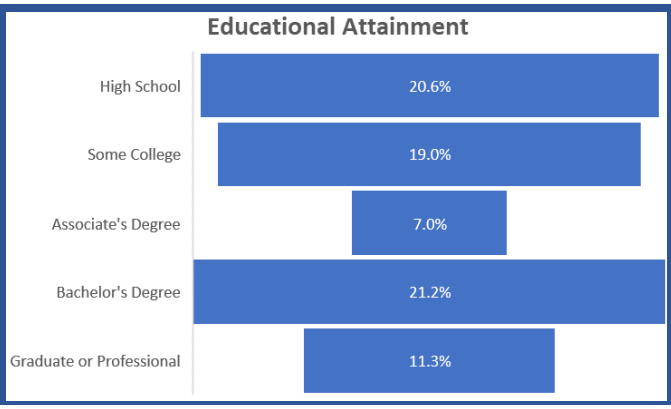
Resident Status



Language at Home

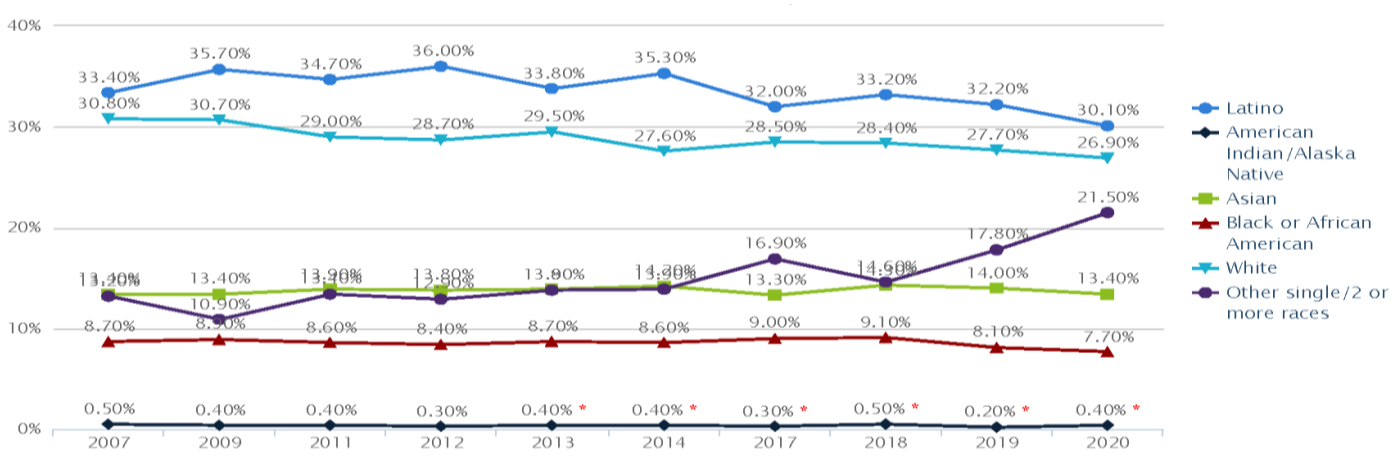


Educational Attainment

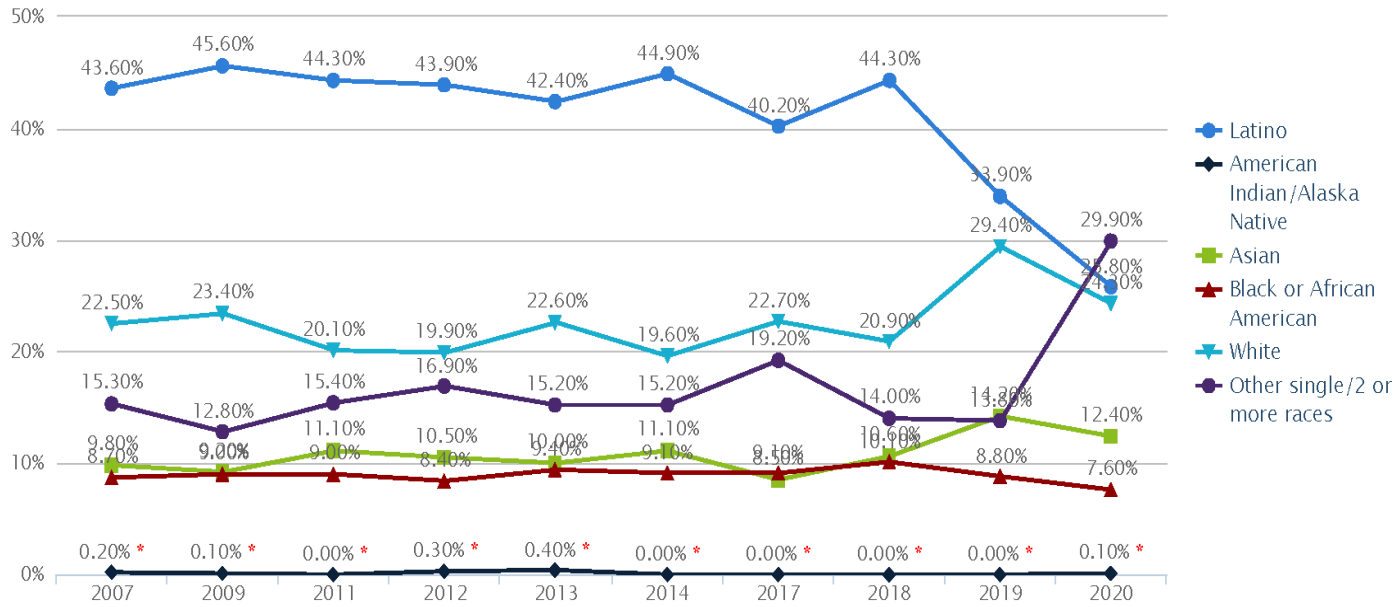


Ethnicity- Trendline[4]

Total Population

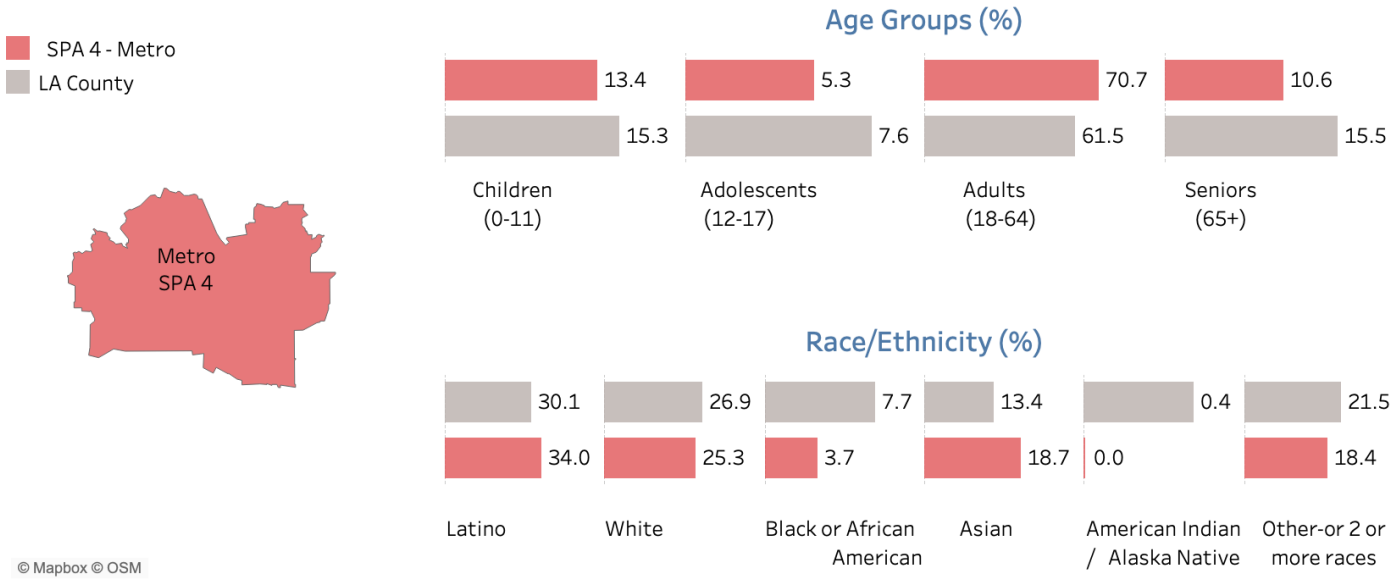


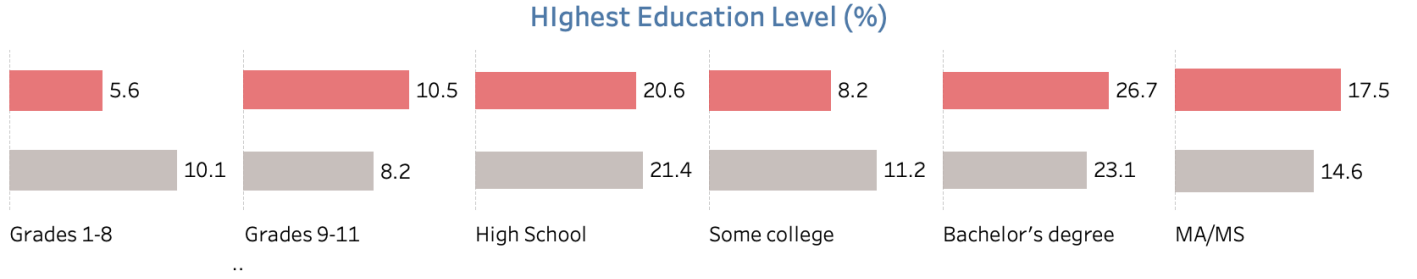
Youth Ethnicity (0-17)

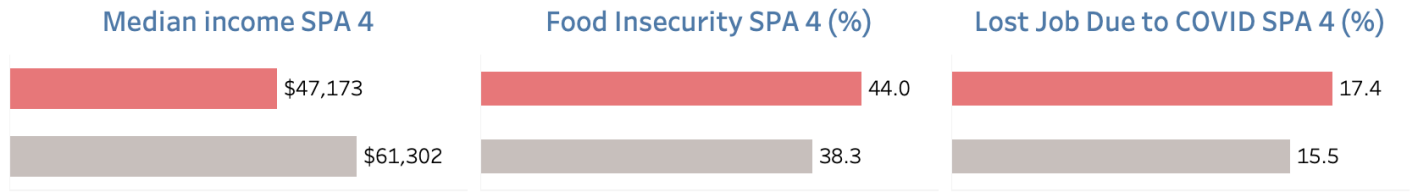


[4] 2020 California Healthy Kids Survey, UCLA Center for Health Policy Research (2007 and beyond), * indicates statistically unstable.

SPA 4 Demographics

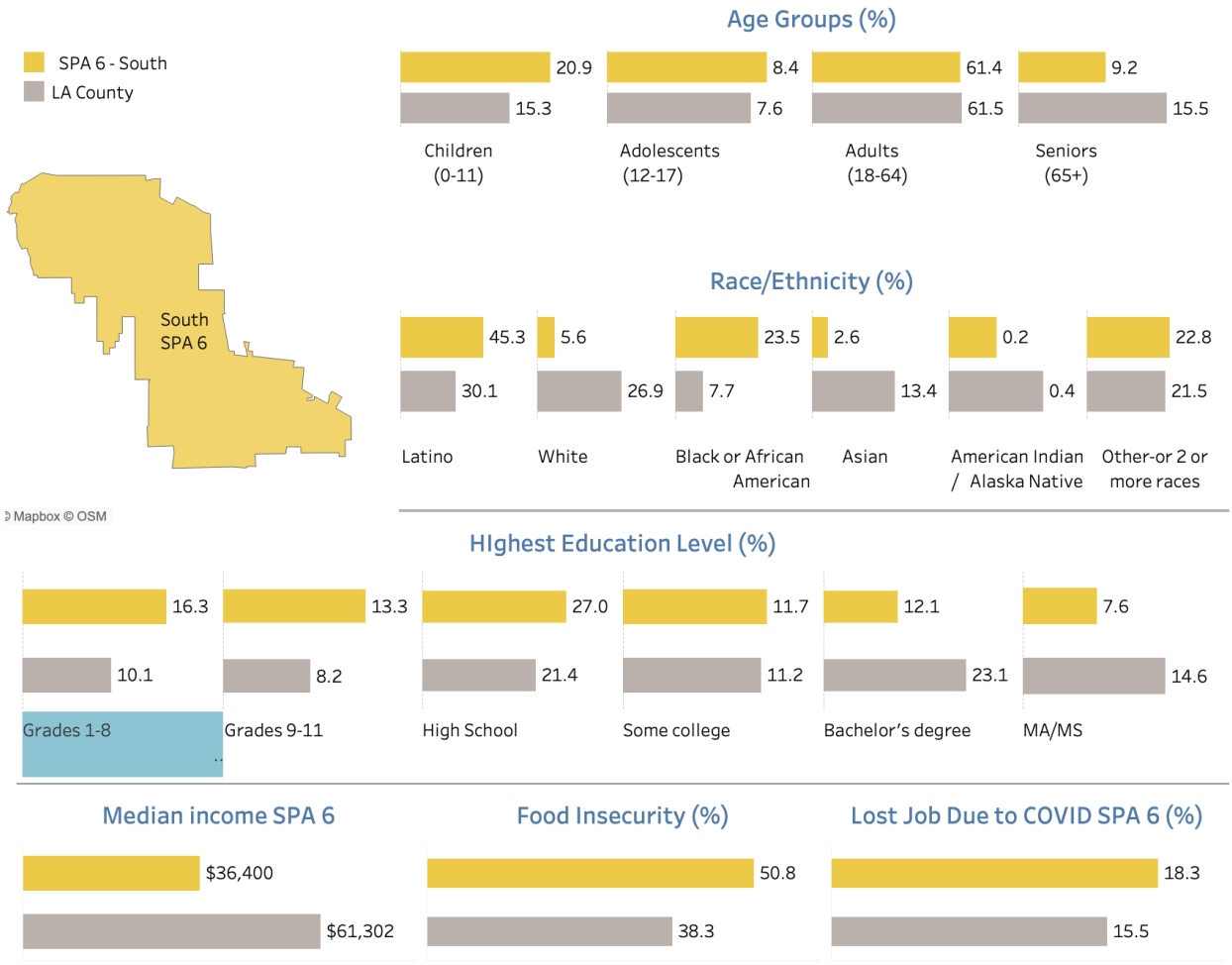






- Majority of residents (70.7%) living in SPA 4 are adults (18-64).
- SPA 4 has a larger proportion of Latino (34%) and Asian (18.7%) residents than the county average, at 30.1% and 13.4% respectively.
- Larger proportion of residents have a college degree or higher education than the County average.
- Residents make almost $14,000 less than LA County residents overall, and more were affected by job loss as a result of Covid-19 pandemic.
- More (44%) residents experienced food insecurity than county residents as a whole.

SPA 6 Demographics



- Approximately 29.3% of SPA 6 residents are 17 or under compared to a county rate of 22.9%. By contrast, SPA 6 has fewer seniors (9.2%) than the rest of the County (15.5%).
- SPA 6 has a larger proportion of Latino (45.3%) and African American (23.5%) residents than the county average, at 30.1% and 7.7% respectively.
- Larger proportion of residents have a high school education or less (56.6%) than the County (39.7%).
- Residents make almost $25,000 less than LA County residents overall, and more were affected by job loss as a result of Covid-19 pandemic.
- More than half of residents have experienced food insecurity.

Age & Gender

In LA County, just over half (50.7%) of the population self-identified as female, while 49.3% of the population as male. 5 out of 8 Service Planning Areas had higher proportion of females than males, with SPA 6 having the highest proportion (55.1%) compared to the county rate of 50.6. In SPA 4, 54.1% self-identify as males and 45.9% self-identified as females.

More than one out of five residents are under 18 in LA County; Youth (0-17 years of age) represent 22.9%. Of that population, 6.1% are between 0-4 years, 12.1% are 5-14 years, and 3.8% are youth between 15-17 years. SPA 4 had fewer children than the county average, with 18.7% under 18 years. The most populous group by age was adults (18–64); they represented 64.7% of all residents in LA County. Seniors (65+) comprised 13.3% of the population in LA County.

Age distribution by Service Planning Area varies with SPA 6 having the highest population of youth (29.3% under 18 years, of which 20.9% are children 0-11). SPA 7 had the highest proportion of teens (10.4%). Largest proportion of seniors lived in SPA 5 and 3, at a rate of 19.8% and 18.7%, compared to a rate of 15.5% in the entire county.

Residency & Language

Within LA County, 33.9% of the population are non-U.S. born, compared to 26.7% state-wide. The state and LA County report rates of the population who are non-U.S. Citizens as 46.4% and 47.7%.

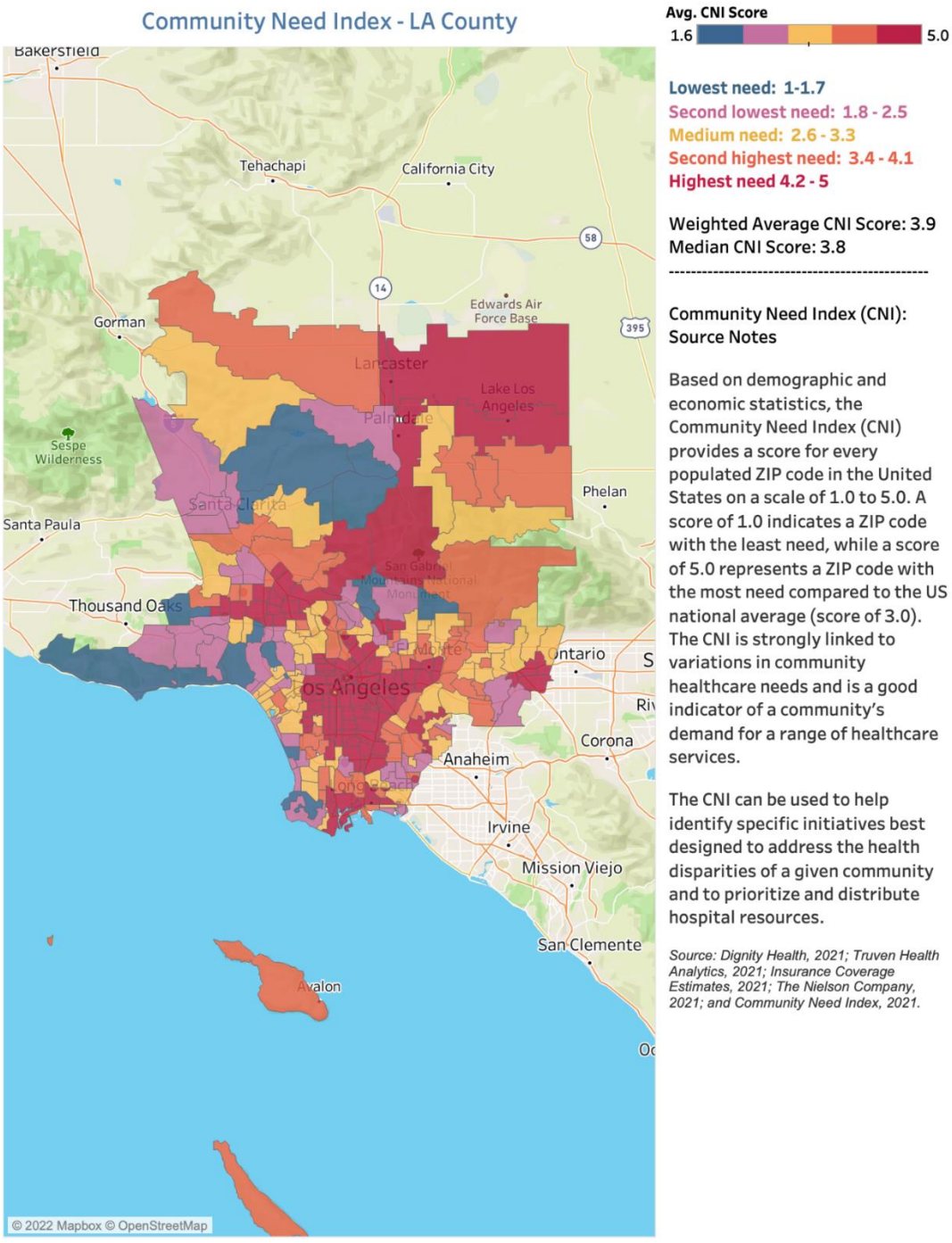
57% of LA County residents speak a language other than English at home. The majority among them speak Spanish at home (39%) and more than one out of ten (11%) speak an Asian or Pacific Islander language.

Education

Education attainment is considered a key driver of economic prosperity and good health. In LA County, approximately one in 5 residents have either graduated from high school only, have some college (no degree), or a bachelor's degree. Approximately a third have a bachelor's degree or higher. In SPA 6, 19.7% have a bachelor's or Master' degrees% and 29.6% have less than a High School education, compared to a state rates of 37.7% and 18.3%, respectively.

Overall Community Health

The overall health of LA County is reflected in the Community Need Index chart as it captures demand for a range of healthcare services. The greatest need appears in SPA 1, 4 and 6, and various geographic areas of SPA 2 and 3.



Youth with fair or poor health status represent 5.5% of LA County, which is significantly lower than the adult (14.1%) and senior (25.9%) populations.

Roughly 11.4% of adults missed work due to illness, injury, or disability for 7 days or more. The highest rates of missed work were among adults in SPA 4 (15.7%) and SPA 6 (14.3%). The greatest proportion of visits to the doctor occurred in SPA 1, at 26.5% compared to the state rate of 20.5%.

Health Status[5]

Health Status	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Adults with fair or poor health status	16.9	13.2	13.2	14.5	7.6*	22.3	15.3	11.7	**14.1**
Youth with fair or poor health status	-	10.2*	4.9*	6.5*	-	3.8*	4.0*	-	**5.5**
Percent of seniors who have a fair or poor health status	37.2	20.3	20.6	39.8	6.4*	39.9	33	31.3	**25.9**
Adults missing work due to illness, injury or disability (7+days)	6.9	12.1	8.8	15.7	9.2	14.3	9.4	12	**11.4**
Number of doctor visits in past year: 5 and over	26.8	19.2	20.7	22.6	22.5	21.4	18.9	18.8	**20.5**

[5] Source: California Healthy Kids Survey, 2020. In Percent. * indicates value is statistically unstable.

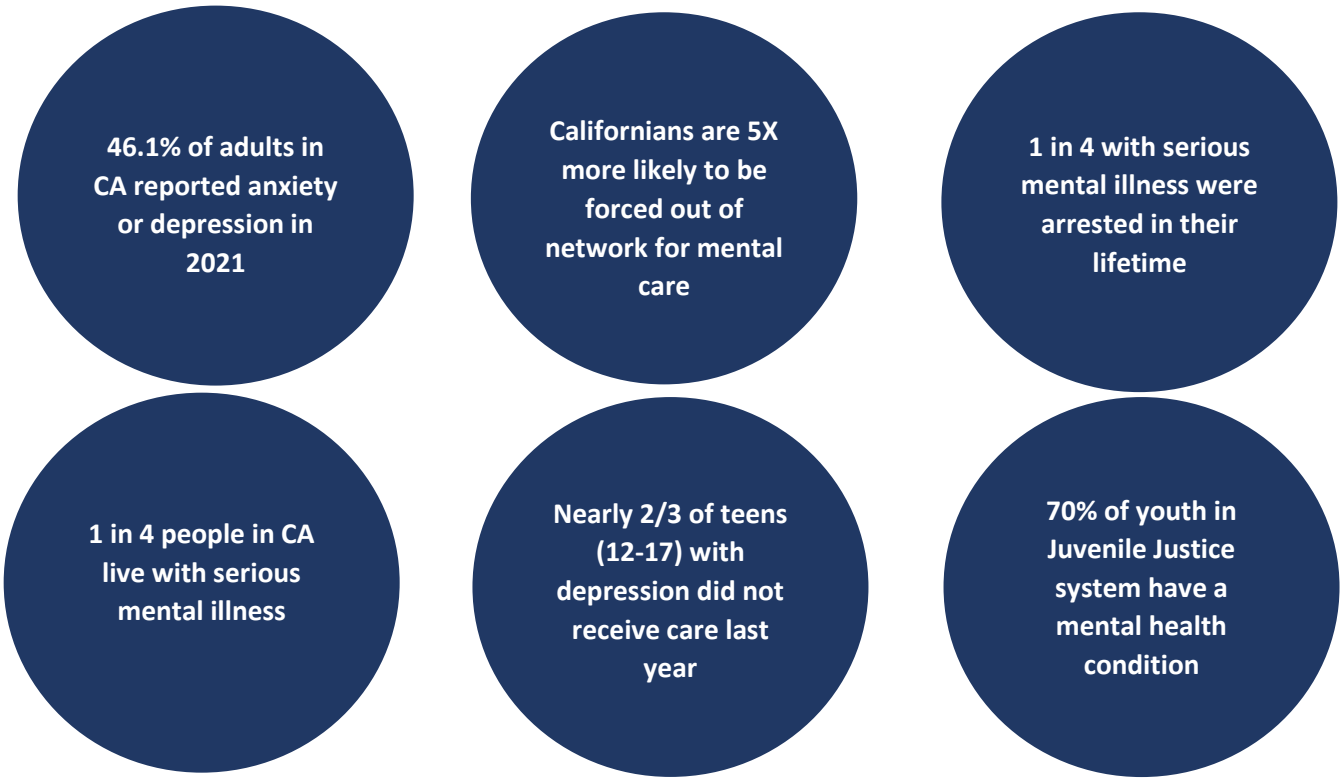
FINDINGS

Participant in Play Structure

Youth Artist (SPA 2)
Boys & Girls Club SF Valley
Youth Photovoice 2022

Mental Health

Over half of survey respondents in SPA 4 & 6 identified mental health as a big issue and challenge to better health in the community. These findings are characteristic of more significant trends in the state and the country. One in 5 adults in the U.S. experience mental illness each year. The figures below provide mental illness in California.[6]



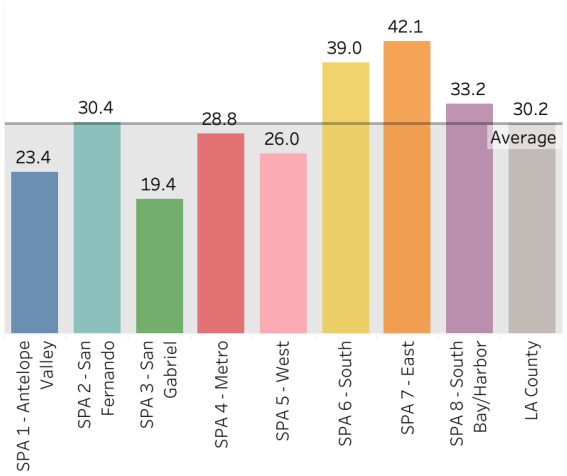
In 2018, approximately two out of three (64.4%) of the adult population reported receiving social and emotional support. Adults in SPA 4 and 6 were less likely to feel they received this support than the rest of the county, with rates of 58.4% and 55.3%, respectively. By 2021, two years into the COVID pandemic, nearly half of adults (46.1%) in California reported feeling anxiety and depression. The growth in psychological distress is reflected in the charts that follow.

Adults in LA County in 2020 shared that they were unable to work for an average of 30.2 days due to mental problems. Adults in SPA 7 were unable to work 42.1 days, and the number of adults seeking help for mental issues was below average, 45.7%, compared to the average in LA County of 48.9%. 86% of adults in SPA 7 reported that psychological distress impaired their work. Similarly, high numbers of adults in SPA 7 disclosed impaired family and social life, 84.9% and 85.5%, respectively, the highest rates in LA County. SPA 7 also has the lowest percentage in the county of adults of taking prescription drugs for mental and emotional health issues at 5.1%.

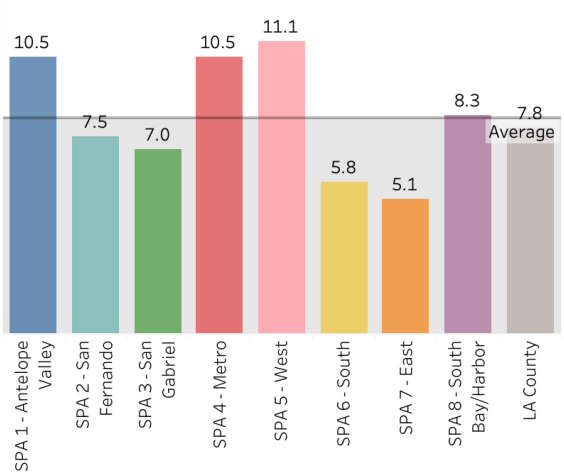
[6] https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/CaliforniaStateFactSheet.pdf. Last Accessed March 17,2022

Mental & Emotional Health[7]

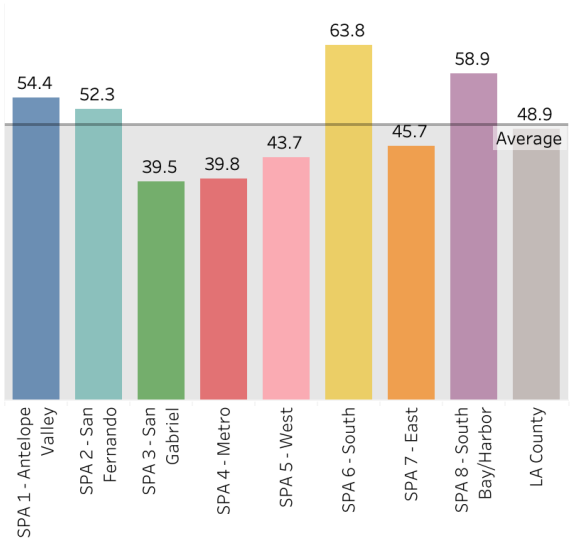
Number of Days Unable to Work Due to Mental Problems



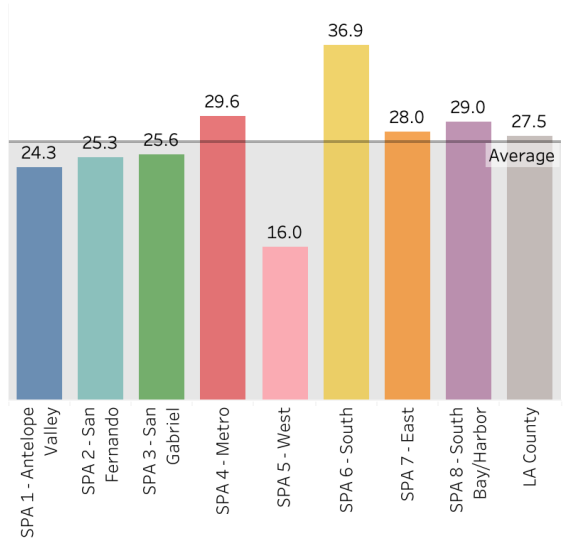
Adults Taking Prescription Drug for Mental/Emotional Health Issue in Past Year



Adults Seeking Help for Mental/Emotional and/or Alcohol/Drug Issue(s)



Teens Needing Help for Mental/Emotional Health Problems



All numbers reflect percentage responses, except for the first chart showing number of days.

[7] California Healthy Kids Survey, 2020

By 2020, adults self-reported psychological distress at higher rates than in 2017. In Los Angeles County, 79.1% of adults indicated that psychological distress impaired their family life, a 63.8% increase from 2017. Approximately 79% of adults described the impact of rates of distress on their family lives and social life, a close to 63% differential in three years for both categories.

Change in Self-Reported Adult Psychological Distress 2017 to 2020[8]

Report Area	Impaired Work	% Differential	Impaired Family Life	% Differential	Impaired Social Life	% Differential
SPA 1- Antelope Valley	75.7	+65.4	78.0	+65.2	73.5	+61.2
SPA 2 – San Fernando Val.	83.2	+69.9	81.5	+68.5	82.4	+67.9
SPA 3—San Gabriel	83.2	+66.4	83.2	+67.1	82.4	+65.7
SPA 4 – Metro	63.1	+44.2	65.9	+48.0	66.7	+47.6
SPA 5-- West	70.0	+54.8	73.1	+58.1	71.8	+56.9
SPA 6-- South	78.6	+66.7	76.9	+62.7	76.5	+63.0
SPA 7-- East	86.0	+72.9	84.9	+68.7	85.5	+67.4
SPA 8—South Bay/Harbor	81.7	+67.3	80.6	+64.2	80.7	+64.3
Los Angeles County	**78.9**	+64.3	**79.1**	+63.8	**79.0**	+63.0

"Popular saying among Latino families when a family member is seeking care with a therapist: 'Are you crazy or something?' "
-- Service Provider-

Mental health is a significant concern for many community stakeholders and was referenced often in focus groups. Community residents conveyed the trauma of losing loved ones and neighbors, the ongoing stress of social distancing, and pandemic fatigue. Service providers expressed the impact on children with increased behavioral challenges, decreased educational opportunities, and lack of socialization for children of all ages.

[8] *Data Source: California Health Interview Survey, 2020,2017, County, SPA. Data in Percent.*

Many community members shared that mental health services are very challenging for residents to access, and there is limited information available about these services. As one community member stated, "Many of my neighbors need [mental health] services, but few know where to go for services or how to ask for help." Residents who understand how to access services are discouraged by long appointment wait times, inconvenient appointment times, and limited language services.

> "I went to the market the other day, and a child was giving her mom a hard time about not wanting to put the mask on, and the parent yelled out, 'W*hen is this stupid pandemic going to be over. I can't take it anymore*.'"
>
> -Community Member -

Community residents stated that they are frustrated with the lack of services to address anxiety, depression, and substance abuse and concerned about the ongoing effects of the COVID-19 pandemic. Stigma, lack of cultural humility, limited services, long waitlists, and pandemic-related limitations were often cited as barriers for community members to access care.

Despite these barriers, many adults did seek care for mental, emotional, alcohol, or drug issues. Across LA County, almost half of adults, 48.9%, sought help in 2020 compared to 17.1% in 2017. However, 6.7% of adults visited a professional in 2020 for those issues, as compared with the 15.1% in 2017. Despite the shift to online care and telehealth, only 6.5% of adults sought help from an online tool for mental health or addiction support. SPAs 1, 4, and 5 reported rates of adults using prescription drugs for mental and emotional health issues at 10.5%, 10.5%, and 11.1%, respectively, compared to a county average of 7.8%.

Seeking Help[9]	LAC	Highest SPA
Visits to a professional for mental/drug/ alcohol issues in past year	**6.7**	SPA 5 (13.5%), SPA 4 (11.7%)
Sought help from online tool for mental health or alcohol	**6.5**	SPA 4 (11.9%), SPA 8 (7.2%)
Connected with people online with similar mental health or alcohol/drug status	**5.2**	SPA 4 (6.9%), SPA 6 (6.8%)*

The impact on youth was widespread. One service provider stated, "Kids are like sponges absorbing all this stress." 27.5% of teens in LA County reported needing help with their mental and emotional health, most significantly in SPA 6, where 36.9% of teens described this need.

[9] *Data Source: California Health Interview Survey, 2020, County, SPA. Data in Percent. * indicates data is statistically unstable*

Approximately half of the students in LAUSD reported in 2021 that they are worried about their mental health. Students also noted similar worries about the mental health of their parents, family, or other loved ones (49%) and the mental health of their friends (53%).[10]

More than a third of teens in LA County had serious psychological distress during the past year, with the highest rate reported in SPA 3 at 54.5%. Approximately 17.2 % of teens in the county received psychological-emotional counseling. In SPA 3, an estimated 20% of teenagers sought help.

Mental health issues have long and short-term consequences for overall health; suicide is a particular health concern connected to mental health. One out of ten adults in LA County have seriously considered committing suicide, with the highest rate in SPA 4 at 16.4%. The county rate stands lower than the state rate of 12.2%. Data from 2018 indicates that over half (53%) of residents treated in the ER for a suicide attempt were under 25 years old, with the highest rate for teenagers between 15-19. Within that same age group, 15-24, suicide is the third leading cause of death in Los Angeles County.[11]

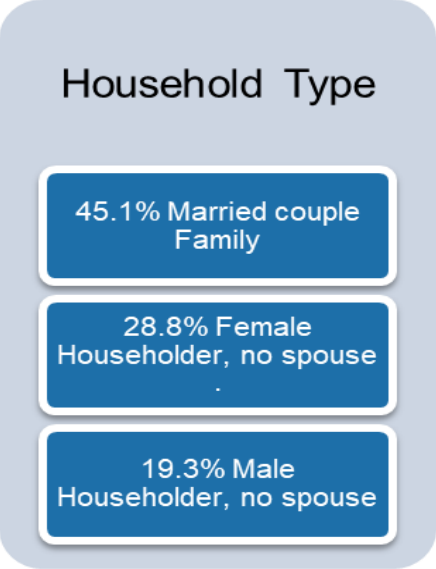
[10] Where Do We Go From Here: Students Speak About Learning Needs in COVID-era LA
[11] The Hero in Each of Us. Finding Your Role in Suicide Prevention

Homelessness/Housing

LA County faces a growing housing crisis, and the COVID-19 pandemic only deepened the disparities across communities. Service providers shared that many families would have faced evictions from their homes had there not been a national evictions moratorium in place.

Within SPA 5, 24.1% live alone and 33.2% live with only one other person compared to total county rates of 8.9% and 22% respectively. SPAs 1 and 6 reported 21.1% of households of 6 or more people per housing unit compared to a county rate of 11.9%.

The county carries over 3.4 million occupied housing units wherein the majority of dwellings (45.1%) were a married couple/family. Single female householders with no spouse are reported at a higher percentage than male householders with no spouse.



Homeownership in LA County, at 46%, is lower than in the entire state with a rate of 55.3%.[12] The largest share of homes in Los Angeles County, before the pandemic, ranged with a property value between $500k-$750k. Housing supply has been limited with housing unit vacancy rates in LA County at 6.4%.

Community perspective

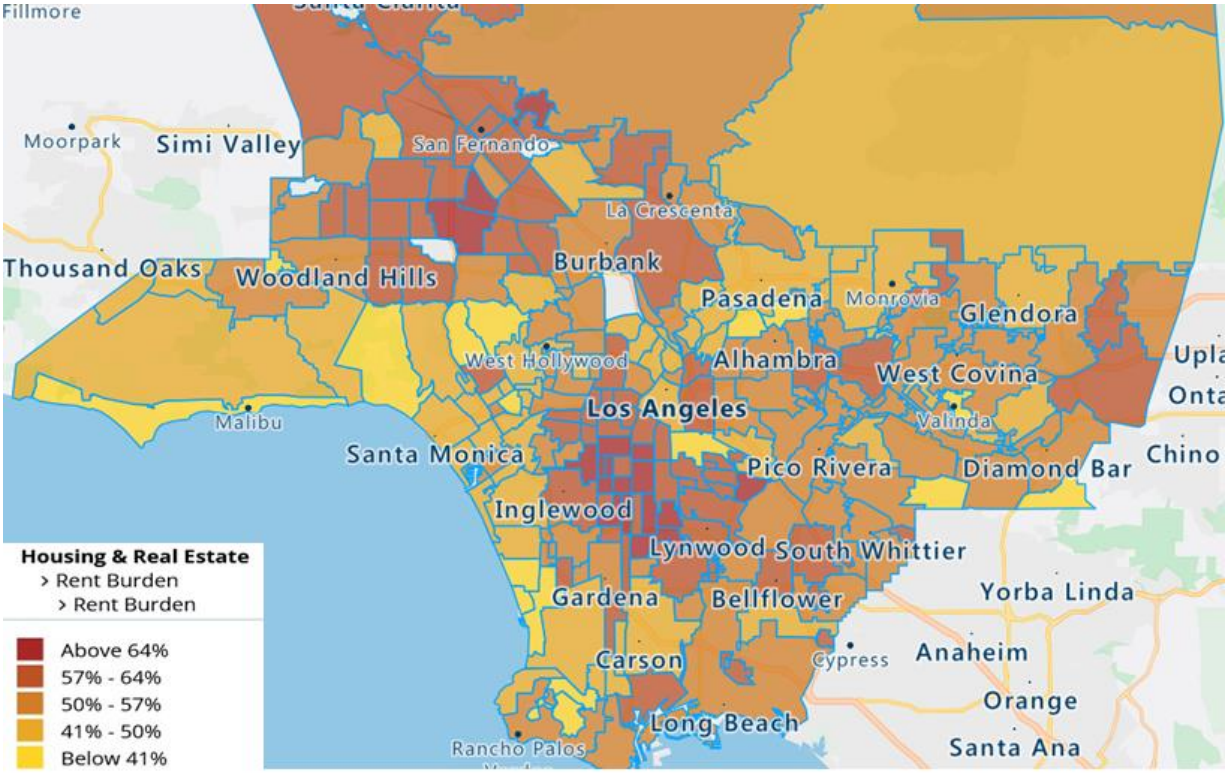
Survey participants identify these systemic issues as the biggest challenges to health

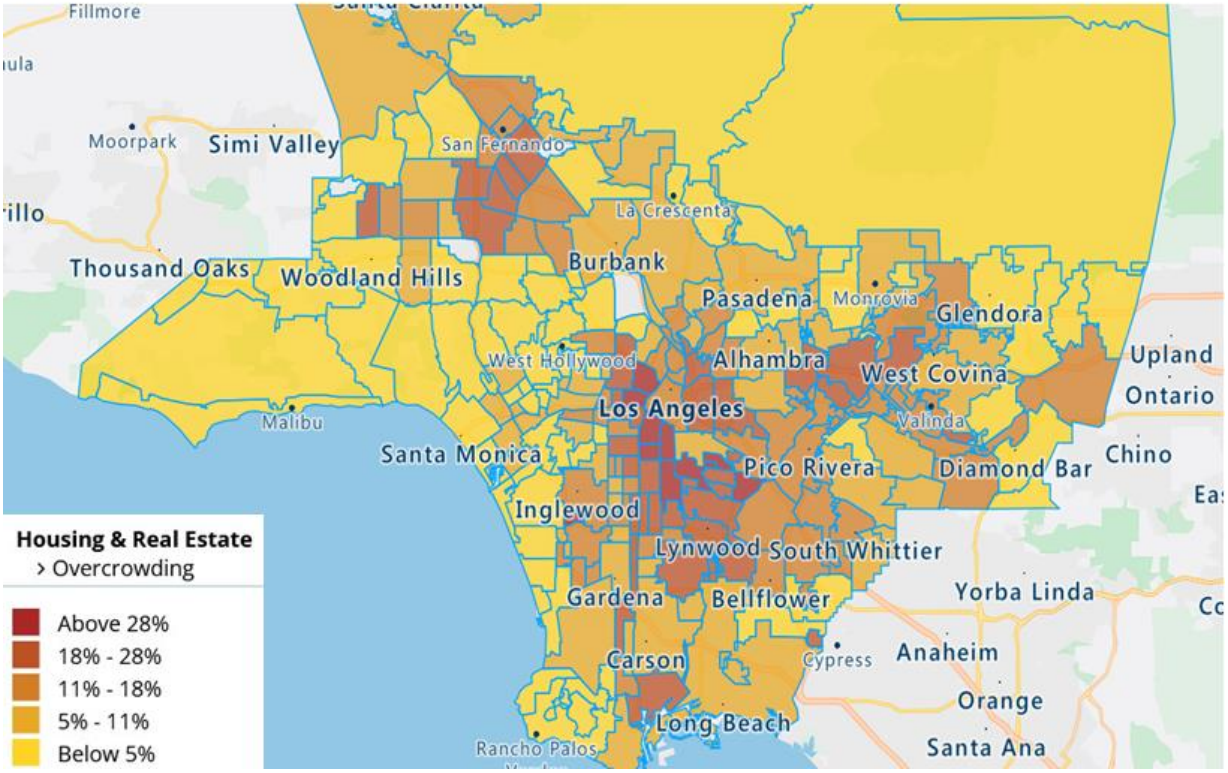
- 61.5% identified homelessness
- 57.2% identify poverty or low income
- 50.7% identified housing affordability and access

Median gross rent is approximately $1,534 per month. Nearly 26.4% of residents in occupied units in the county pay at least $2,000 per month in rent. As indicated in the map on rent burden, the percentage of renters paying more than 30 percent of their monthly income on rent and utilities is approximately 54.6% in the county, with the highest rates reported in Lopez/Kagel Canyons (69%), Chesterfield Square (69%), South Park (68%), Sun Village (68%), and Manchester Square (68%). Renters facing the most severe burden dedicating more than 50 percent of their income come from the communities of Rancho Dominguez (46%), Willowbrook & Chesterfield Square (44%), Harvard Park (43%) and Broadway Manchester & Manchester Square (42%).

[12] American Community Survey, 5 year estimate 2016-2020

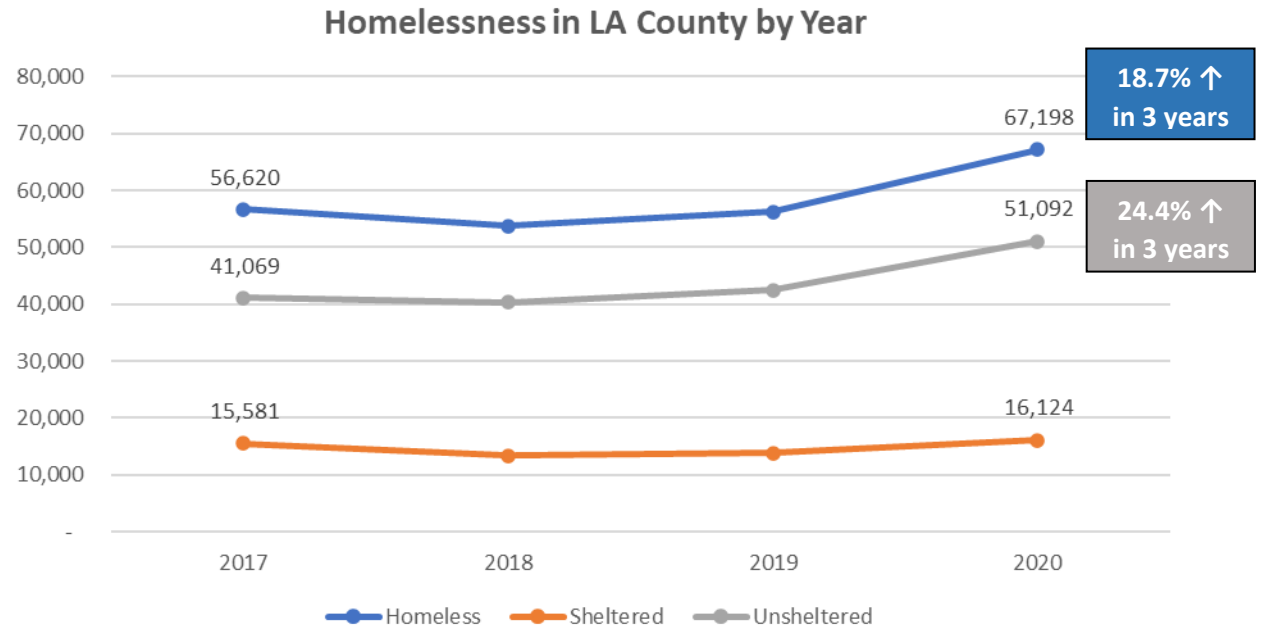
Housing Characteristics[13]





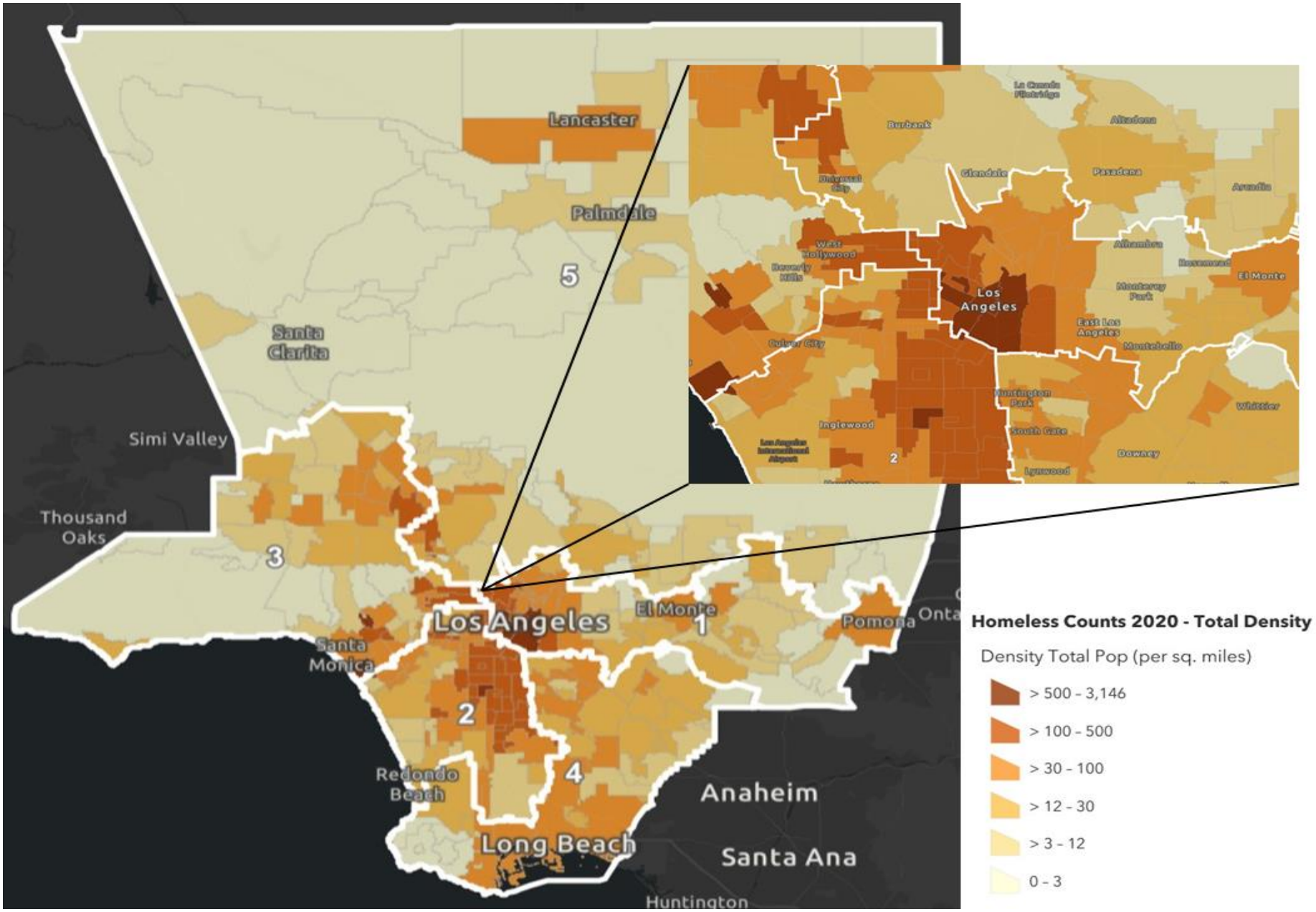
[13] Source: American Community Survey, 2019 5-year estimates accessed through USC Neighborhood Data for Social Change.

And according to Los Angeles Homeless Services Authority (LAHSA), some people are fully priced out of the current housing in Los Angeles, and the number of people experiencing homelessness[14] in the county has become a housing and public health crisis. In just a three-year period, the number of people experiencing homelessness grew 18.7% to 67,197 by 2020. Within that same period, the majority of the increase were unsheltered, at a rate of 24.4% in 3 years. The highest proportion of unsheltered people experiencing homelessness were in SPA 5 (83.9%) and SPA 1 (82.4%) while the highest proportion of sheltered people experiencing homelessness were in SPA 6 (39.4%). While there are homeless counts throughout the county, SPA 4 has the most people experiencing homelessness (over 17,000) with the unsheltered outpacing the sheltered 3 to 1. SPA 1 and SPA 6 witnessed the biggest change between 2019 and 2020 in their homeless counts, with a percentage change of 44% and 36% respectively.



The graph on the next page provides a geographic presentation of the 2020 Homeless count in LA County.

[14] Los Angeles Homeless Services Authority (LAHSA) has defined individuals as homeless "If they lack fixed and regular nighttime residences. If they share a residence with family or friends on a temporary basis; if they have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; if they reside in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; if they have a need for housing in a commercial establishment (e.g. hotel/motel), shelter, publicly funded transitional housing or from a person in the business of renting properties, or received an eviction notice or notice to pay rent or quit. If they are escaping domestic violence and do not have a second residence or support network." Los Angeles County http://homeless.lacounty.gov/wp-content/uploads/2017/12/25-Glossary-of-Terms-and-Acronyms.pdf



Source: Los Angeles County Homeless and Housing Map (2020), Accessed at https://storymaps.arcgis.com/stories/400d7b75f18747c4ae1ad22d662781a3

Within the City of Los Angeles, two-thirds of the people experiencing homelessness are male. Approximately 12% are under 18 years of age, 7% are 18-24, 24% are 55 and older, but the majority (57%) fall between 25-54 years of age. 28% percent suffer from substance use disorder, 25% have serious mental illness and 19% have some form of physical disability.[15]

As shown in the chart below, the majority (75.4%) of persons experiencing homelessness are individuals (not in family units), though the proportion has decreased since 2018 by 8.7%. SPA 7 and 4 reported rates of individuals experiencing homelessness at 86.4% and 85.4%, respectively. In SPA 6, 28.4% of families reported experiencing homelessness and SPA 1 reported 0.5% of unaccompanied minors experiencing homelessness.

Persons experiencing Homelessness by Type[16]

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Individuals	73.9%	70.1%	74.7%	85.4%	83.2%	61.9%	86.4%	69.6%	**75.4%**
All Family Members	19.5%	23.4%	19.4%	11.0%	12.7%	28.4%	10.4%	22.7%	**18.6%**
Family Households (at least one child under 18)	6.1%	6.5%	5.8%	3.5%	4.0%	9.5%	3.2%	7.4%	**5.9%**
Unaccompanied minors	0.5%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	0.2%	**0.1%**

[15] Los Angeles Homeless Services Authority, 2020
[16] Source: California Healthy Kids Survey, 2020

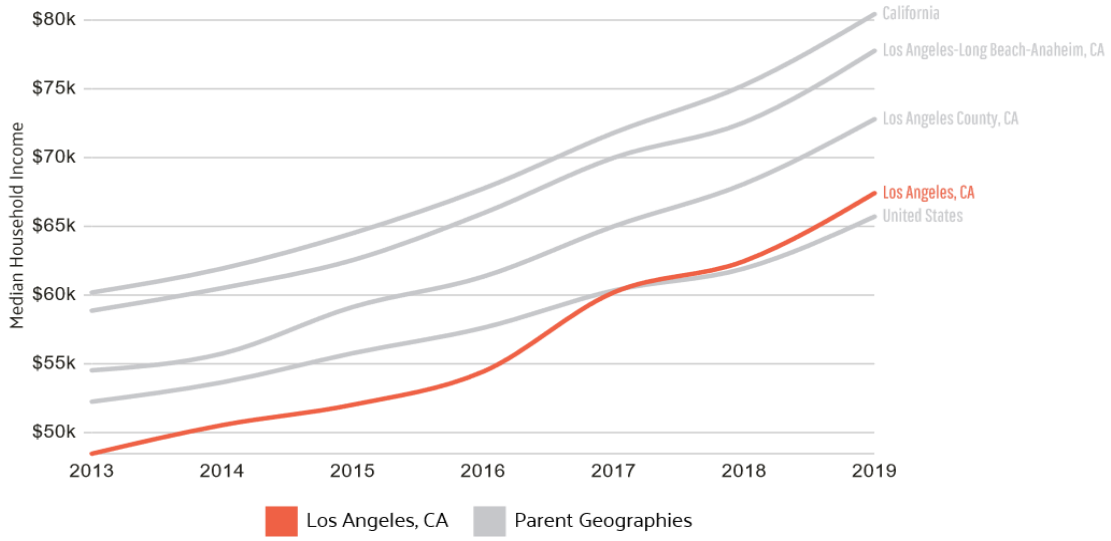
Unhoused Persons Belongings
(Golden Rich Park)

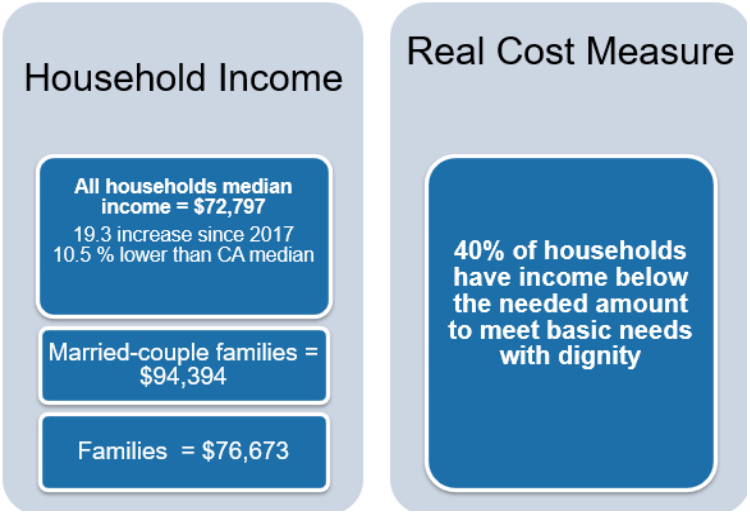
Youth Artist (SPA 4)
Heart of Los Angeles (HOLA)
Youth Photovoice 2022

Economic Security/Poverty

Between the Great Recession and the Covid-19 pandemic, the last decade has been particularly challenging for many Los Angeles residents to have economic security. While incomes in the State, County and City of Los Angeles have been increasing since 2013, and the City of Los Angeles household income (red line below) has passed the United States median household income rate, it still is lower than the rest of the State and the county.

Gap Median Household Income[17]





As indicated on the map from HUD, some neighborhoods in SPA 4 reported high percentage rates of extremely low-income households with some rates ranging from 42%-55%.[18] In 2018,

[17] Data from 2019 ACS 1 year estimate. Chart from datausa at https://datausa.io/profile/geo/los-angeles-ca#economy. Last accessed on March 24, 2022

[18] US Census ACS 5 year estimate 2013-17

more than 30% of households in SPA 4 earned an income of $100,000 or higher, while 10% lived on less than $15,000 per year. The majority of households earned an income between $35,000 and $75,000 annually.[19] The median income has now $72,797. While this represents a 19.3% increase since 2017, wage power in LA County is still 10.5% lower than the state median.[20]

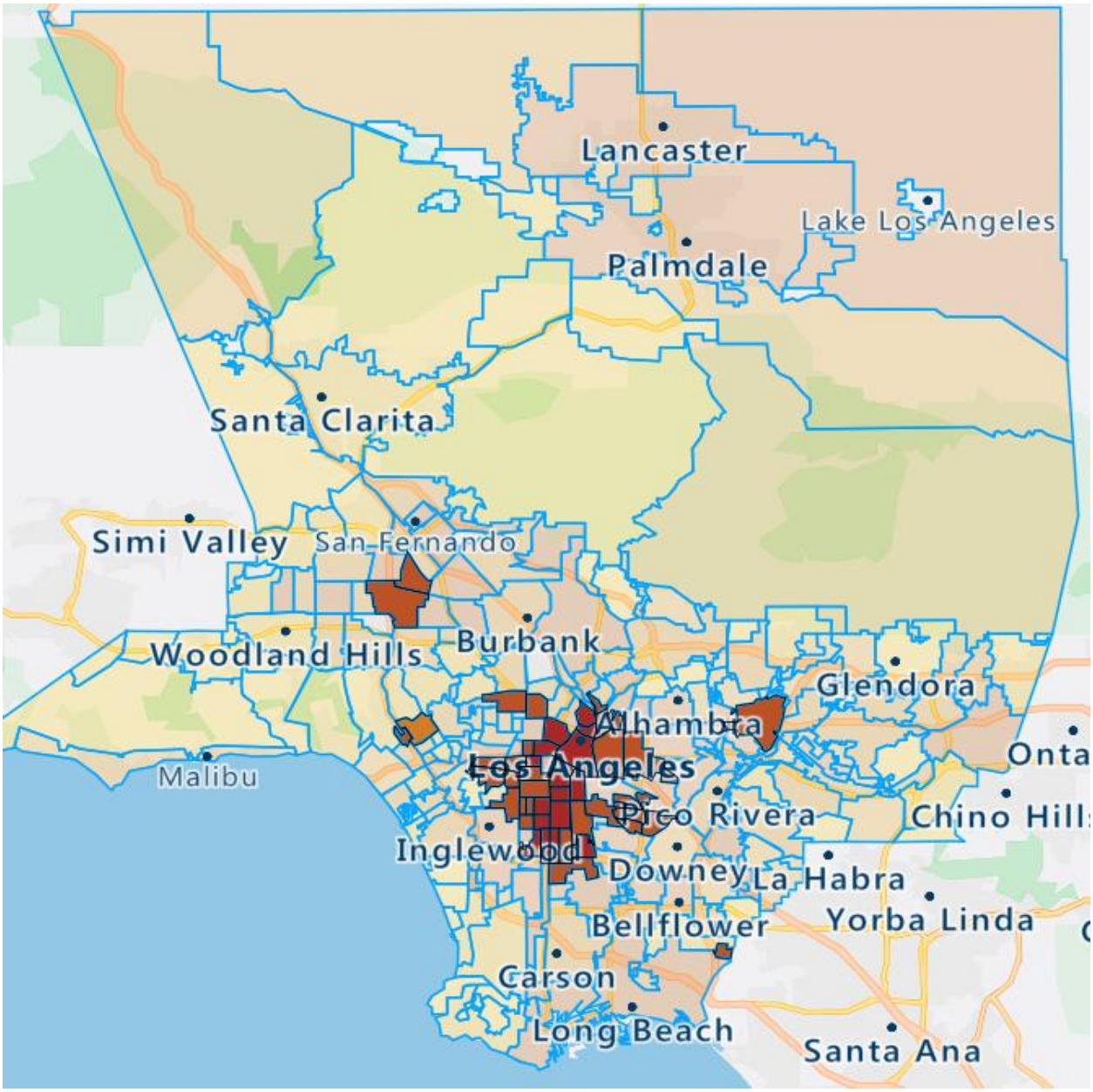
Throughout the pandemic, rate of unemployment in LA County outpaced that of the State. It is only recently, that the county's unemployment has neared the State's rate, at roughly 6%. In SPA 6, 18.3% of those employed lost a job due to COVID, and in SPA 4, 17.4% compared to 15.5% in LA County.

Unemployment Trend During Pandemic[21]

A study completed by United Way in 2021 reevaluated how the federal government measures financial hardship. Rather than focusing solely on the cost of food, the Real Cost Measure (RCM) included the costs of housing, food, health care, childcare, and transportation to measure the actual cost of meeting basic needs. For a family of 2 adults, one school child, and one preschooler, a household income of $95,112 is needed to meet these basic needs, rather than the $77,983 median adjusted household income reported for the similar sized family. 40% of households or 1,102,221 household incomes in LA County fall below this threshold and among these 58% are Latino, 43% are African American, and 53% are Native American/Alaska Native. The Real Cost Measure is significantly higher than the State of California as a whole, with an RCM budget of $84,078 vs. a median adjusted household income of $77,983 and where only 33% of households fall below this real cost measure.

[19] Nielsen Claritas, 2018
[20] US Census, 5 year estimate 2015-19
[21] U.S. Bureau of Labor Statistics. Graph from FRED. Accessed at https://fred.stlouisfed.org/series/CALOSA7URN#0

Extremely Low Income Households[22]



Map depicts percent of households whose incomes do not exceed 30 percent of the median family income for the Los Angeles metro area. The highlighted regions in red indicate where 27% or more of households are extremely low income.

[22] Source: U.S. Department of Housing and Urban Development (HUD) using American Community Survey, 5-year estimates accessed through USC Neighborhood Data for Social Change.

According to U.S. Bureau of Labor Statistics, the consumer price index has increased by 7.4% in 12 months making the basic needs, as measured in the RCM budget, even more expensive.

The overall poverty rate in LA County stands at 14.2%, compared to the State rate of 12.6%. Nearly one in 5 youth under the age of 18 are identified as poor.[23] The chart below highlights some of the poorest neighborhoods in LA County.

Poorest Areas of Los Angeles County[24]

Neighborhood	Below 100% Poverty Threshold	Neighborhood	Below 200% Poverty Threshold
Veterans Administration	58%	Veterans Administration	75%
University Park	49%	University Park	72%
Watts	37%	Watts	70%
Historic South-Central	34%	Historic South-Central	67%
Downtown	33%	Central-Alameda	67%
South Park	33%	Pico-Union	64%
Vermont Knolls	33%	South Park	64%
Vermont Vista	32%	Florence	63%
Westlake	31%	Broadway-Manchester	62%
Vermont-Slauson	31%	Westlake & Bell Gardens	61%

Proportion below Federal Poverty[25] (%)	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC Total Pop.	LAC (Ages 0-17)
100% below	21.8	14.4	13.6	14.7	4.3*	33.3	21.1	13.9	16.7	16.7
100-199% below	23.5	15.2	20.0	21.9	5.5*	26	20.8	19.9	19.1	18.1
200-299% below	16	11.5	12.1	13.0	9.2*	15.6	11.4	12.7	12.4	10.1

Communities in SPA 6 reported an overall rate (33.3%) that reflects twice that of LA County.

[23] American Community Survey, 5 years estimates 2016-20. Last accessed March 26,2022
[24] American Community Survey, 5 years estimates 2015-19. Accessed through USC Neighborhood Data for Social Change. https://la.myneighborhooddata.org/
[25] California Healthy Kids Survey, 2020. * indicates the value is statistically unstable.

Front of a house with the front knocked out and debris

Youth Artist (SPA 7)
Strength Based Community Change
Youth Photovoice 2022

Communicable Infectious Diseases (including COVID-19)

Coronavirus disease (COVID-19) is an infectious disease that is caused by the SARS-CoV-2 virus. For more than two years, the COVID-19 pandemic has been a focus across the globe and has changed our society in ways that we are still processing to understand. While most infected by the virus experienced mild to moderate symptoms, including respiratory illness, some became more seriously ill and needed acute medical care.

In the first few months of the pandemic, very little was known about the disease, but senior citizens (65+) and those among us with underlying medical conditions (such as diabetes or respiratory issues) were more susceptible to becoming gravely ill and even dying. While the public message focused on prevention, many community residents stated that the message itself was not always clearly communicated. The prevention recommendations are clear: stand at least 6 feet apart, wear a filtered mask (preferably N-95), wash your hands, and get vaccinated.

Approximately 2.5% in Los Angeles County, did report feeling unfairly treated due to the COVID-19 pandemic in 2020 when they responded to a survey (CHKS). Adults in SPA 6 were more likely (5.2%) than any other SPA in the county to self-report as feeling unfairly treated. About two thirds of the Asian population in Los Angeles County reported worrying about hate crimes with a quarter reporting being a victim of a hate crime during the pandemic. 80% reported that anti-Asian racism has been serious during the pandemic.[26]

Lived Experience Due to Convid-19 Pandemic.[27]

(%)	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Treated unfairly because of race/ethnicity	0.8*	1.8*	1.7	1.2*	2.1*	5.2	0.8*	5.7	2.5
Experienced difficulty paying for basic necessities	10.0*	10.0	8.0	12.1	8.6	20.4	6.9	11.1	10.6
Experienced difficulty paying rent/mortgage	13.2	9.3	8.7	13.2	7.7	15.0	9.0	10.1	10.3
Lost job	12.0	13.2	16.0	17.4	15.7	18.3	16.6	14.3	15.5
Had reduced hours/income	17.3	31.6	24.2	30.7	22.5	23.9	18.8	23.4	25.5
Worked from home	18.3	28.5	30.2	38.3	43.7	20.9	28.8	26.9	30.0

[26] Survey AAPI Residents in Los Angeles County (11/8/21-12/24/21). Last accessed at: https://calstatela.patbrowninstitute.org/wp-content/uploads/2022/03/AAPI-Survey-Slides-Released-March-15-2022.pdf

[27] California Healthy Kids Survey, 2020. * indicates value is statistically unstable.

The pandemic created a lot of uncertainty in peoples' lives, causing a lot of fear and anxiety around employment and maintaining a household. In 2020, one in ten adults in Los Angeles County self-reported having difficulty paying for basic necessities or paying the monthly rent or mortgage. In SPA 6, 20.4% had difficulty with basic necessities and 15% had rent or mortgage trouble. Nearly a third of those employed in LA County transitioned to working from home, particularly in SPA 4 and SPA 5, at 38.3% and 43.7% respectively. A quarter of working adults had their work hours or income reduced with the highest rates felt in SPA 2 (31.6%) and SPA 4 (30.7%). In the early stages of the pandemic (April-June, 2020), participants from California in a national COVID survey conducted by NORC at the University of Chicago reported as follows: 74% avoided some or all restaurants, 66% canceled or postponed pleasure, social or recreational activities, 79% avoided crowded or public spaces, and only 12% canceled outside caregivers or household services.[28] A survey conducted in Southeast Los Angeles County (which includes East Los Angeles, Vernon, Huntington Park, Maywood, Bell Gardens, South Gate, Lynwood, Compton, Rancho Dominguez, Paramount) in May, 2020 revealed 60% were not working from home with many stating they are essential workers, and a quarter did not feel safe performing their job. A third did not have computer access.[29] Among Latinos in Los Angeles County, 54% reported the pandemic as the top issue in the County, 47% lost a job or had to cut hours due to the pandemic, 58% were not able to work from home though 78% had reliable internet at home, and 71% had the necessary electronics.[30] Among Asian residents, 36% reported losing a job or had to cut hours due to the pandemic, and 48% of Asian youth reported the same employment challenges.

In 2020, 76.1% of adults in LA County said they would get the COVID-19 vaccine, if available, as compared to SPA 6 and SPA 1, where 64.5% and 67.8% reported, respectively, that they would get vaccinated.[31]

As of April 1, 2022, over 2.8 million confirmed cases have been reported in the County. The chart on the next page illustrates that the age group between 30 and 49 years of age was the most impacted by COVID-19. One in five youth under 18 have also been infected. Among those infected, 45.7% were Hispanic/Latino.

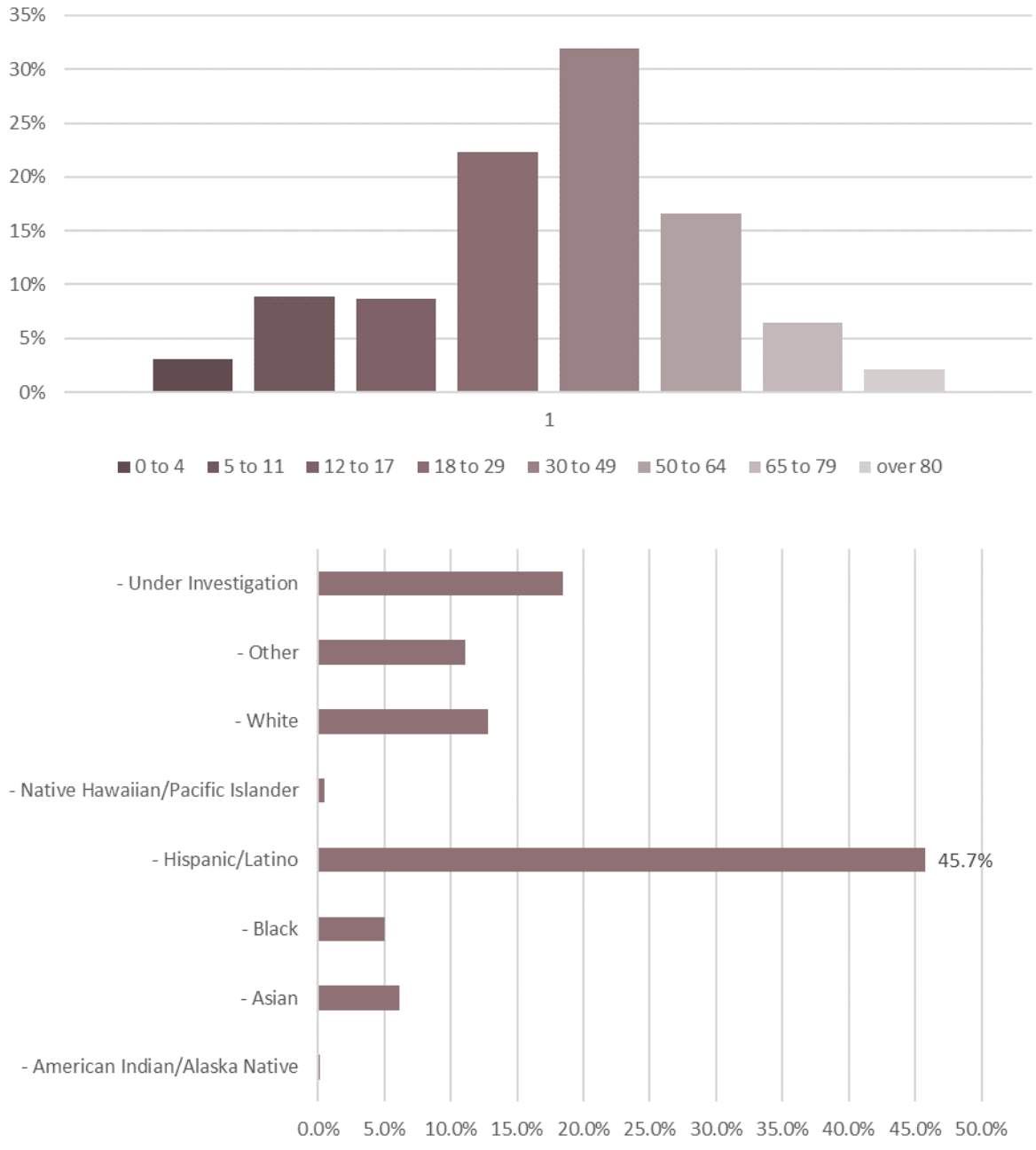
[28] COVID Impact Survey: Week 3, California Findings (2020). NORC at the University of Chicago. Accessed at: https://static1.squarespace.com/static/5e8769b34812765cff8111f7/t/5ee25e7d28c5c843929a599f/1591893631209/covid_w3_topline_CA_web.pdf

[29] Survey of Southeast Los Angeles County (May, 2020). Pat Brown Institute of Public Affairs. Last accessed at https://www.calstatela.edu/univ/ppa/publicat/pat-brown-institute-cal-state-la-survey-reveals-severe-economic-impacts-covid-19

[30] Survey Latino Residents in Los Angeles County (11/8/21-12/24/21). Pat Brown Institute of Public Affairs. Last accessed at: https://calstatel a.patbrowninstitute.org/wp-content/uploads/2022/03/PBI-Latinao-Topline-Report-March-1-2022.pdf

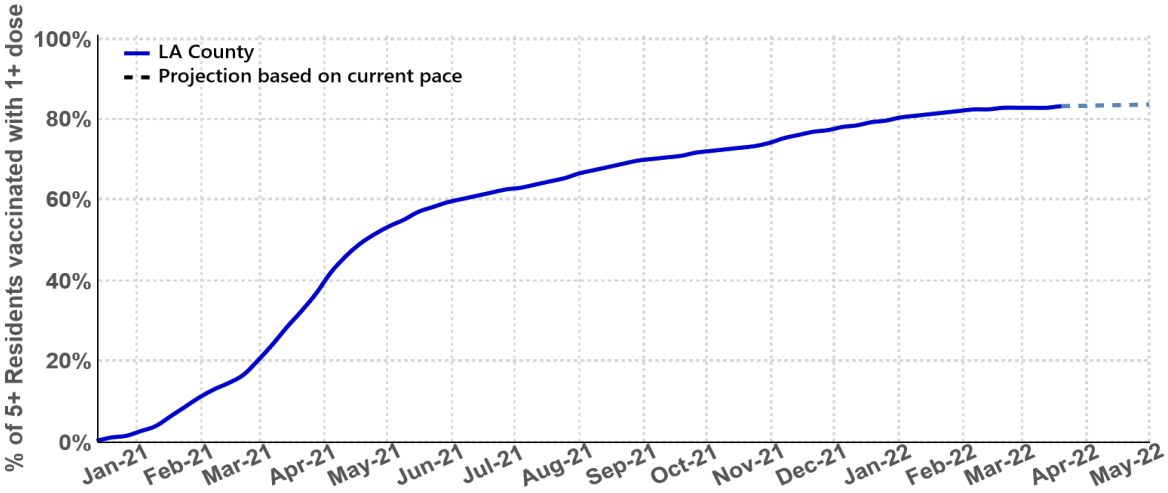
[31] California Healthy Kids Survey, 2020

COVID-19 by Age and Ethnicity[32]



[32] LA County Public Health. Last Accessed: http://publichealth.lacounty.gov/media/Coronavirus/locations.htm

By the end of March 2022, over 8 million residents in the county, or 78.7% have been vaccinated (all ages with at least one dose). 7.2 million LA County residents are fully vaccinated. The chart below highlights the change in vaccination rate over time in Los Angeles County. Over 325,000 children (36.6%) and over 643,000 (85.1%) of youth (12-17) have been vaccinated with at least one dose.



Lowest vaccination rates (5 years old and up) are in Universal Hills (62.1%), Little Armenia (64.7%), Thai Town (65.9%), Lancaster (66.1%), Westwood (66.6%), and Malibu (69.1%). In some unincorporate areas, the rate of vaccination is much lower, such as in Placerita Canyon (17.9%), Santa Catalina Island (19.5%), Pomona (23.4), City of Avalon (26.7), Lake Hughes (31.4%) and Pearblossom/Llano (34.8%).

Among children (5-11), the lowest rates in the cities are Avalon (19.7%), Thai Town (20.3%), Tujunga (21.7%), Hawaiian Gardens (22.2%), Little Armenia (22.6%), Westlake (22.7%), Central (22.8%), and Van Nuys (23.5%), Reseda Ranch (23.9%), South Carthay (24.1%), North Hollywood (24.2%), Regent Square (24.2%).

Colorful Bike-Shaped Bike Racks

Youth Artist (SPA 1)
Boys & Girls Club Antelope Valley
Youth Photovoice 2022

Patient/Family Centered Health Care

Access to Health Insurance

In LA County, the majority of adults have some form of insurance coverage, whether through Medicare, Medicaid, healthy families/CHIP, employment based, privately purchased, or some other form of public insurance. The type of insurance coverage varies by SPA as illustrated in the chart on the next page. Of those who do have insurance coverage, 47.8% have employer-based coverage and 24% have Medicaid.

In LA County, 23.7% of adults had private health coverage through Covered California and among them, 61.7% in SPA 3 received help finding insurance and 41.4% county rate. More than half of adults (53.1%) seeking private insurance through Covered California reported that it was "very difficult" to find an affordable health insurance plan. A third (32.7%) expressed same difficulty in finding the coverage needed.

Approximately 7.9% of adults were uninsured, with rates of uninsured residents reported for SPA 4 as 11.1% and SPA 6 at 11.3%. The rate of uninsured residents has dropped year over year from 17.6% to 9.2% from 2011 to 2020. Among the 784,000 uninsured, 3.4% were under 18 years of age, 95.9% were between 18-64 and 0.6% were 65 and above. More males (56.6%) than females (43.4%) were uninsured. Those who lack insurance cite cost (59.3%) and change in working status/family situation (10.1%) as the reason.

Sources & Delay of Care

In 2020, the majority of the population (85%) had a usual source of care in LA County. Among those residents with a usual source of care, 61.1% named physician offices and HMOs as their usual source of care and 1% named the Emergency Room/Urgent Care as their usual source of care. 15% had no usual source of care. More than two-thirds of adults get an annual check-up in a given year, the lowest rate in 7 years, though the rate has ranged annually between 76.7% and 69.3%.

A 2018 health survey conducted by LA County found that males (78.7%) were less likely to have a regular source of health care than females (86.4%). Less than three quarters of youth (73.3%) had a regular source, compared to newer data from California Healthy Kids survey (2020) that shows 89.4%. In the County, Asians were least likely to have a regular source (78.0%) compared to Latinos (80.4%), Whites (88.1%) or African Americans (84.5%).

Access to Health Insurance[33]

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Adult with insurance coverage type									
Uninsured	3.9*	8.6	5.1	11.1	1.7*	11.3	8.8	8.1	**7.9**
Medicare & Medicaid	5.0*	4.9	4.0	6.1	1.1*	3.4	2.5	4.6	**4.1**
Medicare & Others	8.8	10.7	11.6	5.3	16.5	5	8.4	10.5	**9.6**
Medicare only	2.0*	1.5	0.9	0.7*	1.9	0.5*	1.0*	2.6	**1.4**
Medicaid	28.4	20.5	23.6	21.2	7.4	43.5	29	20.2	**24.0**
Healthy Families/CHIP	-	-	-	-	-	-	-	-	**-**
Employment-based	39.3	49.0	49.5	48.1	64	30.4	47.2	50.8	**47.8**
Privately purchased	12	4.2	4.7	6.6	7.4	2.7*	2.3*	1.9	**4.3**
Other public	0.6*	0.5*	0.6*	0.8*	-	3.2*	0.8*	1.3*	**1.0**
Adult Uninsured Main Reason									
Change in working status or family situation	-	8.7*	18.8*	5.7*	42.8*	4.0*	15.2*	8.6*	**10.1**
Employer didn't offer, ineligible for insurance, or insurance was dropped/cancelled	-	8.4*	-	12.7*	-	11.4*	10.5*	-	**9.8**
Cost	-	70.0	42.9	48.8	-	76.6	44.6	70.3	**59.3**
In process of learning about and getting insurance or confusion about coverage	38.9*	7.2*	9.9*	12.4*	-	1.7*	11.9*	-	**8.1**
Doesn't need or believe in insurance	-	-	12.2*	14.9*	-	3.4*	17.8*	13.9*	**9.7**
Other	-	3.4*	-	-	-	2.9*	-	-	**3.1***
Covered California									
Got Help finding insurance	24.1*	25.9*	61.7	49.1	41.4*	34.2*	47.1*	37.9*	**41.4**
Purchased insurance	18.9*	27.9	26.8	23.4	36.6	18.5	17.0	20.1	**23.7**
Rated "very difficult" to find affordable plan	35.1*	75.5	34.4	47.5	43.8*	78.7*	14.2*	64.4	**53.1**
Rated "very difficult" to find needed coverage	22.5*	34.3*	8.6*	45.9	43.8*	66.2*	20.7*	27.0*	**32.7**

[33] California Healthy Kids Survey, 2020. Data shown in percent. * indicates value is statistically unstable.

Sources & Delay of Care[34]

Source of Care	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Adult Routine check-up with doctor in past 12 months	75.9	69	70.6	66.5	69.3	67.4	72.4	66.9	**69.3**
Have a usual source of care (Total Population)	88.7	83.5	87.0	81.4	87.0	83.1	89.0	83.5	**85.0**
Age in years (0 - 17)	92.3*	90.2*	86.6*	87.2*	97.2*	91.2*	93.2*	84.1*	**89.4**
Age in years (18 - 64)	85.5	77.9	85.8	77.8	80.8	77.3	85.9	80.0	**81.0**
Below Federal Poverty Level - Continuous (200% - 500% FPL)	93.5*	87.4	88.3	81.5	88.4	86.6	90.6	84.8	**87.1**
Source of Care									
Dr. Office/HMO/Kaiser Permanente	72.9	60.8	67.0	53.9	71.1	41.1	63.4	64.0	**61.1**
Community Clinic/Govt Clinic/Community Hospital	12.5	20.3	18.9	24.3	14.2	39.5	24.8	16.6	**21.8**
Emergency Room/Urgen Care	2.3*	1.1*	0.6*	1.7*	-	2.2*	-	1.0*	**1.0**
Other	1.0*	1.2	0.6*	1.5	1.6*	0.3*	0.6*	1.9*	**1.1**
No Source	11.3	16.5	13.0	18.6	13.0	16.9	11.0	16.5	**15.0**
Delay of Care									
Delayed or didn't get medical care: Total	16.4	13.5	13.5	12.7	22.8	11.8	9.8	15.5	**13.8**
Youth (Age 0-17)	11.5*	6.1*	7.0*	6.3*	7.4*	4.1*	5.3*	4.8*	**6.0**
Had to forgo needed medical care: Total	74.1	56.8	53.2	69.9	46.8	67.3	57.4	59.7	**58.7**
Youth (Age 0-17)	49.4*	14.5*	15.3*	97.0*	-	79.6*	72.8*	55.9*	**47.4**
Used an emergency room in the past 12 months: Total	14.8	16.5	16.9	14.1	11.8	18.5	15.7	16.9	**16.1**
Youth (Age 0-17)	14.1*	21.2	26.0	17.6	11.3*	15.9	18.8	20.8	**19.8**
Delayed of didn't get prescription medicine	12.0	5.6	6.0	10.7	10.5	8.9	7.4	9.5	**8.0**
Reason delay or forgo care									
Cost, lack of insurance, or other insurance-related reasons	46.1	32.3	20.2	41.4	43.6	45.2	44.1	29.2	**34.7**
Healthcare system/provider issues and barriers	26.1*	23	19.7*	17.4	16.1*	12.8*	14.0*	31.2	**20.9**
Personal and other reasons	21.3*	27.5	39.5	21.8	16.8*	33.3	19.8*	23.0	**26.6**
COVID-19	6.5*	17.2	20.6	19.4	23.5*	8.7*	22.1	16.6	**17.8**

[34] California Healthy Kids Survey, 2020. Data shown in percent. * indicates value is statistically unstable.

Barriers to Care-*Health Resources & Navigating the Health System*

Figures for LA County show that the ratio of population to primary care provider improved from 1380:1 to 1363:1 and the ratio of population to mental health provider improved from 320:1 to 276:1.

The ratios of both primary and mental health care providers are higher for LA County when compared to the state ratios. Residents in SPA 4 and SPA 6 report difficulty in finding primary care at 8.9% and 9.8%, respectively, as compared to LA County residents overall (7.6%). While 15.4% of LA County residents report difficulty finding specialty care, 15.6% of residents in SPA 4 and 19.1% in SPA 6 experience this challenge.

Supply of Health Professionals[35]

Report Area	Primary Care: Population to primary care physician ratio	Dentist: Population to dental provider ratio	Mental Health: Population to mental health provider ratio
Los Angeles County	1,363:1	1,116:1	276:1
California	1,254:1	1,149:1	268:1

Challenges navigating and accessing health systems were the most discussed topics among community residents and service providers during the focus groups conducted as part of this Community Health Needs Assessment.

Community members shared that services were limited in their neighborhoods; this further impacts care when transportation and LA's complex geography are considered. Residents unable to travel due to cost, COVID-19 restrictions, and limited public transportation options prefer to see practitioners in their neighborhoods but wait times for local health care providers can range between a month to a year, according to some focus group community members.

Inconvenient service hours, long wait times for appointments, complex and inefficient insurance protocols and high costs were also cited by community members as impacting their access to resources. 16.2% of LA County residents report that they are unable to get a doctor appointment within 2 days.

Lack of access to technology can create additional barriers to accessing health care resources. At the county level, 8% of households have no computer, while communities within SPA 4 such as Boyle Heights and Pico Union have rates at 19% and 14%, respectively.

[35] *Source: County Health Rankings, 2021, County*

Data reported in 2019 on social connectedness reveals that 15% of LA County households did not have internet subscription service. Communities in SPA 6 and SPA 4 have some of the highest rates of non-connected households, with Historic South Central at 31% and Pico Union at 36%.

Social Connectedness to be able to Access Health Services[36]

	Range	LAC
Households with No Computer	1% (Marina Del Rey) – 19% (Boyle Heights)	8%
Households with No Internet Subscription	10% (Lake Balboa) – 36% (Pico Union)	15%

> "It is almost like someone made a list of how to make this more difficult and are following that."
>
> - Service Provider

As stated by one service provider, "Criteria for care has too many hurdles." One community resident spoke to the challenges of high prices, "Many people don't have insurance and feel it is too expensive. That is why they don't go. Emergency Medi-Cal only covers a small amount of things."

Residents are looking for health care providers who view patients as whole people and are willing to support them in navigating systems. Across LA County, 86.2% of families report that the doctor they saw did not connect the family to community-based resources, with 86.5% of SPA 4 residents reporting a similar experience.

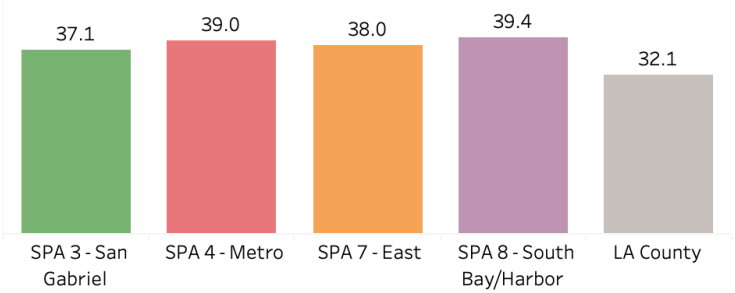
Service providers need to think more broadly about barriers to care and potential solutions; as one service provider shared, "Look at the whole person. Instead of thinking, 'this person didn't come to their appointment,' think about why they didn't come. Did they not have money for the bus?"

> "When people hit these barriers, it causes mistrust and people not wanting to go back for help."
>
> -Community Member

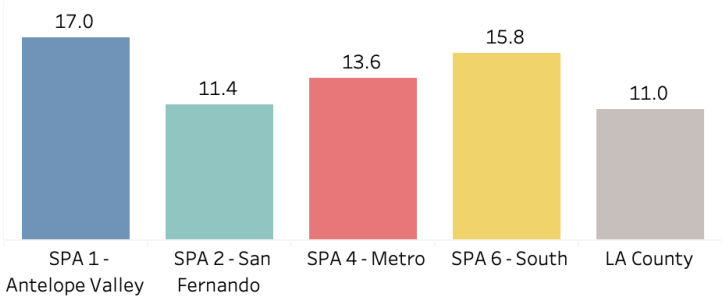
[36] Source: American Community Survey, 5-Year Estimates: Table BS2801 accessed through USC Neighborhood Data for Social Change.

Access to Health Care

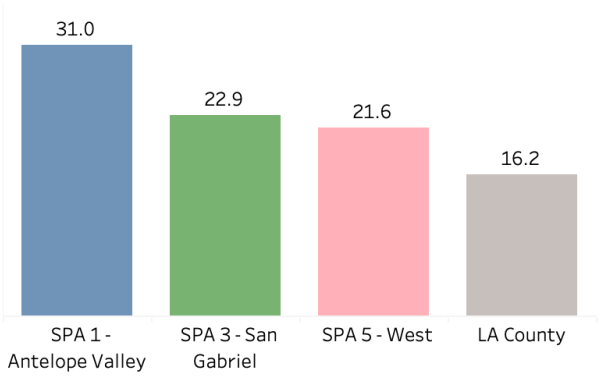
Unable to Pay for Basic Necessities Due to Medical Debt



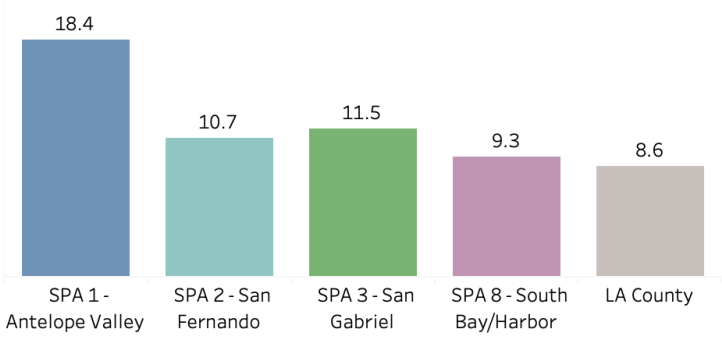
Lifetime Unfair Treatment When Seeking Medical Care



Unable to Get Doctor Appointment Within 2 Days



Difficulty Understanding Doctor Among Adults who self-identified as not speaking English very well



All numbers reflect percentage responses.

Navigating the Health System[37]

(%)	SPA 4	SPA 6	Range	LAC
Difficult time finding primary care	8.9	9.8	3.5 (SPA 7) - 13.5 (SPA 5)	7.6
Difficult time finding specialty care	15.6	19.1	8.4 (SPA 2) - 22.8 (SPA 5)	15.4
Doctor did not connect family with community-based resources	86.5	82.5	80.9 (SPA 5) - 90.3 (SPA 3)	86.2
Doctor helped teen manage healthcare	61.7*	64.7*	27.6* (SPA 1) - 4.9 (SPA 2)	59.4
Doctor works with teen to make positive choices	16.7*	31.9*	12.4* (SPA 2) - 59.3 (SPA 5)	27.1

Barriers to Care- *Culture and language*

Community members surveyed said that the culturally competent care increases trust of the health system and decreases fear in seeking care.

Mistrust appears to grow when services are not offered in the appropriate language or the culture is not considered when developing treatments.

> "We need to create a culture of competency and humility. It needs to be Anti-Racist. Training needs to be a part of this – so that people treat everyone with the same care and service that they deserve."
>
> Service Provider

Community members shared the challenges of finding multilingual health care providers who would understand the complexities of their identities and culture.

[37] Source: California Healthy Kids Survey, 2020 * indicates value is statistically unstable

The limited availability of language and translation services was a concern for many community members. Community stakeholders called attention to misunderstandings when communicating with a language barrier, such as incorrect diagnosis and treatment. Additionally, there was concern expressed for children who need to translate for their parents in the absence of multilingual health care providers or translation services. One service provider shared, "the waitlist for providers who speak Spanish is really long. Kids sometimes have to be interpreters for their parents. It is difficult to translate medical terms for them and providers are not sure if information was properly communicated."

> "If you can't speak the language of your community, it's going to be difficult to build trust."
>
> -Service Provider

One community member shared, "…[generally] people are nervous to ask for help. There is a fear for asking for help. In the Latino culture, we grow up to work hard for ourselves and not to ask for help." Community members want to work with practitioners who understand their cultural context and address their fears.

Another community resident expressed his concern about African Americans not receiving appropriate care for pain management. A service provider also shared concerns about the LGBTQAI+ community about receiving care that meets their needs.

Closeup of Rainbow Print Blanket

Youth Artist (SPA 8)
LGTBQ Center Long Beach
Youth Photovoice 2022

Health Services Communication

An important aspect of health communication for any health organization is understanding the health literacy for the patient population served. The Health Resources and Services Administration defines Health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions." The administration identifies low health literacy being more prevalent among "older adults, minority populations, low socioeconomic status individuals and medically underserved people."[38] Low health literacy leads to 4 times higher health care costs, 6% rise in hospital visits, longer hospital stays by 2 days.[39]

The Healthy People 2030 establishes goals for health improvement nationwide and includes as one of its five overarching pillars health literacy with the intent "to improve the health and well-being of all". Heath Literacy in this context is defined twofold

- ***Personal Health Literacy*** looks at individuals' ability to find, understand, and use health information and services that helps inform, for themselves and others, health-related decisions.
- ***Organizational Health Literacy*** looks at how the health organization equitably enables individuals to find, understand, and use health related information for decision-making.

This community needs assessment sheds light on personal health literacy.

Linguistic Isolation

In LA County, 39.7% of homes reported speaking English, 10.6% speak Spanish. Community members reported that a lack of confidence in the information available, regarding vital health services, impacted community access to services, in some instances, due to assumptions over eligibility, fear of sharing personal information, and cost concerns.

SPA 1 and SPA 5 which represents the Antelope Valley and the Westside have over half the residents speaking English at home with SPA 1 at 50.3% and SPA 5 at 68.1%. Nearly a quarter of households (19.6%) in SPA 6 which represents South Los Angeles speak Spanish. SPA 3 which represents San Gabriel Valley has 8.8% of households that speak a Chinese language, quadruple the LA County total. Dual language homes that speak Spanish and English in LA County are moderately higher (33.7%) than households who are mono-English speakers (39.7%).

[38] https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html. Last Accessed March 23, 2022

[39] Partnership for Clear Health Communication at the National Patient Safety Foundation. Accessed through Center for Health Care Strategies Inc. https://www.chcs.org/media/CHCS_Health_Literacy_Fact_Sheets_2013_1.pdf. Last accessed March 24, 2022

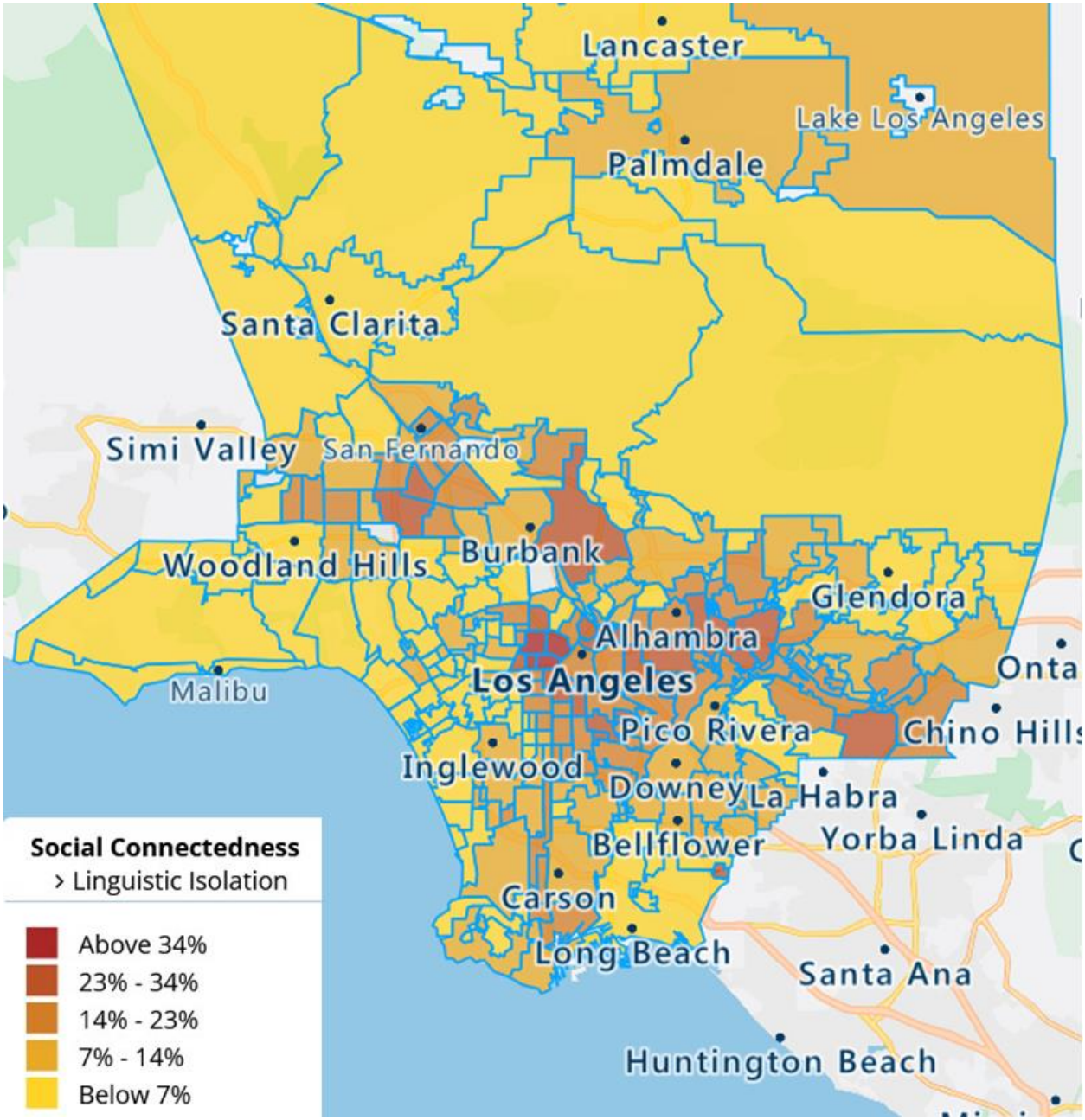
In terms of comfort level with speaking English, just over half (52.3%) of LA County adults indicated that they speak English "very well". SPA 1 (60.6%) and 5 (80.6%) have a high percentage of adults who describe themselves as very comfortable speaking English. Comparatively, in SPA 6 over a third (33.9%) described themselves as being "not at all" comfortable with speaking English.

Adult Language Comfort[40]

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Language spoken at home (all ages) (%)									
English	50.3	41.3	35.1	36.8	68.1	31.5	26.9	46.6	39.7
Spanish	8.2*	10.6	6.4	14.7	-	19.6	14.1	8.3	10.6
Chinese languages	-	-	8.8	1.7*	1.2*	-	0.4*	0.7*	2.0
Vietnamese, Other one language only	0.6*	2.9	2.9	4.5	3.9*	0.7*	0.5*	3.8	2.6
English and Spanish	34.6	33.1	29.5	30.5	8.6	42.9	52.7	30.0	33.7
English and Chinese languages	-	0.2*	3.9	2.2	1.9*	-	0.4*	0.8*	1.3
English and one other language	3.3*	9.0	6.1	7.4	7.5	0.9*	2.0*	6.5	5.9
Other two or more languages	2.9*	2.9	7.3	2.2*	8.8*	4.3	3.1	3.3*	4.2
Comfort Level with Speaking English (Adult only)									
Very well	60.6	53.9	49.3	49.7	80.6*	39.8	57.2	52.2	52.3
Well	18.9	26.9	25.3	22.6	15.3*	26.3	22.7	29.8	25.1
Not well / not at all	20.5*	19.3	25.4	27.7	4.1*	33.9	20.1	18	22.6

[40] California Healthy Kids Survey,2020. In percent. * indicates value is statistically unstable.

Linguistic Isolation among Households



Health Literacy

The health literacy map on the following page is based on a predictive model of "the mean health literacy of individuals living in each census block group." The model provides a health literacy estimate based on demographic characteristics such as gender, age, race/ethnicity, language spoken at home, income, education, marital status, time spent in the United States, and metropolitan statistical area.

The areas represented in green (Quartile 4) of the Health Literacy Map are the areas with the highest levels of health literacy and the areas represented in red (Quartile 1) are the areas with the lowest levels of health literacy. There are similarities in the areas with low health literacy and areas with the highest percentages of linguistic isolation. There are also differences within SPAs who had high percentages of English-speakers and adults who indicated high comfort level with speaking English. SPA 1 had the 2nd highest percentages of households who speak English and adults who indicated that they felt very comfortable speaking English but have large areas within the SPA that are in Quartile 1 or the lowest health literacy. The Quartile 1 areas are centered around the 2 largest cities in the Antelope Valley (Palmdale and Lancaster). That trend is seen through each of the Service Planning Areas with low health literacy areas centered within major cities with Los Angeles County.

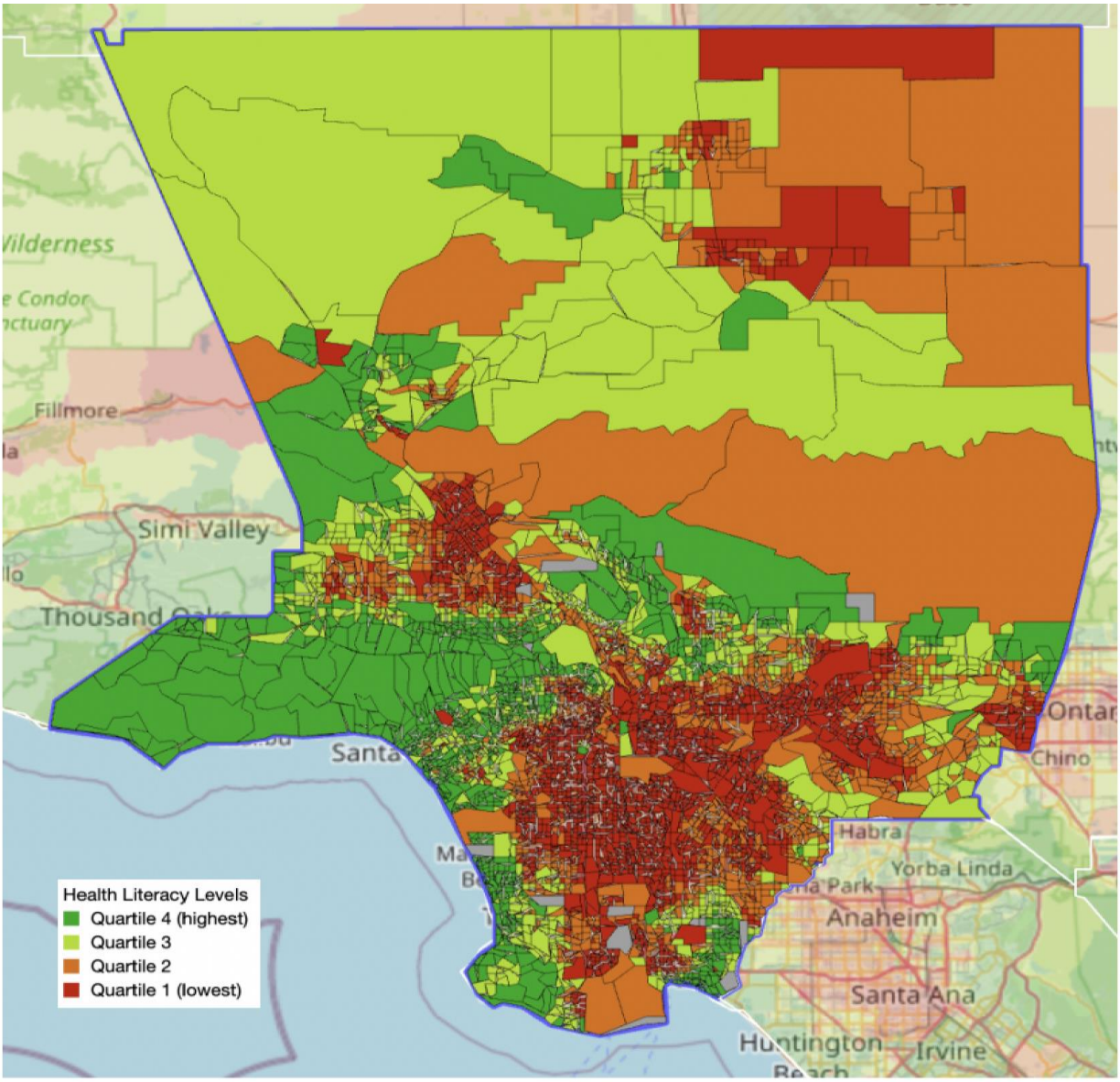
The Program for International Assessment of Adult Competencies (PIAAC) which is a large-scale study of key cognitive and workplace skills of adults 16-65 on a broad range of abilities including literacy and numeracy, based on a 3-point scale.[41]

- **Level 1** indicates "at risk for difficulties using or comprehending print materials" or numeracy.
- **Level 2** indicates "nearing proficiency but still struggling to perform tasks with text-based information" or performing some numeracy tasks
- **Level 3** indicates "proficiency at working with information and ideas in texts" or "working with mathematical information and ideas."

LA County has the highest percentage of the population in Literacy Level 1 and the 2nd highest in Numeracy Literacy Level 1 compared to the 2 neighboring counties. In addition, LA County also has the higher proportion of the population in Level 1 than in level 3 as well as a higher proportion of the population at Level 1 compared to the rest of the state.

[41] International Assessment of Adult Competencies (PIACC). National Center for Education Statistics. https://nces.ed.gov/surveys/piaac/state-county-estimates.asp. Last accessed March 23,2022

Health Literacy



National Health Literacy Mapping to Inform Health Care Policy (2014). Health Literacy Data Map. University of North Carolina at Chapel Hill. Retrieved March 18, 2022, from http://healthliteracymap.unc.edu/#

Literacy (% at or below)	LA County	San Bernardino	Orange	California
Level 1	34%	35%	24%	28%
Level 2	26%	28%	23%	25%
Level 3	40%	36%	53%	46%
Numeracy (% at or below)				
Level 1	43%	45%	30%	36%
Level 2	25%	27%	26%	26%
Level 3	33%	28%	44%	38%

During focus group conversations, many residents and service providers (primarily representing SPA 4 and 6) discussed having a lack of accurate health information or misinformation in their communities. Many of these participants discussed how having a lack of information on vital health programs effected the community as one resident shared, "Community members are skeptical of free programs and their eligibility. People feel that even free resources that they will eventually have to pay." Another resident mentioned, “They hear from a family member that a program denied them, and it discourages that person from applying too. Another resident mentioned, “We rarely see anyone from the city or county share information on resources that are available.”

Many community members shared that they do not access the services they need due to assumptions over eligibility, fear of sharing personal information, and cost concerns. Community members fear that their personal and health information will be misused or shared with other agencies, so they don't access healthcare services.

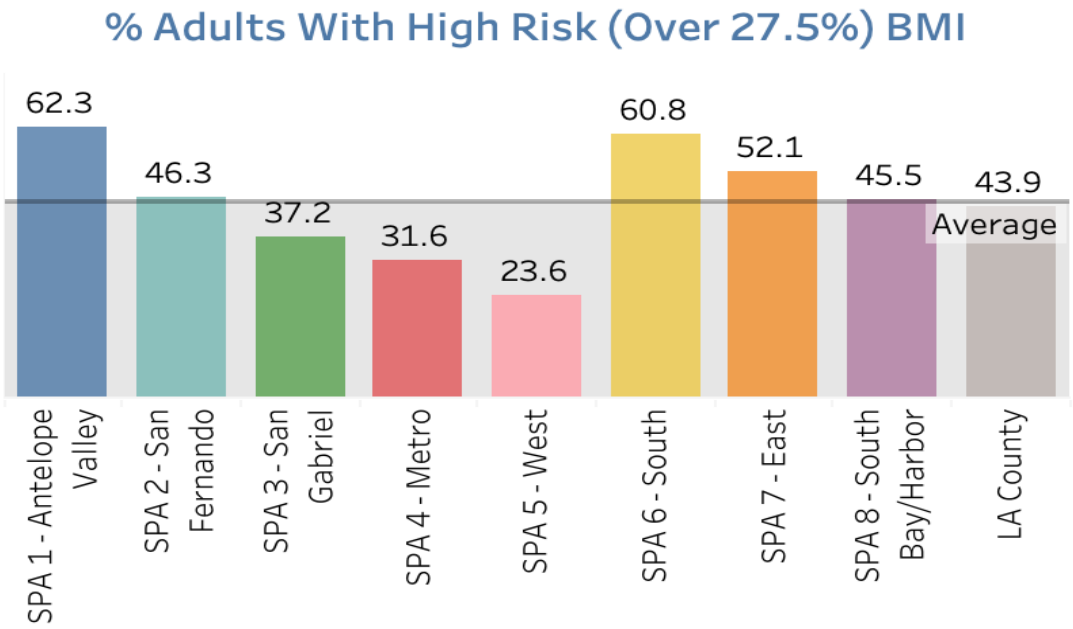
During the Covid-19 pandemic, misinformation affected these communities. Community stakeholders were particularly concerned about misinformation about testing, treatment, and vaccines. As one resident shared, "There is not enough information or there is bad information about COVID. People with symptoms don’t get checked and they pass it on to others”. COVID-19 underlined the challenge in communication and information sharing, but community residents and service providers noted it is a long-standing issue. One service provider mentioned, “People of all ages need trusted advice and anonymous advice from social service experts”.

Community members shared that they aren't aware of resources, eligibility requirements, and services available to them. As one community member shared, "I wish more people came to talk about resources in my community." Communication can be improved through increased partnerships with LAUSD, community organizations, and community leaders to decimate crucial health information.


Graffiti
Youth Artist (SPA 6)
College Ready Middle Academy 12
Youth Photovoice 2022

Obesity

Obesity is typically defined as a person with a high proportion of body fat (Body Mass Index over 30). The excess weight is often linked to impaired health outcomes such as coronary heart disease, stroke, high blood pressure, diabetes, and other chronic diseases. Obesity has also been linked to higher risk of certain types of cancers-- esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and more.[42]

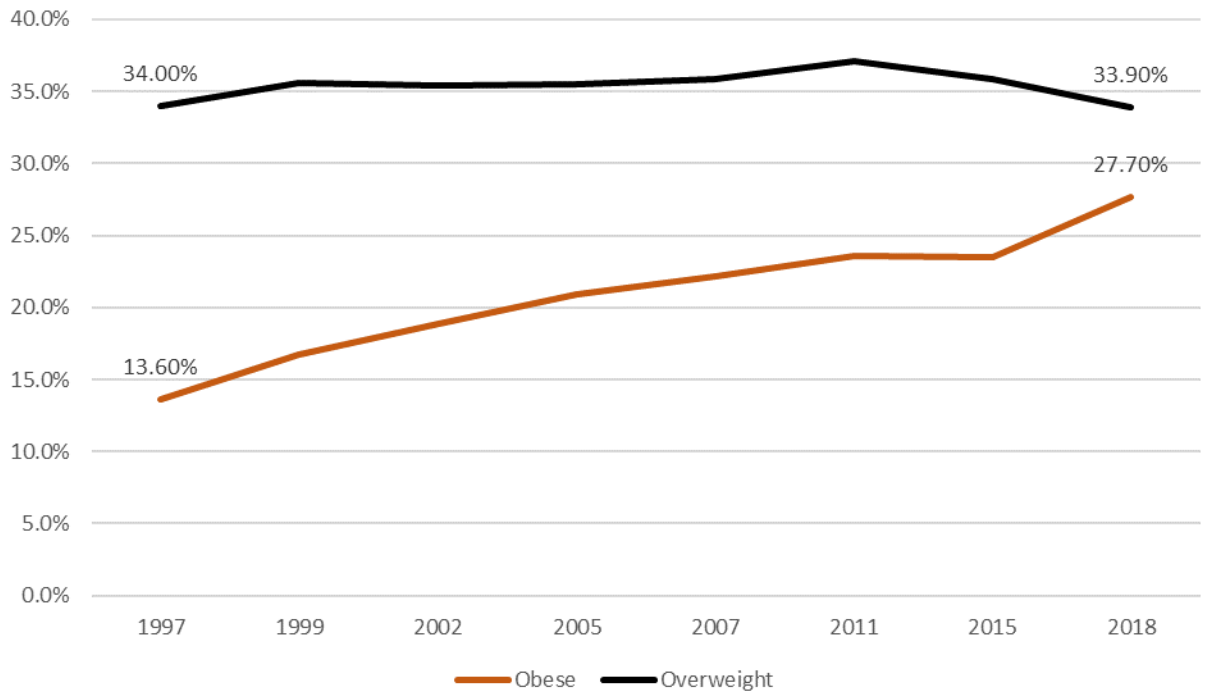


The chart above highlights estimates of adults who are overweight and at risk of being obese, obese, or severely obese. Approximately 43.9% of adults in Los Angeles County have a Body Mass Index (BMI) over 27.5% with the highest rates noted in SPA 1 (62.3%), SPA 6 (60.8%) and SPA 7 (52.1%).

Prevalence trends in LA County (1997-2018) for the adult population over a period of 20 years, reveal the following facts: the rate of overweight adults has remained steady at approximately a third of the adult population, while the rate of obesity has doubled to 27.7% and nearly a quarter of young adults between 18 and 24 (24.6%) are considered overweight. Obesity rates were highest in SPA 6 (38.6%), and lowest in SPA 5 (15.8%). The greatest increase in obesity rates occur in the Latino population, from 15.9% in 1997 to 37% in 2018.

[42]National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Last Accessed March 24, 2022.

Obesity Prevalence in Adult Population Over Time[43]



Adult and Child Obesity Prevalence [44]

Report Area	Overweight Adults	Obese Adults	Overweight Children
SPA 6–South	38.6%	34.1%	26.5%*
SPA 4–Metro	23.3%	34.1%	7.1%*
Los Angeles County	33.9%	27.7%	14.4%

In the County, risk of obesity starts at a young age. Rate of children who are overweight for their age in 2018 was 14.4%, 1.6% greater than the California rate. Similar to the adult data, children in SPA 6 had the highest reported overweight rate, at 26.5%, over 3 times the rate of SPA 4 with the lowest rate, at 7.1%. Hispanic/Latino and Black/African American youth report the highest rates, at 20.4% and 25.2%, respectively.

Similarly, as indicated in the chart below, a third of teens in LA County are either overweight (14.3%) or obese (20.5%)—or approximately one of five teens estimated as being obese for their age.

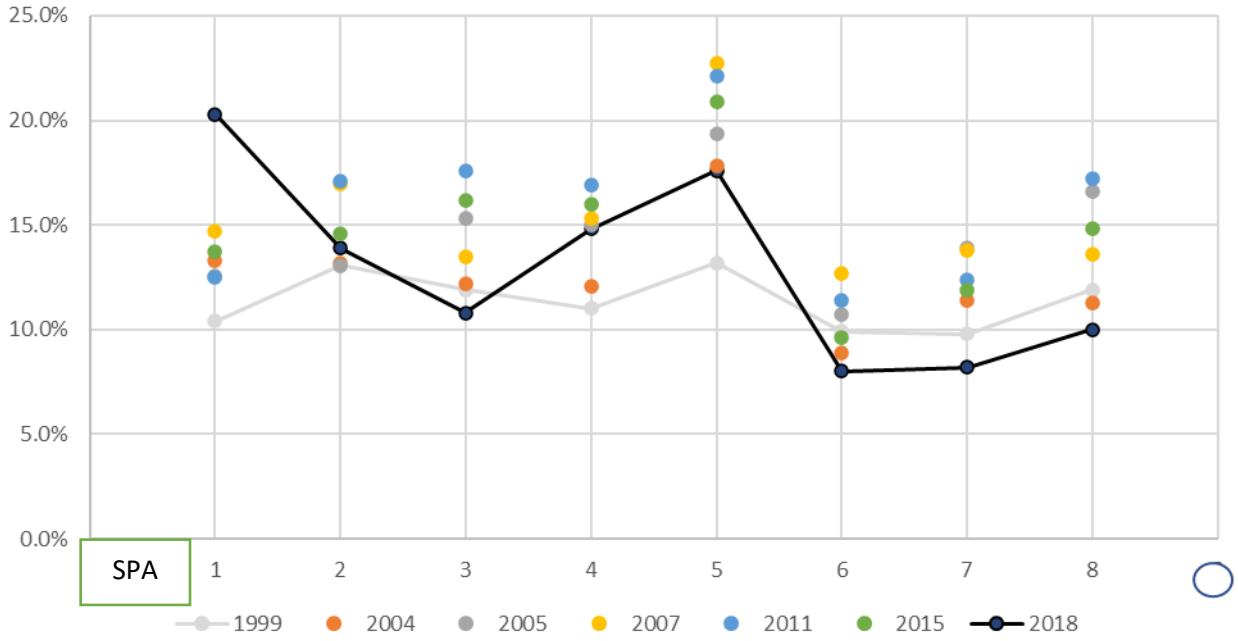
[43] Los Angeles County Health Survey, 1997-2018. California Healthy Kids Survey, 2020
[44] Los Angeles County Health Survey, 2018

Teen Obesity[45]

Teen Body Mass[46] Index Estimates	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Underweight (within lowest 5th percentile)	-	6.4*	-	-	-	-	-	-	1.7*
Normal weight (5th up to 85th percentile)	61.4*	42.8	85.2*	50.1	61.3*	68.5*	63.7*	75.2*	63.5
Overweight (85th up to 95th percentile)	23.8*		-	-	-	10.7*	5.2*	6.4*	14.3
Obese (highest 5th percentile)	-	20.3*	13.7*	33.4*	-	18.7*	31.1*	18.4*	20.5

Obesity and Food Consumption

Adults Eating 5 or More Servings of Fruits/Vegetables[47]

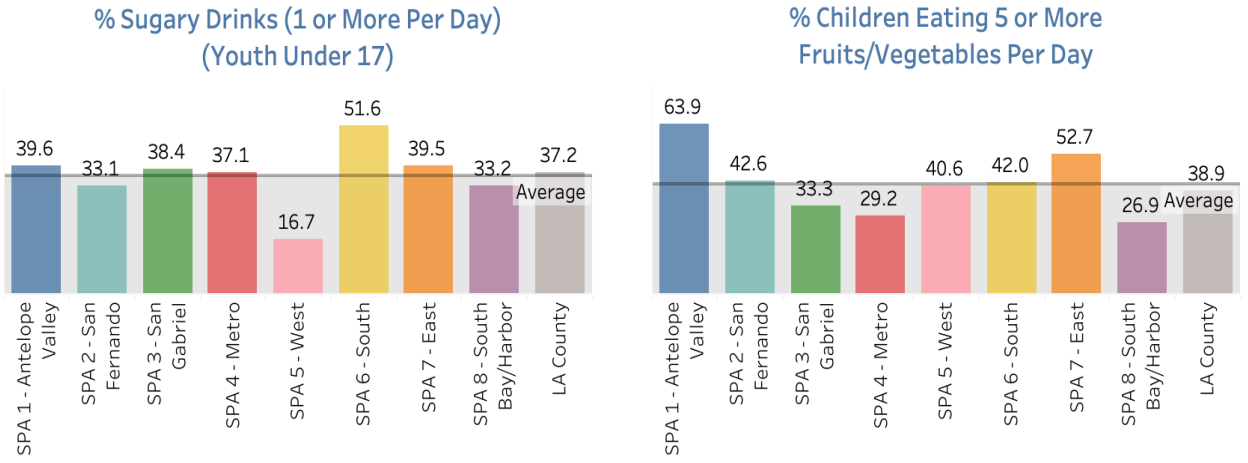


Among adults, poor eating habits, such as low consumption of fresh fruits and vegetables, and high consumption of sugar-based products, are early warning signs for risk of becoming overweight or obese. Shifts in healthy eating habits have occurred in the past two decades. In all Service Planning Areas, approximately 10-15% of the adult population ate 5 or more servings of

[45] California Healthy Kids, Survey, 2020
[46] Ibid
[47] Los Angeles County Health Survey 2018, expect for % of children eating 5 or more vegetables which is from the California Healthy Kids Survey, 20202

fruits and vegetables in a given day. Though improvements have been made over time, SPAs 3,6,7 and 8 reported their lowest ratings in 20 years when last surveyed. SPA 1 showed a 20% improvement over past periods and other Service Planning Areas.

Among youth in LA County, over a third of children (38.9%) consume 5 or more fresh fruits and vegetables daily, with SPA 1 at 63.9%. Children in SPA 7 also reported a rating over 50%, while SPA 4 and SPA 8 reported 29.2% and 26.9%, respectively. Similar proportion of teens (36.3%) in Los Angeles County showed healthy eating habits. Rates for teens in SPA 5 and 3 were 59.3% and 51.1%, respectively and SPA 1 at 18.3%. Over two-thirds of youth under 17 (37.2%) also reported consuming at least one soda per day. 51.6% youth under 17 years of age in SPA 6 reported consuming 1 or more sugary drinks per day and SPA 5 reported the lowest sugary drink consumption among youth at 16.7%.



Source: Graph 1. Los Angeles County Health Survey 2018. Chart 2 California Healthy Kids Survey 2020

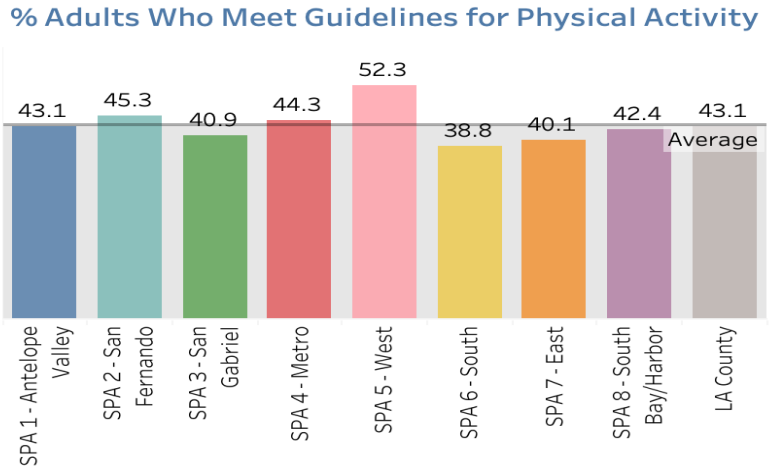
Obesity and Physical Activity

Regarding physical activity, in 2018, approximately 43% of adults (Ages 18 Years and Older) met the guidelines for muscle-strengthening physical activity (exercise all major muscle groups on 2 or more days a week). More than half of SPA 5 adults reported meeting this guideline while only 38.8% reported the same in SPA 6. Roughly 35% of adults reported both muscle strengthening and aerobic activity[48] in the county with more men (42%) than women (28.6%) reporting meeting both guidelines. African Americans (39.8%) and Whites (38%) were more likely than Asians (31.6%) and Latino (32.8%) to report doing both types of physical activity. American Indian/Alaska Native rates in the county were reported at 63.2%. Those adults with

[4848] According to LA County, to meet aerobic physical activity guidelines, one must complete at least one of the following criteria*: "1) vigorous activity for at least 75 minutes a week, 2) moderate activity for at least 150 minutes a week, or 3) a combination of vigorous and moderate activity for at least 150 minutes a week)"*

less than a high school education (21.3%) were least likely to report such physical activity. Newer figures since the pandemic are currently not available.

Among youth (6-17 years old), approximately 15.1% reported similar levels of activity, with SPA 4 youth reporting 20.2% and SPA 5 youth reporting 8.9%. Approximately half of youth (48.8%) were also reporting walking to school with SPA 6 youth reporting 77.3%. During the pandemic, approximately 39.7% of youth reported general weekly inactivity of at least 5 hours per week on typical weekend days with SPA 4 and SPA 1 reporting 54.3% and 51.1%, respectively.



Youth Physical activity[49] (%)	**SPA 1**	**SPA 2**	**SPA 3**	**SPA 4**	**SPA 5**	**SPA 6**	**SPA 7**	**SPA 8**	**LAC**
Time (5+ hours/wk) on sedentary activities on typical weekend days	51.1	39.9	33.7	54.3	21.3*	28.3	48.3	42.8	39.7
Walked home from school in past week. (2019)	21.9*	46.6	43.7	49.8	32.5*	77.3	60	32.9	48.8

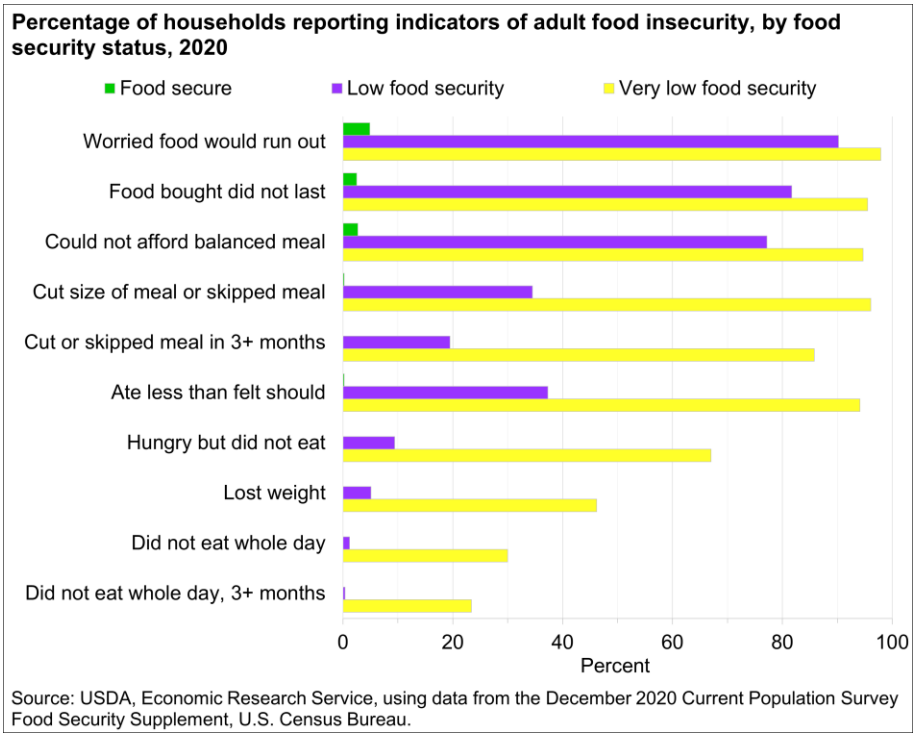
[49] California Healthy Kids Survey, 2020. In percent. * indicates value is statistically unstable.

Shopping Cart Out of Place

Youth Artist (SPA 3)
Boys & Girls Club W. San Gabriel Valley
Youth Photovoice 2022

Food Insecurity

According to the Committee on National Statistics (CNSTAT) of the National Academies, food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food.[50] The U.S. Department of Agriculture distinguishes "low food security" from "very low food security" where the former is denoted by "reports of reduced quality, variety, or desirability of diet [with] little or no indication of reduced food intake," and the latter as "reports of multiple indications of disrupted eating patterns and reduced food intake."[51] "The defining characteristic of 'very low food security' is that…food intake of household members is reduced and their normal eating patterns [change] because the household lacks money and other resources for food."[52]



The distinction between the two is illustrated in a 2020 survey of U.S. households in which over 90% of households experiencing very low food security reported having to worry that food would run out before they got money to buy more food (98%), buying food that did not last before they had enough money to get more (96%), and not being able to afford to eat balanced meals (95%). 94% of households ate less than they felt they should because there was not enough money for food. 76% reported that they had been hungry but did not eat because they lacked enough money for food; 46% had lost weight because they lacked enough money for food. 30% reported that an adult within their household did not eat the whole day with 23% stating this had occurred in at least three months during the year.

"Low food security" and "very low food security" are both states in which people can transition in and out of; and disruptions in food access and regular eating due to limited money and resources are often triggered by changes in employment, income, health, and mental health.[53]

[50] USDA, *Definitions of Food Security*, updated September 8, 2021, https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/ Last accessed on March 24, 2022.
[51] Ibid.
[52] Ibid.
[53] Gundersen, C., & Ziliak, J.P. 2014. Childhood food insecurity in the US: trends, causes, and policy options. The Future of Children, 1-19.

Food insecurity experienced during childhood is associated with poorer nutrition, worsened general health and oral health, early-onset disability, and higher risks for cognitive problems, delayed development, anxiety, depression.[54] Adults who experience food insecurity have poorer nutrition, a higher risk for obesity, diabetes, and hypertension, and greater mental health and sleep problems.[55] In addition, many diet-related diseases exacerbate risk for COVID-19.[56]

Food Insecurity in LA County during COVID-19

> "The spread of COVID-19 has worsened the already high levels of food insecurity among low-income households and marginalized groups and has even impacted demographic groups that are historically less likely to ever experience it."
>
> – Kayla de la Haye, Ph.D.
> Keck School of Medicine of USC
> Associate Professor of Population and Public Health Sciences

More than 1 in 4 LA County households experienced at least one instance of food insecurity from April through July 2020 according to a study of the major risk factors for food insecurity.[57] Immediately following the closing of businesses and the 2020 California stay-at-home orders, the majority of adults in LA County who experienced food insecurity were female, 18-40 years old, Hispanic/Latinx, and/or low-income (based on incomes reported after the onset of the pandemic). 59% of adults experiencing food insecurity were between the ages of 18-40 years old. Of the 82% who were low-income, 39% were living in poverty. Approximately a third (35.6%) were employed in July. Half (50.3%) were households with children; and a third (35.6%) were single parent households. By July 2020, 12% of adults experiencing food insecurity had contracted COVID-19, making them twice as likely to have been infected than adults who were food secure (6.4%). Between the months of April through July 2020, 26% of all households and 42% of low-income households in LA County experienced at least one instance of food insecurity.[58] Of the 1 in 5 households that experienced food insecurity in the early months of the pandemic, almost 14% had incomes between $60,000 and $100,000 per year; nearly 6% had annual incomes of more than $100,000.[59] Two years prior to the pandemic, only 27% of low-income households throughout 2018 experienced food insecurity.[60]

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[54] Dhurandhar, E.J. 2016. The food-insecurity obesity paradox: A resource scarcity hypothesis. Physiology & Behavior, 162, 88-92; Gundersen, C., & Ziliak, J.P. 2015. Food insecurity and health outcomes. Health Affairs, 34(11), 1830-1839; Los Angeles County Department of Public Health, *Food Insecurity in Los Angeles County, November 2021*, http://ph.lacounty.gov/nut/media/nutrition-physical-activity-resources/LA_County_Food_Insecurity_Report_2021_508Compliant.pdf.

[55] Ibid.

[56] Public Exchange & USC Dornsife, *The Impact of COVID-19 on Food Insecurity in Los Angeles County: April to July 2020*, September 23, 2020, https://publicexchange.usc.edu/food-insecurity-in-la-county/ Last accessed on March 24, 2022.

[57] Ibid.

[58] USC Dornsife, *Food insecurity expands beyond low-income Angelenos, striking 1 in 4 LA County households during first months of pandemic*, September 23, 2020 https://dornsife.usc.edu/news/stories/3316/public-exchange-covid-19-food-insecurity-los-angeles-county/ Last accessed March 24, 2022.

[59] Ibid.

[60] Ibid.

Food insecurity rates for LA County residents from SPA 7, SPA 3 , SPA 4 and SPA 6 were 21.8%, 17.9% , 17.4%, and 15.8%, respectively.

A majority of LA County respondents reported that, during the earlier months of the pandemic, they consumed different quantities and qualities of foods. 13.8% indicated they had been consuming less food than usual, and 28.3% said they were eating less healthy foods – both indicators of USDA's *very low food security* label. Of those who had experienced regular food insecurity from April through July 2020, 63% stated they were eating less food, and 44.2% said they were eating less healthy foods. 1 in 3 LA County adults who experienced at least one instance of food insecurity reported eating less food (31%) and less healthy foods (33%). Numerous factors may contribute to dietary shifts including shortages or increased prices of staple foods, limited access to school lunches, restaurant closures, an increased reliance on home-prepped meals, and changes to overall food security.

Low Income and Food Security

With poverty being the leading cause of food insecurity in the U.S., and 15% of LA County residents living below the federal poverty line, food insecurity impacts low-income, unemployed, and underemployed people.[61]

Over a third (38.3%) of LA County adults have an income of less than 200% the federal poverty line, and nearly a quarter (21.8%) with children 17 years or younger indicated that their community's access to fresh fruits and vegetables was not good nor excellent. An approximate third (36.5%) of WIC recipients have children 6 years and younger. 9.5% of adults with incomes 200% and lower than the federal poverty line receive SSI. It was reported that 27.1% of qualified LA County adults did not access Food Stamps, and 11.1% did not access TANF or CalWORKs benefits due to concerns of immigration status.

With food insecurity being defined by having income less than 200% of the federal poverty line, half of SPA 6 (50.8%) experience food insecurity. Two in five adults in SPA 1 (44%), SPA 2 (45.1%), and SPA 4 (44%) experience food insecurity.

[61] LA Controller, *Hunger for Solutions to Food Insecurity*, https://lacontroller.org/data-stories-and-maps/food-insecurity/ Last accessed on March 24, 2022.

Los Angeles County Food Insecurity[62]

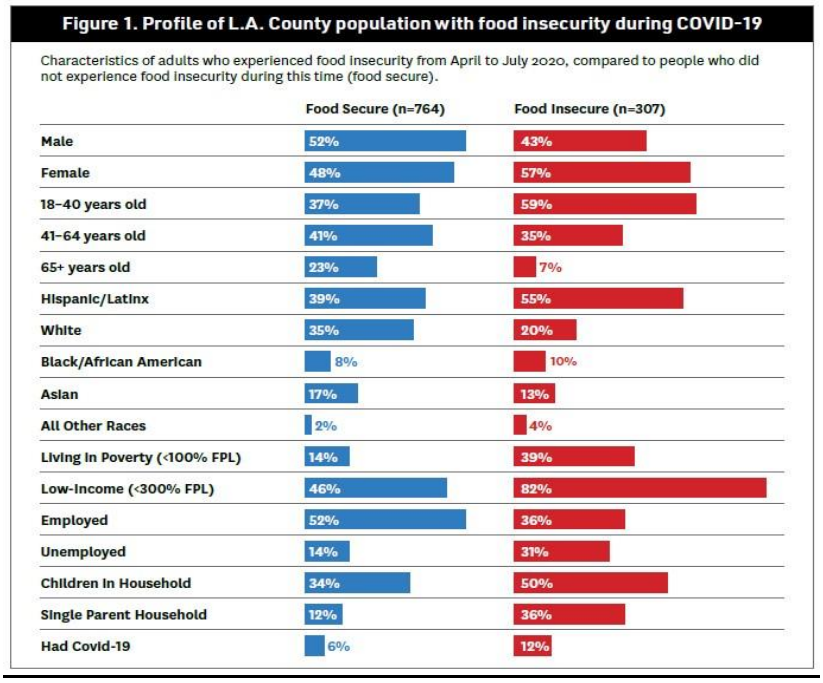


Figure 1. Profile of L.A. County population with food insecurity during COVID-19

Characteristics of adults who experienced food insecurity from April to July 2020, compared to people who did not experience food insecurity during this time (food secure).

	Food Secure (n=764)	Food Insecure (n=307)
Male	52%	43%
Female	48%	57%
18–40 years old	37%	59%
41–64 years old	41%	35%
65+ years old	23%	7%
Hispanic/Latinx	39%	55%
White	35%	20%
Black/African American	8%	10%
Asian	17%	13%
All Other Races	2%	4%
Living in Poverty (<100% FPL)	14%	39%
Low-Income (<300% FPL)	46%	82%
Employed	52%	36%
Unemployed	14%	31%
Children in Household	34%	50%
Single Parent Household	12%	36%
Had Covid-19	6%	12%

Los Angeles County Food Insecurity[63]

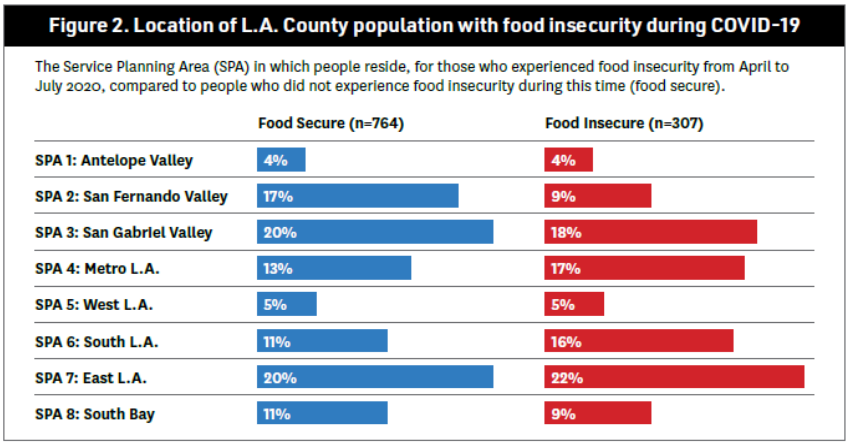


Figure 2. Location of L.A. County population with food insecurity during COVID-19

The Service Planning Area (SPA) in which people reside, for those who experienced food insecurity from April to July 2020, compared to people who did not experience food insecurity during this time (food secure).

	Food Secure (n=764)	Food Insecure (n=307)
SPA 1: Antelope Valley	4%	4%
SPA 2: San Fernando Valley	17%	9%
SPA 3: San Gabriel Valley	20%	18%
SPA 4: Metro L.A.	13%	17%
SPA 5: West L.A.	5%	5%
SPA 6: South L.A.	11%	16%
SPA 7: East L.A.	20%	22%
SPA 8: South Bay	11%	9%

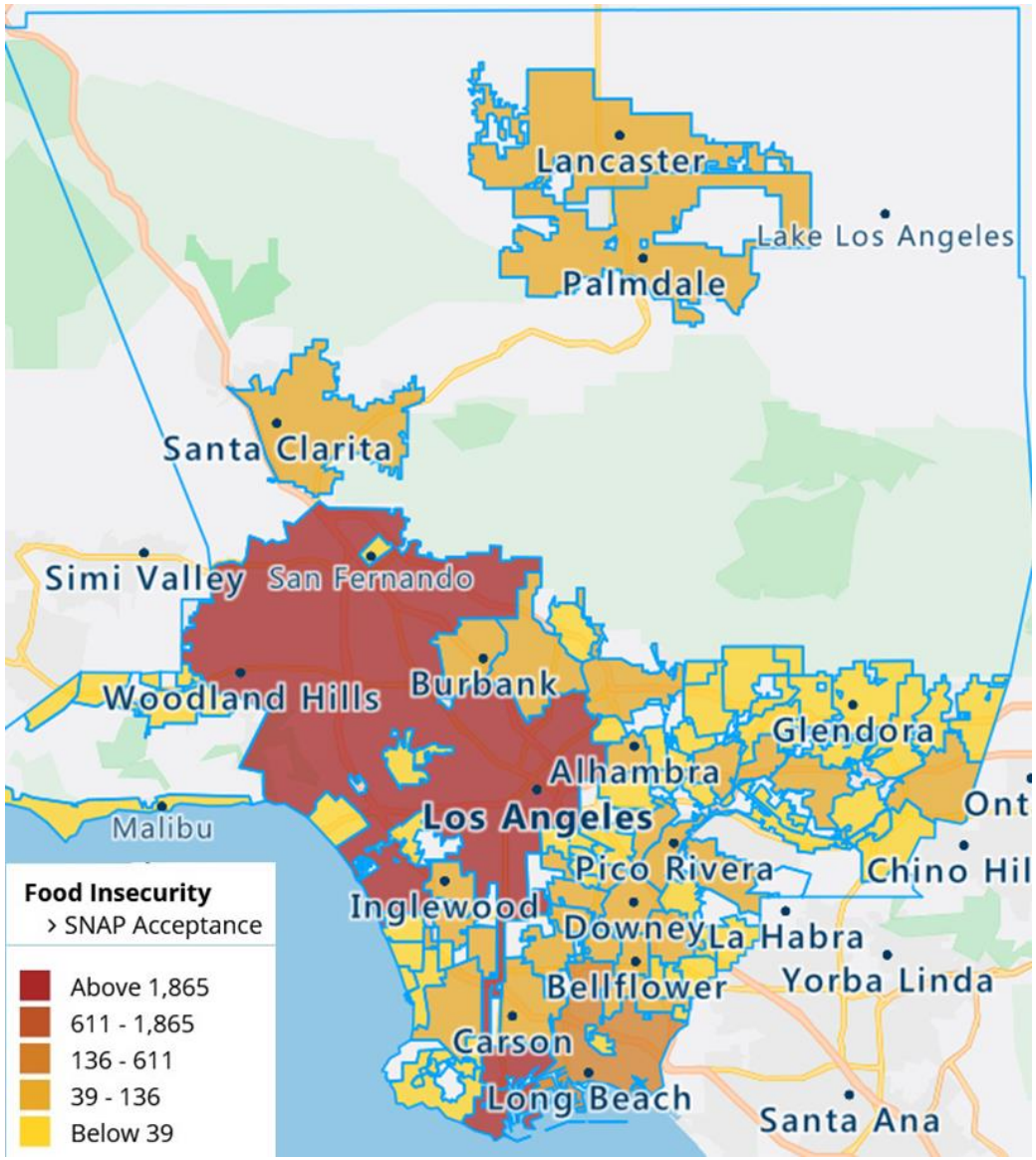
Over half of WIC recipients in SPA 6 (54.3%) and SPA 7 (58.8%) have children 6 years and younger. As depicted in the graph on the following page, 41.2% of eligible adults in SPA 6 did not access Food Stamps over concerns of it affecting their or family members' current or prospective immigration status with SPA 1 and SPA 2 reporting rates of 34.6% and 24%, respectively. A quarter of adults in SPA 6 (24.1%) who are eligible for TANF or CalWORKs benefits did not access benefits because of concerns around immigration status.

[62] Ibid.
[63] Ibid.

Food Insecurity & Access to Public Programs[64]

(%)	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Food Insecurity: Adults with income less than 200% of FPL	44.0	45.1	23.0	44.0	34.9*	50.8	31.8	33.5	**38.3**
Food insecurity: Children (Ages 17 Years and Younger) Whose Parents/Guardians/Decision Makers Rated Their Community's Access to Fresh Fruits/Vegetables as Good or Excellent.	71.6	85.8	81.5	77.0	96.1	63.2	73.2	77.3	**78.2**
WIC: Usage among qualified adults									
Percent on WIC--children 6 years and younger (2019)	10.9*	15.7*	26.9*	-	-	54.3*	58.8	61.1*	**36.5**
SSI: Receive Supplemental Security Income (SSI) – Respondent with 200% and lower FPL	9.3*	9.2	12.4	13.0	6.0*	6.5	5.2	11.8*	**9.5**
TANF or CalWORKs: Receive TANF or CalWORKs - Respondent with 200% and lower FPL	13.8*	14.4*	3.0*	16.4	-	20.2	6.2*	1.1*	**10.2**
Avoided this benefit due to concern over self or family member disqualification from green card	11.5*	13.7	10.1*	7.8*	-	24.1	6.8*	8.9	**11.1**
Food Stamp: Receive food stamps	25.7	27.5	21.4	35.3	5.0*	38.0	16.4	28.6	**27.1**
Avoided this benefit due to concern about disqualification from green card/citizenship	34.6	24.0	19.9	20.4	13.0*	41.2	15.3	17.1	**22.1**

[64] Food Insecurity & Access to Public Programs: 2020 California Healthy Kids Survey. * indicates value is statistically unstable.



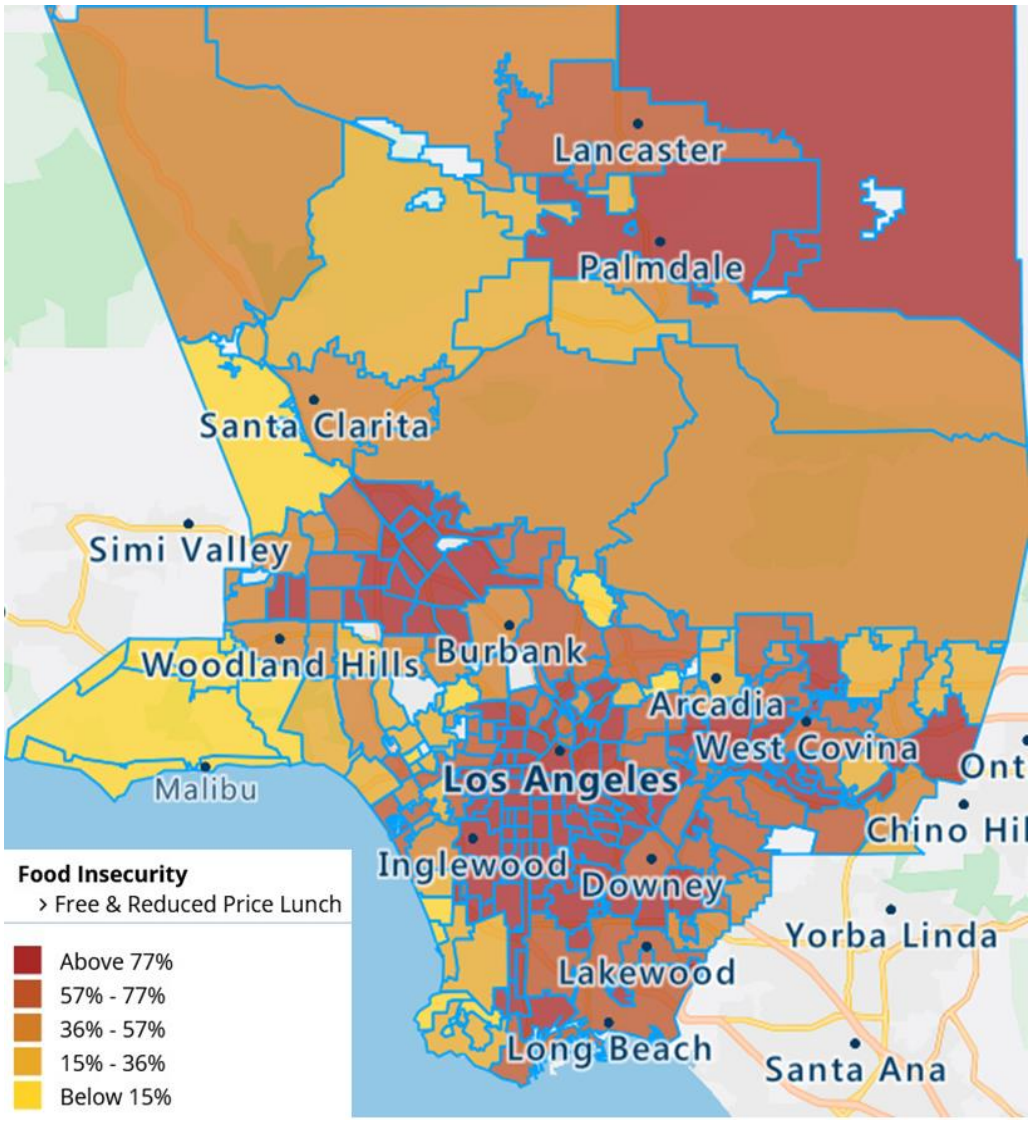
Food Insecurity & Access to Public Program (SNAP)[65]

2021 data on Supplemental Nutrition Assistance Program (SNAP) Acceptance (i.e., the number of stores and food providers that accept SNAP benefits in an area) within SPA 2: San Fernando Valley, SPA 4: Metro, SPA 6: South, and SPA 8: South Bay.

[65] USC Neighborhood Data for Social Change, *Food Insecurity*, https://usc-ndsc-web-prod.azurewebsites.net/?pa=25 Last accessed on March 24, 2022.

Food Insecurity & Access to Public Program (NSLP)[66]

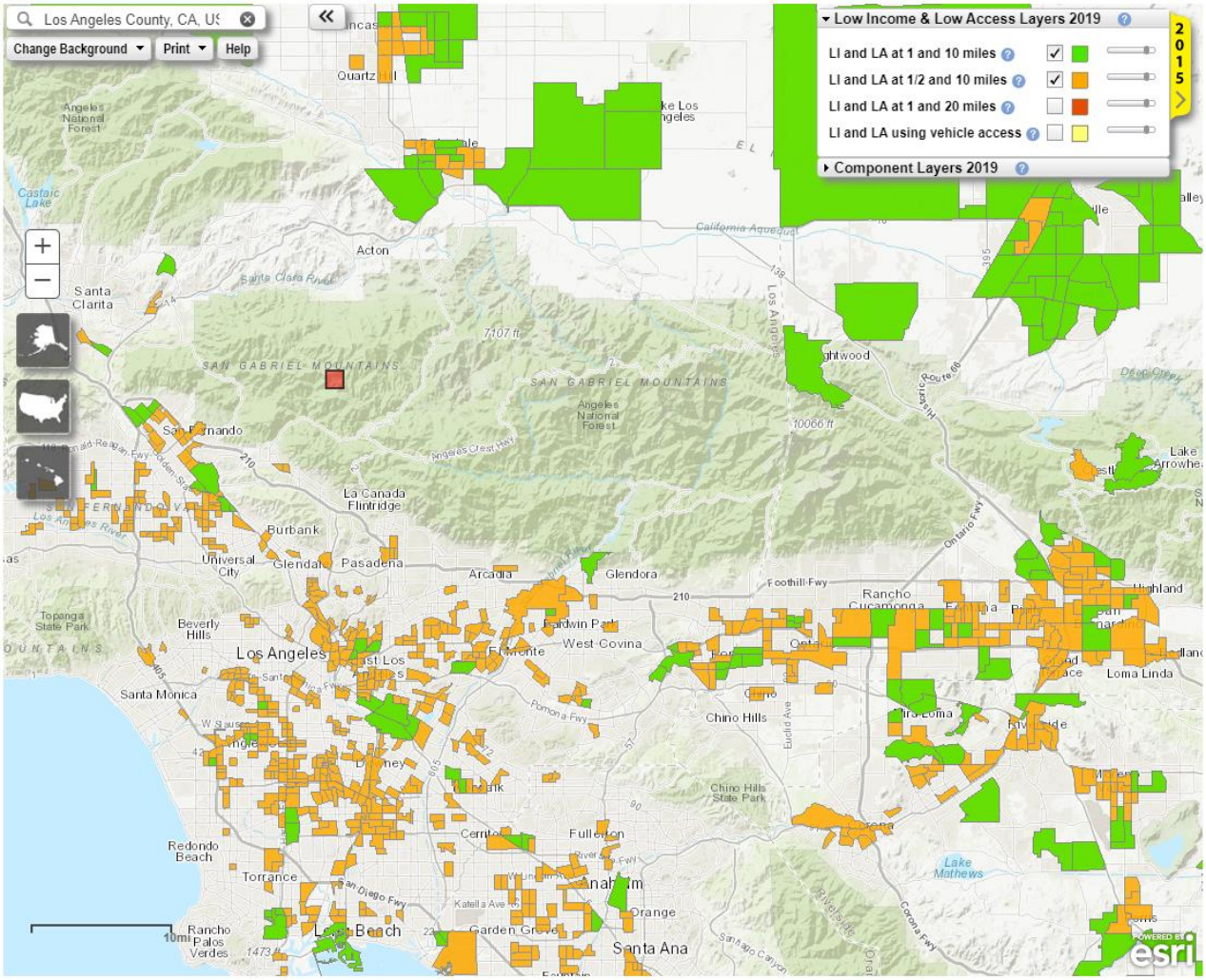
For many families – especially those below the federal poverty line – free and low-cost food provided by schools are critical to mitigating food insecurity experienced by children. 2019 data of LA County students are eligible who were receive aid from the National School Lunch Program (NSLP) illustrates higher percentages of NSLP eligible students in SPA 1: Antelope Valley, SPA 3: San Gabriel Valley, SPA 2: San Fernando Valley, SPA 7: East, and SPA 8: South Bay.



[66] Ibid.

Los Angeles communities located within food desert and food swamps are often prone to food insecurity and have less access to healthy food options. Food desert communities are often low-income neighborhoods where a substantial number of residents do not have access to grocery stores within walking distance to purchase nutritious food. These same areas tend to also be food swamps – commonly underserved communities saturated with unhealthy food options. In food swamps, communities' food options are typically limited to corner stores and fast food restaurants.

Food Deserts: Low Food Access Among Low Income Residents[67]



The USDA map above, using 2019 data, identifies low-income areas – tracts with a poverty rate of 20% or higher, or tracts with a median family income less than 80% of median family income for the state or metropolitan area – and low access areas – tracts in which at least 500 people or 33% of the population lives farther than a set distance from the nearest supermarket.

[67] United States Department of Agriculture (2019). https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx. Last accessed March 24, 2022.

The green areas map low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket. These low-access areas or food deserts are found in SPA 1: Antelope Valley – within and around Lancaster, Palmdale, and Lake Los Angeles; SPA 3: San Gabriel Valley – pockets of Azusa, West Covina, Walnut, and Pomona; SPA 4: Metro LA – particularly El Sereno and the neighborhoods alongside the 10 Freeway, 710 Freeway, and Huntington Drive; SPA 7: East LA – neighborhoods within Montebello and along the city borders of Commerce, Maywood, and Bell Gardens along the 710 Freeway; and SPA 8: South Bay – communities within Inglewood, along the 110 Freeway, and around the Port of Long Beach.

The orange areas represent low-income census tracts where a significant number or share of residents is more than ½ mile (urban) or 10 miles (rural) from the nearest supermarket. Low-income tracts in which LA County residents are more than ½ a mile from the nearest supermarket are prominent in nearly every SPA of the county.

Accessibility to Healthy, Affordable Food

Through this community health needs assessment process, LA County community stakeholders identified accessibility to healthy, affordable food as a key issue. 46.5% of survey respondents indicated that nutrition was a big issue in their communities. Community stakeholders, in focus groups, voiced concerns about the cost and availability of healthy foods and shared the need for opportunities for community members to learn about healthy eating and nutrition. They acknowledged existing education around nutrition and praised programming that taught families how to modify culturally common recipes; they also identified a need for the scheduling of these programs to accommodate working families. Community stakeholders emphasized the COVID-19 pandemic's impact on increasing food insecurity among families and highlighting inequities in accessing healthy food in low-income communities.

> "Access to healthy food is still an issue. We get the lowest grade of produce in the stores in my community."
> - Community Resident

Focus group participants shared that healthy food was often inaccessible pointing to the cost of healthy food as a barrier as well as the limited availability of healthy food within their communities. Residents shared the challenges of affording and finding healthy foods in their communities, often pointing to increased costs, fast food restaurants' prevalence, food deserts, and gentrification. Many service providers and community residents expressed frustration at the lack of healthy and nutritious options in community grocery stores, particularly fresh and organic produce. One community resident commented, "There are not enough organic food options at the market and in the restaurants. We have too much fast food."

Working parents and families face challenges of balancing work schedules, tight budgets, and prioritizing healthy eating. As one stakeholder said, "Time is also a big issue. Many parents come home from multiple jobs or hard labor jobs and don't have the time to cook when they

get home. We have every fast food restaurant in the community that advertises cheap food that is made quickly."

Community members praised nutrition education programs, particularly classes taught with cultural understanding. They noted that introducing healthier ingredients and modifying family recipes with healthy alternatives allowed them to change their diets sustainably. For these programs to be successful, community members and service providers pointed to the need for classes to be available at times that could accommodate working people's schedules.

> "The majority of our programs are in food deserts. No access to healthy food. This affects mental, dental health, we have children who are malnourished and obese and it has gotten worse over the last couple years."
>
> - Service Provider

Service Providers shared that the increased demand for food assistance due to the COVID-19 pandemic highlighted inequities in accessing healthy food for low-income communities. The increased need for assistance came from previous clients and many families who, before the pandemic, did not need food assistance. Stakeholders commented on the rising cost of food, inaccessibility of nutritious foods, and lack of education about cooking and nutritional values of healthy foods. Food distribution sites need to incorporate education into their programming; as one stakeholder expressed, "Education on what to do with healthy food and the stigma that it is unhealthy is prevalent as well. I worked food distributions that had kale in the food boxes, and many families had no idea how to use it."

Prioritized Health Needs

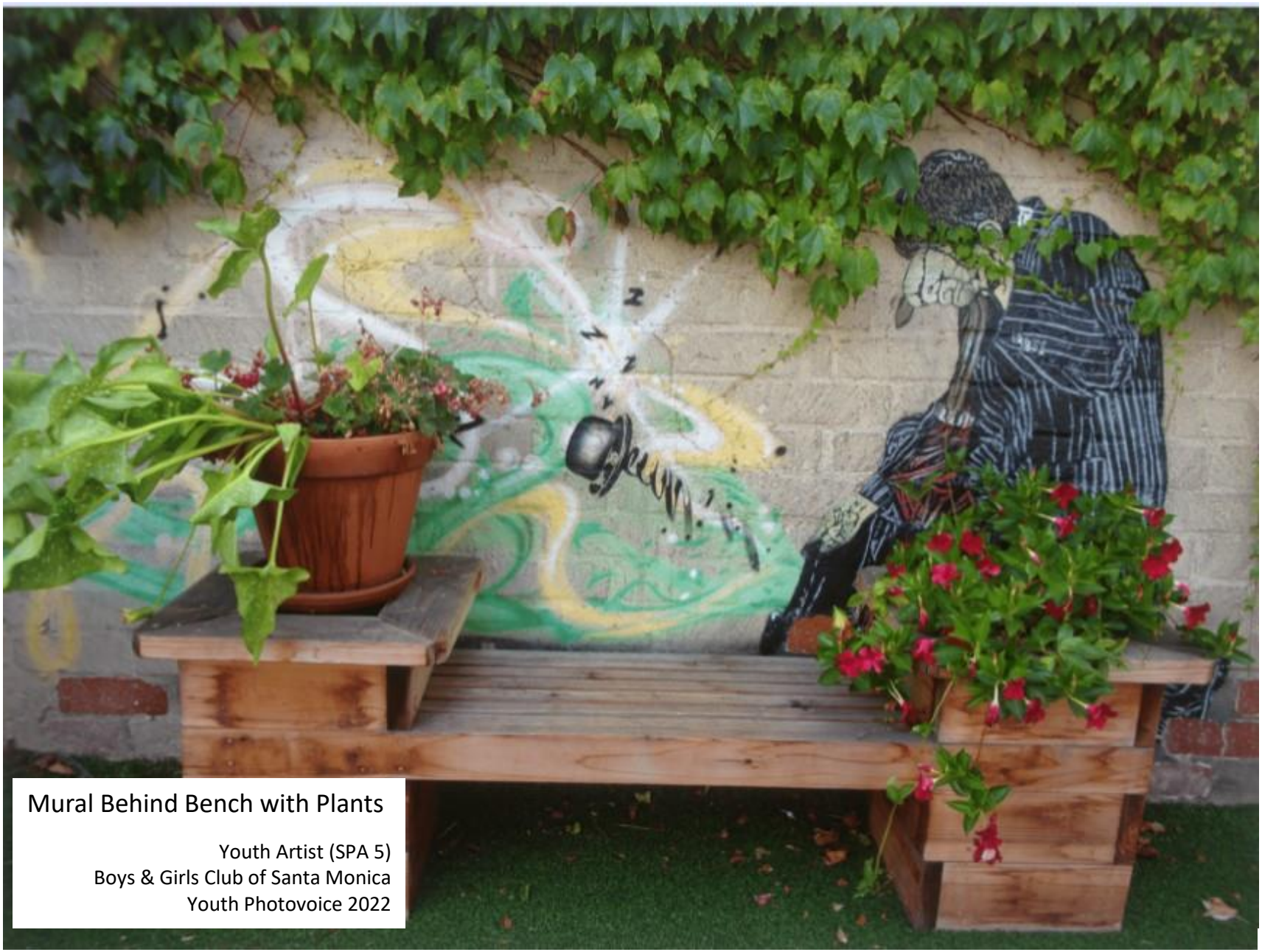
CHLA engaged the community, including key leaders of organizations, service providers, community members, parents, and youth, to integrate community perspective in the CHNA process. Stakeholder convenings with local health providers and community leaders were conducted to increase awareness about the CHNA and invite input and sharing of perspectives. Community members participated in surveys along with local health providers and community leaders to identify issues that most affect the health of the community.

Multiple listening sessions were facilitated to share the results from the data collection. Community members, youth and key stakeholders discussed and identified key issues or challenges and completed surveys prioritizing identified needs according to trends, available resources, and community readiness.

2016
Mental health
Community safety (including violence among youth)
Preventative health care
Oral health care
Awareness of available health/social services
Access to health care (including a lack of health education)
Early childhood development
Housing
Youth at-risk behaviors
Healthy behaviors (including nutrition and physical activity)
Overweight and obesity

2019
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

2022
Mental Health
Homelessness/Housing
Economic Security/Poverty
Communicable/Infectious Diseases (including Covid 19)
Patient/Family-Centered Health Care
Health Services Communication
Obesity
Food Insecurity/Access



Mural Behind Bench with Plants

Youth Artist (SPA 5)
Boys & Girls Club of Santa Monica
Youth Photovoice 2022

We value your input

Children's Hospital Los Angeles 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.


Club Garden
Youth Artist (SPA 5)
Boys & Girls Club of Mar Vista Gardens
Youth Photovoice 2022
Behlen
COUNTRY
Farm & Ranch Equipment

Appendix A

CHNA METHODOLOGY AND PROCESS

The Community Health Needs Assessment ("CHNA") process is designed (1) to develop a deeper understanding of community healthcare needs, and (2) to inform Children Hospital of Los Angeles's community benefit planning.

CHNA METHOD

- More exploratory than evaluation process
  - Not cause & effect or correlational study
  - Not answering a specific research question
- Looking at trends
  - Broader scope of indicators
  - Balance perspectives of stakeholders
    - Organizational Priorities & Community priorities
    - Broad stakeholder input
- Make choices based prioritization process

The 2022 CHNA methodology and process involved the collection of both quantitative and qualitative data from secondary and primary sources. In gathering information on communities served by the hospital, health conditions of the population were reviewed as well as the socioeconomic factors, the physical environment, health behaviors, and the availability and accessibility of clinical care.

CHNA PROCESS

Data Sources: Secondary Data Collection

The CHNA process involved a secondary data collection and review of health indicators resulting in a "Scorecard" of identified secondary indicators followed by direct engagement of community stakeholders in the primary data collection. Approximately 300 secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA), Los Angeles County, and California state levels (as available). Secondary data were collected from a variety of sources to present Los Angeles County demographics, social and economic factors, health access, mortality, birth characteristics, chronic disease, and health behaviors.

Sources of data included the U.S. Census 2020 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, CDC National Health Statistics, National Cancer Institute, U.S. Department of Education, and others. When relevant, these data sets are presented in the context of California State. 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.

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: Health Insurance Coverage, Type of Coverage
    a. Main Reason for Currently Uninsured Status
    b. Type of Insurance Coverage
    c. Other
3. Access to Health Care: Health Insurance, Source of Dare, Delay of Care
    a. Source of Care
    b. Delay of Care
    c. Other
4. Incidents of Health
    a. COVID-19 (2020)
    b. Health Status
    c. Asthma
    d. Cancer, in General (2018)
5. Cardiovascular Disease/Heart Disease
    a. Diabetes
    b. Disability
    c. Hypertension
6. Early Childhood Development and Health
    a. Maternal and Infant Health
    b. Early Childhood Development and Parenting
7. Mental Health
8. Preventative Health Behaviors
    a. Preventative Health Care
    b. Physical Activity
    c. Internet/Computer Use
    d. Nutrition
    e. Women's Health
9. Oral Health Behaviors
    a. Oral Health Care
    b. Dental Care Access
10. Obesity/Overweight
    a. Teen Body Mass Index
    b. Adult Body Mass Index
11. At Risk Behaviors
    a. Sexual Behavior and Health
    b. Alcohol and Substance Abuse
12. Air Quality
13. Other Family and Community Socio-Economics
    a. Economic Security
    b. Access to Food
    c. Community Safety and Violence Among Youth
14. Access to Shelter
    a. Homelessness
    b. Housing

A comprehensive data matrix, known as the "Scorecard", was created listing all the aforementioned identified secondary indicators. The Scorecard's benchmark data points included each of the eight Los Angeles County Service Planning Areas and Los Angeles County. Please See Appendix B.

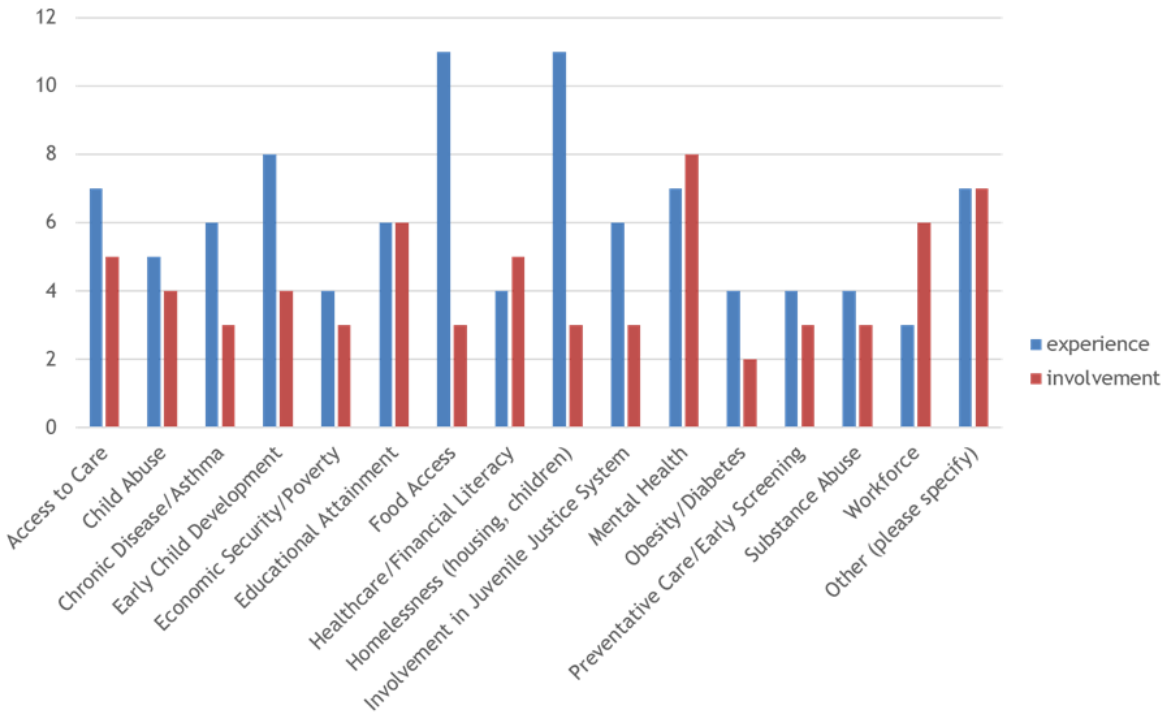
Data Sources: Primary Data Collection & Community Engagement

To supplement the secondary data which provided an overview or profile of the service area, CHLA's process included 4 types of community engagement activities that led to primary data collection.

Internal Engagement

CHLA encouraged internal stakeholders to take part in the Community Health Needs Assessment by participating in various CHNA surveying activities.

CHNA Engagement Survey



CHLA hosted three webinars, on July 16, 2021, on July 28, 2021, and on August 4, 2021, for the internal stakeholders. Participants learned about the Community Health Needs Assessment project and were encouraged to provide input and participate in the process.

External Community Input- Survey

CHLA conducted a community survey. CHLA attended community events, in SPA 4 and in SPA 6, the two service planning areas in closest proximity to the hospital. The first event was an all-day community fair hosted on August 7, 2021 on the Los Angeles City College campus which was open to the general public. The event was publicized in English and Spanish. CHLA hosted a booth showcasing its workforce development programs and outreaching to inform about the community health needs assessment. The second event was an all-day family fair focused on back to school, back to wellness hosted on August 28, 2021 at the Macedonia Baptist Church. The event included a vaccination clinic, first aid training and general health screenings. CHLA hosted several booths showcasing community benefit projects and workforce development opportunities. The event provided another opportunity to outreach to the public regarding the community health needs assessment. Community members at each event were encouraged to participate in a brief survey asking respondents to rate health needs, the biggest challenges to better health in their respective communities, and which organizations are perceived to be a good asset or resource in their community that addresses health challenges or concerns.

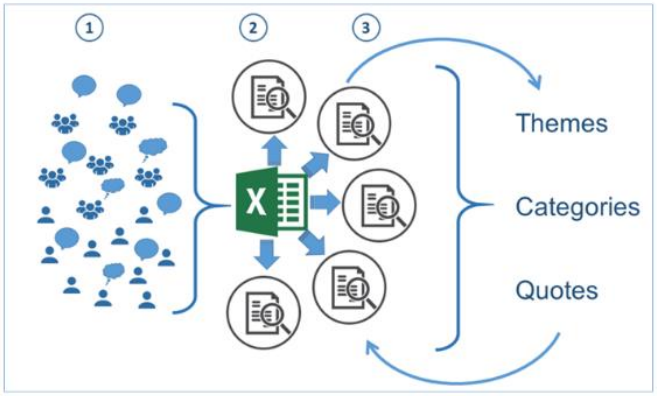
248 individuals completed the survey. The surveys were available in English and Spanish, in paper and virtual formats. The surveys were analyzed collectively for trends.

External Community Input- Focus Groups

CHLA facilitated focus groups comprised of service providers and community residents. CHLA developed a semi-structured interview guide for these sessions. Focus groups discussions prompted participants to identify significant health issues or needs within their communities and/or the communities they serve, the factors or conditions that contribute to those health issues, which subgroups are most affected by those issues, barriers, or challenges to addressing those health issues as well as effective strategies and resources available to addressing them. Facilitators also probed into how the health of children and youth intersect with the identified issues and explored what community-specific factors affect community health, especially within Metro and South Los Angeles. 16 focus groups comprised of 46 community stakeholders were facilitated.

To form focus groups of service providers and community residents, CNM outreached to community stakeholders who completed the survey and provided their contact information to learn more and/or participate further in the process. CNM conducted email outreach to recruit service providers in participating in a focus group. CNM also elicited support from service provider organizations serving SPA 4 and SPA 6 to extend community outreach efforts. Through email and phone outreach, CNM recruited community members, largely from SPA 4 and SPA 6, to provide insight and input via semi-structured focus groups.

Multi-perspective: Health experts, government and community-based agencies, business, youth, other community members/representatives.



A modified content analysis was used to identify the main themes that emerged from community input through the facilitated focus groups. CNM used a three-step process for analyzing and interpreting this information: 1) all information gathered during focus groups were entered into Microsoft Excel, 2) spreadsheet data were reviewed multiple times using content analysis to begin sorting and coding the data, and 3) through the coding process, themes, categories, and quotes were identified. In the coding process, two requirements needed to be met: 1) a health need had to be mentioned in the primary data collection more than once and 2) a secondary data indicator associated with the need had to perform poorly against a

designated benchmark (state and/or SPA averages). Once a theme met both requirements, it was designated as an identified health need/indicator.

Youth Photovoice Project

CHLA created a Youth Photovoice Project for youth across Los Angeles County to document their view of social determinants of health through photography. Photovoice is an innovative method of education empowerment by which youth are given cameras to take photographs for the purpose of illustrating social and environmental factors that affect health. This project offered unique insight into the lived experiences of youth and their families in specific communities and were also incorporated into this CHNA. The method provides a voice through the power of photographs to youth that may not otherwise have the opportunity or audience to have their perspective heard.

150 youth representing all eight Service Planning Areas (SPAs) of Los Angeles County participated in this Photovoice project. Participating youth were recruited from 13 organizations throughout LA County. They included

SPA 1 – Antelope Valley Boys & Girls Club
SPA 2 – San Fernando Boys & Girls Club
SPA 3 – West San Gabriel Boys & Girls Club
SPA 4 – Heart of Los Angeles (HOLA), John Marshall High School
SPA 5 – Boys & Girls Club of Santa Monica, Boys & Girls Club of Mar Vista
SPA 6 – St. Mary's Academy High School, After-School All-Stars (middle schools), USC Undergraduate health science students
SPA 7 – Strength Based Community Change (SBCC)
SPA 8 - Long Beach LGBTQ+ Center, Beach Cities Health District

These youth were encouraged to take pictures that illustrated health concerns or positive attributes in their community and had discussions about the pictures they took. Over 900 pictures were taken. An exhibition of these photos was held virtually for stakeholders. Pictures taken by these youth can be found throughout this report.

Prioritization

Once the data from the community health needs surveys were collected, compiled, and synthesized, three virtual Prioritization Meetings were held with a total of 61 community stakeholders. CNM directed targeted outreach to include Los Angeles County service providers, educators, and current Children's Hospital Los Angeles staff who worked within and serve SPA 4 and SPA 6 community residents. Prioritization Meetings were conducted with the purpose of gathering community input in identifying and prioritizing health needs. The Identifying and Prioritizing Health Needs stage established a platform for community stakeholders to learn about the Community Health Needs Assessment process, review the quantitative and

qualitative data collected, and the data emerging from the community health needs survey and focus groups; data was contextualized by demographic data, health findings, health indicators, and the impact of the COVID-19 pandemic on health. In smaller groups, community stakeholders engaged with the data while discussing and identifying key issues or consideration that were then shared with the larger group. Community stakeholders were then guided through a prioritization exercise that culminated in a voting process via a brief survey to identify and rank their top five health priorities in the service area.

Data Limitations

The primary purpose of collecting, compiling, and synthesizing data throughout the community health needs assessment process is to gain a deeper understanding of and contextualize the health needs experienced by Children Hospital of Los Angeles' service area. This process entailed an exploratory, not causal, study.

Information gaps, to a certain extent, also impact the ability to assess health needs. For instance, some data are only available at a county level, making an assessment of health needs at smaller level geographies or at a neighborhood level challenging. Disaggregated data around age, ethnicity, race, and gender are not consistently available for all data indicators, which limit the ability to examine disparities of health within the community. In addition, multiple-year data were not consistently available to present trends. Public data has also been impacted by the COVID-19 pandemic in terms of how frequent data was collected, the focus of data collection, and/or the level of participation from community in data collection. Data are not always collected on a yearly basis, notwithstanding the pandemic, meaning that some data are several years old. Lastly, a stakeholder-identified health issue may have not been reflected by the secondary data indicators.

Due to COVID restrictions and challenges which impacted their programs and services, additional community organizations interested in the photovoice project declined to participate.

CHILDREN'S HOSPITAL LOS ANGELES
2022 COMMUNITY HEALTH NEEDS SURVEY

Children's Hospital Los Angeles is conducting this community survey as part of its 2022 Community Health Needs Assessment. The purpose of the survey is to identify the health disparities affecting your community and to help the hospital prioritize its health programs and services. This survey is voluntary and confidential. We do not expect any social or emotional discomfort from completing this survey. You may stop at any time or skip questions that you do not wish to answer.

Which race/ethnicity best describes you? (Please choose only one.)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Black or African American
- ☐ Hispanic/Latinx
- ☐ White/Caucasian
- ☐ Other

Please Specify:

_____

What is your age?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

What is your education level? (Please choose only one.)

- ☐ Some or no high school
- ☐ High school graduate
- ☐ Some college
- ☐ College Graduate
- ☐ Trade School

What is the Zip Code of your home?

Please rate the following health needs according to how big of an issue they are in your community?

	Not at All	Little	Moderate	High	Very High
Alcohol, or other substance use	◯	◯	◯	◯	◯
Asthma	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯
Chronic Pain (i.e., arthritis)	◯	◯	◯	◯	◯
Cancer	◯	◯	◯	◯	◯
COPD and other lung disease	◯	◯	◯	◯	◯
COVID 19	◯	◯	◯	◯	◯
Dental care	◯	◯	◯	◯	◯
Dementia and Alzheimer's Disease	◯	◯	◯	◯	◯
Heart Disease and High Blood Pressure	◯	◯	◯	◯	◯
HIV, Sexually Transmitted Diseases & Hepatitis C	◯	◯	◯	◯	◯
Injuries from accidents, falls, or violence	◯	◯	◯	◯	◯
Mental Health (including anxiety & depression)	◯	◯	◯	◯	◯
Nutrition	◯	◯	◯	◯	◯
Obesity	◯	◯	◯	◯	◯
Stroke	◯	◯	◯	◯	◯
Suicide or other forms of self-harm	◯	◯	◯	◯	◯
Teen health (including teen pregnancy)	◯	◯	◯	◯	◯
Vaccinations (including Covid 19 vaccination)	◯	◯	◯	◯	◯
Other:	◯	◯	◯	◯	◯

What do you see as the biggest challenges to better health in your community?

	Very Low	Low	Moderate	High	Very High
Health insurance (access & affordability)	◯	◯	◯	◯	◯
Primary care (access & affordability)	◯	◯	◯	◯	◯
Mental health care (access & affordability)	◯	◯	◯	◯	◯
Long term care (access and affordability)	◯	◯	◯	◯	◯
Specialty care, such as cardiology (access & affordability)	◯	◯	◯	◯	◯
Safety and violence (including domestic violence)	◯	◯	◯	◯	◯
Access to green space (i.e., Park access)	◯	◯	◯	◯	◯
Chronic health conditions	◯	◯	◯	◯	◯
Lack of education or job skills	◯	◯	◯	◯	◯
Job opportunities	◯	◯	◯	◯	◯
Equity and inclusiveness	◯	◯	◯	◯	◯
Housing (access and affordability)	◯	◯	◯	◯	◯
Food security (nutrition and access)	◯	◯	◯	◯	◯
Homelessness	◯	◯	◯	◯	◯
Outdoor air quality	◯	◯	◯	◯	◯
Indoor air quality	◯	◯	◯	◯	◯
Gang violence	◯	◯	◯	◯	◯
Domestic and sexual abuse	◯	◯	◯	◯	◯
Crime rate	◯	◯	◯	◯	◯
Immigration status	◯	◯	◯	◯	◯
Poverty or low income	◯	◯	◯	◯	◯
Health care literacy	◯	◯	◯	◯	◯
Exercise and physical activity	◯	◯	◯	◯	◯
Transportation	◯	◯	◯	◯	◯
Stress and emotional wellness	◯	◯	◯	◯	◯
Social connectivity	◯	◯	◯	◯	◯
Technology access	◯	◯	◯	◯	◯
Other: _____	◯	◯	◯	◯	◯

What organization(s) is a good asset or resource that addresses a health challenge or concern important to your community?

☐ Name of organization: _____

_____

☐ I do not know any organization

Would you be interested in receiving more information or updates regarding Children's Hospital Los Angeles Community Health Needs Assessment?

☐ No

☐ Yes

If yes, please provide First Name:_____

Last Name:_____

Email: _____

THANK YOU FOR YOUR PARTICIPATION!

CHILDREN'S HOSPITAL LOS ANGELES

EVALUACIÓN DE NECESIDADES DE SALUD COMUNITARIA 2022

El Hospital de Niños Los Ángeles (Children's Hospital Los Angeles) está realizando esta encuesta comunitaria como parte de su Evaluación de Necesidades de Salud Comunitaria 2022. El propósito de esta encuesta es identificar las disparidades de salud que están afectando a su comunidad y ayudar al hospital a priorizar sus programas de salud y servicios. Esta encuesta es voluntaria y confidencial. No esperamos ningún incomodidad social ni emocional al completar esta encuesta. Usted puede parar en cualquier momento u omitir preguntas que usted no desee responder.

¿Cuál raza/etnicidad describe mejor a usted? (Por favor, seleccione solo uno)

- ☐ Indio Americano o Nativo de Alaska
- ☐ Asiático
- ☐ Isleño del Pacifico
- ☐ Negro o Afroamericano
- ☐ Hispano o Latinx
- ☐ Blanco/ Caucásico
- ☐ Otro

Favor de especificar:

_____

¿Cuál es su nivel de educación? (Por favor, seleccione solo uno)

- ☐ Alguna o no educación de escuela secundaria
- ☐ Graduado de escuela secundaria
- ☐ Alguna educación de universidad
- ☐ Graduado de universidad
- ☐ Certificado vocacional

¿Cuántos años tiene?

- ☐ Menores de 18 años
- ☐ 18 a 24
- ☐ 25 a 34
- ☐ 35 a 44
- ☐ 45 a 54
- ☐ 55 a 64
- ☐ 65 a 74
- ☐ 75 años o más

¿Cuál es el código postal de su hogar?

Por favor, califique las siguientes necesidades de salud en acuerdo con que tan grande es la cuestión en su comunidad.

	No en absoluto	Un poco	Moderada	Alta	Muy alta
Alcohol u otro consumo de sustancia	○	○	○	○	○
Asma	○	○	○	○	○
Diabetes	○	○	○	○	○
Dolor crónico (como artritis, etc.)	○	○	○	○	○
Cáncer	○	○	○	○	○
EPOC y otra enfermedad de los pulmones	○	○	○	○	○
COVID-19	○	○	○	○	○
Cuidado dental	○	○	○	○	○
Demencia y enfermedad de Alzheimer	○	○	○	○	○
Enfermedad del corazón y alta presión sanguínea	○	○	○	○	○
VIH, Enfermedades de transmisión sexual, y Hepatitis C	○	○	○	○	○
Lesiones de accidentes, caídas o violencia	○	○	○	○	○
Salud mental (incluyendo ansiedad y depresión)	○	○	○	○	○
Nutrición	○	○	○	○	○
Obesidad	○	○	○	○	○
Derrame cerebral	○	○	○	○	○
Suicidio u otras formas de autolesiones	○	○	○	○	○
Salud adolescente (incluyendo embarazos de adolescentes)	○	○	○	○	○
Vacunas (incluyendo la vacuna del COVID-19)	○	○	○	○	○
Otra:	○	○	○	○	○

¿Qué usted ve como los mayores desafíos a mejor salud en su comunidad?

	Muy bajo	Bajo	Moderado	Alto	Muy alto
Seguro de salud (acceso y asequible)	◯	◯	◯	◯	◯
Cuidado primario (acceso y asequible)	◯	◯	◯	◯	◯
Cuidado de salud mental (acceso y asequible)	◯	◯	◯	◯	◯
Cuidado a largo plazo (acceso y asequible)	◯	◯	◯	◯	◯
Atención especializada, como cardiología (acceso y asequible)	◯	◯	◯	◯	◯
Seguridad y violencia (incluyendo violencia domestica)	◯	◯	◯	◯	◯
Acceso a espacios verdes (como acceso a los parques)	◯	◯	◯	◯	◯
Condiciones de salud crónicas	◯	◯	◯	◯	◯
Falta de educación o habilidades de trabajo	◯	◯	◯	◯	◯
Oportunidades de trabajo	◯	◯	◯	◯	◯
Equidad e inclusión	◯	◯	◯	◯	◯
Vivienda (acceso y asequible)	◯	◯	◯	◯	◯
Seguridad de comida (nutrición y acceso)	◯	◯	◯	◯	◯
Falta de vivienda	◯	◯	◯	◯	◯
Calidad de aire exterior	◯	◯	◯	◯	◯
Calidad de aire interior	◯	◯	◯	◯	◯
Violencia de las pandillas	◯	◯	◯	◯	◯
Abuso doméstico y sexual	◯	◯	◯	◯	◯
Tasa de criminalidad	◯	◯	◯	◯	◯
Estado de inmigración	◯	◯	◯	◯	◯
Pobreza o bajos ingresos	◯	◯	◯	◯	◯
Alfabetización de cuidado de salud	◯	◯	◯	◯	◯
Ejercicio y actividad física	◯	◯	◯	◯	◯
Transporte	◯	◯	◯	◯	◯
Estrés y bienestar emocional	◯	◯	◯	◯	◯
Conectividad social	◯	◯	◯	◯	◯
Acceso a tecnología	◯	◯	◯	◯	◯
Otro:	◯	◯	◯	◯	◯

¿Conoce a una organización(es) que es un buen activo o recurso porque aborda una desafió de salud o inquietud importante para su comunidad?

☐ Sí, conozco una organización que es un buen activo o recurso.

El nombre de la organización es:
_____

☐ No, no conozco ninguna organización

¿Le interesaría recibir más información o actualizaciones con respeto a la Evaluación de las Necesidades de Salud Comunitaria del Hospital de los Niños de Los Ángeles (Children's Hospital Los Angeles)?

☐ No

☐ Sí

Si marque "Sí," por favor, provee su

Primer Nombre: _____

Apellido: _____

Correo electrónico: _____

¡GRACIAS POR PARTICIPAR!

Community Health Needs Assessment
Focus Group Protocol: Providers Focus Groups

Statement of Informed Consent

Welcome.

My name is _____ and I work with the Center for Nonprofit Management.

The Center for Nonprofit Management is working with Children's Hospital Los Angeles to conduct their 2022 Community Health Needs Assessment.

A community health needs assessment is completed every three years to understand the strengths and needs of communities in the area. Hospitals bring together what they learn from you and other stakeholders in the community to see how best they can support their service area.

We are talking to health experts and providers to obtain perspective on the most important health issues facing the local community and to identify areas of need as well as the availability of services to meet those needs.

I will facilitate the conversation today. I will ask some questions. I want everyone here to feel comfortable participating.

Your participation is voluntary and you may step out at any time.

Your contributions are anonymous and this information will be kept confidential. There are no right or wrong answers, we are simply interested in hearing from your personal experiences.

We will be taking notes, but all information shared with Children's Hospital Los Angeles will be shared in the aggregate, and this information cannot be linked to any person.

Do you have any questions? We will now begin.

1. **What are the communities you serve?**
2. **What are the most significant health issues or needs in the community?**

   Probe: How have these changed, intensified, during COVID-19?
3. **What factors or conditions contribute to these health issues?** (e.g., social, cultural, behavioral, environmental, or medical)
4. **Who or what subgroups are most affected by these issues?** (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods)
   Probe: What specific health issues or needs persist among youth in the community?
5. **What are some major barriers or challenges to addressing these issues?** *[Note: Ask for each of up to three issues.]*
   - Economics
   - Education
   - Transportation

6. **IF NOT COVERED ABOVE in #5, ask specifically about:**
   - Children and youth
   - Metro and South Los Angeles

7. **What do you think are effective strategies for addressing these issues? [***probe for strategies with different populations as well as programs]*

8. **What resources exist in the community to help address these health issues?** (e.g., people, organizations or agencies, programs, or other community resources & funded initiatives)

9. **What else is important for us to know about significant health needs in the community?**

10. **What factors related to our local area make it easy or difficult to address these issues?**

11. **Anything else you would like to add:**

Community Health Needs Assessment
Focus Group Protocol: Community Resident Focus Groups

Statement of Informed Consent

ENGLISH AND SPANISH

Welcome.

My name is _____ and I work with the Center for Nonprofit Management.

The Center for Nonprofit Management is working with Children's Hospital Los Angeles to conduct their 2022 Community Health Needs Assessment.

A community health needs assessment is completed every three years to understand the strengths and needs of communities in the area. Hospitals bring together what they learn from you and other stakeholders in the community to see how best they can support their service area.

We are talking to community members to obtain perspective on the most important health issues facing the local community and to identify areas of need as well as the availability of services to meet those needs.

I will facilitate the conversation today. I will ask some questions. I want everyone here to feel comfortable participating.

Your participation is voluntary, and you may step out at any time.

Your contributions are anonymous, and this information will be kept confidential. There are no right or wrong answers, we are simply interested in hearing from your personal experiences.

We will be taking notes, but all information shared with Children's Hospital Los Angeles will be shared in the aggregate, and this information cannot be linked to any person.

Do you have any questions? We will now begin.

Hola

Mi nombre es _____ y trabajo con el Center for Nonprofit Management.

El Center for Nonprofit Management está trabajando con Children's Hospital Los Angeles para realizar su Evaluación de necesidades de salud comunitaria 2022.

Cada tres años se completa una evaluación de las necesidades de salud de la comunidad para comprender las fortalezas y necesidades de las comunidades en el área de servicio del Children's Hospital. Los hospitales reúnen lo que aprenden de usted y de otras partes interesadas de la comunidad para ver cuál es la mejor forma de apoyar su área de servicio.

Estamos hablando con miembros de la comunidad para obtener su perspectiva sobre los problemas de salud más importantes que enfrenta su comunidad e identificar áreas de necesidad y la disponibilidad de servicios para satisfacer esas necesidades.

Facilitaré la conversación de hoy. Haré algunas preguntas. Quiero que todos los presentes se sientan cómodos participando.

Su participación es voluntaria y puede retirarse en cualquier momento.

Sus contribuciones son anónimas y esta información se mantendrá confidencial. No hay respuestas correctas o incorrectas, simplemente estamos interesados en escuchar sus experiencias personales.

Tomaremos notas, pero toda la información compartida con Children's Hospital Los Angeles se compartirá en conjunto y esta información no se puede vincular a ninguna persona.

¿Tiene usted alguna pregunta? Ahora comenzaremos.

1. **What community are you part of?**
   What are the most significant health issues or needs in the community? Probe: What health problems do you see in the community.

   Probe: How have these changed, intensified, during COVID-19?

   (¿De qué comunidad eres parte?
   ¿Cuáles son los problemas o necesidades de salud más importantes de la comunidad?
   Indague: ¿Qué problemas de salud ve en la comunidad?
   Indague: ¿Cómo han cambiado, se han intensificado, durante el COVID-19?)

2. **What factors or conditions contribute to your community being unhealthy** (e.g., social, cultural, behavioral, environmental, or medical)

   (2. Qué factores o condiciones contribuyen a que su comunidad no sea insalubre (por ejemplo, social, cultural, conductual, ambiental o médica)

3. **Who or what subgroups are most affected by these issues?** (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods)
   Probe: What specific health issues or needs persist among youth in the community?

   (3. ¿Quiénes o qué subgrupos se ven más afectados por estos problemas? (por ejemplo, jóvenes, residentes mayores, grupos raciales / étnicos, vecindarios específicos)
   Indague: ¿Qué problemas o necesidades de salud específicos persisten entre los jóvenes de la comunidad?)

4. **What do you think are the biggest barriers or challenges to addressing these issues?**
   [Note: Ask for each of up to three issues.]
   (4. ¿Cuáles cree que son las mayores barreras o desafíos para abordar estos problemas? [Nota: pregunte por cada uno de hasta tres problemas]

5. **IF NOT COVERED ABOVE in #5, ask specifically about:**
   a. **Children and youth**

   b. **Metro and South Los Angeles**

6. **What do you think are effective strategies for addressing these issues? [***probe for strategies with different populations as well as programs]*

(6. ¿Cuáles cree que son las estrategias efectivas para abordar estos problemas? [investigue estrategias con diferentes poblaciones y programas]

7. **What resources exist in the community to help address these health issues?** (e.g., people, organizations or agencies, programs, or other community resources & funded initiatives)
   Probe: What ways do you learn about services? What could service providers do to attract your attention to the services they provide?
   (7. ¿Qué recursos existen en la comunidad para ayudar a abordar estos problemas de salud? (por ejemplo, personas, organizaciones o agencias, programas u otros recursos comunitarios e iniciativas financiadas)
   Indague: ¿De qué maneras aprende sobre los servicios? ¿Qué podrían hacer los proveedores de servicios para llamar su atención sobre los servicios que brindan?

8. **What else is important for us to know about significant health needs in your community?**
   (8. ¿Qué más es importante que sepamos sobre las necesidades de salud importantes en su comunidad?)

   •

9. **What factors related to our local area make it easy or difficult to address these issues?**
   (9. ¿Qué factores relacionados con nuestra área local hacen que sea fácil o difícil abordar estos problemas?)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Appendix B

CHARACTERISTICS OF HEALTH

The following pages highlight over 300 indicators and characteristics of health collected for this 2022 Community Health Needs Assessment.

Characteristics of Health Scorecard

DATA INDICATOR Legend * indicates statistically unstable value - indicates no value or not available SPA = Service Planning Area Black boxes indicate highest value in the county by SPA. Data is from 2020 unless indicated otherwise.	SPA 1 - Antelope Valley	SPA 2 - San Fernando	SPA 3 - San Gabriel	SPA 4 - Metro	SPA 5 - West	SPA 6 - South	SPA 7 - East	SPA 8 - South Bay/Harbor	Los Angeles County
HEALTH CHARACTERISTICS AND NEEDS									
Demographics									
Population Characteristics									
Percent of population that are Children (Age 0-11)	16.3	13.7	14.5	13.4	12.9	20.9	15.9	16.7	15.3
Percent of population that are Adolescents (Age 12-17)	6.2	8.4	7.8	5.3	5.5*	8.4	10.4	6.6	7.6
Percent of population that are Adults (Age 18-64)	62.1	60.5	59	70.7	61.8	61.4	60.8	59.4	61.5
Percent of population that are Seniors (Age 65+)	15.4	17.5	18.7	10.6	19.8	9.2	12.9	17.4	15.5
Percent of population: Male	48.8	50.9	50.4	54.1	46.1	44.9	49.3	47.3	49.4
Percent of population: Female	51.2	49.1	49.6	45.9	53.9	55.1	50.7	52.7	50.6
Ethnicity (OMB): Latino	51.5	47.4	43.9	50.2	11.2	66.5	79.2	40.7	50
Ethnicity (OMB): White	23.4	36.2	18.7	25.5	68.1	5.3	13.4	28.7	26.2
Ethnicity (OMB): Black or African American	19.5	3.5	4.6*	3.8*	4.8	24.2	2.3	13.2	7.9
Ethnicity (OMB) American Indian/Alaska Native	1.3*	-	-	-	-	-	-	-	0.4*
Ethnicity (OMB): Asian	3.2*	10	30.5	18.6	12.9	2.6*	4.6	12.6	13.5
Ethnicity (OMB): Native Hawaiian/Pacific Islander	-	-	-	-	-	-	-	-	0.1*
Ethnicity (OMB): Multiracial	1.1*	2.8	1.4	1.9*	3.0*	1.2*	0.6*	3.6	2.1
Ethnicity (UCLA CHPR): Latino	28.6	28	25.8	34	4.3*	45.3	42.9	25.4	30.1
Ethnicity (UCLA CHPR): American Indian/Alaska Native	1.6*	-	0.9*	-	-	0.2*	-	1.1*	0.4*
Ethnicity (UCLA CHPR): Asian	3.2*	9.8	30.2	18.7	13	2.6*	4.6	12.2	13.4

Ethnicity (UCLA CHPR): Black or African American	19.5	3	4.4*	3.7*	5.8	23.5	2.3	13.1	7.7
Ethnicity (UCLA CHPR): White	26	37.3	19.5	25.3	68.5	5.6	14.7	29.3	26.9
Ethnicity (UCLA CHPR): Other-single or 2 or more races	21.2	21.9	19.3	18.4	8.4	22.8	35.5	18.8	21.5
Language spoken at home: English	50.3	41.3	35.1	36.8	68.1	31.5	26.9	46.6	39.7
Language spoken at home: Spanish	8.2*	10.6	6.4	14.7	-	19.6	14.1	8.3	10.6
Language comfort: Speak English Very well	60.6	53.9	49.3	49.7	80.6*	39.8	57.2	52.2	52.3
Language comfort: Speak English Well	18.9	26.9	25.3	22.6	15.3*	26.3	22.7	29.8	25.1
Language comfort: Speak English Not well / not at all	20.5*	19.3	25.4	27.7	4.1*	33.9	20.1	18	22.6
Citizenship: Naturalized Citizen	12.2	23.3	24.3	16.4	14.2	11.6	17.4	23.5	19.7
Citizenship: Non-US Citizen	10.8	11	12.4	20.9	6.9	18.1	12.1	8.7	12.6
Family Type: Single no kids	29.9	32.8	30.2	47	49.3	31.8	28.4	31.8	34.1
Family Type: Married no kids	18.6	24.6	26.1	16.6	20.1	14.7	18.1	23.9	21.5
Family Type: Married with kids	36.4	28.1	30.6	23.4	27.8	24.1	33	28.4	28.6
Family Type: Single with kids	15.1	14.5	13.2	13.1	2.9*	29.5	20.4	15.9	15.9
Household size: 1	8.9	6.6	8	12.3	24.1	6.1	4.5	9.7	8.9
Household size: 2	19.5	23.7	19.8	27.3	33.2	14.7	15	24.8	22
Household size: 6+	21.1	8.4	13.4	3.4*	3.1	21.1	18.6	11.2	11.9
Educational attainment									
Highest Educational Attainment: Grades 1-8	3.7*	11	7.5	5.6*	-	16.3	15.4	12.6	10.1
Highest Educational Attainment: Grades 9-11	10	9.8	7.4	10.5	-	13.3	3.3*	8.9	8.2
Highest Educational Attainment: High School	36.8	22.2	18.9	20.6	6.3	27	29.7	16.7	21.4
Highest Educational Attainment: Some college	12.7	10.4	12.6	8.2	5	11.7	12.4	13.9	11.2
Highest Educational Attainment: Bachelor's degree	13.3	23.9	23.3	26.7	43.2	12.1	15.4	25.1	23.1
Highest Educational Attainment: MA/MS	8.2	12.4	16.5	17.5	36.9	7.6	11.7	11.4	14.6
Current Employment Status: FTE	37.9	50.9	49.2	59.8	61	49.4	54.2	53.9	52.6
Current Employment Status: PTE	8.9	11.6	11.4	9.4	9.8	11.9	9	5.7	9.9
Current Employment Status: Unemployed and looking for work	9.7	5.2	6.1	8.5	6.2*	7.8	5.5	5.8	6.4
Current Employment Status: Unemployed and NOT looking for work	40.3	31.9	30.9	21.7	23	29.6	30	33.6	30
Access to Health Care: Health insurance coverage, Type of Coverage									
Percent of adults without health insurance	3.9*	8.6	5.1	11.1	1.7*	11.3	8.8	8.1	7.9

Percent of youth (age 0-17) without health insurance	-	-	-	-	-	1.5*	-	-	1.2*
Percent of adults (18-64) without health insurance	6.3*	14.1	8	15.3	2.8*	17.6	13.8	12.6	12.2
Main Reason for Currently Uninsured Status									
Change in working status or family situation	-	8.7*	18.8*	5.7*	42.8*	4.0*	15.2*	8.6*	10.1
Employer didn't offer, ineligible for insurance, or insurance was dropped/cancelled	-	8.4*	-	12.7*	-	11.4*	10.5*	-	9.8
Cost	-	70	42.9	48.8	-	76.6	44.6	70.3	59.3
In process of learning about and getting insurance or confusion about coverage	38.9*	7.2*	9.9*	12.4*	-	1.7*	11.9*	-	8.1
Doesn't need or believe in insurance	-	-	12.2*	14.9*	-	3.4*	17.8*	13.9*	9.7
Other	-	3.4*	-	-	-	2.9*	-	-	3.1*
Type of Insurance Coverage									
Uninsured	3.9*	8.6	5.1	11.1	1.7*	11.3	8.8	8.1	7.9
Medicare & Medicaid	5.0*	4.9	4	6.1	1.1*	3.4	2.5	4.6	4.1
Medicare & Others	8.8	10.7	11.6	5.3	16.5	5	8.4	10.5	9.6
Medicare only	2.0*	1.5	0.9	0.7*	1.9	0.5*	1.0*	2.6	1.4
Medicaid	28.4	20.5	23.6	21.2	7.4	43.5	29	20.2	24
Healthy Families/CHIP	-	-	-	-	-	-	-	-	-
Employment-based	39.3	49	49.5	48.1	64	30.4	47.2	50.8	47.8
Privately purchased	12	4.2	4.7	6.6	7.4	2.7*	2.3*	1.9	4.3
Other public	0.6*	0.5*	0.6*	0.8*	-	3.2*	0.8*	1.3*	1
Other									
In HMO	60.8	46.2	58	50.3	31.2	56.7	56.9	52.8	51.9
Not in HMO	35.3	45.2	37	38.7	67	32	34.2	39.1	40.3
Uninsured	3.9*	8.6	5.1	11.1	1.7*	11.3	8.8	8.1	7.9
Tried to purchase health insurance from Covered California in past 12 months.	18.9*	27.9	26.8	23.4	36.6	18.5	17	20.1	23.7
Difficulty of finding affordable plan through Covered California (Asked of adults with private health coverage in past 12 months): Rated Very Difficult	35.1*	75.5	34.4	47.5	43.8*	78.7*	14.2*	64.4	53.1
Got help finding a health plan through Covered California	24.1*	25.9*	61.7	49.1	41.4*	34.2*	47.1*	37.9*	41.4
Access to Health Care: Health insurance, source of care, delay of Care									
Source of Care									

Adult Routine check-up with doctor in past 12 months	75.9	69	70.6	66.5	69.3	67.4	72.4	66.9	69.3
Usual Source of Care: Have usual Place to go to when sick or need health advice: Age in years (0 - 17)	92.3*	90.2*	86.6*	87.2*	97.2*	91.2*	93.2*	84.1*	89.4
Usual Source of Care: Have usual Place to go to when sick or need health advice: Age in years (18 - 64)	85.5	77.9	85.8	77.8	80.8	77.3	85.9	80	81
Usual Source of Care: Have usual place to go to when sick or need health advice Federal Poverty Level - Continuous (200% - 500% FPL)	93.5*	87.4	88.3	81.5	88.4	86.6	90.6	84.8	87.1
Source of Care: Physician Office/HMO	72.9	60.8	67	53.9	71.1	41.1	63.4	64	61.1
Source of Care: Community Clinic/Govt Clinic/Community Hospital	12.5	20.3	18.9	24.3	14.2	39.5	24.8	16.6	21.8
Source of Care: Emergency Room/Urgent Care	2.3*	1.1*	0.6*	1.7*	-	2.2*	-	1.0*	1.0
Source of Care: Other	1.0*	1.2	0.6*	1.5	1.6*	0.3*	0.6*	1.9*	1.1
Source of Care: None	11.3	16.5	13	18.6	13	16.9	11	16.5	15
Provided care to family member/friend with illness/disability	21.2	20.7	21	15.5	20.5	21.8	24.6	24	21.2
Percent who have a usual source of care	88.7	83.5	87	81.4	87	83.1	89	83.5	85
Percent of youth (age 0-17) who have a usual source of care	92.3*	90.2*	86.6*	87.2*	97.2*	91.2*	93.2*	84.1*	89.4
Percent of adults (age 18-64) who have usual source of care	85.5	77.9	85.8	77.8	80.8	77.3	85.9	80	81
Doctor helps teen to manage health care	27.6*	74.9	40.0*	61.7*	54.6*	64.7*	66.2*	48.1*	59.4
Doctor works with teen to make positive choices	52.0*	12.4*	53.8*	16.7*	59.3*	31.9*	12.9*	25.5*	27.1
Delay of Care									
Percent of adults who delayed or didn't get medical care	16.4	13.5	13.5	12.7	22.8	11.8	9.8	15.5	13.8
Percent of youth (Age 0-17) delayed or didn't get medical care	11.5*	6.1*	7.0*	6.3*	7.4*	4.1*	5.3*	4.8*	6
Percent of total population who had to forgo needed medical care	74.1	56.8	53.2	69.9	46.8	67.3	57.4	59.7	58.7
Percent of youth (Age 0-17) who had to forgo needed medical care	49.4*	14.5*	15.3*	97.0*	-	79.6*	72.8*	55.9*	47.4
Percent who have used an emergency room in the past 12 months	14.8	16.5	16.9	14.1	11.8	18.5	15.7	16.9	16.1
Percent of youth (Age 0-17) who have used an emergency room in the past 12 months	14.1*	21.2	26	17.6	11.3*	15.9	18.8	20.8	19.8

Percent of adults who could not afford their medication									
Percent of adults who delayed or didn't get prescription medicine	12	5.6	6	10.7	10.5	8.9	7.4	9.5	8
Reason delay or forgo care: Cost, lack of insurance, or other insurance-related reasons	46.1	32.3	20.2	41.4	43.6	45.2	44.1	29.2	34.7
Reason delay or forgo care: Healthcare system/provider issues and barriers	26.1*	23	19.7*	17.4	16.1*	12.8*	14.0*	31.2	20.9
Reason delay or forgo care: Personal and other reasons	21.3*	27.5	39.5	21.8	16.8*	33.3	19.8*	23	26.6
Reason delay or forgo care: COVID-19	6.5*	17.2	20.6	19.4	23.5*	8.7*	22.1	16.6	17.8
Insurance not accepted by general doctor in past year	3.5*	5.9	6.9	10	11.2	5.1*	4.8*	3.5	6.3
Difficulty understanding doctor-- Adults who do not speak English "Very Well"	18.4*	10.7*	11.5	3.8*	-	4.3*	4.9*	9.3*	8.6
Access: Doctor's office does not connect family with community-based services	88.9*	84.7	90.3	86.5	80.9*	82.5	88.2	83.1	86.2
Access: Never able to get doctor appointment within 2 days in past 12 months	31	14.3	22.9	13.3	21.6	13.6*	12.1	12.1	16.2
Access: Has been unable to pay for basic necessities due to medical debt	15.5*	29.2	37.1	39	27.6*	19.3*	38	39.4*	32.1
Percent of adults who needed to see a medical specialist in the past year	41.1	39.4	31.5	38.5	52.4	29.9	28.3	40.2	36.7
Percent who had a difficult time finding primary care	6.2	7	7.4	8.9	13.5	9.8	3.5	7.7	7.6
Percent who had a difficult time finding specialty care	11.3	8.4	19.5	15.6	22.8	19.1	9.8	19.7	15.4
Access: Lifetime unfair treatment when getting medical care (2017)- sometimes or often	17	11.4	10.8	13.6	8.7	15.8	6	9.9	11
Other									
Doctor works with teen to make positive choices	48.0*	87.6*	46.2*	83.3*	40.7*	68.1*	87.1*	74.5*	72.9
Teen spoke with doctor privately without parent/adult	32.9*	39.8	48.4	28.4*	83.0*	21.0*	51.7	54.3	44.2
Percent unable to obtain medical care due to a lack of transportation									
Incidents of Health									
Covid-19 (2020)									
Access: Treated unfairly because of race/ethnicity due to the COVID-19 pandemic	0.8*	1.8*	1.7	1.2*	2.1*	5.2	0.8*	5.7	2.5
Difficulty paying for basic necessities due to COVID-19 pandemic	10.0*	10	8	12.1	8.6	20.4	6.9	11.1	10.6
Difficulty paying rent/mortgage due to COVID-19	13.2	9.3	8.7	13.2	7.7	15	9	10.1	10.3

pandemic									
Lost job due to COVID-19 pandemic	12	13.2	16	17.4	15.7	18.3	16.6	14.3	15.5
Reduced hours or income due to COVID-19 pandemic	17.3	31.6	24.2	30.7	22.5	23.9	18.8	23.4	25.5
Worked from home due to COVID-19 pandemic	18.3	28.5	30.2	38.3	43.7	20.9	28.8	26.9	30
Would get COVID-19 vaccine if available	67.8	76.4	77.2	84.7	90.4	64.5	76.6	70.2	76.1
Ever tested for COVID-19	12.3	15.9	12.8	19.9	17.7	17.1	15.1	21.1	16.6
Health Status									
Percent who have a fair or poor health status	16.9	13.2	13.2	14.5	7.6*	22.3	15.3	11.7	14.1
Percent of youth who have a fair or poor health status	-	10.2*	4.9*	6.5*	-	3.8*	4.0*	-	5.5
Percent of seniors who have a fair or poor health status	37.2	20.3	20.6	39.8	6.4*	39.9	33	31.3	25.9
Percent of Adults missing work due to illness, injury or disability (7+days)	6.9	12.1	8.8	15.7	9.2	14.3	9.4	12	11.4
Number of doctor visits in past year: 5 and over	26.8	19.2	20.7	22.6	22.5	21.4	18.9	18.8	20.5
Asthma									
Percent of total population diagnosed with asthma	18.7	13.1	14.6	14.3	20.1	18	14.1	15.5	15.2
Percent of youth (Age 0-17) diagnosed with asthma	18.8*	16.7	14.7	11.4*	11.6*	19.1*	6.6*	15.7*	14.3
Percent of population who take daily medication to control their asthma	58.6*	54.4	43	44	37.6*	57.5	49.3	49.9	49.2
Percent of youth (Age 0-17) who take medication to control their asthma	-	51.8*	-	-	-	82.3*	30.0*	23.4*	49.4
Cancer, in General (2018)									
Rate of cancer incidence per 100,000 pop.	-	-	-	-	-	-	-	-	377.3
Rate of breast cancer incidence per 100,00 pop.	-	-	-	-	-	-	-	-	117.2
Rate of cervical cancer per 100,000 pop.	-	-	-	-	-	-	-	-	7.8
Rate of colorectal cancer incidence per 100,000 pop.	-	-	-	-	-	-	-	-	30.7
Rate of prostate cancer incidence per 100,000 pop.	-	-	-	-	-	-	-	-	89.0
Rate of lung cancer incidence per 100,000 pop.	-	-	-	-	-	-	-	-	42.3
Cardiovascular Disease/Heart Disease									
Percent of adults diagnosed with heart disease	12.1	6	6.6	3.6	4.9*	2.3*	3.6	9.5	5.9
Percent who have a heart disease management plan. (2018)	86.9*	81.7*	90.1*	60.6*	98.0*	77.5*	75.3*	72.3*	78.8
Diabetes									
Adult Diabetes: percent Diagnosed with diabetes	15.3	14.5	13.3	9	7.2	19.1	14.1	10.2	12.9

Disability									
Percent of Adults (Ages 18 Years and Older) Who Reported Having a Disability. (2018)	29.9	24.5	22.8	24.1	24.1	26.2	20.4	28.4	24.6
Hypertension									
Percent diagnosed with high blood pressure	32.6	26.6	27.4	21.3	20.2	27.6	25.8	28.8	26.2
Percent diagnosed with borderline high blood pressure	3.3*	7.2	8.3	9.7	7.5	4.5	7.1	6.5	7.2
Early Childhood Development and Health									
Maternal and Infant Health									
Percent of infants with low birth weight (under 2500 grams)	-	-	-	-	-	-	-	-	7.1
Percent of live births with mothers who entered prenatal care late	-	-	-	-	-	-	-	-	3.4
Percent of children (Age 3 and under) who were breastfed or fed breast milk	100.0	100.0	**81.5**	100.0	100.0	**97.3**	100.0	100.0	96.3
Percent of children (Age 3 and under) who were breastfed or fed breast milk	**30.0**	**49.3**	51.0	55.9	66.8	**44.7**	**45.0**	52.4	49.7
Infant mortality per 1,000 live births	-	-	-	-	-	-	-	-	4.4
Early Childhood Development and Parenting									
Percent of children attending preschool, nursery school or head start (10 hrs/week)	10.8*	26.2	12.2*	10.3*	52.1*	10.9*	16.0*	19.1	18.1
Not able to find childcare for a week or longer	12.8*	17.1*	15.9	5.8*	-	7.2*	4.7*	8.0*	10.7
Child's doctor/health provider or school officials ever did development assessment/test	70	78	82.5	87.6*	97.5*	59.8	73	68.8	75.6
Doctor/other professional referred child to specialist regarding development	15.0*	22.7	23	20.8	26.6*	25.6	12.7*	15.7*	20.3
Child has difficulties with emotion/concentration/behavior in past 6 months (asked of children 4 and up)	8.0*	9.8*	22.7	24.7	46.4	17.5*	10.6*	20.2*	18.2
Doctor/other professional noted concerns to monitor child	2.0*	19.8*	10.3*	6.1*	25.8*	5.0*	6.5*	16.2*	12.1
Mental Health									
Percent who ever seriously thought about committing suicide	10	10.1	8.1	16.4	9.5	10.8	8.8	8	10
Percent of Adults who had serious psychological distress in past year									
Teens: likely had serious psychological distress during past year	23.0*	35	54.5	31.5*	28.5*	32.1*	30.2*	18.9*	34.3

Teens: needed help for emotional/mental health problems	24.3*	25.3	25.6*	29.6*	16.0*	36.9*	28.0*	29.0*	27.5
Teens: Received psychological/emotional counseling in past year	-	16.3	20.6*	-	21.6*	24.5*	14.7*	24.0*	17.2
Adult impairment: Severe Social life impairment past 12 months	73.5	82.4	82.4	66.7	71.8	76.5	85.5	80.7	79
Adult impairment: Severe Work impairment past 12 months	75.7	83.2	83.2	63.1	70	78.6	86	81.7	78.9
Adult impairment: Severe Family life impairment past 12 months	78	81.5	83.2	65.9	73.1	76.9	84.9	80.6	79.1
Adult impairment: Severe Household Chore impairment past 12 months	11	6.3	5.3	17.4	6	10.1	4.4	5.3	7.6
Adult: Number of days unable to work due to mental problems	23.4*	30.4	19.4	28.8	26.0*	39	42.1	33.2	30.2
Adult: Has taken prescription medicine for emotional/mental health issue in past year	10.5	7.5	7	10.5	11.1	5.8	5.1	8.3	7.8
Adult: Visits to a professional for mental/drug/alcohol issues in past year	5.3*	6.2	5.8	11.7	13.5	4.1	4.6	4.8	6.7
Adult: Sought help from online tool for mental health or alcohol	1.5*	6	6.1	11.5	9	3.7	4.5	7.2	6.5
Adults: Connected with people online with similar mental health or alcohol/drug status	1.5*	5.1	3	6.9	5.9*	6.8*	6.2	5.2	5.2
Adults: Sought help for self-reported mental/emotional and/or alcohol-drug issue(s)	54.4	52.3	39.5	39.8	43.7	63.8	45.7	58.9	48.9
Adults: Needed help for emotional/mental health problems or use of alcohol/drug	19	20.8	15.5	28.6	33.4	18.9	16	19.1	20.6
Percent of Adults (Ages 18 Years and Older) Who Reported Always or Usually Receiving the Social and Emotional Support They Need. (2018)	64.9	67.1	62.7	58.4	76.8	55.3	61.9	69.2	64.4
Preventative Health Behaviors									
Preventative Health Care									
Percent of Adults (Ages 50 to 74 Years) Who Had a Blood Stool Test within the past 12 Months. (2018)	27.7	23.2	18.5	13.6	18.6	20.7	23.1	17.5	20.0
Percent of Adults (Ages 50 to 74 Years) Who Had Sigmoidoscopy within the past 5 Years or Had Colonoscopy within the past 10 Years. (2018)	63.0	53.6	59.5	47.3	61.4	39.1	57.7	55.9	54.6

Percent of Women (Ages 50 to 74 Years) Who Reported Having a Mammogram within the past 2 Years. (2018)	74.4	78.1	78.3	73.0	79.3	75.3	70.4	81.4	77.0
Percent of Women (Ages 21 to 65 Years) Who Reported Having a Pap Smear within the past 3 Years. (2018)	76.7	79.8	80.9	80.9	90.2	82.4	79.6	82.8	81.4
Percent of Adults (Ages 65 Years and Older) Who Ever Had a Pneumonia Vaccination. (2018)	68.4	70.4	76.5	71.2	72.3	64.3	71.5	75.3	72.3
Percent of Adults (18 to 26) Who Ever Had a Human Papillomavirus (HPV) Vaccination. (2018)	52.6	54.8	64.3	51.3	85.3	53.8	60.5	62.8	59.3
Percent of Seniors (65 and over) who received an influenza vaccination in the past year. (2016)	63.7*	74.0	69.4	63.2*	71.2*	54.6*	64.7*	67.1	67.4
Percent of Adults (Age 18-64) who received an influenza vaccination in the past year. (2016)	36.1	35.5	31.0	35.4	33.2	40.0	34.3	33.1	34.3
Percent of youth (Age 0-17) who received an influenza vaccination in the past year. (2016)	39.0*	48.4	55.5*	69.1*	64.9*	48.7*	42.4	54.4	54.4
Physical activity									
Time spent on sedentary activities on typical weekend days (Up to 17 years old): 5+ hours	51.1	39.9	33.7	54.3	21.3*	28.3	48.3	42.8	39.7
Level of Aerobic Physical Activity for Adults (Ages 18 Years and Older). (2018)	62.8	64.5	63.4	64.2	70.5	58.7	65.4	66.0	64.4
Percent of Adults (Ages 18 Years and Older) Who Meet the Guidelines for Muscle-Strengthening Physical Activity. (2018)	43.1	45.3	40.9	44.3	52.3	38.8	40.1	42.4	43.1
Youth who walked home from school in past week. (2019)	21.9*	46.6	43.7	49.8	32.5*	77.3	60	32.9	48.8
Internet/computer use									
Teens: How often use the internet Almost constantly	34.2*	61.5	48.6	66.9*	61.3*	49.1	41.3	48.7*	52.0
Teens: How often use the internet Many times a day	46.4*	34.2	46.5	20.0*	38.7*	24.1*	38.1*	44.9*	36.9
Teens: How often use computer/mobile device for social media. Almost constantly	21.1*	27.3	41.6	32.3*	-	46.2	17.4*	8.8*	27.3
Teens: How often use computer/mobile device for social media. Many times a day	-	44.7	39.4*	-	35.7*	20.3*	21.7*	55.7*	33.6
Nutrition									
Teens: Five-a-day (Eat Five or more servings of fruits/vegetables daily)	18.3*	24.9	51.1	33.4*	59.3*	42.8*	34.7*	30.8*	36.3
Child: Five-a-day (Eat Five or more servings of fruits/vegetables daily)	63.9*	42.6	33.3	29.2	40.6	42	52.7	26.9	38.9

Percent of youth (Ages 17 Years and Younger) Who Drink One or More Sugar-Sweetened Beverage (SSB) a Day. (2018)	39.6	33.1	38.4	37.1	16.7	51.6	39.5	33.2	37.2
Women's Health									
Women 30+ Years, Had a Mammogram in Past Two Years. (2016)	77.3*	85.6*	74.2*	71.5*	71.5*	86.6*	78.1*	76.5*	78.2
Oral Health Behaviors									
Oral Health Care									
Dentist ratio to population									
Condition of Teeth: Adult poor or fair	43.7	24.2	28	28.2	16.2	41.3	29.3	29	28.5
Condition of Teeth: Teen poor or fair	35.7*	19.0*	-	20.5*	48.7*	4.6*	16.4*	-	15.9
Percent of teens who have never been to dentist	-	-	-	-	-	-	-	-	-
Percent of children who have never been to dentist	4.1*	11.2*	21.8	18.3*	-	17.9	19.3	11.3*	15.4
Percent of Adults (Ages 18 Years and Older) Who Think Fluoride in the Drinking Water Is Beneficial for Adult and Children	56.1	68.5	66.3	71.9	67.6	48.8	61.2	73.8	66.1
Percent of adults who visited a dentist in the last year									
Percent of youth who visited a dentist in the last year. (2018)	78.3	76.0	80.9	79.1	88.6	82.3	80.0	79.8	79.8
Dental Care Access									
Percent of children delaying needed dental care	15.7*	11.3*	14.3	6.6*	-	10.0*	10.3*	4.1*	9.4
Percent of youth (1-17) who could not afford needed dental care (LADPH 2018)	7.7	7.9	9.8	9.7	2.8	8.8	9.4	6.8	8.3
Percent of children who could not afford needed dental care (CHKS 2020)	9.1*	3.6*	8.7	-	-	8.3*	1.8*	9.8*	5.7
Percent of adults with dental insurance	23.8	31.2	32.2	37.7	23.8	42.5	34.7	34.3	33.3
Percent of youth with dental insurance	5.1*	8.2*	6.1*	0.7*	-	10.0*	3.7*	8.0*	6.5
Ratio of dentists to population									
Obesity/Overweight									
Teen Body Mass Index									
Underweight (within lowest 5th percentile)	-	6.4*	-	-	-	-	-	-	1.7*
Normal weight (5th up to 85th percentile)	61.4*	42.8	85.2*	50.1	61.3*	68.5*	63.7*	75.2*	63.5
Overweight (85th up to 95th percentile)	23.8*	30.5	-	-	-	10.7*	5.2*	6.4*	14.3
Obese (highest 5th percentile)	-	20.3*	13.7*	33.4*	-	18.7*	31.1*	18.4*	20.5

Adult Body Mass Index									
0 - 18.49 (Underweight)	0.7*	1.8	3.4	3.7	8.7*	0.6*	2.0*	2.2	2.7
18.5 - 22.99 (Increasing but acceptable risk)	13.7	18.7	19.5	24.4	31.8	15	12.8	20.6	19.4
23.0 - 27.49 (Increased risk)	23.3	33.3	40	40.3	35.9	23.6	33.1	31.7	34
27.5 or higher (Higher high risk)	62.3	46.3	37.2	31.6	23.6	60.8	52.1	45.5	43.9
At Risk Behaviors									
Sexual Behavior and Health									
Adult: Ever tested for HIV	36.4	35.8	34.7	56.3	47.1	46.5	36.3	34.6	39.7
Adult (female): Birth control to prevent pregnancy	38.3	51.8	57.4	70.6	77	58.6	59.3	57.9	59.4
Adult (male): Birth control to prevent pregnancy - Males 18-44 yrs.	32.1*	31.8	37.6	36.8	47	32.5	42.6	26.7	35.3
Percent of teens who are not sexually active									
Rate of chlamydia incidence per 100,000 pop. (2018)	-	-	-	-	-	-	-	-	654
Rate of gonorrhea incidence rate per 100,000 pop. (2018)	-	-	-	-	-	-	-	-	262
Rate of births to teen mothers (15-19 years old) per 1,000. (2016)	-	-	-	-	-	-	-	-	15
Alcohol and Substance Abuse									
Percent of Adults (Ages 18 Years and Older) Who Reported Binge Drinking in the past Month (2018)	19.6	15.3	16.0	21.7	20.3	16.2	20.2	18.3	17.9
Adult: Misused a prescription painkiller in past 12 months	3.0*	1.4*	2.1	2.8*	-	2.8*	2.2*	0.4*	1.8
Adult: Methamphetamines used in past 12 months	-	0.4*	1.4	0.5*	-	-	0.7*	0.5*	0.8
Adult: Prescription stimulants misused in past 12 months	-	0.5*	0.3*	1.5*	3.4*	0.9*	-	0.4*	0.7
Adult: Ever tried marijuana or hashish	43.2	42.9	35	56.9	67.9	36	46.7	50.2	45.8
Teen: Ever had an alcoholic drink	12.9*	20.8	11.2*	23.4*	-	9.9*	21.6*	18.5*	17.3
Teen: Engaged in binge drinking	-	4.0*	-	-	-	-	-	-	1.9*
Teen: Tried marijuana or hashish	-	12.7*	32.1*	-	-	12.6*	12.6*	22.1*	17.5
Percent of population who are current smokers	5.5*	6.2	4.9	9.9	1.1*	8.7	4.4	5.4	5.9
Percent of population who are former smokers	20.1	18.6	16.1	19	20.1	16.7	16.5	15.4	17.4
Percent of Households with Children (Ages 17 Years and Younger) in Which Family Members Ever Used Cigarettes at Home in the past Week. (2018)	7.4	4.6	6.8	9.7	4.6	10.6	9.3	13.1	8.2
Percent of Adults (Ages 18 Years and Older) Exposed to Someone Else's Tobacco Smoke at Home in the past Week. (2018)	14.9	8.9	9.3	12.4	7.1	14.1	9.2	11.1	10.3

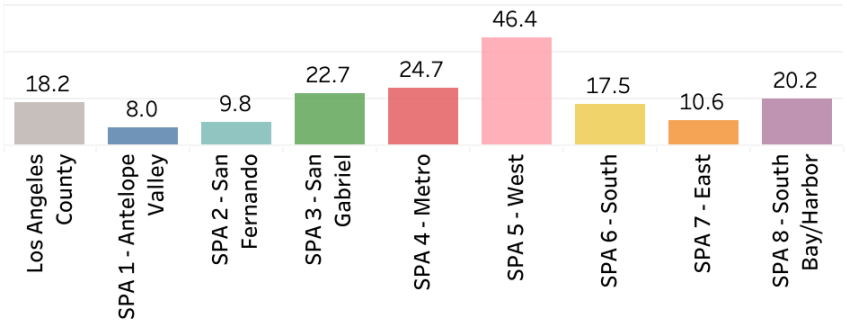
Percent of Households with Children (Ages 17 Years and Younger) in Which Family Members Used Marijuana at Home in the past Week. (2018)	9.0	9.4	5.5	10.1	11.9	14.4	5.8	11.1	9.3
Percent of Adults (Ages 18 Years and Older) Who Reported Ever Using Any Form of Marijuana in the past Year. (2018)	24.8	17.9	13.0	21.8	26.7	18.3	17.4	17.2	18.2
Air Quality									
Number of days where Ozone levels were above the standard	-	-	-	-	-	-	-	-	60
Annual average particulate matter concentration (micrograms per cubic meter)	-	-	-	-	-	-	-	-	12
Other Family and Community Socio-Economics									
Economic Security									
Poverty Level: 100% below the Federal Poverty Level	21.8	14.4	13.6	14.7	4.3*	33.3	21.1	13.9	16.7
Poverty Level: 100-199% below the Federal Poverty Level	23.5	15.2	20	21.9	5.5*	26	20.8	19.9	19.1
Poverty Level: 200-299% below the Federal Poverty level	16	11.5	12.1	13	9.2*	15.6	11.4	12.7	12.4
Poverty Level: Over 300% below the Federal Poverty level	38.8	58.9	54.3	50.3	81	25.1	46.7	53.5	51.9
Poverty Level (age 0-17): 100% below the Federal Poverty Level	18.2*	10.2*	13.0*	14.8*	-	35.1	18.9	17.6*	16.7
Poverty Level (age 0-17): 100-199% below the Federal Poverty Level	18	13.0*	21.3*	18.2	-	24.1	24.9*	15.3	18.1
Poverty Level (age 0-17): 200-299% below the Federal Poverty level	12.1*	9.1	8.6*	7.5*	14.0*	10.2	10.5*	12.1*	10.1
Poverty Level (age 0-17): Over 300% below the Federal Poverty level	51.7	67.7	57.1	59.5	81.1*	30.6	45.7	55	55.1
Percent of currently on WIC - Children 6 and under & 200% and lower FPL	48.2*	38.3*	40.1*	55.0*	-	30.7*	60.4*	-	40.5
WIC usage among qualified adults									
Percent Currently receiving Supplemental Security Income (SSI) - 200% and lower FPL	9.3*	9.2	12.4	13	6.0*	6.5	5.2	11.8*	9.5
Currently receiving TANF or CalWORKs - Respondent with <=200% FPL	13.8*	14.4*	3.0*	16.4	-	20.2	6.2*	1.1*	10.2
Avoided government benefits due to concern over self or family member disqualification from green card	11.5*	13.7	10.1*	7.8*	-	24.1	6.8*	8.9	11.1
Percent on WIC--children 6 years and younger (2019)	10.9*	15.7*	26.9*	-	-	54.3*	58.8	61.1*	36.5
Percent receiving food stamps	25.7	27.5	21.4	35.3	5.0*	38	16.4	28.6	27.1

Percent avoided government benefits due to concern about disqualification from green card/citizenship	34.6	24	19.9	20.4	13.0*	41.2	15.3	17.1	22.1
Access to Food									
Food insecurity (Inability to afford enough food) adults whose income is less than 200% of the Federal Poverty Level	44	45.1	23	44	34.9*	50.8	31.8	33.5	38.3
Percent of Children (Ages 17 Years and Younger) Whose Parents/Guardians/Decision Makers Rated Their Community's Access to Fresh Fruits/Vegetables as Good or Excellent.	71.6	85.8	81.5	77.0	96.1	63.2	73.2	77.3	78.2
Community Safety and Violence Among Youth									
Percent of Adults (Ages 18 Years and Older) Who Perceived Their Neighborhood to Be Safe from Crime (2018)	93.6	91.1	84.9	76.4	88.8	69.0	87.0	87.5	85.0
Percent of Teens feel safe in neighborhood	95.2	89.9	92.1	91.3	90	76.4	67.6	91.3	85.7
Percent of Teens who perceive their neighborhood park or playground as safe	45.3*	81.7	86.0*	72.8*	100.0*	61.8*	99.4*	88.9*	85.2
Percent of Children who perceive their neighborhood park or playground as safe	87.2	94.7	88.8	78.3	93.3	68.5	96	93.3	88
Percent of Teens who received threats of violence or physical harm by peers in the past year (2017)	-	-	-	-	-	-	-	-	2.9*
Adults: Concerned about More Heat Waves Due to Climate Change. (2018)	58.1	72.0	68.4	68.8	73.0	81.5	78.3	64.8	71.1
Adults: Concerned about Droughts and Water Shortages Due to Climate Change. (2018)	70.6	85.2	86.7	78.7	92.4	91.9	90.6	74.9	84.4
Adults: Concerned about Worse Air Pollution Due to Climate Change. (2018)	71.0	84.9	78.5	80.4	85.1	88.5	78.1	66.2	79.4
Adults: Concerned about Worse Wildfires Due to Climate Change. (2018)	81.3	89.8	72.6	68.2	92.0	82.7	76.2	66.3	78.0
Adults: Concerned about Contamination of Drinking Water Due to Climate Change. (2018)	65.1	76.1	72.9	75.7	73.2	87.2	86.0	60.9	74.9
Percent of public-school staff reporting High School Student bullying/harassment is a problem at school									
CA OTS Ranking: Total Fatal and Injury by County (out of 58)	-	-	-	-	-	-	-	-	2
CA OTS Ranking: Pedestrian collision by County (out of 58)	-	-	-	-	-	-	-	-	3

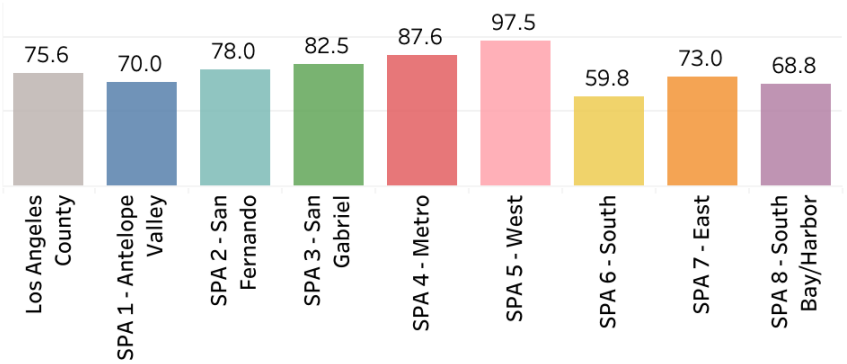
CA OTS Ranking: Drinking Driver under 21 by County (out of 58)	-	-	-	-	-	-	-	-	5
CA OTS Ranking: Nighttime (9pm-2:59am) by County (out of 58)	-	-	-	-	-	-	-	-	1
Access to Shelter									
People Experiencing Homelessness									
Total # of individuals experiencing homelessness	4,755	9,108	4,555	17,121	6,009	13,012	4,586	4,560	63,706
Total # of youth experiencing homelessness	319	1,138	227	1,002	403	1,094	333	157	4,673
Total # of youth experiencing homelessness: Share within SPA	6.7	12.5	5.0	5.9	6.7	8.4	7.3%	3.4	7.3
Total # of youth experiencing homelessness: SPA share of County	6.8	24.4	4.9	21.4	8.6	23.4	7.1	3.4	100
People experiencing homelessness: % Unsheltered (w/in SPA)	82.4	72.6	66.5	72.7	83.9	60.6	79.2	77.0	72.3
People experiencing homelessness: % Sheltered (w/in SPA)	17.6	27.4	33.5	27.3	16.1	39.4	20.8	23.0	27.7
People experiencing homelessness: % Individuals (w/in SPA)	78.7	74.9	79.4	88.5	86.7	68.4	89.2	58.7	78.8
People experiencing homelessness: % Family Members (within SPA)	20.8	25.0	20.6	11.4	13.2	31.4	10.7	19.2	19.5
People experiencing homelessness: % Families (w/in SPA)	6.5	6.9	6.2	3.7	4.1	10.5	3.3	6.3	6.1
People experiencing homelessness: % Unaccompanied minors (within SPA)	0.5	0.0	0.0	0.0	0.1	0.2	0.0	0.2	0.1
People experiencing homelessness: % Individuals (Share across SPA)	7.5	13.6	7.2	30.2	10.4	17.7	8.1	5.3	100
People experiencing homelessness: % Family Members (Share across SPA)	8.0	18.4	7.6	15.8	6.4	32.9	4.0	7.0	100
People experiencing homelessness: % Families (Share across SPA)	7.9	16.1	7.2	16.1	6.4	35.1	3.9	7.3	100
People experiencing homelessness: % Unaccompanied minors (Share across SPA)	35.2	2.8	0.0	7.0	8.5	33.8	1.4	11.3	100.0
Percent of Adults (Ages 18 Years and Older) Who Reported Being Homeless or Not Having Their Own Place to Live or Sleep in the past 5 Years (2018)	11.3	5.7	5.2	7.5	4.9	14.7	6.9	8.8	7.5
Housing									
Percent of housing units that are vacant	-	-	-	-	-	-	-	-	4.8
Housing units: owner occupied	-	-	-	-	-	-	-	-	45.4

Child Development

Difficulty With Emotions/Concentration in Past 6 Months (4 and Older)

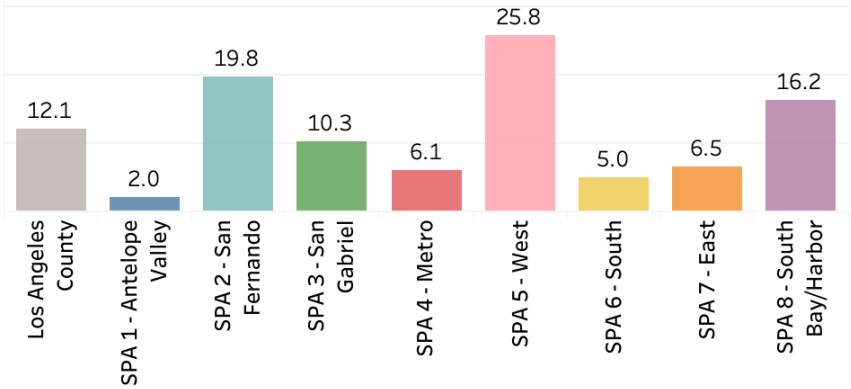


Health Provider Completed Development Assessment/Test

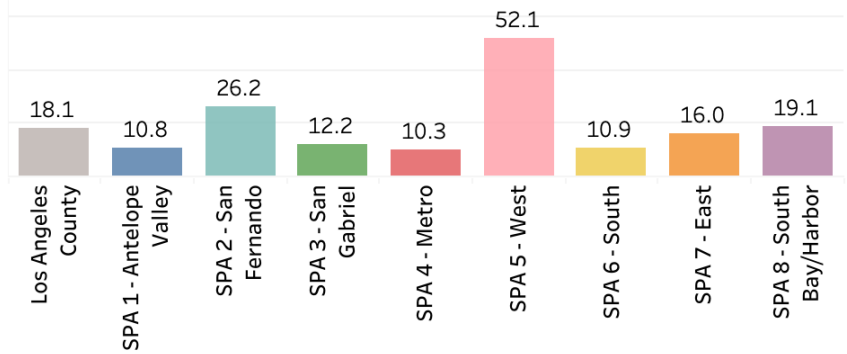


Residents in SPA 5 were almost twice as likely as any other area to have children experiencing difficulty with emotions or concentration. They were also most likely to have undergone a development assessment (97.5% in SPA 5 compared to 59.8% in SPA 6), more likely to be monitored for noted concerns, and significantly more likely to be in preschool.

Doctor/Professional Noted Concerns to Monitor Child



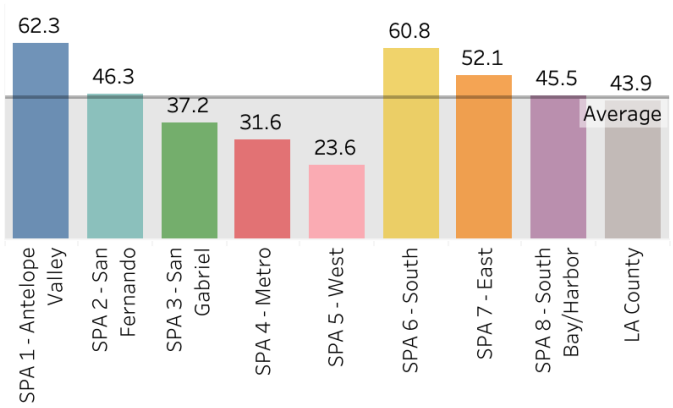
Children Attending Preschool, Nursery School, or Headstart (10 hours/week)



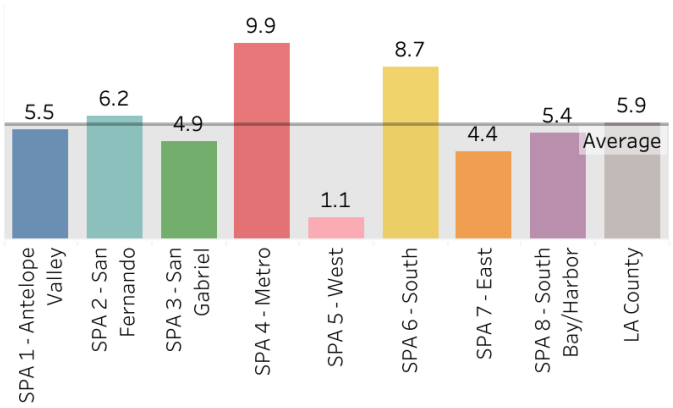
All numbers reflect percentage responses.

Behavior

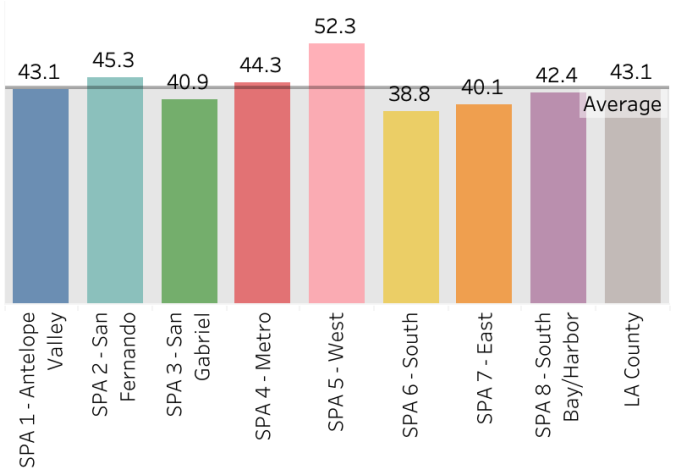
% Adults With High Risk (Over 27.5%) BMI



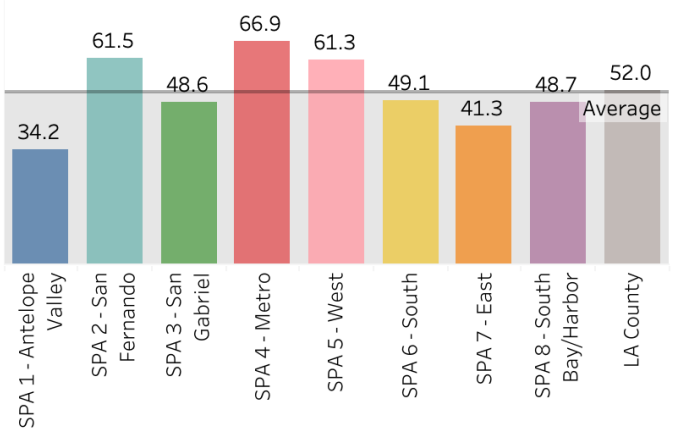
% Current Smoking Adults



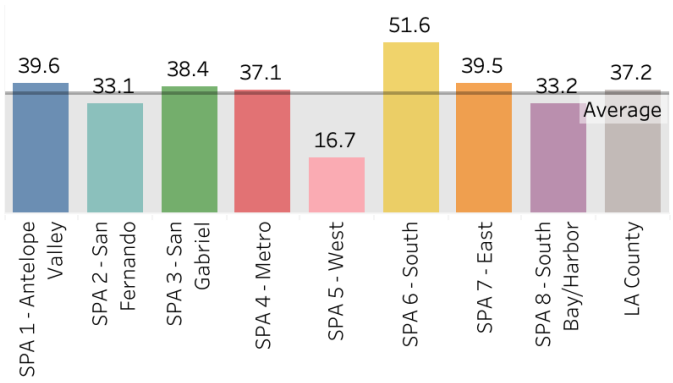
% Adults Who Meet Guidelines for Physical Activity



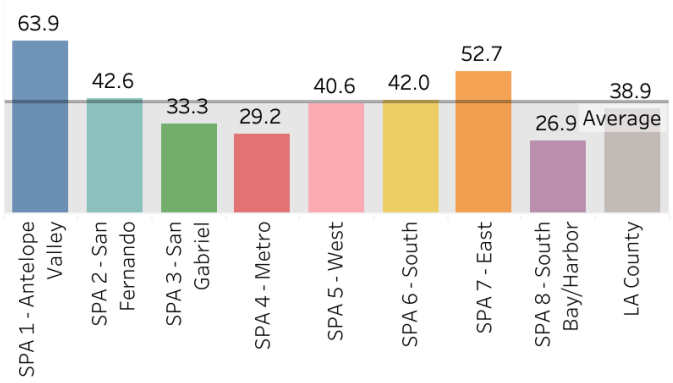
% Teens Who Use the Internet "Almost Constantly"



% Sugary Drinks (1 or More Per Day) (Youth Under 17)

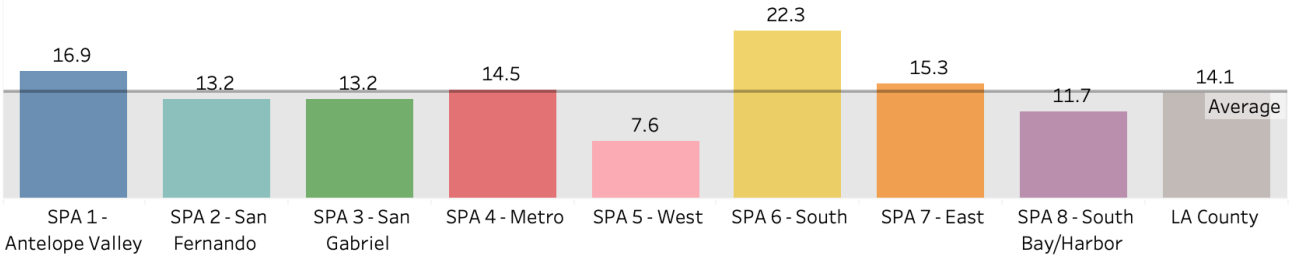


% Children Eating 5 or More Fruits/Vegetables Per Day

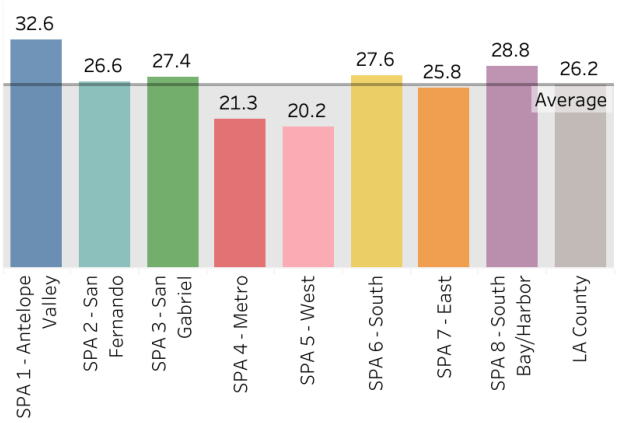


Adult Health Status and Chronic Disease

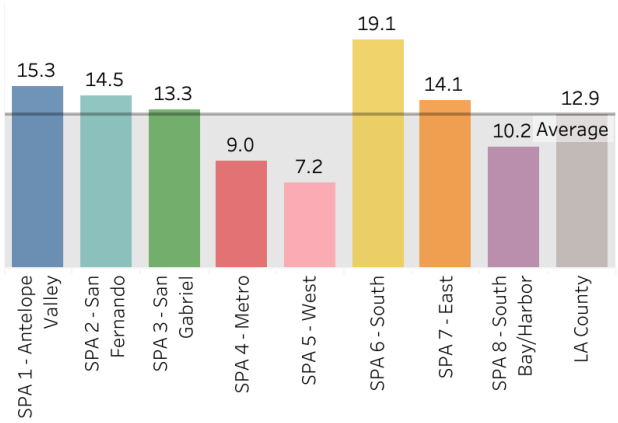
% With Fair or Poor Health Status



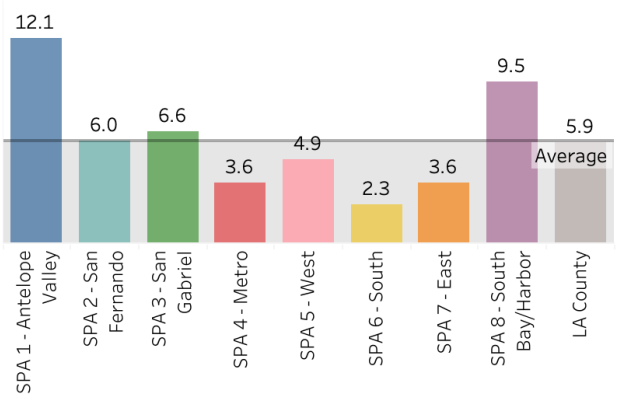
% Adults Diagnosed With Hypertension



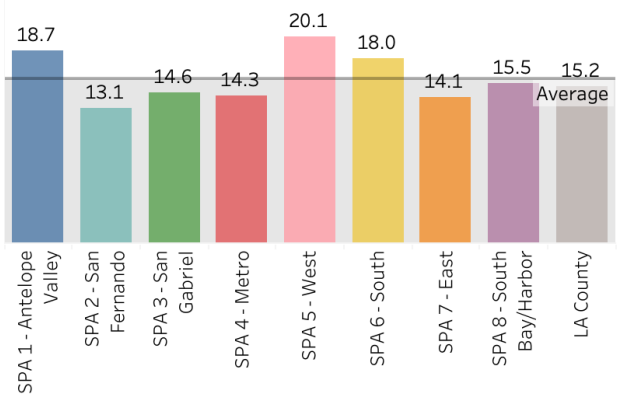
% Adults Diagnosed With Diabetes



% Adults Diagnosed With Heart Disease



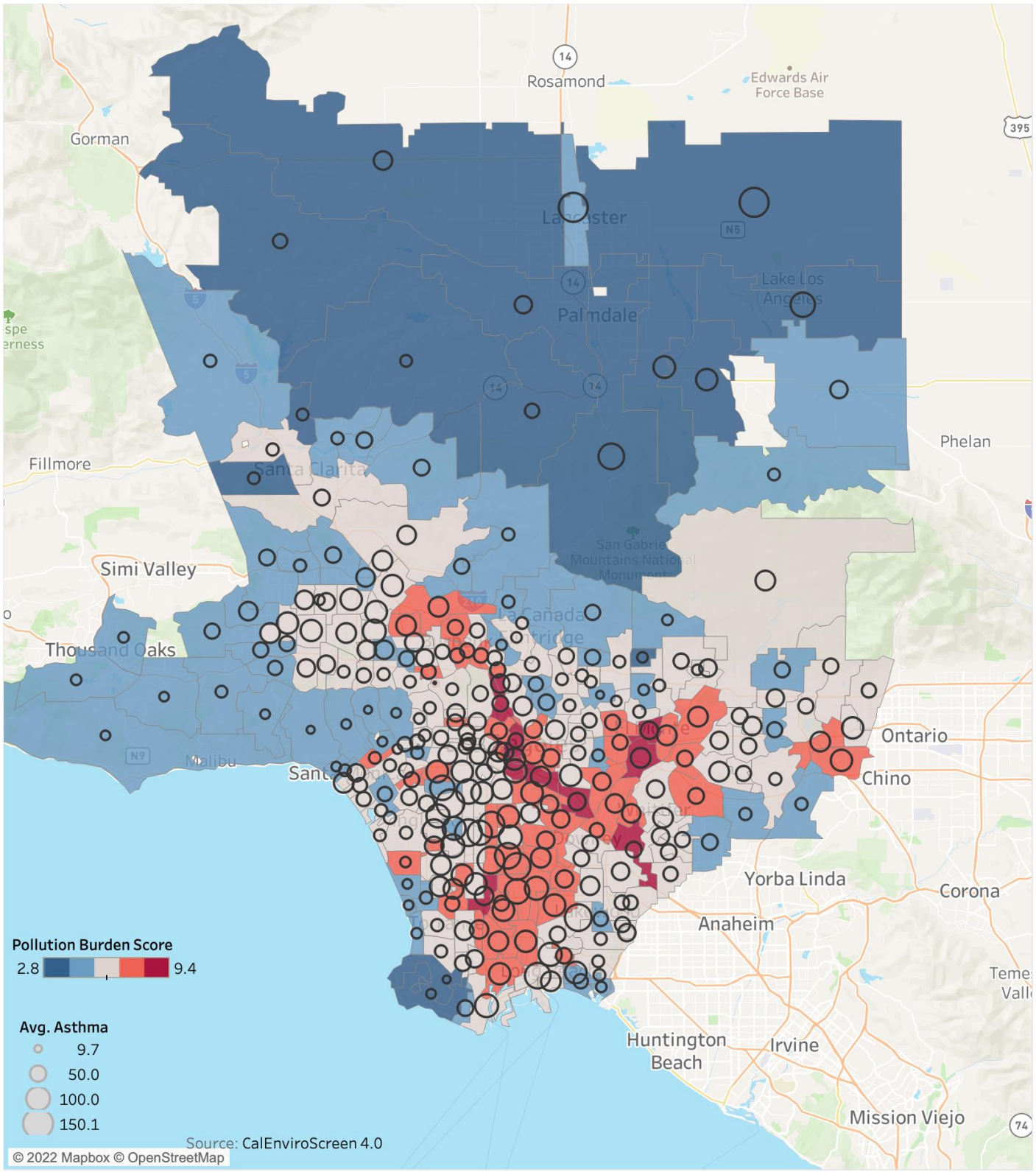
% Adults Diagnosed With Asthma



All numbers reflect percentage responses.

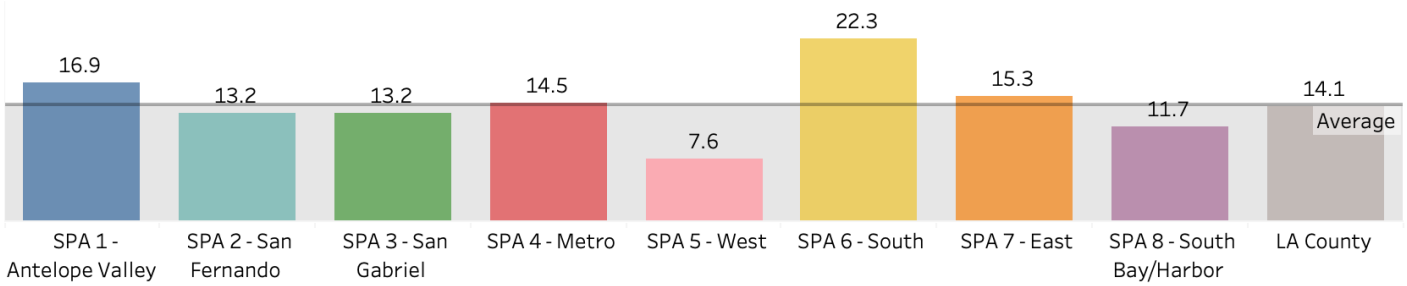
Pollution Burden and Asthma

Pollution Burden Score on a scale of 1-10, with higher numbers indicating greater pollution burden (red areas on map). The circles represent ED Visit Rate for Asthma, with larger circles indicating higher ED visit rates.

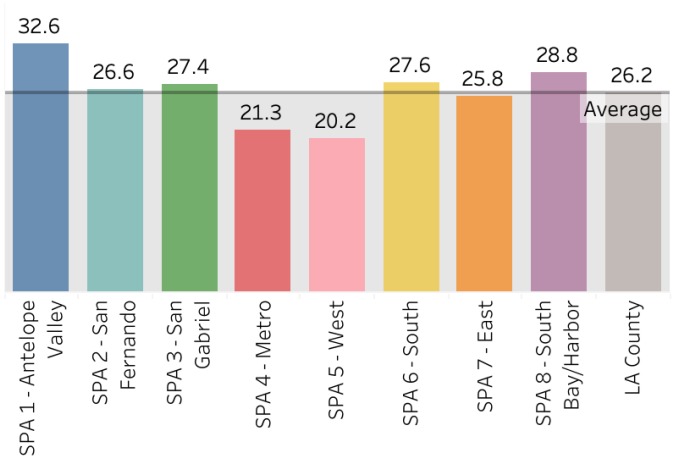


Adult Health Status and Chronic Disease

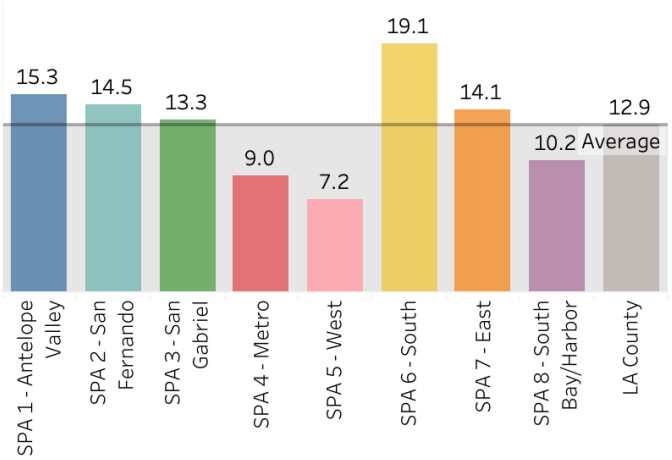
% With Fair or Poor Health Status



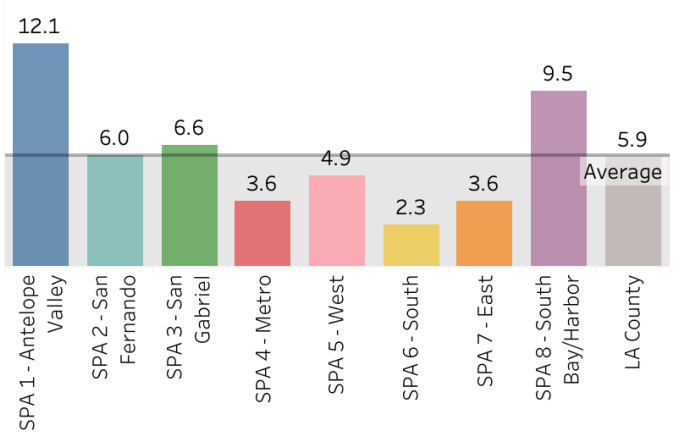
% Adults Diagnosed With Hypertension



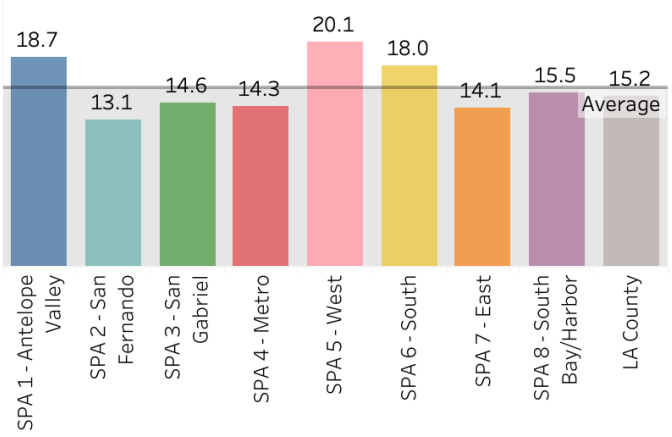
% Adults Diagnosed With Diabetes



% Adults Diagnosed With Heart Disease



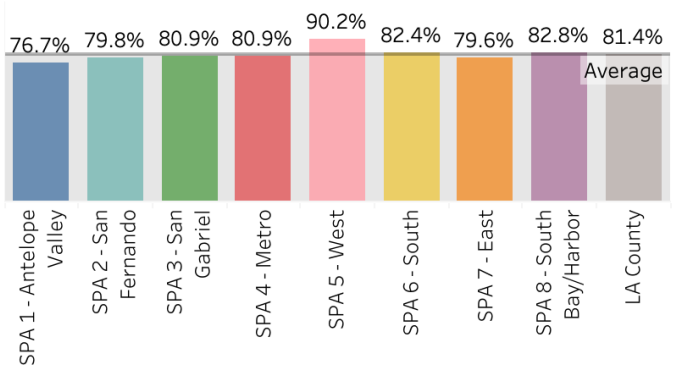
% Adults Diagnosed With Asthma



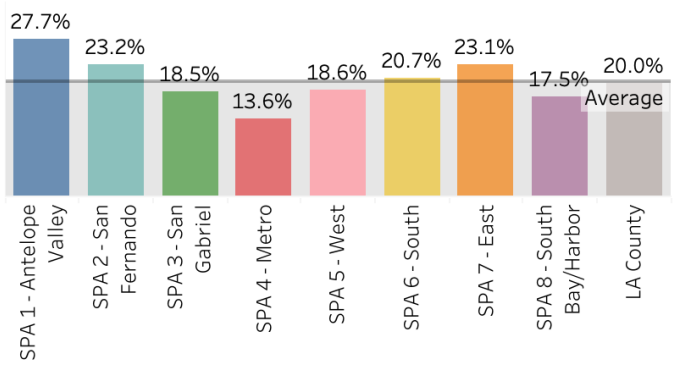
All numbers reflect percentage responses.

Preventative Screenings

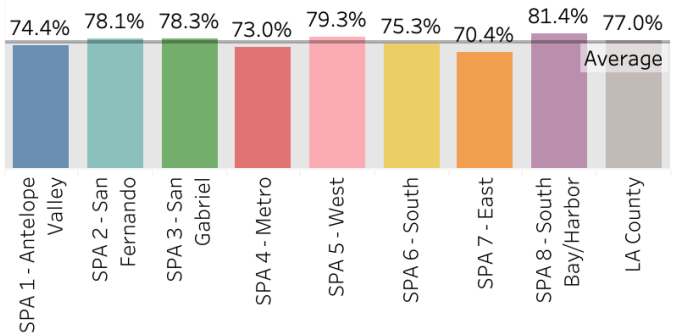
Completed Pap Smear in Past 3 Years (Women, 21-65 years)



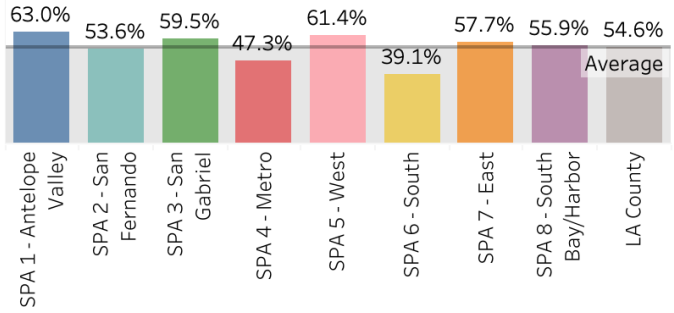
Completed Blood Stool Test in Past Year (50-74 years)



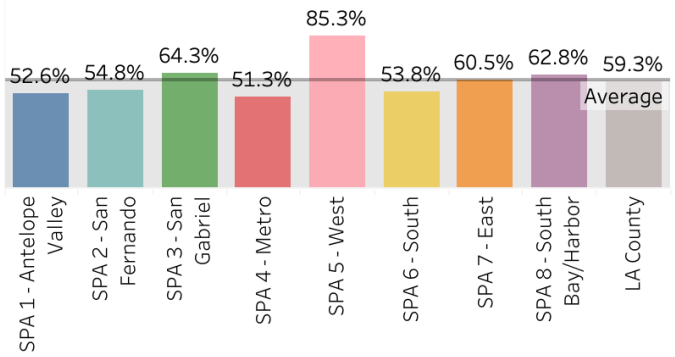
Completed Mammogram in Past 2 Years (2018) (Women, 50-74 years)



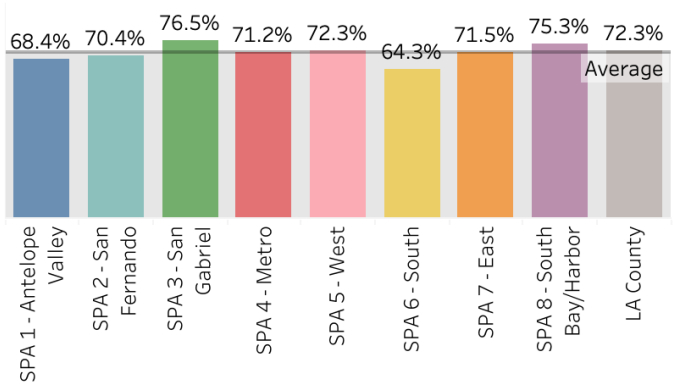
Completed Sigmoidoscopy in Past 5 Years or Colonoscopy in Past 10 Years (50-74 years)



Completed HPV Vaccine (2018) (18-26 years)



Completed Pneumonia Vaccination (2018) (65+)



Near Campus

Youth Artist (SPA 6)
University of Southern California
Youth Photovoice 2022

Children's Hospital LOS ANGELES®

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734552_06/2022