
USC Norris Cancer Hospital Community Health Needs Assessment

2022



USC Norris Cancer Hospital
Keck Medicine of **USC**

Contents

<i>Executive Summary</i>	5
<i>Introduction</i>	8
Background and Purpose	8
Service Area	8
Project Oversight	9
Consultants.....	10
CHNA Approval	10
<i>Data Collection Methodology</i>	11
Secondary Data Collection	11
Significant Community Needs.....	11
Primary Data Collection	11
Public Comment	12
<i>Prioritization of Significant Needs</i>	13
Resources to Address Significant Needs.....	14
Review of Progress.....	14
<i>Demographic Profile</i>	15
Population.....	15
Race/Ethnicity.....	15
Citizenship	15
Language.....	16
Limited English-Speaking Households	16
Family Size	16
Veteran Status	17
<i>Social Determinants of Health</i>	18
Social and Economic Factors Ranking	18
Poverty	18
Seniors Living Alone	19
People with a Disability Living in Poverty.....	19
Public Program Participation	19
Free and Reduced-Price Meals	19
Unemployment.....	20

Median Household Income	20
Community Input – Economic Insecurity.....	20
Food Environment Index.....	21
Food Insecurity	21
Community Input – Food Insecurity	21
Housing Units	22
Housing Affordability.....	22
Housing Supply.....	23
Homelessness	23
Community Input – Housing and Homelessness	24
Education.....	25
Transportation.....	25
Parks, Playgrounds and Open Spaces	26
Crime and Violence	26
Substantiated Child Maltreatment Cases.....	27
Community Input – Violence and Injury	27
Air Quality	27
<i>Access to Health Care.....</i>	<i>29</i>
Health Insurance Coverage	29
Sources of Care.....	30
Difficulties Accessing Care	31
Lack of Care Due to Cost	32
Delayed Care.....	32
Dental Care	32
Community Input – Access to Care	33
<i>Leading Causes of Death.....</i>	<i>34</i>
Mortality Rates.....	34
Leading Causes of Death	34
Heart Disease and Stroke.....	35
Cancer	35
Leading Causes of Cancer Death.....	39
Chronic Lower Respiratory Disease	39
Alzheimer’s Disease	39

Diabetes	39
Unintentional Injury	40
Pneumonia and Influenza	40
Liver Disease	40
Kidney Disease.....	40
Suicide.....	41
Homicide.....	41
HIV.....	41
Drug Overdoses.....	41
<i>Disease and Disability.....</i>	<i>43</i>
Health Status	43
Cancer Incidence.....	43
Community Input – Cancer	44
Diabetes	45
Heart Disease	46
High Blood Pressure.....	46
Asthma	47
Tuberculosis	47
HIV/AIDS	48
Sexually Transmitted Infections.....	48
Community Input – Sexually Transmitted Infections and HIV/AIDS.....	48
Disability	49
Community Input – Chronic Disease	49
<i>COVID-19.....</i>	<i>51</i>
Community Input – COVID-19.....	52
<i>Health Behaviors.....</i>	<i>53</i>
Overweight and Obesity	53
Sedentary Children	54
Adequate Fruit and Vegetable Consumption	54
Community Input – Overweight and Obesity	55
<i>Mental Health.....</i>	<i>57</i>
Mental Health Indicators	57
Community Input – Mental Health.....	58

<i>Substance Use and Misuse</i>	60
Cigarette Smoking	60
Opioid Use.....	60
Alcohol Use	60
Community Input – Substance Use	61
<i>Preventive Practices</i>	62
Flu and Pneumonia Vaccines	62
Immunization of Children	62
Mammograms and Pap Smears	62
Human Papillomavirus (HPV) Vaccination.....	63
Community Input – Preventive Practices	63
<i>Attachment 1: Local Community Snapshot</i>	64
<i>Attachment 2: Community Stakeholder Interviewees</i>	67
<i>Attachment 3: Community Stakeholder Interview Responses</i>	68
<i>Attachment 4: Resources to Address Community Needs</i>	73
<i>Attachment 5: Report of Progress</i>	77

Executive Summary

Keck Medicine of USC, the University of Southern California's medical enterprise, operates USC Norris Cancer Hospital. USC Norris Cancer Hospital has been at the forefront of the fight against cancer for more than 40 years. The 60-bed hospital is one of the eight original comprehensive cancer centers designated by the National Cancer Institute and has a mission to translate scientific discoveries into innovative therapies for its patients. As a member of the USC family, it is a teaching hospital, training residents and fellows in graduate medical education.

Community Health Needs Assessment

USC Norris Cancer Hospital (USC Norris) has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy Plan that responds to community needs. This CHNA was conducted in partnership with Keck Hospital of USC.

Service Area

USC Norris is located east of downtown Los Angeles on the USC Health Sciences Campus at 1441 Eastlake Avenue, Los Angeles, California 90033. The hospital is located in the Boyle Heights neighborhood of Los Angeles in LA County Service Planning Area (SPA) 4. The hospital draws primarily adult patients regionally from Southern California, with a primary service area of Los Angeles County, California.

Methodology

Secondary Data

Secondary data were collected from a variety of county and state sources to present community demographics, social determinants of health, access to health care, leading causes of death, disease and disability, COVID-19, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Los Angeles County and California.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Primary Data

Thirteen (13) phone interviews were conducted during January 2022 and February 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Los Angeles County, who spoke to issues and needs in the communities served by the hospital.

Significant Community Needs

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

- Access to health care
- Cancer (screening, early detection, and treatment)
- Chronic diseases
- COVID-19
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Sexually transmitted infections and HIV/AIDS
- Substance use
- Violence and injury

COVID-19

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

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Access to care, mental health, cancer, overweight and obesity and COVID-19 were ranked as the top five priority needs in the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Keck Medical Center of USC Board of Directors

on April 28, 2022. This report is widely available to the public on the hospital's web site, <https://www.keckmedicine.org/community-benefit/>. Written comments on this report can be submitted to BenefitandOutreach@med.usc.edu.

Introduction

Background and Purpose

Keck Medicine of USC is the University of Southern California's medical enterprise. Encompassing academic excellence, world-class research and state-of-the-art clinical care, we attract internationally renowned experts who teach and practice at the Keck School of Medicine of USC, the region's first medical school.

We operate the Keck Medical Center of USC, which includes two acute care hospitals: Keck Hospital of USC and USC Norris Cancer Hospital. The enterprise also owns the community hospital USC Verdugo Hills Hospital, and it includes more than 40 outpatient facilities, some at affiliated hospitals, in Los Angeles, Orange, Kern, Tulare and Ventura counties. In addition, we operate USC Care Medical Group, a medical faculty practice.

USC Norris has been at the forefront of the fight against cancer for more than 40 years. The 60-bed hospital is one of the eight original comprehensive cancer centers designated by the National Cancer Institute and has a mission to translate scientific discoveries into innovative therapies for its patients.

USC Norris focuses on 13 key areas of cancer treatment: breast cancer, gastrointestinal cancer, genetic counseling, gynecological cancers, head and neck cancers, hematology, lung cancer, melanoma, neuro-oncology, radiation oncology, sarcoma, skin cancer and urologic oncology. As an integral part of a university-based medical center, USC Norris offers access to hundreds of innovative clinical trials and extensive patient education, empowering patients to take an active role in their health care.

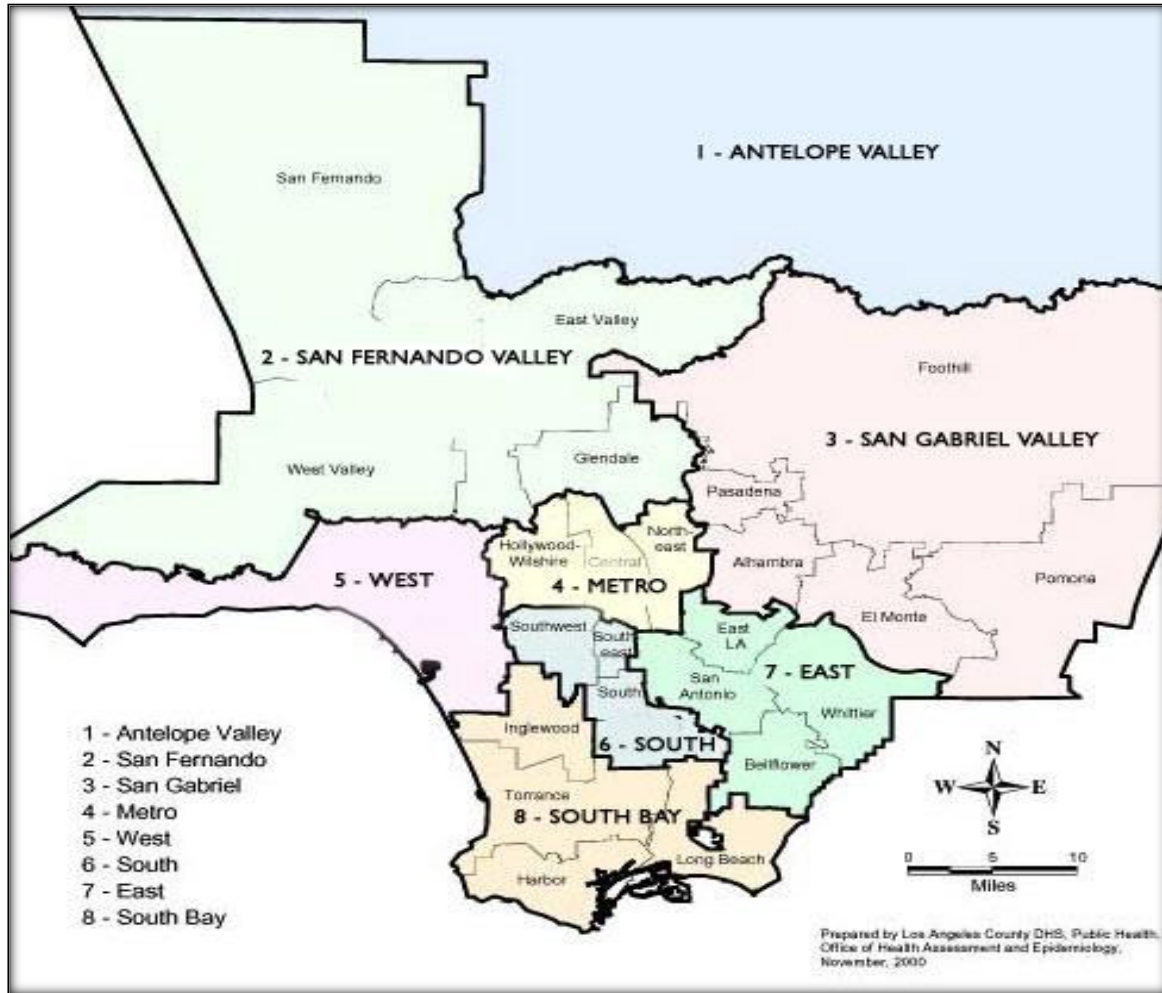
The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

USC Norris is located east of downtown Los Angeles on the USC Health Sciences Campus at 1441 Eastlake Avenue, Los Angeles, California 90033. Norris is located in the Boyle Heights neighborhood of Los Angeles in LA County Service Planning Area (SPA) 4. The hospital draws primarily adult patients regionally from Southern California,

with a primary service area of Los Angeles County, California. Attachment 1 presents ZIP Code level data specific to the community surrounding the hospital campus

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



Project Oversight

The Community Health Needs Assessment process was overseen by:

Paul Craig

Chief Administrative Officer

Keck Medicine of USC

Lusine Davtyan, MHA

Project Manager

Community Benefit & Outreach

Keck Medicine of USC

Consultants

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Melissa A. King, PhD, MPA and JuHyun Y. Šakota, MPA of People's Health Solutions to complete the data collection. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

www.bielconsulting.com + www.peopleshealthsolutions.com

CHNA Approval

This CHNA report was adopted by the Keck Medical Center of USC Board of Directors on April 28, 2022.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of county and state sources to present community demographics, social determinants of health, access to health care, leading causes of death, disease and disability, COVID-19, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Los Angeles County and California.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), and state comparisons, the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and county levels.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to health care
- Cancer (screening, early detection, and treatment)
- Chronic diseases
- COVID-19
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Sexually transmitted infections and HIV/AIDS
- Substance use
- Violence and injury

Primary Data Collection

USC Norris conducted interviews with community stakeholders to obtain input on

significant community needs, barriers to care and resources available to address the identified health needs. Thirteen (13) phone interviews were conducted during January and February 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Los Angeles County, who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (i.e.; what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. Attachment 3 provides stakeholder responses to the interview overview questions.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at <https://www.keckmedicine.org/community-benefit/>. To date, no comments have been received.

Prioritization of Significant Needs

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

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

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

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	90%	33.3%	77.8%
Cancer	70%	0%	37.5%
Chronic diseases	80%	12.5%	62.5%
COVID-19	100%	22.2%	55.6%
Economic insecurity	100%	66.7%	77.8%
Food insecurity	90%	50%	75%
Housing and homelessness	90%	77.8%	88.9%
Mental health	100%	88.9%	77.8%
Overweight and obesity	70%	50%	62.5%
Preventive practices	50%	0%	22.2%
Sexually transmitted infections	30%	12.5%	25%
Substance use	90%	75%	75%
Violence and injury	88.9%	75%	87.5%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to care, mental health, cancer, overweight and obesity and COVID-19 were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Access to care	4.00
Mental health	4.00
Cancer	3.90
Overweight and obesity	3.90
COVID-19	3.80
Chronic diseases	3.70
Preventive practices	3.70
Substance use	3.70
Sexually transmitted infections	3.50
Violence and injury	3.40
Economic insecurity	3.22
Food insecurity	3.10
Housing and homelessness	3.10

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

Resources to Address Significant Needs

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

Review of Progress

In 2019, USC Norris conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital’s Implementation Strategy associated with the 2019 CHNA addressed cancer care and treatment, overweight and obesity, and preventive practices through a commitment of community benefit programs and resources. The impact of the actions that the hospital used to address these significant needs can be found in Attachment 5.

Demographic Profile

Population

The population of Los Angeles County is 10,087,570. Children and youth, ages 0-17, make up 22% of the population, 39.5% of the population are 18-44 years of age, 25.3% are ages 45-64, and 13.3% of the population are ages 65 and older. The county has a higher percentage of adults, ages 18-44, (39.5%) than found in the state (38.1%).

Population, by Age

	Los Angeles County		California	
	Number	Percent	Number	Percent
Age 0-4	611,485	6.1%	2,451,528	6.2%
Age 5-17	1,603,275	15.9%	6,570,618	16.7%
Age 18-44	3,982,975	39.5%	14,963,559	38.1%
Age 45-64	2,547,857	25.3%	9,811,751	25.0%
Age 65+	1,335,978	13.3%	5,486,041	14.0%

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

Race/Ethnicity

In LA County, 48.5% of the population is Hispanic or Latino. Whites make up 26.2% of the population. Asians comprise 14.4% of the population, and African Americans are 7.8% of the population. Native Americans, Hawaiians, and other races combined total 3.0% of the population. When compared to the state, the county has a larger percentage of Latinos, Asians and African Americans.

Population, by Race and Ethnicity

	Los Angeles County	California
Hispanic or Latino	48.5%	39.0%
White	26.2%	37.2%
Asian	14.4%	14.3%
Black/African American	7.8%	5.5%
Multiracial	2.3%	3.0%
Native HI/Pacific Islander	0.2%	0.4%
Some other race	0.3%	0.3%
American Indian/AK Native	0.2%	0.4%

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

Citizenship

In the service area, 34% of the population is foreign-born, which is higher than the state rate (26.8%). Of the foreign-born, 47.7% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign Population and Citizenship Status

	Los Angeles County	California
Foreign Population	34.0%	26.8%
Of foreign born, not U.S. citizen	47.7%	48.3%

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

Language

In LA County, 43.4% of the residents, ages five and older, speak English only in the home, 39.2% of residents speak Spanish, 10.9% speak an Asian language, and 5.3% speak an Indo-European language in the home.

Language Spoken at Home for the Population, Ages 5 and Older

	English Only	Spanish	Asian	Indo-European	Other
Los Angeles County	43.4%	39.2%	10.9%	5.3%	1.1%
California	55.8%	28.7%	10.0%	4.5%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1601. <https://data.census.gov>

Limited English-Speaking Households

According to the U.S. Census Bureau, “Limited English-speaking households” are households in which no one, ages 14 and over, speaks English only or speaks a language other than English at home and speaks English “very well.” In LA County households, 12.7% of households are Limited English speakers. This is higher than the state rate (8.9%).

Limited English-Speaking Households

	Percent
Los Angeles County	12.7%
California	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1602. <https://data.census.gov> U.S. Census Bureau, American Community Survey and Puerto Rico Community Survey 2019 Subject Definitions. https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2019_ACSSubjectDefinitions.pdf

Family Size

The average family size in the county is 3.66 persons, which is larger than the statewide average family size (3.53 persons).

Average Family Size

	Family Size/Persons
Los Angeles County	3.66
California	3.53

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

Veteran Status

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

Veterans

	Los Angeles County	California
Veteran status	3.3%	5.2%

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

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with 1 being the county with the best factors (healthiest) to 58 for that county with the poorest factors (least healthy). Los Angeles County is ranked 34 among counties in California, a decrease from a ranking of 30 in 2020 according to social and economic factors, placing it in the bottom half of the state's counties.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	34

Source: County Health Rankings, 2021 <http://www.countyhealthrankings.org>

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was \$13,011 and for a family of four \$25,926. In LA County, 14.9% of the population live in poverty and 34.8% are considered low-income, living below 200% of poverty. These rates are higher than the state rates of poverty.

Ratio of Income to Poverty

	Below 100% Poverty	Below 200% Poverty
Los Angeles County	14.9%	34.8%
California	13.4%	31.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. <http://data.census.gov/>

In LA County, children suffer with higher rates of poverty than the general population. 20.8% of children, under age 18, are living in poverty. Among families where there is a female head of household and children under 18 years old, 33.3% live in poverty. This is slightly higher than the state rate of 33.1%. Among seniors, 13.2% in LA County live in poverty, which is higher than the state rate (10.2%).

Poverty, Children under 18, Seniors, Female Head of Household with Children under 18

	Children under 18	Seniors	Female HoH with Children under 18
Los Angeles County	20.8%	13.2%	33.3%
California	18.1%	10.2%	33.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701, S1702. <http://data.census.gov/>

Seniors Living Alone

22.5% of seniors in the county live alone. Many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing.

Seniors, Ages 65 and Older, Living Alone

	Percent
Los Angeles County	22.5%
California	23.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B09020. <http://data.census.gov/>

People with a Disability Living in Poverty

Persons with a disability are more likely to live in poverty as compared to the rest of the population. In the county, 25% of people, ages 20 to 64, with a disability are living below the poverty level.

People with a Disability, Living in Poverty

	Percent
Los Angeles County	25.0%
California	23.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B23024. <http://data.census.gov/>

Public Program Participation

In LA County, 38.3% of residents are not able to afford food and 27.1% receive food stamps. This indicates a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits are more readily accessed in the county. Among qualified children, 40.5% access WIC. 10.2% of county residents are TANF/CalWORKs recipients.

Public Program Participation

	Los Angeles County	California
Not able to afford food (<200% FPL)	38.3%	35.3%
Food stamp recipients (<200% FPL)	27.1%	28.5%
WIC usage among qualified children (6 and under)	40.5%	44.7%
TANF/CalWORKs recipients	10.2%	10.6%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu>

Free and Reduced-Price Meals

The percentage of students eligible for the free and reduced-price meal program is one indicator of socioeconomic status. Among Los Angeles Unified School District schools, 80.3% of the student population are eligible for the free and reduced-price meal program, indicating a high level of low-income families.

Free and Reduced-Price Meals Eligibility

	Percent of Eligible Students
Los Angeles Unified School District (LAUSD)	80.3%
Los Angeles County	68.9%
California	59.3%

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

Unemployment

In 2020, LA County had an unemployment rate of 12.8%. This high rate may be attributed to the COVID-19 pandemic.

Unemployment Rates, Annual Average, 2018-2020

	2018	2019	2020
Los Angeles County	4.7%	4.6%	12.8%
California	4.3%	4.2%	10.1%

Source: California Employment Development Department, Labor Market Information; <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html> - HIST

Median Household Income

The median household income in the county is \$72,797, which is lower than the statewide average of \$80,440.

Median Household Income

	Median Household Income
Los Angeles County	\$72,797
California	\$80,440

Source: U.S. Census Bureau, American Community Survey, 2019, B19013. <http://data.census.gov/>

Community Input – Economic Insecurity

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

- There are systems in place that can either facilitate or make it more difficult for people to break the cycle of poverty, attain economic security, and access the health services they need.
- Government policies and programs that bolster the public safety net are needed, and existing programs that research has shown to be effective in providing funds for healthy foods and reducing economic insecurity could be scaled up to reach more eligible people
- There is a need for programs outside of workforce or life skills development that involve institutions using their power to help shift structural inequalities in meaningful ways and build relationships and social capital within communities.
- Individual and neighborhood socioeconomic status have a profound influence on access to healthy foods and housing, particularly given inflation and the high cost of groceries and rent.

- A lack of a living wage and incomes below the federal poverty level make it difficult for many families to access health care on a regular basis. It is common for people to discontinue health care because they cannot afford transportation or the cost of continuing with their preferred provider. There is a need for financial assistance to help with medical bills or to facilitate completing episodes of care.
- Many social service organizations and health care systems use telephone calls as a mode of communication with clients/patients. However, many people cannot afford phones or other forms of technology. Some programs exist that provide individuals with low incomes with cell phones. However, individuals without documentation cannot benefit from those programs.

Food Environment Index

The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best). In LA County, the Index is 8.4, which is lower than the state index of 8.8.

Food Environment Index

	Los Angeles County	California
Food Index (0 to 10)	8.4	8.8

Source: County Health Rankings, 2021. <https://www.countyhealthrankings.org/>

Food Insecurity

Food insecurity is “a lack of consistent access to enough food for every person in a household to live an active, healthy life.” (*Feeding America*, 2021) The percentage of people experiencing food insecurity in LA County is 10.7%, which is higher than the state rate (10.2%). Feeding America projects that the overall food insecurity rate for LA County has increased by 51% in 2020 due to COVID.

Food Insecurity

	Los Angeles County	California
Overall food insecurity rate	10.7%	10.2%
Child food insecurity rate	14.5%	13.7%

Source: Feeding America, State-by-State Resource: The Impact of Coronavirus on Food Insecurity, 2019, <https://feedingamericaaction.org/resources/state-by-state-resource-the-impact-of-coronavirus-on-food-insecurity/>.

Community Input – Food Insecurity

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

- One quarter of census tracts in Los Angeles County qualify as food deserts, meaning there is limited access to affordable or healthy foods.
- Economically disadvantaged communities in Los Angeles that are located in food

deserts do not have access to grocery stores or affordable healthy food options. Often when there is a small market nearby, the store does not have as many fresh fruits and vegetables compared to larger grocery stores.

- In low-income neighborhoods, there are more corner stores vs. supermarkets, where produce is more expensive and of lower quality. Communities in these areas also have less access to food delivery services due to income barriers or being located in a more rural/remote area. Lack of cars and public transportation, and fewer food pantries, also make it harder for people to obtain food.
- Some residents must drive or take a bus to go to a grocery store outside of the community to find healthy food options.
- Students in particular face hunger, and some grade school teachers stock their classrooms with food for students to eat at school or bring home with them.
- Churches and community gardens are hosting free food events such as pop-up drive-through food pantries that students and their families can benefit from.
- When the pandemic began, schools became grab-n-go centers to distribute meals for families. Students have received free lunches from the Los Angeles Unified School District.
- Food pantries in Antelope Valley have had their clientele double or triple since the start of the pandemic. Many people have never visited a pantry before, are unsure how to navigate the system, and feel embarrassed asking for help.
- Lack of transportation is a barrier to food security. Many people do not have a car, making it difficult to travel to a grocery store. Public transportation is also not an option for many people, in particular women and older adults, who may not feel safe.
- In some communities, grocery stores are too spread out, which is a particular challenge for people with a disability that affects mobility.
- Mental health is a commonly-overlooked barrier to behavior changes such as families starting and keeping healthy diets and eating patterns.

Housing Units

There are almost 3.5 million housing units in LA County. 45.8% of the occupied housing units are owner occupied and 54.2% are renter occupied. The percentage of renter-occupied housing exceeds the state rate (45.2%).

Housing Units, Owners and Renters

	Total Housing Units	Owner Occupied	Renter Occupied
Los Angeles County	3,328,398	45.8%	54.2%
California	13,157,873	54.8%	45.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B25003. <http://data.census.gov/>

Housing Affordability

According to the US Department of Housing and Urban Development, those who spend 30% or more of their income on housing are said to be “cost burdened.” 57.6% of LA

County renters are housing cost burdened, spending 30% or more of their income on rent.

Renters Spending 30% or More of Household Income on Rent

	Los Angeles County	California
Renters spending \geq 30% of income on rent	57.6%	54.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

Housing Supply

32.4% of households in LA County experience severe housing problems including overcrowding, severely high housing costs, lack of complete kitchen facilities, or lack of plumbing facilities.

Severe Housing Problems

	Los Angeles County	California
Households with severe housing problems	32.4%	26.2%

Source: U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS) Data, 2014-2018. <https://www.huduser.gov/portal/datasets/cp.htm>

Homelessness

Los Angeles Homeless Services Authority (LAHSA) conducts the annual Greater Los Angeles Homeless Count as a snapshot to determine how many people are homeless on a given day. Data from this survey show an increase in homelessness between 2019 and 2020. For the 2020 homeless count, the county had estimated there were 63,706 persons experiencing homelessness. 72.3% of people experiencing homelessness were unsheltered and 75.6% were individual adults, ages 25 and older.

People Experiencing Homelessness, LA County, 2019-2020

	Los Angeles County	
	2019	2020
Total homeless	56,257	63,706
Sheltered	24.5%	27.7%
Unsheltered	75.5%	72.3%
Individual adults (ages 25 and older)	79.9%	75.6%
Family members	15.0%	19.5%
Unaccompanied minors (<18)	<1%	<1%

Source: Los Angeles Homeless Service Authority, 2019 & 2020 Greater Los Angeles Homeless Count.

www.lahsa.org/homelesscount_results *These data represent the homeless counts from the LA Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Among persons who were homeless, 38.4% were chronically homeless, 23.9% had substance abuse issues (an increase from 2019) and 22.2% suffered from severe mental illness. 28.8% of persons experiencing homelessness had a domestic violence experience at least once in their lifetime.

Homeless Subpopulations*

	Los Angeles County	
	2019	2020
Chronically homeless	27.6%	38.4%
Substance abuse	12.9%	23.9%
Severe Mental Illness	22.9%	22.2%
Veterans	6.3%	5.8%
Domestic violence experience	36.0%	28.8%
Physical disability	16.4%	17.0%
Persons with HIV/AIDS	2.2%	1.8%

Source: Los Angeles Homeless Service Authority, 2019 & 2020 Greater Los Angeles Homeless Count.

www.lahsa.org/homelesscount_results *These data represent the homeless counts from the LA Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

In the 2020-2021, the Los Angeles County School District had 1.2% of students enrolled in charter and non-charter public schools who were identified as homeless in the service area.

Homeless Students, by School District

	Number	Percent
Los Angeles Unified School District	6,677	1.2%
Los Angeles County	40,301	2.9%
California	183,312	3.1%

Source: California Department of Education, Enrollment Data - 2020-2021, Statewide Enrollment by Subgroup for Charter and Non-Charter Schools. <https://data1.cde.ca.gov/dataquest/>

Community Input – Housing and Homelessness

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

- Many people experiencing homelessness have grown up in the area and have family members who care about them but don't know how to help them because they are using substances or are violent due to an untreated serious mental health condition).
- Specific neighborhoods that have many residents facing housing instability include: Huntington Drive at the Poplar intersection and Monterey Road near Occidental in Northeast LA, where there was described as being a high density of apartments and people.
- There is a housing crisis that has resulted in many residents with low incomes, and in particular immigrant populations, to live in crowded housing due to high housing costs.
- When people do not have stable housing, it makes it more difficult for them to make follow-up health care appointments.
- Homelessness cannot be addressed with a “one size fits all” approach. It is important to consider that every unhoused individual has their own set of needs. This is especially true when engaging individuals in mental or behavioral health services.

Education

In the county, 20.2% of adults, ages 25 and older, have not obtained a high school diploma. This is higher than the state rate of 16%. 79.8% of the adult population has a high school diploma or higher degree.

Educational Attainment

	Los Angeles County	California
Population, ages 25 and over	6,961,614	26,937,872
Less than 9th grade	11.8%	8.7%
9th to 12 th grade, no diploma	8.4%	7.3%
High school graduate	20.7%	20.6%
Some college, no degree	18.5%	20.6%
Associate degree	6.9%	7.9%
Bachelor's degree	22.3%	21.9%
Graduate or professional degree	11.5%	13.1%
High school graduation or higher	79.8%	84.0%

Source: U.S. Census Bureau, American Community Survey, 2019, S1501. <http://factfinder.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The Healthy People 2030 high school graduation objective is 90.7%. The Los Angeles Unified School District high school graduation rate was 80.1% and did not meet the Healthy People 2030 objective for high school graduation.

High School Graduation Rates, 2019-2020

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

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

Transportation

In LA County, 70.3% of workers, ages 16 and older, drove alone to work. 5.6% of workers worked from home, 2.7% walked to work, and 2.4% used other means to get to work. The average service area commute time was 31.8 minutes.

Transportation for Workers, Ages 16 and Older

	Los Angeles County	California
Drove alone to work	74.0%	73.7%
Carpooled to work	9.5%	10.1%
Commuted by public transportation	5.8%	5.1%
Walked	2.7%	2.6%
Other means	2.4%	2.6%
Worked from home	5.6%	5.9%
Mean travel time to work (minutes)	31.8	29.8

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

Parks, Playgrounds and Open Spaces

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. Among youth, 92.3% lived within walking distance to a playground or open space and 74.2% visited a park, playground, or open space within the past month.

Access to Open Spaces, Children and Teens, Ages One Year and Older

	Los Angeles County	California
Walking distance to park, playground or open	92.3%*	89.2%
Visited a park/playground/open space	74.2%	81.4%

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

Among LA County families, 86.5% with children and 82.5% with teens agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day.

Parks and Playgrounds Perceived as Safe During the Day

	Los Angeles County	California
Children, ages 1-11	86.5%	89.2%
Teens, ages 12-17	82.5%	85.7%

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

Crime and Violence

Property crimes include burglary, motor vehicle theft, and larceny. LA County's rate of property crime is 2,130.8 per 100,000 persons. This is higher than the state rate of property crime (2,127.5 per 100,000 persons). Violent crimes include homicide, rape, robbery, and aggravated assault. LA County has a rate of 545.2 violent crimes per 100,000 persons, which is higher than the state rate of 439.7 per 100,000 persons.

Violent Crime and Property Crime Rates, per 100,000 Persons

	Property Crime	Violent Crime
Los Angeles County	2130.8	545.2
California	2127.5	439.7

Source: California Department of Justice, Office of the Attorney General, 2020. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>. Accessed on October 19, 2021. Population data U.S. Census Bureau, 2020 P1 Redistricting Data.

There were 354.5 domestic violence calls per 100,000 persons in LA County, which is higher than the state rate (279.8 per 100,000 persons).

Domestic Violence Calls and Rate, per 100,000 Persons

	Total Calls	Rate
Los Angeles County	35,498	354.5
California	160,646	279.8

Source: California Department of Justice, Office of the Attorney General, 2021. <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>. Accessed on October 19, 2021. Population data U.S. Census Bureau, 2020 P1 Redistricting Data.

Substantiated Child Maltreatment Cases

Child maltreatment includes neglect, physical, sexual, and emotional abuse. In LA County, there were 8.6 substantiated maltreatment cases per 1,000 children under age 18. The rates of child abuse cases are higher in LA County than the state.

Substantiated Child Maltreatment Cases, per 1,000 Children, Under Age 18

	Los Angeles County	California
Substantiated child maltreatment cases	8.6	6.8

Source: University of California at Berkeley, California Child Welfare Indicators Project (CCWIP), 2020. Accessed on October 19, 2021. <https://ccwip.berkeley.edu>

Community Input – Violence and Injury

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

- Pedestrian safety and bike safety are important issues, due to reckless driving and distracted driving.
- Safety issues contribute to residents being less likely to actively commute.
- Unsheltered individuals may cause harm to street vendors or the general public. In some cases, this is due to complex trauma and a lack of access to treatment and emergency intervention among people with severe mental health conditions.
- Responding to intimate partner violence has become more difficult since the onset of the COVID-19 pandemic. For example, it can be more difficult for survivors to access domestic violence education programs that are virtual/online, since they may be sharing a living space with their abuser and conversations, if overheard, could trigger additional violence.
- Many survivors of intimate partner violence have been unable to escape their abusers, as a result of isolation or economic insecurity, since the start of the COVID-19 pandemic. This has resulted in additional trauma and need for health and mental health services.
- Crime, interpersonal violence, and gang involvement have increased since the start of the pandemic. We face the challenge of interrupting cycles of violence in a sustainable way.
- There is a need for law enforcement diversion programs and collaborations to support healing and sustainable change.
- Gangs are constantly recruiting.
- Many families, especially in Northeast and South Los Angeles, live under great stress generated by gang involvement or living in fear of gang violence. These stressors cause depression, ACES (adverse childhood experiences), and trauma among everyone in the community.

Air Quality

Los Angeles air quality averages a US AQI or air quality index rating of “moderate.”

Monthly averages in 2019 varied from AQI 32 (“good”) in February to AQI 64 (“moderate”) in November¹. Despite seemingly optimistic ratings, Los Angeles’ air pollution is among the worst in the United States, both for PM2.5 and ozone. The American Lung Association State of Air report rated LA County as unhealthy under Ozone, Particle Pollution (24 hours), and receiving a FAIL grade for annual particle pollution.²

¹ Source: IQAir. Accessed 3/13/21 [Los Angeles Air Quality Index \(AQI\) and California Air Pollution | AirVisual \(iqair.com\)](#)

² Source: American Lung Association, State of the Air Report, 2020. [Los Angeles - State of the Air | American Lung Association](#)

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. In LA County, 92.1% of residents are insured. The Healthy People 2030 objective for health insurance coverage for all population groups is 92.1%.

Insurance Status

	Los Angeles County	California
Insured	92.1%	94.0%
Uninsured	7.9%	6.0%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

A look at insurance coverage by source shows that 47.8% of county residents have employment-based insurance and 24% of the population are covered by Medi-Cal.

Insurance Coverage, by Insurance Type

	Los Angeles County	California
Medi-Cal	24.0%	21.1%
Medicare only	1.4%	1.5%
Medi-Cal/Medicare	4.1%	3.0%
Medicare and others	9.6%	11.2%
Other public	1.0%	1.1%
Employment based	47.8%	51.4%
Private purchase	4.3%	4.7%
No insurance	7.9%	6.0%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

In LA County, 7.1% of the population under age 65, had no insurance coverage over the course of a year. 5.5% had insurance coverage for only a part of a year.

No Insurance Coverage or Partial Insurance Coverage, Under Age 65

	Los Angeles County	California
No insurance entire past year	7.1%	4.8%
Insurance coverage only part of the year	5.5%	6.1%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

When insurance coverage was examined by age groups, adults were more likely to be uninsured (12.2%) than children (1.2%) or seniors (0.3%). Coverage for children was primarily through Medi-Cal (39.5%) or employment-based insurance (55.4%). Seniors had high rates of Medicare coverage (67.7%).

Insurance Coverage, by Age Group, Los Angeles County

	Children (0-17)	Adults (18-64)	Seniors (65 and Older)
Medi-Cal	39.5%	23.7%	2.3%
Medicare only	N/A	0.4%	7.1%
Medi-Cal/Medicare	N/A	1.5%	20.6%
Medicare and others	N/A	0.1%*	61.6%
Other public	0.7%*	1.2%	0.3%*
Employment based	55.4%	55.1%	7.4%
Private purchase	3.1%	5.8%	N/A
No insurance	1.2%*	12.2%	0.3%*

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/> *Statistically unstable.

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary Emergency Room visits. Among the residents in LA County, 89.4% of children, ages 0-17, have a usual source of care. 81% of adults and 94.1% of seniors have a usual source care.

Have Usual Source of Care

	Children (0-17)	Adults (18-64)	Seniors (65 and Older)
Los Angeles County	89.4%	81.0%	94.1%
California	89.6%	83.1%	94.5%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

When a usual source of health care is examined by race/ethnicity, Latinos (82.9%) and Asians (83.8%) are the least likely to have a usual source of care. 88.4% of Blacks/African Americans and Whites have a usual source of care.

Have Usual Source of Care, by Race/Ethnicity

	Los Angeles County	California
Hispanic/Latino	82.9%	82.7%
Asian	83.8%	85.8%
Black/African American	88.4%	89.0%
White	88.4%	90.1%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

The source of care for 61.1% of county residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 21.8% of residents. 15% of the population has no source of care.

Sources of Care

	Los Angeles County	California
Dr. Office/HMO/Kaiser	61.1%	64.6%
Community clinic/government clinic/community hospital	21.8%	19.9%
ER/urgent care	1.0%	0.9%
Other	1.1%	1.2%
No source of care	15.0%	13.5%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

16.1% of county residents visited an ER over the period of a year. Older adults visited the ER at the highest rates (21.7%). Residents at 200% of FPL income levels were more likely to visit an ER than the population as a whole, in the county and state.

Use of Emergency Room, by Age and Poverty Level

	Los Angeles County	California
Visited ER in last 12 months	16.1%	15.7%
0-17 years old	19.8%	15.3%
18-64 years old	13.3%	14.4%
65 and older	21.7%	21.0%
<100% of poverty level	15.7%	18.6%
<200% of poverty level	18.0%	18.8%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

In LA County, the ratio of population to primary care physicians is 1,360:1 and the ratio of population to dentists is 1,250:1. For mental health providers, the ratio is 280:1, higher than the rate for the state (270:1).

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

	Ratio of Population to Primary Care Physicians+	Ratio of Population to Dentists*	Ratio of Population to Mental Health Providers^
Los Angeles County	1,360:1	1,120:1	280:1
California	1,250:1	1,150:1	270:1

Source: County Health Rankings, 2020. Accessed on October 21, 2021. www.countyhealthrankings.org

Difficulties Accessing Care

In LA County, 23.6% of adults and 9.3% of children had difficulty accessing medical care in the past 12 months.

Difficulty Accessing Care in the Past Year

	Los Angeles County
Child reported to have difficulty accessing medical care	9.3%
Adults who reported difficulty accessing medical care	23.6%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2018. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Lack of Care Due to Cost

About 5.5% of children in the county did were not able to afford medical check-up or physical exam in the past year.

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

	Los Angeles County
Child unable to afford medical checkup or physical exam	5.5%
Child unable to afford to see doctor for illness or other health problem	5.2%
Child unable to afford prescription medication	5.8%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2018. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Delayed Care

Among county residents, 13.8% delayed medical care and 58.7% of residents had to forgo needed medical care. 8% of the residents delayed obtaining prescription medications.

Delayed Care in the Past 12 Months

	Los Angeles County	California
Delayed or didn't get medical care	13.8%	13.8%
Had to forgo needed medical care	58.7%	59.5%
Delayed or did not get prescription medications	8.0%	8.1%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

34.7% of LA residents had to delay or forgo needed medical care in the past 12 months because of cost, lack of insurance, or other insurance-related reasons. 17.8% of residents indicated that COVID-19 was the reason they delayed needed medical care.

Main Reason Delayed or Had Forgone Needed Medical Care in the Past 12 Months

	Los Angeles County	California
Cost, lack of insurance, or other insurance-related reasons	34.7%	32.7%
Personal reasons	26.6%	26.8%
Health care system/ provider issue and barriers	20.9%	18.8%
COVID-19	17.8%	21.6%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Dental Care

In LA County, 15.4% of children, 1.8% of teens, and 3% of adults have never been to a dentist.

Delay of Dental Care, Children and Teens

	Los Angeles County	California
Children never been to the dentist	15.4%	16.3%
Children been to a dentist more than one year ago	3.2%	4.2%

	Los Angeles County	California
Teens never been to the dentist	1.8%	1.8%
Teens been to a dentist more than one year ago	8.0%	10.7%
Adults never been to the dentist	3.0%	2.9%
Adults been to a dentist more than one year ago	33.8%	29.9%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Community Input – Access to Care

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

- Health does have to do with some traits you inherited genetically and the choices you make, but it also has to do with relationships, the neighborhood you live in, and public policies.
- There is a stigma whereby people feel poor health is a personal shortcoming and that they have failed. This creates one of the greatest barriers to access.
- Immigration status and language barriers affect access to insurance and health care. Fear of deportation discourages people from seeking medical help.
- Lack of universal health care and insurance coverage for all are barriers to health care access. When people have to choose between paying a \$25 copay and using that \$25 to feed their children, they choose food over health care.
- Insurance and managed care are complicated, and a lack of knowledge of terminology and how plans work leads to frustration and difficulty accessing or navigating health care services even among those who are insured.
- Health care systems are difficult to navigate, and there are not enough resources to guide people through them.
- People with disabilities that limit mobility, including people who carry oxygen tanks, have a harder time accessing health care services.

Leading Causes of Death

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. The age-adjusted death rate in LA County is 569.8 per 100,000 persons, which is lower than the California rate (614.4 deaths per 100,000 persons).

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

	Los Angeles County	California
Mortality rate	569.8	614.4

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

Leading Causes of Death

Heart disease, cancer, and Alzheimer’s disease are the top three leading causes of death in LA County. Stroke is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death. Heart disease and diabetes rates are higher in LA County compared to the state.

Leading Causes of Death, Age-Adjusted Rates, per 100,000 Persons

	Los Angeles County	California	Healthy People 2030 Objective
Heart disease	146.9	142.7	No Objective
Cancer	134.3	139.6	122.7
Ischemic heart disease	106.8	88.1	71.1
Alzheimer’s disease	34.2	35.4	No Objective
Stroke	33.3	36.4	33.4
Chronic lower respiratory disease	28.1	32.1	Not Comparable
Unintentional injuries	22.6	31.8	43.2
Pneumonia and Influenza	19.2	14.8	No Objective
Diabetes	23.1	21.3	Not Comparable
Liver disease	13.0	12.2	10.9
Kidney disease	11.2	8.5	No Objective
Suicide	7.9	10.5	12.8
Homicide	5.7	5.0	5.5
HIV	2.1	1.6	No Objective

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

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 106.8 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 33.3 deaths per 100,000 persons in the service area. The ischemic heart disease rate did not meet the Healthy People 2030 objectives of 71.1 ischemic heart disease deaths per 100,000 persons. The rate of stroke death meets the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	Los Angeles County	California
Ischemic heart disease	106.8	88.1
Stroke	33.3	36.4

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

Cancer

In LA County, the age-adjusted cancer mortality rate is 134.3 per 100,000 persons. This rate is lower than the state rate and does not meet the Healthy People 2030 objective of 122.7 deaths from cancer, per 100,000 persons.

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

	Los Angeles County	California
Cancer	134.3	139.6

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

In Los Angeles County, the rate of death from cancer is below the state cancer death rate. Rates of death from some cancers are notably higher in the county, however, including the rates of colorectal, liver, cervical and uterine, and stomach cancer deaths.

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

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

	Los Angeles County	California
Myeloma	2.8	2.9
Esophagus	2.5	3.1

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

When examined by race/ethnicity, Blacks in Los Angeles County had the highest rate of cancer mortality (185.2 deaths per 100,000 persons), followed by Whites (148 per 100,000 persons). Latinos had a lower rate (120.1 per 100,000 persons) and Asians/Pacific Islanders had the lowest rate of cancer mortality (110.3 deaths per 100,000 persons). Blacks had high mortality rates from the top five cancers, cervical and uterine cancers, myeloma, and prostate cancer (46.7 deaths per 100,000 persons). Asians and Latinos experienced high mortality rates from liver and bile duct cancer and stomach cancer. In addition, Latinos experienced a high mortality rate from kidney and renal pelvis cancer. Whites had high mortality rates from lung and bronchus, female breast, brain/nervous system, urinary bladder, and skin melanoma cancers.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, by Race/Ethnicity

	Latino	White	Asian/PI	Black	All
Cancer all sites	120.1	148.0	110.3	185.2	136.9
Lung and bronchus	15.6	30.4	22.9	40.0	25.4
Prostate (males)	17.9	20.9	9.5	46.7	20.1
Breast (female)	14.7	22.4	14.9	31.3	19.5
Colon and rectum	11.4	13.3	12.2	19.0	13.1
Pancreas	9.4	10.9	8.9	12.9	10.3
Liver and bile duct	10.6	5.7	9.5	8.5	8.2
Cervical and uterine* (female)	8.0	7.3	6.1	13.2	8.0
Ovary (female)	6.7	8.1	5.7	7.2	7.2
Leukemia, all	5.0	6.9	4.1	5.4	5.9
Non-Hodgkin lymphoma	5.2	5.6	4.3	4.5	5.2
Stomach	6.4	3.2	6.1	5.2	5.1
Brain and other nervous system	3.6	5.6	2.4	3.1	4.1
Urinary bladder	2.4	4.8	1.8	3.8	3.4
Kidney and renal pelvis	3.8	2.9	2.0	3.6	3.1
Myeloma	2.7	2.9	1.4	5.8	2.8
Esophagus	2.1	3.2	1.5	2.3	2.5
Melanoma of the skin	0.7	2.8	0.3	N/A	1.4

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 <https://explorer.ccrca.org/application.html>
 *Cervix Uteri, Corpus Uteri and Uterus, NOS. Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences.

The mortality to incidence ratio (MIR) examines the percentage of persons who die from their diagnosed cancer. Examining mortality rates versus incidence rates by race show variations. In general, we would expect to see the highest incidence rates paired with the highest mortality rates; however, several variations are noted. Overall cancer incidence rates (diagnoses) were highest among White residents, while the mortality

rate from cancer was highest among Black residents. Similarly, while the incidence rate (diagnosis) of breast cancer was highest among White women, the mortality rate was highest among Black women.

Cancer Mortality and Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race

	Latino		White		Asian/PI		Black		All	
	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.
Cancer all sites	120.1	309.9	148.0	437.3	110.3	296.3	185.2	408.0	136.9	373.5
Lung and bronchus	15.6	21.1	30.4	43.8	22.9	33.6	40.0	51.2	25.4	35.6
Prostate (males)	17.9	76.5	20.9	94.7	9.5	46.3	46.7	136.0	20.1	90.6
Breast (female)	14.7	87.7	22.4	148.3	14.9	108.9	31.3	126.8	19.5	117.9
Colon and rectum	11.4	31.9	13.3	37.6	12.2	34.1	19.0	39.9	13.1	35.6
Pancreas	9.4	10.4	10.9	12.4	8.9	9.9	12.9	15.0	10.3	11.6
Liver and bile duct	10.6	11.8	5.7	6.2	9.5	11.4	8.5	9.5	8.2	9.3
Cervical and uterine* (female)	8.0	34.7	7.3	34.9	6.1	30.0	13.2	36.6	8.0	35.2
Ovary (female)	6.7	11.1	8.1	13.0	5.7	10.4	7.2	9.5	7.2	11.7
Leukemia	5.0	9.8	6.9	14.7	4.1	7.7	5.4	11.2	5.9	11.9
Non-Hodgkin lymphoma	5.2	16.6	5.6	20.6	4.3	12.9	4.5	14.6	5.2	17.7
Stomach	6.4	10.9	3.2	6.1	6.1	10.5	5.2	8.7	5.1	8.9
Brain and other nervous system	3.6	4.7	5.6	7.8	2.4	3.4	3.1	3.9	4.1	5.4
Urinary bladder	2.4	5.0	4.8	12.0	1.8	4.9	3.8	7.2	3.4	8.2
Kidney and renal pelvis	3.8	15.7	2.9	14.2	2.0	8.8	3.6	15.9	3.1	14.1
Myeloma	2.7	5.5	2.9	5.5	1.4	3.0	5.8	12.3	2.8	5.8
Esophagus	2.1	2.3	3.2	3.5	1.5	1.6	2.3	2.4	2.5	2.7
Melanoma of the skin	0.7	3.8	2.8	29.7	0.3	1.1	N/A	0.9	1.4	13.9

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 <https://explorer.ccrca.org/application.html>
 *Cervix Uteri, Corpus Uteri and Uterus, NOS. Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences.

According to the mortality to incidence ratio (MIR), higher percentages of the population in Los Angeles County die from cancer of the esophagus, pancreas, liver and bile duct, brain and nervous system, and lung and bronchus. Among the races examined, Black residents tend to have poorer outcomes (higher MIR ratios) for many of the cancers, but particularly when diagnosed with reproductive organ cancers (ovary, cervix, uterus, prostate), urinary bladder, and colorectal cancers. MIR rates for all cancers tend to be lowest among Asians and Whites. Latinos have a higher-than-average MIR for urinary bladder cancers. Whites have higher mortality ratios for myeloma and liver and bile duct cancers.

Ratio of Cancer Mortality to Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race/Ethnicity

	Latino	White	Asian/PI	Black	All
Cancer all sites	39%	34%	37%	45%	37%
Esophagus	91%	91%	94%	96%	93%
Pancreas	90%	88%	90%	86%	89%
Liver and bile duct	90%	92%	83%	89%	88%
Brain and other nervous system	77%	72%	71%	79%	76%
Lung and bronchus	74%	69%	68%	78%	71%
Ovary (female)	60%	62%	55%	76%	62%
Stomach	59%	52%	58%	60%	57%
Leukemia	51%	47%	53%	48%	50%
Myeloma	49%	53%	47%	47%	48%
Urinary bladder	48%	40%	37%	53%	41%
Colon and rectum	36%	35%	36%	48%	37%
Non-Hodgkin lymphoma	31%	27%	33%	31%	29%
Cervical and uterine* (female)	23%	21%	20%	36%	23%
Prostate (males)	23%	22%	21%	34%	22%
Kidney and renal pelvis	24%	20%	23%	23%	22%
Breast (female)	17%	15%	14%	25%	17%

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 <https://explorer.ccrca.org/application.html>
 *Cervix Uteri, Corpus Uteri and Uterus, NOS. Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences.

The impact of race and gender on cancer mortality rates, incidence and outcomes tend to be better among women, except Black women. Black men and Asian/Pacific Islander men have higher mortality rates when diagnosed with cancer. White women have the lowest mortality rates when diagnosed with cancer, followed by Asian/PI women.

Cancer Mortality and Incidence Rates and Ratios, Age-Adjusted, per 100,000 Persons, by Race and Gender

	Mortality	Incidence	Mortality to Incidence Ratio (MIR)
Black men	222.8	441.9	50.4%
Asian/Pacific Islander men	132.0	283.7	46.5%
Hispanic men	142.4	321.9	44.2%
Black women	163.4	387.6	42.2%
All men	161.3	390.0	41.4%
White men	172.3	450.7	38.2%
Hispanic women	106.1	309.3	34.3%
All women	120.2	367.2	32.7%
Asian/Pacific Islander women	94.9	309.4	30.7%
White women	130.2	434.1	30.0%

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 <https://explorer.ccrca.org/application.html>. Rates are age-adjusted to the 2000 U.S. Standard Population.

Leading Causes of Cancer Death

Cancer deaths were examined by gender and ranked according to the top ten leading causes of death. For men, lung cancer, colorectal cancer and prostate cancer were among the top ten leading causes of death. For women, lung cancer, breast cancer and colorectal cancer were among the top ten leading causes of death. Lung cancer and colorectal cancer were among the top causes of premature death for males. For females, breast cancer, lung cancer and colorectal cancer were among the top ten causes of premature death.

Leading Causes of Cancer Death among Top Ten Leading Causes of Death, by Gender

Leading Causes of Death (Ranking)		Premature Causes of Death (Ranking)	
Males	Females	Males	Females
Lung (4)	Breast (5)	Lung (9)	Breast (2)
Prostate (9)	Lung (7)	Colorectal (10)	Lung cancer (9)
Colorectal (10)	Colorectal (10)		Colorectal (10)

Source: LA County Department of Public Health, Mortality in Los Angeles County (2008-2017), 2019.

<http://publichealth.lacounty.gov/epi/docs/Mortality%20Report%202008%20-%202017%20final%2012%2017%2019.pdf>

Chronic Lower Respiratory Disease

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

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

	Los Angeles County	California
Chronic Lower Respiratory Disease	28.1	32.1

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

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 34.2 deaths per 100,000 persons. This is higher than the state rate (35.4 per 100,000 persons).

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

	Los Angeles County	California
Alzheimer's disease	34.2	35.4

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

Diabetes

The age-adjusted mortality rate from diabetes in the county is 23.1 deaths per 100,000 persons. This is higher than the state rate (21.3 deaths per 100,000 persons).

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

	Los Angeles County	California
Diabetes	23.1	21.3

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

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the county is 22.6 deaths per 100,000 persons. This rate is lower than the state rate (31.8 per 100,000 persons). The service area meets the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

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

	Los Angeles County	California
Unintentional injuries	22.6	31.8

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

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 19.2 per 100,000 persons. This rate is higher than the state rate (14.8 per 100,000 persons).

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

	Los Angeles County	California
Pneumonia and influenza	19.2	14.8

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

Liver Disease

The death rate from liver disease in the county is 13.0 deaths per 100,000 persons. This is higher than the state rate (12.2 per 100,000 persons). The death rate from liver disease does not meet the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	Los Angeles County	California
Liver disease	13.0	12.2

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

Kidney Disease

The death rate from kidney disease in the county is 11.2 per 100,000 persons, which is higher than the state rate (8.5 deaths per 100,000 persons).

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

	Los Angeles County	California
Kidney disease	11.2	8.5

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

Suicide

The suicide rate in the county is 7.9 per 100,000 persons, which meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

	Los Angeles County	California
Suicide	7.9	10.5

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

Homicide

The homicide rate in LA County is 5.7 deaths per 100,000 persons. This rate is higher than the state rate (5 deaths per 100,000 persons) rates. The rate does not meet the Healthy People 2030 objective for homicide deaths of 5.5 per 100,000 persons.

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

	Los Angeles County	California
Homicide	5.7	5.0

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

HIV

The rate of HIV deaths in the county is 2.1 per 100,000 persons, which is higher than the state rate (1.6 deaths per 100,000 persons).

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

	Los Angeles County	California
HIV	2.1	1.6

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

Drug Overdoses

Rates of death by drug overdose, whether unintentional, suicide, homicide, or of undetermined intent, have generally been rising, particularly in the last several years. Drug overdose deaths in LA County are consistently lower than the statewide rate. The state and county meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Mortality Rate, Age-Adjusted, per 100,000 Persons

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
LA County	7.7	6.9	6.7	6.6	7.8	6.9	6.9	7.6	8.5	9.3	12.1
California	10.7	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

In 2019, the age-adjusted death rate from opioid overdoses in LA County was 6.7 deaths per 100,000 persons, which is lower than the state rate (7.9 per 100,000 persons). While the rate of opioid deaths is rising steeply, statewide, it has risen more-swiftly in LA County, more than doubling over the past four years. The Healthy People 2030 objectives is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county does meet.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2019

	2016	2017	2018	2019
Los Angeles County	3.2	4.1	4.6	6.7
California	4.9	5.2	5.8	7.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Disease and Disability

Health Status

In Los Angeles County, 14.1% of residents have a self-rated status of fair or poor health. 14.3% of adults and 25.9% of seniors consider themselves to be in fair or poor health. These rates of fair or poor health status are higher than found in the state.

Health Status, Fair or Poor Health

	Los Angeles County	California
Fair or poor health	14.1%	12.2%
Ages 18-64	14.3%	12.6%
Ages 65 and older	25.9%	23.4%

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

Cancer Incidence

Cancer diagnoses (incidence rates) have been increasing, while cancer mortality rates have been decreasing. In Los Angeles County, the age-adjusted cancer incidence rate was 373.5 cancers per 100,000 persons, which was lower than the state rate of 394.5 per 100,000 persons. The incidence of colorectal and stomach cancers was higher for Los Angeles County than for the state.

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

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

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

When examined by race, Whites and Blacks have the highest rates of diagnosed cancers in the county, while Asians have the lowest rates.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race/Ethnicity

	Latino	White	Asian/PI	Black	All
Cancer all sites	309.9	437.3	296.3	408.0	373.5
Breast (female)	87.7	148.3	108.9	126.8	117.9
Prostate (males)	76.5	94.7	46.3	136.0	90.6
Lung and bronchus	21.1	43.8	33.6	51.2	35.6
Colon and rectum	31.9	37.6	34.1	39.9	35.6
Corpus Uteri (females)	25.5	28.8	22.6	29.2	27.3
Non-Hodgkin lymphoma	16.6	20.6	12.9	14.6	17.7
Kidney and renal pelvis	15.7	14.2	8.8	15.9	14.1
Melanoma of the Skin	3.8	29.7	1.1	0.9	13.9
Thyroid	11.9	15.7	14.8	8.0	13.3
Leukemia	9.8	14.7	7.7	11.2	11.9
Ovary (females)	11.1	13.0	10.4	9.5	11.7
Pancreas	10.4	12.4	9.9	15.0	11.6
Liver and bile duct	11.8	6.2	11.4	9.5	9.3
Stomach	10.9	6.1	10.5	8.7	8.9
Urinary bladder	5.0	12.0	4.9	7.2	8.2
Cervix uteri (females)	9.2	6.1	7.4	7.4	7.9
Testis (males)	6.2	8.0	2.2	1.5	6.0
Myeloma	5.5	5.5	3.0	12.3	5.8
Brain and other nervous system	4.7	7.8	3.4	3.9	5.4

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 <https://explorer.ccrca.org/application.html> Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences.

Community Input – Cancer

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

- The pandemic has led to a decline in rates of community members seeking cancer screenings. This has led to diagnoses occurring at later stages. A high percentage of women are affected by cervical cancer, making this a particular area where screening is needed.
- There is a large cost associated with cancer and cancer treatment. It is common to hear about people going into debt during their treatment, which leads others to avoid seeking medical attention and resources.
- There is a shortage of hospitals/clinics offering quality cancer services that are affordable to all families. Some people avoid care because they anticipate a high cost of treatment.
- Accessing affordable cancer care is particularly difficult for those who lack health insurance and/or who do not possess a visa or immigration documentation.
- During the pandemic, providers offering free or low-cost mammogram services for women in SPA 6 who are uninsured/underinsured discontinued the program.
- There is a lack of education on why cancer screenings and preventive measures are important, and what symptoms to look for with common cancers.

- Health care systems have provided educational opportunities and made information available, but there is a lack of meaningful engagement with those resources.
- Women think about breast and ovarian cancer, but not skin cancer. People may also know about risk factors, such as smoking being a risk factor for lung cancer, but not know the practical signs and symptoms to look for.
- People who are enrolled in emergency Medi-Cal face very slow referral processes when seeking access to specialty care for cancer diagnosis and treatment.
- Many individuals in Boyle Heights struggle with cancer in silence, as they do not have access to health care. Many continue working and are not able to access needed medical attention. Diagnoses tend to be at later stages due to lack of adequate access and coverage.

Diabetes

12.9% of adults in the county have been diagnosed with diabetes and 16.7% are pre-diabetic. For adults with diabetes, 54.3% are very confident they can control their diabetes.

Diabetes, Adults

	Los Angeles County	California
Diagnosed pre- diabetic	16.7%	15.8%
Diagnosed diabetic	12.9%	10.9%
Very confident to control diabetes	54.3%	59.1%
Somewhat confident	36.7%	32.7%
Not confident	9.0%	8.2%

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

Rates of diabetes reported by African American (16.0%), Asian (11.0%) and Latino (15.5%) residents of LA County were higher than rates at the state level.

Diabetes, Adults, by Race/Ethnicity

	Los Angeles County	California
Black/African American	16.0%	15.6%
Asian	11.0%	10.8%
Hispanic/Latino	15.5%	12.9%
White	8.5%	8.5%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. LA County residents are more likely to

have long-term complications due to diabetes or have uncontrollable diabetes compared to statewide average.

Diabetes Hospitalization Rates* for Prevention Quality Indicators, per 100,000 Persons

	Los Angeles County	California
Diabetes long term complications	86.5	85.6
Diabetes short term complications	54.2	61.2
Lower extremity amputation among patients with diabetes	26.7	30.6
Uncontrolled diabetes	29.2	25.8

Source: California Office of Statewide Health Planning & Development, 2020. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> *Risk-adjusted (age-sex) annual rates per 100,000 persons.

Heart Disease

For adults in LA County, 5.9% have been diagnosed with heart disease. Among these adults, 78.8% have a management care plan developed by a health care professional. 53.5% are very confident they can manage their condition.

Heart Disease, Adults

	Los Angeles County	California
Diagnosed with heart disease	5.9%	6.5%
Has a management care plan	78.8%	80.1%
Very confident to control condition	53.5%	57.4%
Somewhat confident to control condition	37.5%	36.8%
Not confident to control condition	9.0%	5.8%

Source: California Health Interview Survey, 2016 - 2020; <http://ask.chis.ucla.edu/>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The PQIs related to heart disease are congestive heart failure and hypertension. The rate of hypertension (38.3 per 100,000 persons) was higher in the county than in the state.

Heart Disease PQI Hospitalization Rates*, per 100,000 Persons

	Los Angeles County	California
Congestive heart failure	289.8	297.2
Hypertension	38.3	34.8

Source: California Office of Statewide Health Planning & Development, 2020. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> *Risk-adjusted (age-sex) annual rates per 100,000 persons.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In LA County, 26.2% of adults have been diagnosed with high blood pressure. Of these, 72.6% are on medication for their blood pressure.

High Blood Pressure

	Los Angeles County	California
Diagnosed with high blood pressure	26.2%	25.1%
Takes medication for high blood pressure	72.6%	70.7%

Source: California Health Interview Survey, 2016 - 2020; <http://ask.chis.ucla.edu/>

Asthma

The population diagnosed with asthma in LA County is 15.2%. 49.2% of asthmatics take medication to control their symptoms. Among youth, 14.3% have been diagnosed with asthma. The rate of asthma among youth is higher than in the state.

Asthma

	Los Angeles County	California
Diagnosed with asthma, total population	15.2%	15.4%
Diagnosed with asthma, 0-17 years old	14.3%	12.8%
ER visit in past year due to asthma, total population	12.7%	13.1%
ER visit in past year due to asthma, 0-17 years old	2.3%	10.5%
Takes daily medication to control asthma, total population	49.2%	43.8%
Takes daily medication to control asthma, 0-17 years old	49.4%	38.4%

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

Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) and asthma in younger adults. Hospitalization rates for asthma in younger adults were higher in the county (13.5 per 100,000 persons) than the state (12.0 per 100,000 persons).

Asthma Hospitalization Rates* for PQIs, per 100,000 Persons

	Los Angeles County	California
COPD or asthma in older adults (ages 40 and older)	133.2	133.6
Asthma in younger adults (ages 18-39)	13.5	12.0

Source: California Office of Statewide Health Planning & Development, 2020. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> *Risk-adjusted (age-sex) annual rates per 100,000 persons.

Tuberculosis

The rate of tuberculosis in LA County is 4.8 per 100,000 persons, which is higher than the state rate of 4.3 per 100,000 persons.

Tuberculosis Incidence Rate, per 100,000 Persons

	Los Angeles County	California
Tuberculosis	4.8	4.3

Source: California Department of Public Health, County Health Status Profiles 2020 Report <http://www.cdph.ca.gov/data/statistics/>

HIV/AIDS

In 2018, 1,660 cases of HIV were diagnosed in Los Angeles County for a rate of 19 per 100,000 persons. The rate of HIV/AIDS diagnosed in 2018 had decreased from 2017.

New HIV Diagnoses, Number and Rate, per 100,000 Persons, 2017 - 2018

	2017		2018	
	Number	Rate	Number	Rate
Los Angeles County	1,700	20	1,660	19

Source: County of Los Angeles, Public Health, 2019 Annual HIV Surveillance Report

http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019Annual_HIV_Surveillance_Report_08202020_Final_revised_Sept2020.pdf

In LA County, the rate of persons, ages 13 and older, living with HIV/AIDS infection was 510.8 per 100,000 persons, which was higher than the state rate of 344.8 per 100,000 persons.

HIV/AIDS, Ages 13 and Older

	Los Angeles County	California
HIV/AIDS infection, ages 13 and older	510.8	344.8

Source: County of Los Angeles, Public Health, 2019 Annual HIV Surveillance Report

http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019Annual_HIV_Surveillance_Report_08202020_Final_revised_Sept2020.pdf

Sexually Transmitted Infections

The rate of chlamydia in LA County is 661.8 per 100,000 persons. The rate of gonorrhea in LA County males (381.8 per 100,000 persons) is higher than in females (151.8 per 100,000 persons). Rates of syphilis are also higher among men (100.9 per 100,000 persons) than women (9.6 per 100,000 persons). The county rates of chlamydia, gonorrhea and syphilis in all cases are higher than state rates.

Sexually Transmitted Infections

	Los Angeles County	California
Chlamydia	661.8	583.0
Gonorrhea (females)	151.8	132.2
Gonorrhea (males)	381.8	266.0
Syphilis* (females)	9.6	11.5
Syphilis* (males)	100.9	65.8

Source: California Department of Public Health, County Health Status Profiles 2018 Report *syphilis includes primary, secondary, and early non-primary non-secondary syphilis <http://www.cdph.ca.gov/data/statistics/>

Community Input – Sexually Transmitted Infections and HIV/AIDS

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

- Youth respond well to information about sexually transmitted infections coming from their peers, so there is a need for peer ambassador programs in schools versus traditional education coming from adults. Talking about topics such as sexuality and

preventing pregnancy peer-to-peer, or receiving education via social media feels more comfortable to youth, particularly if these topics feel unsafe to talk about with adults.

- Primary care physicians would benefit from training to gain knowledge and communication skills in talking with patients about HIV/AIDS prevention and treatment and sexual health needs. There is a lack of education for primary care clinicians on the health needs of LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) individuals.
- There is a cultural barrier, as people feel ashamed or are afraid to seek help. There is a lack of education on how to identify common sexually transmitted infections. As a result, people may not understand what is going on with their bodies.

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In the county, 12% of adults had a physical, mental or emotional disability and 95.2% of adults with a disability reported having health insurance.

Disability, Adults, Ages 19 and Older

	Los Angeles County	California
Adults with a disability, ages 19 and older	12.0%	12.9%
Disabled persons with health insurance	95.2%	96.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B18135. <http://data.census.gov/>

Among older adults in LA County, 35.2% have a disability. The most common difficulties older adults experience is self-care and independent living, followed by hearing and cognitive difficulties.

Disability, Seniors, Ages 65 and Older

	Los Angeles County	California
With a disability	35.2%	34.5%
Hearing difficulty	12.4%	13.7%
Vision difficulty	6.7%	6.3%
Cognitive difficulty	10.6%	9.7%
Self-Care difficulty	23.7%	22.3%
Independent living difficulty	18.8%	16.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1810. <http://data.census.gov/>

Community Input – Chronic Disease

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

- A barrier to receiving timely treatment for stroke, in particular among middle-age and older adults, is recognizing the signs. Those who don't recognize symptoms of stroke right away may arrive at the hospital too late for effective intervention or to avoid long-term complications.

- Eating habits contribute to overall health, as well as to chronic conditions such as diabetes and heart disease. However, individual and neighborhood socioeconomic status influence the quality of food that is available, making social inequity an issue.
- Young people are influenced by watching how family members take care of their health. For example, if a teen lives with a parent/caregiver who manages their diabetes through healthy eating and checking blood sugar, they are more likely to be motivated to make healthy living choices and manage their own symptoms appropriately.
- A lack of transportation is a barrier to accessing health care. Individuals experiencing chronic diseases have frequent doctor appointments and are in need of reliable and safe transportation.
- Families do not have access to adequate information regarding places to seek care for chronic conditions.
- Immigration and insurance status are major factors contributing to whether a person is able to engage in prevention and treatment of chronic disease. For example, a person may be unable to move forward if insurance doesn't cover particular treatments or if the wait for authorizations is long. During this time, health may deteriorate.

COVID-19

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

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

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

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

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

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

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

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

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

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

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

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

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

Community Input – COVID-19

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

- Since the start of the pandemic, there has been an erosion of trust in local government, and sharing of COVID-19 information in the media that is not rooted in scientific evidence.
- There is a lack of alignment of messaging across public health information sources. As a result, a lot of misinformation is being spread about the safety of vaccines, when to wear a mask, and how long to isolate or quarantine.
- There are major differences in the accessibility of testing centers across communities. A person may spend 10 minutes in line for a COVID-19 test in Santa Monica, whereas in the White Memorial neighborhood, lines wrapped around city blocks. Those with transportation and economic advantage have a privilege of easier access.
- Some federally qualified health centers (FQHCs) were not prioritized during initial distribution of COVID-19 supplies, even though most of these centers are located in communities that are most affected by COVID-19. As a result, many FQHCs did not have the vaccines, COVID-19 tests, and personal protective equipment to provide adequate health care to their patients at the start of the pandemic. For example, when COVID-19 tests were first made available, one FQHC received only 10 tests.
- The length of time that it takes for test results to be returned is a barrier to COVID-19 prevention and mitigation. Early detection is a motivating factor to remain in quarantine.
- Marginalized and underserved communities were disproportionately affected by COVID-19. Community members who work in the service sector were unable to have time paid off, and those who needed to could not afford to pay for hotels/motels where they could be isolated or quarantined from their families.

Health Behaviors

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California’s 58 evaluated counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top quarter of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

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

Overweight and Obesity

In Los Angeles, 31.6% of the adult population is overweight. 14.3% of teens and 14.4% of children are overweight.

Overweight

	Los Angeles County	California
Adult (ages 18 and older)	31.6%	33.4%
Teen (ages 12-17)	14.3%	12.1%
Child (ages under 12)	14.4%	12.8%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Among adults in LA County, 30.5% are obese. This is equal to the Healthy People 2020 objective for adult obesity of 30.5%. 20.5% of teens are obese, which does not meet the Healthy People objective of 16.1% for teen obesity.

Obesity

	Los Angeles County	California
Adults, ages 18 and older	30.5%	28.5%
Teens, ages 12-17	20.5%	17.8%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Adult overweight and obesity by race and ethnicity indicate high rates among African American adults (74.4%) and Latinos (72.0%). Over half of the White population (54.1%) is overweight or obese, while 36.8% of Asians are overweight or obese.

Adult Overweight and Obesity, by Race/Ethnicity

	Los Angeles County	California
Black/African American	74.4%	75.3%
Asian	36.8%	41.5%
Latino/Hispanic	72.0%	71.5%
White	54.1%	57.7%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement or at high risk (overweight/obese). In LA County, 25.4% of 5th grade students tested as needing improvement (overweight) or at health risk (obese) for body composition. Among 9th graders, the rates were slightly improved (21%). However, these rates exceed state rates.

5th and 9th Graders, Body Composition, Needs Improvement and at Health Risk

	Los Angeles County	California
Fifth grade	25.4%	21.9%
Ninth grade	21.0%	18.9%

Source: California Department of Education, FitnessGram Physical Fitness Testing Results, 2018-2019. <https://www.cde.ca.gov/ta/tg/pf/pftresults.asp>

Sedentary Children

In LA County, 15.8% of children and teens spend over five hours in sedentary activities after school on a typical weekday. 4.7% spend over eight hours a day on sedentary activities on weekends. 6.1% of teens engage in no physical activity in a typical week, and 50.5% of county teens had been to a park, playground or open space in the past month.

Physical Activity, Children and Teens

	Los Angeles County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	15.8%	13.5%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	4.7%	10.8%
Teens no physical activity in a typical week	6.1%	9.2%
Teens visited park/playground/open space in past month	50.5%	61.9%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Adequate Fruit and Vegetable Consumption

In LA County, 38.9% of children and 36.3% of teens consume five or more servings of fruits and vegetables a day. These rates are higher than in the state.

Five or More Servings of Fruits and Vegetables Daily, Children and Teens

	Los Angeles County	California
Children	38.9%	38.6%
Teens	36.3%	33.3%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Community Input – Overweight and Obesity

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

- Families, particularly those living in buildings without yards or neighborhoods with little green space, have had a hard time finding opportunities for their children to be physically active.
- Families with limited income or lack of transportation may not be able to afford the fees or drive their children to sports practices.
- Many sports programs shut down during COVID-19, and there have been lower numbers of people participating since they reopened.
- While the current focus tends to be on the individual, there are major structural changes that need to occur to address this issue. This includes major changes to schools, workplaces, and what is sold in grocery stores or served in restaurants to improve access to healthy foods. It's unrealistic for health providers to expect patients to change their diets when they are embedded in a community that promotes unhealthy eating and sedentary lifestyles.
- The need for structural change is particularly urgent in low-income communities where people experience high burdens of stress and unhealthy living environments.
- When it is difficult for families to afford or access healthy foods, it is in turn harder to engage children in having healthier food habits and maintaining optimal body weight.
- A priority for addressing childhood obesity has been education around decreasing consumption of sugary drinks and reading nutritional labels for the quantity of sugar.
- Individual factors – such as attitudes toward and motivation to engage in health-related behaviors – contribute to obesity, high cholesterol, and heart disease. Not all people take seriously the importance of being active, exercising, eating well, and monitoring what they are consuming. It is a challenge for adults to change habits such as drinking soda.
- Food banks tend to offer a lot of processed and high-sugar food, so there needs to be a focus on providing fresh fruits and vegetables. It is common for food banks to lack culturally-appropriate food that reflects the culture of the communities it is serving.
- Health concerns related to overweight and obesity affect youth at higher rates compared to previous generations. Video games and technology have contributed to low activity levels.
- Women who lack housing are more susceptible to developing eating disorders due to unhealthy patterns of lacking food and at times having a lot of food. Alternating patterns of consumption can cause damage to their relationship with food and have other lasting effects on their bodies.
- A lack of green space in Boyle Heights contributes to overweight and obesity, as community members have a hard time finding space where they can exercise or play.

- There are a lack of grocery stores and healthy food options in Boyle Heights. In comparison, there are abundant fast-food restaurants that can be found on almost every corner.

Mental Health

Mental Health Indicators

Among adults, 11.9% in LA County experienced serious psychological distress in the past year and 20.6% needed help for mental health and/or alcohol and problems. 14.1% of adults saw a health care provider for their mental health and/or alcohol and drug issues in the past year. 7.8% of county adults had taken a prescription medication for at least two weeks for an emotional or mental health issue in the past year. Almost half of the adults who needed help for an emotional or mental health problem did not receive treatment.

Mental Health Indicators, Adults

	Los Angeles County	California
Adults who had serious psychological distress during past year	11.9%	12.2%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	20.6%	20.9%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	14.1%	15.0%
Has taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	7.8%	9.8%
Sought/needed help but did not receive treatment	48.9%	45.6%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Among LA County teens, 27.5% needed help in the past year for emotional or mental health problems, which was lower than the state rate (30.5%). Serious mental distress was reported during the past month by 12.8% of teens in the county, which was less than the state rate (13.2%).

Mental Health Indicators, Teens

	Los Angeles County	California
Teens who needed help for emotional or mental health problems in past year	27.5%	30.5%
Teens who had serious mental distress during the past month	12.8%	13.2%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Among adults in the county, 30.2% had severe interference with work because of mental health issues; 26.8% had moderate impact of mental health issues on their ability to work.

Mental Health Work Impairment, Adults

	Los Angeles County	California
Unable to work between 8 – 30 days due to mental health issues	26.8%	26.2%
Unable to work more than one month due to mental health issues	30.2%	32.3%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

10% of adults in LA County had seriously thought about committing suicide.

Suicide Contemplation, Adults

	Los Angeles County	California
Adults who ever seriously thought about committing suicide	10.0%	12.2%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Among students in 7th, 9th, and 11th grades enrolled in LAUSD, 12.0% to 15.0% seriously considered attempting suicide in the past 12 months. Rates of suicide contemplation were higher among 7th graders.

Suicide Contemplation, Teens

	7 th Grade	9 th Grade	11 th Grade
Los Angeles Unified School District [†]	15.0%	14.0%	12.0%

Source: California Department of Education, California Healthy Kids Survey, 2019-20, #2018-2019, ##2017-2018. <https://data1.cde.ca.gov/dataquest/>

Community Input – Mental Health

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

- People experiencing housing instability or unsheltered homelessness are a subpopulation who also experience high rates of mental health conditions and who lack resources.
- Many people with severe untreated mental health conditions may not know about existing resources or may decline services. Policies and programs need to be in place to assist and protect individuals who are unable to make appropriate or healthy choices due to untreated psychosis.
- There exists a stigma in immigrant communities, and particularly among LatinX individuals, that being given the diagnosis of a mental health condition is the same as being labeled “crazy” or “insane.” As a result, many are afraid to seek care for mental health and wellbeing or might not realize that they are living with a mental health condition.
- There are a lack of resources and psychiatrists who understand the lived experiences of immigrant communities. This includes trauma from leaving home, traveling to the United States, the process of becoming a citizen/resident, and

constant fear of deportation. Many immigrants who live with mental health issues feel that they cannot be understood completely by a professional.

- There is a lack of local clinics or resources in South Los Angeles that community members can walk to or take public transportation to access. There are also very limited bilingual services and therapists in East and South Los Angeles, making access limited for monolingual Spanish speakers.
- Seniors and unsheltered populations are affected by mental health conditions at higher rates, due to increased rates of social isolation and stress since the onset of the pandemic.
- Teens and young adults suffer from mental health issues due to adverse childhood experiences, expulsion from school, gang affiliation, and other trauma without access to supportive services.
- Social media, by defining what success looks like, can have a negative social and emotional impact on young adults.

Substance Use and Misuse

Cigarette Smoking

In LA County, 5.9% of adults are current smokers. The county does not meet the Healthy People 2030 objective for cigarette smoking among adults (5%).

Cigarette Smoking, Adults

	Los Angeles County	California
Current smoker	5.9%	6.3%
Former smoker	17.4%	19.4%
Never smoked	76.6%	74.4%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Among teens in the county, 1.3% reported being a cigarette smoker and 5% have smoked an electronic (vaporizer) cigarette.

Smoking, Teens

	Los Angeles County	California
Current cigarette smoker	1.3%	0.6%
Ever smoked an e-cigarette	5.0%	6.9%

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

Opioid Use

As a result of prescription opioid use, the rate of hospitalizations due to overdose was 5.1 per 100,000 persons. This is lower than the state rate (9.7 per 100,000 persons). Opioid overdose deaths in LA County were 12.4 per 100,000 persons, a lower rate than found in the state (13.2 per 100,000 persons). The rate of opioid prescriptions in LA County was 266.1 per 1,000 persons. This rate is also lower than the state rate of opioid prescribing.

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.1	9.7
Age-adjusted opioid overdose deaths, per 100,000 persons	12.4	13.2
Opioid prescriptions, per 1,000 persons	266.1	333.3

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. <http://discovery.cdph.ca.gov/CDIC/ODdash/>

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults in the county, 33.8% had engaged in binge drinking in the past year. This is higher than the state rate of binge drinking (34.7%).

Binge Drinking, Adults

	Los Angeles County	California
Adult binge drinking past year	33.8%	34.7%

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

17.3% of teens in the county reported having tried alcohol and 1.9% had engaged in binge drinking in the last month.

Alcohol Use, Teens

	Los Angeles County	California
Teen ever had an alcoholic drink	17.3%	21.5%
Teen binge drinking in the past month	1.9%	2.6%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Community Input – Substance Use

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

- People who experience the trauma of unsheltered homelessness, and who don't have access to mental health care or a safe place to live, may use substances to self-medicate. Substance use combined with severe untreated mental health conditions contribute to harmful behaviors.
- Overuse of cannabis and illegal use among children/youth, is a concern with the rising number of dispensaries that have taken over vacant store spaces, particularly in economically disadvantaged neighborhoods.
- Among children/youth with behavioral issues in the classroom, there are many who have parents or caregivers who have addictions or substance use disorders. The emotional effects of this on children often translates into frustration and outbursts of acting out.

Preventive Practices

Flu and Pneumonia Vaccines

Among seniors in the county, 73.2% had received a flu shot. 47.1% of adults, ages 18 and older, received a flu shot. 59.9% of children and youth, ages 6 months to 7 years, in LA County received flu vaccine. The Healthy People 2030 objective is for 70% of the population to receive a flu shot.

Flu Vaccine

	Los Angeles County
Received flu vaccine, ages 65 and older	73.2%
Received flu vaccine, ages 18 and older	47.1%
Received flu vaccine, ages 6 months-17 years	59.9%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2018.
<http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

72.3% of seniors in LA County had obtained a pneumonia vaccine.

Pneumonia Vaccine, Adults, 65 and Older

	Los Angeles County
Adults, 65 and older, had a pneumonia vaccine	72.3%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2018.
<http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Immunization of Children

LA County rates of compliance with immunizations upon entry into kindergarten were 94.5%, similar to the statewide rate (94.8%).

Immunization Rates of Children in Kindergarten, 2019-2020 School Year

	Los Angeles County	California
Kindergartners with all required immunizations	94.5%	94.8%

Source: California Department of Public Health Immunization Branch, 2019-2020 Kindergarten Immunization Assessment.
<https://www.shotsforschool.org/k-12/reporting-data/>

Mammograms and Pap Smears

The Healthy People 2030 objective for breast cancer screening rate is 77.1% for women, ages 50 through 74 years. In LA County, 77% of women, ages 50-74, had a mammogram.

The Healthy People 2030 objective for screening rate for cervical cancer is 84.3% for women, ages 21 through 65 years. In the county, 81.4% of women in this age group had a Pap smear in the past three years, which does not meet the Healthy People 2030 objective.

Mammograms and Pap Smears

	Los Angeles County
Women, ages 50-74, had a mammogram in past two years	77.0%
Women, ages 21-65, had a Pap smear in past three years	81.4%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2018.
<http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Human Papillomavirus (HPV) Vaccination

The Healthy People 2030 objective for Human Papillomavirus (HPV) vaccination rate is 80% for adolescents, ages 13 - 15. In the county, 59.3% of young adults, ages 18 - 26 and 47.2% of children, ages 11 - 17, received at least one dose of HPV vaccine.

HPV Vaccination

	Los Angeles County
Received at least one dose of HPV vaccine, ages 11-17	47.2%
Ever had HPV vaccination, ages 18-26	59.3%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2018.
<http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Community Input – Preventive Practices

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

- Mental health is a barrier to health behavior change, preventive practices, and engaging in community health promotion programs. Dealing with a crisis, in particular, often takes precedence. If we think of a public health intervention as a recipe, mental health is a missing ingredient that will prevent the other ingredients from working well.
- The greatest barrier is time, particularly with COVID-19 and many people being in what one described as survival mode. Other needs are prioritized over one's own health.
- People are delaying preventive care such as yearly check-ups, because if it's not an emergency, they would prefer not to go to a clinic/hospital/medical center for fear of exposure to COVID-19.
- There has been a significant decline in people practicing preventive care and going for their annual well visits and screenings. As a result, people are being diagnosed at later and more advanced stages of cancer.
- There is a lack of resources or clinics in and around South Los Angeles where people can easily walk in for preventive care such as vaccinations. If more clinics like this existed within the area, more people would be able to practice preventive care, and it would help alleviate the congestion of hospitals.

Attachment 1: Local Community Snapshot

The campus of USC Norris is located in the Los Angeles areas that include: East LA (ZIP Codes 90022, 90023, 90063), Boyle Heights (ZIP Code 90033), Lincoln Heights (ZIP Code 90031), and El Sereno (ZIP Code 90032). Data from these ZIP Codes are presented in this Appendix.

Demographics

	Service Area	LA County	California
Race/Ethnicity			
Hispanic or Latino	88.5%	48.5%	39.0%
Asian	6.0%	14.4%	14.3%
White	3.7%	26.2%	37.2%
Black/African American	1.0%	7.8%	5.5%
Multiracial	0.5%	2.3%	3.0%
Native HI/Pacific Islander	0.2%	0.2%	0.4%
Some other race	0.1%	0.3%	0.3%
American Indian/AK Native	0.03%	0.2%	0.4%
Age			
Age 0-4	6.8%	6.1%	6.2%
Age 5-17	19.3%	15.9%	16.7%
Age 18-44	40.4%	39.5%	38.1%
Age 45-64	22.0%	25.3%	25.0%
Age 65 and older	11.5%	13.3%	14.0%
Language Spoken at Home			
English Only	15.7%	43.4%	55.8%
Spanish	78.7%	39.2%	28.7%
Asian Languages	5.0%	10.9%	10.0%
Indo-European Languages	0.4%	5.3%	4.5%
Other	0.1%	1.1%	1.0%
Limited English Speaking Population, Ages 5 and Older			
Speaks English less than very well	36.6%	23.6%	17.8%
Citizenship			
Foreign Population	40.5%	34.0%	26.8%
Of foreign born, not U.S. citizen	59.8%	47.7%	48.3%
Veterans			
Veteran status	1.50%	3.30%	5.20%

Social Determinants of Health

	Service Area	LA County	California
Income			
Median Household Income	\$46,925	\$72,797	\$80,440
Poverty			
Below 100% Poverty	32.2%	14.9%	13.4%
Below 200% Poverty	68.1%	34.8%	31.0%
Children under 18 in poverty	32.0%	20.8%	18.1%
Senior in poverty	19.7%	13.2%	10.2%
Female householder with children in poverty	43.4%	38.3%	37.3%
People with Disability living in poverty	29.3%	25.0%	23.9%
Seniors living alone			
Seniors living alone	18.0%	22.5%	23.1%
Housing Units			
Owner Occupied	33.6%	45.8%	54.8%
Renter Occupied	66.4%	54.2%	45.2%
Renters spending 30% or more household income on rent	58.7%	57.6%	54.8%
Educational Attainment (ages 25+)			
High school or higher education completion	55.5%	79.8%	84.0%
High school graduate	23.1%	20.7%	20.6%
Some college or associate degree	19.5%	25.4%	28.5%
Bachelor's degree	9.7%	22.3%	21.9%
Graduate or professional degree	3.3%	11.5%	13.1%

COVID-19

Adjusted COVID-19 Case Rate, per 100,000 Persons, as of 2/24/2022

	Boyle Heights	East LA	Lincoln Heights	El Sereno	LA County
COVID-19 rates	37,082	37,342	30,208	31,127	27,379

Source: County of Los Angeles Department of Public Health, LA County COVID-19 Surveillance Dashboard. Accessed on February 25, 2022. http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/

COVID-19 Vaccine Administered at Least 1 Dose, Ages 5 and Older, as of 2/20/2022

	Boyle Heights	East LA	Lincoln Heights	El Sereno	LA County
1+ dose administered	80.5%	78.7%	78.9%	77.4%	82.3%

Source: County of Los Angeles Department of Public Health, LA County COVID-19 Vaccination Dashboard. Accessed on February 25, 2022. <http://publichealth.lacounty.gov/media/coronavirus/vaccine/vaccine-dashboard.htm>

COVID-19 Vulnerability and Recovery Index

The COVID-19 Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability. The Index is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators,

including the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of FPL, percent of population in overcrowded housing units, population ages 75 and older living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates. ZIP Codes in the 0 to 19th percentile are in the ‘Lowest’ Vulnerability and Recovery Index category, those in the next-highest quintiles are ‘Low’, then ‘Moderate’, while those in the 60th to 79th percentile are ‘High’ and 80th percentile and above are ‘Highest’ in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19 on the population.

The local area ZIP Codes were within ‘High’ to ‘Highest’ levels of vulnerability and recovery. Within the service area, East LA 90022 ranked the highest in vulnerability, ranking higher than 89.6% of California ZIP Codes.

Vulnerability and Recovery Index, by ZIP Code

	ZIP Code	Index	Risk Score	Severity Score	Recovery Need
East LA	90022	89.6	85.9	90.1	89.4
Lincoln Heights	90031	87	86.1	86.6	84.9
Boyle Heights	90033	86.7	87.8	91.2	76.9
East LA	90063	86.5	84.8	86.2	85.7
East LA	90023	85.9	85.5	85.3	83.1
El Sereno	90032	76	73.4	76.9	77.2

Source: Advancement Project California, *Vulnerability and Recovery Index*, published February 3, 2021, accessed on November 8, 2021. <https://www.racecounts.org/covid/covid-statewide/#statewide-index>

Attachment 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Jorge Garcia	Founder	El Sereno Historical Society
Pastor Ben Garcia, PhD	Executive Director	Urban 360
Kayla de la Haye, PhD	Associate Professor of Population and Public Health Sciences	Keck School of Medicine
Pastor Rhonda Holbert	Pastor/Founder	Celebrate Life Cancer Ministry
Stephanie Lemus, EdD	Director of Public Policy & Community Affairs	Clínica Monseñor Oscar A. Romero
Tammy Membreno	Executive Director	Barrio Action Youth & Family Center
Cristin Mondy, RN, MSN, MPH	Regional Health Officer, SPA 4 (Metropolitan LA)	Los Angeles Department of Public Health
Oswaldo Navarro, MSW	Education Partnerships Manager	Music Forward Foundation
Felipe Radilla	Director	Soledad Enrichment Action
Nancy Rodriguera	Outreach Coordinator	Gang Reduction and Youth Development (GRYD) Alma Family Services
Raquel Román	Executive Director	Proyecto Pastoral
Patricia Siqueiros	Executive Director	Variety Boys & Girls Club
Vladimir Tigno	Principal	East Los Angeles Occupational Center, Division of Adult and Career Education, Los Angeles Unified School District

Attachment 3: Community Stakeholder Interview Responses

Interview participants were asked to name some of the major health issues affecting individuals in Los Angeles County. Responses included:

- Mental health concerns and conditions stemming from the collective trauma, social isolation, uncertainty, and other stressors resulting from the COVID-19 pandemic.
- Poverty is a major driver of people not being able to have a healthy lifestyle or access the preventive care they need.
- Chronic illnesses, and specifically diabetes, are health issues for the immigrant community.
- Access to healthy food is a significant contributor to cancer, diabetes, and high cholesterol.
- Diabetes, hypertension, and lacking access to quality and regular health care are health issues affecting community members in Boyle Heights.
- The existence of food deserts, or neighborhoods with limited access to affordable or healthy foods. It is an economic privilege for some to be able to choose where they shop.
- Serious mental health conditions, and related symptoms such as suicidal ideation, are concerns among transition-age youth in their late teens to twenties.
- Communities are affected by gang involvement, drug addiction, and depression.
- Pedestrian safety is an issue, given numerous incidences of people being hit crossing the road or in bike lanes.

Interview participants were asked about the most important socioeconomic, racial, behavioral, or environmental factors contributing to poor health in the area. Their responses included:

- Individual and neighborhood socioeconomic status are important health determinants. Someone working for minimum wage will have a hard time providing for their family given the high cost of basic necessities such as food and housing. Neighborhood socioeconomic status in turn influences the quality of food and housing that is available.
- Low incomes and unemployment contribute to poor health. Individuals and families that are affected by these factors are less likely to choose healthy food options, as they may not be able to afford them. Options such as processed foods tend to be cheaper and more filling.
- Lack of healthy food resources and in turn poor diet and nutrition contribute to diabetes and other chronic conditions such as high cholesterol and blood pressure. Community members have been campaigning to have supermarkets and fresh food markets in neighborhoods that are food deserts. Even within major grocery store chains, there is variation in both the quality and variety of

foods available in low-income versus middle- to high-income neighborhoods.

- There is a lack of cultural understanding and humility that hinders health providers from building trusting relationships with community members.
- South Los Angeles lacks health care resources.
- There is a mistrust that exists between the community and health care providers in South Los Angeles. Some community members prefer to use natural remedies in combination with Western pharmaceuticals, but there is a lack of culturally-relevant health care and providers who acknowledge this. Many members of the community avoid check-ups due to language and cultural barriers in the health care system.
- People who have very limited incomes or live in under-resourced communities have fewer opportunities to achieve health and wellbeing. Lack of equity in access to health care is a major contributor to poor health.
- Residents are hesitant to seek medical attention in an emergency room due to wait times.
- Poverty and being economically disadvantaged are important factors contributing to poor health in South Los Angeles.
- Immigration/citizenship status are important health determinants. Many immigrants did not have access to a health care system in their home countries. In the United States, those who do not possess a visa or immigration documentation do not qualify for many social services and health care benefits, making it difficult to access the care they need.
- There are few green spaces where community members are able to feel safe while exercising and walking.
- Environmental issues that concern residents include chemical exposure and air pollution.

Who are some of the populations in the area who are not regularly accessing health care and social services? Responses included:

- Ethnic minority populations for whom language is a barrier to communication have more difficulty accessing programs and services.
- There is a stigma associated with accessing social services. Some immigrants may seek recognition for their positive contributions, and some feel as if they are not a “helpful citizen” or contributing member of society if they receive some form of social assistance.
- Residents who do not possess a visa or immigration documentation are hesitant to use services. They don’t know if they can trust that their information will not be shared and compromise their immigration status and can lead to deportation.
- There is a lack of trust between LGBTQ+ individuals and health care providers and lack of resources tailored to the LGBTQ+ community.

- Seniors with limited mobility who cannot afford home visits from home health workers or nurses may have difficulty accessing health care.
- Children and youth who are experiencing homelessness, as well as those who have a single parent, have fewer means to access health care.
- People who seek temporary housing with friends and family and who regularly “couch surf” may not be regularly accessing health care. Health care is typically not a priority to individuals experiencing housing instability and who do not have their other basic needs met.
- In SPA 6, which includes South Los Angeles, people who lack transportation do not have access to adequate and timely health care. The main reason is financial, but there are also people who have aged out of driving or require medications that prohibit operating a motor vehicle.
- People in underserved communities in South Los Angeles in particular have difficulty accessing routine checkups (screenings, physicals, dental cleanings). Health services in the area are very limited, and for those living on incomes below the poverty level, it can be difficult to afford and navigate health services.
- Specific communities in Northeast Los Angeles, including El Sereno and Lincoln Heights, have limited access to health and social services were. These are predominantly Latino(a) communities and area incomes are low relative to the County as a whole.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- The pandemic has had numerous economic impacts, including job loss and people becoming behind in their rent. While unemployment rates have decreased, many are still in economic crisis, and it’s difficult for people to focus on their health until they’ve recovered economically.
- Pandemic Unemployment Assistance (PUA) has ended, and families are struggling to make ends meet while coping with COVID-19 restrictions and changes in employment.
- Since the start of the pandemic, attention and resources have been diverted from the broad range of health promotion efforts that were underway, such as promoting healthy eating among families in their homes. Job loss, poverty, food insecurity, and other upstream factors have contributed to more mental health crises and widening gaps in health equity.
- campaigns to promote healthy eating were stopped because communities didn’t have enough food or were unable to afford food. More immediate needs are public transportation to neighborhoods with grocery stores or accessing programs such as CalFresh/WIC/Pandemic EBT.

- As a result of hospital and clinic resources being diverted to COVID-19, people are experiencing longer wait times for appointments.
- Online technology has become increasingly crucial to accessing health care.
- Although converting to remote services and telehealth was needed in order to mitigate exposure to COVID-19, these services created new burdens. Some people have had trouble navigating online platforms and video calls. Others have not attempted to use those services, as they are not comfortable with navigating a new service/technology.
- The pandemic has created a digital divide, where many students from marginalized communities lacked access to the technology needed to continue their education.
- There has been an increase in health issues related to overuse of technology. This is affecting people both physically and mentally. Some people don't live in places where they have easy access to a yard or green space making this more difficult.
- USC was a major provider of resources for the unsheltered population, such as mobile clinics. However, the COVID-19 pandemic has disrupted those resources.
- The pandemic has led to increases in anxiety and depression in communities across Los Angeles County. This may be attributed to isolation, a lack of social opportunities, and loss of loved ones.
- In the beginning of the pandemic, food insecurity was an issue among communities throughout Los Angeles County, and in South Los Angeles in particular. As the pandemic continues, mental health has become a more serious issue due to social isolation.
- COVID-19 tests and fear resulting from uncertainties has created stress for employees of organizations across diverse fields and disciplines.
- Children have gained weight and experienced deterioration in physical fitness since the onset of the pandemic.

What are the gaps in the health system in terms of providing adequate cancer screening and early detection to the community? Responses included:

- Individuals who are uninsured are less likely to participate in cancer screenings and early detection practices, as they may be less aware of resources available to them. There needs to be a focus on partnering with local trusted organizations, such as churches and other faith communities that can mention and advertise resources to community members.
- More resources and guidance on the process of booking appointments, obtaining referrals, and seeing specialists are needed. Many people do not engage because they feel the process is too lengthy or complicated. Those who go through the process of seeking cancer services feel as though their doctors are dismissive of their concerns and lack empathy.

- For people in South Los Angeles who are living with a cancer diagnosis, receiving treatment and second opinions is an extra challenge due to a lack of transportation.

Attachment 4: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 LA at <https://www.211la.org/>.

Significant Needs	Community Resources
Access to health care	American Heart Association Clinica Romero DPSS Offices LAC+USC Medical Center Los Angeles Unified School District (school-based health centers) Planned Parenthood (various locations) South Central Family Health Center St. John's Well Child & Family Center White Memorial Hospital YWCA
Cancer (screening, early detection, and treatment)	Arroyo Vista Family Health Center Celebrate Life Cancer Ministry Clinica Romero City of Hope Every Woman Counts Hubert Humphrey Comprehensive Health Center LAC+USC Medical Center (screenings) Providence Cancer Center Sassy Survivor Susan G Komen for the Cure USC Norris Cancer Center (educational workshops for families) Watts Healthcare White Memorial Hospital Women of Color (Inglewood)
Chronic diseases	AltaMed American Heart Association Clinica Romero Eisner Health Homeless Health Care Los Angeles JWCH Wesley Health Centers KHEIR Center L.A. Care Community Resource Centers Los Angeles Christian Health Centers Los Angeles County Department of Health Services MAMA'S Neighborhood Planned Parenthood Project Angel Food QueensCare Health Centers Saban Community Clinic South Central Family Health Center Southside Coalition of Community Health Centers

Significant Needs	Community Resources
	St. John’s Well Child & Family Center T.H.E. (To Help Everyone) Health and Wellness Centers Universal Community Health Center Venice Family Clinic Westside Family Health Center YMCA
COVID-19	Clinical Romero and other CBOs (early morning pop-ups in Boyle Heights, Flower District in Downtown LA, various housing developments, etc.) Community Coalition in South LA CVS and other pharmacies (testing and vaccine) CORE/Flow Health testing sites (e.g. Lincoln Park) Los Angeles Unified School District (COVID-19 testing) Sierra Home Health Agency St. John’s Well Child & Family Center USC Keck Hospital White Memorial Hospital YMCA in Boyle Heights
Economic insecurity	Archdiocesan Youth Employment (AYE) Barrio Action (El Sereno) CalFresh (Supplemental Nutrition Assistance Program) California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Financial support for vocational training: Worksource centers, Boyle Heights Goodwill Los Angeles Housing & Community Investment Department Family Resource Centers Pandemic EBT (P-EBT) Para Los Ninos Youth Resource Center
Food insecurity	All Saints Episcopal Church (food pantry) CalFresh (Supplemental Nutrition Assistance Program) California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eastside Cafe (community pantry/refrigerator) El Sereno Community Garden (food pantry) El Sereno Spanish SDA Church (Twining St. & N. Eastern Ave. food distribution) Holly Park United Methodist Church (distributing food from the Food Bank) Homeboy Industry (weekly distributions) Keck Hospital of USC Los Angeles Unified School District (meals for students to grab and go) Meals on Wheels NewStory Church LA (pop-up drive-through food distributions) Pandemic EBT (P-EBT) Soledad Enrichment Action (SEA) - grocery distribution The Secret Place USC Public Health Exchange

Significant Needs	Community Resources
	Victory Outreach (El Sereno, weekly)
Housing and homelessness	<p>Army</p> <p>Fort St. Christian Center</p> <p>Job Corps</p> <p>Jovenes</p> <p>Project Roomkey</p> <p>Queens Care</p> <p>Rehab homes for individuals with SUD: Victory Outreach, LAHSA, Salvation Army</p>
Mental health	<p>Alma Family Services</p> <p>AltaMed Community Support GrandPads Program</p> <p>Antelope Valley Partners for Health</p> <p>El Centro de Ayuda</p> <p>El Sereno Community Garden (open to whole community)</p> <p>Enki</p> <p>Los Angeles Unified School District (services and resources)</p> <p>VIP Community Mental Health Center</p> <p>Women of Color (mental health program)</p>
Overweight and obesity	<p>CultivaLA, Inc.</p> <p>Homeless Health Care Los Angeles</p> <p>Los Angeles Christian Health Centers</p> <p>PHFE WIC</p> <p>Saban Community Clinic</p> <p>The Salvation Army</p> <p>USC Telehealth</p> <p>Venice Family Clinic</p> <p>Westside Family Health Center</p> <p>YMCA Soledad Enrichment Action (SEA) - in-house therapists</p>
Preventive practices	<p>Antelope Valley Partners for Health</p> <p>Boyle Heights Family Resource Center</p> <p>Clinica Romero</p> <p>Coach for Kids, Inc.</p> <p>Homeless Health Care Los Angeles</p> <p>Koreatown Youth & Community Center</p> <p>Latino Equality Alliance</p> <p>Los Angeles Christian Health Centers</p> <p>Saban Community Clinic</p> <p>Southside Coalition of Community Health Centers</p> <p>Venice Family Clinic</p> <p>Watts Healthcare</p> <p>Westside Family Health Center</p>
Sexually transmitted infections and HIV/AIDS	<p>AIDS Healthcare Foundation (multiple testing sites across LA County)</p> <p>Bienestar</p> <p>Jovenes</p> <p>Los Angeles Unified School District (peer ambassador programs)</p> <p>Planned Parenthood (various locations)</p> <p>South Central Family Health Center</p>

Significant Needs	Community Resources
	St. John's Well Child & Family Center White Memorial
Substance use	Behavioral Health Services, Inc. (BHS) Clare Matrix Clinica Romero Drug Policy Alliance Helpline Youth Counseling, Inc. Homeboy Industries Homeless Health Care Los Angeles - Center For Harm Reduction Koreatown Youth & Community Center Los Angeles County Department of Health Services Safe Place for Youth Tarzana Treatment Centers, Inc. The Los Angeles Trust for Children's Health
Violence and injury	Citizen app Gang Reduction and Youth Development (GRYD) Nextdoor app Soledad Enrichment Action USC Medical Center (trauma team) Amanecer Community Counseling Service Children's Bureau of Southern California Covenant House Downtown Women's Center Housing Works Jewish Family Service of LA Los Angeles County Office of Violence Prevention Programs Peace Over Violence St. Mary's Episcopal Church The People Concern Safe Place for Youth

Attachment 5: Report of Progress

USC Norris developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed cancer care and treatment, overweight and obesity and preventive practices through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Cancer Care and Treatment

Response to Need

Patient Perspective Series

USC Norris presented the Patient Perspective Series, which explored the cancer journey from diagnosis to survivorship and built community among cancer patients and their loved ones. The Patient Perspective Series featured cancer survivors who are authors, artists, academics, and motivational speakers whose narratives serve to destigmatize cancer, as well as mentor fellow cancer patients and educate and inform the public. Topics such as doctor-patient communications, cancer survivorship, and end-of-life decision making were addressed from the distinct perspective of cancer survivors who share their personal insights with the audience. The Patient Perspective Series was offered free of charge to the public.

I AM Program

I AM Program provides a virtual opportunity for AYA patients to create music during their chemotherapy treatment cycle and meaningfully impact anxiety, depression, somatic symptoms, and resilience.

Festival of Life

The hospital's Annual Festival of Life increased awareness of cancer survivorship. The Festival hosted leading cancer organizations and support groups and promoted health education on a variety of topics related to health and wellness, cancer management, healthy eating, and physical activity.

Support Groups

The community was served by several support groups, open to the public and offered free of charge, which included:

- Adolescent and Young Adult Cancer Support Group for Parents and Caregivers
- Bladder Cancer Support Group
- Prostate Cancer Support Group
- Caregiver Support Group
- Mindfulness Support Group

Image Enhancement Center

The Image Enhancement Center at USC Norris Cancer Hospital assisted with appearance and body issues for men and women as a result of cancer treatment. Services were open to the community and included mastectomy prosthesis fittings.

Cancer Sponsorships

Support of community organizations focused on cancer prevention awareness, prevention and treatment. These organizations received financial support to address cancer:

- Leukemia & Lymphoma Society (LLS) for the Greater Los Angeles Light the Night event
- GO2 Foundation for Lung Cancer
- Cancer Support Community

Health Education

USC Norris hosted education seminars and workshops on a variety of topics open to the public and provided health education informational materials. Public health education in the media and community health awareness events were conducted to encourage healthy behaviors, and prevent and treat cancer.

Electronic Health Library

USC Norris provided access to an electronic health library available to the public on its website. The site provided information on health conditions, wellness and prevention.

CancerHelp

CancerHelp is a computer-based cancer education program from the National Cancer Institute. This program is available to patients, staff and the public.

The Patient Education and Community Outreach Center (PEOC)

PEOC and Jennifer Diamond Cancer Resource Library is a state-of-the-art facility with print and electronic cancer education and resource materials devoted to patients, their families and community members seeking information on cancer. The center also provided outreach activities and conducted informational programs.

Adolescent and Young Adults

USC Norris supported the Adolescent and Young Adult (AYA) ZooPendous at Los Angeles Zoo, where children get to spend a day at the zoo with their parents who are battling cancer. Keck AYA Network, KAN, project focuses on addressing common themes among young adults with cancer through online programming to build up a virtual support community offering psychosocial support. Online offerings included online support groups, information and educational resources about illness and treatment, fertility and sexuality counseling; programs to address work, school and family like; resources for coping with physical and emotions and symptoms of cancer; and financial resources.

LGBTQ Healthcare Equality Leaders

In 2020, the Human Rights Campaign Foundation (HRC), the educational arm of the nation's largest LGBTQ civil rights organization, designated Keck Medicine's hospitals — Keck Medical Center of USC, which consists of Keck Hospital of USC and USC Norris Cancer Hospital, and USC Verdugo Hills Hospital — as LGBTQ Healthcare Equality Leaders.

The HRC's Healthcare Equality Index provides health care facilities information and resources that help ensure that LGBTQ people have access to nondiscriminatory, patient-centered care. The report is used to applaud facilities that have shown their commitment to LGBTQ patient-centered care, with scores based on the services and programs offered to the LGBTQ community.

Overweight and Obesity

Response to Need

Food Assistance

The hospital supported a weekly Farmer's Market at Hazard Park in East Los Angeles. Profits from the market provided funding for fresh fruits and vegetables for the local community. Additionally, a weekly Farmer's Market was held on the campus of the Keck School of Medicine located in Boyle Heights, providing fresh fruits and vegetables to local families.

In collaboration with the American Heart Association, the hospital supported food security measures in East LA neighborhoods and increasing SNAP incentives for fruit and vegetable purchase. Over the past year, families were provided with immediate food assistance

In collaboration with the American Heart Association, USC Norris Cancer Hospital continued the innovative school-based Teaching Garden program that educated students on healthy lifestyle habits and eating habits.

Monthly, hospital staff members spent an afternoon to purchase, prepare and serve healthy meals to vulnerable men and women receiving shelter at the Dolores Mission.

Inglewood Active Communities Collaborative

The hospital supported the American Heart Association's Inglewood Active Communities Collaborative in partnership with the Unified School District to virtually implement a physical activity program in K-8 schools aimed at keeping the students physically active. As a result, 82% of students reported increasing the average numbers of days per week that they were physically active.

EmPOWERED

The hospital supported the American Heart Association's EmPOWERED to Serve/Social Support Circles are designed to foster social connections, reduce isolation, and encourage a sharing of knowledge and skills. Sessions included virtual health lessons on chronic condition management. Participants often utilized the program through their place of worship.

Preventive Practices

Response to Need

Health Education

USC Norris hosted education seminars and workshops on a variety of topics open to the public and provided health education informational materials. Public health education in the media and community health awareness events were conducted to encourage healthy behaviors and prevent cancer.

Patient Perspective Series

USC Norris presented the Patient Perspective Series, which explored the cancer journey from diagnosis to survivorship and built community among cancer patients and their loved ones. The Patient Perspective Series featured cancer survivors who are authors, artists, academics, and motivational speakers whose narratives serve to destigmatize cancer, as well as mentor fellow cancer patients and educate and inform the public. Topics such as doctor-patient communications, cancer survivorship, and end-of-life decision making were addressed from the distinct perspective of cancer survivors who share their personal insights with the audience. The Patient Perspective Series was offered free of charge to the public.

Patient Assistance Program

The Patient Assistance program assisted individuals in managing their medications.

Guadalupe Homeless Project

Supported a local East Los Angeles shelter that served men and women over the age of 55. The Guadalupe homeless project is the only shelter for older women in Los Angeles.

Transportation Services

Transportation is a documented barrier to accessing health care services. The hospital funded transportation services for low-income patients and families who could not afford transportation to obtain needed health care services.

Tobacco and Vaping Advocacy

Supported the American Heart Association's advocate efforts against tobacco and vaping. In 2021, the cities of Maywood and Alhambra took steps to reduce the harm from tobacco use in their communities by eliminating the sale of flavored tobacco products while adding electronic tobacco products to retail licensure.

Promesa Boyle Heights

Supported Proyecto Pastoral's social justice collaborative and promotora network that focuses on community organization, leadership development and restorative practice efforts.

Carnival of Love

The annual Carnival of Love on Skid Row provided services for homeless Los Angeles residents. Keck Medicine of USC participated and distributed hygiene kits, sunscreen, health education materials, and blood pressure screenings.

YMCA of Metropolitan Los Angeles

Provided support for equity, education, health and wellness, and empowerment hub efforts at the Weingart East Los Angeles YMCA.